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BUILDING RESEARCH INFRASTRUCTURE IN ABA SERVICE ORGANIZATIONS

Implementation of Research Review Committees: Examples from Human Service Organizations Influenced by LeBlanc et al. (2018)

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Abstract
LeBlanc et al. (2018; doi.org/10.1007/s40617-018-0206-3) provided recommendations for creating research review committees that might oversee participant protections for human service agencies. Since that time, multiple organizations have implemented some version of a research review committee and other options for protocol review have become more commonly available. The purpose of this paper is to describe implementation efforts by five organizations (e.g., timelines, which recommendations were followed and how, challenges and solutions). The lessons learned through these implementations are synthesized and resources created by the organizations are shared for those interested in conducting research in applied settings. In addition, the costs and benefits of developing an internal committee are compared to those for external review options.

Keywords Research ethics · Research review committee · Participant protections · Human services · Applied behavior analysis

LeBlanc et al. (2018) described the importance of the bidirectional interchange and influence between the scientific domains and the practice of behavior analysis. The establishment of the *Journal of Applied Behavior Analysis* occurred in part to facilitate publication of applied behavioral science conducted in the natural context of social problems (as opposed to the laboratory), using research designs particularly suited for individual level analysis (Baer et al., 1968; Laties, 1987). However, research conducted in practice settings requires careful attention to ethical issues that can arise due to the simultaneous existence of a therapeutic relationship and a researcher–participant relationship (LeBlanc & Karsten, 2024; Normand & Donahue, 2023). The reinforcers influencing scholarly activities (e.g., research accolades, grant funding, tenure and promotion) and the requirements for research (e.g., RRC review and approval) differ substantially from practice. Thus, there is the need for a high level of expertise and vigilance to ethically navigate these differing contingencies (LeBlanc et al., 2018; Normand & Donohue, 2023; LeBlanc & Karsten, 2024).

The Ethics Code for Behavior Analysts (BACB, 2020), standard 6.02 specifies that behavior analysts only conduct research after review and approval by a formal research review committee (RRC; e.g., institutional review board, human rights committee). This standard applies regardless of whether the research activities take place in university or service-delivery contexts and whether the study is prospective or retrospective/archival. There must also be documentation of informed consent prior to any dissemination of those data, including data collected during typical service delivery (standard 6.04). Valentino (2022) suggests building research consent language into consent for services

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documentation; however, even with consent documentation, review by an RRC is required. In addition, standard 6.03 requires behavior analysts conducting research in clinical or educational contexts to "arrange research activities such that client services and client welfare are prioritized" (pp. 17–18, BACB, 2020) and to make it clear that decisions about participation and consent will not impact services. The potential for harm when a behavior analyst is not careful and diligent in following these ethics guidelines ranges from subtle coercion, even if unintentional (e.g., not asking if there are questions, consenting due to fear of damaging the therapeutic relationship or losing access to services), to having a negative impact on treatment services and outcomes if time is diverted from a relevant therapeutic goal to a less personally relevant research goal (LeBlanc & Karsten, 2024).

Establishing an RRC

LeBlanc et al. (2018) provided guidance for establishing and maintaining an RRC to oversee participant rights and protections in research within the infrastructure of human service organizations. The first recommendation was relevant to the composition and function of the committee. These RRCs generally should be composed of at least five members, some internal and some external, with the competence to judge the ethicality of research proposals and with representation of diverse experiences and values (e.g., nonaffiliated, nonscientist consumer representative, scientist). The committee should be chaired by someone with sufficient influence in the organization to ensure oversight and compliance with committee decisions. Committee members should only agree to serve if they can fulfill the commitment and should step down if there are barriers to participation. The focus of the RRC should remain on the primary function of evaluating risks and participant protections rather than evaluating or influencing methodology.

