

Circuit Court for Baltimore City
Case No.: 823334003J

UNREPORTED

IN THE APPELLATE COURT
OF MARYLAND*

No. 573

September Term, 2025

IN RE: L.P-B.

Graeff,
Tang,
Eyler, James R.
(Senior Judge, Specially Assigned),

JJ.

Opinion by Eyler, J.

Filed: January 15, 2026

*This is an unreported opinion. This opinion may not be cited as precedent within the rule of stare decisis. It may be cited for its persuasive value only if the citation conforms to Rule 1-104(a)(2)(B).

F.T. (“Mother”) appeals from the Circuit Court for Baltimore City’s order determining that her son, L.P-B., is a child in need of assistance (“CINA”). On appeal, Mother asks us the following question: “Whether the [c]ircuit [c]ourt abused its discretion when determining that L.P[-]B. was neglected, where the factual findings to support this conclusion were clearly erroneous?” For the reasons set forth herein, we find no error or abuse of discretion in the record before us, and accordingly, we shall affirm the judgment of the circuit court.

BACKGROUND

L.P-B. was born in November of 2023 and is the fifth child born to Mother. Mother first came to the attention of the Baltimore City Department of Social Services (“Department”) in February of 2013 when the Department was contacted to retrieve Mother’s second child, four-month-old D.W., from Johns Hopkins Hospital after a suicide attempt by Mother.¹ Mother was prescribed various medications to address several psychiatric diagnoses, including bipolar disorder, panic disorder, agoraphobia and generalized anxiety disorder. However, in October of 2015, the court terminated Mother’s parental rights of D.W. after finding that Mother had “not been able to sustain stability in her mental health care, medication management and housing[.]” Meanwhile, in November of 2013, Mother’s third child, L.D., was born. In November of 2018, Mother’s fourth child, D.J., was born.

¹ In 2004, Mother gave birth to her first child, D.H-H., and in 2005, D.H-H.’s maternal grandmother obtained custody of him.

In 2019, Mother contacted the Department with concerns that she was “reaching her breaking point” with five-year-old L.D. Mother and the Department agreed to a safety plan but Mother’s mental health worsened. Mother admitted to leaving one-year-old D.J. and five-year-old L.D. home alone at night while she walked the neighborhood to smoke marijuana. Both D.J. and L.D. were sheltered by the Department.² After reunification efforts were unsuccessful, D.J. and L.D. were found CINA and committed to the Department’s care, where they continue to remain several years later.³

Finally, L.P-B. was born in November of 2023 and, shortly thereafter, diagnosed with encephalopathy.⁴ In the hospital, Mother was observed “displaying irate and erratic behaviors” including “block[ing] [L.P-B.’s] father from visiting her hospital room,” “screaming expletives and racial comments at multiple hospital staff members[,]” and “r[unning] around the hospital[] shirtless[.]” The Department was contacted, and Mother admitted that she was not taking prescribed psychotropic medication and that she was “in

² Shelter care “means a temporary placement of a child outside of the home at any time before disposition.” Md. Code Ann., Cts. & Jud. Proc. (“CJP”) § 3-801(cc).

³ In the CINA disposition in that case, the court explained that Mother’s behavior “is often irrationally hostile and occasionally violent” and that the evidence “certainly does not support a finding that previous, serious mental health diagnoses no longer hold relevance to assessing her ability to care for her children.”

⁴ Neonatal encephalopathy “is a complex disease of the newborn characterized by an altered level of consciousness, seizures, poor tone, an inability to initiate or maintain respiration . . . and is associated with multi organ dysfunction[.]” *Neonatal Encephalopathy: Need for Recognition of Multiple Etiologies for Optimal Management*, National Institutes of Health, <https://pmc.ncbi.nlm.nih.gov/articles/PMC6477286/> (last visited December 22, 2025). It “can result from a wide variety of causes and is a clinical term that does not specify etiology.” *Id.*

between” therapists. The Department informed Mother that L.P-B. could not be left in her care because of her untreated mental health issues.⁵ L.P-B. was placed in the care of his father, P.B. (“Father”).⁶

On December 4, 2023, the Department filed a petition with a request for shelter care and the court held a hearing. After the hearing, the court ordered, among other things, that L.P-B. remain in Father’s care, that Father “ensure that [M]other’s visits are supervised” and that Father “immediately report any concerns/issues regarding [M]other to [the Department]” (the “Order Controlling Conduct”).⁷

On January 31, 2024, Mother called the police and reported that Father had left L.P-B. with her in violation of the Order Controlling Conduct, and that L.P-B. had been vomiting for several days. Mother “became irate” when she discovered that the Department would be contacted because the responding police officers were mandatory reporters. She “also became irate with the medics on scene requiring another officer to ride in the ambulance due to safety concerns.” After L.P-B. was transported to Johns Hopkins Hospital to be evaluated, Mother was escorted off of the hospital property.

