Acuity Media Network: ABA workforce shortage is a retention problem, Viventium Chief Executive Navin Gupta says. He wants providers measuring time to first billable session.

Navin Gupta's interview with Acuity Media Network is live! The story focuses on a critical issue for ABA providers: reframing the workforce shortage as a retention challenge, with greater focus on metrics like time to first billable session.

Published October 21, 2026

Acuity Media Network – October 6, 2026

Viventium CEO Navin Gupta on RBT turnover, onboarding friction, and why ABA scheduling against authorized hours decides both care delivery and revenue.

Key takeaways

- **ABA's constraint is conversion, not headcount.** Gupta argues that short staffing in post-acute care surfaces as agency spend or a declined referral, while in ABA it surfaces as authorized clinical hours that never become delivered care.
- **He wants the hiring clock redefined.** Instead of time to hire, Gupta tracks time to first billable session, a measure that absorbs credential verification, training, payroll setup, and client matching.
- **The supporting research is post-acute, not ABA.** Viventium's cited figures come from surveys of home-, facility-, and community-based care staff, and the company puts ABA at roughly 10% of its client base, with new research due at the start of 2027.
- **Independent numbers point the same direction.** The BACB counted 85,587 Board Certified Behavior Analysts and 260,174 Registered Behavior Technicians on July 1, 2026, both record highs, against median annual RBT turnover near 65%.

The field has never been larger on paper. As of July 1, 2026, the Behavior Analyst Certification Board counted 85,587 Board Certified Behavior Analysts, 5,246 Board Certified Assistant Behavior Analysts, and 260,174 Registered Behavior Technicians holding active certification, each a record. Providers

describe the same problem they described five years ago: they cannot keep a technician in front of a child long enough for that child's plan to work.

Navin Gupta, Chief Executive Officer of Viventium, spent most of the past decade in post-acute care, where the arithmetic of aging demographics against available nurses and aides has been an operating fact for years. He sees the same structure in ABA, and he frames it as a problem of record keeping in the widest sense. Healthcare organizations run two systems of record, he said, and only one of them gets attention.

"We've got one system of record for patients and residents, and that talks about the care plans and care delivery," Gupta told Acuity. "But the other system of record, that may not get as visible attention, is really workforce management. They need to go hand in hand."

Why the ABA workforce shortage behaves like a retention problem

Gupta cited a ratio of 25 children needing care for every available clinician, without naming a source for the figure. Certification counts do not settle the question either way, since a credential is not a filled shift. What is documented is the leak. Median annual turnover among Registered Behavior Technicians runs near 65%, the benchmark established by BHCOE's compensation and turnover research, and approaches or passes 100% at the largest organizations. Acuity has reported that the shortage behaves more like a retention problem than a recruitment problem. The pipeline above it is also tightening: first-time BCBA exam pass rates fell to 51% in 2025, the lowest the BACB has recorded.

The parallel to post-acute care has limits, and Gupta drew them himself. A skilled nursing operator short on staff can buy agency hours or decline a referral. An ABA provider cannot do either cleanly, and neither can the direct support workforce serving many of the same families.

"In the world of ABA, it's converting authorized clinical hours into delivered care," he said. "Care is compromised, or not able to be delivered, because you don't really have the staff." He described the result as three problems braided together: "You've got essentially a supply issue, you've got a retention issue, you've got a clinical care delivery issue."

RBT pay and the perception gap between administrators and care staff

Among the figures Viventium provided to Acuity: 75% of care staff named higher pay as the top factor in whether they stay, while 37% of administrators believed pay was the primary retention driver. The two numbers come from differently worded questions, and the company has not published the survey instrument.

Gupta traced the finding to research the company published roughly two years ago and said the gap is one of vantage point rather than indifference. "They're looking at what are my reimbursement rates, what are my margins, what are my labor budgets," he said of administrators. "But don't forget,

ultimately your ability to deliver clinical care depends on the clinical staff, and for clinical staff, pay by far is number one."

In ABA, that vantage point is set by a reimbursement ceiling providers do not control. The median RBT hourly wage sits near $20, per PayScale's 2026 data, a figure that assumes every scheduled hour is paid. Many providers send technicians home unpaid when a client cancels, and 34% of former RBTs in a Behavior Analyst Certification Board exit survey summarized in December 2025 cited unpredictable pay as a reason they left. The same tension surfaced in Rockville, Maryland, where technicians struck in July over guaranteed hours and wages for full-time employees.

