



Restrictive Procedures Plan

In accordance with Minn. Stat. §§ 125A.094 and 125A.0942 subdivision 1(a) as amended 2017 and 2023, every school district is required to develop and make publicly accessible in an electronic format on a school or district website or make a paper copy available upon request a plan that discloses its use of restrictive procedures with special education students. The plan must list the restrictive procedures that the school district intends to use; describe how the school district will implement a range of positive behavior strategies and provide links to mental health services, describe how the school district will monitor and review the use of restrictive procedures, including post-use debriefings and convening an oversight committee to undertake a quarterly review of the use of restrictive procedures based on patterns or problems indicated by similarities in the time of day, day of the week, duration of the use of a procedure, the individuals involved, or other factors associated with the use of restrictive procedures, the number of times a restrictive procedures is used school wide and for individual children the number and types of injuries, if any, resulting from the use of restrictive procedures, whether restrictive procedures are used in non emergency situations, the need for additional staff training, and proposed actions to minimize the use of restrictive procedures; any disproportionate use of restrictive procedures based on race, gender, or disability status; the role of the school resource officer or police in emergencies and the use of restrictive procedures; and documentation to determine if the standards for using restrictive procedures as described in sections 125A.0941 and 125A.0942 are met; and includes a written description and documentation of the training any staff members who will be using restrictive procedures have completed to show they have the skills set out in Minn. Stat. § 125A.0942, subd. 5.

Restrictive Procedures

St. Michael-Albertville Public Schools uses restrictive procedures only in emergency situations, even if written into a child's Individualized Education Plan (IEP), Individualized Family Service Plan (IFSP) or Behavior Support Plan (BSP) Minn. Stat. §§ 125A.0942, subd. 2(f). "Emergency" means a situation where immediate intervention is needed to protect the student or other individuals from physical injury. "Emergency" does not mean circumstances such as: a child who does not respond to a task or request and instead places his or her head on a desk or hides under a desk or table; a child who does not respond to a staff person's request unless failing to respond would result in physical injury to the child or other individual; or an emergency incident has already occurred and no threat of physical injury currently exists. Minn. Stat. §§ 125A.0942 subd. 2(f). Restrictive procedures must not be used to punish or otherwise discipline a child Minn. Stat. §§ 125A.0941 (f).

1. Restrictive Procedures Used: In the event of an emergency, St. Michael-Albertville Public Schools intends to use the restrictive procedure of physical holding. Physical holding is a physical intervention intended to hold a student immobile or limit a student's movement, where body contact is the only source of physical restraint, and where immobilization is used to effectively gain control of a student in order to protect a student or other individual from physical injury Minn. Stat. §§ 125A.0941(c)

The physical holding must: (1) be the least intrusive intervention that effectively responds to the emergency; (2) not be used to discipline a noncompliant student; (3) end when the threat of harm ends and

the staff determines the child can safely return to the classroom or activity; (4) be observed directly by staff while the physical holding is being used and; (5) be documented as soon as possible after the incident concludes by the person who implemented the physical hold or oversaw the hold. The term physical holding does NOT mean contact that: (1) Helps a child respond or complete a task; (2) Assists a child without restricting the child's movement; (3) Is needed to administer an authorized health-related service or procedure; (4) is needed to physically escort a child when the child does not resist or the child's resistance is minimal Minn. Stat. §§ 125A.0941 (c). St. Michael-Albertville Public Schools intends to use the following Handle With Care (HWC) holds, taught to all staff administering holds through HWC training: (1) Handle With Care: Primary Restraint Technique (PRT); (2) Handle With Care: Modified Primary Restraint Technique (Modified PRT); and (3) Handle With Care Supine Restraint (only for secondary staff identified and trained at the middle and high school level).

2. Restrictive Procedures Not Used: St. Michael-Albertville Public Schools does not use the following restrictive procedure:
 - a. Seclusion – confining a student alone in a room from which egress is barred, including by an adult locking or closing the door in the room. Removing a student from an activity to a location where the student cannot participate in or observe the activity is not seclusion if the student is not confined alone in a room from which egress is barred Minn. Stat. §§ 125A.0941 (g).

