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IN THE COURT OF APPEAL OF THE STATE OF CALIFORNIA

FIRST APPELLATE DISTRICT

DIVISION FIVE

A.R.,

Petitioner,

v.

THE SUPERIOR COURT OF SOLANO
COUNTY,

Respondent;

SOLANO COUNTY HEALTH AND
SOCIAL SERVICES DEPARTMENT
et al.,

Real Parties in Interest.

A144401

(Solano County
Super. Ct. No. J42420/A)

T.R., a neglected and severely abused month-old child, was taken from the custody of A.R. (Mother), herself a troubled and apparently neglected minor. At the six-month review hearing, the juvenile court terminated services to Mother, found that return of T.R. to her custody would be detrimental, and set a hearing under Welfare and Institutions Code section 366.26¹ to consider termination of parental rights. Mother contends the court abused its discretion in terminating services because she was not provided reasonable services tailored to her circumstances. We affirm.

I. BACKGROUND

When T.R. was born, Mother was 16 years old and his father (Father) was 18 years old. Mother had moved in with Father and his relatives while she was pregnant.

¹ Undesignated statutory references are to the Welfare and Institutions Code.

Within six weeks of birth, T.R. had suffered multiple serious injuries. On March 6, 2014, Mother and Father took T.R. to a scheduled doctor's appointment with swelling and discoloration to his left cheek and a popped blood vessel in his left eye. Mother reported that T.R. had an allergic reaction to a relative's perfume, but doctors opined that the injuries likely resulted from trauma such as a slap to the face. Mother later reported that prior to seeing T.R.'s injuries, she heard him scream while in Father's care in another room. On March 13, T.R. was taken by ambulance for emergency medical care because the outer one-third of his nose had been severed from his face. Mother reported that the injury occurred when Father had a seizure while T.R. was on his lap and she was out of the room. Police who responded to the parents' home found the severed tissue, and T.R. underwent reattachment surgery several hours later. A physician opined that T.R. would likely sustain permanent facial disfiguration and require several additional reconstructive surgeries. Father reportedly later confessed to police, and admitted to Mother, that he had bitten T.R.'s nose and then pulled off the severed portion of tissue. Father was arrested and charged in connection with the incident.

Medical examinations on March 13, 2014, disclosed additional injuries. T.R. had a deep cut on his finger, which Mother first claimed was caused by Father's fingernail but later admitted Father had bitten the finger. T.R. had a skull fracture, bruises on his scalp, and bleeding in the brain on the left side of his head, which were most likely caused by being punched or slammed against a wall. The bruise on T.R.'s brain was described as a "traumatic brain injury." T.R. also suffered a broken clavicle, an upper arm fracture, and 12 to 15 rib fractures, which were caused by violent squeezing and a blow to the front of the body. A physician opined that T.R. would likely suffer long-term developmental and mental delays as a result of his injuries. Mother reported having noticed in prior weeks that T.R. had bruising on his knees and blood in his vomit, as well as having found the baby screaming several times while in his Father's care. Hospital staff reported that Mother said Father had bitten T.R.'s penis and urinated in his face, and she had also asked if Father might have suffocated T.R. with a blanket.

A. *Dependency Case*

On March 14, 2014, Solano County Health and Social Services Department (the Department) filed a juvenile dependency petition on behalf of T.R. pursuant to section 300, subdivisions (a) (serious physical harm), (b) (failure to protect), and (e) (serious physical harm to a child under five years old). A March 20 amended petition expanded the allegations to include not only the injuries sustained or discovered on March 13, but also those reported on March 6 and Mother's reports of prior signs of injuries (sudden crying, bruises, bloody vomit). T.R. was detained and placed in a foster home upon his release from the hospital.

