

Circuit Court for Frederick County
Case Nos. C-10-JV-23-000063,
C-10-JV-23-000064, C-10-JV-23-000065

UNREPORTED*

IN THE APPELLATE COURT

OF MARYLAND

No. 2448

September Term, 2024

IN RE: B.N., S.N., & Z.F.

Friedman,
Beachley,
Shaw,

JJ.

Opinion by Beachley, J.

Filed: July 14, 2025

*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).

On November 15, 2023, the Circuit Court for Frederick County, sitting as the juvenile court, terminated the parental rights of K.F. (“Mother”).¹ Mother appealed that decision, and this Court granted the parties’ joint motion to vacate the judgment and remand to the circuit court. After an additional hearing, the court again terminated Mother’s parental rights on January 24, 2025. Mother appeals from that decision, and presents a single question for our review:

Did DSS fail to prove by clear and convincing evidence, and did the court err in finding, that Mother was unfit, that exceptional circumstances existed, and that TPR was in the children’s overall best interests?

For the reasons set forth below, we affirm.

FACTUAL AND PROCEDURAL BACKGROUND

Mother has three children: sons Z.F. (born July 2014) and S.N. (born September 2018), and daughter B.N. (born July 2015). All three children were born exposed to methadone and hospitalized for approximately one month after their births. The Frederick County Department of Social Services (“DSS”) had at least five contacts with Mother prior to the children being removed from her care, beginning with Z.F.’s substance-exposed birth in July 2014. In May 2021, Mother was convicted of confinement of an unattended child after the children were found locked in the house while Mother left to buy or use drugs. Comments by Z.F. suggested that similar incidents were a regular occurrence. In August of 2021, police responded to a convenience store for a welfare check and observed Mother

¹ M.N. (“Father”) was deemed to have consented to TPR after failing to note an objection. He is not a party to this appeal.

apparently under the influence, with the children in her care. Police found two gel caps in Mother's purse containing a mixture of fentanyl and xylazine.

On November 25, 2021, the children found Mother unconscious and not breathing on the kitchen floor. They sought help from a neighbor, who called 911. The children witnessed paramedics administering Narcan and putting Mother in an ambulance. At the hospital, she immediately gained consciousness when a second dose of Narcan was administered. She tested positive for fentanyl and Clonidine. The same day, the children were placed with a foster family, the Y.s, where they have remained throughout the pendency of this case.²

The court determined the children to be children in need of assistance ("CINA")³ on January 5, 2022. The initial permanency plan was reunification with Mother and Father. On June 7, 2023, the permanency plan changed from reunification to a concurrent plan of reunification and adoption by a third party. DSS had already filed a petition for TPR on May 17, 2023.

A hearing on the TPR petition was held on October 23, 2023. Neither Mother nor Father appeared for the hearing, and neither were represented by counsel at the time. On

² At the time, Father was incarcerated after being charged with assault against Mother.

³ A CINA is "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 (1974, 2020 Repl. Vol., 2024 Supp.), § 3-801(f) of the Courts and Judicial Proceedings Article.

November 15, 2023, after reviewing the evidence presented by DSS, the court granted the TPR petition. Mother appealed that decision based on the court's failure to provide her adequate time to obtain new counsel under Rule 2-132, and we granted the parties' joint motion to vacate the TPR order on April 1, 2024.

A second TPR hearing was held over three days between October 15, 2024, and October 30, 2024. Several witnesses testified, and documents from the CINA cases, including letters from various service providers and results of drug tests, were admitted into evidence. On January 24, 2025, the juvenile court issued a 72-page opinion where it made extensive findings of fact related to all of the relevant statutory factors, and concluded that it was in the best interests of the children that Mother's parental rights be terminated. We begin with a summary of the evidence, noting at the outset that Mother largely does not challenge the court's fact findings.⁴

Katherine Slavin, a foster care social worker at DSS, testified as a fact witness as well as an expert witness in the field of social work and child welfare. She described the various services and referrals DSS provided to Mother, including domestic violence support groups and counseling, substance abuse and mental health treatment, parenting education, and supervised visitation with the children. She also described other services, including giving Mother a cell phone, gift cards to buy minutes for the cell phone and

⁴ Mother interjected on numerous occasions during trial, despite being admonished multiple times by both the judge and her own counsel. Although these statements were not under oath, we will note some of the unsworn statements where appropriate.

holiday presents for the children, referrals for housing and employment assistance, and transportation to visits and service providers.

Ms. Slavin identified Mother's lack of communication with DSS as a recurring issue in the case. Ms. Slavin noted that, although DSS "has always requested documentation of any diagnoses," Mother never provided any documentation relating to epilepsy, which Mother claimed she suffered from. Beginning in April 2023, Mother's contact with DSS was "very intermittent" despite DSS sending her emails at least monthly concerning various referrals and services.⁵ In the months immediately preceding the first TPR order in October 2023, Mother was not regularly contacting DSS, had "a very large gap in visitation," and was not engaging in services. After the first TPR order was vacated in April 2024, Mother was in contact with DSS, but her contact with DSS, visitation, and engagement in services decreased significantly in the months before the second TPR hearing. Mother last contacted DSS in July 2024, three months before the TPR trial.

Mother claimed that DSS "has not helped me in any way, shape or form" since November 2021 and that all of the services she participated in were ones she found on her

⁵ Ms. Slavin stated that DSS emailed Mother because it was the "most stable means of communication[.]" as Mother had provided DSS with "at least 10 different [phone] numbers" and could not be reliably reached by phone. At times, Mother would provide numbers of phones she only had access to for a short period, such as her friends' phone numbers or the number of the hotel she was staying at, making it "very challenging" to contact her by phone. Mother maintained the same email address throughout the pendency of the case.

own. She stated that she did not frequently contact DSS case workers because “I don’t think our relationship was very respectful. . . . I felt like she was more out to get me.”

SERVICES OFFERED PRIOR TO REMOVAL OF CHILDREN

Ms. Slavin testified that DSS had been in contact with the family five times prior to the children being removed in 2021. On two of those occasions, DSS offered services, which the family declined. On the other occasions, DSS referred Mother to treatment services for substance abuse and mental health, as well as Heartly House, an organization which provides support, therapy, and resources for individuals in domestic violence relationships.

Beginning in September 2021 through the children’s removal on November 25, 2021, the family was involved with DSS’s START program (Sobriety, Treatment, and Recovery Team). Ms. Slavin explained that the START program provides “a higher level of service support involvement” for “families where substance abuse is a primary issue.” This includes visiting the family “weekly or twice a week.” The START team, consisting of social worker Katelyn Morris and peer recovery specialist Kimberly Kyle, referred Mother to Mountain Manor Treatment Center (“Mountain Manor”) for substance abuse treatment.⁶ As part of the START program, Ms. Morris and Ms. Kyle testified they were in weekly contact with Mother beginning in September 2021. They provided transportation to Mother’s substance abuse treatment appointments, but Ms. Morris noted that Mother

⁶ Mother interjected during Ms. Slavin’s testimony to state that she had “never been to Mountain Manor.”

only “minimally” participated in virtual intensive outpatient (“IOP”) sessions. Ms. Kyle had frequent conversations with Mother about recovery options.

During Mother’s testimony, she denied any memory of contact with DSS prior to the children’s removal.

