

**SENATE
STATE OF MINNESOTA
NINETY-FIRST SESSION**

S.F. No. 4106

(SENATE AUTHORS: RELPH)

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OFFICIAL STATUS
Introduction and first reading
Referred to Human Services Reform Finance and Policy

1.1 A bill for an act
1.2 relating to human services; changing provisions regarding the juvenile treatment
1.3 screening team; modifying provisions regarding child foster care services payments
1.4 under Title IV-E of the Social Security Act; amending provisions regarding services
1.5 for homeless and sexually exploited children; adding provisions allowing counties
1.6 and tribes to reach agreements regarding oversight of Indian children's welfare;
1.7 providing for a child welfare response to child sex trafficking and sexual
1.8 exploitation of children; amending Minnesota Statutes 2018, sections 245.4871,
1.9 by adding a subdivision; 245.4885, subdivision 1; 256.0112, subdivision 10;
1.10 256.82, subdivision 2; 256B.092, by adding a subdivision; 256N.02, subdivision
1.11 14a; 256N.21, subdivisions 2, 5; 256N.24, subdivision 4; 260C.007, by adding a
1.12 subdivision; 260C.157, subdivision 3; 260C.202; 260C.204; 260C.212, subdivision
1.13 4a, by adding subdivisions; 260C.4412; 260C.503, by adding a subdivision;
1.14 260D.01; 260D.02, subdivisions 3, 5, 10, 11, by adding subdivisions; 260D.03;
1.15 260D.04; 260D.06; 260D.07; 260D.08; 260D.09; Minnesota Statutes 2019
1.16 Supplement, sections 260C.212, subdivision 2; 260C.503, subdivision 1; proposing
1.17 coding for new law in Minnesota Statutes, chapters 256K; 260; 260D.

1.18 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.19 Section 1. Minnesota Statutes 2018, section 245.4871, is amended by adding a subdivision
1.20 to read:

1.21 Subd. 32a. **Responsible social service agency.** "Responsible social service agency" has
1.22 the meaning given in section 260C.007, subdivision 27b.

1.23 Sec. 2. Minnesota Statutes 2018, section 245.4885, subdivision 1, is amended to read:

1.24 Subdivision 1. **Admission criteria.** (a) Prior to admission or placement, except in the
1.25 case of an emergency admission, all children referred for treatment of severe emotional
1.26 disturbance in a treatment foster care setting, residential treatment facility, or informally

2.1 admitted to a regional treatment center shall undergo an assessment to determine the
2.2 appropriate level of care if public funds are used to pay for the services.

2.3 ~~(b) The county board shall determine the appropriate level of care when county-controlled~~
2.4 ~~funds are used to pay for the services.~~ When a responsible social service agency will have
2.5 or has placement responsibility under chapter 260C or 260D for a child to receive treatment
2.6 for an emotional disturbance in a residential treatment facility out of state or in state and
2.7 licensed by the commissioner of human services under chapter 245A, the juvenile treatment
2.8 screening team shall conduct screenings and make recommendations for residential treatment
2.9 as defined in section 260C.157. When a social service agency does not have responsibility
2.10 for the child's placement and the child is enrolled in a prepaid health program under section
2.11 256B.69, the enrolled child's contracted health plan must determine the appropriate level
2.12 of care. When Indian Health Services funds or funds of a tribally owned facility funded
2.13 under the Indian Self-Determination and Education Assistance Act, Public Law 93-638, are
2.14 to be used, the Indian Health Services or 638 tribal health facility must determine the
2.15 appropriate level of care. When more than one entity bears responsibility for coverage, the
2.16 entities shall coordinate level of care determination activities to the extent possible.

2.17 (c) The level of care determination shall inform the juvenile treatment screening team
2.18 and be made available to the assessment process in section 260D.03. When a responsible
2.19 social service agency is not involved in a determination of placement, the level of care
2.20 determination shall determine whether the proposed treatment:

2.21 (1) is necessary;

2.22 (2) is appropriate to the child's individual treatment needs;

2.23 (3) cannot be effectively provided in the child's home; and

2.24 (4) provides a length of stay as short as possible consistent with the individual child's
2.25 need.

2.26 (d) When a level of care determination is conducted, the responsible social service agency
2.27 or other entity may not determine that a screening or other referral or admission to a treatment
2.28 foster care setting or residential treatment facility is not appropriate solely because services
2.29 were not first provided to the child in a less restrictive setting and the child failed to make
2.30 progress toward or meet treatment goals in the less restrictive setting. The level of care
2.31 determination must be based on a diagnostic assessment that includes a functional assessment
2.32 which evaluates family, school, and community living situations; and an assessment of the
2.33 child's need for care out of the home using a validated tool which assesses a child's functional
2.34 status and assigns an appropriate level of care. The validated tool must be approved by the

3.1 commissioner of human services. If a diagnostic assessment including a functional assessment
 3.2 has been completed by a mental health professional within the past 180 days, a new diagnostic
 3.3 assessment need not be completed unless in the opinion of the current treating mental health
 3.4 professional the child's mental health status has changed markedly since the assessment
 3.5 was completed. The child's parent shall be notified if an assessment will not be completed
 3.6 and of the reasons. A copy of the notice shall be placed in the child's file. Recommendations
 3.7 developed as part of the level of care determination process shall include specific community
 3.8 services needed by the child and, if appropriate, the child's family, and shall indicate whether
 3.9 or not these services are available and accessible to the child and family.

3.10 (e) During the level of care determination process, the child, child's family, or child's
 3.11 legal representative, as appropriate, must be informed of the child's eligibility for case
 3.12 management services and family community support services and that an individual family
 3.13 community support plan is being developed by the case manager, if assigned.

3.14 (f) ~~The level of care determination shall comply with section 260C.212. The parent shall~~
 3.15 ~~be consulted in the process, unless clinically detrimental to the child.~~ When the responsible
 3.16 social service agency has placement authority, the agency must engage parents in case
 3.17 planning, consistent with section 260C.212, subdivisions 1 and 1a, unless a court terminates
 3.18 parental rights or court orders restrict the parent's participation in case planning, visitation,
 3.19 or parental responsibilities.

3.20 (g) The level of care determination, and placement decision, and recommendations for
 3.21 mental health services must be documented in the child's record as required in chapters
 3.22 260C and 260D.

3.23 Sec. 3. Minnesota Statutes 2018, section 256.0112, subdivision 10, is amended to read:

3.24 Subd. 10. **Contracts for child foster care services.** When local agencies negotiate lead
 3.25 county contracts or purchase of service contracts for child foster care services, the foster
 3.26 care maintenance payment made on behalf of the child shall follow the provisions of
 3.27 Northstar Care for Children, chapter 256N. Foster care maintenance payments as defined
 3.28 in section 256N.02, subdivision 15, represent costs for activities similar in nature to those
 3.29 expected of parents and do not cover services rendered by the licensed or tribally approved
 3.30 foster parent, ~~facility,~~ or administrative costs or fees. Payments made to foster parents must
 3.31 follow the requirements of section 256N.26, subdivision 15. The legally responsible agency
 3.32 must provide foster parents with the assessment and notice as specified in section 256N.24.
 3.33 The financially responsible agency is permitted to make additional payments for specific

4.1 services provided by the foster parents ~~or facility~~, as permitted in section 256N.21,
4.2 subdivision 5. These additional payments are not considered foster care maintenance.

4.3 Sec. 4. Minnesota Statutes 2018, section 256.82, subdivision 2, is amended to read:

4.4 Subd. 2. **Foster care maintenance payments.** (a) For the purpose of foster care
4.5 maintenance payments under title IV-E of the Social Security Act, United States Code, title
4.6 42, sections 670 to 676, the county or American Indian child welfare initiative tribes under
4.7 section 256.01, subdivision 14b, paying the maintenance costs must be reimbursed for the
4.8 costs from the federal money available for the purpose. Beginning July 1, 1997, for the
4.9 purposes of determining a child's eligibility under title IV-E of the Social Security Act, the
4.10 placing agency shall use AFDC requirements in effect on July 16, 1996.

4.11 (b) For the purpose of foster care maintenance payments under title IV-E of the Social
4.12 Security Act, United States Code, title 42, sections 670 to 676, the state is responsible to
4.13 approve child care institutions for the county paying these costs to be reimbursed from the
4.14 federal money available for such purpose. The facility must be licensed by the state or
4.15 approved or licensed by a tribe.

4.16 Sec. 5. Minnesota Statutes 2018, section 256B.092, is amended by adding a subdivision
4.17 to read:

4.18 Subd. 4e. **Children with developmental disabilities in out-of-home placement.** (a)
4.19 When a responsible social service agency as defined in section 260C.007, subdivision 27a,
4.20 is considering out-of-home placement for a child with developmental disabilities to access
4.21 services, the agency must either:

4.22 (1) determine that the child's needs may be met in a family foster home and establish
4.23 placement authority through voluntary placement or court order, consistent with chapters
4.24 260C or 260D; or

4.25 (2) conduct a screening consistent with section 260C.157 to determine out-of-home
4.26 placement in a qualified residential treatment program and, if placement is recommended,
4.27 initiate the processes in section 260D.03.

4.28 (b) A child cannot be placed out of the child's home without placement authority, except
4.29 for respite services that are for less than 30 days in duration.

5.1 Sec. 6. [256K.451] MINOR CONSENT TO HOMELESS AND SEXUALLY
5.2 EXPLOITED YOUTH SERVICES.

5.3 Any minor living separate and apart from a parent or legal guardian may give consent
5.4 to receive homeless youth services and services for sexually exploited youth. This does not
5.5 affect a parent's or guardian's legal custody.

5.6 Sec. 7. Minnesota Statutes 2018, section 256N.02, subdivision 14a, is amended to read:

5.7 Subd. 14a. **Licensed child foster parent.** "Licensed child foster parent" means ~~a person~~
5.8 an individual or family who is licensed for child foster care under Minnesota Rules, ~~parts~~
5.9 ~~2960.3000 to 2960.3340~~ chapter 2960, excluding foster residence settings licensed under
5.10 parts 2690.3200 to 2960.3230, or licensed or approved by a Minnesota tribe in accordance
5.11 with tribal standards, in which the approved or licensed individual or family resides with
5.12 the foster child.

5.13 Sec. 8. Minnesota Statutes 2018, section 256N.21, subdivision 2, is amended to read:

5.14 Subd. 2. **Placement in foster care.** To be eligible for foster care benefits under this
5.15 section, the child must be in placement away from the child's legal parent, guardian, or
5.16 Indian custodian as defined in section 260.755, subdivision 10, and must meet one of the
5.17 criteria in clause (1) and either clause (2) or (3):

5.18 (1) the legally responsible agency must have placement authority to place the child with:
5.19 (i) a voluntary placement agreement or a court order, consistent with sections 260B.198,
5.20 260C.001, and 260D.01, or consistent with section 260C.451 for a child 18 years old or
5.21 older and under age 21 who maintains eligibility for foster care; or (ii) a voluntary placement
5.22 agreement or court order by a Minnesota tribe that is consistent with United States Code,
5.23 title 42, section 672(a)(2); and

5.24 (2) the child is placed with a licensed child foster parent who resides with the child; or

5.25 (3) the child is placed in one of the following unlicensed child foster care settings:

5.26 (i) an emergency relative placement under tribal licensing regulations or section
5.27 245A.035, with the legally responsible agency ensuring the relative completes the required
5.28 child foster care application process;

5.29 (ii) a licensed adult foster home with an approved age variance under section 245A.16
5.30 for no more than six months, where the license holder resides with the child;

6.1 (iii) for a child 18 years old or older and under age 21 who is eligible for extended foster
6.2 care under section 260C.451, an unlicensed supervised independent living setting approved
6.3 by the agency responsible for the child's care; or

6.4 (iv) a preadoptive placement in a home specified in section 245A.03, subdivision 2,
6.5 paragraph (a), clause (9), with an approved adoption home study and signed adoption
6.6 placement agreement.

6.7 Sec. 9. Minnesota Statutes 2018, section 256N.21, subdivision 5, is amended to read:

6.8 Subd. 5. **Excluded activities.** The basic and supplemental difficulty of care payment
6.9 represents costs for activities similar in nature to those expected of parents, and does not
6.10 cover services rendered by the licensed or tribally approved foster parent, facility, or
6.11 administrative costs or fees. The financially responsible agency may pay an additional fee
6.12 for specific services provided by the licensed foster parent or facility. A foster parent or
6.13 ~~residence setting~~ must distinguish such a service from the daily care of the child as assessed
6.14 through the process under section 256N.24.

