

*This opinion is nonprecedential except as provided by
Minn. R. Civ. App. P. 136.01, subd. 1(c).*

**STATE OF MINNESOTA
IN COURT OF APPEALS
A25-1120**

In the Matter of the Welfare of the Child(ren) of: S. S. and S. S., Parents.

**Filed February 23, 2026
Affirmed
Harris, Judge**

St. Louis County District Court
File No. 69HI-JV-24-16

Anne Morris Carlson, St. Paul, Minnesota (for appellant-mother S.S.)

Karl G. Sundquist, Virginia, Minnesota (for respondent-father S.S.)

Kimberly Maki, St. Louis County Attorney, Rachel L.L. Caplan, Benjamin M. Stromberg,
Assistant County Attorneys, Hibbing, Minnesota (for respondent St. Louis County Health
and Human Services)

Angela Sonsalla, Perham, Minnesota (for guardian ad litem Brittney Springer)

Considered and decided by Reyes, Presiding Judge; Harris, Judge; and Bond, Judge.

NONPRECEDENTIAL OPINION

HARRIS, Judge

Appellant challenges the district court's order transferring custody of her minor child to respondent, arguing that the district court erred by determining that (1) appellant failed to correct the safety concerns that prompted the child's out-of-home placement, (2) appellant would be unable to correct the safety concerns under a clarified case plan, (3) the agency made reasonable efforts to facilitate reunification, and (4) transferring permanent legal and physical custody was in the child's best interests. The district court's

findings are supported by the record, and its legal determinations reflect no abuse of discretion. Accordingly, we affirm.

FACTS

Appellant-mother S.S. and respondent-father S.S. were married in June 2012 and had their marriage dissolved in January 2022. Mother and father share one biological child together, P.S. As part of their marriage dissolution, the district court awarded both parties joint legal custody of the child, granted mother sole physical custody of the child, and reserved parenting time with father. The district court took judicial notice of the facts below.

2023 CHIPS Adjudication

In February 2023, the St. Louis County Public Health and Human Services Department (the county) filed a petition alleging that P.S. was in need of protection or services (CHIPS) under Minnesota Statutes section 260C.007, subdivision 6(3), (4), (8), and (9) (2022). The following facts are taken from the district court’s 2023 order adjudicating P.S. in need of protection or services.

The district court determined that P.S. was in need of protection or services under Minnesota Statutes section 260C.007, subdivision 6(3), because of concerns surrounding P.S.’s medical and educational needs, as well as mother’s mental health. For example, mother “insisted that [P.S.] needed both a special education IEP and a 504 plan¹,” but the

¹ “An [Individual Education Program (IEP)] is a personalized plan detailing a disabled student’s unique educational needs and identifying necessary accommodations.” *Indep. Sch. Dist. No. 12 v. Minn. Dep’t of Educ.*, 788 N.W.2d 907, 909 (Minn. 2010) (citing 20 U.S.C. § 1414(d) (2006)). Section 504, which is commonly referred to as the “504 plan,”

school district refused. Unhappy with this decision, mother transferred P.S. to another school district and made the same request. The second school district also rejected mother's claim that P.S. needed special services, concluding that he "functioned well in the school setting and did not qualify for either an IEP or a 504 plan." Additionally, mother displayed extreme reactions when she learned about "mild negative social interaction[s]" between P.S. and other students at school, insisting that staff intervene and remove P.S. from the general education setting.

Mother also frequently claimed that P.S. was bullied at school. But when the school interviewed P.S., he described only one instance "when lots of kids had pushed to get access to candy because they all wanted it." P.S. added that "he had a lot of friends at school and missed them." Despite mother's claim of bullying and other behavioral concerns, the school observed nothing atypical regarding P.S. and noted that he "did not have one behavioral write-up." The school also reported that it saw no indication that P.S. had "ADHD, PTSD, or sensory processing issues, and never saw any displays or evidence of either self-harming or aggressive behaviors, despite mother's insistence that these issues persisted for the child." The school's only concern was that P.S. had 21 absences, only five of which were excused. According to the school, the remaining 16 unexcused absences were attributed to mother's "ongoing perception that the child was not

"refers to the Rehabilitation Act of 1973, which prohibits programs receiving federal financial assistance from excluding, denying benefits to, or discriminating against otherwise qualified individuals with disabilities." *Id.* A 504 plan is a document that "typically includes a school district's plans for compliance with the broader statutory mandate to provide a free appropriate public education in the Individuals with Disabilities Education Act." *Baker v. Bentonville Sch. Dist.*, 75 F.4th 810, 813-14 n.2 (8th Cir. 2023).

emotionally healthy enough to be in school.” P.S. had a brief period of inpatient hospitalization, and when he was discharged from the hospital, mother refused to re-enroll him in school contrary to the recommendations from the child’s therapist and primary physician. She claimed that P.S. “refused” to attend school and that his “personality had completely changed.”

