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FLORIDA SAFETY METHODOLOGY

Information Collection and Family Functioning Assessment

Case Name: WALKER, CASSANDRA

Initial Intake Received Date: 10/10/2016

Worker Name: MORGAN, FREEMAN

Date Completed: 11/06/2016

FSFN Case ID: 100334860

Intake/Investigation ID: 2016-2223431

I. MALTREATMENT AND NATURE OF MALTREATMENT

What is the extent of the maltreatment? What surrounding circumstances accompany the alleged maltreatment?

The household consists of the mother, Cassandra Walker and her newborn baby, Jacob Walker. The father of the child, Simon Walker, does not reside in the home with the mother and maintains a separate residence. The father has an open companion case for the assessment of child safety in his home, case reference number 2016-3344564.

Maltreatment:

Concerns were received in regards to Jacob Walker due to the positive drug screen at birth. Jacob Walker tested positive for methadone at birth and his mother, Cassandra Walker tested positive for cocaine, heroin, and methadone at the time of delivery. The maltreatment of substance misuse-illicit drugs is verified for Casandra Walker due to Jacob Walker testing positive for methadone at birth and subsequently being treated for withdrawal symptoms due to his exposure. Jacob was noted by hospital staff and observed by the CPI to be experiencing tremors, difficulty sleeping, and difficulty feeding which medical staff confirmed was as a result of his substance exposure in utero. Cassandra Walker verified that she had been prescribed methadone through a clinic and that she also had been using illegal drugs through the entirety of her pregnancy. Cassandra's use was further verified through a drug screen conducted by the CPI in which she tested positive for cocaine and methadone.

Nature of Maltreatment:

Cassandra Walker has an extensive history with DCF, to include the loss of the care and custody of her older five children. Cassandra's five older children are in a permanent guardianship with their maternal grandmother, Ms. Kim Denslow. The guardianship was established by DCF in 2009 due to Cassandra's use of cocaine and heroin. Despite being offered a case plan, Cassandra refused to engage in services and consented to the guardianship of her children to her mother. At the time of the removal of the older children, the children were found to be left alone for long periods of time, did not have stable housing, and were frequently missing school due to Cassandra's drug use. In addition, the father to the children was physically and verbally abusive to Cassandra, which the children witnessed on several occasions. Since the establishment of the guardianship, there have been no further reports regarding Cassandra Walker as a caregiver. The children remain stable in their guardianship with their grandmother, and Ms. Denslow reports that the children do not have an ongoing relationship with their mother due to the continued substance use by Cassandra.

Cassandra, Ms. Kim Denslow, Simon Walker, and Ms. Rebecca Walker (PGM) all acknowledge Cassandra's long history of substance use. Cassandra has been using cocaine and heroin for the past 15 years consistently. Within the past year, with the assistance of Ms. Kim Denslow, Cassandra was enrolled in a methadone treatment program, however was discharged for non-compliance after testing positive for cocaine on two occasions, testing positive on one occasion for fentanyl, and testing positive for benzodiazepine. Prior to acceptance in the methadone treatment program, Cassandra, had never engaged in any services to address her substance misuse. Cassandra reports no motivation for ceasing her use of substances and reports only minimizing her use when she was not able to buy drugs due to having no money. Cassandra admitted that her use is chronic and that she is physically dependent on drugs, however does not believe that she is using drugs as a form of self-medication. Cassandra enjoys using drugs and enjoys the feeling that the drugs provide to her. Cassandra does not acknowledge that her drug use placed any of her children in danger, despite Jacob being admitted to the NICU due to withdrawals from methadone.

In addition to the history with DCF, Cassandra has been arrested for possession of cocaine and drug paraphernalia in the past and was recently arrested. The arrest occurred the day after Jacob was born when Cassandra was found to have on her possession cocaine, heroin, and Xanax along with needles and a pipe.

Sources: Cassandra Walker, Simon Walker, Kim Denslow (MGM), Rebecca Walker (PGM), Observation of Jacob Walker, William Tell, (Methadone Treatment Center), Palmer Police Department Records, Regional Medical Center Nursing Staff and Records, Jesse Williams, LCSW Palmer Regional Hospital.

Analysis: Jacob Walker was affected by the chronic use of cocaine, heroin, and methadone by Cassandra Walker while in utero. Upon delivery, Jacob has been observed with difficulty sleeping and eating and experiencing tremors. The effect on Jacob is a result of Cassandra's actions that Cassandra does not acknowledge as having a negative effect on the safety and well-being of Jacob. Cassandra's chronic use of drugs has resulted in maltreatment to Jacob, as well as her older children. Despite family support and agency intervention in the past, there has been no



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behavioral change in Cassandra. Based upon the history of use, and lack of engagement, it is evident that Cassandra's drug use will continue, resulting in her inability to care for Jacob and further subject him to maltreatment.

