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2017 IL App (5th) 170180-U

NOS. 5-17-0180, 5-17-0181, 5-17-0182 cons.

NOTICE
This order was filed under Supreme Court Rule 23 and may not be cited as precedent by any party except in the limited circumstances allowed under Rule 23(e)(1).

IN THE

APPELLATE COURT OF ILLINOIS

FIFTH DISTRICT

<i>In re</i> N.K., S.K., and D.K., Minors)	Appeal from the
)	Circuit Court of
(The People of the State of Illinois,)	Franklin County.
)	
Petitioner-Appellee,)	
)	
v.)	Nos. 12-JA-23, 12-JA-24, &
)	12-JA-25
L.K.,)	
)	Honorable Mark R. Stanley,
Respondent-Appellant).)	Judge, presiding.

JUSTICE CHAPMAN delivered the judgment of the court.
Justices Cates and Overstreet concurred in the judgment.

ORDER

- ¶ 1 *Held:* Where L.K. failed to establish that the trial court erred in finding her unfit, and failed to establish that the trial court erred in finding that the best interests of her three children required termination of her parental rights, we affirm the trial court's orders.

- ¶ 2 L.K. appeals from the trial court's order terminating her parental rights. On appeal, she argues that the State did not establish that she was an unfit parent. L.K. also contends that it was not in the children's best interests to terminate her parental rights. We affirm the trial court's orders.

¶ 3

FACTS

¶ 4

Family Background and DCFS Involvement

¶ 5 N.K. is a female child born on April 6, 2003. S.K. is a male child born on May 9, 2005. D.K. is a male child born on March 29, 2009. L.K. is the mother of all three children. W.K., the "adoptive" father of N.K. and S.K., died in June 2005. The biological father of N.K. is unknown, the biological father of S.K. is W.B., and the biological father of D.K. is M.G.

¶ 6 L.K. lived with the three children, N.K., S.K. and D.K., along with her disabled mother in a two-bedroom trailer in Christopher. Additionally, L.K. had two older children who lived with her, B.K., a male child then 15, and Si.K, a female child then 16. B.K. and Si.K. lived in a camper behind the trailer.

¶ 7 L.K. removed her mother out of a nursing home in May 2012 against the wishes of her siblings. L.K.'s mother owned the trailer in which L.K. lived with her children. L.K.'s income from disability and other benefits was approximately \$700 to \$750 per month. She paid her mother \$150 per month to live in the trailer.

¶ 8 DCFS became involved with this family in late June 2012. B.K. overdosed on prescription medicine and bath salts and was unconscious in the camper behind L.K.'s trailer. Later it was learned that B.K. had purposefully overdosed in a suicide attempt. In addition to overdosing on drugs, B.K. used a knife to cut himself on his arms and down his chest. L.K. knew that B.K. overdosed. L.K. checked on B.K. just one time over the next 24 hours. She did not try to take B.K. to a hospital and she did not call 9-1-1. During the 24 hours, L.K. separately sent N.K., then nine years old, and S.K., then seven years old, to check on B.K. She ordered N.K. to spend the night in the camper with B.K.'s unconscious body. S.K. later talked about seeing the cuts on B.K.'s chest and also seeing the knife that his brother used to cut himself. Both N.K. and

S.K. knew that their brother had overdosed. After N.K. checked on her brother, she told her mother that B.K.'s fingers were blue or purple. Even then, L.K. took no action. In fact, L.K. left B.K. and the rest of the children at some point during the 24 hours. At some point, L.K.'s boyfriend told her to call 9-1-1, but she did not do so. One of L.K.'s daughters ultimately placed the 9-1-1 call. After paramedics responded to L.K.'s home, B.K. was transported to an area hospital by ambulance and then airlifted to Cardinal Glennon Children's Hospital in St. Louis, Missouri. L.K. then left to travel to St. Louis to be with B.K. at the hospital. She left Si.K. in charge of her wheelchair-bound mother and the three younger children. DCFS sent an investigator to the home upon learning that B.K. had overdosed. After a preliminary investigation, DCFS immediately removed Si.K., N.K., S.K., and D.K. from the home on June 26, 2012.

¶ 9 Si.K. and N.K. were placed at Night's Shield, an emergency residential placement facility for children in West Frankfort. S.K. and D.K. were placed in traditional foster care in Nashville, and then later in Mt. Vernon.

¶ 10 Petition for Adjudication of Wardship

¶ 11 On June 28, 2012, the State filed its petition for adjudication of wardship of N.K., S.K., and D.K. The State alleged that the minors were neglected in the following three ways: 1) their mother frequently left the children home alone with either Si.K., who was known to run away from home, or with their wheelchair-bound grandmother—neither of whom was capable of caring for the children; 2) their mother did not provide appropriate medical and remedial care because she had not gotten B.K. emergency care within a reasonable period of time after he ingested controlled substances and became unconscious; and 3) their mother was failing to provide

adequate supervision of the children because B.K. had overdosed on controlled substances while in her care.

¶ 12 DCFS Assessment¹

¶ 13 DCFS conducted integrated assessments in July 2012, August 2012, and December 2012. The integrated assessment reports were compilations of past and current gathered information as well as interviews prepared and conducted by DCFS staff and contracted service providers. The integrated assessment reports included information gathered from L.K., the children, DCFS personnel, DCFS contracted service providers, and foster care placement providers. On the basis of DCFS's investigation, it was determined that L.K. was indicated for medical neglect and inadequate supervision of B.K.; for inadequate supervision of Si.K., N.K., S.K., and D.K.; for wounds of neglect regarding B.K.; and for substantial risk of physical injury and providing an environment injurious to B.K.'s health and welfare. The background facts for these findings were compiled by interviews conducted by Alyssa Norman, Leigh Ann Warner, and Wendy Ingersoll. The integrated assessment reports were prepared by Janice E. Nicholls and Wendy L. Ingersoll. What follows is a summary of these interviews.

¶ 14 L.K. willingly participated in the interviews. L.K. was then 42 years old and widowed. Throughout a July 16, 2012, interview, her speech was slurred, and her mood was inconsistent with the seriousness of the subject matter at issue. She stated that when she was 20 years of age, she was in a car accident; suffered a traumatic brain injury; and as a result has been diagnosed

¹Although this appeal only involves the termination of L.K.'s parental rights to N.K., S.K., and D.K., there are aspects of the older siblings' involvement in this case that are important to an overall understanding of L.K. and her household. Therefore, we include information about DCFS involvement in the cases of Si.K. and B.K.

with mental retardation. Although she stated that her decreased intellect did not cause any issues with communication, the interviewers found that her presentation throughout the interview was significantly impaired.

¶ 15 L.K.'s childhood was difficult. Her parents divorced when she was young and her mother was sent to the Illinois Department of Corrections when L.K. was in the fourth grade. She moved in with her sister during that time, and then back with her mother after she was released from prison. She did not complete high school; was suspended numerous times for physical altercations with her peers; and never completed her G.E.D.

¶ 16 As an adult, L.K. reported that she was arrested multiple times for driving under the influence, and for possession of marijuana. DCFS obtained a report which also disclosed two charges for deceptive practice and forgery, and a charge for "manufacturing/delivering" marijuana.

