Circuit Court for Wicomico County
Case Nos. 22-Z-15-000010, 22-Z-15-000012,
and 22-Z-16-000003

UNREPORTED

IN THE COURT OF SPECIAL APPEALS

OF MARYLAND

No. 1966

September Term, 2016

IN RE: ADOPTION/GUARDIANSHIP OF

M.M., A.M., AND J.M.

Woodward, C.J.,
Graeff,
Berger,

JJ.

Opinion by Woodward, C.J.

Filed: July 12, 2017

On October 19, 2016, following two days of testimony, the Circuit Court for Wicomico County, sitting as a juvenile court, entered a written opinion and order granting the Petitions for Guardianship with the Right to Consent to Adoption or Other Permanent Placement filed by appellee, the Wicomico County Department of Social Services ("the Department") in the cases of three children: M.M., A.M., and J.M. (collectively, "the children"). Appellant, Mary M. ("Mother" or "Ms. M") noted this appeal and asks one question: "Did the court err in terminating Ms. M.'s parental rights?"

For the reasons stated below, we answer this question in the negative and affirm.[1]

BACKGROUND

This case comes to us with an extensive history. This Court has previously affirmed a change in each child's permanency plan to adoption in three separate unreported opinions. *See In re: J.M.*, No. 2842, Sept. Term 2015 (filed Sept. 27, 2016); *In re: A.M.*, No. 1193, Sept. Term 2015 (filed Mar. 18, 2016); *In re: M[.]M.*, No. 616, Sept. Term 2015 (filed Dec. 30, 2015). As the facts of the children's cases have not changed, we recite them from our prior opinions.

M.M.

> On April 29, 2013, [Mother] consented to the termination of her parental rights to her daughter[, T.M.,] in a Child in Need of

[1] Donte C., father of M.M., consented to the termination of his parental rights. Kevion Q., the putative father of A.M. and J.M., never participated in the proceedings and was deemed to have consented to the termination of his parental rights. Neither man is a party to this appeal.

> Assistance ("CINA") case pending in Worcester County.[2] Two weeks later, on May 14, 2013, she gave birth to a son, M[.] M.
>
> On May 29, 2013, [Mother] came to the attention of the [Department] pursuant to the "Birth Match" law, which requires a local department of social services to complete a safety assessment for every infant born to a mother whose parental rights to another child previously have been terminated.[3] As a consequence of its assessment, the Department provided income services and intense case management services to [Mother]. According to the Department, she was unable to properly supervise M[.], and on one occasion left him unattended for several hours. [Mother] refused to take responsibility for her actions. She was unable to sustain stable housing and displayed "aggressive behaviors" toward members of her church, with whom she had sought shelter. She ended up homeless.
>
> In October of 2013, when M[.] was five months old, he was placed into shelter care. On November 13, 2013, with the consent of the parties, the court found M[.] to be a [CINA] and committed him to the care of the Department for appropriate placement.
>
> In March of 2014, at a permanency plan hearing, the Department recommended, and the court ordered, a plan of reunification with the parents. The permanency plan of reunification was continued at the review hearings in June of 2014 and December of 2014. In January of 2015, a daughter born to [Mother] after M[.] was born was

[2] "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.

Md. [ ] Code, Courts and Judicial Proceedings Article ("CJP") (1973, 2013 Repl. Vol.), § 3-801(f).

[3] The "birth match" law is codified in Md. Code (1984, 2012 Repl. Vol.), § 5-715 of the Family Law Article ("FL").

diagnosed with "failure to thrive" and was placed in the same foster home as M[.]

At the next review hearing, on May 6, 2015, the Department recommended that the permanency plan be changed to adoption by a non-relative. Evangelina Hall, a foster care worker with the Department, testified regarding [Mother's] lack of progress toward reunification in the 18 months that M[.] had been in foster care. She explained that the service agreement between the Department and [Mother] required [her] to participate in mental health treatment, but [Mother] had been dismissed from the treatment program due to non-compliance, having attended only two visits in a year. [Mother] was given a "fit to parent" evaluation and was found to be functioning at a fourth-grade level. She refused to participate in one of the parenting skills classes the Department referred her to. She had missed 10 out of 19 scheduled visits with M[.] in the six months prior to the review hearing, even though the Department had arranged for her to have transportation to the visits. [Mother] acted unreasonably and was uncooperative and argumentative with Department staff. The Department had information that [Mother] had a "delusional disorder," but she refused an assessment that would have allowed a diagnosis to be made.

The Department informed the court it had provided [Mother] all the services it had available, and, although she had secured housing in September of 2014, she had failed to make any other progress toward reunification in the previous 18 months and was unable to recognize and meet M[.'s] needs. According to the Department, M[.] displayed no bond with [Mother], but exhibited a very strong bond with his foster family members. Attempts to place M[.] with a family member had been unsuccessful.

In its report, the Department stated:

> This agency has great concerns about the ability of [Mother] to provide care and supervision for her children. The Local Department has been working with [Mother] for years and addressed on numerous times the issues of not providing the proper care and supervision for her children. The Local Department workers have worked with [Mother] on parenting education, and she does not retain nor apply the information. [Mother's] parenting

> skills are very poor at this time to provide care and supervision for her children.
>
> * * *
>
> [Mother] does not demonstrate an appropriate bond with [M.]. She is not cognitively able to understand developmental milestones and emotional attachment issues. She does not seem to comprehend the importance of weekly visits to establish a bond, and she does not understand that her son will not develop a bond with her when she has only completed less than . . . half of the visits scheduled in the past six months. Since [Mother's] visits have not been consistent, she cannot receive advice or feedback without aggression and hostility, she shows a lack of interest in attending visits regularly, and [M.] does not have a bond with her, and due to the length of time he has been in care with no progress from [Mother], the Department recommends that visits be ceased or decreased to once per month as that would be in the best interest of the child.

Counsel for M[.] agreed with the Department's recommendation that the permanency plan be changed to adoption by a non-relative. [Mother] objected to the proposed change. M[.'s] father did not object.

The court found that the Department had made reasonable efforts and had provided adequate services to accomplish the goal of reunification, but [Mother] had not engaged meaningfully in required mental health treatment, which interfered with her ability to parent, and, after 18 months, she had not made sufficient progress toward the permanency plan of reunification. The court also found that M[.'s] bond with [Mother] was "minimal" and that he was doing "beautifully" at his foster home. Noting that adoption is "an appropriate plan because there is no parent or relative capable of taking custody of the child," the court ordered a change in the permanency plan from reunification to adoption.

M.M., at slip op. 1-5. We affirmed that order. *Id.* at slip op. 13.

A.M.

[Mother] gave birth to a daughter, A.M., on June 11, 2014. Pursuant to the "Birth Match" law,[ ] two days later the Department attempted to contact [Mother] at the hospital where she had given birth, but she and A.M. had already been discharged. At that time, the Department discovered that the home address [Mother] had provided to the hospital did not exist. Subsequently, the Department contacted [Mother] by phone to set up a meeting with foster care worker Eva[ngelina] Hall.

Ms. Hall visited [Mother's] new residence in Somerset County and conducted a safety assessment. [Mother], however, refused to sign the safety plan proposed by Ms. Hall and the Department. On June 30, 2014, Ms. Hall attempted another home visit; however, she was informed that [Mother] had left the residence the previous day and had not yet returned. After a phone conversation, [Mother] and Ms. Hall agreed to meet at the Department on July 3. On the day of the visit, [Mother] called to cancel but, after some argument, [Mother] agreed to take Ms. Hall to where the child was being cared for.[4] Thereafter, Ms. Hall observed that the child was safe, and was told that [Mother] had plans to stay in a new residence with a friend.

