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**STATE OF MINNESOTA
IN COURT OF APPEALS
A07-2147**

In the Matter of the
Welfare of the Children of:
S.M.A. and D.S.S., Parents

**Filed June 10, 2008
Affirmed
Hudson, Judge**

Hennepin County District Court
File No. 27-JV-06-10444

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Considered and decided by Shumaker, Presiding Judge; Hudson, Judge; and Schellhas, Judge.

UNPUBLISHED OPINION

HUDSON, Judge

On appeal from the termination of her parental rights, appellant-mother argues that (1) the record lacks clear and convincing evidence showing that she failed to satisfy the

duties of the parent-child relationship; (2) the record does not show mother to be a palpably unfit parent; (3) the record lacks clear and convincing evidence that reasonable efforts failed to correct the conditions leading to the children's out-of-home placement; (4) the record lacks clear and convincing evidence that termination is in the children's best interests; and (5) the district court failed to make the requisite findings. We affirm.

FACTS

Appellant-mother S.M.A. gave birth to twin daughters on July 7, 2006. Mother and the twins tested positive for cocaine. The girls were born almost two months prematurely and stayed in intensive care for one month before being released to a foster family. Both girls suffer from breathing problems and require nebulizer treatments. It is not known whether the girls will suffer any long-term problems as a result of mother's drug use during pregnancy.

The Hennepin County Department of Human Services sought custody of the girls shortly after their births and filed a termination-of-parental-rights (TPR) petition. D.S.S. is the twins' father and is not a party to this appeal. Mother also has three other children, ages 3, 7, and 10 at the time of trial; none are involved in this case. Mother voluntarily terminated her parental rights to the older two children in February 2005, and to the youngest in March 2005. Both of mother's previous TPR proceedings were initiated because of mother's drug use during pregnancy.

In August 2006, mother began treatment at Recovery Resource Center, but she failed to complete the program and was discharged two days later. In late August 2006, mother began an inpatient treatment program at RS Eden but left the program after only

one day. The RS Eden's intake staff indicated that mother "didn't want to be in treatment and had a bad attitude." Mother also began the Basics outpatient treatment program at Chrysalis in September 2006, but she left the program after only one or two days.

Mother entered treatment at the Burkwood Residential Treatment Center in October 2006. A psychiatric evaluation completed by a Burkwood psychiatrist noted that:

Patient's primary drug of choice is crack cocaine, using on a daily basis since the age of 18. Patient also uses marijuana and alcohol. Patient was smoking \$150 worth of crack cocaine per day. Patient would often engage in criminal activities to support her habit, including prostitution, boosting or stealing, and dealing drugs.

Mother was diagnosed with (1) cocaine dependence; (2) alcohol dependence; (3) cannabis abuse; (4) rule-out bipolar disorder; (5) post-traumatic stress disorder; (6) rule-out substance-induced mood disorder; and (7) rule-out borderline personality traits.

At the end of October, mother was discharged from Burkwood with a prognosis of "[g]ood." The discharge summary stated that:

While in treatment [mother] accepted her powerlessness and unmanageability over mood-altering substances, and participated in a recovery-based program. She appeared to understand her affective disorder and how her symptoms increased vulnerability to addiction. She made plans to improve the social, occupational, financial and living situations sufficiently to increase the probability of a successful recovery from addictive behavior. [Mother] increased control over her impulses, reduced her energy level and stabilized her overall moods. She was able to engage in job-seeking behaviors consistently and displayed a reasonably positive attitude.

In November 2006, mother and father were involved in a domestic abuse incident in the presence of the twins. As described by the district court, “[father] was reported by [mother] to have interfered with [mother’s] attempt to call 911, physically struggled with [mother], and attempted to choke [mother], all while the twins were lying on the couch in the room where the fight occurred.” Mother “handled the situation appropriately [by] calling the police” and also sought an order for protection (OFP) against father. An OFP was put into place in December 2006, but in February 2007 mother requested that the OFP be dismissed. While the OFP was in place, mother and father did have some contact.