The Department's jurisdiction and disposition report noted that Mother was removed from her own parents' care at age three, returned five months later under a family maintenance plan, and her case terminated about 18 months after return. No details were available at the time of the report, and Mother did not recall or know the reasons for her removal. However, she reported that her father (Grandfather) often punched her, hit her with extension cords, and forced her to kneel on rice. He also had abused her mother (Grandmother). Mother's parents apparently separated when she was in middle school. Mother claimed her parents did not object to her moving in with Father. Grandfather said he opposed the move, but he was unable to force her to return home.

In an April 8, 2014 interview, Mother told the social worker that she had no reason to suspect abuse of T.R. before March 13, and she denied having physically abused T.R. herself. She said she did not trust Father anymore and planned to get a restraining order against him if he was released from custody. Father's family reportedly was threatening her, and she was somewhat worried for her safety.

Mother admitted smoking marijuana during the last three months of her pregnancy and "almost daily" after T.R.'s removal. She acknowledged "she may have a problem with marijuana, as she could not stop using after [T.R.'s] birth." Grandfather reported that Mother held a car wash on T.R.'s behalf after his removal and used the money to buy a phone, clothing, hair and nail care, and marijuana. Near the time of the car wash, he

said Mother attended a party where four teenagers were shot, and she sounded highly intoxicated when he called to check on her. Mother was asked to submit to substance abuse testing on an ongoing basis and given initial referrals to other services. She attended her twice-weekly visits with T.R. and appeared bonded and loving with the baby.

The Department took the position that Mother could be denied services under section 361.5, subdivision (b)(5) because she may have caused some of T.R.'s injuries herself, and at a minimum she "knowingly failed to protect" T.R. from abuse by Father. However, the Department "cautiously recommend[ed] . . . services unless additional information is provided during the continued investigation that suggests she caused injuries to [T.R.] or knew for certain that [he] was being abused. . . . [Mother] is a very young and is still a maturing parent who the Department believes could possibly benefit from services. In addition, [she] will likely have more children and the hope is that services offered as a result of this incident will allow [her] to grow and be a successful parent and member of society."

At the jurisdiction and disposition hearing, Mother and Father submitted on the reports. The amended petition's allegations were sustained with the exception of a section 300, subdivision (a) allegation that suggested Mother might have inflicted T.R.'s injuries. T.R. was removed from his parents' care; reunification services were ordered for Mother and denied for Father. An interim review hearing was scheduled for September 9, 2014, and a six-month hearing was scheduled for December 9.²

B. *Reunification Services*

The service objectives of Mother's case plan required her to "1. Show that you will not permit others to physically abuse your child(ren). [¶] 2. Stay free from illegal drugs and show your ability to live free from drug dependency. Comply with all required drug tests. [¶] 3. Consistently, appropriately and adequately parent your child(ren)." The

² At the December 9, 2014 hearing, Mother requested that the six-month review hearing be set for contest. The contested hearing took place on January 15 and February 6, 2015.

plan specifically required Mother to complete mental health and substance abuse assessments and to follow recommendations for treatment, undergo drug testing, and participate in services to enhance her relationship with T.R., including parenting classes, visitation with T.R., and attendance at T.R.'s medical appointments.

1. *Mother's Periods of Apparent Homelessness*

After the dependency petition was filed, Mother apparently left Father's home. The Department gave Mother a referral for housing assistance, but Mother said she was "not homeless as she can return to [Grandmother's home and] . . . it is easier for her to stay from friend to friend as she continues to attend school in Fairfield."

The social worker lost contact with Mother in late June and July 2014. Mother did not show up for a scheduled meeting at Grandmother's home on June 24. On July 7, Mother's phone was out of service. On July 30, Grandmother confirmed that Mother's phone was out of service. On July 31, the social worker made an unannounced visit to Grandmother's home but Mother was not there. The social worker finally met with Mother on August 6 and September 3. While the Department was concerned about Mother's living conditions, both she and Grandmother apparently assured the Department that they continued to live together.