The second recommendation was to create operational procedures consistent with the Common Rule, state and local laws, and organizational policies, and train the committee accordingly. An organization should review their organizational policies and procedures and mission statement along with relevant state statutes to ensure that the mission, policies, and procedures of the RRC are consistent as they are developed. The RRC should be trained on the mission, policies, and procedures as well on basic research ethics, including the Common Rule, and single subject research design logic if they do not have this training. Additionally, the chair of the RRC should publicize the committee and purpose throughout the organization, making it clear that any research efforts including post hoc dissemination should be reviewed. In some cases, students of university programs may be completing thesis or dissertation projects in a practice-based setting. Even if these projects have received approval from a University IRB, review by an organization's RRC committee chair or full committee is helpful to ensure that the mission of the organization is being upheld within the scope of that student's project.

The third recommendation was to establish written guidelines for review types, provide submission instructions, define informed consent processes, determine the approval timeline and criteria, including how protocol changes are handled, and describe audit and record retention processes. LeBlanc et al. (2018) also specified that the chair of the RRC should provide templates for application and collaborate with submitters to ensure that complete and detailed applications are submitted. The chair should determine the level of review required for each project and distribute any applications requiring full board review 1–2 weeks prior to the meeting. Finally, the chair, or their administrative delegate, is responsible for complete and timely communication about the project, creation of detailed records about committee proceedings and decisions, and oversight and auditing of approved projects to ensure ongoing compliance with participant protections.

LeBlanc et al. (2018) expressed the hope that the article might "serve as a springboard for organizations to consider contributing to the growing evidence base for clinical decision-making through research" (p. 454). However, Valentino and Juanico (2020) reported that over 70% of respondents to their survey of practicing behavior analysts indicated that the lack of an RRC at their organization was a barrier to conducting applied research, suggesting that additional resources are needed to increase access to RRCs. Since LeBlanc et al. (2018), the revised Common Rule (Federal Policy for the Protection of Human Subjects, 2016) updated the regulations for human subject protections. The changes focused on streamlining the review process for minimal risk studies (e.g., analyses of archival data, evaluation of standard clinical practices) by reducing the need for continuing annual review and enhancing clarity and transparency in the informed consent process. The Revised Common Rule also requires a single IRB for all federally funded multi-site research projects. This has resulted in the creation of several independent IRBs that can be contracted for review of research protocols (e.g., Advarra, Pearl, WCG). Thus, the options for a provider organization to obtain review of their research protocols even when there is no partner university IRB has greatly increased. Although these services all have fees associated with them, the fees are lowest for studies that meet the requirements for exempt status (i.e., no or minimal risk, all procedures fit within one of the designated categories delineated by the federal government). Additionally, the removal of the requirement for annual review of exempt studies means that the fees may occur only once per study.

The purpose of this article is to provide examples and lessons learned from five human service organizations that have created an RRC. These organizations were selected as a sample because of their direct efforts to implement some or all of the recommendations from LeBlanc et al. (2018). After the first and second author discussed the RRC that the first author had created, the second author suggested they inquire if others had also engaged in similar efforts. The second author created a public post on LinkedIn asking interested parties who had created RRCs based on the LeBlanc et al. (2018) article to reach out to her directly. All who responded were included. In addition, resources developed during the process by the five organizations are shared. Finally, the volume of reviews and each organization's perspective on whether they would create the RRC again, in hindsight is described. A cost benefit analysis is provided for organizations to decide between creating their own RRC, participating in a collective RRC, or hiring one of the independent IRBs for project review. This additional guidance and resources might help to eliminate barriers for those who want to conduct research in practice settings.

Implementation of RRCs in Human Service Organizations

Several human service organizations have established RRCs within their organizations using the guidance provided by LeBlanc et al. (2018) and, in some instances, with consultation from one of the authors (LeBlanc). The stories of the genesis, evolution, and management of their RRCs can offer insights into whether the recommendations of LeBlanc et al. (2018) could produce success in other organizations, the conditions that facilitate success, and the practical steps and resources necessary to achieve successful launch of an RRC. Each of the five organizations implemented multiple or all of the recommendations from LeBlanc et al. (2018). The narratives are arranged chronologically according to the date of the first efforts to establish an RRC. Those accounts are then distilled into lessons learned and resources for those who hope to establish an RRC in their organization or pursue another option for research review.