In December 2006, an out-of-home placement plan was developed, which mother signed. The case plan stated that mother’s strengths were that (1) she has suitable housing; (2) she loves the twins and has support from her extended-family members; and (3) she is willing to receive support from community agencies. The case plan indicated that mother needed to work on (1) improving her parenting skills; (2) addressing her chemical-dependency issues; (3) demonstrating that she can support her family financially; and (4) ensur[ing] that “the circumstances that led to her involvement with [child protection] will not occur in the future.” The case plan also required that mother (1) complete chemical-dependency treatment and follow the recommendations; (2) submit to random UAs; (3) complete psychological and psychiatric evaluations and follow the recommendations; (4) complete a domestic-abuse program; (5) maintain safe and suitable housing; (6) identify possible relatives as resources for permanent care of the

twins; (7) cooperate regarding the twins' medical care; (8) demonstrate that she has the ability to meet the twins' needs; (9) cooperate with services for the children; (10) participate in parenting services; (11) visit the children as ordered; (12) sign the required releases; and (13) maintain contact with the social worker.

In January 2007, mother was hospitalized after attempting suicide by overdosing on her medications. Mother's social worker referred her to East Side Neighborhood Services for a women's education program. Mother failed to complete the program and was discharged at the end of January for failure to attend on a regular basis. A report from the program stated that:

In orientation, [mother] fluctuated between being appropriate to aggressive with staff. She was overall resistant and argumentative She stated she came to this program due to using drugs the day before giving birth to her daughters. During her intake (on 1/09/07), [mother] made several statements of concern to staff. She spoke of having "an entity" in her house, and that she gets "bruises and scratches at night." She stated that she needs "more mirrors because the spirits can't go through mirrors." She stated that she does not like to talk about these matters because "it only gets worse" when she does, and added that she has "always been able to see them".

Mother successfully completed the Jepson Day Treatment Program in February 2007. The discharge summary from the Jepson program stated:

[Mother] completed most of her goals for attending Day Treatment Program. She has remained sober, taken her psychiatric medications regularly, and denies any current issues threatening her mental or chemical health. Although [mother] is graduating from the program, it must be noted that [mother] was at times resistive and very reactive to staff recommendations, and by her own admission could be "stubborn" in regard to treatment directives Overall, she

did quite well in the program, but it was not always clear if she was attending this program to appease child protection, or to work on MICD issues.

In addition to the other treatment programs, mother attended programming at A Circle of Women, an attachment-based parenting program for women with chemical-health issues, from approximately July 2005 until May 2007. From March through May 2007, mother attended 3 of 6 Circle of Women group meetings and 2 of 2 Circle of Women family events. During that time period, mother also attended 4 of 9 scheduled home visits. A June 2007 report from A Circle of Women to mother's social worker stated:

While [mother] clearly cares very much about her infant daughters, we are concerned that after almost a year of participation in A Circle of Women, a program which emphasizes [parenting] skills and promotes healthy attachments between parents and infants, we are not seeing much progress in [mother's] development of these skills

It should be noted that [mother] has been observed during some appropriate and very playful interactions with her daughters, including reading to them. She appropriately intervened during a minor episode of choking on a piece of food and has been observed to be quite concerned about the cleanliness of the girls. She also describes enjoyment in her ongoing relationship with her sons who have been adopted; this ability to maintain "shared parenting" is a significant strength.

But the report also noted a number of concerns, including ignoring the babies' crying when she was busy with other activities and exposing the girls to an incident of domestic abuse. The report stated that

[Mother] has refused on numerous occasions to pick up her crying children, stating that they are "manipulating" her,

rather [than] trying to interpret what need the child might be communicating with the crying. She has spoken rather roughly to the babies on numerous occasions, ordering them to “Stop crying.” She appears to be softening in her responses to the crying, but continues to have difficulty understanding the crying as communication of an important need.

