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

In re BROOKLYN W., A Person Coming  
Under the Juvenile Court Law.

TIFFANY S.,

Petitioner,

v.

THE SUPERIOR COURT OF SOLANO  
COUNTY,

Respondent;

SOLANO COUNTY HEALTH AND  
SOCIAL SERVICES DEPARTMENT,  
CHILDREN'S SERVICES

A147819

(Solano County Super. Ct.  
No. J40952)

Petitioner Tiffany S. (Mother), mother of 13-year-old Brooklyn W., seeks review by extraordinary writ, pursuant to California Rules of Court, rule 8.452,<sup>1</sup> of the juvenile court's orders terminating reunification services and setting the matter for a permanency planning hearing, pursuant to Welfare and Institutions Code section 366.26.<sup>2</sup> Mother's sole contention is that the court should have extended her reunification services because the Solano County Health and Social Services Department, Children's Services

<sup>1</sup> All further rule references are to the California Rules of Court.

<sup>2</sup> All further statutory references are to the Welfare and Institutions Code.

(Department) did not provide reasonable services, specifically by failing to help her obtain mental health services. We shall deny the petition for extraordinary writ.

### **FACTUAL AND PROCEDURAL BACKGROUND<sup>3</sup>**

In a previous dependency case involving Mother and her three daughters—Brooklyn, A.R., and M.K.—the Department filed an original petition on July 6, 2011, pursuant to section 300, subdivision (b). On August 29, 2011, the juvenile court amended the petition and sustained the following allegations: “(b-1) On or about 07/03/2011 and on prior occasions, the children’s home was found to be in unsafe and unsanitary conditions, including but not limited to the home being 107 degrees Fahrenheit with no open windows or other air circulation, limited food, excessive trash on the floors blocking walkways, feces smeared on the bathroom floor, prescription medicine, chemicals, and knives within the reach of the children and exposed electrical wiring. These conditions place the children . . . at substantial risk of serious physical harm. ¶ (b-3) [Mother] . . . has mental health issues that periodically impair her ability to meet the needs of the children . . . as evidenced by the mother’s lack of supervision of the children, the children’s poor school attendance, [Mother’s] inconsistent follow through with the children’s medical and mental health needs, and [Mother’s] inaccurate reporting of the children’s medical and mental health statuses.” Brooklyn was placed in foster care and Mother participated in reunification services. On April 5, 2012, the juvenile court terminated jurisdiction with respect to Brooklyn and her two half sisters, and Brooklyn returned home.

In the present case, the Department filed a petition on April 7, 2014, pursuant to section 300, subdivisions (b) and (g) and, on June 13, 2014, the juvenile court amended the petition and sustained the following allegations:

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<sup>3</sup> Because Mother’s claim relates only to the reasonableness of the mental health-related services provided by the Department, the factual background will focus primarily on the facts relevant to this claim.

“[Mother] has a history of mental health needs that periodically impair her ability to meet the needs of her children . . . , as evidenced by Mother’s lack of supervision of the children, the children’s poor school attendance, and [Mother’s] inaccurate reporting of Brooklyn’s mental health status. All three minors were made dependents of the Juvenile Court on 10/11/2011 and [Mother] received court ordered services designed to address the aforementioned issues from 10/11/2011 through 04/05/2012. Despite receiving said services, these same issues currently persist. [Mother] continues inaccurate reporting of Brooklyn’s mental health status; wanting Brooklyn to remain hospitalized for an extended amount of time despite medical professionals indicating that she does not need to be, and the children continue to have poor school attendance, having missed the majority of the current school year. [Mother] also continues a lack of supervision of her children as evidenced by allowing [A.R.] and Brooklyn to be home alone despite Brooklyn making threats to kill [A.R.] Such actions by the Mother place the children . . . at substantial risk of physical harm or illness. [¶] . . . [¶]

“Subsequent to Brooklyn being placed on a 5150 hold on 04/01/2014, [Mother] refused to pick up Brooklyn from Mental Health Crisis upon her discharge date, and did not make alternate arrangements for the child’s care. Such behavior by [Mother] places the child . . . at substantial risk of physical harm or illness.”