A new social worker was assigned to Mother's case on October 3, 2014. On October 24, Mother disclosed that she was homeless and "had nowhere to go; . . . had no friends or family to turn to." When living with Grandmother, Mother said she was locked out of the apartment when Grandmother was at work or sometimes after they argued. On those occasions, she usually stayed with friends or a relative, but occasionally stayed out all night without anywhere to go. In mid-November, Grandmother said Mother was not living with her, and the Department's December 2014 six-month report stated that Mother had no fixed address and no income.

2. *Parenting Classes*

Mother completed parenting classes, although "[o]n June 16, 2014 [she] began struggling to attend her final session and assessment and . . . missed several appointments." She ultimately received her certificate of completion on June 20, 2014.

3. *Services Involving T.R.*

During the initial six-month reunification period, Mother attended eight supervised visits with T.R. in April 2014, five in May, and two in June. She missed some visits due to transportation problems, but was very attentive to T.R. when she attended. Therapeutic visits between Mother and T.R. began in about mid-June. Mother attended 11 of 16 therapeutic visits. On occasion, she fully engaged with T.R., but she often acted withdrawn, had a flat affect, or became combative with the therapist. Mother frequently forgot to bring diapers, food and toys as required, and she caused T.R. distress during one visit and fell asleep during another. The therapist opined that Mother was immature and T.R. did not feel secure with her. Mother also attended T.R.'s individual therapy sessions, where her engagement was superficial, although punctuated by moments of genuine intimacy. Because Mother missed some sessions due to transportation difficulties, T.R.'s individual therapy sessions were rescheduled for evenings to facilitate her participation. Mother expressed frustration at having to attend T.R.'s therapy sessions in addition to her therapeutic visits with him. Mother did not attend any of T.R.'s medical appointments.

In the two-month interim between the end of the initial six-month reunification period and the conclusion of the contested six-month hearing, therapeutic visits between Mother and T.R. were terminated because she arrived at one visit with a man who appeared high on drugs, fell asleep in the reception area, and could not be roused. Mother also reportedly took things from refrigerators at the visitation site, said she might run away with T.R., and suggested she might commit suicide. After therapeutic visits stopped, supervised visits at Department offices were arranged with transportation personally provided by the social worker. Mother attended eight to 10 supervised visits (and missed two). Therapists who observed these visits reported that Mother lacked empathy for the abuse T.R. experienced and did not consistently engage with him. The social worker testified that, at the visits she observed, Mother was very concerned with T.R.'s safety, but did not play with T.R. or kiss or otherwise nurture him.

4. *Mental Health Services*

On March 21, 2014, Mother was referred to the Fairfield Family Resource Center (FRC) for a mental health assessment and was told to contact her private health insurer (Kaiser), “[i]f for some reason [FRC] cannot assist” her.³ At some point, Mother contacted FRC and was referred for a mental health assessment. However, FRC reported that Mother “declined to pursue her referral at the time because mental health services were being pursued elsewhere.” Mother “expressed her frustration with counseling in conversations with social workers, and in a meeting . . . on August 6, 2014, she questioned its necessity. [She] stated that counseling she had received prior to the Department’s involvement had left her feeling judged, and this was a barrier to her participation” In early September, the Department noted that Mother said she knew how to access counseling at Kaiser, and that “[i]n addition to services available to [Mother] through [Kaiser], individual counseling services are available to [her] through Child Haven. . . . [O]n August 27, 2014, . . . [Mother] did not attend the scheduled appointment [at Child Haven].”

In October 2014, Mother agreed to complete the mental health assessment, and the Department again referred her to Child Haven. Mother made four appointments in October that she did not attend. She cited transportation problems and said bus passes provided by the Department did not solve the problem because bus service was unreliable and some of her passes had been stolen. Child Haven scheduled an appointment with the evaluator at Mother’s home so she would not have to travel, but Mother was not home when the evaluator arrived. As of the December 9 status review report, Mother had participated in two in-person meetings and one phone session with a Child Haven therapist, but the therapist had not been able to complete an assessment or make recommendations for treatment.

