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IN THE COURT OF APPEAL OF THE STATE OF CALIFORNIA  
SECOND APPELLATE DISTRICT  
DIVISION ONE

In re O.M., A Person Coming Under  
the Juvenile Court Law.

B342375

LOS ANGELES COUNTY  
DEPARTMENT OF CHILDREN  
AND FAMILY SERVICES,

(Los Angeles County  
Super. Ct. No. 24CCJP02869)

Plaintiff and Respondent,

v.

R.M.,

Defendant and Appellant.

Appeal from orders of the Superior Court of Los Angeles County, Debra L. Losnick, Judge. Affirmed.

Jacob I. Olson, under appointment by the Court of Appeal, for Defendant and Appellant R.M.

Dawyn R. Harrison, County Counsel, Kim Nemoy, Assistant County Counsel, and Tracey Dodds, Deputy County Counsel for Plaintiff and Respondent.

In August 2024, after taking her then 10-year-old son, O.M., to school, R.M. (Mother) drove to a local Los Angeles County Sheriff's station and asked deputies to shoot her. The deputies placed Mother on an involuntary psychiatric hold and released O.M. to the care of his father, Mother's ex-husband T.M. (Father).

The Los Angeles County Department of Children and Family Services (DCFS) filed a Welfare and Institutions Code<sup>1</sup> section 300 petition on behalf of O.M., alleging that Mother's mental health posed a serious risk of harm to the child. At the November 2024 adjudication hearing, the juvenile court sustained the petition, awarded sole physical and legal custody of O.M. to Father, granted Mother monitored visits, and terminated dependency jurisdiction.

Mother now asks us to reverse the court's orders, arguing no substantial evidence supports the underlying jurisdictional findings. We conclude, however, the record supports that, at the time of the adjudication hearing, Mother had not secured treatment for her mental health condition, and that her condition created a substantial risk of harm to O.M.

We therefore affirm.

## **FACTUAL AND PROCEDURAL SUMMARY**

We summarize only the facts and procedural history relevant to our resolution of this appeal.

### **A. DCFS Referral and Resulting Investigation**

In 2022, after 18 years of marriage, Mother and Father divorced. Pursuant to a stipulation filed with the family court, Mother and Father agreed to share joint legal custody of O.M., their only child. They further agreed that Mother would have primary

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<sup>1</sup> Further statutory references are to the Welfare and Institutions Code.

physical custody of O.M. Mother and Father lived in separate residences in the same city, and O.M. alternated between the two homes on a weekly basis. Mother lived alone.

On August 15, 2024, DCFS received a referral alleging that Mother's actions associated with her mental health rendered her unable to care for O.M. The referring party reported that, one day prior, Mother had taken O.M. to school and then had driven to the sheriff's station. She entered the lobby of the station and repeatedly asked deputies to "shoot [her]." The deputies placed Mother on an involuntary psychiatric hold at a nearby facility and contacted Father, who picked up O.M. from school.

On August 20, 2024, the assigned social worker interviewed Father and O.M. at Father's residence. Father stated he and Mother met and married in Egypt before moving to the United States. He further stated he first noticed changes in Mother's mental health around the time the COVID-19 pandemic began in 2020. Mother, however, refused Father's advice that she get professional help.

Soon after, the maternal grandmother took Mother to Egypt for six months to seek mental health treatment. But Mother continued to refuse treatment and returned to the United States, where her mental health further deteriorated. She exhibited paranoid behaviors, believing people were monitoring her through hidden cameras and televisions. For example, Mother believed electricians had installed hidden cameras in one of the bathrooms in her home, and she stopped using the room. In addition, Mother refused to accept a school-issued laptop for O.M. because she believed it was a tracking device. She threatened to divorce Father unless he removed O.M. from the school that issued the laptop. Further, Father reported that O.M. told him Mother would drive "‘really fast’"—up to 88 miles per hour on residential streets—with

O.M. in the car. Finally, O.M. told Father he found a video of Mother on his iPad in which Mother said “[s]he is sorry she cannot do anything for [O.M.] and . . . she is dead.”

