
Background

CHAPTER 1

Government intervenes in the lives of juveniles for a variety of reasons, including delinquent acts, protection from abuse or neglect, emotional problems, repeated truancy, and drug and alcohol use. Children usually remain in their own homes when they (or their families) encounter problems, but some receive care and treatment away from home. This chapter provides an overview of the child placement process in Minnesota. We asked:

- **How are children placed out of their homes in Minnesota, and what guidance does state law provide about the child placement process?**
- **How many residential beds are available for child placements in Minnesota and in what types of settings?**
- **How might recent law changes affect future placement patterns?**

Overall, we found that it is difficult to describe a “typical” out-of-home placement in Minnesota. Some residential settings primarily provide care and shelter, some are meant to hold children accountable for their actions, and others aim to change children’s behaviors through therapeutic programs. Some juveniles in out-of-home placement live in family homes; others live in large facilities or behind locked doors. Most long-term, publicly-funded child placements are court-ordered, but others result from voluntary agreements between a child’s guardians and a local social services agency. County agencies often advise the courts about placements, and they sometimes select the facility in which a child will be placed.

TYPES OF PLACEMENTS

There are several ways that Minnesota children are placed in publicly-funded out-of-home care. First, a child may be temporarily placed in **detention or shelter care**. For instance, police may place a suspected juvenile offender in a detention facility after taking the child into custody, or they may place an abused child in a shelter for temporary protection and care. Depending on the circumstances, state law requires the court to hold a hearing within 24 to 72 hours to determine whether a child placed by a peace officer should remain in custody.¹

¹ *Minn. Stat.* §260.172, subd. 1.

Court-ordered placements account for most days of care.

In general, a child placed in detention or a shelter by a peace officer must be returned home unless the court finds reason to believe that this would endanger the child or others, or that the child might run away.

A second type of placement is a **voluntary placement**. This occurs when the county social services agency and the child’s parents or guardians complete a written “voluntary placement agreement.” Parents often enter into voluntary placement agreements in cases where the county is considering court action to have the child removed from the home. Because the agreement is voluntary, it may be revoked by the parents or guardians. If the agreement is revoked, the child must return home unless a court determines that this would not be in the child’s best interests. Voluntary placements require court approval if they are to last more than 90 days, or six months for placements involving developmentally disabled or emotionally handicapped children. If a child has not returned home six months after a voluntary placement, the county social services agency must file a petition seeking up to six more months in the existing placement, a petition for protection or services, or a petition to terminate parental rights.²

A third type of placement is a **“court-ordered” placement**, and this type accounts for most of the days that Minnesota children spend in out-of-home placement.³ Such a placement may occur if a court, in response to a petition, finds that a child is (a) delinquent, or (b) in need of protection or services (see Figure 1.1). The law provides the court with various options for case “disposition,” including placement away from home. Among its options, the court can transfer legal custody of the child to a social services agency, “child-placing agency,” county home school, commissioner of corrections, county probation officer, or “reputable person of good moral character.”⁴

State law directs the courts to make judicious use of out-of-home placement. For delinquent children under the court’s jurisdiction, “it shall be the duty of the court to ensure that reasonable efforts are made to reunite the child with the child’s family at the earliest possible time, consistent with the best interests of the child and the safety of the public.”⁵ In cases involving children in need of protection or services (or “CHIPS” cases), the paramount consideration is the health, safety, and best interests of the child, according to state law. The law says that children in CHIPS cases should be removed from their parents’ custody “only when the child’s welfare or safety cannot be adequately safeguarded without removal; and,

² When the court is petitioned to review the foster care status of a developmentally disabled or emotionally handicapped child, it may authorize the voluntary placement to continue for up to another 12 months. *Minn. Stat.* §257.071, subd. 3 and §260.192.

³ The Department of Human Services maintains county-reported information about placements paid by social services budgets. For 1997, this database showed that 75 percent of placement days were court-ordered, compared with 15 percent for voluntary placements and 9 percent for children in police custody for protective services. This database does not contain records for some delinquency related residential placements and most detention placements--the vast majority of which result from court orders and actions by law enforcement agencies.

⁴ *Minn. Stat.* §260.185, subd. 1 and §260.191, subd. 1. “Child placing agencies” are county or private agencies designated or licensed by the Commissioner of Human Services to place children in residential programs, foster care, or adoptive homes.

⁵ *Minn. Stat.* §260.012, subd. 2 (a).

Children can be placed due to delinquency, protection from abuse or neglect, or a need for services.

Figure 1.1: Definitions of Delinquent Children and Children in Need of Protection or Services

A “delinquent” child is one who has:

- Violated a state or local law, except for habitual truants, runaways, juvenile petty offenders, certain traffic offenders, and juveniles who have violated laws pertaining to possession of small amounts of marijuana and underage alcohol possession;
- Violated a law of another state or the federal government and whose case has been referred to juvenile court; or
- Escaped or absconded from a court-ordered stay at a state or local juvenile correctional facility.

A child in need of protection or services (often called “CHIPS”) is one who has:

- Been abandoned or is without a parent, guardian, or custodian;
- Been a victim of abuse or neglect (or is living with abuse victims or perpetrators);
- Parents, guardians, or custodians who want to be relieved of the child’s care and custody for good cause;
- Been placed for adoption or care in violation of law;
- Behaviors, conditions, or environments that may be injurious or dangerous to the child or others;
- Committed a delinquent act before age ten;
- Run away from home;
- Been a habitual truant;
- Been found incompetent to proceed or not guilty due to mental health problems in a delinquency, criminal, or petty offense case;
- Committed domestic abuse by a minor, been court-ordered to live out of the parent’s home, and has no alternative, safe living arrangement;
- A custodial parent whose rights to another child have been involuntarily terminated within the past five years.

SOURCE: *Minn. Stat.* §260.015, subd. 2a and 5.

when removal from the child’s own family is necessary and in the child’s best interests, to secure for the child custody, care and discipline as nearly as possible equivalent to that which should have been given by the parents.”⁶

State law requires all court disposition orders to specify why the best interests of the child are served by the order, what alternatives were considered, and why the alternative dispositions were rejected. When making dispositions, the courts rely considerably on the recommendations of county corrections and human services agencies, and they often consider the opinions of defense and prosecution attorneys, guardians *ad litem*, parents, and others.

⁶ *Minn. Stat.* §260.011, subd. 2 (a).

**Placements
should be
selected to meet
juveniles'
individual
needs.**

The 1997 Legislature established a state policy that placements should be selected to meet juveniles' individual needs.⁷ In addition, it adopted a list of factors that should be considered, including: (1) the child's current functioning and behaviors, (2) the medical, educational, and developmental needs of the child, (3) the child's history, (4) the child's religious and cultural needs, (5) the child's connection with a community, school, and church, (6) the child's interests and talents, (7) the child's relationship to caretakers, parents, siblings, and relatives, and (8) the preferences of the child. Also, when children are placed due to imminent risk of abuse or neglect or due to a need for treatment of emotional disorders, chemical dependency, or mental retardation, state law requires social services agencies to determine "the level of care most appropriate to meet the child's needs in the least restrictive setting and in closest proximity to the child's family."⁸

A court may order juveniles within its jurisdiction to be examined by physicians, psychiatrists, or psychologists. The court may also request local social services or corrections agencies to prepare reports on juveniles' personal and family histories.⁹ In some cases, the law requires that the courts obtain specific types of child assessments. For example, if a child is found to be delinquent for committing a felony-level offense, the court is required to make a finding regarding the juvenile's mental health and chemical dependency treatment needs. Likewise, children found by the court to have committed certain sex offenses must be assessed to determine whether sex offender treatment is needed.¹⁰ Prior to placement in a residential chemical dependency treatment facility, a child must be assessed and meet the placement criteria outlined in state rules.¹¹ And, before a child with a severe emotional disturbance can be placed in a treatment facility, county staff are required to determine whether residential treatment is necessary and appropriate.¹²

In CHIPS cases, the court must document "whether reasonable efforts. . . were made to prevent or eliminate the necessity of the child's removal and to reunify the family after removal."¹³ If the court finds that further preventive or reunification efforts could not permit the child to safely return home, the court may authorize (or continue) removal of the child from the home--even if the social services agency has not yet made reasonable efforts to prevent placement or reunify the family.

Federal and state laws establish special procedures for cases in which placement of American Indian children is being considered--partly in response to high placement rates among Indian children.¹⁴ For example, Minnesota tribal social

⁷ *Minn. Stat.* §260.181, subd. 3.

⁸ *Minn. Stat.* §256F.07, subd. 2. The law also requires the agency to estimate the length of the placement, set a placement goal, and state the anticipated outcome of the placement.

⁹ *Minn. Stat.* §260.151, subd. 1.

