



**~ PLEASE LIST SPECIFIC QUESTIONS TO BE ASKED
AT TIME OF REVIEW.**

CASE SYNOPSIS

Basis for Jurisdiction: Owen, age 3 ½, and Natalie age 5, are under court jurisdiction based on the following allegations: the mother, Maryann Miller, substance abuse interferes with her ability to safely parent the child.

The father, Justin Clark, has had no contact with the child for the past two years, has not contributed to the child's support, and has no interest in being a custodial resource for the child (dismissed); and the father has a history of assaultive behavior toward the mother which threatens his ability to care for the child (dismissed).

Jurisdiction order shows allegation (B) and (C) against the father were dismissed. A new petition was filed with an additional allegation (D).

Ms. Miller is the 24 year old mother of three children. All three children have different fathers. Justin Clark is the legal father of Owen. Natalie's father is deceased. He committed suicide in 10/10. Emory's father is Benjamin Moore.

?’s:

ICWA Status: Mr. Clark indicated no American Indian/ Alaskan Native Ancestry. The maternal grandmother completed an ICWA form on behalf of the mother on 3/7/13 indicating Cherokee Ancestry. All tribal responses received to date have been negative for enrollment.

?’s:

DHS made reasonable efforts to prevent or eliminate the need for removal of the children from the home.

Prior referrals were received but were closed at screening/ unfounded. A report received in 8/12 had been received with concern about the mother's mental health instability, substance abuse and inability to parent. The children were residing with relatives and the report was closed at screening. A new report was received on 10/4/12. The mother suffers from severe epilepsy, was not taking her prescribed medications and was engaging in drug seeking behaviors. The mother was hospitalized due to a significant seizure at which time doctors confirmed she had numerous different providers, had been repeatedly seen at the ER and was using multiple narcotics and benzos. The children were primarily being cared for by the maternal grandparents due to the mother's inability to safely parent. DHS conducted a five day assessment and found the mother's home to be unsafe for the children. There was only one bed in the home as well as multiple safety hazards, several people were in the residence and the DHS intake worker found empty prescription bottles and beer bottles. The mother declined to provide a UA but did confirm that she had a medical marijuana card and a current prescription for Hydrocodone. Ms. Miller agreed to a safety plan allowing the children to remain with the grandparents, pending further assessment.

DHS conducted another unannounced home visit on 10/26/12. Ms. Miller appeared to be under the influence and again declined to UA. DHS obtained collateral information from Ms. Miller's primary physician who concurred that the mother's medical condition was not stable as a result of her misuse of prescription medication. A FDM was held on 10/27/12 and petitions were filed. DHS certified the maternal grandparents for relative care thereby allowing the children to remain in the home. Owen's father had not had contact with his son for over two years and Natalie's father was deceased. Emory was placed with his father.

?’s:

DHS has ensured that appropriate services are in place to safeguard the children’s safety, health and well being.

Placement: The children have resided with their maternal grandmother/ step-grandfather for the majority of their lives, with and without their mother. The children have a strong bond to their grandparents and to each other. The grandparents receive support and occasional respite care from members of their church. The home remains provisionally certified pending completion of additional certification classes.

?’s:

DHS referred both children for mental health evaluations. Assessments were completed on 1/7/13 and no mental health services were deemed necessary. A positive prognosis was given with continued stability and family connections.

The children attend Sunday school which provides opportunity for social interaction.

Owen is 3 ½ years of age. He appears to be developmentally on target. He is improving in his potty training. He is described by her grandmother as an independent, impulsive and highly active child. He had a well child check on 2/7/13 and received updated immunizations. He had a dental examination in 2/13 and has no dental concerns.

?’s:

Natalie is 5 years of age. She is described by her grandmother as a mature and well-adjusted child with no behavioral concerns. She is parentified toward her younger brother. She received updated immunizations in 1/13. She had a dental examination on 2/13. She has bottle rot on her front teeth and has 5 cavities. Appointments have been scheduled to begin silver nitrate treatments. Due to insurance limitations, three separate appointments have been scheduled for completion of dental work.

