

## MEMORANDUM DECISION

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## IN THE COURT OF APPEALS OF INDIANA

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In the Matter of Z.R.M., Minor  
Child Alleged to be a Child in  
Need of Services;

S.M. (Mother),  
*Appellant-Respondent,*

v.

Indiana Department of Child  
Services,

*Appellee-Petitioner.*

January 25, 2022

Court of Appeals Case No.  
21A-JC-1473

Appeal from the Dearborn Circuit  
Court

The Honorable James D.  
Humphrey, Judge

Trial Court Cause No.  
15C01-2101-JC-2

**Najam, Judge.**

## Statement of the Case

[1] S.M. (“Mother”) appeals the trial court’s adjudication of her minor child, Z.M. (“Child”), as a child in need of services (“CHINS”). Mother<sup>1</sup> raises two issues for our review:

1. Whether certain findings of fact by the trial court are supported by the evidence.
2. Whether the trial court clearly erred when it adjudicated Child to be a CHINS.

[2] We affirm.

## Facts and Procedural History

[3] Mother gave birth to Child on March 15, 2018. On August 17, 2020, the Indiana Department of Child Services (“DCS”) received a report that Mother was using methamphetamine. DCS Assessment Worker Kelsie Barrett assessed the family. Mother was “very open and very honest” with Barrett, and Mother “admitted” that she was struggling with “illicit substances” and “mental health symptoms.” Tr. at 18. In addition, Mother “requested that additional services be put into place” to help her maintain her sobriety. *Id.* Barrett offered Mother home-based casework and helped her “get more connected” to services at the

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<sup>1</sup> Child’s alleged father was initially named in the underlying CHINS proceedings. But he was excluded as Child’s father, and the court dismissed him as a party.

local community mental health center. *Id.* And Mother agreed to participate in an Informal Adjustment with DCS.

[4] As part of the Informal Adjustment, DCS offered Mother Family Preservation Services, which provided home-based therapy, home-based casework, and drug screens. In addition, DCS recommended that Mother attend a substance abuse treatment program. Mother initially participated in an in-patient treatment program, but she left after only two days because she was “homesick” and missed her children and because “she thought the case was a joke[.]” *Id.* at 33. Thereafter, DCS again offered to send Mother to a rehabilitation program, but Mother did not accept.

[5] On September 11, Mother tested positive for methamphetamine. *Ex.* at 48. Mother then tested negative at seven consecutive drug screens from September 29 through October 20. *Id.* at 41-47. But Mother again tested positive for methamphetamine thirteen times in a row from November 17 through January 11, 2021. *See id.* at 9, 19-39. As a result of the positive drug screens, DCS closed the Informal Adjustment as unsuccessful.

[6] On January 12, DCS filed a petition alleging Child to be a CHINS based on Mother’s methamphetamine use. Subsequently, Mother tested negative for illegal substances on January 22 but then again tested positive for methamphetamine on January 26 and February 3. *Id.* at 6-8, 14. As a result, on February 6, DCS filed a motion to remove Child from Mother’s care on an emergency basis, which motion the trial court granted.

[7] Following Child's removal from Mother's care, Mother was scheduled to participate in supervised visitation with Child twice per week. The visits were supervised due to "bond and attachment concerns" and because of "inappropriate interactions" between Mother and Child. Tr. at 34.

Specifically, Mother would "often . . . yell and scream" at Child and smack Child "not hard like a physical abuse hit" but in a way that was "[m]ore than . . . appropriate." *Id.* at 34. Mother missed "a couple" of visits with Child. *Id.* at 33.

[8] The trial court held a fact-finding hearing on the CHINS petition on March 22. DCS Family Case Manager ("FCM") Natalia Beam testified that, when the Informal Adjustment began, Mother was "[n]ot really" compliant with services. *Id.* at 26. Specifically, FCM Beam testified that Mother was not "completely consistently" submitting to drug screens and that Mother had "refused" one screen. *Id.* at 26, 40. FCM Beam then acknowledged that, following her positive drug test on February 3, Mother had only tested negative for illegal substances. And FCM Beam testified that she had requested that Mother complete a new substance use disorder assessment but that Mother had not completed that.

[9] FCM Beam stated that, even though Mother had been testing negative for a little over one month, she nonetheless had "concerns" about placing Child back in Mother's care because of Mother's mental health and because Beam believed that Mother "hasn't appropriately learned how to cope" with a "trauma" from

her childhood that caused her to use drugs. *Id.* at 38. FCM Beam was also concerned about Mother’s inappropriate behaviors toward Child.

