



RESOURCE MATERIALS

Included in this section:

The Parker-Solano Training Case

1-3

The Parker-Solano Training Case

Benjamin (Ben) Parker (DOB 12/4/84, age 15)
Damien Solano (DOB 11/3/92, age 7)

The following case is told from the perspective of the GAL volunteer through some of the notes kept while working on the case. This is not a complete copy of the GAL volunteer file but selected entries that tell the story of one family with two children. The entries span a period of almost six months, beginning in January 2000. The case is used to present training materials related to the court and social services system in which you will do your work, the families and children with whom you will work, and the role of the GAL volunteer in relation to these varied systems and individuals.

(Note: All names and identifying information in this case have been changed.)

January 7, 2000, 5:00 PM

Telephone call from the GAL program administrator, Mary Dudley

Mary called me and said that she had received a telephone call from The Department of Children and Families (DCF) stating that they were taking custody of a fifteen-year-old boy. DCF had received several other reports of neglect and abuse, all within the past two years. These recent repeated referrals are rather alarming due to the fact that the youngest child (Damien) is only seven years old and currently remains in the home. The oldest child (Ben) has a history of psychological problems and has witnessed a lot of domestic violence and drug use in the home. Allegedly Ben has sexually molested Damien. Yesterday, Ben was found alone with his younger brother, unsupervised for an unknown amount of time, and a neighbor called in the report. Ben was placed with his maternal aunt and uncle, and the younger sibling remains in the home because DCF felt that the home would be safe with Ben removed. Mary informed me that there is a possibility that the younger child might come into custody at a later date. The mom signed a protection plan saying she would not leave Damien unsupervised. If she violates this plan, DCF may take custody of him also.

Mary wanted to know if I would be interested in taking the case. I agreed to take the case and will attend the shelter hearing on January 8. Mary stated that she would put the petition in the mail and get my appointment order signed by the judge. As soon as it is signed, I can go to DCF to copy any of the previous history and investigation information in the file. She gave me the name and number of the caseworker assigned to the case—Michelle Simpson, 555-3498 ext. 27. She reminded me to call DCF before going over there to be sure that Michelle would be available or would leave the file in a place where I could get it on my own.

January 8, 2000, 9:00 AM

Shelter hearing at the County Courthouse

I met the mother (Suzanne Solano, DOB 9/19/66, age 33, 905 N. Broadview Ave., Anywhere, FL, 898-7774) and both fathers today in court. Ben's father is Joseph Parker and Damien's father is Jessie Solano (2405 Hillsdale Rd., Anywhere, FL 27257). Damien's father is not named on the petition because only Ben's case is before the court at this time. He came to court because he knows that DCF has an open case on his son, Damien, and he wanted to know what was going on.

Once I explained my role to the mother, she appeared to be very eager to talk to me. She said all of this is a mistake and that Damien's father's new girlfriend was the one who started all of this mess. She tried to find out who had made the report, but I explained to her that I didn't know that information because it is confidential. She does not feel the allegations in the petition are true and wants to make sure that everyone knows that. This mother seemed quite agitated and talked very quickly. Both fathers stood in the background and didn't make any comment while she went on and on. They seem fairly friendly toward one another, but I noticed that Suzanne didn't speak to either one.

I read the petition while the judge (Judge Wentworth) was reviewing it. The allegations are as follows:

1. DCF has been involved with this family since July 30, 1998; following investigations of three referrals of neglect, the agency found neglect on two occasions due to lack of proper care and lack of proper supervision.
2. On November 5, 1999, and on December 27, 1999, the mother signed protection plans agreeing to the following conditions: The children would be supervised by a responsible adult at all times; they would not be left alone; and if the mother became ill, she would call 911 and make an appropriate plan of care. On January 6, 2000, the juveniles were found alone in the home and the mother could not be located. She reportedly had checked into Piedmont Regional Medical Center the previous day due to a chronic medical condition.
3. Ben has a history of psychiatric problems, including suicide attempts, self-mutilating, and hospitalizations. The juvenile was last seen by Dr. Sara Walker on October 21, 1999, at which time she placed him on six psychotropic drugs. The juvenile has not been taken to Therapeutic Children's Services since that date, his medication has not been monitored, and he has been without medication for at least four days, although the mother has been asked on numerous occasions to provide these services for Ben.
4. The mother denies that she has neglected the juveniles and refuses to enter into an intervention plan to address the needs of the juveniles, including weekly therapy for Ben, therapy for herself, and a plan for proper supervision of the juveniles.

The mother told the judge that when DCF came to the house on January 6, she had checked herself into the hospital (I'm not sure if she really was in the hospital and, if so, what day and for what period of time). The judge asked why she had violated the protection plan. The mother said that she did not believe all of the previous allegations that Ben sexually abused Damien and had felt that by signing a protection plan she could get DCF off her back. As far as Ben not receiving therapy, she said that he didn't like to go and that she would have eventually taken him to get his medication. The judge left Ben

in DCF custody and asked some questions about the plan of care for Damien. Damien is not the subject of the petition but the judge was clearly concerned. After court, I asked Suzanne if there was anyone she wanted me to speak with as a positive reference and she said no. I reminded her that I would be in touch in a week or so.

Ben's father was present at the hearing; however, he told me that he feels that Ben is not his responsibility and he does not want to get involved with the child. With a new wife and child, he felt that trying to help Ben would just make trouble. He did tell me he thought Suzanne was "nuts" and that you couldn't believe anything she says. He also mentioned that they never had a good relationship and that she always beat him because of the drugs she used. Ben often witnessed these domestic violence scenes.

The maternal aunt, Debbie Parker, also came to the court hearing. Ben was placed with Debbie and her husband after his removal from his mother's home. Apparently he has had a few adjustment problems, such as not wanting to do chores or to follow the rules of the house. However, Debbie feels that he is getting into the swing of things and he seems a lot happier in their home. I arranged a time to go to their house and visit Ben.

During the hearing, the judge found that there was probable cause to remove Ben from his mother's home and that those reasons still existed. The judge also found that Ben was in a safe place and that he should be receiving mental health treatment. When the judge asked about visitation between Ben and Suzanne, the mother said that she didn't want any at this time.

The adjudication hearing was set for February 9.

January 13, 2000, 5:00 PM

Home visit with Benjamin Parker (oldest child) in the home of his uncle and aunt, Donald and Debbie Parker

Ben was clearly very unsure about speaking with me; however, he agreed to talk as long as his aunt stayed in the room with us. I assured him that was fine with me. After I explained the role of the GAL volunteer, he seemed excited to know that my job is to focus on what he needs and wants.

He said he knows why he was removed. His mom wasn't supposed to leave the children alone, but he said that sometimes she really needed to get out of the house. He spoke of a history of domestic violence between Suzanne and many of her boyfriends. On one occasion when Damien was very little, Suzanne and Damien's father were fighting. His mom picked up a beer bottle and threw it across the room. The bottle hit the wall and shattered right over Damien in his playpen. Ben said he remembers his mom being angry and touchy, especially when she took all those pills. I asked Ben how he felt when he saw his mother involved in these violent situations. He said he feels a need to take care of her when men hit her, but he could see why they feel like hitting her; when she takes pills, she has a very foul mouth and angry temper.

