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**IN THE COURT OF APPEAL OF THE STATE OF CALIFORNIA
FIFTH APPELLATE DISTRICT**

In re S.B., a Person Coming Under the Juvenile
Court Law.

STANISLAUS COUNTY COMMUNITY
SERVICES AGENCY,

Plaintiff and Respondent,

v.

B.M.,

Defendant and Appellant.

F071692

(Super. Ct. No. 517200)

OPINION

THE COURT*

APPEAL from a judgment of the Superior Court of Stanislaus County. Ann Q.
Ameral, Judge.

Merrill Lee Toole, under appointment by the Court of Appeal, for Defendant and
Appellant.

John P. Doering, County Counsel, and Carrie M. Stephens, Deputy County
Counsel, for Plaintiff and Respondent.

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* Before Levy, Acting P.J., Kane, J. and Franson, J.

B.M. (mother) challenges the juvenile court's order removing her infant daughter, S.B., under Welfare and Institutions Code section 361, subdivision (c)(1)¹. Mother contends the court's removal order was not supported by clear and convincing evidence because the Stanislaus County Community Services Agency (agency) failed to show it had made any reasonable effort to avoid removal. We affirm.

FACTS AND PROCEEDINGS

Prefiling Investigation

On December 2, 2014, the agency received a referral stating S.B. was born several weeks earlier at 24 weeks gestation, weighing just one pound nine ounces and had a 50 percent chance of survival. Mother, who was reportedly receiving SSI due to a heart murmur and learning disabilities, had a hard time "processing" the information received from the neonatologist, as did S.B.'s father.² Father also had another baby with a different woman and was currently receiving voluntary family maintenance services. Neither mother nor father visited S.B. regularly.

Mother and father were homeless and living in a tent. Father had lice and, due to hospital policy, was not allowed to visit S.B. until the lice were eradicated. At the time of the referral, mother and father had not visited S.B. in four days.

When mother came to the hospital for a visit December 5, 2014, she brought with her spoiled expressed breast milk, despite the fact that mother had been trained at length about proper procedures for storing breast milk. The hospital social worker was concerned that mother was unable to follow instructions. While father reported he had treated his lice, mother admitted that she had lice as well, which she would treat soon. Mother was provided bus passes by the hospital for visits.

¹ All further statutory references are to the Welfare and Institutions Code unless otherwise stated.

² Father, Dustin B., is not a party to this appeal.

On December 11, 2014, the investigating social worker, along with father's existing family maintenance social worker, met with father for discussion. According to father, he had an appointment the following day with a doctor to be cleared of his lice problem. Father reported that, when S.B. was released from the hospital, mother and S.B. would live with S.B.'s maternal grandmother (grandmother). In the alternate, father planned to have mother and S.B. live with him and his other baby's mother (who happens to be mother's niece) once their Section 8 housing was arranged. The family maintenance social worker indicated father's other baby's mother did not want mother and S.B. in her home. When the social worker stressed how important it was to treat his lice, father stated he was very busy during the day and not sure when he would be able to do it. He was reminded of his earlier statement that he had a doctor appointment the following day and stated, "um yea, sure." The social worker was informed S.B.'s tentative release date was February 14, 2015.

Neither mother nor father visited S.B. between December 5, 2014, and January 12, 2015, nor did either call to check on her status.

The social worker was finally able to locate mother on January 2, 2015, at grandmother's home. The social worker was not allowed inside the home and spoke to mother on the front porch. According to mother, she occasionally stayed with grandmother and sometimes on the streets with father. She often did not know where father was because he moved from place to place. Mother thought she had visited S.B. "a couple weeks ago," and stated she did not have a telephone to call the hospital. Mother claimed to have been treated for lice, but still had not seen a doctor to be checked. When asked about the bus passes provided by the hospital to visit S.B., mother stated she had only one pass left as she had used the others to visit father and to help care for his dogs.

When asked if mother understood S.B. was medically fragile and might come home with oxygen and other health concerns, mother said she understood S.B. could "break easily." Mother thought she would bring S.B. to grandmother's but was not sure

if she could care for her, only that she could “try.” Reminded again of the importance of treating the lice and visiting S.B., mother stated “we are busy sometimes,” but she was not able to state what they were busy doing.

