Circuit Court for Prince George's County
Case No. TPR-17-0004

UNREPORTED

IN THE COURT OF SPECIAL APPEALS

OF MARYLAND

No. 2104

September Term, 2017

IN RE: ADOPTION/GUARDIANSHIP
OF Mi.F.

Wright,
Graeff,
*Davis, Arrie W.
(Senior Judge, Specially Assigned),

JJ.

Opinion by Wright, J.

Filed: June 21, 2018

*Davis, Arrie W., J., did not participate in the Adoption of this opinion. See, Md. Code, Courts & Judicial Proceedings Article, § 1-403(b).

This appeal arises from an order by the Circuit Court for Prince George's County, sitting as a juvenile court, which terminated the parental rights of appellant, M.K. ("Mother"), and granted the Prince George's County Department of Social Services ("DSS") guardianship with the right to consent to adoption, or long term care short of adoption, relating to Mi.F. (Born July 2015).[1] Mi.F. was adjudicated a child in need of assistance ("CINA") in September 2015.[2]

Mother timely noted an appeal, asking this Court to consider whether the juvenile court erred or abused its discretion in terminating her parental rights. For the reasons that follow, we shall affirm the juvenile court's order.

FACTS AND LEGAL PROCEEDINGS

Mother came to the attention of the DSS in November 2012, shortly after the birth of her first child, M.F.[3] A psychiatrist evaluated Mother after hospital staff observed her

[1] S.F., Mi.F.'s putative father (no father is listed on the child's birth certificate), purportedly lives in Sierra Leone, and his whereabouts are unknown. Because the child's father failed to appear at the termination of parental rights ("TPR") hearing or otherwise object to the DSS's TPR petition, he is deemed to have consented to the adoption of the child by a non-relative. He is not a party to this appeal.

[2] Pursuant to Md. Code (2013 Repl. Vol., 2017 Supp.), §3-801(f) of the Courts & Judicial Proceedings Article ("CJP"), a "child in need of assistance" means "a child who requires court intervention because: (1) The child has been abused, has been neglected, has a developmental disability, or has a mental disorder; and (2) The child's parents, guardian, or custodian are unable or unwilling to give proper care and attention to the child and the child's needs."

[3] This Court recently affirmed the juvenile court's order terminating Mother's parental rights to her older two children. *See In re: Adoption/Guardianship of M.F. and A.F.*, No. 851, September Term, 2017 (filed March 8, 2018). In setting forth the

talking to herself and exhibiting other strange behavior. Mother was placed on psychotropic medication, and the psychiatrist recommended that she be committed to the hospital's psychiatric ward.

A DSS worker visited Mother in the hospital and concluded that M.F. should be removed from her care. M.F. was declared a CINA in February 2013 and placed in foster care.

Mother's mental health issues persisted, and then worsened, which led to a 10-day partial hospitalization program. During that hospitalization, Mother was diagnosed with schizophrenia.

Following her release from the program, Mother submitted to a psychological evaluation. To the evaluator, Mother expressed uncertainty as to why the court had requested a psychological evaluation and denied any emotional struggles. Notwithstanding her denial of mental health concerns, Mother whispered to herself throughout the evaluation, which led the psychologist to opine that she may have been experiencing auditory hallucinations. The psychologist concluded that Mother, while not believed to be a physical risk to herself or others, did not have the necessary adaptive coping skills to adequately parent M.F.

In January 2015, the juvenile court suspended Mother's supervised visitation with M.F., on the ground that the child received no cognizable benefit from the often

background of the F. family's involvement with the DSS prior to Mi.F.'s birth, we refer to the facts as detailed in that opinion.

disturbing visits.[4] The court granted the DSS's TPR petition in September 2015 but, after Mother appealed, re-opened the case. Finding that Mother continued to be mentally unstable and unable to care for M.F., the court entered a permanency plan of adoption by M.F.'s foster mother.

Mother's second child, A.F., was born in May 2014. Approximately two months after his birth, the DSS notified police that a possible CINA in Mother's home needed to be removed pursuant to a court custody order.