?’s:

Visits/ parental time/ family contact:

Prior to entry Owen had no relationship with his father or with paternal relatives. He had not had contact with his father for 2 years. DHS arranged for supervised visitation to re-establish a relationship and provided a referral for play therapy to promote bonding/attachment.

Owen resumed contact with his father on 1/3/13, beginning with supervised visits and has since been receiving overnight visits with his father in preparation for his transition home. Owen will continue to have visitation with his sister/grandparents every other weekend once he has been returned to his father's care.

Natalie's father is deceased but she has regular contact with paternal family members. Both children have visitation with their mother 2-3x per week as supervised by the maternal grandparents. According to the DHS case report, Natalie has asked for additional time with her mother and is affected by the inconsistency of visits. She competes for her mother's attention. There is not a strong bond evident between Owen and his mother. The children have visits with their youngest brother and his father approximately once per month. The grandparents have transported the children to Brookings to visit with their baby brother.

?’s:

DHS made reasonable efforts to provide services to make it possible for the children to safely return home.

DHS has provided Mr. Clark a referral to play therapy/ PCIT and has provided opportunity for visitation/parenting time with Owen since 1/13.

DHS has provided/ offered the mother: D/A assessment and treatment, UA’s, medication management/ psychiatric evaluation, visitation/parenting time and ongoing case planning. DHS obtained collateral information from Ms. Jackson’s primary physician and has obtained a signed release to the Methadone clinic.

A Child Safety Meeting was held on 11/13/12.

Action Agreements were updated for both parents on 2/2/13.

?’s:

The parents have made sufficient progress to make it possible for the children to safely return home.

Mr. Clark has three children, including an infant daughter with his current girlfriend and an older daughter who resides with her mother in California. He has employment and resides with his girlfriend and daughter. Mr. Clark has a medical marijuana card for chronic pain but states he is not smoking. Prior to Owen's entry, he had no contact for two years and reports he was not permitted contact by the mother/grandparents. He has since re-established a relationship, has been consistent in his visitation and is participating in a play group once per week with Owen to promote bonding/attachment. According to the DHS case plan, he has strongly advocated for Owen's return to his care but has not demonstrated an adequate understanding of the bond that exists between Owen and his sister, as well as between Owen and his grandparents. He has perpetuated the conflict between himself and the grandparents which causes concern about his willingness to continue family connections once Owen is in his full time care. Visitation with Owen has been extended to include one overnight visit each month.

?’s:

Ms. Miller has not managed her mental health or medical condition through the appropriate use of prescription medication. She continues to be hospitalized on a regular basis due to her severe epilepsy. She participated in a D/A assessment on 12/12/12 but discontinued attending groups. She admits to current use of medical marijuana and to continued seizure activity. She

reports she is working with her physicians toward stabilization of her seizure disorder and she began services through the Methadone Clinic on 4/5/13 which includes daily dosages of Methadone and attendance in treatment and cognitive behavioral groups three times per week. She is scheduled to visit with the children two-three times per week at the grandparents' home but her instability of health prevents consistent attendance.

?’s:

DHS has made sufficient efforts in developing the concurrent permanency plan.

The court ordered concurrent plan is adoption. DHS has conducted a relative search for maternal relatives and both sets of paternal relatives. Letters were sent to numerous relatives. The children’s maternal great aunt and Natalie paternal grandparents responded indicating a willingness to be a permanent resource.

The children are currently placed together in relative care with their maternal grandparents, with whom they have lived the majority of their lives. The maternal grandparents are willing to be permanent resources for both children. A plan of guardianship has been discussed for Natalie.

?’s:

ADDITIONAL NOTES/ QUESTIONS/ KEY INQUIRIES: