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IN THE CIRCUIT COURT OF THE FIRST CIRCUIT  
STATE OF HAWAI'I

JOHN ROE NO. 121,

Plaintiff,

vs.

STATE OF HAWAI'I; JOHN A. TEIXEIRA;  
JOHN DOES 1-10; DOE CORPORATIONS  
1-10; DOE PARTNERSHIPS 1-10; DOE  
NON-PROFIT ENTITIES 1-10; and DOE  
GOVERNMENTAL ENTITIES 1-10,

Defendants.

CIVIL NO.: 1CC191001419  
(Other Non-Motor Vehicle Tort)

JOINT TRIAL EXHIBIT 21

Judge: Honorable Kevin T. Morikone  
Trial: April 22, 2024

Child Protective Service is a specialized child welfare service that is time limited. It is not intended to address all of the family's problems, but rather to resolve the most critical problem(s) which will reduce the risk of further harm to the child.

Confidential Report of the  
Department of Human Services

IN THE FAMILY COURT OF THE FIRST CIRCUIT  
STATE OF HAWAII

IN THE INTEREST OF:

B [REDACTED] R [REDACTED],  
Born on [REDACTED].

FC-S No: 88-0933

C [REDACTED] M [REDACTED],  
Born on [REDACTED].

FC-S No: 88-0932

M [REDACTED] CHILDREN:

FC-S No: 95-04111

A [REDACTED],  
Born on [REDACTED];

T [REDACTED], JR.,  
Born on [REDACTED].

I [REDACTED] R [REDACTED],  
Born on [REDACTED].

FC-S No: 95-04112

K [REDACTED] F [REDACTED],  
Born on [REDACTED].

FC-S No: 95-04113

SAFE FAMILY HOME REPORT

APRIL 8, 1997

THE DEPARTMENT BELIEVES THAT REASONABLE EFFORTS MUST BE MADE TO PRESERVE THE FAMILY UNIT, TO PREVENT UNNECESSARY PLACEMENT OF A CHILD, AND RETURN THE CHILD TO THE FAMILY BY PROVIDING APPROPRIATE, AVAILABLE SERVICES TO THE FAMILY MEMBERS IN A TIMELY MANNER

The following information concerns the current situation relevant to each of the 14 guideline criteria set forth in HRS 587-25. (Numbers in ( ) indicate numbers as set forth in statute)

This report is intended to be reviewed in conjunction with each of the prior reports submitted in this case.

CONFIDENTIAL-SUBJECT TO PROTECTIVE ORDER

SOH 002110

I. CHILDREN: (1-3)

a. Current Situation: (1)

B [REDACTED] R [REDACTED], age 13 and 8 months, is currently on runaway status. His mother, B [REDACTED] M [REDACTED], stated that B [REDACTED] comes to her house, but has not been living there. In the past, she has lied about B [REDACTED]'s whereabouts and may be less than forthright now.

B [REDACTED] is still failing all of his classes at Waianae Intermediate School as was previously reported. B [REDACTED] has displayed serious behavior problems in the past including violence toward fellow students, glue sniffing, marijuana use and truancy.

B [REDACTED] attended only 6 days of school from September 3, 1996 to October 17, 1996. The Department of Education (DOE) has become a party in this Department of Human Services (DHS) case. School outreach counselor, Lindsey Ho, has tried to motivate B [REDACTED] and Ms. M [REDACTED] to improve B [REDACTED]'s attendance, but has thus far been unsuccessful. Even with court orders for her to get B [REDACTED] to school, counseling and drug treatment, Ms. M [REDACTED] has failed to do so.

On 11/19/96, B [REDACTED] was ordered to have a random drug screen. This worker offered to transport the child, but he refused. He threw a full can of soda on the ground and walked away angry.

A medical update was provided by Dr. Ronald Hino's office. Straub nurse, Lourdas Amasol, stated that B [REDACTED] has not been seen since May 1995 when he was seen for a DHS foster placement physical. B [REDACTED] was referred to psychiatrist, Dr. Mark Bernstein, due to his oppositional behavior. B [REDACTED] and his mother did not show up for any of the scheduled appointment.

Ms. M [REDACTED], agreed to bring B [REDACTED] in to see Dr. Bernstein and also have B [REDACTED] get a physical. She was also told to bring B [REDACTED] to the hearing on 02/21/97, but not to tell B [REDACTED] this worker's plan to place B [REDACTED] in the Maui Farm program. Ms. M [REDACTED] told her son that she could no longer handle him and that he was hurting her chances of getting her other children returned to her. She told him that she wanted to "give him up." B [REDACTED], not surprisingly, ran away that same day.

