Filed 12/28/18 Paul Q. v. Superior Court CA1/4

NOT TO BE PUBLISHED IN OFFICIAL REPORTS

IN THE COURT OF APPEAL OF THE STATE OF CALIFORNIA

FIRST APPELLATE DISTRICT

DIVISION FOUR

PAUL Q., Petitioner, v. THE SUPERIOR COURT OF SONOMA COUNTY, Respondent; SONOMA COUNTY DEPARTMENT OF SOCIAL SERVICES, et al., Real Parties in Interest.	A155455 (Sonoma County Super. Ct. No. 5194-DEP)

Paul Q., Jr. (Father), a mentally disabled but dedicated parent, petitions for extraordinary relief after his reunification services were terminated for his one-year-old son, Paul Q. J. III (Paul), who had been detained at birth due to the mother's drug use. (Cal. Rules of Court, rule 8.452.) Father's services were terminated at the 12-month review on September 19, 2018, and a hearing under Welfare and Institutions Code[1] section 366.26 was set for January 16, 2019. Father contends reasonable services were not provided because the Sonoma County Department of Social Services (Department) failed to ascertain and address the full range of his disabilities. Because we conclude the services provided were not responsive to Father's individual circumstances and specific disabilities, we grant the petition without addressing the other issues raised by Father.

[1] Undesignated statutory references are to the Welfare and Institutions Code.

I. BACKGROUND

Paul, born in May 2017, tested positive for methamphetamine at birth, as did his mother, 42-year-old E.J. He was detained and, after a brief emergency placement, was placed in foster care with the same family that had adopted one of E.J.'s older children. E.J. had a long history of unsuccessful involvement with the Department, a stubborn problem with drugs, and a significant criminal history. She had six older children, none of whom remained in her care.

Father was a 29-year-old Iraq War Army veteran who had served four to six years in the military and had come home with post-traumatic stress disorder (PTSD) and an anxiety disorder. He was rated "100 percent disabled" by the Veterans Administration (V.A.) and received V.A. disability benefits accordingly. As a manifestation of the PTSD and anxiety disorder, Father had panic attacks, as well as significant problems with memory, concentration, and organization.

Father and E.J. were no longer a couple at the time Paul was born. Father was on informal probation for possession of methamphetamine and paraphernalia and for possession of a concealed dirk or dagger in November 2016, and he had been arrested for being drunk in public in November 2015. Because of the past drug use and criminal charges, Paul was detained from Father's custody, as well as E.J.'s. At the detention hearing, the court found there were "substance abuse problems that render parents unable to properly parent" and ordered Paul detained pending a combined jurisdiction and disposition hearing ultimately held on July 12, 2017.

Drugs were not nearly as significant a problem for Father as they were for E.J. His probation officer reported that he was randomly tested for drugs and had tested positive for methamphetamine only once in December 2016. Within six months after the jurisdictional hearing, Father credibly reported living a drug- and alcohol-free life. He continued to test positive for marijuana, but his probation officer confirmed this was legal medication for Father's PTSD and anxiety. The probation officer noted Father did attend meetings with her, and if he forgot an appointment, he would stop whatever he was doing as soon as he remembered and come in to meet with her.

Father explained to the social worker he had never used methamphetamine before he met E.J., only used it when he was with E.J., and had stopped using it after the two split. His use of methamphetamine appears to have been episodic rather than habitual. Father had tried to protect the unborn baby by reporting E.J. to the Department while she was pregnant, warning the Department she was using methamphetamine during pregnancy. There is no evidence his warning was heeded. As for his criminal record, the Department acknowledged that his crimes were committed at very "hard times" in his life, and he had no legal problems during the course of the dependency.

An amended petition was filed by the Department for Paul in June 2017, alleging he came within section 300, subdivisions (b) (neglect) and (j) (abuse of sibling). The abuse of sibling allegations referred to E.J.'s older children. Domestic violence was added to the earlier allegation of drug abuse. There had been an instance of domestic violence between Father and E.J. in January 2017 in which E.J. was the aggressor. She was five months pregnant at the time, and she was arrested, prosecuted and jailed. The two parents had not had much contact since then. There was no evidence the domestic violence occurred in front of any children.

