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IN THE COURT OF APPEAL OF THE STATE OF CALIFORNIA
FIRST APPELLATE DISTRICT
DIVISION FOUR

A.V.,

Petitioner,

v.

THE SUPERIOR COURT OF THE CITY
AND COUNTY OF SAN FRANCISCO,

Respondent;

SAN FRANCISCO HUMAN SERVICES
AGENCY et al.,

Real Parties in Interest.

A144338

(San Francisco City & County
Super. Ct. Nos. JD12-3289C,
JD12-3289D)

A.V. (Mother) seeks by this writ petition to reverse a court order terminating reunification services and setting a hearing under Welfare and Institutions Code¹ section 366.26 for the two youngest of her five children, E.L. (age nine) and J.L. (age six). Mother, who suffers from a long history of domestic abuse, witnessed by the children and also inflicted upon them, contends there was no substantial evidence to support the court's finding that the San Francisco Human Services Agency (Agency) offered her reasonable reunification services. She complains specifically that the Agency failed to provide a neuropsychological examination that was part of her case plan, apparently because a provider could not be located who would accept MediCal. Despite the Agency's failure to

¹ Statutory references are to the Welfare and Institutions Code.

provide that assessment, we conclude there was substantial evidence to support the finding that reasonable services were offered. The section 366.26 hearing was set in accordance with law. We therefore deny the writ.

BACKGROUND

Mother has five children, four boys and one girl (the second oldest), who now range in age from six to sixteen. All of the children have been removed from her care. Mother and the alleged father of all five children were not married but were in an on-again-off-again relationship for many years. Mother was still in high school when their first child was born. The alleged father, however, was not involved in the dependency proceedings as he is evidently in the Philippines. In any case, even if he were present, he would not have been a suitable custodial parent because he has a history of physical abuse toward Mother and the children.

In November 2012, the protective services worker assigned to evaluate and recommend a disposition in this case reported that, although Mother “is loving and kind towards her children” and “is really trying her best to meet their needs with the resources she has available,” all of the children “have. . .been victims or witnesses of domestic violence for years. . .and [are] dealing with the effects of the prolonged trauma.” In addition, and probably partly as a result, the children have special needs.²

Although Mother has consistently remained committed to raising her children, she has demonstrated poor understanding of her own parenting deficits and appears to lack the

² The oldest child was performing academically as an early elementary school child when he was in the eighth grade. He was considered “severely cognitively impaired.” By June 2013, at age ten, the middle child had been diagnosed with Oppositional Defiant Disorder and also met the criteria for post-traumatic stress disorder (PTSD) as a result of many years of witnessing and being a victim of domestic violence. In September 2014, the only daughter was diagnosed with major depressive disorder. E.L. was receiving special educational services due to receptive language delay and severe expressive language delay. He was later diagnosed with PTSD and enuresis, with a history of encopresis, with a tentative diagnosis of attention deficit hyperactivity disorder (ADHD). J.L. appeared to possibly be somewhat delayed in speech and exhibited aggressive tendencies toward Mother and the protective services worker. He was referred for therapy in September 2012, at age three.

ability to process and retain suggested parenting strategies in caring for her family. The three oldest children are now in planned permanent foster care living arrangements, with a six-month review hearing scheduled for two of them in August. The middle child, C.L., a boy, was scheduled for a review hearing on April 8, 2015, but the record does not reflect the outcome of that hearing. Only the two youngest boys, E.L. and J.L., have a hearing under section 366.26 scheduled for June 3, 2015, and only they are the subject of this petition.

This family is no stranger to the Agency, which was contacted 23 times about the family between 1998 and 2012, with frequent allegations from callers about physical or emotional abuse or neglect by Mother or the alleged father. The children were also subject to a prior in-home dependency between November 2010 and October 2011. The family was brought to the Agency's attention most recently in May 2012, when C.L., then age nine, was assaulted by a neighbor in whose care Mother had left him. When Mother tried to intervene, the neighbor hit her, too. The neighbor was arrested and prosecuted.