Waianae Intermediate School outreach counselor, Lindsey Ho, reported that B [REDACTED] has failed the 3rd quarter. Grades were not available to include with this report,



but they should be available before the upcoming hearing. B [redacted] will be receiving all "F's" on his report card. If B [redacted] returns to school, he could pass the 4th quarter. Ms. M [redacted] thought that B [redacted] was permanently expelled from school. Mr. Lindsey clarified with Ms. M [redacted] that B [redacted] has not been kicked out of school. Ms. M [redacted] has improved on her communication with the school, but she was not able to follow through with getting B [redacted] back to school. When this worker asked Ms. M [redacted] what B [redacted] was doing at home, she stated that he was working on the yard. She would agree to get B [redacted] to school, but failed to do that because B [redacted] told her he did not want to go. Mr. Ho agrees with this worker that the Maui Farm might work for B [redacted]. Having him off island may reduce his need to run away.

Mr. Ho has strong suspicions that B [redacted] is involved with using [redacted] B [redacted] has had violent outbursts at school. Fights in school were sometimes started by B [redacted] because a fellow student reportedly gave him "stink eye".

T [redacted] M [redacted] Jr., age 7, was placed with a friend and former neighbor of Ms. M [redacted], T [redacted] K [redacted]. The foster mother reported that T [redacted] has had his ups and downs behaviorwise. At home and at school, T [redacted] behavior has improved greatly. T [redacted] has taken on some responsibility in the form of small chores.

A referral for special education was made in 01/96, but was then withdrawn due to T [redacted] progress. Makaha Elementary School counselor, Jill Arakaki, explained that the school felt that T [redacted] needed mental health services at that time and referred him to the Children's Team. The school continues to monitor whether special education testing is needed. T [redacted] teacher, Wanda Oshiro, reported that T [redacted] has potential but he is not working up to it at this time. He takes a long time to complete tasks and gets distracted at times. He is currently repeating the 1st grade.

On 4/10/96, Rolando Jubis, Ph.D., with the Waianae Children's Team, diagnosed T [redacted] as having an [redacted]. Dr. Jubis also indicated that T [redacted] may have been physically abused and that he may also have a possible learning disorder.

Waianae Children's Team case manager, Gabby Pule, indicated that the case was closed on 10/14/96 because

T■■■■' behavior had improved greatly as reported by his teachers and foster mother, T■■■■ K■■■■.

T■■■■ is currently under the Aloha Care medical plan which allows Ms. K■■■■ to take T■■■■ to the Waianae Coast Comprehensive Health Center (WCCHC). He has been treated there in the past even while he was under the Straub Medical Plan. He had ■■■■■ this past summer. There were no complications reported. He is up-to-date with his shots and required physical exams.

The foster mother for C■■■■, A■■■■, I■■■■ and K■■■■, ■■■■■ P■■■■, reported that the children are doing well. Mrs. P■■■■ stated that she has discussed the current situation with the children. They understand that they may be up for adoption and that they may not be returned to their mother. It was explained to C■■■■ that he must move because he was warned about his inappropriate behavior at home and at school. Mrs. P■■■■ stated that C■■■■ is stronger than the other children and he could be placed without his siblings and it may actually help his behavior. Mrs. P■■■■ has discussed the possibility of adopting the children with her husband and they have decided that they do not want to be considered as adoptive parents of these children.

C■■■■ and K■■■■ currently have ■■■■■ so the visitations are being provided by the foster parents. DHS will continue to assist when the children are no longer contagious. There have been no other concerns reported for the children regarding the children's health or academic needs at this time.

Their medical needs have been met through Dr. Ronald Hino at the Straub Pali Momi Clinic. The children have also been seen at the Straub Kapolei Clinic since it is closer to their foster home. All shots and physicals are up-to-date. The children are treated for their dental needs at the Leeward Dental Clinic. The children had some overdue dental needs in the past and their needs are being met at this time. I■■■■ had ■■■■■ in 11/96. The children's primary doctor will be changed to Dr. Ramon Pajarillo.