When officers arrived at Mother's home, she refused to admit them. Officers entered the home through an unlocked window and found Mother lying on a dirty mattress in the basement, with A.F. unattended on a cement floor. Mother became violent toward the officers and was transported in handcuffs to the hospital.

A.F. was removed from Mother's care and declared a CINA at a subsequent hearing. In setting A.F.'s permanency plan as reunification with Mother, the court credited her efforts in pursuing mental health treatment and beginning to accept her mental health challenges. Shortly thereafter, however, Mother's mental health again began to worsen, as evidenced by her deteriorating personal hygiene and inability to engage with A.F. during visitation. In March 2016, the juvenile court changed A.F.'s permanency plan to adoption by his foster mother (who was also M.F.'s foster mother).

[4] For example, on one occasion, Mother attacked M.F. and threatened her because the child did not want to approach her to say goodbye at the end of the visit.

The DSS filed a TPR petition with regard to M.F. and A.F. in July 2016.[5] At the March 2017 TPR hearing, the court observed Mother talking to herself at the trial table. During her testimony, despite somewhat rambling and incoherent answers, Mother denied having a mental health issue.

The juvenile court found that, due to Mother's mental health challenges and her failure to address her mental health needs, she was not fit to care for M.F. and A.F. The court also concluded that exceptional circumstances existed to support a finding that a failure to terminate Mother's parental rights would be detrimental to the children's best interests. Following Mother's appeal, we affirmed the juvenile court's order.

As mentioned above, Mi.F. was born in July 2015. After giving birth to Mi.F., Mother was involuntarily committed to the mental health unit of the Prince George's Hospital Center. Four days after Mi.F.'s birth, the DSS filed a CINA petition alleging that Mother, who had been diagnosed with a schizoaffective disorder, had been uncooperative and acted in a psychotic manner during her pregnancy.

Following a shelter care hearing on July 14, 2015, the juvenile court found it to be contrary to Mi.F.'s welfare to be placed in Mother's home. The court granted shelter care pending an adjudicatory hearing and placed Mi.F. in the temporary custody and limited guardianship of the DSS. The court's order provided for supervised visitation between Mother and Mi.F.

[5] Mother had given birth to Mi.F. in July 2015. Mi.F. was not involved in the TPR matter relating to M.F. and A.F.

Prior to an August 10, 2015 adjudicatory hearing, the DSS reported that Mother, during visitation with Mi.F., often hallucinated, as demonstrated by her talking to what appeared to be several different imaginary people while staring at a wall. She arrived at visits disheveled and dirty and exhibiting body odor. The DSS considered her behavior "very unpredictable."

On August 10, 2015, the court appointed a lawyer for Mi.F. and scheduled a merits hearing for September 3, 2015. Following that hearing, the juvenile court affirmed that it was contrary to Mi.F.'s welfare to be placed in Mother's home, due to Mother's mental health issues and failure to comply with her medication requirements, and declared Mi.F. a CINA. The court ordered Mother to undergo a psychological evaluation, comply with her required medication, and participate in mental health management and recommendations.

Prior to a permanency plan/review hearing on January 6, 2016, the DSS filed a report with the court stating that Mi.F. had been doing well with her foster mother, and that her foster family appeared to be devoted to her. Mother had attended visits with Mi.F. and A.F. only sporadically and presented as "having poor hygiene and unkept [sic] appearance." Mother reported to the DSS worker that she had been attempting to receive mental health treatment.

Following the January 6, 2016 hearing, the juvenile court found a continuing necessity for Mi.F.'s out-of-home placement. The court imposed a permanency plan of reunification and ordered supervised visitation, along with psychological/psychiatric

evaluation, parenting classes, individual counseling, and mental health evaluation.

The DSS's report, ahead of the May 25, 2016 permanency plan/review hearing, detailed that Mi.F. remained attached to her foster family and had been deemed to be developmentally and physically on target by her pediatrician. She had been visiting with M.F. and A.F., with the sibling visits going well.

