## Behavioral Supports Report: Q3/FY25

This report provides data and associated information on behavioral services provided in home and community-based settings through the Commonwealth of Virginia's Developmental Disability (DD) waivers, specifically services billed under therapeutic behavioral consultation. This report also includes information on behavioral resources, training, technical assistance, and quality assurance being shared with and provided to the behaviorist community.

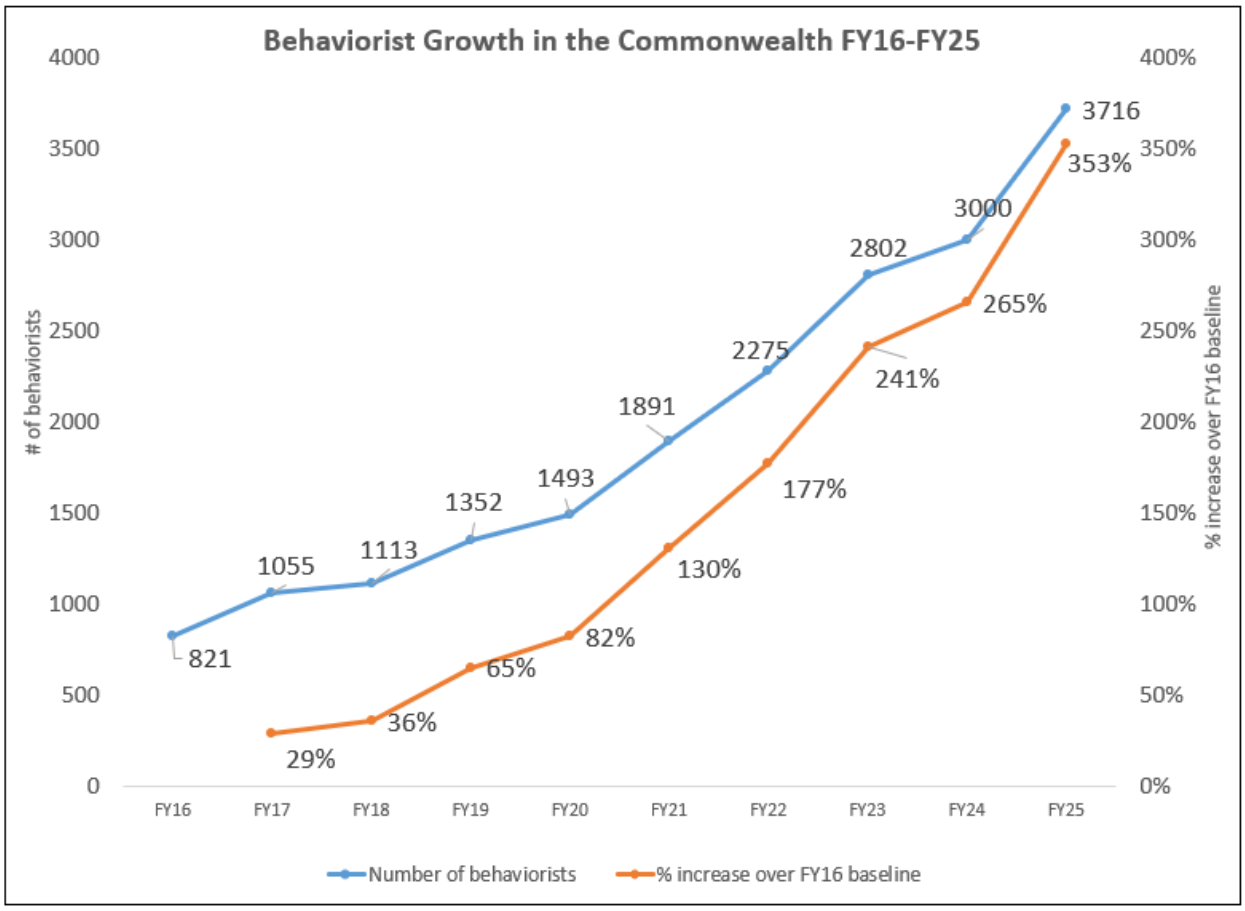
Therapeutic behavioral consultation under DD waivers in Virginia (henceforth referred to as therapeutic consultation) can be considered "focused" behavior services. Focused behavioral interventions which are "problem focused" typically address specific behaviors for decrease such as aggression, self-injury, pica, property destruction, or other challenging behaviors. This type of behavioral intervention involves completion of a functional behavior assessment (FBA) and associated function-based behavior treatment planning. The behavior support plan, or BSP, incorporates the results of the FBA and will usually involve modifying specific aspects of the person's environment to reduce the likelihood that challenging behavior occurs, minimizing the provision of reinforcement for challenging behavior, and teaching new skills to replace the challenging behavior(s) (Hagopian et al., n.d.). Initial and ongoing training on BSP tactics for those implementing the BSP, as well as data collection and appropriate analysis and data-based decision-making, are critical to the success of such behavioral services delivered through therapeutic consultation.

This is the first report since the termination of the Consent Decree and implementation of the Permanent Injunction. This report reflects information that speaks to both the Settlement Agreement and the Permanent Injunction.

### Behaviorist provider growth

There are two primary provider types that provide therapeutic consultation in Virginia: Positive Behavior Support Facilitators (PBSF) and Board Certified Behavior Analysts®/Licensed Behavior Analysts (BCBA®/LBA). Also included in the data on the following page are assistant level behavior analysts (BCaBA®/Licensed Assistant Behavior Analysts) as they also may bill this service under the supervision of Master's or Doctoral level Licensed Behavior Analysts. It is of great interest to the Department of Behavioral Health and Developmental Services (Department or DBHDS) that people who are seeking therapeutic consultation can secure a behaviorist in a timely manner so that their needs can be met. A former compliance indicator of the Settlement Agreement calls for growth in the number of behaviorists. It provides: *By June 2019, DBHDS will increase the number of Positive Behavior Support Facilitators and Licensed Behavior Analysts by 30% over the July 2015 baseline and reassess need by conducting a gap analysis and setting targets and dates to increase the number of consultants needed so that 86% of individuals whose Individualized Services Plan identify Therapeutic Consultation (behavioral support) service as a need are referred for the service (and a provider is identified) within 30 days that the need is identified.* (Settlement Agreement Section III.C.6.a.i-iii, filing reference 7.14.)

The graphical display that follows illustrates growth in the number of behaviorists in the Commonwealth of Virginia since Fiscal Year 2016, which speaks to the first component of this compliance indicator.



