Seclusion Working Group

Final Report to the Legislature

January 30th, 2026

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Enabling Legislation

Laws of Minnesota 2025, 1st Special Session, Chapter 10, Article 7, Section 10.

SECLUSION WORKING GROUP.

Subdivision 1. Working group established. A working group is established to evaluate the use of seclusion as an emergency procedure and not as discipline, as required under Minnesota Statutes, section 125A.0942, subdivision 3.

Subd. 2. Membership. (a) The working group consists of the following members:

(1) two duly elected and currently serving members of the senate, one appointed by the senate majority leader and one appointed by the senate minority leader;

(2) two duly elected and currently serving members of the house of representatives, one appointed by the speaker of the house and one appointed by the speaker emerita of the house;

(3) eight members appointed jointly by the senate majority leader, the speaker of the house, and the speaker emerita of the house who represent the following groups:

(i) special education directors from a setting 3 or setting 4 program;

(ii) cooperative units under Minnesota Statutes, section 123A.24, that provide special education instruction and services;

(iii) parents or family members of students who have been secluded;

(iv) teachers who work with students in a setting 3 or setting 4 program;

(v) paraprofessionals who work with students in a setting 3 or setting 4 program;

(vi) licensed school psychologists or school counselors who work with students in a setting 3 or setting 4 program; and

(vii) organizations that represent students who are disproportionately affected by the use of restrictive procedures; and

(4) four members appointed jointly by the senate majority leader, the speaker of the

house, and the speaker emerita of the house who meet the criteria of clause (3) or who are duly elected and currently serving legislators.

(b) The appointments must be made by August 1, 2025.

(c) Legislative members may receive per diem compensation and reimbursement for expenses according to the rules of their respective bodies. Other members of the working group are eligible for per diem compensation as provided under Minnesota Statutes, section 15.059, subdivision 3.

Subd. 3. Duties. The working group must:

(1) evaluate the effectiveness of seclusion compared to other methods of restrictive procedures used in emergency situations on different age groups and in different educational settings;

(2) analyze how the lack of alternatives to seclusion forces children and their families to interact with the criminal justice system;

(3) evaluate workable alternatives to seclusion;

(4) consider the effects of seclusion on children's mental health, access to a free and appropriate public education, academic outcomes, and overall well-being;

(5) identify new and existing resources necessary for staff capacity and training, children's supports, child mental health services, and schoolwide collaborative efforts;

(6) visit school sites that currently use seclusion;

(7) review applicable laws defining and regulating seclusion in schools; and

(8) report its findings and recommendations regarding the use of seclusion to the chairs and ranking minority members of the legislative committees with jurisdiction over kindergarten through grade 12 education no later than January 30, 2026.

Subd. 4. Chair; convening. (a) One member appointed by the senate majority leader must convene the first working group meeting on or before August 15, 2025. The working

group must meet at least monthly.

(b) Working group meetings must be open to the public.

Subd. 5. Administrative support. The Legislative Coordinating Commission must provide meeting space, technical and administrative support, and staff support for the working group. The working group may hold meetings in any publicly accessible location in the Capitol complex that is equipped with technology that can facilitate remote testimony.

Subd. 6. Consultation. The working group must consult with the Department of Education and the Department of Human Services, including a representative from the Department of Human Services specializing in school-linked mental health.

Subd. 7. Expiration. The working group expires January 31, 2026, or on the date upon which the report required under subdivision 3 is submitted to the legislature, whichever is later.

Members

Senator Judy Seeberger, Chair

Senator Julia Coleman

Representative Samantha Sencer-Mura

Representative Elliott Engen

Nicole Woodward

Heather Halstead

Dave Haveman

Jamie Harthan

Jessica Heiser

Kate Hulse

Sue Abderholden (August 2025 – October 2025), Greta Kjos (October 2025 – January 2026)

Fatima Molas

Erin Sandsmark

Brian Rappe (August 2025 – October 2025), James Schmidtke (October 2025 – January 2026)

Melissa Winship

Kim Baker

Overview of Meetings and Testimony

The Seclusion Working Group ("Working Group") was established by the Minnesota Legislature in the 2025 special session to evaluate the use of seclusion as an emergency procedure and not as a discipline.[1]

The Working Group was tasked with reviewing applicable laws defining and regulating seclusion, and also reviewed multiple aspects of the use of seclusion, including: an evaluation of the effectiveness of seclusion compared to other restrictive procedures used in emergency situation; analyzing how the lack of alternatives to seclusion forces students to interact with the criminal justice system; evaluating alternatives to seclusion; and reviewing effects of seclusion on student mental health, well-being, academic outcomes, and access to a free and appropriate public education. The Working Group also reviewed student mental health supports and new and existing resources for staff capacity and training. Additionally, the Working Group toured Pankalo Education Center, a setting 4 school with a seclusion room.

From its evaluation, the Working Group was charged with making recommendations regarding the use of seclusion to the Legislature. The Working Group met 11 times from August 2025 through January 2026 to review this information and develop recommendations to the Legislature.

Schools across Minnesota face an increasing number of problematic behaviors and emergency situations necessitating the use of restrictive procedures, especially since the COVID-19 pandemic.[2] As a result, educators and support staff, who have the difficult task of promoting the success of all students under their instruction, may require the management of and response to endangering and dysregulated student behavior. At the same time, disability advocates have highlighted potential consequences of the use of seclusion on student physical and mental health. This dichotomy highlights the complexity and nuance of this issue. The following report summarizes presentations, testimony, discussions, and presents the recommendations from the Working Group.