Also on June 13, 2014, the court ordered Brooklyn’s placement in foster care and reunification services for Mother.<sup>4</sup> Mother’s case plan included, inter alia, the requirements that Mother participate in a mental health evaluation and individual therapy.

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<sup>4</sup> A.R. was placed in Mother’s home with family maintenance services and M.K. was placed with her father.

Mother appealed the juvenile court’s dispositional orders, contending that when the court found that reasonable efforts had been made by the Department to prevent the removal of Brooklyn from her mother’s custody, it failed to state on the record or in its written findings and orders, what evidence supported this finding, as required by section 361, subdivision (d). On August 11, 2015, a panel of this Division found that any error by the juvenile court in failing to articulate the evidence supporting its finding was

In a special interim review report filed on July 29, 2014, the social worker reported that Mother was not compliant with her case plan. She had not confirmed with the social worker that she was enrolled in therapy as she had not made herself available to the Department. The Department was concerned that Mother was difficult to contact. The Department recommended continued reunification services for Mother.

In the status review report for the six-month review hearing filed on December 2, 2014, the social worker reported that Brooklyn was in fifth grade, was smart and developmentally on target for her age, and was in a special education class with an individualized educational program for emotional disturbance. Brooklyn's foster mother had consistently supported Brooklyn's mental health services and was collaborating with the Solano County Mental Health Full Service Partnership (FSP) staff. Brooklyn had a positive bond with her foster mother and other children in the home, and was responding well to the structure and nurturing provided by the foster mother.

Brooklyn was also receiving regular mental health services and medication management. In January 2014, she and her family had been referred to the FSP program for intensive mental health services. Mother met twice with FSP staff, who offered the following services: individual therapy for Brooklyn; family therapy; individual rehabilitation services for Brooklyn; and "Parent Partner" services for Mother to support her with parenting skills, to assist in linking her to community resources, to coordinate services with other agencies, and to support her with implementing Brooklyn's treatment plan goals. In March 2014, Mother informed the FSP team that she did not need a Parent Partner and declined those services. She also had canceled and routinely did not show up for scheduled FSP sessions; "therefore, FSP staff continues to be unable to provide intensive services" to Mother.

The Department had referred Mother "on a monthly basis" to Solano County Mental Health Services for a mental health assessment. Mother told the social worker

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harmless and affirmed the juvenile court's dispositional orders. (*In re Brooklyn W.* (Aug. 11, 2015, A142728 [nonpub. opn.] )

that she did not want the assessment done by that agency because she thought it was biased; she believed it and the Department were working together. She was therefore asked to provide the name and credentials of a private therapist for Department approval by November 7, 2014, but she failed to do so. Mother continued to deny that she has mental health issues and reported that she has a degree in psychology. She also disclosed that she had been diagnosed with depression and was taking prescribed medication.

Mother had weekly supervised visitation with Brooklyn, which had become more consistent. Brooklyn had told the social worker that she would like to continue in foster care and have visits with her family. She also expressed the desire to be adopted by her current foster mother.

Mother's participation in her case plan was minimal, and the Department was "highly concerned with the stability of [Mother's] mental health and her ability to meet the needs of Brooklyn if she is not able to address her own mental health." The Department recommended that Brooklyn remain in foster care and that Mother receive six additional months of reunification services. The Department also recommended that A.R. remain in Mother's home, that M.K. remain in her father's home, and that the court terminate jurisdiction as it pertained to those two children.

After the six-month status review hearing was repeatedly continued, the social worker filed another status review report on May 19 2015, this time for the six- and 12-month status review. Brooklyn's teacher had described Brooklyn as " 'conscientious,' " with " 'a positive attitude toward school' " and " 'a strong enthusiasm for learning.' " Brooklyn continued to struggle with behaviors such as impulsivity, opposition, and anger. She had decreased the number of tantrums with the assistance of her therapists and foster mother. Her tantrums were primarily triggered by Mother, and it was believed that she might need additional support in individual therapy to address her feelings regarding Mother. Brooklyn's foster mother was "dedicated to working with Brooklyn towards reunification and at the same time committing to being a permanent caregiver for Brooklyn if reunification fails."

