



State of New Hampshire  
Office of the Child Advocate

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5th Annual Report  
2021 - 2022



# 2022 Annual Report

Reporting Year: October 1, 2021 - September 30, 2022


Pursuant to RSA 21-V:8

## Cassandra Sanchez, Child Advocate

Christopher T. Sununu, Governor  
Theodore L. Gatsas, Executive Councilor  
Joseph D. Kenney, Executive Councilor  
Janet Stevens, Executive Councilor  
Cinde Warmington, Executive Councilor  
David K. Wheeler, Executive Councilor

### Our Mission (adopted January 2022)

The mission of the Office of the Child Advocate is to lift up children by promoting equitable and effective reforms that meet the best interests of all New Hampshire children and strengthen public confidence and accountability in the State's systems that support children and families.

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# Letter From the Child Advocate

The genesis of the New Hampshire Office of the Child Advocate (the Office or OCA) was tragedy. After years of budget cuts, weakening child protection services, a growing lack of trust within the community, and struggling families, New Hampshire awoke to a sobering reality with loss of life. In true Granite State form, we found the strength and commitment to change. The Office was a key factor by promising independent oversight of the Division for Children, Youth, and Families (DCYF), the state's child protection and juvenile justice agency. On January 30, 2018, the first Child Advocate was sworn into service and the establishment of the Office commenced. Subsequently, a physical office space was located, dedicated staff were hired, equipment was purchased, and goals were set.



**Cassandra Sanchez**  
*The Child Advocate*

Shining a bright light on the system designed to protect children and elevating youth's voices have been the main objectives of the Office since its inception. We work to meet those expectations with substantive reporting ranging from the comprehensive annual report of Office activities and identified issues of concern, broad system reviews, individual case work and complaint management, and continually meeting with children to inform policy change by sharing their valuable thoughts and lived experiences. Through our work and constant reviews of research, we understand a primary solution to abuse, neglect, and delinquency is prevention. To that end, in 2020, the jurisdiction of the Office was expanded to allow the OCA to advocate for all children involved with child-serving executive branch agencies and any private organization contracted with the State. This change aligns more effectively with the Office of the Child Advocate's mission to ensure the best interests of every child in New Hampshire are protected.

In those first four years, the Office frequently acted from a place of reaction, dissecting urgent concerns from long-held disappointments, while slowly whittling away at the larger systemic issues. The Office had something to prove--that our children deserve the utmost dignity and care, and that change can occur through accountability, relationship building, and the willingness to shift the culture within the child welfare sector. Not an easy undertaking to say the least, but undoubtedly, a necessary one.

Last year was a time to highlight the Office's firm footing in statute and embrace the newly expanded scope. This year, with the creation and implementation of our first strategic plan, the OCA has been able to delve into action to effect change. But 2022 was also a year of transition. We continued to observe the ebb and flow of COVID infections and its profound impact on the medical system, increased mental health struggles for youth with subsequent lack of prompt care, and debilitating workforce shortages, all while in the same breath, attempting to balance an urgency to return to some form of normalcy. After four years of dedication and service to the children of New Hampshire, we saw the departure of the first Child Advocate, Moira O'Neill. Her legacy will forever be one rooted in her unwavering perseverance, recognition of the importance of utilizing safety-science to effectively initiate change, and passion to lead the charge in bettering the lives of children within the Granite State.

Once appointed to the position of Child Advocate in April 2022, I was greeted by a compassionate, dedicated team grounded in the framework set by my predecessor and prepared to carry out the mandate of the Office. With a steady infrastructure in place, the Office has been able to advocate for and affect both micro and macro shifts within the NH child welfare system, although, we continue to seek further changes to the systems impacting some of our most vulnerable populations. The pages ahead will allow you to meet the committed team, take a glimpse into the work our Office encounters each day, and share in our successes from the past year. Please know, for us, it is a true honor and privilege to serve the children and families of New Hampshire.

A handwritten signature in blue ink that reads "Cassandra Sanchez". The signature is written in a cursive, flowing style.

# Meet the Office Staff

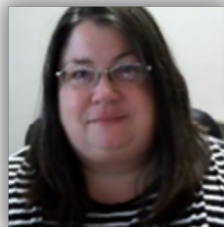
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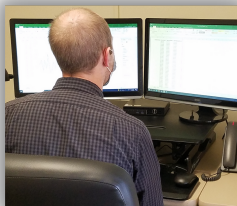
**Emily Lawrence**  
Associate Child Advocate



**Jason Taylor**  
Assistant Child Advocate



**Karen Kimel**  
Office Coordinator



**Christopher Sheehan**  
Children's Services Analyst



**Caitrin Perry**  
Legal Aide

**Moira O'Neill**  
Former Child Advocate

**Kimberly Cushing**  
Former Legal Aide

**Heather Kennedy**  
Intern

\*There have been changes since the end of the reporting year. See our website for current staffing: [About Us](#) | [Office of the Child Advocate](#) | [State of New Hampshire \(nh.gov\)](#)

## The Oversight Commission on Children's Services

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**Sharon Carson- Senate (Chair)**  
**Rebecca Whitley- Senate**  
**Kimberly Rice- House**  
**Beth Folsom- House**  
**Mariellen MacKay- Appt. by Governor**  
**Joanne Ruel- Appt. by Governor**  
**Debra Altschiller- Appt. by Governor**  
**Susan Ashley- Judicial Branch**  
**Lisa Wolford- Judicial Branch**  
**William Breault- NH Assoc. of Chiefs of Police**  
**Eric Sereno- NH Assoc. of Chiefs of Police**  
**Dellie Champagne- Child Advocacy Org. Appt. by Governor**  
**Marcia Sink- Child Advocacy Org. Appt. by Governor**  
**Debra Childs- Child Advocacy Org. Appt. by Governor**  
**Victoria Sullivan- Child Advocacy Org. Appt. by Governor**  
**Borja Alvarez de Toledo- Waypoint**  
**Susan Stearns- NAMI NH**  
**Amanda Grady Sexton- NH CADSV**  
**Lisa Bernard- YMCA**

The Office of the Child Advocate attends the monthly Oversight Commission on Children's Services meetings. During these meetings, the OCA reports on trends and areas of concern. This is also a time for the OCA to meet with influential Senators, State Representatives, and community stakeholders to discuss policy issues identified through trends, that they can impact by sponsoring bills. The Oversight Commission on Children's Services was instrumental in the Office of the Child Advocate's Strategic Planning Process.

\*There have been changes since the end of the reporting year. See the following website for a list of current Oversight Commission members: [Statutory and Study Committee Search \(state.nh.us\)](#)

# Highlights of 2022

## Connecting with Children

- Visited 7 different facilities in person to meet with kids
- Provided child in out-of-state facility with Magic Cards as he was having trouble interacting with other children and this promoted the connections
- Assisted young adult who aged out of care to obtain financial assistance for college and receive COVID funds
- Supported a child in placement by empowering her to advocate for herself and prove her capabilities through completion of her treatment plan
- Child Advocate & Assistant Child Advocate travelled to Arkansas to visit children placed at Millcreek Behavioral Health Center

## Casework

- Facilitated 48 multidisciplinary team meetings on child cases
- Successfully advocated for a child to return to NH from an out-of-state placement
- Facilitated increased visits between grandparents and child(ren) in placement on multiple cases
- Helped empower a mother to reunify with her young child
- Advocated for children in an out-of-state placement to have visits with an extended relative to foster familial connections
- Assisted a young adult who aged out of care with obtaining funding for both school supplies and housing and provided resources for accessing a mentor
- Successfully advocated for a child to return home with their mother when the plan was not reunification
- Supported a young adult in her goal to return to a community setting where she could focus on building a healthy future; she is now attending college
- Assisted a family in navigating the complex systems involved in placing a child when abuse and neglect are not presenting problems
- Successfully advocated for a child to be placed in relative care after the loss of parent rather than remaining in the residential facility where he was initially placed

## Outreach and Events

- Participated in the Magnify Voices Contest - attended planning meetings, judged entries, and hosted an OCA informational table
- Engaged in the DCYF Teen Summit - attended planning meetings, hosted an OCA informational table at the event and provided activities to engage attendees
- Hosted the United States Ombudsman Association's 41st Annual Conference in Portsmouth, NH
- Attended a DCYF reunification even to celebrate the success of families that were able to achieve their goal of reunification over the past year

## Training

- Office Staff members completed the Mental Health First Aid training course
- The OCA, in co-sponsorship with Waypoint, invited Ellie Krug to present a training that was open to all DCYF staff, educators, community clinicians and residential staff to educate on how to support children who identify as LGBTQ+. Ms. Krug is a published author, national inclusivity trainer, and consultant through her company Human Inspiration Works, LLC
- Presented 3 educational trainings to NH Circuit Court Judges
- Attended the United States Ombudsman Association's 41st Annual Conference in Portsmouth, NH
- Youth Justice Stewards Program successfully trained 9 youth and mentors in partnership with New Futures and My Turn Manchester

# Strategic Plan

The planning process was launched in June 2021. The goals of this process were to create a shared vision and a plan to realize this vision. A third-party consultant (Fio Partners, LLC) was engaged to provide experience and input to the efforts. Fio gathered data from internal and external sources to capture observations of the organization from a variety of perspectives. Activities undertaken or developed over the course of the process included extensive input from internal and external stakeholders.