¶ 17 L.K. reported numerous romantic partners over her lifetime. She had two girls with H.M. during her teenage years. She had a relationship with T.B., the biological father of Si.K. She married W.K., who she met in a substance abuse treatment facility. W.K. was addicted to prescription medications and methamphetamine, and was incarcerated for portions of their marriage. W.K. was the biological father of B.K. and the adoptive father of Si.K., N.K., and S.K. In June 2005, when they were separated, W.K. called L.K. to tell her that he was planning on committing suicide. The next day, she learned that W.K. died of an overdose of Fentanyl patches. L.K. is unaware of the identity of N.K.'s biological father, but knows that S.K.'s biological father is W.B., and D.K.'s biological father is M.G.

¶ 18 The trailer where the family lived had two bedrooms. L.K. stayed in one of the bedrooms, and her mother occupied the other. N.K., S.K., and D.K. slept either with L.K. or on the couch in

the living room. B.K. and Si.K. lived out back in the camper. DCFS found that the camper was air-conditioned, had running water and electricity, and was generally well-kept.

¶ 19 L.K. confessed to a history of using alcohol, bath salts, marijuana, cocaine, and prescription medications. She went to rehab for alcohol addiction, and was kicked out of rehab because she used prescription medications while in treatment. She stated that she had reduced her alcohol consumption from a 30-pack of beer each day to a 12-pack of beer per week. She acknowledged using bath salts in the months preceding the interview. She also reported having valid prescriptions for Xanax and Vicodin from her primary care physician. W.B., the biological father of S.K., was incarcerated at the time of his interview. He stated that his relationship with L.K. was based on "dope." He reported that L.K. used methamphetamine when she was pregnant and that she also smoked marijuana and used Xanax and Vicodin. M.G., the biological father of D.K., was incarcerated at the time of his interview. He had a history of smoking/snorting methamphetamine but reported that he had gone through substance abuse treatment while in prison.

¶ 20 From the investigation, DCFS learned that B.K. had threatened suicide two days prior to his overdose. Physicians who examined B.K. determined, from the fact that he had developed bedsores, that he was allowed to lie in the same position for more than 24 hours. Because B.K. did not receive care quickly after he was discovered to have overdosed, he suffered myocardial damage, muscle deterioration, as well as liver and kidney damage. DCFS ascertained that during the period of time B.K. was unconscious, L.K. checked on him only one time, and then sent the children to check on him. N.K., a nine-year-old, told her mother that B.K.'s fingers were blue or purple, and L.K. told her that he was simply "sleeping it off." During the time that B.K. was unconscious, L.K. left the home, leaving the children to care for him. L.K.'s boyfriend told her to

call 9-1-1, but she did not do so. Instead, DCFS indicated in the integrated assessment report that one of the sisters called 9-1-1. The record does not contain the identity of the caller.

¶ 21 L.K. did not seem to understand the reason for DCFS involvement. While she understood that B.K. was placed in foster care after he was released from the hospital, she denied that her other children were at risk of harm. She was quite angry about their removal and believed that they should all be returned to her care. In her opinion, if she was able to care for her 77-year-old mother, then she was capable of caring for her children. She acknowledged that DCFS had been involved with her family in the past, but denied that there was any foundation for that involvement.

¶ 22 Si.K., a 16-year-old, was interviewed on August 17, 2012, at Night's Shield where she was then placed. She had been placed there initially on June 26, 2012; ran away from Night's Shield at some point; claimed her mother refused to help her while she was on the run; and was found by Illinois State Police on July 31, 2012. She was then placed in a psychiatric unit in St. Louis. Upon release from the psychiatric unit, she was placed again at Night's Shield. She was a ninth grader but no longer in school, having been discharged for truancy during the 2011-12 school year. She reported being suspended at least six times for fighting. She was held back in sixth and seventh grades. Si.K. reported that she had been a "cutter" as a means to deal with her anger; that police were routinely called to the home because of her fights with B.K.; that she was sexually active and smoked marijuana daily; and that she had been previously placed in rehab in Carbondale, but that she ran away from the facility. L.K. stated that Si.K. was addicted to methamphetamine. Si.K. suffered from anxiety and depression largely stemming from her adoptive father's suicide.

¶ 23 B.K., a 15-year-old, was in placement at Webster Cantrell Hall, a residential facility in Decatur, Illinois. He had been there since September 4, 2012. He ran from this facility on one occasion, but as of the December 2012 report, he was adjusting well to this placement. Historically, he had been diagnosed with a psychiatric behavioral disorder and a learning disability. He was currently diagnosed with depression, but was not on medication. He was enrolled in classes onsite at his placement facility and was then in the ninth grade.

¶ 24 At the time these reports were written, N.K., a nine-year-old, was at Night's Shield in West Frankfort, and was enrolled in the third grade. She had been retained in kindergarten. She was doing well in placement, but expressed a desire to return home to her mother's care especially because she wanted to help her brother, B.K. The staff reported that she was doing well at Night's Shield, but that she gravitated to the "bad boys" who were also at the facility. She told the interviewer that she was scared of the men that her mother brought to their home, and stated that her mother was always telling her: "Let me visit my friends; I need privacy." In addition to witnessing aspects of B.K.'s overdose, N.K. also witnessed B.K.'s self-inflicted cuts to his arms and chest. She knew that her brother cut himself because he was angry that Si.K. went to the beach with his girlfriend, K. After K. returned, L.K. made N.K. sleep in the camper with K. and her unconscious brother so that she could monitor his well-being.

¶ 25 S.K. and D.K. were briefly in a traditional foster care placement in Nashville, but then were moved to a different foster care home in Mt. Vernon by the end of the summer in 2012.

¶ 26 S.K., a seven-year-old, was in the second grade in a special education program to help with his learning disability. L.K. was not certain of what grade S.K. was in at the time of his placement. His foster care providers reported that he could not read; could not recognize letters; and appeared to be very hyperactive. S.K. was interviewed on July 11, 2012, at his caregiver's

home. He acknowledged missing his mother and siblings. He was aware that B.K. hurt himself and admitted that this upset and scared him. He saw the knife that B.K. used to cut himself. He knew that B.K. overdosed on bath salts. He provided very specific details of the 24 hours after the overdose. He stated that his mother sent him to the camper to check on B.K., as his mother believed he was just sleeping. According to his foster care providers, S.K. parented his younger brother, D.K. S.K. struggled with rules and expectations of the household.

¶ 27 D.K., a three-year-old, was enrolled in pre-kindergarten classes in Mt. Vernon for the fall of 2012. He was in the same foster care placement as his older brother, S.K. DCFS attempted to screen D.K., but felt that he would need to be rescreened, and that most likely he would need speech services. The Nashville foster care providers noted that they had difficulty in understanding D.K.'s speech; that he urinated and defecated in his pants; that he was extremely reliant upon S.K. to care for him; and that he was distressed at being separated from his mother. The foster parents also stated that they were concerned for their biological infant's safety around D.K. because D.K. would not follow their rules.