When I asked about his concerns, he replied "Damien." He said that his mother cannot take care of Damien without Ben being there. He said that Damien gets picked on a lot at school and that Ben has to stick up for him. I am struck that he has taken on the role of a parent for his little brother and for his mother. The kids at school make fun of Damien because he is "slow" and not very athletic. When all of the other kids play basketball, they pick Damien last because he cannot dribble the ball at all and he sometimes seems to forget what game

he is playing. He still wets his pants every once in a while and has a hard time tying his shoes. Additionally, several children have made comments about Damien not being white like his mom or brother.

Ben said he really didn't want to talk anymore and that he would talk to his therapist at Therapeutic Children's Services. When I asked if he liked his therapist, he said that he liked Janice Geisbert, his normal therapist, but didn't like the one who gave him medicine.

I told Ben I was sorry I had asked so many questions and that I knew it must be hard to talk to so many different strangers. I was concerned that we hadn't had time to establish rapport before talking about difficult topics. He said he is used to it because caseworkers talk to him all the time. He did say today wasn't too much fun. I asked if he might want to walk to the park the next time I come to visit. I told him I could bring a basketball and we could spend time getting to know each other without always talking about these tough issues. He said, "Maybe." It appears that Ben sees me as another caseworker. I know we will do lots of talking over time. Hearing about his wishes and needs is the major focus of my role, but I want to take a step back now and begin to establish some trust. Rapport building may take time because I suspect Ben has learned that adults cannot be trusted.

Debbie Parker pulled me aside on my way out the door and said she had some concerns about Ben's behavior. She said that lately he seems very depressed. He will get up in the morning, but all he wants to do is stay in his room. She said he doesn't want to socialize with any children his age. Sometimes he will turn on his radio and turn it up all the way. Last night he did this and when she went to try to get in the room, the door was locked. Debbie called her husband to come, and he had to take the doorknob off the door to get in. Ben had thrown stuff all over the room and appeared out of control; she said that settling him down took a long time. I suggested that she contact the caseworker and his therapist with this information. He has still not been seen for medication and those behaviors sound like they might need to be evaluated. I also told Debbie that Ben probably finds it very difficult being in a home where there is structure and a regular schedule after having lived in a chaotic situation. I also think that he may be very worried about his little brother.

January 14, 2000, 8:30 AM

Called DCF and arranged to copy records at 10:00 AM

Caseworker Michelle Simpson met with me for a few minutes before handing over the file. She said that after Ben was removed from the home, Suzanne signed another protection plan that was geared toward the protection of Damien. Michelle is a foster care caseworker and works with families after the children have been removed from home. I read the protection plan, which has the following provisions:

- Damien will be supervised at all times by a responsible adult (one who is not under the influence of drugs or alcohol or who suffers from untreated mental disorders);
- Damien will not be left alone under any circumstances;
- If Suzanne becomes ill or unable to care for Damien, she will call 911 to get help for herself and will either make a plan of care for Damien or ask the 911 operator to call DCF;
- Suzanne will refrain from misusing any prescribed medications and from using nonprescription medications or drugs; and
- Suzanne will follow up with treatment recommendations for both medical and psychological needs.

In our brief meeting, I learned that Michelle felt the medical information on Suzanne, which DCF had obtained during their investigation and prior DCF involvement, would be of particular interest to me. She encouraged me to copy some of that history. At the previous court hearing, the judge ordered some random drug screens on the mother. Michelle said she planned on doing one sometime next week and would let me know if the results were positive, which would indicate drugs in her system.

Michelle also said she felt the medical history on Ben (although a lot to copy) would be very beneficial. Since Ben was ten years old, he has been in and out of many psychological facilities for treatment. His problems range from depression to alleged sexual advances on his brother. Recently, he had helped his mother obtain drugs, and it has not been determined if he too is using, or has used, illegal drugs. During inpatient treatment at the hospital in July 1999, Ben was diagnosed with schizoaffective disorder and was placed on several forms of medication. The mother was given strict discharge recommendations. (Later, I looked up schizoaffective disorder on the Internet and learned that it is a psychotic disorder and is like schizophrenia in many ways. In addition to symptoms such as hallucinations and delusions, significant mood disorders occur, such as depression or manic depression. It is treated with antipsychotic medications and antidepressants.)

Following is a discharge summary from a past inpatient hospitalization for Ben:

ANSTON REGIONAL MEDICAL CENTER P.O. Box 202 Anywhere, FL 27219	
DISCHARGE SUMMARY	
NAME: PARKER, Benjamin D	MEDICAL RECORD NUMBER: 66-36-65
ADMITTED: 03/03/98	
DISCHARGED: 04/20/98	
PHYSICIAN: George C. Hargrove, M.D.	
<p>HISTORY: This is the second admission to Adolescent Psychiatry for this thirteen-year-old boy. His diagnosis on the first admission was major depression with psychotic features. He was seen in the mental health clinic the day after his first admission. He was found to be suicidal and was readmitted on emergency commitment.</p> <p>For details of the present illness, past history, social history, physical examination, and mental status examination, please see the typed history and physical in the record from the first admission. A repeat history and physical was not done, because he had only been out of the hospital for one day when he was readmitted.</p>	

HOSPITAL COURSE: The patient was treated with Paxil 30 mg and Haldol 1.5 mg daily. He had to have an additional intravenous dose of Haldol about one week prior to discharge when he was upset and had been threatening to harm himself. He was put back on suicidal precautions at that time.

The patient continued to work on some difficult emotional issues while he was here. He did admit to some sexual abuse toward his half-brother several years ago. He also claimed that he had abused a young girl in the past but then denied that story. Determining when this patient was telling the truth, either about the sexual abuse or about suicidal thoughts, was difficult. However, he clearly suffers from a major depression with psychotic features, and the Haldol appears to help the psychotic features. The mother had been reluctant to admit that he needed Haldol in his earlier hospitalization, but she came around to feeling that he was benefiting from it before he was discharged this time.

The patient said his depression and anger mostly centered around three worries. One was when and if he would get into a long-term treatment situation and where this would be. The second involved having to leave his mother for long-term treatment. The third was what would happen to him in regard to legal consequences about the past history of sexual abuse toward his half-brother.

The mother was also seen in frequent family sessions with the psychiatrist and the case-worker. She gradually began to accept the need for long-term treatment in the future and the fact that he needed medication. She also felt that he indeed had abused his half-brother in the past. However, there were some limitations toward her acceptance of his need for long-term treatment. An example of this occurred just prior to discharge when we were unable to get him in Covington Hospital because his insurance would not pay for him to go there. She had accepted his going there. Also due to financial reasons, we were unable to get him in Blakely Hall, Woodbridge, under a sexual perpetrators program. We had suggested then that she apply to John Anderson Hospital's long-term unit. She refused to do this. She did say at the time of discharge that if an outpatient treatment plan failed and he again became dangerous to himself or others, she would agree to his going to John Anderson Hospital.

Ben used his pass, the privilege to leave with an approved adult, on April 3, 1998; he left with his mother to go purchase eyeglasses. When he came back, he appeared depressed and smelled of alcohol. He blew a 0.01 on his Breathalyzer. He claimed to have sprayed Lysol spray deodorant on a towel, put this to his face, and breathed it in just before coming back. This probably explained the increase in his blood alcohol, as tested by the Breathalyzer. He was also thought to be suicidal at that time and was placed on precautions.

For the last week of his hospitalization, he did fairly well. He showed few signs of depression or psychotic features. During that time he was taking Haldol 0.5 mg in the morning and 1 mg at bedtime. He was also taking Paxil 30 mg daily.

I strongly advised the mother to let us try to get him into John Anderson Hospital; she did not want to do this. I felt he had benefited as much as he could from a short-term hospital stay; therefore, he was discharged to the mother on the above medications. She said that she now understood the importance of the medications and would be sure that he took them. He also had an appointment scheduled in the mental health clinic two days after discharge. The mental health clinic was going to continue to try to get him into Covington Hospital by seeking IV-E funds or other federal or state support. However, they understood that obtaining the funds for him to go to Covington would probably take two months.

If he becomes suicidal or a danger of abuse toward his younger half-brother, then the mother has agreed to send him to John Anderson Hospital with the hope that he can get into the long-term treatment unit there.

The mother was thoroughly warned of the risks that he might become dangerous to himself or others or that he might abuse his younger half-brother at home. This was the same half-brother against whom he had a past history of abuse. The mother said she was going to sleep with the half-brother and watch the patient twenty-four hours daily to be sure that he would be okay at home. She said she would take him to the mental health clinic or the emergency room should he become worse after he goes home.

The patient was discharged to full activity at home.

FINAL DIAGNOSIS: Major depression with psychotic features.

George C. Hargrove
George C. Hargrove, M.D.

I asked Michelle (the caseworker) if Debbie Parker (the maternal aunt/Ben's placement) had called to speak with her about Ben's behavior and she said no. She did tell me that a rather unusual relationship existed between Ben's father and mother and his aunt and uncle. They are his double aunt and uncle, with Debbie being Suzanne's sister and Donald being Joe Parker's brother. I encouraged Michelle to give Debbie a call and filled her in on some of the details about his behavior. Michelle said she would make a call to Therapeutic Children's Services to arrange a time for Ben's medications and dosages to be updated.

While copying a great deal of the file, I was reminded that there had been several other reports alleging abuse and neglect. Damien's father (Jessie Solano) and Suzanne's therapist (Kristen Brooks) made reports on the same day, but these were considered as one report by the DCF intake caseworker.

The following are the allegations contained in the report:

- **First Incident:** Suzanne has her boyfriend (Russell) staying with her. He baby-sits after school and works the third shift at Remington Industries; therefore, the children are alone at home after 11:00 PM. Suzanne leaves them alone all night. Benjamin is just out of John Anderson Hospital; he is on medication and is not supposed to be left alone. Mom abuses painkillers. Reporter doesn't think children are getting proper meals. Ben cares for Damien when mom is not there. Suzanne curses at kids.
- **Second Incident:** Kristen received a call from Suzanne's sister, who says Suzanne is on crack and leaves the boys alone at night. The sister says that Suzanne is "bad off" on drugs and pain medication. Kristen is Suzanne's therapist, but she has not been seen for an appointment since July. This information seriously concerns her, and she believes that the sister is credible.

I did not realize that Suzanne currently has a boyfriend, so I made a note to ask her about her current relationship. Additionally, I did not realize that Suzanne once attended therapy. Hopefully, this therapist has already developed some sort of rapport with Suzanne and can begin working with her again without needing a long period to establish a relationship.

Of additional importance in the DCF file was Suzanne's initial interview with the investigative caseworker. The following is an excerpt from DCF notes:

Casework Interview with Parent Suzanne Solano

11/5/99

Suzanne explained that Friday night (10/31/99) her children had told her that they had seen Damien's dad (Jessie Solano) holding hands and cuddling with their aunt, Suzanne's sister (Debbie Parker). Suzanne told Jessie and Debbie that she was going to tell Debbie's husband about their relationship. They both said that if Suzanne told, then they "would turn her in for being an unfit mother and for leaving the kids alone." Suzanne went ahead and told Debbie's husband about Jessie and Debbie, and he almost kicked Debbie out of their home.

Suzanne went on discussing Jessie Solano. Suzanne said he was a "dope head" and had been on crack for three years. Suzanne stated that they were not together now because he had caused them to lose their home after spending all of their money on crack. She reported some fighting, but it never got too serious. When asked to say more about this, she said, "He never broke any of my bones."

The caseworker asked Suzanne about her drug use. Suzanne said she was on medication for her nerves and pain (from an accident). Suzanne said she only took the "meds" (medications) she was prescribed and added that she did not abuse them. Suzanne said that they do not interfere with her ability to function. She also said that she did not take her prescribed sleeping medication because she did not like the way it made her feel. Suzanne admitted to smoking pot in the past, but she claims that she does not anymore. Suzanne could not remember when she last smoked pot, but it was "a long time ago." Suzanne said she had never tried crack and never would. She said she had seen "too many people messed up by crack."

Suzanne said she sees Dr. Waddel at the Pain Clinic at Piedmont Regional Medical Center, as well as many other doctors. Suzanne sees Kristen Brooks at Anston County Mental Health (ACMH). Suzanne explained that she sees Kristen because she needs help with her nerves and with adjusting to not being able to work now, as she is used to working and being independent. Suzanne said she also has trouble dealing with her family. She is an outcast because she does not do what her family wants her to do with her life and because she had a biracial baby. She said her family is from the South and "people down here don't think it is right." She said she didn't realize how hard it would be to have a Latino child because of how people act. Suzanne said she also feels guilty about Jessie's drug use, although she could not explain this. Suzanne said Kristen helped her deal with all of this, but she has not been to see her in a few months because she has been busy with Benjamin and trying to get disability for herself and Benjamin.

Suzanne said her boyfriend is Russell Stevens. Russell does not live with her. Currently he is in New York with his family because his dad is sick. Suzanne said he may or may not be coming back to town; she has not heard for sure. Suzanne said that once in a while Russell would keep the kids for her when she needed to take a break or to run errands. Suzanne said he never kept the children at night.

The caseworker discussed concerns about the children being in the home alone at night. Suzanne denied the accusation. Suzanne said that, once, Benjamin and Damien had stayed at home while she went down the street to the store, but she was gone less than thirty minutes. Suzanne said that was over a month ago and again that they had never been left alone at night, even for a few minutes. Suzanne added that Dr. Walker, one of Benjamin's doctors at the hospital, said it was all right for Benjamin to stay at home alone with Damien for short periods of time as long as Benjamin had taken his "meds." This is contrary to the notes from the hospitalization, which say he should not be left unsupervised with any younger child.

After reading these particular items, I realized I need to contact many more people regarding these children—specifically, the boyfriend, Russell Stevens, of whom I had not heard mention until now. I also need to find out more about Jessie Solano and whether he has a history of drug use. I will also try to interview Suzanne's other extended family members to learn if they are a potential support system for her.

There was an entire folder of information on Suzanne's medical history, including the following letter from the Pain Medicine Division at Piedmont Regional Medical Center.

PIEDMONT REGIONAL MEDICAL CENTER
Anywhere, FL

DEPARTMENT OF ANESTHESIOLOGY

Philip F. Roysen, M.D.
Professor and Chairman

Edward A. Welfleet, M.D.
Professor and Vice Chairman

Pain Medicine Division
William F. Black, Ph.D., M.D.
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J.N. Kehia, N.O.
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CB# 7010, 223 Burney-Womble Bldg.
Anywhere, FL 28219
954/669-4873
954/669-0136
954/669-PAIN

January 11, 2000

Suzanne Solano
905 N Broadview Ave
Anywhere, FL 27219

MR #038-11-05-6
DOB 09/19/66

Dear Ms. Solano:

I am writing this letter to inform you that, unfortunately, we will no longer be able to provide any chronic pain management care to you in our clinic.