The Faison Center

The Faison Center began establishing their RRC in September of 2016, prior to the publication of LeBlanc et al. (2018). Prior to this time, all research conducted to date at The Faison Center was either exempt according to the pre-2018 Common Rule or was reviewed and approved through an affiliated university IRB. The decision to establish an RRC within the organization occurred in response to growing clinician interest in conducting research. The goals in establishing the RRC were to strengthen participant protections, enhance clarity about the research process, and enhance the organization's capacity to conduct research. Initially, The Faison Center's RRC consisted of internal members only and primarily focused on reviewing projects that already had external approval from a university IRB. In August of 2017, the RRC redesigned the protocol submission and review process, creating a web-based submission portal. Policies and procedures were expanded including review of each proposal by three internal reviewers.

In July of 2019, a part-time Director of Research role was established for the current clinical leader. In this new role, he continued to update policies and procedures for the RRC. Additionally, he reviewed the recommendations made by LeBlanc et al. (2018) for guidance on enhancing the RRC. The first set of policy changes codified that internal reviewers would not be affiliated with any project that they reviewed and required the RRC to issue formal decision letters to the principal investigator. These changes were in line with the first and the second recommendations (i.e., form the committee and create policies, procedures/provide training) made by LeBlanc et al. (2018) in that operational procedures were improved on the basis of the Common Rule (2018). The RRC proceeded with oversight and in 2023 several efforts were initiated to promote companywide engagement with research and the RRC. First, training was provided for the clinical leadership to enhance their understanding of the research and RRC at The Faison Center. In addition, RRC reviewers were retrained to focus their review efforts on the rights and protections of the human participants, rather than the methodology of the study. At this time, internal projects began to be pre-screened by clinical supervisors to ensure that the project was upholding the mission and philosophy of The Faison Center prior to submitting it for review by the RRC. In February 2024, a significant overhaul of the RRC policies and procedures occurred and detailed operational guidance was created for each process, including new processes for expedited review and determination of exempt status following the third recommendation from LeBlanc et al. (2018) (i.e., determine activities of committee).

Currently, the RRC comprises six members, with one internal member and five external members, who fulfill various scientist and non-scientist roles (Table 1). The composition of this committee was influenced by the first recommendation of LeBlanc et al. (2018) that identified the roles and responsibilities of a diverse committee. The committee's operations are guided by a detailed handbook outlining the mission, purpose, and orientation of The Faison Center and its RRC. It also includes information on committee membership, roles, responsibilities, and general procedures; operational procedures and processes for committee members, prospective researchers, and The Faison Center leadership; along with appendices containing related submission forms.

Table 1 Committee composition across agencies at the time of writing

Agency	Chairperson	Nonscientific	Nonaffiliate/community	Scientist	Competent expert
The Faison Center	1: Int. (BCBA)	*1: Ext. (P-ASD)	Same as Nonscientific	1: Ext. (BCBA)	1: Ext. (BCBA-D)
		*1: Ext. (MD-Peds)	Same as Nonscientific		
		*1: Ext. (HR)	Same as Nonscientific		
Behavioral Interventions	1: Int. (scientist)	1: Int. (HR)	Same as Nonscientific	2: Ext. (BCBAs)	1: Int. (BCBA-D)
		*1: Ext. (JD)	Same as Nonscientific	2: Ext. (BCBA-Ds)	
		*1: Ext.(C-ASD)	Same as Nonscientific		
Glenwood	1: Ext. (BCBA-D)	1: Int. (HR)	1: Ext. (LCSW, P-SN)	1: Ext. (BCBA-D)	1: Ext. (BCBA-D)
				1: Int. (PSY)	
LittleStar	1: Int. (BCBA/VP)	*1: Ext. (P-ASD)	Same as Nonscientific	1: Int. (CCO);	2: Ext. (PSY & BCBAs)
				1: Ext. (BCBA-D/VP)	3: Int. (VPs)
Mosaic Pediatric Therapy	1: Int. (PSY/BCBA)	1: Int. (HR)	*1: Ext. (PSY/BCBA)	Same as Nonaffiliate	1: Ext. (BCBA/SLP)
		1: Int. (COO/BCBA)	IRB Chair – Other Org		1: Int. (VP Training)
		1: Int. (CCO/BCBA-D)			