6.15 Sec. 10. Minnesota Statutes 2018, section 256N.24, subdivision 4, is amended to read:

6.16 Subd. 4. **Extraordinary levels.** (a) The assessment tool established under subdivision
6.17 2 must provide a mechanism through which up to five levels can be added to the supplemental
6.18 difficulty of care for a particular child under section 256N.26, subdivision 4. In establishing
6.19 the assessment tool, the commissioner must design the tool so that the levels applicable to
6.20 the portions of the assessment other than the extraordinary levels can accommodate the
6.21 requirements of this subdivision.

6.22 (b) These extraordinary levels are available when all of the following circumstances
6.23 apply:

6.24 (1) the child has extraordinary needs as determined by the assessment tool provided for
6.25 under subdivision 2, and the child meets other requirements established by the commissioner,
6.26 such as a minimum score on the assessment tool;

6.27 (2) the child's extraordinary needs require extraordinary care and intense supervision
6.28 that is provided by the child's caregiver as part of the parental duties as described in the
6.29 supplemental difficulty of care rate, section 256N.02, subdivision 21. This extraordinary
6.30 care provided by the caregiver is required so that the child can be safely cared for in the
6.31 home and community, and prevents residential placement;

7.1 (3) the child is physically living in a foster family setting, as defined in Minnesota Rules,
7.2 part 2960.3010, subpart 23, ~~in a foster residence setting~~, or physically living in the home
7.3 with the adoptive parent or relative custodian; and

7.4 (4) the child is receiving the services for which the child is eligible through medical
7.5 assistance programs or other programs that provide necessary services for children with
7.6 disabilities or other medical and behavioral conditions to live with the child's family, but
7.7 the agency with caregiver's input has identified a specific support gap that cannot be met
7.8 through home and community support waivers or other programs that are designed to provide
7.9 support for children with special needs.

7.10 (c) The agency completing an assessment, under subdivision 2, that suggests an
7.11 extraordinary level must document as part of the assessment, the following:

7.12 (1) the assessment tool that determined that the child's needs or disabilities require
7.13 extraordinary care and intense supervision;

7.14 (2) a summary of the extraordinary care and intense supervision that is provided by the
7.15 caregiver as part of the parental duties as described in the supplemental difficulty of care
7.16 rate, section 256N.02, subdivision 21;

7.17 (3) confirmation that the child is currently physically residing in the foster family setting
7.18 or in the home with the adoptive parent or relative custodian;

7.19 (4) the efforts of the agency, caregiver, parents, and others to request support services
7.20 in the home and community that would ease the degree of parental duties provided by the
7.21 caregiver for the care and supervision of the child. This would include documentation of
7.22 the services provided for the child's needs or disabilities, and the services that were denied
7.23 or not available from the local social service agency, community agency, the local school
7.24 district, local public health department, the parent, or child's medical insurance provider;

7.25 (5) the specific support gap identified that places the child's safety and well-being at risk
7.26 in the home or community and is necessary to prevent residential placement; and

7.27 (6) the extraordinary care and intense supervision provided by the foster, adoptive, or
7.28 guardianship caregivers to maintain the child safely in the child's home and prevent residential
7.29 placement that cannot be supported by medical assistance or other programs that provide
7.30 services, necessary care for children with disabilities, or other medical or behavioral
7.31 conditions in the home or community.

7.32 (d) An agency completing an assessment under subdivision 2 that suggests an
7.33 extraordinary level is appropriate must forward the assessment and required documentation

8.1 to the commissioner. If the commissioner approves, the extraordinary levels must be
8.2 retroactive to the date the assessment was forwarded.

8.3 **Sec. 11. [260.7611] COUNTY AND TRIBAL AGREEMENTS; MALTREATMENT**
8.4 **ASSESSMENTS AND INVESTIGATIONS OF INDIAN CHILDREN.**

8.5 **Subdivision 1. County and tribal agreements for the screening of maltreatment**
8.6 **reports of Indian children.** A tribe and a county may enter into a written agreement that
8.7 transfers responsibility for the screening and initial response to a child maltreatment report
8.8 regarding an Indian child who is a resident of the county where the Indian reservation is
8.9 located, from the county to the tribe. An agreement under this subdivision shall include a
8.10 provision that clarifies whether the county or the tribe is responsible for ongoing case
8.11 management stemming from a child maltreatment report.

8.12 **Subd. 2. Transfer to tribal social service agency.** When a county and tribe do not have
8.13 an agreement under subdivision 1, the local social service agency shall transfer a family
8.14 assessment or investigation, as defined in section 626.556, subdivision 2, regarding an
8.15 Indian child to the tribal social service agency of the Indian child's tribe, if: (1) the Indian
8.16 child's reservation is located within the county; (2) the Indian child's parent, legal guardian,
8.17 Indian custodian, or tribe requested the transfer; and (3) the tribal social service agency of
8.18 the Indian child's tribe agrees to accept the family assessment or investigation. When a
8.19 family assessment or investigation regarding an Indian child is not transferred to the tribal
8.20 social service agency, the family assessment or investigation shall remain the responsibility
8.21 of the local social service agency. Nothing in this section shall alter the county's
8.22 responsibilities for law enforcement or court services.

8.23 **Sec. 12.** Minnesota Statutes 2018, section 260C.007, is amended by adding a subdivision
8.24 to read:

8.25 **Subd. 27b. Residential treatment facility.** "Residential treatment facility" means a
8.26 program that provides treatment for children with emotional disturbance, consistent with
8.27 section 245.4871, subdivision 32, and includes a licensed residential program specializing
8.28 in caring for children with a developmental delay or related condition. This does not include
8.29 a psychiatric residential treatment facility, as described in section 256B.0941, or a family
8.30 foster home as defined in section 260D.02.

9.1 Sec. 13. Minnesota Statutes 2018, section 260C.157, subdivision 3, is amended to read:

9.2 Subd. 3. **Juvenile treatment screening team.** (a) The responsible social services agency
 9.3 shall establish a juvenile treatment screening team to conduct screenings ~~and prepare case~~
 9.4 ~~plans~~ under this chapter, chapter 260D, and section 245.487, subdivision 3, in order for a
 9.5 child to receive treatment for an emotional disturbance, a developmental disability, or related
 9.6 condition in a residential treatment facility that is out of state or in state and licensed by the
 9.7 commissioner of human services under chapter 245A or licensed by a tribe. A screening
 9.8 team is not required for a child to be in a residential facility specializing in prenatal,
 9.9 postpartum, or parenting support, or a facility specializing in high-quality residential care
 9.10 and supportive services to children and youth who have been found to be, or at risk of
 9.11 becoming, sex trafficking victims.

9.12 (b) Screenings shall be conducted within 15 days of a request for a screening, unless the
 9.13 screening is for the purpose of ~~placement in mental health~~ residential treatment and the
 9.14 child is enrolled in a prepaid health program under section 256B.69 in which case the
 9.15 screening shall be conducted within ten working days of a request. The team, which may
 9.16 be the team constituted under section 245.4885 or 256B.092 or Minnesota Rules, parts
 9.17 9530.6600 to 9530.6655, shall be convened by the responsible social service agency and
 9.18 consist of social workers, juvenile justice professionals,; persons with expertise in the
 9.19 treatment of juveniles who are emotionally disabled, chemically dependent, or have a
 9.20 developmental disability, and the child's parent, guardian, or permanent legal custodian
 9.21 under Minnesota Statutes 2010, section 260C.201, subdivision 11, or section 260C.515,
 9.22 subdivision 4. The team may be the same team as defined in section 260B.157, subdivision
 9.23 3.; and parents or custodians. The team may include the child's biological family members,
 9.24 relatives of the child as defined in section 260C.007, subdivisions 26b and 27, and
 9.25 professionals who are a resource to the family of the child such as teachers, medical or
 9.26 mental health providers who have treated the child, and clergy, consistent with the family
 9.27 and permanency team as defined in section 260D.02. Prior to the formation of the team, the
 9.28 responsible social service agency must consult the child, their parents, and the child's tribe
 9.29 to ensure the team is family-centered and is consistent with the child's best interest.

9.30 (b) ~~The social services agency shall determine whether a child brought to its attention~~
 9.31 ~~for the purposes described in this section is an Indian child, as defined in section 260C.007,~~
 9.32 ~~subdivision 21, and shall determine the identity of the Indian child's tribe, as defined in~~
 9.33 ~~section 260.755, subdivision 9. When a child to be evaluated~~ (c) After the inquiry and notice
 9.34 to tribes under section 260.761, and the child screened is an Indian child, the team provided
 9.35 in paragraph (a) shall include responsible social service agency must make a rigorous and

10.1 concerted effort to involve a designated representative of the Indian child's tribe on the
 10.2 juvenile treatment screening team, unless the child's tribal authority declines to appoint a
 10.3 representative. The Indian child's tribe may delegate its authority to represent the child to
 10.4 any other federally recognized Indian tribe, as defined in section 260.755, subdivision 12.
 10.5 The provisions of the Indian Child Welfare Act of 1978, United States Code, title 25, sections
 10.6 1901 to 1963, and the Minnesota Indian Family Preservation Act, sections 260.751 to
 10.7 260.835, must be applied to this section.

10.8 ~~(e)~~ (d) If the court, prior to, or as part of, a final disposition, or other court order proposes
 10.9 ~~to place a child:~~ residential treatment for a child with an emotional or developmental
 10.10 disability, the responsible social service agency must conduct a screening. If the team
 10.11 recommends treatment in a qualified residential treatment program, the agency shall initiate
 10.12 the assessment and court review as required in section 260D.03 and assemble the child's
 10.13 family and permanency team as required in section 260D.032.

10.14 ~~(1) for the primary purpose of treatment for an emotional disturbance, a developmental~~
 10.15 ~~disability, or chemical dependency in a residential treatment facility out of state or in one~~
 10.16 ~~which is within the state and licensed by the commissioner of human services under chapter~~
 10.17 ~~245A; or~~

10.18 ~~(2) in any out-of-home setting potentially exceeding 30 days in duration, including a~~
 10.19 ~~postdispositional placement in a facility licensed by the commissioner of corrections or~~
 10.20 ~~human services; The court shall ascertain whether the child is an Indian child and shall~~
 10.21 ~~notify the county welfare agency~~ responsible social service agency and, if the child is an
 10.22 Indian child, shall notify the Indian child's tribe consistent with paragraph (c). ~~The county's~~
 10.23 ~~juvenile treatment screening team must either: (i) screen and evaluate the child and file its~~
 10.24 ~~recommendations with the court within 14 days of receipt of the notice; or (ii) elect not to~~
 10.25 ~~screen a given case and notify the court of that decision within three working days.~~

10.26 ~~(d) The child may not be placed for the primary purpose of treatment for an emotional~~
 10.27 ~~disturbance, a developmental disability, or chemical dependency, in a residential treatment~~
 10.28 ~~facility out of state nor in a residential treatment facility within the state that is licensed~~
 10.29 ~~under chapter 245A, unless one of the following conditions applies:~~

10.30 ~~(1) a treatment professional certifies that an emergency requires the placement of the~~
 10.31 ~~child in a facility within the state;~~

10.32 ~~(2) the screening team has evaluated the child and recommended that a residential~~
 10.33 ~~placement is necessary to meet the child's treatment needs and the safety needs of the~~

11.1 ~~community, that it is a cost-effective means of meeting the treatment needs, and that it will~~
 11.2 ~~be of therapeutic value to the child; or~~

11.3 ~~(3) the court, having reviewed a screening team recommendation against placement,~~
 11.4 ~~determines to the contrary that a residential placement is necessary. The court shall state~~
 11.5 ~~the reasons for its determination in writing, on the record, and shall respond specifically to~~
 11.6 ~~the findings and recommendation of the screening team in explaining why the~~
 11.7 ~~recommendation was rejected. The attorney representing the child and the prosecuting~~
 11.8 ~~attorney shall be afforded an opportunity to be heard on the matter.~~

11.9 ~~(e) When the county's juvenile treatment screening team has elected to screen and evaluate~~
 11.10 ~~a child determined to be an Indian child, the team shall provide notice to the tribe or tribes~~
 11.11 ~~that accept jurisdiction for the Indian child or that recognize the child as a member of the~~
 11.12 ~~tribe or as a person eligible for membership in the tribe, and permit the tribe's representative~~
 11.13 ~~to participate in the screening team.~~

11.14 (e) When the responsible social service agency has placement and care responsibilities
 11.15 and the screening team recommends a child to be placed in a qualified residential treatment
 11.16 program, as defined in section 260D.02, the assessment and processes required in section
 11.17 260D.03 must begin without delay and a relative search must be conducted according to
 11.18 section 260C.221 in order to assemble the child's family and permanency team as required
 11.19 in section 260D.032. The child, when appropriate, and the child's parents may specify a
 11.20 culturally competent qualified individual to complete the assessment. The agency shall
 11.21 make efforts to refer the assessment to the identified qualified individual. The assessment
 11.22 may not be delayed for the purpose of having the assessment completed by a specific
 11.23 qualified individual.