A■■■■, age 8, is described by her foster mother as being a boisterous child. She is currently a third grader at Nanakuli Elementary. Grade reports will be available on April 18, 1997, and will be distributed at the upcoming hearing. Denise Sakaue is A■■■■'s teacher. Counselor, Lynn Hasegawa, stated that A■■■■ had just completed an academic assessment (WRAT Test) to determine whether a referral for diagnostic testing would



be appropriate. Ms. Hasegawa conducted further testing and she has determined that A [REDACTED] does not need of special education services at this time. She continues to be in the Title I reading program. A [REDACTED] would adjust best to a new placement if she is placed with another sibling.

Straub nurse, Ms. Amasol, stated that A [REDACTED] had a physical in November 1995. She was also seen at the WCHC in the past. Her other shots are up-to-date. A [REDACTED] was seen at Pali Momi on August 15, 1996, for sunburn and for cold sores in her mouth. She has recovered fully.

C [REDACTED], age 9 years and 7 months, is also attending the second grade. He was held back in the first grade. Ms. Hasegawa had been seeing C [REDACTED] in a counseling group on an as needed basis due to his inappropriate behaviors in class. He was described as "playful." Ms. Hasegawa feels that C [REDACTED] could have an [REDACTED]. He has not been medically diagnosed with the disorder.

C [REDACTED]'s upcoming evaluation by Dr. Bernstein should determine if C [REDACTED] has [REDACTED]. A requested student status report has not yet been received from his new teacher, Kalau Hergenrader. It will be distributed at the upcoming hearing.

Ms. P [REDACTED] reported that C [REDACTED] can be stubborn and has a bad temper at times. He has benefitted from school counseling and from participation in choir. The children attend the Boys and Girls Club after school.

I [REDACTED], age 5, attends kindergarten at Nanakuli Elementary School and Carol Miwa is his teacher. Grades will be available at the upcoming hearing and a request for a student status report has been made. There have not been any reported school problems regarding I [REDACTED]. I [REDACTED] reportedly has a father who works in the Waipahu area. His whereabouts are unknown to DHS.

K [REDACTED] is described by his foster mother as a "good kid" who needs love and attention. K [REDACTED] has not had noticeable long-term effects from the hammer blow to his head by his mother. Dr. Pajarillo reported that K [REDACTED] fell this past weekend and accidentally hit his head. He received three stitches at the Straub Clinic in Kapolei. The kids were playing on a truck parked in the drive way.

Ms. P [REDACTED] has been assisting DHS with weekend visits. The foster parent reported that the visits have been

going well when they take place. The weekend visits were mostly during the last football season. Ms. M [REDACTED] calls when she cannot meet her children at the park. The visits between the children and Ms. M [REDACTED] at times go well and at other times Ms. M [REDACTED] gets overwhelmed.

Ms. M [REDACTED] was free to visit T [REDACTED] at his foster home up until this summer when she failed to keep a regular schedule causing emotional harm to T [REDACTED]. She stopped seeing T [REDACTED] for several months. She recently was given a schedule of every Wednesday at 2:00 p.m. and that will continue if she remains consistent the with supervised visits. DHS has also added another visitation day with all of the children, except T [REDACTED], due to his distance from the visits at Nanakuli Beach Park and time constraints.

Ms. M [REDACTED] has an inconsistent history of visitation with her children. She had missed one to two visits per month since November 1995, but then stopped completely in July 1996. The social service assistant who supervises her visits reported that Ms. M [REDACTED] could not handle all the children at once and had difficulty coping with the stress when K [REDACTED] got upset. She has told the children that she would tell their foster parents if they did not behave.

T [REDACTED]' father, T [REDACTED] M [REDACTED], Sr., has not seen his children for several months. Mr. M [REDACTED] has been difficult to reach even while he was on parole. Mr. M [REDACTED] had requested visitation on Saturdays which could not be provided. This worker referred Mr. M [REDACTED] to the Parents and Children Together Visitation Center (PACT). The program offers Saturday visits for clients that are on probation or parole and need supervised visits with their children. Mr. M [REDACTED] would have been required to pay for the visits and he was not willing to do that.