The information gathered was shared with members of the Design Team at a retreat in December 2021, where participants provided input on the mission, vision, and values of the Office. The Team sought to evolve the Office's work in key areas, further develop relationships, and gauge key metrics to assess the success and impact of the Office. Leadership staff used this input and feedback to shape this strategic plan.

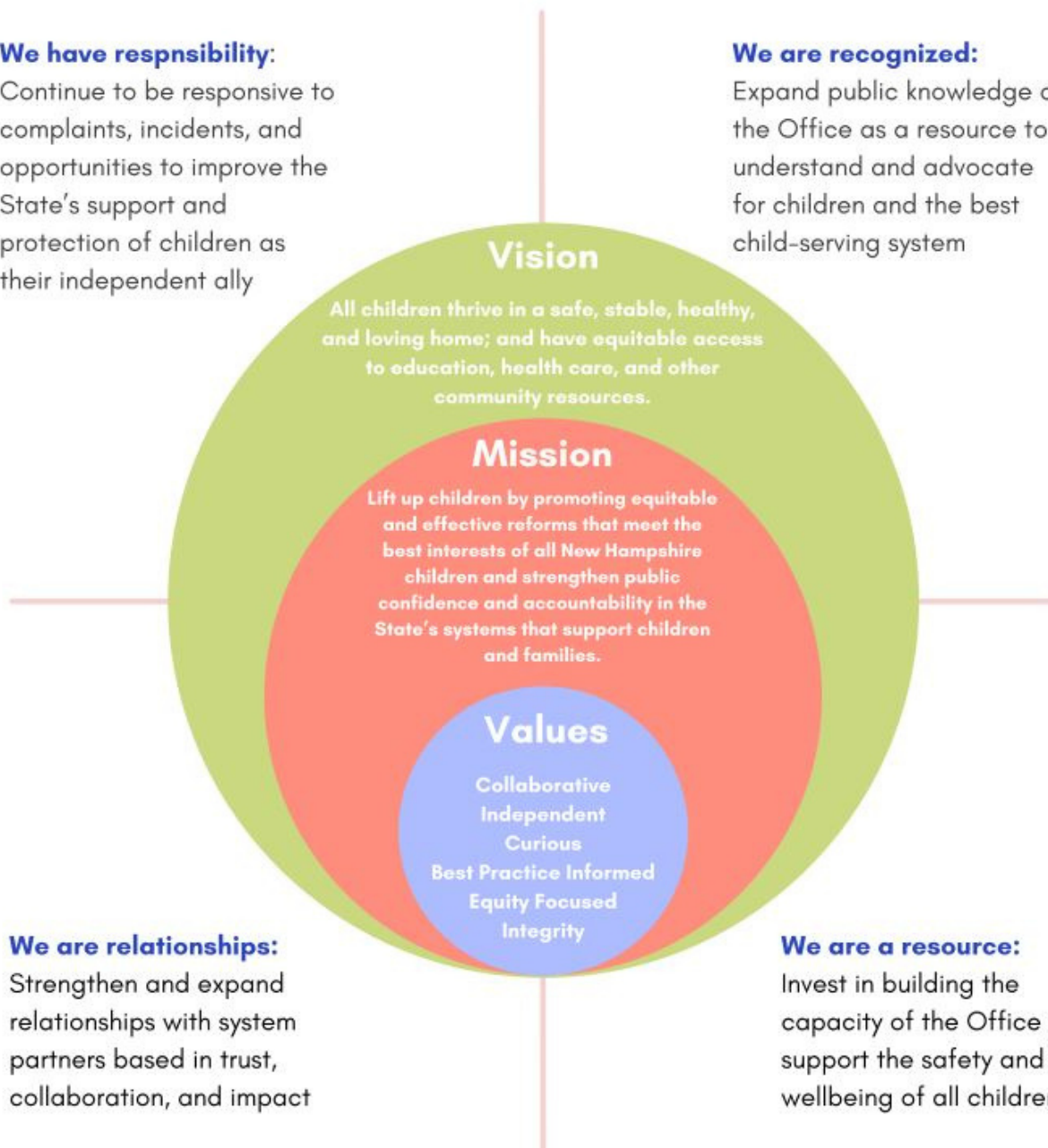
## Our Goals

### We have responsibility:

Continue to be responsive to complaints, incidents, and opportunities to improve the State's support and protection of children as their independent ally

### We are recognized:

Expand public knowledge of the Office as a resource to understand and advocate for children and the best child-serving system



### We are relationships:

Strengthen and expand relationships with system partners based in trust, collaboration, and impact

### We are a resource:

Invest in building the capacity of the Office to support the safety and wellbeing of all children

The full strategic plan can be found on our website: <https://childadvocate.nh.gov/reports>

# Messages from the Children

Staff use each outreach opportunity to ask children to share their thoughts, feelings, and lived experiences to elevate their voice.

I would like to thank everyone at the OCA for their hard work and dedication to the youth of NH. Their constant support has pushed youth to believe in themselves and become better people. The OCA has influenced a lot of positive change in the community and also placement as well. The work done at the OCA is very much appreciated and will always have an impact on every youth they interact with life.

Thank You.

**What should people know about Residential Care?**

It is not what people say it is. It will help if you let it.

It can be very helpful.

Don't let kids into residential care. It can help you get your life together and situation figured out.

**What was your biggest WIN of the past year?**

Trying to overcome my disabilities. Also advocating for what's best for me.

Graduating from Saint A's.

Being able to do great in school and getting honors even when life tried to get in the way.

Going home.

**What should people know about Foster Care?**

Foster care can be very scary at first, but once you learn + trust in your team, you can build a family of supporters.

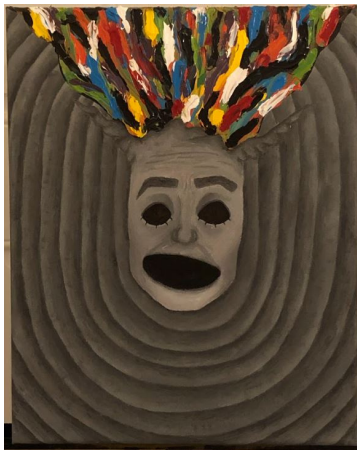
people should know that kids in foster care are just as capable as anyone else and our trauma will never define us.

**What is your biggest concern for the next year?**

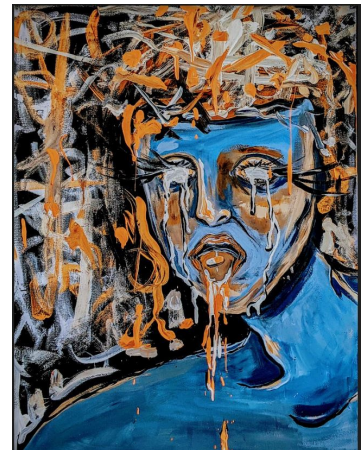
Covid

college. Finding myself and being me.

Going home. my behaviors.



**Artwork by Brenna C**



**Artwork by Mars D**

**OPERATIONS NOTE**

**22**

**CHILDREN WHO CONTACTED THE OCA**

Find these and additional art submissions at [Magnify Voices 2022 Submissions | Raising Awareness & Spreading Hope \(nhsoc.org\)](https://magnifyvoices.org)



