1. **Purpose:** The goal of the Behavioral Program Review Committee is to promote the ethical application of the least intrusive, most effective, safest and humane behavioral interventions at Florida State Hospital that are based in empirical research. This goal is pursued by ensuring that behavioral programs containing potentially coercive and/or restrictive components are appropriately developed, congruent with current published research, and implemented as designed. Novel uses of established behavioral technology will be reviewed.

2. **Scope:** The Florida State Hospital Behavioral Program Review Committee has the responsibility to review and approve all behavioral programming, as described above, in mental health residential and habilitation service areas at Florida State Hospital. The committee may elect to review any behavioral intervention at Florida State Hospital regardless of content.

3. **Training Requirements:**
   a. A training program designed to educate Hospital staff in departmental and hospital behavioral program requirements is necessary to implement this procedure.
   b. Board certified behavior analysts, certified assistant behavior analysts, psychology staff, human service counselors, and Qualified Mental Health Professionals will receive training in departmental and hospital behavioral programming requirements within 60 days of deployment of this procedure.
   c. Board certified behavior analysts, certified assistant behavior analysts, psychology staff, human service counselors, and Qualified Mental Health Professionals will receive training regarding their responsibilities identified within this procedure, and appropriate staff will receive training each time procedures are modified. This training will be conducted by discipline standards specialists as appropriate.

4. **Function:** The functions of the Behavioral Program Review Committee are as follows:
   a. recommend to the Behavioral Program Review Committee Chair to approve with or without modifications or disapprove behavioral programs presented to the committee;
   b. monitor compliance with hospital and departmental policy, and making specific recommendations concerning how often to monitor each behavioral program;
   c. maintain quality behavioral programming by on-site visits and data review of individual resident programs as well as review of contingency manual programs;

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*This Operating Procedure supersedes:* Operating Procedure 155-3, dated July 30, 2007
*Office of Primary Responsibility:* Quality Assessment and Planning
*Distribution:* Florida State Hospital Computer Network Users
d. maintain current knowledge of new developments in the field of Applied Behavior Analysis through conferences, workshops, professional journals and books, tapes and films, and legislative information, and disseminate information to staff as deemed relevant; and

e. provide technical assistance and consultation to various units and departments within the facility.

5. References:

   a. Florida Administrative Code, Chapter 65B-4.023-031.

   b. Florida Administrative Code, Chapter 65E-5.170.

   c. Florida State Hospital Operating Procedure 155-22, Seclusion and Restraints Use in Psychiatric Crisis Management.


6. Procedure:

   a. The board should meet quarterly or as needed.

   b. Committee composition:

      (1) All Behavioral Program Review Committee members are employees of the Department of Children and Families, approved providers of services for Department of Children and Families, or individuals appointed by the Hospital Administrator to represent interests of people served.

      (2) Behavioral Program Review Committee members are appointed by and serve at the discretion of the Hospital Administrator.

      (3) All Behavioral Program Review Committee members shall possess educational and occupational credentials (e.g., active Florida Certified Behavior Analyst or Assistant Behavior Analyst, Board Certified Behavior Analyst or Assistant Behavior Analyst, relevant academic degree, Florida licensure as Psychologist) and relevant experience in the application of behavioral methods. Members with other backgrounds may be appointed at the discretion of the Hospital Administrator.

      (4) Alternate members are other active Florida Certified Behavior Analysts and Assistant Behavior Analysts, Board Certified Behavior Analysts and Assistant Behavior Analysts, persons with relevant academic degrees, and persons licensed in Florida as Psychologists who meet membership requirements. Alternate members may attend meeting and vote for an absent counterpart. Alternate members may serve on any sub-committee as assigned by the chairperson.
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(5) Advisory members consist of medical, psychiatric, administrative, legal, or contracted staff who attend meetings at the request of the Chair. These persons will offer recommendations based upon their area of expertise as deemed necessary.

(6) Congruous with state statute, meetings are open for attendance except when the confidentiality of persons served must be protected.

(7) Voting: A quorum will consist of 60% of the total number of voting Committee members. Voting alternate members present will count toward a quorum. All voting members will be allowed to vote for the purpose of making recommendations to the chairperson. Alternate members present but not acting for an absent member, advisory members, and guests are not voting members.

c. Committee Officers:

(1) Chair: This position is held by a Committee member designated by the Hospital Administrator.

(2) Vice Chair: This position is held by a Committee member designated by the Chair, or in the absence of the Chair, may be elected by the members of the Committee.