[10] FCM Beam then testified there were “many times” that service providers were not able to schedule appointments with Mother because she would not respond. Or, when Mother would schedule the appointments, she would “often” no-show or cancel. *Id.* at 40. And FCM Beam testified that Mother had not been compliant with home-based case work “in the last month.” *Id.* at 44. FCM Beam then acknowledged that Mother was participating in individual counseling on her own and that Mother “could be” dealing with her underlying trauma in that counseling. *Id.* at 42.

[11] After the fact-finding hearing, the court entered findings and conclusions and adjudicated Child to be a CHINS. Thereafter, Mother filed a motion to correct error in which she asserted that the majority of the court’s findings were not supported by the record. *See* Appellant’s App. Vol. 2 at 80-82. DCS responded to Mother’s motion and “concede[d]” that some of the findings were not supported by the record. *Id.* at 94-96.

[12] Following a hearing on Mother’s motion to correct error, the court granted Mother’s motion in part and issued the following amended findings of fact:

2. On August 17, 2020, [DCS] received a report alleging that the child was a victim of neglect. Specifically, the report alleged that there were concerns about [M]other’s substance use “methamphetamine” [sic] and lack of care for the child.

3. During the assessment, [M]other spoke to [FCM Barrett]. FCM Barrett testified that during the Assessment Period, Mother maintained communication and was “very open and honest,” and requested additional services be put in place to support her and maintain her sobriety. Ms. Barrett further testified, and the court finds that services were put into place and that Mother further requested additional services be put into place to support her and help maintain her sobriety. The Court finds that Mother admitted she was struggling with illegal substances and mental health symptoms and that she had used methamphetamine.

4. That an Informal Adjustment was entered between [DCS] and Mother to provide needed services and assistance.

5. That based upon testimony of [FCM Beam], the Court finds that when the Informal Adjustment began, Mother was provided Family Preservation Services through Ireland Home-Based Services. The Court finds that these services included home-based case therapy and home-based casework. In addition, drug screens for Mother were made available. Based upon FCM Beam’s testimony, the Court further finds that Mother was not completely compliant with the services offered, and that Mother was not consistently submitting to random drug screens and that in fact she was only taking the drug screens when Ms. Beam was with her.

6. The Court finds that drug testing began on September 11, 2020, which resulted in a positive test for amphetamine and methamphetamine. Tests were then negative after that date until November 17, 2020. Following that date, approximately fifteen (15) positive tests were produced for amphetamine and methamphetamine between November 17, 2020 until February 3, 2021. Tests following that date have been negative. That [DCS] requested a new Substance Abuse Disorder Assessment; that Mother has failed to comply with this request. Mother has entered voluntary therapy at Community Mental Health Center

(CMCH). Mother has been offered home-based casework and therapeutic visits. In addition, Mother was offered in-patient treatment. Mother entered into [an] in-patient program, stayed two (2) days then left, failing to complete the 21-28 day program. Mother stated that she left because she was homesick and missed her child. Mother declined to return to complete in-patient treatment.

7. The Court finds that Mother has participated in visitation with [C]hild[.] She has missed “a couple of visits;” one missed visit was because of a doctor’s appointment.

8. Therapeutic visits were ordered in this matter because of bond and attachment concerns, and concerns of inappropriate interactions of the [M]other with the [C]hild.

Although not all of these interactions were . . . fully explained, the evidence indicates that this involved Mother yelling and screaming at the child and hitting [Child]. While the hitting was not described as conducting physical abuse; that it involved smacking the [C]hild’s hand, apparently as a disciplinary measure.

That following Mother’s multiple failed tests for methamphetamine, the [C]hild was removed and placed with the family of [S.B.], who was at the time thought to be father of the [C]hild.

9. Mother explained to caseworker that she voluntarily stopped taking drugs because was now pregnant. That evidence presented is that Mother’s current mental health concerns are related to past trauma from her childhood, and that Mother’s use of illegal drugs was a result of this past trauma.

10. Although Mother related to caseworker that she was ending voluntary counseling, no evidence has been presented that Mother was currently addressing her mental health needs.

11. The Court also finds that the history presented to the Court is that Mother used methamphetamine, stopped using methamphetamine for approximately two (2) months, then began using again and then stopped again.

12. That this inconsistent pattern does not show the Court that Mother has fully addressed issues that need to be addressed in order to protect the child from Mother's current mental health and illegal drug use activity.