Mother, who was again pregnant, reported that she had been "attempting to receive mental health treatment," but the DSS's attempts to contact the healthcare providers listed by Mother were unsuccessful. As a result of Mother's disheveled and non-hygienic appearance at visitation, the DSS had referred her to Adult Services to help her manage her activities of daily living ("ADL"). The DSS had also offered Mother assistance in finding a mental health agency. Mother, however, had declined the offered services.

The court's order following the hearing kept in place the permanency plan of reunification. The order also continued supervised visitation.

According to the DSS's report, in advance of the November 2, 2016 permanency plan/review hearing, Mi.F. had begun to walk and talk, and she remained developmentally on target. Visits with Mother, her siblings, and her maternal grandmother "seem[ed] to be going well." Mother, although still responding to internal stimuli during visits, had become able to accept redirection from DSS workers. Despite Mother's assurance she was attempting to receive mental health treatment, however, DSS workers remained unable to verify her claim with her providers.

The court's order after the hearing detailed that Mi.F. had been in an out-of-home placement for 15 of the most recent 22 months. Therefore, the court directed the DSS to file a TPR petition, which it did on March 8, 2017.[6] The court also changed Mi.F.'s permanency plan to adoption by a non-relative.

Following her weekly family visits with her siblings and grandmother, the supervised visits with Mother were going reasonably well, although Mother continued occasionally to respond to internal stimuli. The DSS remained unable to contact Mother's reported mental health providers.

At a June 22, 2017 permanency plan/review hearing, the juvenile court noted that despite Mother's request to restore the permanency plan to reunification, the DSS recommended that the plan remain adoption by a non-relative, and the child's attorney agreed. The court retained the permanency plan of adoption.

The TPR hearing took place on August 28-29, 2017. In its opening statement, the DSS summarized that Mother's barrier to reunification with Mi.F. "was and continues to be [her] lack of engagement and consistent and meaningful mental health services."

DSS Child Protective Services case manager Sheila Ramseur-Hannah testified that she had been involved with the F. family since M.F.'s birth and that the referrals to the DSS related to Mother's unaddressed mental health issues and her failure to take care of her children. When Mi.F. was born, hospital staff alerted the DSS that Mother was

[6] Mother noted a written objection to the TPR petition on April 5, 2017.

agitated and apparently unable to care for the child. Mi.F. was removed from Mother's care and placed in a pre-adoptive foster home; although Mother lived with her own mother, the maternal grandmother was not considered as a placement option because of her prior history of aggression toward the DSS in relation to the older children.

Beauford McKinney, the F. family's DSS family support worker, explained that a weekly one-hour visitation with A.F. and Mi.F. was, and always had been, supervised and always took place at the DSS visitation center. When Mi.F. was an infant, Mother had to be reminded to hold the child so she wouldn't roll off Mother's lap. Often, the supervising DSS worker took Mi.F. from Mother and returned her to her stroller, for safety.

During visitation, Mr. McKinney said, Mother was usually disheveled—exhibiting poor hygiene, wearing mismatched dirty clothing and wigs backward or sideways. At one point, her hygiene was so bad that "people couldn't be in the same room with her" due to the stench of body odor.[7] She also often picks at her nail polish and talks into her hand, laughing to herself. Her consistently bad hygiene prompted Mr. McKinney to refer Mother to Adult Protective Services, but Mother denied that she had problems with hygiene or clothing.

[7] When Mr. McKinney described her hygiene, Mother interrupted with: "But I buy at Macy's illegal, you know, hygiene to me, I got a federal judge, back off. Told you I look dirty. I look dirty to you all this morning. You going to back off. I look the same to every visit. Back off . . . I'm going to break outside because I'm not tolerating this shit . . . It's illegal. My dad a federal judge. Everybody, my dad on iota . . . He's not how to give a testimony of me. I don't have any illegal drug in my system for this case . . . He's not allowed to—I got a federal judge."

Despite Mr. McKinney's modeling of appropriate behavior, only on some occasions does Mother greet Mi.F., and she generally watches the child self-direct her play from a distance. Mother, he said, rarely shows affection for Mi.F., and when visits conclude, Mother stands from her chair and walks out of the room without saying good-bye.