. . . .
[Mother’s] difficulty regulating her mood/mental health and behavior raises concerns about the unpredictability of [the twins’] safety and well-being, should they be returned to her at this time. At an age when a child’s primary care relationships are the context within which she is able to learn regulation of emotion, attention and behavior, it is of significant concern that self-regulation is so challenging for [mother]. Like all children, [the twins] require a predictable, responsive, nurturing primary caregiver in order to achieve their full developmental potential.

In July 2007, mother graduated from the domestic abuse program at the Phyllis Wheatley Center. A report from a staff member of that center stated that mother had “been empowered with information, along with a strong support system, as she has committed to living a drug and violent-free lifestyle for herself and her children. [Mother] has developed a healthy support system while attending this program.”

Between August 2006 and May 2007, mother had visitation with the twins at Reuben Lindh Family Services. The record shows that mother had 29 scheduled supervised visits during that time. Mother was a “no show” for two visits during that period, and several other visits were cancelled by mother’s service providers and/or the foster family. The reports from the Reuben Lindh Family Services program were generally very complimentary. Each visit lasted from one to one-and-a-half hours, and the observation forms completed by Reuben Lindh staff included comments indicating

that: (1) “[m]om talked to the babies in a loving manner”; (2) “[m]om changed both babies[’] diapers;” (3) “mom kissed [the] babies goodbye”; (4) mother wrapped one of the babies in a blanket after she started crying and comforted the babies; (4) mother noticed when one of the babies sounded congested; (5) mother read to the babies; (6) mother fed the babies; (7) mother told the babies that she loved them; and (8) mother clipped the babies’ fingernails.

As part of her case plan, mother was required to submit to random urinalyses (UAs). Between August 2006 and July 2007, mother submitted to 32 random UAs, 27 of which were negative. Mother had positive UAs for cocaine on August 18, 21, and September 5, 2006, as well as one in March 2007 and one on June 16, 2007. When confronted by the social worker about the June 2007 UA, mother denied using cocaine and told the social worker that she was at the home of someone who did use cocaine, and that “the positive results came from touching a common surface, like a door knob, of someone else who would have been using.” But mother did admit to drinking “about half of a beer” on that occasion. Mother missed requested UAs on September 1, 9, November 29, and December 8, 2006, as well as four tests during July 2007. Missed UAs are presumed positive.

Between mid-January 2007 and February 2007, mother missed four therapy sessions with her individual therapist. Mother missed one other therapy session because she was in custody. Mother stopped taking her psychiatric medication in April 2007, but she resumed taking it in May 2007.

Mother's TPR court trial took place over four days in July 2007. Nicole Markson, a Child Protection Social Worker in Hennepin County, gave the majority of the testimony. At the time of trial, the social worker had worked with mother for approximately one year. Markson testified:

When the case was opened, she did want to parent the twins. She did want to work a case plan for them to be reunified with her.

Shortly thereafter, in the months of . . . August [2006] and September [2006], they had very little contact with [mother]. And I actually met with her in her home in September, where she was, to my observation, struggling with both her chemical use and her mental health. We had a lengthy conversation. At the time, she was saying she didn't feel like she could parent them; that she couldn't do it. And so she was saying that she wasn't in a position to parent[.]

And then that following week later in September is when she really began engaging in her case plan, and has been since that time, stating that she does want to parent and she does want to be reunified with the girls.

The social worker testified that mother has been referred to treatment 16 times, to a total of 12 different treatment facilities. The social worker observed mother to be "depressed and isolating. She would ignore my calls She reported symptoms, like nightmares and mood swings." But the social worker also testified that mother has generally "done well" with her medication compliance and has "made most of her appointments with the psychiatrist." The social worker stated that since September 2006, she had had "good contact" with mother and that mother "made good efforts" to stay in contact with her. At the time of the trial, mother had obtained suitable independent housing.

