DBHDS
Virginia Department of Behavioral Health and Developmental Services

Behavioral Supports Report: Q3/FY26

Introduction

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 delivered 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 behavioral services. Focused behavioral interventions that are "problem focused" typically address 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 third report since the termination of the Consent Decree and implementation of the Permanent Injunction. The report has been updated to focus on the requirements of the Permanent Injunction.

Connecting people in need to therapeutic behavioral consultation

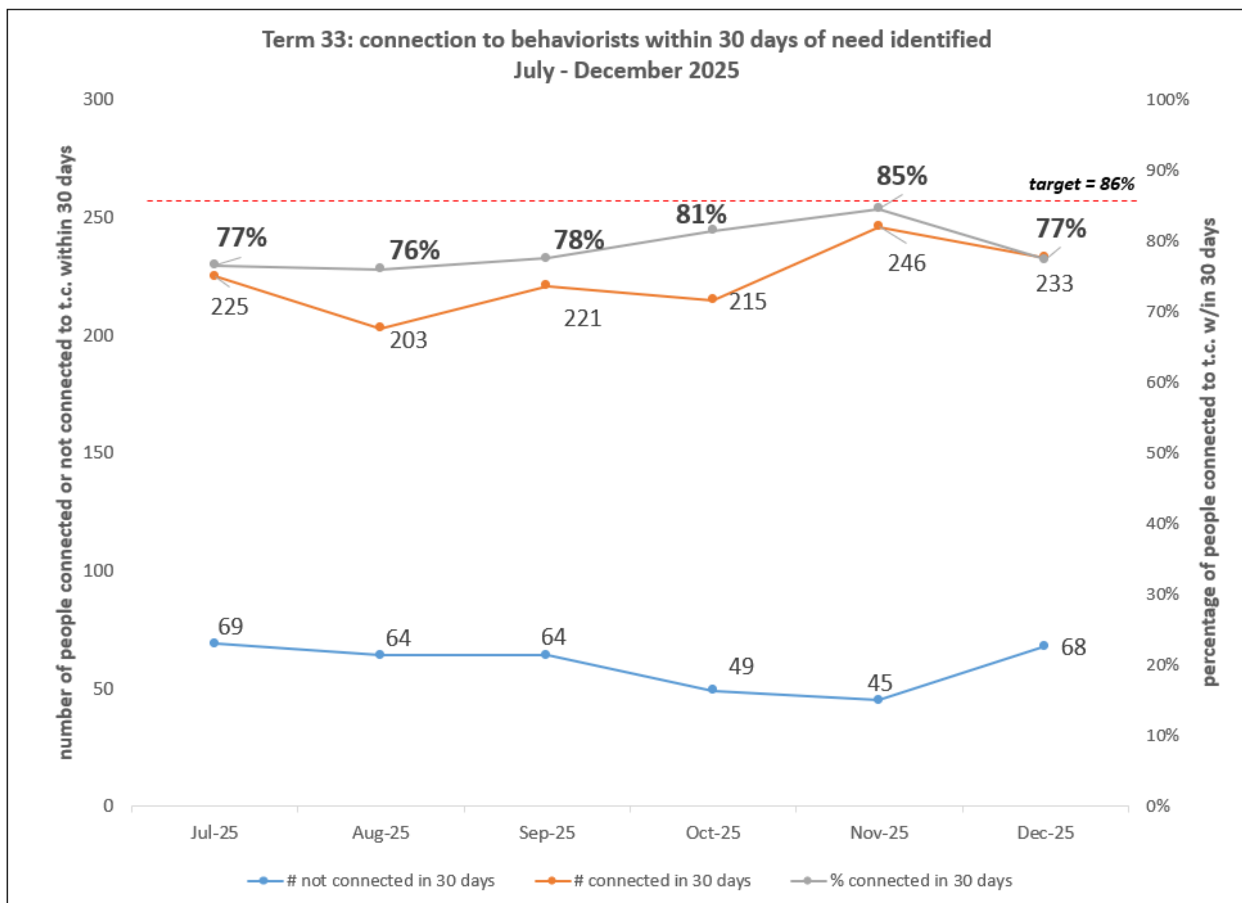
Beginning on July 1, 2020, the Virginia Department of Behavioral Health and Developmental Services (DBHDS) launched tracking to determine the number of individuals identified during the ISP planning process as needing therapeutic consultation. In the FY22Q1 report, DBHDS began displaying data monthly 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.