A month later it was reported that C.L. himself had assaulted his six-year-old brother, E.L., by throwing glass at him. Later the same day, C.L. was found stabbing a knife into the floor of the family home and the police were called. In fact, the three older boys (ages six, nine and fourteen at the time) all had behavioral difficulties in that all had threatened to hurt their teachers at school, and the eldest had attacked other adults, saying he wanted to "kill everybody." The eldest also had noticeable hygiene problems, refused to shower, and had not worn his prescription glasses since September 2011. C.L. had issues with aggression toward his peers, especially girls, but also toward adults.

The Agency initially tried to work informally with the family by providing services such as a referral to the Safe Care Parenting Program and provision of a therapeutic behavioral services (TBS) coach who attempted to help Mother develop strategies for parenting C.L. and managing his difficulties in particular. As things progressed, however, the Agency determined that more formal intervention was necessary.

In a Team Decision Making meeting in early October 2012, C.L.'s school principal announced that he would not be allowed to return to school because he was a danger to himself and others. In attendance were Mother and extended family members as well as

representatives of the Agency and the children's schools. School staff also expressed concern that E.L. (then age six) had assaulted adults at school, but concerns about C.L. predominated. It came to light that C.L. had been in class only seven days of the school year; the rest of the time he was either suspended, in the office, or running around outside the classroom. He met the criteria for special education services as a student with emotional disturbance. Mother disclosed that she, too, had been a victim of physical abuse by C.L. It was decided by consensus that C.L. should be removed from the home.

On October 10, 2012, the Agency filed a petition alleging that all five children were dependents described by section 300, subdivisions (b) and (g) (with respect to the alleged father), and C.L. and E.L. also came within subdivision (c).³ The petition sought detention for C.L. alone, but it alleged that Mother had failed to protect all of the children. The Agency's detention/jurisdiction report graphically described the foregoing and additional events in the family's ongoing crisis.

Besides C.L.'s injury when he was left in a neighbor's care, the petition alleged, among other things, that Mother (1) failed to protect C.L. and E.L. from physical abuse by her then boyfriend; (2) left the children in the care of unrelated men; (3) had a history of relationships in which she was the victim of domestic violence, witnessed by the children;

³ Those subdivisions provide: "(b) (1) The child has suffered, or there is a substantial risk that the child will suffer, serious physical harm or illness, as a result of the failure or inability of his or her parent or guardian to adequately supervise or protect the child, or the willful or negligent failure of the child's parent or guardian to adequately supervise or protect the child from the conduct of the custodian with whom the child has been left, or by the willful or negligent failure of the parent or guardian to provide the child with adequate food, clothing, shelter, or medical treatment, or by the inability of the parent or guardian to provide regular care for the child due to the parent's or guardian's mental illness, developmental disability, or substance abuse. . . . The child shall continue to be a dependent child pursuant to this subdivision only so long as is necessary to protect the child from risk of suffering serious physical harm or illness. . . . [¶] . . . [¶] (c) The child is suffering serious emotional damage, or is at substantial risk of suffering serious emotional damage, evidenced by severe anxiety, depression, withdrawal, or untoward aggressive behavior toward self or others, as a result of the conduct of the parent or guardian or who has no parent or guardian capable of providing appropriate care. . . . [¶] . . . [¶] . . . [¶] . . . (g) The child has been left without any provision for support"

(4) used physical means of discipline; (5) had a long history of child welfare referrals for abuse, neglect and domestic violence; (5) was unable to adequately control C.L.'s unsafe behaviors; and (6) failed to follow through promptly on services offered by the Agency to meet the needs of her children. The petition further alleged that both C.L. and E.L. were suffering from serious emotional damage (§ 300, subd. (c)) and had hit or threatened school personnel and other students.

With respect to the alleged father, the petition said his whereabouts were unknown (§ 300, subd. (g)), but he was believed to have been deported to the Philippines in July 2011. The alleged father had a history of criminal charges for domestic violence, with at least nine arrests between 1996 and 2009, and misdemeanor convictions in 1998 and 2004. He also had drug-related arrests in 2001, 2002 and 2004, including arrests for possession for sale, with a felony conviction for possession for sale in 2001. He reportedly had attacked not only Mother, but the children's maternal grandmother, sending her to the hospital for treatment of her injuries. The disposition report summarized that Mother had been the victim of domestic violence since 1999, when she first became involved with the children's father. According to Mother, the father also hit the three older boys, including, according to a hotline referral, once throwing C.L. across the room.