Related Impending Danger Threats Based on case information specific to the Extent of Maltreatment and Circumstances Surrounding Maltreatment Assessment domains, indicate Yes, Impending Danger exists or No, Impending Danger does not exist.	Impending Danger Threat?	
	Yes	No
Parent's/Legal Guardian's or Caregiver's intentional and willful act caused serious physical injury to the child, or the parent/legal guardian or caregiver intended to seriously injure the child.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Child has a serious illness or injury (indicative of child abuse) that is unexplained, or the Parent's/Legal Guardian's or Caregiver's explanations are inconsistent with the illness or injury.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The child's physical living conditions are hazardous and a child has already been seriously injured or will likely be seriously injured. The living conditions seriously endanger the child's physical health.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
There are reports of serious harm and the child's whereabouts cannot be determined and/or there is a reason to believe that the family is about to flee to avoid agency intervention and/or the family refuses access to the child to assess for serious harm.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Parent/Legal Guardian or Caregiver is not meeting the child's essential medical needs AND the child is has already been seriously harmed or will likely be serious harmed.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other. Explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>

II. CHILD FUNCTIONING

How does the child function on a daily basis? Include physical health, development; emotion and temperament; intellectual functioning; behavior; ability to communicate; self-control; educational performance; peer relations; behaviors that seem to provoke parent/caregiver reaction/behavior; activities with family and others. Include a description of each child's vulnerability based on threats identified.

WALKER, JACOB Walker

Jacob Walker was born at 37 weeks 3 days gestation despite very limited prenatal care by his mother, Cassandra Walker. As a result of his exposure in utero to cocaine, heroin and methadone. Jacob tested positive for methadone and exhibited some symptoms of withdrawal such as jitters, and increased tone. Jacob was noted by hospital staff to be experiencing some respiratory distress shortly after birth and was on respiratory support. Jacob exhibited some irritability however he is described as consolable. The hospital staff noted that the baby had increased tone and poor feeding. The child also suffered from respiratory distress and was admitted to the Neonatal Intensive Care Unit (NICU) for pharmacological management. Jacob was found unable to maintain saturation without oxygen support and was in an incubator. Jacob passed his hearing and pulse oximetry screening prior to discharge. Upon release from the hospital Jacob was discharged into a foster home and his caregivers reported that he was eating well and did not express any concerns about the child. Jacob is currently in the care of his maternal grandmother, along with his five siblings who described him as a cute and an adorable gumdrop. The maternal grandmother has expressed concerns that Jacob is still currently experiencing withdrawal symptoms and not sleeping regularly. He is described as having moments of extensive crying but is somewhat consolable. He regularly feeds every three hours and is on regular Similac formula. Otherwise, Jacob is progressing without concern developmentally and is responding well to his current custodian. Jacob currently has limited visibility in the community, as he does not attend school but has not been diagnosed with any physical, emotional or mental diagnosis.

Sources:

The mother, Cassandra Walker/ The maternal grandmother, Kim Denslow/ The child, Jacob Walker/ Social Worker, Jesse Williams

Analysis:

Jacob Walker was born at 37 weeks gestation after a presumably unremarkable pregnancy due to his mother testing positive for cocaine,

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heroin and methadone at the time of birth. Jacob's mother received minimal prenatal care and was abusing substances during her pregnancy, resulting in the child exhibiting some irritability and jitters. Despite his initially experiencing withdrawal symptoms, Jacob appears to be progressing satisfactory and he is adjusting well to his new home. He has increased vulnerability due to his substance exposure, as he is still experiencing withdrawal symptoms. He is unable to self-report/self-protect and cannot communicate his needs due to age.

Related Child Functioning Impending Danger Threats:	Impending Danger Threat?	
Based on case information specific to the Child Functioning Assessment domain, indicate Yes, Impending Danger exists or No, Impending Danger does not exist.	Yes	No
Child shows serious emotional symptoms requiring intervention and/or lacks behavioral control and/or exhibits self-destructive behavior that the Parent/Legal Guardian or Caregiver are unwilling or unable to manage.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

III. ADULT FUNCTIONING

How does the adult function on a daily basis? Overall life management. Include assessment and analysis of prior child abuse/neglect history, criminal behavior, impulse control, substance use/abuse, violence and domestic violence, mental health; include an assessment of the adult's physical health, emotion and temperament, cognitive ability; intellectual functioning; behavior; ability to communicate; self-control; education; peer and family relations, employment, etc.