Although Mr. McKinney recalled two visits during which Mother seemed happy and engaged with Mi.F., it is more often that Mi.F. pulls away and stays away from Mother, placing Mr. McKinney between herself and Mother. Mr. McKinney also detailed two "bad" visits within the few months prior to the hearing, in which Mother became irate when Mi.F. and A.F. would not engage with her. During a visit a week before the hearing, Mother became very angry when told A.F. had chosen not to attend, using abusive language toward Mi.F., to the point that a security officer was called. After taking Mi.F. down the hall away from Mother, Mr. McKinney was still able to hear Mother screaming.

Of 57 scheduled visits with Mi.F., Mother had missed 32 visits without calling to cancel. In Mr. McKinney's opinion, visitation should "[a]bsolutely not" be unsupervised, due to Mother's lack of skills to adequately protect and care for the children.

Dianna McFarlane, qualified by the court as an expert in the field of social work, stated that she had been asked by the DSS to assess Mother's ability to parent her children. To do so, she was scheduled to observe Mother with her children during seven visits, but she only observed four visits between July and August 2017 because Mother

did not attend all the scheduled visits.

During the first visit, Mother was initially engaged with Ms. McFarlane and the children, but she was also engaged with internal stimuli—mumbling inaudibly to people not in the room. Although Mi.F. sat on Mother's lap and A.F. leaned against her leg while they watched a video on Mother's phone, Mother displayed no overt affection toward the children.

Mother's appearance was more disheveled and unclean on the second occasion. The children were upset and protested attending the visit, to the point that when Mr. McKinney tried to put Mi.F. down to visit with Mother, the child clung to him and tried to climb back into his arms. Mi.F. did not engage with Mother at all during that visit.

During the third visit, Mother was unkempt, in dirty clothes and with body odor.[8] Again, Mi.F. did not engage with Mother, instead undertaking solo play near Mr. McKinney. Mother did attempt to read a book to the child, but she continually would read only one sentence, then go silent and chuckle.

During the last visit, Mother became very angry when she learned that A.F. had chosen not to attend, using profanity and inappropriate names for the supervisor. After security was called, Mi.F. ran to Mr. McKinney until Mother was escorted out.

Ms. McFarlane expressed concern that Mother's apparently unaddressed mental

[8] At that point, Mother again interrupted the testimony by stating that "I lived in Oklahoma City. I'm a federal defender. You people are liars. I look the same every week. I went to Oxford . . . That is the same every week. It's illegal. He does not interrupt you in his life."

health issues would continue to interfere with her ability to supervise and provide for the safety of the children. She concluded that Mother was not in a position to have unsupervised visitation with Mi.F., or to have the child placed in her care. In Ms. McFarlane's opinion, Mi.F.'s lack of relationship with her mother would "cause undo emotional stress to the child."

DSS social worker Jené Gould testified that in an effort to achieve reunification during the pendency of the CINA matter, Mother had completed a psychological evaluation and parenting classes, and she had self-reported that she was obtaining mental health services, although that could not be verified. Mother had, however, refused to enter into a safety agreement. In addition, although the DSS had confirmed that Mother is a lawyer, it was unable to verify any specific employment.[9]

When Ms. Gould attempted to arrange visits with the children, Mother often did not return phone calls, and she generally did not remain in touch with Ms. Gould. On the two occasions Mother did attempt to contact Ms. Gould within the month prior to the hearing, Mother left "disturbing" voice mails, during which she could be heard yelling and cursing at someone in a foreign language.

Generally speaking, Ms. Gould said, she was able to predict how visitation would go on a particular day by Mother's appearance upon arrival—if her wig was askew, she had lipstick all over her lips, and she appeared disheveled, the visits were unlikely to go well. A "good" visit would involve interaction with Mi.F., and Mother exhibiting an

[9] There is no dispute that Mother is a member of the Maryland Bar.

ability to take redirection from the DSS worker. As Mi.F. got older and more mobile, however, Ms. Gould had observed less interaction between her and Mother. A "bad" visit would involve Mother "yelling and screaming," arguing with the DSS workers, and talking to people who were not there.