Mr. M [REDACTED] and Ms. M [REDACTED] are on a waiting list for the Child and Family Services Visitation Center.

b. Harm (2) :

The threat of harm exists based on the parents' history of violence and substance abuse. Ms. M [REDACTED] has been working on some of these issues and needs to continue to show progress in all the areas of concern if she intends on creating a safe home for her children. Ms. M [REDACTED] recently decided that she would fight for only her two youngest children at the upcoming hearing. She may have begun to listen to people that she respects such as the



foster parents and this worker that have told her that she cannot realistically raise all of her children given her capabilities. The fathers involved with this case have not assisted Ms. M [REDACTED] in developing a safe home for the children.

c. Placement (3) :

DHS assumed placement responsibility on October 2, 1995, when B [REDACTED] was placed by DHS into a DHS Emergency Shelter Home (ESH). He ran from his placement on the following day and a runaway report was filed. He was not found until he ran back to his mother sometime prior 07/96. B [REDACTED] was left in his mother's care with Family Reunification Services. Foster Custody of B [REDACTED] was granted to DHS on 11/11/95. DHS was awarded Family Supervision from 06/01/96 to 02/21/97, when Foster Custody was again awarded to DHS.

DHS assumed placement responsibility of K [REDACTED] on 09/25/95, after a report was received that on 09/23/95, mother allegedly hit K [REDACTED] on the head with a hammer because the child was crying. Mother's boyfriend, W [REDACTED] F [REDACTED], reported that the injury was caused accidentally during a fight between himself and Ms. M [REDACTED]. K [REDACTED] was placed into an ESH on 09/25/95, after his release from Kapiolani Medical Center. K [REDACTED] has been in the DHS licensed home of H [REDACTED] and I [REDACTED] P [REDACTED] from 11/21/95 to the present. Foster Custody of K [REDACTED] was granted to DHS on 10/11/95.

DHS assumed placement responsibility of C [REDACTED], A [REDACTED] and I [REDACTED] on 10/2/95, and they were placed into DHS ES homes. The children were then placed into the P [REDACTED] home on 11/21/95, where they remain. Foster Custody of K [REDACTED] was granted to DHS on 10/11/95.

DHS assumed placement responsibility of T [REDACTED] Jr. on 10/2/95, when he was placed into the DHS special-licensed home of Ms. M [REDACTED]'s former neighbor and friend, T [REDACTED] K [REDACTED].

II. FAMILY: (4-10, 13)

Mother: B [REDACTED] M [REDACTED]

a. Background: (4)

Ms. M [REDACTED] was involved with DHS from September 1987 to June 1991 due to the confirmed threatened neglect and threatened abuse of B [REDACTED] and C [REDACTED]. Ms. M [REDACTED] is only now beginning to understand the harm she has caused her



children. There has never been a non-perpetrator in the home that could be protective of these children due to the poor choices that Ms. M [REDACTED] has made.

Mother has a history of substance abuse. The father of [REDACTED], Mr. F [REDACTED], stated in 1995 that Ms. M [REDACTED] smoked [REDACTED] on the average of two times per week. Ms. M [REDACTED]'s last positive urinalysis test for [REDACTED] was in 08/96.

Ms. M [REDACTED] underwent a drug abuse assessment in 01/96, at the Salvation Army's Addiction Treatment Services. The assessment indicated that Ms. M [REDACTED] was in the dependence stage of addiction. It was recommended that Ms. M [REDACTED] attend AA/NA meetings at least three times per week and abstain from all drugs. Ms. M [REDACTED] claimed that she attended AA meetings, but she did not produce any proof of that to DHS.

A psychological evaluation was requested by DHS in 09/95, but it was never completed. Ms. M [REDACTED] has been involved in the past with psychiatric treatment, but she has been inconsistent with said treatment.

Ms. M [REDACTED] does has a history of being violent toward her children and her significant others. She has been involved in an anger management group and reportedly made progress.

There is no known network of positive extended family members that could be available to these children. Many of Ms. M [REDACTED]'s family members have been involved with CPS services and are considered inappropriate as foster placements.

b. Current Situation: (5-10, 13)

E [REDACTED] lived with her sister, E [REDACTED], and B [REDACTED]'s two children since this case was opened. Ms. M [REDACTED] now reports that she lives in Mr. F [REDACTED]'s home by herself and gets no financial help from anyone.

E [REDACTED] told this worker that she thought about moving to Las Vegas to join Mr. F [REDACTED]. She visited him this past summer, and she continues to think of joining him during this stressful time of having the real possibility of losing her children permanently. She also stated that she would replace her children by getting pregnant again if she does lose them.

Ms. M [REDACTED] continues to attend an anger management group again under Hyimeen Grilho's direction even though she has completed the program.

Ms. M [REDACTED] continues to be involved with the Waianae Parents Anonymous group and her progress report will be submitted at the upcoming hearing.