Jurisdiction was assumed over Paul on July 12, 2017. In its report for the jurisdiction/disposition hearing, the Department did not recommend reunification services for either parent, as E.J. was subject to bypass (§ 361.5, subd. (b)(10), (11) & (13)), and Father was simply an alleged father. The Department asked the court to set a hearing under section 366.26 before paternity was determined. No reunification services were ordered for E.J. In late June, a DNA test established Father was Paul's biological father, and the court ordered reunification services for Father at the jurisdiction/disposition hearing. In February 2018, Father's status was elevated to presumed father.

Paul had special medical needs believed to be due to his in-utero exposure to drugs. His medical problems included impaired vision and hearing, gross developmental delays, multiple recurrent ear infections, poor weight gain, multiple food allergies, and food protein induced enterocolitis syndrome (FPIES), which required close monitoring of

anything ingested or he could suffer severe and prolonged vomiting. He was allergic to dairy, gluten, soy and rice. He required four appointments per week with a " 'blind baby' specialist," a physical therapist, an occupational therapist, and a learning specialist. He also needed at least one medication daily. Some of the medical appointments were in Sonoma County, but some were in San Francisco, and those appointments were harder for Father to make.

During the reunification period, Father had difficulty keeping up with all of Paul's appointments and other medical demands. He neglected to get Paul to medical appointments on time, or to get him there at all, about half the time between April 2018 and September 2018. This inability to provide for Paul's medical needs—despite Father's best intentions and best efforts—had become a recurrent theme in the dependency, and ultimately became the most frequently mentioned and predominant impediment to reunification.

Complicating his ability to attend to Paul's needs, Father was suddenly and unexpectedly given custody of his five other children from his marriage to another woman, from whom he had been separated since November 2015. The five children ranged in age from 18 months to nine years. At least one of those children also had special needs.[2] The five children had previously been living out-of-state with their mother; she got evicted from her home and asked Father to take the children. Prior to their separation in November 2015, Father had lived with the family and participated in raising the children. The oldest child was not his biological child, but he had accepted him as his own and raised him. The school-age children were doing very well in school. The five older children were not detained from Father.

Father's mother owned a triplex in Santa Rosa, and Father lived in a trailer on her property when the five older children moved in with him. The family was allowed to stay in the paternal grandmother's home at times. About six weeks before the contested

[2] The 18 month old had speech delays requiring speech therapy twice a week in Father's home. A three year old had been evaluated for autism but autism was ruled out. He may have ADD or ADHD.

12-month hearing, Father secured, without the Department's assistance (but with assistance from the V.A.), a large townhouse with a yard for his family in Sebastopol, within walking distance to the children's school. He also bought a larger car to accommodate the family when he received a refund of money that had been erroneously withheld from his disability check for child support.

Father recognized from Paul's birth that E.J. could not parent Paul. He showed early and eager interest in reunifying with Paul and made positive efforts toward that end. He never tested positive for methamphetamine throughout the dependency. Though he still tested positive for marijuana, he had a medical marijuana card, and thus his use of the drug was legal. At the Department's direction, he saw a psychiatrist, who confirmed his diagnoses of PTSD and anxiety disorder, and a therapist, whom he was supposed to see weekly, as a matter of self-care. Father kept up the therapy initially, but after gaining custody of his five children, he started to drop off in attendance.

In the early stages of reunification, Father made excellent progress. He continued to test positive only for marijuana in random testing. Due to his anxiety disorder, which was triggered when he was at the Department or in groups of people, he requested that he receive drug rehabilitation services one-on-one instead of in a group setting. The Department accommodated him, allowing him to see Suze Cribbs, a licensed marriage and family therapist provided by the V.A., as a drug and alcohol counselor and as part of weekly therapy. Father was reported to be a regular and active participant.