St. Michael-Albertville Public Schools will implement a Range of Positive Behavior Strategies.

Minn. Stat. §§ 125A.0942 subd. 1(a)(2)

St. Michael-Albertville Public Schools will only use physical holds in emergency situations. St. Michael-Albertville Public Schools staff will implement a range of positive behavior strategies as a proactive approach to teaching positive behavior skills to students, thereby reducing the number of students exhibiting challenging behaviors and the need for the use of physical holds. These positive behavior strategies include:

- Redirection
- Correction
- Staff escort to breakout space
- Allow student to go to safe place to relax/regroup
- Planned ignoring
- Conflict mediation
- Verbal de-escalation
- Process with staff
- Exit other peers
- Offer alternative activities
- Offer sensory tools
- Direct instruction of social skills and behavior management
- Staff hand off
- Proximity control

The Minnesota Department of Education defines Positive Behavioral Interventions and Supports as interventions and strategies to improve the school environment and teach children the skills to behave appropriately Minn. Stat. §§ 125A.0941(d). St. Michael-Albertville Public Schools will provide training on de-escalation techniques Minn. Stat. §§ 125A.0942 1(a)(3).

1. St. Michael-Albertville Public Schools provides the following training on using positive behavior interventions:

- a. Handle With Care (HWC) Behavior Management System: St. Michael-Albertville Public Schools trains early childhood, elementary, secondary, and ages 18-22 transition special education staff and administrators assigned to crisis response teams on restrictive procedures, including all required related content using the verbal intervention training series. Specific classes include: Handle With Care Behavior Management System © 2012; Modules 1-7, 9, 11 and addendum (Early Childhood Program).
- b. Behavior Management Training: St. Michael-Albertville Public Schools employs two district behavior specialists through Special Education. The district behavior specialists work with teams and individual teachers to support positive behavior strategies and the development of Behavior Support Plans. The district behavior specialists also provide annual training for certified and support staff in positive behavior management strategies.
- c. Synergy Behavior Monitoring: St. Michael-Albertville Public Schools uses the student information Synergy to track behavioral referrals. Administrators can quickly codify and interpret this data in order to make proactive behavior management decisions for students. Behavioral patterns are also used to identify key areas of staff training.
- d. District Mental Health Team: This group is composed of school social workers, school psychologists, school counselors, and administrators from across the district. These staff meet and discuss the social and emotional needs of our student population. They create resources and distribute to staff.
- e. When a student(or group of students) have behavioral or mental health needs and have not responded to district support, special education staff can access consultation services from Southwest Metro Intermediate District. This can involve observation and consultation to inform recommendations that better meet the emotional, behavioral, and mental health needs of our students.
- f. School-Linked Mental Health: St. Michael-Albertville Public Schools partners with several local mental health agencies to provide mental health services to students and their families within the school building. Types of services being provided before, during, or after school include mental health assessments and referrals, individual, group, and/or family therapy, resources for development of daily living and social skills, peer support groups, and psychoeducation.
- g. Ukeru - Alternative to restraint and seclusion using trauma-informed practices. No physical restraint is included. Instead, in the event of physical aggression, certain teams will be trained using proprietary equipment for blocking to ensure safety.

Restrictive Procedures Plan

2. St. Michael-Albertville Public Schools provides the following training on accommodating, modifying, and adapting curricula, materials, and strategies to appropriately meet the needs of individual students and ensure adequate progress toward the state's graduation standards Minnesota Rule 8710.0300
 - a. Professional Learning Communities (PLCs): All staff on teaching contracts in our district participate in PLCs. PLCs provide educators an avenue to collaborate regarding student learning and effective

instruction strategies, and use various forms of student data to monitor student learning and respond to the learning with effective methods. Staff work with their PLC weekly for 30-40 minutes.

- b. Staff Development: St. Michael-Albertville Public Schools is a Q-Comp District. Contracted teachers have 30 hours of professional development time each year for learning that will directly result in the improvement of educational outcomes for students. Special Education certified staff will have approximately 6 hours of professional development options specifically geared towards their work as case managers, service providers, and consultants to support one another in adjusting practices to accommodate, modify, and adapt materials and strategies.
- c. Center-Based Cohorts: Special Education certified staff who primarily work with students in our center-based programs will have the opportunity to participate in job-specific professional development during the summer (12 hours), as well as dedicated sessions during district professional development days, focusing on evidence-based strategies and practices.