Father: T [REDACTED] M [REDACTED]

a. Background: (4)

Mr. M [REDACTED] has an extensive criminal history. He was incarcerated at the time of the last hearing. He was arrested on December 10, 1987, for stabbing Ms. M [REDACTED] in the shoulder with a screwdriver. That charge was dismissed. He was charged with Abuse of Family and Household Members on June 25, 1988, for punching Ms. M [REDACTED] in the face, kicking her stomach and hitting her on the head with a beer bottle as well as dragging her down some stairs. He was then returned to prison for violating parole. He remained incarcerated until February 28, 1991. He was arrested again for parole violation on other charges and released.

Mr. M [REDACTED] completed a psychological evaluation on March 8, 1995, for the parole board. Carlan Robinson, Ph.D., evaluated Mr. M [REDACTED]. There was no evidence of depression or psychosis found. Mr. M [REDACTED] denied any drug use at that time, but acknowledged a history of drug abuse. He reportedly is living in an apartment in Kaneohe. Since he is on parole, he is required to take drug screen urinalyses regularly. Thus far, the screens have been negative for drugs.

While on parole, Mr. M [REDACTED] would occasionally visit his children, C [REDACTED], A [REDACTED] and T [REDACTED] Jr., at Mr. F [REDACTED]'s home. He had also been scheduled for weekly supervised visits with his children through this Department. According to the assistant supervising these visits, Mr. M [REDACTED]'s visits went well. He talked to his children in an encouraging manner and provided snacks and drinks for them.

The previous DHS case manager felt that Mr. M [REDACTED] was not being fully forthright and that he would need to cooperate fully if he wanted services to be provided to him. He was directed to obtain a bus pass and he recently did so.

Mr. M [REDACTED] wanted to have visits provided by the Child and Family Services Visitation Center and he is currently on the waiting list. A request has been made for D [REDACTED] M [REDACTED] to attend the visits if approved. She requested



additional parenting classes and support if she is to be considered as an adoptive parent for the M[REDACTED] children.

Mr. M[REDACTED] reportedly was living in the Palolo Valley for a short time with the mother of his son, S[REDACTED] M[REDACTED] (age 14). He had also been living in the Kailua area on and off before his recent incarceration.

b. Current Situation: (5-10, 13)

According to Mr. M[REDACTED]' Parole Officer (PO), Manny Obena, Mr. M[REDACTED] was recently found in Chinatown which is considered a violation of his parole. There was a curfew check with the PO and a sheriff and Mr. M[REDACTED] was spotted. In most cases, Mr. Obena would give the client a break, but there have been too many reports about Mr. M[REDACTED] continuing to drink alcohol. The Parole Board will meet in 02/99 to discuss the release of Mr. M[REDACTED]. He could be released sooner if he completes the Cash Box Drug Treatment program at Waiawa Prison. He will first need to attain a "minimum custody" status at Halawa Prison. Mr. Obena will no longer be assigned to this case.

Father: W[REDACTED] F[REDACTED]

a. Background: (4)

Mr. F[REDACTED] moved to Las Vegas, Nevada, in February 1996. Prior to that, Mr. F[REDACTED] has had a long history of domestic violence with Ms. M[REDACTED] as well as his ex-wife and his girl friends. He has been known to DHS since 1985 when he allegedly sexually abused his son from a different relationship other than Ms. M[REDACTED]. Mr. F[REDACTED] was diagnosed with [REDACTED]. He has had past psychiatric hospitalizations, and continues to be prescribed [REDACTED]. He was physically and mentally disabled during a tour in Vietnam.

b. Current Situation: (5-10, 13)

Contact with Mr. F[REDACTED] has been inconsistent. He called recently to report that he wanted Ms. M[REDACTED] evicted from his house. She had not paid all of the rent. He also would like to be notified if his parental rights are going to be terminated. He feels strongly that Ms. M[REDACTED] should have her children returned to her. It is unknown whether he will return to Hawaii to fight for his son to be returned, but it is unlikely. He stated that he would return to testify against F[REDACTED] if the Prosecutor's Office paid for the airfare.

This worker attempted to meet with Mr. F [REDACTED] while he was visiting Hawaii during the Christmas holidays. A home visit was made to his home in Waianae but Mr. F [REDACTED] was sleeping and he would not get up to meet with this worker. Mr. F [REDACTED] was then scheduled to meet this worker at the Waianae Child Welfare (WCW) office in Waipahu after a random drug screen was taken at the Accupath Labs about 3 blocks away. Mr. F [REDACTED] had the drug screen done, but did not show up at WCW. Telephone contact was made several times.

