Instructions and Definitions for the Behavior Intervention Report Form (BIRF)

Introduction
The 2013 Minnesota Legislature passed Minnesota Statutes, Chapter 245D and Minnesota Statutes, sections 245.8251 and 256B.4912. As a result, the Minnesota Department of Human Services (DHS or the Department) must collect data elements specific to incidents of emergency use of manual restraint, positive support transition plans and the temporary transitional use of all “controlled” procedure program plans as identified in the now replaced Minnesota Rules, part 9525.2740. This includes all planned and/or emergent transitory use of various forms of restraint, time-out procedures, seclusion and punitive penalty consequences imposed by former 245B licensed service providers, who are now currently 245D licensed service providers.

Since Jan. 1, 2014, all service providers licensed under Minnesota Statutes, Chapter 245D must complete and submit the Behavior Intervention Report Form (BIRF), DHS-5148 to report all occurrences of any of the following:

• Planned, temporary transitional use of all imposed forms of restraint, time-out procedures, seclusion and punitive penalty consequences;
• Emergency, temporary transitional use of all imposed forms of restraint, time-out procedures, seclusion and punitive penalty consequences;
• Emergency use of manual restraint;
• PRN psychotropic medication(s) administration in order to avert displayed behavior(s) or in response to displayed behavior(s) as identified on the BIRF reporting form;
• Law enforcement and/or other first responder calls and involvement in response to displayed behavior(s) as identified on the BIRF reporting form; and
• Emergency psychiatric hospitalization in response to displayed behavior(s) as identified on the BIRF reporting form.

The Behavior Intervention Report Form (BIRF) replaces all other previously required behavioral incident reporting forms and documents submitted to the Department by previous 245B licensed service providers and ICF-DDs. The Behavior Intervention Report Form (BIRF) fulfills the behavior incident reporting functions and requirements found within 245D for all currently licensed 245D service providers. All BIRF reporting forms are being received and reviewed by DHS and the Office of Ombudsman for Mental Health and Developmental Disabilities (OMHDD).

Instructions for completing the BIRF reporting form

1.) NPI/UMPI 
   = Enter your provider NPI or UMPI Number and enter 001 as your designated three-digit, Location Code Number.

2.) 
   = Now click the enter button.
3.) PROVIDER INFORMATION

= The provider name and address associated with the NPI/UMPI number and the Location Code number will auto-populate the Provider Information box.

4.) PROVIDER PHONE NUMBER

= Enter the provider telephone number where DHS can contact you about this incident and completed reporting form.

5.) PROVIDER EMAIL CONFIRM EMAIL

= Enter the provider email address where DHS can contact you about this incident and completed reporting form. Enter the provider email address again to confirm the provider email address.

6.) SERVICES PROVIDED AT THE TIME OF THE INTERVENTION

Select one

= From this drop-down menu list, select the type of service being provided to the person receiving services at the time of the behavior intervention.

7.) Person completing this form

FIRST NAME LAST NAME

= Enter the name of the person completing and submitting this report form.

8.) Affirmation Statements

= Read these affirmation statements carefully. Check all affirmation statement check-boxes, and select either yes or no answers to the accompanying affirmation statement questions. If a pop-up directional prompt appears, please read carefully.

9.) Person receiving services

PMI NUMBER FIRST NAME MI LAST NAME DATE OF BIRTH GENDER

= Enter the requested information about the person receiving services, who experienced the behavior intervention(s).

10.) DIAGNOSIS (select all that apply)

= Please select via the accompanying check-boxes all diagnoses that apply to the person.
11.) PRESCRIBED PSYCHOTROPIC MEDICATION(S)

   (pick the one that best describes)

   = From the drop-down menu list, select the option that best describes the quantity of prescribed psychotropic medications prescribed to the person.

12.) The person has within their service plan:

   = please select via the accompanying checkboxes all documents the person receiving services has within their case file records. Check all that apply.