¶ 28 DCFS concluded its initial integrated assessment report stating that L.K. needed to undergo a consultation with a psychologist, participate in individual psychotherapy, and complete a substance abuse evaluation. The evaluators noted that L.K. suffered a traumatic brain injury when she was 20, and that they were concerned that the diminished capacity was a potential cause for some of the troubles in her life. L.K. agreed to participate in Project 12 Ways in order to learn how to establish boundaries with her children and to provide them with better structure and appropriate discipline. Overall, DCFS found that the prognosis for reunification was guarded due to numerous obstacles.

¶ 29 September 17, 2012, and December 3, 2012, Adjudicatory Orders

¶ 30 The court found that the minors were neglected on September 17, 2012, (N.K. and D.K.) and on December 3, 2012, (S.K.). The bases for the findings of neglect were that the minors lacked support, education, and remedial care and were in an environment injurious to their welfare. L.K. and the biological fathers stipulated to the allegations of the petitions.

¶ 31 Psychological Evaluation of L.K.

¶ 32 Frank X. Kosmicki, Ph.D., and Andrew E. Molnar, Jr., Ph.D., met with L.K. on December 8, 2012, to perform a psychological evaluation mandated by DCFS. Dr. Molnar was Dr. Kosmicki's fellow and was assisting him with L.K.'s evaluation and testing. L.K. knew that she was being assessed because her children were removed from her care after B.K. overdosed in his attempted suicide. L.K. reported that DCFS had been involved in her life approximately 12 times. She explained that most of the investigations were due to allegations about her drug usage.

¶ 33 L.K. admitted to an extensive drug usage history, and stated that she had used alcohol, bath salts, K2, and methamphetamine. She also admitted to going to court intoxicated. She denied any psychiatric history, but admitted that she had had prescriptions for Prozac and diazepam. She disputed that she needed any counseling services.

¶ 34 During the interview, L.K. reportedly was wearing inappropriate clothing, made inappropriate racial and sexual jokes, winked at Dr. Molnar, called him "Baby," and asked him, "What are we drinking tonight?"

¶ 35 Dr. Kosmicki and Dr. Molnar performed various intellectual and personality tests. They found that L.K.'s general cognitive ability was estimated at a 70 IQ; that she was in the low average range in her ability to sustain attention, concentration, and exert mental control; and that her ability to process simple or routine visual material without error was extremely low. Dr.

Kosmicki's interpretation of L.K.'s Minnesota Multiphasic Personality Inventory - 2 Restructured Form was as follows:

"[S]he presents with broad internalizing, behavioral, emotional, internalizing, and somatic symptoms that impact her daily functioning. The pattern of findings is suggestive of personality and psychological/psychiatric functioning that impairs her ability to form and maintain quality relationships with others, adhere to societal standards, and to appropriately regulate her emotions and behaviors."

¶ 36 Dr. Kosmicki diagnosed L.K. with mood disorder not otherwise specified, polysubstance dependence, antisocial personality disorder, and borderline intellectual functionings.

¶ 37 Overall, Dr. Kosmicki concluded that L.K.'s prognostic picture was poor and that reunification did not appear to be appropriate. He believed that her prognosis could improve if she complied with his recommendations, but that significant progress would be required to change the overall disposition. He stated that L.K. needed psychological and psychiatric intervention and treatment. Initially, the focus should be directed towards reducing L.K.'s substance abuse and criminal behaviors. Additionally, given L.K.'s "history of emotional reactivity and dysregulation, poor impulse control, and unstable interpersonal relationships," Dr. Kosmicki felt that L.K. could benefit from Dialectical Behavior Therapy—therapy involving a set of skills relating to emotional regulation, interpersonal effectiveness, mindfulness, and distress tolerance. Finally, he recommended that L.K. begin parenting training courses and interventions in order to develop "healthy disciplinary alternatives and stress management techniques," and to develop "structure and appropriate consequences for misbehavior."

¶ 39 The initial family service plan prepared by DCFS was dated August 10, 2012. The permanency goal for all five children was to return home within 12 months. L.K. had the following 14 interventions to complete—some within 6 months, and others within 12 months:

- 1) Agrees to participate in a mental health assessment/evaluation;
- 2) Agrees to demonstrate progress and benefit from treatment by full communication with the counselor;
- 3) Agrees to continue participation in the assessment/evaluation and counseling unless DCFS approves discontinuation;
- 4) Agrees to demonstrate progress on her mental health issues by developing an understanding of their effects on parenting and relationships as evidenced through discussions with the counselor and caseworker;
- 5) Agrees to provide current consents for release of information between DCFS and the mental health professionals;
- 6) Agrees to cooperate with any treatment recommendations made as a result of the assessment/evaluation;
- 7) Agrees to fully cooperate with all recommendations made as a result of the psychological evaluation;
- 8) Agrees to not visit with the children while under the influence of drugs;
- 9) Agrees to stop the use of alcohol and non-prescribed medication;
- 10) Agrees to cooperate in completing an assessment/evaluation of her alcohol and drug usage;

11) Agrees to continue participation in the assessment/evaluation and counseling unless DCFS allows discontinuation;

12) Agrees to provide current consent for the release of information between DCFS and the alcohol/drug service provider;

13) Agrees to cooperate with any recommendations made as a result of the alcohol/drug assessment; and

14) Agrees to cooperate with any urine and/or blood tests requested by DCFS, probation, or the treatment agency.

¶ 40 Second Family Service Plan

¶ 41 The second family service plan was dated December 20, 2012. The permanency goal remained the same—to return all children home within 12 months.

¶ 42 Since the initial plan, L.K.'s progress on the first seven interventions was rated unsatisfactory. She had been provided with transportation services, but missed two counseling appointments. Also, L.K. would not allow DCFS to receive information from the Illinois Center for Behavioral Health—the psychiatric service provider. Of the remaining seven interventions, L.K. was rated unsatisfactory on five of the seven. She was rated satisfactory only in providing current consents for release of information and completion of an assessment/evaluation of her alcohol and drug usage. She completed the assessment and the provider did not refer L.K. for substance abuse services. However, she attended a court hearing in October 2012 smelling of alcohol and admitted to drinking at lunch. Additionally, DCFS noted that many of the prescription medications she took were incompatible with alcohol. Therefore, DCFS referred her back for further assessment of her alcohol and drug usage.

¶ 43 In addition to the first 14 interventions that were "maintained" and thus would carry forward to the next family service plan, DCFS added the following 11 parenting and impulse control interventions. The parenting interventions were to be completed with Project 12 Ways, a program provided to families involved with DCFS at Southern Illinois University at Carbondale, while the impulse control interventions were to be completed directly with DCFS:

- 15) Agrees to demonstrate progress of newly acquired parenting skills during scheduled visits;
- 16) Agrees to successfully complete the Project 12 Ways program;
- 17) Agrees to cooperate with service providers who are supervising and documenting her visits with the children;
- 18) Agrees to provide a daily routine for the children, including time for homework;
- 19) Agrees to provide current consents for release of information between DCFS and Project 12 Ways;
- 20) Agrees to cooperate and sign opening paperwork for Project 12 Ways;
- 21) Agrees to follow the guidelines of Project 12 Ways;
- 22) Agrees to keep all appointments with DCFS and meet with her caseworker on a scheduled and unscheduled basis;
- 23) Agrees to keep DCFS informed of all changes in address, phone numbers, household composition, and employment within 24 hours;
- 24) Agrees to cooperate with and notify DCFS when she becomes aware of the location of her children on the run; and
- 25) Agrees to continue all of DCFS's mandated services unless DCFS approves discontinuation.