Links to available mental health services

Minn. Stat. §§ 125A.0942 subd. 1(a)(2)

St. Michael-Albertville Public Schools provides the following links to mental health services:

- Wright County Mental Health Services: <https://co.wright.mn.us/456/Mental-Health>
- Northwest Family Counseling: <https://northwestfamilycounseling.com/>
- Canvas Health: <https://www.canvashealth.org/>
- Healing Moments: <https://www.healingmomentscounseling.com/>
- Vanda Counseling: <http://www.vandacounseling.com>
- National Alliance on Mental Illness (NAMI): <https://namimn.org/support/>
- Minnesota Association for Children's Mental Health (MACMH): <https://macmh.org/>

Monitoring and reviewing the use of restrictive procedures by St. Michael-Albertville Public Schools staff who may use Restrictive Procedures

Restrictive procedures may be used in emergency situations only by the following staff who have been properly trained in the skills and knowledge areas described in Minn. Stat. § 125A.0942, subd. 5, which are set out subsequently in this plan:

- Licensed special education teacher
- School social worker
- School psychologist
- District Behavior Specialist
- Other licensed education professional
- Paraprofessional as described in [Minn. Stat. § 120B.363](#)
- Mental health professional covered by [Minn. Stat. § 245.4871, subd. 27](#)

Procedures to follow if a Restrictive Procedure is used

1. Parent Notification: School staff shall make reasonable efforts to notify the parent on the same day a restrictive procedure is used on the student, or if the school is unable to provide same-day notice, notice is sent to the parent by written or electronic means within two days of the procedure being used or as otherwise indicated in the student's IEP Minn. Stat. § 125A.0942 Subdivision 1(a)(4).
2. Reporting of Use of Restrictive Procedure: Either the staff person who implements or the staff person who oversees the use of a restrictive procedure shall inform the administration of the use of the restrictive procedure as soon as possible and shall complete the restrictive procedures report form no later than the next working day Minn. Stat. § 125A.0942 3(a)(5). Each time physical holding is used, the staff person who implements or oversees the physical holding documents, as soon as possible after the incident concludes, the following information:
 - a. A description of the incident that led to the physical holding;
 - b. Why a less restrictive measure failed or was determined by staff to be inappropriate or impractical;
 - c. The time the physical holding began and the time the child was released; and
 - d. A brief record of the child's behavioral and physical status;
3. Staff Debriefing after Use of Restrictive Procedure: Each time physical holding is used, the staff person who implemented or oversaw the physical holding shall conduct a post-use debriefing with all employees that participated in the restrictive procedure, and provide a brief description on a post-use debriefing document. The building administrator will always be invited to the debriefing as well. The debriefing will occur within two school days of the physical holding incident, concluding Minn. Stat. § 125A.0942 Subdivision 1(a)(4)(i) *amended 7/1/23*.
 - a. The post-use debriefing will review the following requirements to ensure the physical holding was used appropriately:
 - i. Whether the physical holding was used in an emergency Minn. Stat. § 125A.0942 3(a)
 - ii. Whether the physical holding was the least intrusive intervention that effectively responds to the emergency Minn. Stat. § 125A.0942 3(a)(1)
 - iii. Whether the physical holding was used to discipline a non-compliant child Minn. Stat. § 125A.0942 3(a)(2)
 - iv. Whether the physical holding ended when the threat of harm ended and the staff determined that the child could safely return to the classroom or activity Minn. Stat. § 125A.0942 3(a)3
 - v. Whether the staff directly observed the child while physical holding was being used Minn. Stat. § 125A.0942 Subdivision 3(a)4
 - vi. Whether the documentation was completed correctly Minn. Stat. § 125A.0942 3(a)5
 - vii. Whether the parents were properly notified Minn. Stat. § 125A.0942 2(f)
 - viii. Whether an IEP team meeting needs to be scheduled Minn. Stat. § 125A.0942 2(c)
 - ix. Whether the appropriate staff used physical holding Minn. Stat. § 125A.0942 2(a)
 - x. Whether the staff that used physical holding were appropriately trained Minn. Stat. § 125A.0942 Subdivision