DOMESTIC VIOLENCE HISTORY AND SERVICES

Prior to the children entering foster care, there had been over 20 police reports relating to violence between Mother and Father. During trauma therapy after they were placed in foster care, the children discussed the domestic violence they witnessed. They reported seeing Mother have her “lip ripped off her face” and several teeth knocked out by Father. On one occasion, Z.F. “obtained a butter knife, in an effort to protect” Mother from Father during an altercation. At the time the children entered foster care, Father was incarcerated on charges of assault against Mother.

Mother testified that there were only four instances when police were called to the home for domestic violence prior to the children being placed in foster care. Mother denied that the children had ever witnessed domestic violence between herself and Father. She implied that the children’s reports of witnessing domestic violence were fabricated as a result of “all your therapy sessions with them.”

When the court found the children to be CINA, Mother was ordered to “participate in and successfully complete intimate partner violence counseling and/or group counseling.” DSS referred Mother to Heartly House, where she attended four intimate partner violence support group sessions in February and March of 2022. The facilitators

reported that she actively participated in the group sessions and, although there was “no set requirement for attendance,” encouraged her to attend more regularly.

During her psychiatric assessment at the Orenda Center of Wellness (“Orenda”) on April 22, 2022, Mother indicated that she had never been involved in an abusive relationship.

A family service plan signed by Mother on June 14, 2022, required her to “actively engage in and complete intimate partner violence support group or counseling[.]” By November 2022, DSS reported that Mother was no longer regularly attending sessions at Heartly House, and it was not aware of Mother participating in services through another organization.

In September 2022, Mother and Father obtained protective orders against one another. On October 17, 2022, police responded to Father’s home, where Mother and Father were arguing. Both were arrested for violating the protective orders. Mother arrived for visitation on October 20, 2022, in Father’s vehicle.

On April 17, 2024, DSS again referred Mother to Heartly House for intimate partner violence treatment. Mother did not report any engagement with Heartly House to DSS.

Mother testified that DSS had never referred her to Heartly House. When asked how she would “parent differently” if the children were returned to her care, Mother replied: “I would take my medications properly. And I would never stay in a domestic violence -- I wanted to keep my family together is why I stayed.” Mother also stated that, if Father were to be released from prison, she would allow Father contact with the children:

“I would never take that relationship from them I would let him still, as much as he’s done to me, he did everything for them. I mean, unless they had seen him put his hands on me, that’s another story.”

SUBSTANCE ABUSE AND MENTAL HEALTH TREATMENT

DSS referred Mother to numerous services related to her substance abuse and mental health. Mother initially told DSS that “she does not use illegal substances and has no need for treatment[,]” but later agreed to participate in substance abuse treatment. Mother testified that the event in November 2021 that led to the children being placed in foster care was not an overdose, but was a seizure, although she admitted that she was “high at the time.” Mother admitted that, after the children were removed from her care, her substance abuse and alcohol issues “became intense,” but that she only drank alcohol and abused her own prescription medications.

Ms. Slavin testified that DSS referred Mother to substance abuse treatment providers for her to receive the following services:

[T]hey provide for many of our clients substance evaluations which then helps us determine what the needs of the client are and what type and level of treatment is needed. They provide methadone maintenance for clients, they provide regular counseling, individual substance abuse counseling, they provide groups for clients, they do urinalyses to monitor their clients’ compliance with their programs. Many of the programs . . . also have a mental health component.

From January 24, 2022, through February 16, 2022, Mother participated in substance abuse treatment and mental health therapy through Orenda. According to Ms. Slavin, after an initial assessment, Orenda recommended IOP, which Mother did not

complete because “[s]he declined to participate and stated that she did not have any active addiction.” Mother did, however, agree to participate in less intensive substance abuse treatment. Although her attendance was consistent and she was “actively engaged” in group sessions, she routinely tested positive for alcohol and non-prescribed medications. Mother’s case manager at Orenda recommended inpatient therapy, which Mother refused. DSS reported that Mother “denied using illegal substances or a need to go inpatient[,]” and “blamed the positive results on ibuprofen[.]” Orenda discharged Mother shortly thereafter “due to not complying with the treatment recommendations.”

After Mother was discharged from Orenda, DSS referred her to Mountain Manor for IOP and Trauma Specialists of Maryland for mental health therapy. Mother was discharged from Trauma Specialists in the fall of 2022 due to “[l]ack of attendance.” Mother began IOP at Mountain Manor on February 22, 2022. She did not inform Mountain Manor that she had recently been discharged from Orenda. Her first urinalysis at Mountain Manor was positive for benzodiazepines and methadone, and a hair follicle test was positive for cocaine. For the first two weeks of treatment, Mother had several urine tests that were negative for all tested substances. However, at the same time, she appeared under the influence at an Empowering Mothers group and failed to bring her prescription medication for counting, alleging it was stolen. Mother had a pattern of alleging that her medication was stolen, as shown in “several prior police reports.” Mother later admitted to a DSS worker that she had been “faking her urine tests.”

Mountain Manor suggested that Mother enter inpatient therapy. Mother refused, claiming she does not have a substance abuse problem. In lieu of inpatient therapy, Mother signed a contract with Mountain Manor on April 4, 2022, promising to attend all IOP sessions and have all negative urinalyses. The next day, Mother missed an IOP session, and on the morning of April 11, 2022, she “presented at IOP significantly under the influence[.]” Although she brought a bottle of prescription benzodiazepines for pill counting, the bottle contained only 21 of the 120 pills she had received on April 4, 2022. Mother alleged that she dropped her pills in the sink. Mother was also required to undergo urinalysis at Allied Counseling Center (“Allied”) at this time, and on the evening of April 11, 2022, she accused staff members at Allied of stealing her pills. Mother tested positive for benzodiazepines and cocaine on April 13, 2022.

Mother’s treatment at Mountain Manor ended when she entered inpatient therapy at Orenda on April 21, 2022. At that time, Mother had prescriptions for Xanax (a benzodiazepine) and Keppra, which is used to treat epilepsy. During her stay at Orenda, she was prescribed “mental health medications and buprenorphine.” On May 23, 2022, Mother was discharged from inpatient care and Orenda recommended that she continue IOP treatment.

In June 2022, Mother “briefly” attended IOP sessions, but told a foster care worker that she did not like the program and would instead only attend AA/NA meetings. At that time, she stated that she was not taking her medications and was stopping her psychiatric treatment because she believed it was not necessary. DSS referred Mother to Austin

Addiction and Mental Health for “traditional outpatient substance use counseling,” but Mother “did not engage with them or attend at all.” The only documentary evidence presented concerning Mother’s substance abuse during the summer of 2022 was a single urinalysis on August 11, 2022, which was positive for fentanyl.

According to Ms. Slavin, DSS next referred Mother to Concerted Care Group for substance abuse treatment and mental health therapy in October of 2022. Mother was discharged unsuccessfully from Concerted Care Group because she was “regularly testing positive” for substances including “fentanyl, cocaine, and alcohol.” Additionally, Ms. Slavin testified that Mother was “not compliant with their recommendations for increased engagement in services like substance counseling and groups that would have supported her substance abuse treatment.”

In October 2022, Mother continued to undergo urine tests at Allied, and it was discovered that Mother had an inappropriate relationship with one of Allied’s female staff members. The staff member frequently spent time outside of work with Mother, gave Mother rides, allowed Mother to store things in the staff member’s car, and went shopping with her. On October 6, 2022, Mother’s urinalysis was positive for amphetamines and cannabis at medical levels. There was no evidence that Mother had any active prescriptions at that time. The staff member had prescriptions for amphetamines and cannabis, suggesting that the staff member provided the urine for the test. After this was discovered, Allied refused to provide urinalysis for Mother. On October 11, 2022, Mother tested positive for Xanax, Lorazepam, and amphetamines.

