

MD CANI – The 1st 75 Days

CASE SCENARIO

Handout Number Five

REPORT FOR INITIAL REVIEW HEARING HELD ON MAY 16, 2019

Progress on the case plan:

This Report contains the information known at the time of the Disposition Hearing and updated information since that time. The new information is in italics and bold print.

Step 1. Obtain a substance abuse assessment and follow all recommendations. Performed substance abuse assessment on April 19th and received the results on April 25th. Recommendation was for ASAM Level 2.1. Since ASAM Level 2.1 is not available in the county, plan called for a “beefed-up” Level 1, requiring Ms. Smith to go to individual substance counseling twice per week, do a homework assignment for her individual counselor or a one-hour equivalent, go to a substance abuse group once per week, be drug screened, and attend not less than two self-help groups per week. At the hearing, Ms. Smith denies any drug use and said she has no idea where the man doing the assessment got the information in his report. He must have her case confused with someone else. *Sent referral to Georgia Counseling on May 1st for individual counseling.*

Step 2. Random drug screening not less than twice per month. A referral was made to the county drug lab, where Ms. Smith would be required to call in every day and to be tested when selected, not less than twice per month. Mom went to orientation on March 12th, has called in about half the time, and has missed her only screen in March and both of her screens in April. *Ms. Smith tested negative on her only screen so far in May.*

Step 3. Attend individual substance abuse counseling twice per week and do a homework assignment for the counselor or a one-hour equivalent. *Ms. Smith started individual substance abuse counseling on May 2nd and attended on May 9th.*

Step 4. Attend substance abuse group sessions twice per week. *The next substance abuse group starts next week.*

Step 5. Attend not less than three self-help groups per week. *Ms. Smith has attended about half of the required self-help groups.*

Step 6. Get a sponsor. Ms. Smith has not obtained a sponsor. *Ms. Smith said she has thought of someone to be her sponsor, but she has not asked her yet.*

Step 7. Observe one full day of drug court. Ms. Smith has not attended drug court. She said she has serious transportation problems and could not get to town. *Ms. Smith observed one day of adult felony drug court.*

Step 8. Obtain a psychological evaluation and follow all recommendations. Ms. Smith had her psychological evaluation on April 12th. Although they don't have the written results back yet, the recommendations will be for medication management and individual counseling by a master's level counselor trained in Trauma Focused CBT and ASAM Level 2.1. These recommendations were not put in the case plan because the written report had not been received. *The results of the evaluation have been received and the diagnosis was borderline personality disorder and substance dependence. It recommended medication management, individual counseling by a master's level counselor trained in Trauma Focused CBT,*

ASAM Level 2.1 and drug screening. The assessment also recommended consultation with an OB/GYN on medication management. This has not occurred.

Step 9. Attend individual counseling by a master's level counselor trained in TF CBT. Ms. Smith began individual sessions with a master's level counselor at the local CSB. The counselor, Ms. Out, has attended all four of the sessions on trauma offered by the Child Welfare Training Collaborative. ***Ms. Smith is attending individual counseling sessions once per month and has been fairly consistent.***

Step 10. Continue on medication management as prescribed. Ms. Smith had an appointment with a psychiatrist for medication management on April 18th at the local CSB, but missed it due to transportation problems, and the appointment has not been rescheduled. ***Ms. Smith refuses to go to an appointment. She says there is no need to go to the appointment until she has her baby because she will not take any drugs while she is pregnant. Also, she does not have an OB/GYN yet to go to.***

Step 11. Attend parenting class. Ms. Smith was referred to a parenting class offered at the hospital one night per week for ten weeks. Ms. Smith missed the start of the current class, and it will be two more weeks before she can start. ***Ms. Smith started the classes two weeks ago and has made both sessions.***

Step 12. Participate with the parent aide. ***Because of the difficulty in getting in touch with Ms. Smith and Ms. Smith being resistant to when they could meet, the service provider terminated services and Case Manager New just found out about it and will make a referral to another provider next week.***

Step 13. Get a safe and stable home suitable for Ms. Smith and all of her children. ***Ms. Smith has lived in the same place for three years. No evidence was offered that there was an issue with the home, although she said she does sometimes have trouble getting her light bill paid, but the lights are never off for long.***

Step 14. Cooperate with DFCS. ***Case Manager New reports that every time she tries to talk to Ms. Smith about this, Ms. Smith says she does not have to cooperate with DFCS as long as she does what she is supposed to do. And why should she have to cooperate with them when they don't cooperate with her. Because of this, Case Manager concludes in her report that Ms. Smith is not cooperative.***

Additional Information provided at the Initial Review Hearing:

The permanency plan is reunification. There is no anticipated change in placement. Ms. Smith has supervised visitation with the children. Visitation is difficult because the children are placed so far away. The plan is to separately transport Ms. Smith and the children to a mid-way point for a two-hour visit at McDonalds, but that has only worked twice since removal. The relative search document was filed with the court within thirty days of filing the petition. The source of information for the relative was Ms. Smith and Ms. Harrison and a search of the DFCS data base. Ms. Smith said she conceived both of the children from one-night stands while she was intoxicated and does not know who the daddies are. Ms. Harrison said there was a man, Steve Wilson, who showed up at the hospital when the baby was born because Ms. Smith had told him while she was pregnant that he was the father, but he has never really been involved in the children's lives. Attorney Suzie recommended placement of the children closer to home. The CASA volunteer has found a great aunt that is willing to take the children, but only if Ms. Smith is in a residential treatment facility and not in the community and the CASA continues to push for more treatment for the children. The great aunt is believed to be the same person who took Ms. Smith in when she was removed from her mother's home.

The foster parents, who were properly notified of the hearing by DFCS, testified that they have bonded with the children and would like to be considered for an adoptive placement if Ms. Smith is not successful with her case plan and her rights are terminated.

The judge suspended the hearing and directed Ms. Smith to go across the street to the drug lab for a screen and to come back to court. Ms. Smith tested positive for cocaine, which she said must have come from a vape pipe she had purchased on the street because she does not use cocaine.

You are now Judge Righteous. What are your findings?

Points for Discussion:

1. Can the children be SAFELY returned to a parent today? What is the extent of progress toward alleviating or mitigating the causes necessitating placement in foster care? (42 U.S.C. §675(5)) Does the court-approved, permanency plan for the children remain the best plan for the children?
2. Do any services set forth in the case plan or the responsibilities of the parties need to be clarified or modified due to the availability of additional information or changed circumstances? If the above scenario did not sufficiently address child well-being, discuss a specific plan to assess the children’s educational, developmental, emotional, psychological, physical, medical, dental, and any trauma related needs.
3. - DFCS is/is not making reasonable efforts to rehabilitate the family and effect the safe reunification of the children and family, as evidenced by..... (45 C.F.R. § 1356.21(b))
- DFCS is/is not making reasonable efforts to place the child in a timely manner in accordance with the permanency plan and to complete whatever steps are necessary to finalize the permanent placement of the child, as evidenced by.....? (42 U.S.C. § 671(a)(15)(C))
- Do any additional court orders need to be made to move the case toward successful completion?