Int. Internal; *Ext.* External; *P-ASD* parent of person with autism spectrum disorder; *BCBA* board certified behavior analyst; *BCBA-D* board certified behavior analyst – doctoral; *MD-Peds* pediatrician; *HR* human resources; *JD* lawyer; *C-ASD* caregiver of person with ASD; *LCSW* licensed clinical social worker; *P-SN* parent of person with special needs; *PSY* psychologist; *CCO* chief clinical officer; *VP* vice president; *COO* chief operating officer; *IRB* institutional review board; *Org.* organization; *SLP* speech and language pathologist*indicates dual roles (e.g., nonaffiliate role and nonscientific role, scientist and nonaffiliate role)

The table reflects the committee composition at the time of writing. Committee composition is fluid as members exit and new members join

Collectively, these recent activities more comprehensively address the second recommendation proposed by LeBlanc and colleagues. Since the revisions were made in 2024, nine protocols have been submitted to the RRC.

Behavioral Interventions

The process for establishing an RRC at Behavioral Interventions began in 2019 by the Research Director of the organization. Various sources were consulted for guidance in establishing this type of committee, including LeBlanc et al. (2018) and consultation with the first author of that publication. The research director wrote internal policies and procedures for the RRC to ethically review research protocols as well as developing training on the ethical standards of research, participant protections, and the role of the IRB members, following the second recommendation from LeBlanc et al. (2018) (i.e., create policies, procedures/provide training). Next, he implemented the first recommendation to recruit committee members with diverse professional backgrounds that could serve various functions. Specifically, he recruited members of the RRC from professional contacts and included two BCBA-Ds working for outside agencies or universities, a lawyer in the mental health field, a parent of a child that had previously received services at the organization, and the Research Director (Table 1). The RRC reviewed three projects before the Covid-19 pandemic shutdown in 2020, when all three projects were discontinued. In 2022, the RRC reconvened and approved one dissertation project proposal and two thesis project proposals but was disbanded in 2023 when the Research Director left the organization.

Glenwood

The process for establishing an RRC at Glenwood began in October of 2020 with discussions at the executive team level and creation of a small workgroup of three BCBAs to create a mission statement and bylaws, select the committee, and prepare templates and review processes. The workgroup first identified the scope of research that would require oversight by an RRC. The workgroup created a mission statement (i.e., *The Research Review Committee (RRC) is designed to maintain and promote ethical conduct in behavior analytic research.)* which guided all subsequent efforts. Next, the work group reviewed agency policies related to research with human participants, reviewed both state and federal regulations (e.g., the Common Rule) regarding research with human participants, and wrote the bylaws of the RRC. Finally, they designed project proposal templates and wrote extensive bylaws under the guidance of the third recommendation by LeBlanc et al. (2018) (i.e., determine activities of the committee).

As the workgroup began to create policies and procedures, they discovered an internal policy review requirement and oversight requirements by Glenwood's certifying bodies, both the Alabama Department of Mental Health – Developmental Disabilities division (DMH-DD) and the Commission on Accreditation of Rehabilitation Facilities (CARF), which each have oversight requirements. The workgroup

identified that these levels of review might be redundant if all parties had the same mission of protecting human rights during research. The redundancy could slow the project review process unnecessarily. The Glenwood Policy and Practices Committee voted to retain review by the RRC, the HRC, and the CEO and advocated to the DMH-DD Commissioner to remove the policy requiring additional review at the state level. This request was granted and the code was changed accordingly.