Over the next several months, [Mother] relocated to another residence and lost her Food Stamp card for failure to comply with the face-to-face interview requirement. In September 2014, Department workers made an unannounced visit to [Mother's] residence and found that there was very little food in the home and that A.M. did not have a crib. The Department then provided [Mother] with a pack-and-play crib, new bottles, blankets, a rubber bath mat, and a pot to sterilize the bottles. In the months that followed, the Department provided extensive services and case management to [Mother]. During that time, [Mother] and A.M. lived in a number of different homes until [Mother] was, with the assistance of the Department, able to obtain housing through the Family Unification Program ("FUP"). The Department continued

[4] According to the detailed thirteen-page report prepared by Child Protective Services, [Mother] was having her hair and nails done on that day, and it was noted that "[Mother] had received her Temporary Cash Assistance payment from the LDSS on this same day allowing her the finances to get her hair and nails done and forgo [A.M.'s] two week well child visit."

attempting to meet with [Mother] and A.M. with varying degrees of success.

* * *

According to medical records, A.M. was within a normal weight range at birth, weighing 3.45 kg. (7 lbs., 9.69 oz.) at five days old, placing her in the 57th percentile for weight.[5] By October 15, 2014, A.M.'s weight gain had slowed, and, at age four months, she weighed 5.4 kg. (11 lbs., 14.48 oz.), placing her in the 7th percentile for weight. By her well child visit on December 31, 2014, A.M.'s weight had dropped to 4.6 kg[.] (10 lbs., 2.26 oz.), placing her in the 1st percentile for weight. The examining pediatrician sent A.M. to the emergency room "for further work-up and possible admission," noting that she was "very concerned with the significant weight loss over 2 months; decrease in length and head circumference also noted." Subsequently, A.M. was admitted to PRMC and diagnosed with failure to thrive after "all labs were found to be within normal range." According to her medical records, A.M. fed well throughout her hospital stay, gained weight, and was discharged on January 3, 2015 weighing 5.2 kg. (11 lbs., 7.42 oz.). Notably, the discharging physician observed that there had been "several social concerns within the home" because there had been "multiple incidences where it was found that mom was stretching the truth or lying." Upon

[5] The measurements reproduced herein are contained in the medical reports from A.M.'s "Well Child" examinations conducted at Three Lower Counties Community Services, Inc. (a Health Center Program grantee under 42 [U].S.C. 254b, and a deemed Public Health Services employee under 42 U.S.C. 233 (g)-(n) covered by FTCA). According to the Center for Disease Control,

> [p]ercentiles are the most commonly used clinical indicator to assess the size and growth patterns of individual children in the United States. Percentiles rank the position of an individual by indicating what percent of the reference population the individual would equal or exceed. For example, on the weight-for-age growth charts, a 5-year-old girl whose weight is at the 25th percentile, weighs the same or more than 25 percent of the reference population of 5-year-old girls, and weighs less than 75 percent of the 5-year-old girls in the reference population.

2000 CDC Growth Charts for the United States: Methods and Development (May 2002), *available at* http://www.cdc.gov/nchs/data/series/sr_11/sr11_246.pdf.

discharge, [Mother] refused to go back to A.M.'s former pediatrician and requested a new one.

On January 5, 2015, the Department received a referral concerning the possible neglect of A.M. The referral cited A.M.'s admission to PRMC for failure to thrive on December 31, 2014, and weight loss–two pounds in two months. The referral indicated that A.M. was discharged from PRMC on January 3, 201[5], after being adequately fed and gaining weight.

On January 6, 2015, the Department filed a Non-Emergent Petition for Child in Need of Services alleging that A.M. was a [CINA].[ ] The [D]epartment's petition cited, *inter alia*, [Mother's] failure "to maintain regular medical appointments for [A.M.]," "[f]ailure to properly clean and sterilize bottles and nipples for [A.M.] resulting in [A.M.] being treated for an infection of the mouth,"[6] and [A.M.'s] admission to the hospital for failure to thrive."

On January 8, 2015, five days after discharge from PRMC, A.M. had a follow-up appointment with a new pediatrician. A.M. weighed 5.1 kg[.] (11 lb[s]. 4 oz.) placing her in the .04 percentile for weight, and, at her January 13, 2015 appointment, A.M.'s weight had dropped again to 10 lbs., 13 oz. A.M. was assessed with "developmental delay – failure to thrive," and the pediatrician noted her "severe concern" over A.M.'s weight loss. The pediatrician also documented that, during the office visit, [Mother] "refused to let me hold infant in the office or feed infant any formula." The pediatrician notified the Department of her "immediate concerns" for A.M.'s "well[-]being," and refused to "discharge" A.M. to [Mother].

That same day, January 13, 2015, A.M. was removed from [Mother's] care and was placed in shelter care. The following day, the magistrate recommended continued shelter care. The shelter care order, entered March 5, 2015, found that "the evidence presented sustained the finding that continuation of [A.M.] in [Mother's] home is contrary to [A.M.'s] safety and welfare." The

[6] In August 2014 A.M. was diagnosed with "candidiasis of the mouth" and was prescribed medication by a pediatrician. According to the Department, it took a month for [Mother] to fill the prescription, and as a result, A.M. suffered with the infection for a prolonged period.

magistrate granted the Department's request for continued shelter care and placed A.M. in the temporary care and custody of the Department.

* * *

On January 23, 2015, the Department filed an amended CINA petition. At the February 18, 2015 adjudicatory hearing, the court received A.M.'s pediatric and hospitalization records. Thereafter, [Mother] verified that she was willing to agree to the adjudication of A.M. as a child in need of assistance. [Mother] also indicated her understanding that "the basis for the Department bringing the child into care was the hospital's determination that the child failed to thrive[.]"

* * *

[At the subsequent disposition hearing], [t]he out-of-home supervisor for the Department, [Clare] Spillane, testified as follows regarding A.M.'s condition and progress during the period of shelter care:

> At seven months [A.M.] looked more along the lines of a six to eight week old baby. And she could not significantly hold her head up without flopping it over, she could hold it up at times but not sustain the head being held up. She had no ability to push herself up as far as if she was in the stomach position she couldn't push herself up. She couldn't roll over, which babies at that age should be rolling over. She had very few social interactions. Babies at that age should be able to react to songs, Itsy Bitsy Spider, Peek A Boo, things like that. The baby was not able to engage in any of that activity. Her legs were very thin.
>
> When we had seen her before the hospitalization we were concerned about her lack of motor movement, she just seemed very weak.
>
> * * *
>
> [In shelter care, A.M.] has gained a substantial amount of weight. She is a different looking baby. She

> doesn't look emaciated anymore. She has strength in her legs and in her arms. Her head has grown significantly, just it's noticeable she's filled out. She's stronger. She can lay on her stomach and push herself up. She can hold her legs straight so that you can actually put weight on her legs. She socially interacts. She is still probably, as far as her motor skills, her social skills seem to be catching up. Her motor skills are probably about two months behind. But the assessments that we've done indicate that she will be able to catch up.

Indeed, the record reflects that within three days, A.M. had gained 10 oz. According to medical records from a pediatrician visit on January 23, 2015, A.M. had gained another 1 lb. 2 oz., and weighed a total of 12 lb[s]. 9 oz. On that date, ten days after entering shelter care, the pediatrician noted that A.M. had a "much fuller face," was "less thin," and "more responsive." The pediatrician was "very pleased with [A.M.'s] progress and development over the last 7 days," and noted that she had made "significant improvement from the last 2 visits where p[atient] was lethargic/non emotional."