The social worker testified that after working with mother for a year as the primary case manager, she did not believe that mother had made sufficient progress to allow reunification:

I do believe that she has made progress on the goals that she has on her case plan. However, in working with her for the past year and coordinating services with the providers . . . she hasn't made much progress in key parenting areas, such as putting the children's needs before her own; taking the child's perspective; having appropriate developmental expectations for the children; and interpreting the child's cues and responding to those cues.

The social worker also testified that she had "concerns [that mother] exaggerated her clean time, her sober time. She has reported to others that she has a year of sobriety under her belt. And although she did start demonstrating her sobriety in September of 2006, she has minimized her relapses in March of 2007 and June of 2007." The social worker also expressed concerns regarding domestic abuse and mother's continued contact with father despite a no-contact provision of father's probation.

The social worker testified that, in her opinion, mother could not be reunified with the twins in the reasonably foreseeable future. The social worker recommended that mother's parental rights be terminated and testified that termination was in the best interest of the children. She testified that

[it is in] those areas, parenting, [mother's] chemical health, domestic abuse and her mental health, the key areas of her Child Protection case plan, that concerns are present and continue – arise, and have arisen recently, and continue to be present. [T]his is [mother's] fourth Child Protection case, three of them have opened, including this one, because of [mother's] drug use during pregnancy, and . . . during each of these cases, there has been a plan developed to either

transition a child or children home to her care, and in some cases that actual reunification has happened. And . . . in each time there has been some incident, a relapse or that she has discontinued some or all of her case plan services, and . . . there are two children, not one, . . . twins pose additional challenges to a parent that a single child would not, and . . . these children are just turning one year old, they are too vulnerable and the risk is too high for reunification to be recommended.

The social worker admitted on cross-examination that mother had remained sober for one six-month period and one three-month period and that it is not impossible for a person with mother's history and diagnoses to parent children.

The Guardian ad Litem (GAL) testified that she has concerns about mother's ability to maintain her sobriety. The GAL also testified that there is an attachment between mother and the twins:

I was having doubts about my opinion [that termination was in the best interests of the children]. And when we brought them out to the car for the transfer [from mother to the foster mother], [mother] was carrying both twins. They immediately went to jump into the foster mom's arms, without any emotional crying, nothing. And, to me, that brought home to me that these babies have already bonded with the foster mother at this age [A]nd I think the separation from the foster mom will be very emotional.

The GAL recommended that mother's parental rights be terminated and believed it to be in the best interests of the children.

Mother testified that she has been sober since the case was initiated, but admitted that she had slipped up a couple of times. Mother stated that she has been going to church and attending NA meetings, but "not a lot." Mother also testified that she has support from friends and family and can call them if she needs anything. On cross-

examination, mother admitted that she also had that support in 2004, when she had encountered other child-protection issues.

Mother testified: “I can be [a sober] parent. I can be with my kids. I can be there for them all the time, when they cry, when they just want somebody to hold them. You know, change them, feed them, a loving mother. That is all I ask.” Mother explained that she has cribs, clothes, diapers, and medicine ready for the twins. Mother also testified that she would not go off her medication if the twins were returned to her.

During the court trial, mother missed a visit with the children at Reuben Lindh, missed an individual therapy appointment, failed to attend two Circle of Women parenting-group meetings, and missed several meetings of the PLC mental-health group. In September 2007, the district court terminated mother’s parental rights under Minn. Stat. § 260C.301, subds. 1(b)(2), (4), (5) (2006).

In its 29-page order, the district court found, among other things, that “[m]other has been unable to demonstrate a significant and sustained period of sobriety despite having been referred to 16 chemical dependency treatment programs during the past seven years” and that mother “has repeated her continuous and consistent pattern of attempting chemical dependency treatment, demonstrating a short period of sobriety, followed by relapses and continued drug use.” The district court noted mother’s July 2007 discharge from the PLC program:

The fact that [mother] was discharged from the PLC mental health day treatment program in July 2007 for failure to attend, while this case was in trial, and after [mother] testified she was committed to continuing her services and supports, is

of paramount concern and decidedly predictive of her future behaviors.