13. That Mother's history further indicates that she is, at best, inconsistent with seeking help for mental health and illegal drug use issues. That she has not sufficiently addressed these issues at this time. Again, no evidence has been presented as to whether the "counseling Mother is seeking" at the present time is addressing necessary mental health issues.

14. The Court also finds that although recent drug screens have been negative, that [M]other's history of non-compliance with the treatment facility and failure to currently address substance abuse issues, shows that the coercive intervention of the Court is necessary.

15. The Court finds that [M]other's significant mental health and substance abuse issues have seriously endangered the child and [M]other's continued non-compliance shows that the [C]hild's needs remain unmet.

The Court finds that it is in the best interest of the [C]hild to be removed from the home environment and remaining in the home



would be contrary to the welfare of the [C]hild because: of an inability, refusal or neglect to provide shelter, care, and/or supervision at the present time and the [C]hild needs protection that cannot be provided in the home.

The Court finds that reasonable efforts to prevent or eliminate removal of the [C]hild was not required due to the emergency nature of the situation, as follows: Mother attended a drug rehabilitation facility, but left against medical advice without finishing the program. Mother tested positive for methamphetamine and has not been cooperative with the Department or Service Providers. The lack of communication and participation in services, as well as illegal substance use, places the [C]hild at a high risk of harm.

*Id.* at 139-141. The Court then denied Mother’s motion to correct error as to its conclusion that Child is a CHINS. This appeal ensued.

## **Discussion and Decision**

### ***Issue One: Findings of Fact***

[13] Mother appeals the court’s order adjudicating Child a CHINS. Mother first contends that the evidence does not support several of the trial court’s findings.

As our Supreme Court has stated:

When reviewing a trial court’s CHINS determination, we do not reweigh evidence or judge witness credibility. *In re S.D.*, 2 N.E.3d 1283, 1286 (Ind. 2014). “Instead, we consider only the evidence that supports the trial court’s decision and [the] reasonable inferences drawn therefrom.” *Id.* at 1287 (citation, brackets, and internal quotation marks omitted). When a trial court supplements a CHINS judgment with findings of fact and conclusions of law, we apply a two-tiered standard of review.

We consider, first, “whether the evidence supports the findings” and, second, “whether the findings support the judgment.” *Id.* (citation omitted). We will reverse a CHINS determination only if it was clearly erroneous. *In re K.D.*, 962 N.E.2d 1249, 1253 (Ind. 2012). A decision is clearly erroneous if the record facts do not support the findings or “if it applies the wrong legal standard to properly found facts.” *Yanoff v. Muncy*, 688 N.E.2d 1259, 1262 (Ind. 1997) (citation omitted).

*Gr. J. v. Ind. Dep’t. of Child Servs. (In re D.J.)*, 68 N.E.3d 574, 577-78 (Ind. 2017) (alterations in original).

#### Finding Number 5

- [14] Mother initially challenges the portion of finding number 5 from the court’s amended order in which the court found that “Mother was not completely compliant with the services offered, and that Mother was not consistently submitting to random drug screens and that in fact she was only taking the drug screens when Ms. Beam met with her.” Appellant’s App. Vol. 2 at 140. Mother contends that the “implication” of that finding is that “Mother was supposed to be screening at times other than ‘when Ms. Beam met with her,’” but that FCM Beam expressly testified that Mother was only required to screen during meetings with FCM Beam. Appellant’s Br. at 12.
- [15] Mother is correct that FCM Beam testified that Mother was only supposed to submit to drug screens when FCM Beam met with Mother. *See* Tr. at 40. However, FCM Beam testified that Mother was not submitting to drug screens “completely consistently.” *Id.* at 26. And FCM Beam testified that Mother “refused” one screen. *Id.* at 40. That evidence supports the court’s finding that

Mother was not “consistently” submitting to drug screens. Appellant’s App. Vol. 2 at 140.

[16] As to the other services offered, the evidence demonstrates that DCS recommended that Mother participate in a substance-abuse treatment program but that Mother left after only two days. The evidence also demonstrates that Mother was scheduled to engage in supervised visitation with Child twice per week but that Mother missed “a couple” of those visits. Tr. at 33. And the evidence shows that the family preservation service providers were either not able to get in contact with Mother to schedule appointments or that Mother would make appointments but “often” no show or cancel. *Id.* at 40. That evidence supports the trial court’s finding that “Mother was not completely compliant with the services offered[.]” Appellant’s App. Vol. 2 at 140. As to Mother’s assertion that “[n]o evidence was introduced to quantify what ‘often’ meant or over what period of time,” that is simply a request that we reweigh the evidence, which we cannot do. Appellant’s Br. at 12. The evidence supports the trial court’s finding.