On January 5, 2015, the social worker conducted a home visit at grandmother’s. A Cambodian interpreter accompanied the social worker. Grandmother stated she had not visited S.B. because she herself had been sick. She acknowledged that S.B.’s condition and their lack of transportation would make it difficult to take S.B. to medical appointments. She was not sure about having S.B. live in her home. She asked about placing S.B. for adoption with the possibility of having her returned if it turned out she did not have any medical problems. The social worker explained that the foster care system did not work that way and that the agency was trying to place S.B. with family due to mother’s “mental delays.” The social worker also spoke to grandmother about the importance of dealing with mother’s lice issues so she could visit S.B. The social worker asked grandmother again if she would be willing to help care for S.B., but grandmother stated she could not answer at that time and would need to discuss it with her family.

Two days later, the social worker and interpreter returned and again stressed to grandmother and mother the need to treat mother’s lice so she could visit S.B. The social worker called the hospital from grandmother’s home for an update and was told S.B. may be discharged with a CPAP machine to provide oxygen. They were also informed S.B. had a heart murmur, and anyone caring for her should take a cardiac education class. S.B. would be scheduled for extra appointments with a public health nurse and would be enrolled in the Early Start program. Grandmother reported that, due to lack of transportation, possible medical problems, and lack of space for the baby in the home, she was not capable of caring for S.B. and mother would not be allowed to reside in the home with S.B.

When asked what she might do when S.B. was released, mother stated she would put S.B. “in a blanket and keep her warm.” When asked again where she planned to live, mother again stated she did not know, but she “will put [S.B.] in a blanket.”

On January 12, 2015, the social worker went to grandmother’s home to advise mother of a scheduled meeting to discuss possible voluntary family maintenance. Mother was not home, but after grandmother provided the social worker with a cell phone number, the social worker spoke to mother and told her to meet at the agency with father January 14, 2015.

At the meeting, the family maintenance worker reported father was dirty, unkempt and smelled “wretched.” Father stated he had been homeless for about a year and appeared content to be so. According to father, he could go to his parents’ home anytime to bathe and wash his clothes. But he acknowledged he had been kicked out of his parents a year ago for being purposefully defiant. It was suggested father apologize in order to be accepted back into the home, but father stated he did not care to do so and thus living with his parents was not an option. Both mother and father acknowledged not having visited S.B. for over a month, claiming it was because they were dirty and had lice and therefore did not have clearance, although they also said they had been cleared for visits that week. The family maintenance worker pointed out that mother and father had no real responsibilities other than to care for their child and wondered why they had not made an effort to clean up earlier. Neither mother nor father replied. Mother admitted using bus passes to take care of animals rather than her child. It was determined that voluntary family maintenance was not a viable option as mother and father had no reasonable plan for a safe place to live with S.B. and father was not compliant with his existing family maintenance plan.

On January 26, 2015, the hospital social worker contacted the agency and requested S.B. be placed into protective custody so that foster parents could be identified and trained on S.B.’s medical needs before her release. A protective custody warrant was

obtained and served on January 28, 2014. Although mother and father were still able to visit S.B. in the hospital, it would have to be with supervision.

The Petition and Detention Hearing

A section 300 petition was filed January 30, 2015, alleging mother and father's inability to care for the medically fragile infant due to a variety of circumstances. S.B. continued to be hospitalized.

At the detention hearing February 2, 2015, the public guardian was appointed as guardian ad litem for mother at the request of her attorney. Father requested a continued and contested hearing, which was set for February 4, 2015. Both mother and father were provided referral forms for Sierra Vista for a clinical assessment and a parenting program.

At the continued hearing, S.B. was temporarily detained and, while she remained hospitalized, mother and father were allowed to visit every day. Mother reported having visited S.B. "last wee[k]"; father stated he had not visited, but planned to go that day. Jurisdiction was set for March 12, 2015.