⁵ In shelter care proceedings, typically, the court is not involved until the Department “files a petition seeking to continue emergency shelter care for a period of up to 30 days and the juvenile court holds a prompt hearing to determine whether the criteria in CJ[P] § 3-815(d)” are met. *In re O.P.*, 470 Md. 225, 266 (2020).

⁶ Father is not a party to this appeal.

⁷ The court may enter an order controlling conduct in certain circumstances pursuant to CJP § 3-821(a).

Father reportedly admitted that he had left L.P-B. with Mother that morning so he could go to work. He explained that, after attempting to pick up L.P-B. that afternoon, he and Mother got in an argument, and he left to avoid additional conflict. L.P-B. was later discharged from the hospital and placed in shelter care. On February 2, 2024, the Department filed an amendment to its original request for shelter care of L.P-B., wherein it detailed the aforementioned events (“amended petition”). After a hearing, the court found that Father had violated the court’s Order Controlling Conduct and granted L.P-B.’s continued placement in shelter care.

On April 15, 2025, the court held adjudication and disposition hearings.⁸ At the adjudication hearing, Father appeared with counsel but requested to be excused for a job interview, which the court granted. Mother was not present when the adjudication hearing began at 9:00 am, but Mother’s counsel asserted that Mother was on her way. Diana Donoho, a case worker for the Department, testified that, after an investigation, the Department determined that both Mother and Father had been indicated for neglect for the events relating to January 31, 2024. At 11:00 am, Mother still had not arrived, and the court proceeded to closing arguments. Ultimately, the court found that, with a “couple of minor caveats[,]” all of the allegations in the Department’s amended petition had been proven.⁹

⁸ Previous adjudication hearings took place between March 11, 2024 and October 31, 2024, but in December of 2024, the record reflects that all parties consented to the adjudication hearing starting “anew” due to the presiding magistrate’s impending retirement.

⁹ The allegations not sustained relate to allegations not discussed herein, including that L.P-B. needed certain additional medical care since his birth, post-adjudication events
(continued)

Mother was present at L.P-B.’s disposition hearing that afternoon. Shelena Sanderson, a case worker for the Department, testified that, while Mother had consistently attended supervised visits with L.P-B., there was a concern regarding Mother’s outbursts of anger. Ms. Sanderson explained that Mother would “yell[], scream[], cuss[]” at foster parents or at the Department. Ms. Sanderson testified regarding an incident where Mother went from “zero to [ten]” during a disagreement about whether L.P-B. had a diaper rash or eczema. Further, she testified that Mother had admitted that she had “stabbed [Father] in the arm.”

Ms. Sanderson testified that the Department had developed a service plan for Mother to address her anger and untreated mental health challenges. She explained that Mother enrolled in therapy as directed under the service plan but she refused to sign the service agreement because she did not wish to sign a medical release form. Moreover, Ms. Sanderson testified that Mother had allowed the Department to speak with her therapist by phone, but Mother insisted on being on the call and would not allow her therapist to answer questions without her approval. Mother had also declined the Department’s repeated requests for a home inspection. Mother testified that she was “like a . . . hoarder” and that her home could be “a little neater.”

Ultimately, the court found that L.P-B. was a child in need of assistance based upon neglect. The court noted that the “primary threat” to L.P-B.’s well-being is Mother’s

in L.D. and D.J.’s CINA cases, and active warrants and/or criminal charges against Mother and Father.

“mental health problems, which manifest themselves, among other ways, by bursts of uncontrollable rage.” The court explained that:

Your children are neglected when they’re left alone after you get hauled away because you’re incapable of controlling your rage. Your children suffer mental injury when you have these raging breakdowns in front of them. By her own admission, again this incident at the visitation center was over the difference between eczema and diaper rash. No call [sic] to lose it in front of the children over something that minor.