11.24 (f) When a screening team determines that a child's needs do not require treatment in a
 11.25 qualified residential treatment program, the screening process will include:

11.26 (1) documentation of the services and supports that will prevent foster care placement
 11.27 and will support the child remaining at home;

11.28 (2) documentation of the services and supports that will be arranged by the agency for
 11.29 the child's placement in a family foster home; or

11.30 (3) documentation of the services and supports provided in any other setting.

11.31 ~~(f)~~ (g) When the Indian child's tribe or tribal health care services provider or Indian
 11.32 Health Services provider proposes to place a child for the primary purpose of treatment for
 11.33 an emotional disturbance, a developmental disability, or co-occurring emotional disturbance

12.1 and chemical dependency, the Indian child's tribe or the tribe delegated by the child's tribe
12.2 shall submit necessary documentation to the county juvenile treatment screening team,
12.3 which must invite the Indian child's tribe to designate a representative to the screening team.

12.4 (h) The responsible social service agency must conduct and document the screening on
12.5 a format developed by the commissioner of human services.

12.6 Sec. 14. Minnesota Statutes 2018, section 260C.202, is amended to read:

12.7 **260C.202 COURT REVIEW OF FOSTER CARE.**

12.8 (a) If the court orders a child placed in foster care, the court shall review the out-of-home
12.9 placement plan and the child's placement at least every 90 days as required in juvenile court
12.10 rules to determine whether continued out-of-home placement is necessary and appropriate
12.11 or whether the child should be returned home. When a child is placed in a qualified residential
12.12 treatment program setting, as defined in section 260D.02, subdivision 13c, the responsible
12.13 social service agency must submit evidence to the court documenting the assessments
12.14 services and agency efforts specified in section 260D.06 and the out-of-home placement
12.15 plan requirements in section 260C.212, subdivision 1a. This review is not required if the
12.16 court has returned the child home, ordered the child permanently placed away from the
12.17 parent under sections 260C.503 to 260C.521, or terminated rights under section 260C.301.
12.18 Court review for a child permanently placed away from a parent, including where the child
12.19 is under guardianship of the commissioner, shall be governed by section 260C.607.

12.20 (b) No later than three months after the child's placement in foster care, the court shall
12.21 review agency efforts pursuant to section 260C.221, and order that the efforts continue if
12.22 the agency has failed to perform the duties under that section. The court must order the
12.23 agency to continue to appropriately engage relatives who responded to the notice under
12.24 section 260C.221 in placement and case planning decisions and to engage other relatives
12.25 who came to the agency's attention after notice under section 260C.221 was sent.

12.26 (c) The court shall review the out-of-home placement plan and may modify the plan as
12.27 provided under section 260C.201, subdivisions 6 and 7.

12.28 (d) When the court orders transfer of custody to a responsible social services agency
12.29 resulting in foster care or protective supervision with a noncustodial parent under subdivision
12.30 1, the court shall notify the parents of the provisions of sections 260C.204 and 260C.503
12.31 to 260C.521, as required under juvenile court rules.

13.1 (e) When a child remains in or returns to foster care pursuant to section 260C.451 and
 13.2 the court has jurisdiction pursuant to section 260C.193, subdivision 6, paragraph (c), the
 13.3 court shall at least annually conduct the review required under section 260C.203.

13.4 Sec. 15. Minnesota Statutes 2018, section 260C.204, is amended to read:

13.5 **260C.204 PERMANENCY PROGRESS REVIEW FOR CHILDREN IN FOSTER**
 13.6 **CARE FOR SIX MONTHS.**

13.7 (a) When a child continues in placement out of the home of the parent or guardian from
 13.8 whom the child was removed, no later than six months after the child's placement the court
 13.9 shall conduct a permanency progress hearing to review:

13.10 (1) the progress of the case, the parent's progress on the case plan or out-of-home
 13.11 placement plan, whichever is applicable;

13.12 (2) the agency's reasonable, or in the case of an Indian child, active efforts for
 13.13 reunification and its provision of services;

13.14 (3) the agency's reasonable efforts to finalize the permanent plan for the child under
 13.15 section 260.012, paragraph (e), and to make a placement as required under section 260C.212,
 13.16 subdivision 2, in a home that will commit to being the legally permanent family for the
 13.17 child in the event the child cannot return home according to the timelines in this section;
 13.18 and

13.19 (4) in the case of an Indian child, active efforts to prevent the breakup of the Indian
 13.20 family and to make a placement according to the placement preferences under United States
 13.21 Code, title 25, chapter 21, section 1915.

13.22 (b) When a child is placed in a qualified residential treatment program setting as defined
 13.23 in section 260D.02, subdivision 13c, the responsible social service agency must submit
 13.24 evidence to the court documenting the assessment services and agency efforts specified in
 13.25 section 260D.03, subdivision 6.

13.26 ~~(b)~~ (c) The court shall ensure that notice of the hearing is sent to any relative who:

13.27 (1) responded to the agency's notice provided under section 260C.221, indicating an
 13.28 interest in participating in planning for the child or being a permanency resource for the
 13.29 child and who has kept the court apprised of the relative's address; or

13.30 (2) asked to be notified of court proceedings regarding the child as is permitted in section
 13.31 260C.152, subdivision 5.

14.1 ~~(e)~~ (d)(1) If the parent or guardian has maintained contact with the child and is complying
14.2 with the court-ordered out-of-home placement plan, and if the child would benefit from
14.3 reunification with the parent, the court may either:

14.4 (i) return the child home, if the conditions which led to the out-of-home placement have
14.5 been sufficiently mitigated that it is safe and in the child's best interests to return home; or

14.6 (ii) continue the matter up to a total of six additional months. If the child has not returned
14.7 home by the end of the additional six months, the court must conduct a hearing according
14.8 to sections 260C.503 to 260C.521.

14.9 (2) If the court determines that the parent or guardian is not complying with the
14.10 out-of-home placement plan or is not maintaining regular contact with the child as outlined
14.11 in the visitation plan required as part of the out-of-home placement plan under section
14.12 260C.212, the court may order the responsible social services agency:

14.13 (i) to develop a plan for legally permanent placement of the child away from the parent;

14.14 (ii) to consider, identify, recruit, and support one or more permanency resources from
14.15 the child's relatives and foster parent to be the legally permanent home in the event the child
14.16 cannot be returned to the parent. Any relative or the child's foster parent may ask the court
14.17 to order the agency to consider them for permanent placement of the child in the event the
14.18 child cannot be returned to the parent. A relative or foster parent who wants to be considered
14.19 under this item shall cooperate with the background study required under section 245C.08,
14.20 if the individual has not already done so, and with the home study process required under
14.21 chapter 245A for providing child foster care and for adoption under section 259.41. The
14.22 home study referred to in this item shall be a single-home study in the form required by the
14.23 commissioner of human services or similar study required by the individual's state of
14.24 residence when the subject of the study is not a resident of Minnesota. The court may order
14.25 the responsible social services agency to make a referral under the Interstate Compact on
14.26 the Placement of Children when necessary to obtain a home study for an individual who
14.27 wants to be considered for transfer of permanent legal and physical custody or adoption of
14.28 the child; and

14.29 (iii) to file a petition to support an order for the legally permanent placement plan.

14.30 ~~(d)~~ (e) Following the review under this section:

14.31 (1) if the court has either returned the child home or continued the matter up to a total
14.32 of six additional months, the agency shall continue to provide services to support the child's

15.1 return home or to make reasonable efforts to achieve reunification of the child and the parent
 15.2 as ordered by the court under an approved case plan;

15.3 (2) if the court orders the agency to develop a plan for the transfer of permanent legal
 15.4 and physical custody of the child to a relative, a petition supporting the plan shall be filed
 15.5 in juvenile court within 30 days of the hearing required under this section and a trial on the
 15.6 petition held within 60 days of the filing of the pleadings; or

15.7 (3) if the court orders the agency to file a termination of parental rights, unless the county
 15.8 attorney can show cause why a termination of parental rights petition should not be filed,
 15.9 a petition for termination of parental rights shall be filed in juvenile court within 30 days
 15.10 of the hearing required under this section and a trial on the petition held within 60 days of
 15.11 the filing of the petition.

15.12 Sec. 16. Minnesota Statutes 2018, section 260C.212, is amended by adding a subdivision
 15.13 to read:

15.14 **Subd. 1a. Out-of-home placement; plan for qualified residential treatment**
 15.15 **program.** (a) When the responsible social service agency has placement and care
 15.16 responsibilities and the child is placed in a qualified residential treatment program, as defined
 15.17 in section 260D.02, subdivision 13c, out of state or licensed under chapter 245A, the
 15.18 following requirements must be met:

15.19 (1) the case plan requirements in subdivision 1;

15.20 (2) the reasonable and good-faith effort of the responsible social service agency to
 15.21 identify and include all the individuals required to be on the child's family and permanency
 15.22 team, as defined in section 260D.02, subdivision 9a;

15.23 (3) all contact information for members of the child's family and permanency team, as
 15.24 well as contact information for other relatives who are not part of the family and permanency
 15.25 team;

15.26 (4) evidence that meetings of the family and permanency team, including meetings
 15.27 relating to the required assessment under section 260D.03 of the appropriateness of the
 15.28 qualified residential treatment program placement, are held at a time and place convenient
 15.29 for the family;

15.30 (5) if reunification is the goal, evidence demonstrating that the parent from whom the
 15.31 child was removed provided input on the members of the family and permanency team, as
 15.32 specified in section 260D.032;

16.1 (6) evidence that the assessment required under section 260D.03 to determine the
16.2 appropriateness of the qualified residential treatment program is determined in conjunction
16.3 with the family and permanency team;

16.4 (7) the placement preferences of the family and permanency team relative to the
16.5 assessment required under 260D.03 that recognizes children should be placed with their
16.6 siblings unless there is a finding by the court that such placement is contrary to their best
16.7 interest, consistent with section 260C.193, subdivision 3, paragraph (g), the Indian Child
16.8 Welfare Act, and the Minnesota Family Preservation Act as defined in sections 260.751 to
16.9 260.835;

16.10 (8) if the placement preferences of the parent, family and permanency team, and child
16.11 are not the placement setting recommended by the qualified individual, as defined in section
16.12 260D.02, subdivision 13b, conducting the assessment required under section 260D.03 of
16.13 the appropriateness of the qualified residential treatment program placement, the case plan
16.14 must include the reasons why the preferences of the parent, family and permanency team,
16.15 and child were not recommended; and

16.16 (9) the written recommendation by the qualified individual regarding the appropriateness
16.17 of the qualified residential treatment program placement and the court approval or disapproval
16.18 of the qualified residential treatment program placement as required in section 260D.03,
16.19 subdivision 5.

16.20 (b) The out-of-home placement plan for a qualified residential treatment program
16.21 placement is filed with the court as part of the 60-day hearing, as required in section 260D.03,
16.22 subdivision 5.

16.23 (c) When reunification is the permanency goal, the case plan must identify services and
16.24 supports that maintain the parent-child relationship; the parent's legal authority,
16.25 decision-making, and responsibility for ongoing planning for the child; and the agency
16.26 assisting the parent, where necessary, to exercise the parent's ongoing right and obligation
16.27 to visit or have reasonable contact with the child. Ongoing planning means:

16.28 (1) actively participating in the planning and provision of educational services, medical
16.29 care, and dental care for the child;

16.30 (2) actively planning and participating with the agency and the facility for the child's
16.31 treatment needs; and

16.32 (3) planning to meet the child's need for safety, stability, and permanency, and the child's
16.33 need to stay connected to the child's family and community.

17.1 (d) When reunification is not the permanency goal, the case plan must document the
17.2 steps to finalize adoption or a transfer of permanent legal and physical custody to a relative
17.3 as required in subdivision 1, paragraph (c), clauses (6) and (7).

