

# **MD CANI – The 1<sup>st</sup> 75 Days**

## **CASE SCENARIO**

Handout Number Four

### **DISPOSITION HEARING**

**HELD ON APRIL 25, 2019**

**The Case Plan was developed following the PPH – dated and signed by the case manager on April 4, 2019, filed on April 8, 2019.**

Step 1. Obtain a substance abuse assessment and follow all recommendations.

Step 2. Random drug screening not less than twice per month.

Step 3. Observe one full day of adult felony drug court.

Step 4. Obtain a psychological evaluation and follow all recommendations.

Step 5. Continue on medication management as prescribed.

Step 6. Attend parenting class.

Step 7. Participate with parent aide.

Step 8. Ms. Smith will maintain a safe and stable home suitable for Ms. Smith and her children.

Step 9. Cooperate with DFCS.

#### **The Proceeding:**

Judge Righteous called the case and identified all of the parties, their lawyers, and the CASA. Judge Righteous asked the SAAG for an update and to discuss progress on the case plan. The SAAG reported the following:

- Ms. Smith has been referred for a substance abuse assessment which was completed on April 19<sup>th</sup>, but the results just came in this morning. Based primarily on self-report to the evaluator, the recommendation was for ASAM Level 2.1.
- ASAM Level 2.1 is not available in this county so we will have to beef up ASAM Level 1. Ms. Smith will be required to go to individual substance abuse counseling twice per week, do a homework assignment for her individual substance abuse counselor or a one-hour equivalent, go to a substance abuse group once per week, be drug screened, and attend not less than two self-help groups per week.
- Case Manager Dodson, who did the original case plan, has a lot of experience with drug addicts so she required Ms. Smith to do some drug-related tasks even before she got the results from the substance abuse assessment. Besides, Ms. Smith admitted to her that she

sometimes uses drugs to medicate her mental health problems because it is easier to do that than to keep going to the doctor to get her medication. Case Manager Dodson also said Ms. Smith told her that she had been diagnosed as “borderline bi-polar,” but Ms. Smith cannot remember who told her that or when she was told. They gave her some medicine, but she does not like to take it and can’t get back and forth to the doctor and drug store regularly anyway.

- Ms. Smith was supposed to sign up at the county drug lab, call in every day and be drug tested not less than twice per month. Ms. Smith went to orientation on March 12<sup>th</sup>, but only calls in about half the time and missed her only drug screen in March and both of her screens in April. She said transportation is a problem and she does not always have minutes on her phone. None of her neighbors like her so she can’t use their phones.
- Ms. Smith has attended about half of the required self-help groups.
- Ms. Smith needs to observe felony drug court one day and get a sponsor.
- Ms. Smith had a psychological evaluation on April 12<sup>th</sup>. Although they don’t have the written results back yet, the recommendations will be for medication management and individual counseling by a master’s level counselor trained in Trauma Focused CBT and ASAM Level 2.1. These recommendations were not put in the case plan because the written report had not been received.
- Ms. Smith began individual sessions with a master’s level counselor, Ms. Straighten U. Out, at the local CSB. Ms. Out has attended all four of the modules on trauma offered by the Child Welfare Training Collaborative and has determined herself as qualified to do TF CBT.
- Ms. Smith had an appointment with a psychiatrist for medication management on April 18, 2019, at the CSB, but missed it due to transportation problems, and the appointment has not been rescheduled.
- Ms. Smith was referred to a parenting class offered at the hospital one night per week for ten weeks. Ms. Smith missed the start of the current class, and it will be two more weeks before she can start the next class.
- Case Manager New, who took over the case from Case Manager Dodson, reported that she has talked to Ms. Harrison and none of the family will take the children or get involved in the case in any way because they do not want to get involved with Ms. Smith. She noted that they had mailed notices to all of the relatives they had been able to find based on a search of their data base and interviews with Ms. Smith and Ms. Harrison. She also said that Ms. Harrison has history with the department. In fact, Ms. Smith was taken from her mother when she was fourteen because Ms. Harrison had mental health issues and drug problems, and generally had unstable housing. Ms. Smith lived with her aunt until she was placed in foster care.
- DFCS is seeking custody and for Ms. Smith to work her case plan, a copy of which was submitted to the Court.

Ms. Smith testified as follows:

- She does not have transportation to get to things she is supposed to do.

- Her case manager, whoever that is now, never lets her know what is going on with her case. She has not seen Ms. Dodson in a while.
- She does not know why she has to go to a parenting class because she knows how to raise her children and she really does not do well in class anyway.
- She is not a prostitute and does not have a drug problem. She does not know where all of that stuff came from and she still thinks the man that did the drug assessment has her confused with someone else. She wants to know why he does not have to come to court so her lawyer can ask him about that. She also said she remembers telling that man that she did drugs starting when she was a teenager because of all of the stuff she was going through, but she has not used drugs for a long time.
- Most of the time she does not have minutes on her phone.
- She gets along great with all of her family, who is always willing to help her, and she does not know what the case manager is talking about.
- It was not her fault Justin ran out into the street. Case Manager Dodson was there too, and she was yelling at her and distracting her from looking after her kids. She almost never leaves her children out in the yard by themselves.
- She does not think she has done anything wrong, but she is willing to do what she needs to do to get her children back, except she should not be required to take drug tests because it is embarrassing for somebody to watch you go to the bathroom and she feels very uncomfortable because of things she has experienced. And she does not trust the tests to be right. She has heard stories.
- She does not know why she needs a lawyer because she only sees Lawyer Bill when she comes to court. He gave her a card with his number on it, but she lost it so she can't call him. Lawyer Bill does not seem to like her anyway. She could do just as well without him.

Lawyer Suzie advised the court that comprehensive assessments for both children had been completed and recommended that play therapy be provided to the children. She also requested that the agency explore kinship care placements closer to home and for increased visitation.

Judge Righteous found as follows:

- It was obvious that the children were still dependent.
- Ms. Smith was pretty much not doing anything she was supposed to do.
- There were no relatives that were willing to take care of the children.
- He could not think of anything that could be done so that the children could go back home with Ms. Smith.
- The Agency had gotten Ms. Smith a psychological evaluation on April 12<sup>th</sup> and the substance abuse assessment on April 19<sup>th</sup> and referred Ms. Smith to services so they had made reasonable efforts.
- It was in the children's best interest for the Agency to have custody.
- The Agency needs to file an amended case plan to cover what was in the assessments.
- An Initial Review Hearing would be held on May 16, 2019

## **Points for Discussion:**

### Group 1 -

1. Is the case plan simple enough to be understood by all? Is the case plan specific as to who, what, where and when? Is the case plan do-able?
2. Does the case plan allow for accountability? Do all requirements in the case plan relate directly to the reason the child cannot be maintained safely at home?
3. If all of the steps are achieved, will the risk to the child be reduced to a level that will allow the children to return home?
4. Make suggestions to improve the case plan, if necessary.

### Group 2 -

5. What is the appropriate disposition of the case and permanency plan for the child? Explain.
6. Where should the children be placed?
7. Has the agency made reasonable efforts to eliminate the need for placement or prevent the need for placement? Explain.
8. What about child support?