The district court also concluded that P.S. was in need of protection or services because of mother’s inability or unwillingness to recognize typical and normal behaviors in P.S., which exposed him to “unnecessary medications and medical interventions.”

Mother brought P.S. to the emergency room on several occasions in January 2023. In one instance, she brought him to the ER after he “smashed [mother’s] wrist with a toothbrush.” Then, approximately one week later, she brought him back to the ER after he drank mouthwash one morning. She testified that, after poison control assured her the amount of mouthwash he had ingested was harmless, she sent him to school that morning. Later that day, she contacted the hospital’s mobile crisis team, who indicated that P.S. needed to be seen in the ER. P.S. was pulled from school at 1:00 p.m. that afternoon and brought to the ER.

In another instance, mother reported to the county social worker that P.S. was in the ER the night before and that she “had to fight to keep him home.” But after contacting the hospital, the social worker learned that mother insisted that P.S. be admitted to inpatient treatment. Even when P.S. was discharged from the hospital, mother reported to the social worker that medical staff recommended that P.S. continue to receive inpatient services.

Mother's claim was contradicted after the social worker followed up with medical staff, P.S.'s former therapist, and P.S.'s diagnostic assessment.

Mother also interfered with P.S.'s ability to communicate independently with medical personnel, such that it "pose[d] a serious risk of harm to the child." During one assessment, medical staff observed P.S. "sitting on [mother's] lap, whispering in her ear often, and only [speaking] about suicidal ideation and thoughts of harming mother. Mother appeared to be encouraging the child to say these remarks." In a separate ER visit, mother refused to leave P.S.'s side to allow medical staff to interview him independently.

The district court next found that P.S. was in need of protection or services under Minnesota Statutes section 260C.007, subdivision 6(8), because of mother's emotional and mental health. According to P.S.'s former therapist, mother "exhibited codependent behaviors, attention-seeking behaviors, and intent to get [P.S.] placed on Social Security Disability." The therapist described mother as "escalating and unpredictable" and expressed concern about P.S.'s well-being and development. P.S.'s medication-management prescriber noted that P.S. "appears to internalize the perceived emotions of those around him," which included his mother. In addition, P.S.'s primary-care physician stated, "there are so many mental health issues ongoing that I can't tease out what [P.S.] is like without [mother] and Grandma around." An illustration of mother's emotional- and mental-health status appears in the district court's description of mother's visit to a public health and human services office in Duluth. During the visit, mother "was described by staff as being 'amped up,' going from 'happy, to mad, to crying in one sentence,' with 'fast speech' and 'talking in circles.'"

Mother also displayed delusional and paranoia-related behaviors. For example, mother accused her former mother-in-law of “putting all [P.S.’s] services on hold,” accused father of “tapping into her phone lines or her Google account,” and accused P.S. of “faking” his behaviors because father allegedly told P.S. “to make her life hard.” Mother also complained to the Range Mental Health (RMH) crisis team that the “child protective services investigation was a ‘conspiracy by Dad’s family.’” Mother’s paranoia about “hacking” later included P.S. himself. In a hospital visit in late January 2023, mother reported to ER staff that P.S. “learned to hack while at [the hospital].” Two weeks later, mother walked into the public health and human services office in Hibbing and accused them of hacking into her phone. In that same conversation, mother then alleged “that the guy at Walmart is who . . . hacked her phone and that CPS in California has become involved in her case and accessed her information.” Approximately two weeks later, mother “placed all of her electronic devices into a safe and deposited them on a frozen lake.”

At the time of the CHIPS trial in August 2023, the district court found that mother “was still of the belief that her phone had been hacked, and that leaving her electronic devices in a safe on a frozen lake was a reasonable way to get those devices into the hands of law enforcement to elicit some form of response to the alleged hacking.” The district court observed that although mother attempted to seek care for P.S. by contacting the RHM crisis team, she “sabotages those same services before they could be put in place.” It found that mother abused medical staff and threatened to sue them to the point where the therapist’s office had to discontinue services because of her behavior. P.S.’s former

therapist of two years attempted to schedule a final wrap-up session with P.S. to transition him out of her care, but mother refused this visit. Mother also cancelled meetings between P.S. and the RMH crisis team that would provide temporary fill-in services for therapy, alleging that P.S. had already met with them. However, mother could not provide a basis for her belief that a meeting had already occurred. Mother also refused to accept an offer from NorthHomes² to continue in-school services; mother later complained to others that this service was not made available to her.

The district court also determined that P.S. was in an unsafe environment under Minnesota Statutes section 260C.007, subdivision 6(9), as mother subjected him to “unnecessary medical treatments and law enforcement involvement.”