Jurisdiction/Disposition

The report prepared in anticipation of jurisdiction/disposition stated mother was the fifth of 12 children; she lived with grandmother; she graduated from high school; and she had been in a relationship with father for over two years. Mother described her relationship with father as "awesome" and considered him her greatest support system, stating, "he is always there and he always helps me."

The report stated father had two children, including S.B., and had been in voluntary family maintenance for his older child. Issues identified for father included homelessness, lack of personal hygiene, and mental health issues. Aside from his statement that he could bathe at his parents, he was also provided toiletries and shower opportunities at the agency. He had received multiple referrals for housing options

through his family maintenance case, but failed to take advantage of them. He also failed to renew his prescription medication for ADHD.

On discharge from the hospital February 7, 2015, S.B.'s medical condition included chronic lung disease, retinopathy from prematurity, anemia, and patent ductus arteriosus. She was on oxygen 24 hours a day and eating a high calorie formula for weight gain. As of February 20, 2015, she weighed six pounds, one ounce.

The report stated the issues preventing mother from appropriately parenting S.B. included her lack of adequate housing, lack of personal hygiene, and mental health issues. Mother did not seem to understand S.B.'s critical condition, and it was not known if mother would be able to follow through with the necessary medical treatment for S.B. Mother had been referred for a clinical assessment to further address her needs and abilities or deficits.

Since detention, mother and father had visited S.B. three times at the agency. At the February 10, 2015, meeting, the social worker described mother and father's body odor as offensive and their clothing dirty and full of dog hair. Both mother and father were instructed to wear a cap due to head lice. The importance of bathing and wearing clean clothes to visits was explained to mother and father, as S.B. had no immune system and could get sick easily and end up back in the hospital.

At the next two visits, one on February 17 and one on March 4, 2015, both mother and father continued to smell unwashed, but their clothes were less dirty and their hair somewhat groomed. Father was observed to be very controlling of mother, undermining her suggestions for care of S.B., and he did most of the caring for S.B. during the visits.

Mother continued to state that she planned to live at grandmother's home with S.B., despite the fact that grandmother had said she would not permit her to do so. Father, who had been provided numerous housing resources in the over six months of services for his other child, had not made any progress on obtaining housing, stating he had "things to take care of" and "appointments."

On February 12, and 17, 2015, the social worker called mother to discuss scheduled eye surgery for S.B. Mother did not answer or return her calls. The ophthalmologist at UC San Francisco eventually decided not to do surgery on S.B, but required she be brought weekly for 10 weeks to evaluate her condition.

The proposed reunification plan for mother included a clinical assessment at Sierra Vista in order to determine if there were additional services that would benefit her in reunification. Mother made contact with Sierra Vista on February 18, 2015, and was given a March 3, 2015, appointment.

After several delays, a combined jurisdiction/disposition hearing was heard April 17, 2015. At the hearing, the agency called mother as a witness. When asked what type of treatment S.B. received at the hospital, mother stated the doctors had not told her anything. Mother testified a nurse had spoken to her and father, but she did not understand any of it, even though father was there to “translate.” By this, mother meant that she was unable to understand the words the nurse used. Mother did not ask the nurse any questions, stating she “was in pain at that time” and she did not get a chance to ask.

Mother acknowledged knowing that S.B. had a 50/50 chance of survival when she was born and she understood the importance of having a safe place for the child to live. Mother claimed grandmother now decided to allow her and S.B. to move in with them.

Mother, who acknowledged getting the jurisdiction/disposition report the previous month, stated she had not had a chance to read it although she should have done so. Mother received SSI due to heart problems and a learning disability, because she is “slow at processing.”

Mother acknowledged that it was important for her to visit S.B. in the hospital and claimed to have done so regularly, but after they were found to have lice, were told not to come back until they were treated. Mother knew she could get lice treatment at a drugstore, but did not because she did not have money. Mother testified that grandmother is her payee and she would not give her any money for lice treatment, so she

made an appointment with a doctor to be treated. Mother never asked the social worker for assistance with lice treatment.