[1] Laws of Minnesota 2025, 1st Special Session, Chapter 10, Article 7, Section 10
[2] Minnesota Department of Education (MDE), "Overview of Seclusion in Minnesota"

Seclusion in Minnesota

The Working Group began its work by defining the proper use of seclusion according to Minnesota Statutes, section 125A.0941, which defines and regulates restrictive procedures. Seclusion is defined as confining a child alone in a room from which egress is barred by an adult locking or closing the door in the room or preventing the child from leaving the room.[3] Seclusion may only be used in an emergency, which is defined as a situation where immediate intervention is needed to protect a child or other individual from physical injury.[4] Additionally, seclusion is not removing a child from an activity to a location where the child cannot participate.[5]

Minnesota Statutes, section 125.0942 sets requirements and limitations for the use of restrictive procedures. There are five requirements that schools which use seclusion must meet. First, schools that intend to use seclusion must maintain a publicly available restrictive procedures plan for children with disabilities that:

1. Lists allowed restrictive procedures the school intends to use.
2. Describes how the school will implement a range of positive behavior strategies and provide links to mental health services.
3. Describes how the school will provide training for de-escalation techniques.
4. Describes how the school will monitor and review the use of restrictive procedures, including post-use debriefing, quarterly oversight committee review, injuries, staff training needs, non-emergency use of restrictive procedures, disproportionality by race, gender, or disability status, and the role of police or school resource officers.
5. Includes staff training documentation.
6. Identifies the oversight committee members that includes a mental health professional, school social worker, or psychologist; positive behavior strategies expert, special education administrator, and a general education administrator.[6]

Second, restrictive procedures may only be used by a licensed special education staff, including teachers, social workers, psychologists, behavioral analysts, and other mental health and paraprofessional staff. Schools must make reasonable efforts to notify parents on the same day a restrictive procedure is used on students.[7] As appropriate, the district must also hold a meeting of the individualized education program (IEP) or individualized family service plan (IFSP) team and consider positive behavioral interventions and actions to reduce the use of restrictive procedures.[8] IEP teams collaborate with parents or guardians and student to gather information, and evaluate the effectiveness and impact of proactive and reactive interventions.[9] Districts must review the use of restrictive procedures when the child's IEP allows for the use of restrictive procedures in

[3] Minnesota Statutes, section 125A.0941
[4] Ibid.
[5] Ibid.
[6] Minnesota Statutes, section 125A.0942, subd. 1
[7] Minnesota Statutes, section 125A.0942, subd. 2
[8] Minnesota Statutes, section 125A.0942, subd. 2
[9] Intermediate School District 916, "Seclusion Data by Program"

emergencies.[10] If existing supports and interventions are ineffective in reduction of restrictive procedure use, the IEP team must consult with other professionals working with the child, review other available resources, and consider reevaluating the child.[11] If use of restrictive procedures are showing a pattern, an IEP meeting must be held to review supports and interventions.[12]

Schools using restrictive procedures, including seclusion, must meet the following requirements:

1. The restrictive procedure must be used only in an emergency and as the least intrusive intervention to respond to the emergency.
2. Restrictive procedures cannot be used for discipline.
3. Restrictive procedures must end with the threat of harm ends.
4. Constant staff observation is required during the use of restrictive procedures.
5. Detailed staff incident reporting following the use of restrictive procedures.
6. Seclusion rooms must meet the following standards: at least six feet by five feet; well lit, well ventilated, adequately heated, and clean; have a window that allows staff to directly observe a child in seclusion; have tamperproof fixtures, electrical switches located immediately outside the door, and secure ceilings; have doors that open out and are unlocked, locked with keyless locks that have immediate release mechanisms, or locked with locks that have immediate release mechanisms connected with a fire and emergency system; and not contain objects that a child may use to injure the child or others.
7. Receive written notice that the room and locking mechanism meet applicable building, fire, and safety codes.
8. Register seclusion room with the commissioner of education.[13]

Additionally, there are several limitations to the use of restrictive procedures. These include:

1. Corporal punishment, prone restraints, and certain physical holds prohibited under Minnesota Statutes section 121A.58.
2. Positions that induce pain.
3. Sensory deprivation or aversive/overstimulating stimuli as punishment.
4. Restricting or denying access to medical equipment or assistive technology, except to prevent injury or damage to property.
5. Abusive behaviors considered maltreatment of minors under chapter 260E.
6. Denying regularly scheduled meals or water, or bathroom access.
7. Restricting breathing or communication.
8. Prone restraint.
9. Seclusion for children from birth through grade 3 beginning September 1, 2024.[14]

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[10] Minnesota Statutes, section 125A.0942, subd. 2, paragraph (c)
[11] Minnesota Statutes, section 125A.0942, subd. 2, paragraph (d)
[12] Minnesota Statutes, section 125A.0942, subd. 2, paragraph (c)
[13] Minnesota Statutes, section 125A.0942, subd. 3
[14] Minnesota Statutes, section 125A.0942, subd. 4

Furthermore, qualified and licensed staff who use restrictive procedures must be trained in the following:

1. Positive behavioral interventions.
2. Communicative intent of behaviors.
3. Relationship building.
4. Alternatives to restrictive procedures and techniques to identify factors that escalate behavior.
5. De-escalation methods.
6. Standards for using restrictive procedures only in emergencies.
7. Emergency medical assistance.
8. Physiological and psychological effects of physical holding and seclusion.
9. Monitoring and responding to signs of distress.
10. Recognizing signs of positional asphyxia.
11. Reporting and documentation requirements.[15]

Finally, schools are encouraged to establish schoolwide positive behavioral support systems.[16] Districts must report use of reasonable force as a restrictive procedure to the Department of Education quarterly, including physical holding or seclusion by an unauthorized or untrained staff person.[17]

The Working Group received several presentations on statewide restrictive procedure data from the Minnesota Department of Education (MDE) and school districts. MDE reported that 50 local education agencies (LEAs) currently have registered seclusion rooms.[18] Of those 50 districts, 42 reported using seclusion in the 2024-25 school year.[19] Since the 2021-22 school year, data show that behaviors requiring emergency uses of restrictive procedures have been increasing.[20] Seclusions, in accordance with a change to the restrictive procedures statute in 2023 that required the elimination of the use of seclusion for birth through grade 3 by September 2024, have been decreasing, down to 1,871 in 2024-25 from 4,702 in 2021-22.[21] Overall, however, restrictive procedures are increasing over the past 4 years. MDE reported 19,097 physical holds in the 2024-25 school year, up from 13,289 in 2021-22.[22] These data from the 2021-22 through the 2024-25 school years overlap with the COVID-19 pandemic, which had a significant impact on regular school and student activity. MDE's FY25 School Districts' Progress in Reducing the Use of Restrictive Procedures in Minnesota Schools Report includes data for years prior to the COVID-19 pandemic and further considerations that were taken to collect and analyze this data.[23] Most students that

[15] Minnesota Statutes, section 125A.0942, subd. 5
[16] Minnesota Statutes, section 125A.0942, subd. 6
[17] Minnesota Statutes, section 125A.0942, subd. 6
[18] MDE, "External Seclusion Room Report"
[19] MDE, "Follow-up Data"
[20] MDE, "Overview of Seclusion in Minnesota"
[21] Ibid.
[22] Ibid.
[23] MDE, "FY25 Restrictive Procedures Report.

experience seclusion have either autism spectrum disorders or emotional behavioral disorders, and are in setting 3 (a separate classroom for more than 60% of the school day) or setting 4 (a separate public day school for more than 50% of the school day) schools.[24]

MDE student demographic data also show that since the 2016-17 school year, students with disabilities identifying as Black or African American or two or more races are overrepresented in the total number of students with disabilities secluded.[25] In the 2023-24 school year, 19% of secluded students with disabilities were Black or African American, while only comprising 12.1% of the special education population.[26] Similarly, students with disabilities identifying as two or more races accounted for 12% of secluded students in the 2023-24 school year although only making up 7.4% of the special education population.[27]

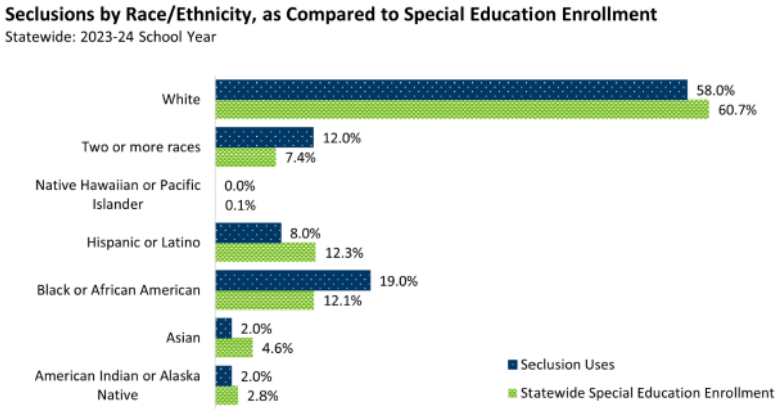

Table 1. MDE 2023-24 school year seclusion data by race/ethnicity.[28]

MDE also provided data on injuries to staff and students during the use of restrictive procedures. Student injuries due to seclusion are trending down (76 in 2021-22 to 36 in 2024-25) and injuries due to physical holding appear to be holding steady (249 in 2021-22 to 240 in 2024-25).[29] While staff injuries from seclusion are decreasing, down from 185 in 2021-22 to 98 in 2024-25, staff injuries due to physical holding are increasing, up from 801 in 2021-22 to 1,711 in 2024-25.[30]

[24] MDE, "Overview of Seclusion in Minnesota"
[25] MDE, "FY25 Restrictive Procedures Report.
[26] Ibid.
[27] Ibid.
[28] Ibid.
[29] MDE, "Overview of Seclusion in Minnesota".
[30] Ibid.