The county’s psychologist, Dr. Ries, testified that mother created an unsafe emotional environment that placed P.S. “at risk of both medical and psychological harm.” He explained that “a child experiencing significant medical intervention at the request of their parent due to seemingly fabricated or inaccurately described symptomology is at risk for long-term anxiety, depression, and trauma.” Because of mother’s beliefs regarding P.S.’s uncorroborated behaviors, P.S. was “prescribed a notable list of psychotropic medications including guanfacine, clonidine, risperidone, fluoxetine/Prozac, Intuniv, Adderall, and Seroquel.” Dr. Ries testified that each medication carries significant risks and potential side effects that place P.S. at harm when taken and not clinically necessary.

² NorthHomes is an organization that provides Children’s Therapeutic Support Services, specifically mental-health skills coaching.

Dr. Ries added that unnecessary medical interventions inhibit a

child's ability to develop a sense of self, of others, and how to understand how the child relates to the world around them because the child is told that he is dangerous to himself and others when he is not, and that his experience and judgment about people whom he ought to be able to trust, such as his caregivers, medical providers, and law enforcement, is inaccurate because it is inconsistent with his caregiver's perceptions.

Dr. Ries further testified that P.S. was placed at risk of physical harm because "exposing a child to unnecessary medical treatments and medications exposes the child to unnecessary harms and side effects without any benefits." Neuroleptic medications, for example, "are not gentle on the body or the brain."

The district court found that mother's allegations of P.S. expressing suicidal ideation or engaging in self-harm were contradicted by his medical records. For example, in one of the instances when mother brought P.S. to the ER claiming he intended self-harm or suicide, medical staff reported that P.S. "was running around his living room and asking if he hit his head on fireplace glass if it could kill him." P.S. clarified that "he made the comment that the fireplace glass could kill him if he broke it," however he was "adamant that he did not say it in a manner that he wanted to harm himself." P.S. reported that he had hurt himself in the past, but did so by "jumping up and dropping his body down on a pillow."

Mother also claimed that P.S. acted aggressively and threatened to engage in self-harm, but she produced no corroborating evidence. The district court stated in its order that P.S.'s "medical records do not support mother's reports that the child engaged in self-

injurious behaviors or self-harm.” Despite there being no corroboration, mother’s descriptions of P.S. to medical staff from 2021 to early 2023 resulted in [P.S.] being prescribed the list of psychotropic medications described above.

The district court found that “[m]other’s actions of repeatedly taking the child to the emergency room for claimed emergencies and medicating the child outside of actual medical need for such conditions/emergencies, all contribute to an immediate risk of harm to the child, both medically and psychologically.”

In September 2023, following the CHIPS trial and based on the above factual findings, the district court determined that P.S. was in need of protection or services and granted the agency temporary legal and physical custody of P.S. for purposes of out-of-home placement.

The district court also required mother and father to comply with out-of-home placement plans. In relevant part, the case plan required mother to:

- Ensure that her medical and mental health needs are being met by (1) completing a CHIPS Specialized Parenting Evaluation and following all recommendations of the evaluation; (2) demonstrating that her mental health symptoms are stable and/or supported through recommended treatments; and (3) signing a release to allow the agency to ask her medical provider additional questions and continue to follow-up on medical concerns.
- Provide a healthy home environment that meets the emotional, mental health, and educational needs of P.S. by (1) accepting recommendations by P.S.’s providers regarding appointment schedules, additional services needed, medication management, and types of therapy; (2) cooperating with supports and service providers to better understand P.S.’s needs; (3) not consistently looking for worries or concerns in P.S.; (4) communicating with the social worker via notebook regarding any updates about

P.S.'s therapy appointments, medical appointments, or school; and (5) participating in Intense Family Based Services to develop parenting skills, communication skills, learn about their family, and learn to look at difficulties differently.

- Display the necessary cooperation, motivation, and tenacity required for reunification by (1) allowing the agency's social worker to be a collateral contact for all evaluations that are completed and (2) signing all requested releases of information for the agency's social worker to obtain copies of assessments and progress notes.

After P.S. was removed from mother's care, father began parenting-education courses and visitation with P.S. About four months later, the agency assessed father's ability to be an appropriate caretaker; it determined that father did not need additional support or services and placed P.S. under his care. Mother contested this decision, referencing a 2020 maltreatment report where father left a bruise on P.S. as a result of a spanking. Father later testified that he spanked P.S. as a form of discipline and that may have left a bruise. There was no evidence that father left the bruise maliciously.