# Representing Children's Interests

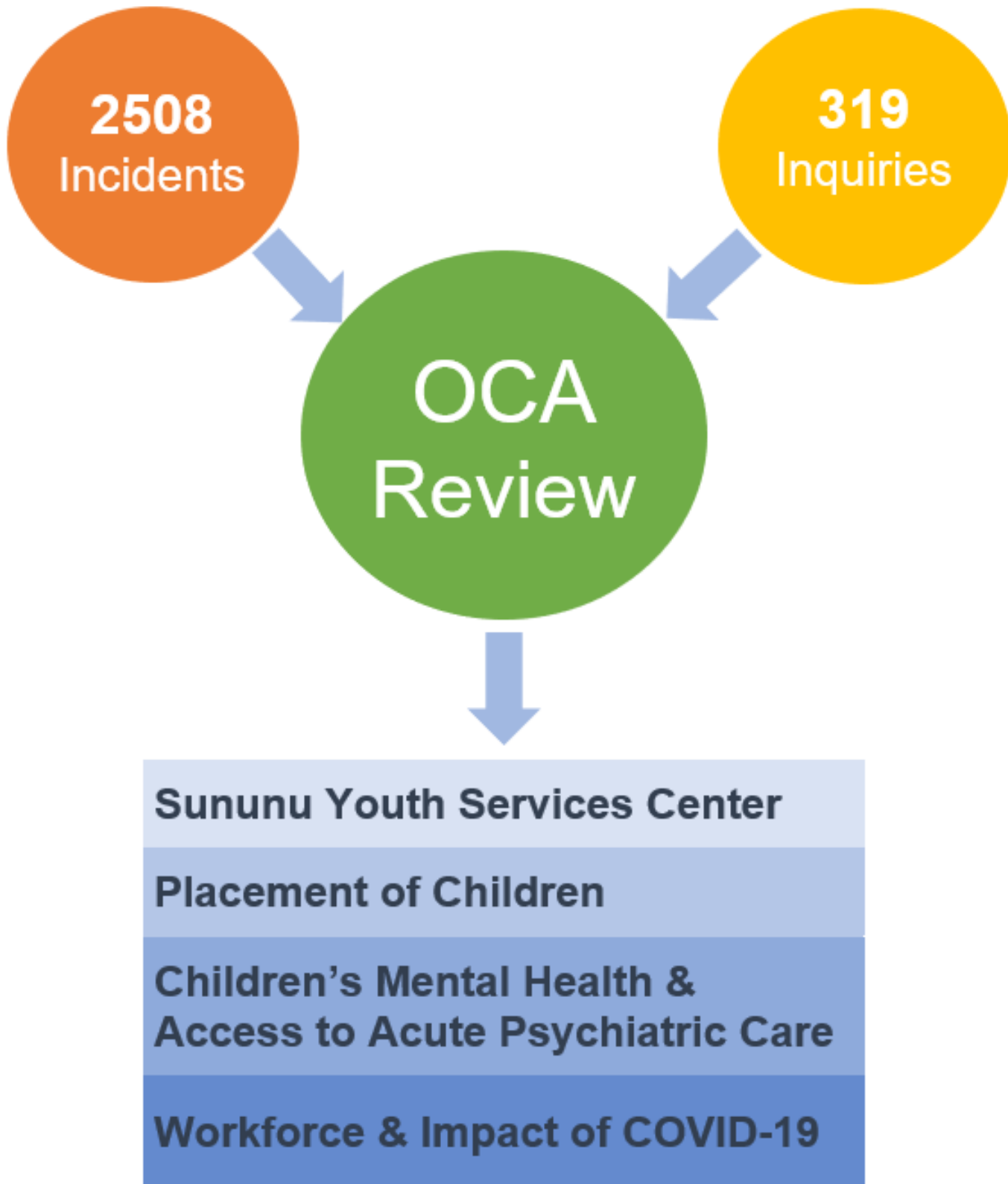
The Office of the Child Advocate has made a concerted effort to be present on as many boards, committees, and workgroups as we can that impact the children of NH and the services available to them. Some positions are appointed to the Child Advocate and Associate Child Advocate or required through statute, while others are voluntarily attended by OCA staff. The goal of the Office of the Child Advocate is to ensure that children remain in the forefront and that their voices are represented and heard.

Prevention	Legal	Child Protection	Juvenile Justice	Outreach & Education
Children's System of Care Advisory Council	Attorney General's Task Force on Abuse and Neglect	Abuse - Neglect Monitoring and Reporting in COVID Leadership Group	Commissioner's Sununu Center Transition Work Group	Granite State Children's Alliance, Know & Tell Advisory Board
CBH Resource Center Leadership Team	Bar News Editorial Board	Another Planned Permanent Living Arrangement (APPLA) Committee	Probation Transformation Team	Homeless Youth Subcommittee
Community Response Guide Leadership Group	Family Treatment Court Executive Steering Committee	Child Fatality Review Committee	Foundational and Steering Committee for the Youth Justice Steward Program	Magnify Voices Expressive Arts Context Event Committee
Community Response Guide Data Subgroup	Model Court Executive Committee	Child Welfare Interagency Team		NH Microsoft 365 Champions
Community Response Guide Working Group	Model Court Committee	Child Advocate, DCYF Constituency Services and DHHS Ombudsman Quarterlies		Regional Child Advocate & Ombudsman
Community Response Guide Advisory Group		Perinatal Substance Exposure Task Force		USOA Children and Family Chapter
Roundtable Community of Practice - Harvard Innovation Lab		DCYF Quality Assurance Case Reviews		US Ombudsman Association Annual Conference Planning Committee
Safe Sleep Work Group				DCYF Teen Summit Planning Committee
Thriving Families, Safer Children				



# Areas of Concern

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# Sununu Youth Services Center

Headline after headline, the Sununu Youth Services Center (SYSC) has been a topic of conversation and controversy. However, as the OCA has seen first-hand, the controversy is more than just headlines for public comment. The continual discourse has only further exacerbated the loss of attention to the children themselves and their diverse and very acute needs. As we saw in 2021 with House Bill 2, there was language specifying a closure date of March 2023 for the only juvenile detention center in the State of New Hampshire. Rationale for closure varied from saving the cost associated with operating the 144-bed facility, to empirical evidence demonstrating ineffective and harmful outcomes from incarcerating children, to understanding the increasingly complex needs of children placed at the facility.[1] From the OCA perspective, closure marks an opportunity to re-think incarceration of children for a therapeutic approach. The New Hampshire Legislature cannot ignore the impending closure date, rather, this is the time to move forward with a concrete plan for a replacement facility that better serves the children currently residing within those walls.

When youth are incarcerated and cut off from their natural support systems, we see a disruption in not only their daily life, natural relationships, and academic performance, but a longer lasting impact on their development by exposing them to additional trauma and violence within the facility they are held in.[2] “Limiting incarceration as a punitive measure for youth when applicable has strong potential to mitigate some of these negative circumstances that occur in or are exacerbated by various out-of-home placement settings.”[3] During a point in time study conducted by the OCA, it was identified that youth at SYSC have been in an average of seven out-of-home placements prior to commitment at the facility. These placements include removals from the home due to abuse and/or neglect by a primary caretaker, not due to any actions of their own. Knowing that, instead of looking at these youth and saying, “What is wrong with you?” we need the conversation to begin with “What happened to you?”. By taking a trauma-informed approach to their treatment, we as a state can allow for these youth to be viewed and treated as humans as opposed to “convicts” or “delinquents”.[4] We are aware there are children who require placement within the juvenile justice system due to the seriousness of their acts. When you truly examine the needs of children in the system, there are few and far between that rise to that level.[1] Many children end up in the system not because of the seriousness of their offense, but because of complex family dynamics, a lack of understanding of their needs, and the inability to access services and treatment in their community.

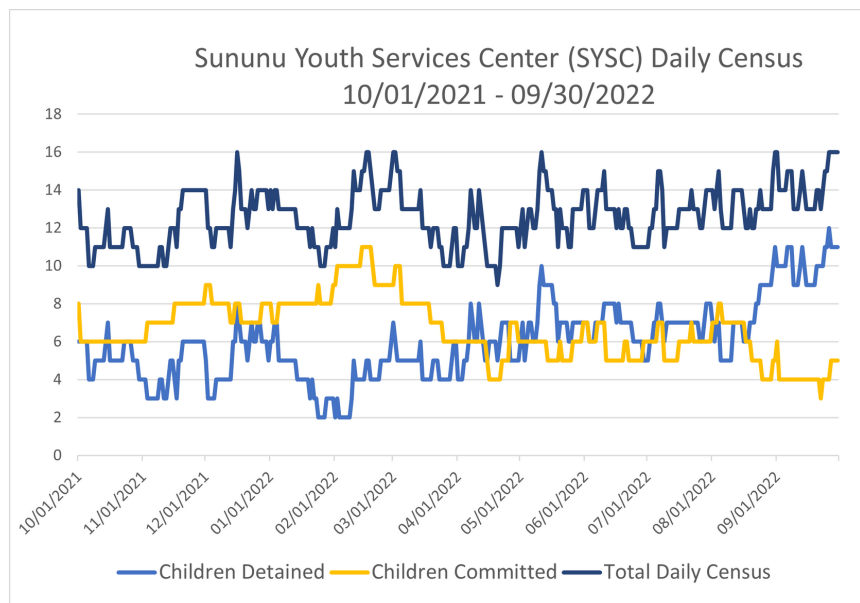
Youth Counselors (YCs) are the current staff within SYSC directly working with these adolescents. It is essential to invest in this workforce, so that the staff feel valued and can provide the highest quality of care to these vulnerable youth. When staffing isn’t adequate, YC’s and other SYSC staff are unable to provide higher level trauma-informed care due to overwhelming youth needs. We have seen through further media reports, that the staffing issues at the facility have led to responses from the Manchester Police Department and the New Hampshire State Police to assist the facility during times of crisis. The police interaction has led to negative trauma responses from the children in the facility and disempowers the YC and youth relationships. The challenges these youth have faced may have led them to system involvement, but it takes trusting adult relationships to motivate positive changes in youth behavior.

As policy makers work through the challenges of what comes next for this facility, let us not forget its true purpose: safe therapeutic rehabilitation and comprehensive treatment to allow for future success of these youth within their home communities. The OCA continues to support the urgency of passing bills presented to Legislature that include postponing the closure date, enhanced trauma-informed practices at the current facility, and building a replacement facility that is therapeutic, home-like, and has far fewer beds.