The court noted that it was “absolutely [Mother’s] right” to resist the Departments “intrusions on her medical privacy,” but that:

[I]n a case where the proper assessment of the well-being of the children hinges so much on her mental health, standing on that right, refusing to weigh that privilege and allow the examination makes it much harder for me to determine that it’s now appropriate to return L.P[-]B. to his mother.

For the same reason, how can I assess the extent to which her anger problems in particular have been addressed? She wants us to take this more or less at her say so because she refuses both to take a separate anger management class and to disclose sort of the fine details of what’s going on in her treatment.

Again, it’s her right. She does not have to check off every box on the -- on the service plan, but it makes it much harder for me to find that things have changed since the child was first taken away.

Finally, the court noted that “[i]t has been literally years since [Mother has] allowed [the Department] to look in the house.” The court ordered that L.P-B. remain in the Department’s custody and set a permanency plan of reunification. A written order was entered on April 16, 2025. Mother timely appealed.

STANDARD OF REVIEW

“In CINA proceedings, we apply three different but interrelated standards of review.” *In re M.C.*, 245 Md. App. 215, 226 (2020). First, we will not “disturb the juvenile

court’s findings of fact unless they are clearly erroneous.” *In re C.E.*, 456 Md. 209, 216 (2017). Next, “if the trial 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.’” *In re M.C.*, 245 Md. App. at 226 (quoting *In re Adoption of Cadence B.*, 417 Md. 146, 155 (2010)). Finally, “when the ultimate conclusion of the trial court is 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.” *Id.* (cleaned up). “An abuse of discretion occurs ‘where no reasonable person would take the view adopted by the trial court,’ or when the court acts ‘without reference to any guiding rules or principles.’” *In re J.J.*, 231 Md. App. 304, 341 (2016) (cleaned up) (quoting *Hajireen v. State*, 203 Md. App. 537, 552 (2012)), *aff’d*, 456 Md. 428 (2017).

DISCUSSION

I. Parties’ Contentions

Mother asserts that the gravamen of the court’s determination that she had neglected L.P-B. were her mental health issues but maintains that “the fact that Mother suffers from a mental illness, which she is still attempting to treat, is not a sufficient basis for a finding that L.P[-]B. is a child in need of assistance.” She adds that the court’s ruling “did not take into consideration the progress she made in treatment of her mental illness” or “her efforts to ensure that L.P[-]B. was well cared for when he was in her custody.”

In response, the Department asserts that the court acted within its broad discretion in finding that L.P-B. was a child in need of assistance after looking at Mother’s “significant mental health issues” and Mother’s “history with her other four children in

deciding whether L.P[-]B. was at a substantial risk of harm or mental injury[.]” The Department asserts that evidence of Mother’s “inability to control her anger[,]” and “scant evidence … showing that Mother has made progress with her anger” or mental health challenges support the court’s conclusion.

II. Legal Framework

The act governing proceedings when a child is alleged to be a CINA is set forth in CJP §§ 3-801–3-836. “The principal focus of the CINA statute is to ‘ensure that juvenile courts (and local departments of social services) exercise authority to protect and advance a child’s best interests when court intervention is required.’” *In re J.R.*, 246 Md. App. 707, 751 (2020) (quoting *In re Najasha B.*, 409 Md. 20, 33 (2009)). We have noted that, because the circuit court has the opportunity to ““see the witnesses and the parties [and] hear the testimony,”” that it ““is in a far better position than is an appellate court, which has only a cold record before it, to weigh the evidence and determine what disposition will best promote the welfare of the minor.”” *Id.* (quoting *Baldwin v. Baynard*, 215 Md. App. 82, 105 (2013)).

A child may be found a CINA if neglected and the child’s parents “are unable or unwilling to give proper care and attention to the child[.]” CJP § 3-801(f).¹⁰ Neglect is defined as “leaving of a child unattended or other failure to give proper care and attention to a child” under circumstances indicating “[t]hat the child’s health or welfare is harmed

¹⁰ A child may also be found to be a CINA if the child is abused, has a developmental disability, or has a mental disorder. CJP § 3-801(f).

or placed at substantial risk of harm; or . . . [t]hat the child has suffered mental injury or been placed at substantial risk of mental injury.” CJP § 3-801(t).