From November 2022 through March 2023, Mother's urinalyses were routinely positive for various substances, including alcohol, cocaine, cannabis, fentanyl, and buprenorphine. In June of 2023, after Mother was ordered to have a same-day negative urine test prior to visitation with the children, Mother missed two visits, one because she failed to undergo a urine test and another because her urine test was "non-negative" for cocaine, amphetamine, and fentanyl.

After the first TPR order was vacated, Mother reported to DSS that she was receiving treatment through Focus Recovery Center, including a methadone prescription and one-hour group sessions four times per week, and mental health therapy through Community Action Agency. According to Ms. Slavin, Community Action Agency reported Mother's engagement to be "extremely minimal." Focus Recovery Center reported that Mother did not always attend the group sessions. From May 2024 through August 2024, Mother had numerous behavioral positives (Mother failed to undergo thirteen of the eighteen scheduled urine tests during that period). The remaining urinalysis results were positive for substances including amphetamines, cocaine, fentanyl, and benzodiazepines.⁷

According to Ms. Slavin, Mother never successfully completed any of the substance abuse programs she participated in. Because Mother failed to follow Orenda's

⁷ Mother interjected during Ms. Slavin's testimony on this issue, claiming she had prescriptions for Adderall and benzodiazepines and would bring the documentation the next day. Mother did not present any documentation concerning her prescriptions during trial.

recommendations after discharge from inpatient therapy, Ms. Slavin did not consider Mother to have “successful[ly] complet[ed]” that program.

Mother testified that, in August 2024, she was living with a friend and her 4-year-old son. According to Mother, the friend had substance use issues and Mother was helping clean the house and take care of the child. Mother was investigated by child protective services based on a report that she had neglected the son. Two photographs were admitted into evidence relevant to the CPS investigation. The photographs were not made part of the appellate record, but were described by Mother at trial. The first photograph depicts Mother unconscious on a couch next to the child. The second photograph depicts Mother either completely or partially naked. Mother admitted that, prior to the first photograph showing her “passed out” on the couch, she “had a couple of drinks,” but asserted that she was asleep due to exhaustion from cleaning and caring for the son. She claimed that the son’s father was “jealous” that she was living in the house and “set [her] up” to be reported to child protective services. At the conclusion of the investigation, Mother was indicated for neglect for being under the influence of substances while the friend’s son was in her care.

Mother claimed that she had been sober “most of the time[,] . . . 85 percent sober” since she was discharged from inpatient care in 2022. She denied that she had failed to show up for scheduled urine tests in 2024, except when the tests were being done at a facility that only had a man working. Mother admitted that the man working at the facility would not have observed her giving the sample. Mother testified that she had recently

successfully completed inpatient substance abuse treatment, and that the facility had no recommendations for her to undergo further treatment. She did not provide any documentary evidence to support this claim.

NEUROPSYCHOLOGICAL EVALUATION

DSS referred Mother to Eric Lane, Psy.D., for a psychological evaluation. Ms. Slavin testified that DSS often refers parents for psychological evaluations “to understand their background, to understand what their strengths are, how we can better support them . . . with recommendations or referrals for additional services[.]”

Dr. Lane conducted a neuropsychological evaluation of Mother in March 2022. Mother declined to give Dr. Lane permission to contact her service providers for interviews, but he was able to review various reports and court orders. Dr. Lane interviewed Mother and conducted several tests. Mother “put forth sufficient effort” in terms of participation in the tests.

During her interview, Mother “seemed defensive[.]” questioned why Dr. Lane needed certain information, and gave responses that “were limited in scope and detail.” Mother “denied ever being in a relationship that involved interpersonal violence.” Additionally, Mother “described herself as completely abstinent as to all recreational drugs, including alcohol, marijuana, and various opioids.”⁸ Dr. Lane noted that “there existed

⁸ This interview occurred at a time when Mother had urinalyses positive for alcohol and cannabis, as well as other medications Mother may not have had a prescription for. Additionally, three days before her interview with Dr. Lane, Mother admitted she had been “faking” her urine tests.

several areas of discrepancy between [Mother's] responses during the interview and information contained within available records" and he therefore did not consider her to be "a fully reliable historian." "However, she provided enough information for [Dr. Lane] to formulate diagnostic impressions and provide recommendations as to services and supports." Dr. Lane was satisfied that Mother "sufficiently participated" in the evaluation.

Dr. Lane believed that, "[p]rovided she is afforded[] and participates in" certain services, including IOP, psychiatric services, mental health therapy, and parenting education, "the prognosis . . . is optimistic." He concluded:

I do not see any psychiatric, neurocognitive or psychosocial barriers that would prevent [Mother] from being an active and engaged parent. The most prominent risk factors for [Mother] would be untreated psychiatric symptomatology, as well as relapsing with respect to the abuse of recreational drugs.

VISITATION AND PARENTING EDUCATION

Mother was offered regular visitation with the children as well as parenting education courses and parent coaching services. Ms. Slavin testified that, at one point, Mother expressed that she did not want to visit with the children if parenting education was required. According to Ms. Slavin, Mother repeatedly told DSS and parenting education providers that she was "a great mother" and that there were "no concerns when the children were in her care[.]" Ms. Slavin believed that parenting education was important based on reports from the children's therapists, who indicated that Mother had a pattern of misrepresenting past traumatic events the children experienced when discussing them with the children. These misrepresentations caused the children confusion and anxiety. In a

report on March 7, 2023, DSS reported that it was “difficult to engage with [Mother] regarding parenting without the conversation becoming defensive and confrontational.”

DSS first referred Mother to parenting education courses through Family Partnership’s Empowering Mothers program. Mother attempted to complete the Empowering Mothers program twice. During the first attempt, Mother attended 10 of the 12 sessions and was eligible for a certificate of completion based on attendance.⁹ However, the instructor concluded that Mother did not successfully complete the program “due to denying the need to attend parenting and being hostile and uncooperative throughout the 10 sessions attended.” Mother agreed to take the parenting classes again, but did not complete her second attempt due to missing too many sessions. Mother was offered make-up sessions, but did not attend them. DSS then referred Mother to parenting education classes provided by Maryland Family Visitation (“MFV”). Ms. Slavin testified that MFV provides “parent coaching and support that can be very adjusted to the needs of the case or the parent.” These “one-on-one sessions” are “more individualized” than standard parent education classes. Mother missed the first three intake appointments, and showed up for one of the classes apparently under the influence. She did not complete the parent coaching program.

Mother was initially granted supervised visitation with the children twice per week for one hour. One visit each week occurred at a DSS location, and the second visit occurred

⁹ The two sessions Mother missed occurred while Mother was in inpatient therapy.

at the Mental Health Association of Frederick (“MHA”). DSS reported that “[t]here was initially lack of follow through on the parent[s’] behalf in completing the intake with MHA[,]” but that after intake was completed, Mother and Father attended all visits at MHA and Ms. Slavin testified that “engagement with the children was generally positive[.]” However, DSS reported that they were “consistently showing up late for most visits.” Additionally, Ms. Slavin noted that Mother frequently showed “hostility” toward the case workers in front of the children, which would sometimes “cause them distress.”