Throughout the transition to solo parenting his five other children, Father also maintained what we regard as a satisfactory, if imperfect, record of visitation with Paul. Visits progressed from supervised visits at the Department's Family, Youth & Children's facility (FYC), to lightly supervised visits with Paul at FYC, after which he would take Paul back home with him, where the foster mother would pick Paul up. Eventually, visits took place unsupervised in Father's home, as long as Father picked Paul up on time. The reports on his parenting competency were uniformly positive.

After Father's five other children came to live with him, they sometimes joined in the visits as well. Even in those circumstances, the social worker praised Father for his

"calm and attentive" or "calm and loving" parenting style with all six children and his ability to interact with Paul with "ease and connection." A court-appointed special advocate (CASA) for Paul commented in December 2017 and again in September 2018 that Father was "very sweet" with Paul and interacted well with him, "much to baby Paul's delight." In fact, when Father engaged in a team decision meeting with Paul, Father was so focused on the baby that he could not pay attention to what the team members were discussing, so his mother took notes for him.

Jennifer Law, a public health nurse who worked with Father, testified at the 12-month review that the five older children were well-groomed, dressed appropriately, well-mannered, and played well together. They listened to and obeyed Father, even though he is soft-spoken. Father was always very patient with the children. The social worker testified Father engaged with the support services provided by the Department, kept in "great contact" with the social worker, and was "great with the baby." In January 2018, the social worker expressed the belief that "with enough assistance and additional time, . . . [Father] could be successful in reunifying with his son Paul."

By the time of the six-month review in January 2018, Cribbs was exploring a possible diagnosis of autism for Father because he also had trouble with social communication. Cribbs administered to him an Adult Autism Spectrum Quotient test and concluded he was on the autistic spectrum. We see no follow-up by the Department on this preliminary diagnosis. Father reported at the 12-month review he had begun an evaluation at the regional center, and he was told he was not autistic.

By the end of 2017, Father had also been informed by the V.A. that he was entitled to a caregiver to help him cope with his V.A.-recognized disabilities. Father found a caregiver on his own, without assistance from the Department. The caregiver he found, however, a friend of the family, was not approved by the V.A. and therefore could not be hired for the job. By July 23, 2018, it was reported the V.A. had ultimately denied Father a caregiver for reasons unspecified. It is not clear whether Father will have an opportunity or has had an opportunity to appeal the V.A.'s decision.

By the time reunification services were terminated, the Department's discussion of Paul's circumstances no longer focused on concerns about Father's drug use or criminality,[3] but rather on the Department's assessment that Father had "too many things on his plate" and was "overwhelmed" with his responsibilities due to his having six children. The main criticism of Father was that he frequently missed or was late to medical appointments for Paul and sometimes forgot to bring Paul's car seat or diaper bag when he came to pick him up. The Department's briefing on appeal is similarly focused on Father's inability to keep up with Paul's medical demands.

At the 12-month review, Father's counsel argued there was no substantial risk to Paul from being immediately returned to Father's care. Father called county public health nurse, Law, as a witness. She had been working with him since May 2018. She typically works with parents who have children age five and under. She was referred to Father by Lombardi Clinic, not by the Department. Law was unaware of the extent or nature of Father's disabilities. She generally visited with Father once a month at his home. She helped Father apply for food stamps and section eight housing, check to make sure his children were up-to-date on vaccinations and dental care, get his younger children enrolled in child care and preschool, and search for housing. When Father actually found his townhome in Sebastopol, however, he did that by himself with the V.A.'s help. Neither the Department nor Law helped him. Father was resourceful in seeking out help, for instance, by obtaining healthy food for his children from public food banks.