We first saw you in evaluation on August 15, 1999, and shortly thereafter you spent some time with our clinical psychologist. We had been managing you with a narcotic called Oxycontin as well as a muscle relaxant called Soma. You had one more follow-up visit with us on the 24th of September, when we additionally administered some trigger point injections to help with your pain management. You had several appointments to which you did not come, despite phone calls to remind you of those appointments. Finally, our last interaction with you was on November 14, 1999, after we had received some anonymous phone calls regarding problems at home as well as the fact that you might be using other narcotic therapies and illicit drugs.

At that time, I obtained a urine toxicology screen (drug test) on November 14, 1999, which was positive for both marijuana and methadone. As you know, you signed a narcotic policy with our clinic dated August 20, 1999. This policy specifically states that you will not abuse any illicit or prescription drugs, that you agree to keep all your scheduled appointments in the Pain Clinic, and that your treatment in the clinic will terminate if we find that you are noncompliant with any terms of our narcotic contract agreement or obtain narcotic analgesics from sources other than the Pain Clinic. Clearly, the only narcotic I was prescribing to you was Oxycontin, and where you obtained your methadone medication remains unclear.

Subsequent to our relating the results of the urine toxicology screen, I did agree to give you another chance, and my receptionist scheduled you to see me in the Chronic Pain Clinic almost on a weekly basis in the month of December. We realize that you had problems with a telephone, but you made numerous phone calls to the clinic and were informed about these various appointments. Unfortunately, you did not come to a single scheduled appointment; therefore, we will not treat you any longer.

We realize you have an unfortunate pain problem. However, due to your past behavior, your inability to comply with the terms of our narcotic contract agreement, and your inability to arrive at the clinic for any of your clinic appointments, we cannot continue treating you. At this time, you would be best to return to your primary care physician for any further pain management problems that you are undergoing. If you do not have a current primary care physician, we will be happy to refer you to a primary care facility here at Piedmont Regional Medical Center.

If I can be of any other assistance to you, please do not hesitate to call.

Sincerely,

Akshana Waddel

Akshana Waddel, M.D.

Attending

cc: Judy Harrin Risk Management Fax 662-8547

I felt that I copied plenty of information to assist me in the investigation and returned the file to Michelle. I thanked her for pointing out some key issues in the file and for sharing her perceptions of the family situation. I asked her to keep in touch with me and told her I will share any information that I obtain.

February 1, 2000

Received a message on my telephone answering machine from the GAL program office

Apparently, the situation with Ben did not improve over the last week. He became more and more violent and said that he didn't want to live anymore. His aunt and uncle took him to John Anderson Hospital, where he was admitted to the inpatient unit for treatment.

Telephone Call (TC) from caseworker

Michelle said she hadn't had a chance to contact the aunt and uncle, but that they had contacted the on-call caseworker on the evening of January 30, 2000. Debbie said they could not control Ben anymore and that she was afraid that he would do something crazy. The caseworker immediately went to the house; the sheriff's department had to restrain Ben and take him to the hospital. (This story differed from the information the GAL program office provided, reporting that the aunt and uncle took him to the hospital. I will ask additional questions to learn more about what happened.)

February 4, 2000, 11:00 AM

TC from caseworker

Michelle called to tell me that they filed a petition and took custody of Damien today. After Ben went into the hospital, he began talking more about the situation at home. An abuse report was called into the Department of Children and Families alleging that even more drinking and drug abuse occur in the home than was previously suspected.

The following are the allegations in the new report:

Reporter called, stating that DCF needed to take the other child out of this home. She said that Ben doesn't want to go home. He said that his mom will hit him and that he'll hit her back. Reporter stated that mom supposedly has a chronic illness, is in pain, and is self-medicating. Mom is getting high, drinking alcohol, and asking Ben to watch Damien. While he is supposed to be watching Damien, Ben is also smoking pot, drinking, doing acid, and taking Damien along with him. When released from the hospital, Ben was placed on six psychotropic drugs, but he didn't have his "meds" the following week. This is very serious because these medications build up in the system and should not be removed from the system suddenly. Additionally, Ben was beginning to experience symptoms because of the lack of proper medication. Reporter said Ben clearly wanted her to know that his home is out of control. Damien's father is no longer staying in the home due to domestic violence. After he moved out, Russell Stevens stayed for a while, but Ben thinks only his mom is there with Damien now. Ben has reported domestic violence in each of the relationships that his mother has had with men. This kind of role modeling is especially frightening given his mental health problems and his admission that he has been violent with his mother.

After receiving this information, Michelle went to the home and took the mother for a drug screen. This screen came back positive for marijuana and cocaine; therefore, they took immediate custody of Damien. The allegations in the petition remain the same for Damien as they did for Ben; however, DCF added an additional allegation that the mother tested positive for illegal

and prescription drugs after signing a protection plan that she would refrain from using nonprescription drugs and would only use prescription drugs in the manner in which they were prescribed. Damien is in foster care at the present time, but they want to work with his father, Jessie Solano, as a possible placement. A visit between Damien and his mother has already been scheduled, and they are working on one for Jessie. The shelter hearing for Damien scheduled for February 5, 2000. I reminded Michelle about the allegations of drug abuse and domestic violence directed at Jessie Solano and asked that they fully assess him before placing Damien there. Although adjusting to foster care is difficult, living with his dad and then being removed would be worse. She fully agrees and will ask the judge at the first seven-day hearing to order drug screens, a substance abuse assessment, and a domestic violence assessment for Mr. Solano.

February 5, 2000 Court

The judge found grounds to continue custody of Damien with DCF and asked that a home study be completed as soon as possible on Jessie Solano's home. Mr. Solano appeared to be pleased with the decision and stated that I could come and visit him at any time. Visitation will begin twice a week unsupervised and will then progress into overnight visits. Additionally, the judge ordered that Mr. Solano have mental health and substance abuse assessments and follow recommendations for therapy for any underlying substance abuse or domestic violence problems. The judge did state that if DCF has any concerns about such frequent unsupervised visits, they should immediately motion the case back into court. The judge said she wants to strike a balance between moving very quickly so that this child doesn't need to stay in foster care and being cautious about the situation in his father's home. Asked for additional input, I requested that Damien be transported to his same school until a more permanent placement is made. Making such big adjustments in every area of his life at the same time would be difficult.

The mother was angry and emotional throughout the hearing. Her demeanor revealed that she was arguing with her attorney. She appeared to want to take the stand "to tell these people a thing or two," but her attorney discouraged her from addressing the judge at this time.

Mr. Solano told me that he had just started a new job last week and did not want lots of people contacting his work to ask questions. The caseworker agreed to make a simple contact confirming employment. I explained that at a later date I might also need to make contact but that I would not do so without letting him know. If that need arises, this would allow him to give some explanation of his court involvement to his new boss.

Suzanne was very upset with the plan to do a home study on Mr. Solano and asked for immediate visitation. The judge agreed to allow visitation to occur on a weekly basis. The court must approve any change in visitation. A visit was set up for next Monday.