In a report dated April 22, 2022, DSS reported that

[t]here have been several concerns during visits . . . about the parents, primarily [Mother], discussing the reunification plan and timeline with the children. [Mother] has been provided several opportunities to cease these conversations, and she often becomes hostile and defiant. Several visits have almost been terminated because of her behaviors and reactions when she is asked by Departmental staff to not discuss the reunification plan or timeline with the children.

On May 3, 2022, the court ordered that the parents “shall not discuss with the children or in their presence any of the allegations contained in this Petition, these proceedings, or anything related to the child’s placement except in a therapeutic setting.”

In June 2022, the children contracted COVID-19, and Mother and Father were offered virtual visitation. DSS reported that, when they were informed that in-person visitation was not possible, “the parents became hostile and aggressive with the worker. Both parents declined a virtual visit and said it was pointless because all they would get to do is talk to the children.”

At the September 15 visit, Father accused Mother of stealing an item of his and became agitated. Father's behavior resulted in security escorting Father out of the building. During the confrontation, the children hid in a corner and under a table. Mother "was able to soothe the children and finished the visit without concerns." B.N. had an increase in bedwetting after that visit.

After the September 15 visit, due to his behavior at the visit, showing up at Z.F.'s school, and threatening to kidnap the children, Father was informed that he would not be allowed to visit the children. At a later visit, Mother initiated a video call with Father, and B.N. defecated on herself during that visit.

After September 2022, Ms. Slavin reported that Mother's visitation was "much less consistent." Mother was frequently late, and on October 7, 2022, Mother attended visitation while under the influence. Her visitation was reduced to once per week on December 7, 2022.

As of March 7, 2023, DSS reported that Mother had "missed 7 of the last 22 visits with the children" and was late to four visits. DSS also reported that Mother was "confrontational" with DSS workers and the Y.s in front of the children during visits. That month, Mother was discharged from MFV due to her failure to attend five visits in a row. For the last four of those scheduled visits, Mother initially confirmed that she would attend, then failed to show up. DSS was unable to contact Mother to schedule any further visits until June 2023.

On June 6, 2023, the court ordered that Mother have a same-day negative urinalysis prior to visitation. Later that month, Mother missed visits due to failure to submit to urinalysis and a “non-negative” result for cocaine, amphetamine, and fentanyl. After a negative test on June 27, 2023, Mother was able to visit with the children for the first time in over four months.

On October 17, 2023, shortly before the first TPR order, Mother’s visitation with the children was reduced to once per month.

After the first TPR order was vacated on April 1, 2024, DSS arranged a visit between Mother and the children for May 22, 2024. Prior to that visit, DSS referred Mother to parent coaching through MFV because the children had not seen Mother in nearly a year. The purpose of the parent coaching was to prepare Mother to answer some of the questions and concerns the children might have in an age-appropriate and trauma-informed manner. Additionally, MFV asked Mother to write a letter to the children prior to the visit to alleviate their anxieties. Mother failed to attend the first scheduled parent coaching session, “was rushing” through the second session, and appeared to be under the influence in another session. Mother did not write a letter to the children. She claimed that the parenting coach was instructing her to lie to her children. She was discharged from MFV on May 21, 2024, due to “a combative attitude, mental health concerns, observations consistent with active addiction, paranoid claims and an inability to engage with the parent coaching instruction[.]”

Z.F. was very anxious about the May 22 visit, and Ms. Slavin reassured him, stating, “we can be there as long as you want or if you need us to end it, we’ll end it[.]” Z.F. asked her to remain in the room for the entire visit, but Ms. Slavin wanted to give him an opportunity to change his mind. She developed “code words” with the children so they could indicate to her during the visit whether they wanted her to stay in the room or leave. Ms. Slavin attempted to leave the room several times during the visit, but Z.F. indicated to her each time that he wanted her to remain. At the visit, Ms. Slavin observed that Mother “was generally appropriate and engaged with the children.” After Mother left, Z.F. reported that Mother had whispered to him while hugging him, “Tell them that you want to be with me,” and “that he could come to live with her, that he would be able to play on the soccer team, and that she would get him a dog.” Z.F. stated that these comments made him uncomfortable. B.N. reported Mother making similar whispered comments to her.

In June 2024, DSS referred Mother for additional parenting education through MHA, but Mother never responded to attempts to schedule a meeting. The next visit was scheduled for July 2, 2024. The children were present, but Mother did not attend the visit.

Ms. Slavin testified that DSS “implemented a higher level of confirmations for the following visits[.]” requiring Mother to confirm her attendance the day before the visit. DSS was unable to contact Mother to schedule any visits in August 2024. Visits were scheduled in September and October 2024, but Mother failed to confirm them. In total, Mother attended only two visits in the eighteen months before trial, missing ten scheduled visits during that time.

Mother testified that she had only seen the children “probably a couple of times” in the twelve months prior to trial because she did not “feel comfortable” with DSS limiting what she was allowed to say to the children. She believed that the children were “too young” to be told their mother has addiction issues. Mother reiterated several times in her testimony her belief that the children had been “brainwashed” to believe she had abandoned them and to fabricate stories about traumatic events while in her care. Mother believed that having a DSS worker in the room during visits made visits more difficult because it caused the children to have divided attention and made the children uncomfortable. She also believed that DSS influenced the children in their stated preference to live with the Y.s.

FAMILY ASSESSMENT

Nicole Moore, a DSS Family Assessment Specialist, completed a family assessment as ordered by the court on October 13, 2022. Ms. Moore observed three family visits prior to authoring her report, including the September 15, 2022 visit that resulted in Father being escorted out of the building by security. She additionally interviewed the parents, the children, and the foster parents, and reviewed reports and assessments from various service providers. Ms. Moore reported that Mother missed some of the scheduled interviews, and once showed up to an appointment to interview Father and became “argumentative and demanded to be interviewed that day.” During the interview, Mother “immediately began to complain and made inappropriate comments regarding the [f]oster [c]are social worker and the children’s resource parents’ sexual orientation.” She continued to complain about

the foster care worker throughout the interview, despite Ms. Moore's attempts to redirect. Ms. Moore's "impression was that [Mother] intentionally dominated the conversation with her grievances in order to avoid engaging in the assessment process." The parents refused "[r]equests to visit their home[and] obtain releases of information for service providers," and would not answer certain questions, claiming the information was "irrelevant and an infringement on their rights." When Ms. Moore interviewed Mother alone two months later, Mother "was somewhat guarded but otherwise participated sufficiently."

Ms. Moore noted that there was "clearly love and affection displayed towards all of their children." "Both parents also express a strong belief that they are good parents with no deficits in their parenting." Ms. Moore observed that the parents "appear bonded with their children" and "generally engage positively and affectionately." However, Ms. Moore expressed concern that Mother minimizes the severity of her substance abuse and the domestic violence she experienced with Father, and "has had difficulty . . . fully engaging in treatment recommendations." Ms. Moore noted Mother's limited ability to maintain sobriety, resistance to treatment, and assertions that she has maintained sobriety during periods when she has tested positive for non-prescribed medications. Additionally, Mother stated that there was "no reason for the children to have been removed[,] and DSS is "out to get [her]."