In the disposition hearing, the Department next outlined the service agreement they had with [Mother] and highlighted [her] mental health treatment as the most important part of the agreement. Regarding the mental health requirements in the service agreement, Ms. Spillane stated:

> Beginning with the first one, and the most important one, and the one that I continue to stress to [Mother] and is so, so important is that she obtain regular and consistent mental health treatment. I have met with [Mother] numerous times and we've discussed this just about every time that I see her. She's assured me that she has been going to mental health treatment. She did sign consents for us to talk with the mental health provider.
>
> * * *
>
> Upon contacting the therapist, [Mother] attended an intake appointment on January 18, 2015, which was just after [A.M.] came into care. Keep in mind that we had been asking her to attend mental health treatment for the previous 20 months and she has not done that. . . . She's

> been only for one followup session on January 22nd. According to the letter and the contact that was given to me by the agency, she was discharged March 9th as insufficient progress, and not attending treatments.

The Department also observed that [Mother] "has a very difficult time with parenting education and is largely not able to receive or hear the feedback presented to her."

Indeed, the record reflects that [Mother's] erratic behavior and frequent outbursts affected her relationships with care providers and others assisting her with A.M.'s care. In February 2015, Gateway Pediatrics banned [Mother] from their practice and complained that she "is verbally abusive to our providers and our staff," and that [Mother's] behavior had been disruptive to A.M.'s care. Ms. Spillane testified as follows regarding her observations of [Mother's] behavior at A.M.'s first pediatric appointment after she came into the Department's care:

> [Mother] was unable to follow instructions even from beginning in the parking lot when the foster parent arrived with the baby. She came right up behind the foster parent as the foster parent was trying to get the baby out of the car. She was almost too close to the foster parent and I asked her to step aside; she wouldn't listen. I asked her to wait to see the baby until we got into the pediatric office. She became very aggressive with me, she pushed me, she shoved me, she threatened to call the police on me. We got into the pediatric office, she, as soon as we got in there the foster parent set the baby carrier down. [Mother] grabbed the baby carrier, abruptly grabbing at the baby, trying to pull off her clothing and the car seat belt, and sadly was very loud and disruptive at the office. The office staff quickly got us into a back room and [Mother] was able to calm herself down and deescalate, although she was – instead of asking about, the doctor, how her baby [w]as doing, any concerns with the baby, she was very accusatory to the pediatrician. She wasn't able to ask about the baby but only why did you call [the Department] on me.

Although the Department agreed that the plan had to "start as reunification," they could not, at that time, recommend reunification

"as untreated mental health issues render [Mother] incapable of providing a safe, stable environment for her children." The Department recommended a permanency plan of reunification with a concurrent plan of care, custody, and guardianship to a non-relative.[ ]

At the close of the March 18, 2015 disposition hearing, the magistrate recommended that A.M. be found CINA and that her care and custody be with the Department for appropriate placement. The magistrate recommended that "[A.M.] be found a child in need of assistance by reason of neglect and because [Mother] is unwilling or unable to provide the proper care and attention necessary to protect the health, safety, and well-being." In an order dated March 31, 2015, the magistrate recommended that the initial permanency plan be reunification. The court signed an additional order to that effect on April 15, 2015, which also recommended that [Mother] be allowed supervised visitation, attend weekly therapy sessions and regular parenting education classes, and that the permanency plan would be reunification.

* * *

By A.M.'s 12-month check-up, she weighed 19 lbs. 1 oz. and was meeting all of her developmental milestones. Clearly A.M. was finally back on track in the care of a preadoptive foster family, and on May 21, 2015, the Department filed a line with the court advising of its intention to request that the permanency plan be changed to adoption. The Department's written recommendations, prepared for the June 3, 2015 permanency plan hearing, stated that "[Mother] has made limited progress since the Local Department became involved with her since [M.M.] came in care on October 17, 2013." The Department's recommendation also provided:

> Previously, [Mother] reported at least six different addresses of where she is living to this agency. [Mother] was living with several different "friends." All these addresses belong to transient "friends." However, [Mother] obtained a housing voucher with the assistance of the Local Department, and her voucher covers 100% of her rent. [Mother] is responsible only for a small portion of her utilities.

> The Local Department referred [Mother] to Dr. Samantha Scott at The Child and Family Center for psychological assessment and treatment recommendations. [Mother] completed the evaluation with Dr. Samantha Scott on February 24, 2015, due to the urgency and insistency of this worker.

Dr. Scott's first assessment, a Fit-to-Parent evaluation, was completed in October 2014, and was requested by the Department in relation to the case involving . . . M.M. In that assessment, Dr. Scott reviewed [Mother's] records, and interviewed a friend of [Mother's], as well as [Mother's] brother. Dr. Scott concluded the following:

> Taken together, [Mother] has a long history of mental illness, including chronic mood lability and paranoid thinking. She also has an extensive trauma history that has the potential to cause unpredictable, aggressive behavior when left untreated. Although she has become more stable in recent years, she continues to exhibit very concerning behavior with her third child (currently in her custody) when under some distress. In addition, [Mother] appears to be in great denial regarding her mental health needs, refusing medication, which is typically necessary to appropriately treat psychotic symptoms and Bipolar Disorder. Unfortunately, disorders such as these tend to oscillate, whereby individuals can function appropriately at times but then exhibit unforeseen spikes in unsafe behavior. Thus, treatment for [Mother] will likely need to be long term and ongoing. At this time, new formal diagnoses are not made as [Mother] personally denied all symptoms; however, a previous diagnosis of Bipolar I Disorder with Mood Congruent Psychotic Features (Grandiosity and Paranoid thinking) is supported by historical information and observational data. It will be important that [Mother] is evaluated by a psychologist in an [o]ngoing fashion to determine accurate diagnoses and the most appropriate treatment.
>
> Lastly, [Mother's] lack of follow-through with regard to supervised visits and appointments set for the current evaluation suggest that [Mother] may not be

> ready for the responsibility of parenting a child 24 hours per day.

After her second evaluation in February 2015, Dr. Scott provided expert testimony at the June 3, 2015 permanency plan hearing. Dr. Scott diagnosed [Mother] with "a delusional disorder, a persecutory type with non-bizarre delusions unspecified." Dr. Scott also recommended that [Mother] seek inpatient psychiatric treatment. Regarding her diagnosis of [Mother], Dr. Scott opined:

> [Mother] has psychotic symptoms, yes.
>
> * * *
>
> [W]ith delusional disorder, it looks different because often cognition is intact. They can still function socially in many situations. It seems to be more specific to the delusional thought where functioning is less.
>
> * * *
>
> For example anything to do with the people here or the pediatricians that [Mother] encountered or the people that were trying to help her with the child.

Dr. Scott's written recommendations, submitted to the court, provided:

> 1. [Mother] needs intensive and long-term therapy to address her history of abuse and current symptoms of delusional and paranoid thinking. Therapy will only be successful if [Mother] can remain in therapy on a weekly basis (at the very minimum) with the same therapist who will need to spend a lengthy amount of time to gain [Mother's] trust.
>
> 2. Currently, given [Mother's] great distrust of all individuals and professionals associated with [the Department], finding a therapist with whom she will see weekly and eventually trust is unlikely. Thus, a more appropriate and successful approach might include inpatient psychiatric treatment.

