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IN THE COURT OF APPEAL OF THE STATE OF CALIFORNIA

SECOND APPELLATE DISTRICT

DIVISION FIVE

In re D.F., a Person Coming Under the
Juvenile Court Law.

B240740
(Los Angeles County
Super. Ct. No. CK91581)

LOS ANGELES COUNTY
DEPARTMENT OF CHILDREN AND
FAMILY SERVICES,

Plaintiff and Respondent,

v.

A.F.,

Defendant and Appellant.

APPEAL from orders of the Superior Court of Los Angeles County, Robert Stevenson, Referee. Affirmed.

Boxer McLaughlin, Robert McLaughlin, under appointment by the Court of Appeal, for Defendant and Appellant.

Office of the County Counsel, John F. Krattli, County Counsel, James M. Owens, Assistant County Counsel, William D. Thetford, Principal Deputy County Counsel for Respondent.

INTRODUCTION

A.F., father of nearly 18 month old D.F., appeals from the juvenile court’s jurisdictional findings based on his alleged substance abuse history and mental health issues on the ground that those findings are not supported by substantial evidence. A.F. also appeals from the juvenile court’s dispositional order directing him to participate in drug and mental health treatment, claiming the order was an abuse of discretion.¹ We affirm.

PROCEDURAL BACKGROUND

The Department filed an amended petition under Welfare and Institutions Code section 300² alleging that D.F. came within the jurisdiction of the juvenile court because D.F.’s mother, L.H., and father had a history of domestic violence in D.F.’s presence and mother failed to protect D.F. (§ 300, subds. (a) and (b)); father had a history of substance abuse that remained unresolved (§300, subd. (b)); father had demonstrated numerous mental and emotional problems, including depression; had been involuntarily hospitalized for evaluation and treatment of his psychiatric condition; and had failed to take psychotropic medications as prescribed (§ 300, subd. (b)); mother was a current user of ecstasy, methamphetamine, and PCP (§ 300, subd. (b)); and mother had demonstrated numerous mental and emotional problems, including depression; had been involuntarily hospitalized for evaluation and treatment of her psychiatric condition; and had failed to take psychotropic medications as prescribed (§ 300, subd. (b)).

The juvenile court sustained the amended section 300 petition as alleged, and declared D.F. to be a dependent of the court. The juvenile court ordered father to participate in the case plan that included, among other things, a “[f]ull drug/alcohol

¹ The Department of Children and Family Services (Department) has moved to dismiss father’s appeal on the ground that we cannot grant father effective relief. We deny the motion and address the contention in our opinion.

² All statutory citations are to the Welfare and Institutions Code unless otherwise noted.

program with aftercare”; weekly random drug and alcohol testing; participation in a 12-step program; a psychiatric evaluation; taking all prescribed psychotropic medications; and counseling to address the issues in the case, including mental health.

FACTUAL BACKGROUND

The original dependency petition was based on domestic violence. Thereafter, it was amended to add new allegations concerning substance abuse and the mental health issues of both mother and father. Because father’s appeal concerns facts specific to his alleged drug history and mental health issues, we omit a recitation of the facts underlying the remaining allegations in the amended section 300 petition.

Various reports before the juvenile court addressed father’s involvement with drugs. In those reports, father admitted that he had a history of drug use including marijuana and methamphetamine, although he stated that he had not used drugs following D.F.’s birth. Father’s criminal history included a July 2003 conviction for transportation or sale of a narcotic controlled substance, an August 2003 parole violation for possession or purchase for sale of a narcotic controlled substance, a May 2007 conviction for possession of cocaine base for sale, and a February 2011 conviction for possession of a controlled substance—marijuana.

With respect to father’s drug use, mother told a social worker, “That’s on his side not on mine. It was bad, real bad. It was throughout our whole relationship and way before that. And it’s hard use too.” Asked whether father currently was using drugs, mother responded, “I honestly don’t know.” Mother suspected that father had been using drugs and said, “Honestly, he’s not going to stop.” Identifying the drugs that father used, mother stated, “He smokes weed all the time but his second would be crystal [methamphetamine]. And that’s the [drug] he won’t stop. He’d stop smoking weed before he stops smoking that.” Mother stated that she had not seen father use methamphetamine, but had seen him leave and come back with pipes. Mother could tell that father was under the influence because of his behavior. Mother saw father the week before she spoke with the social worker and “he looked kind of bad.” Asked if father was

ever under the influence in front of D.F., mother responded, “No, I wouldn’t let him. Period. To be honest, he [father] barely was with him.” According to mother, father made her take the drugs that caused her to go to the hospital in February 2012. Maternal aunt J.C. told a social worker that she believed that father had used drugs since being in a relationship with mother. J.C. suspected that father had used drugs following D.F.’s birth.

Father admitted that he was diagnosed with depression in August or September 2011 and that he was hospitalized for depression in December 2011. Father was not on psychotropic medication and was not receiving mental health services. He was willing to participate in therapy, but unwilling to take psychotropic medication. Mother stated that she did not know that father had depression, but reported that he had been placed on an involuntary psychiatric hold. Mother said, “He’s Bi-Polar like super Bi-Polar. He used to get SSI.” Asked when father was last hospitalized, mother said that she did not think that he was hospitalized, despite her prior statement about the psychiatric hold. Mother said, “I don’t know if he was hospitalized for it because that was way before I even came to LA.” Mother said that father had not taken psychotropic medication while she was with him.