#### Finding Number 10

[17] Mother next challenges finding number 10, in which the court found that, “[a]lthough Mother related to caseworker that she was ending voluntary counseling, no evidence has been presented that Mother was currently addressing her mental health needs.” Appellant’s App. Vol. 2 at 142. On this finding, Mother first contends that the court “improperly shifted” the burden to her and required her to disprove DCS’ allegations. Appellant’s Br. at 13. We

cannot agree. It is clear from the court's findings that it placed the burden on DCS. It is also clear that the court found that DCS met that burden when it presented evidence that Mother has a mental illness and that she suffered from a childhood trauma that caused Mother to use illegal substances. The court then simply found that Mother was not taking steps to address those issues.

[18] Second, Mother contends that the court's finding is "directly contradicted by the uncontested evidence in the record." *Id.* To support her argument, Mother relies on FCM Beam's testimony that Mother was currently involved in individual counseling. We acknowledge that FCM Beam testified that Mother is currently participating in counseling. But the only testimony FCM Beam provided about that counseling was that Mother "could be" dealing with her underlying trauma. Tr. at 42.

[19] As the trier of fact, it was the court's role to determine whether a piece of evidence is credible and to decide how much weight to give it. Here, it is apparent that the court did not give any weight to FCM Beam's speculation as to what Mother may be addressing in her therapy sessions. Indeed, as evidenced by many of the court's remaining findings, the court gave more weight to the evidence that Mother has a history of noncompliance with services and a history of drug use. Mother's argument is simply a request that we give more weight to that portion of FCM Beam's testimony than the trial court did, which we cannot do. The finding is supported by the evidence.

## Finding Number 12

[20] Mother also challenges finding number 12, in which the court found that “this inconsistent pattern does not show the Court that Mother has fully addressed issues that need to be addressed in order to protect the [C]hild from Mother’s current mental health and drug use activity. Appellant’s App. Vol. 2 at 141. In particular, Mother contends that “there was no evidence presented that the Child had been endangered.” Appellant’s Br. at 13.

[21] However, Mother admitted to having a problem with “illicit substances” when DCS first assessed the family. Tr. at 18. But despite that problem, Mother only attended a rehabilitation program for two days before leaving. In addition, during the underlying proceedings, Mother tested positive for methamphetamine on at least fifteen different occasions, including on two occasions after DCS had filed the CHINS petition. And Mother declined to return to the rehabilitation facility or to submit to another substance abuse assessment as requested. In other words, DCS presented evidence that Mother has a history of using methamphetamine, which poses a danger to Child by depriving Child, who was only three years old, of a sober caregiver.

[22] Still, Mother contends that she was “voluntarily engaged in ongoing therapy” to address her mental health problems and that she “had completed a substance abuse assessment” and had “been consistently testing negative for illicit drugs” for the seven weeks prior to the fact-finding hearing. Appellant’s Br. at 14. But as discussed above, the trial court was free to disregard FCM Beam’s speculative testimony that Mother was addressing her mental health issues in

her counseling sessions. As to her drug use, the evidence demonstrates that Mother has a history of getting clean and then relapsing. In particular, Mother tested positive on September 11, 2020, then tested negative at seven consecutive drug screens from September 29 through October 20. Ex. at 41-48. But Mother again tested positive for amphetamine and methamphetamine thirteen times in a row from November 17 through January 11, 2021. *See id.* at 9, 19-39. Then Mother tested negative on January 22 but subsequently tested positive for methamphetamine two more times. *Id.* at 6, 14. Further, Mother only attended two days of an in-patient rehabilitation program, and Mother failed to complete another substance abuse assessment following DCS' request. That evidence, and the reasonable inferences to be drawn therefrom, support the trial court's finding that Mother has not fully addressed her issues.

### Finding Number 13

[23] Mother additionally challenges finding number 13, in which the court found that "Mother's history further indicates that she is, at best, inconsistent with seeking help for mental health and illegal drug use issues. That she has not sufficiently addressed these issues at this time. Again, no evidence has been presented as to whether the 'counseling Mother is seeking' at the present time is addressing necessary mental health issues." Appellant's App. Vol. 2 at 141. Mother contends that, "[i]n light of [her] voluntary participation in individual counseling," the court's finding was not supported by the record." Appellant's Br. at 14.