In her disposition report, the protective services worker summarized the situation thusly: "It is understandable that the task of caring for 5 children with multiple special needs would be monumental in the best circumstances. The mother's resources are limited but there are appropriate services that can support and heal the family if the mother is willing to utilize them." The protective services worker expressed "concern that if steps are not taken to address the current needs of the family, the children's problems will increase in complexity and will be more difficult to respond to and treat, especially as they move into the teenage years." The report also documented Mother's unfortunate "history of failure to follow through with needed interventions for the children and herself which has put them in danger."

The trial court ordered C.L. removed from the home in October 2012 and placed in foster care, with reunification services. The court ultimately terminated reunification

services for that child in April 2014 and specified a planned permanent living arrangement in foster care as his permanent plan. The other four children were found to be dependents in October 2012 but initially left in Mother's care, under the Agency's supervision.

We will not trace the entire history of the dependency that brought the family to the present point, as the only issue raised in this petition has to do with services offered by the Agency, and specifically services of a neuropsychological nature. At the time the initial disposition report was prepared, Mother denied having mental health issues, but the protective services worker pointed out that she had been in a special placement at school for "severe emotional disturbance" and had been assessed as "having mental health problems." The Agency initially recommended that Mother be required to participate in a psychological evaluation and to continue in treatment as recommended by the therapist, but that requirement was stricken. Therapeutic services were, however, provided both for Mother and for the family.

In the first six months after the declaration of dependency, the family met with a family therapist who found that Mother's "post-traumatic stress symptoms, as well as the children's own PTSD symptoms," made it difficult for her to implement new parenting techniques and for the children to accept Mother's authority. Mother continued to appear overwhelmed at times, missed appointments, and did not respond to calls from the children's school during emergencies.

By the time of C.L.'s six-month review in June 2013, the protective services worker noted that, in discussing Mother's mental health issues with other service providers, "there seems to be a consensus about the need to find out more about the mother's cognitive, emotional, and behavioral needs, in order to provide services that adequately meet those needs, and create sustainable change." In the meantime, a court appointed special advocate (CASA) was appointed for E.L. and J.L. in July 2013. The CASA remained involved with the boys throughout the proceedings and provided written reports to the court to assist in its assessment of the children's welfare.

A psychological evaluation for Mother was performed by Dr. Jean Choi in late September 2013. Dr. Choi concluded that Mother's history of persistent and repeated

domestic abuse appears to have had a lasting negative impact on her cognitive, interpersonal, and emotional functioning. Dr. Choi further opined that Mother's traumatic responses had a negative impact on her cognitive functioning in areas of attention, concentration, executive functioning (planning, decision-making, mental flexibility), and interpersonal functioning.

Dr. Choi diagnosed Mother with Language Disorder and PTSD, with symptoms at a severity that overwhelmed her available cognitive and emotional resources. The doctor recommended that Mother (1) be referred for a neurological workup and neuropsychological assessment to "rule out and clarify the extent of potential traumatic brain injury"; (2) see a psychiatrist to determine whether medication could help her function at a higher level; (3) participate in individual and group psychotherapy for PTSD; and (4) engage in dialectical behavioral therapy (DBT) for improved coping skills and emotional regulation. Mother was referred to the Oceanview, Merced, Ingleside Family Resource Center (OMI) for medication management, therapy, and evaluation for a DBT skills group.

By October 2013 the family's crisis had escalated, and the Agency filed a supplemental petition under section 387, seeking to remove the oldest child, then 15, from the home because Mother was unable to provide the necessary care and supervision for the boy, who had mental health issues and was noncompliant with his medication, had physically assaulted Mother, and had engaged in suicidal gestures. The court ordered him detained, and he was placed in foster care at St. Vincent's School for Boys.