Reunification Efforts and 2024 Transfer of Custody Petition

Following the CHIPS adjudication, the agency continued its attempt to facilitate reunification between mother and P.S while P.S. was under father's care. Mother began therapy and medication management, signed releases of information for the agency's social workers to communicate with her providers, maintained contact with the social workers, and was consistent with her visits. However, mother had not "developed an understanding of normal child behaviors, normal parent-child problem solving, and when and how to appropriately seek medical or other support." The agency did not believe that mother "demonstrated any understanding of the problems which led to the child's removal from

her care.” In March 2024, the agency filed a petition to transfer permanent legal and physical custody to father under Minnesota Statutes section 260C.515, subdivision 4 (2022).

Parenting-Capacity Evaluation

Mother completed a parenting-capacity evaluation with Dr. Guthmiller, a licensed psychologist, in July 2024. The evaluation indicated that mother’s behaviors are consistent with diagnoses of “Factitious Disorder, Imposed on Another” (FDIA), somatic symptom disorder (SSD),³ and a personal history of psychological trauma. Dr. Guthmiller testified that FDIA “is when someone intentionally exaggerates or creates symptoms in someone else.” This may include misreporting or exaggerating information, or “inducing or causing injury or illness or impairment in another person . . . by a willful misrepresentation of the clinical picture or what’s being presented.” Both have the potential to present parenting concerns.

Dr. Guthmiller’s evaluation explained that mother produced false information by indicating that P.S. needed an IEP and a 504 plan, and by alleging that P.S. was physically and sexually abused while at the hospital and was too depressed to attend school. Mother “further engaged in the neglect of her child via withholding prescribed medications, removing him from inpatient hospitalization against medical advice, and providing him

³ Dr. Guthmiller testified that SSD “is when there is a somatic or bodily sensation or symptom that causes someone a lot of distress. So, that can be something like fatigue, pain, headaches.” Dr. Guthmiller explained that these symptoms “cause more distress or impairments in functioning than would be typically expected.” As a result, a person would face “significant impairment” in their “ability to work, to go to school, [and] to potentially take care of themselves.”

with medications that she purchased online without a prescription or recommendation from the child's doctor." Mother also claimed that P.S. engaged in self-harm by "pinching himself" and "bouncing his iPad on his legs." Documentation also identified concerns that mother "coached" P.S. during clinical interviews. For example, medical staff observed P.S. looking at mother when asked a question that he "does not remember." And P.S. had "difficulty talking without [mother's] support."

Dr. Guthmiller's evaluation stated that mother's "performance on psychological testing measures raises concerns regarding her insight into her experience of mental health symptoms, amenability to treatment moving forward, ability to accept feedback, and motivation to change."

After Dr. Guthmiller provided mother diagnoses of FDIA, the agency modified her case plan to include treatment with an FDIA-experienced provider. However, at a pretrial hearing in November 2024, mother indicated that there was "substantial disagreement with [her] diagnosis of [FDIA]." As such, mother stated that she "wish[ed] to get a second opinion through a re-evaluation to confirm" the diagnosis. In January 2025, mother arranged for a neuropsychological evaluation by neuropsychologist, Dr. Kearney, for the purpose of disputing her FDIA diagnosis. Dr. Kearney indicated to mother that he "could provide an overview of her cognitive functioning but [he] wasn't going to be a part of undoing [the FDIA] diagnosis." Dr. Kearney's subsequent evaluation addressed only neurocognitive functioning, explicitly including a note that he told mother that he was "not in a good position to say whether or not she truly has" FDIA.

2025 Transfer of Custody Trial

A four-day court trial was held in the spring of 2025. The district court heard testimony, in relevant part, from Dr. Fischer, a forensic psychologist; Dr. Tilstra, mother's geneticist; Dr. Ries, the agency's consulting psychologist; Dr. Guthmiller; Dr. Kearney; L.S., the agency's social worker; father; mother; and the guardian ad litem (GAL).

At trial, mother disagreed with the findings and recommendations from Dr. Guthmiller's parenting-capacity evaluation, and much of her testimony challenged her FDIA diagnosis. She additionally indicated that she would only be open to FDIA treatment if the provider was also experienced in treating Ehlers-Danlos syndrome (EDS).⁴

Mother called Dr. Fischer to testify about his review of the evaluation prepared by Dr. Guthmiller. He did not meet with mother or P.S.; rather, Dr. Fischer's role was limited to assessing the work that went into creating the evaluation itself. Dr. Fischer produced a consultation report reviewing Dr. Guthmiller's evaluation, and he specified in the report that he was not providing a "second opinion" on mother's FDIA diagnosis. Dr. Fischer testified that his biggest concern with the parenting-capacity evaluation was that the FDIA diagnosis may be inaccurate because there were no symptoms demonstrating a volitional element, meaning there has to be deliberate deception of others. For example, "a person who deliberately poisons themselves or harms themselves or feign[s] some type of illness." FDIA, he added, is imposed on another, meaning that parents will typically "cause[] their children to be sick" and this "result[s] in hospitalizations and unneeded medical treatment."