Law testified that she would be available to continue to help Father if Paul were returned to his care. Her role would include working with Father to alleviate barriers to Paul's medical care. It occurs to us that Law might provide ongoing assistance to Father

[3] The reports for the six- and 12-month reviews suggested the Department was concerned about relapse due to the "long standing history of substance abuse while caring for their infant child." That statement was fully justified for E.J., but Father's drug use, by the time of the 12-month review, did not seem to be an active concern. There was no evidence that Father had a "long standing history of substance abuse." He tested positive for methamphetamine only one time, some five months before Paul was born.

in keeping Paul's medical appointments, if specifically tasked with that objective. The Department credits itself with collaborating with Law, but there is no evidence the Department ever broached with Law the idea that she might help Father with scheduling, and no evidence explaining how the Department collaborated with Law.

Father does not appeal the court's finding of a substantial risk preventing immediate return of Paul to his care. But Father requested, alternatively, that his services be extended to the 18-month hearing. The Department's attorney did not agree with either proposal based on the missed medical appointments and risks to Paul's fragile health. The children's attorney thought it was a "really difficult case" but favored termination of services, and Paul's CASA recommended that Paul remain in his foster home. E.J.'s attorney supported Father's request to return Paul to Father immediately. A pediatric nurse practitioner who treated Paul wrote a letter dated June 5, 2018, suggesting that Paul remain in his foster home so that his medical care could be ensured.

On September 19, 2018, the court ordered Father's reunification services terminated in preparation for freeing Paul for adoption. (§ 366.21, subd. (h).) The hearing to terminate Father's parental rights (§ 366.26) was set for January 16, 2019.

Father then filed this writ petition, alleging (1) he had not received reasonable services responsive to the full scope of his disabilities, (2) he had not received reasonable visitation, and (3) the court erred in finding there was not a substantial probability he could reunify with Paul by the 18-month mark. He claims his services should have been extended under section 366.21, subdivision (g)(1).

II. DISCUSSION

A. *Forfeiture*

As a preliminary matter, we reject the Department's argument that Father has forfeited his challenge to the adequacy of services because he failed to raise the issue with the juvenile court. "A parent is 'not required to complain about the lack of reunification services as a prerequisite to the [D]epartment fulfilling its statutory obligations.' " (*Melinda K. v. Superior Court* (2004) 116 Cal.App.4th 1147, 1158 [citation omitted].) " 'Generally, points not urged in the trial court cannot be raised on

appeal. [Citation.] The contention that a judgment is not supported by substantial evidence, however, is an obvious exception to the rule.' " (*In re Brian P.* (2002) 99 Cal.App.4th 616, 623 [citation omitted].) With respect to factual issues on which the Department bears the burden of proof here, "the parent is not required to object to the lack of substantial evidence in order to preserve the issue for appeal." (*In re Gregory A.* (2005) 126 Cal.App.4th 1554, 1560.) Because Father's reasonable services argument amounts to an attack on the sufficiency of the evidence requisite to termination of his parental rights, the issue has not been forfeited. (See *In re Javier G.* (2006) 137 Cal.App.4th 453, 464 ["when the merits of a case are contested, a parent is not required to object to the agency's failure to carry its burden of proof"].) We therefore turn to the merits.

B. *The Law Relating to Reasonable Services*

Section 361.5 provides, "whenever a child is removed from a parent's or guardian's custody, the juvenile court shall order the social worker to provide child welfare services to the child and the child's mother and statutorily presumed father or guardians." Ordinarily, for a child under three years of age when initially removed from the parents, reunification services are provided presumptively only for six months from the disposition hearing, and no longer than 12 months from the date the child entered foster care, even if reunification appears promising. (§ 361.5, subd. (a).) Section 361.5, subdivision (a)(3) allows services to be extended up to 18 months from the date the child was originally removed from physical custody of his or her parent. "The court shall extend the time period only if it finds that there is a substantial probability that the child will be returned to the physical custody of his or her parent or guardian within the extended time period *or that reasonable services have not been provided to the parent* or guardian." (§ 361.5, subd. (a)(3)(A), italics added.)