DISCUSSION

I. The Juvenile Court’s Jurisdictional Findings

Father contends that the juvenile court’s jurisdictional findings with respect to his alleged substance abuse history and mental health issues are not supported by substantial evidence. Father concedes that he has not challenged the jurisdictional findings based on domestic violence and mother’s substance abuse and mental health issues and acknowledges that if we find the juvenile court properly found jurisdiction on any basis, we may decline to address the evidence in support of the remaining jurisdictional findings. Nevertheless, father argues that we should consider the jurisdictional findings with respect to his alleged substance abuse history and mental health issues because they were the basis for part of the juvenile court’s dispositional order.

“When a dependency petition alleges multiple grounds for its assertion that a minor comes within the dependency court’s jurisdiction, a reviewing court can affirm the juvenile court’s finding of jurisdiction over the minor if any one of the statutory bases for jurisdiction that are enumerated in the petition is supported by substantial evidence. In such a case, the reviewing court need not consider whether any or all of the other alleged statutory grounds for jurisdiction are supported by the evidence.” (*In re Alexis E.* (2009) 171 Cal.App.4th 438, 451; accord, *In re Andy G.* (2010) 183 Cal.App.4th 1405, 1415, fn. 6.) Because father has not challenged the juvenile court’s jurisdictional findings with respect to the allegations of domestic violence and mother’s substance abuse and mental health issues, we will not consider the allegations with respect to father’s substance abuse history and mental health issues. (*In re Alexis E.*, *supra*, 171 Cal.App.4th at p. 451; *In re Andy G.*, *supra*, 183 Cal.App.4th at p. 1415, fn. 6.)

II. The Juvenile Court’s Dispositional Order

Father contends that the juvenile court’s dispositional order that he participate in drug and mental health treatment was an abuse of discretion. Father argues that because substantial evidence did not support the juvenile court’s jurisdictional findings with respect to father’s substance abuse history and mental health issues, a dispositional order addressing those issues is not designed to address the conditions that led to the juvenile court’s finding that D.F. is a person described by section 300. Because father did not challenge the juvenile court’s jurisdictional findings with respect to the allegations of domestic violence and mother’s substance abuse and mental health issues, we did not consider the allegations with respect to father’s substance abuse history and mental health issues. Even assuming, however, that those findings were not supported by substantial evidence the juvenile court did not abuse its discretion in ordering drug abuse and mental health treatment for father as part of the dispositional order.

“The juvenile court may direct any and all reasonable orders to the parents or guardians of the child who is the subject of any proceedings under this chapter as the court deems necessary and proper to carry out the provisions of this section The

program in which a parent or guardian is required to participate shall be designed to eliminate those conditions that led to the court's finding that the child is a person described by Section 300." (§ 362, subd. (c).)

Notwithstanding the language in section 362, subdivision (c) that programs in which parents are ordered to participate must be designed to eliminate the conditions that led to jurisdiction, courts have said that "[a] jurisdictional finding involving the conduct of a particular parent is not necessary for the court to enter orders binding on that parent, once dependency jurisdiction has been established." (*In re I.A.* (2011) 201 Cal.App.4th 1484, 1492.) "[A] reunification plan formulated to correct certain parental deficiencies need not necessarily address other types of conduct, equally deleterious to the well-being of a child, but which had not arisen at the time the original plan was formulated." [Citation.] However, when the court is aware of other deficiencies that impede the parent's ability to reunify with his child, the court may address them in the reunification plan." (*In re Christopher H.* (1996) 50 Cal.App.4th 1001, 1008.)

There was substantial evidence that father had a substantial and apparently unresolved drug use problem even if that drug use had not harmed D.F. or placed D.F. at risk of harm. There is evidence that according to mother, father's drug problem was "real bad"; father smoked marijuana all the time and also smoked methamphetamine; father's apparent methamphetamine dependence was such that mother believed he would give up marijuana before methamphetamine; and, apparently describing the ill effects of drug use, mother stated that when she saw father in mid-April 2012, he "looked kind of bad." Thus there is evidence that father's drug use was a "deficiency" that would impede his ability to reunify with D.F. Accordingly, the juvenile court properly addressed father's drug use in its dispositional order. (*In re Christopher H., supra*, 50 Cal.App.4th at p. 1008.)

There also was substantial evidence that father had mental health issues for which he was not receiving treatment even if those mental health issues had not harmed D.F. or placed D.F. at risk of harm. This evidence included the following: father admitted that he was diagnosed with and hospitalized for depression in 2011. Father was not taking

and did not want to take psychotropic medication. Father was not receiving mental health services, but was willing to participate in therapy. Mother reported that father had been placed on an involuntary psychiatric hold, although she also said that she did not think that father had been hospitalized. Father's admitted depression diagnosis and hospitalization are "deficiencies" that would impede his ability to reunify with D.F. The juvenile court properly addressed father's mental health issues in its dispositional order. (*In re Christopher H.*, *supra*, 50 Cal.App.4th at p. 1008.) Father's willingness to participate in some form of mental health therapy was a tacit admission of the need for such a program.

DISPOSITION

The orders are affirmed.

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MOSK, J.

We concur:

TURNER, P. J.

ARMSTRONG, J.