## OPERATIONS NOTE

# \$15,000

GRANT FUNDS FOR  
JUVENILE JUSTICE INITIATIVES



# Children in Placements

What does it mean to be in placement? Placement means an imminent safety concern is identified in the home or with the primary caregiver leading to the child(ren) being removed from that setting and temporarily residing elsewhere. The placement setting varies depending on the needs of the child and, as evidenced by the placement crisis over the past year, placement availability. Placement should be in a home like setting with family (kin), someone with a prior relationship to the child (fictive kin) or foster care whenever possible. Group homes and residential facilities, also known as congregate care, are considered more restrictive in that there is 24/7 supervision, children are housed with other struggling peers, and these are controlled settings that are intended to be therapeutic settings.

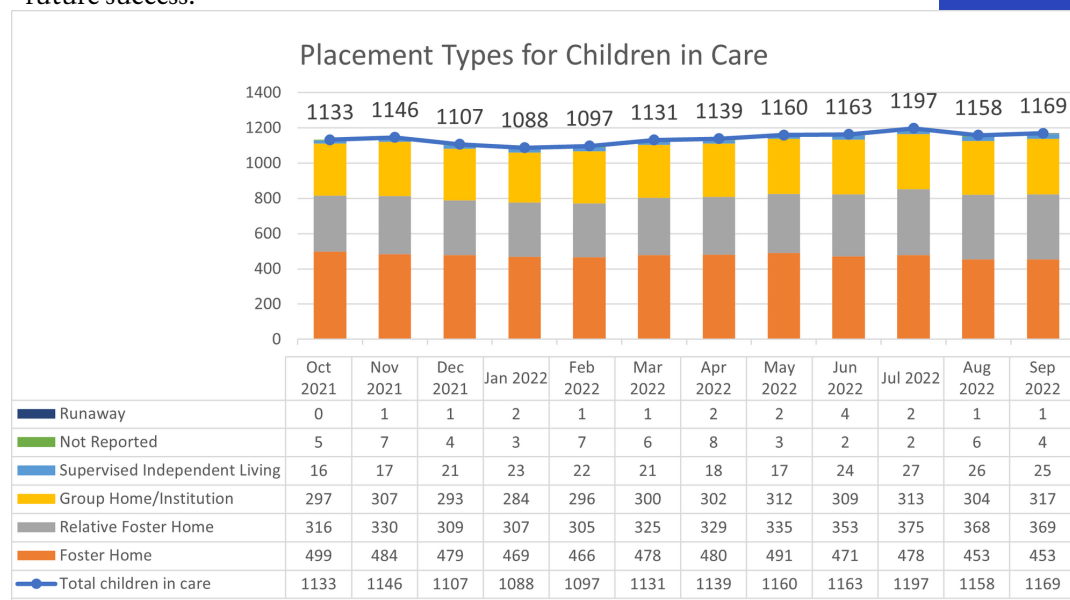
According to a 2022 Casey Family Programs briefing on outcomes for youth in care, there has been a 35% reduction in the number of children living in institutional placements nationwide over the past ten years.[5] While this reduction is positive, any time that our nation’s youth are institutionalized is far too long. Both nationally and here in NH we are seeing youth remaining in care far past the time necessary to address mental or behavioral health needs, and/or trauma responses due to exposure to substance use, mental illness, domestic violence, or abuse and neglect. In addition, “compared to children placed in the care of families, children in institutions and group facilities have been found to be less likely to graduate from high school and more than twice as likely to be arrested”. [6] Not only is this compounding the levels of trauma that these youth experience, but it is also fiscally burdensome.

There has been growing discussion within the past year as it pertains to the astronomical costs of these institutional placements, many citing that they cost “as much as ten times the cost of placing a child with a family. In some instances, when children receive additional mental health services or are placed into group settings out of their state of residence, the costs increase even further.” [7] The implementation of the Family First Prevention Services Act (FFPSA) coupled with research in child development and trauma-informed care shows us that children should be placed in what is called the “least restrictive” setting to promote their healthy growth and positive mental well-being. [8]

While sometimes placement is inevitable, New Hampshire attempts to keep children in settings that are known to them, prioritizing the placement of siblings together, and utilizing least restrictive settings. Even with this focus, we still face many obstacles as a state. If congregate care is needed, there should be an emphasis on creating more home-like, natural placement settings that provide children with access to the community and a sense of normalcy. New Hampshire can also progress by continuing to focus on the benefits of grandparents, aunts, uncles, cousins, and fictive kin as the best option for placement as long as safety is not of concern. The most pertinent change we need to see for our children is to keep them here, in New Hampshire, connected to family, friends, their community, resources, and healthy supports. By stepping away from the emphasis on residential placements and instead placing with kin caregivers and utilizing community supports such as wrap-around services, more children will be set up for future success.

## Case example:

The OCA was contacted regarding a teen in the ER for an extended period of time without educational supports. When visiting with the teen, ER staff, including mental health professionals, reported concerns that DCYF was looking to place the teen in residential rather than foster or kinship care. After meeting and speaking with the teen it was obvious that her needs could be met in the community. Rather than following the recommendations of the OCA and providers, DCYF placed the teen in a residential facility. After being given a voice and proper supports, the teen complied with all treatment recommendations and was able to return home. The family has enhanced community supports and stronger familial relationships, two primary protective factors to support long term stability of the family. The family thanked the OCA for the support and advocacy provided although the residential placement was not avoided.

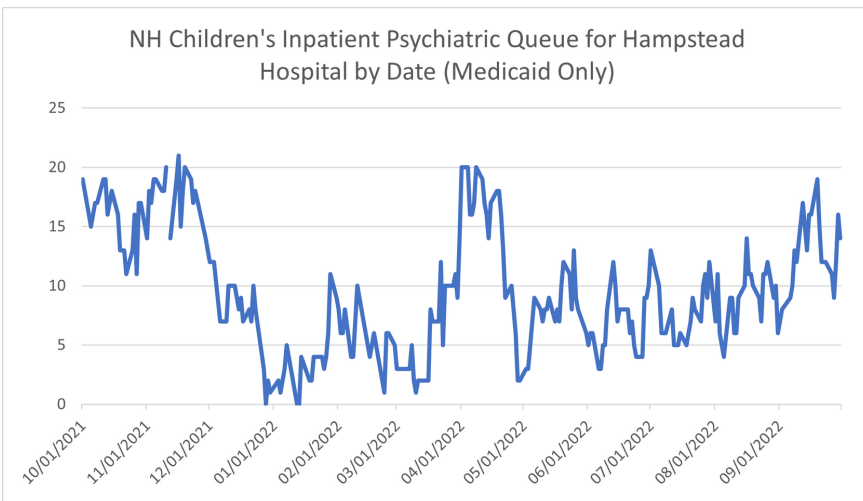


# Children's Mental Health & Access to Acute Psychiatric Care

The state of the mental health system for children in New Hampshire is in crisis. Access to acute psychiatric health was a concern of the Office in 2021 and continues still, as the needs of our children are growing while the system is struggling to catch up. According to the Association of American Medical Colleges, “within a few years, the country will be short between 14,280 and 31,109 psychiatrists, and psychologists, social workers, and others will be overextended as well.”[9] When the world experienced a global trauma with COVID sweeping through households, closing schools and business, and creating swift change for not only individual households, but society in its entirety, creating large-scale need and increased demand for mental health services for both children and adults.

Many children with pre-existing mental health diagnoses had their mental health services put on pause, went remote, and some lost their clinicians entirely. We saw children within our state experiencing heightened symptoms, as well as those who developed additional anxieties, and new presentations of mental health needs post-pandemic that didn't exist prior to COVID. The increase of children's needs, coupled with the already overwhelmed mental health system have created a bottleneck, preventing children from receiving appropriate care in a timely manner and burdening the newly established children's system of care before it can find firm footing.

After calling community mental health centers across the state, the OCA learned average wait times for therapy ranges from 4 weeks to 8 months. One could draw the inference that if children were able to access clinical supports sooner, many crisis situations might be avoided, as acute cases are prevalent. Children are languishing in hospitals



nationally waiting for inpatient care and screened for their needs when acute situations require immediate attention. The American Psychological Association (APA) found from analyzing CDC data that “From March 2020 to October 2020, mental health related emergency department visits increased 24% for children ages 5 to 11 and 31% for those ages 12 to 17 compared with 2019 emergency department visits.”[10] Of great concern, is that we know that some families give up waiting for their child to be screened or admitted for care, due to

these long waits and leave the hospital without any resources or follow up. Which begs the question – what happens when this care is not received, and the system has no ability to follow up with these individuals to make connections to community resources?

In New Hampshire, “The demand for acute psychiatric care has spiked during the pandemic, with a current daily average of 16 children statewide inside of emergency rooms waiting for a bed.”[11] In 2022, the State of New Hampshire Department of Health and Human Services acquired Hampstead Hospital, the only child-serving acute psychiatric hospital within the State, with the intention of reducing wait times by providing acute care solely to the children of New Hampshire. Although the hospital is now State run, the OCA continues to observe lengthy wait times for children and rising needs. Hospital emergency rooms are being utilized to house children throughout the wait, providing no therapeutic supports in the interim. For those fortunate enough to receive the psychiatric care, they often return to the community with minimal supports. Waitlists are ballooning and there is so much burden on our resources that the work force is desperately trying to meet the needs while struggling to do so, leading to burn out and departure from these high stress jobs. Mental health centers have been working to fill positions and keep up with the demands of the workload, while in-home providers are expanding their catchment areas to service pockets of the state where there is a lack of mental health supports. This is the definition of a crisis, one that demands immediate action!

# Workforce & Impact of COVID-19

In a very short amount of time, the COVID-19 pandemic has altered not only the ways by which we approach daily life, but also how society functions overall. Although the OCA continues to track the number of children involved with DCYF whom test positive for COVID-19 infection, the impact of the pandemic is beyond the infection rate. We have seen the way we communicate and attend our jobs go from entirely face to face to largely remote or web based. The ever-changing CDC guidelines and recommendations have also greatly impacted the way schools are run and how our children receive their education. However, the most pervasive of these impacts can be observed nationally within the toll this pandemic has had on the mental health of both children and adults. [10] New Hampshire was quick to get back to some sense of *normalcy* in asking that the workforce return to face to face contact and that children return to in-person learning. Although the state recognized how damaging the isolation could be, we are still observing the fallout in many diverse ways.

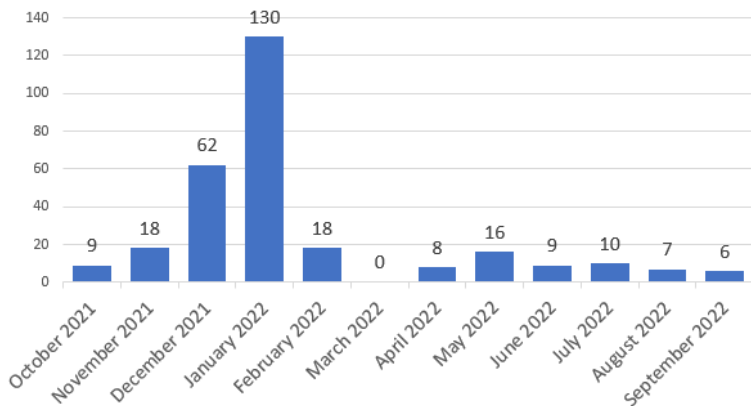
For many professions, there seemed to be a mass exodus and an ongoing struggle to maintain workforce, with newly expressed concepts like "quiet-quitting" coming to the forefront.[12] The State of New Hampshire has seen this impact on workforce across the board, but it becomes most concerning when looking at the agencies that are in place to protect children and support families in need.[13] Within Child Protective Services, where staffing and turnover have always been a struggle, COVID's impact and the mounting safety concerns it brings, has only exacerbated the difficulty in keeping positions filled. No longer is the issue just burnout due to the difficult nature of the work. Burnout is now coupled with exhausting safety and health concerns that are keeping otherwise qualified workers from wanting positions that are in direct service.

Community provider agencies such as mental health centers and in-home support services are equally as impacted by this workforce issue. As a result, there are lengthy waitlists for those in need, even those experiencing acute crisis. Residential facilities have also voiced concern for maintaining direct care staff that provide the day-to-day care to children. There is no denying that direct care jobs are high stress, there is risk of physical injury, and they must be staffed 24/7, which means shifts are not ideal for working families. One would assume this difficult work would receive commensurate compensation, but unfortunately the salaries for these roles are comparable to entry level jobs at a fast-food restaurant or in retail.[14] More pay and less stress end up being more appealing at the expense of our state's families. Overall, the social service field has felt the impact of the decline in individuals applying to the many vacant positions, as well as returning to the workforce in this new post-Covid era.

A proactive approach to thinking about this issue is tackling it from the ground-up. We know that agencies are struggling to meet capacity for a multitude of reasons, including a basic lack of providers within the field. The social service sector needs capable and motivated candidates to fill these positions. Therefore, a strong emphasis on recruitment and incentivizing efforts will only aim to alleviate this growing problem. It's not enough to simply increase salaries and prioritize flexibility of schedules. While this approach may feel like crawling to the moon, the idea is to find long term solutions to a pervasive issue impacting our children and families in the State of New Hampshire.

increase salaries and prioritize flexibility of schedules. While this approach may feel like crawling to the moon, the idea is to find long term solutions to a pervasive issue impacting our children and families in the State of New Hampshire.

COVID-19 Positive DCYF-involved children reported to NH OCA by DCYF by month of positive test result



293

Total COVID-19 positive DCYF involved children reported to the OCA by DCYF during the reporting year

Of the 293 reported, 35% (104) were placed in residential facilities

35%

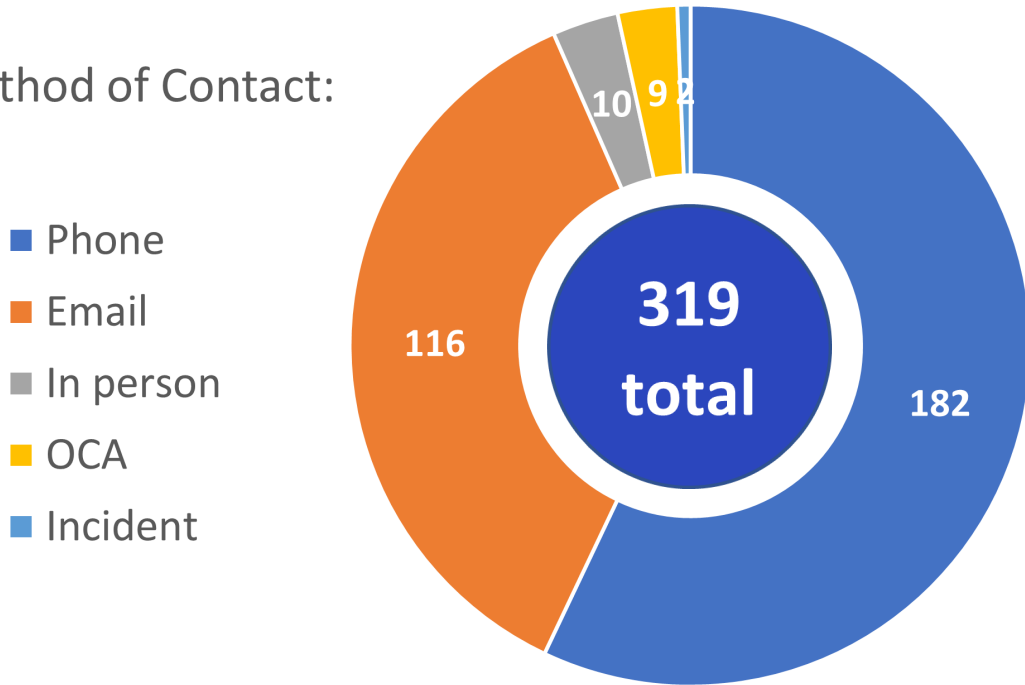
155%

Increase in reported cases from last reporting year

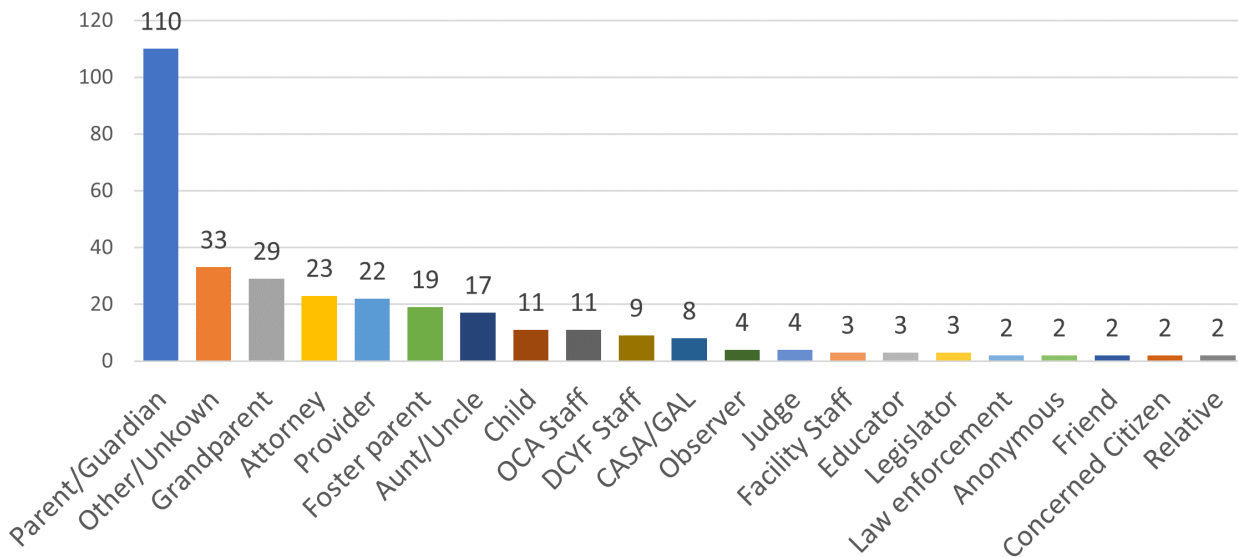
# Daily Work - Complaints & Inquiries

The Office of the Child Advocate listens to all concerns about child-serving agencies (public and private), providing referrals, and, if necessary, responding to complaints with a credible review process. In some instances, the office staff may provide education and information about the office jurisdiction, laws and policies child-serving state agencies must follow, and the process of working with complex state agencies. Inquiries may lead to the OCA investigating state agency and child-serving agencies (public and private) compliance with contracts, laws, and policies/procedures.