17.4 Sec. 17. Minnesota Statutes 2018, section 260C.212, is amended by adding a subdivision
17.5 to read:

17.6 Subd. 1b. **Out-of-home placement plan update.** (a) The out-of-home placement plan
17.7 must be updated, signed, and copies provided to the parent, foster parent or facility, guardian
17.8 ad litem, child's tribe, and child as appropriate, and filed with the court as follows:

17.9 (1) consistent with subdivisions 1 and 1a, the out-of-home placement plan must be
17.10 updated within 30 days whenever a child is placed in a foster care setting or moved from
17.11 one placement setting to another to address the child's needs, support services, education
17.12 plan, oversight and continuity of the health care services, qualified residential treatment
17.13 program case plan requirements, and any other required elements of the plan that must be
17.14 updated based on the child's move;

17.15 (i) when a child moves to a qualified residential treatment program setting or from one
17.16 qualified residential treatment program setting to a different qualified residential treatment
17.17 program setting, the out-of-home placement plan is filed with the court as part of the 60-day
17.18 hearing, as required in section 260D.03, subdivision 5, and must be updated after the court
17.19 approval or disapproval as specified in section 260D.03, subdivision 5;

17.20 (ii) when a child moves from a family foster home, shelter care facility, or other
17.21 residential home to a different setting or court-ordered trial home visit, the agency must file
17.22 the updated plan with the court at the next required review hearing;

17.23 (2) consistent with section 260C.190, the out-of-home placement plan must identify the
17.24 licensed residential substance use disorder treatment program placement prior to placing a
17.25 foster child with their parent in a program, and the out-of-home placement plan must be
17.26 filed with the court at the next required review hearing; and

17.27 (3) consistent with sections 260C.227, 260C.503, and 260D.07, the out-of-home
17.28 placement plan must be updated and filed with the permanency petition.

17.29 (b) When none of the items in paragraph (a) apply, the out-of-home placement plan must
17.30 be updated no later than 180 days after the initial placement and every six months thereafter,
17.31 consistent with section 260C.203, paragraph (a). The permanency progress review must
17.32 also be regularly conducted in accordance with section 260C.204.

18.1 Sec. 18. Minnesota Statutes 2019 Supplement, section 260C.212, subdivision 2, is amended
18.2 to read:

18.3 Subd. 2. **Placement decisions based on best interests of the child.** (a) The policy of
18.4 the state of Minnesota is to ensure that the child's best interests are met by requiring an
18.5 individualized determination of the needs of the child and of how the selected placement
18.6 will serve the needs of the child being placed. The authorized child-placing agency shall
18.7 place a child, released by court order or by voluntary release by the parent or parents, in a
18.8 family foster home selected by considering placement with relatives and important friends
18.9 in the following order:

18.10 (1) with an individual who is related to the child by blood, marriage, or adoption; or

18.11 (2) with an individual who is an important friend with whom the child has resided or
18.12 had significant contact.

18.13 For an Indian child, the agency shall follow the order of placement preferences in the Indian
18.14 Child Welfare Act of 1978, United States Code, title 25, section 1915.

18.15 (b) Among the factors the agency shall consider in determining the needs of the child
18.16 are the following:

18.17 (1) the child's current functioning and behaviors;

18.18 (2) the medical needs of the child;

18.19 (3) the educational needs of the child;

18.20 (4) the developmental needs of the child;

18.21 (5) the child's history and past experience;

18.22 (6) the child's religious and cultural needs;

18.23 (7) the child's connection with a community, school, and faith community;

18.24 (8) the child's interests and talents;

18.25 (9) the child's relationship to current caretakers, parents, siblings, and relatives;

18.26 (10) the reasonable preference of the child, if the court, or the child-placing agency in
18.27 the case of a voluntary placement, deems the child to be of sufficient age to express
18.28 preferences; and

18.29 (11) for an Indian child, the best interests of an Indian child as defined in section 260.755,
18.30 subdivision 2a.

19.1 (c) Placement of a child cannot be delayed or denied based on race, color, or national
19.2 origin of the foster parent or the child.

19.3 (d) Siblings should be placed together for foster care and adoption at the earliest possible
19.4 time unless it is documented that a joint placement would be contrary to the safety or
19.5 well-being of any of the siblings or unless it is not possible after reasonable efforts by the
19.6 responsible social services agency. In cases where siblings cannot be placed together, the
19.7 agency is required to provide frequent visitation or other ongoing interaction between
19.8 siblings unless the agency documents that the interaction would be contrary to the safety
19.9 or well-being of any of the siblings.

19.10 (e) Except for emergency placement as provided for in section 245A.035, the following
19.11 requirements must be satisfied before the approval of a foster or adoptive placement in a
19.12 related or unrelated home: (1) a completed background study under section 245C.08; and
19.13 (2) a completed review of the written home study required under section 260C.215,
19.14 subdivision 4, clause (5), or 260C.611, to assess the capacity of the prospective foster or
19.15 adoptive parent to ensure the placement will meet the needs of the individual child.

19.16 (f) The agency must determine whether colocation with a parent who is receiving services
19.17 in a licensed residential family-based substance use disorder treatment program is in the
19.18 child's best interests according to paragraph (b) and include that determination in the child's
19.19 case plan. The agency may consider additional factors not identified in paragraph (b). The
19.20 agency's determination must be documented in the child's case plan before the child is
19.21 colocated with a parent.

19.22 (g) In cases where the juvenile treatment screening team, as defined in section 260C.157,
19.23 recommends the child be placed in a qualified residential treatment program, as defined in
19.24 section 260D.02, subdivision 13c, the assessment and court review processes required in
19.25 section 260D.03 determine the appropriateness of placement decision.

19.26 Sec. 19. Minnesota Statutes 2018, section 260C.212, subdivision 4a, is amended to read:

19.27 Subd. 4a. **Monthly caseworker visits.** (a) Every child in foster care or on a trial home
19.28 visit shall be visited by the child's caseworker or another person who has responsibility for
19.29 visitation of the child on a monthly basis, with the majority of visits occurring in the child's
19.30 residence. The responsible social service agency may designate another person responsible
19.31 for monthly case visits. For the purposes of this section, the following definitions apply:

19.32 (1) "visit" is defined as a face-to-face contact between a child and the child's caseworker;

19.33 (2) "visited on a monthly basis" is defined as at least one visit per calendar month;

20.1 (3) "the child's caseworker" is defined as the person who has responsibility for managing
 20.2 the child's foster care placement case as assigned by the responsible social service agency;
 20.3 ~~and~~

20.4 (4) "another person" is defined as the professional staff assigned by the responsible
 20.5 social service agency in the case plan. Another person is professionally trained to adequately
 20.6 assess safety, permanency, well-being, and evaluate the child's case progress. Guardian ad
 20.7 litem, the child foster care provider, residential facility staff, or qualified individual as
 20.8 defined in section 260D.02, are not qualified to be designated as another person; and

20.9 ~~(4)~~ (5) "the child's residence" is defined as the home where the child is residing, and can
 20.10 include the foster home, child care institution, or the home from which the child was removed
 20.11 if the child is on a trial home visit.

20.12 (b) Caseworker visits shall be of sufficient substance and duration to address issues
 20.13 pertinent to case planning and service delivery to ensure the safety, permanency, and
 20.14 well-being of the child, including whether the child is enrolled and attending school as
 20.15 required by law.

20.16 Sec. 20. Minnesota Statutes 2018, section 260C.4412, is amended to read:

20.17 **260C.4412 PAYMENT FOR RESIDENTIAL PLACEMENTS.**

20.18 (a) When a child is placed in a foster care group residential setting under Minnesota
 20.19 Rules, parts 2960.0020 to 2960.0710, a foster residences setting under Minnesota Rules,
 20.20 parts 2960.3200 to 2960.3230, or a children's residential facility licensed or approved by a
 20.21 tribe, foster care maintenance payments must be made on behalf of the child to cover the
 20.22 cost of providing food, clothing, shelter, daily supervision, school supplies, child's personal
 20.23 incidentals and supports, reasonable travel for visitation, or other transportation needs
 20.24 associated with the items listed. Daily supervision in the group residential setting includes
 20.25 routine day-to-day direction and arrangements to ensure the well-being and safety of the
 20.26 child. It may also include reasonable costs of administration and operation of the facility.

20.27 (b) The commissioner of human services shall specify the Title IV-E administrative
 20.28 procedures, consistent with section 256.82, for residential programs meeting one of the
 20.29 following specified settings:

20.30 (1) residential programs listed under chapter 245A or licensed by the a tribe, including:

20.31 (i) qualified residential treatment programs, as defined in section 260D.02;

21.1 (ii) settings specializing in providing prenatal, postpartum, or parenting supports for
 21.2 youth; and

21.3 (iii) settings providing high-quality residential care and supportive services to children
 21.4 and youth who have been found to be, or are at risk of becoming, sex trafficking victims;

21.5 (2) licensed residential substance use disorder treatment programs as defined in section
 21.6 260C.007, subdivision 22a; and

21.7 (3) supervised settings, in which a foster child age 18 or older may live independently,
 21.8 consistent with section 260C.451.

21.9 Sec. 21. Minnesota Statutes 2019 Supplement, section 260C.503, subdivision 1, is amended
 21.10 to read:

21.11 Subdivision 1. **Required permanency proceedings.** (a) ~~Except for children in foster~~
 21.12 ~~care pursuant to chapter 260D, where~~ When the child is in foster care or in the care of a
 21.13 noncustodial or nonresident parent, the court shall commence proceedings to determine the
 21.14 permanent status of a child by holding the admit-deny hearing required under section
 21.15 260C.507 not later than 12 months after the child is placed in foster care or in the care of a
 21.16 noncustodial or nonresident parent. Permanency proceedings for children in voluntary foster
 21.17 care pursuant to chapter 260D for treatment as defined in section 260D.02, subdivision 16,
 21.18 shall be according to section 260D.07.

21.19 (b) Permanency proceedings for a foster child who is colocated with a parent in a licensed
 21.20 residential family-based substance use disorder treatment program shall be conducted
 21.21 according to section 260C.190.

21.22 Sec. 22. Minnesota Statutes 2018, section 260C.503, is amended by adding a subdivision
 21.23 to read:

21.24 Subd. 4. **Qualified residential treatment program; permanency hearing**
 21.25 requirements. When a child is placed in a qualified residential treatment program setting,
 21.26 as defined in section 260D.02, subdivision 13c, the responsible social service agency must
 21.27 submit evidence to the court at the permanency hearing documenting the assessments,
 21.28 services, and agency efforts required in section 260D.03.

22.1 Sec. 23. Minnesota Statutes 2018, section 260D.01, is amended to read:

22.2 **260D.01 CHILD IN ~~VOLUNTARY~~ FOSTER CARE FOR TREATMENT.**

22.3 (a) Sections 260D.01 to 260D.10, may be cited as the "child in ~~voluntary~~ foster care for
 22.4 treatment" provisions of the Juvenile Court Act. This chapter applies when the responsible
 22.5 social service agency determines a child must receive treatment for an emotional disturbance,
 22.6 a developmental disability, or related condition in a residential facility out of state or in
 22.7 state and licensed by the commissioner of human services under chapter 245A or licensed
 22.8 or approved by a tribe or state where the facility is located.

22.9 (b) The juvenile court has original and exclusive jurisdiction over a child in ~~voluntary~~
 22.10 foster care for treatment upon the filing of a report or petition required under this chapter.
 22.11 All obligations of the agency to a child and family in foster care contained in chapter 260C
 22.12 not inconsistent with this chapter are also obligations of the agency with regard to a child
 22.13 in foster care for treatment under this chapter.