The judge continued the adjudication hearing regarding Ben until March 8 so that the adjudication for both children could be held at the same time.

February 22, 2000, 3:30 PM

Home visit with Damien at foster home

When I entered the house, Damien immediately took my hand and showed me around his new home. His overly familiar behavior concerned me because he had not met me before. He made sure to point out all of his new clothes and toys, but his favorite thing about living in the foster home is the bunk bed that he gets to sleep on. After I introduced myself to Damien and told him briefly about my role as a GAL volunteer, he asked me to play in his room. I suggested we color at the dining room table instead, in order to be in sight of others in the house. He colored a picture for me and asked me to put it on my refrigerator at my house. He said that he liked it here, but he really missed his mom and wanted to go home. When I asked if he missed his brother, he stated, “Not really.” This raises concerns about the relationship between the two brothers, but I decided not to ask additional questions until I know him better and until he has had more time to adjust to the many changes in his life.

Damien’s foster mother is an African American woman with two other foster children, one of whom shares Damien’s room. She is an experienced foster parent and seems to have already established good rapport with Damien. She reports that Damien had several nightmares immediately after coming into custody, but since then he has calmed down. Apparently he did not sleep well last night after his visit with his mother. When he arrived at his foster home, he was very disobedient. He told his foster mother, “You’re not my mom, and I don’t have to listen to you!” His teacher also sent a note home from school saying that he had an accident in his pants today and that the other kids made fun of him. The teacher wanted to know if anything was going on at home. I had assumed that the caseworker had contacted the teachers and told them what was happening, but I told the foster mother I would ask the caseworker to make contact with the teacher. I left a message on the caseworker’s machine about the school issue. I know that sometimes caseworkers are so busy “putting out fires” that they do not share sufficient information about a child with people who need to know. I plan to go to the school to gather information, but I feel the caseworker should be the one to inform the teacher of Damien’s removal from home. I will give the teacher enough information to help her understand that he has lots going on right now, and his schoolwork is probably not his highest priority.

When I asked Damien if he had seen his father, he said, “Who, Jessie?” This makes me think he has had more than one father figure in his life. Apparently, Jessie and Damien are beginning to develop a friendship, and Damien says his visits with his father are a lot of fun. In order for Jessie to assume responsibility for his son, Damien must view him in a parenting role. We are still checking out concerns about Jessie; therefore, it is fine for the father-son relationship to develop slowly. His foster mother said that Damien asks almost every day if he will be seeing Jessie after school. He gets very excited the night before his visits.

Damien appeared to be a very easygoing child. He is very well mannered and is eager to please. He is more verbal than I had expected since his brother had described him as “slow.” The foster mom said that he is really very smart and that she is helping him learn to read—something he seems very motivated to do. His foster mother said he plays very rough with their pet dog and that she has had to discipline him (using “time-out”) several times for this. The foster mother also noticed that he hoards food quite a bit and eats very fast, as if someone were going to take the food away. We talked about the fact that these types of behaviors are typical of a child who has just been removed from his home. I suggested that she bring up all of her concerns with the caseworker and with Damien’s therapist. Damien was sad to see me go and wanted to know when I would come back. I assured him that he would see me again in the near future.

February 22, 2000

Received message on my home answering machine from caseworker regarding Ben

Ben was discharged from the hospital today and will be placed in a group home (The Oaks) for juvenile delinquents, even though he has not had any delinquent charges to date. Apparently, they make exceptions about who they will take when they aren't full. It does raise a concern that Ben might learn new negative behaviors from the other clients. This facility is supposed to offer Ben a more structured environment and more supervision than most placements. The Oaks also has a school on site that can provide educational structure as well. Ben remains on his medications; however, he must be supervised while taking them because he tries to throw them away. The hospital wants him to continue with his outpatient therapy and regular medicine checks. At this time they recommend no visits with his mother.

The caseworker has received reports that Suzanne lost her fourth job since DCF began their work with her last month. She was also seen wandering around a known drug neighborhood late at night. I will see if I can verify this information. I will call the employers and bring them a copy of my appointment order since they will need it to release information. The other information is harder to verify because the witnesses themselves are fairly unreliable.

Mr. Solano has attended three therapy sessions and found his own parenting class. All of the visitations have been going smoothly, and next week they will begin to allow longer visits. DCF is very impressed with him. I don't blame them, but I want to talk to his therapist before dismissing the "red flags" that have been raised.

I received his criminal record from the GAL program office and it raises additional concerns. The charges are pretty old, but he was found guilty of DWI (driving while impaired) in 1997 and of many other charges, including voluntary manslaughter in 1987 (which I think is related to a motor vehicle death that occurred while he was drinking; however, I need to find out more about what this record means). I'll call his last probation officer and see if I can get additional information.

Following is the criminal check—I had to ask the office to interpret, as they are often very difficult to decipher.

CRIMINAL RECORDS CHECK ON JESSIE SOLANO

```
OF:OFFENSE/   DOB:DATE OF BIRTH/   (M)MISDEM/   (F)FELONY/   (T)TRAFFIC/
000 ANSTON
0011500 CRIMINAL CHECK-   PENDING-DISPOSED-MOTOR V-UNSERVED-CONVICTED
CRITERIA-   NAME: SOLANO, JESSIE   S=SEX   R=RACE   DOB:
SOLANO, JESSIE   RT2 BOX86   S=M   R=H   DOB=010761   87CR 012678
OF:072597   (T)   DRIVING WHILE IMPAIRED   TRANSFERRED TO S.C. 090197 CR
OF:072597   (T)   RED LIGHT VIOLATION   TRANSFERRED TO S.C. 090197 CR
OF:072597   (T)   DRIVING WHILE IMPAIRED   GUILTY   113097 CRS
FINE/COSTS$   REST$   SENT: -   TYPE:   PROB: NONE
SPEC.COND: CONSOLIDATED WITH 97CRS14728 FOR JUDGEMENT.
OF:072597   (T)   RED LIGHT VIOLATION   GUILTY   113097 CRS
FINE/COSTS$   REST$   SENT: -   TYPE:   PROB: NONE
SPEC.COND: CONSOLIDATED WITH 97CRS14728 FOR JUDGEMENT.
```

OF:OFFENSE/ DOB:DATE OF BIRTH/ (M)MISDEM/ (F)FELONY/ (T)TRAFFIC/
000 ANSTON
0011500 CRIMINAL CHECK- PENDING-DISPOSED-MOTOR V-UNSERVED-CONVICTED
CRITERIA- NAME: SOLANO, JESSIE S=SEX R=RACE DOB:

SOLANO, JESSIE RT2 BOX86 S=M R=H DOB=010761 97CR 01650
OF:072597 (T) OPERATE VEH NO INS TRANSFERRED TO S.C. 090197 CR
OF:072597 (T) OPERATE VEH NO INS GUILTY 113097 CRS
FINE/COSTS\$ REST\$ SENT: - TYPE: PROB: NONE
SPEC.COND: CONSOLIDATED WITH 97CRS14728 FOR JUDGEMENT.