⁴ EDS is a "connective-tissue disorder" that can present itself in "bone disorders, tendons, ligaments, skin conditions, sometimes vision, hearing, [and] teeth."

Mother also presented testimony from Dr. Tilstra, who confirmed her EDS diagnosis and treats her for that disorder. Dr. Tilstra began evaluating mother in 2023 and saw her on three occasions between July 2023 and October 2024. The district court found that Dr. Tilstra neither evaluated P.S. nor identified any behavioral component of EDS that would connect mother's diagnosis to her decisions regarding P.S.'s medical care. Dr. Tilstra further testified that he had been operating under the mistaken belief that mother had been diagnosed with factitious disorder rather than FDIA. He acknowledged that he could not offer opinions regarding FDIA and confirmed that nothing about mother's EDS diagnosis would have affected her parenting behavior.

Dr. Ries testified at trial. In response to mother's assertion that her EDS and FDIA "went hand-in-hand," Dr. Ries stated that any connection between the two would be "very tenuous in nature." Addressing Dr. Fischer's conclusion that there was insufficient evidence of FDIA, Dr. Ries testified that FDIA is "inherently deceptive" and that the lack of observable evidence is not necessarily dispositive. Dr. Ries further testified that, regardless of whether mother's behaviors were attributable to FDIA or to another condition or contributing factor, the effect of mother's conduct on P.S.'s safety would be the same. The district court found Dr. Ries's testimony "credible and compelling in light of the overall circumstances of this case."

The district court also heard from Dr. Guthmiller, who testified about her parenting-capacity evaluation and provided a background on FDIA and SSD. She testified that a parent with FDIA may over-utilize "medical services, medications that the child doesn't need, [and] interventions that the child doesn't need, [which] can cause long-term

consequences.” Consequently, the child may grow confused about “their own health, their own body, [and] their relationship with others. They can be pulled from school and miss opportunities to socialize, to engage in [developmentally] appropriate and important activities.” Additionally, they can “develop their own mental health concerns,” such as depression, anxiety, and PTSD.

Dr. Guthmiller also addressed Dr. Fischer’s testimony that her evaluation failed to address a “volitional element.” She maintained that FDIA was a proper diagnosis for mother and referenced examples of mother’s behavior in support, such as withholding information from medical staff about medications she gave to P.S., exaggerating P.S.’s statements and behaviors as suicidal ideation, coaching P.S., and expressing a desire to seek medical care elsewhere because medical staff were not treating P.S. to her satisfaction. The district court found Dr. Guthmiller’s testimony and evaluation well-reasoned and credible.

L.S. joined P.S.’s case about one year after the CHIPS case opened. L.S. saw mother and father progress in their respective out-of-home placement plans. As it relates to mother’s plan, L.S. explained that he tried various approaches to assist mother, such as offering several different treatment providers and scheduling family team meetings. And when mother denied treatment claiming that her insurance would not cover the cost, L.S. even offered to have the agency reimburse her or cover the cost. Mother insisted that her treatment provider be specialized in EDS and FDIA, but L.S. explained to her that it would likely be impossible to find someone with expertise in both. Regardless of the agency’s ability to find a provider experienced in both FDIA and EDS, mother still refused to

cooperate, asserting that she “didn’t want anyone to treat her if they accepted that FDIA diagnosis.” L.S. testified that, in all of his interactions with mother and in reviewing Dr. Guthmiller’s assessment, he observed no indication that mother even considered that she made any mistakes while caring for P.S. throughout 2022 and 2023. He testified that, with mother’s FDIA diagnosis, “safe reunification was very unlikely” so long as mother remained “[un]able to acknowledge the harm and the issues that occurred.”

The district court also heard testimony from the GAL. The GAL testified that when she first joined this case, in February 2023, P.S. was staying with a non-relative foster parent for a short period but was soon transitioned into a paternal relative’s foster home. The GAL recalled that there were some minor behavioral issues while P.S. was placed with the relative, and that the school made no concerning reports regarding P.S.’s attendance, behavior, or understanding of classroom material. The GAL also testified that P.S.’s “medical, dental, mental health, [and] school needs” were generally met under father’s care. She noticed “some minor regression” in P.S.’s behavior during mother’s visits, such as “baby talk” and “baby actions.” However, this was not as concerning to her. But overall, the GAL was impressed with P.S.’s growth over the past two-and-a-half years as he was performing well in school, was not having major outbursts, and was not “self-identifying suicidal [or] homicidal behaviors or actions.”