O.M. confirmed Father’s statements concerning Mother’s driving, telling the social worker that Mother “‘says a lot of cuss words and she speeds.’” O.M. further explained:

“‘[Mother] yells a lot of bad words cussing the neighbors or FBI. She screams out random stuff but I’m not fluent in Arabic, so I don’t know what she’s saying.’ . . . ‘When she’s not like that I feel safe.’ . . . ‘[Mother] talks to herself, laughs to herself[.] [W]hen I ask why are you laughing, she says no reason, or doesn’t want me to know. She says she hears voices, she thinks the voices make her scream and bonk her head.’” O.M. said Mother engaged in these behaviors six or seven times a week, and that he was “‘so used to it’” he sometimes did “‘not flinch when she yell[ed].’” Finally, O.M. told the social worker that Father and paternal uncle are “his favorite people,” and that Father “keeps him safe.”

The social worker also interviewed paternal uncle as well as one of Mother’s neighbors. Each expressed concerns about Mother’s mental health, and paternal uncle echoed Father’s statements that Mother’s symptoms first manifested at the beginning of the COVID-19 pandemic.

On August 22, 2024, the psychiatric facility released Mother from her involuntary hold. That same day, the social worker interviewed the doctor who treated Mother during her stay. The doctor stated Mother “was diagnosed with [an] unspecified mood disorder; however, he [was] leaning towards paranoid disorder as well.” In addition, the doctor confirmed he had prescribed Mother psychotropic medication. The doctor, however, further reported that “due to a miscommunication with the nursing

staff, . . . Mother was discharged . . . before taking [i.e., ingesting] the medication.”

A week later, the social worker interviewed Mother at her residence. Mother denied speeding through residential streets with O.M. in the car. Although Mother admitted she went to the sheriff’s station and asked deputies to shoot her, she refused to discuss the incident further, “as it [was] between [her and] the FBI.” Mother likewise refused the social worker’s request to open the two prescription medication bottles sitting on her table during the interview. The bottles indicated a doctor prescribed the medications on August 21, 2024—i.e., during Mother’s psychiatric hold.

#### **B. Section 300 Proceedings**

On September 10, 2024, DCFS filed a section 300 petition on behalf of O.M. The petition alleged that Mother “has mental and emotional problems including a diagnosis of unspecified mood disorder, unspecified mood affective disorder, major depressive disorder-single episode-unspecified and exhibits paranoid behavior and delusional thoughts.” (Capitalization omitted.) The petition further alleged that Mother’s failure to participate in consistent treatment to address her mental health placed O.M. at a serious risk of harm (see § 300, subd. (b)(1)).

At the September 24, 2024 initial hearing on the petition, Mother requested that the court release O.M. to her care. The court denied the request, detained O.M. from Mother, and ordered that O.M. remain in Father’s care. In addition, the court ordered that the parents refrain from discussing the dependency proceedings with O.M. The court then set the adjudication hearing on the petition for November 14, 2024.

In advance of the scheduled hearing, DCFS filed an “adjudication/disposition” report recommending that the court (1) sustain the petition’s allegations against Mother, (2) award Father sole physical custody of O.M., and (3) terminate dependency jurisdiction. In support of the recommendation, the report noted that Mother continued to “den[y] any mental health concerns for herself.” For example, during an October 15 interview, Mother told the assigned social worker: “I don’t have any paranoia about having cameras in the bathroom or my house. . . . I don’t laugh or talk to myself. . . . I don’t hear voices either.” The report further provided that, although Mother had completed a parenting class, she had not enrolled in any mental health services.