	2024-25	2023-24	2022-23	2021-22
Total Physical Holds	19,097	14,013	12,405	13,289
Students Physically Held (Unduplicated)	2,810	2,777	2,750	2,489
Staff Injuries	1,711	1,222	920	801
Student Injuries	240	201	132	249

Table 2. Minnesota Department of Education physical hold data 2021-22 through 2024-25 school years.[31]

Staff added context to injuries from emergency situations requiring restrictive procedures and seclusion. Special education staff from Intermediate School Districts (ISD) 916 testified that significant injuries have occurred when seclusion was unavailable, including bites, concussions, scratches, and broken bones.[32] ISD 916 and 917 staff reported that in some cases, seclusion is the only way to disrupt injurious behavior from students to staff, other students, and to themselves by giving students a way to pause and reset.[33] Adrienne Turzynski, a behavioral analyst with ISD 917, noted that as each emergency situation is different, in some circumstances seclusion is the safest option, stating that "sometimes a physical hold is appropriate…but sometimes those physical holds start to become dangerous for the staff involved. Students may start to engage in additional behaviors towards the staff that can lead to injury to the staff that are attempting to keep the students safe at that moment."[34]

ISD 916 and 917 staff also testified about what the use of seclusion looks like in practice and underscored the importance of seclusion as a tool for emergency uses. Justin Hoelscher, a special education coordinator with ISD 917, noted that "responsible educational teams approach seclusion not as a first response, but as an absolute last resort in emergency situations where student or staff safety is critically at risk."[35] Staff further testified that seclusion, when used in accordance with Minnesota Statutes and best practice, is an effective and critical component of the spectrum of preventative and intervention strategies to behavioral crisis.

Special education staff additionally conveyed the importance that preventative strategies have for their students' behavioral plans and that de-escalation strategies are used to help students regulate before restrictive procedures are required. Seclusion should be used only after preventive procedures, including positive behavior interventions and supports (PBIS), environmental considerations, multi-tiered systems of support (MTSS), and other non-exclusionary procedures are insufficient in regulating behavior.[36] If escalated or dysregulated behavior continues, de-escalation strategies are also utilized in accordance with students' IEPs, including verbal redirections, sensory supports, involving other support staff. When these strategies are

[31] MDE, "Overview of Seclusion in Minnesota"..
[32] Amelia Behrens, October 8, 2025
[33] Audrey Allorie et al., "From Crisis to Care: How Schools Support Students with Dignity"
[34] Adrienne Turzynski, September 17, 2025.
[35] Justin Hoelscher, September 17, 2025
[36] Audrey Allorie et al., "From Crisis to Care: How Schools Support Students with Dignity"

exhausted, staff may begin to utilize crisis intervention procedures, which often may not include the use of restrictive procedures. In short, seclusion is not always the go-to strategy to address emergency situations as defined in Minnesota Statutes 125A.0941; when used correctly it is implemented when a suite of preventative strategies and other interventions have unsuccessfully regulated students' behavior and ended emergencies. When the cause of a behavior is unclear, a comprehensive evaluation or functional behavioral assessment may help inform future IEP revisions.[37] Audrey Allorie added that "When seclusion is used well, it also provides teams with an alternative to other emergency interventions, such as physical holding and restraint, and EMT or police intervention," highlighting seclusion's role in reducing school reliance on law enforcement and health care during extreme emergencies.[38]

As the statute governing restrictive procedures states, seclusion may only be used in emergency situations where immediate intervention is required to protect a student or other individual from injury.[39] Testimony highlighted what these emergency situations looked like in practice, and importantly note that each one is different and requires different response, which may or may not include seclusion in accordance with a student's IEP and the districts restrictive procedure plan. Ms. Behrens spoke to this, stating, "emergency interventions, like seclusion, are not a one-size-fits-all. They're individualized, just as our students are. Our students need a range of safe supports because they're specific and unique needs."[40]

Testimony and Working Group discussion also considered what interventions schools could take if seclusion was not an option. ISD 916 staff asked the Working Group to consider potential consequences to eliminating seclusion, including staff training on alternatives, the use of seclusion without accurate reporting or documentation, and increased staff and student injuries.[41] Cara McGlynn, staff with ISD 916, added "School is one of, if not the only, place that we do not refuse services for children…if you are thinking about hospitals, residential treatment centers, outpatient or inpatient therapy, behavioral incidents often results in those students no longer being able to access those services. That's not the case for school. We attempt to always welcome them back."[42]

The Working Group also invited testimony from those both in favor and in opposition to the use of seclusion whose comments highlighted the complexities of this issue. Parents, former students, and staff spoke in opposition to the use of seclusion. A former student stated to the Minnesota Disability Law Center (MDLC) that they "hated" seclusion, and that they "don't think it's right. It's a four-by-four room with a thousand-pound magnet door…it's claustrophobic, it was stifling, horrible." [43]

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[37] Minnesota Statutes, section 125A.0942, subd. 2, paragraph (c)
[38] Audrey Allorie, September 17, 2025
[39] Minnesota Statutes, section 125A.0942, subd. 3
[40] Amelia Behrens Testimony, October 8, 2025
[41] Intermediate School District 916, "Seclusion Data by Program"
[42] Cara McGlynn, September 17, 2025
[43] MDLC Testimony, October 8, 2025

One parent recounted their child's experience with seclusion, recounting how their child tried to harm himself by wrapping a window blind cord around his neck, and that "He was vomiting all day long as a response to the terror he felt at school. The restraints and seclusion damaged any positive interactions he could have had at school."[44]

Another parent and former paraprofessional who used seclusion conveyed potential negative outcomes seclusion may have. Once seclusion is first used on a student, "it's like a dam is broken. . .. It changes how they approach me, the staff member, [and] school, and it changes how I approach them, because I'm nervous too. You become on edge."[45]