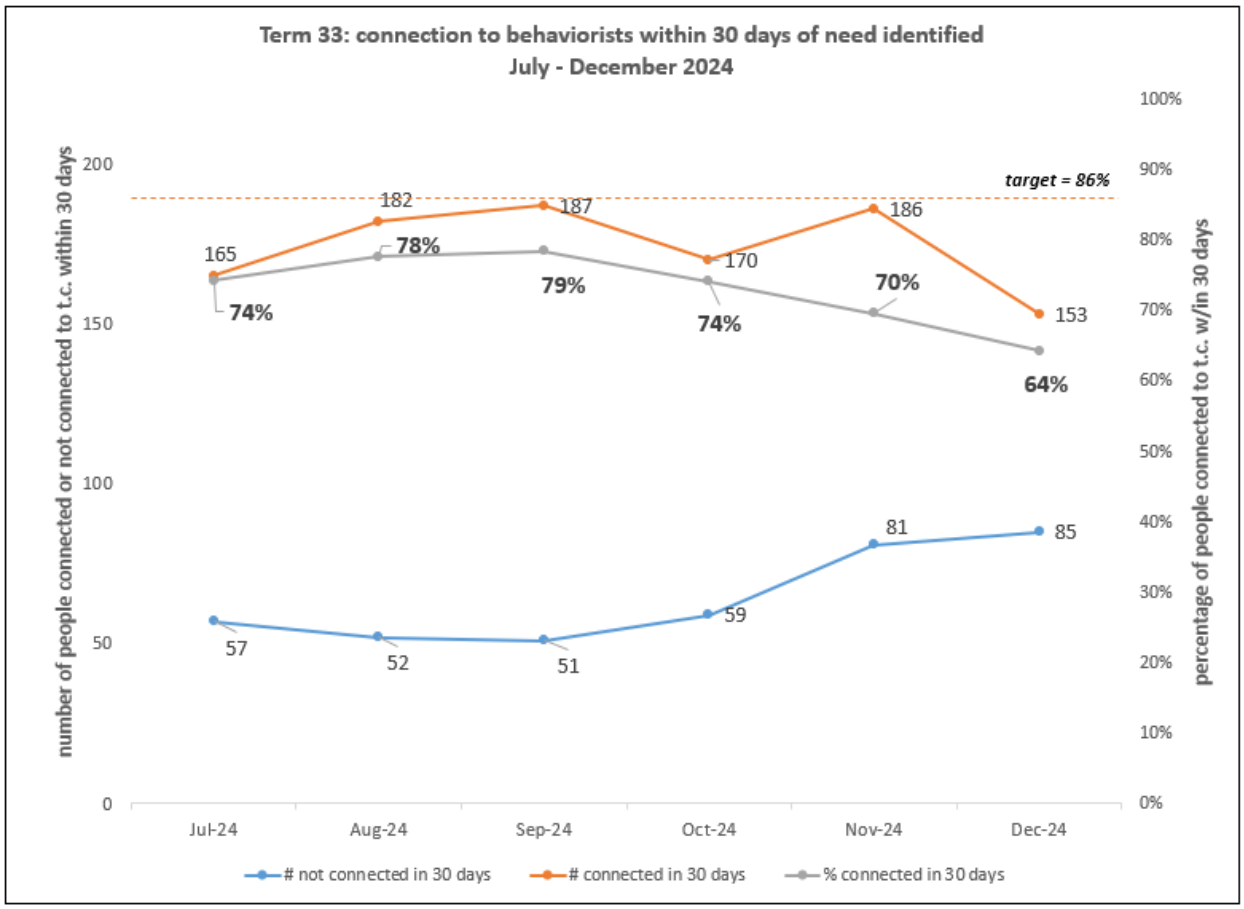

The blue line corresponds to the primary y-axis (# of behaviorists) while the orange line corresponds to the secondary y-axis (percent increase over FY16 baseline). A baseline of 821 behaviorists was established at the beginning of FY16 (July 2015); currently, the PBSF provider organization and the Virginia Department of Health Professions (which governs LBA and LABA licensure) report a combined total of 3,716 behaviorists, which represents a 353% increase over the July 2015 baseline. This is an increase of 416 behaviorists since the time of the most recent report of this nature (FY25Q1). This exceeds the requirement of the compliance indicator for an increase in the number of PBSFs and LBAs by 30% over the July 2015 baseline. PBSFs account for 2% of the current number of behaviorists in Virginia; LBA and LABAs account for 98% of the current number of behaviorists in Virginia. As it relates to the specific language of "LBAs" in this indicator, there are currently 3,365 LBAs and 277 LABAs licensed in the Commonwealth. If only LBAs and PBSFs (of which there are 74) are included in behaviorist growth data, the percent increase calculates to an approximate 319% increase over the July 2015 baseline.

## Connecting people in need to therapeutic behavioral consultation

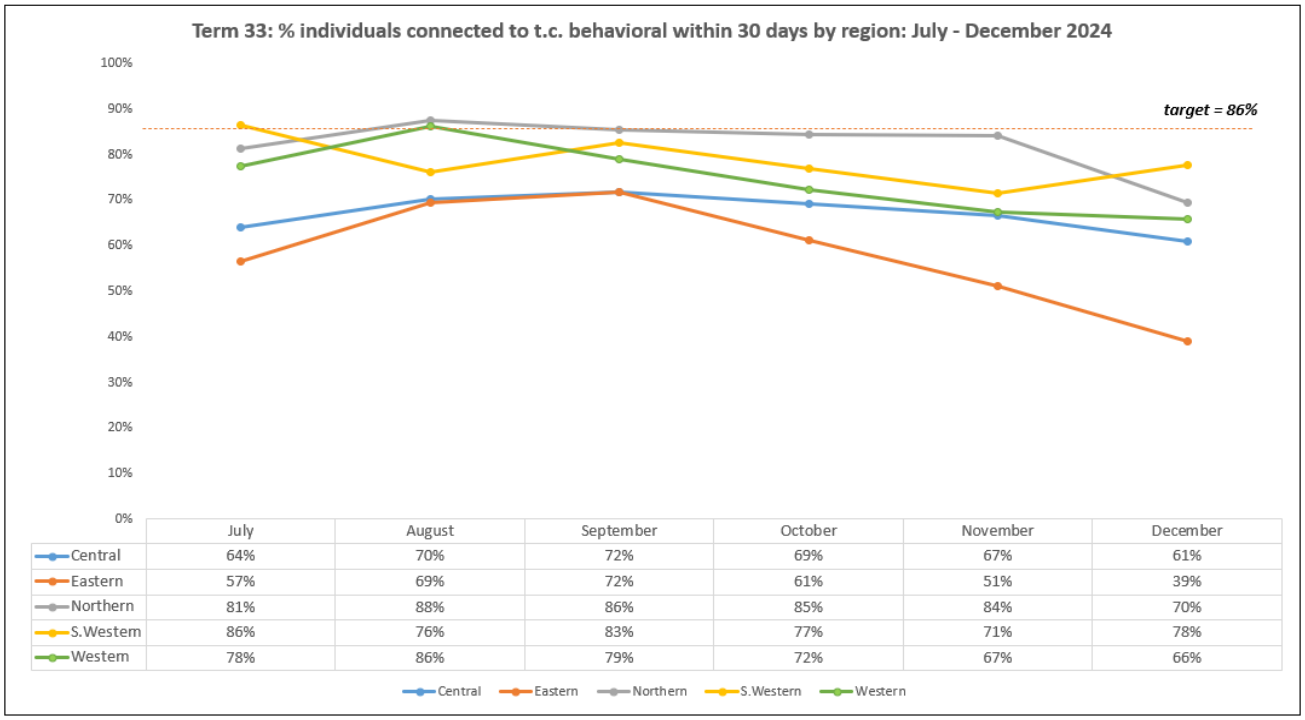
Beginning on July 1, 2020, DBHDS launched tracking to determine the number of individuals identified during the ISP planning process as needing therapeutic consultation. In the FY22Q1 report, DBHDS began displaying data monthly to indicate the number of people connected to this service within 30 days, the number not connected within 30 days, and the overall percentage connected within 30 days. Starting in the FY23Q1 report, DBHDS began providing data on connecting individuals in need of this service within the required 30 days, as well as on individuals that were connected to a behaviorist prior to the effective date of their ISP and remained connected afterward (e.g., the individual had an updated service authorization for therapeutic behavioral consultation within 30 days of the ISP). The inclusion of people whose therapeutic behavioral services are "carrying over" from one ISP year to the next (along with people who did not have services and needed a referral) is a better reflection of the work of support coordinators to connect people with a need for this service. This further provides a more complete picture about consumer need and provider capacity for this service.

Two graphical displays are provided on the subsequent two pages of this report. On both graphs, the red dashed horizontal line represents the target performance of 86%. The first display (page 4) provides data from July through December 2024 on the following: 1) number of individuals who needed this service and were connected to a behaviorist within 30 days (orange line); 2) the number of individuals who needed the service and were not connected within 30 days (blue line); and 3) the overall percentage of individuals connected to a behaviorist within 30 days (gray line). This first graph reflects performance across all regions of the state combined. Between July and December 2024, 73% of people needing this service were connected within 30 days. This is a slight decrease from the previous reporting period when the performance was at 75% (February through June 2024).

The graphs that follow are relevant to the second component of former compliance indicator 7.14, as well as the following Term from the Permanent Injunction: *The Commonwealth will work to achieve a goal that 86% of individuals identified as in need of Therapeutic Consultation service are referred for the service and have a provider identified within 30 days (Permanent Injunction Term 33).*




The graph on the following page (page 5) provides regionalized performance on the percentage of individuals connected within 30 days across the same period as the graph above. Three of the regions have met the 86% benchmark at least once during the most recent review period (southwestern and northern). The northern region met the benchmark twice and is most consistently near the near the 86% metric, followed by the southwestern region. The northern region has the most people needing services, followed by the central, western, eastern, and southwestern regions, respectively.




The table below supplements the visual display above by providing raw data on the number of people connected and not connected to services within 30 days from July through December 2024.

*Table 1: Raw data on people connected and not connected to therapeutic behavioral consultation within 30 days, July-December 2024*

| | July # NO connect | July # YES connect | Aug # NO connect | Aug # YES connect | Sept # NO connect | Sept # YES connect | Oct # NO connect | Oct # YES connect | Nov # NO connect | Nov # YES connect | Dec # NO connect | Dec # YES connect |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Central | 19 | 34 | 19 | 45 | 18 | 46 | 20 | 45 | 22 | 44 | 25 | 39 |
| Eastern | 10 | 13 | 15 | 34 | 9 | 23 | 12 | 19 | 22 | 23 | 14 | 9 |
| Northern | 14 | 61 | 8 | 56 | 11 | 65 | 11 | 60 | 12 | 64 | 28 | 64 |
| Southwestern | 3 | 19 | 5 | 16 | 4 | 19 | 6 | 20 | 8 | 20 | 4 | 14 |
| Western | 11 | 38 | 5 | 31 | 9 | 34 | 10 | 26 | 17 | 35 | 14 | 27 |
| **TOTAL** | **57** | **165** | **52** | **182** | **51** | **187** | **59** | **170** | **81** | **186** | **85** | **153** |

## *Information on people connected within any timeframe*

The following table outlines connection to this service without the 30-day metric in place (e.g., the number and percentage of people connected within any timeframe as of the date the data were reviewed).

*Table 2: Data on people connected or not connected to therapeutic consultation, regardless of timeframe, July-December 2024*

| | Additional # of people connected beyond 30 days | Total # connected (any timeframe) | Total # not connected (any timeframe) | Total % connected (any timeframe) | Range and average days of people connected beyond 30 days |
|---|---|---|---|---|---|
| July 2024 | 21 | 186 | 36 | 84% | 31 to 147 days; 67 days average |
| August 2024 | 15 | 197 | 37 | 84% | 31 to 95 days; 64 days average |
| September 2024 | 17 | 204 | 34 | 86% | 33 to 145 days; 76 days average |
| October 2024 | 21 | 191 | 38 | 83% | 31 to 124 days; 67 days average |
| November 2024 | 26 | 212 | 55 | 79% | 31 to 120 days; 70 days average |
| December 2024 | 27 | 180 | 58 | 76% | 31 to 90 days; 57 days average |

*Service utilization and people on DD waivers using ABA*

As part of a curative action surrounding former CI 29.21, and as a corollary some components of former CI 7.20, DBHDS has worked with the Department of Medical Assistance Services (DMAS) to obtain utilization data for people who have been connected to therapeutic consultation. The relevant language of the curative action related to service utilization is as follows:

*DBHDS will use the data from CI 7.20, part 1, to identify the number and percent of people with behavioral support needs who received Therapeutic Consultation, as well as the number and percent of those individuals who never received Therapeutic Consultation. Specifically, DBHDS will report, pursuant to CI 7.20, part 1, and CI 29.21 the following: Out of the individuals identified as needing Therapeutic Consultation (behavioral supports) in the ISP assessments, how many received the service. This measure is not limited to whether services were authorized. Only individuals who actually receive Therapeutic Consultation services will be included in the numerator of this measure.*

The table that follows provides the number and percent of people with behavior support needs, as part of their ISP, who received therapeutic consultation and who did not receive therapeutic consultation. In other words, the data that follows provides information about if the service authorization resulted in (or did not result in) service delivery via comparison to DMAS service utilization/billing claims data. Table 3 provides this information for the first six-month period of FY25 (July 1, 2024, through December 31, 2024).

*Table 3: Service utilization for therapeutic consultation, FY25 (July-December 2024)*

| | # and % that did receive therapeutic consultation | # and % that did not receive therapeutic consultation |
|---|---|---|
| FY25 (July 2024-December 2024) | 1162 (81%) | 266 (19%) |

Additionally, as part of this curative action, DBHDS obtained data from DMAS on the number of active members enrolled in the DD waivers that also received ABA through the state plan option. There were 242 active members currently enrolled in DD waiver benefits who also received Applied Behavior Analysis (ABA) services from 7/1/24 through 12/31/24.

<u>*Root causes*</u>

*Information in the "Root Causes" section has been provided in previous reports; updates are italicized and dated as 4/2025.*

There are most likely numerous factors that have contributed to not yet achieving the performance of 86% of individuals being referred for the service with a provider identified within 30 days. Previous versions of this report have outlined DBHDS' work to improve data collection, efforts with important partners such as CSBs and professional provider organizations, along with continued work to increase provider enrollment for this service.

In October 2021, the Performance Diagnostic Checklist-Human Services (Carr et al., 2013), or PDC-HS, was used to assess these related indicators and as is now being provided in this report to speak to the reviewers' request (with updated action results every 6 months). The Performance Diagnostic Checklist (Austin, 2000) and the PDC-HS are organizational behavior management (OBM) assessment tools used in business settings to assess the functional determinants of performance. An informant-based tool, the PDC (and PDC-HS) is broken down into four categories of questions, with the categories of the PDC-HS as follows: training; task clarification and prompting; resources, materials and processes; and performance consequences, effort, and competition. When the "function(s)" of performance deficits are identified, a function-based intervention can be applied to improve performance and in turn help to reach business goals. An OBM approach to solving business problems focuses on obtaining organizational results (e.g., mission, business goals, desired outcomes) through examination of employee behavior(s) and adjustment of variables that contribute to poor (or desirable) performance. A variation of the PDC-HS was completed by a DBHDS Board Certified Behavior Analyst® with subject matter expertise in this business problem who also has experience in the use of organizational behavior management assessment tools and associated solutions.

The performance of support coordinators (SC) as a group were the primary consideration for the conceptualization of applicable questions from the PDC-HS, as support coordinators hold the responsibility of "connecting" a person in need to this service. DBHDS was conceptualized as the "supervisor" that could strive to adjust the overall environment for support coordinators via antecedent and consequence interventions. The results of the variation of the PDC-HS suggest

the following to be potential maintaining variables that are contributing to this business opportunity, and it is noted to the reader that several of the possible contributing variables cross different performance categories (e.g., resources to obtain a behaviorist also bleeds into the response effort required on the part of a SC to find a behaviorist):

***Training:*** As SC's play the role of connecting individuals in need to services, they need to be aware that there are different guilds of behaviorists that are available to deliver the service, and they need to know how to access behaviorists in their region. Previously, it may have been unclear if SC's were aware of the Settlement Agreement requirement for timely connection to services as outlined in the related compliance indicators or could describe the targets. It is also known that SC turnover is a factor that can impact the institutional knowledge base in a CSB.

- Update 10/2022: As of 7/1/21, Exhibit M of the Performance Contract between DBHDS and CSBs outlines requirements to complete required training in the Commonwealth's learning management system, which includes information about timely connectivity and where to find behaviorists. Exhibit M also outlines requirements for timely referrals and assisting individuals with getting onto multiple waitlists if services are not yet immediately available. The expectation is reviewed by DBHDS staff at provider and support coordinator roundtables each quarter. WaMS auto-populates a message to connect the person to services within 30 days if the need for a referral is indicated at the ISP meeting. At this time, adequate instruction on expectations (antecedents) have been and will continue to be provided to support coordinator through multiple avenues.
- Update 4/2023: Information on SC completion of required training is provided later in this report. Exhibit M requirements remain in place for the current fiscal year and will remain so in the upcoming fiscal year. DBHDS continues to provide information about these compliance indicators and related resources at support coordinator and provider roundtables and in communications such as the List Serv. Numerous instructions on the requirements of these compliance indicators remain in place.
- Update 10/2023: Exhibit M requirements remain in place and required training for SC's is outlined on page 13 of this report. Starting in July 2023, DBHDS is sharing person specific information to CSB leadership on people still not connected to behavioral services and inquiring on status updates, which may serve as prompt on the criticality of these indicators as well assist any CSB that needs help in connecting a person to a provider.
- Update 4/2024: Exhibit M requirements remain in place and SC training information is included on page 14 of this report. DBHDS has been sharing person specific information with CSB leadership for each month since July 2023 as noted above.
- Update 10/2024: Exhibit M requirements continue to be in place with training information located on pages 14-15 of this report. DBHDS continues sharing person specific information with CSB leadership. DBHDS has commenced assessment with 10 CSBs to determine unique business practices (or other variables) that may be influencing performance. The assessments, along with recommended action steps provided to CSBs, are expected to conclude by the end of this calendar year.