³ Much later, in about November 2014, the Department learned that Mother’s Kaiser plan was very limited and did not cover services for mental health or substance abuse issues.

In the interim period, the social worker scheduled Mother's therapy sessions in tandem with her visits with T.R., and the social worker personally provided Mother with transportation to both. Child Haven had three in-person sessions with Mother in December 2014, including a session to transition her to a new therapist because the prior therapist was leaving the agency. As of February 6, 2015, Mother had participated in two one-on-one sessions with the new therapist and had missed two scheduled appointments. The new therapist had not yet built a rapport with Mother. However, both therapists had reported that they suspected Mother suffered from depression and post-traumatic stress syndrome.

When Mother was informed in about December 2014 that the Department planned to recommend termination of services, she mentioned suicide to the social worker and her supervisor. The social worker testified, "My supervisor explored [Mother's] suicidal thoughts, and afterwards we determined . . . they were . . . not a genuine expression that she would go and kill herself. . . . And we continued to pursue the mental health services through Child Haven" Mother was not referred for a psychological evaluation performed by a psychologist or psychiatrist (as distinct from a mental health assessment performed by a clinician).

5. *Substance Abuse Treatment*

The Department indicated that, in light of Mother's admitted marijuana use, a substance abuse assessment was "critically important." Mother was initially referred, on April 8, 2014, to the Behavioral Health Assessment Team (BHAT) for the substance abuse evaluation, but BHAT did not provide substance abuse services to minors. On May 12, 2014, FRC referred Mother to the Adolescent Drug and Alcohol Prevention Treatment program (ADAPT) in Vallejo, which serves minors. The ADAPT program director agreed to give Mother priority for three months of weekly one-on-one substance abuse counseling concurrently with an assessment for a 12-step program. Several appointments were made for Mother with a substance abuse therapist, but she failed to show up for any of them.

As previously noted, the Department lost contact with Mother in June and July 2014. Mother failed to show up for a scheduled meeting at her home on June 24 to discuss her progress with her case plan and substance abuse assessment. She was not at home when the social worker attempted an unannounced meeting on July 31. When contact was finally made on August 6, Mother acknowledged that she was using marijuana to cope with the dependency case and had not participated in assessment or treatment for substance abuse. She claimed marijuana was not a problem for her, questioned the need for substance abuse treatment, and asked the social worker how she could get a medical marijuana card. The social worker suggested Mother seek substance abuse treatment through Kaiser. Mother tested positive for marijuana on August 11, and on September 3 the social worker confirmed that Mother had contact information for BHAT and Kaiser.⁴ The minute order for a September 9 interim status review hearing states: “The Dept. shall give the Mother a referral for Substance Abuse Counseling Assessment. The Dept. to look into Transportation for the Mother.”⁵

On October 1, 2014, Mother confirmed continued marijuana use. On October 29, the newly-assigned social worker encouraged Mother to contact ADAPT. Mother did so on October 30, but ADAPT was closing and treating only clients already in its program. In November, Mother admitted using crack cocaine twice a week and said she would get clean once T.R. was returned to her care. Grandmother told the social worker that Mother was using both cocaine and heroin and needed help. On November 7, Mother tested positive for methamphetamine and amphetamine. The social worker searched for other appropriate substance abuse treatment programs and discovered that no other adolescent substance abuse programs were available in the county. She did not search for residential programs that might serve Mother.

⁴ As noted *ante*, BHAT did not serve minors and the Department later learned Mother’s Kaiser coverage did not include substance abuse treatment.

⁵ A transcript of the September 9, 2014 hearing is not included in the appellate record.