The Working Group additionally invited testimony from parents who have children that needed seclusion as a part of their IEP and spoke to the benefits they believe seclusion can have. One parent stated that seclusion successfully addresses their child's dysregulated behavior when it becomes violent, and that seclusion "has been and continues to be a vital tool to ensure [their child's] safety and that of the amazing people who work with [them]."[46]

Another parent mentioned seclusion's role in reducing the need for involvement of law enforcement to address dysregulated behavior, stating:

> "When a student becomes a danger to themselves or others, a seclusion room can serve as a temporary, last resort intervention, allowing them the necessary space and time to regain control in a safe, supervised setting. In our experience, the use of the seclusion room has alleviated the need for police intervention when my child has become so dysregulated at school. This not only protects the classmates but protects the dysregulated child's well-being."[47]

Finally, Cullen Seeberger, an adult who as a student experienced seclusion, was invited to speak to the Working Group. Mr. Seeberger recalled how using a seclusion room was often an effective way for him to calm down if he was having an emotional outburst. Seclusion, Mr. Seeberger stated, was also more effective in responding to emergency situations than physical holds, which caused a 'fight or flight' response and escalated his behavior.[48]

These testimonies both in support of and opposition to the use of seclusion as a restrictive procedure conveyed the complexities, benefits, and repercussions to be assessed when considering the use of seclusion.

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[44] Parent Testimony, October 8, 2025
[45] Parent Testimony, October 8, 2025
[46] Parent Testimony, October 8, 2025
[47] Parent Testimony, October 8, 2025
[48] Student testimony, December 17, 2025

Seclusions in Violation of Restrictive Procedures Statute

The Working Group also received presentations and testimony on seclusion use that violates Minnesota Statutes, section 125A.0924. The Working Group requested data from MDE on schools that violated the proper use of seclusion in the past five years. MDE reported that violations of the proper use of seclusion have occurred in 15 local education agencies (LEA) in the past 5 years, although noted that context is critical for each of these cases.[49] MDE submitted 15 decision letters, each summarizing a single complaint for the 15 LEAs, which highlighted varying violations of seclusion under the restrictive procedures statute. Importantly, a violation of Minnesota's restrictive procedure statute does not necessarily mean an improper use of seclusion. The findings that MDE provided do not state that seclusion was used in violation of the state statute, but rather that the use of seclusion may have been avoided if the deescalation plans or IEP behavioral responses were applied differently. Here, the decision letters may encourage the LEA to work with the IEP team and the family to amend their plans to better anticipate the student's behavior and needs during a period of dysregulation in the future to avoid the use of seclusion if the unwanted behavior is reasonably expected to occur again.[50] Additionally, many of these violations relate to procedural requirements such as parent notification or IEP team meetings.[51] Finally, in some violations, restrictive procedures were used during an emergency, but procedural issues may have contributed to the circumstances leading up to, during, and following that emergency.[52]

Working Group members from the Minnesota Disability Law Center and Solutions Not Suspensions were also invited to present on seclusion misuse and violations of Minnesota Statutes 125A.0942. These organizations added that because the misuse of seclusion is not defined in statute, sometimes the only indication of seclusion violations is from a parent or guardian reports, making definitive data difficult. The Minnesota Disability Law Center reported 5 clients with allegations of violations of seclusion use in the 2024-25 school year, all of whom were boys with autism.[53] Of those 5 clients, two were children of color, and four were age 10 or younger.[54] All the clients' parents removed them from school for a period following the incident, and several went to homeschooling. Following preliminary analysis of these cases, Minnesota Disability Law Center concluded that all 5 clients may have valid legal claims.

Further, the process to file complaints may be too onerous to ensure state data on violations of Minnesota Statutes 125A.0942 is accurate. Many parents or guardians may not report violations due to language, cultural, financial, and/or disability barriers.[55] The Minnesota Disability

[49] MDE Testimony, November 19, 2025
[50] Ibid.
[51] Ibid.
[52] Ibid.
[53] Minnesota Disability Law Center and Solutions Not Suspensions, "Testimony on Misuse of Seclusion"
[54] Ibid.
[55] Ibid.

Law Center and Solutions Not Suspensions asserted that "As long as the onus is on families to report illegal seclusion, it will go dramatically undercounted."[56]

In addition, parent testimony also spoke to negative experiences with seclusion which appeared to be in violation of the restrictive procedures statute. One parent spoke about staff using restraint and seclusion, including all-day seclusion, instead of utilizing other de-escalation strategies.[57] Further, the rooms this parent's child was secluded in were not registered with MDE and staff failed to hold IEP meetings. Anonymous testimony which conveyed cases and their consequences of seclusion misuse was also submitted by Solutions Not Suspensions and the Multicultural Autism Action Network.[58] Other parents added that seclusion further escalated their children and made them distrustful of staff.[59]

The Working Group also focused on the disproportionate use of seclusion on students of color. According to nationwide data from the 2015-16 school year, Black students are 200% more likely and Hispanic students were 45% more likely to experience seclusion or restraint than White students.[60] Additional Minnesota data from MDE, as was summarized above, show that Black or African American students with disabilities and students with disabilities who identify as two races or more are more likely to be secluded in Minnesota.[61]

Testimony from those both in favor and against seclusion and Working Group discussion spoke at length about the importance of addressing violations of seclusion under Minnesota Statutes 125A.0942. As one parent concluded, "the solution to this problem is not to target the tool, but to target misuse of the tool," highlighting both their support for the need for seclusion as a restrictive procedure, as well as assurances that it is used in accordance with Minnesota Statutes.[62]