In 12/96, Mr. F [REDACTED] agreed to have his Veteran's Administration (VA) psychiatrist complete a psychological evaluation and forward it to DHS. This has never been done. He did not show up for his psychological evaluation with Russell Loo, Ph.D., as scheduled by this Department on 11/17/95. He maintains weekly contact with B [REDACTED] M [REDACTED] and she visited him for one week over this past summer. Mr. F [REDACTED] speaks with his son, K [REDACTED], by telephone during visits with his mother at Nanakuli Beach Park. Mr. F [REDACTED] reportedly has a friend that works in the park office that he calls weekly.

**Father:** D [REDACTED] R [REDACTED]

There has been no contact made with Mr. R [REDACTED] since this case was opened. Ms. M [REDACTED] reported that I [REDACTED]'s father, Mr. R [REDACTED], moved to the mainland. Other sources maintain that he currently lives in Waipahu and owns a business.

**Father:** W [REDACTED] R [REDACTED], Jr.

It was previously reported that Mr. R [REDACTED] was deceased. At the last hearing, Ms. M [REDACTED] stated that Mr. F [REDACTED], Sr. was deceased and that B [REDACTED]'s father was living in Waianae. He reportedly does not want anything to do with B [REDACTED] nor does the F [REDACTED] family. DHS was given authorization to publish for Mr. R [REDACTED]. He is clearly an unconcerned father.

### **III. SERVICES (11, 12)**

#### **a. Compliance to service plan (11)**

Since this case was reopened on 09/25/95, Ms. M [REDACTED] has been inconsistent in her compliance with her Service Plan. In 09/96, she began being somewhat consistent in visiting with her children after a several month period of being unavailable. Reports from the DHS support staff have been mixed regarding Ms. M [REDACTED]'s parenting ability. She at times



has a difficult time supervising her children and has been known to threaten to tell their foster parent if they do not behave. She generally demonstrates a knowledge of positive parenting skills, but appears to have a difficult time putting this into practice when she is with the children. There is no doubt that Ms. M [REDACTED] does not have the ability to raise all six of her children.

Ms. M [REDACTED] loves her children and the thought of losing them is traumatic to her. Ms. M [REDACTED] has stated that she feels like going back to using illegal substances since being clean and sober has not resulted in her getting her children returned. She has also stated that she will just have other children if she loses these children.

This worker has encouraged Ms. M [REDACTED] to comply with her Service Plan and work toward reunification with her children. Ms. M [REDACTED] has tried her best and just has not been able to develop and meet the minimum standards of safety in her home for reunification to take place.

Ms. M [REDACTED] was encouraged to work closely with her assigned DHS case manager and thus far she has been compliant with requests to meet or to do random drug screens. When this worker first met Ms. M [REDACTED] in 09/96, she wanted to give up her parental rights and she stated that drug treatment would not help her. She did have a relapse in 08/96, but stated that she had not used drugs since that time. She claims to have remained drug and alcohol free. Her drug screens have been negative for illegal drugs. The last one taken was in 01/97. Her providers believe that she has remained drug-free.

Ms. M [REDACTED] has continued her participation in anger management even though she graduated from the Ha'aheo O' Wahine program. She enjoys the class and feels that she needs the support. At her last session, she was scheduled to talk about the possibility that she may lose her children. She is looking at this as a real possibility, even though she has not helped to locate any potential adoptive parents for her children.

She has been negligent in her participation in psychiatric services, which in this worker's assessment, is one of Ms. M [REDACTED]'s primary needs next to drug treatment services. She stated that she could not get to town and wanted to change to a psychiatrist, Dr. Mark Bernstein, at Straub's Pali Momi clinic in Aiea. She failed to ever meet with him. She began seeing a Straub psychiatrist, Dr. John Guo, bi-monthly after her release from Queen's Hospital's Kekela Unit in September 1995. [REDACTED] were prescribed for her. The [REDACTED] is to help her deal with anxiety.

Ms. M [REDACTED] maintained that she attended bi-weekly sessions with psychiatrist, Dr. Guo, but she in fact did not. Dr. Guo reported that Ms. M [REDACTED] was last seen in January 1996. She has missed several appointments since then. Dr. Guo reported that Ms. M [REDACTED] was diagnosed with [REDACTED] and rule out [REDACTED], meaning that more information is needed to fully diagnose the disorder. Dr. Guo agreed to continue working with Ms. M [REDACTED] if she was willing to work and stop being in denial about her issues. He stated that Ms. M [REDACTED] was pleasant during visits.