4. **Plan for Use of a Restrictive Procedure in a Student's IEP:** A student's IEP team may include a plan for using a restrictive procedure in the student's IEP, but may only use the restrictive procedure in situations that constitute an emergency. If a plan is included in the student's IEP, the IEP must also indicate how the parent wants to be notified when a restrictive procedure is used. The district must review the use of restrictive procedures at a student's annual IEP meeting when the student's IEP provides for using restrictive procedures in an emergency.
5. **Use of Restrictive Procedure Twice in 30 Days:** If a restrictive procedure is used on two separate days within 30 calendar days or if a pattern of use of the restrictive procedure emerges, the district must hold an IEP meeting within ten calendar days after district staff use the second restrictive procedure.

This meeting can also be requested by the parent or the district after restrictive procedures have been used. At this meeting the team must:

1. review the student's Functional Behavior Assessment (FBA);
2. review other data connected to the behavior(s) that prompted the use of the restrictive procedure;
3. consider developing additional or revised positive behavioral interventions and supports;
4. consider actions that could be taken to reduce the use of restrictive procedures;
5. consider developing a Behavior Intervention Plan (BIP) or modifying an existing BIP or consider other revisions to the student's IEP;
6. review any known medical or psychological limitations, including any medical information the parent provided voluntarily, that contraindicate the use of a restrictive procedure; and
7. consider whether to prohibit a restrictive procedure and, if so, document any prohibition in the student's IEP.

If the IEP team determines that existing interventions and supports are ineffective in reducing the use of restrictive procedures or the district uses restrictive procedures on a child on 10 or more school days during the same school year, the team, as appropriate, either must consult with other professionals working with the student; consult with experts in behavior analysis, mental health, communication, or autism; consult with culturally competent professionals; review existing evaluations, resources, and successful strategies; or consider whether to reevaluate the student.

Oversight Committee

1. St. Michael-Albertville Public Schools will publicly identify the following oversight committee members, Minn. Stat. § 125A.0942 Subdivision 1(b):
 - a. Mental Health Professional: Jessica Buskey, School social worker
 - b. An expert in positive behavior intervention: Anna Eull, District Behavior Specialist
 - c. Special Education Administrator: Whitney Weber, Assistant Director of Special Education
 - d. General Education Administrator: Keri Neubauer, Assistant Principal at STMA High School
 - e. General Education Administrator: Corey Lahr, Principal at St. Michael Elementary School

- f. Restrictive Procedures Trainers: Sheri Block, Sheri Peterson
- 2. The District will convene the oversight committee quarterly on the schedule below Minn. Stat. § 125A.0942 Subdivision 1(a)(4) (ii):
 - a. Quarterly Meeting 1: Second to last week in October
 - b. Quarterly Meeting 2: Second week in January
 - c. Quarterly Meeting 3: Second week in April
 - d. Quarterly Meeting 4: Last week in May
- 3. This oversight committee will review the following information at each committee meeting Minn. Stat. § 125A.0942 Subdivision 1(a)(4)(ii) *amended 7/1/23*:
 - a. The use of restrictive procedures based on patterns or problems indicated by similarities in the time of day, day of the week, duration of the use of a procedure, the individuals involved, or other factors associated with the use of restrictive procedures;
 - b. The number of times a restrictive procedure is used school wide and for individual children;
 - c. The number and types of injuries, if any, resulting from the use of restrictive procedures;
 - d. Whether restrictive procedures are used in non-emergency situations;
 - e. Whether additional staff training on behavior interventions and restrictive procedures is needed;
 - f. Proposed actions to minimize the use of restrictive procedures;
 - g. Any disproportionate use of restrictive procedures based on race, gender, or disability status; the role of the school resource officer or police in emergencies and the use of restrictive procedures; and documentation to determine if the standards for using restrictive procedures as described in sections 125A.0941 and 125A.0942 are met.