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[56] Minnesota Disability Law Center and Solutions Not Suspensions, "Testimony on Misuse of Seclusion"
[57] Parent Testimony, October 8, 2025
[58] Solutions Not Suspensions and Multicultural Autism Action Network, "Anonymous Minnesota Seclusion Accounts"
[59] Parent Testimony, October 8, 2025
[60] Antonis Katsiyannis et al., "Exploring the Disproportionate Use of Restraint and Seclusion Among Students with Disabilities, Boys, and Students of Color," Advances in Neurodevelopmental Disorders," (2022): https://doi.org/10.1007/s41252-020-00160-z
[61] MDE, "FY25 Restrictive Procedures Report.
[62] Parent Testimony, October 8, 2025

Alternatives to Seclusion

In its enabling legislation, the Working Group was charged with reviewing potential alternatives to seclusion as a restrictive procedure. Ukeru was identified by Working Group members as one alternative to focus on. The Working Group invited ISD 196, which utilizes seclusion, and Fridley Public Schools, which does not use seclusion, to present on the use of Ukeru.

Ukeru is a trauma-informed and restraint-free crisis management response system that emphasizes students' interpersonal development and brain development. [63] Specifically, Ukeru is a package of environmental and procedural techniques that emphasize relationships between staff and students, de-escalation, student comfort over control, and reduced restraints. Ukeru also utilizes blocking pads that allow staff to remain hands-off with a dysregulated child. Ukeru pads are a hands-off approach to de-escalate and comfort students that are dysregulating in a way that gives those students space. Dr. Danielle Thompson, Fridley Public Schools Director of Special Services, which does not use seclusion, testified that Ukeru is used multiple times a day in their setting 4 schools and daily in their setting 3 elementary and middle school.[64] Fridley Public Schools started using Ukeru in the 2023-24 school year with two staff trained in Ukeru, which has increased to 12 during the 2025-26 school year.[65] Prior to the implementation of Ukeru, Dr. Thompson reported that staff would occasionally need significant medical attention when responding to emergency situations. Since the implementation of Ukeru at Fridley Public Schools, injuries are primarily minor.[66] Additionally, Fridley Public Schools is a member of ISD 916, and sends students to setting 4 schools who do need seclusion as part of their IEP.[67]

The Working Group also invited a presentation from ISD 196 (Rosemount-Eagan-Apple Valley) to understand how Ukeru fits into a spectrum of responses to emergency situations in schools that also utilize seclusion. Andrea Engstrom, School Coordinator for ISD 196's setting IV facility at Dakota Ridge School, testified that Ukeru began to be implemented after the 2023 change in legislation that would phase out the use of seclusion.[68] Ms. Engstrom stated that when ISD 196 staff heard that staff were overwhelmed when considering how the district would keep staff and students safe when learning that seclusion would not be able to be used for the youngest and neediest students.[69] Implementing Ukeru, Ms. Engstrom reported, was about adding a tool to staff's toolbox following the 2023 change in the restrictive procedures statute that bans the use of seclusion up to third grade.[70] Before implementation of Ukeru in Spring of 2024, Dakota Ridge

[63] Fridley Public Schools, "Ukeru"
[64] Ibid.
[65] Ibid.
[66] Ibid.
[67] Ibid.
[68] ISD 196, "Alternatives to Seclusion"
[69] Ibid.
[70] Ibid.

reported 88 incidents of seclusion in 2022-23 and 60 incidents in 2023-24.[71] After implementation of Ukeru in the 2024-25 school year, Dakota Ridge reported 83 incidents of seclusion.[72] Ms. Engstrom stated that Ukeru didn't necessarily decrease the use of seclusion after it was implemented, but it is important to note that the groups of students change from year-to-year and have differing needs.[73] Dakota Ridge reported 24 Injuries in the 2024-25, and none were during the use of seclusion or other restrictive procedures, but rather occurred in the moments leading up to the use of the restrictive procedure or after.[74] Ms. Engstrom also testified that, for a small population of students, seclusion is the safest option to keep students and staff safe.[75]

Minneapolis Public Schools (MPS), a district that stopped using seclusion in 2011, was also invited to present their supports and strategies to respond to and manage student behavioral and emergency needs. Dr. Elizabeth Keenan, Minneapolis Public Schools Associate Superintendent for Special Education, highlighted multiple shortcomings of seclusion. These shortcomings include the following: that it does not address root causes of student behavior; that it does not teach students better coping strategies; and that seclusion may escalate dysregulated students instead of de-escalating them.[76] MPS instead focuses on proactive student support strategies and crisis response, including positive behavior supports, de-escalation techniques, sensory and calm-down rooms, and restorative practices.[77] MPS has over 50 sensory rooms across the district where students can voluntarily go with supervision, and also has teams of social workers and other mental health professionals to support its population's needs.[78] Physical holds are used as a method of last resort when responding to emergency situations.[79] In the 2024-25 school year, MPS staff used restrictive procedures 176 times across all schools and programs.[80] Of these 176 instances of restrictive procedure use, families filed two complaints with MPS.[81]

[71] Ibid.
[72] ISD 196, "Alternatives to Seclusion"
[73] Ibid.
[74] Ibid.
[75] Ibid.
[76] Minneapolis Public Schools, "Presentation to the Minnesota Legislative Coordinating Commission Seclusion Working Group"
[77] Ibid.
[78] Ibid.
[79] Ibid.
[80] Ibid.
[81] Ibid.