This worker spoke to the Straub Clinic and Hospital to ascertain the process for Ms. M [REDACTED] to get into a drug treatment program. Ms. M [REDACTED] was informed many times in the past that she would need to return to Dr. Guo or her regular primary doctor in order to get approval for drug treatment from one of Straub's contracted programs. Ms. M [REDACTED]'s last appointment was on May 31, 1996, but she did not show.

Dr. Bernstein and Ms. M [REDACTED] were told that she had to return to her former therapist, Dr. Gou, because of her missed appointments with him. She asked that this social worker help her change her medical plan to the Aloha Care Plan. This was done on 03/01/97. Ms. M [REDACTED] has yet to begin therapeutic services with any Aloha Care provider.

Ms. M [REDACTED] did not show up for her psychological evaluation with Dr. Russell Loo, Ph.D., on November 24, 1996, as arranged by DHS. She had two excuses for missing the psychological evaluation with Dr. Loo, saying that she sees a different psychiatrist and did not need to see Dr. Loo and also that she was not properly notified of the appointment. Steps have not been taken to request another evaluation since Ms. M [REDACTED] has never paid for the missed one. A CPS Team has been requested and if the Team concludes that an evaluation is necessary, then one will be requested.

Ms. M [REDACTED] began attending the Ha'aheo O' Wahine, anger management group in 11/95. She was initially inconsistent and had periods of inattendance. She graduated from the program on 05/29/96, but did not attend the ceremony or obtain her certificate. The program facilitator, Hyimeen Grilho, recently reported that Ms. M [REDACTED] does not have the self esteem to face her dependency issues. She may do better given the proper support system. In 08/96, Ms. M [REDACTED] returned to the group and her attendance has been good since that time.

She has also maintained some contact with her children through supervised visits, albeit sporadically. She underwent a drug abuse assessment at the Salvation Army, but has not followed through with any ongoing treatment. Ms. M [REDACTED] discontinued attendance at AA meetings several months ago. She attended an



assessment recently at the Malama Recovery/Baby S.A.F.E program and DHS is awaiting approval from Aloha Care. Program Director, Toni Conoso, has accepted Ms. M [REDACTED] due to her high risk of relapse.

She has not moved in the direction of gainful employment or educational/vocational training.

B [REDACTED] attends a parenting class in Waianae on Thursday evenings. The program formally known as Parents Anonymous is now called Providing Awareness, Referrals, Education, Nurturing, Therapy and Support (P.A.R.E.N.T.S.), has reportedly been a valuable service for Ms. M [REDACTED] and she finds support with the other parents in the program. Facilitator, Carol Hicks, reported that Ms. M [REDACTED] has missed the last two meetings.

Ms. M [REDACTED] and Mr. F [REDACTED] were briefly involved with the Parents and Children Together (PACT) Home Builders program. Don Hull, the assigned therapist, closed his case because mother began avoiding him. Mr. Hull worked primarily with B [REDACTED], but also worked on some parenting issues with Ms. M [REDACTED].

W [REDACTED] F [REDACTED] has not complied with conditions set forth in the Service Plan dated November 8, 1995. He has, instead, chosen to relocate to Las Vegas, NV. He maintains contact with Ms. M [REDACTED]. He is not consistent with contacts with this Department nor compliant with requests from his providers in Las Vegas.

Mr. M [REDACTED] has not complied with his Service Plan. Occasionally, he visited his children, C [REDACTED], A [REDACTED] and T [REDACTED] Jr., at Mr. F [REDACTED]'s home. He had also been scheduled for weekly supervised visits with his children through this Department. Mr. M [REDACTED] began attending the P.A.R.E.N.T.S. program, but he was been inconsistent in his attendance and it was reported that he attended classes intoxicated.

**b. Risk/safety issues (12)**

The safety issues for these children are parental domestic violence, physical abuse toward the children, insufficient parenting skills, substance abuse, lack of a visible means of support and housing. These issues have not been fully resolved.

IV. ASSESSMENT (14):

This worker believes that Ms. M [REDACTED] cannot now or in the foreseeable future create a safe home for her children. Ms. M [REDACTED] has given it her best shot and has come up short. Ms. M [REDACTED] has not been willing or able to address the mental health issues that are so important to the safety of these children.

