

DRAFT RECOMMENDATIONS FOR DISCUSSION

Seclusion Working Group members were invited to offer recommendations for the group's discussion. On December 10, 2025, seven working group members submitted written proposals (Dave Haveman, Jessica Heiser, Kate Hulse, Great Kjos, Erin Sandsmark, Melissa Winship, and Nicole Woodward). On December 17, 2025, the Seclusion Working Group engaged in discussion and found five areas of general consensus for recommendations:

1. *Mandatory Staff Training, Staff Supports, and Culture Shift*
2. *IEP/IFSP Requirements*
3. *Data Collection, Monitoring, and Accountability*
4. *Alternatives to seclusion*
5. *Funding*

Although there were areas of agreement, the group did not review specific language for proposals. On January 7, 2026, four working group members (Jessica Heiser, Kate Hulse, Eren Sandsmark, and Nicole Woodward) met to further clarify the five areas of recommendations and propose specific language for the Seclusion Working Group's review. This language will be presented to the Seclusion Working Group on January 14, 2025 for their review.

Mandatory Staff Training, Staff Supports, and Culture Shift

1. Mandate annual, standardized, evidence-based staff training for all special education staff and related services providers in Level 3 and 4 settings:
 - MN Statute 125A.0942
 - Effects of trauma on the brain and brain state-dependent functioning
 - Techniques for avoiding using seclusion / alternatives to seclusion
 - Effective practices for post-restrictive procedures team debriefing meetings
 - Effective practices for trauma-informed post-restrictive procedures restoration between school staff, child, and family

Schools that register a seclusion room with MDE must confirm staff has received this training, in addition to their restrictive procedures plan

2. Mandate annual, standardized, evidence-based staff training for all school staff:

- Crisis prevention and safe crisis management. Training must include modules on the neurobiology of stress and trauma, effective de-escalation, co-regulation, and understanding sensory processing needs
- Ableism and bias-awareness to increase understanding that what is perceived as "behavior" is often part of the person's disability
- Shifting from control and compliance-based strategies to communication and connection

Right now we think this is too nebulous, not evidence-based. Funding would also need to be required, so the onus is not on local districts to implement.

IEP/IFSP Requirements

1. When considering the addition of seclusion to a child's IEP/IFSP/BSP, the IEP team is required to include a mental health professional or practitioner (school psychologist, school social worker, school counselor, licensed school nurse or other licensed mental health provider serving the district). The team must consider contraindications and alternative restrictive procedures to use during an emergency before adding seclusion to a student's IEP/IFSP/BSP.
2. When considering the addition of seclusion to a child's IEP/IFSP/BSP, add express consent/proactive agreement to IEP for use of seclusion
 - (1) by all parents or guardians with legal decision-making authority regarding the child; (2) through informed written consent which is separate from any other consent obtained - through the individualized education program or individualized family service plan; (3) in the parents' or guardians' primary language, following the district's language access plan under section 123B.32, and with all necessary interpretation and cultural supports to ensure adequate understanding of said consent. A parent or guardian's failure to respond to a request for consent must not be considered consent to the use of seclusion.
3. For students with an IEP who are subjected to seclusion, the IEP team must review the seclusion data (frequency, duration, etc.) no less than annually or whenever requested by the parent/guardian or the district. This is in addition to the current twice-in-30-days requirements.

Data Collection, Monitoring, and Accountability

1. **District-based data accountability.** Continuation of quarterly district-based Restrictive Procedures Oversight Committee meeting requirements
2. **MDE-based data accountability.** Require an annual review and setting of strategic targets for training and improvement in identified areas of need. Specifically, implement an accountability structure similar to the Accountability, Rationale, & Context (ARC) report that is required annually based on Minnesota Test of Academic Skills (MTAS)/Minnesota Alternate Assessment rates. MDE would set the annual seclusion rate threshold which districts must be below and a rate of decrease of use of seclusion that districts must meet. If a district is above the threshold OR their use data is not improving at an acceptable rate, then MDE must implement a Corrective Action Plan (CAP) and allocate additional resources to that building, including technical assistance and ongoing monitoring, to address needs and provide targeted support.
3. Include use of restrictive procedures for each school district on public Minnesota Report Card
4. Enhance the MDE's legislative report: School Districts' Progress in Reducing the Use of Restrictive Procedures in Minnesota Schools, as required by Minnesota Statutes, section 125A.0942, to include how the use of seclusion, and non-use of seclusion may correlate with police/EMS involvement, student/ teacher injuries, expulsion/ suspensions, physical holds, home-based or level 4 placements, and other negative outcomes. To do this, the MDE would also need to develop a state-wide system for collecting data related to police/EMS involvement in emergency situations, as this particular data set does not currently exist.

Alternatives to seclusion

1. In addition to MDE's compilation of alternatives to seclusion in their legislative report, mandate that MDE research, vet, and identify alternative programs and interventions known to reduce the need for seclusion. The department must make available to districts a list of recommended alternatives deemed evidence-based and appropriate. MDE must also list a school district and school district contact who can provide technical assistance to other schools looking at the program utilized in that district. The department must continue to regularly provide districts

with information about professional development opportunities available throughout the state on alternatives to seclusion.

2. *To discuss as a group:*

School districts must adopt one of these alternative programs (most already have). Mandated adoption of these alternatives would only be required if paired with direct funding for implementation and in districts with registered seclusion rooms whose trends in use exceed appropriate thresholds.

Funding

1. **Direct funding.** For all funding recommendations, direct funding mechanisms should be utilized whenever possible. Funding should not be tied to competitive grants, which can disadvantage school districts without the resources to pursue grants.
2. **Funding for alternatives to seclusion.** Allocate specific, sustained funding to districts to cover costs associated with implementing new alternatives to seclusion, including obtaining licenses (such as Ukeru), dedicated time and resources (e.g., substitute coverage, stipends) for high-quality staff training.
 - a. Training recommendations detailed above
3. **Funding for related services.** Maintain or expand current levels of funding for related services, including but not limited to speech therapy, occupational therapy, etc.
4. **Funding for mental health services.** Maintain or expand current levels of funding for school-linked mental health services, multi-tiered levels of support and school staff (counselors, psychologists, social workers).