Connectivity graphs

Two related graphical displays are provided on pages 2 and 3 of this report. These are relevant to Term 33 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.*

On both graphs, the red dashed horizontal line represents the target performance of 86%. The first display (page 2) provides data from July through December 2025 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). The first graph below represents performance across all regions of the state combined. Between July and December 2025, 79% of people needing this service were connected within 30 days. This is an increase from the previous reporting period when the performance was at 78% (January-June 2025).



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

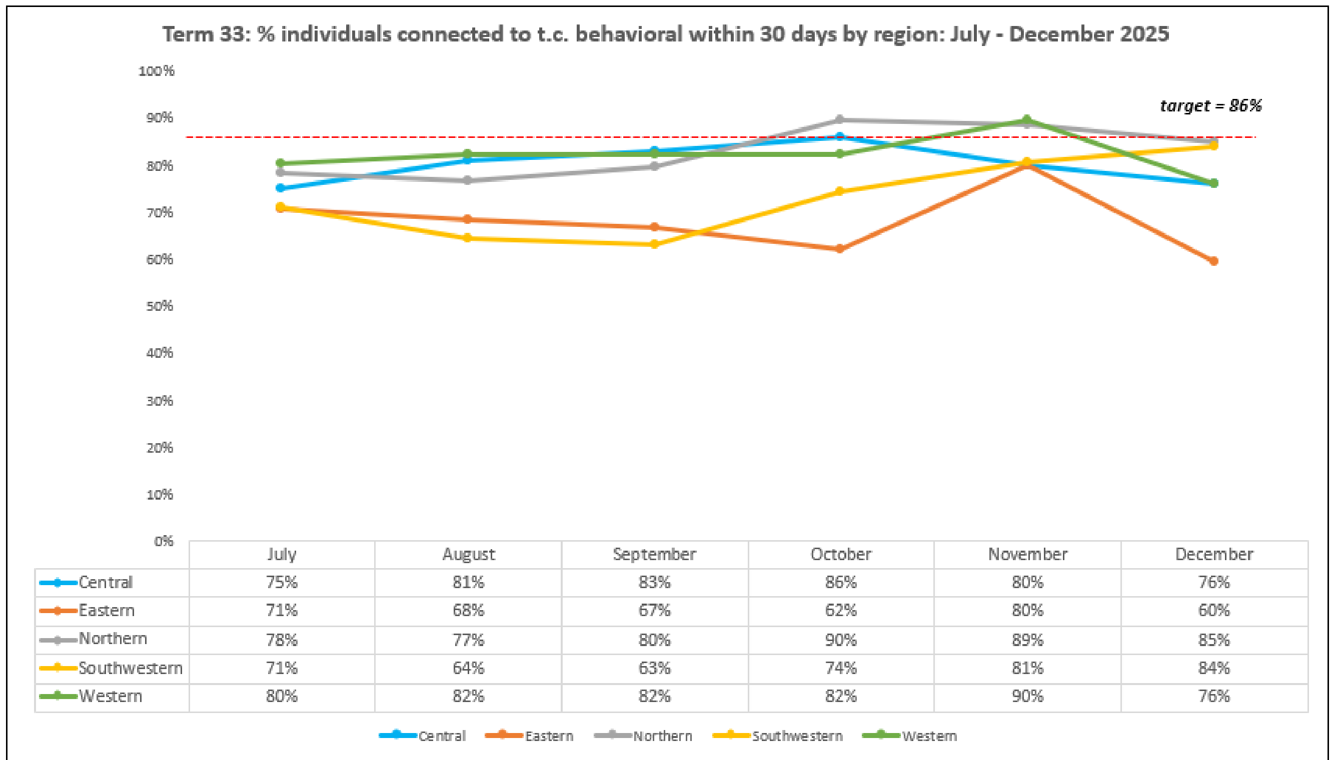


Table 1 below supplements the visual display above by providing raw data on the number of people connected and not connected to services within 30 days from July through December 2025.