Method of Contact:



Who Contacted Us?



# Daily Work - Child Fatalities

Under RSA 21-V:7, II, the Division for Children, Youth and Families (DCYF) must report all child deaths, to the Office of the Child Advocate. Two types of child deaths are reported: deaths of children involved with DCYF, and deaths reported to DCYF as possibly caused by abuse or neglect. The first is reported as a means of examining system actions or inactions that might have prevented the death. Both categories are reported for purposes of examining whether there is any risk for surviving siblings or other children. Trends in manner, cause and precipitating factors are examined in all deaths.

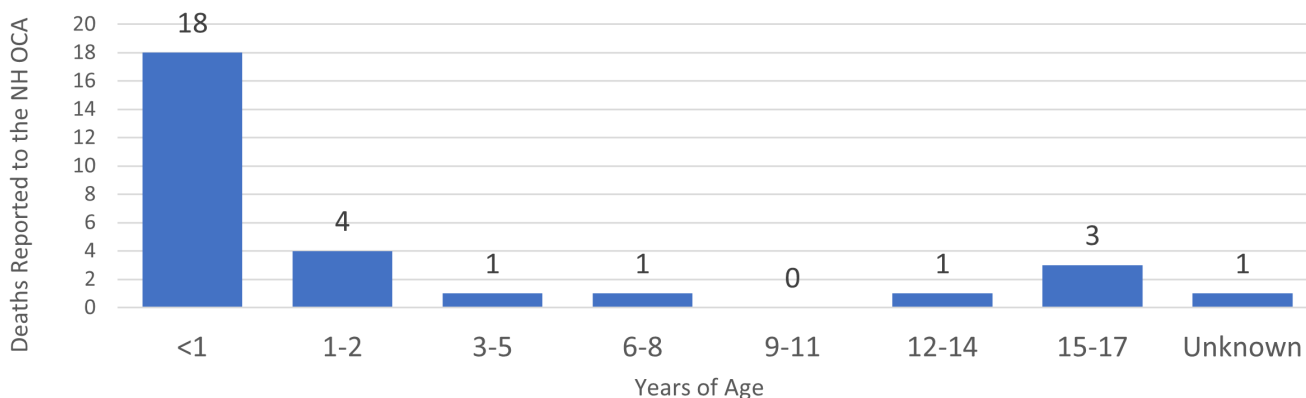
29

## 29 Child Fatalities between 10/1/21-9/30/22

The OCA reviews each death as part of our Critical Incident Review process. That involves:

- Reviewing DCYF records to determine extent of agency involvement
- Determining need for any safety plan or support for surviving siblings and family
- Watching for systemic trends that might indicate opportunities for improvements

Reported Child Deaths by Age Group



Reporting on child deaths is somewhat complicated due to two specific restrictions:

- 1) Availability of completed autopsies. In unexplained deaths, the autopsy process involves extensive laboratory work which is a very slow but thorough process.
- 2) Restrictions from reporting when law enforcement is actively investigating. Details pertaining to the fatality may not be shared with the OCA or other involved agencies during an active investigation by law enforcement or the Attorney General's Office.

### Trends identified:\*

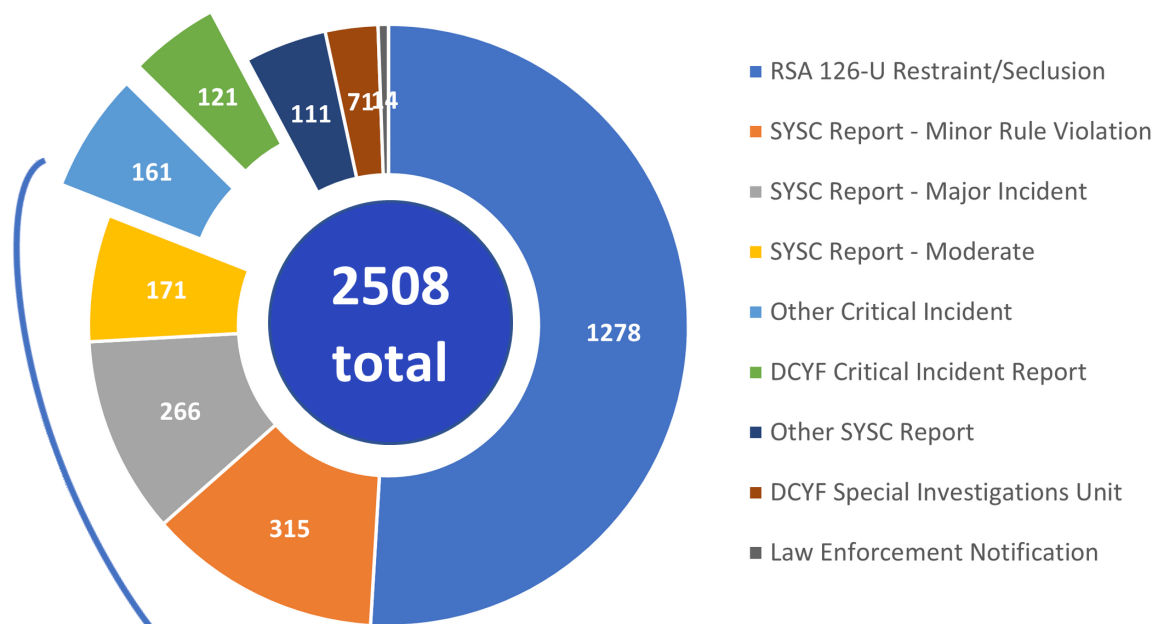
- 12 Unexplained/Unknown – Many of which are infant deaths where unsafe sleep or SIDs are suspected
- 6 Accidents/Illness/Injuries
- 3 Co-sleeping
- 3 Overdoses
- 2 Homicides
- 1 Suicide
- 1 Injury from abuse
- 1 Unknown

\* Official manner and cause of death is unavailable for 20 of the 29 fatalities reported as autopsies are still pending at the time of this writing. Above is the unofficial/suspected cause of death as reported by DCYF through Critical Incident Reports at the time of death.

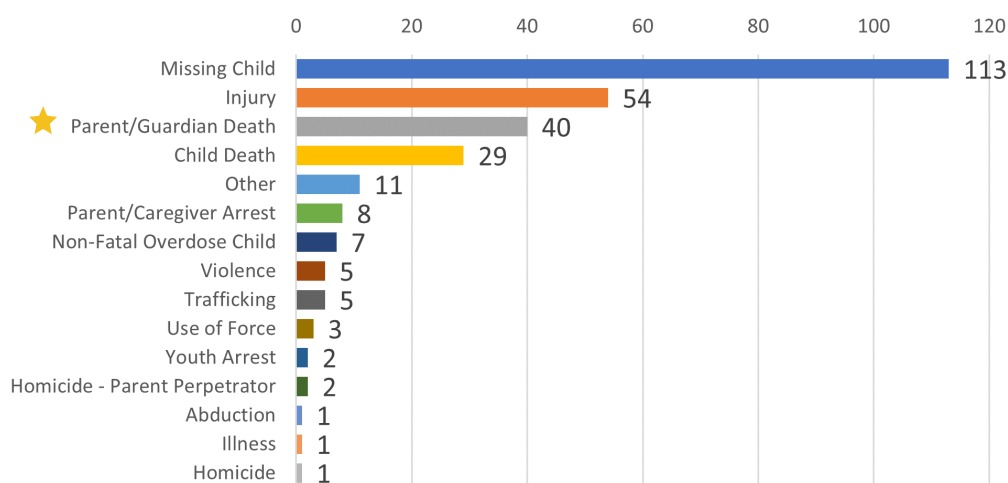


# Daily Work - Monitoring Incidents

All incidents received and reviewed by type



Critical Incident Types from DCYF Critical Incident Reports and OCA "Other Critical Incident" Categories



Parent/Guardian fatalities have increased since prior year reporting from 18 in 2021 to 40 in 2022. This increase is of concern to the OCA and is being tracked for trends. Currently, the manner of death is reported to the OCA from DCYF and is not confirmed by autopsy reports. Leading manner of death as reported by DCYF: overdose, natural causes, suicide, and homicide.

