

AMENDMENT NO. _____ Calendar No. _____

Purpose: In the nature of a substitute.

IN THE SENATE OF THE UNITED STATES—117th Cong., 1st Sess.

S. 1927

To amend the Child Abuse Prevention and Treatment Act.

Referred to the Committee on _____ and
ordered to be printed

Ordered to lie on the table and to be printed

AMENDMENT IN THE NATURE OF A SUBSTITUTE intended
to be proposed by Mrs. MURRAY

Viz:

1 Strike all after the enacting clause and insert the fol-
2 lowing:

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “CAPTA Reauthorization Act of 2021”.

6 (b) TABLE OF CONTENTS.—The table of contents for
7 this Act is as follows:

- Sec. 1. Short title; table of contents.
- Sec. 2. Amended CAPTA table of contents.
- Sec. 3. Definitions.

TITLE I—GENERAL PROGRAM

- Sec. 101. Interagency work group on child abuse and neglect.
- Sec. 102. National clearinghouse for information relating to child abuse.
- Sec. 103. Research and assistance activities.
- Sec. 104. Grants to States, Indian Tribes or Tribal organizations, and public
or private agencies and organizations.
- Sec. 105. National child abuse hotline.

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- Sec. 106. Grants to States for child abuse or neglect prevention and treatment programs.
- Sec. 107. Grants for investigation and prosecution of child abuse and neglect.
- Sec. 108. Miscellaneous requirements relating to assistance.
- Sec. 109. Reports.
- Sec. 110. Monitoring and oversight.
- Sec. 111. Authorization of appropriations.
- Sec. 112. Conforming amendments.

TITLE II—COMMUNITY-BASED GRANTS FOR THE PREVENTION OF
CHILD ABUSE AND NEGLECT

- Sec. 201. Amendments to title II of the Child Abuse Prevention and Treatment Act.
- Sec. 202. Conforming amendments.

TITLE III—TO BE ADDED

TITLE IV—PUBLIC HEALTH RESPONSE TO INFANTS AFFECTED
BY SUBSTANCE USE DISORDER

- Sec. 401. Amending the CAPTA to provide for a public health response to infants affected by substance use disorder.

TITLE V—ADOPTION OPPORTUNITIES

- Sec. 501. Purpose.
- Sec. 502. Definitions.
- Sec. 503. Information and services.
- Sec. 504. Studies and reports.
- Sec. 505. Unregulated custody transfers.
- Sec. 506. Authorization of appropriations.

1 SEC. 2. AMENDED CAPTA TABLE OF CONTENTS.

2 The Child Abuse Prevention and Treatment Act (42

3 U.S.C. 5101 et seq.) is amended—

4 (1) by striking section 2; and

5 (2) by amending the table of contents under

6 section 1(b) to read as follows:

“TABLE OF CONTENTS

- “Sec. 1. Short title.
- “Sec. 2. Definitions.

“TITLE I—GENERAL PROGRAM

- “Sec. 101. Office on Child Abuse and Neglect.
- “Sec. 102. Interagency work group on child abuse and neglect.
- “Sec. 103. National clearinghouse for information relating to child abuse.
- “Sec. 104. Research and assistance activities.

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- “Sec. 105. Grants to States, Indian Tribes or Tribal organizations, and public or private agencies and organizations.
- “Sec. 106. Grants to States for child abuse or neglect prevention and treatment programs.
- “Sec. 107. Grants to States for programs relating to the investigation and prosecution of child abuse and neglect cases.
- “Sec. 108. National child abuse hotline.
- “Sec. 109. Miscellaneous requirements relating to assistance.
- “Sec. 110. Coordination of child abuse and neglect programs.
- “Sec. 111. Reports.
- “Sec. 112. Monitoring and oversight.
- “Sec. 113. Rule of construction.
- “Sec. 114. Authorization of appropriations.

“TITLE II—COMMUNITY-BASED GRANTS FOR THE PRIMARY
PREVENTION OF CHILD ABUSE AND NEGLECT

- “Sec. 201. Purposes.
- “Sec. 202. Authorization of grants.
- “Sec. 203. Lead entity.
- “Sec. 204. Application.
- “Sec. 205. Uses of funds.
- “Sec. 206. Performance measures.
- “Sec. 207. National network for community-based family resource programs.
- “Sec. 208. Rule of construction.
- “Sec. 209. Authorization of appropriations.

“TITLE III—PUBLIC HEALTH APPROACHES TO IDENTIFY AND
PREVENT CHILD FATALITIES AND NEAR FATALITIES DUE TO
CHILD ABUSE AND NEGLECT

- “Sec. 301. Purpose.
- “Sec. 302. Federal Work Group on Public Health Surveillance of Child Fatalities and near fatalities Due to Child Abuse and Neglect.
- “Sec. 303. Case registry for child fatalities and near fatalities due to child abuse and neglect.
- “Sec. 304. Grants for State, Indian Tribe, and Tribal organization child death review of child abuse and neglect fatalities and near fatalities.
- “Sec. 305. Assisting State, Indian Tribe, and Tribal organization implementation.
- “Sec. 306. Authorization of appropriations.

“TITLE IV—PUBLIC HEALTH RESPONSE TO INFANTS AFFECTED
BY SUBSTANCE USE DISORDER

- “Sec. 401. Purpose.
- “Sec. 402. Requirements.
- “Sec. 403. National technical assistance and reporting.
- “Sec. 404. Grant program authorized.
- “Sec. 405. Authorization of appropriations.”.

1 **SEC. 3. DEFINITIONS.**

2 The Child Abuse Prevention and Treatment Act is
3 amended by striking section 3 (42 U.S.C. 5101 note) and
4 inserting the following:

5 **“SEC. 2. DEFINITIONS.**

6 “(a) IN GENERAL.—In this Act:

7 “(1) ALASKA NATIVE.—The term ‘Alaska Na-
8 tive’ has the meaning given the term ‘Native’ in sec-
9 tion 3 of the Alaska Native Claims Settlement Act
10 (43 U.S.C. 1602)

11 “(2) CHILD.—Subject to subsection (b)(2), the
12 term ‘child’ means a person who has not attained
13 the lesser of—

14 “(A) the age of 18; or

15 “(B) except in the case of sexual abuse,
16 the age specified by the child protection law of
17 the State in which the child resides.

18 “(3) CHILD ABUSE AND NEGLECT.—The term
19 ‘child abuse and neglect’ means, at a minimum, any
20 recent act or failure to act on the part of a parent
21 or caretaker, which results in death, serious physical
22 or emotional harm, sexual abuse or exploitation (in-
23 cluding sexual abuse as determined under paragraph
24 (17)), or an act or failure to act which presents an
25 imminent risk of serious harm.

1 “(4) CHILD WITH A DISABILITY.—The term
2 ‘child with a disability’ means a child with a dis-
3 ability as defined in section 602 of the Individuals
4 with Disabilities Education Act (20 U.S.C. 1401), or
5 an infant or toddler with a disability as defined in
6 section 632 of such Act (20 U.S.C. 1432)

7 “(5) CHILDREN AND YOUTH OVERREPRE-
8 SENTED IN THE CHILD WELFARE SYSTEM.—The
9 term ‘children and youth overrepresented in the
10 child welfare system’ includes children and youth
11 who belong to populations who are the focus of re-
12 search efforts authorized under section 404N of the
13 Public Health Service Act (42 U.S.C. 283p) and de-
14 fined in NIH Notice NOT-OD–19–139 released on
15 August 28, 2019.

16 “(6) COMMUNITY-BASED FAMILY STRENGTH-
17 ENING SERVICES.—The term ‘community-based fam-
18 ily strengthening services’ includes services that—

19 “(A) are provided by organizations car-
20 rying out programs such as family resource pro-
21 grams, family support programs, voluntary
22 home visiting programs, respite care services
23 programs, parenting education, mutual support
24 programs for parents and children, parent part-
25 ner programs, family advocate programs, and

1 other community programs or networks of such
2 programs; and

3 “(B) are designed to prevent or respond to
4 child abuse and neglect and support families in
5 building protective factors linked to the preven-
6 tion of child abuse and neglect.

7 “(7) COMMUNITY REFERRAL SERVICES.—The
8 term ‘community referral services’ means services
9 provided under contract or through an interagency
10 agreement to assist families in obtaining needed in-
11 formation, mutual support, and community re-
12 sources, including respite care services, health care
13 services (including mental health and substance use
14 disorder services), employability development and job
15 training, and other social services, including early
16 developmental screening of children, through help
17 lines or other methods.

18 “(8) FATALITY.—The term ‘fatality’, used with
19 respect to a child fatality that is due to child abuse
20 or neglect, means a fatality of a child that oc-
21 curred—

22 “(A) due to an injury resulting from child
23 abuse or neglect; or

24 “(B) where child abuse or neglect was a
25 contributing factor to the cause of death.

1 “(9) GOVERNOR.—The term ‘Governor’ means
2 the chief executive officer of a State.

3 “(10) HOMELESS CHILDREN AND YOUTH.—The
4 term ‘homeless children and youth’ means an indi-
5 vidual who is described in section 725 of the McKin-
6 ney-Vento Homeless Assistance Act (42 U.S.C.
7 11434a).

8 “(11) INDIAN; INDIAN TRIBE; TRIBAL ORGANI-
9 ZATION.—The terms ‘Indian’, ‘Indian Tribe’, and
10 ‘Tribal organization’ have the meanings given the
11 terms ‘Indian’, ‘Indian tribe’, and ‘tribal organiza-
12 tion’, respectively, in section 4 of the Indian Self-De-
13 termination and Education Assistance Act (25
14 U.S.C. 5304).

15 “(12) INDIVIDUALS WITH PERSONAL EXPERI-
16 ENCE IN THE CHILD WELFARE SYSTEM.—The term
17 ‘individuals with personal experience in the child
18 welfare system’ means parents and youth with cur-
19 rent or previous involvement in the child welfare sys-
20 tem, kinship caregivers, foster and adoptive families,
21 and adults who experienced child abuse or neglect as
22 children.

23 “(13) NATIVE HAWAIIAN.—The term ‘Native
24 Hawaiian’ has the meaning given the term in section

1 6207 of the Elementary and Secondary Education
2 Act of 1965 (20 U.S.C. 7517).

3 “(14) NEAR FATALITY.—The term ‘near fatal-
4 ity’ means an act that, as certified by a physician,
5 places a child in serious or critical condition.

6 “(15) PROTECTIVE FACTORS LINKED TO THE
7 PREVENTION OF CHILD ABUSE AND NEGLECT.—The
8 term ‘protective factors linked to the prevention of
9 child abuse and neglect’ means evidence-based or
10 evidence-informed factors that have been dem-
11 onstrated to ensure that families are more likely to
12 be healthy and strong and children are less likely to
13 experience child abuse and neglect.

14 “(16) RESPITE CARE SERVICES.—The term
15 ‘respite care services’ means services, including the
16 services of crisis nurseries, that are—

17 “(A) provided in the temporary absence of
18 the regular caregiver (meaning a parent, other
19 relative, foster parent, adoptive parent, or
20 guardian);

21 “(B) provided to children who—

22 “(i) are in danger of child abuse or
23 neglect;

24 “(ii) have experienced child abuse or
25 neglect; or

1 “(iii) have disabilities or chronic or
2 terminal illnesses;

3 “(C) provided within or outside the home
4 of the child;

5 “(D) short-term care (ranging from a few
6 hours to a few weeks of time, per year); and

7 “(E) intended to enable the family to stay
8 together and to keep the child living in the
9 home and community of the child.

10 “(17) SECRETARY.—The term ‘Secretary’
11 means the Secretary of Health and Human Services.

12 “(18) SERIOUS BODILY INJURY.—The term ‘se-
13 rious bodily injury’ means bodily injury which in-
14 volves substantial risk of death, extreme physical
15 pain, protracted and obvious disfigurement, or pro-
16 tracted loss or impairment of the function of a bod-
17 ily member, organ, or mental faculty.

18 “(19) SEXUAL ABUSE.—The term ‘sexual
19 abuse’ includes—

20 “(A) the employment, use, persuasion, in-
21 ducement, enticement, or coercion of any child
22 to engage in, or assist any other person to en-
23 gage in, any sexually explicit conduct or simula-
24 tion of such conduct for the purpose of pro-
25 ducing a visual depiction of such conduct; and

1 “(B) the rape, and in cases of caretaker or
2 inter-familial relationships, statutory rape, mo-
3 lestation, prostitution, or other form of sexual
4 exploitation of children, or incest with children.

5 “(20) STATE.—Except as provided in section
6 106(g), the term ‘State’ means each of the several
7 States, the District of Columbia, the Commonwealth
8 of Puerto Rico, the Virgin Islands, Guam, American
9 Samoa, and the Commonwealth of the Northern
10 Mariana Islands.

11 “(21) WITHHOLDING OF MEDICALLY INDI-
12 CATED TREATMENT.—The term ‘withholding of
13 medically indicated treatment’ means the failure to
14 respond to the infant’s life-threatening conditions by
15 providing treatment (including appropriate nutrition,
16 hydration, and medication) which, in the treating
17 physician’s or physicians’ reasonable medical judg-
18 ment, will be most likely to be effective in amelio-
19 rating or correcting all such conditions, except that
20 the term does not include the failure to provide
21 treatment (other than appropriate nutrition, hydra-
22 tion, or medication) to an infant when, in the treat-
23 ing physician’s or physicians’ reasonable medical
24 judgment—

1 “(A) the infant is chronically and irrevers-
2 ibly comatose;

3 “(B) the provision of such treatment
4 would—

5 “(i) merely prolong dying;

6 “(ii) not be effective in ameliorating
7 or correcting all of the infant’s life-threat-
8 ening conditions; or

9 “(iii) otherwise be futile in terms of
10 the survival of the infant; or

11 “(C) the provision of such treatment would
12 be virtually futile in terms of the survival of the
13 infant and the treatment itself under such cir-
14 cumstances would be inhumane.

15 “(b) SPECIAL RULE.—

16 “(1) IN GENERAL.—For purposes of para-
17 graphs (3) and (19) of subsection (a), a child shall
18 be considered a victim of child abuse and neglect or
19 sexual abuse if the child is identified, by an em-
20 ployee of the State or local agency involved, as being
21 a victim of sex trafficking (as defined in section 103
22 of the Trafficking Victims Protection Act of 2000
23 (22 U.S.C. 7102)) or a victim of severe forms of
24 trafficking in persons (as defined in such section
25 103).

“(2) STATE OPTION.—Notwithstanding the definition of child under subsection (a)(2), for purposes of application of paragraph (1), a State may elect to define the term ‘child’ as a person who has not attained the age of 24.”.

6 **TITLE I—GENERAL PROGRAM**

7 SEC. 101. INTERAGENCY WORK GROUP ON CHILD ABUSE
8 AND NEGLECT.

9 Section 102 of the Child Abuse Prevention and
10 Treatment Act (42 U.S.C. 5102) is amended to read as
11 follows:

12 "SEC. 102. INTERAGENCY WORK GROUP ON CHILD ABUSE
13 AND NEGLECT.

14 “(a) ESTABLISHMENT.—The Secretary may establish
15 and operate an Interagency Work Group on Child Abuse
16 and Neglect (referred to in this section as the ‘Work
17 Group’).

18 “(b) COMPOSITION.—The Work Group shall be com-
19 prised of representatives from Federal agencies with re-
20 sponsibility for child abuse and neglect related programs
21 and activities and other programs and activities that
22 strengthen families and support child and family well-
23 being.