Mother was living with her oldest daughter A.R. In January 2015, the court had ordered Mother to provide the Department with a list of her prescribed medications due to concerns that they were making her drowsy, which may have been affecting her ability to participate in services. Mother had not yet provided the Department with the list of medications. Although she had mentioned the names of medications to the social worker during a home visit, she would not provide any additional information. Mother had attended an appointment with a therapist, Dr. Franklin, for a scheduled mental health assessment on February 28. The social worker received a message from Dr. Franklin that day indicating that she was unable to complete the assessment because Mother arrived almost an hour late. Dr. Franklin agreed not to charge extra to complete the assessment at a later time, but Mother refused, “ ‘claiming that she does not have to take one of those test[s], that she does not have any mental health issues and that she did not want a report.’ ” Mother told the social worker that her interaction with Dr. Franklin “was very negative” and she did not feel comfortable having her complete the assessment because she believed Dr. Franklin “was already prejudging [her] and it would not have been a fair assessment.”

Mother then asked the social worker’s help in locating a person to complete her mental health assessment. The Department referred her to “Access Line,” which referred her to a therapist to complete the assessment. In April 2015, a staff member from Access Line informed the social worker that the therapist declined to meet with Mother because Mother had said “it was a one-time only thing” and “she does not need any therapy services at this time.” The Access Line representative said that “it is very difficult to assess someone in only one session and that there most likely would not be a therapist who will complete a mental health assessment in one sitting.”

Also in April 2015, the social worker spoke with Mother about the necessity of completing a mental health assessment over the course of several sessions to obtain the best possible assessment. She encouraged Mother not to limit to one session because that would make it difficult for her to complete the needed assessment. The social worker then referred Mother to Hope for Healthy Families, but learned that Mother would have

to pay \$300 for the assessment because that program does not accept health insurance. Mother indicated that she could not pay for the assessment and the social worker referred her back to Access Line on May 7, 2015, in an effort to locate a therapist covered by her insurance.

Also on May 7, the social worker told Mother she needed to sign a new release of information document to allow the Department to receive information about her participation and progress in treatment. The social worker asked Mother to come to the Department after a hearing that was held on that date so that she could receive gas cards, sign a new release of information, and receive a list of service providers for the mental health assessment. Mother agreed to come to the Department, but did not show up or call to reschedule the appointment.

The social worker concluded that Mother's "lack of follow through and her creating roadblocks (i.e. refusing to be assessed by a mental health professional, showing up late or canceling appointments with the social worker and service providers, and not allowing the social worker to complete monthly visits to the home on a regular basis) to her own completion of services have resulted in her not being able to safely reunify with her daughter." In light of Mother's failure to comply with her case plan and her irregular visits with her daughter, the Department did not recommend that reunification services be continued because it did not believe there was a substantial probability that Mother could reunify with Brooklyn by the time of the 18-month review hearing.

The contested review hearing was continued more than once and, on September 8, 2015, the social worker filed an advisement of a case plan update for Mother, in which Mother agreed "to develop and provide the Department with a safety network and agree[d] to use the safety network" to ensure Brooklyn's safety, and further agreed to sign releases of information allowing the Department to receive information from mental health providers regarding Mother's mental health evaluation. The Department in turn recommended that Mother's reunification services be extended to 18 months.

The updated case plan also required Mother to cooperate with the Department in identifying a service provider who could complete a mental health assessment, noting

that, on August 8, the Department had called the Solano County Mental Health Access line with Mother “to engage in an intake assessment,” and the Access line had provided them with contact information for at least 10 clinicians who conducted mental health assessments. On August 24, the court ordered the Department and Mother to meet in order to contact those clinicians to arrange a mental health assessment. Mother also was to participate in therapeutic visitation services (TVS) with Brooklyn through Aldea Children and Family Services (Aldea), including collateral visits with the therapist to work on strategies and parenting techniques.