The district court also found that:

Even when [mother] was fully engaged in day treatment, attending individual therapy and seeing a psychologist, the treatment programs were not enough to prevent her from attempting suicide in January 2007. Due to her failure to consistently and successfully address her mental health issues, and to maintain stability, medication compliance, therapeutic supports and safe behaviors pursuant to specific professional recommendations, [mother] has substantially, continuously and repeatedly neglected her parental duties. Despite reasonable efforts by the Department, [mother] has demonstrated she cannot safely parent these children or fulfill her parental duties now or in the foreseeable future.

At the end of September, mother moved for a new trial, but the district court denied the motion. This appeal follows.

DECISION

On appeal, this court “review[s] the termination of parental rights to determine whether the district court’s findings address the statutory criteria and whether the district court’s findings are supported by substantial evidence and are not clearly erroneous.” *In re Welfare of Children of S.E.P.*, 744 N.W.2d 381, 385 (Minn. 2008). We give “considerable deference to the district court’s decision to terminate parental rights,” but we also “closely inquire into the sufficiency of the evidence to determine whether it was clear and convincing.” *Id.* A district court’s termination of parental rights should be affirmed if “at least one statutory ground for termination is supported by clear and convincing evidence and termination is in the best interests of the child.” *Id.* If a single statutory basis for terminating parental rights is affirmable, this court need not address

any other statutory basis the district court may have found to exist. *See In re Children of T.A.A.*, 702 N.W.2d 703, 708 n.3 (Minn. 2005) (declining review of remaining grounds for termination after affirming on grounds of palpable unfitness).

The clear-and-convincing standard “requires more than a preponderance of the evidence but less than proof beyond a reasonable doubt.” *Weber v. Anderson*, 269 N.W.2d 892, 895 (Minn. 1978). The standard is satisfied if “the truth of the facts asserted is ‘highly probable.’” *Id.* On review, this court defers to the district court’s decision because it “is in a superior position to assess the credibility of witnesses.” *In re Welfare of L.A.F.*, 554 N.W.2d 393, 396 (Minn. 1996).

Courts may order termination of parental rights on the basis of one or more of nine statutory criteria. *See* Minn. Stat. § 260C.301, subd. 1(b) (2006). But because a child’s best interests are a paramount consideration in termination-of-parental-rights proceedings, the district court cannot terminate parental rights unless it is in the child’s best interests. *In re Welfare of Children of S.W.*, 727 N.W.2d 144, 149 (Minn. App. 2007), *review denied* (Minn. Mar. 28, 2007).

I

Mother argues that there was insufficient evidence in the record to support the district court’s decision to terminate her parental rights under Minn. Stat. § 260C.301, subd. 1(b)(2) (2006), which provides that parental rights may be involuntarily terminated if the parent

has substantially, continuously, or repeatedly refused or neglected to comply with the duties imposed upon that parent by the parent and child relationship, including but not limited

to providing the child with necessary food, clothing, shelter, education, and other care and control necessary for the child's physical, mental, or emotional health and development, if the parent is physically and financially able, and either reasonable efforts by the social services agency have failed to correct the conditions that formed the basis of the petition or reasonable efforts would be futile and therefore unreasonable[.]

Mother maintains that because she never had custody of her daughters, “she could not, and did not refuse to comply with the duties of the parent-child relationship.” Mother argues that “[a] prerequisite for termination under this section is that the parent is financially and otherwise *able* to comply.” Mother also argues that there is clear and convincing evidence that the conditions which led to the twins’ out-of-home placement have been corrected. Mother states that the only thing she was not able to complete was the Circle of Women parenting program and that “most of the testimony on point showed [that] she did not need [parenting-techniques classes].”