Table 1

Raw data on people connected and not connected to therapeutic behavioral consultation within 30 days, July-December 2025.

	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	57	12	51	12	59	8	49	15	60	16	51
Eastern	7	17	13	28	14	28	14	23	8	32	19	28
Northern	21	76	21	69	18	70	9	77	10	77	16	90
Southwestern	9	22	10	18	10	17	10	29	6	25	5	26
Western	13	53	8	37	10	47	8	37	6	52	12	38
TOTAL	**69**	**225**	**64**	**203**	**64**	**221**	**49**	**215**	**45**	**246**	**68**	**233**

Information on people connected within any timeframe

Table 2 outlines connection to this service without the 30-day metric in place (e.g., the number and percentage of people connected within any time frame 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 2025.

	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 2025	46	271	23	92%	31 to 189 days, 67 days average
August 2025	36	239	28	90%	31 to 153 days, 58 days average
September 2025	42	263	22	92%	35 to 188 days, 83 days average
October 2025	24	239	25	91%	24 to 118 days, 63 days average
November 2025	25	271	20	93%	31 to 94 days, 58 days average
December 2025	31	264	37	88%	31 to 84 days, 53 days average

Service utilization and people on DD waivers using ABA

Term 34 of the Permanent Injunction reads as follows: *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.* An important part of this Term relates to determining utilization of behavioral services through the DD waivers. The following information relates to service utilization for therapeutic consultation, which DBHDS has worked with the Department of Medical Assistance Services (DMAS) to obtain.

The following table (*Table 3)* provides the number and percentage of people with behavior support needs, as part of their ISP, that received therapeutic consultation and that did not receive therapeutic consultation. In other words, the data that follows provides information about if the need identified in the ISP resulted in a service authorization that produced service delivery via comparison to DMAS service utilization/billing claims data. *Table 3* provides this information for the first half of FY26 (July through December 2025).

Table 3

Service utilization for therapeutic consultation, FY26 (July 2025-December 2025)

	# and % that did receive therapeutic consultation	# and % that did not receive therapeutic consultation
FY26 (July 2025-December 2025)	Number: 1,567 Percentage: 92%	Number: 135 Percentage: 8%

These utilization data are presented later in this report in combination with results of quality reviews of behavior plans to arrive at an overall percentage of people being provided with adequate and appropriately delivered behavioral support services.

Additionally, DBHDS obtained data from DMAS on the number of active members enrolled in the DD waivers that also received Applied Behavior Analysis (ABA) through the state plan option. There were 314 active members currently enrolled in DD waiver benefits who also received ABA services between July and December 2025.

Root causes

Information in the "Root Causes" section has been provided in previous reports; updates are italicized and dated as 4/2026.

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 contributing factors and as is provided in this report, 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 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 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 OBM assessment tools and associated solutions.

The performance of support coordinators (SC) as a group was 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 overlaps with 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 of services, they need to be aware that there are different guilds of behaviorists who 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 coordinators 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 a prompt on the criticality of these indicators as well as 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.
- Update 10/2025: DBHDS has continued with "real-time" data sharing with the 8 CSBs, wherein every 2 weeks data on current needs are shared with key contacts at those CSBs. For example, DBHDS contacts these CSBs every 2 weeks and gives a list of each person who has a need for therapeutic consultation in their ISP, along with each person's status on obtaining a service authorization. The intention of the effort is to reinforce successes while also proactively flagging people who need the service in "real-time", prior to the 30-day window expiring, with DBHDS offering support to the CSB to locate a provider if needed. Several of the CSBs have improved the overall number and percentage of people connected to the service within 30 days since implementation of this initiative. For the CSBs where there has not been sustained improvement, a meeting to review successes and barriers will be scheduled for FY26Q2. DBHDS continues ongoing sharing of trend data with each of the 8 CSBs.
- *Update 4/2026: Real-time data sharing continues with the 8 CSBs on a biweekly basis. The effort appears to be positively impacting performance for most CSBs, including two CSBs that have large catchment areas in regions 1 and 4, with both regions having performance that met the 86% metric one time during the reporting period. DBHDS met with 5 CSBs in FY26Q2 that had less improved performance at that time to learn more about current barriers. In review of the previous assessment, related actions, and updated data, it was determined that there was not a need to modify action steps for those CSBs and the action steps have continued. Trend data demonstrate that seven of the eight CSBs improved performance pre and post intervention, while one CSB has had less change overall; however, this CSB met the target 86% in the two final months of the reporting period. DBHDS continues to track status of action steps with the CSBs, with each CSB completing or having ongoing action steps related to training of support coordinators (e.g., ensuring that support coordinators are aware of the 30-day*

requirement, training on how to use the search engine). During FY26Q3, DBHDS provided training on this service and support coordinator expectations to one of the 8 CSBs based on significant turnover in their DD case management team.

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 step 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.

- Update 10/2025: The updates from the Training section above are relevant to this section as well. Additionally, since April 2025, there have been 5 provider modifications to the search engine.
- *Update 4/2026: See updates from the "Training" section above as they are also relevant in this section. Since October 2025, there have been 17 provider modifications to the search engine.*

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 who 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 could not 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. Currently, 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.
- Update 10/2025: There are now 110 providers for this service, which is an increase of 4 providers since the last report. The updates in the Training section are also relevant in this area. Since the time of the last report, DBHDS has provided technical assistance to 15 providers that have reached out to the Commonwealth regarding enrollment with Medicaid for this service. Since the last report, there have not been any additional requests for Jump Start funding from behaviorists.
- *Update 4/2026: There are 115 providers for this service, which is an increase of 5 providers since the last report. Since the time of the last report, DBHDS has provided technical assistance to 11 providers that have reached out to the Commonwealth regarding enrollment with Medicaid for this service. There were not any requests for Jump Start funding from behaviorists during the reporting period. The updates in the Training section are also relevant in this area.*

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 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.
- Update 10/2025: The updates in the "Training" section above describe initial results and next steps on data sharing with the 8 CSBs.
- *Update 4/2026: See updates in the "Training" section above for status on performance with the 8 CSBs that need additional support.*

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 waitlists 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), along with deficits of qualified supervisors which can impact growth in the field (Deochand et al., 2024). Though precipitous growth in the profession has occurred, the per capita supply of BCBAs® was below recommendations in 49 states as of 2020 (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. *Table 4* 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, 2/2025, 9/2025, 3/2026. Content from FY23Q1 analysis highlighted yellow. Target growth date = 6/23.

	Total # not connected April – July 2022	Mean not connected per month	Possible # of additional behaviorists needed to address need of mean not connected per month	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)	Provider count change since FY23Q1 analysis (as of 9/2025)	Provider count change since FY23Q1 analysis (as of 3/2026)
Central	50	12.5	3	+ 1	+9	+15	+18	+26	+22
Eastern	39	9.75	2	+ 9	+8	+13	+15	+19	+13
Northern	44	11	3	+ 18	+19	+21	+24	+25	+27
Southwestern	17	4.25	1	+ 2	+4	+5	+10	+15	+9
Western	35	8.75	2	0	+1	+5	+12	+10	+20

Analysis 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 27 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 number 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 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 who receive this service. As of late February 2026, 1,567 CSB staff members completed this training (this is an increase of 73 trainees since the data was last provided in August 2025). Based on service capacity/staffing data provided by 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.

Behavior Support Plan Adherence Review Instrument

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 publication by its creators (Habel et al., 2025). 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 uses 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 in adherence with 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 who 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 feedback sessions, 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. 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. *Table 5* provides information on BSPARI reviews conducted across all reporting periods since FY22Q1. *Table 6* provides this data solely for FY26 and is used in the updated calculation for Term 34; see addendum on page 23.