On September 17, 2015, the court found that Mother had made minimal progress on her case plan requirements, but extended services until the 18-month review hearing.

In a status review report filed on September 24, 2015, the social worker reported that she had contacted the list of mental health service providers and learned that some were not taking new clients or did not complete mental health evaluations. On September 4, the social worker and her supervisor met with Mother and together called the Beacon program on a speakerphone regarding obtaining a mental health assessment. Mother gave the social worker verbal permission for that day only to complete the Beacon registration process for her. As the social worker attempted to go through the registration process with Mother, Mother “became agitated and left the facility,” and they were therefore unable to complete her registration. Later that day, Mother left a phone message for the social worker in which she said, “I no longer give you oral okay to speak on my behalf with Beacon. . . . [If] [y]ou continue to speak on my behalf to Beacon or anyone else without my signature; you will be fined and sued under HIPAA violation. Do you understand?” The social worker therefore rescheduled an appointment with Beacon for September 15, for Mother to complete the registration process.

The social worker noted in the report that Mother “has not taken any responsibility for the current dependency action and does not believe she needs to be assessed with mental health services because she has no issues. [She] is not willing to complete portions of the case plan as expressed [on] multiple occasions. . . . [She] has not been

cooperative with services throughout the duration of this matter and there does not appear to have been any significant changes in her behavior.”

The Department recommended that Mother continue to receive reunification services but stated that, if Mother could not demonstrate that she understands and can meet Brooklyn’s needs by the next court hearing, the Department would be requesting that services be terminated and that a section 366.26 hearing be set.

In an addendum report to the 18-month review filed on January 27, 2016, the social worker reported that on October 15, 2015, Mother had provided the Department with a letter from Dr. David Woodhouse indicating that she had completed six months of psychotherapy sessions and that he no longer believed she was in need of therapy because her depression was in remission and she was stable; she was also taking Zoloft, as prescribed. The letter stated that Mother was also attending a monthly grief and loss group. Mother told the social worker that she had attended a total of 12 grief and loss sessions with Dr. Auluck. Although Mother agreed to sign releases so that the Department could confirm all of this information with the providers, she later refused to sign any releases. The social worker contacted Dr. Auluck’s office, but was told that he had retired last year. The social worker attempted to speak with Dr. Woodhouse’s office to confirm her participation in therapy. She had not received a response, and was concerned because information on the website of Dr. Woodhouse’s medical group showed that Dr. Woodhouse worked in internal medicine and did not hold a psychology degree. Mother did provide the social worker with a list of the medications she takes.

Mother had completed approximately 57 percent of her scheduled TVS visits. According to the TVS therapist and intake coordinator for Aldea, Emily Sparks, Brooklyn had “shifted from wanting a relationship with mom to ‘hating’ her.” Also, in October 2015, Mother had reported that she had made safety improvements to her home and indicated that a social worker could come to the home to verify its safety. Mother then postponed the visit and failed to return the social worker’s repeated phone messages. Subsequently, when two social workers made an unannounced visit to the home, no one

answered the door, even though a television was on and there were two cars in the driveway.

Based on Mother's lack of progress with her case plan and the Department's concern with her "medical and mental health as well as her ability to meet the needs of Brooklyn if she is not able to address her own health needs," the Department recommended that Mother's reunification services be terminated and that the court set a section 366.26 hearing, with a permanent plan of adoption or guardianship.

The contested 18-month review hearing took place on March 10, 2016. Sparks testified as an expert in the field of child therapy. She had begun providing TVS for Mother and Brooklyn in September 2015. Of the 24 scheduled visits, Mother had not shown up for or cancelled five of them, and six were cancelled due to Mother missing her collateral appointments. Of the 22 parent collateral appointments scheduled, Mother had either cancelled or not shown up for eight of them. The quality of the visits Mother attended was dependent on Brooklyn's mood. Given Brooklyn's oppositional defiant disorder and attention deficit hyperactivity disorder, she could be very irritable, especially when she did not want to participate in the visits.

