



# CHILD ABUSE PREVENTION AND TREATMENT ACT

## CITIZEN REVIEW PANELS 2022-23 FISCAL YEAR



## CITIZEN REVIEW BOARDS

**Baker County** (1 board)  
**Benton County** (1 board)  
**Clackamas County** (3 boards)  
**Clatsop County** (1 board)  
**Columbia County** (1 board)  
**Coos County** (1 board)  
**Crook/Jefferson Counties** (1 board)  
**Curry County** (1 board)  
**Deschutes County** (2 boards)  
**Douglas County** (4 boards)  
**Harney/Grant Counties** (1 board)  
**Hood River County** (1 board)  
**Jackson County** (4 boards)  
**Josephine County** (2 boards)  
**Klamath County** (3 boards)  
**Lake County** (1 board)  
**Lane County** (9 boards)  
**Lincoln County** (1 board)  
**Linn County** (2 boards)  
**Malheur County** (1 board)  
**Marion County** (5 boards)  
**Multnomah County** (1 board)  
**Polk County** (1 board)  
**Tillamook County** (1 board)  
**Umatilla/Morrow Counties** (2 boards)  
**Union/Wallowa Counties** (1 board)  
**Wasco County** (1 board)  
**Washington County** (3 boards)  
**Yamhill County** (1 board)

## Introduction

In 1996, an amendment to the Child Abuse Prevention and Treatment Act (CAPTA) mandated that each state establish citizen review panels composed of volunteers to review state child welfare policies, procedures, and practices. Panels must meet at least quarterly and report findings and recommendations to the state child welfare agency annually. The agency must then respond in writing to the recommendations. Both the report and response are included in the Title IV-B Annual Progress and Services Report (ASPR) the agency prepares for the federal government.

Oregon has a statewide foster care review program called the Citizen Review Board (CRB) that has been reviewing cases of children in foster care since 1985. Federal law requires that these cases have a specific type of review at least every six months. In Oregon, CRB and the courts share responsibility for conducting these periodic reviews. CRB typically does the first and second reviews at 6 and 12 months after the child enters foster care, the court conducts a permanency hearing at 14 months that also qualifies as a periodic review, and then CRB and the court alternate every 6 months thereafter until the child leaves foster care.

Today, CRB has 57 boards in 33 of Oregon's 36 counties, and 235 citizen volunteers who serve on them. Most boards meet monthly, a small number meet every other month, and one meets quarterly. In 2022, boards collectively conducted 2,450 reviews involving 3,348 children and young adults in foster care.

## CRB Review Process

CRB volunteers prepare for reviews by reading through packets of case material provided by the Oregon Department of Human Services (ODHS). During reviews, further information is collected by questioning the parties in attendance. Those parties typically include the caseworker, parents, attorneys for parents and children, court appointed special advocate (CASA), tribal representative (when applicable), and resource parent. Sometimes children, extended family, and service providers also appear.

Boards use the information gathered before and during reviews to make a series of legal findings and recommendations about the services ODHS is providing to the family, progress of the parents, and appropriateness of the permanency plan. CRB staff document the findings and recommendations in reports that are filed with the court and sent to ODHS and legal parties to the cases. Oregon law states ODHS shall implement board recommendations as they deem appropriate and resources permit, and provide CRB written notice if they do not intend to implement a recommendation.

## Analysis of CRB Findings

CRB collects statewide data on board findings and the reasons boards make certain negative findings. The CRB Findings Reports for the 2022 calendar year are included in the appendix of this report.

As is the case every year, boards found in 2022 that ODHS is providing appropriate services to the vast majority of families.

- For 90% of the children reviewed, boards found ODHS had ensured appropriate services were in place to safeguard the child’s safety, health, and well-being (CRB Finding #3a).
- For 95% of the children reviewed age 16 or older with a permanency plan of Another Planned Permanent Living Arrangement (APPLA), boards found ODHS had taken appropriate steps to ensure that 1) the substitute care provider is following the reasonable and prudent parent standard, and 2) the child has regular, ongoing opportunities to engage in age appropriate or developmentally appropriate activities (CRB Finding #3b).
- For 90% of the children reviewed with a permanency plan of reunification, boards found ODHS had made reasonable efforts (or active efforts when applicable) to provide services to make it possible for the child to safely return home (CRB Finding #4).
- For 96% of the children reviewed with a permanency plan other than reunification, boards found ODHS made reasonable efforts in accordance with the case plan to place the child in a timely manner, and to complete the steps necessary to finalize the permanent placement, including an interstate placement if appropriate (CRB Finding #5).

Boards made 347 negative findings for CRB Finding #3a (see first bullet above for wording of the finding). These negative findings are rarely made for a single reason but the most common reasons were for concerns about safety (38%), mental health/therapeutic support (31%), and physical health (20%).

Boards made 174 negative findings for CRB Finding #4 (see third bullet above for wording of the finding). The most common reasons were lack of a current Action Agreement or Letter of Expectation (47%) and one or more services not being offered (38%).

## Mental Health Services for Children

Volunteer board members consistently express concern about the status of mental health services, particularly for children. In 2022, it was the second most common reason boards made negative findings about the appropriateness of services provided to the child. It was among the top three systems issues identified by boards statewide in 2022 and became one of four goals in CRB’s 3-Year Strategic [Plan](#). Most recently, the CRB Advisory Committee, composed of 3 CRB staff and 16 volunteer board members from 13 counties across Oregon, identified it as one of the top issues they want CRB to positively impact.