The GAL also testified that she was concerned about mother’s refusal to acknowledge or accept treatment for her FDIA diagnosis. She believed that, if left unaddressed, it would “affect [mother’s] ability to safely parent [P.S.] long-term.” While the GAL testified that mother should still be involved in P.S.’s life, the GAL believed that

father was “an appropriate and safe caregiver for [P.S.],” and that a transfer of custody to father “would be in [P.S.]’s best interest.”

The district court transferred permanent legal and physical custody of P.S. to father. Mother appeals.

DECISION

As an initial matter, father argues that mother waived her arguments on appeal because of inadequate briefing. We note that, although mother’s brief cites to legal authority for the standard of review and the general rules regarding transfer-of-custody petitions, she cites no statutes or caselaw that support her claims.⁵ Appellate courts decline to reach issues that are inadequately briefed. *In re Civ. Commitment of Kropp*, 895 N.W.2d 647, 653 (Minn. App. 2017), *rev. denied* (Minn. June 20, 2017). And “[a]n assignment of error based on mere assertion and not supported by any argument or authorities in appellant’s brief is waived and will not be considered on appeal unless prejudicial error is obvious on mere inspection.” *Schoepke v. Alexander Smith & Sons Carpet Co.*, 187 N.W.2d 133, 135 (Minn. 1971). While we could conclude that mother’s arguments are waived on appeal, we nevertheless address them because we would reach the same conclusion.

Mother argues that the district court’s findings were inadequate to support its determination that (1) she failed to correct the safety concerns that led to the out-of-home placement plan, (2) she was unable to meet P.S.’s needs if given the opportunity to do so

⁵ We need not address father’s argument because, even if we consider mother’s arguments adequately briefed, we find those arguments would not change our conclusion.

under a safety plan, (3) the agency made reasonable efforts to support reunification between mother and P.S., and (4) transferring custody served the child’s best interests. We address each argument in turn.

I. The district court did not abuse its discretion by determining that mother failed to correct the conditions leading to the child’s out-of-home placement.

Mother first argues that the district court made inadequate findings regarding her efforts to correct the safety concerns that led to the out-of-home placement plan.

In juvenile-protection matters challenging the transfer of permanent legal and physical custody of a child, we review “the district court’s factual findings for clear error and its finding of a statutory basis for the order for abuse of discretion.” *In re Welfare of Child of T.M.A.*, 11 N.W.3d 346, 354–55 (Minn. App. 2024) (quotation omitted). In doing so, we “view the evidence in a light favorable to the findings” and refrain from making our own facts, reweighing the evidence, and reconciling conflicting evidence. *In re Civ. Commitment of Kenney*, 963 N.W.2d 214, 221–22 (Minn. 2021). A district court’s factual findings “are clearly erroneous when they are manifestly contrary to the weight of the evidence or not reasonably supported by the evidence as a whole.” *Id.* at 221 (quotation omitted). “A district court abuses its discretion if it makes findings of fact that lack evidentiary support, misapplies the law, or resolves discretionary matters in a manner contrary to logic and the facts on record.” *T.M.A.*, 11 N.W.3d at 355.

In permanency proceedings, a district court may transfer permanent legal and physical custody to a parent or a “fit and willing relative.” Minn. Stat. § 260C.515,

subd. 4(a)(1)-(2) (2022). The district court's transfer-of-custody order must include the following detailed findings:

- (1) how the child's best interests are served by the order;
- (2) the nature and extent of the responsible social services agency's reasonable efforts or, in the case of an Indian child, active efforts to reunify the child with the parent or guardian where reasonable efforts are required;
- (3) the parent's or parents' efforts and ability to use services to correct the conditions which led to the out-of-home placement; and
- (4) that the conditions which led to the out-of-home placement have not been corrected so that the child can safely return home.

Minn. Stat. § 260C.517(a) (2022). Each of these findings must be proved by clear and convincing evidence. Minn. R. Juv. Prot. P. 58.03, subd. 1; *T.M.A.*, 11 N.W.3d at 355.

“A case plan that has been approved by the district court is presumptively reasonable.” *Id.* at 358 (quotation omitted). “A parent's failure to comply with a reasonable case plan results in a presumption that the parent has failed to correct the conditions leading to out-of-home placement.” *In re Welfare of Child of J.K.T.*, 814 N.W.2d 76, 87 (Minn. App. 2012).

Mother does not dispute that her case plan was approved by the district court, nor does she argue that the plan itself was unreasonable. Rather, she maintains that she substantially complied with the plan by engaging in services offered by the agency, including therapy and visitation, and by completing the parenting-capacity evaluation. The district court acknowledged that mother complied with most aspects of the plan. It nevertheless concluded that she failed to complete the plan's central component:

participation in FDIA treatment. That requirement addressed the conduct that prompted P.S.’s removal in the first place.