But this court has held that even when a parent was in prison and, therefore, did not have custody of his child, termination under subdivision 1(b)(2) was appropriate because “[the parent’s] failure to satisfy key elements of the court-ordered case plan provides ample evidence of his lack of compliance with the duties and responsibilities of the parent-child relationship.” *In re Child of Simon*, 662 N.W.2d 155, 163 (Minn. App. 2003). And here, despite complying with many of the case-plan requirements, mother failed to remain consistently sober, demonstrated that she still struggles with significant mental-health issues, and showed that she does not have the parenting skills necessary to parent two young children. As noted by the district court, “because of her chemical dependency, [mother] has continuously and repeatedly neglected her parental duties.” In

the months leading up to the TPR trial and during the trial itself, mother tested positive for cocaine, attempted suicide, and failed to attend scheduled mental-health and family group appointments. We conclude that the record contains clear and convincing evidence supporting termination of mother's parental rights under Minn. Stat. § 260C.301, subd. 1(b)(2).

II

Mother argues that there was insufficient evidence to support the district court's decision to terminate her parental rights under Minn. Stat. § 260C.301, subd. 1(b)(4) (2006), which provides that parental rights may be terminated if a parent

is palpably unfit to be a party to the parent and child relationship because of a consistent pattern of specific conduct before the child or of specific conditions directly relating to the parent and child relationship either of which are determined by the court to be of a duration or nature that renders the parent unable, for the reasonably foreseeable future, to care appropriately for the ongoing physical, mental, or emotional needs of the child.

Here, the district court found that mother was palpably unfit to parent “because of her consistent pattern of drug use and relapses” and that “[t]he duration and nature of this dependency renders her unable for the reasonably foreseeable future to meet the needs of twin babies or to appropriately, consistently and safely parent them.” The district court also noted that while “[mother] loves her children [and] has expressed a desire to parent her children,” she was palpably unfit to parent based on “unstable and unpredictable actions due to not properly managing her mental health condition, her patterns of domestic violence, her lack of parenting skills, and her unstable life.”

The record clearly supports the district court’s finding that mother’s continued drug use and mental-health problems render her unable to care for one-year-old twin daughters. Although “[m]ental illness, in and of itself, is not sufficient basis for the termination of parental rights,” *In re Welfare of S.Z.*, 547 N.W.2d 886, 892 (Minn. 1996), if a parent’s inability to meet a child’s physical, mental, and emotional needs now and in the reasonably foreseeable future justifies terminating parental rights. *In re Child of P.T.*, 657 N.W.2d 577, 591 (Minn. App. 2003). We conclude there was sufficient evidence to support the district court’s decision to terminate mother’s parental rights under Minn. Stat. § 260C.301, subd. 1(b)(4).

III

Mother argues that the evidence was insufficient to support the district court’s decision to terminate her parental rights under Minn. Stat. § 260C.301, subd. 1(b)(5) (2006), which provides that parental rights may be involuntarily terminated if, “following the child’s placement out of the home, reasonable efforts, under the direction of the court, have failed to correct the conditions leading to the child’s placement.”

It is presumed that reasonable efforts have failed on a showing that (1) in the case of children under the age of eight, those children have “resided out of the parental home under court order for six months”; (2) “the court has approved the out-of-home placement plan required under section 260C.212 and filed with the court under section 260C.178”; (3) conditions that led to the out-of-home placement have not been corrected; and (4) the social services agency has made “reasonable efforts . . . to rehabilitate the parent and reunite the family.” *Id.*

We first note that, at the time of trial, the twins had been in continuous court-ordered out-of-home placement for nearly a year, that the out-of-home placement plan was approved by and filed with the court, and that mother does not challenge the district court's finding that reasonable efforts were made.