According to mother, she did not visit S.B. between November 28, 2014, and December 2, 2014, because she and father were “dealing with our lice treatment.” Mother continued to wear a “lice cap” at visits at the agency. When asked how many times she had visited S.B. at the hospital after November 28, 2014, mother stated her memory was not very good and she did not remember.

Mother acknowledged that she had told the social worker she did not want to live at grandmother’s house with S.B., but she now wanted to and grandmother was considering it. Mother testified she had not wanted to take S.B. to grandmother’s because grandmother “part[ies] too much” and drinks alcohol, which mother described as “kind of scary” as she is suicidal. Mother’s plan was to take S.B. to grandmother and then later get an apartment on her own using S.B.’s SSI, which she assumed she would be awarded.

When asked about S.B.’s medical needs, mother said she did not have any because S.B. was off oxygen now. Mother did not know who S.B.’s doctors were or what medication she was on, and she did not think to ask.

Mother claimed she followed the hospital’s directives on how to store breast milk. She also claimed she was able to walk to Sierra Vista and she used all 20 bus passes she was given for visits with S.B. and never to help father with his dogs. She later said she used one bus pass to see a doctor for lice treatment.

Mother stated she had not made any appointments at Sierra Vista. When it was clarified that the counselor had called for mother and scheduled four appointments for her, mother said she did not go because she did not want to and she did not want to talk to a counselor. According to mother, she attended seven parenting education classes and had three left. But she could not remember the content of most of the classes she attended.

On cross-examination by her own attorney, mother testified that she did not understand why she was in court. She testified that she could learn, but her learning process took longer. According to mother, she learned best by reading. She claimed she and father visited S.B. for five hours every day between November 12 and December 2, 2014, which was when they were told they had to deal with their lice issues. When asked by the juvenile court when she discovered she had lice, mother stated she had had them for two years and grandmother helped with the treatment.

Mother could not recall speaking with a social worker about possible classes she could attend although she was familiar with Valley Mountain Regional Center (VMRC), which she said would help her with her disability and improve her slow learning. Mother said she received a referral for VMRC two days ago. Mother said she got around town via bus, but again claimed she never used any bus passes to help father care for his dogs.

Mother stated she had never cared for an infant before, but had taken care of a baby nephew when he was two. Mother said she knew how to change diapers and had changed S.B.'s diaper at visits. She did not know how to bathe S.B., but did acknowledge a nurse was available at visits if she needed help. The nurse at the agency taught mother how to change S.B.'s diapers and clothes while she was on oxygen. Mother claimed never to have been told of S.B.'s medical appointments, but acknowledged she never asked. When asked if she spoke both English and Cambodian, mother said she spoke English "very well" and did not "really speak Cambodian that well."

Mother claimed not to understand what was taught in parenting class and did not ask because she was "shy." Mother thought she needed someone to sit and explain things to her and reading material would help, which was how she learned in high school. At this point, the juvenile court noted that mother was "going to need some special modifications to the case plan to assist her," including reading material and hands-on education.

On redirect examination, mother claimed the social worker did not help her get rid of her lice problem, although the social works at the hospital had spoken to her about it. She then said she did not tell any social worker that she needed help getting rid of the lice because she knew how to do that and did not need any help.

Mother claimed not to remember speaking to a social worker about S.B.'s medical appointments, but acknowledged that the social worker had told her about S.B.'s appointment in San Francisco. She also acknowledged speaking to the social worker about how S.B. was doing, but then said she did not remember. Mother could not recall if she told the social worker she sometimes lived on the street with father.

Mother admitted someone at the hospital spoke to her about how to pump breast milk. They also provided her with written instructions on how to do so, which she read.

Mother admitted that she had not asked the social worker about S.B.'s medical issues because she does not really talk to her or to the foster parents. Mother did not know what medications S.B. was on.

An offer of proof was made and accepted that one social worker would testify she made a referral to VMRC when she first became aware of the case, but mother declined to seek services through VMRC. It was not until her appointment with another social worker the previous week that mother agreed and that social worker then helped her fill out the application.