¶ 44 In DCFS's service plan, there is a section dedicated to significant developments/events since the last placement. This section indicated the following: Si.K. had run from Knight's Shield on June 28, 2012, and was not located until July 31, 2012. Thereafter, on October 4, 2012, Si.K. ran away from Knight's Shield again and was not found until December 3, 2012. During the October to December period of time when Si.K. was missing, L.K. went to Paducah, Kentucky, with Si.K. in an unsuccessful attempt to help Si.K., a 16-year-old, get married to her 28-year-old boyfriend. L.K. eventually admitted to these actions, even though previously she had denied knowledge of Si.K.'s whereabouts.

¶ 45 DCFS added addendums to the family service plan in which it provided information about the children. The addendums revealed the following: Si.K. had not been taking her psychiatric medications while she was on the run. B.K. was doing well in school. N.K. was apparently moved from Night's Shield and into a traditional foster care placement. She was adapting to this placement and was doing well in school. S.K. had been diagnosed with attention deficit hyperactivity disorder and was taking prescription medication and was also exhibiting a lot of defiant behaviors. S.K. was also receiving counseling services. D.K. was doing well, but he too was receiving counseling sessions. S.K. and D.K. were in their second foster care placement.

¶ 46 Third Family Service Plan

¶ 47 The third family service plan was dated June 11, 2013. The permanency goal remained the same—to return all children home within 12 months.

¶ 48 Overall, L.K. was largely rated unsatisfactory on her action steps (formerly referred to as interventions by DCFS). During the previous six-month period, L.K. changed mental health care providers. So, her obligation to consent to the release of information from the first provider to DCFS was discontinued, and DCFS added the same action step directed to the new mental health

care provider. Of the remaining six mental health action steps, L.K. was rated unsatisfactory. However, L.K. made progress with all of her alcohol and drug action steps. After appearing in court smelling of alcohol in late 2012, she was referred for reassessment, which she completed. She was referred for some alcohol/drug-related treatment. Although, she had made progress, primarily because she was truthful about her substance abuse, DCFS maintained intervention—meaning that these action steps would carry over to the next family service plan to ensure that L.K. continued to maintain those outcomes. And, because L.K. only began cooperation with her substance abuse action steps in March 2013, DCFS rated her as unsatisfactory overall, apparently on the basis that DCFS required a longer period of success than the three months between the start of services and the date of the report. On parenting skills, L.K. continued to struggle and was only rated satisfactory on providing consents to DCFS. According to the providers who worked with L.K. and supervised visitation, at times L.K. refused to comply with direct mandates made by the providers. As an example, DCFS stated that a Project 12 Ways staff person told L.K. not to allow S.K. on a battery-powered vehicle and L.K. disobeyed the order and allowed him to do so anyway. Ultimately, Project 12 Ways suspended its work with L.K. because she refused to cooperate. Finally, L.K. was rated satisfactory on her DCFS action step requiring her to keep appointments with DCFS, but was rated unsatisfactory on all other related action steps. Specifically, DCFS noted that L.K. failed to advise DCFS when an ex-boyfriend moved in with her.

¶ 49 In this third family service plan, DCFS added an action step to L.K.'s list directing her to successfully complete and demonstrate acquired skills obtained from Dialectical Behavior Therapy.

¶ 50 Overall, L.K. still seemed to lack the insight into why she was referred for these services—telling various people who were providing services that she was participating only because DCFS was making her do so. Additionally, DCFS noted that during monitored visits with her children, if the children misbehaved, she told the workers that she could not control the children and that no one else could successfully do so.

¶ 51 In the section of the service plan in which DCFS provides a summary of new developments, DCFS reported that L.K. needed a larger home if her children were returned into her custody. DCFS referred this task to a housing advocate with Addus. L.K. missed three appointments with her advocate. Additionally, DCFS had started a "substantial risk of sexual abuse" investigation into whether B.K. had sexually abused N.K., S.K., and D.K.² Si.K. was arrested for retail theft at a grocery store in Mt. Vernon.

¶ 52 DCFS also created a status report on each of the children. In Si.K.'s report, DCFS noted that her whereabouts were currently unknown as she had run away on June 8, 2013. Si.K. was grieving from the death of an older sister—one of L.K.'s two daughters from her teenage relationship. B.K. also ran away around the same time as Si.K., but returned after two days, and then ran away again. N.K., S.K., and D.K. were now all housed together in a foster care placement in Mt. Vernon. This was N.K.'s second foster placement, and S.K. and D.K.'s third placement. S.K. continued to have defiance issues and was referred for services in order to preserve his foster care placement.

²As there is no additional reference to this investigation in the record and as later, B.K. was allowed to participate in family visitation with all three of his younger siblings, we assume that the investigation was unfounded and discontinued.

¶ 53

Fourth Family Service Plan

¶ 54 The fourth family service plan was dated December 18, 2013. The permanency goal remained the same—to return all children home within 12 months.

¶ 55 L.K. continued to have unsatisfactory progress on all of her psychological/psychiatric action steps; satisfactory progress on alcohol and drug action steps; unsatisfactory progress on keeping DCFS informed on who was living with her and on telling DCFS where Si.K. was after she fled the residential facility; and unsatisfactory progress on understanding and acknowledging the reason why DCFS was involved in her case. Finally, L.K. was participating again with Project 12 Ways, and had not missed any appointments, but had not met any of her desired outcomes; was unable to show consistency week to week; and was not utilizing the skills she was learning about parenting, maintaining structure, and discipline. Finally, one of the action steps DCFS set for L.K. required her to move to a larger home that could accommodate all of her children and her mother. She had not been proactive with working with service providers who were trying to help her achieve this goal.

¶ 56 Si.K. passed her G.E.D. examination in December 2013 and had completed substance abuse services as of December 16, 2013. B.K. returned to his residential placement after he had been on the run for approximately three weeks. DCFS continued to attempt to find B.K. a more traditional placement closer to his siblings. N.K. was moved to a different foster home placement in Johnston City, her third placement, when the previous foster home providers asked that she be moved. S.K. and D.K. were moved to a foster home in Marion, their fourth placement.

¶ 57

May 5, 2014, Permanency Order

¶ 58 On May 5, 2014, the trial court held a permanency hearing on Si.K. and B.K., and a second permanency hearing on N.K., S.K., and D.K. The State called Amy Wettig to testify in

both hearings. Wettig is the DCFS caseworker for Si.K., N.K., S.K., and D.K. Amy stated that DCFS was asking the court to terminate its wardship of Si.K. Si.K. had turned 18 years of age and was declining further services from DCFS. Wettig testified that DCFS decreased visitation between L.K. and N.K., S.K., and D.K. in March 2014 because all three children exhibited increased behavioral problems in their foster homes and in their schools. Wettig asked the court to change the permanency goal to substitute care pending court determination of termination of parental rights. Wettig testified that DCFS was asking the court to modify the permanency goal because L.K. unsuccessfully complied with the three service plans to date.