On November 5, 2013, more than a year into the dependency proceedings, the Agency filed a supplemental petition under section 387 seeking to remove the three remaining children from Mother. The petition alleged, among other things, that Mother had mental health issues that interfered with her ability to safely parent the children, and she failed to follow through with needed services for the children. The accompanying detention report recounted recent incidents in which both E.L. and J.L. had experienced significant emotional meltdowns, which had required the intervention of the police or security officers to quell. The Agency also had received a report from the family therapist that Mother's 12-

year-old daughter (the only female child) disclosed during a family therapy session that Mother was engaged in prostitution and had asked her daughter to keep it “their secret.”

On November 6, 2013, the court detained E.L. and J.L., placing them together in foster care in Oakland. The daughter was also detained and was placed in a separate foster home.

Based on Dr. Choi’s report, an addendum was prepared by the Agency in December 2013, adding as part of Mother’s case plan that she “undergo a neurological exam and neuropsychological assessment to rule out and clarify the extent of potential traumatic brain injury, and appropriate treatment recommendations.” The protective services worker initially referred Mother to Foster Care Mental Health for a neurological/neuropsychological exam, but reported in April 2014, that the neurological exam was still pending “due to Foster Care Mental Health having a hard time finding a neurologist who accepts MediCal.”

The family’s difficulties continued after the remaining children were removed. In April of 2014, E.L. disclosed that his sister had engaged in sex play with him. His disclosure led to an interview at Child and Adolescent Support Advocacy and Resource Center, in which he made similar disclosures, after which the interviewer concluded there was a lot of sibling sex play. E.L. also told the interviewer he had seen his mother have sex with a man while E.L. pretended to sleep.

E.L., then in second grade, also continued to exhibit difficult behaviors, including tantrums at home, school, and out in public where he would yell, kick, cry, bite, and spit on people. The protective services worker noted that E.L.’s aggression was escalating, including aggression toward his younger brother J.L. In early May 2014, E.L., then age eight, was put on psychotropic medication for PTSD based on a doctor’s report that he was exhibiting aggression with threats of self-harm and inappropriate sexualized behavior. He had required “multiple police visits to restrain him at home, school, and in the store.”

On June 6, 2014, the Agency filed a report for the six-month review for the four siblings removed in late 2013. (§ 366.21, subd. (e).) The protective services worker reported that Mother had made no sustainable progress in acquiring suitable parenting skills. In the area of mental health and coping skills, the report noted that after some initial

progress, Mother once again reverted to her previous patterns. She missed appointments, forgot to call and confirm visits, and arrived late to visits—all signs of being overwhelmed. Mother had begun therapy at OMI, but often missed or was late to appointments. The therapist at OMI also felt Mother was making no progress. Mother had met with a psychiatrist at OMI, however, who prescribed medication to help with Mother's PTSD and depressive symptoms.

The report for the six-month review recounted that J.L.'s therapist described being spit on, kicked, and yelled at by J.L. Other teachers and the transportation technicians reported similar experiences. J.L.'s foster father also described tantrums occurring after calls with Mother, or after Mother failed to call. The foster father also reported that Mother was inconsistent in her phone calls to E.L. and J.L., calling too late, and rarely calling at all. She also forgot to call on J.L.'s birthday.

In reviewing Mother's participation in the case plan, the protective services worker noted that Foster Care Mental Health was still attempting to locate a neurologist who would accept MediCal for Mother's neuropsychological assessment, but referred her first for a neurological exam. Regarding mother's attempts to gain awareness of her actions and the impact of her actions on her children, the protective services worker noted that Mother had been referred to individual therapy, had received a medication evaluation, and was taking psychotropic medication. But Mother's participation in services had been sporadic, and she still did not demonstrate an understanding of her children's needs for safety and consistency.

Illustrative of Mother's lack of insight is the history of her continuing involvement with abusive men. In March 2014, she began seeing an ex-boyfriend who had physically abused both her and her children in the past, a renewed relationship which upset her daughter especially. Mother initially denied the involvement with this man, but in May she reported that he had assaulted her in her home and she had obtained a restraining order. As soon as she ended that relationship, however, Mother became engaged to another man in June of 2014 and began talking to the children about their "new stepfather," causing the children to become agitated. Mother refused to provide the Agency with background information relating to her fiancé, despite the fact that he was living in the home and Mother

was seeking reunification. The fiancé then physically assaulted her by hitting her in the face in August 2014. Mother assured the protective services worker that she had ended the relationship. But in December 2014 she was hospitalized after an incident of domestic violence ruptured her spleen. The identity of the perpetrator on that occasion is not clear from the record.