Description of staff training

- 1. Staff members who use restrictive procedures, including paraprofessionals, received training in the following skills and knowledge areas Minn. Stat. § 125A.0942 Subdivision 1(a)(5):
 - a. Positive behavior interventions;
 - i. HWC Trainings: Handle With Care Behavior Management System © 2012; Modules 1, 3, and 4; Integration at every training
 - b. Communicative intent of behaviors;
 - i. HWC Trainings: Handle With Care Behavior Management System © 2012; Modules 2 and 3
 - c. Relationship building;
 - i. HWC Trainings: Handle With Care Behavior Management System © 2012; Module 3
 - d. Alternatives to restrictive procedures, including techniques to identify events and environmental factors that may escalate behavior;
 - i. HWC Trainings: Handle With Care Behavior Management System © 2012; Modules 2, 4, 6A, and 6B.
- 2. De-Escalation methods;
 - a. HWC Trainings: Handle With Care Behavior Management System © 2012;

Modules 4 and 11

3. Standards for using restrictive procedures only in an emergency;
 - a. HWC Trainings: Handle With Care Behavior Management System © 2012; Module 5 and 6
4. Obtaining emergency medical assistance;
 - a. HWC Trainings: Handle With Care Behavior Management System © 2012; Module 7
5. The physiological and psychological impact of physical holding;
 - a. HWC Trainings: Handle With Care Behavior Management System © 2012; Module 7; PRT Tripod Advisory; Early Childhood Addendum
6. Monitoring and responding to a student's physical signs of distress when physical holding is being used;
 - a. HWC Trainings: Handle With Care Behavior Management System © 2012; Module 7
7. Recognizing the symptoms of and interventions that may cause positional asphyxia when physical holding is used;
 - a. HWC Trainings: Handle With Care Behavior Management System © 2012; Modules 9 and 9B, PRT Tripod Advisory; Participant Manual Safety Sections
8. District policies and procedures for timely reporting and documenting each incident involving use of a restricted procedure;
 - a. HWC Trainings: Handle With Care Behavior Management System © 2012; Module 5; Policy and Compliance Sections
9. Schoolwide programs on positive behavior strategies;
 - a. At each HWC training, staff receive school-based information regarding how the HWC material relates to the schoolwide positive behavior strategy programs already in place. There are brainstorming sessions, during which time is taken to consider how these trained staff could positively impact the behavior management, culture, and de-escalation strategies used within each of their schools. This includes Module 1 and ongoing integration at training.

Annual Handle with Care (HWC) training sessions provide STMA School District staff with specific information on how HWC principles and techniques integrate with existing school-wide positive behavior support programs. These sessions are structured to facilitate a deeper understanding and application of HWC strategies within each school's unique environment while providing a framework for how to integrate existing positive behavior support programs.

Key components of HWC and PBSP training include:

- **Policy and Procedure Alignment:** Facilitated discussions and activities focus on aligning HWC concepts with established district policies and procedures for positive behavior management and de-escalation.
- **Collaborative Strategy Development:** Staff participate in brainstorming sessions to develop school-based

strategies for applying HWC principles. The goal is to enhance the overall school culture and improve de-escalation techniques.

- **Ongoing Professional Development:** The annual training incorporates foundational HWC knowledge (Module 1) and emphasizes its ongoing integration into the daily positive behavior support programs and practices of staff. This ensures the continuous application of learned skills to positively impact student behavior and well-being.

This approach ensures that HWC training is not a standalone event but an integral part of our professional development, designed to enhance the effectiveness of our staff in supporting student success and maintaining a safe learning environment.