(3) Recording Secretary: A recording secretary will be provided by the Office of Quality Assessment and Planning.

d. Duties:

(1) Chair: The chairperson is responsible for facilitating meetings, determining agenda, calling emergency meetings, ensuring the distribution of minutes, acting as the Hospital Administrator’s designee for approving emergency behavioral procedures (as specified in the Behavioral Programming Manual), reviewing and submitting reports as necessary to the Hospital Administrator. The Chair is also responsible for recommending appointments to the Committee, approving/disapproving or approving with modification, restricted procedures which are not approved in the tracking system as per the Behavioral Programming Manual, desk monitoring and on-site monitoring of programs involving restricted procedures, and maintaining a tracking/monitoring system.

(2) Vice Chair: The Vice Chair acts as chairperson in the absence of the chair.

(3) Recording Secretary: The recording secretary records the minutes of the meeting for the Committee.

(4) Members: Attendance is required for all meetings. Excessive absences (more than three [3] unexcused per year or two [2] consecutive meetings) may result in forfeiture of membership. Membership duties include desk monitoring of programs brought before the Committee, voting to make recommendations concerning program approval and participation in the appeals process as necessary. Members may also conduct on-site monitoring of programs and provide technical assistance when the chair requests it and they agree to do so.

(5) Advisory Members: Attendance may vary depending upon the nature of individual contingency manual programs to be reviewed. Duties include participation in discussion, and making recommendations for approval/disapproval, or approval with
modifications based upon their areas of expertise. Advisory members may be requested to make on-site visits, or perform monitoring duties related to their field.

e. Order of Business: Order of the meetings should be as follows:

   (1) approval of previous meeting minutes;
   (2) review on-going programs;
   (3) review of monitoring reports;
   (4) technical assistance on program development;
   (5) new program presentation;
   (6) voting on Behavioral Program Review Committee recommendations;
   (7) discussion of routine and emergency requests for consultations;
   (8) open discussion of issue(s) presented by those in attendance;
   (9) set time/agenda for next meeting.

f. Meeting Minutes: Meeting minutes are the responsibility of the recording secretary and must contain accurate descriptions for the rationale for programmatic decisions. Minutes will be recorded and forwarded within ten working days of the previous meeting to the Behavioral Program Review Committee by the chairperson. Upon approval by the Chair, the minutes will be forwarded to the Hospital Administrator or his/her designee, the appropriate Assistant Hospital Administrator, the Hospital Clinical Director, and the Director of Quality Assessment and Planning. Minutes must include the following:

   (1) date, time, and location of meeting;
   (2) attendance and absentees;
   (3) previous meeting minutes approval or revisions;
   (4) summary data from ongoing behavioral programs;
   (5) recommendations for technical assistance;
   (6) list of programs reviewed and rationale for approval, disapproval, or approval with modifications;
   (7) summary of discussion of routine and emergency requests for consultation;
   (8) summary of discussion issues;
   (9) date, time, and location of next meeting.

g. The Behavioral Program Review Committee reviews all individual and multi-person behavioral programs in which: participation by the person served is not consensual; the freedom of choice of the person served is potentially restricted; novel uses of established technology are
anticipated; or the program is intended for ward-wide or unit-wide implementation, as in a unit-based behavioral treatment contingency manuals.

h. Program Review Procedures:

(1) For new programs, the written procedure utilizing a relevant format, as well as any other pertinent information as requested should be submitted to the Behavioral Program Review Committee Chair at least ten days prior to the next scheduled Behavioral Program Review Committee meeting. The Behavioral Program Review Committee Chair will disseminate copies to other members prior to the meeting.

(2) All programs submitted for review by the committee must be in compliance with hospital and departmental policy. Recommendations are contained in “Florida State Hospital Standards for Behavioral Programs” (see the Attachment).

(3) The Behavioral Program Review Committee Chair will return, in writing, any programmatic decisions and recommendations to the program coordinator and/or monitoring person within five working days of the program review by the Committee. Suggestions and/or requests for modifications will also be included in the report as necessary.

(4) Monitoring is conducted in compliance with 10F-023 --10F-031 guidelines. The frequency of on-site monitoring may be changed at the discretion of the committee.

(5) It is recognized that the Behavioral Program Review Committee decisions may be deemed inappropriate or unfeasible by some persons. A written appeal may be made to the Chair of the Behavior Program Review Committee or his/her designee, who will attempt to resolve the matter and/or determine the need for outside review as the situation indicates. Appeals which are not resolved within 14 days will be referred to the appropriate Assistant Hospital Administrator.

(6) Requests for technical assistance or consultation should be made to the Behavioral Program Review Committee Chair. The Chair will handle these requests expeditiously, with a response to the initiator within seven (7) days.

i. Approval of the proposed charter, subsequent revisions or amendments will be made as follows:

(1) Behavioral Program Review Committee reviews and votes to approve as is, approve with modifications, or disapprove. Decisions are presented as recommendations to the Chair.