- *Update 4/2025: Exhibit M requirements remain in place, as does sharing person specific information with CSB leadership. DBHDS completed additional assessment with 10 CSBs, targeting 8 CSBs that need more support and 2 CSBs that had higher performance levels, to learn about both challenges and successes. Based on findings, individualized action steps for CSBs and DBHDS have been mapped out and are being implemented. DBHDS is supporting the 8 CSBs with technical assistance on action steps and will continue to do so. During the reporting period, DBHDS created a short training video that outlines how to access and use the search engine and how to respond to updated questions within WaMS, specific to the need for this service (ISP 4.0); the video has been shared with all CSB leadership and distributed on the Provider Network Listserv. A common action step across the 8 CSBs is to have all support coordinators complete additional training on use of the search engine and the 30 day timeline. At the request of one of the 8 CSBs, DBHDS has also created and distributed a training video that outlines in plain language what therapeutic behavioral consultation is and how supporters can successfully participate, so that support coordinators can share this information with families and other providers.*

***Task Clarification & Prompting:*** Similar to training, SC's (or other critical CSB personnel) may not have been previously aware of the desired performance targets (compliance indicators) as well as the associated scrutiny on these related compliance indicators.

- Update 10/2022: the updates for the "training" section above are also applicable to the "task clarification and prompting" section. Anecdotally, during dialogue surrounding data sharing, several CSB staff have shared that internal lists of behaviorists that are providing services in their catchment area are used by SCs, which may be considered a type of job aid for this task (with that noted, this also may be possibly limiting the scope of providers that are accessed based on the frequency of updates to these internal lists used by CSBs).
- Update 4/2023: DBHDS has launched a new section of the Behavioral Services webpage that includes a search engine for providers of therapeutic behavioral consultation. This went live in April 2023 and information was provided to the community on this resource via the List Serv. DBHDS plans to highlight this in upcoming support coordinator and provider roundtables, in communication with DD Directors and CSB Executives, and in the upcoming ABA Snippet in the Office of Integrated Health's monthly newsletter.
- Update 10/2023: The update to the training section above also is applicable to this section. Additionally, DBHDS provided information on the search engine in the ABA Snippet in May 2023 in the hopes of increasing awareness of this resource. DBHDS has made an update to the search engine since it launched to include additional language filters (e.g. American Sign Language) for providers and CSB/BHA coverage area for in-person services. DBHDS has also created an automated form that is available on the Behavioral Services website so providers can update their information in the search engine with ease.
- Update 4/2024: DBHDS continues to add providers to the search engine upon request. Since the last reporting period, there have been 15 provider modifications (either new

requests to be added to the search engine, or updates to existing profiles) within the search engine.

- Update 10/2024: DBHDS has undertaken an effort to increase the number of providers on the search engine by cross checking connectivity data and reaching out to providers that are not listed on the search engine. There have been 48 provider modifications (either new requests or updates to existing profiles) since April 2024. DBHDS will continue this effort ongoing to ensure as many providers as possible are aware of the search engine. The search engine is also being reviewed with CSBs during the assessments mentioned in the "Training" section above.
- *Update 4/2025: The updates from the "Training" section above are also relevant to this section. As a result of assessment and action steps with 8 CSBs, several CSBs have an action steps of providing training on using the search engine to their support coordinators. Additionally, since October 2024, there have been 14 provider modifications to the search engine. The search engine has also been updated to include email contact for providers.*

***Resources, Materials, & Processes:*** At an individual CSB level and for each CSB, it is not possible for DBHDS to determine every unique process that is working or is disconnected that may be impacting SC performance. It is also not possible to determine the true value (number) of individual behaviorists that are delivering this service, primarily because the service authorization and utilization data that DBHDS has available ties into the tax identifier or overarching NPI number for a provider group or organization, as opposed to each individual behaviorist delivering services under that provider's operational umbrella. With that noted, DBHDS has data available on the overall number of provider group organizations that are delivering this service and can link that information into the CSB that each individual receiving services hails from. This can be paired with the regionalized data presented above in this report to give an estimation of regions where provider growth needs the most improvement (see more information in "gap analysis" section that follows the PDC-HS results). Additionally, as a part of discussions with CSBs in data sharing related to these compliance indicators, DBHDS has learned that many CSBs keep and use their own internal roster of behaviorists as opposed to accessing available search engines/provider directories that may be more updated in real time. In discussions with some current providers that are enrolled to provide this service, DBHDS has learned that some providers that are enrolled are not receiving referrals and/or are having challenges connecting with CSBs to advertise their ability to deliver the service. It is suspected, based on anecdotal information, that some support coordinators refer only to particular provider groups or guilds of behaviorists over another. DBHDS has also learned that some new providers have faced challenges with enrollment to become a new provider with DMAS.

- Update 10/2022: A key resource/material is the availability of behaviorists and support coordinator knowledge to be able to access them. Over the past several years, DBHDS has worked actively to advertise this service via an array of different modalities and assists interested providers with provider enrollment by connecting them with a DBHDS Community Resource Consultant, as well as DMAS staff if needed. DMAS has been an integral partner in this effort to shepherd new providers through the enrollment process. Since FY17, there has been an approximate 37.5% increase in the number of providers

enrolled in this service, from 48 providers in FY17 to 66 providers in FY22. Since the last report of this nature, DBHDS added this service into the "jump start" funding program as a means to attract and assist more behaviorists in enrolling into this service. DBHDS continues to introduce new or expanding behavioral providers to CSBs via email introduction whenever the opportunity presents. DMAS and DBHDS have worked together to substantially increase rates for this service, with increases between 22 and 31% above the previous rate increase (rate increase percentages vary across provider type and location of provider's operations within the state). DBHDS has a survey set up to launch in October 2022 with the Virginia Association for Behavior Analysis (VABA) to attract more behaviorists to this service. DBHDS is providing a training in partnership with VABA in October 2022 about navigating this service from an administrative standpoint which is intended for aspiring and current therapeutic behavioral consultants alike. Lastly, while it is important to continue to work to increase the number of behaviorists enrolling in this service, SCs may benefit from one singular, easy-access resource that lists all behaviorists that provide this service (this is described more in the following section, which relates to response effort to complete this task, or in other words, how challenging it is or how much time and effort it takes a SC currently to search for behaviorists and then facilitate a referral).

- Update 4/2023: DBHDS completed a training with VABA in October 2022; more details are included later in the section on "Behavioral Resources". As noted above, DBHDS launched a search engine resource to help locate behaviorists for this service in April 2023. VABA completed a survey related to determining if practitioners were interested in expanding to other areas of the state or if new practitioners wanted to enroll in the service. The survey was provided to DBHDS, but consisted of all anonymous responses, so DBHDS was not able to contact survey participants directly. Several providers have reached out to DBHDS to enroll in the service since the survey and/or to learn about how to connect with CSBs in other regions to expand their service reach. At this time, the DBHDS Jump Start program has provided funding for two therapeutic behavioral consultation providers to start or enhance their programs, and is working with an additional two at the time of this report. The number of overall providers is now 72 (previously 66 as noted in the last report).
- Update 10/2023: DBHDS has provided funding for 4 providers (2 additional providers since April 2023) to begin delivering this service. An additional provider needs to resubmit their application to apply for funding as there were errors with the application. DBHDS and DMAS staff continue to assist any interest provider with enrollment support for this service when inquiries are received. There are now 83 providers for this service (previous report noted 72).
- Update 4/2024: DBHDS is providing funding for 5 providers (1 additional provider since the most recent report). An additional inquiry is currently being processed. There are now 94 providers for this service (this reflects a 13% increase since the previous reporting period, which noted 83). DBHDS and DMAS teams continue to work together to assist providers with the enrollment process, and DBHDS continues to provide introductions for providers to CSBs when requested by providers.

- Update 10/2024: DBHDS has provided funding for 7 providers, with two additional providers placing inquiries about the funding but not yet approved. This is an increase of 2 providers receiving this funding since the last reporting period. There are now 95 providers for this service, which is an increase of 1 provider since the last reporting period. DBHDS is currently developing a provider enrollment training with accompanying job aid/task analysis instructions for prospective providers of this service and plans to launch in early calendar year 2025.
- *Update 4/2025: The updates in the Training section are also relevant in this area. There are now 106 providers for this service, which is an increase of 11 providers since the last reporting period. DBHDS has completed provider enrollment training with an accompanying job aid/task analysis instruction for prospective providers. These trainings are available under the "Training Videos" section on the DBHDS Behavioral Services website. Since the last report, funding has been approved for 1 additional provider through the Jump Start funding program. Lastly, since the time of the last report, DBHDS has provided technical assistance to 10 providers that have reached out to the Commonwealth regarding enrollment with Medicaid as a provider for therapeutic behavioral consultation.*

***Performance Consequences, Effort, & Competition:*** While it is not possible to ascertain the level of supervision that each individual SC receives at each CSB as it relates to connecting individuals in need to behaviorists in a timely manner, or even if supervision (performance consequences) are a contributing variable for each SC, it is well established that many support coordinators across the Commonwealth have large caseloads with numerous competing priorities beyond connecting people in need to this particular service.