22.14 (c) This chapter shall be construed consistently with the mission of the children's mental
 22.15 health service system as set out in section 245.487, subdivision 3, and the duties of an agency
 22.16 under sections 256B.092 and 260C.157 and Minnesota Rules, parts 9525.0004 to 9525.0016,
 22.17 to meet the needs of a child with a developmental disability or related condition, when a
 22.18 child must be placed away from their parents in foster care and needs treatment. This chapter:

22.19 (1) establishes ~~voluntary~~ foster care treatment when the responsible social service
 22.20 agency's juvenile treatment screening team, as specified in section 260C.157, conducts a
 22.21 screening consistent with the process developed by the commissioner of human services
 22.22 recommending placement and initiating of the assessment process in section 260C.03
 22.23 through;

22.24 (i) a voluntary foster care agreement as the means for an agency and a parent to provide
 22.25 needed treatment when the child must be in foster care to receive necessary treatment for
 22.26 an emotional disturbance or developmental disability or related condition; or

22.27 (ii) a court order under section 260C.178, 260C.201, 260C.202, 260C.325, or 260C.515,
 22.28 subdivision 5;

22.29 (2) establishes court review requirements for a child in voluntary foster care for treatment
 22.30 due to emotional disturbance or developmental disability or a related condition;

22.31 (3) establishes the ~~ongoing responsibility of the parent as legal custodian to visit the~~
 22.32 ~~child, to plan together with the agency for the child's treatment needs, to be available and~~
 22.33 ~~accessible to the agency to make treatment decisions, and to obtain necessary medical,~~

23.1 ~~mental, and other care for the child~~ requirement that the responsible social service agency
 23.2 must assemble a family and permanency team for a child in foster care for treatment as
 23.3 specified in section 260D.032 and participate in case planning as specified in 260C.212,
 23.4 subdivision 1a, until permanency is achieved and the foster care placement ends; and

23.5 (4) applies to ~~voluntary~~ foster care for treatment when the ~~child's parent and the agency~~
 23.6 ~~agree~~ responsible social service agency has placement and care responsibilities and the
 23.7 assessment in section 260D.03, subdivision 1, and court review under section 260D.03,
 23.8 subdivision 5, determines that the child's treatment needs require foster care either: requires
 23.9 placement in a qualified residential treatment program; and

23.10 ~~(i) due to a level of care determination by the agency's screening team informed by the~~
 23.11 ~~diagnostic and functional assessment under section 245.4885; or~~

23.12 ~~(ii) due to a determination regarding the level of services needed by the responsible~~
 23.13 ~~social services' screening team under section 256B.092, and Minnesota Rules, parts~~
 23.14 ~~9525.0004 to 9525.0016.~~

23.15 (5) establishes voluntary foster care for treatment when the juvenile treatment screening
 23.16 team under section 260C.157 recommends placement to access treatment, assessment in
 23.17 section 260D.03, subdivision 1, or court review in section 260D.03, subdivision 5, determines
 23.18 the child's needs for treatment may be met in a family foster home or less restrictive setting,
 23.19 and the child's parent and agency agree.

23.20 ~~(d) This chapter does not apply when there is a current determination under section~~
 23.21 ~~626.556 that the child requires child protective services or when the child is in foster care~~
 23.22 ~~for any reason other than treatment for the child's emotional disturbance or developmental~~
 23.23 ~~disability or related condition. When there is a determination under section 626.556 that~~
 23.24 ~~the child requires child protective services based on an assessment that there are safety and~~
 23.25 ~~risk issues for the child that have not been mitigated through the parent's engagement in~~
 23.26 ~~services or otherwise, or when the child is in foster care for any reason other than the child's~~
 23.27 ~~emotional disturbance or developmental disability or related condition, the provisions of~~
 23.28 ~~chapter 260C apply.~~

23.29 ~~(e)~~ (d) The paramount consideration in all proceedings concerning a child in ~~voluntary~~
 23.30 foster care for treatment is the safety, health, and the best interests of the child. The purpose
 23.31 of this chapter is:

23.32 (1) to ensure a child with ~~a disability~~ an emotional disturbance, developmental disability,
 23.33 or related condition is provided the services necessary to treat or ameliorate the symptoms
 23.34 of the child's disability;

24.1 (2) to preserve and strengthen the child's family ties whenever possible and in the child's
 24.2 best interests, approving the child's placement ~~away from the child's parents~~ only when the
 24.3 assessment and court review in section 260D.03 determine:

24.4 (i) the child's need for care or treatment does not require placement in a qualified
 24.5 residential treatment program and determines the child can remain in the home of the parent,
 24.6 the family foster home, or other setting, and the agency agrees to the child's voluntary
 24.7 placement for treatment in a family foster home until a permanency plan is achieved; or

24.8 (ii) the child's need for care or treatment requires ~~it~~ placement in a qualified residential
 24.9 treatment program and the child cannot be maintained in the home of the parent; ~~and~~

24.10 (3) to ensure that when a voluntary placement for treatment agreement is in place that
 24.11 the child's parent retains legal custody of the child and associated decision-making authority
 24.12 unless the child's parent willfully fails or is unable to make decisions that meet the child's
 24.13 safety, health, and best interests. The court may not find that the parent willfully fails or is
 24.14 unable to make decisions that meet the child's needs solely because the parent disagrees
 24.15 with the agency's choice of foster care facility, unless the agency files a petition under
 24.16 chapter 260C, and establishes by clear and convincing evidence that the child is in need of
 24.17 protection or services; and

24.18 (4) to ensure the safety of the child by requiring that the child be placed in a licensed
 24.19 facility or in a family foster home licensed under chapter 245A, approved or licensed by
 24.20 the tribe or by the state where the facility is located, or an unlicensed relative as stipulated
 24.21 in section 245A.035, consistent with the assessment under section 260D.03 and ongoing
 24.22 court review under sections 260C.202, 260C.203, 260C.204, 260D.06, 260D.07, and
 24.23 260D.08.

24.24 ~~(f) The legal parent-child relationship shall be supported under this chapter by maintaining~~
 24.25 ~~the parent's legal authority and responsibility for ongoing planning for the child and by the~~
 24.26 ~~agency's assisting the parent, where necessary, to exercise the parent's ongoing right and~~
 24.27 ~~obligation to visit or to have reasonable contact with the child. Ongoing planning means:~~

24.28 ~~(1) actively participating in the planning and provision of educational services, medical,~~
 24.29 ~~and dental care for the child;~~

24.30 ~~(2) actively planning and participating with the agency and the foster care facility for~~
 24.31 ~~the child's treatment needs; and~~

24.32 ~~(3) planning to meet the child's need for safety, stability, and permanency, and the child's~~
 24.33 ~~need to stay connected to the child's family and community.~~

25.1 ~~(g)~~ (e) The provisions of section 260.012 to ensure placement prevention, family
 25.2 reunification, and all active and reasonable effort requirements of that section apply. This
 25.3 chapter shall be construed consistently with the requirements of the Indian Child Welfare
 25.4 Act of 1978, United States Code, title 25, section 1901, et al., and the provisions of the
 25.5 Minnesota Indian Family Preservation Act, sections 260.751 to 260.835.

25.6 Sec. 24. Minnesota Statutes 2018, section 260D.02, subdivision 3, is amended to read:

25.7 Subd. 3. **Case plan.** "Case plan" means any plan for the delivery of services to a child
 25.8 and parent, or when reunification is not required, the child alone, that is developed according
 25.9 to the requirements of sections 245.4871, subdivision 19 or 21; 245.492, subdivision 16;
 25.10 256B.092; 260C.212, ~~subdivision~~ subdivisions 1 and 1a; 626.556, subdivision 10; and
 25.11 Minnesota Rules, parts 9525.0004 to 9525.0016.

25.12 Sec. 25. Minnesota Statutes 2018, section 260D.02, subdivision 5, is amended to read:

25.13 Subd. 5. **Child in ~~voluntary~~ foster care for treatment.** "Child in ~~voluntary~~ foster care
 25.14 for treatment" means a child who is emotionally disturbed or developmentally disabled or
 25.15 has a related condition and is in foster care under either a voluntary foster care agreement
 25.16 between the child's parent and the agency ~~due to concurrence between the agency and the~~
 25.17 ~~parent~~ or court order when it is determined ~~that foster care is medically necessary: by the~~
 25.18 assessment and court review processes required in section 260D.03, subdivisions 1 and 5,
 25.19 that the child should not be placed in a family foster home and the court review approves
 25.20 of the child's residential placement.

25.21 ~~(1) due to a determination by the agency's screening team based on its review of the~~
 25.22 ~~diagnostic and functional assessment under section 245.4885; or~~

25.23 ~~(2) due to a determination by the agency's screening team under section 256B.092 and~~
 25.24 ~~Minnesota Rules, parts 9525.0004 to 9525.0016.~~

25.25 ~~A child is not in voluntary foster care for treatment under this chapter when there is a~~
 25.26 ~~current determination under section 626.556 that the child requires child protective services~~
 25.27 ~~or when the child is in foster care for any reason other than the child's emotional or~~
 25.28 ~~developmental disability or related condition.~~

25.29 Sec. 26. Minnesota Statutes 2018, section 260D.02, is amended by adding a subdivision
 25.30 to read:

25.31 Subd. 9a. **Family and permanency team.** "Family and permanency team" means a
 25.32 team consisting of the child's parent or legal custodian, relatives, and professionals, as

26.1 appropriate, who are resources to the family of the child such as teachers, medical or mental
26.2 health providers who have treated the child, or clergy. In the case of an Indian child, "family
26.3 and permanency team" shall include tribally identified representatives, delegates, and cultural
26.4 resources as identified by the child's tribe. If the child is age 14 or older, the team must also
26.5 include two team members selected by the child who are not a foster parent or caseworker
26.6 for the child, consistent with the individuals a child may select in section 260C.212,
26.7 subdivision 1, paragraph (b). The responsible social service agency may reject an individual
26.8 selected by the child if the agency has good cause to believe that the individual would not
26.9 act in the best interests of the child.

26.10 Sec. 27. Minnesota Statutes 2018, section 260D.02, is amended by adding a subdivision
26.11 to read:

26.12 Subd. 9b. **Family foster home.** "Family foster home" means the home of an individual
26.13 or family who is licensed for child foster care under Minnesota Rules, chapter 2960,
26.14 excluding foster residence settings licensed under parts 2960.3000 to 2960.3200, or licensed
26.15 or approved by a tribe in accordance with tribal standards in which the approved or licensed
26.16 individual or family resides with the child. This definition includes an emergency unlicensed
26.17 relative placement, consistent with section 245A.035.

26.18 Sec. 28. Minnesota Statutes 2018, section 260D.02, subdivision 10, is amended to read:

26.19 ~~Subd. 10. **Foster care.** "Foster care" means 24-hour substitute care for children placed~~
26.20 ~~away from their parents and for whom an agency has placement and care responsibility.~~
26.21 ~~Foster care includes, but is not limited to, placement in foster family homes, foster homes~~
26.22 ~~of relatives, group homes, emergency shelters, residential facilities not excluded in this~~
26.23 ~~subdivision, child care institutions, and preadoptive homes. A child is in foster care under~~
26.24 ~~this definition, regardless of whether the facility is licensed and payments are made for the~~
26.25 ~~cost of care. Nothing in this definition creates any authority to place a child in a home or~~
26.26 ~~facility that is required to be licensed that is not licensed. Foster care does not include~~
26.27 ~~placement in any of the following facilities: hospitals, inpatient chemical dependency~~
26.28 ~~treatment facilities, facilities that are primarily for delinquent children, any corrections~~
26.29 ~~facility or program within a particular corrections facility not meeting requirements for Title~~
26.30 ~~IV-E facilities as determined by the commissioner, facilities to which a child is committed~~
26.31 ~~under the provision of chapter 253B, forestry camps, or jails. has the same meaning as~~
26.32 ~~section 260C.007, subdivision 18, except for children colocated with the child's parent or~~
26.33 ~~guardian in a licensed residential family-based substance use disorder treatment program~~
26.34 ~~under paragraph (a), clause (12).~~

27.1 Sec. 29. Minnesota Statutes 2018, section 260D.02, subdivision 11, is amended to read:

27.2 Subd. 11. **Legal authority to place the child.** "Legal authority to place the child" means
27.3 the agency has legal responsibility for the care and control of the child while the child is in
27.4 foster care. ~~The agency may acquire legal authority to place a child through, either through~~
27.5 a court order under chapter 260C, a voluntary placement agreement between the agency
27.6 and the child's parent under this chapter, or, in the case of an Indian child, this may include
27.7 tribal jurisdictions through a tribal court. Legal authority to place the child does not mean
27.8 the agency has authority to make major life decisions regarding the child, including major
27.9 medical decisions. A parent with legal custody of the child continues to have legal authority
27.10 to make major life decisions regarding the child, including major medical decisions, unless
27.11 a court order under chapter 260C specifically gives legal authority to make major life
27.12 decisions regarding the child to the responsible social service agency.

27.13 Sec. 30. Minnesota Statutes 2018, section 260D.02, is amended by adding a subdivision
27.14 to read:

27.15 Subd. 13a. **Permanency plan.** "Permanency plan" means the established goal in the
27.16 out-of-home placement plan that will achieve a safe, permanent home for the child. There
27.17 are four permanency goals for children:

27.18 (1) reunification with the child's parent or legal guardian;

27.19 (2) placement with other relatives;

27.20 (3) adoption; or

27.21 (4) establishment of a new legal guardianship through a transfer of permanent legal and
27.22 physical custody.

27.23 Sec. 31. Minnesota Statutes 2018, section 260D.02, is amended by adding a subdivision
27.24 to read:

27.25 Subd. 13b. **Qualified individual.** "Qualified individual" means a trained culturally
27.26 competent professional or licensed clinician who is not an employee of the department and
27.27 who is not connected to or affiliated with any placement setting in which children are placed
27.28 by a responsible social service agency.