Despite the services offered the family, the CASA for E.L. and J.L. reported to the court in June 2014 that Mother was “neglectful” and difficult to reach, failed to call when she said she would, and missed appointments. She would sometimes fail to show up for family visits without calling to cancel, so the boys would be waiting for her and would be disappointed when she did not show. The CASA recommended suspension of visits, finding them detrimental to the boys’ recovery.

On October 31, 2014, the Agency filed a report for the 12-month review hearing in which it recommended terminating reunification services. The report described Mother’s poor progress in understanding how her choice to remain in abusive relationships negatively affected the children and in learning effective parenting skills to employ when the children became agitated. Mother had been receiving treatment at OMI in the form of individual therapy and group therapy, and she was receiving psychotropic medication. Her therapist reported that Mother had missed most of her appointments until May of 2014, after which she participated consistently in treatment and completed an eight-week DBT class. She also met with a psychiatrist once a month and was consistent with medication. Her therapist also reported that Mother “continues to present as confused as to why her abusive relationships affected her children, and how experiencing and witnessing abuse was having a negative effect on her children.” The protective services worker concluded that Mother was “unable to hold on to new information, new behaviors, and new skills for a long period of time, or without the presence of another service provider to coach her.”

The report also noted that Mother had a neurological exam in late July of 2014. Because the protective services worker was unable to obtain the neurologist’s contact information from Mother, and then did not get a release from Mother until late October 2014, she did not obtain the notes from Mother’s neurological exam until three months after

the examination. The neurologist summarized Mother's tests as indicating decreased brain volume and opined that her cognitive deficits are long-standing and developmental. The neurologist recommended that mother undergo an EEG. At the time of the Agency's report, a neuropsychological assessment for Mother had still not been arranged.

J.L. and E.L. both continued to exhibit challenging behaviors throughout the reporting period ending with the 12-month review, and they began receiving significantly increased levels of treatment and care. E.L. had been diagnosed as suffering from PTSD and received a preliminary diagnosis of ADHD.

Nonetheless, both children had developed a strong bond with their foster father, whom they call "Coach," and their behaviors at home and at school had improved as a result of his efforts. According to the CASA, the foster home for the two boys was a "nice apartment" in a "community that has welcomed and embraced the boys," where there were "other children in the complex to play with." The CASA also commented favorably on the boys' improved behavior and prospects under the foster father's care, who was willing to provide them with legal permanency. Specifically, the CASA said they were "thriving" in the placement, they "love" and "respect" their foster father, and the foster father interacts with school personnel frequently and successfully to make sure the boys are "doing well."

The 12-month permanency review hearing did not take place until February 5, 2015, in part due to Mother's hospitalization. The protective services worker was the only witness. The status review report prepared for the hearing was admitted into evidence. The protective services worker testified she had seen no evidence that Mother had made progress in gaining awareness of the impact of her actions on her children since the report was written. As the protective services worker put it, "[S]he responds well in the moment when she's coached, when somebody else is present with her. But when a similar situation occurs, she's unable to employ a parenting strategy on her own, which is my concern about her parenting the children alone." Mother had canceled two of four visits with the children in November and had missed two more visits in December by arriving too late or not calling to confirm. Mother also missed three visits in December and January as a result of her hospitalization.

The protective services worker acknowledged that the neuropsychological assessment had not been completed, but she testified this was caused initially by the delay in obtaining the results of the neurological exam which, as explained above, was largely Mother's fault. The remainder of the delay was caused by Foster Care Mental Health's difficulty in finding a neuropsychiatrist to perform the assessment.

At the close of testimony, the court found the children could not safely be returned to Mother's home and there was no substantial probability they could be returned within the next six months. Even though the neuropsychological assessment had not occurred, the court found by clear and convincing evidence that reasonable services had been provided or offered to Mother to overcome the problems leading to removal. The court found Mother's progress in response to the services provided was "minimal" and terminated reunification services. For E.L. and J.L. the court set June 3, 2015 for a selection and implementation hearing. (§ 366.26.) The two oldest children were found not to be proper subjects of adoption, and a planned permanent living arrangement in foster care was set, with a six-month review hearing scheduled for August 5, 2015. Amended findings and orders for E.L. and J.L. were filed April 29, 2015, nunc pro tunc to February 5, 2015, and forwarded to this court.