24 “(c) DUTIES.—The Work Group shall—

1 “(1) coordinate Federal efforts and activities
2 with respect to child abuse and neglect prevention
3 and treatment, including data collection and report-
4 ing;

5 “(2) serve as a forum that convenes relevant
6 Federal agencies to communicate and exchange ideas
7 concerning child abuse and neglect related programs
8 and activities and other programs and activities that
9 strengthen families and support child and family
10 well-being;

11 “(3) work to maximize Federal resources to ad-
12 dress child abuse and neglect in areas of critical
13 needs for the field, such as—

14 “(A) improving research;

15 “(B) focusing on prevention of child abuse
16 and neglect;

17 “(C) addressing racial bias and disparities
18 in the child welfare system;

19 “(D) enhancing child welfare professionals’
20 understanding of trauma-informed practices
21 that prevent and mitigate the effects of trauma
22 and adverse childhood experiences;

23 “(E) identifying actions the child protec-
24 tive services system, other public agencies, and
25 community-based organizations can take to de-

1 velop alternative pathways to connect families
2 experiencing difficulty meeting basic needs or
3 other risk factors associated with child abuse
4 and neglect to community-based family
5 strengthening services to prevent child abuse
6 and neglect in order to safely reduce the num-
7 ber of families unnecessarily involved in such
8 system; and

9 “(F) addressing the links between child
10 abuse and neglect and domestic violence; and

11 “(4) consult with experts in the child protective
12 services field and individuals with personal experi-
13 ence in the child welfare system.”.

14 **SEC. 102. NATIONAL CLEARINGHOUSE FOR INFORMATION**
15 **RELATING TO CHILD ABUSE.**

16 Section 103 of the Child Abuse Prevention and
17 Treatment Act (42 U.S.C. 5104) is amended to read as
18 follows:

19 **“SEC. 103. NATIONAL CLEARINGHOUSE FOR INFORMATION**
20 **RELATING TO CHILD ABUSE.**

21 “(a) ESTABLISHMENT.—The Secretary shall estab-
22 lish, directly or through one or more competitive contracts
23 of not less than 3 years duration, a national clearinghouse
24 for information relating to child abuse and neglect.

1 “(b) CONSULTATION.—In establishing the clearing-
2 house under subsection (a), the Secretary shall consult
3 with the head of each Federal agency involved with child
4 abuse and neglect regarding—

5 “(1) the development of the components for in-
6 formation collection;

7 “(2) the management of such clearinghouse;
8 and

9 “(3) mechanisms for the sharing of information
10 with other Federal agencies and clearinghouses.

11 “(c) FUNCTIONS.—The Secretary, through the clear-
12 inghouse established under subsection (a), shall maintain
13 and disseminate information on—

14 “(1) evidence-based and evidence-informed pro-
15 grams, including private and community-based pro-
16 grams, that have—

17 “(A) demonstrated success with respect to
18 the prevention, assessment, identification, and
19 treatment of child abuse or neglect; and

20 “(B) potential for broad-scale implementa-
21 tion and replication;

22 “(2) the medical diagnosis and treatment of
23 child abuse and neglect and the use of trauma-in-
24 formed practices that prevent and mitigate the ef-
25 fects of trauma and adverse childhood experiences;

1 “(3) best practices relating to—

2 “(A) differential response;

3 “(B) the use of alternative pathways to
4 connect families experiencing difficulty meeting
5 basic needs or other risk factors associated with
6 child abuse and neglect to community-based
7 family strengthening services to prevent child
8 abuse and neglect, including through the oper-
9 ation of local, State, or Tribal helplines,
10 websites, or mobile applications (which may in-
11 clude expanding hotlines and referral systems
12 operated by State, Tribal, or local child protec-
13 tive services agencies for such purposes);

14 “(C) making improvements to the child
15 protective services systems, including efforts to
16 prevent child abuse and neglect, prioritize serv-
17 ing children who are at risk of serious harm,
18 and implement protocols to identify, examine,
19 and eliminate child fatalities and near fatalities
20 due to child abuse and neglect;

21 “(D) making appropriate referrals related
22 to the physical, developmental, and mental
23 health needs of children who are victims of
24 child abuse or neglect, and when appropriate,
25 provide services to parents or children, to ad-

1 dress the needs of such children and their fami-
2 lies and effectively treat the effects of such
3 abuse or neglect;

4 “(E) supporting children and youth being
5 cared for by kinship caregivers, including such
6 children whose living arrangements with kinship
7 caregivers occurred without the involvement of
8 a child protective services agency; and

9 “(F) workforce development and retention
10 of child protective services personnel;

11 “(4) professional development and training re-
12 sources available at the State and local level—

13 “(A) for individuals who are engaged, or
14 who intend to engage, in the prevention, identi-
15 fication, and treatment of child abuse and ne-
16 glect, including mandated reporters; and

17 “(B) for appropriate State, Tribal, and
18 local officials to assist in training law enforce-
19 ment, legal, judicial, medical, physical, behav-
20 ioral and mental health, child care and early
21 learning, education, child welfare, substance use
22 disorder treatment services, and domestic vio-
23 lence services personnel on—

1 “(i) the role of the child protective
2 services system to identify children at risk
3 of serious harm; and

4 “(ii) how to direct families in need to
5 alternative pathways for community-based
6 family strengthening services in order to
7 safely reduce the number of families un-
8 necessarily involved with child protective
9 services;

10 “(5) in conjunction with the National Resource
11 Centers authorized under section 310(b) of the
12 Family Violence Prevention and Services Act (42
13 U.S.C. 10410(b)), effective programs and best prac-
14 tices for developing and carrying out collaboration
15 between entities providing child protective services
16 and entities providing domestic violence services;

17 “(6) the requirements of section 402(c) and
18 best practices relating to the development, imple-
19 mentation, and monitoring of family care plans as
20 described in section 402(c) for infants identified as
21 being affected by substance use disorder (including
22 alcohol use disorder), including best practices on
23 topics such as—

24 “(A) collaboration and coordination across
25 substance abuse agencies, child welfare agen-

1 cies, maternal and child health agencies, family
2 courts, and other community partners; and

3 “(B) identification and delivery of services
4 for affected infants and their families, including
5 for infants affected by substance use disorder,
6 including alcohol use disorder, but whose fami-
7 lies do not meet criteria for immediate safety
8 concerns of child abuse and neglect;

9 “(7) the incidence of cases of child abuse and
10 neglect in the United States, including information
11 based on data submitted by State child protective
12 services agencies under section 106(d); and

13 “(8) the research conducted under section
14 104(a).

15 “(d) DATA COLLECTION AND ANALYSIS.—

16 “(1) IN GENERAL.—The Secretary shall develop
17 and maintain a Federal data collection and analysis
18 system, in consultation with appropriate State, Trib-
19 al, and local agencies and experts in the field, to col-
20 lect, compile, and make available State child abuse
21 and neglect reporting information which shall be
22 universal and case specific and, to the extent prac-
23 ticable, integrated with other case-based Federal,
24 State, Tribal, regional, and local child welfare infor-
25 mation (including the automated foster care and

1 adoption reporting system required under section
2 479 of the Social Security Act (42 U.S.C. 679) and
3 including the case registry authorized under section
4 303), and which shall include—

5 “(A) standardized data on false, un-
6 founded, unsubstantiated, and substantiated re-
7 ports;

8 “(B) comparable information on child fa-
9 talities and near fatalities due to child abuse
10 and neglect, including—

11 “(i) the number of child fatalities and
12 near fatalities due to child abuse and ne-
13 glect; and

14 “(ii) case-specific data about the cir-
15 cumstances under which a child fatality or
16 near fatality occurred due to abuse and ne-
17 glect, including the data elements de-
18 scribed in section 106(d)(3)(E);

19 “(C) information about the incidence and
20 characteristics of child abuse and neglect in cir-
21 cumstances in which domestic violence is
22 present; and

23 “(D) information about the incidence and
24 characteristics of child abuse and neglect in
25 cases related to substance use disorder.

1 “(2) CONFIDENTIALITY REQUIREMENT.—In
2 carrying out paragraph (1)(D), the Secretary shall
3 ensure that methods are established and imple-
4 mented to preserve the confidentiality of records re-
5 lating to case specific data.”.

6 **SEC. 103. RESEARCH AND ASSISTANCE ACTIVITIES.**

7 Section 104 of the Child Abuse Prevention and
8 Treatment Act (42 U.S.C. 5105) is amended—

9 (1) by amending subsections (a) through (c) to
10 read as follows:

11 “(a) RESEARCH.—

12 “(1) IN GENERAL.—The Secretary, in coordina-
13 tion with relevant Federal agencies, and in consulta-
14 tion with recognized experts in the field, shall carry
15 out a continuing interdisciplinary program of re-
16 search, including longitudinal research, that is de-
17 signed to—

18 “(A) provide information needed to im-
19 prove primary prevention of child abuse and ne-
20 glect;

21 “(B) better protect children from child
22 abuse or neglect;

23 “(C) evaluate the efficacy of programs or
24 practices to improve outcomes;

1 “(D) improve the well-being of victims of
2 child abuse or neglect; and

3 “(E) be responsive to the research needs of
4 the child welfare field.

5 “(2) TOPICS.—The research program described
6 in paragraph (1) may focus on—

7 “(A) evidence-based or evidence-informed
8 programs regarding—

9 “(i) prevention of child abuse and ne-
10 glect in families that have not had contact
11 with the child protective services system,
12 including through supporting the develop-
13 ment of protective factors linked to the
14 prevention of child abuse and neglect; and

15 “(ii) trauma-informed and develop-
16 mentally-appropriate treatment of children
17 and families who experience child abuse
18 and neglect, including efforts to prevent
19 the re-traumatization of such children and
20 families;

21 “(B) effective practices to reduce racial
22 bias and disparities in the child protective serv-
23 ices system;

24 “(C) effective practices and programs in
25 the use of differential response to identify chil-

1 dren at risk of serious harm and to safely re-
2 duce the number of families unnecessarily in-
3 vestigated by the child protective services sys-
4 tem;

5 “(D) effective practices and programs de-
6 signed to improve service delivery and outcomes
7 for child protective services agencies engaged
8 with children and families with complex needs,
9 such as families who have experienced domestic
10 violence, substance use disorders, or adverse
11 childhood experiences, or who have mental
12 health needs;

13 “(E) best practices for recruiting and re-
14 taining a child protective services workforce and
15 providing professional development;

16 “(F) effective collaborations, between the
17 child protective system and domestic violence
18 service providers, that provide for the safety of
19 children exposed to domestic violence and their
20 non-abusing parents and that improve the in-
21 vestigations, interventions, delivery of services,
22 and treatments provided for such children and
23 families;

24 “(G) child abuse and neglect issues facing
25 Indians, Alaska Natives, and Native Hawaiians,

1 including providing recommendations for im-
2 proving the collection of child abuse and neglect
3 data from Indian Tribes, Tribal organizations,
4 and Native Hawaiian communities;

5 “(H) child abuse and neglect issues related
6 to children and youth overrepresented in the
7 child welfare system, including efforts to im-
8 prove the child welfare system’s practices re-
9 lated to the prevention, identification, and
10 treatment of child abuse and neglect to address
11 such overrepresentation; and

12 “(I) effective collaborations between the
13 child welfare system and substance use disorder
14 treatment service providers that provide for the
15 safety of children exposed to parents with sub-
16 stance use disorders, and that improve the in-
17 vestigations, interventions, delivery of services,
18 and treatments provided for such children and
19 families.

20 “(3) NATIONAL INCIDENCE OF CHILD ABUSE
21 AND NEGLECT.—

22 “(A) IN GENERAL.—The Secretary shall
23 conduct research on the national incidence of
24 child abuse and neglect and investigate the
25 trends in such incidence, including the informa-

1 tion on the national incidence on child abuse
2 and neglect specified in subparagraph (B).

3 “(B) CONTENT.—The research described
4 in subparagraph (A) shall examine the national
5 incidence of child abuse and neglect, includ-
6 ing—

7 “(i) the extent to which incidents of
8 child abuse and neglect are increasing or
9 decreasing in number and severity;

10 “(ii) the incidence of substantiated
11 and unsubstantiated reported child abuse
12 and neglect cases;

13 “(iii) the number of substantiated
14 cases that result in a judicial finding of
15 child abuse or neglect or related criminal
16 court convictions;

17 “(iv) the extent to which the number
18 of unsubstantiated, unfounded, or falsely
19 reported cases of child abuse or neglect
20 have contributed to the inability of a State
21 to respond effectively to serious cases of
22 child abuse or neglect;

23 “(v) the extent to which the lack of
24 adequate resources or the lack of adequate
25 training of individuals required by law to

1 report suspected cases of child abuse and
2 neglect have contributed to the inability of
3 a State to respond effectively to serious
4 cases of child abuse and neglect;

5 “(vi) the number of unsubstantiated,
6 false, or unfounded reports that have re-
7 sulted in a child being placed in substitute
8 care, and the duration of such placement;

9 “(vii) the extent to which unsubstan-
10 tiated reports return as more serious cases
11 of child abuse or neglect;

12 “(viii) the incidence and prevalence
13 of—

14 “(I) physical, sexual, and emo-
15 tional abuse and physical and emo-
16 tional neglect in substitute care; and

17 “(II) domestic violence in sub-
18 stantiated cases of child abuse and ne-
19 glect;

20 “(ix) the incidence and prevalence of
21 child maltreatment by a wide array of de-
22 mographic characteristics such as age, sex,
23 race, family structure, household relation-
24 ship (including the living arrangement of
25 the resident parent and family size), school

1 enrollment and education attainment, dis-
2 ability, labor force status, and income in
3 the previous year;

4 “(x) the extent to which reports of
5 suspected or known instances of child
6 abuse or neglect involving a potential com-
7 bination of jurisdictions, such as intra-
8 state, interstate, Federal-State, and State-
9 Tribal, are screened out solely on the basis
10 of the cross-jurisdictional complications;
11 and

12 “(xi) the incidence and outcomes of
13 child abuse and neglect allegations re-
14 ported within the context of divorce, cus-
15 tody, or other family court proceedings,
16 and the interaction between family courts
17 and the child protective services system.

18 “(4) REPORT.—Not later than 3 years after the
19 date of the enactment of the CAPTA Reauthoriza-
20 tion Act of 2021 and every 2 years thereafter, the
21 Secretary shall prepare and make available on a
22 website that is accessible to the public and submit
23 to the Committee on Health, Education, Labor, and
24 Pensions of the Senate and the Committee on Edu-

1 cation and Labor of the House of Representatives a
2 report that—

3 “(A) identifies the research priorities
4 under paragraph (5) and the process for deter-
5 mining such priorities;

6 “(B) contains a summary of the research
7 supported pursuant to paragraphs (1) and (2),
8 and a summary of any other relevant research
9 on child abuse and neglect conducted by agen-
10 cies within the Department of Health and
11 Human Services;

12 “(C) contains the findings of the research
13 regarding the national incidence on child abuse
14 and neglect conducted under paragraph (3);
15 and

16 “(D) describes how the Secretary will con-
17 tinue to improve the accuracy of information on
18 the national incidence on child abuse and ne-
19 glect specified in paragraph (3).

20 “(5) PRIORITIES.—

21 “(A) IN GENERAL.—The Secretary shall
22 establish research priorities, which may include
23 long-term studies, for making grants or con-
24 tracts for purposes of carrying out paragraph
25 (1).

“(B) PUBLIC COMMENT.—The Secretary shall provide a biennial opportunity for public comment concerning the priorities proposed under subparagraph (A) and shall maintain an official record of such public comment.

6 “(b) PROVISION OF TECHNICAL ASSISTANCE.—

“(1) IN GENERAL.—The Secretary shall provide technical assistance to State, local, and Tribal public and private agencies and community-based organizations, including organizations that support children or youth overrepresented in the child welfare system, disability organizations, and persons who work with children with disabilities, and providers of mental health, substance use disorder treatment, and domestic violence prevention services, to assist such agencies and organizations in planning, improving, developing, carrying out, and evaluating programs and activities, including replicating successful program models, relating to the prevention, assessment, identification, and treatment of child abuse and neglect.