Prohibited procedures

1. St. Michael-Albertville Public Schools will never use the following prohibited procedures on a child Minn. Stat. § 125A.0942 Subd. 4 (1-9):
 - a. engaging in corporal punishment, which is defined by Minnesota statute to be conduct involving:(1) hitting or spanking a person with or without an object; or (2) unreasonable physical force that causes bodily harm or substantial emotional harm.
 - b. requiring a student to assume and maintain a specified physical position, activity, or posture that induces physical pain;
 - c. totally or partially restricting a student's senses as punishment;
 - d. presenting an intense sound, light, or other sensory stimuli using smell, taste, substance, or spray as punishment;
 - e. denying or restricting a student's access to equipment and devices such as walkers, wheelchairs, hearing aids, and communication boards that facilitate the student's functioning, except when the temporary removal of the equipment or device is needed to prevent injury to the student or others or serious damage to the equipment or device, in which case the equipment or device shall be returned to the student as soon as possible;
 - f. interacting with a student in a manner that constitutes sexual abuse, neglect, or physical abuse as those terms are defined in Minn. Stat. § 626.556;
 - g. withholding regularly scheduled meals or water;
 - h. denying access to bathroom facilities; and
 - i. physical holding that restricts or impairs a student's ability to breathe, restricts or impairs a student's ability to communicate distress, places pressure or weight on a student's head, throat, neck, chest, lungs, sternum, diaphragm, back, or abdomen, or results in straddling a child's torso; and
 - j. prone restraint. prone restraint; and
 - k. the use of seclusion on children from birth through grade 3 by September 1, 2024.

CREDENTIAL FOR EDUCATION PARAPROFESSIONALS

Minn. Stat. § 120B.363

Subd. 1. Rulemaking

The Board of Teaching must adopt rules to implement a statewide credential for education paraprofessionals who assist a licensed teacher in providing student instruction. Any paraprofessional holding this credential or working in a local school district after meeting a state-approved local assessment is considered to be highly qualified under federal law. Under this subdivision, the Board of Teaching, in consultation with the commissioner, must adopt qualitative criteria for approving local assessments that include an evaluation of a paraprofessional's knowledge of reading, writing, and math and the paraprofessional's ability to assist in the instruction of reading, writing, and math. The commissioner must approve or disapprove local assessments using these criteria. The commissioner must make the criteria available to the public.

Subd. 2. Training possibilities

In adopting rules under subdivision 1, the board must consider including provisions that provide training in: students' characteristics; teaching and learning environment; academic instruction skills; student behavior; and ethical practices.

Subd. 3. Initial training

Within the first 60 days of supervising or working with students, a district must provide each paraprofessional with initial training in emergency procedures, confidentiality, vulnerability, reporting obligations, discipline policies, roles and responsibilities, and a building orientation.

MENTAL HEALTH PROFESSIONAL DEFINITION

Minn. Stat. § 245.4871

Subd. 27. Mental health professional.

"Mental health professional" means a person providing clinical services in the diagnosis and treatment of children's emotional disorders. A mental health professional must have training and experience in working with children consistent with the age group to which the mental health professional is assigned. A mental health professional must be qualified in at least one of the following ways:

- (1) in psychiatric nursing, the mental health professional must be a registered nurse who is licensed under sections 148.171 to 148.285 and who is certified as a clinical specialist in child and adolescent psychiatric or mental health nursing by a national nurse certification organization or who has a master's degree in nursing or one of the behavioral sciences or related fields from an accredited college or university or its equivalent, with at least 4,000 hours of post-master's supervised experience in the delivery of clinical services in the treatment of mental illness;
- (2) in clinical social work, the mental health professional must be a person licensed as an independent

clinical social worker under chapter 148D, or a person with a master's degree in social work from an accredited college or university, with at least 4,000 hours of post-master's supervised experience in the delivery of clinical services in the treatment of mental disorders;

- (3) in psychology, the mental health professional must be an individual licensed by the board of psychology under sections 148.88 to 148.98 who has stated to the board of psychology competencies in the diagnosis and treatment of mental disorders;
- (4) in psychiatry, the mental health professional must be a physician licensed under chapter 147 and certified by the American board of psychiatry and neurology or eligible for board certification in psychiatry;
- (5) in marriage and family therapy, the mental health professional must be a marriage and family therapist licensed under sections 148B.29 to 148B.39 with at least two years of post-master's supervised experience in the delivery of clinical services in the treatment of mental disorders or emotional disturbances;
- (6) in licensed professional clinical counseling, the mental health professional shall be a licensed professional clinical counselor under section 148B.5301 with at least 4,000 hours of post-master's supervised experience in the delivery of clinical services in the treatment of mental disorders or emotional disturbances; or
- (7) in allied fields, the mental health professional must be a person with a master's degree from an accredited college or university in one of the behavioral sciences or related fields, with at least 4,000 hours of post-master's supervised experience in the delivery of clinical services in the treatment of emotional disturbances.