- Update 10/2022: From the standpoint of feedback provided by DBHDS to the CSB leadership, DBHDS has delivered feedback in the form of providing lists of individuals to each CSB (after data pulls) that are not connected to behaviorists, along with links to access behaviorists. Prior to DBHDS setting up a data system where these data could be reviewed monthly, the CSBs were not receiving "real time" data on their performance in connecting individuals to behaviorists. Sharing data is intended to be a means to foster assistance and resource sharing with CSBs. In acknowledgment of the competing priorities for SC's, as well as the current lack of one centralized repository to search for behaviorists, DBHDS has crafted a survey that was sent to all behavioral providers for this service in September 2022; the results of this survey will be used to minimally create a provider directory, or possibly a search engine, for this service that will be housed on the DBHDS website and can be searched regionally, based on telehealth/face to face modalities, based on provider pedigree, languages spoken, etc. DBHDS expects this to be completed and then shared with providers and CSBs by November 2022, and in the future the survey will be updated several times per year to account for new behaviorists to this service. These survey results will most likely land on a new webpage specific to behavioral services that DBHDS created in FY23Q1 and is available now. Lastly, starting in November 2022, DBHDS Community Resource Consultants will begin contacting CSBs directly to provide assistance for any person that

data indicates did not have a service authorization at the time of data review for follow up assistance.

- Update 4/2023: DBHDS is continuing to share information with CSB leadership when providers have expanded or have new availability within a CSB's catchment area or overall region. DBHDS explored the possibility in November 2022 of having CRCs contact CSBs to provide individualized assistance in connecting people to services, but determined that with current CRC resources and responsibilities that CRC's would be able to assist by helping CSBs use the new search engine to locate providers. DBHDS launched the new search engine for therapeutic behavior consultation in April 2023. DBHDS has received initial positive correspondence from providers noting that this appears to be a helpful resource. Though there are numerous variables that may impact performance, it is hoped that over time this resource will contribute to performance improvement.
- Update 10/2023: DBHDS continues sharing information with CSBs when new providers expand or have additional availability in CSB catchment areas. As noted above under "training", DBHDS is also now sharing individual level data with CSB leadership on people that are still not connected to the service at the time of data review and offering support to connect the person to a provider if needed. The search engine remains live and has new updates that have been described in the sections above.
- Update 4/2024: DBHDS has continued sharing of monthly data with CSBs on an individual level to provide support for people not connected. When DBHDS learns of new providers, the team at DBHDS shares this information with CSB leadership. The search engine continues to be available online and updates have been made based on provider input as noted above.
- Update 10/2024: As noted in the "Training" section above, DBHDS continues sharing person specific information with CSB leadership. DBHDS has commenced assessment with 10 CSBs to determine unique business practices (or other variables) that may be influencing performance. The assessments, along with recommendations provided to CSBs, are expected to conclude by the end of this calendar year.
- *Update 4/2025: The updates in the "Training" section above are also relevant in this section. In addition to providing person specific information with CSB leadership, DBHDS is providing performance data to the 8 CSBs that need additional support. Additionally, DBHDS began providing "real time" data to the 8 CSBs for people that need therapeutic behavioral consultation as indicated in their ISPs. This effort may assist timely connection by providing data to CSBs on people who need these services prior to the 30-day window expiring.*

*Gap Analysis and Improvement Targets:*

In the FY23Q1 report, DBHDS completed a gap analysis based upon data for individuals not connected between April and July 2022. See the FY23Q1 report for the detailed gap analysis.

In the FY23Q1 report, DBHDS also suggested targets for the number of behaviorists needed in each region to serve those not connected to services (this information is available below in *Table 4*). While DBHDS is committed to continuing to grow providers for this service and working to ensure timely connection to providers for people that need the service, it is important to note that timely access to behavior analysis services is not an issue germane solely to Virginia. It is challenging to locate peer-reviewed information on waitlist or timely availability for behavior analysis services; however, a small study in Michigan in 2021 indicated that the average waitlist time for such services for children was 5.66 months (Briggs & Peterson, 2021). Though the field of behavior analysis has seen tremendous growth over the past several years, with an approximate increase of 65% of BCBAs® nationwide between 2018 and 2021, inequitable access to providers is prevalent in most areas of the country (Yingling, et al., 2022). Though precipitous growth in the profession has occurred, the per capita supply of Board Certified Behavior Analysts® is below recommendations in 49 states (Zhang & Cummings, 2020).

As previously noted, it is not possible for DBHDS to determine the exact number of individual behaviorists employed by each provider. A provider could consist of just one behaviorist, while another provider could have ten behaviorists. With that noted, DBHDS can continue to provide information on "providers" as tied into the tax identifier for the provider agency. The following table provides the estimated number of behaviorists needed per region and associated goal with target date (from FY23Q1 report), and status on provider growth in each region over time.

*Table 4: FY23Q1 analysis and projections of individual behaviorists needed to address gaps per region compared to updated counts from 8/2023, 3/2024, 9/2024, and 2/2025. Content from FY23Q1 analysis highlighted yellow. Target growth date = 6/23.*

| | Total # not connected April – July 2022 | Mean not connected per month | Possible number of additional behaviorists needed to address need of mean not connected per month (based on 5 persons to 1 behaviorist) | Provider count change since FY23Q1 analysis (as of 8/2023) | Provider count change since FY23Q1 analysis (as of 3/2024) | Provider count change since FY23Q1 analysis (as of 9/2024) | Provider count change since FY23Q1 analysis (as of 2/2025) |
|---|---|---|---|---|---|---|---|
| Central | 50 | 12.5 | 3 | + 1 | +9 | +15 | +18 |
| Eastern | 39 | 9.75 | 2 | + 9 | +8 | +13 | +15 |
| Northern | 44 | 11 | 3 | + 18 | +19 | +21 | +24 |
| Southwestern | 17 | 4.25 | 1 | + 2 | +4 | +5 | +10 |
| Western | 35 | 8.75 | 2 | 0, no change | +1 | +5 | +12 |

*Analysis on performance of improvement targets:*

The growth targets in *Table 4* were set based on the average of people not connected between April-July 2022 and then multiplying that average to an estimation of 1 behaviorist being able to provide services to 5 people. As noted above, DBHDS does not have data on the exact number of behavioral clinicians that a provider agency employs. If there is a conservative assumption

that each provider agency noted in the last column from *Table 4* only consists of 1 clinician, the goal set for June 2023 continues to be met for all regions.

It must be noted that some providers may deliver services to multiple regions. For example, there are now 24 additional providers that can deliver services in the Northern region since FY23Q1, but some of these providers may be new to this service, while others may have been part of therapeutic behavioral consultation for some time and are now expanding their services into different regions of the state. Regardless of these nuances, the count of providers for this service has increased.

**Expectations for behavioral programming and quality assurance**

On 3/31/2021, the permanent regulations for therapeutic consultation behavioral services went into effect (note: DBHDS provided until 7/1/2021 for providers to come into full accordance with the expectations of the regulations). These regulations outline basic expectations for the content areas of behavior support plans and associated expectations for the service. DBHDS has also provided associated *Practice Guidelines for Behavior Support Plans* to the community, behaviorists, and CSBs. As noted in past reports, DBHDS launched a training in the Commonwealth of Virginia's Learning Management System for support coordinators that reviews the *Practice Guidelines* and outlines the components of behavior support planning tied into regulations such that support coordinators can observe to determine if key hallmarks are being implemented for individuals that receive this service. As of late January 2025, 1,298 CSB staff members have completed this training (this is an increase of 107 trainees since the data were last provided as of August 2024). Based on service capacity/staffing data provided to CSBs to DBHDS, 690 case managers should access and complete the training. The increase in trainees is likely a reflection of new hires/turnover within CSBs/BHA across the Commonwealth since the launch of this training in FY21, as well as supervisory positions such as DD Directors completing the training.

DBHDS has created a quality assurance scoring tool that determines the adherence of behavior support plans to the *Practice Guidelines for Behavior Support Plans*. The Behavior Support Plan Adherence Review Instrument (BSPARI) utilizes a weighted scoring system that provides a score for each behavior support plan content area and its associated minimum elements as outlined in the *Practice Guidelines*. The BSPARI and its automated features have been described in previous reports; its genesis and contents are detailed in a 2024 publication by its creators (Habel et al., 2024). The Scoring Instructions Guide and current iteration of the BSPARI can be found under the "Quality Reviews" section of the DBHDS Behavioral Services website.