22 “(2) CONTENT.—The technical assistance
23 under paragraph (1) shall be designed to—

24 “(A) reduce racial bias and disparities in
25 the child protective services system;

1 “(B) support the child protective services
2 system to develop and implement trauma-in-
3 formed approaches to prevent, reduce, and treat
4 child abuse and neglect;

5 “(C) promote best practices for addressing
6 child abuse and neglect in families with complex
7 needs, such as families who have experienced
8 domestic violence, substance use disorders, or
9 adverse childhood experiences, or who have
10 mental health needs;

11 “(D) leverage community-based resources
12 to prevent child abuse and neglect to develop a
13 continuum of prevention programs and services,
14 including resources regarding health care (in-
15 cluding mental health and substance use dis-
16 order), housing, food assistance, parent sup-
17 port, financial assistance, child care and early
18 learning, education services, and other services
19 to assist families;

20 “(E) promote best practices for maxi-
21 mizing coordination and communication be-
22 tween State, Tribal, and local child welfare
23 agencies and relevant health care entities, con-
24 sistent with all applicable Federal and State
25 privacy laws; and

1 “(F) provide other technical assistance, as
2 determined by the Secretary in consultation
3 with such State, Tribal, and local public and
4 private agencies and community-based organi-
5 zations as the Secretary determines appro-
6 priate.

7 “(3) EVALUATION.—The technical assistance
8 under paragraph (1) may include an evaluation or
9 identification of—

10 “(A) various methods and procedures for
11 the prevention, investigation, assessment, and
12 prosecution of child physical and sexual abuse
13 cases;

14 “(B) ways to prevent and mitigate the ef-
15 fects of trauma to the child victim;

16 “(C) effective programs carried out by the
17 States under this title and title II;

18 “(D) effective approaches to link child pro-
19 tective service agencies with health care (includ-
20 ing mental health and substance use disorder),
21 and developmental services to improve forensic
22 diagnosis and health evaluations, and reduce
23 barriers and shortages to such linkages; and

24 “(E) the extent to which changes in meth-
25 ods, procedures, and approaches implemented

1 by the child protective service system minimized
2 racial bias and disparities in such system.

3 “(4) DISSEMINATION.—The Secretary may pro-
4 vide for, and disseminate information relating to,
5 various training resources available at the State and
6 local level to—

7 “(A) individuals who are engaged, or who
8 intend to engage, in the prevention, identifica-
9 tion, and treatment of child abuse and neglect;
10 and

11 “(B) appropriate State and local officials
12 to assist in training law enforcement, legal, ju-
13 dicial, medical, mental health, child care and
14 early learning, education, child welfare, sub-
15 stance use disorder, and domestic violence serv-
16 ices personnel in appropriate methods of inter-
17 acting during investigative, administrative, and
18 judicial proceedings with children who have
19 been subjected to, or children whom such per-
20 sonnel suspect have been subjected to, child
21 abuse or neglect.

22 “(c) AUTHORITY TO MAKE GRANTS OR ENTER INTO
23 CONTRACTS.—

1 “(1) IN GENERAL.—The functions of the Sec-
2 retary under this section may be carried out directly
3 or through grant or contract.

4 “(2) DURATION.—Grants under this section
5 shall be made for periods of not more than 5
6 years.”; and

7 (2) by striking subsection (e).

8 **SEC. 104. GRANTS TO STATES, INDIAN TRIBES OR TRIBAL**
9 **ORGANIZATIONS, AND PUBLIC OR PRIVATE**
10 **AGENCIES AND ORGANIZATIONS.**

11 Section 105 of the Child Abuse Prevention and
12 Treatment Act (42 U.S.C. 5106) is amended to read as
13 follows:

14 **“SEC. 105. GRANTS TO STATES, INDIAN TRIBES OR TRIBAL**
15 **ORGANIZATIONS, AND PUBLIC OR PRIVATE**
16 **AGENCIES AND ORGANIZATIONS.**

17 “(a) AUTHORITY TO AWARD GRANTS OR ENTER
18 INTO CONTRACTS.—The Secretary may award grants and
19 enter into contracts to carry out programs and projects
20 in accordance with this section, for any of the following
21 purposes:

22 “(1) Capacity building, in order to create co-
23 ordinated, inclusive, and collaborative systems that
24 have statewide, local, or community-based impact in

1 preventing, reducing, and treating child abuse and
2 neglect.

3 “(2) Innovation, through time-limited, field-initi-
4 ated demonstration projects that further the under-
5 standing of the field to prevent, treat, and reduce
6 child abuse and neglect.

7 “(b) CAPACITY BUILDING GRANT PROGRAM.—

8 “(1) IN GENERAL.—The Secretary may award
9 grants or contracts to an eligible entity.

10 “(2) ELIGIBLE ENTITY.—In this subsection, the
11 term ‘eligible entity’ means—

12 “(A) a State or local agency, Indian Tribe
13 or Tribal organization, or a nonprofit entity; or

14 “(B) a consortium of entities described in
15 subparagraph (A).

16 “(3) APPLICATIONS.—To receive a grant or
17 contract under this subsection, an eligible entity
18 shall submit an application to the Secretary at such
19 time, in such manner, and containing such informa-
20 tion as the Secretary may require.

21 “(4) USES OF FUNDS.—An eligible entity re-
22 ceiving a grant or contract under this subsection
23 shall use the funds made available through the grant
24 or contract to better align and coordinate commu-
25 nity-based, local, or State activities to strengthen

1 families and prevent, reduce, or treat child abuse
2 and neglect, by—

3 “(A) training professionals in prevention,
4 identification, or treatment of child abuse and
5 neglect, which may include—

6 “(i) training of professional and para-
7 professional personnel, who are engaged in,
8 or intend to work in, the field of preven-
9 tion, identification, and treatment of child
10 abuse and neglect, including training in
11 the links between child abuse and neglect
12 and domestic violence and approaches to
13 working with families with substance use
14 disorder;

15 “(ii) training on evidence-based and
16 evidence-informed programs to improve
17 child abuse and neglect reporting, with a
18 focus on adults who work with children in
19 a professional or volunteer capacity, in-
20 cluding on—

21 “(I) preventing, recognizing, and
22 responding to child sexual abuse; and

23 “(II) safely reducing the number
24 of families unnecessarily investigated
25 by the child protective services system;

1 “(iii) training of personnel in best
2 practices to meet the unique needs and de-
3 velopment of children with disabilities, chil-
4 dren under the age of 3, and infants af-
5 fected by substance use disorder, including
6 alcohol use disorder;

7 “(iv) improving the training of super-
8 visory child welfare workers on best prac-
9 tices for recruiting, selecting, and retaining
10 personnel;

11 “(v) supporting State child welfare
12 and child protective services agencies to co-
13 ordinate the provision of services with
14 State and local health care agencies, sub-
15 stance abuse agencies, public health agen-
16 cies, mental health agencies, other public
17 and private welfare agencies, and agencies
18 that provide early intervention services to
19 promote child safety, permanence, and
20 family stability, which may include training
21 on improving coordination between agen-
22 cies to meet health evaluation and treat-
23 ment needs of children who have been vic-
24 tims of substantiated cases of child abuse
25 or neglect;

1 “(vi) training of personnel in best
2 practices relating to the provision of dif-
3 ferential response; and

4 “(vii) training for child welfare profes-
5 sionals to reduce and prevent racial bias in
6 the provision of child protective services
7 and child welfare services related to child
8 abuse and neglect;

9 “(B) enhancing systems coordination and
10 triage procedures, including programs of col-
11 laborative partnerships between the State child
12 protective services agency, community social
13 service agencies and community-based family
14 support programs, law enforcement agencies
15 and legal systems, developmental disability
16 agencies, substance use disorder treatment
17 agencies, health care entities, domestic violence
18 prevention entities, mental health service enti-
19 ties, schools, places of worship, and other com-
20 munity-based agencies, such as children’s advo-
21 cacy centers, in accordance with all applicable
22 Federal and State privacy laws, to—

23 “(i) improve responses to reports of
24 child abuse and neglect;

“(ii) allow for the establishment or improvement of a coordinated triage system;

“(iii) connect families experiencing difficulty meeting basic needs or risk factors associated with child abuse and neglect to community-based systems and programs that assist families seeking support to minimize involvement in the child protective services system; or

“(iv) modernize data systems and networks to improve the effectiveness of technology used by the child protective services system, including to facilitate timely information and data sharing and referrals between systems that are designed to serve children and families; or

“(C) establishing or enhancing coordinated systems of support for children, parents, and families, including a continuum of prevention programs and services that strengthens families and connects families to services and supports relevant to their diverse needs regardless of how families make contact with such systems.

1 “(c) FIELD-INITIATED INNOVATION GRANT PRO-
2 GRAM.—

3 “(1) IN GENERAL.—The Secretary may award
4 grants or contracts to eligible entities for field-initi-
5 ated demonstration projects of up to 5 years that
6 advance innovative approaches to prevent, reduce, or
7 treat child abuse and neglect.

8 “(2) ELIGIBLE ENTITY.—In this subsection, the
9 term ‘eligible entity’ means—

10 “(A) a State or local agency, Indian Tribe
11 or Tribal organization, or public or private
12 agency, or organization; or

13 “(B) a consortium of entities described in
14 subparagraph (A).

15 “(3) APPLICATIONS.—To receive a grant or
16 contract under this subsection, an eligible entity
17 shall submit an application to the Secretary at such
18 time, in such manner, and containing such informa-
19 tion as the Secretary may require, including, at a
20 minimum, a rigorous methodological approach to the
21 evaluation of the grant or contract and a description
22 of the eligible entity’s efforts to engage with individ-
23 uals with personal experience in the child welfare
24 system in carrying out such grant or contract.

1 “(4) USE OF FUNDS.—An eligible entity that
2 receives a grant or contract under this subsection
3 shall use the funds made available through the grant
4 or contract to carry out or bring to scale promising,
5 evidence-informed, or evidence-based activities to
6 prevent, treat, or reduce child abuse and neglect
7 that shall include one or more of the following:

8 “(A) Multidisciplinary systems of care to
9 strengthen families and prevent, treat, or re-
10 duce child abuse and neglect, such as children’s
11 advocacy centers or programs that focus on ad-
12 dressing traumatic stress in families due to
13 child abuse and neglect, especially for families
14 with complex needs, such as families who have
15 experienced domestic violence, substance use
16 disorders, or adverse childhood experiences, or
17 who have mental health needs.

18 “(B) Primary prevention programs or
19 strategies aimed at reducing the prevalence of
20 child abuse and neglect among families.

21 “(C) The development and use of alter-
22 native pathways to connect families experi-
23 encing difficulty meeting basic needs or other
24 risk factors associated with child abuse and ne-
25 glect to community-based family strengthening

1 services to prevent child abuse and neglect or
2 other public and private resources, such as sup-
3 porting the development and implementation
4 of—

5 “(i) State, Tribal, or local helplines,
6 websites, or mobile applications (which
7 may include expanding hotlines and refer-
8 ral systems operated by State, Tribal, or
9 local child protective services agencies for
10 such purposes);

11 “(ii) a continuum of prevention pro-
12 grams and services that strengthen fami-
13 lies and promote child, parent, and family,
14 well-being; and

15 “(iii) innovative collaboration and co-
16 ordination between the child protective
17 services system, public agencies, and com-
18 munity-based organizations (including
19 community-based providers supported
20 under title II).

21 “(D) Innovative training for mandated
22 child abuse and neglect reporters, which may
23 include training that is specific to the mandated
24 individual’s profession or role when working
25 with children.

1 “(E) Innovative programs, activities, and
2 services that are aligned with the research pri-
3 orities identified under section 104(a)(5).

4 “(F) Projects to improve implementation
5 of best practices to educate and assist medical
6 professionals in identifying, assessing, and re-
7 sponding to potential abuse in infants, includ-
8 ing improving communication and alignment
9 with child protective services as appropriate and
10 identifying injuries indicative of potential abuse
11 in infants, and to assess the outcomes of such
12 best practices.

13 “(G) Projects to establish or implement
14 comprehensive child sexual abuse awareness
15 and prevention programs in an age- and devel-
16 opmentally-appropriate manner for children and
17 youth, parents, guardians, and professionals, in-
18 cluding on recognizing and safely reporting
19 such abuse.

20 “(d) EVALUATION.—In awarding grants and con-
21 tracts for programs or projects under this section, the Sec-
22 retary shall require all such programs and projects to be
23 evaluated for their effectiveness. Funding for such evalua-
24 tions shall be provided either as a stated percentage of
25 a grant or contracts or as a separate grant or contract

1 entered into by the Secretary for the purpose of evaluating
2 a particular program or project or group of programs or
3 projects. In the case of an evaluation performed by the
4 recipient of a grant, the Secretary shall make available
5 technical assistance for the evaluation, where needed, in-
6 cluding the use of a rigorous application of scientific eval-
7 uation techniques.”.

8 **SEC. 105. NATIONAL CHILD ABUSE HOTLINE.**

9 Title I of the Child Abuse Prevention and Treatment
10 Act (42 U.S.C. 5101 et seq.) is amended—

11 (1) by repealing section 114;

12 (2) redesignating section 112 as section 114
13 and moving such section to the end of title I;

14 (3) by redesignating sections 108 through 111
15 as sections 109 through 112, respectively; and

16 (4) by inserting after section 107 the following:

17 **“SEC. 108. NATIONAL CHILD ABUSE HOTLINE.**

18 “The Secretary may award a grant under this section
19 to a non-profit entity to provide for the ongoing operation
20 of a 24-hour, national, toll-free hotline to provide informa-
21 tion and assistance to children who are victims of child
22 abuse or neglect, parents, caregivers, mandated reporters,
23 and other concerned community members, including
24 through alternative modalities for communications (such

1 as texting or chat services) with such victims and other
2 information seekers.”.

3 **SEC. 106. GRANTS TO STATES FOR CHILD ABUSE OR NE-**
4 **GLECT PREVENTION AND TREATMENT PRO-**
5 **GRAMS.**

6 Section 106 of the Child Abuse Prevention and
7 Treatment Act (42 U.S.C. 5106a) is amended to read as
8 follows:

9 **“SEC. 106. GRANTS TO STATES FOR CHILD ABUSE OR NE-**
10 **GLECT PREVENTION AND TREATMENT PRO-**
11 **GRAMS.**

12 “(a) DEVELOPMENT AND OPERATION GRANTS.—The
13 Secretary shall make grants to the States, from allotments
14 made under subsection (g) for each State that applies for
15 a grant under this section, for purposes of assisting the
16 States in improving the child protective services system
17 of each such State with respect to one or more of the fol-
18 lowing activities:

19 “(1) Improving the intake, assessment, screen-
20 ing, and investigation of reports of child abuse or
21 neglect, including—

22 “(A) the use of differential response;

23 “(B) establishing and maintaining a high-
24 risk response system to ensure that each repeat
25 referral of the same child, and each referral of

1 a child under the age of 3 years, receives a
2 rapid response from such system; and

3 “(C) protocols and training that reduce
4 and prevent racial bias in the child protective
5 services system.

6 “(2) Supporting trauma-informed response, in-
7 vestigation, and treatment of child abuse and neglect
8 by—

9 “(A) creating and improving the use of
10 multidisciplinary teams, including children’s ad-
11 vocacy centers;

12 “(B) enhancing investigations through
13 interagency, intra-agency, interstate, and intra-
14 state protocols; and

15 “(C) improving legal preparation and rep-
16 resentation, including—

17 “(i) procedures for appealing and re-
18 sponding to appeals of substantiated re-
19 ports of child abuse or neglect; and

20 “(ii) provisions to ensure that all chil-
21 dren and parents shall have legal represen-
22 tation by a trained attorney in all cases in-
23 volving an allegation of child abuse or ne-
24 glect that results in a judicial proceeding,

1 for the entire duration of the court’s juris-
2 diction in the case.

3 “(3) Establishing alternative pathways to con-
4 nect families in need to voluntary, community-based
5 family strengthening services in order to enable the
6 child protective services system to focus on children
7 at most serious risk of harm and safely reduce the
8 number of families unnecessarily investigated for
9 child abuse and neglect, through the development,
10 implementation, and expansion of—

11 “(A) local or State helplines, websites, or
12 mobile applications (which may include expand-
13 ing hotlines and referral systems operated by
14 State or local child protective services agencies
15 for such purposes); and

16 “(B) coordination with other local and
17 State public entities to support a continuum of
18 prevention programs and services that strength-
19 en families and promote child, parent, and fam-
20 ily well-being.