Before it may terminate services and set a hearing under section 366.26, the trial court must determine by clear and convincing evidence that reasonable services were provided. (§ 366.21, subd. (a)(3).) On appeal, we review that determination for substantial evidence, but we apply that standard bearing in mind the requirement of clear

and convincing evidence in the trial court. (*T.J. v. Superior* Court (2018) 21 Cal.App.5th 1229, 1238–1240 (*T.J.*).) "We review the record in the light most favorable to the trial court's order to determine whether there is substantial evidence from which a reasonable trier of fact could make the necessary findings based on the clear and convincing evidence standard." (*In re Isayah C.* (2004) 118 Cal.App.4th 684, 694, italics omitted.)

A child welfare agency is obligated to provide or offer reasonable services " ' " 'specifically tailored to fit the circumstances of each family" ' " and " ' "designed to eliminate those conditions which led to the juvenile court's jurisdictional finding' " ' " (*Patricia W. v. Superior Court* (2016) 244 Cal.App.4th 397, 420) " ' "based on the unique facts relating to that family" ' " (*In re Kristin W.* (1990) 222 Cal.App.3d 234, 254). "[T]he record should show that the supervising agency identified the problems leading to the loss of custody, offered services designed to remedy those problems, maintained reasonable contact with the parents during the course of the service plan, and made reasonable efforts to assist the parents in areas where compliance proved difficult." (*Tracy J. v. Superior Court* (2012) 202 Cal.App.4th 1415, 1426, italics omitted (*Tracy J.*).) In a case such as this, where the concerns shifted over time, the Department must also show its offer of services continued to meet the parent's changing needs.

C. *Father's Changing Needs Over Time*

When Paul was initially detained, the overriding issue was E.J.'s serious methamphetamine habit and the abuse or neglect of her older children. The complaints about Father began with Father's use of methamphetamine and a relatively minor criminal record. Father, however, quickly showed he had given up methamphetamine, so far as the record reveals, without relapse.

As time progressed, however, the issues with Father's parenting, and the reason for Paul's continuing dependency, related more to Father's disabilities than to his drug use. When a parent has a mental illness or disability, that condition must be the "starting point" for a family reunification plan, "not its conclusion." (*In re Jamie M.* (1982) 134 Cal.App.3d 530, 540.)

Here, Father's symptoms—forgetfulness, inability to concentrate, and disorganization—came to predominate as the primary identified barriers to reunification. Thus, Father was criticized for sometimes missing Paul's medical appointments or forgetting Paul's car seat or a diaper bag.[4] The social worker testified Father also had trouble following Paul's strict dietary restrictions.[5] And he was criticized for being unable to use a calendar to successfully keep up with his appointments.

D. *The Barriers to Reunification Were Practical and Demanded a Practical Response*

The barriers to Father's reunification with Paul were almost entirely of a practical nature; there was no intrinsic problem with his parenting skills, no mental disability that prevented him from forming a meaningful and nurturing parent-child bond with Paul, and no habitual drug problem, as we see in so many dependency cases. As it became clear that Father's problems were primarily disability-related and not drug-related, the Department should have shifted its focus to concentrate on what it could do to accommodate his disabilities. Instead, the Department concluded that he just had "too many things on his plate" to add in a high-needs infant or toddler. He was "overwhelmed" with responsibilities. These were references to the fact he had six children.

When the parent's need is of a practical nature, the Department's response must likewise be practical. If a preference for reunification in the early phase of a dependency

[4] Part of the Department's concern was that Father purportedly minimized Paul's medical problems. Yet, Father testified that he took Paul's special medical needs "very serious[ly]," and we see no evidence that he resisted the medical regime mandated by the Department. He simply was not able, because of his disabilities, to keep on track with all of the appointments.