DBHDS is using the BSPARI to review behavior support plans (and associated documentation) authored under the therapeutic consultation service. This corresponds to Term 34 from the Permanent Injunction: *The Commonwealth will work to achieve a goal that 86% of individuals with identified behavioral support needs are provided adequate and appropriately delivered behavioral support services.*

As noted above, the BSPARI uses a weighted scoring system, with 40 total weighted points possible. Behavioral programming is determined to be adhering to the *Practice Guidelines* if 34

points are obtained on the BSPARI (which equates to a score of 85%). Reviews are being conducted by DBHDS staff that are Licensed and Board Certified Behavior Analysts® with extensive experience in the assessment and treatment of challenging behavior and positive behavior supports across a variety of settings.

Feedback sessions are provided to behaviorists by DBHDS reviewers based on the results of the BSPARI. Prior to the reviews, the behaviorist is provided with copies of all BSPARIs that will be reviewed via an encrypted email. These sessions occur via a secure web conferencing system and include review of the BSPARI, review of resources, and an opportunity for the behaviorist to ask questions about the BSPARI results and resources. DBHDS also seeks out feedback that behaviorists have about the tool, the service authorization process, or connection to individuals in need of services during these meetings. At the time of this review, DBHDS is not requiring a feedback session if performance for a behaviorist on all BSPARIs reviewed are at or above 34 out of 40 points; instead, the BSPARIs are sent in secure email with trend analysis for any improvement areas. In FY25Q2, DBHDS began requesting that plan authors revise and resubmit any behavior program that did not score 34 or more points on the BSPARI. The data that follows for FY25Q2 onward reflects this updated requirement. As reviews progress over time, it would be expected that minimum elements that are absent are addressed and improved upon by behaviorists, and that subsequent behavioral programming would have improved scores in future reviews using the BSPARI. The table that follows (*Table 5*) provides scores information on BSPARI reviews conducted across previous and the current reporting periods. *Table 6* provides these data solely for FY25 and is used in the updated calculation for Term 34 (formerly CI 29.21); see addendum on page 25.

*Table 5:* BSPARI reviews conducted across reporting periods, FY22Q1 through FY25Q3

| Reporting period timeframe | # of BSPARIs reviewed | Mean points score and % on BSPARI | Median points score and % on BSPARI | Score ranges, mode | BSPARIs scoring at least 34 out of 40 points (85%) | BSPARIs scoring at least 30 out of 40 points (75%) | BSPARIs reviewed with feedback provided to behaviorist |
|---|---|---|---|---|---|---|---|
| FY22Q1 through FY22Q3 | 100 | 25.9 points, 65% | 28 points, 70% | Range of scores: 34 (4 to 38) Mode = 31, 32 | 13% | 40% | 53% |
| mid FY22Q3 through late FY23Q1 | 150 | 29.8 points, 74% | 31 points, 78% | Range of scores: 34 (6 to 40) Mode = 34 | 61 out of 150, 41% | 91 out of 150, 61% | 68% |
| FY23Q2 through FY23Q3 | 94 | 31.4 points, 79% | 32.5 points, 81% | Range of scores: 32 (7 to 39) Mode = 34, 35 | 44 out of 94, 47% | 68 out of 94, 72% | 71% |

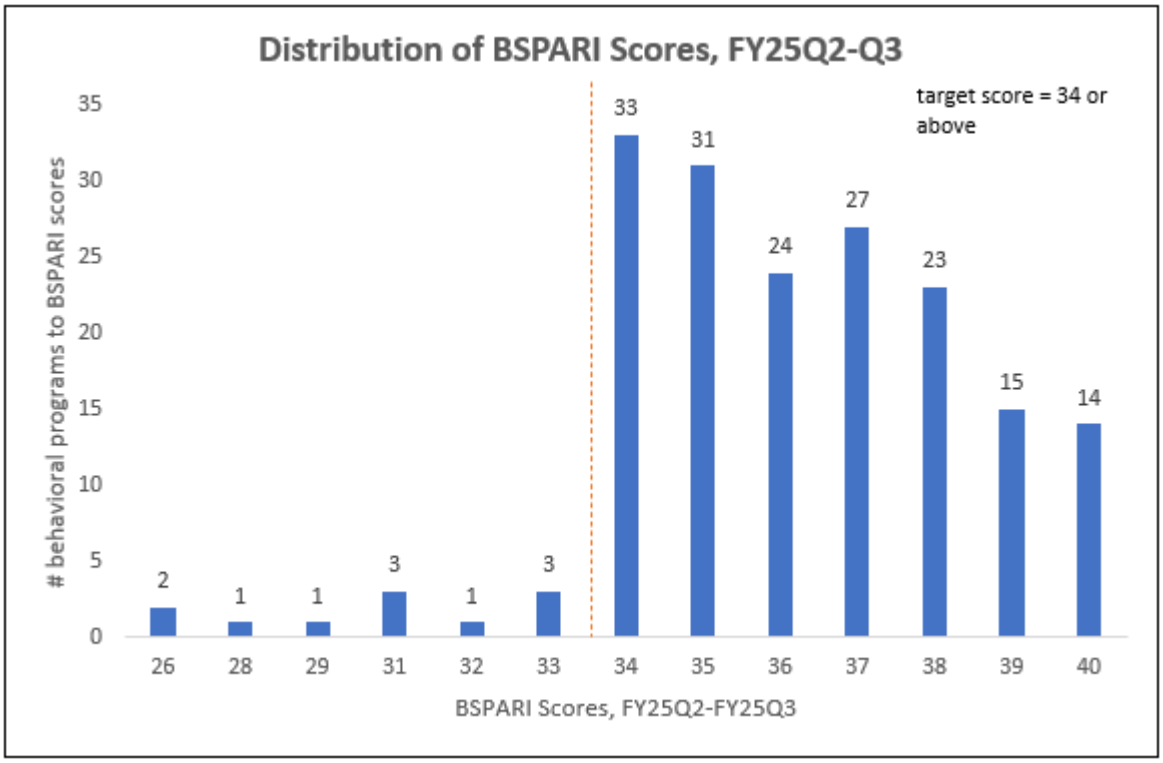
| | | | | | | | |
|---|---|---|---|---|---|---|---|
| FY23Q4 through FY24Q1 | 120 | 31.6 points, 79% | 33 points, 83% | Range of scores: 27 (12 to 39) Mode = 34 | 59 out of 120, 49% | 89 out of 120, 74% | 73% |
| FY24Q2 through FY24Q3 | 126 | 33 points, 83% | 34 points, 85% | Range of scores: 23 (17 to 40) Mode = 37 | 72 out of 126, 57% | 100 out of 126, 79% | 76% |
| FY24Q4 through FY25Q1 | 211 | 32.7 points, 83% | 34 points, 85% | Range of scores: 30 (10-40) Mode = 34 | 125 out of 211, 59% | 170 out of 211, 81% | 82% |
| FY25Q2 through FY25Q3 | 178 | 36 points, 90% | 36 points, 90% | Range of scores: 14 (26-40) Mode = 34 | 167 out of 177, 94% | 174 out of 177, 98% | 100% |

*Note: At the time of this report, out of the 979 behavioral programs reviewed since inception of the BSPARI and related feedback process, approximately 99% have also received a feedback session with the behaviorist (971 out of 979). A small percentage of behavior plans were crafted by providers that left waiver services prior to a review occurring. Reviews continue to be scheduled on an ongoing basis.*

*Table 6:* FY25 BSPARI Data

| **Reporting period timeframe** | **# of BSPARIs reviewed** | **Mean points score and % on BSPARI** | **Median points score and % on BSPARI** | **Score ranges, mode** | **BSPARIs scoring at least 34 out of 40 points (85%)** | **BSPARIs scoring at least 30 out of 40 points (75%)** |
|---|---|---|---|---|---|---|
| FY25Q1 (July 2024-September 2024) | 125 | 32 points, 80% | 34 points, 85% | Range of scores: 30 (10-40) Mode = 34 | 71 out of 125 (59%) | 95 out of 125 (76%) |
| FY25Q2 (October 2024-December 2024) | 79 | 36 points, 90% | 36 points, 90% | Range of scores 14 (26 to 40), Mode = 34 | 76 out of 79 (96%) | 77 out of 79 (97%) |
| *FY25Q1 & FY25Q2 combined (used in Term 34 calculation)* | *204* | *34 points, 85%* | *35 points, 88%* | *Range of scores: 30 (10 to 40) Mode = 34* | *147 out of 204 (72%)* | *172 out of 204 (84%)* |
| FY25Q3 (January 2025-March 2025) | 99 | 36 points, 90% | 36 points, 90% | Range of scores: 12 (28 to 40), Mode = 35 | 91 out of 99 (92%) | 97 out of 99 (98%) |
| **FY25 Total (FY25Q1 – FY25Q3)** | **303** | **34 points, 85%** | **35 points, 88%** | Range of scores: 30 (10-40) Mode = 34 | **238 out of 303 (79%)** | **269 out of 303 (89%)** |

The graphical display that follows provides a visualization of the score distribution of the 178 BSPARIs reviewed in FY25Q2 and FY25Q3. The vertical (y) axis displays the number of BSPARIs reviewed that had a particular score, while the x (horizontal) axis displays each of the scores yielded across the 178 reviews. Each blue bar has a number above it, which corresponds to the y-axis. For example, there was one BSPARI reviewed that had a score of 32, while there were three BSPARIs reviewed that had a score of 33. The dashed red line provides an indicator of the target score of 34 points or above; any data to the right of the dashed line is at or above that target.