SOLANO, JESSIE RT2 BOX86 S=M R=H DOB=010761 97CR 01650
OF:072597 (F) FICT/CNCL/REV/ALT REG CARD/TAG TRANSFERRED TO S.C. 090197 CR
OF:072597 (T) FICT/CNCL/REV/ALT REG CARD/TAG GUILTY 113097 CRS
FINE/COSTS\$ REST\$ SENT: - TYPE: PROB: NONE
SPEC.COND: CONSOLIDATED WITH 97CRS14728

OF:OFFENSE/ DOB:DATE OF BIRTH/ (M)MISDEM/ (F)FELONY/ (T)TRAFFIC/
000 ANSTON
0011500 CRIMINAL CHECK- PENDING-DISPOSED-MOTOR V-UNSERVED-CONVICTED
CRITERIA- NAME: SOLANO, JESSIE S=SEX R=RACE DOB:

SOLANO, JESSIE RT2 BOX86 S=M R=H DOB=010761 96CR 013026
OF:061196 (M) NON IV-D NONSUPPORT OF CHILD DISMISSED BY DA 112096 CR
SPEC.COND: DISMISSED AT P/W REQUEST UNDER OATH

SOLANO, JESSIE RT2 BOX86 S=M R=H DOB=010761 87CRS014728
OF:072587 (F) VOLUNTARY MANSLAUGHTER GUILTY 113087 CRS
FINE/COSTS\$ REST\$ 12200.00 SENT: 007- TYPE: PROB: NONE
SPEC.COND: W/R RECOMMENDED

SOLANO, JESSIE RT2 BOX86 S=M R=H DOB=010761 87CRS014728
OF:072587 (F) VOLUNTARY MANSLAUGHTER GUILTY 113087 CRS
FINE/COSTS\$ REST\$ SENT: - TYPE: PROB: NONE
SPEC.COND: CONSOLIDATED WITH 87CRS14728 FOR JUDGEMENT

OF:OFFENSE/ DOB:DATE OF BIRTH/ (M)MISDEM/ (F)FELONY/ (T)TRAFFIC/
000 ANSTON
0011500 CRIMINAL CHECK- PENDING-DISPOSED-MOTOR V-UNSERVED-CONVICTED
CRITERIA- NAME: SOLANO, JESSIE S=SEX R=RACE DOB:

SOLANO, JESSIE RT2 BOX86 S=M R=H DOB=010761 87CR 005925
OF:042287 (M) INJURY TO PERSONAL PROPERTY GUILTY 071587 CR
FINE/COSTS\$ 40 REST\$ 300.00 SENT: 006- TYPE: PROB: 002Y SUPERVISED
SPEC.COND: CONSOLIDATED WITH 87CR5925

February 25, 2000, 10:15 AM
Received a TC at work from caseworker

I was unable to observe visitation today, but Michelle called to inform me that both children had the visit today with their mom and that it didn't go well. Suzanne hid a jar in her purse and offered Damien a quarter if he would pee in it. She told the kids she needed the urine because they might do another drug screen, and then she would get in trouble. Damien did what he was told, but Ben objected. After his mother left the building, Ben told the caseworker. Michelle ran after the mom who, when confronted, handed over the jar. Michelle said she will inform the therapist and that this incident will be considered the equivalent of a positive drug screen.

Faxed court report draft to GAL program office

March 1, 2000, 7:00 PM

Visit with Suzanne Solano

Suzanne is very unhappy that Jessie is being considered as a possible placement for Damien. She said that he's a heavy drinker and that his family was never fair to her—they interfered in her relationship with Jessie. They spoke only Spanish even though they knew she didn't understand it and didn't like that she was not Catholic. She said, "His family is always over there and everyone is always yelling at each other—what kind of place is that for a child?" She thinks that Jessie's mother (who lives with him) will make Damien hate her.

Suzanne continues to deny any drug use and she is angry with her sister for taking Ben to the hospital. She cried frequently during our conversation and seems to be depressed. She said she asked the kids to pee in a jar because she was scared, but that she had not been using drugs.

The apartment was very messy but not obviously dangerous—I didn't see anything that would be a danger to a seven-year-old. I saw no sign that Russell is living there.

March 2, 2000, 11:00 AM

Received a TC at work from the GAL program office regarding Ben

The GAL program office received information that Ben had set a small fire at the group home. Apparently he was not being supervised as well as he should have been, and he started a fire on the lawn of the group home. Juvenile charges will be brought against him, but the court date is unknown. The day after the fire, the supervisor at the group home took him to Anston Regional Medical Center to be hospitalized, so he is back on the inpatient ward at the hospital. The GAL program office doesn't know if the mother has been kept informed about all of these problems and changes for Ben. A report has also been made to the licensing agency about the lack of supervision in the group home.

The GAL program office also heard that a weekend visit was scheduled with Damien and his father for this coming weekend. I talked to Mary, my volunteer supervisor, about my worries that we haven't fully checked out Mr. Solano. I feel like there are numerous "red flags," especially about his drinking. I would like him to have a thorough assessment before we determine whether he is the best placement. We talked about the concurrent planning that DCF is supposed to be doing. Their plans appear to include placement with either the mother or father. I will begin to look for other relatives in case neither of these proves to be a safe, permanent solution.

March 3, 2000, 8:30 AM

TC to Anston Regional regarding Ben

I spoke to the psychiatric nurse about Ben's condition. She said they gave him medication to help him sleep through the night. This morning he has been very quiet and he went to the morning group session. He has two more group sessions today. The nurse said that she would tell him that I called. He cannot have any visitors for at least twenty-four hours.

March 5, 2000, 3:30 PM

TC to Damien's foster mother at her home

I contacted the foster mother to see how Damien's weekend visit with his father went. The foster mother said that he is exhausted and can't stop talking about how much fun he had with his father. He said they went to the park and watched cartoons together. Damien wanted to get on the phone to tell me about his weekend. I realized that the foster mother talks pretty freely even when he is in the room and that I should try to call at a time when he won't be home.

I talked with Damien. He spoke of how much fun he and his father had together and said that he even got to visit his grandma, who he never sees. Damien continued to say that the best part of staying at his dad's house is seeing his cousins. When asked if he would like to stay longer or live with his dad, Damien said, "Yes, as long as I can still visit with my mom."

March 5, 2000

TC to Jessie Solano

Jessie said he had a great time with Damien and really wants him to be able to move in soon. He is worn out by the weekend but knows he will be okay with family support. His job is going really well. His boss even offered to let him off early on Fridays when he has to go pick up Damien. I told him I would like to contact those relatives who he includes in his support system and that I also wanted to meet with him again to assure myself that the issues raised in my investigation wouldn't impede his ability to parent Damien. He became pretty defensive when I pointed out that he really has never had any substance abuse treatment. He said he went to AA when he was in prison for the 1987 "accident." The therapy he receives now focuses on the anger issues that have led to problems with domestic violence. After some discussion, he did say he would be willing to meet with Andy Coleman, who runs the CATSAF (Community Approach to Treatment of Substance Abuse in Families) Program. This possibility seems like a very helpful resource for him. I told him I would recommend it in my report to the court.

Jessie really wanted to know what was going to happen in court, and I told him my recommendation would be that Damien come live with him on a trial basis. I do expect him to continue with treatment for both substance abuse and domestic violence. I also want to see him demonstrate some of the skills he has learned in parenting class. I asked him how hard it would be for him to monitor Damien's visits with his mother. He seems to underestimate the risk that she presents. I reminded him that it would be up to the judge. Jessie said he would do whatever it takes; he also said he would like to start attending therapy with Damien. He seems very sincere and eager to do what is necessary to gain custody of Damien.