> 3. Regardless of treatment modality, it is likely that [Mother] would benefit greatly from psychotropic medication.
>
> 4. At this time, [Mother's] cognitive thought patterns and lack of insight suggest that she is not capable of offering a safe environment for her daughter.
>
> * * *

At the July 8 hearing, Ms. Spillane testified that there was nothing further the Department could do to help [Mother] regain care and custody of her children, stating:

> I don't believe there is anything that can be done at this point in time for [Mother] to be able to safely parent. We continually want to try to help her. We want to make sure she doesn't lose her housing. We want to make sure she can sustain herself, financially, by making sure she continues to receive some of the financial services of the Department, such as food stamps and things like that that help her to survive.
>
> We continue to want to try to see her get into some mental health treatment. But as far as reunification, I don't think there is anything more that we can do. The children do not have a bond with her. . . . [W]hen she is in a good place, she can be appropriate and she can certainly function enough to meet her basic needs, but when she was not in a good place, and when she was in one of her delusional episodes, she can be very, very unsafe.

Ms. Spillane also testified that [Mother] had refused to give more formula to the Department to give to the foster parent, arguing that each can of formula should last longer and complained to the Department that she believed the Department was "instructing the foster parents to force feed A.M. and to feed her excessively so that she would gain weight."

Ms. Spillane also related to the court that, prior to A.M.'s placement in foster care, A.M. was lacking in multiple areas of development upon her entry into shelter care. A.M. could not hold

her head up consistently, she was "emaciated," and looked like "maybe a two-month old." In contrast to the Department and the pediatrician's observations, [Mother] claimed that A.M. never missed any milestones while in her care, and that she was "always talking, laughing, giggling," and "doing a lot."

Moreover, the Department reported that since 2010, [Mother] has had numerous service agreements with both Wicomico and Worcester County Departments of Social Services in relation to all three of her children. Ms. Spillane testified that "for the past two years, the mental health participation has been one of the key aspects of her service agreement," but that [Mother] had only attended "nine total mental health appointments with a therapist" in that time period. In late April 2015, [Mother] began seeing a different therapist and for the first time in two years she began to attend therapy regularly, attending seven sessions including intake. This was short-lived, however, and by mid-June, she had stopped going altogether.

The Department highlighted several other parenting issues that they repeatedly attempted to address with [Mother], but [she] was not receptive to the Department's instruction. Ms. Spillane testified that, during the two years that they worked with [Mother], the Department tried to address [Mother's] unsafe infant feeding practices. The Department also raised safety concerns over [Mother's] sleeping arrangements for A.M. after Department workers repeatedly observed that A.M. slept in a bed with [Mother], despite the Department providing [Mother] "extensive instruction about safe sleeping arrangements" and providing a crib for A.M. [Mother], however, denied that A.M. slept in her bed with her, and testified that A.M. always slept in a crib.

At the close of the permanency plan hearing, the Department requested that the permanency plan be changed to adoption and stated:

> We are here early ahead of time. Normally, we work with the mother for a longer period, but we are asking for this change of plan early in [A.M.'s] case but we cannot look at [A.M.] in a vacuum.
>
> We have to look at this case, in considering the five years that the Department and I mean, Department of

> Social Services, in the aggregate of Wicomico County and Worcester County have been working with [Mother] over a continuous five-year period. And within that five-year period, she has made pretty much zero progress.
>
> We have - - she spent maybe five weeks in therapy over a five-year period. That's pretty much nothing. She has not engaged in any meaningful way to try to improve herself improve her circumstances to be able to provide a safe environment for her children.[ ]

A.M., at slip op. 2-16. The juvenile court subsequently changed A.M.'s permanency plan to adoption with a concurrent plan of care, custody, and guardianship to a non-relative, and we affirmed. *Id.* at slip op. 16, 25.

J.M.

> On August 11, 2015, Ms. M. gave birth to her fourth child, J.M., who is the subject of the instant case. Two days later the Department took over the care of J.M. as a result of Ms. M.'s "extensive history" with the Department. J.M. was placed in foster care with his two siblings, M.M. and A.M., and was subsequently adjudicated CINA, based upon the following facts, to which Ms. M. stipulated:
>
> - [Ms. M.] suffers from severe and untreated mental health issues which impact her ability to safely care for her children.
>
> - [J.M.] is one of four children born to Ms. M. Ms. M[.] has an extensive history of being unable to properly care for all of her children. All have been removed from her care for their own safety.
>
> - The Department conducted a safety assessment, concluded that Ms. M. could not safely care for [M.M.], and provided in-home services in an effort to reduce the risk of harm to [M.M.] Ms. M. has been unsuccessful in working towards reunification in [M.M.'s] case, and his permanency plan has been changed to adoption.

- On June 11, 2014, Ms. M. gave birth to a third child, [A.M.] Between the time of [A.M.'s] birth and her ultimate removal on January 13, 2015, the Department made unsuccessful efforts to safely maintain [A.M.] in Ms. M.'s custody. Ms. M. has not adjusted her circumstances so that [A.M.] may be safely returned to her care.

- [J.M.] is a vulnerable infant who would be similarly subjected to a substantial risk of harm if placed in his mother's custody at this time.

- The Department is re-evaluating and assessing [J.M.'s maternal grandmother].

- [J.M.'s] named father [Mr. Q.] is not an available source of continuous care for [J.M.] by his refusal to respond to the local Department. Mr. Q. is the named father of Ms. M.'s third and fourth child. Mr. Q. has been served by process server, by certified mail, regular mail, and messages left with family members. He has ignored all attempts of the local Department to make contact.

On October 28, 2015, the juvenile court held a disposition hearing for J.M.[7] At the hearing, the Department established that Ms. M. had failed to engage in mental health therapy "to address the concerns" of the Department and that she had failed to make "continuous and forward progress to better herself to be able to care for her children." Although noting that Ms. M. was willing to engage in and look for services, the Department asserted that she had a tendency to "do a couple of visits and then . . . stop attending." It further stated that because Ms. M. had revoked her consent to the release of information to the Department, the Department was prevented from discussing Ms. M.'s mental health with her health care providers. The Department further noted that, of the eleven visits scheduled to occur between the time of J.M.'s placement in foster care and the date of the hearing, Ms. M. was a "no show" for five of them.

Given the foregoing facts and circumstances, the Department concluded that Ms. M. was not "capable at this time of providing a safe and nurturing environment for [J.M.] to meet his needs." Nor

[7] Ms. M. was inexplicably absent from the proceedings.

was placement with Ms. M.'s relatives an option. After exploring that option, the Department ultimately ruled it out after having reviewed the family's "very extensive history with the Department" and emotional instability.

At the conclusion of the hearing, the juvenile court found that Ms. M.'s continued custody of J.M. was contrary to his safety and awarded care and custody of J.M. to the Department for appropriate placement. The court continued Ms. M.'s weekly supervised visits with J.M. and ordered that Ms. M. enter into a service agreement with the Department and that she comply with the agreement's terms. The court also ordered that Ms. M. attend mental health therapy "a minimum of twice per week" and that she "adhere to regular and on-going parenting education." As for J.M.'s permanency plan, the court ordered that it be "reunification for the present" and scheduled a permanency plan hearing for January 6, 2016.

At that hearing, the Department submitted a report to the court. The report began by noting that J.M. was doing well in his current placement:

> [J.M.] is doing well, and he had his first physical checkup and immunizations . . . on August 14, 2015. . . . [J.M.] has been seen for his routine medical appointments and required immunizations. . . . [J.M.'s] foster parents report that he is eating and sleeping well. . . . [J.M.] and his two siblings are now attending the same day care center. . . . At this present time, [J.M.] and his two siblings have been doing well and they are bonding with each other and their foster parents and the children of foster parents.