21 “(4) Improving case management approaches,
22 including ongoing case monitoring, and delivery of
23 services and treatment provided to children and
24 their families to ensure safety and respond to family
25 needs, including—

1 “(A) multidisciplinary approaches to as-
2 sessing family needs and connecting families
3 with services, including prevention services
4 under section 471 of the Social Security Act
5 (42 U.S.C. 671);

6 “(B) organizing treatment teams of com-
7 munity service providers that prevent and treat
8 child abuse and neglect, and improve child and
9 family well-being; and

10 “(C) case-monitoring that can ensure
11 progress in child and family well-being.

12 “(5) Modernizing data systems to improve case
13 management, coordination, and communication be-
14 tween State and local public agencies, including—

15 “(A) updating systems of technology that
16 support the program and track reports of child
17 abuse and neglect from intake through final
18 disposition and allow for interstate and intra-
19 state information exchange;

20 “(B) improving real-time case monitoring
21 for caseworkers at the State and local levels to
22 track assessments, service referrals, follow-up,
23 case reviews, and progress toward case plan
24 goals;

1 “(C) facilitating real-time data sharing be-
2 tween State and local public agencies and rel-
3 evant health care entities, consistent with all
4 applicable Federal and State privacy laws; and

5 “(D) developing, improving, and imple-
6 menting risk and safety assessment tools and
7 protocols that reduce and prevent bias.

8 “(6) Developing, strengthening, and facilitating
9 training for professionals and volunteers engaged in
10 the prevention, intervention, and treatment of child
11 abuse and neglect, including training on—

12 “(A) the legal duties of such individuals;

13 “(B) personal safety for case workers;

14 “(C) early childhood, child, and adolescent
15 development and the impact of child abuse and
16 neglect, including long-term impacts of adverse
17 childhood experiences;

18 “(D) improving coordination among child
19 protective service agencies and health care
20 agencies, entities providing health care (includ-
21 ing mental health and substance use disorder
22 services), and community resources;

23 “(E) improving screening, forensic diag-
24 nosis, and health and developmental evalua-

1 tions, which may include best practices for peri-
2 odic reevaluations, as appropriate;

3 “(F) addressing the unique needs of chil-
4 dren with disabilities, including promoting
5 interagency collaboration to meet such needs;

6 “(G) supporting the placement of children
7 with kinship caregivers and addressing the
8 unique needs of children in such placements;

9 “(H) implementing responsive, family-ori-
10 ented, and trauma-informed approaches to pre-
11 vention, identification, intervention, and treat-
12 ment of child abuse and neglect;

13 “(I) ensuring child safety;

14 “(J) the links between child abuse and ne-
15 glect and families with complex needs, such as
16 families who have experienced domestic vio-
17 lence, substance use disorders, or adverse child-
18 hood experiences, or who have mental health
19 needs;

20 “(K) coordinating with other services and
21 agencies to address family and child needs, in-
22 cluding trauma; and

23 “(L) distinguishing between cases of child
24 and abuse neglect and cases related to family

1 economic insecurity where abuse and neglect
2 are not present.

3 “(7) Improving the recruitment and retention
4 of caseworkers, such as efforts to address the effects
5 of indirect trauma exposure for child welfare work-
6 ers.

7 “(8) Developing, facilitating the use of, and im-
8 plementing evidence-based or evidence-informed
9 strategies and training protocols for individuals
10 mandated to report child abuse and neglect, which
11 may include—

12 “(A) strategies designed for mandated re-
13 porters in specific professions;

14 “(B) public awareness and understanding
15 relating to the role and responsibilities of the
16 child protective services system; and

17 “(C) the nature and basis for reporting
18 suspected incidents of child abuse and neglect.

19 “(9) Developing, implementing, or operating
20 programs and referrals to assist in obtaining or co-
21 ordinating necessary services for families of infants
22 or toddlers with a disability, including—

23 “(A) evaluation and early intervention
24 services for infants and toddlers, with special
25 attention to at-risk infants or toddlers (as de-

1 fined in section 632 of the Individuals with Dis-
2 abilities Education Act (20 U.S.C. 1432)), in
3 accordance with part C of the Individuals with
4 Disabilities Education Act (20 U.S.C. 1431 et
5 seq.) and providing other support to such in-
6 fants or toddlers, which may include—

7 “(i) financial assistance in obtaining
8 early intervention services where an infant
9 or toddler does not meet the State’s eligi-
10 bility requirements under such part C; and

11 “(ii) support for families, including
12 foster families and kinship caregivers, in
13 ensuring infants and toddlers receive early
14 intervention services;

15 “(B) trauma-informed services, and

16 “(C) early care and educational services,
17 including Early Head Start programs.

18 “(10) Enhancing interagency collaboration be-
19 tween agencies and providers of the child protective
20 services, public health, mental health, substance use
21 disorder treatment, education, child care and early
22 learning, domestic violence services, law enforce-
23 ment, and juvenile justice to improve the investiga-
24 tions, interventions, delivery of services, and treat-

1 ments provided for children and families experi-
2 encing child abuse and neglect, which may include—

3 “(A) methods for continuity of treatment
4 plan and services as children and families tran-
5 sition between systems;

6 “(B) addressing the health needs, includ-
7 ing mental health needs, of children identified
8 as victims of child abuse or neglect, including
9 supporting prompt, comprehensive health and
10 developmental evaluations for children who are
11 the subject of substantiated child abuse and ne-
12 glect reports;

13 “(C) the provision of services that assist
14 children exposed to domestic violence, and that
15 also support the caregiving role of their non-
16 abusing parents;

17 “(D) enhancing the capacity of public enti-
18 ties or community-based providers to integrate
19 the leadership of parents in such entities’ deci-
20 sion-making;

21 “(E) co-locating service providers; and

22 “(F) the provision of services that assist
23 infants affected by substance use disorder, in-
24 cluding alcohol use disorder, and that also sup-

1 port the bond between children and birth par-
2 ents to strengthen families whenever possible.

3 “(11) Supporting the development, implementa-
4 tion, and monitoring of family care plans for infants
5 affected by substance use disorder, including alcohol
6 use disorder, and their families and affected care-
7 givers, in accordance with the requirements of sec-
8 tion 402(c), including through enhancing inter-
9 agency coordination, such as between the State’s
10 substance abuse agencies, public health and mental
11 health agencies, child welfare agencies, social serv-
12 ices agencies, health care facilities with labor and
13 delivery units, maternal and child health agencies,
14 early intervention agencies, family courts with juris-
15 diction in cases of child abuse and neglect, and other
16 agencies or entities involved in supporting families
17 affected by substance use disorders.

18 “(b) ELIGIBILITY REQUIREMENTS.—

19 “(1) STATE PLAN.—

20 “(A) IN GENERAL.—To be eligible to re-
21 ceive a grant under this section, a State shall
22 submit to the Secretary a State plan that speci-
23 fies how the State will use funds received under
24 the grant to improve and strengthen the child

1 protective services system through the activities
2 described in subsection (a).

3 “(B) DURATION OF PLAN.—Each State
4 plan shall—

5 “(i) be submitted not less frequently
6 than once every 5 years, in coordination
7 with the State plan submitted under part
8 B of title IV of the Social Security Act (42
9 U.S.C. 621 et seq.); and

10 “(ii) be periodically reviewed and re-
11 vised by the State, as necessary, to re-
12 flect—

13 “(I) any substantive changes to
14 State law or regulations related to the
15 prevention of child abuse and neglect
16 that may affect the eligibility of the
17 State under this section; and

18 “(II) any significant changes
19 from the State application related to
20 the State’s funding of strategies and
21 programs supported under this sec-
22 tion.

23 “(C) PUBLIC COLLABORATION AND COM-
24 MENT.—In developing the State plan under
25 subparagraph (A), each State shall—

1 “(i) consult widely with stakeholders
2 and relevant public and private organiza-
3 tions and individuals across the State,
4 which shall include parents and other indi-
5 viduals with personal experience in the
6 child welfare system;

7 “(ii) collaborate with the lead entity
8 and community-based providers funded
9 under title II to strengthen the State’s pre-
10 vention efforts in the State plan;

11 “(iii) make the draft plan publicly
12 available by electronic means in an easily
13 accessible format; and

14 “(iv) provide all interested members
15 of the public at least 30 days opportunity
16 to submit comments on the draft State
17 plan.

18 “(D) AVAILABILITY.—The State shall en-
19 sure that the final approved plan required
20 under subparagraph (A) shall be publicly avail-
21 able by electronic means in an easily accessible
22 format, and shall update the such publicly
23 available plan to include any revisions to such
24 plan described in subparagraph (B)(ii).

25 “(2) PLAN PROVISIONS.—

1 “(A) DESCRIPTIONS.—Each State plan re-
2 quired under paragraph (1) shall describe—

3 “(i) the activities the State will carry
4 out using amounts received under the
5 grant to prevent, treat, and reduce child
6 abuse and neglect;

7 “(ii) how the State will implement a
8 systems-building approach to develop and
9 maintain a continuum of preventive sup-
10 ports, in coordination with relevant State
11 and local public agencies families and com-
12 munity-based organizations, such as
13 through the development of alternative
14 pathways described in subsection (a)(3);

15 “(iii) training and retention activities
16 to be provided under the grant to support
17 direct line and supervisory personnel in re-
18 port taking, screening, assessment, deci-
19 sion-making, and referral for investigating
20 suspected instances of child abuse and ne-
21 glect;

22 “(iv) the training to be provided
23 under the grant for mandatory reporting
24 by individuals who are required to report
25 known or suspected cases of child abuse

1 and neglect, including for purposes of mak-
2 ing such individuals aware of these re-
3 quirements;

4 “(v) policies and procedures encour-
5 aging the appropriate involvement of fami-
6 lies in decision-making pertaining to chil-
7 dren who have experienced child abuse or
8 neglect;

9 “(vi) policies and procedures that pro-
10 mote and enhance appropriate collabora-
11 tion among child protective service agen-
12 cies, domestic violence service agencies,
13 substance abuse agencies, mental health
14 agencies, other relevant agencies, and kin-
15 ship navigators in investigations, interven-
16 tions, and the delivery of services and
17 treatment provided to children and families
18 affected by child abuse or neglect, includ-
19 ing children exposed to domestic violence,
20 where appropriate;

21 “(vii) policies and procedures regard-
22 ing the use of differential response and a
23 timeline for the development and imple-
24 mentation of a high-risk response system
25 to ensure that each repeat referral of the

1 same child, and each referral of a child
2 under the age of 3 years, receives a rapid
3 response from such system;

4 “(viii) how the State will enact poli-
5 cies and procedures within 2 years of the
6 date of enactment of the CAPTA Reau-
7 thorization Act of 2021 requiring timely
8 public disclosure of the findings or infor-
9 mation about the case of child abuse or ne-
10 glect that has resulted in a child fatality or
11 near fatality (in accordance with relevant
12 Federal and State privacy and confiden-
13 tiality requirements), which shall include a
14 description of—

15 “(I) how the State will make
16 such information publically available
17 in an easily accessible format, includ-
18 ing information on—

19 “(aa) the cause and cir-
20 cumstances of the fatality or near
21 fatality;

22 “(bb) the age, gender, and
23 race or ethnicity of the child; and

24 “(cc) any previous reports of
25 child abuse or neglect investiga-

1 tions by the perpetrator or the
2 victim; and

3 “(II) assurances of the State that
4 the State will not allow an exception
5 to such public disclosure, except in a
6 case in which—

7 “(aa) the State needs to
8 delay public release of case-spe-
9 cific findings or information (in-
10 cluding any previous reports of
11 domestic violence and subsequent
12 actions taken to assess and ad-
13 dress such reports) during a
14 pending criminal investigation or
15 prosecution of such a fatality or
16 near fatality;

17 “(bb) the State is protecting
18 the identity of a reporter of child
19 abuse or neglect; or

20 “(cc) the State is with-
21 holding information in order to
22 ensure the safety and well-being
23 of the child, parents and family,
24 if such members of the victim’s

1 family are not perpetrators of the
2 fatality or near fatality;

3 “(ix) the State’s efforts to collect and
4 review data on child fatalities and near fa-
5 talities due to child abuse and neglect to
6 drive systemic change to prevent such inci-
7 dents from occurring in the future, includ-
8 ing a description of—

9 “(I) the criteria utilized by the
10 State’s child protective services agency
11 to determine which cases of child fa-
12 talities and near fatalities due to
13 abuse and neglect are reported under
14 subsection (d), subject to the require-
15 ments of section 422(b)(19) of the So-
16 cial Security Act (42 U.S.C. 622(b)),
17 such as whether such agency is sub-
18 mitting data on—

19 “(aa) only such cases that
20 had involvement with the State’s
21 child protective services agency,
22 including cases that were inves-
23 tigated by such agency, and sub-
24 stantiated as abuse or neglect by
25 such agency; or

1 “(bb) all cases of child fa-
2 talities and near fatalities identi-
3 fied as being related to child
4 abuse and neglect by the State’s
5 child death review system; and

6 “(II) how the State is reviewing
7 and analyzing such data to support
8 reforms intended to prevent future
9 child fatalities and near fatalities
10 across the policies and procedures of
11 the State’s agencies that support chil-
12 dren and families;

13 “(x) the State’s efforts to reduce ra-
14 cial bias and disparities in its child protec-
15 tive services system;

16 “(xi) the State’s efforts to improve
17 policies and procedures regarding the iden-
18 tification and response to child abuse and
19 neglect in order to safely reduce unneces-
20 sary investigations by State and local child
21 protective services agencies of—

22 “(I) families solely on the basis
23 of circumstances related to poverty;
24 and

1 “(II) families experiencing home-
2 lessness solely on the basis of cir-
3 cumstances related to such families’
4 housing status; and

5 “(xii) the State’s plan to ensure that,
6 within a timeline determined by the State,
7 all child victims of child abuse or neglect
8 that results in a judicial proceeding are ap-
9 pointed—

10 “(I) a guardian ad litem, who
11 has received training appropriate to
12 the role, including training in early
13 childhood, child, and adolescent devel-
14 opment, and domestic violence, and
15 who may be an attorney or a court
16 appointed special advocate—

17 “(aa) to obtain first-hand, a
18 clear understanding of the situa-
19 tion and needs of the child; and

20 “(bb) to make recommenda-
21 tions to the court concerning the
22 best interests of the child; and

23 “(II) an attorney ad litem to pro-
24 vide legal services for the child who—

1 “(aa) owes to the child the
2 duties of loyalty, confidentiality,
3 and competent legal representa-
4 tion; and

5 “(bb) is appointed to rep-
6 resent and express the child’s
7 wishes to the court.