Next, the workgroup carried out the first recommendation made by LeBlanc et al. (2018) as the RRC committee was selected, and the bylaws were officially approved in May of 2021. The initial committee was recruited by the BCBA workgroup, following guidance of LeBlanc et al. (2018). Four external members and two internal members were selected on the basis of their areas of competence and perspective (Table 1). The external members were the committee chair, expert, and scientist (three BCBA-Ds from universities) and a community member (social worker who was also a parent of a child with developmental disabilities). The two internal members were non-scientists (human resources representative, clinical psychologist). The first protocol was approved in September 2021. From 2022 to 2023, proposals continued to be submitted to the RRC; however, the volume of submissions was lower than expected. Glenwood decided to offer other providers throughout the state access to their RRC and developed an application process for agencies who wished to participate. Appendix A outlines the process for applying to participate in the RRC (top row) and for subsequent submission of projects to the RRC (bottom row). This resource could help organizations or state associations wishing to establish RRCs that could serve multiple agencies. In the process designed by Glenwood's RRC, agencies needed to designate a research coordinator with training in human rights in research and then apply for review. Approved agencies could then collaborate with the chair to determine the required level of review and submit a full project proposal form, if required. The RRC bylaws were revised accordingly, and web developers created a fully online submission portal. The opportunity was advertised at the state association convention and the RRC began taking applications in April of 2024. Currently, two agencies have been approved as research sites and two external project proposals have been submitted. Four internal project proposals have been submitted for review.

LittleStar ABA Therapy (LittleStar)

The process for establishing an RRC at LittleStar began in May 2021 with the hire of the Vice President of Research and Development. The primary responsibilities of this role were to establish a research and development department along with infrastructure and systems to support research and training activities. In July of 2021, a one-year plan was submitted to the executive team. This plan included increasing research-focused professional development and training opportunities, establishing a journal club, initiating collaborative research initiatives with universities, and establishing operational procedures for a future RRC. The development of the initial operations manual and RRC bylaws involved review of the LeBlanc et al. (2018) article, consultation with colleagues who had established RRCs, and review of relevant policies and regulations (e.g., the Belmont Report, the Common Rule, Federal Wide Assurance, and the Office of Human Research Protections) to inform the initial operations manual and RRC bylaws.

In 2022, the LittleStar research leader established a research partnership with a Stanford University collaborator and was subsequently appointed as adjunct lecturer. This partnership provided significant benefits, including regular research mentorship and access to university library resources. Ongoing consultations with LittleStar's clinical advisory board aided the research department in creating an electronic application form, consent templates, response letter templates, meeting minute templates, and other documentation necessary for the protocol review process.

The LittleStar advisory board provided recommendations for selecting external committee members, selection criteria, member training, and internal staff training. Specifically, ongoing training on reviewing practice-based research protocols for the purpose of participant protections was advised, following the second recommendation by LeBlanc et al. (2018) (i.e., create policies, procedures/provide training). Appendix B provides the review prompts given to committee members when examining a submitted protocol to facilitate focus on the ethics of the project rather than methodology revisions. This document could be used by interested readers as a resource when providing training to new RRC committee members and as a reminder of the scope and role of the RRC in the review process. The training efforts were extended to agency BCBAs focused on the scientist-practitioner model, strategies for making regular contact with the literature, and how to ensure reliability, validity, and accuracy in measurement. An internal research group formed and began meeting monthly with a focus on building research skills, developing research ideas and projects, and discussing research ethics on an ongoing basis. The RRC operations manual was finalized as well as the research proposal submission/application form (following the third recommendation: determine activities of committee).

Finally, the RRC committee was selected by reviewing potential internal and external candidates nominated by the RRC chair, the CEO, and the CCO. This selection process closely followed the first recommendation from LeBlanc et al. (2018) to identify a diverse set of committee members that could fulfill various responsibilities related to reviewing

research protocols. The initial RRC was made up of five internal staff members (i.e., the RRC chair, CCO, and three clinical VPs) and four external members (i.e., two PhD/BCBA-D's from the advisory board, one PhD/BCBA-D with research and training experience at a nonprofit human services organization, and one parent of a previous client with autism)(Table 1). All RRC members completed training on Human Research Protections through the Department of Health and Human Services, corresponding to LeBlanc et al.'s (2018) second recommendation.

In November 2022, the inaugural RRC meeting occurred and in March 2023, the first RRC review meeting was held where two proposals were reviewed and approved. In September of 2023, an approved research proposal addendum and amendment form was submitted and approved for two projects. These two protocols yielded multiple dissemination opportunities, including poster and oral presentations at a variety of state and national conferences. In 2025, the RRC committee disbanded when the research leader left the organization.