It then discussed Ms. M.'s visitation with J.M. since the October 7 adjudication hearing:

> There have been 10 days of visitation scheduled between [J.M.], his siblings and his mother, Ms. M. Ms. M. has weekly visitation with her children on Wednesdays from 11:00 A.M. to 12:30 P.M. This schedule has been provided verbally and in writing and has been the same day and time since [M.M.] entered care on October 18, 2013. . . . Further, Ms. M. has been offered transportation

> which she has just started to utilize. It should be noted that she declined at first for at least over a year.
>
> * * *
>
> Ms. M. has attended only 5 visits out of the 10 visits scheduled. . . . During visitation Ms. M. is at times able to appropriately interact with [J.M.], to make eye contact and appropriately try to engage him. . . . Ms. M. is not cognitively able to understand developmental milestones and emotional attachment issues. She does not seem to comprehend the importance of weekly visits to establish a bond, and she does not understand that her son will not develop a bond with her when she has only completed less than half of the visits scheduled. Ms. M.'s visits have not been consistent, and she cannot receive advice or feedback without aggression and hostility and she shows a lack of interest in attending visits regularly.

The report then laid out the Department's efforts to assist Ms. M. and her progress in achieving set goals, including obtaining stable employment and housing:

> Ms. M. has made extremely limited progress since the Local Department became involved with her since [M.M.] came in care [o]n October 17, 2013.
>
> * * *
>
> Since signing the first service agreement Ms. M. has reported being employed by a local company as a wedding planner and other jobs; however, she never provided proof of income. Ms. M. just signed a second service agreement on November 2, 2015, and she reported that now she is currently unemployed, and she is looking for a job.
>
> Previously, Ms. M. reported at least six different addresses of where she is living to this agency. Ms. M. was living with several different "friends." All these addresses and places belong to transient "friends." However, Ms. M. obtained a housing voucher with the

> assistance of the Local Department, and her voucher covers 100% of her rent.
>
> * * *
>
> On October 30, 2015, this worker completed an unannounced visit to the residence of Ms. M. to do a safety check since Ms. M. did not show up for [a] court hearing of [A.M.] scheduled on October 28, 2015. During this visit, this worker was able to observe that the two front windows of Ms. M.'s residence were broken, and the windows were boarded with plywood. . . . It should be noted that this worker and supervisor have observed previously signs of domestic violence in the house such as broken doors, and holes on the walls on [a] visit completed on August 13, 2015 (while during the removal of [J.M.]). . . . The Local Department paid in full the replacement of the windows and the repair of broken doors . . . to prevent Ms. M. from becoming homeless and losing her housing voucher.
>
> The Local Department requested copies of police reports regarding any calls to [Ms. M.'s] residence. Police reports stated that Ms. M. called on November 25, 2015 stating that the father of her children, [Mr. Q.], stole her cell phone . . . [and] made threats to kill her, put a knife on her throat, and a gun on her head . . . . On September 15, 2015, Ms. M. reported that her front door was damaged and someone made a forceful entry to her house. . . . On September 30, 2015 police were called to Ms. M.'s residence with a report of destruction of property . . . . Ms. M. reported to [have] been physically assaulted by two females over a friendship with a male. . . . On December 7, 2015, police were called to Ms. M.'s residence. The police report states that Ms. M. was assaulted by a female neighbor over a loan of money ($6.00).

As for Ms. M.'s progress regarding mental health treatment, the Department's report stated:

> Since [J.M.] came in care on August 13, 2015[,] Ms. M. has not maintained any consistent counseling or mental

> health appointments. Ms. M. chose a mental health therapist . . . and has been seen by the practice on two occasions, 1/18/2015 for intake/assessment and 1/22/2015 for therapy. On March 9, 2015[,] the Local Department received a report . . . stating that Ms. M.'s services have been terminated due to the fact of insufficient progress by failure to attend.
>
> * * *
>
> Ms. M. has reported that she has started with yet another therapist, [Mr. C.] . . . . The total number of therapists Ms. M. has reported that she has seen is over 10, and she never has had consistent attendance or participation with any mental health provider. . . . During this reporting period, Ms. M. stated that she no longer was attending counseling with [Mr. C.] and that she was once again switching therapists; however, on October 21, 2015[,] Ms. M. reported that she will go back again for counseling with [Mr. C.], and she signed consent of release information to [the Department].
>
> * * *
>
> Ms. M. has reported that the recommendations made by mental health in the past are inaccurate, and that they had misdiagnosed her and she believes she is mentally stable and able to provide the proper care for her child. She does not believe she is in need of mental health counseling, in spite of numerous evaluations, reports, and psychiatric hospitalizations dating back to January of 2007. . . . Ms. M. has also been advised by this Local Department that regular mental health is critical for her well-being and for the possibility of reunification with [J.M.]; however, [Ms. M.] has not followed through despite being told that attending mental health treatment was the number one priority of her service agreement.
>
> * * *

The Department's report concluded with a recommendation that J.M.'s permanency plan become one of adoption, with a concurrent plan of placement with a non-relative.

Ms. M. testified that she currently lives by herself and has maintained the same residence for "almost two years." She also stated that the home is "fully furnished" and that "there's nothing wrong with the house at this point." As for employment, Ms. M. was "waiting on two temp agencies . . . to place [her] on a more permanent placement," but that "because of the holidays and everything, everything's very slow right now, so it's hard to just get it." As of the hearing, Ms. M. had "no independent way to provide for [her] children other than through help of friends or the Department."

Ms. M. specified that she had been attending counseling with Mr. C. for "a couple of months" and, over that period of time, had attended all scheduled appointments. She admitted that prior to this time she had not attended her appointments regularly, but she insisted that she "had good reasons for not being able to attend therapy," namely, that she "had a lot going on outside." Ms. M. also indicated that she had an upcoming appointment for "domestic violence group intensive therapy."

With respect to her visits with J.M., Ms. M. stated that she did not believe that she had missed as many visits as reported by the Department. She also stated that her reasons for missing certain scheduled visits was "all the stuff with [her] house, as far as everything that was going on in [her] neighborhood." Ms. M. indicated that she "never had a chance" with J.M. because of her past, which has been "used against [her] in a negative way."

On January 15, 2016, the juvenile court issued its findings and opinion, in which the court determined that J.M.'s permanency plan should be changed from reunification to adoption by a non-relative:

> [F]ollowing the October 28, 2015 permanency plan hearing, it was determined that the primary permanency plan for [J.M.] was reunification with [Ms. M.] and the concurrent permanency plan was relative placement. Due to the fact that the putative father is unconfirmed, the maternal grandparents lack a suitable shelter and [J.M.'s] maternal aunt is unable to care for [J.M.], this court determines that the Department has explored its options for placing [J.M.] with a relative, without success.
>
> * * *

In the instant case, a significant portion of the evidence presented by the Department centered on [Ms. M.'s] neglect of [J.M.'s] siblings, and the rather lengthy history between [Ms. M.] and the Department. The evidence presented at the hearing reveals that although [J.M.] has suffered no abuse or neglect while in the care and custody of [Ms. M.], each of [J.M.'s] three siblings have previously been found to be [CINA], while in the care of Ms. M. . . . Ms. M. has been diagnosed with various psychological disorders which she has failed to consistently address. Ms. M.'s failure in this regard is evidenced by the attendance logs from [Mr. C.] which indicate that Ms. M. only attended 16 out of the 33 scheduled therapy appointments and failed a drug test from October 28, 2015 to December 18, 2015. [].

Further, [Ms. M.'s] history of failing to avail herself of visitation opportunities with J.M. coupled with the progress [J.M.] has made while in foster care, support a finding that the permanency plan should be changed from reunification[] with [Ms. M.] to adoption by a non[-]relative. . . . Ms. M. testified that she failed to attend nearly half of her scheduled visitation and counseling sessions due to her "poor choices" and detrimental association in her neighborhood. When asked to further explain specifically what "poor choices" she made, Ms. M. refused to expound. When asked why she failed one of the uranalysis [sic] exams, Ms. M. explained that a neighbor gave her a brownie, which, unbeknown to her at the time of consumption, was laced with drugs. Ms. M. credits this mistake as the [genus] of her failed urinalysis. [ ] Ms. M. also testified that she is currently unemployed, and receives substantial assistance from the Department in the form of subsidies. Ms. M. testified that the Department fully subsidizes her housing, partially subsidizes her utilities and provides her with transportation to-and-from appointments as necessary.