Ms. Moore recommended that Mother participate in substance abuse treatment and mental health counseling, and apply for housing assistance through the Housing Authority of Frederick. She concluded:

[Father] and [Mother] each clearly have a loving bond with their children. It is also evident that the children want to reunify with their parents and return home.^[10] However, they have legitimate fears, concerns, and worries based on past and recent events that they are still working to process. . . . [Mother] has struggled to participate consistently with services and supports and maintains that she is substance-free, despite evidence of positive urinalysis. . . .

With little progress being made by the parents overall to address concerns regarding [intimate partner violence], anger management, and substance use, a high level of safety risk would still exist if the children were to be reunified at this stage. Fortunately, [the children] are together and placed in a committed foster home where they are stable and receiving great support. I believe it is in their best interest to remain in care at this time while the parents continue to engage in services to support their individual needs as it relates to reunification. . . . Due to the lack of progress towards reunification, I believe it would be in the best interest of the children to add a concurrent plan of Custody and Guardianship to a non-relative (the [Y.s]).

PLACEMENT WITH FAMILY MEMBERS

Ms. Slavin testified that, prior to the case being assigned to her in the fall of 2022, the only family member the parents identified and provided contact information for was Father's brother, A.N. DSS decided against placing the children with A.N. for multiple reasons, including Mother's objection to the children being placed with him. Ms. Slavin testified that contact notes authored prior to fall 2022 indicated that DSS asked Mother several times for contact information of family members for potential placement. Mother "referenced family members but . . . did not provide contact information for them," stating that "she wanted the children to stay in their foster placement."

¹⁰ Ms. Moore's report was written in October 2022. By the time of the second TPR hearing, the children no longer wished to reunify with Mother.

When Ms. Slavin was assigned the case, she again requested contact information for family members. Mother provided information about two individuals: a friend of Mother's in Georgia and Mother's cousin A.A., who lived in Texas. DSS contacted both individuals. The friend in Georgia did not have adequate bedroom space for the children. Although she informed DSS that she would be moving soon and might have space at her new residence, she never followed up with DSS. Ms. Slavin also contacted A.A. and spoke with the children about A.A. "The children stated that they had never met any of their family in Texas, [and] did not know anything about them." A.A. did not demonstrate "any understanding or capacity to protect [the children] because of her lack of awareness or appreciation for the presenting safety concerns." Additionally, Ms. Slavin noted that placing the children in Texas "would have precluded visitation" and hindered DSS's ability to provide adequate services to support reunification. The children had already been in their foster care placement for one year, and were making progress in weekly therapy. DSS "determined that it would not be in their best interest to make such a drastic move to people that they didn't know, wouldn't understand their history, or be equipped to support them currently or in the future."

Mother stated her belief that the children should have been placed with A.A. rather than in foster care locally. Mother testified that she was very close with A.A., describing her as "my sister." Mother admitted that A.A. had never met the children in person, but considered their placement with A.A. to be an opportunity to connect with her family in Texas, such as the children's grandfather. She described A.A. as "a very good mom" who

had previously cared for her nephew when his mother “got into drugs” and his father was stationed overseas. According to Mother, DSS did not return messages from A.A. about placing the family in her care.

A.A. testified at trial concerning her relationship with the children and ability to care for them. She stated that she had frequently spoken with the children over the phone or in video calls, and that she sent them presents for their birthdays and Christmas. However, she admitted that she had never met the children in person. A.A. attempted to contact DSS via email and phone multiple times after she found out the children were in foster care, but received no response. She described her understanding of why the children were in foster care: “I don’t know all the details, but I know that the father was doing a lot of bad things. . . . I know [Mother] had, you know, struggled with seizures. There was a lot of seizures going on and her prescription medications.” A.A. testified that, during her calls with Mother, she did not see any indication that Mother had been drinking, or any indication that Mother was not a fit parent.

THE CHILDREN’S ADJUSTMENT TO THE FOSTER HOME

One of the foster parents, T.Y., testified concerning the children’s adjustment to foster care. T.Y. testified that all three children are in therapy weekly, each seeing a different therapist. B.N. and Z.F. started therapy in January 2022, and S.N. started “a couple of months later.” T.Y. stated that “these therapists are specialized in trauma. So they are certainly working through their historic trauma, as well as kind of ongoing unpacking of relationships and navigating like difficult feelings.” T.Y. observed that Z.F.

“has quite a bit of anxiety around feelings of safety in particular.” B.N. experienced disassociation and “suppression of her feelings[,]” making it difficult to identify what emotions she was having or what coping strategies to use. S.N. sought to avoid what he described as “big and scary emotions” and was fearful of change and uncertainty. T.Y. testified that therapy had helped the children with these challenges.

Ms. Slavin testified that the children had expressed a desire to be adopted by the Y.s, and that both Z.F. and B.N. were anxious and resistant to visits with Mother.

MS. SLAVIN’S EXPERT OPINION

Ms. Slavin opined that Mother had not made sufficient progress in mental health or substance abuse treatment, did not have the knowledge and skills to parent safely, and would not be “able to provide a safe and healthy home within the foreseeable future.” Ms. Slavin noted: “The mental health continues to be unaddressed, the substance addiction is active based on all of the records that we have and engagement with [Mother].” Ms. Slavin could identify no additional services that could help. She testified that Mother has not “gained greater insight or understanding of her behavioral patterns” and does not “understand why her children were removed from her care or her role in the removal[.]” Ms. Slavin testified that Mother failed to ameliorate any of the concerns that led to the children being removed, and that some aspects became “worse and less safe for the children.” In Ms. Slavin’s opinion, the “best outcome” was TPR and adoption by the foster parents “based on the lack of engagement and compliance with the court ordered services and resources . . . to ameliorate the issues that brought the children into care.”

COURT’S FINDINGS

On January 24, 2025, the circuit court issued a written opinion discussing its findings in detail and again terminated Mother’s parental rights. We shall discuss these findings in Part II., *infra*. Mother noted this timely appeal.

DISCUSSION

I. Termination of Parental Rights Principles

It is well-established that parents have a fundamental right to raise their children. *In re Adoption/Guardianship of C.A. and D.A.*, 234 Md. App. 30, 47 (2017); *see also Santosky v. Kramer*, 455 U.S. 745, 758-59 (1982). Furthermore, children have “a constitutionally protected liberty interest in the preservation of parental rights” and “an interest in maintaining a close familial relationship with siblings.” *In re Adoption/Guardianship No. T00032005*, 141 Md. App. 570, 580 (2001) (quoting *In re Adoption/Guardianship No. T97036005*, 358 Md. 1, 16 (2000)). These rights are not absolute and parental rights can be terminated when it is in the best interest of the child. *C.A. and D.A.*, 234 Md. App. at 47. There is a strong presumption, however, that it is in a child’s best interest to maintain the parent-child relationship. *Id.* at 48. This presumption can only be overcome where the parent is unfit to continue the parent-child relationship or where exceptional circumstances exist such that continuation of the parent-child relationship is detrimental to the child’s best interests. *Id.*; *see also* FL § 5-323(b).

The Maryland General Assembly created a list of factors that a court must consider in determining whether a parent is unfit, whether exceptional circumstances exist, and

whether it is in the best interest of a child to terminate the relationship. FL § 5-323(d); *In re Adoption/Guardianship of Rashawn H.*, 402 Md. 477, 501 (2007). In *Rashawn H.*, the Maryland Supreme Court explained:

The court’s role in TPR cases is to give the most careful consideration to the relevant statutory factors, to make specific findings based on the evidence with respect to each of them, and, mindful of the presumption favoring a continuation of the parental relationship, determine expressly whether those findings suffice either to show an unfitness on the part of the parent to remain in a parental relationship with the child or to constitute an exceptional circumstance that would make a continuation of the parental relationship detrimental to the best interest of the child, and, if so, how.

Rashawn H., 402 Md. at 501.

Our review of a decision to terminate parental rights “involves three interrelated standards: (1) a clearly erroneous standard, applicable to the juvenile court’s factual findings; (2) a *de novo* standard, applicable to the juvenile court’s legal conclusions; and (3) an abuse of discretion standard, applicable to the juvenile court’s ultimate decision.” *C.A. and D.A.*, 234 Md. App. at 45 (citing *In re Yve S.*, 373 Md. 551, 586 (2003)). Our role is not to determine whether “we might have reached a different conclusion. Rather, it is to decide only whether there was sufficient evidence—by a clear and convincing standard—to support [the court’s] determination that it would be in the best interest of [the child] to terminate the parental rights of [the parent].” *Id.* at 46 (alterations in original) (citation omitted) (quoting *In re Adoption No. 09598 in Cir. Ct. for Prince George’s Cnty.*, 77 Md. App. 511, 518 (1989)).

Section 5-323(d) of the Family Law Article sets forth the factors a court must consider:

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^[11] 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

¹¹ "Drug" is defined in FL § 5-323(a): "In this section, 'drug' means cocaine, heroin, methamphetamine, or a derivative of cocaine, heroin, or methamphetamine."

- (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.

II. The Juvenile Court's Findings

We note that the juvenile court's opinion on remand expressly addressed each of the FL § 5-323(d) factors. The court began with an overview of the facts as they relate to the children's health and safety. It found that the children are "safe with their foster parents[,] and that they "cannot be safe with their Parents." The court noted Mother's denial of the circumstances that led to the children being placed in foster care and failure to "engage[] meaningfully in court-ordered services to the extent necessary" to show that she could keep the children safe. The court found that Mother and Father's "continued dishonesty with the Department and service providers, and their inability to be accountable for their behavior and decisions would create an unstable, unhealthy, and dangerous life for the

children.” Their failure to “view any of their behaviors as problematic” means it is more likely that they would “behave in the exact same manner” in the future.

In its discussion of FL § 5-323(d)(1), the court found that DSS “attempted to work with both Mother and Father for a significant amount of time prior to the children’s removal, specifically by offering services.” Those services included referrals to mental health and substance abuse treatment for Mother. After the children were placed in foster care, DSS offered “many services” to Mother to assist with her “mental health issues, substance abuse issues, domestic violence issues, and parenting[.]” The court noted that Mother was unsuccessfully discharged from nearly all the substance abuse and mental health treatment services she engaged with, routinely failed to follow through with recommendations, did not adequately engage with parenting education, and visited with the children only sporadically, culminating with Mother only visiting the children twice in the 18 months before trial. The court found that DSS offered Mother “all the required services in a timely manner[.]” but that its efforts were “largely fruitless” due to Mother’s “fail[ure] to meaningfully avail [herself] of the offered services, either through complete nonengagement or by failed internalization of the subject matter.”

In discussing FL § 5-323(d)(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,” the court again noted Mother’s “refus[al] to consistently follow through with treatment” for mental health issues, continued substance abuse, and failure to “sustain[] substance abuse treatment[.]” The court found “that Mother

has exerted much less than the required amount of effort to show the [c]ourt that it is in the children's best interest to return home to Mother."

As to FL § 5-323(d)(2)(i)(1), the court found that "Mother never consistently visited the children, [and] during the last reporting periods immediately preceding [the] TPR trials, Mother's contact with the children significantly decreased." This inconsistent visitation occurred despite DSS "paying for transportation and attempting to reach Mother via phone, text, and email" to remind her of visitation times. The court found that the missed visits were "due to Mother's inability to follow through with scheduling, testing positive for substances prior to the visit, or behavioral positives for failing to submit to urinalysis." "Mother's infrequent and unreliable contact with the children is detrimental to their best interests."

The court described Mother's relationship with DSS as "hostile, tumultuous, and contentious." DSS "had difficulty remaining in contact" with Mother in the months leading up to both TPR trials. The court concluded that "Mother's utter lack of effort to comply with [c]ourt [o]rdered contact with the Department and their services" is an indication that Mother is "unfit to remain in a parental relationship with the children."

In discussing FL § 5-323(d)(2)(iv), "whether additional services would be likely to bring about a lasting parental adjustment so that the child could be returned to the parent," the court noted Ms. Slavin's testimony that additional services would not be beneficial in part because of "Mother's continued refusal to meaningfully work with the Department." "No evidence exists which demonstrates that Mother's situation might somehow improve

with more time. Moreover, [the children] have already been in care for an extended period.”

The court noted Mother’s conviction in May 2021 related to leaving the children locked in the house while she left to buy or use drugs as evidence that Mother neglected the children, under FL § 5-323(d)(3)(i). As to FL § 5-323(d)(3)(ii), the court noted that S.N. tested positive for benzodiazepines and methadone at birth, but that neither of those substances is a “drug” as defined in the statute.¹² However, the court equated Mother’s “repeated[] refus[al] to follow through with recommended drug treatment . . . throughout the pendency of the CINA case” to a refusal of treatment.

In its discussion of the FL § 5-323(d)(4) factors, relating to the children’s emotional ties, feelings, and adjustment, and the effect of TPR on the children, the court noted the “clear signs of anxiety” exhibited by each child during and after visits with Mother. Additionally, the court found there was “overwhelming evidence” that the children had adjusted well to their placement, and were “thriving” in the Y.s’ care. Z.F. had expressly stated a desire to be adopted by the Y.s, and “there was ample indirect evidence regarding [B.N. and S.N.’s] desire to be adopted[.]” The court again noted the children’s anxiety with regard to Mother, and that B.N. “has articulated a very real fear of returning to Mother’s care.” The court determined that terminating Mother’s parental rights would

¹² Pursuant to FL § 5-323(a), “drug” is defined as cocaine, heroin, methamphetamine, or a derivative thereof.

have a positive impact on the children's lives and provide them with needed stability and safety.

III. Analysis

Mother argues that the court erred in its findings on some of these factors. We discern three primary arguments from Mother's brief: (1) the evidence did not support a conclusion that DSS made adequate efforts toward reunification because it failed to tailor the services to Mother's needs and failed to pursue placement with a relative; (2) the evidence did not support a finding that Mother "willfully" refused to participate or did not "meaningfully" engage in services; and (3) the evidence did not support a finding that Mother's efforts to adjust her circumstances were inadequate. Although we shall address each of these arguments in turn and determine that the juvenile court's findings on each specific issue are supported by the record, we conclude that the court's ultimate decision was based on an appropriately global view of all of the evidence and statutory factors.

i. DSS Made Reasonable Efforts Toward Reunification

Mother argues that, while there was evidence that DSS made "repeated referrals" for substance abuse treatment, there was only "limited evidence" of efforts by DSS to determine why the services did not work and "tailor[] subsequent referrals to those specific issues." Mother suggests that, in making referrals, DSS should have considered her epilepsy and "her need to remain on prescribed medication."