Mosaic Pediatric Therapy (Mosaic)

The process for establishing an RRC at Mosaic began in August 2022 when the Director of Research and Outcomes was hired. The role primarily involved spearheading Mosaic's measurement/value-based care initiatives, as well as supporting independent applied research projects through the nascent *Mosaic Scholar's Program*. The Director expressed the need for formal research ethics oversight to the executive team and initiated a review of recommended practices for IRBs and RRCs focused on government resources, university examples, consultation with current and former IRB/RRC chairs, and published behavior analytic guidance (LeBlanc et al., 2018; Valentino, 2022). This review and consultation led Mosaic to determine that an internal RRC would better match their applied research goals than a traditional IRB, hiring an independent IRB, or relying on an IRB through a university partnership. Ultimately, Mosaic decided to form an RRC instead of a traditional IRB because (a) there was a smaller expected volume of research at Mosaic that could be sufficiently overseen by an RRC, (b) there was no intention by Mosaic to apply for federal grant funding, which would require a traditional IRB, and (c) an RRC sufficiently met all relevant ethical requirements (i.e., per the BACB code) and federal/state laws and regulations.

From October to December of 2022, steps were taken to build Mosaic's applied research policy and establish policies and procedures for the new RRC. These efforts matched the second recommendation from LeBlanc et al. (2018) (i.e., create policies, procedures/provide training). For instance, they explored options for required research ethics training and discussed the minimal qualifications necessary for an investigator. Guided by the third recommendation from LeBlanc et al. (2018) to determine the activities of the committee, they developed several documents to support the functioning of the RRC such as flowcharts to determine RRC review status (e.g., exempt, expedited; see Appendix C), RRC proposal forms, and sample consent forms. Appendix C provides a detailed flow chart created by Mosaic for determining the level of exemption status based on risk to the participant. Interested readers may incorporate this type of decision-making procedure in their training documents for future RRC committee members. Processes for reviewing and tracking projects were established as well as a Google Drive® specifically for all RRC documents.

Finally, the first recommendation from LeBlanc et al. (2018) was fulfilled as the RRC committee was selected which included external members and alternates. The internal members included the RRC chairperson (Director of Research and Outcomes), along with the Chief Clinical Officer and Chief Operating Officer who fulfilled the scientist role. The Senior Vice President of Training and Compliance at Mosaic was selected as the alternate chairperson in the case where the chairperson had to recuse themselves for one of their own project submissions. A human resources representative at Mosaic was selected as the non-scientist member. External members included the IRB chair at a nonprofit health services organization and a BCBA/speech pathologist consultant (Table 1). The committee is still considering adding an additional member who is a non-scientist, non-affiliated, and representative of the community such as a parent of a child with autism. The RRC at Mosaic first convened in January 2023 and reconvenes quarterly, though the research leader has transitioned to a new organization and a new research leader has been hired. At this time, six protocols have been submitted for review.

Lessons Learned and Resources for Policy and Procedure Development

The implementation efforts described above share many similarities that warrant further discussion. First, it took an average of 1.5 years to fully conceive and implement each organization's RRC. This endeavor cannot be completed quickly given the number of policies and procedures that need to be created and the need to recruit both external and internal members. For The Faison Center and Behavioral Interventions, the timeline for establishing the RRC was not linear. In other words, efforts began before 2020, stopped during the pandemic caused by Covid-19, and restarted again. Following the onset of the Covid-19 pandemic and the departure of the research director, Behavioral Interventions disbanded its RRC. The lesson learned from this commonality is that establishing an effective RRC takes time. This time

commitment should be clearly conveyed to the executive team and stakeholders to facilitate reasonable expectations about the timeline. As an alternative, organizations may also choose to pursue the services of an independent IRB, at least for early projects, if a lengthy timeline is prohibitive.