The record amply supports the district court’s determination that mother failed to correct the conditions that led to removal. The district court found that L.S. credibly testified that mother was unwilling to undergo treatment for her FDIA diagnosis and refused to see a professional experienced in that diagnosis. Despite L.S.’s extensive efforts to satisfy mother’s requests with respect to FDIA treatment, mother was unwilling to even explore the possibility that FDIA was a concern and was unwilling to seek treatment from a qualified professional unless the provider had expertise in both EDS and FDIA—a requirement that would be difficult, if not impossible, to satisfy.

L.S. and the GAL both testified that they did not believe long-term safety for P.S. could be established while in mother’s care if her FDIA diagnosis remained untreated. He added that “very little” had changed since P.S. left mother’s care and that mother had not acknowledged any harm to the child, any safety concerns to the child, or any changes she would make as a parent if P.S. were returned to her care.

In light of this record and the deference afforded to the district court’s credibility determinations, the district court’s factual findings were not clearly erroneous. *See J.K.T.*, 814 N.W.2d at 90 (stating that credibility determinations are left to the district court because they are “in the best position to assess the witnesses’ demeanor”). And the district court did not abuse its discretion in determining that mother failed to correct the conditions that led to the child’s out-of-home placement.

II. The district court did not abuse its discretion by determining that mother could not adequately correct the safety concerns even if a clarified safety plan gave her the opportunity to do so.

Mother next argues that the district court abused its discretion by not affording her another opportunity to demonstrate that she could correct the conditions leading to P.S.’s out-of-home placement under “a safety plan with clear instructions and guidance from the agency about what specific changes needed to be made.” According to mother, the safety concern that prompted this CHIPS proceeding was her “frequently seeking medical advice regarding concerns about her child.” The reasoning underlying the district court’s order, she states, was her refusal to “embrace” the FDIA diagnosis—a diagnosis that she still rejects. She argues that her refusal to embrace the FDIA diagnosis is not a safety concern that prevents P.S.’s return to her care. We are not persuaded.

There was credible testimony that mother repeatedly brought P.S. to the ER for normal behaviors and trivial concerns, often misrepresenting P.S.’s behaviors to medical professionals. This resulted in P.S. missing school, missing opportunities to socialize with others, and being exposed to several psychotropic medications that were medically unnecessary and dangerous. The root cause of mother’s behaviors was her FDIA diagnosis, which, if left untreated, would have continued to hinder P.S.’s mental, emotional, and physical growth given the countless unnecessary medical interventions. The district court found that mother “has never demonstrated any awareness or insight as to why [P.S.] was removed or what needed to change.” Based on the FDIA diagnosis, we struggle to see how placing P.S. in mother’s care—just to afford her an opportunity to see if she stops seeking medical attention repeatedly—would be in P.S.’s best interests. As the district court’s

order made clear, returning P.S. to mother's care would return him to the same unsafe and unstable environment that led to his out-of-home placement. *See J.K.T.*, 814 N.W.2d at 90.

Under these circumstances, there is no indication that mother would succeed under a safety plan clarifying when medical intervention is appropriate or not. If mother refuses to acknowledge her FDIA diagnosis and refuses to work with a provider unless they have expertise in both FDIA and EDS—a difficult, if not impossible likelihood—we fail to see how mother would succeed under a clarified safety plan.

In short, the district court's findings are well supported by record evidence, and its legal determination was not an abuse of discretion.

III. The district court did not abuse its discretion by determining that the agency made reasonable efforts to reunify mother and child.

Mother next argues that the district court failed to make adequate findings regarding the agency's reunification efforts. We review the district court's determination that the agency's efforts were reasonable for an abuse of discretion. *See In re Welfare of Child of D.L.D.*, 865 N.W.2d 315, 323 (Minn. App. 2015) (stating that district court's "reasonable-efforts finding was not an abuse of discretion"), *rev. denied* (Minn. July 20, 2015).

When evaluating the agency's reasonable efforts, the district court must consider whether services to the child and family were:

- (1) relevant to the safety and protection of the child;
- (2) adequate to meet the needs of the child and family;
- (3) culturally appropriate;
- (4) available and accessible;
- (5) consistent and timely; and
- (6) realistic under the circumstances.

Minn. Stat. § 260.012(h) (2022). “Reasonable efforts encompass more than just a case plan.” *J.K.T.*, 814 N.W.2d at 88. “Reasonable efforts” require “due diligence by the responsible social services agency to use culturally appropriate and available services to meet the needs of the child and the child’s family.” Minn. Stat. § 260.012(f) (2022). “The nature of the services which constitute ‘reasonable efforts’ depends on the problem presented.” *In re Welfare of S.Z.*, 547 N.W.2d 886, 892 (Minn. 1996).