[24] But, again, Mother’s argument asks us to reweigh the evidence. The only evidence in the record that Mother was addressing her mental health issues is FCM Beam’s testimony that Mother “could be” dealing with her underlying trauma as part of her individual therapy. Tr. at 42. But, again, the trial court was not required to credit that speculative testimony or give it weight. Rather, the evidence supports the trial court’s finding that Mother has been inconsistent with her treatment. Mother initially participated in an in-patient rehabilitation program but left after only two days. And Mother would test positive for drugs, get clean for a short period, and then relapse and use methamphetamine again. In addition, various service providers would often have trouble getting in touch with Mother to schedule appointments, or Mother would schedule appointments and then “often” cancel or fail to show. *Id.* at 40. We hold that the court’s finding is supported by the evidence.

#### Finding Number 15

[25] Mother next challenges the Court’s finding number 15. The court found that Mother’s “significant mental health and substance abuse issues have seriously endangered the [C]hild and [M]other’s continued non-compliance shows that the [C]hild’s needs remain unmet.” Appellant’s App. Vol. 2 at 141. Mother first asserts that there is no evidence that her mental health issues were “significant” and that there was “no evidence that Mother’s mental health needs were beyond the childhood trauma she expressed.” Appellant’s Br. at 15. However, FCM Beam testified that, according to Mother, Mother’s childhood trauma caused her to use drugs. The court was free to infer that a trauma that

caused Mother to use illegal substances years after it had occurred is “significant.”

[26] Mother also asserts that “there was no evidence that Mother’s conduct resulted in abuse, neglect, or endangerment of the Child.” Appellant’s Br. at 15. But, as discussed above, Mother’s drug use deprives Child of a sober caregiver, which endangers Child. And while Mother tested negative for methamphetamine for the one and one-half months prior to the fact-finding hearing, the evidence most favorable to the court’s judgment demonstrates that Mother has a history of getting clean for short periods of time and then relapsing. Further, Mother had “inappropriate interactions” with Child, during which Mother would “often . . . yell and scream” at Child and “hit[]” Child. Tr. at 34. While FCM Beam testified that Mother’s hitting did not rise to the level of physical abuse, it was “[m]ore than . . . appropriate” and “more than normal.” *Id.* at 34, 43. We hold that the evidence supports the court’s finding that Mother’s mental health and drug issues have endangered Child.

#### Reasonable Efforts

[27] Finally, Mother challenges the court’s finding that “reasonable efforts to prevent or eliminate removal of the [C]hild was not required” because Mother had left a drug rehabilitation facility “against medical advice” and because Mother’s “lack of communication and participation in services, as well as the illegal substance abuse, places the [C]hild at a high risk of harm.” Appellant’s App. Vol. 2 at 141. Mother contends that “there was no evidence that Mother’s departure” from the drug treatment program was ““against medical advice.””



Appellant's Br. at 15. We must agree. DCS did not present any evidence at the fact-finding hearing to demonstrate that Mother's departure was against medical advice. However, any error in the trial court's inclusion of that language is harmless. Whether Mother left the facility against medical advice or not, the fact remains that, despite Mother's history of methamphetamine use, she did not complete the rehabilitation program but, rather, left after only two days and continued to use drugs.

[28] Additionally, Mother contends that the court's finding that she did not participate in services is not supported by the record. The evidence, however, shows that Mother refused one drug test and missed "a couple" of visits with Child. Tr. at 33. Further, service providers either could not reach Mother to schedule appointments or, when Mother did schedule appointments, she would "often" cancel or no show. *Id.* at 40. Thus, contrary to Mother's argument on appeal, the evidence supports that finding. Lastly, Mother contends that the court "repeats the incorrect statement that Mother engaged in a lack of communication." Appellant's Br. at 15. Again, we must agree with Mother. There is no evidence that Mother failed to communicate with DCS. But in light of Mother's failure to fully participate in services and her history of drug use, any error in the court's finding regarding Mother's communication is harmless.

[29] In sum, the challenged findings are either supported by the evidence or harmless.