¹⁰ *Minn. Stat.* §260.185, subd. 1.

¹¹ *Minn. Rules* 9530.6615-9530.6650.

¹² *Minn. Stat.* §245.4885, subd. 1.

¹³ *Minn. Stat.* §260.191, subd. 1a.

¹⁴ *25 U.S. Code*, secs. 1901-1963; *Minn. Stat.* §§257.35-257.3579.

service agencies must be notified of cases that could result in placement of an American Indian child. The tribal agency has authority to review relevant case records, and official tribal representatives have a right to participate in court proceedings that are subject to the federal Indian Child Welfare Act. In some cases, the law gives tribal courts jurisdiction over child placement proceedings.

TYPES OF RESIDENTIAL SETTINGS

Facilities are licensed by different agencies but serve overlapping populations of juveniles.

All children placed out of home in Minnesota live in residences that are licensed by either the Minnesota Department of Human Services (DHS) or Minnesota Department of Corrections (DOC). At some facilities--such as the three facilities operated by DOC--all (or nearly all) of the juveniles have been adjudicated delinquent by a court. In contrast, some DHS-licensed foster homes only serve juveniles who have been placed for purposes of protection or services. But many residential facilities serve a variety of children, and there is considerable overlap in the types of juveniles served by DOC-licensed facilities and those served by DHS-licensed facilities.¹⁵ For example, some delinquent juveniles are placed in residential mental health treatment facilities licensed by DHS, and many juveniles in DOC-licensed facilities have mental health problems. In fact, this overlap was one reason that the 1995 Legislature required DHS and DOC to jointly develop rules which would apply uniform standards to certain aspects of residential settings licensed by the agencies.¹⁶

Table 1.1 provides information on the number of licensed beds in each facility category, plus our estimate of the actual number of days of care in each category in 1997 (discussed further in Chapter 2). As shown in the table,

- **There are more than 17,000 beds for juveniles in residential facilities licensed by DHS and DOC.**
- **Foster care is the largest single category of residential care for juveniles, representing three-fourths of Minnesota's total licensed juvenile beds and two-thirds of total days of care in 1997.**

It would be useful to know how Minnesota's total number of beds, children served, or days in residential services compare with other states. Unfortunately, we found no recent, reliable sources of information on the aggregate numbers of children in placement by state.¹⁷

¹⁵ Office of the Legislative Auditor, Program Evaluation Division *Residential Facilities for Juvenile Offenders* (St. Paul, February 1995), 38-40.

¹⁶ *Minn. Laws* (1995), ch. 226, art. 3, sec. 60.

¹⁷ Paul Lerman, "Child Protection and Out-of-Home Care: Systems Reforms and Regulating Placements," in *Protecting Children from Abuse and Neglect*, ed. Gary B. Melton and Frank D. Barry (New York: Guilford Press, 1995), 353-437. There are state-by-state data on juveniles in certain types of facilities, but the data are "notoriously tardy" and duplicative across systems, and they cannot be aggregated reliably due to the different methods of counting placements.

Table 1.1: Number of Licensed Beds and 1997 Days of Care in Minnesota Facilities for Juveniles

Family foster homes are the largest category of residential facilities.

Type of Facility	Licensing Agency	Number of Licensed Beds ¹	Days of Care, 1997 ²
Correctional residential and detention facilities (secure and non-secure)	DOC	1,849	460,880
Residential mental health treatment ("Rule 5") facilities	DHS	918	260,533
"Rule 8" group homes	DHS	659	174,580
Family foster homes	DHS	13,406	2,223,102
	DOC	326	Not available ³
Chemical dependency facilities	DHS	Not available ⁴	54,031
Shelters	DHS	Not available ⁵	188,083
Other ⁶			31,108
TOTAL		17,158	3,392,317

SOURCE: DHS and DOC licensing units, Program Evaluation Division analysis of DHS substitute care database, DOC data on days of care at Red Wing and Sauk Centre facilities, June-July 1998 Program Evaluation Division surveys of counties, and DHS chemical dependency data.

¹Beds licensed as of May 1998 for foster care and November 1998 for other types of facilities.

²Includes days of care for Minnesota children placed out of state, but excludes children from other states in Minnesota facilities.

³Days of care in DOC-licensed foster homes are included in the DOC correctional facilities total.

⁴Chemical dependency facilities are often licensed to serve both adolescents and adults, so it is not possible to precisely determine statewide adolescent bed capacity.

⁵Shelters are not a separate category for licensing purposes--the number of shelter beds are included in the Rule 5 and family foster home categories.

⁶These are days of placement that we were unable to allocate to types of facilities.

In the sections that follow, we briefly describe the general categories of residential services available for juveniles in Minnesota. For each facility category, Chapter 3 provides information on the cost per day, and Chapter 4 discusses the characteristics of juveniles served.

Correctional Facilities

In late 1998, there were a total of 2,175 beds for juveniles in facilities and foster homes licensed and regulated by the Minnesota Department of Corrections (DOC). This included 1,600 "non-secure" beds and 575 "secure" beds. A secure living unit keeps its residents in locked confinement--often to protect public safety or to prevent a suspected or adjudicated offender from fleeing.

A majority of DOC-licensed beds are in "**juvenile residential facilities.**"¹⁸ For the most part, these facilities serve juveniles who have been adjudicated delinquent by the courts. Some of these facilities primarily provide a consequence

¹⁸ Minn. Rules 2935.

Some correctional facilities serve juveniles found delinquent by courts; others detain juveniles awaiting court hearings.

or punishment for delinquent juveniles—for example, by requiring residents to participate in work or community service in a highly structured environment. Such programs typically vary in length from two weeks to three months. Other DOC-licensed juvenile residential facilities have programs with more therapeutic components—such as counseling, specialized treatment, instruction in daily living skills, and vocational training. Typically, correctional programs with therapeutic components keep juveniles for longer periods than programs that mainly emphasize “consequences.”

State rules require DOC-licensed juvenile residential facilities to have at least one direct service employee per 12 residents during waking hours. Residents must have individualized program plans, and facilities must work with each resident to plan for any needed programs after their discharge. State rules require these facilities to provide “a comprehensive and continuous” education program for residents. Each facility must also have “a social services program, such as individual and group counseling, community services, and family services.”¹⁹

A variety of public and private organizations operate juvenile residential correctional facilities. Currently, there are 3 facilities operated by the Minnesota Department of Corrections (at Red Wing, Sauk Centre, and Togo), 13 operated by counties, and 13 operated by private organizations. The DOC’s Red Wing facility admits juveniles committed by the courts to the Commissioner of Corrections, and it is the only residential facility in Minnesota that must admit all referred juveniles. (The Sauk Centre facility served committed juveniles through the end of 1998.)²⁰

Another category of DOC-licensed facilities is **secure detention centers**, most of which are operated by counties.²¹ These facilities primarily confine and care for juveniles who have not yet been adjudicated by the courts. A minimum of two staff must be on duty in these facilities at all times. Most of Minnesota’s secure juvenile beds are in detention centers.

Residential Treatment Centers (or “Rule 5 Facilities”)

As of late 1998, the Department of Human Services licensed and regulated a total of 918 beds in juvenile mental health treatment facilities. These facilities are commonly called “Rule 5 facilities” or “residential treatment centers,” and they operate under the clinical supervision of a mental health professional.²² State rules authorize these facilities to provide shelter, food, training, treatment, and

¹⁹ *Minn. Rules* 2935.2000, subp. 3.

²⁰ In addition, the 56 counties that did not participate in the Community Corrections Act could place juveniles without charge at Red Wing and Sauk Centre through 1998. Starting in 1999, all counties placing children at the Red Wing and Sauk Centre facilities are billed the actual cost of services, excluding education costs (*Minn. Stat.* §242.192).

²¹ *Minn. Rules* 2930.

²² The rules governing these facilities are now *Minn. Rules* 9545.0905-9545.1125.

**"Rule 5"
facilities serve
emotionally
disturbed
youth.**

other care to children with severe emotional disturbances. Most treatment services at Rule 5 facilities are provided on-site by facility staff.

State regulations require Rule 5 facilities to base admission decisions upon a comprehensive assessment of a child and his or her needs. Following a child's admission, the treatment program should "assist the child in returning to the community in a manner that will enable the child to function to the child's fullest possible extent."²³ If a child requires the services of a psychologist or psychiatrist, the facility must arrange for this. State requirements for staff-to-child ratios vary, depending on the ages of the children. For instance, facilities must have one staff member during waking hours for every three children who are ages four or five; there must be one staff member for every eight children who are 12 to 16 years old. Generally, children under age 16 must attend school within the Rule 5 facility's school district or at a school within the facility.²⁴

All of Minnesota's Rule 5 facilities are privately operated except for two regional treatment centers operated by the Department of Human Services in Brainerd and Willmar. These two state facilities are also licensed as acute care hospitals.