The social worker who filed the petition and wrote the jurisdiction/disposition report testified that mother did not seem to fully understand what was going on with S.B. While the social worker stated she was not qualified to diagnose mother as cognitively delayed, she did think mother needed "additional help" based on the hospital social worker's referral stating mother was "slow at processing." Mother had reported to the social worker that she had a learning disability but did not know what it was. When the social worker asked mother if she needed help in her parenting class, mother said she did not know, but that classes were boring and she went only because she had to.

The social worker testified she first contacted VMRC February 20, 2015, after receiving an e-mail from the guardian ad litem asking if mother would benefit from VMRC services. The social worker was informed that, because mother was an adult, she would have to self-refer. The social worker was willing to help mother with the application, but mother said she was not interested. It was not until two weeks before the current hearing that mother then allowed the social worker to help her fill out the application. VMRC reported that, if mother qualified with an “intellectual disability,” they would offer to help mother find housing and help with day to day tools for finding employment and things of that nature.

The social worker had referred mother to Sierra Vista for parenting and for a clinical assessment in February of 2015. The social worker had emailed someone at Sierra Vista regarding mother’s participation in parenting, but, as of the current hearing, had not yet received a response.

The social worker went to grandmother’s home on March 27, 2015. Mother did not allow the social worker into the house, so she was unable to assess it.

The social worker clarified that the agency’s position was not that mother was developmentally disabled, but that it was unknown whether or not mother was mentally capable of caring for S.B.

Counsel for mother argued that the agency had not shown, through expert testimony, that mother’s disability placed S.B. at risk. Counsel also argued the fact that mother was on SSI and homeless was not a basis for finding jurisdiction. According to counsel, the social workers, knowing that mother failed to grasp the information, failed to provide her reading information, which was how she best processed. Counsel also argued family maintenance should have been provided from the beginning. In the alternative, counsel argued that, if the juvenile court took jurisdiction, a case plan specifically tailored to mother’s special needs be ordered.

Counsel for the agency argued that, while hygiene is not normally an issue in considering whether to remove a child from a parent, it was an issue here because S.B. was medically fragile. Counsel also argued that, while not having a name for mother's condition, it was obvious, as evidenced by her testimony, she did not "grasp anything" and was limited as to what she understood was going on with S.B.

Counsel questioned whether mother did not recognize the difference between a truth and a lie, noting her conflicting statements about whether she was homeless, whether she had run out of bus passes, whether she knew what S.B.'s condition was, or whether she knew of S.B.'s medical appointments. Counsel argued that not removing S.B. from mother's care at this point was "unsafe" and "fraught with peril," given the options suggested by mother.

Counsel argued that the agency had provided "considerable" efforts to prevent removal of S.B. by trying to explain to mother and father about S.B.'s condition; by providing literature on how to express milk, which still proved futile; and by providing the jurisdiction/disposition report, which mother then failed to read. Counsel argued removal of S.B. is a "big deal" the agency did not take lightly and mother and father's failure to understand the seriousness of the matter was "hugely problematic."

The juvenile court found the petition true and stated it had

"some real concerns about the mother's capacity for understanding essential issues with regard to her child. I don't know if it is simply because the mother is a slow learner, or she really does have capacity issues, or exactly what, but it is very concerning to me when I ask [mother], how are you going to find out about your child's medical problems if you don't ask, and she said she didn't know. She does know that the baby has medical problems, but she does not seem to be able to really explain what they are other than what the baby's issues were at the time of birth."

The juvenile court found S.B. to be a medically fragile child, who was doing better because she was getting the medical care she needed. The juvenile court found that mother seemed unable to follow simple directions or "even have an understanding of the

critical needs of her child,” including some medical issues still to be resolved with possible additional issues not yet determined.

The juvenile court found mother had demonstrated “remarkably poor judgment” in wanting to bring S.B. to grandmother’s home, as grandmother’s behavior was suspect. It also found mother had shown “a complete inability to follow through with the needs of her child.” The juvenile court noted hygiene issues regarding lice and the inability to bathe regularly, even though mother had indicated she had had lice for the last two years and knew how to get rid of them. The juvenile court reasoned that, if mother was unable to deal with the issue of lice, she would be unable to deal with a child who needed constant medical attention.