During the interim period, when the social worker was personally transporting Mother for visitation and therapy, Mother asked to be picked up outside a “bando house,” which Mother described as an abandoned house where people take drugs, and on another occasion said she unavailable for a visit because she was “detoxing.” At some point, the therapeutic visit therapist gave Mother contact information for the Larkin Street Youth Center in San Francisco. The center provided a number of programs to help teens on the streets, but the social worker did not know if it offered mental health or substance abuse treatment. Mother told the social worker that she had contacted the center and met with some program representatives at her home. The social worker requested that Mother provide her with their contact information so the services offered to Mother could be discussed, but Mother failed to provide that information.

C. Juvenile Dependency Petition on Mother’s Behalf

On October 24, 2014, when Mother told the newly-assigned social worker of her homelessness, the social worker apparently immediately made referrals to the Department’s emergency response unit. A few weeks before the February 6, 2015 hearing in T.R.’s dependency case, the Department filed a juvenile dependency petition on Mother’s behalf seeking her removal from Grandmother’s care. Mother, however, apparently had not been taken into protective custody as of February 6, and had failed to appear for the initial hearing in her own dependency case.⁶ At her last visit with T.R. prior to the February 6 hearing, there reportedly was “an active protective custody warrant with regards to [Mother], and [she] refused to enter care at that time. And she indicated that she didn’t want the [D]epartment’s involvement in her life.” The social worker testified, “I’ve had various . . . social workers[] talk to [Mother] about the benefits of becoming a foster child. And she is adamant that she doesn’t want to” submit to detention.

⁶ Mother appeared for the first day of the contested six-month hearing in T.R.’s case on January 14, 2015, but she did not appear for the second day of the hearing on February 6.

D. *Six-Month Review Hearing and Termination of Services*

In its December 2014 status review report, the Department recommended termination of services for Mother. It determined that T.R. would be at “very high risk” if returned to Mother’s care, and assessed Mother’s progress with her case plan as minimal. The Department noted that Mother had failed to attend substance abuse assessment appointments, did not seek treatment when it was available, and had demonstrated reluctance in seeking mental health treatment. “If services were to be continued, there is little evidence to suggest that [Mother’s] life circumstances would change and support an appropriate engagement in her reunification services. [¶] . . . [¶] A persistent apathy in engaging with the requirements of the reunification case plan clearly demonstrates that [Mother] is unwilling to accept that her current lifestyle cannot nurture nor protect a child.”

Evidence summarized *ante* was presented at the contested six-month review hearing on January 15 and February 6, 2015. At the hearing’s conclusion, Mother’s counsel argued the Department had provided only generic referrals to agencies with which it ordinarily contracts, and it had failed to provide reasonably-tailored services for Mother. Counsel insisted that the Department failed to modify Mother’s case plan to increase substance abuse services when her drug use dramatically increased, failed to provide her with reasonable mental health services, and failed to refer her for psychiatric evaluation when she expressed suicidal thoughts. “[K]nowing especially that [Mother] is a teen mother, what the [D]epartment did was bare minimal. ‘Bare minimal’ does not equate to ‘reasonable services.’” The Department argued it had provided reasonable substance abuse treatment and mental health services, Mother had not availed herself of those services, no psychiatric evaluation was warranted, and Mother’s housing situation had only recently come to light.

The court found the Department had offered or provided reasonable services. “[T]he services available to a minor are not the same as the services that are available to adults, which is a very interesting problem. [¶] Well, the requirement is that reasonable services have been offered. I don’t think the law is that new services have to be created,

and particularly if the financial resources don't exist to do that. I wish we had more services available. [¶] But, it appears to me, from the evidence in this case, that all of the services that actually exist for this mother, that she received referrals for those. [¶] . . . [T]hey didn't refer her for a [section] 5150 hold . . . when she expressed some suicidal ideations. And that was based upon an evaluation by the social workers that it was not a genuine suicide threat. And, well, which, you know, seems to be borne out by the facts in this case, in that there's absolutely no evidence that there's ever been an attempt of any kind, up until today. And given that, even if the [section] 5150 referral had been made, she would have been held for 72 hours and then apparently released. [¶] So it appears to me that, by clear and convincing evidence, reasonable services were offered to her.”