¶ 59 The State also called Taylor Gordon, B.K.'s caseworker. Gordon was employed by an agency utilized by DCFS, Illinois Mentor. Gordon testified that B.K. was doing well and participating in family visitation with Project 12 Ways. She asked that the court continue B.K.'s permanency goal of returning home within 12 months.

¶ 60 The trial court stated on the record that the case was approaching the two-year mark, and that it agreed with the recommendations of DCFS that the permanency goal should be changed for N.K., S.K., and D.K. However, the court continued the permanency goal for B.K. and released Si.K. from the custody and guardianship of DCFS.

¶ 61 Motion for Termination of Parental Rights

¶ 62 The State filed amended petitions for termination of parental rights on June 19, 2014. The State filed the original petitions on June 6, 2014, and then refiled them with minor corrections on June 19, 2014. The State listed the following grounds for unfitness pursuant to section 1(D) of the Illinois Adoption Act (750 ILCS 50/1(D) (West 2012)):

"A. Failure to maintain a reasonable degree of interest, concern or responsibility as to the child's welfare;

- B. Failure by a parent to make reasonable efforts to correct the conditions that were the basis for the removal of the child from the parent;
- C. Failure by a parent to make reasonable progress toward the return of the child to the parent during any 9 month period after the end of the initial 9 month period following the adjudication of the minor as neglected or abused; and
- D. Failure to discharge parental responsibilities because of mental impairment, mental illness, intellectual disability, or developmental disability, with sufficient justification to believe that the inability to discharge parental responsibilities shall extend beyond a reasonable period of time."

¶ 63 Fifth Service Plan

¶ 64 The fifth family service plan was dated June 25, 2014. As the State filed its petition to terminate L.K.'s parental rights, the permanency goal changed to substitute care pending a determination on the State's petition.

¶ 65 As the permanency goal changed, services for L.K. were discontinued as of May 5, 2014, and DCFS began supervising L.K.'s visitation at its offices. The original target completion date for L.K.'s action steps was June 30, 2014, and so her evaluation period technically ended on May 5, 2014. As of that date, she was successful with her alcohol and drug action steps; unsuccessful overall with her mental health action steps; unsuccessful overall with her Project 12 Ways action steps; and unsuccessful overall with her DCFS compliance action steps. The service plan report stated that L.K. had made threats to a worker employed by Addus (an agency used by DCFS to supervise visits and to help L.K. with housing needs) about "doing whatever she had to do" about getting her children back. L.K. declined a meeting with DCFS in April 2014 and made threats towards DCFS and foster parents on May 13, 2014. L.K. continued to refuse to acknowledge that

there were any safety issues that led to her children being placed in foster care, and specifically continued to minimize the facts of B.K.'s overdose and lack of follow-up care.

¶ 66 The report also contained updates on all of the children. After the court discontinued DCFS custody of Si.K., she returned to live with her mother in Christopher. B.K. was placed in a foster home in Marion on February 10, 2014. He did well in his placement and was transitioned to Marion High School. B.K. turned 17 years old in April 2014. DCFS ended custody of B.K. on June 9, 2014, as requested by Illinois Mentor, the DCFS partner agency working with him. B.K. returned to L.K.'s home. S.K. had started to verbalize that he did not want to see his biological parents and that he wanted to live with his foster fathers. D.K. had also become very bonded with his foster fathers, and had not seemed to notice that his visits with L.K. had decreased to once per month. N.K. remained in foster care; was bonded with her foster father; visited with Si.K.; visited with her mother once per month; and maintained some visitation with S.K. and D.K.

¶ 67 Fitness Hearing and Court Order

¶ 68 The fitness hearing took place over several court dates between November 2014 and May 2016.

¶ 69 Alyssa Norman, a DCFS investigator, testified that she was the first DCFS individual on the scene after B.K. overdosed. Her testimony was consistent with the investigative report she prepared and detailed earlier in this order.

¶ 70 Dr. Frank Kosmicki testified that he was the clinical psychologist who participated in the evaluation of L.K. In his opinion based upon the testing he conducted, L.K. falls into the mildly mentally retarded range of intelligence. He also does not believe that this is due to her traumatic brain injury because her testing showed the same level of intellect across all functions or domains, whereas a patient with a traumatic brain injury would have one or two brain functions

depressed relative to the others. He believed that the consistency of her scores suggested that the issue was developmental. He testified that L.K. needed much redirection, prompting, and questioning and that overall she was an unreliable reporter. Dr. Kosmicki stated her insight and judgment were poor. He testified that L.K.'s prognosis for reunification with her children was poor, and he recommended against reuniting the children with L.K. These opinions were given within a reasonable degree of psychological certainty.

¶ 71 John Moore, a mental health counselor at Egyptian Health Department, testified that he was a counselor for L.K. working with her on Dialectical Behavior. Although, L.K. was learning new skills, he testified that it generally takes three to five years of counseling before an individual completely grasps the new skills. He explained that the process involved unlearning skills that you learned as a child, which is difficult because generally humans do not adapt well to change.

¶ 72 Misty Lucas, a therapist, testified that she had worked with N.K., S.K., and D.K. upon referral from DCFS. S.K. and D.K. began seeing her in August of 2012 after their foster parents caught D.K., who was then almost four years of age, performing oral sex on S.K., who was then seven. At some point, DCFS attention turned to B.K. regarding the sexual behavior, but Lucas was unaware of what investigation was done. She testified that the boys continued to be frightened of B.K. D.K. told Lucas about B.K.'s sexual behaviors he witnessed with Si.K. and sexual behavior that occurred between B.K. and himself. Both S.K. and D.K. were specific that although they were frightened of B.K. during visits, nothing happened during the visits.

¶ 73 David Matthews, a clinical social worker, testified that L.K. was unsatisfactorily discharged from his care because she had missed sessions and because she was not gaining any benefit from treatment. Specifically, L.K. was not able to grasp the seriousness of the family

dynamic and "did not appear to be engaged in the therapeutic process or demonstrate insight into the family patterns of behavior."

¶ 74 Chris Jones, a DCFS program supervisor who provided supervision at L.K.'s visits with the children, testified about two incidents where unauthorized people were present at the visits. The first was on November 24, 2012, at which time 13 unauthorized people flowed through the house—described as aunts and uncles, but according to Jones, they were not all family members. Then on January 7, 2013, L.K.'s boyfriend T.J. was present and had to be asked to leave as he was not authorized to be there. Despite the fact that DCFS told L.K. and T.J. that he needed to leave, L.K. insisted that he stay until each of the five children arrived so that he could say hello to them. He also testified about an incident on August 24, 2013, when L.K. accidentally flicked D.K.'s ear with a lit cigarette. L.K. was asked to get an ice pack for D.K.'s ear. In front of all of the children, L.K. responded that she was the person who would decide if D.K. got an ice pack and stated that: "They are my fucking kids and I decide what happens to them." Another incident occurred on September 21, 2013, when a male Addus worker asked B.K. to stop wrestling with D.K. and raising D.K. up over his head. B.K. became enraged; looked to L.K. and asked her if he had to comply with the Addus worker's demand since they were in their home; and L.K. smiled at her son and shook her head "no," indicating that B.K. did not need to comply. L.K. continued to encourage B.K. to play roughly with D.K. Later, N.K. went to the bathroom to change her shirt, and L.K. accused the worker of trying to watch her daughter change clothing. Finally, the noise level in the house became so loud that Addus made the decision to end the visit early because of L.K.'s behavior. B.K. aggressively addressed the Addus staff, telling them that they were no longer welcome in his home. Upon leaving, B.K. attempted to engage a male Addus worker in a fight. After that Addus refused to supervise visits for L.K. and her children.