Sparks attempted to coach Mother about how to interact with Brooklyn; Mother was able to successfully intervene in about 50 percent of her visits. Sparks did not see consistent improvement in Mother's interaction with Brooklyn. Rather, her success in sessions varied, depending on how both Brooklyn and Mother were doing emotionally and how they were interacting with each other. Sparks did not believe there would be any significant improvement in the relationship between Brooklyn and Mother if therapeutic visits continued for another six months due to Brooklyn's ongoing desire not to be present at the visits. When Sparks discussed with Mother the need to see things from Brooklyn's perspective, Mother would switch it around to wanting Brooklyn to see things from her perspective and to understand how the family was affected. Sparks believed that both Brooklyn and Mother needed to be in individual therapy to work on their issues, which might help in the TVS sessions. But Sparks could not say it was probable that this would lead to an improvement in their relationship.

Claudia Orozco, the social worker assigned to this case, testified as an expert in the area of child welfare. Brooklyn had expressed that she did not want to reunify with Mother. She said she wanted to be adopted by the foster mother. She did not believe that Mother was ever going to change and thought that her behavior now was “just an act.”

Orozco testified that Mother had been referred for a psychological evaluation approximately six or seven times. It was difficult to find therapists who accept Medicare, which was Mother’s primary health insurance. Mother said she could not afford to participate in a program that would have charged a \$300 fee, and the Department does not pay for therapy services. The Department then attempted to find other therapists for Mother. Mother claimed that she had made calls about obtaining a mental health assessment. When the Department learned that Mother was providing inaccurate information during those calls, it met with her to make calls together to attempt to obtain services. The Department had recently received a letter from Dr. Woodhouse, who was not a psychologist, stating that Mother had participated in therapy. However, because Mother would not provide a release, the Department could not confirm the nature of Dr. Woodhouse’s services.

Brooklyn was emotionally stable. She enjoyed school and was doing well there. When Mother did not show up for TVS sessions, Brooklyn would react by acting out.

In closing argument, Mother’s counsel stated that Mother was not asking that Brooklyn be returned to her custody at that time. Instead, counsel claimed that reasonable services had not been provided to Mother. In particular, he argued both that the Department should have provided individual therapy for Brooklyn to address her oppositional defiant disorder, and that it was not reasonable for the Department to refuse to pay the \$300 for Mother to receive a mental health assessment.

At the conclusion of the hearing, the court terminated Mother’s reunification services and set the matter for a section 366.26 hearing on July 7, 2016. The court explained: “The court is finding that there has not been substantive progress in the treatment plan. There has been some progress, but not of substance. Part of that was . . . in the form of inconsistent and sporadic participation by [Mother]. And then, further, the

extent to which services were taken advantage of that the Mother could have availed herself of, and certainly, there was the issue of \$300, that's probably one factor that would certainly cause pause as to whether there were reasonable services, but under the totality, including the repeated failures to give releases when the Department tried to communicate with the Mother regarding an appropriate plan for her, and they kept running into barriers that were put up by [Mother], so I do believe reasonable services were offered throughout the totality of the time period, not just in terms of timing, but also in substance, and there were adjustments made as to what was going to be offered in light of the needs.”

On March 17, 2016, Mother filed a notice of intent to file writ petition.

### **DISCUSSION**

Mother contends the court should have extended reunification services because the Department did not provide reasonable services to Mother, specifically by failing to help her obtain mental health services. As she did in the juvenile court, Mother acknowledges that Brooklyn could not be returned to her at the time of the 18-month review hearing. Instead, she argues that she should receive additional reunification services due to the Department's failure to provide 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 Department] 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. (§§ 361.5, subd. (a); 366.21, subd. (g)(1); [citations].) [Citation.]” (*In re K.C.* (2012) 212 Cal.App.4th 323, 329.) In addition, “court-ordered services may be extended up to a maximum time period not to exceed 24 months after the date the child was originally removed from physical custody of his or her parent or guardian if it is shown, at the hearing held pursuant to subdivision (b) of Section 366.22, that the permanent plan for the child is that he or she will be returned and safely maintained in the home within the extended time period. *The court shall extend*

*the time period only if it finds[, inter alia,] . . . that reasonable services have not been provided to the parent or guardian.*” (§ 361.5, subd. (a)(4), italics added; accord, 366.22, subd. (b).)