In 2022, boards found 109 times that issues with mental health/therapeutic support were among the reasons for negative findings about the appropriateness of services provided to the child. A review of the Findings and Recommendations reports from those CRB reviews provide further information:

- About a third of the negative findings were due to resource issues with the mental health provider, most commonly waitlists for individual counseling.
- Another third were due to issues with casework, most commonly being missed referrals for services recommended in assessments and screenings of the child.
- Nearly a quarter were related to mental health services for a sibling being reviewed at the same time. CRB could resolve this issue by making CRB Finding #3a individually for each child, as some boards have already started doing.
- The few remaining negative findings were due mostly to general delays in mental health services for reasons that weren’t entirely clear during the review.

During the April 2023 meeting of the CRB Advisory Committee, volunteer board members were asked to describe the status of mental health services for children in foster care in their county based on the cases they review. A few reported that the local mental health provider seems to be meeting the children's needs. More expressed concerns, including:

- The waitlist for counseling in one county being 90 to 120 days,
- Another county seems to have a lot of turnover amongst therapists, the frequency of counseling sessions too often appears to not align with the child's needs, and there are too few treatment foster care and residential placement options.
- Another county has similar issue with too few treatment foster care and residential placement options. Also, all referrals for comprehensive psychological evaluations of children are going to a provider who reportedly has a 9-month waitlist at this time.
- In another county, it seems too hard to get children with fewer needs to qualify for mental health services. The balance feels off and too many children are having to be assessed multiple times before they qualify for services.
- In another county, when children refuse traditional mental health services like counseling; alternative therapies like peer mentors, play therapy, art therapy, equine therapy, and/or therapeutic summer camps do not seem to be explored enough.

The above statistics and observations aren't without limitations. Numbers focused exclusively on negative findings and anecdotal reports do not convey what is happening in a system overall. They can, however, provide useful insights.

Oregon has some perplexing rankings when it comes to mental health. Mental Health America (MHA), a national nonprofit that, among other things, collects data and [ranks](#) states annually on various mental health criteria, ranked Oregon the worst of all states and the District of Columbia in 2022 when comparing

prevalence of mental illness amongst youth and access to care. And yet, Oregon ranks almost the best (in the top three) for number of individuals per mental health provider.

CRB data suggests there are a handful of counties with significant shortages of mental health providers resulting in lengthy waitlists for common services like counseling. However, in most counties, delays could be reduced by ensuring timely referrals for all services recommended in assessments and screenings.

## Upcoming CRB Initiatives

### Improving Access to Mental Health Services

As mentioned previously, one of the goals in CRB's 3-Year Strategic [Plan](#) involves improving access to mental health services. Specifically, CRB hopes to strengthen board inquiry around the availability, accessibility, and timeliness of mental and behavioral health services for children in foster care and their parents. Over the next three years, CRB plans to:

- Use the OJD Equity [Framework](#) to examine CRB processes for determining whether children and parents are provided appropriate mental and behavioral health services;
- Provide local training to CRB volunteers on mental and behavioral health services available in the community;
- Develop procedures to obtain information about mental and behavioral health needs and services when the case material submitted for a review excludes that information or provides insufficient detail;
- Research child welfare administrative rules and procedures for children and parents having an emergency mental or behavioral health crisis. Develop guidelines for consistent analysis of these efforts during reviews;
- Develop training for CRB staff and volunteers on asking questions and making recommendations about mental and behavioral health services; and

- Collect and share data on mental and behavioral health service delays, needs, and barriers to Oregon’s Coordinated Care Organizations and others who can systemically impact those services.

### Improving Data Collection and Sharing

Additionally, later this year, CRB will be improving and enhancing its data collection efforts by starting to collect data on key child welfare administrative rules and procedures in every case it reviews, not just those where negative findings are made. The items being considered for this data collection are:

1. Over the last 6 months, did ODHS have monthly face-to-face contact with the child, and was it in the substitute care placement at least every other month?
2. Did the child receive required assessments and screenings? Were they timely?
3. Were timely referrals made for all the treatment and services recommended in the assessments and screenings of the child?
4. Was there a significant delay in implementing or starting a treatment or service for the child?
5. If the child has an enhanced supervision level (determined by the CANS), is there a written Supervision Plan and has a copy of it been provided to the resource parent?
6. Was a Family Engagement Meeting held within 60 days of the child entering substitute care?
7. Does the level of supervision being applied to family time appear appropriate?
8. Is there a current Action Agreement or Letter of Expectation for each parent?
9. If the child is age 14 or older, is there a written Transition Plan?

These draft questions were developed with input from CRB staff and advisory committee members. They are important inputs and outputs of major casework to ensure the safety and well-being of

children and to reunify families. They also are fairly easy to answer and quantify from case information provided to boards before and during CRB reviews.

Through collection and reporting of this data, CRB hopes to improve outcomes for children and families by increasing compliance with key child welfare administrative rules and procedures. It will provide CRB baseline data so when boards introduce a change, such as strengthening board inquiry during reviews on a topic like mental health services for children, CRB will hopefully be able to see and count the impact of that change.

Additionally, collecting this data for every case, not just those where negative findings are made, has the potential to improve consistency of CRB reviews across counties. In the coming months, CRB will be seeking input on the draft questions from ODHS and other community partners.

### Recommendations

1. ODHS continue efforts to improve timely access to mental health services for children in foster care.
2. ODHS continue efforts to increase placement options for children and youth with complex mental and behavioral health needs.

# Appendix

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