Second, each organization either created a new role (e.g., Glenwood, Mosaic, LittleStar) tasked with establishing systems for practice-based research or shifted job responsibilities such that one person in the agency was responsible for these duties (e.g., The Faison Center, Behavioral Interventions). Strong organizational commitment to the development of the RRC was required in each instance along with resource allocation to shift the research leader's responsibilities to non-billable time specifically dedicated to developing the RRC. The lesson learned from this commonality is that maintaining an RRC requires sustained financial commitment in terms of the research leader's non-billable time. At the time of this writing, three of the five initial research leaders have transitioned to other roles. In one instance, the position was filled by a new hire; in the remaining two, the organizations have not replaced the specific role. Both of the research leaders who remained consistent in their position have dual responsibility positions (i.e., research, clinical). Smaller service organizations may find it unrealistic to fund a nonrevenue generating position and might consider selecting a BCBA who could reduce billable hours to allow for time for research. Companies might also consider partnering with an IRB at a local university or using an independent IRB (e.g., WCG, Pearl, Advarra) to eliminate the responsibility and time requirements for managing their own RRC. The second author now uses an independent IRB for research review in the context of outcome research at a large, multi-state provider organization. The cost-benefit ratio for hiring an independent IRB was significantly better than that for creating an internal RRC due to the exempt nature of archival research and the priority for rapid launch of the research agenda.

Third, each organization focused on policy review. To effectively write new policies for the RRC, each organization also had to review existing policies within the organization and federal policies regulating research endeavors with human participants. For LittleStar and Mosaic, there were no existing research-specific policies to revise given the mission of the new RRC. Instead, efforts were focused on reviewing federal regulations and consulting with other agencies or universities to understand how best to develop internal policies for the functionality of the RRC. For Glenwood, the policy review process included existing policies connected to the various accrediting bodies (CARF, DMH-DD). Additionally, a state-policy review revealed that the commissioner of the DMH was required to review and approve all protocols. See Appendix D for an excerpt from the Glenwood RRC bylaws that links policies from all relevant entities. This resource could serve as a template for future organizations needing to link current policies to new policies that support research endeavors. Eliminating this level of protocol review required legal counsel and direct intervention from the CEO at Glenwood. Although at the time these barriers resulted in a longer roll-out process for the RRC, they were surmountable barriers. For a sample research policy template and informed consent policy, see Valentino (2022, p. 97–105).

The lesson learned from this commonality is that conducting a policy review at the beginning of the RRC establishment process is beneficial in uncovering existing policies in an organization that need to be revised or eliminated. Additionally, this type of review helps develop a greater understanding of federal and state regulations governing research with human participants. Finally, reviewing policies in the beginning informs the development of policies and procedures of the RRC. Therefore, the recommendation is to include time for policy review in the early stages of the RRC establishment process, as it will help avoid compliance issues in the future. Even with examples and templates from other organizations as a starting point, this individualized policy review facilitates greater compliance with regulations specific to the organization, state, and funding sources.

Fourth, each organization carefully considered how to comprise the committee with diverse members both internal and external to the agency (see LeBlanc et al., 2018, Table 1) that resulted in an effective and efficient committee given the mission of the organization. They also developed tools that committee members could use to guide protocol review and establish boundaries for review. For example, both The Faison Center and LittleStar identified that the initial committee's efforts were focused more on critiquing the research design or experimental question, rather than the mission of participant protections, requiring additional training on scope. The research leader at LittleStar developed a guide for committee members to use during submission review (Appendix C). This type of guide could be adopted or adapted by other organizations to speed up their training and launch of an RRC. At Glenwood, the research director was tasked with creating the RRC, but also knew they would be the first one submitting protocols. Thus, it was necessary to make sure that the committee members did not feel any pressure to accept those protocols given the research director's involvement in their selection. To do this, the BCBA working group nominated the chairperson first, who was external to Glenwood. The chairperson, rather than the research director, handled communication to the other potential members.

The lessons learned from these commonalities is that the committee selection process should be done with careful consideration of member diversity. Although it took more time to find and select internal and external members at each

organization, doing so allowed for a stronger and more well-rounded committee.. In many cases, the selection for the role of the chairperson required particular consideration as the person acting as chair also would be submitting research protocols. Thus, there needed to be an external member selected as chair (e.g., Glenwood), or an alternate chairperson (e.g., LittleStar, Mosaic). Additionally, continued review of the workings of the committee helped identify ways to streamline the review process. Thus, the recommendation is to take the time to find committee members with diverse backgrounds that can fulfill various roles, such that the committee comprises members who can adapt to needed changes along the way.