“We review the juvenile court’s findings for substantial evidence, and the juvenile court’s decisionmaking process based on those findings for abuse of discretion. [Citation.]” (*San Joaquin Human Services Agency v. Superior Court* (2014) 227 Cal.App.4th 215, 223 (*San Joaquin Human Services Agency*)).

In the present case, Mother asserts that (1) the Department’s referrals “were not meaningful or realistic” because they were to providers that would not accept Mother’s health insurance, and (2) the Department improperly refused to pay \$300 for a mental health evaluation.

In finding that reasonable services were provided, the juvenile court examined the totality of the circumstances, which included Mother’s “repeated failures to give releases when the Department tried to communicate with [her] regarding an appropriate plan for her, and they kept running into barriers that were put up by [Mother].” The court reasonably found that, although barriers arose to Mother participating in a mental health assessment at certain points, which were beyond Mother’s control, for most of the 23 months of Brooklyn’s dependency,<sup>5</sup> Mother repeatedly thwarted the Department’s efforts to assist her in obtaining such an assessment.

Mother was required to participate in a mental health assessment to determine what mental health issues she had, if any, and to ascertain whether she would benefit from therapy or other mental health services. In November 2014, the social worker reported that she had referred Mother “on a monthly basis” to Solano County Mental Health Services for a mental health assessment until Mother said she did not want that agency to perform the assessment because she believed it was biased. The Department

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<sup>5</sup> Brooklyn was removed from Mother’s custody on April 4, 2014, and the contested review hearing took place on March 10, 2016. An extension of reunification services until 24 months after removal would have therefore amounted to less than one month of additional services. (See § 361.5, subd. (a)(4); accord, 366.22, subd. (b).)

therefore requested that Mother provide it with the name of a private psychologist for Department approval, but she failed to do so. Mother also continued to deny that she had mental health issues. Brooklyn's former therapist had told the social worker that she had offered to find mental health services for Mother, but Mother "declined."

In February 2015, Mother began a mental health assessment with a provider, Dr. Franklin. Because Mother had arrived an hour late to the appointment, Dr. Franklin could not complete the assessment in one session. She offered to complete the assessment at a later time at no charge, but Mother refused, stating that she did not have any mental health issues. Dr. Franklin reported that it seemed that Mother's "idea was to have [Dr. Franklin] write something up that said that [Mother] does not have anything without allowing [Dr. Franklin] to do her job.'" Mother told the social worker that she did not feel comfortable having Dr. Franklin complete the assessment because she believed he "was already prejudging [her] and it would not have been a fair assessment."

Then, in April 2015, the Department referred Mother to the Access program's telephone line, which referred her to another therapist to complete the assessment. The therapist declined to meet with Mother because Mother had insisted that he complete the evaluation in one session and had said that she did not need therapy. The Access representative told the social worker that it would be difficult to find a provider who would complete an evaluation in one appointment. The social worker talked to Mother about the necessity of completing the assessment over more than one session and encouraged Mother not to limit herself in that way because that would make it difficult for her to complete the assessment.

When Mother stated that she could not pay \$300 for an assessment with Hope for Healthy Families, the Department again called the Access line with Mother in early August 2015, to obtain a list of possible therapists. They later learned, however, that none of the mental health providers could see Mother for a mental health assessment, either because they did not take Mother's insurance or because they did not perform such assessments. The social worker therefore met with Mother to call the Beacon program about obtaining a mental health assessment. As the social worker attempted to go

through the telephonic registration process with Mother and a Beacon representative, Mother “became agitated and left the facility,” and they were unable to complete her registration. Mother then left a phone message stating that she no longer gave the social worker oral permission to speak on her behalf with Beacon and that, if the social worker continued to do so, she would be “fined and sued under HIPAA violation.”