Table 5

BSPARI reviews conducted across reporting periods, FY22Q1 through FY26Q3

Reporting period timeframe	# of behavior programs 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-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-FY23Q3	94	31.4 points, 79%	32.5 points, 81%	Range of scores: 32 (7 to 39)	44 out of 94, 47%	68 out of 94, 72%	71%

				Mode = 34, 35			
FY23Q4-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-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-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-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%
FY25Q4-FY26Q1	172	36 points, 90%	36 points, 90%	Range of scores: 21 (19 to 40) Mode = 34	157 out of 172, 91%	164 out of 172, 95%	95%
FY26Q2-FY26Q3	196	36 points, 90%	36 points, 90%	Range of scores: 18 (22 to 40) Mode = 34	186 out of 196, 95%	192 out of 196, 98%	95%

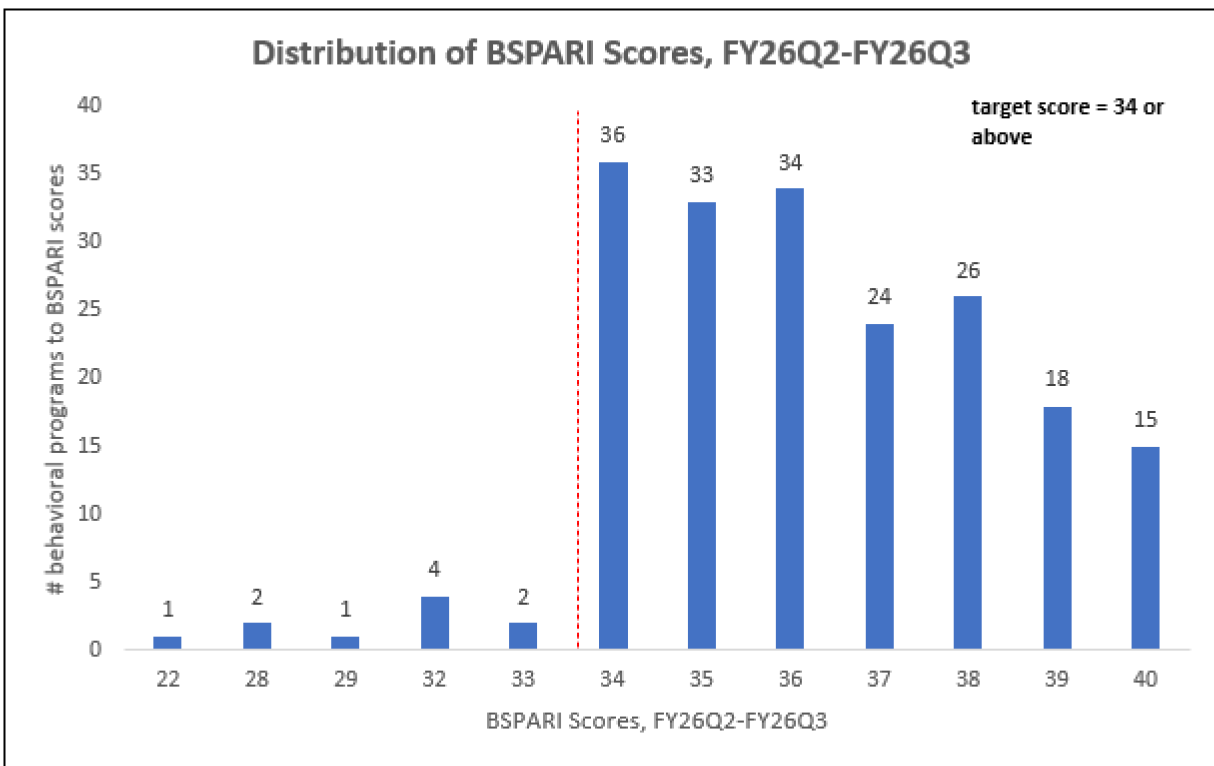
Table 6

FY26 BSPARI Data

Reporting period timeframe	# of behavior programs 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%)
FY26Q1 (July 2025-September 2025)	75	36 points, 90%	36 points, 90%	Range of scores: 21 (19 to 40) Mode = 34	71 out of 75, 95%	73 out of 75, 97%
FY26Q2 (October 2025-December 2025)	93	36 points, 90%	36 points, 90%	Range of scores: 12 (28 to 40) Mode = 34	90 out of 93, 97%	91 out of 93, 98%
FY26Q3 (January 2026-March 2026)	103	36 points, 90%	36 points, 90%	Range of scores: 18 (22 to 40) Mode = 34	96 out of 103, 93%	101 out of 103, 98%
FY26 Total (FY26Q1 – FY26Q3)	**271**	36 points, 90%	36 points, 90%	Range of scores: 21 (19 to 40) Mode = 34	**257 out of 271, 95%**	**265 out of 271, 98%**

For plans reviewed in FY26 (Q1 through Q3), feedback has been provided for 262 out of 271 plans (97%). The 9 remaining plans had reviews conducted in FY26Q3 and will receive feedback in FY26Q4.