WALKER, CASSANDRA

Cassandra Walker is a 39 year old separated woman who's struggling to cope with her substance dependency. Cassandra is currently homeless and reported to being transient, couch surfing from place to place. Cassandra was born in a single parent house household, raised by the maternal grandmother in Fort Lauderdale, Florida and she described her early childhood as relatively stable. Cassandra described her relationship with the maternal grandmother and her family as very supportive. She's especially close to her sister, Melissa. Outside of her family, Cassandra has only social acquaintances and she advised that her social life is very limited.

Cassandra has a high school education and she worked primarily unskilled jobs and cleaned houses but was eventually fired because of poor performance. Cassandra is currently unemployed and her sole means of subsistence is the maternal grandmother, Kim Denslow. Cassandra never tried alcohol or other drugs, except cigarettes until she was introduced to cocaine by a friend who simply told her that it was "another kind of cigarette." Around this time, Cassandra was experiencing pain and anxiety stemming from a car accident over 16 years ago, in which she thought she was going to die. She experienced some difficulty concentrating and irritability and she found that smoking cocaine provided some relief. Cassandra obtained crack cocaine from her friends and street dealers with increasing frequency, eventually smoking it around every 4-5 days. This affected every aspect of her life. During the past year, Cassandra voluntarily enrolled herself in the methadone treatment center after her mother became concerned about her drug use. Nevertheless, she continued using heroin, cocaine and anything else she could get and was ultimately discharged from the program. Cassandra expressed a strong sense of shame about her drug use and about being supported financially by the maternal grandmother. According to the maternal grandmother, Cassandra underreported the extent of her drug use and lied about borrowing money to support her drug use. From the outset, Cassandra was talkative about her drug use and stressors in her life that may be contributing to her substance abuse including inadequate housing, economic predicaments and her relationship with her soon-to-be ex-husband, Simon Walker whom she described as unsupportive. Cassandra has an extensive history of drug-related arrests and there appears to be a relationship between her theft charges and her substance misuse.

Cassandra has a history of domestic violence associated with the father of her children, Simon Walker. Although they are currently separated his violent tendencies not only towards Cassandra but also towards the children, led to the removal of her other children in 2009. She previously described experiencing 10 years of on-going domestic violence with Simon and at times believed that he was going to kill her however; she still maintains infrequent contact with him.

Cassandra denies any history of mental health or current treatment/medication management however; prior medication history, Baker Acts and previous court petitions support that she has an on-going history of post-partum and depression. She has been prescribed Klonopin, Xanax, Prozac and Adderall, due to what Cassandra describes as "mood swings" and feeling "tired". She was previously Baker Acted to Hope House in 2009 following suicidal threats. Prior investigations have noted that the mother has either not taken her medications as prescribed or sold them to support her ability to buy other illicit drugs. It is currently unknown if the mother's erratic behaviors are associated her substance abuse or if she is self-medicating due to not being on any medications.

Sources:

The mother, Cassandra Walker/ The maternal grandmother, Kim Denslow/ The child, Jacob Walker/ Social Worker, Jesse Williams

Analysis:

Cassandra Walker has poor life management skills and lacks self-confidence and her substance abuse history has had a substantial effect on every aspect of her life. She does not recognize that her substance abuse has led to her making a lot of poor decisions, including the decision

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to use during her pregnancy. Cassandra does not grasp the harmful affects of her drug use and has also never fully addressed the grief and reasons associated with her drug use. She has continued to seek comfort and meet her emotional needs by using illicit drugs.

Related Adult Functioning Impending Danger Threats: Based on case information specific to the Adult Functioning Assessment domain, indicate Yes, Impending Danger exists or No, Impending Danger does not exist.	Impending Danger Threat?	
	Yes	No
Parent/Legal Guardian or Caregiver is violent, impulsive, or acting dangerously in ways that seriously harmed the child or will likely cause serious harm to the child.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

IV. PARENTING

General – What are the overall, typical, parenting practices used by the parents/legal guardians? Discipline/Behavior Management – What are the disciplinary approaches used by the parents/legal guardians, and under what circumstances?

WALKER, CASSANDRA

General Parenting:

Cassandra Walker is a biological mother of six children however she does not maintain primary responsibilities for any of her children due to her substantial substance abuse and she is uninvolved in the parenting aspect of their lives. Cassandra reports to being so overwhelmed with her own substance abuse problems that she hasn't had much time and energy to devote to child rearing. Cassandra disclosed that she loves being a parent to her children and she was crying uncontrollably when her son, Jacob was removed from her care. Cassandra used endearing words to describe Jacob, however she reported that she had a difficult pregnancy and she received little to no prenatal care. Cassandra has an extensive history with The Department due to her substance dependency and she has been unable to make appropriate decisions regarding the safety and wellbeing of her older children and often put them in dangerous situations filled with domestic violence and substance abuse. This led to the eventual removal of those children from her custody and they were permanently placed with the maternal grandmother, Kim Denslow. Cassandra has neither regained custody nor maintained a relationship with those children and they no longer identify with her as their mother, as they view their current caregiver as their mother. During the information collection, there were very few expressions of affection between Cassandra and her five older children. Licensed Clinical Social Worker, Jesse Williams at Palmer Regional Medical Center noted that the mother failed to visit Jacob regularly at the NICU as recommended by the hospital in order to enhance infant bonding. LCSW Jesse Williams advised that a week had transpired before the mother came to visit the child at the NICU on October 12, 2016 and when she arrived at the hospital, she appeared impaired with slurred speech and an unsteady-gait.