Student Supports

During its review, the Working Group also invited presentations on how school-based mental health services support students. Mental health services at school are a critical component for addressing mental health needs of students who otherwise might not have access to mental health services.[82] Schools have a variety of behavioral health services offered through the district and/or community partnerships, including psychotherapy, skills and psychoeducation, supports for families, evidence based treatment interventions, and special education services.[83] These services may be funded by federal Medicaid or through school-based behavioral health grants.[84] School-based mental health services provide interventions and supports to help lessen crises and behavior escalation in schools and can contribute to reducing the need for seclusion and restraints in schools by providing early identification and intervention before the behaviors or experience students have might escalate into a crisis situation. Increasing mental health supports through school-based mental health may serve to lessen the need for seclusion and other restrictive procedures.

Presenters highlighted many benefits to school-based mental health. First, youth are 6 times as likely to complete mental health treatment in schools rather than community settings.[85] School-based behavioral health also promotes more equitable access to services, enhances early identification and intervention, and benefits student well-being, learning, and engagement. Staff in schools with school-based mental health programs also report feeling better prepared to identify and address concerns. Finally, school-based behavioral health services reduce barriers to these important services, including transportation, insurance, childcare, stigma, and parent/guardian schedules. Dr. Mark Sander, Hennepin County Director of School Mental Health, added that school-based mental health services improve school outcomes by increasing attendance and decreasing suspensions.[86] Access to school-based mental health services and supports is showing an increasing demand, rising from 1,176 districts offering services in 2021-22 to 1,266 in the 2024-25 school year.[87] DHS asked the Working Group to consider the increasing needs for student mental health and funding grant requests to meet this need, along with improving rates and expanding services where possible.

School-based mental health services also increase access and engagement with children's mental health. For 50-65% of MPS students using behavioral health program services, it is their first time receiving mental health services.[88] According to 2016 data, 88% of school staff reporting being more mindful of student mental health needs due to the availability of mental health services.[89]

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[82] Department of Human Services, "School-Based Behavioral Health Services"
[83] Ibid.
[84] Ibid.
[85] Ibid.
[86] Hennepin County, "Hennepin County School Mental Health Program – 2005 to 2025"
[87] Department of Human Services, "School-Based Behavioral Health Services"
[88] Hennepin County, "Hennepin County School Mental Health Program – 2005 to 2025"
[89] Ibid.

Further, 76% of parents said that their students' relationship with school staff improved, and 88% said their students' have a greater sense of belonging to the school community.[90]

Finally, ISD 916 staff relayed the importance of multi-tiered systems of support, with various levels of academic and behavioral supports which are integrated into schools' curriculums and environments, staff practices, classroom routines and other aspects of the school day.[91] These supports systems are utilized daily as strategies to prevent emergencies and the need for restrictive procedures.[92]

[90] Hennepin County, "Hennepin County School Mental Health Program – 2005 to 2025"
[91] ISD 916, "MTSS Social/Emotional/Behavioral"
[92] Ibid.

Preliminary Recommendations

Members were asked to submit preliminary recommendations for the December 10th, 2025 Working Group meeting. Member recommendations were submitted by: Nicole Woodward, Kate Hulse, and Dave Haveman; Melissa Winship; Greta Kjos; and Erin Sandsmark and Jessica Heiser.

At the December 17th, 2025 meeting of the Working Group, these recommendations were organized into the following categories:[93]

- Mandatory Staff Training, Staff Supports, and Culture Shift
- Data Collection, Monitoring, and Accountability
- Alternatives to Seclusion
- Funding
- Use of Seclusion – Timeline

Members noted that preliminary recommendations had some level of overlapping consensus for the first 4 categories: Mandatory Staff Training, Staff Supports, and Culture Shift; Data Collection, Monitoring, and Accountability; Alternatives to Seclusion; and Funding.

Between the December 17th and January 14th meetings, members Nicole Woodward, Kate Hulse, Erin Sandsmark, and Jessica Heiser drafted proposed recommendations where there was agreement for the Working Group's consideration.[94] This draft included a new recommendation category of individualized education plan (IEP)/individualized family service plan (IFSP) requirements. Following discussion and edits, these recommendations were adopted by the Working Group as final recommendations (see page 22) at the January 14th, 2026 meeting.

Additionally, at the January 14th meeting, Senator Seeberger presented the amendment AML007-7 to Minnesota Statutes section 125A.0942, subd. 2 that was introduced in the 2025 legislative session for the Working Group's consideration.[95]

At the January 21st, 2026 meeting, Senator Seeberger introduced the chair's recommendations for consideration. These recommendations included edited language from the AML007-7 amendment to the restrictive procedures statute, as well as proposals for a timeline to institute vetted alternatives to seclusion and ultimately end seclusion, and a requirement to evaluate the elimination of seclusion.[96]

[93] Seclusion Working Group, "Compiled Recommendations"
[94] Heiser, Hulse, Sandsmark, Woodward, "Draft Recommendations for Discussion"
[95] Amendment AML007-7, 2025
[96] Seeberger, "Chair's Recommendations"