¶ 75 Mandy Sullivan testified that she was employed with Project 12 Ways and worked with L.K. Services began in January 2013. Workers attended L.K.'s in-home supervised visits with her children and helped L.K. with guidance and assessment. After nine sessions, L.K. was still unable to independently complete the steps of the family meeting—stating rules, planning activities, and assigning cleanup tasks. L.K. struggled with appropriate topics during mealtime. She would engage Si.K. in inappropriate conversations involving tattoos, fights, ex-boyfriends, or the children's fathers. L.K. only minimally engaged with the younger children and relied upon Si.K. to act in the role as parent to her younger siblings. Although L.K. was initially cooperative with Project 12 Ways, she began to ignore the prompts delivered by staff, talked over them, and rolled her eyes or loudly sighed as she performed the tasks outlined. In May 2013 during a session, L.K. became verbally aggressive and the workers discontinued providing her with prompts. After that, Project 12 Ways discontinued in-home visits, putting her case on hold due to her lack of progress and lack of cooperation with services. The final report indicated that L.K. made no progress between January 2013 and August 2013.

¶ 76 DCFS caseworker Amy Wettig testified that she had asked Project 12 Ways to resume services in August 2013, because L.K. seemed to be more receptive to services. However, by November 2013, the Project 12 Ways staff stated that they were uncertain that L.K. would ever be able to effectively establish rules while using behavior management techniques to provide a safe, structured, and predictable environment for children when they were not present. Project 12 Ways discontinued services in April 2014 when the court changed the permanency goal from "return home" to "substitute care pending termination."

¶ 77 DCFS supervisor Wendy Ingersoll testified that L.K. was unsatisfactory overall on her mental-health required interventions because she refused to acknowledge the reason for DCFS involvement, and she refused to take any responsibility for what happened.

¶ 78 Marsha Burnett, an employee of Addus, testified that she worked with L.K. in attempting to find alternative housing. A problem that they had with finding subsidized housing was with L.K.'s mother's income. L.K. had no idea of her mother's finances, and so without that information, there was no way to determine if L.K. and her mother would qualify for subsidized housing, as the government would consider all household income. Overall, L.K. expressed frustration regarding the process and at one point told Burnett in May 2014 that she would obtain a pistol and just "take care of everything." Upon leaving, Burnett contacted DCFS to report the statement.

¶ 79 At the conclusion of the hearing, on November 7, 2016, the trial court ruled that the State had proven that L.K. was an unfit parent by clear and convincing evidence under all four theories alleged:

"[Court] has considered the evidence offered at trial and reviewed the pleadings. [Court] finds that the mother is an unfit parent. The [court] bases its findings on the following facts: (1) The mother has failed to maintain a reasonable degree of responsibility [and] concern as to the child[']s welfare. (2) [T]he mother has made progress toward completing the service plan but the progress does not rise to the level of 'Reasonable Progress.' (3) The mother has failed to correct the condition that required the minor to be removed from her custody. (4) The mother exhibits cognitive limitations that prohibit her ability to progress to an acceptable level."

¶ 80

Best Interests Hearing and Order

¶ 81 Several witnesses were called to testify at the best interests hearing held on March 13, 2017.

¶ 82 Dr. Frank Kosmicki testified that his prognosis for L.K. was poor because she was struggling with insight and judgment which were chronic and pervasive conditions. Coupling those issues with her intellectual ability and her personality factors, he testified that there was little likelihood of change without intensive and long-term therapy. Dr. Kosmicki testified that L.K.'s diagnoses of polysubstance dependency, antisocial personality disorder, and low intellectual functioning factored into her ability to effectively parent. He stated that someone suffering from these disorders lacked an ability to be empathic and to put a child's needs above her own. Dr. Kosmicki further stated that L.K. was disorganized and this behavior implied an inability to maintain composure, make good decisions, and show good judgment. He also testified to L.K.'s lack of boundary issues in which L.K. displayed flirtatious behavior with his assistant throughout the interview. Overall, he felt that these personality issues meant that L.K. had a poor prognosis for being able to successfully parent.

¶ 83 Marsha Burnett testified that she had been providing services to L.K. through Addus since March 2013. Burnett transported one of L.K.'s children to L.K.'s trailer for visitation, and she would monitor the visits. She did this for approximately one year, and then Addus assigned her to the task of helping L.K. find alternative housing. Burnett was able to locate some homes that were large enough, but she acknowledged that obtaining funding for the process through DCFS was difficult. Although she requested information from L.K. about how much money L.K. could provide, as well as whether L.K.'s mother could provide funding, L.K. never provided Burnett with the needed information. Burnett testified that she tried to visit L.K. weekly to look

at various homes, and that during these visits, L.K. was upset over the loss of her children. L.K. would ask Burnett why DCFS would not let her regain custody of her children. Burnett would tell L.K. that she needed to direct that question to her caseworker. She testified again about L.K.'s threat to take care of everybody with a gun, and her statement that if she was in jail, she would no longer have to worry about the situation. After she reported this conversation, Addus determined that Burnett should not go back to L.K.'s home, and Addus closed the case.

¶ 84 Misty Lucas testified that she was the counselor for N.K., S.K., and D.K. Lucas testified that the biggest concern the two boys had about visitation was whether B.K. would be there, and whether they would be supervised when B.K. was there. Both boys were afraid that he would harm them. Both boys told Lucas during counseling that they had witnessed B.K. giving oral sex to females, and females giving oral sex to B.K. The boys witnessed these events when they lived with their mother. Lucas also testified about N.K. and her feeling of responsibility for her two younger brothers when she was in the same foster home with them. In Lucas's professional opinion, she believed that the parenting inclination derived from the time when she was living with her mother and that N.K. believed that she needed to take care of her brothers. All three children talked about their love for their mother, and how they wanted to go home to her, but their concern was not directed towards their mother, but towards B.K.

¶ 85 Amy Wettig, a DCFS caseworker, had worked with L.K. since June 2013. She prepared the service plans. She testified to all of the service plans and the outcomes from the mandated goals. Wettig testified that once the permanency goal was changed in May 2014 and the goal was no longer to achieve reunification, services were no longer provided. However, Wettig explained that L.K. could still have participated in the services, but she would have had to pay for the services and would need to obtain her own transportation.

¶ 86 S.B. testified that he is N.K.'s foster father. He has a two-year college degree and works as a small real estate investor. He adopted his nephew, B.B., after he became a licensed foster parent. S.B. testified that N.K. is almost 14 years of age and has been in his care now for 4 years. N.K. and B.B. are close in age, and have bonded. He testified that N.K. runs track and takes singing lessons; gets As and Bs in school and is adored by her teachers; and is bubbly, very sociable, and has a lot of friends. He testified that he owns his four-bedroom home. S.B. testified that he wants to adopt N.K.