Further, Ms. M. testified that she was the victim of at least five separate domestic disturbances between the dates of November 2014 and December 2015. . . . Ms. M[.]'s failure to consistently keep appointments and accept responsibility for her poor decisions, despite her own

testimony that she has limited other responsibilities, financial or otherwise, weigh heavily in favor of a plan of adoption[.]

* * *

By all credible accounts, [J.M.] has been thriving in his foster home, and has bonded with his siblings and the members of his foster family. The evidence shows that [J.M.] is approximately 5 months old, and has been in the custody of the Department since his birth, in a safe and secure pre-adoptive foster home. [J.M.] has been seen for his routine medical appointments and required immunizations while in foster care and has been eating and sleeping well. He is bonded with his foster family. Mrs. Hall testified that Ms. M.'s missed visits with [J.M.] has been detrimental to the establishment of a bond between the two. Ms. M.'s testimony supported the Department's opinion that she is not cognitively able to understand developmental milestones and emotional attachment issues involving J.M. She does not seem to comprehend the importance of weekly visits to establish a bond, and she does not understand that her son will not develop a bond with her when she has only completed less than half of the scheduled visits. [].

* * *

The evidence that [J.M.] is "thriving" in his foster home, and has developed a bond with his siblings, indicates to the Court that [J.M.] is flourishing in his current placement. Further, the Court finds that the potential harm of removing [J.M.] from a thriving environment and placing him into the care of Ms. M., who has yet to demonstrate her willingness to combat her psychological issues, is of grave concern.

* * *

[T]he Court has assessed the history between Ms. M. and [J.M.'s] siblings as well as Ms. M.'s progress since [J.M.'s] birth. The Court finds that Ms. M. has failed to address her mental health issues with consistent mental

> health treatment, nor has she made consistent attempts at developing a bond with [J.M.], despite the Department's best efforts to facilitate both. The Court also finds that [J.M.] has bonded well with his foster family, and that it would be detrimental to his physical and emotional well-being if he was placed in the care of Ms. M.

J.M., slip op. at 1-10. We affirmed that order. *Id.* at slip op. 15.

Termination of Parental Rights Hearing

Following the changes in the children's permanency plans, the Department filed three separate petitions to terminate the parental rights of Mother.[8] The juvenile court subsequently consolidated the three cases and heard testimony on August 29-30, 2016.

In that proceeding, the Department put on evidence that encompassed many of the above events that led to the changes in the children's permanency plans. Dr. Samantha Scott was called by the Department to testify as an expert in psychology. In addressing the two evaluations Dr. Scott conducted of Mother, Dr. Scott noted that Mother's IQ was a 77, which placed her in the "borderline range[,]" with an IQ of below 70 considered mental retardation. Dr. Scott opined that Mother's cognitive abilities presented "challenges" to her. Dr. Scott also testified that Mother was "faking good," reporting that she had no problems, which Dr. Scott stated was "unusual" and demonstrated a "lack of insight." In conducting the second evaluation on February 24, 2015, following the removal of A.M. from Mother's custody, Dr. Scott observed that Mother fixated on A.M., noting that Mother believed that the foster mother was "torturing" A.M. by overfeeding her.

[8] The Department filed M.M.'s petition on October 1, 2015, A.M.'s petition on October 6, 2015, and J.M.'s petition on February 8, 2016.

Dr. Scott opined that Mother might be able to parent the children, if Mother were able to consistently attend therapy on a long-term basis and take medication, but "it would all depend on how effective treatment was for her." If Mother "is not involved in intensive therapy[,]" Dr. Scott stated that "it's highly unlikely" Mother would be able to safely parent a child.

Employees from the Department and the Worcester County Department of Social Services testified about Mother's history with services with the children.[9] Emily Nichols, a foster care caseworker from Worcester County, related the history of that department's efforts to assist Mother with her first child, prior to subsequent intervention and the termination of parental rights, to which Mother consented. Throughout the history of that case, Nichols noted that Mother was reluctant to engage in services and denied she needed therapy.

Evangelina Hall recounted many of the events discussed above. She testified that the children were doing well in foster care, and that the Department had no health or safety concerns. Hall related the Department's efforts to enter into a service agreement with Mother – most of which were unsuccessful. As to visitation with the children, Hall testified that Mother missed "half of the time." Indeed, out of 145 scheduled visits over the three-year period that the children were in the care of the Department, Mother attended 77. At visits that Mother attended, Hall stated that Mother could be "appropriate at times," but Department staff had to routinely prompt Mother as to cues and proper ways to interact

[9] We note that at the time of the hearing, Mother was pregnant.

with the children, as well as to advise her to refrain from using her cell phone. Hall testified that of the visits in 2016, Mother had attended just one of the eight scheduled for M.M. [10] and two of the eight scheduled with A.M. Mother's attendance at visits with J.M. was better, but she still missed half of them.

Addressing mental health therapy, Hall stated that Mother failed to provide documentation of her attendance. Even when Mother was attending, she was inconsistent, missing approximately half of the sessions with Dr. David Collins. Concerning employment, Hall testified that Mother reported that she worked at a clothing store, Subway, Walmart, Taco Bell, and grocery stores, among others. In all, Hall stated that Mother reported working nine different jobs in the previous three years.

Testifying as an expert in social work, Clare Spillane recounted the history of Mother's interactions with the Department. She remarked that one of the Department's concerns with Mother was her refusal to seek mental health treatment. At one point, Mother acknowledged that she "might have some depression and . . . some anxiety[,]" but according to Spillane, the Mother blamed her problems on the Department and the removal of her children. Indeed, Spillane stated that Mother informed her that Mother attended what little therapy she did solely because the Department required it in order to get her children back. Spillane also noted that Mother never asked about the children in her interactions with the Department.

[10] During that one visit with M.M., Mother left early to attend an appointment with J.M.

Spillane noted that, because of the damage to Mother's home caused by Mr. Q., the Department referred her to a domestic violence clinic. Mother, however, failed to complete her treatment there. The domestic violence clinic wrote a letter to the Department on August 11, 2016, in which clinic staff informed the Department that Mother's attendance was "sporadic[,]" and "[p]rogress has been minimal." When the Department staff raised a concern about domestic violence and the clinic with Mother, she questioned how domestic violence was "any of [the Department's] business and . . . what does that have to do with having her children, getting her children back."

Ultimately, as in the prior proceedings, Spillane testified that there were no additional services that the Department could provide to Mother. Of the concerns the Department had, Spillane stated that Mother had alleviated just the housing issue. Spillane stated that Mother's mental condition rendered her unable to safely parent the children. Indeed, Spillane opined that Mother "cannot meet their emotional needs for bonding, for love and attention on a consistent basis." Spillane recommended that the court terminate Mother's parental relationship with the children and have the children adopted by the E. Family.

All three children currently reside with the E. Family, who desire to adopt them. Mrs. E. testified that M.M. and A.M. call her and her husband "Mommy" and "Daddy." While J.M. had just begun to speak, he babbles the words daddy and mama. She stated that the children were doing well and bonding with each other, as well as with the E. Family's three biological children – who refer to the children as their little brothers and sister – and extended family. For example, Mrs. E. testified about family vacations that

they took to Florida and New York and reported that the children "had a ball." Mrs. E. also stated that none of the children ask about Mother.