Group Homes

As of late 1998, the Department of Human Services licensed and regulated a total of 659 beds in "group homes." Sometimes called "Rule 8 facilities," these homes of ten or fewer children combine aspects of residential treatment facilities and foster homes.²⁵ The homes have staff who can provide care, supervision, and treatment, but they also rely considerably on community resources for employment, counseling, education, and recreation. All DHS-licensed group homes are privately owned and operated.

Each group home must have "group home parents" who provide 24-hour-a-day supervision and care in the residence. State regulations recommend a staff-to-child ratio of one staff member for every five children. As needed, the home must employ or contract for social services, medical, dental, psychiatric, and psychological staff. School age children are referred to the local school district for their education.

State rules require group homes to develop a program plan for each resident. In addition, the rules recommend that the homes offer social services to families of the residents "whenever feasible and in accordance with the planning of the child."²⁶

²³ *Minn. Rules*, 9545.0915, subp. 4.

²⁴ State rules authorize designated school authorities to exempt certain children under 16 from attending school in the local district. Schools operated within Rule 5 facilities must meet stated local district standards. Special plans for education must be developed in cases where children are unable to attend neighborhood schools.

²⁵ *Minn. Rules* 9545.1400-9545.1480.

²⁶ *Minn. Rules* 9545.1450, subp. 6.

**Group homes
are small
residential
facilities.**

Foster Care

The Department of Human Services licenses most of Minnesota's foster care beds. According to DHS rules,

“The purpose of foster care is to provide substitute family or group care for a child while an intensive effort is made to correct or improve the conditions causing placement and to reunite the family or, if the child cannot be returned home, to provide some other permanent plan.”²⁷

The rules identify six categories of foster family homes that provide 24-hour a day care: (1) “emergency shelter homes,” which usually provide care for 30 days or less; (2) “interim homes,” in which children are expected to return home within one year or be placed for adoption within two years, (3) “permanent homes,” which care for children until they turn age 18, (4) “restricted homes,” which can only serve those children named in the license, (5) “special services homes,” which have specialized staff who can provide “extraordinary care or services,” and (6) “group family foster homes,” which can serve up to ten children.²⁸ For each category, state rules establish limits on the number of children that can be served per home and designate experience and training requirements for service providers.

Most foster homes do not provide counseling or treatment.

Some foster homes provide specialized therapeutic services within the residence for placed children (such as counseling or treatment), but most do not.²⁹ Local social services agencies pay for foster care through a uniform “maintenance” payment based on the child’s age plus a supplemental payment based on the child’s “difficulty of care.”³⁰

As of May 1998, foster family homes licensed by DHS had a “licensed capacity” of about 13,400 beds. DHS delegates responsibility to county and private social services agencies to accept foster care licensure applications and recommend their approval or denial. These agencies also can inspect and evaluate foster homes, monitor their compliance with state rules, issue “corrections orders,” and enforce orders of the DHS commissioner.³¹

State law requires public and private child-placing agencies to make “special efforts to recruit a foster family from among the child’s relatives.”³² Within six months of a child’s placement in a residential facility, the local social services agency must identify relatives of the child and notify them about the need for a

²⁷ *Minn. Rules* 9560.0510.

²⁸ *Minn. Rules* 9545.0010, subp. 7. A family foster home may provide more than one of these types of care.

²⁹ Foster homes are not required by law or rule to develop treatment plans for their residents, although some do. County social services agencies develop a “placement plan” for each child within 30 days of placement.

³⁰ *Minn. Rules* 9560.0650-9560.0656.

³¹ *Minn. Rules* 9543.0030.

³² *Minn. Stat.* §257.072, subd. 1.

foster home for the child and the possibility of the child's out-of-home placement on a permanent basis.³³ A relative of a child who wishes to provide foster care must obtain a DHS license to do so--either an "emergency license" for temporary care or a regular foster home license.

The Commissioner of Corrections is authorized by law to license foster care facilities for delinquent juveniles.³⁴ As of late 1998, there were 326 beds in DOC-licensed group foster homes, and the homes ranged in size from 1 to 20 beds.