Discipline:

Cassandra has remained largely uninvolved in every aspect of discipline in the home after her children were removed from her care and when she's present in the home, she's avoidant of providing any discipline for the children and the children identify that the maternal grandmother is the primary disciplinarian in the home to the children. Cassandra often ignores most discipline issues due to lack of time, knowledge and effort in trying to address them and she denied using any corporal punishment when she was the primary caretaker of the children. Priors indicate that historically she would take away toys and other items in an attempt to manage the child's behaviors. The maternal grandmother, Kim Denslow advised that Cassandra takes a lax and undemanding approach to discipline in the home and that she's the sole disciplinarian in the home.

Sources:

The mother, Cassandra Walker/ The maternal grandmother, Kim Denslow/ The child, Jacob Walker/ Social Worker, Jesse Williams, CPI Observations

Analysis:

It is evident that Cassandra's drug use has had a substantial impact on both her ability to parent both Jacob and her older children who were previously removed from her care. Cassandra has not been able to raise the children without exposure to danger or maltreatment and she has had an extensive prior history with The Department that has led her children to be removed from her care. At this time, her addiction and strong drug cravings makes it difficult to find sufficient energy and motivation to want to change her behavior and have a chance to be able to regain custody of her children.



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Related Parenting Impending Danger Threats:	Impending Danger Threat?	
	Yes	No
Based on case information specific to the Parenting General and Parent Discipline Assessment domains, indicate Yes, Impending Danger exists or No, Impending Danger does not exist.		
Parent/Legal Guardian or Caregiver is not meeting child's basic and essential needs for food, clothing, and/or supervision AND the child is/has already been seriously harmed or will likely be seriously harmed.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Parent/Legal Guardian or Caregiver is threatening to seriously harm the child and/or parent/legal guardian or caregiver is fearful he/she will seriously harm the child.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Parent/legal guardian or caregiver views child and/or acts toward the child in extremely negative ways AND such behavior has or will result in serious harm to the child.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

V. PARENT/LEGAL GUARDIAN PROTECTIVE CAPACITIES ANALYSIS

Adults	Capacity Categories and Types																		
	Behavioral						Cognitive						Emotional						
	Controls Impulses	Takes Action	Sets aside own needs for child	Demonstrates adequate skills	Adaptive as a Parent/Legal Guardian	History of Protecting	Is self aware	Is intellectually able	Recognizes threats	Recognizes child's needs	Understands protective role	Plans and articulates plans for protection	Meets own emotional needs	Is resilient	Is tolerant	Is stable	Expresses love, empathy, sensitivity to the child	Is positively attached with child	Is aligned and supports the child
WALKER, CASSANDRA	N	N	N	Y	N	N	N	Y	N	N	N	N	N	Y	N	Y	N	N	N

Parent/Legal Guardian Protective Capacity Determination Summary:
Protective capacities are sufficient to manage identified threats of danger in relation to child's vulnerability? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

VI. CHILD SAFETY DETERMINATION AND SUMMARY

Child	Safety Determination
WALKER, JACOB Walker	<input type="checkbox"/> Safe <input checked="" type="checkbox"/> Unsafe

Child Safety Analysis Summary:

Jacob Walker was affected by the chronic use of cocaine, heroin, and methadone by Cassandra Walker while in utero. Upon delivery, Jacob has been observed with difficulty sleeping and eating and experiencing tremors. The effect on Jacob is a result of Cassandra's actions that Cassandra does not acknowledge as having a negative effect on the safety and well-being of Jacob. Cassandra's chronic use of drugs has resulted in maltreatment to Jacob, as well as her other children. Despite family support and agency intervention in the past, there has been no behavioral change in Cassandra. Cassandra's drug use has continued since the birth of Jacob, with Cassandra continuing to smoke crack cocaine believed to be daily. Cassandra has had minimal contact with Jacob and currently does not have a residence that can provide for Jacob. It is evident that Cassandra's drug use has continued, resulting in her inability to care for Jacob and further subject him to maltreatment should Jacob be in her care.