The court found by clear and convincing evidence that Mother did not participate regularly in services and that she did not make substantial progress in her case plan. The court further found that return of T.R. to Mother's custody would create a substantial risk of detriment to his safety and well-being, and that given Mother's housing situation, substance abuse and mental health issues, there was no substantial probability that T.R. would be returned to her within six months.⁷ The court terminated reunification services and set a section 366.26 hearing for June 2, 2015.

II. DISCUSSION

Parents ordinarily have 12 months to reunify with children who have been removed from their care. (§ 361.5, subd. (a)(1)(A); *Katie V. v. Superior Court* (2005) 130 Cal.App.4th 586, 595, fn. 4.) However, for a child under three years of age at the time of removal, court-ordered services “shall be provided for a period of six months from the dispositional hearing . . . , but no longer than 12 months” (§ 361.5, subd. (a)(1)(B).) “The shortened reunification period was meant ‘to give juvenile courts greater flexibility in meeting the needs of young children, ‘in cases with a poor prognosis for family reunification’” [Citation.] It also represents a legislative determination

⁷ Mother does not contest these findings and challenges only the court's determination that she received reasonable services.

that in certain situations, efforts to continue reunification services beyond the statutorily-mandated six months do not serve and protect a minor's interest. [Citation.]” (*In re Jesse W.* (2007) 157 Cal.App.4th 49, 59.) However, the court *must* order additional services for the parent of such a young child at the six-month hearing if it finds that reasonable services have not been provided. (§ 366.21, subd. (e) [“the court *shall* continue the case” (italics added)])

The Department was required to prove, by a preponderance of the evidence, that reasonable reunification services were provided or offered to Mother. (See *In re Misako R.* (1991) 2 Cal.App.4th 538, 547–548 [where standard of proof not specified, as in § 366.21, subd. (f), preponderance standard applies]; *In re Precious J.* (1996) 42 Cal.App.4th 1463, 1478 [agency bears the burden of proof].) “ ‘In reviewing the reasonableness of the services provided . . . this court must view the evidence in a light most favorable to the [Department]. We must indulge in all legitimate and reasonable inferences to uphold the verdict. If there is substantial evidence supporting the judgment, our duty ends and the judgment must not be disturbed.’ [Citation.]” (*Christopher D. v. Superior Court* (2012) 210 Cal.App.4th 60, 70.) On appeal, Mother “has the burden to demonstrate that there is no evidence of a sufficiently substantial character to support the juvenile court’s order. [Citation.]” (*Ibid.*)

“ ‘ ‘Reunification services implement ‘the law’s strong preference for maintaining the family relationships if at all possible.’ . . . ” . . . The department must make a “ ‘ ‘good faith effort” ’ ” to provide reasonable services responsive to the unique needs of each family. . . . “[T]he plan . . . must be designed to eliminate those conditions which led to the juvenile court’s jurisdictional finding. . . .” . . . The effort must be made to provide reasonable reunification services in spite of difficulties in doing so or the prospects of success. . . . The adequacy of the reunification plan and of the department’s efforts to provide suitable services is judged according to the circumstances of the particular case “[T]he 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” [Citations.]” (*In re K.C.* (2012) 212 Cal.App.4th 323, 329–330.) “When reunification services are ordered, the reunification plan ‘must be specifically tailored to fit the circumstances of each family [citation]’ [Citation.]” (*In re Precious J., supra*, 42 Cal.App.4th at p. 1474; *In re Misako R., supra*, 2 Cal.App.4th at p. 545 [“[e]ach reunification plan must be appropriate to the particular individual and based on the unique facts of that individual”].)