Ms. M [REDACTED] has a history of making poor choices when it comes to the well-being of her children. She has had relationships that have presented direct harm toward her children, i.e. she failed to protect them. As recently as this past Christmas season, she chose Mr. F [REDACTED] over her own son, B [REDACTED]. There is a long history of abuse toward B [REDACTED] from Mr. F [REDACTED] and he admits that he did not want B [REDACTED] on his property. B [REDACTED] was forced to live in the bushes and Ms. M [REDACTED] failed to either protect him or get him out of the situation. It is no surprise that B [REDACTED] has severe behavior problems now since he was so severely abused and neglected most of his life. Ms. M [REDACTED] tends to blame B [REDACTED] for her failure with her children.

Ms. M [REDACTED] agrees that she has also been the victim of her boyfriends' abuse. She feels that she is getting stronger from her women's support group. This may be true and this worker hopes that Ms. M [REDACTED] continues to get stronger and that she frees herself from her dependency issues. However, these children need safe, permanent, stable homes now and should not have to wait for Ms. M [REDACTED] to make the changes she needs to make.

Ms. M [REDACTED] needs to become self-sufficient. She would need to begin intensive therapy immediately and she would need to complete a chemical dependency program. These children cannot remain in foster care for another two years while Ms. M [REDACTED] completes the above services.

In this worker's assessment, it does not appear that Ms. M [REDACTED] will be able to parent any of her children now or in the foreseeable future. Steps are being taken to find appropriate relatives or non-relatives for the long-term placement of the children. Ms. P [REDACTED] has decided that she is not willing to adopt any of the children. T [REDACTED] K [REDACTED] would like to be considered for the adoption of T [REDACTED]. She is a single woman who has been involved in a long-term relationship with a single mother. T [REDACTED] is completely bonded with the family and he is doing excellent in the home. Ms. K [REDACTED] has male role models in her extended family and



circle of friends that spend time with T[REDACTED]. His behavior has improved immensely since being placed in the home.

Mr. F[REDACTED] was previously involved with DHS with children from a different relationship with I[REDACTED] R[REDACTED]. Mr. F[REDACTED] has expressed interest in having his son placed with him. This worker does not feel that K[REDACTED] should be placed with his father given Mr. F[REDACTED]'s history of violent behavior, the alleged molestation of his children during his relationship with Ms. R[REDACTED] and his ongoing mental health issues.

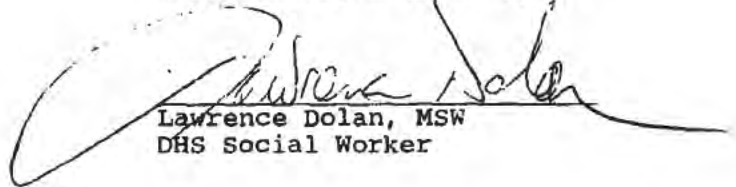
Prior to the last hearing, Mr. M[REDACTED] expressed an interest in gaining custody of his children, with the exception of A[REDACTED]. He wanted his daughter to live with her half-sister, D[REDACTED] M[REDACTED]. She is Mr. M[REDACTED]' daughter from a different relationship. He has had sporadic contact with this worker and has not been in contact at all with this worker since being incarcerated for violating his parole. This worker does not feel that Mr. M[REDACTED] would be a suitable resource for the care of the M[REDACTED] children as demonstrated by his past criminal history, alleged continued alcohol abuse, lack of compliance with DHS recommended services and his lack of contact with his children.

Mr. M[REDACTED]' daughter, D[REDACTED] M[REDACTED], would also like to be considered for adoption of the M[REDACTED] children. She is a single mother of three. This worker is currently considering placing C[REDACTED] in the home on a trial basis. This worker will be requesting the help of the DHS Adoptions Unit to find appropriate homes for these children. An Adoption Review Team has been requested.

V. RECOMMENDATION:

It is recommended that Permanent Custody of C M [REDACTED], A M [REDACTED] and T M [REDACTED], Jr., I R [REDACTED] and K [REDACTED] and B R [REDACTED] be awarded to the Department of Human Services and that the initial Permanent Plan be ordered.

Respectfully submitted,

  
Lawrence Dolan, MSW  
DHS Social Worker

I have reviewed this document.

 4/2/97  
Ed Leong, Supervisor Date  
Representing the Department of Human Services



*John Roe 121 v. State of Hawai'i, et al.*

Civil No.: **1CC191001419**

Defendant's Exhibit: **JT21**

Marked for Identification: \_\_\_\_\_

Received into Evidence: \_\_\_\_\_

\_\_\_\_\_  
Clerk, First Circuit Court