The graphical display that follows provides a visualization of the score distribution of the 196 BSPARIs reviewed in FY26Q2 and FY26Q3. 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 196 reviews. Each blue bar has a number above it, which corresponds to the y-axis. For example, there was one BSPARI that had a score of 22, while there were four BSPARIs reviewed that had a score of 32. 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 several factors are contributing to improved performance. These may include some combination of the following: enhanced expectations for behavioral services via the regulations and *Practice Guidelines;* ongoing training and continuing education opportunities given to the public; information and resource sharing; individualized feedback session to review BSPARI results with behaviorists; and requesting providers to revise plans that are below criterion. 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 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 Term 34.

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. 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 196 behavior program reviews that occurred in FY26Q2 through FY26Q3, 75% 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 (25%) 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 an increase in performance from the recent review period (58%).

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. The four broad elements contained within this indicator represent important overarching deliverables for focused behavioral services. DBHDS has

reported 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.

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.

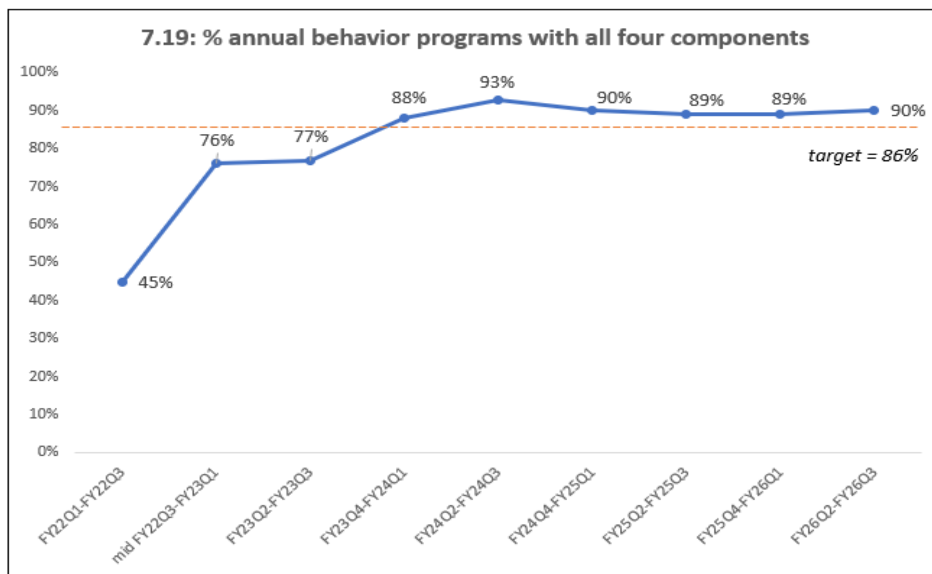
The number and percentage of plans with all four required deliverables out of the total across the batches of behavior programs are outlined in *Table 7*.