[5] There was also concern because one of Father's older children accidentally gave Paul yogurt (in packaging that made him think it was a fruit snack), which caused a severe allergic reaction. It happened only once, though, and Father stopped buying that product. Father once ordered miso soup at a Japanese restaurant, and the foster mother had to explain that it contained soy, so Paul could not eat any. The foster parents, too, had often given Paul foods that caused an allergic reaction as they learned what he could and could not tolerate.

is to have any meaning at all, we expect the Department to think beyond the usual offerings of therapy, drug treatment, psychotropic medication and parenting classes when coming up with reasonable services to assist a disabled parent. For instance, when Father had trouble making it to Paul's medical appointments, some of which were scheduled at UCSF in San Francisco, we wonder whether specialists in those fields could not have been found closer to Father's home so that getting Paul to his appointments would not be quite so onerous. Yet, we see no effort by the Department to alter Paul's medical appointments to make it easier for Father to get him to the doctor.

When the main barrier to reunification was that Father had "too many things on his plate," Father's entitlement to a V.A.-funded caregiver was potentially a godsend for his family, including Paul. The Department recognized that Father "possesses the desire to follow through but requires more assistance than he is receiving in keeping his complex life organized." Yet, it did nothing to help him get that assistance, not even providing a letter of support to the V.A. explaining the urgency of Father's need.

Providing reasonable services for disabled parents may be challenging, but the law requires that such efforts be made, and that the services be tailored to the parent's particular difficulties presented by the disability. (*T.J.*, *supra*, 21 Cal.App.5th at pp. 1240–1241; *Tracy J.*, *supra*, 202 Cal.App4th at pp. 1423–1425.) In *T.J.*, we held that an intellectually disabled mother had not received reasonable services during reunification in part because she had not been provided with practical help in managing her household and parenting responsibilities. (*T.J.*, at pp. 1247–1248.) *In re Victoria M.* (1989) 207 Cal.App.3d 1317 held that reasonable services were not provided to a mentally disabled mother because one of her main problems was lack of suitable housing, and the agency did nothing to assist her in finding housing and failed to refer her to the regional center that might have helped her in that regard. (*Id.* at pp. 1326–1330.)

Moreover, the Department routinely assessed Father's ability to meet Paul's needs against the backdrop of managing the five older children, with the assumption that Father would (and should) be required to do so all alone, with occasional respite from friends and relatives. In fact, the Department at trial criticized Father for "relying on everybody

else" to make his household function, giving as examples the V.A., the Department, the public health nurse, the foster mother, and the food banks. We see no reason why Father should not have relied on the V.A. or Law for services to which he was legally entitled. His resourcefulness in finding and using community services should not be criticized as a weakness but celebrated as a strength.

E. ***The Department's Response to Father's Changed Needs Was Unreasonable***

Once it became known that a caregiver could be made available to him through the V.A., the assumption that Father had to prove he could do it all, all by himself, should have shifted. The Department should have considered whether Father's entitlement to a caregiver might make a difference in the prospects of reunification and in the nature of Father's needs. The social worker should have started to think about what the Department could do to assist Father in finding an approved caregiver. We see no such shift on this record. Indeed, the Department did nothing to individualize the reunification services to address Father's changed circumstances.

Instead, to address Father's forgetfulness and disorganization, the Department simply added to his case plan that Father should use a phone and wall calendar to schedule and keep track of appointments. We cannot view this as a meaningful remedial measure for Father's disability-related memory issues. Such a simplistic and ineffectual recommendation is not an offer of "reasonable" services for a parent with disability-caused memory deficits. Using a calendar requires one to remember to record the appointment or event, and then to remember to consult the calendar daily or more frequently. It is not surprising that Father found the Department's suggestion inadequate to address his problems with memory and organization. Sequencing and synchronizing tasks can also pose problems for someone with Father's disabilities even if one uses a calendar. Father did report that he used the calendar on his phone, which was linked to his computer, but he still sometimes missed appointments and often forgot the car seat. We conclude the Department did not provide reasonable services to help Father with the most problematic symptoms of his disability, even though help seemed within reach.