“In evaluating whether such a risk exists, the court has ‘a right—and indeed a duty—to look at the track record, the past, of [a parent] in order to predict what her future treatment of the child may be.’” *In re J.J.*, 231 Md. App. at 346 (quoting *In re Dustin T.*, 93 Md. App. 726, 735 (1992), *cert. denied*, 329 Md. 480 (1993)). “Consequently, ‘neglect’ in § 3-801(s) is an abstract concept, not limited to the child who is the subject of the CINA proceeding.”¹¹ *In re Andrew A.*, 149 Md. App. 412, 418 (2003); *In re William B.*, 73 Md. App. 68, 77 (1987) (noting that a parent’s “ability to care for the needs of one child is probative of [his or her] ability to care for other children in the family”). Instead, we have described neglect as “an overarching pattern of conduct[,]” noting that, although it “might not involve affirmative conduct (as physical abuse does, for example), the court assesses neglect by assessing the inaction of a parent over time.” *In re Priscilla B.*, 214 Md. App. 600, 625 (2013) (emphasis omitted). Indeed, “[t]o the extent that inaction repeats itself, courts can appropriately view that pattern of omission as a predictor of future behavior, active or passive[.]” *Id.*

Finally, we have long held that “[t]he purpose of [the CINA statute] is to protect children—not wait for their injury.” *Id.* at 626 (quoting *In re William B.*, 73 Md. App. at 77-78); *see also In re Dustin T.*, 93 Md. App. 726, 735 (1992) (“[T]he court need not wait

¹¹ In 2024, many definitions in CJP § 3-801 were renumbered slightly, including the definition for neglect, which was renumbered to CJP § 3-801(t). 2024 Md. Laws, ch. 348. The amendment did not alter the definition of neglect. *Id.*

until the child suffers some injury before determining that he is neglected[.]”). Instead, “[t]he court may find either neglect or abuse if the child is merely *placed at risk* of significant harm.” *In re Dustin T.*, 93 Md. App. at 735 (emphasis in original).

III. Analysis

The court’s determination that L.P-B. is a child in need of assistance is supported by the record, including Mother’s long-standing mental illness, limited information regarding Mother’s progress or treatment of her mental illness, and testimony and evidence of Mother’s outbursts of anger towards the Department, officers, and treating medics. It was also supported by the court’s assessment of the testimony and witnesses before it, including the court’s assessment that Mother was “hostile and argumentative” on cross-examination. Finally, the court’s determination was supported by Mother’s history with the Department, including her inability to properly care for at least three of her four older children due, in part, to her untreated mental illness. *See In re J.J.*, 231 Md. App. at 346.

Mother is correct that the fact that she suffers from mental illness is not, on its own, a basis to find that L.P-B. is a child in need of assistance. Instead, this Court has noted that “[i]n cases involving mental illness, a court should carefully assess whether, at the time of the merits hearing, the parent’s efforts to rehabilitate her mental illness were beginning to bear some fruit.” *In re Adoption/Guardianship of J.T.*, 242 Md. App. 43, 62 (2019) (cleaned up).

However, the court’s ability to consider whether Mother’s efforts at treating her mental illness were beginning to bear fruit was undermined by Mother’s resistance to providing such information. The record reflects that, despite Mother’s long-standing

mental health challenges, she refused to take an anger management class, refused to sign a medical release form, refused to disclose the details of her mental health treatment, and refused to allow her therapist to use her own judgment in answering (or not answering) the Department’s questions. In other words, given Mother’s “overarching pattern of conduct[,]” including, but not limited to, outbursts of anger and a history of being unable to care for her prior children due to her mental health, combined with a lack of evidence indicating progress with her mental health, we cannot say that the court clearly erred in concluding that L.P-B. is a child in need of assistance. *In re Priscilla B.*, 214 Md. App. at 625.

In other words, and as succinctly put by the circuit court, “in a case where the proper assessment of the well-being of the child[] hinges so much on [Mother’s] mental health,” Mother’s decisions to shield such information “makes it much harder for [the court] to determine that it’s now appropriate to return L.P[-]B. to his mother.” In sum, although Mother wanted the court to accept her mental health and anger management progress “more or less at her say so[,]” we cannot say that the court erred in declining to do so based upon this record.

JUDGMENT OF THE CIRCUIT COURT FOR BALTIMORE CITY IS AFFIRMED. COSTS TO BE PAID BY APPELLANT.