Table 7

CI 7.19, Annual behavior programs with all four required deliverables, FY22-FY26

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%
FY25Q4-FY26Q1	112/126	89%
FY26Q2-FY26Q3	128/143	90%

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



Behavioral Resources

To continue to provide training and resources, beyond the BSPARI feedback sessions, DBHDS has undertaken the following actions from FY26Q2 through FY26Q3:

- Publication of six educational articles on behavioral science and/or services, included on the DBHDS Behavioral Services website and in the Office of Integrated Health's monthly newsletter. Each article contains references to the professional literature and/or website resources.
    - October 2025: Turning the Terror of Corrective Feedback Into a Treat
    - November 2025: Working with Adults with Intellectual and Developmental Disabilities and Substance Use Disorders
    - December 2025: Behavioral Gerontology
    - January 2026: Start ACTing Now to Create Resolutions That Last
    - February 2026: A Lifesaving Difference of Using Behavioral Skills Training to Teach CPR
    - March 2026: Synchronous Reinforcement
- DBHDS has provided continuing education opportunities to the community on the following topics:
    - Treatment of Challenging Behavior for Adults with DD: A Review of Literature
    - From ABCs to BSPs: An Introduction to Behavior Supports (video not yet available)
- The DBHDS Office of Behavior Network Supports, Office of Integrated Health Network Supports, Office of Recovery Services, and the Center for Implementation and Evaluation of Education Systems (CIEES) at Old Dominion University collaborated on an 11-module training series, Working with Adults with Intellectual or Developmental Disabilities and Substance Use Disorders. This was released to the public in October 2025.
- Based on review of common errors on BSPARI elements, DBHDS is creating training to assist providers in understanding *Practice Guidelines* expectations. Below are links to the new brief training videos created over the past reporting period:
    - Initial Plan Dates and Revisions
    - Safety and Crisis Guidelines
    - Behavioral Skills Training

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 2025, 79% 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 continues to collaborate on action steps with 8 CSBs that may benefit from additional support in this area, to include real-time data sharing and ongoing aggregate data

visualizations. Most of the CSBs have seen improvement since these interventions, which also appear to be positively impacting regional and statewide performances.

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 and not in adherence with the *Practice Guidelines* 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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Addendum for Term 34 (formerly CI 29.21)

The data provided below serve to supplement the information contained within the FY26Q3 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 FY26 utilization data for therapeutic consultation, as displayed in *Table 3* (see page 5 from this report), with BSPARI performance of 30 points or above, as displayed on *Table 6* (see page 16 from this report). Though this report includes BSPARIs reviewed in FY26Q3, this calculation reflects only FY26Q1 and FY26Q2 BSPARI data, as BSPARI scores are being compared to utilization data from the same period (FY26Q1-Q2, representing July through December 2025).

FY26Q3 BSPARI data (and future FY26Q4 data) will be used in upcoming reporting to compare the entirety of FY26 BSPARI data to the entirety of FY26 utilization data.

Calculation

As noted in *Table 3,* 1702 people needed this service thus far in FY26Q1 and Q2 (July-December 2025). Of the total, 1567 received the service (92%). Of the total, 135 did not receive the service (8%).

As noted in *Table 6*, in FY26Q1 and Q2, 168 BSPARI reviews were completed. There were 164 BSPARIs that scored at least 30 out of 40 points (164/168 = 0.976190476 or 98%). There were 4 BSPARIs that scored less than 30 points (4 out of 168 = 0.023809524 or 2%).

The BSPARI results from above can be generalized to the 1567 people that received the service, as follows:

- 1567 x 0.976190476 = 1529.690476 (**1530**) people would have received 30 points or above on the BSPARI
- 1567 x 0.023809524 = 37.30952381 (**37**) 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 **172** people (37 generalized + 135 actual) who received inadequate or no services. This computes to 10% of individuals receiving inadequate or no services (172/1702 = 0.101239438 or 10%).

Thus, in FY26Q1 and Q2, 90% (1530/1702 = 0.898760562 or 90%) received adequate services and 10% (172/1702) received inadequate or no services.