Here the Department identified Mother’s substance abuse issues and possible mental health issues at the outset, and attempted to provide her resources to address these matters. While the resources were more limited since Mother was a minor herself, they were not unavailable. Mother was initially referred for a mental health evaluation through the FRC in March 2014, shortly after T.R.’s detention, but she declined to pursue the referral given to her because she insisted that “mental health services were being pursued elsewhere.” Six months later, in September 2014, Mother still expressed reluctance to undergo a mental health assessment and said she knew how to access counseling through Kaiser. It was not until October that Mother finally agreed to complete a mental health assessment, but she then failed to attend multiple appointments, purportedly due to transportation problems. When the evaluator scheduled an appointment at Mother’s home so she would not have to travel, Mother did not show up. Mother only attended two in-person therapy sessions when the social worker personally transported her to and from them. As a consequence, no assessment or recommendations for treatment could be made as of the December 2014 status review report.

Similarly, Mother not only ignored attempts to get her treatment for her escalating substance abuse, but resisted those efforts. While Mother’s initial April referral to BHAT was not appropriate due to her age, Mother was then referred in May to the ADAPT program, which served minors, and the program director had agreed to give Mother priority for regular one-on-one substance abuse counseling and to assess her for a 12-step program. Mother again failed to show up for any of the several appointments made for her. In August, after losing contact with the Department for nearly two months, Mother

questioned the need for any substance abuse treatment, and asked the social worker how she could get a medical marijuana card. By the time Mother belatedly agreed to again contact the ADAPT program, it was no longer available to new clients. The evidence is clear, however, that had Mother participated in services when first referred, she would have received the required evaluation and counseling, and she would have been eligible for continued services if needed. Mother contends that subsequent efforts to identify age-appropriate treatment alternatives for her were insufficient, but Mother, as of the time of the review hearing, had failed to provide the Department with requested contact information to determine if an out-of-county program to which she had been referred was suitable. While we do not question that the Department would have been required to identify other viable treatment alternatives had the court decided to continue services, that does not mean that the services that were offered to Mother during the initial six-month term were inadequate.

Mother's own status as a neglected and possibly abused minor, and her apparent periods of homelessness, undoubtedly complicated the Department's efforts to assist her. Mother faults the Department for failing to take these circumstances into account in tailoring her case plan. Such criticism appears misplaced when Mother herself withheld information about her living arrangements, and both Mother and Grandmother assured the Department that Mother was living with Grandmother. Mother did not disclose her homelessness until October 24, after which the social worker immediately made referrals to the Department's emergency response unit. The Department filed a juvenile dependency petition on Mother's behalf, but Mother refused to enter care and a protective custody warrant had to be issued. Despite being advised of the benefits of becoming a foster child, Mother was adamant that she did not want to submit to detention and insisted that she did not want the Department's "involvement in her life." "[R]eunification services are voluntary, and cannot be forced on an unwilling or indifferent parent. [Citation.]' [Citation.]" (*In re Christina L.* (1992) 3 Cal.App.4th 404, 414.) Moreover, whatever Mother's circumstances, "[s]ome capacity on the part of the parent to comply with an appropriate reunification plan is presumed." (*Id.* at p. 415.)

The record demonstrates that the Department identified the problems leading to loss of custody, offered services designed to remedy those problems, maintained reasonable contact with Mother during the course of the plan, and made reasonable efforts to assist Mother in areas where compliance proved difficult. (See *In re K.C.*, *supra*, 212 Cal.App.4th at pp. 329–330.) 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.’ [Citation.]” (*Tracy J. v. Superior Court* (2012) 202 Cal.App.4th 1415, 1426.) Substantial evidence supports the court’s finding that the services provided to Mother were reasonable.

III. DISPOSITION

The petition for peremptory writ of mandate is denied. This opinion shall be final as to this court immediately pursuant to rules 8.452(i) and 8.490(b)(2)(A) of the California Rules of Court.

BRUINIERS, J.

WE CONCUR:

SIMONS, Acting P. J.

NEEDHAM, J.