This writ petition was filed April 15, 2015. By her writ, Mother asks us to reverse the February 5, 2015 order terminating reunification services or in the alternative to vacate that order and remand for reconsideration of whether Mother should receive an additional six months of services. As noted, the writ focuses only on whether continued services may be warranted to facilitate reunification with E.L. and J.L.

DISCUSSION

Mother challenges the trial court's finding that the Agency offered her reasonable services. "Typically, when a child is removed from a parent, the child and parent are entitled to 12 months of child welfare services to facilitate family reunification. These services may be extended to a maximum of 18 months. (§ 361.5, subd. (a).) If, at the 12-month hearing, [the Agency] does not prove, by clear and convincing evidence, that it has provided reasonable services to the parent, family reunification services must be extended to

the end of the 18-month period.” (*Amanda H. v. Superior Court* (2008) 166 Cal.App.4th 1340, 1345 (*Amanda H.*); see § 366.21, subd. (g).) The evidence of reasonable services must be “ ‘ ‘ so clear as to leave no substantial doubt” ’ ” (*In re Maria S.* (2000) 82 Cal.App.4th 1032, 1039) and “ ‘ sufficiently strong to command the unhesitating assent of every reasonable mind.’ ” (*In re Monica C.* (1995) 31 Cal.App.4th 296, 306.) We review the juvenile court’s finding of reasonableness of offered services under the substantial evidence test. (*Amanda H.*, *supra*, at p. 1346.) “[O]ur sole task on review is to determine whether the record discloses substantial evidence which supports the juvenile court’s finding that reasonable services were provided or offered” (*Angela S. v. Superior Court* (1995) 36 Cal.App.4th 758, 762), bearing in mind the heightened burden of proof in the trial court of clear and convincing evidence (*In re Alvin R.* (2003) 108 Cal.App.4th 962, 971 (*Alvin R.*)). Substantial evidence is that which is reasonable, credible and of solid value. (*Ibid.*)

Mother’s argument that she was not provided with reasonable services focuses solely on the lack of a neuropsychological assessment, as proposed by Dr. Choi after Mother’s psychological evaluation. Mother contends that without that assessment the services provided cannot be considered responsive to the unique needs of this family. (See *In re Kristin W.* (1990) 222 Cal.App.3d 234, 254 [“A reunification plan ‘ ‘must be appropriate for each family and be based on the unique facts relating to that family” ’ ”].)

We must reject Mother’s argument. The purpose of reunification services is to “facilitate the return of a dependent child to parental custody.” (*In re Karla C.* (2010) 186 Cal.App.4th 1236, 1244.) The “ ‘adequacy of reunification plans and the reasonableness of the [Agency’s] efforts are judged according to the circumstances of each case.’ [Citation.] To support a finding reasonable services were offered or provided, ‘the record should show that the supervising agency identified the problems leading to the loss of custody, offered services designed to remedy those problems, maintained *reasonable* contact with the parents during the course of the service plan, and made *reasonable* efforts to assist the parents in areas where compliance proved difficult. . . .’ [Citation.]” (*Tracy J. v. Superior Court* (2012) 202 Cal.App.4th 1415, 1426.) “In almost all cases it will be true that more services

could have been provided more frequently and that the services provided were imperfect. The standard is not whether the services provided were the best that might be provided in an ideal world, but whether the services were reasonable under the circumstances.” (*In re Misako R.* (1991) 2 Cal.App.4th 538, 547; see *Alvin R.*, *supra*, 108 Cal.App.4th at p. 972 [“reunification services need not be perfect”].)

The Agency is required “to ‘make a good faith effort to develop and implement a family reunification plan . . . [with] the objective of providing such services or counseling ‘as will lead to the resumption of a normal family relationship.’ ” [Citation.]” (*In re Jasmon O.* (1994) 8 Cal.4th 398, 424.) In this case, we conclude the Agency designed an appropriate reunification plan for the children once they were detained, and a family maintenance plan for the children when they remained in the home, including a psychological evaluation for Mother, individual and family therapy for the children, and participation by Mother in a parenting program to help her acquire better parenting skills.