March 6, 2000

Faxed amended court report draft to GAL program office

I reviewed the outline for my court report with Mary, my volunteer supervisor, last week and also discussed what would happen in court and how to testify. I faxed an amended report to her today with an apology for being so late. So much is happening on this case that I have to continually make changes. They will make a cover sheet for the report at the GAL program office because they have a specific format for that. Following is a draft of my report (the report I actually submitted was shorter):

GAL Volunteer Report to the Court

Re: Benjamin Parker & Damien Solano
March 8, 2000

History

This family has been involved with DCF since July 1998. At that time, case management services were provided to address supervision issues as well as the lack of concern for Ben's treatment. Since that time, three other reports of neglect have been made and two of the reports were substantiated. The last report came in while case management services were being offered to the family and while a protection plan was in place.

Suzanne Solano signed protection plans on November 5, 1999, and December 26, 1999. These plans specifically stated that Ms. Solano would not leave her children alone, that she would find proper supervision if she needed to leave the home, that she would follow through with Ben's medications and treatment, and that if she became ill she would make an appropriate plan for her children. Ms. Solano violated that plan by leaving her children alone all day while she sought medical treatment at Piedmont Regional Medical Center. DCF later learned that Ms. Solano had been abusing prescription pain medication as well as illegal substances. Psychological and substance abuse treatment services were recommended and offered to Ms. Solano throughout this time.

The Facts

Reports & Records Read

- Juvenile petition alleging neglect
- Criminal record checks for all parents
- Medical records for the mother
- Hospital discharge summary for Ben

Persons Contacted

Relationship to Child/Children

Ben Parker	Child (Contact: 1/13/00, 1/31/00, 2/20/00, 3/3/00)
Damien Solano	Child (Contact: 2/12/00, 2/22/00, 3/5/00)
Suzanne Solano	Mother
Jessie Solano	Father of Damien
Joseph Parker	Father of Ben
Foster Mother	Current caretaker of Damien
Anita Buckner	Maternal Grandmother
Michelle Simpson	Investigative Caseworker
Alexis Creager	Treatment Caseworker
Debbie Parker	Aunt with whom Ben lived
Janice Geisbert	Ben's therapist at Therapeutic Children's Services
Kristen Brooks	Mother's therapist at Anston Co. Mental Health
Robin McClearn	Damien's Teacher

Although there are no previous court orders, DCF recommended that the mother attempt to find some form of substance abuse treatment for herself, that she try to stay informed about Ben's treatment and therapy recommendations, and that she find both stable housing and employment for herself. Unfortunately, Ms. Solano has not followed through with any of these recommendations. She has obtained two different jobs as a cashier at mini-marts in the area; however, she has been fired from both places due to allegations of theft and inappropriate behavior. She has had at least two other failed jobs since this case came to the attention of DCF.

After his removal Ben lived with his uncle and aunt, Donald and Debbie Parker. However, after twenty-three days in their home, he was placed in the behavioral unit at John Anderson Hospital due to depression. Upon his release, he was moved to The Oaks because the doctors recommended that he be placed in a secure setting where he could receive therapy and additional structure. Ben set a fire in the back yard of the group home and delinquency charges are pending. This triggered another hospitalization at Anston Regional Medical Center, where he remains today in the adolescent unit. The hospital staff recommended that Ben not have any visitation with his mother until he is more stable.

Upon gathering the information regarding the mother's drug use and a continued lack of supervision, DCF took Damien into custody and placed him in foster care. The foster mother reported that he was very withdrawn for the first few days, but since that time he has done very well. He enjoys playing with the two other children in the home and particularly enjoys eating "real" food. Damien requested a visit with his mother and his grandparents after the first week of being in care, and the caseworkers were able to facilitate that visit. Damien was able to continue with the same school and teacher that he had while living with his mother. The teacher reports that Damien is very eager to please and craves positive attention. Academically, he is a little behind in his reading and writing skills; however, the teacher feels that additional structure at home will foster academic improvement.

A serious problem related to the mother's substance abuse issues occurred during Damien and Ben's last visit with Ms. Solano. According to Damien, while the caseworker had to leave the room for a few minutes, his mother promised to pay him a quarter if he would urinate in a jar she had brought in her purse. As the mother left, Ben told the caseworker about the incident; she retrieved the jar and called the mother's therapist.

Jessie Solano has done everything that DCF has asked him to do. He is in counseling for domestic violence and he is taking parenting classes. He is willing to enroll in a program for substance abuse assessment and treatment. Damien enjoys getting to know his dad. However, some concerns do exist based on Mr. Solano's past criminal record, with alcohol being a major factor in the majority of crimes. An additional issue for the GAL volunteer is that Mr. Solano knew that his son was in a high-risk situation in the home of Ms. Solano yet made no move to change the situation until DCF got involved. He seems to minimize the mother's issues, and I am concerned that he could place Damien in a dangerous situation again without fully assessing the risks. To balance these concerns, he has an apparent willingness to learn and change. At this point, he appears to be the best resource for permanence for Damien.

No identified family for Ben has been found to date should his mother be unable to provide a safe home for him. His father is not interested in working with The Department of Children and Families. Ben needs long-term residential care, but hopefully DCF can identify an appropriate visiting resource for weekends and holidays. Such a resource might eventually provide a home or at least guardianship for Ben.

The Needs & Wishes of the Children

Placement

Although Ben would like to be home with his mother, he realizes that he needs treatment and would like to continue receiving help for his mental health issues. Damien understands that his mother needs to receive “help” to “make her all better” but would like to be home with his mother or with his grandmother, Anita Buckner.

Education

Ben’s educational delays have not yet been addressed although he was doing better in the charter school. He states that he does not like school and says, “My mother never made me go.” Damien enjoys school and is improving on a daily basis. With additional assistance at home, he should pull his grades up.

Psychological, Emotional, Health, or Care Needs

Both children would love to see their mother get treatment for her substance abuse problems. Ben’s many psychological and emotional issues need to be closely monitored and his medications administered on a regular basis. Therapists involved with Ben feel that he will need ongoing treatment for a very long time.

Safety & Protection

Due to the children being separated from their mother, the majority of the safety issues have been resolved. However, until Damien is older there will be a concern for safety when left alone with his brother. Additionally, there is concern regarding domestic violence that occurred with the mother’s last boyfriend, Russell Stevens, and with other past partners.

Financial, Material Needs

The lack of employment on the part of the mother is a great concern for family and the children. Mr. Solano is the only parental figure that has been paying child support and is willing to continue to help with Damien’s material needs.

Wishes of the Children

Both children wish to live with their mother; however, they understand that their mother may not be able to “clean up her act.” Damien said that if this happens, then he would want to go live with his dad “if I can visit a lot with my mother.” Ben cannot think of any other relatives with whom he would want to live; he feels that he could live on his own and support himself.

Available Resources Within the Family & the Community to Meet These Needs (referrals for these services would be made by the DF Caseworker)

The community can and will offer the following:

- Mental health counseling for the children at Therapeutic Children’s Services;
- Substance abuse assessment and counseling for the mother through Anston County Mental Health Center;
- Substance abuse assessment and counseling, as well as domestic violence counseling, for the father through Anston County Mental Health Center;
- Tutorial services for both children through Anston County School System;
- Parenting classes for the father through Anston County Health Department;
- Work First will work with the mother to obtain a job; and
- Housing Authority will work with the mother to find new housing.