One of the factors the court must consider in making a TPR decision is "the extent, nature, and timeliness of services offered by a local department to facilitate reunion of the

child and parent[.]” FL § 5-323(d)(1)(ii). This factor is related to the court’s consideration of “whether additional services would be likely to bring about a lasting parental adjustment so that the child could be returned to the parent within” a reasonable time. FL § 5-323(d)(2)(iv); *In re Adoption/Guardianship Nos. J9610436 & J9711031*, 368 Md. 666, 693-94 (2002). In *J9610436*, the Maryland Supreme Court held that, although DSS had provided the father with numerous services, those services were not adequate because they were not focused on the specific needs of the father. 368 Md. at 680-82. This failure precluded TPR because the evidence did not indicate “that proper additional services could not bring about an adjustment that would permit reunification.” *Id.* at 694. The father had “made extensive and extraordinary efforts to further reunification” and “maintained as regular a contact with his children as [DSS] would permit.” *Id.*

Although the court did not expressly address whether the services offered by DSS were tailored to Mother’s needs, the evidence supports the court’s finding that Mother routinely failed to communicate with DSS. Ms. Slavin testified that she requested documentation relating to Mother’s epilepsy diagnosis and prescription medications and that Mother never provided that information to DSS. Furthermore, documentary evidence and testimony indicated that the substance abuse treatment providers did not require Mother to abstain from taking her prescription medications. Instead, she was required to bring her medications in for routine pill counting to ensure Mother took her medications as prescribed. When Orenda and Mountain Manor suggested that inpatient treatment would be most effective due to Mother’s inability to maintain sobriety and suspected abuse

of her prescription medications, DSS agreed with that recommendation and urged Mother to enter inpatient therapy. Ms. Slavin testified that DSS reviewed reports from various evaluations and assessments to determine what Mother's needs are, "what type and level of treatment is needed[.]" and "how we can better support [Mother] with recommendations or referrals for additional services[.]" It is unclear what further "tailoring" Mother believes DSS might be able to provide.

This case is distinguishable from *J9610436*. DSS referred Mother to numerous different types of substance abuse programs. Multiple professionals concluded that Mother needed IOP and inpatient care, and DSS referred Mother for those services. Mother did not fully participate in any substance abuse treatment that DSS referred her to. She routinely refused to participate in services that could promote reunification, including mental health treatment, parenting classes, drug testing, and inpatient therapy. She repeatedly denied that she had any parenting problems and denied or diminished the severity of her substance abuse problem. She did not regularly visit her children, only seeing them twice in the 18 months before the trial, despite being offered visitation. Thus, the court did not err in finding that DSS provided adequate substance abuse treatment services and that additional services are not likely to "bring about a lasting adjustment that would permit reunification in the reasonable future." *Id.* at 694.

Mother further argues that DSS failed to pursue placement of the children with family members. As Mother notes in her brief, the suitability of placement with a relative is "not the proper focus of a TPR hearing," but, in *In re Adoption/Guardianship Nos.*

CAA92-10852, CAA92-10853, 103 Md. App. 1 (1994), this Court considered DSS's efforts to contact and investigate a relative for potential placement within an evaluation of the services rendered by DSS. We will therefore briefly discuss this issue as it pertains to FL § 5-323(d)(1)(ii).

DSS decided not to place the children with Mother's cousin A.A. for multiple reasons, including A.A.'s unfamiliarity with the reasons for the children being placed in foster care. Mother argues that "DSS presented no clear evidence that it attempted to inform Ms. A.A. about the reasons why the children came into care and that A.A. refused to accept those circumstances despite being properly informed about them."

Mother fails to acknowledge the other reasons why DSS decided not to place the children with A.A. According to Ms. Slavin, DSS was still working toward reunification when it was considering A.A. as a potential placement. Because A.A. lived in Texas and Mother was in Maryland, placing the children with A.A. "would have precluded visitation" and hindered DSS's ability to provide services that would have supported reunification. Additionally, Ms. Slavin testified that the children reported that they had never met any of their family in Texas, and A.A. testified that, although she spoke with the children over the phone and in video calls, she had never met them in person. Finally, Ms. Slavin's testimony indicates that when Mother provided DSS with A.A.'s contact information, the children had already been in foster care for a year. The children had therapists they were seeing regularly, and were making progress in their mental health. DSS determined that it would not be in the children's best interest to be removed from that established, stable, and

beneficial living situation. Thus, even if DSS failed to provide A.A. the opportunity to appreciate the reasons for placement of the children in foster care, there is no indication that A.A.'s understanding would have resulted in DSS determining it was in the best interest of the children to live in Texas with family they had never met in person after living with the same foster family for a year. The evidence does not support the conclusion Mother argues the court should have reached.¹³

ii. Mother Did Not Make Adequate Efforts to Adjust Her Circumstances

Mother next argues that the court erred in finding that she failed to adequately adjust her circumstances to make it in the children's best interest to return to her home. Specifically, she argues that the court "failed to acknowledge that 'substance abuse addiction recovery is not a linear process[,]'" and that "successful recovery is often 'achieved after periods of abstinence, followed by periodic relapses, until long-term sobriety is achieved.'" (Quoting Loren A. N. Buddress, *Federal Probation and Pretrial Services: A Cost-Effective and Successful Community Corrections System*, 61 Fed. Probation 5, 7 (March 1997)). Mother asserts that "even if the court had adequate evidence to conclude that Mother had not *yet* achieved sustained sobriety, that did not mean she could not achieve sobriety within a reasonable time"

¹³ Mother also briefly argues that DSS did not make sufficient efforts to pursue family therapy. However, a DSS report and Ms. Slavin's testimony indicate that DSS did consider family therapy or including the children in parent coaching sessions as a possible progression for Mother to work toward. However, "[t]he trauma therapists for all three children have resoundingly reported that there should be no family therapy if [Mother] is not able to be open and honest about the trauma the children have experienced."

The evidence does not indicate, as her argument would suggest, that Mother's recovery was on a generally positive trajectory with periods of relapse, but rather that Mother was never seriously engaged in recovery. The record contains no evidence that Mother had a period of sustained sobriety at any time during the pendency of the CINA case aside from the one month she was in inpatient care. Nearly all of the testing results in evidence are positive for either alcohol, illicit substances, or non-prescribed medications. With the exception of two tests in late January 2022, the negative tests were obtained under suspicious circumstances or during periods when Mother later admitted she had been "faking" the tests. Although there are several periods of more than one month with no evidence of urine tests, the court may infer that Mother followed the same pattern of substance abuse during those periods as during the periods for which there is evidence. *See No. T00032005*, 141 Md. App. at 606.

"[A] critical factor in determining what is in the best interest of a child is the desire for permanency in the child's life[.]" *In re Adoption of K'Amora K.*, 218 Md. App. 287, 306 (2014) (quoting *In re Jayden G.*, 433 Md. 50, 82 (2013)). The children should not be required to wait in "legal limbo" for Mother to begin the path to sobriety. *See In re Adoption/Guardianship No. J970013*, 128 Md. App. 242, 256-57 (1999) (holding that circuit court did not err in terminating father's parental rights where father was incarcerated serving a sentence of twenty years to life: "we will not put Kevon's welfare in 'legal limbo' while waiting for the scant possibility that the appellant will be released in the near future").

iii. Mother Did Not Adequately Engage in Services

Finally, Mother argues that the evidence does not support the court's finding that Mother "willfully" refused to participate or "meaningfully" engage in services. Instead, Mother states, "the evidence showed that she did, indeed, willingly participate in many tasks asked of her including, e.g., psychological and psychiatric evaluations, mental health treatment, drug testing, visitation, and a family assessment[.]" We disagree.

The reports from the family assessment, psychiatric evaluation, and psychological evaluation indicate that Mother did not fully cooperate in these assessments. Ms. Moore reported that Mother "had difficulty scheduling and following through with interview appointments" for the family assessment, missing two appointments and inappropriately attending an interview that had been scheduled with Father. Mother was "argumentative" and "intentionally dominated the conversation with her grievances in order to avoid engaging in the assessment process." She also refused to allow Ms. Moore to visit her home or to obtain information from various service providers, and "dismissed" certain questions as "irrelevant."

Mother completed a psychiatric assessment as part of her inpatient care at Orenda. There was no indication in the report that Mother was uncooperative with the assessment, but she was not completely candid, denying any history of abuse.

Dr. Lane's psychological evaluation report indicates that Mother refused to give him permission to interview her various service providers; denied ever being in a relationship involving interpersonal violence; and claimed to be "completely abstinent as

to all recreational drugs, including alcohol” and cannabis at a time when she was testing positive for both alcohol and cannabis, as well as various non-prescribed medications. Dr. Lane also reported that Mother was “defensive” and provided responses that were “limited in scope and detail.”

Mother’s participation in mental health treatment was largely tied to her substance abuse treatment. She was discharged unsuccessfully from every mental health provider she was referred to, aside from her successful completion of inpatient therapy. Mother also explicitly refused to take her psychiatric medication or receive any psychiatric care in June 2022. Additionally, Mother routinely failed to provide DSS with releases or documentation relating to her mental health treatment.

While the evidence shows that Mother frequently complied with drug testing requirements, there is also evidence that there were two periods of time in which Mother was routinely “faking” her urine tests. During one of those periods, she was able to do so by developing an inappropriate relationship with a staff member at a testing facility. Additionally, Mother has had numerous “behavioral positives” throughout the pendency of the CINA case by failing to show up for testing as required.

The evidence showed that Mother’s visitation with the children was consistent and positive for the first nine months. However, her visitation after September 2022 has been at best inconsistent. In March of 2023, Mother confirmed that she would be at each of the scheduled visits, then failed to show up, leaving the children confused and worried. Over the next three months, DSS was unable to contact her to schedule visits. As the court noted,

Mother visited with the children only twice in the 18 months immediately preceding the TPR trial. Mother argues that her “limited” visitation in 2023 and 2024 was due to her “legitimate concerns with DSS limiting her ability to openly communicate with her children[.]” The evidence shows that DSS sought to prevent Mother from inappropriately discussing the case with the children or giving them a false impression that they might be returning to her care in the near future. Not only was there a court order requiring her to refrain from such conversations, but these topics also caused her children significant anxiety. Additionally, DSS tried to provide Mother with parenting education and one-on-one parent coaching to learn and practice ways to respond in an age-appropriate way when children bring up difficult topics, such as their placement in foster care and Mother’s substance abuse. Mother described such age-appropriate responses as “lying” and, at the same time, believed the children were “too young” to know about her substance abuse and told the children she was “working on a farm” or “going to work” when she was entering inpatient substance abuse treatment. According to Ms. Slavin, these comments caused the children to become worried when one of the foster parents said they were going to work.

Even Mother’s inpatient treatment at Orenda, which Mother successfully completed, did not occur until after Mother twice explicitly refused recommendations of inpatient therapy. Furthermore, Mother openly refused to follow Orenda’s recommendations for substance abuse treatment after she was discharged and discontinued all mental health treatment.

The evidence fully supports the court's finding that Mother willfully refused to participate or meaningfully engage in services.

iv. Conclusion

The juvenile court's 72-page opinion represents a thorough and thoughtful analysis of the totality of the circumstances in this case. We are satisfied that the court considered the full record, and it made sufficient findings relevant to each of the FL § 5-323(d) factors. The focus of a TPR inquiry is on the children's best interests. *In re Adoption/Guardianship of C.E.*, 464 Md. 26, 56 (2019). As discussed above, although there is a presumption that it is in the children's best interests to maintain the parent-child relationship, this presumption may be rebutted where the FL § 5-323(d) factors show that the parent is unfit or exceptional circumstances exist such that it is in the children's best interests to terminate the relationship. *C.A. and D.A.*, 234 Md. App. at 47-48.

A TPR determination must be based on all of the statutory factors as they inform the best interests of the child. *In re Adoption/Guardianship of Jasmine D.*, 217 Md. App. 718, 736-37 (2014) ("[T]he court must weigh all of the statutory factors together, without presumptively giving one factor more weight than another." (citing *In re Adoption/Guardianship No. 94339058/CAD*, 120 Md. App. 88, 105 (1998))); FL § 5-323(d) ("[I]n 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[.]"). The juvenile court appropriately adopted this global view in concluding that

Mother’s “failure over an almost three-year period to meaningfully participate in services[,] her inability to accept her flaws with respect to parenting[,] and her refusal to accept responsibility with respect to how her children came to be children in need of assistance” rendered her unfit to parent. The court referred to the “many services” provided by DSS, as well as Mother’s “continued dishonesty” with DSS and service providers, and “refusal to follow through” on nearly every referral or recommendation. The court noted that Mother “never consistently visited the children,” despite DSS providing transportation and reminders of visits. Further underscoring the court’s conclusion is the fact that Mother’s behavior continued after the first TPR order was vacated and she had a “second chance” to follow recommendations and come to terms with the reality of her situation. In material respects, Mother failed to avail herself of that second chance. Finally, the court recognized that Mother’s actions caused the children continuous anxiety, and that the children had been “thriving” with the Y.s.¹⁴

¹⁴ Mother argues that the court failed to acknowledge evidence indicating that “Mother and the children shared a loving bond[,]” such as the 2022 family assessment, and that the children’s bond with the Y.s, “though relevant, should not be dispositive.” The court acknowledged that the children have “mixed emotions of love and anxiety” with regard to Mother—Z.F. “would express concern for Mother’s well-being and safety[,]” and B.N. “would seek affection from Mother during visits,” but later become withdrawn, and expressed “a very real fear of returning to Mother’s care.” We are satisfied that the court fully considered the evidence relating to the children’s bond with Mother. Furthermore, the existence of a loving parent-child bond does not preclude TPR. *See C.E.*, 464 Md. at 54-55 (holding that an “attachment” between the parent and the child was insufficient to overcome factors relating the child’s safety and need for permanency); *Jasmine D.*, 217 Md. App. at 732, 736-39 (where parent’s “denial and/or minimization of the issues concerning substance abuse and chronically exposing the child to . . . domestic violence” for years while child was in foster care and failing to visit child for eight months resulted

(continued)

We discern no abuse of discretion in the ultimate decision that it was in the children's best interests to terminate Mother's parental rights.

**JUDGMENT OF THE CIRCUIT COURT
FOR FREDERICK COUNTY, SITTING
AS THE JUVENILE COURT, AFFIRMED.
COSTS TO BE PAID BY APPELLANT.**

in child who had a loving bond with the parent and "concern about [the parent's] safety" to "decide[] that she would rather be adopted by her foster parents"). Secondly, we see no indication that the court considered the children's bond with the Y.s to be dispositive. The court's explanation for its decision focuses most heavily on Mother's behavior and only briefly mentions that TPR will provide the children an opportunity for permanency in a home where they have a "strong, loving relationship" with the foster parents.