Finally, a representative from each organization was asked to specify whether, in hindsight, they would create the RRC again or pursue some other option. The reflections shared here are only indicative of the representative's opinions at the time of writing and do not reflect official positions of the employers or organizations. The representative from The Faison Center reflected that although forming the committee was the most difficult to do given the time and effort needed to cultivate professional relationships and screen potential members, creating the RRC was perceived as creating benefits to scientist-practitioners within the organization that extended beyond the functioning of the RRC. Specifically, the benefit of having the organization shape and own the process led to an increase in the number of submissions to the RRC (nine in two years) as principal investigators were invested in practice-based research. The representative from Behavioral Interventions noted that for their organization, the sustainability of an internal RRC was closely tied to the availability of dedicated administrative resources. If those resources are not available, they would recommend consulting with a behavior analyst working at a university that can participate and submit protocols through the university IRB before paying for an external IRB. The representative from Glenwood noted that although establishing the RRC required substantial time and effort, particularly in changing internal and state-level research policies, the investment produced a clear statewide benefit, as the RRC now serves providers across the state of Alabama. They reflected that identifying policy barriers was something that any agency in the state would face should they try to independently establish their own RRC. Thus, it made sense to centralize practice-based research ethical oversight to one committee. The representative from LittleStar indicated that establishing the RRC provided an avenue for the agency to tailor the RRC policies and procedures to efficiently and effectively meet the needs of the organization. They also appreciated the flexibility in the RRC meeting structure and member composition, as it allowed for feedback opportunities for internal researchers that often led to stronger research designs. This might not have been possible if an external IRB had been utilized and reviewers had not been able to provide ongoing feedback to investigators. Finally, the representative from Mosaic reflected that they would create an RRC again if there was a limited budget, but their preference would be to outsource to an external IRB if funds were available. Additionally, they noted that the cost of establishing an RRC is only worth it if there is a steady volume of protocols being submitted as it would be overly taxing to do so for only one to two submissions per year.

Summary and Conclusions

LeBlanc et al. (2018) described procedures for establishing and maintaining an RRC to oversee participant rights and protections within the research infrastructure of provider organizations in hopes of facilitating organizations' research contributions. They laid out three general recommendations to guide future organizations in their establishment of RRCs (form the committee, create policies, procedures/provide training, and determine the activities of the committee). However, that article was based on the development of an RRC at a single organization and it was unclear whether other organizations might be able to implement similar structures. Since LeBlanc et al. (2018) was published, at least five other human service organizations have established RRCs using those recommendations. Their stories of the genesis, evolution, and management of their RRCs were described here with specific attention to the recommendations made by LeBlanc et al. (2018), though not always in the order described in that article. Specifically, three agencies created policies and procedures related to general research activities at their organization (i.e. Glenwood, LittleStar, Mosaic) before selecting the committee. In fact, the committee selection occurred after all policies were in place and bylaws were written. Creating policies and bylaws prior to selecting the committee may be helpful to consider for providers seeking to establish an RRC. Overall, these implementations suggest that establishing an RRC is feasible given executive team support and understanding of the time required to create such an entity. Once established, the RRC can ensure the rights and protections of participants in practice-based research as part of a robust scientist-practitioner model.

In conclusion, several options now exist for providers who want to fully commit to scientist-practitioner driven research initiatives. Partnerships with universities provide one means to access an IRB. Several options now exist for accessing protocol review through independent IRBs as well. For those organizations that want to create their own, or a shared, RRC resource, the descriptions provided here along with the process maps and sample policies and training tools may offer additional support to facilitate success

and speed up the process. In the future, analyzing the success of the efforts made by organizations to achieve the scientist-practitioner model could be done by tracking the number of protocols submitted, the number of conference posters and/or presentations generated from protocols, and the number of published studies from researchers at an organization. Though not an exhaustive list, those measures might speak to the value a research program has within an organization.

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