The juvenile court found it “rather appalling” mother was not even asking the social worker about S.B.’s well-being. The juvenile court acknowledged that, while homelessness is not in and of itself grounds for removal, mother and father needed to come up with a safe plan for S.B. and had “come up with nothing.” The juvenile court also found mother appeared incapable of asking for help when she needed it.

The juvenile court found father in much the same situation – his demeanor suggested a lack of understanding of the seriousness of the proceedings and he had not demonstrated the ability to provide for the needs of “this very special-needs child.” Noting father’s lice and hygiene issues, as well as his inability to refill his own medication, the juvenile court found father was not in a position to care for S.B.

The juvenile court found reasonable efforts had been made to prevent or eliminate the need for S.B.’s removal. Reunification services were ordered for father and mother, who were reminded that they might be limited to six months. The juvenile court ordered that one of the service objectives for both mother and father be that they be able to demonstrate their ability to care for a medically fragile child and to attend S.B.’s medical appointments. The juvenile court agreed that both mother and father needed the

assistance of a public health nurse to provide instructions and hands-on care on how to deal with S.B.

The juvenile court noted that, while the agency was not required to provide a referral to VMRC, it had done so, and it would be crucial in assisting mother. The juvenile court strongly urged mother to participate in any of the VMRC services she qualified for, particularly individual parenting classes. The juvenile court also noted the clinical assessment was appropriate, and while mother did not want to talk to a counselor, she was going to have to. The juvenile court also ordered parenting education through Sierra Vista be one on one, instead of a classroom situation. Mother was again admonished to attend the clinical assessment, to follow through on the case plan, and to ask for assistance when needed.

A six-month review was set for October 14, 2015, with a progress review for July 17, 2015.

DISCUSSION

Mother contends the agency's services were not designed to address the circumstances leading to S.B.'s removal and were, therefore, "neither adequate nor reasonable." (Capitalization omitted.) Specifically, mother argues the services failed to meet her special needs, since the agency was aware she had a learning disability for which she was receiving SSI. We disagree.

Applicable Law

After declaring a child a dependent of the juvenile court, the court must determine whether the child may remain with the custodial parent or whether the child must be removed from the home. (§ 361, subd. (c).) The statute "is clear and specific: Even though children may be dependents of the juvenile court, they shall not be removed from the home in which they are residing at the time of the petition unless there is clear and convincing evidence of a substantial danger to the child's physical health, safety, protection, or physical or emotional well-being *and* there are no 'reasonable means' by

which the child can be protected without removal.” (*In re Jasmine G.* (2000) 82 Cal.App.4th 282, 288, italics in original.)

“Due process requires the findings underlying the initial removal order to be based on clear and convincing evidence.” (*In re Henry V.* (2004) 119 Cal.App.4th 522, 530.) Clear and convincing evidence “requires ‘a high probability, such that the evidence is so clear as to leave no substantial doubt. [Citation.]’” (*In re C.M.* (2014) 232 Cal.App.4th 1394, 1401.) “‘The high standard of proof by which this finding must be made is an essential aspect of the presumptive, constitutional right of parents to care for their children.’ [Citations.]” (*In re A.E.* (2014) 228 Cal.App.4th 820, 825.) It reflects

“the Legislature’s recognition of the rights of parents to the care, custody and management of their children, and further reflects an effort to keep children in their homes where it is safe to do so. [Citations.] ...By requiring clear and convincing evidence of the risk of substantial harm to the child if returned home and the lack of reasonable means short of removal to protect the child’s safety, section 361, subdivision (c) demonstrates the ‘bias of the controlling statute is on family preservation, *not* removal.’ [Citation.] Removal ‘is a last resort, to be considered only when the child would be in danger if allowed to reside with the parent.’ [Citation.]” (*In re Hailey T.* (2012) 212 Cal.App.4th 139, 146.)

A disposition order removing a child from his or her parent’s custody is “‘a critical firebreak in California’s juvenile dependency system’ [citation], after which a series of findings by a preponderance of the evidence may result in termination of parental rights.” (*In re Henry V.*, *supra*, 119 Cal.App.4th at p. 530, quoting *In re Paul E.* (1995) 39 Cal.App.4th 996, 1001, 1003.) The agency’s significant evidentiary burden is the “linchpin of the ... statutory scheme” and fundamental to due process. (*In re Marquis D.* (1995) 38 Cal.App.4th 1813, 1829.)