## *Issue Two: CHINS Adjudication*

- [30] Next, Mother asserts that the trial court erred when it adjudicated Child to be a CHINS. As mentioned above, when reviewing a trial court's CHINS determination, we do not reweigh evidence or judge witness credibility. *In re D.J.*, 68 N.E.3d at 577-78. Instead, we consider only the evidence that supports the trial court's decision and the reasonable inferences drawn therefrom. *Id.* at 578.
- [31] DCS alleged, and the trial court found, that Child was a CHINS pursuant to Indiana Code Section 31-34-1-1 (2021), which provides that a child is a child in need of services if, before the child becomes eighteen years of age: (1) the child's physical or mental condition is seriously impaired or seriously endangered as a result of the inability, refusal, or neglect of the child's parent, guardian, or custodian to supply the child with necessary food, clothing, shelter, medical care, education, or supervision; and (2) the child needs care, treatment, or rehabilitation that: (A) the child is not receiving; and (B) is unlikely to be provided or accepted without the coercive intervention of the court.
- [32] Our Supreme Court has interpreted that statute to require "three basic elements: that the parent's actions or inactions have seriously endangered the child, that the child's needs are unmet, and (perhaps most critically) that those needs are unlikely to be met without State coercion." *In re S.D.*, 2 N.E.3d at 1287. "A CHINS adjudication focuses on the condition of the child." *In re N.E.*, 919 N.E.2d at 105. And, when determining whether a child is a CHINS under Section 31-34-1-1, the juvenile court "should consider the family's condition not

just when the case was filed, but also when it is heard.” *In re S.D.*, 2 N.E.3d at 1290.

### Serious Endangerment

[33] On this issue, Mother first asserts that DCS failed to demonstrate that her actions or inactions have seriously endangered Child. Mother contends that “[n]o evidence at all was offered regarding the impact of any of Mother’s conduct on the Child.” Appellant’s Br. at 19. Rather, Mother maintains that “no evidence was introduced indicating the Child was impaired or endangered by Mother’s failed screens” and that the “notion that the Child was endangered by Mother’s status with drug screens was mere speculation.” *Id.*

[34] But the evidence most favorable to the juvenile court’s judgment demonstrates that Mother has a history of using methamphetamine, getting sober for short periods of time, and then using again. Even DCS’ involvement with the family was not enough to deter Mother from using methamphetamine. Following the initial report, Mother admitted to her substance-abuse problem and agreed to participate in services, participate in an Informal Assessment, and attend an in-person rehabilitation program. But Mother left the rehabilitation program after only two days and continued to use drugs, which resulted in DCS terminating the Informal Adjustment. And, while Mother had a short period of time during the underlying proceedings where she tested negative on seven occasions over the course of approximately three weeks, Mother subsequently used methamphetamine again and tested positive thirteen times in a row.

[35] In other words, again, the evidence most favorable to the trial court’s judgment demonstrates that Mother has a history of using methamphetamine, getting sober for only short periods of time, and then relapsing again. And the evidence demonstrates that, despite offers from DCS, Mother has not returned to a drug rehabilitation program or participated in a substance abuse evaluation. That evidence supports a reasonable inference that Mother is not able to provide the care or supervision that three-year-old Child needs in order to stay safe. Contrary to Mother’s assertions on appeal, the evidence of her repeated methamphetamine use demonstrates that her actions or inactions have seriously endangered Child by depriving Child of a sober caregiver.

#### State Coercion

[36] Finally, Mother contends that DCS failed to demonstrate that Child’s needs would not be met without the coercive intervention of the court. In particular, Mother asserts that she “was actively participating in individual counseling” and “voluntarily participating in drug screens and therapeutic visitation with the Child.” Appellant’s Br. at 18. And Mother maintains that “[t]here was no evidence that Mother had any intention to refuse to provide or accept future services.” *Id.*

[37] But Mother disregards the evidence favorable to the trial court’s judgment. Mother only attended a drug rehabilitation program for two days before she left and continued to use drugs. Thereafter, DCS put services in place for drug screening, but Mother did not “completely consistently” screen and “refused” to screen on one occasion. Tr. at 26, 40. In addition, Mother had supervised

visitation with Child, but Mother missed “a couple” of those visits. *Id.* at 33. Further, the family preservation service providers either were unable to get in touch with Mother to schedule appointments, or Mother would schedule visits and “often” fail to show or cancel. *Id.* at 40. And FCM Beam testified that Mother had not been compliant with home-based case work “in the last month.” *Id.* at 44. That evidence supports the court’s conclusion that the coercive intervention of the court is needed. The trial court did not clearly err when it adjudicated Child to be a CHINS.

### *Conclusion*

[38] In sum, the trial court’s findings challenged by Mother are either supported by the evidence or, if there were an error, any error would be harmless. Mother asks this Court to reweigh the evidence, which we cannot do. The trial court did not err when it adjudicated Child to be a CHINS. We therefore affirm the trial court’s order.

[39] Affirmed.

Vaidik, J., and Weissmann, J., concur.