Next, we note that it is presumed that conditions leading to out-of-home placement have not been corrected “upon a showing that the parent or parents have not substantially complied with the court's orders and a reasonable case plan.” *Id.*, subd. 5(iii). We acknowledge that mother has had some successes during the pendency of this case, and she has clearly made efforts to comply with her case plan and address the issues that led to the children's out-of-home placement. But we cannot agree with mother's assertion that there has been an “overwhelming change in [mother's] circumstances from a year earlier when the girls were born.” The record supports the district court's finding that mother failed to successfully address her chemical-dependency and mental-health issues. Despite completing both the Burkwood and Jepson treatment programs, mother tested positive for cocaine use as little as one month before the conclusion of the TPR trial, and she failed to submit to any of the four requested UAs during the month of the trial. And the social worker, who worked with mother for more than a year, expressed concerns regarding mother's ability to remain sober, and that mother has a history of temporary success in the area of chemical dependency, only to relapse later.

For these reasons, we conclude that there was clear and convincing evidence supporting the district court's decision to terminate mother's parental rights under Minn. Stat. § 260C.301, subd. 1(b)(5).

IV

Mother argues that termination of her parental rights was not in the best interests of the children. She argues that she loves her daughters and wishes to raise them and regrets losing her older children. Mother maintains that the children's best interests "are not served by forever separating them from their biological mother."

When the court determines whether to terminate parental rights, "the best interests of the child[ren] must be the paramount consideration." Minn. Stat. § 260C.301, subd. 7 (2006). When considering the best interests of the children, three factors are balanced: "(1) the child[ren]'s interest in preserving the parent-child relationship; (2) the parent's interest in preserving the parent-child relationship; and (3) any competing interest of the child[ren]." *In re Welfare of the Child of W.L.P.*, 678 N.W.2d 703, 711 (Minn. App. 2004) (quotation omitted). "Competing interests include such things as a stable environment, health considerations and the child's preferences." *In re Welfare of R.T.B.*, 492 N.W.2d 1, 4 (Minn. App. 1992).

Here, the district court found that "[f]or the most part, [mother] visited her children regularly and attended most child appointments as requested." But the district court also found that termination was in the best interests of the children because the children have been in foster care since birth, mother has not made "the necessary behavioral changes to be an effective and safe parent" and mother "struggle[s] to maintain stability and consistency in [her] own li[fe] (without the challenge of twins)." The district court concluded that the children "deserve to be adopted by a permanent, stable, nurturing and consistent caretaker who will meet their needs."

It is undisputed that mother loves her children and wants to be able to parent them. But the record shows that mother has significant chemical- and mental-health issues that impact her ability to care for herself, much less two young children, and that her behaviors have exposed her children to domestic abuse. And, as noted by the GAL, the twins have developed a strong bond with their foster family. We conclude that the record supports the district court's conclusion that the children's interest in a stable and safe home outweighs mother's interest in maintaining the parent-child relationship.

V

In a one-sentence assertion, mother states that the district court's orders were defective because the district court did not make findings as required by Minn. Stat. § 260C.301, subd. 8(1) (2006). Mother's argument is without merit.

Minn. Stat. § 260C.301, subd. 8(1) provides that in a termination-of-parental-rights-proceeding, a district court must "make specific findings . . . that reasonable efforts to prevent the placement and to reunify the child and the parent were made including individualized and explicit findings regarding the nature and extent of efforts made by the social services agency to rehabilitate the parent and reunite the family." When determining whether reasonable efforts have been made, the court must consider whether services to the child and family were: (1) relevant to the protection and safety of the child; (2) adequate to meet the needs of the child and family; (3) culturally appropriate; (4) accessible and available; (5) timely and consistent; and (6) realistic under the circumstances. Minn. Stat. § 260.012(h)(1)-(6) (2006).

Here, the district court listed all of the services provided by Hennepin County Human Services and found that the case plan and services provided to mother were “appropriate, relevant to the safety of the children, adequate to meet their needs, culturally appropriate, available, accessible, consistent and timely, and realistic under the circumstances.” In its order, the district court detailed the efforts of the county, mother’s cooperation with those efforts, and the results of the efforts. The record supports the district court’s detailed findings, and those findings satisfy the requirements of Minn. Stat. § 260C.301, subd. 8(1).

Affirmed.