Ms. Gould stated that the DSS had recommended the change in permanency plan to adoption because Mi.F. had been in care 15 of 22 months, was not progressing, and appeared to have no bond with Mother. On the other hand, Mi.F., a "sweet little girl," is beloved and spoiled by her affectionate foster family, with whom she is well bonded.

During her own testimony, Mother expressed no concerns over her health. She denied ever having been diagnosed with a mental illness and stated that her hospitalization had been to "check for my daughter's health, for my health," but she then admitted to having received counseling and evaluations for "a mood disorder," overwork, and insomnia.[10] She said she had been seeing psychiatrist Dr. Spencer Johnson since 2011 and that he had prescribed her Cogentin and Benztropine. She claimed not to have time for mental illness, due to her legal career, which included work at the Supreme Court, fundraising in Washington, D.C. for Ruth Bader Ginsberg and Barack Obama, being a "one-day judge in Baltimore County, representing truckers in Maryland, and acting as treasurer of the Maryland chapter of the federal bar." She admitted to an

[10] Mother claimed that a woman stole her identity and then went to "a mental illness court" and indicated Mother had a mental illness, which is why Mother had a mental health evaluation, but that she "had a remand in that case to dismiss that case, that mental illness case that [the impostor] brought up" in 2010.

involuntary hospitalization in a psychiatric ward when A.F. was born and said she and her mother planned to file a lawsuit for the police officers' illegal entry into her home to retrieve the infant.

Dr. Spencer Johnson testified that he first met Mother in either 2012 or 2013 when she was referred to his clinic after her release from the psychiatric unit of the Prince George's Community Hospital. The goal was to continue treatment for schizoaffective disorder that had begun when Mother was an in-patient.

Mother's schizoaffective disorder, he explained, "is where schizophrenia and bipolar disorder come together so that they can't be really distinguished. Basically, it's a mood disturbance tied to psychosis . . . meaning delusions and/or hallucinations." The illness manifests itself in impaired reality testing, unstable mood, and impaired judgment and insight. Without treatment, a patient can become psychotic and her mood can become unbalanced.

Dr. Johnson's prescribed medications for Mother included five-milligram daily doses of Haldol for psychosis and mood stabilization and two-milligram daily doses of Benztropine for the potential side effects of Haldol; his last prescription for Mother had been written in December 2016. He denied that either medication was meant to be used as a sleep aid, as Mother had claimed.

Dr. Johnson had met with Mother between ten and 12 times; attempts to meet with her more often had been unsuccessful (her last visit had been in November 2016). He did not believe Mother had made progress in her treatment plan.

Anita H. testified that she has been Mi.F.'s foster mother since the child was four days old, and Mi.F. calls her "Mommy." Ms. H. considers Mi.F. to be "very much a part of our family," and she indicated her desire to adopt the child. Mi.F. is the only child in her home, although Ms. H. has known M.F. and A.F.'s foster mother since they were teenagers, and she is committed to facilitating visitation among the siblings to maintain their relationship. Aware of Mi.F.'s African heritage, Ms. H takes care to keep the child connected to that community.

S.M., Mother's mother, testified that she visits with Mi.F. every week and considers her relationship with Mi.F. and her other grandchildren to be good. She declared herself willing and able to be Mi.F.'s caretaker, even though Mi.F. had never lived with her. Ms. M. agreed that Mother, who lives with Ms. M., would require supervision with Mi.F. because the child should not be alone with Mother. Ms. M. also admitted to calling the police on her daughter on one occasion because "of the mood she was angry" and "a little bit loud."

In closing, the DSS noted that the case was in the same posture it had been when Mi.F. came into care two years earlier, as there had been no change in Mother's behavior, no move toward unsupervised visitation, and no consistent engagement in mental health care. It was the opinion of the DSS that Mother showed a lack of insight into her need for mental health treatment and a lack of ability to keep Mi.F. safe, such that TPR was appropriate. The DSS, with a continuing concern for Mi.F.'s safety, advocated a decision that would allow Mi.F. permanency in her life by way of adoption. Mi.F.'s attorney

agreed and added that Mother's chronic and often untreated mental illness, along with the lack of any relationship between Mother and Mi.F., created exceptional circumstances to justify terminating Mother's parental rights.