It is hypothesized that some combination of the enhanced expectations for behavioral services via the regulations and *Practice Guidelines,* ongoing training opportunities given to the public by DBHDS and contracted Board Certified Behavior Analysts®, information and resource sharing, the individualized feedback session to review BSPARI results with behaviorists, and requesting providers to revise plans that are below criterion are contributing to improved performance. As it relates to feedback sessions, several behaviorists have expressed that they are using the tool to "self-monitor" and improve their behavioral programming, as well as to complete peer reviews with other behaviorists in their agency. During feedback sessions, DBHDS reviewers emphasize the resources tab to behaviorists to highlight areas to access the professional literature or other helpful information. DBHDS will continue to complete reviews of behavioral programming (paired with feedback sessions to behaviorists) using the BSPARI in the coming quarters. DBHDS believes that salient properties of the BSPARI (clear indications on presence/absence of required elements, color coding, resources features), paired with the quality feedback sessions

that have been and will continue to be provided to behaviorists will continue to improve BSPARI scores over time and assist in making progress towards these indicators.

*Support coordinator assessment of behavioral programming*

The BSPARI also has an "administrative" component that is used by DBHDS reviewers to evaluate support coordinator's assessment of behavioral programming (part 5 of former compliance indicator 7.20) via the On-Site Visit Tool, as well as the presence or absence of required documents based on the authorization status of behavioral programming, which corresponds to the following former compliance indicator: *86% of individuals authorized for Therapeutic Consultation Services (behavioral supports) receive, in accordance with the time frames set forth in the DD Waiver Regulations, A) a functional behavior assessment; B) a plan for supports; C) training of family members and providers providing care to the individual in implementing the plan for supports; and D) monitoring of the plan for supports that includes data review and plan revision as necessary until the Personal Support Team determines that the Therapeutic Consultation Service is no longer needed* (Settlement Agreement Section III.C.6.a.i-iii, filing reference 7.19). To address part 5 of former CI 7.20, DBHDS reviewed the On-Site Visit Tool (OSVT) that corresponded to the timeframe of the available behavioral programming reviewed to decide as to if the OSVT was scored correctly or incorrectly by the support coordinator. The information that follows about the OSVT is specific to the version of the OSVT in use beginning January 2023. The current OSVT can be accessed at this link.

The OSVT has several questions particular to behavioral programming, the first of which reads as follows: "Are professional behavioral services (e.g. therapeutic consultation, ABA) needed?" The possible responses that a support coordinator can choose from are "yes", "already provided", or "no". Based on the response selection, there are two additional questions that could be responded to which determine if services are authorized (if not, the OSVT links to the website with the search engine noted previously in this report), and if services are authorized, the SC would confirm the following:

- An onsite assessment was completed or is in progress?
- A behavior plan designed to decrease negative behaviors and increase functional replacement behavior is available or being developed?
- Caregivers are trained to implement the behavior plan or a plan for training is in progress?
- Presence of data collection/analysis to improve supports?
- Changes were made to the behavior plan as needed?

DBHDS reviewers are cross reviewing all documents from the time that the OSVT was completed to determine if "yes" or "no" answers to the questions above are correct. Thus, DBHDS reviewers are determining if the support coordinator is overall accurate in their assessment of behavioral programming using the OSVT via their response of "yes" or "no" on these questions present on the OSVT.

Out of the 178 behavioral programming reviews that occurred in FY25Q2 through FY25Q3, 57% of OSVTs were scored correctly (i.e., based on documentation review, the support

coordinator accurately assessed if behavioral programming is being implemented correctly or not). The remainder (43%) were either scored incorrectly or were not available to DBHDS for this review (i.e., the support coordinator erred in their assessment of behavioral programming being implemented correctly or incorrectly, or the OSVT was not available in WaMS for review). This is a decrease in performance from the recent review period (70%).

To assess compliance with former CI 7.19, DBHDS is using the randomized sample of behavior support plans/programming that are conducted as part of quality review on adherence to the *Practice Guidelines* via the BSPARI. Specifically, DBHDS reviewers are analyzing the dates of behavior plans and associated documentation in comparison to the authorization type and expectations of associated timelines in the overarching regulations for this service to determine if required components are in place within the required timeframes. For the four overarching deliverables in this indicator, DBHDS is focusing on "annual" authorization types, as these four requirements correspond to this type of authorization only. In summary, those deliverables are: 1) functional behavior assessment, 2) plan for support (behavior support plan), 3) training for supporters and 4) monitoring of the plan via data collection and plan revision as necessary. The behavior support plan and FBA also need to be completed within 180 days of the initial authorization.

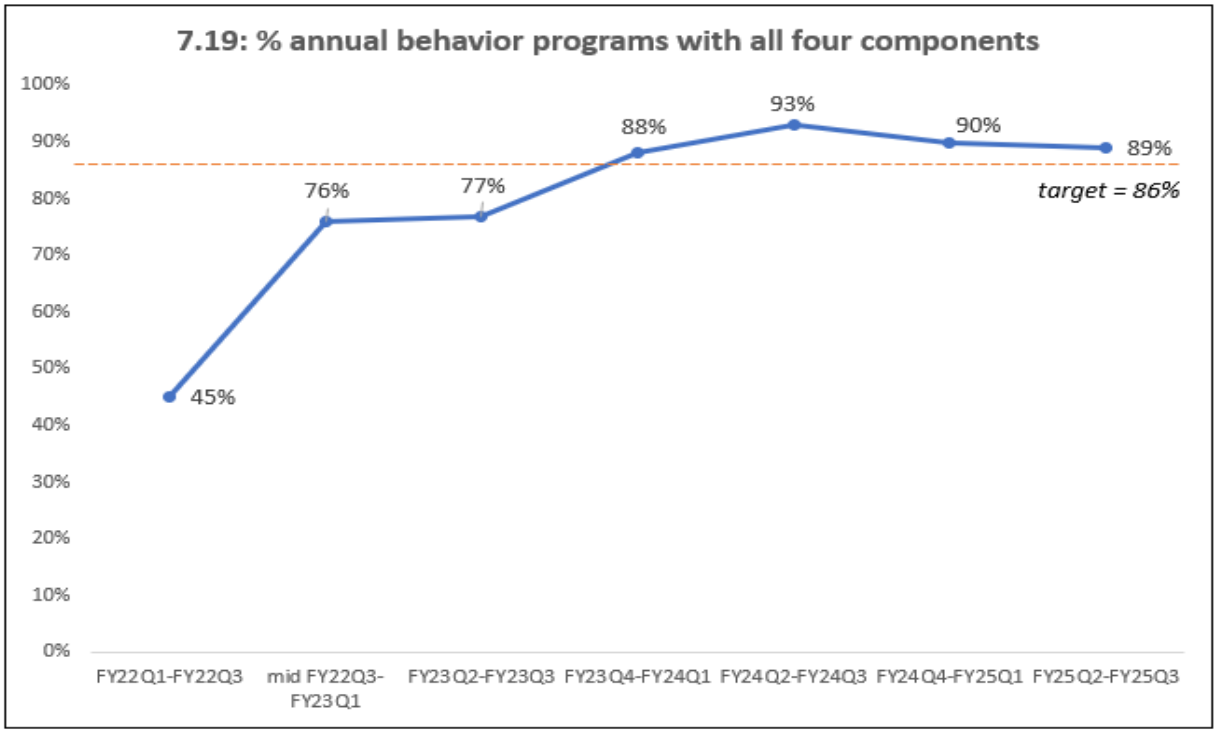
DBHDS updated the logic for determining how to count the four key overarching deliverables in the 22nd study period in accordance with several minimum elements outlined on the BSPARI, in agreement with the Independent Reviewer and expert consultants. The data below reflect this methodology for all reporting periods.