¶ 87 J.B. testified that he is S.K. and D.K.'s foster father. He has a bachelor's degree in nursing and is currently employed by Southern Illinois Healthcare working with computer applications for nursing and other ancillary health care providers. S.K. and D.K. have been in his care for three years. J.B. testified that S.K. was 11 years of age, and D.K. was almost 8 years old. D.K. is in first grade and largely receives satisfactory grades on his papers. J.B. testified that S.K. has his ups and downs with his grades, but they work closely with him. He explained that S.K. tends to spend a lot of time and energy trying to not do what he is supposed to do, and so he requires a lot of redirection. S.K. is active in baseball, while D.K. is in the Cub Scouts. J.B. testified that he encourages visits between S.K. and D.K. with N.K. He stated that they own a three-bedroom home and each boy has his own room. S.K. continues to receive counseling in order to help him manage his behavioral and anger issues. D.K. has a counselor who visits with him once per month in their home in order to help him with some negative behaviors. J.B. testified that in the last three years, their behaviors have improved. J.B. testified that if given the opportunity, he and his husband, Robert, want to adopt the boys. Robert is a stay-at-home parent.

¶ 88 At the conclusion of the best interests hearing, the court stated it was in the best interests of N.K., S.K., and D.K. that the parental rights of L.K., W.B. (the biological father of S.K.), and

M.G. (the biological father of D.K.) be terminated. Regarding L.K., the court stated that the mother has a borderline IQ issue that "affects her ability to properly parent, affects her ability to be trained and to regain that training, and then to use that training for the benefit of the children." The court noted that L.K. had tried, but that it was in the children's best interest that her parental rights be terminated in order to "find permanency for these children, as we have foster parents who are ready, willing and able to adopt them." The court noted that this process began in 2012; that almost five years had passed with the children in foster care; and stated in conclusion:

"I find that the children are in homes now that they have become integrated into; that they are bonded to the parents and the other siblings in those homes; that they are engaged in the community and in their education in the public school systems that they attend; and that at this point in time, with the duration that they have been in foster care and the inability of any of the parents to correct the conditions that required the children to be removed, that the parental rights be terminated."

¶ 89

LAW AND ANALYSIS

¶ 90 On appeal, L.K. alleges that the trial court erred in finding her unfit. She also claims that the trial court erred in finding that termination of her parental rights was in the best interests of the children.

¶ 91 The court must follow a two-step process set forth in the Juvenile Court Act of 1987 before terminating parental rights. *In re M.A.*, 325 Ill. App. 3d 387, 390, 757 N.E.2d 613, 617 (2001) (citing 705 ILCS 405/2-29(2) (West 1998)). The first step requires the court to hold an evidentiary hearing to determine if the parent is unfit. *Id.* If the court finds that the parent is unfit, then the second step requires the court to hold a evidentiary hearing on the minor's best interests.

Id. The court orders termination of parental rights in situations where the court finds that it is in the best interests of the minor children to terminate parental rights. *Id.*

¶ 92 We note that the children were removed from L.K.'s home on June 26, 2012, and that services were discontinued on May 5, 2014, after the trial court changed the permanency goal to substitute care pending termination of her parental rights. Thereafter, the two-step hearing process on fitness and the best interests of the children took an additional 2 years and 10 months to conclude. We are distressed about the lengthy delay in concluding this process, particularly because of the importance of permanence and stability in a child's life. Although we note that this case did not meet the criteria for expedited termination of parental rights under section 2-21(5) of the Juvenile Court Act of 1987 (705 ILCS 405/2-21(5) (West 2012)), and, while we do not know if the delays were occasioned by DCFS, the court system, or both, we cannot comprehend why the process took almost an additional three years to complete.

¶ 93 Fitness

¶ 94 On appeal, reviewing courts give great deference to a trial court's finding that a parent is "unfit." *In re M.A.*, 325 Ill. App. 3d at 390, 757 N.E.2d at 617. To reverse a finding of unfitness, the appellate court must determine that the finding is contrary to the manifest weight of the evidence. *Id.* A finding is contrary to the manifest weight of the evidence when the opposite result is clearly appropriate after reviewing the record. *Id.* Because the trial judge had the opportunity to see, hear, and assess the witnesses, we will not reweigh the evidence or reassess the witnesses' credibility on appeal. *Id.* at 391, 757 N.E.2d at 617.

¶ 95 A parent is considered an "unfit" parent if she fails to make either "reasonable efforts to correct the conditions that were the basis for the removal of the child" or "reasonable progress toward the return of the child to the parent within 9 months after an adjudication of neglect " or

fails "to make reasonable progress toward the return of the child to the parent during any 9-month period after the end of the initial 9-month period following the adjudication of neglected *** minor ***." 750 ILCS 50/1(D)(m) (West 2012); *In re M.A.*, 325 Ill. App. 3d at 391, 757 N.E.2d at 617. These statutory bases for finding that a parent is unfit are distinct and require separate analyses. *In re M.A.*, 325 Ill. App. 3d at 391, 757 N.E.2d at 617. The trial court must consider all evidence and conclude that the State has met its burden of proof by clear and convincing evidence in order to conclude that a parent is unfit. *Id.*; *In re Adoption of Syck*, 138 Ill. 2d 255, 273-74, 562 N.E.2d 174, 182 (1990); 705 ILCS 405/2-29(4) (West 2012).

¶ 96 The terms "reasonable effort" and "reasonable progress" have distinct meanings. "Reasonable effort" requires a subjective standard and "is associated with the goal of correcting the conditions that caused the removal of the child and focuses on the amount of effort reasonable for the particular parent." *In re M.A.*, 325 Ill. App. 3d at 391, 767 N.E.2d at 617 (citing *In re J.A.*, 316 Ill. App. 3d 553, 565, 736 N.E.2d 678, 688-89 (2000)). Conversely, "reasonable progress" requires an objective standard. *Id.* (citing *In re J.A.*, 316 Ill. App. 3d at 564, 736 N.E.2d at 688).

¶ 97 Here, we find no basis in the record to conclude that the trial court's decision was against the manifest weight of the evidence. We affirm the trial court's finding that L.K. is an unfit parent under all four bases. The trial court heard testimony covering the 4½ years of service plans.

¶ 98 L.K.'s alcohol/drug interventions were rated unsatisfactory for the first two service plans, and L.K. admitted to coming to court in October 2012 after she had been drinking. She finally acknowledged her drug usage, and completed her alcohol/drug-related tasks, but that was only one aspect of the service plans.

¶ 99 L.K. never completed all of the mental health interventions. While she was working on the Dialectical Behavior Therapy sessions until transportation was discontinued, John Moore testified that the process to relearn and change skill-based behaviors could take as long as five years. Dr. Kosmicki testified that L.K. simply lacked insight and judgment. Her intellect was low and that likely resulted in struggles she was having with emotional reactivity, lack of impulse control, and unstable interpersonal relationships. Furthermore, L.K. was discharged from psychological services for failing to attend and for not deriving any benefit from treatment.