   □ Positive Support Transition Plan – The plan required in section 245D.06, subdivision 5, paragraph (b), to be developed by the expanded support team to implement positive support strategies to:
   (1) eliminate the use of prohibited procedures as identified in section 245D.06, subdivision 5, paragraph (a);
   (2) avoid the emergency use of manual restraint as identified in section 245D.061; and
   (3) prevent the person from physically harming self or others.

   □ Functional Behavior Assessment (FBA) - is a process for determining the function of a person’s challenging behavior. FBA involves the collection of data, observations, and information in order to develop a clear understanding of the relationship of events and circumstances that trigger and maintain challenging behavior.

   □ Diagnostic Assessment – means a written summary of the history, diagnosis, strengths, vulnerabilities, and general service needs of the person.

13.) Does the person have any conditions for which physical intervention is contraindicated?

   ○ Yes  ○ No

   = Please indicate whether or not a physician ordered that certain physical interventions are contraindicated for the person due to known medical conditions that limit, restrict or prohibit the use of certain restrictive, behavioral interventions.

14.) DATE OF INTERVENTION    TIME INTERVENTION BEGAN    INTERVENTION LOCATION TYPE

   = Enter the date when the behavior intervention(s) occurred. Enter the time of day when the first behavior intervention(s) began. From the drop-down menu list, select the option that best describes the type of setting where the behavior intervention(s) occurred. If none of the options accurately indicate the location, then select “other” and enter your own description.

15.) INTERVENTION LOCATION ADDRESS   CITY    STATE    ZIP CODE

   = Enter the specific address of the location where the behavior intervention(s) took place, when possible. If the behavior intervention(s) took place in the community near a street intersection with no specific address available, then simply indicate the cross streets where the behavior intervention(s) occurred.
16.) Provider staff involved in the behavior intervention

<table>
<thead>
<tr>
<th>FIRST NAME</th>
<th>LAST NAME</th>
<th>TITLE</th>
</tr>
</thead>
</table>

= Enter the first and last names and position titles of all staff involved in the intervention. This includes, but is not limited to, staff who:

a. Decided to use a behavior intervention(s)
b. Executed the behavior intervention(s)
c. Authorized the behavior intervention(s)
d. Assisted with the behavior intervention(s)
e. Attended to the person after the behavior intervention(s)
f. Witnessed the behavior intervention(s) or events before and after the behavior intervention(s)

17.) Displayed behavior(s) resulting in intervention(s) (check all that apply)

= Check all displayed behaviors - observable actions by the person, particularly those that pose an imminent threat of harm to the person or other people - that resulted in the behavior intervention(s) being reported on this form.

- Physical aggression/physical assault directed toward another person.
- Self-injury/physically injures or harms self is behavior whereby the person inflicts physical injury or physical harm on themself.
- Self-endangerment/risks personal safety is behavior that puts the person in imminent risk of harm or danger (e.g., person runs into a busy street, person exists from moving vehicles, person runs-away and lacks the necessary skills and abilities to preserve their safety, etc.).
- Property destruction/property damage that could harm the person or other people is property damage or destruction that presents as an immediate threat to the physical safety of the person or others.
- Other behavior (e.g., verbal aggression, threats, loud vocalizations, disruptive, not following directions, etc.) –Specifically state the behavior(s) that lead to the behavior intervention(s).

18.) De-escalation Efforts

<table>
<thead>
<tr>
<th>TIME WHEN DE-ESCALATION OCCURRED</th>
<th>LENGTH OF TIME INVOLVED IN DE-ESCALATION EFFORTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOUR(S)</td>
<td>MINUTES</td>
</tr>
</tbody>
</table>

Describe the less restrictive alternative measures that were attempted, if any, to de-escalate the situation and maintain safety before the intervention(s) occurred.