Mother testified that she resides in the same house covered by the voucher described above. Mother stated that she believes that the Department only helped her with rent and utilities so that they could "create a case to make it seem like they were helping [her] to" reunite with her children. According to Mother, she recently worked at Food Lion and at the time of the hearing, worked at Giant, but she did not provide documentation to that effect. As to parenting education, Mother reported that she went to a parenting class, and the instructor there told her she "sees a complete change" in her. Mother claimed that she "never denied any resource" provided by the Department. She further claimed that she would repeatedly ask Spillane if there was anything more that she could do and was told "No, [Ms. M.], you're doing everything you need to do. . . ."

Addressing the history of her interactions with the Department, Mother stated that her first child was removed because someone had "called on [her]." Concerning M.M., Mother admitted that she left him unattended for an extended period of time, but claimed difficulty in finding a place to live because of "curfews" and no one to supervise her, as the Department was requiring. Mother stated that the Department made a decision to remove J.M. prior to his birth and slipped a form removing him from her care into her hospital discharge papers, which she signed unknowingly. As to visitation, Mother claimed that her attendance was "80 percent better than it ever has [been]."

Mother testified that she did not need mental health therapy. She asserted in a conversation with Department staff: "There's nothing wrong with me, I don't need any

medication, there's nothing wrong with me." She indicated, however, that she was attending therapy at Lifemark with a "Reggie," but she had not attended a session with him at the time of the proceeding. Mother denied yelling in front of her children and stated that any testimony from Department staff about these incidents were lies. She also claimed that the pediatrician who treated A.M. in the lead-up to the failure to thrive diagnosis lied because she worked for the Department. Additionally, Mother expressed concern for her children in foster care.

At the conclusion of the evidence, the juvenile court ordered the parties to submit written closing arguments and proposed findings of fact. On October 19, 2016, the juvenile court issued a written opinion and order. After considering the relevant statutory factors, the juvenile court concluded:

> [T]he Court finds and concludes, by clear and convincing evidence, the following: (1) [Mother] is unfit to parent the [children] as demonstrated by her history of neglect. (2) The continuation of the parental relationship with [Mother] would be detrimental to [the children], who will then be unable to achieve stability in a loving family where they are bonded. (3) The termination of [Mother's] parental rights is in the best interests of [the children]. (4) [Mother] has failed to make any meaningful efforts toward alleviating the reasons for removal. (5) It is not safe to return [the children] to [Mother's] care and custody.
>
> The Court does not reach these conclusions lightly, and has carefully weighed the evidence and arguments presented on behalf of [Mother]. While she undoubtedly loves her children and wants to parent them, two critical facts stand out. First, since [the children] have come into care with the Department, [Mother] has failed to attend many of the scheduled weekly visits, demonstrating only some consistency in the last few months with [J.M.'s] visitation. She has, at best, made a half-hearted effort toward achieving a bond with her children.

> Second, as evidenced by the most discussed issue in this opinion, [Mother's] inability or unwillingness to engage in consistent, effective, long-term mental health counseling, despite multiple opportunities going back over five years, means that her delusions remain intact, and her inability to safely parent persists. To continue the [children] in an uncertain future, on the hope that someday [Mother] will, through treatment or otherwise, be relieved of her delusions, is inconsistent with the best interests of the [children]. They cannot, and more importantly, should not, wait for the comfort and security of a forever family. Like all children, they deserve a safe, nurturing, loving environment that they can depend on. Fortunately, they reside together in an excellent pre-adoptive family, where they can be provided stability and certainty in their lives going forward.

On November 14, 2016, Mother noted this timely appeal.

STANDARD OF REVIEW

When an appellate court reviews an order terminating parental rights ("TPR"), the standard of review is as follows:

> "[W]hen the appellate court scrutinizes factual findings, the clearly erroneous standard of [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."

In re: Adoption/Guardianship of L.B. and I.L., 229 Md. App. 566, 587 (2016) (quoting *In re: Adoption/Guardianship of Ta'Niya C.*, 417 Md. 90, 100 (2010)), *cert. denied*, 450 Md. 432 (2016).

DISCUSSION

Pursuant to Maryland Code (1984, 2012 Repl. Vol.), § 5-323 of the Family Law Article ("FL"), a juvenile court has the authority to terminate parental rights if after

considering the statutory factors set forth in FL § 5-323(d), the juvenile court finds by clear and convincing evidence that it is in a child's best interest to terminate the parental relationship. FL § 5-323(b). The statutory factors a juvenile court is to consider are as follows:

> (d) Except as provided in subsection (c) of this section, in ruling on a petition for guardianship of a child, a juvenile court shall give primary consideration to the health and safety of the child and consideration to all other factors needed to determine whether terminating a parent's rights is in the child's best interests, including:
>
> (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

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

FL § 5-323(d).

In short, the Court of Appeals has explained that

> "[a juvenile] 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."

Ta'Niya C., 417 Md. at 110 (quoting *Rashawn H.*, 402 Md. at 501).

A. Reasonableness of Services Provided by the Department

Mother asserts that the juvenile court failed to consider whether the services provided by the Department were adequate. Specifically, she argues that the visitation setting provided by the Department did not allow her to bond with the children or to show her parenting skills, because visitation was supervised and scheduled weekly. Mother further contends that the Department did not provide her with any services that could have aided her in alleviating her fear of inpatient treatment, which prevented her from participating in her mental health treatment. Mother's arguments are unpersuasive.

When considering the extent of services the Department is required to provide a parent to aid in reunification,

> [t]he [juvenile] court is required to consider the timeliness, nature, and extent of the services offered by [the Department] or other support agencies, the social service agreements between [the Department] and the parents, the extent to which both parties have fulfilled their obligations under those agreements, and whether additional services would be likely to bring about a sufficient and

> lasting parental adjustment that would allow the child to be returned to the parent. Implicit in that requirement is that a reasonable level of those services, designed to address both the root causes and the effect of the problem, must be offered—educational services, vocational training, assistance in finding suitable housing and employment, teaching basic parental and daily living skills, therapy to deal with illnesses, disorders, addictions, and other disabilities suffered by the parent or the child, counseling designed to restore or strengthen bonding between parent and child, as relevant. Indeed, the requirement is more than implicit. FL § 5-525(d), dealing with foster care and out-of-home placement, explicitly requires [the Department] to make "reasonable efforts" to "preserve and reunify families" and "to make it possible for a child to safely return to the child's home."
>
> There are some limits, however, to what the State is required to do. **The State is not obliged** to find employment for the parent, to find and pay for permanent and suitable housing for the family, to bring the parent out of poverty, or **to cure or ameliorate any disability that prevents the parent from being able to care for the child. It must provide reasonable assistance in helping the parent to achieve those goals, but its duty to protect the health and safety of the children is not lessened and cannot be cast aside if the parent, despite that assistance, remains unable or unwilling to provide appropriate care.**

Rashawn H., 402 Md. at 501 (emphasis added).

In this case, the juvenile court noted the extensive services provided to Mother for approximately three years but found that Mother had failed to participate or complete most of those services. Specifically, the court found:

> Despite the Department's best efforts to prompt [Mother] to consistently engage in [mental health] treatment, [Mother] has moved from therapist to therapist, with significant gaps in treatment in between. She most consistently engaged in treatment with [ ] Collins, but even that engagement was not consistent.
>
> In addition to referrals to mental health, she has been provided with visitation opportunities, parenting instruction, referrals to

> domestic violence prevention programs and transportation for appointments. The Department also assisted her in obtaining housing.

