

Named Concern	Suggested Language Solution
Impact of Past or Potential Trauma; contraindications	Require the IEP team 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.
<p>Informed Parental Consent</p> <ul style="list-style-type: none"> - Eliminating passive consent for this issue - Parents/caregivers not understanding or being aware of the potential for the use of seclusion in an emergency 	<p>The use of seclusion as a restrictive procedure for children in grades 1 through 6 must be explicitly agreed to:</p> <ul style="list-style-type: none"> - (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. <p>A parent or guardian's failure to respond to a request for consent must not be considered consent to the use of seclusion.</p>
Disproportionality and Inappropriate use	Limit seclusion to be permitted for students receiving setting 3 or setting 4-level services only. This would prohibit use for the vast majority of students across the state.
Efficacy vs. Effectiveness	Seclusion data (frequency, duration, etc.) must be explicitly reviewed by the IEP team no less than annually or whenever requested by the parent/guardian or the district.
<p>Monitoring & Accountability</p> <ul style="list-style-type: none"> - Districts not addressing improper use - High rates of use going unaddressed 	<p>Continuation of quarterly district-based Restrictive Procedures Oversight Committee meeting requirements</p> <p>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, in consultation with Minnesota Administrators for Special Education (MASE) would set an annual seclusion rate threshold at which they would like districts to be below. They would pull data from Stepwell (just like they do for MTAS from the</p>

	TestWes), compile a data visualization, and send to districts to analyze. If a district is routinely and significantly above the threshold OR their use data is not improving at an acceptable rate, then MDE could allocate additional resources to that building to address needs and provide targeted support.
Improper Use - Pr	Mandatory annual staff training for all special education staff and related services providers: <ul style="list-style-type: none"> ○ MN Statute 125A.0942 ○ Effects of trauma on the brain and brain state-dependent functioning ○ Effective practices for post-restrictive procedures team debriefing meetings
Lack of preventive and proactive interventions	Continuum of crisis intervention strategies (e.g., CPI and Ukeru) Funding and support for increasing layered supports
Disproportionate Representation	Incorporate restraint and seclusion data into the disproportionality calculation and accountability system.
Question posed: What is a reasonable timeline for the end of seclusion?	<p>Our position is that setting a timeline is arbitrary. Rather, the focus needs to be on building systems and supports that diminish - or eventually eliminate - the need for seclusion. This requires fair and sustainable funding, training, technical support, and resources to ensure equitable opportunities for improvement statewide; with emphasis on greater Minnesota where lack of resources and funding create unique barriers. Direct funding mechanisms should be utilized whenever possible.</p> <p>We recommend leveraging the resources available through the regional service cooperatives and exploring interagency partnerships to enhance technical assistance (CAREI, NAMI, MN School-Based Behavior Analysts, etc.)</p>