= If de-escalation efforts occurred in order to avoid further escalation, displayed behavior(s), and use of behavior and/or other intervention(s) on the person, then please indicate:

a.) the time of day when de-escalation efforts occurred,
b.) the length of time involved in de-escalation efforts, and
c.) describe the de-escalation efforts made.
19.) **Intervention(s) used (check all that apply)**

a.) **Intervention(s) used** means an application of restrictive behavioral procedure(s) or penalty techniques that are listed below that staff used in response to a person’s displayed behavior(s). Immediate intervention was deemed necessary and implemented in order to protect the person and/or other individuals from physical injury or harm. Record the requested data for all of the restrictive behavioral methods that were used, if any.

<table>
<thead>
<tr>
<th>Intervention(s) used</th>
<th>Length of Time</th>
<th>Number of Uses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manual Restraint/Physical Holding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mechanical Restraints/Devices that Constrain the Person</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wearing of Self-Harm/Self-Injury Protection Equipment</td>
<td></td>
<td></td>
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<tr>
<td>Wearing of seat belt restraints (e.g., specialized buckle clips, seat harnesses, etc.)</td>
<td></td>
<td></td>
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<tr>
<td>Time-Out from Activities/Removal from Ongoing Participation</td>
<td></td>
<td></td>
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<tr>
<td>Room Time-Out/Seclusion Room Isolation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Penalty Consequences (Loss of tokens, points, levels, items, activities, privileges, money or required to fix/replace property)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b.) **Length of Time** means enter the total length of time when the behavior intervention(s) began to the time when behavior intervention(s) ended. **If less than 1 minute, please only select the accompanying, “Less Than 1 Minute” data field check box.**

c.) **Number of Uses** means enter the total number of uses for the behavior intervention(s) used.

d.) **Manual Restraint/Physical Holding** means a physical intervention intended to hold a person immobile or limit a person’s movement by using body contact as the only source of physical restraint.

e.) **Mechanical Restraints/Devices that Constrain the Person** means the use of containment devices such as applied Velcro constraints, special body area coverings, body wraps, handcuffs, shackles, ties, straps, helmets, restraint chairs, or papoose boards to limit a person's movement and access or hold a person immobile as a contingent consequence for a person's undesirable behavior.

f.) **Wearing of Self-Harm/Self-Injury Protection Equipment** – **See Mechanical Restraints/Devices that Constrain the Person.**

g.) **Wearing of seat belt restraints** (e.g., specialized buckle clips, seat harnesses, etc.) – **See Mechanical Restraints/Devices that Constrain the Person.**

h.) **Time-Out from Activities/Removal from Ongoing Participation** means removing the person from an ongoing activity and setting to an area that is located where the person cannot observe the ongoing activity and receive positive reinforcement. The person returns from the time out situation or condition to the opportunity to participate in the ongoing activity and receive positive reinforcement when the person engages in more desirable behavior.

i.) **Room Time-Out/Seclusion Room Isolation** means removing a person from an ongoing activity and setting, and placing them into a room where the person is prevented from leaving this time-out/seclusion room by staff members, but not by the use of mechanical restraints, containment devices or objects positioned to hold the door closed.

j.) **Penalty Consequences** (Loss of tokens, points, levels, items, activities, privileges, money or required to fix/replace property) means a punitive or corrective penalty intervention imposed upon the person for displayed behavior(s).
k.) Single Incidents vs. Multiple Episodes Clarification
   1.) A Single Incident(s) of Applying Restrictive Behavioral Intervention(s) shall mean 1 single
       application of the restrictive behavioral intervention(s) and 1 complete release or termination of the
       restrictive behavioral intervention(s).
   2.) Multiple Episode(s) of Applying Restrictive Behavioral Intervention(s) shall mean application of the
       restrictive behavioral intervention(s) and complete release or termination of the restrictive behavioral
       intervention(s), and then, the subsequent re-application of restrictive behavioral intervention(s).