(2) Behavioral Program Review Committee Chair makes recommendations to the Hospital Administrator or designee to approve, disapprove, or approve with modifications.

(3) Subsequent revisions must follow the aforementioned process.

(Signed original on file in Central Health Information Services)

MARGUERITE J. MORGAN
Acting Hospital Administrator

Attachment

Standards for Behavioral Programs
SUMMARY OF REVISED, ADDED, OR DELETED MATERIAL

Purpose of the Behavioral Program Review Committee was elaborated and language was updated.
Behavioral treatment may be an option or perhaps the preferred intervention with some persons who demonstrate behaviors which result in reduced freedom and less control over their own lives. Several important preconditions are generally accepted as needing to be met prior to attempting to implement behavioral programs:

1. the environment is conducive to the person served as feeling safe;
2. the environment is reasonably calm;
3. psychotropic medications have been reviewed and deemed appropriate and in the accepted therapeutic range;
4. people served have access to a menu of potentially rewarding and socially appropriate activities;
5. regular opportunities are available for conversing with staff mentors in formal therapy or informal settings;
6. among the ward staff there are persons possessing fundamental skills in behavioral intervention;
7. the unit is able to commit the ward, management and professional staffing resources needed to develop and maintain individual or multiperson behavior modification programs;
8. reliable and relevant baseline data have been collected; and
9. the identified behavioral problems cannot be effectively addressed using properly administered less intrusive approaches.
10. Possible physiological origins for the behavior(s) have been investigated and eliminated.

An additional requirement is that behavior programs which include restrictive or intrusive elements will need to be specifically approved by the Florida State Hospital Behavioral Program Review Committee.

Standard contents of behavioral programs

The suggestions which follow are most appropriate for contingency management procedures which target inappropriate behaviors. Not all of these factors would be important in any one behavior modification program or behavioral contract. In many cases, only a single sentence would be needed to address a particular factor. As a rule, however, the more intrusive a proposed procedure is the more justification and intervention detail is required.

The Behavioral Programs Review Committee hopes these suggestions are helpful. Your comments, suggestions and recommendations regarding this document are welcomed.

1. Critical information
   A. Name of the person served
   B. Hospital number of the person served
   C. Program implementation site
   D. Date of proposed initial implementation

2. Behavioral objectives
   A. Specify the identified behavior over which the person served does not display effective self-control.
B. Expected results, which identify the more appropriate behavior which should replace the target behavior.

3. **Background and analysis**
   A. Appraisal of the current functional life skills of the person served.
   B. When and where the difficult behavior occurs.
   C. Frequency, intensity or duration of this behavior.
   D. Identified precursors and catalysts to the behavior.
   E. Outcome of present approaches used in dealing with this issue.
   F. Possible result of the person served not gaining enhanced self-control of this behavior.

4. **Intervention procedure**
   A. Rationale for the approach to be used (justify using the intervention selected; reference the clinical research base when proposing an atypical procedure).
   B. Exact procedure to be employed.
   C. Therapeutic expectation (e.g., likely program duration before onset of changes, likelihood of extinction rise).
   D. When a program involves a process that may be perceived as aversive or restrictive, document the manner in which the program is an execution of hospital policy.

5. **Recording procedure**
   A. Who is to record the data.
   B. Where, when and how occurrences of the target behavior are to be recorded.
   C. Who is to review the recorded data, and when.
   D. Assure that data presentations are sufficiently coherent for staff to understand them.

6. **Review**
   A. Implementation and progress on each behavioral program will be reviewed by the recovery team at least weekly.
   B. With restrictive or intrusive programs, the program will be submitted for further review by the hospital Behavior Program Review Committee after 180 days of implementation.

7. **Documentation**
   A. Citation that reviews of this program will be documented in the resident's multidisciplinary notes.
   B. Designation of who performs documentation and when this occurs.

8. **Discontinuation**
   A. A note that this program will be discontinued at the end of each 30 day period unless specifically continued by the recovery team.
   B. A note that the program will be discontinued after 180 days unless renewal is approved by the Behavior Program Review Committee.
9. **Training**
   A. Describe any special instructions for implementers and people served.
   B. Identify probable trainees.
   C. Report reliability checking procedure, if any.

10. **Approval signatures**
    A. Person served (or notation that the person served declined or was unable to sign).
    B. Program primary author.
    C. Person served Qualified Mental Health Professional.
    D. Person served Personal Advocate.
    E. Guardian Advocate (for people whose court-appointed guardian advocate is required to approve treatment)
    F. Ward staff supervisor (if program is to be implemented or recorded by ward staff).
    G. Recovery team members (if behavioral contract).
    H. Unit Director (if multiperson program, if restrictive features are included, or if Unit Director wants).
    I. Chair, Florida State Hospital Behavior Program Review Committee.