Then, in October 2015, after Mother gave the social worker a letter from a doctor stating she had participated in therapy and a loss group, she refused to sign releases so that the Department could confirm this information with both the doctor—an internist—who supposedly provided the therapy and the doctor who led the loss group.

This evidence shows that the Department repeatedly attempted to assist Mother in obtaining the required mental health assessment in a timely manner, but Mother found reasons to reject the proposed providers or otherwise failed to follow through on obtaining the assessment. Although there were points during the lengthy dependency when possible programs or therapists were unavailable for various reasons, the social worker continued to attempt to find a provider. Over the course of the entire dependency, it was primarily Mother’s hostility toward the Department and reluctance to participate in an assessment that caused her failure to complete the mental health component of her case plan. Thus, the court did not abuse its discretion when it concluded that the services provided, while not perfect, were certainly reasonable in all of the circumstances. (See *San Joaquin Human Services, supra*, 227 Cal.App.4th at p. 223; see also *In re Misako R.* (1991) 2 Cal.App.4th 538, 547; compare *In re K.C., supra*, 212 Cal.App.4th at p. 331 [reversing termination of reunification services where Department failed to consider other service providers after clinic to which it referred father for a psychotropic medication evaluation declined to provide an evaluation]; *David B. v. Superior Court* (2004) 123 Cal.App.4th 768, 772-773 [reversing termination of reunification services where father “did virtually everything [Department] requested of him, and then some,” except obtain alternative housing, regarding which Department offered no assistance in last six months of father’s dependency].)

Mother also asserts that the Department did not provide reasonable services because it failed to refer Mother and Brooklyn to individual therapists trained in addressing Brooklyn's oppositional defiant disorder. This claim, tagged onto the end of Mother's petition in three sentences, is not adequately set forth. (See *In re Marriage of Falcone & Fike* (2008) 164 Cal.App.4th 814, 830 ["We are not bound to develop appellants' arguments for them"]; see also rule 8.204(a)(1)(B) [each point in a brief must be supported by "argument and, if possible, by citation of authority"].)

Moreover, the claim is without merit. Mother and Brooklyn were provided therapeutic visitation services, along with collateral appointments for Mother with the therapist, to address her and Brooklyn's relationship and Brooklyn's oppositional defiant disorder, although Mother did not regularly attend these visits and appointments. Sparks, the TVS therapist and expert on child therapy, testified at the 18-month review hearing that, at the most recent family team meeting, one of Brooklyn's social workers and her behavioral support counselor had raised the issue of Brooklyn starting individual therapy again. But, after discussing the question, they "decided that with therapeutic visitation going on as well, it would be too overwhelming for all these different services that Brooklyn was participating in to add in individual therapy to that mix as well and [decided] to instead wait until therapeutic visitation ended to restart the individual therapy."

Also, as discussed, *ante*, Mother failed to complete a mental health assessment, which was the first step she was referred for individual therapy.<sup>6</sup> Moreover, although Sparks also testified that both Brooklyn and Mother needed individual therapy to be able to address their issues with each other, she could not say it was probable that individual therapy would lead to an improvement in their relationship. In light of this evidence, the

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<sup>6</sup> Mother also submitted a letter from a doctor, which stated that she had completed six months of individual psychotherapy and was no longer in need of therapy; the Department was unable to confirm this information.

court did not abuse its discretion in finding that reasonable services had been provided.  
(See *San Joaquin Human Services, supra*, 227 Cal.App.4th at p. 223.)

**DISPOSITION**

The petition for extraordinary writ is denied on the merits. Our decision is final as to this court immediately. (Rule 8.490(b)(2)(A).)

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Kline, P.J.

We concur:

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Richman, J.

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Miller, J.