20.) □ Other intervention(s) used for displayed behavior(s) (check all that apply)
    = please select via the accompanying checkboxes all “other” forms of intervention that
    occurred. In the adjacent drop-down menu across from each intervention, please indicate
    who initiated the intervention. This form should always be completed and submitted even if
    only the listed other intervention(s) occurred in response to displayed behavior(s).

   a.) □ PRN psychotropic medication - Check this box, and complete and submit a BIRF
       report form, if a person has a prescription for PRN psychotropic medication(s), and the
       administration(s) of the prescribed PRN psychotropic medication(s) occurred in order to
       avert displayed behavior(s) or in response to displayed behavior(s) as identified on the
       BIRF reporting form.
       PRN psychotropic medication(s) administered to alleviate internal states (e.g., thought
       disturbances, moods, emotional feelings, depression, anxiety, stress, paranoia, mania,
       disorientation, apprehension, fear, etc.) and external expressions (e.g., perseverance,
       OCD ritualism, fixations, agitation, hyperactivity, hypo-activity, lethargy, emotional
       withdrawal, excessive or prolonged emotional instability, sleeplessness/insomnia, etc.)
       that are symptoms of a diagnosed mental illness do not require the completion and
       submission of a BIRF reporting form.

   b.) □ Called 911 for law enforcement or other first responder involvement - Check
       this box if 911 was called to address displayed behavior(s).

   c.) □ Emergency psychiatric hospitalization - Check this box if emergency
       psychiatric hospitalization occurred as a result of displayed behavior(s).

   d.) □ NONE

21.) Indicate “Yes” or “No”, if there is a need for specialized and intensive behavioral
     consultation and support services from outside professionals.

22.) Indicate “Yes” or “No”, if there is a plan for a crisis respite placement.

23.) Indicate “Yes” or “No”, if there will be a temporary suspension from services.

24.) Indicate “Yes” or “No”, if there will be discharge or termination from further services.
25.) **Injuries**

a.)  
- [ ] To the person receiving the intervention
- [ ] To Staff
- [ ] To other people

= Indicate which people were injured or hurt during the incident, if any, using the respective checkboxes.

b.) **INURY CARE CHOICE**

= From the drop-down menu list, select the option that best describes the injury care, if any, that was required or needed for the hurt person.

c.) **TYPE(S) OF INJURY (select all that apply)**

= From the drop-down menu list, select the option(s) that best describe(s) the type(s) of injury, if any, sustained by the person during the incident. To select more than just one type of injury or multiple injury options, place the cursor on the next option, hold down the control function key (Ctrl) and right click the computer mouse button to select the option. Repeat these highlighted steps to select additional injury options beyond just one injury option.

26.) **Post-intervention debriefing sessions with: (check all that apply)**

- [ ] The person receiving the intervention
- [ ] The staff involved
- [ ] Other people involved

= Select the respective checkboxes for the people, who were provided with post-intervention debriefing sessions.

27.) Please thoroughly complete all of the narrative fields. On question # 5 of the narrative, you can upload a PDF copy of the person’s Positive Support Transition Plan (PSTP).
28.) **Notifications of incident and intervention usage**
   
   a.) In this section, select the parties who were notified about the use of the behavior intervention(s) and any “other” intervention(s) from the **Contact** drop-down menu list.

   b.) If a party was notified, who is not listed in the drop-down menu list, then select, “Other”, and type within the space provided the party who was notified.

   c.) Indicate the date(s) and time(s) when all parties were contacted in the respective (2) adjacent columns of data fields.

29.) **County/Tribal Lead Agency funding the provided services.**
   
   = From the drop-down menu list, select the county/tribal lead agency that is funding the services provided to this person.

30.) **County or Tribe where the services are actually provided.**
   
   = From the drop-down menu list, select the county/tribal location where services are actually being provided to this person.

31.) To retain an immediate copy of this completed **Behavioral Intervention Report Form (BIRF)** for your case file records, please click on the “Print Form” button on the last page of the BIRF form before submitting the BIRF incident reporting form. In addition to the copy that you immediately print, a PDF copy of your completed BIRF incident reporting form will be returned to your MN-ITS mailbox following the submission of this completed BIRF report form.

32.) To submit your completed BIRF reporting form to the Department of Human Services (DHS) and the Office of Ombudsman for Mental Health and Developmental Disabilities (OMHDD), please click on the “Submit” button found on the last page of the BIRF form.