RBT onboarding hours and the case for time to first billable session

Gupta said company data puts caregiver onboarding at 50 to 70 hours. Written materials Viventium supplied put the range at 49 to 68. The hours go to background checks and credential verification, required training, payroll setup, and, in ABA specifically, client matching. "What we found is that there's friction in each part of the system," he said.

His proposed fix is a change in what gets measured. Talent acquisition teams track time to hire, which ends at the accepted offer. "Maybe we change the thinking from time to hire to time to first shift, or time to first billable session," Gupta said, "because then it includes the onboarding component and the friction that went" into it.

He offered an example he said was not specific to his own product. A new hire stalls on a step in an onboarding portal and is told to come into the office or figure it out alone. "What if I'm your manager, I can log on as Ethan, and I can see exactly where you're stuck," he said. Operators have reached the same conclusion from the clinical side: one multi-site provider found its RBT onboarding had reached 136 hours against a 40-hour BACB floor, cut the program nearly in half, and watched early turnover fall rather than rise.

ABA hiring speed and the Apploi talent acquisition data

Viventium acquired Apploi, a healthcare applicant tracking and credentialing platform, in a deal that closed January 30, 2026 and was announced February 4. Terms were not disclosed. Viventium is a portfolio company of LLR Partners, and Houlihan Lokey advised Apploi. Gupta said the combined business holds tens of millions of applicant records accumulated over more than a decade.

Viventium said its platform data shows recruiter response times improved by 28.5% after clients adopted a unified messaging workflow, with gains of 97% in AI-assisted workflows. The company puts median time to hire on its platform at 12.4 days, against a healthcare median of roughly 41 days reported by SmartRecruiters in 2025 and an average of about 35 days reported by Workable in 2025. Those figures are company-reported, drawn primarily from post-acute clients, and were not broken out for ABA or behavioral health. Viventium said it is confirming the number of organizations

represented in its research, the period covered, and whether findings can be separated for ABA clients. Those details had not been provided as of publication.

The underlying behavior is not in dispute among operators. “They’re applying to lots of organizations. The demand is everywhere,” Gupta said of technician candidates. “How do you get their attention? How do you remove friction from the system?” He added a caution about front-loading applications: asking for everything at step one, he said, can itself produce disengagement.

ABA scheduling against authorized hours ties retention to revenue

Scheduling in ABA is a constraint problem with three moving parts, Gupta said: client demand, the authorized hours a payer has approved, and clinicians with the right credentials and disciplines. Align them and a provider optimizes clinical care and revenue at once. Fail to, and both suffer. He argued that practice management systems and electronic health records handle the clinical side well and leave the workforce side to disconnected tools, a split that has its own operational cost inside clinics that now run two parallel management structures with no rule about who owns what.

The workforce consequence is the one he says operators underestimate. Predictable hours mean a predictable paycheck, and canceled sessions and long drives between clients erode both. Some providers have already rebuilt around that premise: one Virginia operator moved to a full-day clinic model specifically to stabilize technician schedules, and now runs it across nine clinics.

“You cannot hire yourself out of a retention issue,” Gupta said. “You lose staff. You bring people on. You’ve got to train them. What you really want is to continue to solve for improving that caregiver experience and the caregiver journey.”

Where Viventium’s ABA workforce data stops, and what arrives in 2027

The research Gupta pointed to was not conducted in ABA settings. Viventium’s 2024 Caregiver Onboarding Experience Report analyzed responses from 175 post-acute administrators and 220 caregivers. Its 2025 Healthcare Workforce Management Report, published in May of that year, drew on an independent survey of nearly 650 professionals across home-, facility-, and community-based care, and reported that 74% of providers faced current staffing shortages and 72% of care staff experienced burnout at least monthly. Neither sample was described as including ABA organizations.

Viventium puts ABA at roughly 10% of its client base and calls it a newer, fast-growing segment. The scheduling and time and attendance expansion the company announced on September 2 was described as available immediately for skilled nursing and senior living providers. A new research report is scheduled for the start of 2027.

Asked what behavioral health leaders should watch over the next year, Gupta named credential and license management, tightening regulatory scrutiny, software built for a specific industry rather

than repurposed, and artificial intelligence, which is already moving into ABA documentation and reauthorization work. Investors have noticed the same category: ABA clinical software drew a $50 million growth round this month.

“It’ll never be a substitute for clinical judgment,” Gupta said of the technology, returning to the framing he uses internally. The goal, he said, is to “restore for caregivers their purpose and joy.” Whether a workforce platform can do that in a field where pay is set by payers, and where more than half a clinic’s technicians may be gone within a year, is a question the 2027 data may begin to answer.