The juvenile court took the matter under advisement and issued an oral ruling on November 29, 2017. "[M]indful of the presumption favoring the continuation of the parental relationship," the court considered the required factors, as set forth in Md. Code (2012 Repl. Vol., 2017 Supp.), § 5-323(b) of the Family Law Article ("FL"), in deciding whether terminating Mother's parental rights to Mi.F. was appropriate.[11] After

[11] Pursuant to FL § 5-323(b), a juvenile court must consider the following § 5-323(d) factors before terminating parental rights:

> (1)(i) all services offered to the parent before the child's placement, whether offered by a local department, another agency, or a professional;
> (ii) the extent, nature, and timeliness of services offered by a local department to facilitate reunion of the child and parent; and
> (iii) the extent to which a local department and parent have fulfilled their obligations under a social services agreement, if any;
>
> (2) the results of the parent's effort to adjust the parent's circumstances, condition, or conduct to make it in the child's best interests for the child to be returned to the parent's home, including:
> (i) the extent to which the parent has maintained regular contact with:
> 1. the child;
> 2. the local department to which the child is committed; and
> 3. if feasible, the child's caregiver;
> (ii) the parent's contribution to a reasonable part of the child's care and support, if the parent is financially able to do so;
> (iii) the existence of a parental disability that makes the parent consistently unable to care for the child's immediate and ongoing physical or psychological needs for long periods of time; and
> (iv) whether additional services would be likely to bring about a lasting parental adjustment so that the child could be returned to the parent

within an ascertainable time not to exceed 18 months from the date of placement unless the juvenile court makes a specific finding that it is in the child's best interests to extend the time for a specified period;

(3) whether:

(i) the parent has abused or neglected the child or a minor and the seriousness of the abuse or neglect;

(ii) 1. A. on admission to a hospital for the child's delivery, the mother tested positive for a drug as evidenced by a positive toxicology test; or

B. upon the birth of the child, the child tested positive for a drug as evidenced by a positive toxicology test; and

2. the mother refused the level of drug treatment recommended by a qualified addictions specialist, as defined in § 5-1201 of this title, or by a physician or psychologist, as defined in the Health Occupations Article;

(iii) the parent subjected the child to:

1. chronic abuse;
2. chronic and life-threatening neglect;
3. sexual abuse; or
4. torture;

(iv) the parent has been convicted, in any state or any court of the United States, of:

1. a crime of violence against:
   A. a minor offspring of the parent;
   B. the child; or
   C. another parent of the child; or
2. aiding or abetting, conspiring, or soliciting to commit a crime described in item 1 of this item; and

(v) the parent has involuntarily lost parental rights to a sibling of the child; and

(4)(i) the child's emotional ties with and feelings toward the child's parents, the child's siblings, and others who may affect the child's best interests significantly;

(ii) the child's adjustment to:

1. community;
2. home;
3. placement; and
4. school;

(iii) the child's feelings about severance of the parent-child relationship; and

considering the required factors, the court found, by clear and convincing evidence, that due to Mother's mental health challenges, "she is unable to adjust her circumstances and/or condition to make it in the minor child's best interests to be returned to her care." The court further found that Mother prohibits Mi.F. from fostering a maternal relationship with her and is unfit to care for the child.

The court concluded that the circumstances of the case rebutted the presumption favoring a continued parental relationship and found that exceptional circumstances exist such that a continued relationship between Mother and Mi.F. would be detrimental to the child's best interests. Therefore, the court granted the DSS's TPR petition. The court filed its written order memorializing its decision on December 1, 2017.

STANDARD OF REVIEW

As we have explained:

> We review orders terminating parental rights using three interrelated standards. The Court of Appeals recently set forth the standard of review as follows:
>
> > '[W]hen the appellate court scrutinizes factual findings, the clearly erroneous standard of [Md. Rule 8-131(c)] applies. [Second,] [i]f it appears that the [court] erred as to matters of law, further proceedings in the trial court will ordinarily be required unless the error is determined to be harmless. Finally, when the appellate court views the ultimate conclusion of the [court] founded upon sound legal principles and based upon factual findings that are not clearly erroneous, the [court's] decision should be disturbed only if there has been a clear abuse of discretion.'