We are further dismayed by the Department's unimaginative and passive reaction once a caregiver was authorized for Father through the V.A. The Department updated Father's case plan to mandate that he "secure a caregiver, complete, and turn [in] the required paperwork to the VA." It was specified that he should ask his mother for help if he had trouble filling out the forms. The Department offered no help in actually getting Father set up with a caregiver between late 2017 and July 2018, when his application for a caregiver was disallowed. There is no evidence the Department ever helped Father navigate the V.A.'s approval system or advocated on his behalf with the V.A. This strikes us as an unreasonable response in the circumstances.

As we view the case, Father's new autism spectrum diagnosis, and his eligibility to have the assistance of a caregiver funded by the V.A., cast a whole new light on his prospects for success in reunifying with Paul and on the nature of services Father needed. Yet, we see no evidence to suggest any of this led to a shift in the Department's view of the case. A caregiver could have helped enormously with Father's specific deficiencies—scheduling, memory, concentration, and organization. The caregiver could keep Father on track for meeting all of his family's many needs. Among other things, a caregiver could help Father: schedule and remember Paul's appointments; remember the car seat and the diaper bag; maintain food safety rules around the house, in light of Paul's dietary restrictions; and keep track of all the children's undoubtedly complex schedules in his large family. With such assistance, the prospects for reunification appear considerably brightened.

Indeed, the social worker herself opined that if a caregiver had been provided by the V.A., Father might well have been able to reunify with Paul before the 12-month review. Unlike some other dependency cases where the parent's problem is a persistent one that would require more time to address than the law allows, Father's problems conceivably could be remedied virtually overnight by provision of a V.A.-approved caregiver or other support person for Father. It therefore became practically incumbent upon the Department to assist him with obtaining a caregiver, if possible.

Yet, there is no evidence the Department communicated or coordinated with the V.A. at all regarding the provision of a caregiver, or communicated with Law about her taking on some scheduling tasks. We see no active effort on the part of the Department to assist in the process, for instance, by obtaining for Father a list of V.A.-approved caregivers or helping him connect with an approved caregiver from within the Department's network of contacts. Nor is there any evidence that the Department did anything to assist Father in finding services appropriate to his disability as an alternative to care from the V.A., if that was necessary given the circumstances presented here. " 'Offering services' requires more than merely delegating the responsibility of obtaining the service to the parent." (Seiser & Kumli, California Juvenile Courts: Practice and Procedure (2018) § 2.152[4][b], p. 2-554.)

We recognize that services offered need not be the best imaginable in order to be deemed reasonable (*In re Misako R.* (1991) 2 Cal.App.4th 538, 547), but with the promising progress Father already had made in challenging circumstances, assisting him with finding a caregiver or finding some other support person to help him with scheduling would seem to be so basic and so obvious that we cannot consider the Department's failure to act reasonable. To allow Father's potential autistic spectrum diagnosis to pass by without further investigation or rethinking the reunification plan was questionable. The Department's letting the opportunity to get a caregiver for Father slip by—without stepping up to assist—made its inaction unreasonable. There is no substantial evidence in the record that the Department responded with services tailored to Father's mental health disorders in light of his changed circumstances and the other resources available to him.

Because we find the evidence insufficient to support a finding by a clear and convincing standard that reasonable services were provided to Father responsive to the full range of his disabilities and individual needs, we need not address whether Father received reasonable visitation or whether his services should have been extended under section 366.21, subdivision (g)(1) due to the likelihood of reunification.

III. DISPOSITION

The petition is granted. Let an extraordinary writ issue directing the juvenile court to (1) vacate its finding on September 19, 2018, that reasonable services were offered or provided to Father; (2) enter a new and different finding that reasonable services were not offered or provided to Father; (3) vacate its orders terminating reunification services and setting a hearing under section 366.26; (4) set a continued 12-month permanency hearing at the earliest convenient time; (5) order the Department to provide Father with an additional period of reunification services, to be utilized consistently with the views expressed in this opinion. This decision is final as to this court immediately. (Cal. Rules of Court, rule 8.490(b)(2)(A).)

_____
Streeter, J.

We concur:

_____
Pollak, P.J.

_____
Tucher, J.