Also in advance of the hearing, DCFS filed a “last minute information” report describing Mother’s inappropriate conduct during a monitored visit with O.M. At the outset of the visit, Mother represented to the social worker that she had obtained a spot on a waiting list for counseling and psychiatry services at a local clinic. Mother further represented she “[was] under a psychiatrist[’s care] for medication only,” but could not provide the doctor’s name because she “did not have the information.” The social worker then explained to Mother that she must “speak [to O.M.] in English [during the visit] because [the social worker] had to understand what they were speaking [about] and [the social worker was] aware that [M]other [spoke] English fluently.” Mother, however, rolled her eyes, raised her voice at the social worker, and continued to speak to O.M. in Arabic. The monitoring social worker eventually suspended the visit due to Mother’s repeated failure to follow the instruction. When the social worker did so, Mother looked over at O.M. and said, “[Y]ou see[,] it’s mommy’s fault. Everything is mommy’s fault.”

The “last minute information” report further noted that, immediately following the suspended visit, the monitoring social worker met privately with O.M. and the assigned case social worker. O.M. disclosed that Mother had attempted to discuss the pending dependency case with him during a phone visit. O.M. said discussing the case with Mother made him feel uncomfortable, and he expressed that he “‘want[ed] to remain living with [Father], but . . . also want[ed] to see [Mother] here and there.’” Father separately confirmed that Mother had disclosed to O.M. the events leading to the dependency action, notwithstanding the court’s order prohibiting either parent from discussing the proceedings with O.M.

At the November 14, 2024 adjudication hearing, Father requested that the court sustain the petition’s allegations against Mother and close the case with an order granting him sole legal and physical custody of O.M. He argued that Mother’s “pattern of . . . refusing mental health treatment” supported his request. In response, Mother argued the court should dismiss the petition’s allegations against her because she “ha[d] addressed her mental health by trying to set up an appointment for counseling and psychiatry” and was “on a waiting list.”

The court rejected Mother’s argument and sustained the petition, explaining in pertinent part: “Mother . . . has not resolved or had an opportunity to resolve the mental health issues that brought the case here.” The court likewise rejected Mother’s alternative request that it keep the case open to permit Mother to receive services. The court explained:

“I am mindful that Mother does not agree with the court’s ruling, nor with what has been said about her today. . . . However, the court does have to look at this as whether or not the child needs to be a dependent, not whether or not a parent needs services. The court finds in this case that the child is safe, and there’s no reason

to maintain jurisdiction while the child is with the Father. . . . For purposes of the disposition, . . . [t]he court at this time places the child in the home of the father and terminates jurisdiction with a custody order, sole legal and physical custody to the father, monitored visits for the mother.” The court then terminated dependency jurisdiction.

Mother timely appealed.

## DISCUSSION

Mother’s sole contention on appeal is that no substantial evidence supports the juvenile court’s jurisdictional findings. We disagree.

We review the court’s jurisdictional findings for substantial evidence. (*In re Travis C.* (2017) 13 Cal.App.5th 1219, 1225 (*Travis C.*).) This standard of review requires us to consider the evidence in the light most favorable to the court’s findings, and we must affirm even if there is evidence that could have supported a different result. (*Ibid.*) Mother bears the burden of demonstrating no substantial evidence supports the jurisdictional findings. (*Ibid.*)

The juvenile court assumed jurisdiction under section 300, subdivision (b)(1) based on Mother’s mental health. As relevant here, that subdivision allows a juvenile court to assume jurisdiction when there is a “substantial risk” the child will “suffer . . . serious physical harm or illness” as a result of “[t]he failure or inability of the child’s parent . . . to adequately supervise or protect the child,” or as a result of “[t]he inability of the parent . . . to provide regular care for the child due to the parent’s . . . mental illness.” (§ 300, subds. (b)(1)(A) & (D).)