8 “(B) ASSURANCES.—Each State plan shall
9 provide assurances that the State has—

10 “(i) provisions or procedures for indi-
11 viduals to report known and suspected in-
12 stances of child abuse and neglect as appli-
13 cable under State law, including a State
14 law for mandatory reporting by individuals
15 required to report such instances, includ-
16 ing, as defined by the State—

17 “(I) health professionals;

18 “(II) school and child care per-
19 sonnel;

20 “(III) law enforcement officials;

21 “(IV) social workers;

22 “(V) camp and after-school em-
23 ployees;

24 “(VI) clergy; and

1 “(VII) other individuals, as a
2 State may require;

3 “(ii) provisions for immunity from
4 civil or criminal liability under State and
5 local laws for individuals making good
6 faith reports of suspected or known in-
7 stances of child abuse or neglect, or who
8 otherwise provide information or assist-
9 ance, including medical evaluations or con-
10 sultations, in connection with a report, in-
11 vestigation, or legal intervention pursuant
12 to a good faith report of child abuse or ne-
13 glect;

14 “(iii) procedures for the immediate
15 screening, risk and safety assessment, and
16 prompt investigation of reports of sus-
17 pected or known instances of child abuse
18 and neglect, and triage procedures for the
19 appropriate referral of a child not at risk
20 of imminent harm to a community organi-
21 zation or voluntary preventive service;

22 “(iv) procedures for immediate steps
23 to be taken to ensure and protect the safe-
24 ty of a victim of child abuse or neglect and
25 of any other child under the same care who

1 may also be in danger of child abuse or ne-
2 glect and ensuring their placement in a
3 safe environment, which may include place-
4 ments with kinship caregivers;

5 “(v) methods to preserve the confiden-
6 tiality of all records in order to protect the
7 rights of the child and of the child’s par-
8 ents or guardians, including requirements
9 ensuring that reports and records made
10 and maintained pursuant to the purposes
11 of this Act shall only be made available
12 to—

13 “(I) individuals who are the sub-
14 ject of the report;

15 “(II) Federal, State, or local gov-
16 ernment entities, or any agent of such
17 entities, as described in clause (vi);

18 “(III) child abuse citizen review
19 panels;

20 “(IV) child fatality review panels;

21 “(V) a grand jury or court, upon
22 a finding that information in the
23 record is necessary for the determina-
24 tion of an issue before the court or
25 grand jury; and

1 “(VI) other entities or classes of
2 individuals statutorily authorized by
3 the State to receive such information
4 pursuant to a legitimate State pur-
5 pose;

6 “(vi) provisions to require a State to
7 disclose confidential information to any
8 Federal, State, or local government entity,
9 or any agent of such entity, that has a
10 need for such information in order to carry
11 out its responsibilities under law to protect
12 children from child abuse and neglect;

13 “(vii) provisions to require the co-
14 operation of State law enforcement offi-
15 cials, court of competent jurisdiction, and
16 appropriate State agencies providing
17 human services in the investigation, assess-
18 ment, prosecution, and treatment of child
19 abuse and neglect;

20 “(viii) provisions requiring, and proce-
21 dures in place that facilitate the prompt
22 expungement of any records that are ac-
23 cessible to the general public or are used
24 for purposes of employment or other back-
25 ground checks in cases determined to be

1 unsubstantiated or false, except that noth-
2 ing in this section shall prevent State child
3 protective services agencies from keeping
4 information on unsubstantiated reports in
5 their casework files to assist in future risk
6 and safety assessment;

7 “(ix) established and maintained cit-
8 izen review panels in accordance with sub-
9 section (c);

10 “(x) provisions, procedures, and mech-
11 anisms—

12 “(I) for the expedited termi-
13 nation of parental rights in the case
14 of any infant determined to be aban-
15 doned under State law; and

16 “(II) by which individuals who
17 disagree with an official finding of
18 child abuse or neglect can appeal such
19 finding;

20 “(xi) provisions, procedures, and
21 mechanisms that assure that the State
22 does not require reunification of a sur-
23 viving child with a parent who has been
24 found by a court of competent jurisdic-
25 tion—

1 “(I) to have committed murder
2 (which would have been an offense
3 under section 1111(a) of title 18,
4 United States Code, if the offense had
5 occurred in the special maritime or
6 territorial jurisdiction of the United
7 States) of another child of such par-
8 ent;

9 “(II) to have committed vol-
10 untary manslaughter (which would
11 have been an offense under section
12 1112(a) of title 18, United States
13 Code, if the offense had occurred in
14 the special maritime or territorial ju-
15 risdiction of the United States) of an-
16 other child of such parent;

17 “(III) to have aided or abetted,
18 attempted, conspired, or solicited to
19 commit such murder or voluntary
20 manslaughter;

21 “(IV) to have committed a felony
22 assault that results in the serious bod-
23 ily injury to the surviving child or an-
24 other child of such parent;

1 “(V) to have committed sexual
2 abuse against the surviving child or
3 another child of such parent; or

4 “(VI) to be required to register
5 with a sex offender registry under sec-
6 tion 113(a) of the Adam Walsh Child
7 Protection and Safety Act of 2006
8 (34 U.S.C. 20913(a));

9 “(xii) an assurance that, upon the im-
10 plementation by the State of the provi-
11 sions, procedures, and mechanisms under
12 clause (xi), conviction of any one of the
13 felonies listed in clause (xi) constitute
14 grounds under State law for the termi-
15 nation of parental rights of the convicted
16 parent as to the surviving children (al-
17 though case-by-case determinations of
18 whether or not to seek termination of pa-
19 rental rights shall be within the sole discre-
20 tion of the State);

21 “(xiii) provisions and procedures to
22 require that a representative of the child
23 protective services agency shall, at the ini-
24 tial time of contact with the individual sub-
25 ject to a child abuse or neglect investiga-

1 tion, advise the individual of the com-
2 plaints or allegations made against the in-
3 dividual, in a manner that is consistent
4 with laws protecting the rights of the in-
5 formant;

6 “(xiv) provisions addressing the train-
7 ing of representatives of the child protec-
8 tive services system regarding the legal du-
9 ties of the representatives, which may con-
10 sist of various methods of informing such
11 representatives of such duties, including in
12 different languages if necessary, in order
13 to protect the legal rights and safety of
14 children and families from the initial time
15 of contact during investigation through
16 treatment;

17 “(xv) provisions and procedures for
18 requiring criminal background record
19 checks that meet the requirements of sec-
20 tion 471(a)(20) of the Social Security Act
21 (42 U.S.C. 671(a)(20)) for prospective fos-
22 ter and adoptive parents and other adult
23 relatives and non-relatives residing in the
24 household;

1 “(xvi) provisions for systems of tech-
2 nology that support the State child protec-
3 tive service system described in subsection
4 (a) and track reports of child abuse and
5 neglect from intake through final disposi-
6 tion;

7 “(xvii) provisions and procedures re-
8 quiring identification and assessment of all
9 reports involving children known or sus-
10 pected to be victims of sex trafficking (as
11 defined in section 103 of the Trafficking
12 Victims Protection Act of 2000 (22 U.S.C.
13 7102)); and

14 “(xviii) provisions and procedures for
15 training child protective services workers
16 about identifying, assessing, and providing
17 comprehensive services for children who
18 are sex trafficking (as defined in section
19 103 of the Trafficking Victims Protection
20 Act of 2000 (22 U.S.C. 7102)) victims, in-
21 cluding efforts to coordinate with State law
22 enforcement, juvenile justice, and social
23 service agencies such as runaway and
24 homeless youth shelters to serve this popu-
25 lation;

1 “(xix) procedures for responding to
2 the reporting of medical neglect (including
3 instances of withholding of medically indi-
4 cated treatment from infants with disabil-
5 ities who have life-threatening conditions),
6 procedures or programs, or both (within
7 the State child protective services system),
8 to provide for—

9 “(I) coordination and consulta-
10 tion with individuals designated by
11 and within appropriate health-care fa-
12 cilities;

13 “(II) prompt notification by indi-
14 viduals designated by and within ap-
15 propriate health care facilities of cases
16 of suspected medical neglect (includ-
17 ing instances of withholding of medi-
18 cally indicated treatment from infants
19 with disabilities who have life-threat-
20 ening conditions); and

21 “(III) authority, under State law,
22 for the State child protective services
23 system to pursue any legal remedies,
24 including the authority to initiate
25 legal proceedings in a court of com-

1 petent jurisdiction, as may be nec-
2 essary to prevent the withholding of
3 medically indicated treatment from in-
4 fants with disabilities who have life-
5 threatening conditions;

6 “(xx) procedures to provide informa-
7 tion and training for mandated reporters
8 who are educators on the requirements of
9 subtitle B of title VII of the McKinney-
10 Vento Homeless Assistance Act (42 U.S.C.
11 11431 et seq.) to support homeless chil-
12 dren and youth in enrolling, attending, and
13 succeeding in school, in accordance with
14 the State plan submitted under such sub-
15 title B;

16 “(xxi) engaged with individuals with
17 personal experience in the child welfare
18 system, and the lead entity and commu-
19 nity-based providers supported under title
20 II in developing the State plan described in
21 paragraph (1);

22 “(xxii) provisions and procedures to
23 ensure that all parents shall, in all cases
24 involving allegations of child abuse or ne-
25 glect which results in a judicial proceeding,

1 have legal representation by a trained at-
2 torney for the entire duration of the
3 court's jurisdiction in the case;

4 “(xxiii) procedures and policies for de-
5 veloping, implementing, and monitoring
6 family care plans required under section
7 402(c) to ensure the safety and well-being
8 of infants born with, and identified as
9 being affected by, substance use disorder,
10 including alcohol use disorder, and the
11 well-being of such infants' families and
12 caregivers; and

13 “(xxiv) provisions and procedures for
14 referral of a child under the age of 3 who
15 is involved in a substantiated case of child
16 abuse or neglect to early intervention serv-
17 ices funded under part C of the Individuals
18 with Disabilities Education Act (20 U.S.C.
19 1431 et seq.).

20 “(3) RULES OF CONSTRUCTION.—

21 “(A) CERTAIN IDENTIFYING INFORMA-
22 TION.—Nothing in clause (ii) or (iv) of para-
23 graph (2)(B) shall be construed as restricting
24 the authority of a State to refuse to disclose
25 identifying information concerning the indi-

vidual initiating a report or complaint alleging suspected instances of child abuse or neglect, except that the State may not refuse such a disclosure where a court orders such disclosure after such court has reviewed, in camera, the record of the State related to the report or complaint and has found it has reason to believe that the reporter knowingly made a false report.

“(B) CLARIFICATION.—Nothing in subparagraph (A) shall be construed to limit a State’s flexibility to determine State policies relating to public access to court proceedings to determine child abuse and neglect, except that such policies shall, at a minimum, ensure the safety and well-being of the child, parents, and families.

“(C) MANDATED REPORTERS IN CERTAIN STATES.—With respect to a State in which State law requires all of the individuals to report known or suspected instances of child abuse and neglect directly to a State child protective services agency or to a law enforcement agency, the requirement under paragraph (2)(B)(i) shall not be construed to require the

1 State to define the classes of individuals de-
2 scribed in subclauses (I) through (VII) of such
3 paragraph.

4 “(D) ALIGNMENT WITH EXTENDED FOS-
5 TER CARE.—For purposes of paragraph
6 (2)(A)(xii), the term ‘child victim’ shall have
7 any age limit elected by the State pursuant to
8 section 475(8)(B)(iii) of the Social Security Act
9 (42 U.S.C. 675(8)(B)(iii)).

10 “(c) CITIZEN REVIEW PANELS.—

11 “(1) ESTABLISHMENT.—

12 “(A) IN GENERAL.—Each State to which a
13 grant is made under this section shall establish
14 (including by designating under subparagraph
15 (B)) not less than 2 citizen review panels.

16 “(B) DESIGNATION.—A State may des-
17 ignate a citizen review panel for purposes of
18 this subsection, comprised of one or more exist-
19 ing (as of the date of the designation) entities
20 established under State or Federal law, such as
21 child fatality panels, foster care review panels,
22 or State task forces established under section
23 107, if such entities have the capacity to satisfy
24 the requirements of paragraph (3) and the

1 State ensures that such entities will satisfy such
2 requirements.

3 “(2) MEMBERSHIP.—Except as provided in
4 paragraph (1)(B), each panel established pursuant
5 to paragraph (1) shall be composed of volunteer
6 members who are broadly representative of the com-
7 munity in which such panel is established, including
8 individuals with personal experience in the child wel-
9 fare system and members who have expertise in the
10 prevention and treatment of child abuse and neglect.

11 “(3) FUNCTIONS.—

12 “(A) IN GENERAL.—Each panel estab-
13 lished pursuant to paragraph (1) shall evaluate,
14 by examining the policies, procedures, and prac-
15 tices of State and local agencies and where ap-
16 propriate, specific cases, the extent to which
17 State and local child protective services system
18 agencies are effectively discharging their child
19 protection responsibilities in accordance with—

20 “(i) the State plan under subsection
21 (b);

22 “(ii) any other criteria that the panel
23 considers important to ensure the protec-
24 tion of children, including—

1 “(I) a review of the extent to
2 which the State and local child protec-
3 tive services system is coordinated
4 with the foster care, prevention, and
5 permanency program established
6 under part E of title IV of the Social
7 Security Act (42 U.S.C. 670 et seq.);
8 and

9 “(II) a review of child fatalities
10 and near fatalities due to child abuse
11 and neglect and State and local ef-
12 forts to change policies, procedures,
13 and practices to prevent future fatali-
14 ties and near fatalities.

15 “(B) ALTERNATIVE PATHWAYS.—In car-
16 rying out the requirements of subparagraph
17 (A), each panel shall examine the policies, pro-
18 cedures, and practices of State and local child
19 protective services system agencies that result
20 in substantial numbers of families being unnec-
21 essarily investigated for child abuse and neglect
22 (including by examining racial bias) and shall
23 develop recommendations to the State, in ac-
24 cordance with paragraph (5), regarding how
25 State and local child protective services agencies

1 can become a more effective system of appro-
2 priate and immediate response for children who
3 are at most serious risk of child abuse and ne-
4 glect and eliminate child abuse fatalities and
5 near fatalities.

6 “(C) CONFIDENTIALITY.—

7 “(i) IN GENERAL.—The members and
8 staff of a panel established under para-
9 graph (1)—

10 “(I) shall not disclose to any per-
11 son or government official any identi-
12 fying information about any specific
13 child protection case with respect to
14 which the panel is provided informa-
15 tion; and

16 “(II) shall not make public other
17 information unless authorized by
18 State statute.

19 “(ii) CIVIL SANCTIONS.—Each State
20 that establishes a panel pursuant to para-
21 graph (1) shall establish civil sanctions for
22 a violation of clause (i).

23 “(D) PUBLIC OUTREACH.—Each panel
24 shall provide for public outreach and comment
25 in order to assess the impact of current proce-

1 dures and practices upon children and families
2 in the community and in order to meet its obli-
3 gations under subparagraph (A).

4 “(4) STATE ASSISTANCE.—Each State that es-
5 tablishes a panel pursuant to paragraph (1)—

6 “(A) shall develop a memorandum of un-
7 derstanding with each panel, clearly outlining
8 the panel’s roles and responsibilities, and identi-
9 fying any support from the State;

10 “(B) shall provide the panel access to in-
11 formation on cases that the panel desires to re-
12 view if such information is necessary for the
13 panel to carry out its functions under para-
14 graph (3); and

15 “(C) shall provide the panel, upon its re-
16 quest, staff assistance for the performance of
17 the duties of the panel.

18 “(5) REPORTS.—Each citizen review panel es-
19 tablished under paragraph (1) shall annually prepare
20 and make available to the State and the public,
21 which activities may be carried out collectively by a
22 combination of such panels, a report containing a
23 summary of the activities of the panel and rec-
24 ommendations to improve the child protective serv-
25 ices system at the State and local levels. Not later

1 than 3 months after the date on which a report is
2 submitted by the panel to the State, the appropriate
3 State agency shall submit a written response to
4 State and local child protective services systems and
5 the panel that describes how the State will incor-
6 porate the recommendations of such panel (where
7 appropriate) to make measurable progress in im-
8 proving the State and local child protective services
9 systems, which response may include providing ex-
10 amples of efforts to implement the panel's rec-
11 ommendations.

12 “(d) ANNUAL STATE DATA REPORTS.—

13 “(1) IN GENERAL.—Subject to paragraph (2),
14 each State to which a grant is made under this sec-
15 tion shall annually submit a report to the Secretary
16 containing, at a minimum, the data elements de-
17 scribed in paragraph (3).

18 “(2) WAIVERS AND TECHNICAL ASSISTANCE.—

19 “(A) IN GENERAL.—In working with
20 States to implement the requirement in para-
21 graph (1), the Secretary shall have the author-
22 ity to waive such requirements for any data ele-
23 ment required in paragraph (3) if the Secretary
24 determines that reporting such information is

1 not feasible or is insufficient to yield statis-
2 tically reliable information.

3 “(B) GUIDANCE.—The Secretary shall
4 issue guidance to States and provide technical
5 assistance to support States in submitting accu-
6 rate and comparable data under this subsection
7 and maximizing such States’ reporting of data
8 elements required under paragraph (3).