On appeal, “[w]e review the record in the light most favorable to the court’s order to determine whether there is substantial evidence from which a reasonable trier of fact could find clear and convincing evidence that placement [with parents] would be detrimental to the child.” (*In re Patrick S.* (2013) 218 Cal.App.4th 1254, 1262; see also

In re Michael G. (2012) 203 Cal.App.4th 580, 589 [“On review, we determine whether the record contains substantial evidence from which the juvenile court could find clear and convincing evidence.”].) The record before us meets this high burden.

Substantial Evidence Supports Juvenile Court’s Finding of Reasonable Efforts

Before the juvenile court may order a child physically removed from his or her parent’s custody, it must find by clear and convincing evidence that there are no reasonable means, short of removal, to protect the child. (§ 361, subd. (c).) Mother’s complaint is that the agency did not provide services specifically designed to accommodate her learning disability, and it failed to provide her with direct help to alleviate her lice problem, which she claims prevented her from visiting S.B. for a period of two months between December 5, 2014, and February of 2015.

We first address mother’s complaint that the agency failed to help her eradicate her lice issue. The evidence before the juvenile court was that the case was referred to the agency December 2, 2014, but the social worker was not able to locate mother until January 2, 2015, a full month later. When they first met, mother stated she had been treated for lice the previous week but needed to be checked by a doctor. At a meeting a week and a half later, mother and father both reported that they have not visited S.B. because there were both dirty and had lice, but acknowledged they had been cleared the previous week. Thus, mother had treated her lice before meeting the social worker the first time and she was cleared for visits with S.B. one week after her first meeting with the social worker. In addition, as stated by mother at the jurisdiction/disposition hearing, she had dealt with lice off and on for two years and grandmother had helped her in the past with treatments bought at the store. Mother knew what to do in order to eliminate her lice issues to be allowed to visit S.B., but failed to follow through.

Next, as for mother’s learning disabilities, while mother undoubtedly suffers from some level of cognitive disability, basic efforts to help mother with S.B.’s care were repeatedly made. Mother was given bus passes to visit S.B., which she used for other

purposes. Mother was instructed “at length” about how to properly express breast milk and how to store it, but was unable to follow directions. A neonatologist discussed S.B.’s medical condition with mother and father, but neither seemed to understand and neither asked questions. The social worker urged mother to self-refer to VMRC, which mother acknowledged might help her, but she was not interested. Realizing mother was having difficulty, the social worker referred mother to Sierra Vista for a clinical assessment to better help understand her abilities, disabilities and needs. Although the clinician called mother and scheduled an appointment, mother chose not to participate because she “d[id]n’t want to.”

Services offered and recommended prior to disposition are entirely voluntary on the part of the parent. The social worker could only offer and arrange the services, which she did. She could not force mother to cooperate. Mother failed to comply with even the most basic of steps to show she could care for S.B.

We also note that the efforts made between detention and disposition are sometimes different than the ultimate reunification plan proposed under section 358.1 and adopted at the disposition hearing. Here, the plan ordered at disposition included aspects made in response to all parties’ observations of mother and how she responded at the jurisdiction/disposition hearing. While the juvenile court ordered additional services for mother at the time of disposition in order to best help mother, it cannot be said on the facts of this case that the agency failed to make reasonable efforts to explore and provide services tailored to mother prior to the disposition hearing. While mother will require substantial assistance to learn how to care for S.B., if she is able, there is no reasonable service the agency could have provided that would have expedited this process. Nor was there any relative available to provide even the most basic housing, support and supervision mother would need to have S.B. safely in her care.

Substantial evidence supports the juvenile court's finding that reasonable efforts were made to prevent the need for detention and continued removal of S.B. and there was no reasonable alternative to removal. We reject mother's claim to the contrary.

DISPOSITION

The juvenile court's order is affirmed.