Chemical Dependency Facilities

DHS licenses residential programs that aim to change individuals' patterns of drug and alcohol use.³⁵ "Primary inpatient treatment" must provide at least 30 hours of rehabilitative services to residents per week, "extended care" programs must provide an average of 15 hours of rehabilitative services per week, and "halfway houses" must provide at least 5 hours of rehabilitative and transitional services per week. State rules establish uniform placement criteria for each category of facility, and decisions about which persons meet the criteria are made by county chemical dependency assessors. On average, juveniles stay in inpatient treatment for shorter periods than other types of chemical dependency treatment, but inpatient care is also the most expensive per day.³⁶

Since 1988, Minnesota's Consolidated Chemical Dependency Treatment Fund has pooled local, state, and federal funds to help pay for assessments and services. The state has restricted eligibility in recent years to match the size of the fund, but there has been sufficient funding to pay for adolescents from families with incomes up to 60 percent of the state median. In 1997, the fund paid for about half of the placements of Minnesota children at chemical dependency facilities, and private sources paid for almost all the rest.

RECENT LAW CHANGES

Chapters 3 and 4 present 1997 data on the number of children in placement and the amount of time they spend in placement. This represents the most recent statewide information available about child placements in Minnesota.

There has been increasing concern nationally and in Minnesota about the amount of time children spend in out-of-home placement. Long-term out-of-home placement is expensive, and many observers believe that delays in finding permanent living arrangements may cause children to lose opportunities to develop strong emotional attachment to adults. In part, the U.S. Congress passed

³³ *Minn. Stat.* §257.071, subd. 1d.

³⁴ *Minn. Stat.* §241.021, subd. 2.

³⁵ *Minn. Rules* 9530.4100-9530.6810.

³⁶ Among juveniles who entered primary inpatient programs in 1997 that were paid for by the consolidated treatment fund, the average stay was 26 days, and the average cost per day was \$205.

Some juveniles are placed out of their homes because of drug or alcohol use.

the Adoption Assistance and Child Welfare Act of 1980 to prevent children from remaining unnecessarily long in foster care. It required periodic reviews of cases involving children in placement, as well as dispositional hearings to “determine the future status of the child” within 18 months of placement.³⁷ The 1993 Minnesota Legislature required that these “permanency placement determination hearings” occur within 12 months of placement, unless the court granted a time extension.³⁸ Permanent placement dispositions allowed by Minnesota law include returning the child home, terminating parental rights and finding an adoptive home for the child, long-term foster care, and a transfer of custody to a relative. But the courts and counties interpreted Minnesota’s permanency “timeline” in many ways, prompting further legislative concerns about the amount of time that children were in placement.³⁹

Within the past two years, changes in federal and state law were intended to reduce the amount of time children spend in CHIPS placements before permanent homes are sought or identified. Examples of key changes have included the following:

Recent laws aim to speed the process of finding permanent homes for children.

- The 1997 Legislature modified (and clarified) the timing of certain events in the “permanency planning” process. It required courts to conduct hearings to determine the permanent status of children within 12 months of placement, eliminating the option of a timeline extension. The Legislature established procedures for (1) determining when this 12-month period begins, and (2) counting placement time under current and previous placements toward the deadline for permanency planning.⁴⁰
- The federal Adoption and Safe Families Act of 1997 requires that agencies make “reasonable efforts” toward reunification of children with their families during only the first 15 months of placement. It also exempted certain cases altogether from “reasonable efforts” requirements. In addition, the law required that termination of parental rights petitions be filed in cases where children have been in foster care for 15 of the past 22 months.⁴¹
- The 1998 Legislature said that, effective July 1999, permanent placement determination hearings for children under age eight must be held within six months of out-of-home placement, not 12. For voluntary placements exceeding 60 days and for court-ordered placements, the Legislature provided counties with funding for “concurrent planning”—that is, planning for ways to reunite children with their families while simultaneously exploring alternative ways to find permanent homes for the children. The 1998 Legislature also set faster timelines for filing adoption petitions, for

³⁷ 42 U.S. Code, sec. 675 (5) (C).

³⁸ *Minn. Laws* (1993), ch. 291, sec. 21.

³⁹ *Final Report of the Minnesota Supreme Court Foster Care and Adoption Task Force* (St. Paul, January 1997).

⁴⁰ *Minn. Laws* (1997), ch. 239, art. 6, sec. 26.

⁴¹ P.L. 105-89.

filing termination of parental rights petitions in cases where children have been subject to egregious harm, and for filing disposition orders in CHIPS cases.⁴²

⁴² *Minn. Laws* (1998), ch. 406, arts. 1 and 2.