(iv) the likely impact of terminating parental rights on the child's well-being.

In re Adoption/Guardianship of L.B., 229 Md. App. 566, 586-87, *cert. denied*, 450 Md. 432 (2016) (internal citations omitted). In undertaking appellate review of a TPR matter, we must remain mindful that questions within the discretion of the juvenile court are "'much better decided by the trial judges than by appellate courts, and the decisions of such judges should only be disturbed where it is apparent that some serious error or abuse of discretion or autocratic action has occurred.'" *In re: Adoption/Guardianship No. 3598*, 347 Md. 295, 312 (1997) (quoting *Northwestern Nat'l Ins. Co. v. Samuel R. Rosoff, LTD*, 195 Md. 421 (1950)).

In reviewing the juvenile court's grant of the TPR petition, we are not to decide whether, on the evidence, we might have reached a different conclusion. Our role is "to decide only whether there was sufficient evidence—by a clear and convincing standard—to support the [juvenile court's] determination that it would be in the best interest of [the child] to terminate the parental rights of [the] natural [parent]. "In making this decision, we must assume the truth of all the evidence, and of all the favorable inferences fairly deducible therefrom, tending to support the factual conclusion of the trial court." *In re Adoption No. 09598 in the Circuit Court for Prince George's Cty.*, 77 Md. App. 511, 518 (1989).

DISCUSSION

Mother argues that the juvenile court erred in terminating her parental rights after concluding that she is unfit to continue a parental relationship with Mi.F. and that exceptional circumstances exist to make a continued parental relationship detrimental to

Mi.F.'s best interest. In her view, the court's findings were unsupported by the evidence, which did not show how any of Mother's "shortcomings and deficiencies" made her an unfit parent, especially in the absence of any showing that she harmed the child or put her well-being at risk.

Pursuant to FL § 5-323(b), a juvenile court has the authority to terminate parental rights if, after considering the statutory factors set forth in FL § 5-323(d), the court finds by clear and convincing evidence that a parent is unfit to remain in a parental relationship with the child or that exceptional circumstances exist that would make a continuation of the parental relationship detrimental to the best interests of the child such that terminating the rights of the parent is in a child's best interests.

> The court's role in TPR cases is to give the most careful consideration to the relevant statutory factors, to make specific findings based on the evidence with respect to each of them, and, mindful of the presumption favoring a continuation of the parental relationship, determine expressly whether those findings suffice either to show an unfitness on the part of the parent to remain in a parental relationship with the child or to constitute an exceptional circumstance that would make a continuation of the parental relationship detrimental to the best interest of the child, and, if so, how. If the court does that—*articulates its conclusion as to the best interest of the child in that manner*—the parental rights we have recognized and the statutory basis for terminating those rights are in proper and harmonious balance.

In re Adoption/Guardianship of Rashawn H., 402 Md. 477, 501 (2007) (emphasis in original) (footnote omitted). In determining whether to terminate parental rights, "it is unassailable that the paramount consideration is the best interest of the child." *In re Adoption/Guardianship No. T00032005*, 141 Md. App. 570, 581 (2001).

In addition to the factors outlined in FL § 5-323(d), "courts may consider 'such parental characteristics as age, stability, and the capacity and interest of a parent to provide for the emotional, social, moral, material, and educational needs of the child.'" *In re Adoption of Ta'Niya C.*, 417 Md. 90, 104 n.11 (2010) (quoting *Pastore v. Sharp*, 81 Md. App. 314, 320 (1989)). Both "a parent's *actions and failures to act* . . . can bear on the presence of exceptional circumstances and the question of whether continuing the parent-child relationship serves the child's best interests." *In re Adoption/Guardianship of K'Amora K.*, 218 Md. App. 287, 307 (2014) (emphasis in original).