Critical incidents are defined within statute. 21-V:1 Definitions. – III. "Critical incident" means:

- (a) A fatality of a child, including, but not limited to, circumstances of accident, child abuse, child neglect, homicide or other violence, natural cause, overdose, suicide, or terminal illness, (b) A near fatality or serious bodily or emotional injury of a child, (c) Abduction of a child, (d) Human trafficking of a child, including, but not limited to, labor trafficking, sex trafficking, or child sexual abuse images, (e) The death of a parent or guardian of a child, (f) An accident involving division staff with a child, parent, or provider, (g) Suicide or attempted suicide by a child, (h) Rape or other sexual assault of a child, (i) Serious physical injury or risk thereof to a child, (j) Serious psychological injury or risk thereof of a child, (k) An inquiry made by the governor's office, the department of health and human service's commissioner's office, or the division child advocate's office regarding a child, (l) Circumstances which result in a reasonable belief that the division failed in its duty to protect a child and, as a result, the child was at imminent risk of, or suffered serious bodily or emotional injury or death, (m) A media report of a child, (n) Any restraint or seclusion of a child, (o) Any other incident that may seriously affect the health and well-being of a child.

# System Review Mappings

The OCA continues its groundbreaking work as the first children's services oversight agency to use safety science to learn from critical incidents and complex cases. The OCA utilizes a System Review Mapping process with a team of DCYF staff and outside stakeholders. The Mapping process incorporates input from individuals with first-hand knowledge of a case and produces a visual map of decision making.



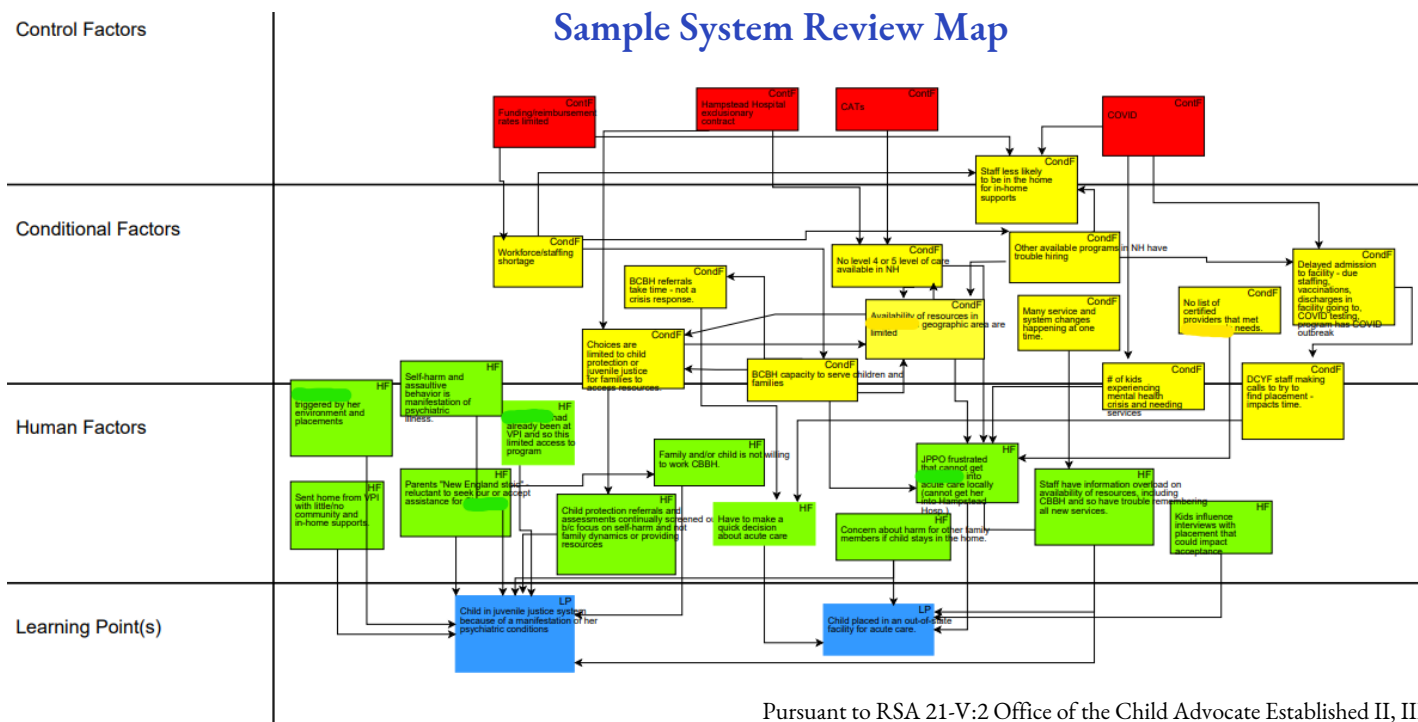
## 3 System Review Mappings

- A child with involvement in the juvenile justice system due to a manifestation of psychiatric conditions
- An injury to a young child whose young parents were previously system involved
- A missing child

### Trends identified:\*

- Children unable to obtain admission to Hampstead Hospital when in acute crisis
- Children placed out-of-state for acute care because New Hampshire does not have a psychiatric residential treatment facility (PRTF)
- Lack of community-based mental and behavioral health resources in rural areas of the state
- Bureau of Children's Behavioral Health is accepting more families for Fast Forward and Transitional Residential Enhanced Care Coordination (TRECC), but there is still a need for increased capacity
- Many new services rolling out; difficult for field staff to be aware of them all and the referral process
- Needs for a child protection case do not rise to statutory level of harm; juvenile justice case may be only option for a child to receive services
- Residential facilities have been slow on discharging children, and some require COVID-19 vaccinations delaying admissions for children who need residential care
- Impacts of the COVID-19 pandemic continues to be seen in the acuity of children's behavioral and mental health and the workforce shortage to support these children
- Psychologist at Sununu Youth Services Center is valued given the acuity of children's needs entering the facility, but need additional clinical supports

\* At the time of this report, two of the cases reviewed were still open and subject to examination by law enforcement or prosecution. Pursuant to RSA 21-V:5, V(b), the OCA is restricted from releasing investigation findings pending that activity. Findings for those cases will be shared when allowable. The cases are noted for referenced only.



# Outreach & Education

## Facilities Visited in-person

- Millcreek Behavioral Health, AR
- Mount Prospect Academy at Campton
- Mount Prospect Academy at Hampton
- Nashua Children's Home
- Spaulding Academy & Family Services
- Sununu Youth Services Center
- Vermont Permanency Initiative, VT

**"Thank you for visiting with us yesterday. I liked your message to the respective groups of kids, and received good feedback from our clinicians. I'm encouraged by the partnership that's developing between your office and Nashua Children's Home."**

The strategic planning process highlighted areas of need for the Office of the Child Advocate including the need to increase outreach and education. A major goal of the strategic plan focused on enhancing opportunities to be a known resource in the community to ensure children receive timely, safe, and effective services and that their best interests remain in the forefront.



Cassandra Sanchez visiting the school at Millcreek Behavioral Health residential facility in Arkansas July 2022



Karen Kimel hosting the OCA information table at the Magnifying Voices Expressive Art Contest May 2022

The restrictions of the COVID-19 pandemic loosened in 2022 which allowed for the office to engage in further outreach efforts including facility visits, participation in community events, educational sessions with providers, and testifying at legislative hearings.



Jason Taylor & Cassandra Sanchez at the DCYF Teen Summit August 2022

**"NHSCA would like to formally thank you for presenting at our annual conference. We appreciate your willingness to share your expertise and insight with our membership." - Heather Machanoff, New Hampshire School Counselor Association**

## Events Attended in-person

- Magnifying Voices Expressive Art Contest
- DCYF Teen Summit
- DCYF Reunification Event
- Circuit Court Judge's Training

**"Thank you very much for the time you took [in the Judicial Training session] to understand our audience, develop your training, and give your expert presentation." -David King, Administrative Judge**

## OPERATIONS NOTE

# 2500+

**FY22 MILES DRIVEN BY STAFF FOR OUTREACH TO CHILDREN AND OTHERS**

# Legislative Initiatives & Guidance

The 2022 Regular Legislative Session was a busy one as the legislature got back to in-person hearings. The OCA monitored 48 bills and provided testimony on over 16 bills impacting children and families. We have highlighted some bills that were of highest interest to the office:

**Behavioral Health Assessments** – The OCA was influential in passing SB 416-FN requiring a functional behavioral assessment, and a behavioral intervention plan if clinically indicated for any child at risk of residential placement through RSA 169-B, 169-C, 169-D, or RSA 135-F, the system of care for children’s mental health, prior to entry into placement. Understanding children’s behavior will best guide appropriate placement and, in some cases, will reduce or eliminate the need for placement. This requirement shall take effect January 2, 2024, allowing DHHS time to establish the assessment program.

**Kinship care** – Children do best when with their parents. However, there are times when the state needs to intervene to ensure a child’s safety and remove a child from their parent’s care. In those times, we know that children are most successful when they can remain in kinship care. HB 1661-FN-L created a separate foster care license category for kinship care homes; establishing separate licensing requirements for kin speeds up the process which allows children to transition to familiar adults sooner. The bill defined “kin” more broadly, “... there is a connection or history between a child or their parents and another responsible adult, including but not limited to related adults.”