9 “(3) REQUIRED DATA ELEMENTS.—The fol-
10 lowing data elements shall annually be reported by
11 States to the Secretary, in accordance with para-
12 graph (1) at the aggregate and case-specific level:

13 “(A) The number of children who were re-
14 ported to the State during the year as victims
15 of child abuse or neglect, disaggregated, where
16 available, by demographic characteristics includ-
17 ing age, sex, race and ethnicity, disability, care-
18 giver risk factors, caregiver relationship, living
19 arrangement, and relation of victim to their
20 perpetrator.

21 “(B) Of the number of children described
22 in subparagraph (A), the number with respect
23 to whom such reports were—

24 “(i) substantiated;

25 “(ii) unsubstantiated; or

1 “(iii) determined to be false.

2 “(C) Of the number of children described
3 in subparagraph (A)—

4 “(i) the number that did not receive
5 services during the year under the State
6 program funded under this section or an
7 equivalent State program;

8 “(ii) the number that received services
9 during the year under the State program
10 funded under this section or an equivalent
11 State program; and

12 “(iii) the number that were removed
13 from their families during the year by dis-
14 position of the case.

15 “(D) The number of families that were
16 served through differential response, from the
17 State, during the year.

18 “(E) The number of child fatalities and
19 near fatalities in the State during the year re-
20 sulting from child abuse or neglect, which shall
21 include—

22 “(i) the number of child fatalities and
23 near fatalities due to child abuse and ne-
24 glect (disaggregated by such type of inci-
25 dent) that—

1 “(I) is compiled by the State
2 child protective services agency for
3 submission under this subsection; and

4 “(II) are derived from data
5 sources which—

6 “(aa) includes data from
7 State vital statistics departments,
8 child death review teams, law en-
9 forcement agencies, and offices of
10 medical examiners or coroners, in
11 accordance with the requirements
12 of section 422(b)(19) of the So-
13 cial Security Act (42 U.S.C.
14 622(b)(19)); and

15 “(bb) may include informa-
16 tion from hospitals, health de-
17 partments, juvenile justice de-
18 partments, and prosecutor and
19 attorney general offices;

20 “(ii) case-specific information (and
21 the sources used to provide such informa-
22 tion) about the circumstances under which
23 a child fatality or near fatality occurred
24 due to abuse and neglect, including—

1 “(I) the cause of the death listed
2 on the death certificate in the case of
3 a child fatality, and the type of life-
4 threatening injury in the case of a
5 near fatality;

6 “(II) whether the child and such
7 child’s siblings were reported to the
8 State child protective services system;

9 “(III) the responses taken by the
10 child protective services agency (which
11 may include services or investigations,
12 as applicable), including any deter-
13 minations by such agency;

14 “(IV) the child’s living arrange-
15 ment or placement at the time of the
16 incident;

17 “(V) the perpetrator’s relation-
18 ship to the child;

19 “(VI) any known previous child
20 abuse and neglect of the child by
21 other perpetrators and of any child
22 abuse and neglect of other children by
23 the perpetrator;

24 “(VII) the demographics and rel-
25 evant characteristics of the child, per-

1 petrator, and family, including wheth-
2 er substance use disorder or domestic
3 violence were present and whether
4 services were provided to address
5 those needs;

6 “(VIII) the child’s encounters
7 with the health care system prior to
8 the incident; and

9 “(IX) other relevant data as de-
10 termined by the Secretary designed to
11 inform prevention efforts.

12 “(F) Of the number of children described
13 in subparagraph (E), the number of such chil-
14 dren who were in foster care at the time of the
15 incident reported under such subparagraph.

16 “(G)(i) The number of child protective
17 service personnel responsible for the—

18 “(I) intake of reports filed in the pre-
19 vious year;

20 “(II) screening of such reports;

21 “(III) assessment of such reports; and

22 “(IV) investigation of such reports.

23 “(ii) The average caseload for the per-
24 sonnel described in clause (i).

1 “(H) The agency response time with re-
2 spect to each such report with respect to initial
3 investigation of reports of child abuse or ne-
4 glect.

5 “(I) The response time with respect to the
6 provision of services to families and children
7 where an allegation of child abuse or neglect
8 has been made.

9 “(J) For child protective service personnel
10 responsible for intake, screening, assessment,
11 and investigation of child abuse and neglect re-
12 ports in the State—

13 “(i) information on the education,
14 qualifications, and training requirements
15 established by the State for child protective
16 service professionals, including for entry
17 and advancement in the profession, includ-
18 ing advancement to supervisory positions;

19 “(ii) data on the education, qualifica-
20 tions, and training of such personnel;

21 “(iii) demographic information of the
22 child protective service personnel; and

23 “(iv) information on caseload or work-
24 load requirements for such personnel, in-
25 cluding requirements for average number

1 and maximum number of cases per child
2 protective service worker and supervisor.

3 “(K) With respect to children reunited
4 with their families or receiving family preserva-
5 tion services, within the 5-year period preceding
6 submission of the report—

7 “(i) the number of reports to the
8 State child protective services agency for
9 suspected child abuse and neglect;

10 “(ii) the number of substantiated re-
11 ports of child abuse or neglect; and

12 “(iii) the number of fatalities or near
13 fatalities of such children due to child
14 abuse or neglect.

15 “(L) The number of children for whom in-
16 dividuals were appointed by the court to rep-
17 resent the best interests of such children and
18 the average number of out of court contacts be-
19 tween such individuals and children.

20 “(M) The annual report containing the
21 summary of the activities and recommendations
22 of the citizen review panels of the State re-
23 quired by subsection (c)(5).

24 “(N) The number of children under the
25 care of the State child protection system who

1 are transferred into the custody of the State ju-
2 venile justice system.

3 “(O) The number of children that had a
4 family care plan in accordance with section
5 402(c), and who were referred to the child pro-
6 tective services system.

7 “(P) The number of children determined
8 to be victims of sex trafficking.

9 “(4) NCANDS FILES.—Within 6 months after
10 receiving a State report under this subsection, the
11 Secretary shall publish the data reported by the
12 State under paragraph (3) in the following formats:

13 “(A) the agency file that contains aggre-
14 gate data; and

15 “(B) the child file that contains case-spe-
16 cific information.

17 “(e) ANNUAL STATE REPORTS.—A State that re-
18 ceives funds under subsection (a) shall annually prepare
19 and submit to the Secretary a report describing the man-
20 ner in which funding provided under this section, alone
21 or in combination with other Federal funds, was used to
22 address the purposes and achieve the objectives of this sec-
23 tion, including—

24 “(1) the amount of such funding used by the
25 State to provide services to individuals, families, or

1 communities to strengthen families and prevent child
2 abuse and neglect, directly or through referrals, and
3 a description of how the State implemented systems-
4 building approaches to strategically coordinate such
5 services with State and local agencies and relevant
6 public entities to develop and maintain a continuum
7 of prevention programs and services aimed at pre-
8 venting the occurrence of child abuse and neglect;

9 “(2) a description of how the State uses dif-
10 ferential response, as applicable, and alternative
11 pathways for families seeking support;

12 “(3) a description of the State’s efforts to re-
13 duce racial bias and disparities in its child protective
14 services system, including changes in the rates of
15 overrepresentation of children or youth in the child
16 protective services system by race or ethnicity;

17 “(4) a description of the State’s efforts to safe-
18 ly reduce unnecessary investigations of families,
19 through the child protective system, solely based on
20 circumstances related to—

21 “(A) poverty; and

22 “(B) housing status;

23 “(5) the number of children under the age of 3
24 who are involved in a substantiated case of child
25 abuse or neglect and who the State child protective

1 services agency referred for early intervention serv-
2 ices funded under part C of the Individuals with
3 Disabilities Education Act (20 U.S.C. 1431 et seq.),
4 disaggregated, where available, by demographic
5 characteristics including race and ethnicity, and, for
6 children not referred for such services, a description
7 of why such children were not referred; and

8 “(6) a description of how the State used such
9 funding to implement effective strategies to enhance
10 collaboration among child protective services and so-
11 cial services, legal services, health care services (in-
12 cluding mental health and substance use disorder
13 services), domestic violence services, and educational
14 agencies, and community-based organizations, that
15 contribute to improvements to the overall well-being
16 of children and families.

17 “(f) ANNUAL REPORT BY THE SECRETARY.—Annu-
18 ally, and not later than 6 months after receiving the State
19 reports under subsections (d) and (e), the Secretary
20 shall—

21 “(1) prepare a report based on information pro-
22 vided by the States for the fiscal year under such
23 subsections and the results of the State monitoring
24 requirements in section 111; and

1 “(2) make the report and such information
2 available to the Committee on Health, Education,
3 Labor, and Pensions of the Senate, the Committee
4 on Education and Labor of the House of Represent-
5 atives, and the national clearinghouse described in
6 section 103.

7 “(g) ALLOTMENTS.—

8 “(1) DEFINITIONS.—In this subsection:

9 “(A) STATE.—The term ‘State’ means
10 each of the several States, the District of Co-
11 lumbia, and the Commonwealth of Puerto Rico.

12 “(B) TERRITORY.—The term ‘territory’
13 means Guam, American Samoa, the United
14 States Virgin Islands, and the Commonwealth
15 of the Northern Mariana Islands.

16 “(2) IN GENERAL.—The Secretary shall make
17 an allotment to each State and territory that applies
18 for a grant under this section, in an amount equal
19 to the sum of—

20 “(A) \$50,000; and

21 “(B) an amount that bears the same rela-
22 tionship to any grant funds remaining after all
23 such States and territories have received
24 \$50,000, as the number of children under the
25 age of 18 in the State or territory bears to the

1 number of such children in all States and terri-
2 tories that apply for such a grant.

3 “(3) MINIMUM ALLOTMENTS TO STATES.—The
4 Secretary shall adjust the allotments under para-
5 graph (2), as necessary, such that no State that ap-
6 plies for a grant under this section receives an allot-
7 ment in an amount that is less than \$150,000.”.

8 **SEC. 107. GRANTS FOR INVESTIGATION AND PROSECUTION**
9 **OF CHILD ABUSE AND NEGLECT.**

10 (a) GRANTS TO STATES.—Section 107(a) of the Child
11 Abuse Prevention and Treatment Act (42 U.S.C.
12 5106c(a)) is amended by striking paragraphs (1) through
13 (4) and inserting the following:

14 “(1) the assessment, investigation, and prosecu-
15 tion of suspected child abuse and neglect cases, in-
16 cluding cases of suspected child sexual abuse, exploi-
17 tation, and child sex trafficking, in a manner that
18 limits additional trauma to the child and the child’s
19 family;

20 “(2) the assessment, investigation, and prosecu-
21 tion of cases of suspected child abuse-related fatali-
22 ties and suspected child neglect-related fatalities, in-
23 cluding through a child abuse investigative multi-
24 disciplinary review team, such as team from the
25 State child death review program; and

1 “(3) the assessment, investigation, and prosecu-
2 tion of cases involving children with disabilities or
3 serious health-related problems, or other vulnerable
4 populations, who are suspected victims of child
5 abuse or neglect.”.

6 (b) STATE TASK FORCES.—Section 107(c)(1) (42
7 U.S.C. 5106c(c)(1)) is amended—

8 (1) in subparagraph (I), by striking “and” at
9 the end;

10 (2) in subparagraph (J), by striking the period
11 and inserting “; and”; and

12 (3) by adding at the end the following:

13 “(K) individuals experienced in working
14 with children or youth overrepresented in the
15 child welfare system.”.

16 (c) STATE TASK FORCE STUDY.—Section 107(d)(1)
17 (42 U.S.C. 5106c(d)(1)) is amended by striking “and ex-
18 ploitation,” and inserting “exploitation, and child sex traf-
19 ficking,”.

20 (d) ADOPTION OF STATE TASK FORCE REC-
21 OMMENDATIONS.—Section 107(e)(1) (42 U.S.C.
22 5106c(e)(1)) is amended—

23 (1) in subparagraph (A), by striking “and ex-
24 ploitation,” and inserting “exploitation, and child
25 sex trafficking,”;

1 (2) in subparagraph (B), by striking “and” at
2 the end;

3 (3) in subparagraph (C)—

4 (A) by striking “and exploitation,” and in-
5 serting “exploitation, and child sex traf-
6 ficking,”; and

7 (B) by striking the period at the end and
8 inserting “; and”; and

9 (4) by adding at the end the following:

10 “(D) improving coordination among agen-
11 cies regarding reports of child abuse and ne-
12 glect to ensure both law enforcement and child
13 protective services agencies have ready access to
14 full information regarding past reports, which
15 may be done in coordination with other States,
16 Indian Tribes, or agencies for other geographic
17 regions.”.

18 **SEC. 108. MISCELLANEOUS REQUIREMENTS RELATING TO**
19 **ASSISTANCE.**

20 Section 109 of the Child Abuse Prevention and
21 Treatment Act (42 U.S.C. 5106d), as so redesignated by
22 section 105 of this Act, is amended by striking subsection
23 (e).

1 **SEC. 109. REPORTS.**

2 Section 111 of the Child Abuse Prevention and
3 Treatment Act (42 U.S.C. 5106f), as so redesignated by
4 section 105 of this Act, is amended—

5 (1) in subsection (a), by striking “CAPTA Re-
6 authorization Act of 2010” and inserting “CAPTA
7 Reauthorization Act of 2021”;

8 (2) in subsection (b)—

9 (A) by striking “(b)” and all that follows
10 through “Not” and inserting the following:

11 “(b) ACTIVITIES AND TECHNICAL ASSISTANCE.—
12 Not”; and

13 (B) by striking “Senate a report” and all
14 that follows and inserting “Senate a report on
15 technical assistance activities for programs that
16 support State efforts to meet the needs and ob-
17 jectives of section 106.”; and

18 (3) by striking subsections (c) and (d) and in-
19 serting the following:

20 “(c) REPORT ON STATE MANDATORY REPORTING
21 LAWS.—Not later than 4 years after the date of enact-
22 ment of the CAPTA Reauthorization Act of 2021, the Sec-
23 retary shall submit to the Committee on Health, Edu-
24 cation, Labor, and Pensions of the Senate and the Com-
25 mittee on Education and Labor of the House of Rep-
26 resentatives a report that contains information on—

1 “(1) the type, duration, and evidence basis of
2 training supported by this Act, and through other
3 relevant Federal programs, for mandated reporters
4 of child abuse or neglect;

5 “(2) State efforts to improve reporting on, and
6 responses to reports of, child abuse or neglect; and

7 “(3) barriers, if any, affecting mandatory re-
8 porting of child abuse or neglect.

9 “(d) REPORT RELATING TO INJURIES INDICATING
10 THE PRESENCE OF CHILD ABUSE.—Not later than 2
11 years after the date of enactment of the CAPTA Reau-
12 thorization Act of 2021, the Secretary shall submit to the
13 Committee on Health, Education, Labor, and Pensions of
14 the Senate and the Committee on Education and Labor
15 of the House of Representatives a report that contains—

16 “(1) information on best practices developed by
17 medical institutions and other multidisciplinary part-
18 ners to identify and appropriately respond to injuries
19 indicating the presence of potential physical abuse in
20 children, particularly among infants, including—

21 “(A) the identification and assessment of
22 such injuries by health care professionals and
23 appropriate child protective services referral
24 and notification processes in response to such
25 injuries; and

1 “(B) an identification of effective programs
2 replicating such best practices, and barriers or
3 challenges to implementing such programs; and

4 “(2) data on any outcomes associated with the
5 practices described in paragraph (1), including data
6 on subsequent revictimization and child fatalities.