In this matter, the juvenile court did consider the FL § 5-323(d) factors in both its oral ruling and its written order.[12] With regard to FL § 5-323(d)(1)(i), the services offered to Mother before the child's placement, the court pointed out that the DSS created a safety plan to reunify Mother with Mi.F. and provided Mother with referrals for mental health services, but Mother declined the offered services. Moreover, the DSS had attempted to provide services to Mother in relation to her older children, M.F. and A.F., but those services were also rejected by Mother, and M.F. and A.F. had been removed from Mother's care when each child was approximately two months of age.

As far as the extent of services offered by DSS to facilitate reunion between the children and Mother, pursuant to FL § 5-323(d)(1)(ii), the juvenile court found that the DSS had encouraged Mother to engage in mental health care with her own provider,

[12] Mother does not dispute that the juvenile court made the required factual findings, nor does she appear to dispute any specific findings of fact.

repeatedly requested confirmation that she was obtaining treatment, offered parenting classes, conducted family involvement meetings, and provided Mother with life skills assistance. Additionally, the DSS facilitated regular supervised visits between Mother and Mi.F. and A.F.

Pursuant to FL § 5-323(d)(1)(iii), the extent to which the DSS and Mother had fulfilled their obligations, the court found that despite the DSS's efforts at providing services, Mother had been sporadic in continuing her mental health treatment, either with her own providers or those recommended by the DSS, and she refused to participate in mental health services or even to acknowledge that she had mental health challenges. The court held out "little hope" that after two years in the foster care system, any additional services existed that would likely bring about a lasting parental adjustment such that Mi.F. might be able to return to Mother's care.

As for findings with respect to FL § 5-323(d)(2), the parent's efforts to adjust her circumstances to make it in the child's best interest to be returned to her home, the court pointed out that with no evidence that Mother is maintaining an ongoing medication regimen to achieve stable mental health, her ability to care for the child "has remained stagnant." In fact, as evidenced by Mother's daily hygiene as observed by DSS workers, her extremely odd (and, at times, volatile) behavior, her inability to engage with Mi.F. during visits, and her often paranoid and delusional behavior, the court found that Mother cannot even care for herself without "the constant assistance of another."

Despite a finding that Mother had, "[f]or the most part," maintained communication with the DSS, she had only attended 25 of 57 scheduled visits with Mi.F. due, in part, to her mental health challenges, which are "an impediment to her visitations." On the other hand, Mi.F. had been with her foster family since she was three days old. Mi.F.'s foster mother, Ms. H., provides for all the child's financial, physical, and emotional needs.

With regard to FL § 5-323(d)(3)(i)-(v), the court heard no evidence of a criminal finding of abuse or neglect of Mother's children, nor any evidence of convictions of crimes of violence against another child or parent. And, no evidence was presented that Mother or Mi.F. had tested positive for a drug. The court was aware, however, that Mother had involuntarily lost her parental rights to two of her other children.

Turning to FL § 5-323(d)(4)(i)-(iv), the court found that Mi.F. had never lived with Mother and that the sporadic visits since Mi.F. had been in foster care had done little, if anything, to establish or foster a parental bond. At visits, Mi.F. generally avoided Mother and self-directed her play. On the other hand, Mi.F. was bonded to her siblings and to her foster family and recognized her foster mother as "mommy."

Accordingly, the juvenile court found by clear and convincing evidence that Mother's mental health challenges and her failure to address her mental health needs rendered her unfit to care for Mi.F. The court further found that the circumstances of the case rebutted the presumption favoring a continuation of the parental relationship and that the termination of parental rights would not negatively impact Mi.F.'s health or safety.

On the contrary, the court continued, exceptional circumstances existed that a continued parental relationship would be detrimental to Mi.F.'s best interest.

Contrary to Mother's assertions, the juvenile court enunciated numerous reasons for its findings. We are, therefore, not persuaded that the juvenile court's factual findings were clearly erroneous or that it abused its discretion in finding parental unfitness and exceptional circumstances to warrant terminating Mother's parental rights and granting the DSS's petition for guardianship.

ORDER OF CIRCUIT COURT FOR PRINCE GEORGE'S COUNTY, SITTING AS A JUVENILE COURT, AFFIRMED; COSTS TO BE PAID BY APPELLANT.