Since inception of reviews with the BSPARI, there has been improvement in inclusion of the four deliverables in former CI 7.19 based upon the logic agreed upon between DBHDS and the reviewers. The number and percentage of plans with all four required deliverables out of the total across the batches of BSPARIs reported out in this and previous reports are outlined on the following table (*Table 7)*.

*Table 7: CI 7.19, Annual behavior programs with all four required deliverables, FY22-FY25*

| Reporting period | # of annual programs with all 4 components / # of annual plans reviewed | % of annual plans with all four components |
|---|---|---|
| Late FY22Q1-FY22Q3 | 36/80 | 45% |
| Mid FY22Q3-late FY23Q1 | 75/99 | 76% |
| FY23Q2-FY23Q3 | 61/79 | 77% |
| FY23Q4-FY24Q1 | 88/100 | 88% |
| FY24Q2-FY24Q3 | 86/92 | 93% |
| FY24Q4-FY25Q1 | 145/162 | 90% |
| FY25Q2-FY25Q3 | 115/129 | 89% |

The following graph trends *Table 7* data across reporting periods. Note the benchmark target with the red dashed line (86%).




To date, DBHDS has reviewed 979 sets of behavior programs. Of these 979 programs reviewed, 957 have been completed prior to or within 180 days of the initial service authorization (approximately 98%).

*Behavioral Services intersections with Crisis Services*

To address parts 2 and 3 of former CI 7.20, DBHDS is providing the following information for FY25Q1 and FY25Q2:

- *(2) from among known hospitalized children and adults, the number who have not received services to determine whether more of these individuals could have been diverted if the appropriate community resources, including sufficient CTHs were available*
    - In FY25Q1, there were 105 unduplicated individuals who accepted REACH (known) and did not have therapeutic consultation services at the time of the hospitalization. REACH data from the same time indicated that no hospitalizations could have been diverted to the CTH.
    - In FY25Q2, there were 103 unduplicated individuals who accepted REACH (known) and did not have therapeutic consultation services at the time of the hospitalization. REACH data from the same time indicated that 1 hospitalization could have been diverted to the CTH, but the person refused.

- *(3) for those who received appropriate behavioral services and are also connected to REACH, determine the reason for hospitalization despite the services*
    - In FY25Q1, there were 20 hospitalizations where the person had therapeutic consultation service (e.g., a service authorization present) at the time of their hospitalization that also had accepted REACH services at the time of their hospitalization. In FY25Q2, this number was 19 hospitalizations. The indicator speaks to determining the reason for hospitalization and DBHDS has provided this information in a separate addendum document to the expert consultants for review to ensure confidentiality for each person.

**Behavioral Resources**

A former compliance indicator for Settlement Agreement Section V.H.1 (filing reference 49.5) provides as follows: *DBHDS makes available for nurses and behavioral interventionists training, online resources, educational newsletters, electronic updates, regional meetings, and technical support that increases their understanding of best practices for people with developmental disabilities, common DD-specific health and behavioral issues and methods to adapt support to address those issues, and the requirements of developmental disability services in Virginia, including development and implementation of individualized service plans.*

To address the indicator specific to behavioral services, DBHDS has undertaken the following measures from FY25Q2 through FY25Q3:

- Publication of seven educational articles on behavioral science and/or services (included on the DBHDS website and in the Office of Integrated Health's monthly newsletter) on the topics listed below. Each article contains references to the professional literature and/or website resources.
    - April 2025: What's in your toolbox?
    - March 2025: Luck, Superstitions, and the Behavior Science Behind St. Patrick's Day Traditions
    - February 2025: Instilling a Positive Working Relationship
    - January 2025: New Year's Resolution Tips
    - December 2024: You Have the Right To…
    - November 2024: The Bountiful Benefits of Reinforcement
    - October 2024: The Spooky Side Effects of Punishment
- DBHDS became an authorized continuing education provider through the Behavior Analyst Certification Board in FY25Q1. DBHDS has provided continuing education opportunities for community behaviorists on the following since the last report:
    - FY25Q2: Introduction to the Practical Functional Assessment
    - FY25Q3: Skill Based Treatment
- Based on review of common errors on BSPARI elements, DBHDS is creating trainings to assist providers in understanding *Practice Guidelines* expectations. Below are links to two trainings created in FY25Q3:
    - BSPARI Element Training Series: Behaviors Targeted for Increase

- BSPARI Element Training Series: Non-Operant Conditions that Influence Behavior

**Summary**

DBHDS has continued with numerous initiatives to improve timely connection to behavioral services, as well as to improve the quality of said services. As it relates to connecting people in need, between July and December 2024, 73% of people needing this service had a service authorization within 30 days. This report has noted several undertakings that DBHDS has initiated over the past several years to continue to work towards achievement of the required 86% metric. DBHDS has completed assessment with 10 CSBs, including 8 that need additional support, and is moving forward with action steps with these CSBs based on assessment results.

DBHDS continues to use the BSPARI to complete reviews of behavior programs to determine adherence to the *Practice Guidelines for Behavior Support Plans.* An important part of these reviews is providing copies of scored BSPARIs to behaviorists, along with feedback sessions where DBHDS can outline areas in adherence with the *Practice Guidelines*, outline areas not in adherence, and provide resources when applicable. Adherence to the *Practice Guidelines* as demonstrated in BSPARI scores has improved since inception, as can be observed in *Table 5*. Beginning in FY25Q2, DBHDS has asked providers to revise and resubmit behavior programs that are not in adherence with the *Practice Guidelines*. This offers providers additional technical assistance, while also providing important rehearsal opportunities on creating behavioral programming elements that align with expectations.

DBHDS continues to require training on this service for support coordinators and offers training and resources for professionals. Many trainings and resources, as well as past offerings of introductory and advanced training on behavior analysis topics from venerable experts in the field, are freely available on the DBHDS Behavioral Services website.

The Office of Behavior Network Supports employs five Board Certified and Licensed Behavior Analysts to support achievement of the Terms and Actions of the Permanent Injunction. With this level of staffing expertise, DBHDS can provide enhanced technical assistance, training, and quality assurance for providers and CSBs that may positively impact the lives of people who need or receive behavioral services. DBHDS is committed to continuing the progress that has been made during this and previous reporting periods.

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**Behavioral Supports Report: Addendum for Term 34 (formerly CI 29.21)**

The data provided below serve to supplement the information contained within the FY25Q3 Behavioral Supports Report, as indicated by the Independent Reviewer in the 24th study period. This addendum is specific to Term 34 (formerly CI 29.21 and the related curative action for that indicator, filed 7/11/2022).

The following information combines FY25 utilization data for therapeutic consultation, as displayed in *Table 3* (see page 7 from this report), with BSPARI performance of 30 points or above, as displayed on *Table 6* (see page 17 from this report). Though this report includes BSPARIs reviewed in FY25Q3, this calculation reflects only FY25Q1 and FY25Q2 BSPARI data, as BSPARI scores are being compared to utilization data from the same period (FY25Q1-Q2, representing July through December 2024). FY25Q3 BSPARI data (and future FY25Q4 data) will be used in upcoming reporting and to compare the entirety of FY25 BSPARI data to the entirety of FY25 utilization data.

***Calculation:***

As noted in *Table 3*, 1428 people needed this service from July 2024 through December 2024. Of the total, 1162 received the service (81%). Of the total, 266 did not receive the service (19%).

As noted in *Table 6*, in FY25Q1 and Q2, 204 BSPARI reviews were completed. There were 172 BSPARIs that scored at least 30 out of 40 points (172/204 = 84%). There were 32 BSPARIs that scored less than 30 points (32/204 = 16%).

The BSPARI results from above can be generalized to the 1162 people that received the service, as follows:

- 1162 x .84 = 976 people would have received 30 points or above on the BSPARI
- 1162 x .16 = 186 people would not have received 30 points or above on the BSPARI

To combine the generalized BSPARI results further with those who needed services and did not receive them, there would be a total of 452 people (186 generalized + 266 actual) who received inadequate or no services. This computes to 32% of individuals receiving inadequate or no services (452/1428).

**Thus, in FY25Q1 and Q2, 68% (976/1428) received adequate services and 32% (452/1428) received inadequate or no services.**