7 “(e) REPORT RELATING TO CHILD ABUSE AND NE-
8 GLECT IN INDIAN TRIBAL COMMUNITIES.—Not later than
9 2 years after the date of enactment of the CAPTA Reau-
10 thorization Act of 2021, the Comptroller General of the
11 United States, taking into consideration the perspectives
12 of Indian Tribes from each of the 12 Bureau of Indian
13 Affairs Regions, shall submit a report to the Committee
14 on Health, Education, Labor, and Pensions of the Senate
15 and the Committee on Education and Labor of the House
16 of Representatives that contains—

17 “(1) information about such Indian Tribes and
18 related Tribal organizations providing child abuse
19 and neglect prevention activities, including types of
20 programming and number of such Tribes and Tribal
21 organizations providing activities;

22 “(2) a description of promising practices used
23 by such Tribes and related Tribal organizations for
24 child abuse and neglect prevention;

1 “(3) information about the child abuse and ne-
2 glect prevention activities such Indian Tribes and re-
3 lated Tribal organizations are providing, including
4 those activities supported by Federal, Tribal, and
5 State funds;

6 “(4) information on ways to support prevention
7 efforts regarding child abuse and neglect of children
8 who are Indians, including Alaska Natives, which
9 may include the use of the children’s trust fund
10 model;

11 “(5) an assessment of Federal agency collabora-
12 tion and technical assistance efforts to address child
13 abuse and neglect prevention and treatment of chil-
14 dren who are Indians, including Alaska Natives;

15 “(6) an examination of access to child abuse
16 and neglect prevention research and demonstration
17 grants by Indian tribes and related Tribal organiza-
18 tions under this Act; and

19 “(7) an examination of Federal child abuse and
20 neglect data systems to identify what Tribal data is
21 being submitted to the Department of Health and
22 Human Services, or other relevant agencies, as ap-
23 plicable, any barriers to the submission of such data,
24 and recommendations on improving the submission
25 of such data.

1 “(f) REPORT RELATING TO COURT APPOINT-
2 MENTS.—

3 “(1) STUDY.—Not later than 2 years after the
4 date of enactment of the CAPTA Reauthorization
5 Act of 2021, the Comptroller General of the United
6 States shall conduct a study of—

7 “(A) policies in selected States regarding
8 the appointment of guardians ad litem and at-
9 torneys ad litem as described in section
10 106(b)(2)(A)(xii); and

11 “(B) successes and challenges in selected
12 States regarding the appointment of a guardian
13 ad litem and attorney ad litem in each case in-
14 volving a victim of child abuse or neglect that
15 results in judicial proceeding.

16 “(2) REPORT.—Not later than 1 year after
17 completion of the study under paragraph (1), the
18 Comptroller General of the United States shall sub-
19 mit to the Committee on Health, Education, Labor,
20 and Pensions of the Senate and the Committee on
21 Education and Labor of the House of Representa-
22 tives a report that summarizes the study under
23 paragraph (1) and includes recommendations, as ap-
24 propriate, for improving access for such victims to
25 guardians ad litem and attorneys ad litem.

1 “(g) REPORT ON CITIZEN REVIEW PANELS.—Not
2 later than 4 years after the date of enactment of the
3 CAPTA Reauthorization Act of 2021, the Secretary shall
4 submit to the Committee on Health, Education, Labor,
5 and Pensions of the Senate and the Committee on Edu-
6 cation and Labor of the House of Representatives a report
7 that contains an evaluation of the effectiveness of citizen
8 review panels required section 106(c)(1) to improve the
9 child protective services system, including an analysis of
10 the extent to which—

11 “(1) reports developed by such citizen review
12 panels drive changes to State and local child protec-
13 tive services systems and identify issues that other-
14 wise would not have been identified; and

15 “(2) States act upon recommendations of such
16 panels (where appropriate) to make measurable
17 progress in improving the State and local child pro-
18 tective services systems.”.

19 **SEC. 110. MONITORING AND OVERSIGHT.**

20 Title I of the Child Abuse Prevention and Treatment
21 Act is amended by striking section 112 (42 U.S.C. 5106g),
22 as so redesignated by section 105 of this Act, and insert-
23 ing the following:

1 **“SEC. 112. MONITORING AND OVERSIGHT.**

2 “(a) MONITORING.—The Secretary shall conduct
3 monitoring to ensure that each State that receives a grant
4 under section 106 is in compliance with the requirements
5 of section 106(b), which shall—

6 “(1) be in addition to the review of the State
7 plan upon its submission under section
8 106(b)(1)(A); and

9 “(2) include monitoring of State policies and
10 procedures required under sections
11 106(b)(2)(B)(xxiii) and section 402.

12 “(b) BIENNIAL REPORTING.—The Secretary shall
13 submit a biennial report to the Committee on Health,
14 Education, Labor, and Pensions and the Committee on
15 Appropriations of the Senate and the Committee on Edu-
16 cation and Labor and the Committee on Appropriations
17 of the House of Representatives that includes a summary
18 of the monitoring conducted under this section.”.

19 **SEC. 111. AUTHORIZATION OF APPROPRIATIONS.**

20 Section 114 of the Child Abuse Prevention and
21 Treatment Act (42 U.S.C. 5106h), as so redesignated by
22 section 105 of this Act, is amended by striking subsection
23 (a) and inserting the following:

24 “(a) IN GENERAL.—

25 “(1) GENERAL AUTHORIZATION.—In addition
26 to any funds appropriated under paragraph (3),

1 there are authorized to be appropriated to carry out
2 this title \$270,000,000 for fiscal year 2022 and such
3 sums as may be necessary for each of the fiscal
4 years 2023 through 2027.

5 “(2) DISCRETIONARY ACTIVITIES.—Of the
6 amounts appropriated for a fiscal year under para-
7 graph (1), the Secretary shall make available 30 per-
8 cent of such amounts to fund discretionary activities
9 under this title.

10 “(3) HOTLINE AUTHORIZATION.—There are au-
11 thorized to be appropriated to carry out section 108
12 such sums as may be necessary for each of fiscal
13 years 2022 through 2027.”.

14 **SEC. 112. CONFORMING AMENDMENTS.**

15 Section 633 of the Mentoring Matches for Youth Act
16 of 2006 (34 U.S.C. 20990) is amended—

17 (1) in subsection (c)(2)(B), by striking “clauses
18 (viii) and (ix) of section 106(b)(2)(A) of the Child
19 Abuse Prevention and Treatment Act (42 U.S.C.
20 5106(b)(2)(A) (viii) and (ix))” and inserting
21 “clauses (v) and (vi) of section 106(b)(2)(B) of the
22 Child Abuse Prevention and Treatment Act (42
23 U.S.C. 5106a(b)(2)(B))”; and

24 (2) in subsection (f), by striking “clauses (viii)
25 and (ix) of section 106(b)(2)(A) of the Child Abuse

1 Prevention and Treatment Act (42 U.S.C.
2 5106(b)(2)(A) (viii) and (ix))” and inserting
3 “clauses (v) and (vi) of section 106(b)(2)(B) of the
4 Child Abuse Prevention and Treatment Act (42
5 U.S.C. 5106a(b)(2)(B))”.

6 **TITLE II—COMMUNITY-BASED**
7 **GRANTS FOR THE PREVEN-**
8 **TION OF CHILD ABUSE AND**
9 **NEGLECT**

10 **SEC. 201. AMENDMENTS TO TITLE II OF THE CHILD ABUSE**
11 **PREVENTION AND TREATMENT ACT.**

12 Title II of the Child Abuse Prevention and Treatment
13 Act (42 U.S.C. 5116 et seq.) is amended to read as fol-
14 lows:

15 **“TITLE II—COMMUNITY-BASED**
16 **GRANTS FOR THE PREVEN-**
17 **TION OF CHILD ABUSE AND**
18 **NEGLECT**

19 **“SEC. 201. PURPOSES.**

20 “The purposes of this title are—

21 “(1) to support community-based family
22 strengthening services and statewide systems-build-
23 ing approaches to ensure the development, operation,
24 expansion, evaluation, and coordination of initiatives,

1 programs, and activities to prevent child abuse and
2 neglect; and

3 “(2) to increase access to a continuum of pre-
4 vention programs and services for diverse popu-
5 lations, including families with low incomes, families
6 who are racial or ethnic minorities, families that in-
7 clude children with disabilities or caregivers with dis-
8 abilities, children and youth overrepresented in the
9 child welfare system, families experiencing homeless-
10 ness or at risk of homelessness, families experiencing
11 substance use disorders, families with parents who
12 have experienced violence or trauma, families with
13 individuals with personal experience in the child wel-
14 fare system, and families in rural communities, that
15 help strengthen families and prevent child abuse and
16 neglect.

17 **“SEC. 202. AUTHORIZATION OF GRANTS.**

18 “(a) **AUTHORITY.**—The Secretary shall make grants
19 under this title on a formula basis, from allotments made
20 in accordance with subsection (c), to the entities des-
21 ignated by the States as the lead entities under section
22 203(b) for the purposes of—

23 “(1) supporting community-based family
24 strengthening services, to assist families to build

1 protective factors linked to the prevention of child
2 abuse and neglect, that—

3 “(A) are accessible to diverse populations,
4 effective, trauma-informed, and culturally re-
5 sponsive;

6 “(B) build upon the strengths of families;

7 “(C) provide families with early, com-
8 prehensive support;

9 “(D) promote the development of healthy
10 familial relationships and parenting skills, espe-
11 cially for young parents and parents of young
12 children;

13 “(E) increase family stability;

14 “(F) improve family access to other formal
15 and informal community-based resources, such
16 as referral to early childhood health and devel-
17 opmental services, health care (including mental
18 health and substance use disorder services), and
19 supports to meet the needs of families that in-
20 clude children with disabilities or caregivers
21 with disabilities; and

22 “(G) meaningfully involve parents in the
23 planning, implementation, and evaluation of
24 such services, including the parents of families
25 with low incomes, parents who are racial or eth-

1 nic minorities, parents of children with disabil-
2 ities, parents with disabilities, parents of chil-
3 dren and youth overrepresented in the child
4 welfare system, parents experiencing homeless-
5 ness or at risk of homelessness, parents of fam-
6 ilies experiencing substance use disorders, par-
7 ents who have experienced violence or trauma,
8 parents who are individuals with personal expe-
9 rience in the child welfare system, and parents
10 in rural communities;

11 “(2) promoting the development of a continuum
12 of prevention programs and services for families,
13 through State- and community-based collaborations,
14 public-private partnerships, and the leveraging of
15 Federal, State, local, and private funds;

16 “(3) financing the establishment, maintenance,
17 expansion, or redesign of core services described in
18 section 205(d)(3)(A), to address unmet needs de-
19 scribed in the inventory in section 204(b)(1)(C)(i);

20 “(4) financing public information and education
21 activities that focus on the healthy and positive de-
22 velopment of parents and children and the pro-
23 motion of child abuse and neglect prevention activi-
24 ties, including—

1 “(A) comprehensive outreach strategies to
2 engage diverse populations; and

3 “(B) efforts to increase awareness, of
4 adults who work with children in a professional
5 or volunteer capacity, regarding the availability
6 of community-based family strengthening serv-
7 ices; and

8 “(5) providing professional development and
9 technical assistance (including activities to support
10 the implementation of services) to improve the effec-
11 tiveness of community-based family strengthening
12 services including on the use of evidence-based or
13 evidence-informed practices, public health ap-
14 proaches to preventing child abuse and neglect, and
15 culturally responsive practices.

16 “(b) RESERVATION.—

17 “(1) IN GENERAL.—The Secretary shall reserve
18 1 percent of the amount appropriated under section
19 209 for a fiscal year to make awards to Indian
20 Tribes and Tribal organizations and for migrant
21 programs.

22 “(2) EXCEPTION.—Notwithstanding paragraph
23 (1), for any fiscal year for which the amount appro-
24 priated under section 209 exceeds the amount ap-
25 propriated under section 209 for fiscal year 2021 by

1 more than \$4,000,000, the Secretary shall reserve,
2 from the total amount appropriated—

3 “(A) 5 percent for awards to Indian Tribes
4 and Tribal organizations to strengthen families
5 and prevent child abuse and neglect; and

6 “(B) 1 percent for migrant programs to
7 strengthen families and prevent child abuse and
8 neglect.

9 “(c) ALLOTMENTS TO STATES.—The Secretary shall
10 allot the amount appropriated under section 209 for a fis-
11 cal year and remaining after the reservations under sub-
12 section (b) and section 207 among the States as follows:

13 “(1) 70 PERCENT.—70 percent of such remain-
14 ing amount shall be allotted among the States by al-
15 lotting to each State an amount that bears the same
16 proportion to such remaining amount as the number
17 of children under the age of 18 residing in the State
18 bears to the total number of children under the age
19 of 18 residing in all States (except that no State
20 shall receive less than \$200,000 under this para-
21 graph).

22 “(2) 30 PERCENT.—30 percent of such remain-
23 ing amount shall be allotted among the States by al-
24 lotting to each State an amount that bears the same
25 proportion to such remaining amount as the amount

1 of private, State, or other non-Federal funds lever-
2 aged and directed in the preceding fiscal year
3 through the lead entity (as designated for the pre-
4 ceding fiscal year) of the State bears to the total of
5 the amounts of private, State, or other non-Federal
6 sources leveraged and directed in the preceding fis-
7 cal year through such an entity of all States.

8 “(d) TERMS.—Funds allotted by the Secretary to a
9 State under this section shall be—

10 “(1) for a 3-year period; and

11 “(2) provided to the State on an annual basis.

12 **“SEC. 203. LEAD ENTITY.**

13 “(a) DEFINITION OF LEAD ENTITY.—In this title,
14 the term ‘lead entity’ means a public, quasi-public, or non-
15 profit private entity (which may be an entity that has not
16 been established pursuant to State legislation, executive
17 order, or any other written authority of the State) that—

18 “(1) exists to strengthen and support families
19 to prevent child abuse and neglect and has a dem-
20 onstrated ability to work with State and local public
21 agencies and community-based nonprofit organiza-
22 tions to provide professional development and tech-
23 nical assistance; and

24 “(2) has the capacity and commitment to part-
25 ner meaningfully with family advocates, parents who

1 are or have been recipients of community-based fam-
2 ily strengthening services, and individuals with per-
3 sonal experience in the child welfare system to pro-
4 vide leadership in the planning, implementation, and
5 evaluation of the programs and policy decisions of
6 the entity described in this subsection.

7 “(b) DESIGNATION.—

8 “(1) IN GENERAL.—A State shall be eligible for
9 a grant under this title for a fiscal year if the Gov-
10 ernor of a State has designated a lead entity to ad-
11 minister funds under this title for the purposes iden-
12 tified under section 201, including to develop, imple-
13 ment, operate, enhance, or expand community-based
14 family strengthening services.

15 “(2) DESIGNATION CONSIDERATIONS.—In des-
16 ignating a lead entity under paragraph (1) the Gov-
17 ernor shall—

18 “(A) take into consideration the capacity
19 and expertise of potential lead entities; and

20 “(B) take into consideration (equally)
21 whether a potential lead entity is—

22 “(i) a trust fund advisory board of the
23 State; or

24 “(ii) an existing entity that—

1 “(I) leverages Federal, State,
2 local, and private funds for a broad
3 range of child abuse and neglect pre-
4 vention activities and family resource
5 programs; and

6 “(II) is directed by an inter-
7 disciplinary, public-private entity that
8 includes participants from commu-
9 nities to be served by the lead entity.