Moreover, the court found that Mother "failed to consistently visit with her children" despite offers of transportation. Lastly, the court concluded that additional services would not aid Mother in making progress sufficient enough to show that reunification was possible in the foreseeable future.

In our view, the juvenile court properly considered the adequacy of the services provided to Mother and determined that the Department's efforts were reasonable. Mother has not directed this Court to any program or possible program that the Department could have reasonably provided Mother to alleviate her fears of inpatient therapy. *See Rashawn H.*, 402 Md. at 503 (stating that "[Mother] has not indicated with any particularity what more [the Department] was required to do or, indeed, could reasonably have done."). Further, the record indicates that, even if such program existed, Mother likely would not have participated, because her own testimony as well as the testimony of Dr. Scott, was that Mother does not believe that she needs any mental health therapy. Mother also does not direct this Court to any service that the Department could have provided her to better demonstrate her parenting skills and bond with her children during visitation. *See id.* The record indicates that the Department provided Mother with parenting instruction and transportation for visitation, but Mother still missed, at best, half of the visitation with her children. Accordingly, the court's findings were not clearly erroneous.

B. Efforts by Mother to Facilitate Reunification

Mother contends that she complied with the Department's requests to attend mental health therapy, maintain employment, maintain stable housing, attend parenting education, and attend a domestic violence program. Mother argues that there was evidence that she was improving, because she "was typically appropriate during visits" with her children.

In considering Mother's efforts, the juvenile court found as follows:

> [Mother] has obtained housing. She has attended some visits, and has sometimes engaged in mental health treatment. These efforts do not constitute a meaningful effort to improve her circumstances, chiefly because, without long-term, consistent mental health treatment, a meaningful effort cannot be achieved. . . .
>
> [H]er failure to consistently engage in treatment requires the conclusion that she has not made a meaningful effort to adjust her circumstances, condition and conduct.

In our view, the juvenile court properly considered Mother's efforts, and based on the evidence in the record, found that those efforts did not produce results that would indicate a possible reunification in the future. As discussed above, the record demonstrates that the Department provided Mother with the opportunity to participate in many services that could have aided in reunification. Unfortunately, Mother sparingly participated in such services, and it was the Department's view that Mother had only made progress with maintaining housing. We conclude that the juvenile court did not err.[11]

[11] Mother also appears to contend that the juvenile court erred when it made the following factual finding pertaining to FL § 5-323(d)(2)(ii): "There is no evidence that [Mother] has made any contribution whatsoever towards the care and support of the children since they came into care." In her brief, Mother states her argument in two

(continued . . .)

C. Mental Health and Termination of Parental Rights

Lastly, Mother argues that there was no "nexus" between her mental health diagnosis and her ability to parent. Specifically, she asserts that Dr. Scott's opinion concerning her mental health was given undue weight and that "the Department did not demonstrate by clear and convincing evidence that [Mother] was unfit to parent or that her mental health issues created a barrier to caring for her children." We disagree.

As the juvenile court articulated in its opinion, Dr. Scott testified that Mother has "delusional disorder, persecutory type, with non-bizzare delusions." Dr. Scott further opined that without intensive therapy, "it's highly unlikely" that Mother would be able to parent a child. The court then found as follows:

> **It is primarily the delusions resulting from [Mother's] mental health condition which render her unfit to parent and have caused the removal of her children.** After all, [M.M.] was neglected when he was left unattended, and [A.M.] was subjected to chronic neglect, resulting in malnourishment and a Failure to Thrive diagnosis. Because [Mother] continued to have the same delusions, the Court approved the removal and adjudication of CINA of [J.M.] who, as a newborn, could not, in the Court's determination, be safely placed

(. . . continued)

sentences: "The Department admitted that the court previously determined that [Mother] was unable to pay child support. Notwithstanding this fact, [Mother] brought her children gifts and clothing and asked the foster mother if there was anything that the children needed." Mother's brief fails to comply with Rule 8-504(a)(4) by not providing this Court with citations to the record to support her position. *See Rollins v. Capital Plaza Assocs., L.P.*, 181 Md. App. 188, 200-01 ("As this Court has stated, we cannot be expected to delve through the record to unearth factual support favorable to the appellant." (alterations omitted) (internal quotation marks and citation omitted)), *cert. denied*, 406 Md. 746 (2008). Accordingly, we decline to address Mother's argument. Even if the juvenile court was clearly erroneous in its finding of this fact, such error did not affect the court's decision, because the court relied heavily on other factors in concluding that the termination of Mother's parental rights was in the best interests of the children.

> with [Mother]. In reaching this determination, the fact that [Mother's] continuing delusions had resulted in the neglect and removal of [T.M.], [M.M.] and [J.M.] was considered by the Court.
>
> In sum, as long as [Mother's] mental health condition continues to manifest itself in the same delusions, and has not been addressed and abated, the circumstances which gave rise to the original CINA findings in the [children's] cases persist. **Absent the improvement of her mental health condition, through treatment or some other method, the Court finds that [Mother] cannot appropriately and safely parent her children. She is, sadly, an unfit parent** . . . .
>
> * * *
>
> Based on all the evidence, including [Mother's] own testimony at the hearing, the Court finds that [Mother] remains delusional, lacking insight as to the causes for the removal of her children, and for her own need of ongoing, intensive mental health treatment. She not only continues to believe that the current foster parents have overfed [A.M.], she also believes that [T.M.] was also overfed. Unfortunately, [Mother] does not have a realistic comprehension of her parenting issues, even now. She was, and continues to be, unfit to parent [the children]. The fact that her unfitness and the neglect of her children results, primarily, from a mental health condition certainly makes [Mother] sympathetic, but it does not warrant continuing [the children] in the legal limbo of an uncertain future.

(Emphasis added).

Mother has not directed this Court to any evidence in the record that demonstrates that the juvenile court's factual findings set forth above were clearly erroneous. To the contrary, the record aptly demonstrates that Mother's mental health impairs her ability to parent, and it was within the court's purview as the fact finder to accept Dr. Scott's opinion that, without treatment, Mother is not capable of parenting a child. Accordingly, to the extent that Mother is arguing that these factual findings were clearly erroneous, the juvenile court did not err.

As to Mother's contention that the juvenile court abused its discretion in terminating Mother's parental rights, the record demonstrates that the court thoroughly considered the extensive history of Mother's involvement with the Department and meticulously analyzed all applicable statutory factors. The court found that the Department provided reasonable services to Mother that could have aided Mother in achieving reunification with her children. The court found, however, that Mother's efforts to participate in these programs were minimal, and Mother had not made progress in addressing her mental health issues, which led Mother to lose custody of her children initially. Moreover, the court found that providing Mother with additional services would be futile, because any such services would not "bring about any change within a reasonable amount of time likely to result in reunification." As to Mother's mental health, the court found that Mother's untreated mental health "renders her consistently unable to care for the immediate and ongoing physical and psychological needs of her children for long periods of time." The court then found that any bond between Mother and her children was nonexistent, and the children were "strongly bonded" with their foster family.[12]

In its conclusion, the juvenile court determined that Mother was unfit to parent and that it was in the children's best interests to terminate Mother's parental rights as to all of the children. This conclusion was primarily based on Mother's continued inability to parent due to her unwillingness to seek mental health treatment and her unwillingness to

[12] In the instant appeal, Mother does not challenge the juvenile court's factual finding as to this factor. *See* FL 5-323(d)(4).

forge a bond with any of her children. It is our view that the juvenile court did not abuse its discretion when it terminated Mother's parental rights as to all three children.

JUDGMENT OF THE CIRCUIT COURT FOR WICOMICO COUNTY AFFIRMED. COSTS TO BE PAID BY APPELLANT.