Mother contends that the agency’s efforts were not reasonable because the agency “did not facilitate completing another [parenting-capacity evaluation] or receiving a second opinion” about her FDIA diagnosis. As previously mentioned, she cites no legal support for her claim that the agency was required to facilitate a second assessment. In any event, mother was never prevented from obtaining a second evaluation. Indeed, mother’s counsel told the district court at a pretrial hearing in November 2024 that mother wished to get a second opinion regarding her FDIA diagnosis. But between November 2024 and her trial in April 2025, mother appeared to seek a second opinion, but neglected to go to a provider that could or would provide a second opinion on the FDIA diagnosis.

Moreover, the district court found the agency provided the following services to correct the conditions that led to P.S.’s removal and to facilitate reunification with mother:

- Child protection assessment in 2020;
- Parent Support Outreach Program (PSOP) assessment and PSOP Case Management in 2021;
- PSOP assessment and Children’s Mental Health assessment both initiated in January 2023;
- Child protection assessment regarding physical abuse in January 2023;
- Child protection assessment regarding educational neglect in February 2023;

- Mental health services for [P.S.] including mental health diagnostic assessments, individual therapy, medication management, and crisis mental health services through the hospital emergency room;
- Acute psychiatric hospitalization;
- [Children’s Therapeutic Support Services] programming in the school;
- Crisis Mobile Team services through RMH Center;
- Numerous collateral contacts;
- Contacts with mother, the minor child, and father; and
- Clinical consultation with [the] agency psychologist.

In addition to these services, the district court specifically found that requiring mother to participate in treatment with an FDIA-experienced provider was reasonable to help her (1) understand how P.S. was harmed by the conditions that led to his removal, (2) develop empathy for P.S.’s experiences, and (3) learn new coping skills for parenting P.S. without exhibiting the harmful patterns and behaviors that led to his removal. The district court determined that no additional services or programs would enable mother to parent P.S. in the foreseeable future. It stated that any additional services to support reunification “would be futile, given mother’s continued lack of insight into the events leading to [P.S.]’s removal and resistance to meaningful change.” After making these findings, the district court concluded that “[t]he services provided by [the agency] to support reunification with mother were reasonable, [the agency] complied with the obligation to provide reasonable efforts, and [mother] did not correct the conditions which led to the child’s out-of-home placement.”

In short, the district court’s findings are well-supported by the record, and its legal conclusions were not an abuse of discretion.

IV. The district court did not abuse its discretion by determining that transfer of custody was in the child’s best interests.

Lastly, Mother seems to argue that the district court abused its discretion by failing to consider the risks of not having court-ordered visitation between herself and P.S. She asserts that not allowing visitation between mother and P.S. “creates potential risks to [P.S.]’s well-being.”

“The paramount consideration in all juvenile protection proceedings is the health, safety, and best interests of the child.” Minn. Stat. § 260C.001, subd. 2(a) (2022). This requires the district court to consider and evaluate “all relevant factors.” Minn. Stat. § 260C.511(a) (2022). One factor is “the relationship between the child and relatives and the child and other important persons with whom the child has resided or had significant contact.” *Id.* (b) (2022).

We review the district court’s best-interests determination for an abuse of discretion. *See T.M.A.*, 11 N.W.3d at 357. A district court abuses its discretion if, among other things, it misapplies the law or makes factual findings that lack support in the record. *Id.* at 355.

Here, the district court determined that transferring permanent legal and physical custody to father was in P.S.’s best interests because returning him to mother’s care “would place [him] in the same environment from which he was removed.” The district court found that P.S. “has thrived” since being placed with father and there appeared to be “no existing safety concerns regarding father’s home or father’s ability to provide a safe and stable environment” for P.S. It further found that father was a suitable legal and physical custodian of P.S., that he understood what it meant to assume full custodial responsibility

of P.S., and that father was willing and able to do so. The district court noted that father would allow P.S. to have contact with mother by phone and would permit after-school contact as well as, potentially, some weekend and summer overnight contact. Father supported ongoing contact between P.S. and mother's family. These findings are supported by the record.

Mother does not seem to contest any of the district court's best-interest findings. She argues only that the district court failed to address her visitation rights with P.S. Thus, mother appears to be asserting that the district court erred by failing to make a finding of fact that she did not ask the district court to make. However, because the district court retains original and exclusive jurisdiction over permanency proceedings under Minnesota Statutes sections 260C.503-.521 (2022), mother is free to file a motion requesting visitation with P.S. if she is not satisfied with father's discretion in permitting visitation. *See* Minn. Stat. § 260C.101, subds. 1, 2 (2022).

In sum, the district court's best-interest findings are supported by the record, and we discern no abuse of discretion in its conclusion that transfer of custody was in the best interests of the child.

Affirmed.