Dr. Choi’s psychological evaluation took place at the end of September 2013, shortly before the four remaining children were removed from Mother’s care. Dr. Choi recommended that Mother undergo a neurological examination and neuropsychological assessment to “rule out” and “clarify the extent” of potential traumatic brain injury. The Agency then added this recommendation to the case plan in December 2013 and referred Mother to Foster Care Mental Health for the neurological examination and neuropsychological assessment. The neurological exam took place in July of 2014, although Mother’s inability to remember the doctor’s name and her failure to sign releases caused a three-month delay in the Agency’s obtaining the results. The neurologist performing the examination opined that Mother’s cognitive deficits are “long-standing” and “developmental.” There was no indication that her parenting deficits were caused by traumatic brain injury. Neither the psychologist nor the neurologist offered any specific hope that the neuropsychological assessment would identify additional services to help the family reunify. Likewise, Mother has offered no evidence to suggest that any psychological deficiencies affecting her parenting could be remedied if they were determined to be the result of a traumatic brain injury.

While the recommended neuropsychological assessment had not been performed at the time services were terminated, it is clear that Mother was provided with a broad range of appropriate services tailored to this family, including individual and family therapy, TBS services, a CASA for the children, parenting classes, psychiatric care and psychotropic medication for Mother and the children, and psychological and neurological evaluations for Mother. She was given plenty of time to adapt to those services. She was also referred to a support group for victims of domestic violence and offered an EEG, although it is not clear from the record whether she took advantage of these services. She was consistently provided with visitation services, including therapeutic visitation, and was given help with transportation to the visits. The protective services worker even helped to orchestrate a change in housing for the family so that they could move from Hunter's Point to Hayes Valley, a safer neighborhood where they could get away from the neighbor who had attacked C.L.

It is also quite clear that, between the time the Agency called for a neuropsychological assessment in December 2013 and the order terminating services in February 2015, the crisis enveloping Mother's children deepened and grew more acute. E.L. and J.L., in particular, had—and still have—significant special needs requiring attention and skills that Mother does not possess and has not been able to acquire despite more than two years of services. Given these circumstances, we find in the record more than sufficient evidence to support the trial court's finding that reasonable services were provided or offered. Reluctantly but unavoidably, we conclude that in light of Mother's many challenges and her less than consistently fully engaged response to the services offered, the failure to refer her for a neuropsychological assessment did not render the reunification services actually provided less than reasonable.

The dependency process begins with the objective of maintaining the family unit intact, if possible, consistent with the children's welfare, but the parent's opportunity to rectify the problems is time-limited. (§ 361.5, subd. (a); *Guardianship of Christian G.* (2011) 195 Cal.App.4th 581, 598, 601.) Over time the focus necessarily shifts, and the goal of stability and permanency for the children takes precedence over family maintenance. (*In*

re Stephanie M. (1994) 7 Cal.4th 295, 317.) In this case, Mother was given significant services to help her establish control over the children and to meet their current needs, first in pursuit of family maintenance and then in the hope of reunification. To the extent she was unable to take advantage of the services offered, that appears to be a sad but inevitable consequence of her continuing involvement in relationships with abusive partners. And to the extent neuropsychological impairment may have contributed to or compounded her inability to avail herself effectively of those services, there is no indication that that might change, at least any time soon. We find no meaningful evidence to support the view that Mother’s continuing involvement in unhealthy relationships finds any basis in a treatable neuropsychological condition and no reason to believe an additional neuropsychological assessment or six more months of services would lead to Mother’s reunification with E.L. and J.L. Given the efforts that have been made over the past three years to maintain and reunify this family, we do not agree with Mother’s assessment that the “Agency is to blame” for her inability to make the necessary adjustments in her parenting style.

DISPOSITION

The petition for extraordinary writ is denied. Our decision is final as to this court immediately under rule 8.490(b)(2)(A) of the California Rules of Court.

Streeter, J.

We concur:

Ruvolo, P.J.

Rivera, J.