We may not presume harm to a child “from the mere fact the parent has a mental illness.’ [Citation.]” (*Travis C., supra*, 13 Cal.App.5th at p. 1226; see *In re N.R.* (2023) 15 Cal.5th 520, 558

[“courts have routinely rejected the equation of mental illness with a significant risk of serious harm”].) But a parent’s mental health condition—particularly if not adequately treated—nonetheless may be relevant in assessing the risk of harm. In *Travis C.*, for example, we held that where a parent did not follow through consistently on treatment for the parent’s mental illness, threatened suicide in the presence of the children, continued to experience psychotic episodes, and drove with the children while experiencing those episodes, the juvenile court properly found a substantial risk of harm to the children. (*Travis C., supra*, at p. 1226.)

The facts here are comparable to those in *Travis C.* The record supports that Mother suffers from serious mental health issues that cause her to experience paranoia and delusions so severe that she asked sheriff’s deputies to shoot her. The record further supports that Mother’s symptoms directly threatened O.M.’s physical safety: Mother repeatedly exhibited delusional behaviors in O.M.’s presence and drove at unsafe speeds through residential neighborhoods with O.M. in the car. In addition, the record supports that, at the time of the adjudication hearing, Mother had not yet secured treatment for her mental health condition. On the date of the hearing, Mother was still on a waiting list for counseling and psychiatry services. And although she claimed she “[was] under a psychiatrist[’s care] for medication only,” she could not provide the psychiatrist’s name. In addition, Mother refused to allow the assigned social worker to examine her prescription medication bottles. Finally, Mother lived alone, lacking any assistance to care for O.M. when she experienced a mental health crisis. We therefore conclude substantial evidence supports the juvenile court’s determination that Mother’s mental health posed a serious risk of harm to O.M.

Neither of Mother’s arguments alters our conclusion. First, Mother contends DCFS bears the burden of “showing *specifically* how the minor[] [has] been or will be harmed,” and that DCFS failed to meet that burden here. (Italics added.) DCFS, however, need not “precisely predict” how a parent’s mental health condition will harm a child. (*Travis C.*, *supra*, 13 Cal.App.5th at p. 1226.) In any case, DCFS did present evidence of specific risks to O.M., including that Mother lived alone with O.M., frequently exhibited delusional behaviors in O.M.’s presence, and drove at unsafe speeds with O.M. in the car. The facts here thus are distinguishable from those in *In re David M.* (2005) 134 Cal.App.4th 822, on which Mother relies. (See *David M.*, *supra*, 134 Cal.App.4th at pp. 826–827, 830 [reversing juvenile court’s jurisdictional findings where “[n]o current evaluation of [the] mother’s mental condition was conducted in connection with [the] dependency proceedings,” the mother “had never been hospitalized or involuntarily committed due to her mental disorders,” and “there was no evidence [the mother’s mental health] problems impacted [her] ability to provide a decent home for [her child]”], abrogated on other grounds in *In re R.T.* (2017) 3 Cal.5th 622, 628.)

Second, Mother contends there is “no evidence that [she] was noncompliant with medication,” and insists the record demonstrates she “was engaged in treatment, compliant with her prescribed medication, and actively pursuing further mental health services.” Mother, however, is mistaken. Mother’s inability to provide the name of the psychiatrist who purportedly prescribed her medications, coupled with her refusal to allow the social worker to examine her prescription bottles, supports an inference that Mother was noncompliant with her medication regimen. Finally, we decline to consider the prescription receipts, aftercare records, and other documents appended to Mother’s notice of appeal because it does

not appear that Mother or any other party submitted these materials to the trial court. (See *Travis C., supra*, 13 Cal.App.5th at p. 1224, fn. 3 (“[a]n ‘appellate court reviews the correctness of a judgment as of the time it is rendered, based on the evidence that was before the trial court for consideration at that time’ ”].)

Accordingly, we affirm.

#### **DISPOSITION**

The orders Mother challenges on appeal are affirmed.

**NOT TO BE PUBLISHED.**

ROTHSCHILD, P. J.

We concur:

WEINGART, J.

M. KIM, J.