Working Group Recommendations

The Seclusion Working Group ("Working Group") was established by the Minnesota Legislature in the 2025 special session to evaluate the use of seclusion as an emergency procedure and make recommendations on its findings. Throughout the 11 meetings of the Working Group, presentations, testimony, discussion, and members' preliminary recommendations repeatedly highlighted proposals in 5 identified categories, including:

- Mandatory Staff Training, Staff Supports, and Culture Shift
- Individualized Education Plan (IEP)/Individualized Family Service Plan (IFSP) Requirements
- Data Collection, Monitoring, and Accountability
- Alternatives to Seclusion
- Funding

These recurring topics led to the Working Group's adoption of the drafted recommendations by Jessica Heiser, Nicole Woodward, Erin Sandsmark, and Kate Hulse, presented below. These recommendations achieved consensus from Working Group members and were adopted by a voice vote.

Mandatory Staff Training, Staff Supports, and Culture Shift

1. Mandate and fund 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 and fund 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 who experience seclusion as part of their IEP, 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.

4. For students with disabilities who experience seclusion but do not have seclusion in their IEP, the IEP team must convene within ten school days of the use of seclusion to review the student's IEP, including a behavior support plan, and review the seclusion data (frequency, duration, etc.) The IEP team must determine if a functional behavior assessment (FBA), updated evaluation, or changes to the IEP are necessary.

Data Collection, Monitoring, and Accountability

1. <u>District-based data accountability.</u> Continuation of quarterly district-based Restrictive Procedures Oversight Committee meeting requirements

2. <u>MDE-based data accountability.</u> 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 the school district must adopt a vetted alternative to seclusion. Mandated adoption of 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. Further, 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.

Funding

1. <u>Direct funding.</u> 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).

Chair's Recommendations, Section C

At the January 21st meeting, Section C of the chair's recommendations was adopted as additional recommendations of the Working Group.[97] Section C, which amends Minnesota Statute 125A.0942, subd. 4 to include lines 6.2 – 6.24 as set forth in amendment AML007-7 except line 6.4 which is changed to read grade 1 through grade 12, was adopted by the Working Group as a final recommendation following a roll call vote of 7 ayes and 5 nays. After the roll call, Representative Sencer-Mura requested to change her vote from 'aye' to 'nay.' A motion was made to not reopen the roll, which passed with a voice vote. Representative Sencer-Mura's request to note this mistaken vote was recorded in the minutes, the record, and this report.

Minnesota Statutes 125A.0942 subd. 4. **Prohibitions**. (a) The following actions or procedures are prohibited:

6.2 (11) the use of seclusion on children from birth through ~~grade 3 by September 1, 2024~~

6.3 kindergarten; and

6.4 (12) the use of seclusion on children from grade 1 through grade 12, unless the use of

6.5 seclusion is explicitly agreed to as provided in section 125A.0942, subdivision 2, paragraph

6.6 (d), by the child's parent or guardian and the individualized education program team members

6.7 in attendance. Except as provided in this section, failure of any part of the individualized

6.8 education program team to attend a meeting on seclusion will not bar the remaining team

6.9 members from consenting to the use of seclusion as provided by statute. If an individualized

6.10 education program meeting is convened to discuss the use of seclusion as part of an explicit

[97] After the roll call, Rep. Sencer-Mura noted her desire to change her vote from 'aye' to 'nay'.

behavior intervention or crisis action plan, either the child's treating mental health professional or a school district mental health professional, and a licensed school nurse or registered nurse must be part of the child's individualized education program team and must be present at the meeting to discuss seclusion. A parent or guardian must be shown the seclusion room before providing explicit written consent for the use of seclusion. In cases of administrative dispute, or other judicial or quasi-judicial dispute or proceeding, an administrative law judge, mediator, arbitrator, judge, or other presiding official is prohibited from ordering the use of seclusion over the objection of a child's parent or guardian. Nothing in this section requires a school to create a seclusion room if one does not exist.

(b) At the end of each school year, a school district must report disaggregated data to the Department of Education on the students with the use of seclusion in their individualized education program. By January 10 of each year, the commissioner must report on its website the number of students statewide with the use of seclusion in their individualized education program based on the school district reports.

Minnesota Administrators for Special Education (MASE) Recommendations

At the final Working Group meeting on January 28th, 2026, MASE offered recommendations for Section A of the Chair's Recommendations which concerned a timeline to end the use of seclusion in Minnesota. Following discussion and an edit that would require MDE to collect and study seclusion data related to the reduction or elimination of seclusion, MASE's recommendations were adopted as final recommendations. These recommendations passed with a roll call vote of 6 ayes and 5 nays.

- Contingent on the adoption of the other working group recommendations (explicit consent, IEP team meeting requirements, increased accountability, etc.) **and** the provision of appropriations,
    - Permit the limited use of seclusion for students in grades 1-12, receiving setting 3 or setting 4 special education services, until July 1st, 2036
    - Should appropriations be provided to strengthen the continuum of behavior interventions (aka alternatives to seclusion), the use of seclusion would sunset at this time.
- The Commissioner of Education/MDE must analyze the efficacy of Ukeru (or other vetted and funded interventions) used as an alternative to seclusion

- MDE must collect and study the data related to the reduction or elimination of seclusion (e.g. Physical holds, including supine, suspensions, homebased placements, law enforcement interventions, rates of student and staff injuries, etc.)