**Interstate Compact on the Placement of Children** – SB 397 added section 1-a to RSA chapter 170-A, Interstate Compact on the Placement of Children, which provides that the provisions of the chapter do not apply to the placement of a child with a parent provided that the parent proves, to the satisfaction of the court, a substantial relationship with the child, and the court makes a finding that placement is in the best interest of the child.

**Prevention of Adverse Childhood Experiences** – Science tells us that young children who suffer adverse childhood experiences (ACES), such as abuse, neglect, exposure to violence or substance use are likely to develop long term problems with mental and physical health, schooling, and employment – all factors that compound and impact their futures. The OCA supported SB-444-FN directing DHHS to establish a one-year pilot program for children birth to age 6 with exposure to ACES to provide prevention, assessment, diagnosis, and treatment. Further, the bill appropriated funds to build workforce capacity for Child Parent Psychotherapy. The bill also mandated the establishment of a Resource Center for Children’s Behavioral Health.

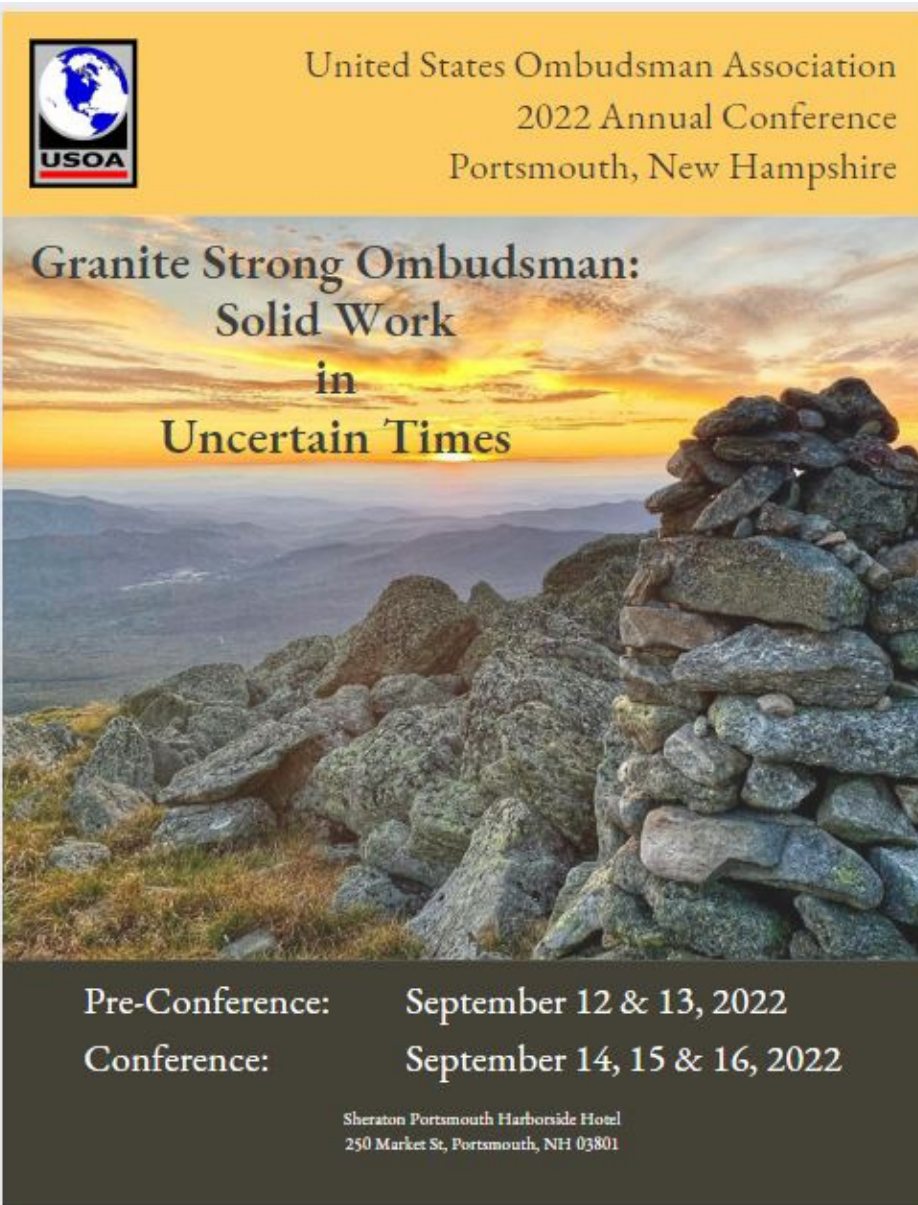
**Office of the Advocate for Special Education** – SB 381-FN-A established an independent office of the advocate for special education. The OCA opposed this bill as written but proposed an amendment to place the Special Education Advocate in the Office of the Child Advocate. Given the OCA’s jurisdiction over special education services under RSA 21-V, this would avoid redundancy in services, make things easier for families as the OCA would have the expertise and manpower to provide support for all child concerns, and been fiscally conservative. Instead, the legislature twice-removed the word “education” from the OCA’s governing statute. Many children with complex special education needs have other needs served by multiple systems, such as developmental disability and behavioral health services, as well as juvenile justice and child protection services. To that end, the Office of the Child Advocate is already working with many of the same families that will benefit from the Special Education Advocate.

**Parental Bill of Rights** – HB 1431-FN-L sought to establish a parental bill of rights. The OCA opposed the bill as the language was vague, broad, and on some points redundant to existing laws and practices. The Declaration of Purpose of the bill stated that it is a parents’ fundamental right to direct the upbringing, education, and care of their minor child. While the OCA does not disagree with this statement, we noted an absence of language stating the upbringing of a child be free from abuse or neglect. The purpose was also stated to establish a mechanism for parents to be notified of information relating to the health, education, and well-being of their minor child. Parents already have this right. However, there may be times when it is detrimental for a child to share information with his/her/their parent. The OCA has seen a disturbing number of parents who have abused or abandoned a child after disclosure of personal information about themselves, including gender identity. Professional therapists, guidance counselors and educators trained in responsive counseling can help children access therapeutic care, but only if the child can safely disclose their distress. Under HB 1431, that may not have happened. HB 1431 did not pass.

**Transitioning the Sununu Youth Services Center** – In 2021, New Hampshire took firm footing in the transformation of the juvenile justice system with enhanced prevention resources, new pathways diverting children from the system and its negative effects, and, in House Bill 2, closure of the state’s juvenile detention and commitment center by March 2023. SB 458-FN set parameters for the contract for a therapeutic, trauma-informed replacement facility consistent with the science on child development, brain development, and best practices for prevention of delinquency and recidivism. The OCA supported SB 458, as amended. Unfortunately, due to disagreements about the number of beds at a new facility, among other things, the bill failed to pass, leaving the state of care for detained or committed children uncertain.

# United States Ombudsman Association 2022 Annual Conference

In 2019, the Office submitted to the United States Ombudsman Association a proposal to host the Annual Conference in 2020. New Hampshire was selected! No one anticipated what would occur early in 2020 after just a couple months of planning meetings. Fast forward and the world righted itself a bit enabling the Office to host the 2022 Conference instead. This was the first in-person United States Ombudsman Association annual conference since the start of the pandemic. It was an exciting time for all to connect face to face.



United States Ombudsman Association  
2022 Annual Conference  
Portsmouth, New Hampshire

Granite Strong Ombudsman:  
Solid Work  
in  
Uncertain Times

Pre-Conference: September 12 & 13, 2022  
Conference: September 14, 15 & 16, 2022

Sheraton Portsmouth Harborside Hotel  
250 Market St, Portsmouth, NH 03801

"Very well done, I wish I had more time to poke around Portsmouth, but I didn't want to miss any of the valuable offerings!"

"Overall, this year's USOA annual conference was an absolute success!!"

"BIG TIME kudos to the organizers of this conference. It is clear the organizers worked hard to get everything lined up, and I commend them for their fantastic efforts!"

"Clearly very hardworking planning committee. Great spirit of the event."

"Thank you so very much for organizing this. I know it was a lot of efforts from very small organizations and their volunteers, but rest assured everyone enjoyed themselves and learned a few things or two that are relevant in our day-to-day operations. Also, it was reinvigorating!"

More than 130 attendees traveled to Portsmouth from across the nation, some internationally, for 3+ days of learning and networking pertaining to the ombudsman profession. The weather cooperated and the team worked tirelessly to ensure the conference was a great success!

We would like to thank our partners from DCYF Constituent Relations for their efforts as co-hosts.

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\*Charts are developed from data captured within the OCA's Salesforce Case Management System (CMS) or shared with the OCA upon request from DCYF's Bureau of Evaluation, Analytics and Reporting (BEAR)



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New Hampshire  
Office of the Child Advocate

If you think a child is in immediate danger call 9-1-1  
To report suspected abuse or neglect in NH call 1-800-894-5533

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