¶ 100 We also note that throughout DCFS involvement L.K. remained angry and emotional about the process. She lacked an understanding that her older son's overdose meant that she needed to establish that she was an adequate caregiver for the younger children. L.K. knew that her son was using drugs and knew that he subsequently overdosed. She took no action to seek medical attention for her son and did not physically move his body in over 24 hours, resulting in the development of bedsores. She sent her young children in to check on the welfare of their brother. When her son was airlifted to a St. Louis hospital, she abandoned all of the underage children without substitute care in order to travel to the hospital. These children were exposed needlessly to details about B.K.'s cutting, overdose, and sexual activities. All of these things happened in L.K.'s household. Additionally, DCFS staff provided examples of difficulties during in-home visits. L.K. let B.K. yell at and ultimately threaten DCFS with bodily harm simply because the staff member was asking B.K. to stop playing so roughly with a younger brother. L.K. thereafter encouraged B.K. to continue this level of play. Additionally, L.K. talked about inappropriate topics in front of DCFS staff and the children.

¶ 101 L.K. made some progress with establishing family household parameters in Project 12 Ways. The first time, she was discharged from their program because she refused to listen to the

providers and made no progress throughout most of 2013. Eventually, her caseworker asked Project 12 Ways to resume in-home visits. And, L.K. did seem to finally grasp mealtime and homework routines. However, in April 2014, the staff stated that overall they did not believe she could ever provide a safe, structured, and predictable environment for the children if they were not there to observe. Furthermore, L.K. tended to utilize her older children to parent the younger children instead of doing so herself.

¶ 102 Finally, in July 2015, L.K. secured a larger home. From Burnett's testimony, we know that for the two years prior to July 2013, L.K. would not provide the necessary financial information DCFS needed in order to find L.K. subsidized housing that was appropriate to her family's needs.

¶ 103 Overall, we find that there was ample evidence establishing L.K.'s failure to maintain a reasonable degree of responsibility and concern for the children's welfare; L.K.'s failure to make reasonable efforts to correct the conditions that were the basis for the children's removal; L.K.'s failure to make reasonable progress during any nine-month period of time after the end of the initial nine-month period after the children were adjudicated neglected; and L.K.'s failure to discharge her parental responsibilities due to mental impairment or mental illness and no likelihood that these impairments and/or illnesses were not going to continue beyond a reasonable time. We note that Illinois law does not provide a parent with an unlimited amount of time to establish reasonable effort or progress. *In re Grant M.*, 307 Ill. App. 3d 865, 871, 719 N.E.2d 195, 200 (1999). L.K.'s lack of insight, judgment, and impulse control has not improved. While she completed alcohol/drug treatment and learned some parenting skills, her overall fitness as a parent remains specious and lacking. Most concerning is L.K.'s failure to recognize her personal parental failures in caring for B.K. after his overdose. She simply could not

understand why her conduct was wrong and harmful. L.K. minimized what happened that night, but the medical records contradicted her "truth." Furthermore, we find that L.K.'s disrespect of the process spoke volumes about whether she was ever going to be capable of being a fit parent. Accordingly, we affirm the trial court's finding that L.K. was unfit.

¶ 104 Best Interests of the Minor Children

¶ 105 A court's termination of parental rights is extreme. *In re Adoption of Syck*, 138 Ill. 2d 255, 274-75, 562 N.E.2d 174, 184 (1990). A parent maintains a superior right to raise his or her own children. *Id.* However, once a parent has been determined to be unfit, "the parent's rights must yield to the child's best interest." *In re Tashika F.*, 333 Ill. App. 3d 165, 170, 775 N.E.2d 304, 307 (2002); *In re J.L.*, 236 Ill. 2d 329, 337-38, 924 N.E.2d 961, 966 (2010). After the court determines that a parent is unfit, the State must establish proof that termination of a parent's rights is in the child's best interests by a preponderance of the evidence. 705 ILCS 405/2-29(2) (West 2012); *In re D.T.*, 212 Ill. 2d 347, 366, 818 N.E.2d 1214, 1228 (2004). On appeal, the reviewing court must decide whether the trial court's decision that the best interests of the children would be best served by terminating the parent's rights is contrary to the manifest weight of the evidence. *In re S.J.*, 368 Ill. App. 3d 749, 755, 859 N.E.2d 281, 286 (2006).

¶ 106 The factors a court must consider in deciding a minor's best interests are:

- 1) the child's physical safety and welfare;
- 2) the child's background and ties (including family, culture, and religion);
- 3) the need for permanence, including familiarity, stability, and continuity with parental figures and other relatives;
- 4) risks related to substitute care; and

5) preferences of the person available to care for the child. 705 ILCS 405/1-3(4.05) (West 2012); *In re Deandre D.*, 405 Ill. App. 3d 945, 953-54, 940 N.E.2d 246, 253-54 (2010). The trial court may also consider the likelihood of adoption. *In re Tashika F.*, 333 Ill. App. 3d at 170, 775 N.E.2d at 308. The court may consider the length of the child's relationship with his foster parents and the emotional and/or physical effect of a change of placement on the well-being of the child. *In re Brandon A.*, 395 Ill. App. 3d 224, 240, 916 N.E.2d 890, 904 (2009) (citing *In re Austin W.*, 214 Ill. 2d 31, 50, 823 N.E.2d 572, 584 (2005)). The court does not need to consider each factor individually in determining the best interests of the child. *In re Tiffany M.*, 353 Ill. App. 3d 883, 893, 819 N.E.2d 813, 822 (2004).

¶ 107 Initially, we note that L.K. takes issue with the age of Dr. Kosmicki's report and the court's reliance on his opinions because she completed some mental health work during the five years that her children were in DCFS custody. We disagree with L.K.'s argument. The trial court was informed that L.K. discontinued her psychiatric care and rejected the recommended medication. While L.K. completed some counseling services at one facility, she discontinued services with another facility. And, overall, she refused to accept responsibility for DCFS involvement in her life. Based upon the testimony given at the fitness hearing, and other examples provided by testimony at the best interests hearing, L.K.'s behavior and disrespect continued despite the counseling that she completed, and thus, she was not fully applying the skills she learned in counseling in her day-to-day interactions.

¶ 108 Additionally, the trial court heard testimony from N.K.'s foster father and one of S.K. and D.K.'s foster fathers. These foster parents have provided an emotionally stable environment for many years for these children. The parents want to adopt the children. DCFS representatives testified that the children are extremely bonded in their foster homes, and that their parents are

more than adequately meeting all of their needs. N.K. is academically and socially thriving. D.K. is similarly thriving. S.K. needs extra attention due to his hyperactivity, and he is getting that much-needed attention from his foster fathers. Finally, we conclude that these three children need and deserve a safe, loving, and supportive home. After years in foster care, we agree with the trial court's decision that the best interests of these children require the termination of L.K.'s parental rights.

¶ 109 L.K.'s failure to take responsibility for her actions and inactions is at the core of the trial court's conclusion that the minors' best interests would be served by termination of her parental rights. The health, safety, and welfare of the children is very important. Whether this failure to learn from the services provided was based upon mental impairment or personality issues, or simply a lack of care, the record is replete with examples that support the court's conclusion that the parental rights should be terminated.

¶ 110 **CONCLUSION**

¶ 111 For the foregoing reasons, we affirm the judgments of the circuit court of Franklin County.

¶ 112 Affirmed.