Recommendations to Protect & Promote the Best Interests of the Children

Custody

- Custody should remain with DCF with placement in their discretion, with notice to the GAL volunteer of any change in placement.
- A trial placement with his father should be approved for Damien after substance abuse treatment has started and after a visitation plan has been arranged for the mother.
- Ben should remain in a treatment facility—either in the hospital or in a therapeutic placement recommended for him by his therapist and the physicians at the hospital.

Visitation/Contact

- No visitation should be allowed between the mother and Ben until deemed appropriate by his therapist.
- Visitation between Damien and his mother should occur weekly on a supervised basis.

Treatment Recommendations

- Both children should receive counseling through Therapeutic Children's Services. The father should enter into Damien's counseling as requested by the therapist.
- Ben should follow any recommendations specified by his doctors upon his discharge from the hospital.
- The mother should obtain a substance abuse assessment and follow all treatment recommendations.
- Mr. Solano should obtain a substance abuse assessment and follow all treatment recommendations.
- The mother should attend all scheduled visits with Damien.

Child Support, Other Financial Support

- The mother should obtain some form of stable employment and begin paying child support.
- Mr. Solano should be released from his child support obligation if Damien is living in his home.
- A referral should be made to the Child Support Enforcement Agency for Joseph Parker.

Other Recommendations

- A home study should be completed on the maternal grandmother as a possible resource for Damien if his father's home doesn't work out and for Ben in the future.
- DCF should continue to seek other placement options for Ben.

Next Court Date

- This case should be reviewed in three months.

Respectfully submitted,

Lynne Farrington

Lynne Farrington
GAL Volunteer

March 8, 2000

Adjudicatory hearing

Both of Damien's parents were present. Mr. Parker, Ben's father, did not come despite having received notice. Attorneys for all three parents were in court. The caseworker, the attorney representing the caseworker, and the or GAL program were also present. Judge Silvia Wentworth was the presiding judge. The case was set at 9:00 AM.

Both children were adjudicated dependent. Judge Wentworth read the DCF and GAL volunteer reports for the disposition hearing and asked me some additional questions, mostly about my expressed concerns about Mr. Solano. Jessie's attorney also asked me several questions. The judge ordered that Damien be placed with his father on a trial basis and that Ben remain in a residential facility. Visitation for Damien with the mother was ordered, but it is to be supervised by DCF, not by Mr. Solano. The judge followed my recommendation for joint therapy between Damien and his father and continued case services by DCF to insure their assistance in providing all the other necessary services for this family. Ben will continue receiving all services except for visitation. The judge ordered no visitation for Ben because the mental health professionals recommended that he not have any more visits with his mother until she and he become more stable. The judge ordered the mother to comply with the tasks on the case plan. The next hearing will be a judicial review hearing.

April 13, 2000

Home visit with Damien at his father's house

Damien answered the door when I went to visit him; Jessie was chasing after him. Jessie's parents and three nephews also live in the three-bedroom house. Damien pulled me inside and wanted to show me everything. He showed me his chore chart on the refrigerator and his new room. When I asked him what he did every day, he explained, "Daddy gets me up and makes me breakfast. Then I take the bus to school with my cousins. Then when I get home from school, I usually have a snack and play with my cousins. Oh, and the best part is that after Daddy comes home, he reads a story and helps me with my homework every night!"

Jessie said that he thinks Damien enjoys being with his cousins and receiving so much attention. It took Damien a little while to settle down, but he is doing really well now. Damien appeared to be very happy and bonded with his father. Damien is starting to learn a little Spanish so he can talk with his grandmother more.

Jessie shared with me the outcome of the substance abuse evaluation. He had a written report recommending that he complete the Alcohol and Drug Education class. He also had the certificate showing that he had enrolled and completed the course. Jessie was very pleased. He has also been attending Damien's therapy and feels he has a good relationship with the therapist. As that work will be ongoing, it has a built-in monitoring system; if things don't go well or if the therapist has concerns about neglect, I am sure that she will make a report.

On my way out the door, Jessie said that Suzanne had called and wanted a visit with Damien. He set something up for next weekend at the park and said that he was going to watch her very closely. I reminded him that he is not to supervise visits and that Suzanne needs to call DCF to arrange any visitation. Although this was ordered as a protection for him, he was upset

because Damien was counting on the visit. I suggested that he call Suzanne right away so that she can try to set something up soon. Following the last court hearing, I went over the judge's orders with Damien so I think he'll understand that it isn't his father's decision. The judge is the only one who can change the visitation plan. I am actually glad to hear that Jessie is more comfortable about dealing directly with Suzanne because eventually they will have to work these things out without DCF or the courts.

June 13, 2000, 9:30 AM

Received a TC at work from caseworker regarding Ben

Michelle said that they moved Ben into a new facility. Unfortunately, it is not in this community. He has tried all of the local placements and they are no longer available to him. The distance will make it harder to have visits with family or to feel that he is still a part of our community. The program sounds like it will be good for Ben. He will gradually phase into an independent-living situation if he is unable to return home to his mother. He will start with strict supervision and attend a school on campus. Then he will work his way into increased privileges and more independence. Eventually, he will be able to get a job and have an apartment-style living situation there on the grounds of the facility. DCF is ordered to find a permanent home for children within a year. Ben will need long-term treatment before he will have addressed all of the problems that have made him so difficult to place. The best plan would be for him to return home if Suzanne can provide a safe home. Second best would be to find a relative or other caring adult who can become his guardian even while he works his way through this new program. Such a plan would give him the services he needs and would allow someone who is personally connected to him to make decisions about his future.

Michelle gave me the name and number of the contact person at the new facility. I will call and arrange a time to go visit Ben and to meet with a staff member who can tell me more about this program. It sounds like it offers what Ben needs, but he has been moved so much that it is hard to be too hopeful that he has found the right place. Since he is not with a family, I see it as a temporary solution. If he learns to live independently, he will still need a support system, and I believe the best kind of support comes from a family. My goal will be to try to identify an appropriate person to take guardianship of Ben.

Michelle also told me that Suzanne has lost her apartment and has failed the last two drug screens.

June 19, 2000

Review hearing

The judge reviewed the case and followed most of the recommendations in my court report. Ben will continue in the custody of DCF and will hopefully continue to learn independent-living skills. He has made some definite progress. The home study on his grandmother is good, although she is a little scared to commit. She has been visiting him regularly and has had him come to her home for supper the last two weekends. All parties are recommended to continue with therapy. Damien will continue in his father's custody with his mother having visitation supervised by DCF. I will continue to monitor the case for both boys.

Suzanne is continuing to refuse treatment for her substance abuse problems, and it seems very unlikely that she will be able to provide a safe and permanent home within the time limit provided under the law. The permanency planning hearing has been set for January 9, 2001, and if she has shown no improvement, I will have to decide whether to recommend terminating her parental rights. I will continue to monitor how Ben is doing and will write reports for the review hearing set for October 5, 2000, and for the permanency planning hearing. When I see Ben next week, I will review what happened in court today and will let him know that I will continue to advocate in court for both what he nee