28.1 Sec. 32. Minnesota Statutes 2018, section 260D.02, is amended by adding a subdivision
28.2 to read:

28.3 Subd. 13c. **Qualified residential treatment program.** "Qualified residential treatment
28.4 program" means a nonfoster family child residential treatment program licensed under
28.5 chapter 245A or licensed or approved by a tribe that has been approved under section 256.82
28.6 that:

28.7 (1) has a trauma-informed treatment model that is designed to address the needs, including
28.8 clinical needs as appropriate, of children with serious emotional or behavioral disorders or
28.9 disturbances and, with respect to a child, is able to implement the treatment identified for
28.10 the child by the required 30-day assessment to determine the appropriateness of the
28.11 placement, as defined in section 260D.03;

28.12 (2) has a registered or licensed nursing staff and other licensed clinical staff who:

28.13 (i) provide care within the scope of their practice; and

28.14 (ii) are available 24 hours a day and seven days a week;

28.15 (3) is accredited by any of the following independent, not-for-profit organizations: the
28.16 Commission on Accreditation of Rehabilitation Facilities (CARF), the Joint Commission
28.17 on Accreditation of Healthcare Organizations (JCAHO), and the Council on Accreditation
28.18 (COA);

28.19 (4) to the extent appropriate and in accordance with the child's best interests, facilitates
28.20 participation of family members in the child's treatment program, as defined by the
28.21 out-of-home placement plan under section 260C.212, subdivisions 1 and 1a;

28.22 (5) facilitates outreach to family members of the child, including siblings;

28.23 (6) documents how the outreach is made, including contact information, and maintains
28.24 contact information for any known parents or relatives of the child;

28.25 (7) documents how family members are integrated into the treatment process for the
28.26 child, including postdischarge, and how sibling connections are maintained; and

28.27 (8) provides discharge planning and family-based aftercare support for at least six months
28.28 postdischarge.

29.1 Sec. 33. Minnesota Statutes 2018, section 260D.02, is amended by adding a subdivision
29.2 to read:

29.3 Subd. 15. **Responsible social service agency.** "Responsible social service agency" has
29.4 the meaning given in section 260C.007, subdivision 27a.

29.5 Sec. 34. Minnesota Statutes 2018, section 260D.02, is amended by adding a subdivision
29.6 to read:

29.7 Subd. 16. **Voluntary foster care for treatment.** "Voluntary foster care for treatment"
29.8 means when a child is in foster care under a voluntary foster care agreement between the
29.9 child's parent and the responsible social service agency where the agency's screening team
29.10 under section 260C.157, subdivision 3, has determined that the child is emotionally disturbed,
29.11 developmentally disabled, or has a related condition, and that foster care is medically
29.12 necessary.

29.13 Sec. 35. Minnesota Statutes 2018, section 260D.03, is amended to read:

29.14 **260D.03 VOLUNTARY PLACEMENT REQUIREMENTS; FOSTER CARE FOR**
29.15 **TREATMENT.**

29.16 Subdivision 1. ~~Voluntary foster care~~ **Assessment of the appropriateness of a qualified**
29.17 **residential treatment program placement.** When the responsible social service agency's
29.18 juvenile treatment screening team, as defined in section 260C.157 recommends placing the
29.19 child in a qualified residential treatment program, as defined in section 260D.02, subdivision
29.20 13c, based upon the diagnostic and functional assessment under section 245.4885 or medical
29.21 necessity screenings under section 256B.092, subdivision 7, ~~determines~~ recommends the
29.22 child's need for residential treatment due to emotional disturbance or developmental disability
29.23 or related condition ~~requires foster care placement of the child, a voluntary foster care~~
29.24 ~~agreement between the child's parent and the agency gives the agency legal authority to~~
29.25 ~~place the child in foster care.~~ the agency must initiate an assessment by a qualified individual.

29.26 ~~Subd. 2. **Voluntary foster care agreement.** A voluntary foster care agreement shall be~~
29.27 ~~used to provide the agency the legal authority to place a child in foster care for treatment~~
29.28 ~~due to the child's disability. The agreement must be in writing and signed by both the child's~~
29.29 ~~parent and the agency. The agreement must be in a form approved by the commissioner of~~
29.30 ~~human services, and shall contain notice to parents of the consequences to the parent and~~
29.31 ~~to the child of being in voluntary foster care.~~

30.1 Subd. 3. The assessment by the qualified individual. (a) The assessment must be
30.2 completed prior to or within 30 days of the child's placement in a qualified residential
30.3 treatment program and be in a format developed by the commissioner and must:

30.4 (1) assess the strengths and needs of the child using an age-appropriate, evidence-based,
30.5 validated, functional assessment approved by the commissioner of human services;

30.6 (2) determine whether the child's needs can be met by family members or through
30.7 placement in a family foster home or, if not, which allowable in-state or out-of-state
30.8 residential setting would provide the most effective and appropriate level of care for the
30.9 child in the least restrictive environment and be consistent with the short- and long-term
30.10 goals for the child in the permanency plan for the child;

30.11 (3) develop a list of the child-specific short- and long-term mental and behavioral health
30.12 goals; and

30.13 (4) work in conjunction with the child's family and permanency team, using culturally
30.14 competent practices while conducting and making the required assessment.

30.15 (b) The child's parents and the child, when appropriate, may specify the culturally
30.16 competent qualified individual to complete the assessment. The agency shall make efforts
30.17 to refer the assessment to the identified qualified individual. The assessment may not be
30.18 delayed for the purpose of having the assessment completed by a specific qualified individual.

30.19 (c) The completed assessment in the approved format must be provided to the responsible
30.20 social service agency, parents, guardian ad litem, and the court as required in subdivision
30.21 6.

30.22 (d) For an Indian child, the assessment must follow the order of placement preferences
30.23 in the Indian Child Welfare Act of 1978, United States Code, title 25, section 1915.

30.24 (e) If the placement preferences of the parent, family and permanency team, child and
30.25 tribe are not the placement setting recommended by the qualified individual in subdivision
30.26 4, the assessment must include the reasons why their preferences were not recommended.

30.27 Subd. 4. Qualified individual determination. (a) Using the requirements of subdivision
30.28 3, if the qualified individual determines the child needs placement and should not be placed
30.29 in a family foster home, the assessment must specify in writing:

30.30 (1) the reasons why the child's needs cannot be met by their family or in a family foster
30.31 home. A shortage of family foster homes is not an acceptable reason to determine the child's
30.32 needs cannot be met in a family foster home; and

31.1 (2) why the recommended placement in a qualified residential treatment program is the
31.2 setting that will provide the child with the most effective and appropriate level of care in
31.3 the least restrictive environment and how that placement is consistent with the short- and
31.4 long-term goals for the child as specified in the permanency plan for the child.

31.5 (b) If the qualified individual determines the child may be placed in a family foster home
31.6 or other less restrictive placement setting, the child must be transitioned out of the qualified
31.7 residential treatment program within 30 days of the determination. The case plan must,
31.8 under section 260C.212, subdivision 1a, include the reasons why the preferences of the
31.9 family and permanency team and the child were not recommended.

31.10 Subd. 5. **Family and permanency team.** The responsible social service agency must
31.11 assemble a family and permanency team for a child in foster care for treatment as specified
31.12 in section 260D.032.

31.13 Subd. 6. **Court approval of a foster care for treatment.** (a) Within 60 days from the
31.14 start of each placement in a qualified residential treatment program, the court must:

31.15 (1) consider the assessment required under subdivision 2 of the appropriateness of the
31.16 placement in a qualified residential treatment program, and documentation made by the
31.17 qualified individual conducting the assessment;

31.18 (2) determine whether the needs of the child can be met through placement in a family
31.19 foster home or, if not, whether placement of the child in a qualified residential treatment
31.20 program provides the most effective and appropriate level of care for the child in the least
31.21 restrictive environment and whether that placement is consistent with the short- and
31.22 long-range goals for the child, as specified in the permanency plan for the child; and

31.23 (3) approve or disapprove the placement.

31.24 (b) The court approval or disapproval must be documented in the out-of-home placement
31.25 plan, as specified in section 260C.212, subdivision 1a.

31.26 (c) Court review may be conducted in tribal court when that court has legal jurisdiction.

31.27 Subd. 7. **Ongoing reviews and permanency hearing requirements.** As long as a child
31.28 remains placed in a qualified residential treatment program, the responsible social service
31.29 agency shall submit evidence at each administrative review under section 260C.202; court
31.30 review under sections 260C.203, 260C.204, and 260D.06; or permanency hearing held for
31.31 the child under sections 260C.515, 260C.519, 260C.521, or 260D.07 and 260D.08:

31.32 (1) demonstrating the ongoing assessment of the strengths and needs of the child continues
31.33 to support the determination that the needs of the child cannot be met through reunification

32.1 or placement in a foster family home, that the placement in a qualified residential treatment
 32.2 program provides the most effective and appropriate level of care for the child in the least
 32.3 restrictive environment, and that the placement is consistent with the short- and long-term
 32.4 goals for the child as specified in the permanency plan for the child;

32.5 (2) documenting the specific treatment or service needs that will be met for the child in
 32.6 the placement and the length of time the child is expected to need the treatment or services;
 32.7 and

32.8 (3) documenting the efforts made by the responsible social service agency to prepare
 32.9 the child to return home or placed with a fit and willing relative, a legal guardian, or an
 32.10 adoptive parent or in a foster family home.

32.11 Subd. 8. **Review of extended qualified residential treatment program placements.** (a)
 32.12 When a responsible social service agency places a child in a qualified residential treatment
 32.13 program for more than 12 consecutive months or 18 nonconsecutive months, or in the case
 32.14 of a child who has not attained age 13, for more than six consecutive or nonconsecutive
 32.15 months, the agency must submit the signed approval by the responsible social service agency
 32.16 and the evidence provided at the most recent court review or permanency hearing as defined
 32.17 in subdivision 7 to the commissioner, according to paragraph (b).

32.18 (b) The commissioner shall specify the procedures and requirements for the review and
 32.19 approval of extended qualified residential treatment program placements. The commissioner
 32.20 may consult with counties, tribes, child-placing agencies, mental health providers, licensed
 32.21 facilities, youth, parents, and family and permanency team members in the development of
 32.22 the requirements and engage in periodic reviews of the requirements.

32.23 Sec. 36. **[260D.032] FAMILY AND PERMANENCY TEAM REQUIREMENTS.**

32.24 (a) When the responsible social service agency's juvenile treatment screening team, as
 32.25 defined in section 260C.157, or tribal social service agency process recommends the child
 32.26 be placed in a qualified residential treatment program, or the agency enters into a voluntary
 32.27 placement for treatment and the child is placed in a family foster home, a family and
 32.28 permanency team must be assembled within ten days as follows:

32.29 (1) the team must consist of all appropriate biological family members, legal parents or
 32.30 custodians, and relatives of the child as defined in section 260C.007, subdivisions 26b and
 32.31 27, as well as professionals, as appropriate, who are a resource to the family of the child,
 32.32 such as teachers, medical or mental health providers who have treated the child, or clergy;

33.1 (i) when a child is placed in foster care prior to the residential placement, the relatives
33.2 responding to the relative search notice shall be included in this team, unless the juvenile
33.3 court finds that contacting a specific relative would endanger the parent, guardian, child,
33.4 sibling, or any family member, required under section 260C.221;

33.5 (ii) when a residential placement is the child's initial placement setting, the relative
33.6 search in section 260C.221 may be conducted prior to the juvenile treatment screening team
33.7 review under section 260C.157. The responsible social service agency must engage with
33.8 the child and the child's parents to determine the appropriate family and permanency team
33.9 members;

33.10 (iii) when reunification is the permanency goal, the purpose of the relative search and
33.11 focus of the family and permanency team is to preserve family relationships and develop
33.12 supports for the child and parents;

33.13 (2) the responsible agency must make a good-faith effort to identify and assemble all
33.14 individuals required to be on the child's family and permanency team, consistent with section
33.15 260C.221, and include in the out-of-home placement plan as defined in section 260C.212,
33.16 subdivision 1a, all contact information for the team as well as contact information for other
33.17 family members or relatives who are not part of the family and permanency team;

33.18 (3) if the child is age 14 or older, the team must include the members of the family and
33.19 permanency team that are selected by the child in accordance with section 260C.212,
33.20 subdivision 1, paragraph (b);

33.21 (4) consistent with section 260C.221, a responsible social service agency may disclose
33.22 private data to relatives for the purpose of participation in the care and planning for the
33.23 child and locating a suitable placement; and

33.24 (5) if the child is an Indian child, consistent with section 260.751, the responsible social
33.25 service agency must provide active efforts to include the child's tribe representative or
33.26 designate input in the juvenile treatment and screening team and the family and permanency
33.27 team.

33.28 (b) The team shall meet regarding the assessment required under section 260D.03 for
33.29 the appropriateness of the qualified residential treatment program placement and to participate
33.30 in case planning to achieve the permanency plan.

33.31 (1) When reunification is the permanency plan, the team shall support the legal
33.32 parent-child relationship by maintaining the parent's legal authority and responsibility for
33.33 ongoing planning for the child and by the agency's assisting the parent, where necessary,

34.1 to exercise the parent's ongoing right and obligation to visit or have reasonable contact with
 34.2 the child. Ongoing planning means:

34.3 (i) actively participating in the planning and provision of educational services, medical
 34.4 care, and dental care for the child;

34.5 (ii) actively planning and participating with the agency and the foster care facility for
 34.6 the child's treatment needs; and

34.7 (iii) planning to meet the child's need for safety, stability, and permanency, and the
 34.8 child's need to stay connected to the child's family and community.

34.9 (2) When permanent legal and physical custody to a relative or adoption is the
 34.10 permanency plan, the team shall:

34.11 (i) actively transition the educational services, medical, and dental care for the child and
 34.12 proposed guardian;

34.13 (ii) actively transition with the agency and the foster care facility for the child's treatment
 34.14 needs after permanency;

34.15 (iii) planning to meet the child's need for safety, stability, and the child's need to stay
 34.16 connected to the child's family and community after permanency; and

34.17 (iv) in the case of an Indian child, engage the child's tribe to identify necessary services,
 34.18 transition planning, treatment needs, and connections to community, family, and tribe.

34.19 (c) The team participates in case planning and receives notice of court reviews until a
 34.20 permanency plan is achieved and the foster care placement ends consistent with sections
 34.21 260C.152 and 260C.221.

34.22 Sec. 37. Minnesota Statutes 2018, section 260D.04, is amended to read:

34.23 **~~260D.04 REQUIRED INFORMATION FOR A CHILD IN VOLUNTARY FOSTER~~**
 34.24 **CARE FOR TREATMENT.**

34.25 Subdivision 1. Voluntary foster care for treatment agreement. (a) When the agency's
 34.26 screening team, under section 260C.157, subdivision 3, based upon the diagnostic and
 34.27 functional assessment under section 245.4885 or medical necessity screenings under section
 34.28 256B.092, subdivision 7, determines the child's need for treatment due to emotional
 34.29 disturbance, developmental disability, or related conditions requires foster care placement
 34.30 of the child, a voluntary foster care agreement between the child's parent and the agency
 34.31 gives the agency legal authority to place the child in foster care.

35.1 (b) The voluntary foster care for treatment agreement must be in writing and signed by
35.2 both the child's parent and the agency. The agreement must be in a form developed by the
35.3 commissioner of human services, and shall contain:

35.4 (1) notice to parents of the consequences to the parent and the child of being in voluntary
35.5 foster care; and

35.6 (2) information about the required assessments, family and permanency team, permanency
35.7 planning, court reviews, and out-of-home placement plan.

35.8 (c) The ongoing responsibility of the parent as legal custodian to visit the child, to plan
35.9 together with the agency for the child's treatment needs, to be available and accessible to
35.10 the agency to make treatment decisions, and to obtain necessary medical, dental, and other
35.11 care for the child.

35.12 (d) The legally responsible agency shall support the legal parent-child relationship by
35.13 maintaining the parent's legal authority and responsibility for ongoing planning for the child
35.14 and by the agency assisting the parent, where necessary, to exercise the parent's ongoing
35.15 rights and obligations. The agreement establishes the ongoing responsibility of the parent
35.16 as legal custodian to visit the child, to plan together with the agency for the child's treatment
35.17 needs, to be available and accessible to the agency to make treatment decisions, and to
35.18 obtain necessary medical, dental, and other care for the child.

35.19 (e) Voluntary foster care for treatment does not apply when there is a current
35.20 determination under section 626.556 that the child requires child protective services or when
35.21 the child is in foster care for any reason other than treatment for the child's emotional
35.22 disturbance, developmental disability, or related condition. When there is a determination
35.23 under section 626.556 that the child requires child protective services based on an assessment
35.24 that there are safety and risk issues for the child that have not been mitigated through the
35.25 parent's engagement in services or otherwise, or when the child is in foster care for any
35.26 reason other than the child's emotional disturbance, developmental disability, or related
35.27 condition, the provisions of chapter 260C apply.

35.28 **Subd. 2. Required information for a child in voluntary foster care for treatment.** An
35.29 agency with authority to place a child in voluntary foster care for treatment due to emotional
35.30 disturbance or developmental disability or related condition, shall inform the child, age 12
35.31 or older, of the following:

35.32 (1) the child has the right to be consulted in the preparation of the out-of-home placement
35.33 plan required under section 260C.212, subdivision 1, and the administrative review required
35.34 under section 260C.203;

36.1 (2) the child has the right to visit the parent and the right to visit the child's siblings as
 36.2 determined safe and appropriate by the parent and the agency;

36.3 (3) if the child disagrees with the foster care facility or services provided under the
 36.4 out-of-home placement plan required under section 260C.212, subdivision 1, the agency
 36.5 shall include information about the nature of the child's disagreement and, to the extent
 36.6 possible, the agency's understanding of the basis of the child's disagreement in the information
 36.7 provided to the court in the report required under section 260D.06; and

36.8 (4) the child has the rights established under Minnesota Rules, part 2960.0050, as a
 36.9 resident of a facility licensed by the state.

36.10 Sec. 38. Minnesota Statutes 2018, section 260D.06, is amended to read:

36.11 **260D.06 AGENCY REPORT TO COURT AND COURT REVIEW OF CHILD**
 36.12 **IN VOLUNTARY FOSTER CARE FOR TREATMENT DUE TO DISABILITY.**

36.13 Subdivision 1. **Judicial review.** In the case of a child in voluntary foster care for treatment
 36.14 ~~due to disability under section 260D.03~~ as defined in section 260D.02, subdivision 16, the
 36.15 agency shall obtain judicial review of the child's voluntary foster care placement within 165
 36.16 days of the placement.

36.17 Subd. 2. **Agency report to court; court review.** The agency shall obtain judicial review
 36.18 by reporting to the court according to the following procedures:

36.19 (a) A written report shall be forwarded to the court within 165 days of the date of the
 36.20 voluntary placement agreement. The written report shall contain or have attached:

36.21 (1) a statement of facts that necessitate the child's foster care placement;

36.22 (2) the child's name, date of birth, race, gender, and current address;

36.23 (3) the names, race, date of birth, residence, and post office addresses of the child's
 36.24 parents or legal custodian;

36.25 (4) a statement regarding the child's eligibility for membership or enrollment in an Indian
 36.26 tribe and the agency's compliance with applicable provisions of sections 260.751 to 260.835;

36.27 (5) ~~the names and addresses of the foster parents or chief administrator of the facility in~~
 36.28 ~~which the child is placed, if the child is not in a family foster home or group home~~ a summary
 36.29 of the child's placement settings from the last 165 days, including the reasons for a move
 36.30 from one setting to another;

37.1 (6) a copy of the out-of-home placement plan required under section 260C.212,
37.2 subdivision 1, and the requirements under section 260C.212, subdivision 1a, if the child is
37.3 placed in a qualified residential treatment program;

37.4 (7) a written summary of the proceedings of any administrative review required under
37.5 section 260C.203; ~~and~~

37.6 (8) the reasonable and good-faith efforts of the agency to identify and assemble all the
37.7 individuals required to be on the child's family and permanency team;

37.8 (9) when a child is placed in a qualified residential treatment program setting as defined
37.9 in section 260D.02, subdivision 13c, the responsible social service agency must submit
37.10 evidence to the court documenting the assessments, services, and agency efforts specified
37.11 in section 260D.03;

37.12 (10) when a child is placed in a family foster home, the responsible social service agency
37.13 must submit evidence to the court documenting the services available through the placement
37.14 that are not available in the parent's home and the agency's relative search efforts as required
37.15 under section 260C.221; and

37.16 (11) any other information the agency, parent or legal custodian, the child or the foster
37.17 parent, or other residential facility wants the court to consider.

37.18 (b) In the case of a child in placement due to emotional disturbance, the written report
37.19 shall include as an attachment, the child's individual treatment plan developed by the child's
37.20 treatment professional, as provided in section 245.4871, subdivision 21, or the child's
37.21 standard written plan, as provided in section 125A.023, subdivision 3, paragraph (e).

37.22 (c) In the case of a child in placement due to developmental disability or a related
37.23 condition, the written report shall include as an attachment, the child's individual service
37.24 plan, as provided in section 256B.092, subdivision 1b; the child's individual program plan,
37.25 as provided in Minnesota Rules, part 9525.0004, subpart 11; the child's waiver care plan;
37.26 or the child's standard written plan, as provided in section 125A.023, subdivision 3, paragraph
37.27 (e).

37.28 (d) The agency must inform the child, age 12 or older, the child's parent, and the foster
37.29 parent or foster care facility of the reporting and court review requirements of this section
37.30 and of their right to submit information to the court:

37.31 (1) if the child or the child's parent or the foster care provider wants to send information
37.32 to the court, the agency shall advise those persons of the reporting date and the date by

38.1 which the agency must receive the information they want forwarded to the court so the
38.2 agency is timely able submit it with the agency's report required under this subdivision;

38.3 (2) the agency must also inform the child, age 12 or older, the child's parent, and the
38.4 foster care facility that they have the right to be heard in person by the court and how to
38.5 exercise that right;

38.6 (3) the agency must also inform the child, age 12 or older, the child's parent, and the
38.7 foster care provider that an in-court hearing will be held if requested by the child, the parent,
38.8 or the foster care provider; and

38.9 (4) if, at the time required for the report under this section, a child, age 12 or older,
38.10 disagrees about the foster care facility or services provided under the out-of-home placement
38.11 plan required under section 260C.212, subdivision 1, the agency shall include information
38.12 regarding the child's disagreement, and to the extent possible, the basis for the child's
38.13 disagreement in the report required under this section.

38.14 (e) After receiving the required report, the court has jurisdiction to make the following
38.15 determinations and must do so within ten days of receiving the forwarded report, whether
38.16 a hearing is requested:

38.17 (1) whether the voluntary foster care for treatment arrangement is in the child's best
38.18 interests;

38.19 (2) whether the parent and agency are appropriately planning for the child; and

38.20 (3) in the case of a child age 12 or older, who disagrees with the foster care facility or
38.21 services provided under the out-of-home placement plan, whether it is appropriate to appoint
38.22 counsel and a guardian ad litem for the child using standards and procedures under section
38.23 260C.163.

38.24 (f) Unless requested by a parent, representative of the foster care facility, or the child,
38.25 no in-court hearing is required in order for the court to make findings and issue an order as
38.26 required in paragraph (e).

38.27 (g) If the court finds the voluntary foster care for treatment arrangement is in the child's
38.28 best interests and that the agency and parent are appropriately planning for the child, the
38.29 court shall issue an order containing explicit, individualized findings to support its
38.30 determination. The individualized findings shall be based on the agency's written report and
38.31 other materials submitted to the court. The court may make this determination
38.32 notwithstanding the child's disagreement, if any, reported under paragraph (d).

39.1 (h) The court shall send a copy of the order to the county attorney, the agency, parent,
39.2 child, age 12 or older, and the foster parent or ~~foster care~~ facility.

39.3 (i) The court shall also send the parent, the child, age 12 or older, the foster parent, or
39.4 representative of the ~~foster care~~ facility notice of the permanency review hearing required
39.5 under section 260D.07, paragraph (e).

39.6 (j) If the court finds continuing the voluntary foster care for treatment arrangement is
39.7 not in the child's best interests or that the agency or the parent are not appropriately planning
39.8 for the child, the court shall notify the agency, the parent, the foster parent or ~~foster care~~
39.9 facility, the child, age 12 or older, and the county attorney of the court's determinations and
39.10 the basis for the court's determinations. In this case, the court shall set the matter for hearing
39.11 and appoint a guardian ad litem for the child under section 260C.163, subdivision 5.

39.12 Sec. 39. Minnesota Statutes 2018, section 260D.07, is amended to read:

39.13 **260D.07 REQUIRED PERMANENCY REVIEW HEARING FOR A CHILD IN**
39.14 **VOLUNTARY FOSTER CARE FOR TREATMENT.**

39.15 (a) When the court has found that the voluntary foster care for treatment arrangement
39.16 is in the child's best interests and that the agency and parent are appropriately planning for
39.17 the child pursuant to the report submitted under section 260D.06, and the child continues
39.18 in ~~voluntary~~ foster care as defined in section ~~260D.02, subdivision 10~~ 260C.007, subdivision
39.19 18, for 13 months from the date of the voluntary foster care for treatment agreement, or has
39.20 been in placement for 15 of the last 22 months, the agency must:

39.21 (1) terminate the voluntary foster care for treatment agreement and return the child home;
39.22 or

39.23 (2) determine whether there are compelling reasons to continue the voluntary foster care
39.24 for treatment arrangement and, if the agency determines there are compelling reasons, seek
39.25 judicial approval of its determination; or

39.26 (3) file a petition for the termination of parental rights.

39.27 (b) When the agency is asking for the court's approval of its determination that there are
39.28 compelling reasons to continue the child in the voluntary foster care for treatment
39.29 arrangement, the agency shall file a "Petition for Permanency Review Regarding a Child
39.30 in Voluntary Foster Care for Treatment" and ask the court to proceed under this section.

40.1 (c) The "Petition for Permanency Review Regarding a Child in Voluntary Foster Care
40.2 for Treatment" shall be drafted or approved by the county attorney and be under oath. The
40.3 petition shall include:

40.4 (1) the date of the voluntary ~~placement~~ foster care for treatment agreement;

40.5 (2) whether the petition is due to the child's developmental disability or emotional
40.6 disturbance;

40.7 (3) the plan for the ongoing care of the child and the parent's participation in the plan;

40.8 (4) a description of the parent's visitation and contact with the child;

40.9 (5) the date of the court finding that the foster care placement was in the best interests
40.10 of the child, if required under section 260D.06, or the date the agency filed the motion under
40.11 section 260D.09, paragraph (b);

40.12 (6) the agency's reasonable efforts or active efforts, in the case of an Indian child, to
40.13 finalize the permanent plan for the child, including returning the child to the care of the
40.14 child's family; ~~and~~

40.15 (7) the reasonable and good-faith efforts of the agency to identify and assemble all the
40.16 individuals required to be on the child's family and permanency team, or the reason the
40.17 family and permanency team is not required;

40.18 (8) when a child is placed in a qualified residential treatment program setting as defined
40.19 in section 260D.02, subdivision 13c, the responsible social service agency must submit
40.20 evidence to the court documenting the assessments, services, and agency efforts specified
40.21 in section 260D.03;

40.22 (9) when a child is placed in a family foster home, the responsible social service agency
40.23 must submit evidence to the court documenting the services available through the placement
40.24 that are not available in the parent's home and relative search efforts as required under
40.25 section 260C.221; and

40.26 (10) a citation to this chapter as the basis for the petition.

40.27 (d) An updated copy of the out-of-home placement plan required under section 260C.212,
40.28 subdivision 1, and the requirements under section 260C.212, subdivision 1a, if the child is
40.29 placed in a qualified residential treatment program, shall be filed with the petition.

40.30 (e) The court shall set the date for the permanency review hearing no later than 14 months
40.31 after the child has been in placement or within 30 days of the petition filing date when the
40.32 child has been in placement 15 of the last 22 months. The court shall serve the petition

41.1 together with a notice of hearing by United States mail on the parent, the child age 12 or
 41.2 older, the child's guardian ad litem, if one has been appointed, the agency, the county
 41.3 attorney, and counsel for any party.

41.4 (f) The court shall conduct the permanency review hearing on the petition no later than
 41.5 14 months after the date of the voluntary placement for treatment agreement, within 30 days
 41.6 of the filing of the petition when the child has been in placement 15 of the last 22 months,
 41.7 or within 15 days of a motion to terminate jurisdiction and to dismiss an order for foster
 41.8 care under chapter 260C, as provided in section 260D.09, paragraph (b).

41.9 (g) At the permanency review hearing, the court shall:

41.10 (1) inquire of the parent if the parent has reviewed the "Petition for Permanency Review
 41.11 Regarding a Child in Voluntary Foster Care for Treatment," whether the petition is accurate,
 41.12 and whether the parent agrees to the continued voluntary foster care for treatment
 41.13 arrangement as being in the child's best interests;

41.14 (2) inquire of the parent if the parent is satisfied with the agency's reasonable efforts to
 41.15 finalize the permanent plan for the child, including whether there are services available and
 41.16 accessible to the parent that might allow the child to safely be with the child's family;

41.17 (3) inquire of the parent if the parent consents to the court entering an order that:

41.18 (i) approves the responsible agency's reasonable efforts or active efforts, in the case of
 41.19 an Indian child, to finalize the permanent plan for the child, which includes ongoing future
 41.20 planning for the safety, health, and best interests of the child; ~~and~~

41.21 (ii) approves the reasonable and good-faith efforts of the responsible agency to identify
 41.22 and assemble a family and permanency team, or the reason the family and permanency team
 41.23 is not required to support the finalization of a permanency plan; and

41.24 (iii) approves the responsible agency's determination that there are compelling reasons
 41.25 why the continued voluntary foster care arrangement is in the child's best interests; ~~and~~

41.26 (4) inquire of the child's tribe, in the case of an Indian child, if the tribe agrees that they
 41.27 have received notice and the agency's efforts are consistent with the Minnesota Indian
 41.28 Family Preservation Act, sections 260.751 to 260.835; and

41.29 ~~(4)~~ (5) inquire of ~~the child's guardian ad litem and any other party~~ whether ~~the guardian~~
 41.30 ~~or the party agrees~~ they agree that:

41.31 (i) the court should approve the responsible agency's reasonable efforts to finalize the
 41.32 permanent plan for the child, which includes efforts to identify and assemble a family and

42.1 permanency team to support ongoing and future planning for the safety, health, and best
42.2 interests of the child; and

42.3 (ii) the court should approve of the responsible agency's determination that there are
42.4 compelling reasons why the continued voluntary foster care for treatment arrangement is
42.5 in the child's best interests.

42.6 (h) At a permanency review hearing under this section, the court may take the following
42.7 actions based on the contents of the sworn petition and the consent of the parent:

42.8 (1) approve the agency's compelling reasons that the voluntary foster care for treatment
42.9 arrangement is in the best interests of the child; and

42.10 (2) find that the agency has made reasonable efforts to finalize the permanent plan for
42.11 the child.

42.12 (i) A child, age 12 or older, may object to the agency's request that the court approve its
42.13 compelling reasons for the continued voluntary arrangement and may be heard on the reasons
42.14 for the objection. Notwithstanding the child's objection, the court may approve the agency's
42.15 compelling reasons and the voluntary arrangement.

42.16 (j) If, after hearing from the child and all parties, the court does not approve the voluntary
42.17 foster care for treatment arrangement ~~after hearing from the child or the child's guardian ad~~
42.18 ~~litem~~, the court shall dismiss the petition. In this case, either:

42.19 (1) the child must be returned to the care of the parent; or

42.20 (2) the agency must file a petition under section 260C.141, asking for appropriate relief
42.21 under sections 260C.301 or 260C.503 to 260C.521.

42.22 (k) When the court approves the agency's compelling reasons for the child to continue
42.23 in voluntary foster care for treatment, and finds that the agency has made reasonable efforts
42.24 to finalize a permanent plan for the child, the court shall approve the continued voluntary
42.25 foster care for treatment arrangement, and continue the matter under the court's jurisdiction
42.26 for the purposes of reviewing the child's placement every 12 months while the child is in
42.27 foster care.

42.28 (l) A finding that the court approves the continued voluntary placement means the agency
42.29 has continued legal authority to place the child while a voluntary placement agreement
42.30 remains in effect. The parent or the agency may terminate a voluntary agreement as provided
42.31 in section 260D.10. Termination of a voluntary foster care placement of an Indian child is
42.32 governed by section 260.765, subdivision 4.

43.1 Sec. 40. Minnesota Statutes 2018, section 260D.08, is amended to read:

43.2 **260D.08 ANNUAL REVIEW FOR A CHILD IN VOLUNTARY FOSTER CARE**
43.3 **FOR TREATMENT.**

43.4 (a) After the court conducts a permanency review hearing under section 260D.07, the
43.5 matter must be returned to the court for further review of the responsible social services
43.6 reasonable efforts to finalize the permanent plan for the child and the child's foster care
43.7 placement at least every 12 months while the child is in foster care. The court shall give
43.8 notice to the parent and child, age 12 or older, ~~and~~ the foster parents, the facility, and in the
43.9 case of an Indian child, the child's tribe of the continued review requirements under this
43.10 section at the permanency review hearing.

43.11 (b) Every 12 months, the court shall determine whether the agency made reasonable
43.12 efforts to finalize the permanency plan for the child, which means the exercise of due
43.13 diligence by the agency to:

43.14 (1) ensure that the agreement for voluntary foster care is the most appropriate legal
43.15 arrangement to meet the child's safety, health, and best interests and to conduct a genuine
43.16 examination of whether there is another permanency disposition order under chapter 260C,
43.17 including returning the child home, that would better serve the child's need for a stable and
43.18 permanent home;

43.19 (2) engage and support the parent in continued involvement in planning and decision
43.20 making for the needs of the child;

43.21 (3) strengthen the child's ties to the parent, relatives, and community;

43.22 (4) implement the out-of-home placement plan required under section 260C.212,
43.23 subdivision 1, and ensure that the plan requires the provision of appropriate services to
43.24 address the physical health, mental health, and educational needs of the child; ~~and~~

43.25 (5) the reasonable and good-faith efforts of the agency to identify and assemble all the
43.26 individuals required to be on the child's family and permanency team, or the reason the
43.27 family and permanency team is not required;

43.28 (6) when a child is placed in a qualified residential treatment program setting as defined
43.29 in section 260D.02, subdivision 13c, the responsible social service agency must submit
43.30 evidence to the court documenting the assessments, services, and agency efforts specified
43.31 in section 260D.03;

43.32 (7) when a child is placed in a family foster home, the responsible social service agency
43.33 must submit evidence to the court documenting the services available through the placement

44.1 that are not available in the parent's home, as well as the relative search efforts as required
44.2 under section 260C.221; and

44.3 (8) ensure appropriate planning for the child's safe, permanent, and independent living
44.4 arrangement after the child's 18th birthday.

44.5 Sec. 41. Minnesota Statutes 2018, section 260D.09, is amended to read:

44.6 **260D.09 PERMANENCY REVIEW AFTER ADJUDICATION UNDER CHAPTER**
44.7 **260C.**

44.8 (a) If a child has been ordered into foster care under section 260C.178 or 260C.201,
44.9 subdivision 1, and the conditions that led to the court's order have been corrected so that
44.10 the child could safely return home except for the child's need to continue in foster care for
44.11 treatment due to the child's disability, the child's parent and the agency may enter into a
44.12 voluntary foster care for treatment agreement under this chapter using the procedure set out
44.13 in paragraph (b).

44.14 (b) When the agency and the parent agree to enter into a voluntary foster care for
44.15 treatment agreement under this chapter, the agency must file a motion to terminate jurisdiction
44.16 under section 260C.193, subdivision 6, and to dismiss the order for foster care under section
44.17 260C.178 or 260C.201, subdivision 1, together with the petition required under section
44.18 260D.07, paragraph (b), for permanency review and the court's approval of the voluntary
44.19 arrangement.

44.20 (c) The court shall send the motion and the petition filed under subdivision 2 together
44.21 with a notice of hearing by mail as required in section 260D.07, paragraph (e).

44.22 (d) The petition and motion under this section must be filed no later than the time the
44.23 agency is required to file a petition for permanent placement under section 260C.505 but
44.24 may be filed as soon as the agency and the parent agree that the child should remain in foster
44.25 care under a voluntary foster care for treatment agreement, because the child needs treatment
44.26 and voluntary foster care is in the child's best interest.

44.27 (e) In order for the agency to have continuous legal authority to place the child, the
44.28 parent and the agency must execute a voluntary foster care for treatment agreement for the
44.29 child's continuation in foster care for treatment prior to the termination of the order for foster
44.30 care under section 260C.178 or 260C.201, subdivision 1. The parent and agency may execute
44.31 the voluntary foster care agreement at or before the permanency review hearing required
44.32 under this section. The voluntary foster care for treatment agreement shall not be effective
44.33 until the court terminates jurisdiction under section 260C.193, subdivision 6, and dismisses

- 45.1 the order for foster care under section 260C.178 or 260C.201, subdivision 1. Unless the
- 45.2 agency and the parent execute a voluntary placement agreement for the child to continue
- 45.3 in voluntary foster care for treatment, the agency shall not have legal authority to place the
- 45.4 child after the court terminates jurisdiction under chapter 260C.