10 “(c) ASSURANCES.—On designating a lead entity
11 under this title, the Governor of the State shall provide
12 assurances to the Secretary as part of the application sub-
13 mitted by the lead entity under section 204 that the lead
14 entity—

15 “(1) will provide or will be responsible for pro-
16 viding—

17 “(A) community-based family strength-
18 ening services, in accordance with section 205,
19 including through collaborative, public-private
20 partnerships with community-based providers;

21 “(B) leadership to elevate the importance
22 of prevention of child abuse and neglect across
23 the State through an interdisciplinary, collabo-
24 rative, public-private structure with balanced
25 representation from private and public sector

1 members, and representation of parents, indi-
2 viduals with personal experience in the child
3 welfare system, community-based providers, and
4 parents with disabilities; and

5 “(C) direction and oversight of programs
6 of community-based family strengthening serv-
7 ices supported by grant funds under this title
8 through the use of identified goals and objec-
9 tives, clear lines of communication and account-
10 ability, the provision of leveraged or combined
11 funding from Federal, State, local, and private
12 sources, centralized assessment and planning
13 activities, the provision of training and tech-
14 nical assistance, and reporting and evaluation
15 functions;

16 “(2) has a demonstrated commitment to paren-
17 tal leadership in the development, operation, and
18 oversight of the community-based family strength-
19 ening services;

20 “(3) has a demonstrated ability to work with
21 State and local public agencies and community-based
22 nonprofit organizations to develop and maintain a
23 continuum of prevention programs and services de-
24 signed to support children and families;

1 “(4) has the capacity to provide operational
2 support (both financial and programmatic), profes-
3 sional development, technical assistance, and evalua-
4 tion assistance to community-based providers,
5 through innovative, interagency funding and inter-
6 disciplinary service delivery mechanisms;

7 “(5) will integrate its efforts with individuals
8 and organizations experienced in working in partner-
9 ship with diverse populations, including families with
10 low incomes, families who are racial or ethnic mi-
11 norities, families that include children with disabil-
12 ities or caregivers with disabilities, children and
13 youth overrepresented in the child welfare system,
14 families experiencing homelessness or at risk of
15 homelessness, families experiencing substance use
16 disorders, families with parents who have experi-
17 enced violence or trauma, families with individuals
18 with personal experience in the child welfare system,
19 and families in rural communities; and

20 “(6) will engage with diverse populations to
21 identify and address unmet needs when developing
22 the inventory required under section 204(b)(1)(C)(i)
23 and when distributing funds to community-based
24 providers under section 205.

1 **“SEC. 204. APPLICATION.**

2 “(a) IN GENERAL.—To receive a grant under this
3 title, a lead entity shall, not less than once every 3 years,
4 submit an application to the Secretary at such time, in
5 such form, and containing such information as the Sec-
6 retary may require, including the contents described in
7 subsection (b).

8 “(b) CONTENTS.—Each application submitted under
9 subsection (a) by a lead entity shall include each of the
10 following:

11 “(1) A description of—

12 “(A) the lead entity responsible for the ad-
13 ministration of funds provided under this title,
14 including how the lead entity will conduct over-
15 sight of community-based providers that receive
16 subgrants under section 205;

17 “(B) how the lead entity will ensure com-
18 munity-based family strengthening services sup-
19 ported by grant funds under this title will be in-
20 tegrated into a continuum of prevention pro-
21 grams and services for children and families, in-
22 cluding how the lead entity will—

23 “(i) utilize statewide and local sys-
24 tems-building approaches to increase ac-
25 cess to community-based family strength-
26 ening services for diverse populations;

1 “(ii) determine which communities to
2 serve;

3 “(iii) support place-based approaches
4 to meeting the needs of children and fami-
5 lies; and

6 “(iv) ensure such services are de-
7 signed to serve children and families in
8 hard-to-reach areas;

9 “(C) an inventory as of the date of submis-
10 sion of such application, that includes a descrip-
11 tion of—

12 “(i) the unmet needs in the State,
13 identified through engagement with diverse
14 populations; and

15 “(ii) the community-based family
16 strengthening services supported by grant
17 funds under this title and other relevant
18 services provided in the State;

19 “(D) how the lead entity will ensure, in the
20 policy decision-making, implementation, and
21 evaluation of community-based providers sup-
22 ported by grant funds under this title, the
23 meaningful involvement of—

1 “(i) parents who are or who have been
2 recipients of community-based family
3 strengthening services;

4 “(ii) family advocates; and

5 “(iii) individuals with personal experi-
6 ence in the child welfare system;

7 “(E) the criteria the lead entity will use to
8 select and fund community-based providers, in-
9 cluding how the lead entity will take into con-
10 sideration a provider’s ability to—

11 “(i) collaborate with State and local
12 public agencies and community-based non-
13 profit organizations and engage in long-
14 term and strategic planning to support the
15 development of a continuum of prevention
16 programs and services across the State;

17 “(ii) meaningfully partner with par-
18 ents in the development, implementation,
19 and evaluation of community-based family
20 strengthening services; and

21 “(iii) incorporate evidence-based or
22 evidence-informed practices;

23 “(F) outreach activities the lead entity and
24 community-based providers will undertake to
25 maximize the participation of diverse popu-

1 lations, including families with low incomes,
2 families who are racial or ethnic minorities,
3 families that include children with disabilities or
4 caregivers with disabilities, children and youth
5 overrepresented in the child welfare system,
6 families experiencing homelessness or at risk of
7 homelessness, families experiencing substance
8 use disorders, families with parents who have
9 experienced violence or trauma, families with
10 individuals with personal experience in the child
11 welfare system, and families in rural commu-
12 nities;

13 “(G) how the performance of the State
14 program will be assessed using the measures
15 described in section 206 and by other measures
16 that may be established by the lead entity;

17 “(H) the actions the lead entity will take
18 to advocate for systemic changes in State poli-
19 cies, practices, procedures, and regulations to—

20 “(i) improve the delivery of commu-
21 nity-based family strengthening services;
22 and

23 “(ii) promote prevention activities to
24 strengthen and support families in order to
25 reduce child abuse and neglect and contact

1 with the child protective services system;
2 and

3 “(I) the lead entity’s plan for providing
4 operational support, professional development,
5 and technical assistance to community-based
6 providers, related to the use of trauma-informed
7 practices, public health approaches to pre-
8 venting child abuse and neglect, culturally re-
9 sponsive practices, and the use of evidence-
10 based or evidence-informed practices.

11 “(2) A budget for the development, operation,
12 and expansion of the community-based family
13 strengthening services that demonstrates that the
14 State will expend, in non-Federal funds, an amount
15 (in cash or in kind) equal to not less than 20 per-
16 cent of the amount received under this title for ac-
17 tivities under this title.

18 “(3) An assurance that—

19 “(A) the lead entity will use grant funds
20 received under this title to provide community-
21 based family strengthening services in accord-
22 ance with section 205 in a manner that—

23 “(i) helps families build protective fac-
24 tors that are linked to the prevention of
25 child abuse and neglect, including knowl-

1 edge of parenting and child development
2 (including social and emotional develop-
3 ment), parental resilience, social connec-
4 tions, and time-limited and need-based
5 concrete support available to families;

6 “(ii) is trauma-informed, culturally re-
7 sponsive, and takes into consideration the
8 assets and needs of communities in which
9 the lead entity serves; and

10 “(iii) promotes coordination between
11 community-based providers, State and local
12 public agencies, community-based non-
13 profit organizations, and relevant private
14 entities to develop and expand a continuum
15 of prevention programs and services that
16 promote child, parent, and family well-
17 being, with a focus on increasing access to
18 those supports for diverse populations;

19 “(B) funds received under this title will be
20 used to supplement, not supplant, other State
21 and local public funds designated for the estab-
22 lishment, maintenance, expansion, and redesign
23 of community-based family strengthening serv-
24 ices; and

1 “(C) the lead entity will provide the Sec-
2 retary with reports at such time and containing
3 such information as the Secretary may require.

4 “(4) The assurances described in section
5 203(c).

6 **“SEC. 205. USES OF FUNDS.**

7 “(a) IN GENERAL.—A lead entity that receives a
8 grant under this title shall use the grant funds to develop,
9 implement, operate, expand, and enhance community-
10 based family strengthening services, including by pro-
11 viding subgrants to community-based providers described
12 in subsection (b).

13 “(b) COMMUNITY-BASED PROVIDER.—In this title,
14 the term ‘community-based provider’ means an entity that
15 provides community-based family strengthening services,
16 including an entity that is a State or local public agency
17 or a community-based nonprofit organization.

18 “(c) PRIORITY.—In awarding subgrants under this
19 section, a lead entity shall give priority to community-
20 based providers proposing evidence-based or evidence-in-
21 formed local programs to serve low-income communities
22 or to serve young parents or parents of young children.

23 “(d) USES OF FUNDS.—A lead entity or a commu-
24 nity-based provider that receives funds under this section
25 shall use the funds to develop, implement, operate, ex-

1 pand, and enhance community-based family strengthening
2 services, which may include—

3 “(1) assessing community assets and needs
4 through a planning process that—

5 “(A) involves other relevant community-
6 based organizations, including those that have
7 already performed a local needs assessment and
8 can positively contribute to the planning proc-
9 ess;

10 “(B) meaningfully involves parents; and

11 “(C) uses information and expertise from
12 local public agencies, local nonprofit organiza-
13 tions, and local private sector representatives;

14 “(2) developing a comprehensive strategy,
15 which may leverage public-private partnerships, to
16 provide a continuum of prevention programs and
17 services to children and families, especially to fami-
18 lies experiencing difficulty meeting basic needs or
19 with other risk factors linked with child abuse and
20 neglect, such as families with young parents, parents
21 of young children, or parents who experienced do-
22 mestic violence or child abuse or neglect as children;

23 “(3)(A) providing, directly or through commu-
24 nity referral services, core child abuse and neglect
25 prevention services, such as—

1 “(i) parent support and education pro-
2 grams that build protective factors linked to the
3 prevention of child abuse and neglect;

4 “(ii) mutual support and self-help pro-
5 grams;

6 “(iii) parental leadership skills develop-
7 ment programs that support parents as leaders
8 in their families and communities;

9 “(iv) respite care services; and

10 “(v) outreach and follow up services, which
11 may include voluntary home visiting services;
12 and

13 “(B) connecting individuals and families to
14 community referral services, including referral to—

15 “(i) early childhood care and education
16 programs such as a child care program, a Head
17 Start program (including an Early Head Start
18 program) carried out under the Head Start Act
19 (42 U.S.C. 9831 et seq.), a developmental
20 screening program, or a program carried out
21 under section 619 or part C of the Individuals
22 with Disabilities Education Act (20 U.S.C.
23 1419, 1431 et seq.);

1 “(ii) services and supports to meet the ad-
2 ditional needs of families with children with dis-
3 abilities or caregivers with disabilities;

4 “(iii) nutrition programs, which may in-
5 clude the special supplemental nutrition pro-
6 gram for women, infants, and children program
7 under section 17 of the Child Nutrition Act of
8 1966 (42 U.S.C. 1786) and the supplemental
9 nutrition assistance program under the Food
10 and Nutrition Act of 2008 (7 U.S.C. 2011 et
11 seq.);

12 “(iv) educational services, academic tutor-
13 ing, adult education and literacy services, and
14 workforce development activities, such as activi-
15 ties described in section 134 of the Workforce
16 Innovation and Opportunity Act (29 U.S.C.
17 3174);

18 “(v) self-sufficiency and life management
19 skills training;

20 “(vi) health care (including mental health
21 and substance use disorder services);

22 “(vii) peer counseling;

23 “(viii) domestic violence service programs
24 that provide services and treatment to children
25 and their nonabusing caregivers; and

1 “(ix) adoption services for individuals in-
2 terested in adopting a child;

3 “(4) developing and maintaining leadership
4 roles for the meaningful involvement of parents and
5 other individuals with personal experience in the
6 child welfare system in the development, operation,
7 evaluation, and oversight of the services provided by
8 the lead entity or community-based providers;

9 “(5) providing leadership in mobilizing local
10 public and private resources to support the provision
11 of community-based family strengthening services;
12 and

13 “(6) coordinating services with State and local
14 public agencies, community-based nonprofit organi-
15 zations, and relevant private entities, to promote
16 child, parent, and family well-being, including co-
17 ordinating services through the development, oper-
18 ation, and expansion of State and local systems to
19 develop a continuum of prevention programs and
20 services to strengthen families and to prevent child
21 abuse and neglect.

22 **“SEC. 206. PERFORMANCE MEASURES.**

23 “(a) MEASURES.—Each lead entity receiving a grant
24 under this title shall collect information on the extent to

1 which the State program carried out under this title meets
2 measures relating to—

3 “(1) the effective development, operation, and
4 expansion of community-based family strengthening
5 services that meet the requirements of this title, in-
6 cluding the use of systems-building approaches to in-
7 crease access to such services for diverse popu-
8 lations;

9 “(2) the community-based family strengthening
10 services supported under this title and an inventory
11 of the types of such services provided in accordance
12 with section 205 and a description that shall specify
13 whether those services are evidence-based or evi-
14 dence-informed;

15 “(3) the extent to which the lead entity has ad-
16 dressed the unmet needs identified by the inventory
17 required under section 204(b)(1)(C)(i);

18 “(4)(A) the involvement of a diverse representa-
19 tion of families in the design, operation, and evalua-
20 tion of community-based family strengthening serv-
21 ices supported by grant funds under this title; and

22 “(B) the continued leadership of parents and
23 other individuals with personal experience in the
24 child welfare system in the ongoing planning, imple-
25 mentation, and evaluation of such community-based

1 family strengthening services supported by grant
2 funds under this title, demonstrated in an implemen-
3 tation plan;

4 “(5) the satisfaction among families who re-
5 ceived community-based family strengthening serv-
6 ices supported by grant funds under this title;

7 “(6) the establishment or maintenance of inno-
8 vative funding mechanisms that blend Federal,
9 State, local, and private funds, and of innovative,
10 interdisciplinary service delivery mechanisms, for the
11 development, operation, expansion, and enhancement
12 of the community-based family strengthening serv-
13 ices;

14 “(7) the effectiveness of activities conducted
15 under this title in meeting the purposes of the pro-
16 gram, demonstrated through the results of evalua-
17 tion, or the outcomes of monitoring, conducted by
18 the lead entity; and

19 “(8) the number of children and families that
20 received community-based family strengthening serv-
21 ices funded under this title, including a
22 disaggregated count of families with children with
23 disabilities and families with caregivers with disabil-
24 ities.

1 “(b) REPORTS.—The lead entity shall submit to the
2 Secretary a report containing the information described
3 in subsection (a).

4 **“SEC. 207. NATIONAL TECHNICAL ASSISTANCE FOR COM-**
5 **MUNITY-BASED FAMILY STRENGTHENING**
6 **SERVICES.**

7 “From the amount appropriated under section 209
8 for a fiscal year and remaining after the reservation under
9 section 202(b), the Secretary may reserve not more than
10 5 percent to support, directly or through grants or con-
11 tracts, the activities of lead entities—

12 “(1) to create, operate, and maintain a peer re-
13 view process;

14 “(2) to create, operate, and maintain a national
15 resource center;

16 “(3) to fund a yearly symposium on State sys-
17 tem change efforts that result from the provision of
18 the community-based family strengthening services;

19 “(4) to establish, operate, and maintain a com-
20 puterized communication system between lead enti-
21 ties; and

22 “(5) to contribute to funding State-to-State
23 technical assistance and trainings.

1 **“SEC. 208. RULE OF CONSTRUCTION.**

2 “Nothing in this title shall be construed to prohibit
3 grandparents, kinship care providers, foster parents, adop-
4 tive parents, or any other individual, in a parenting role
5 from receiving or participating in services and programs
6 under this title.

7 **“SEC. 209. AUTHORIZATION OF APPROPRIATIONS.**

8 “There are authorized to be appropriated to carry out
9 this title \$270,000,000 for fiscal year 2022 and such sums
10 as may be necessary for each of fiscal years 2023 through
11 2027.”.

12 **SEC. 202. CONFORMING AMENDMENTS.**

13 Section 511 of the Social Security Act (42 U.S.C.
14 711) is amended in subsection (b)(2)—

15 (1) by striking “of current unmet” and all that
16 follows through “operating in the State”; and

17 (2) by striking “section 205(3)” and inserting
18 “section 204(b)(1)(C)”.

1 **TITLE III—PUBLIC HEALTH AP-**
2 **PROACHES TO IDENTIFY AND**
3 **PREVENT CHILD FATALITIES**
4 **AND NEAR FATALITIES DUE**
5 **TO CHILD ABUSE AND NE-**
6 **GLECT**

7 **SEC. 301. IDENTIFYING AND PREVENTING CHILD FATALI-**
8 **TIES AND NEAR FATALITIES DUE TO CHILD**
9 **ABUSE AND NEGLECT.**

10 The Child Abuse Prevention and Treatment Act (42
11 U.S.C. 5101 et seq.) is amended by adding at the end
12 the following:

13 **“TITLE III—PUBLIC HEALTH AP-**
14 **PROACHES TO IDENTIFY AND**
15 **PREVENT CHILD FATALITIES**
16 **AND NEAR FATALITIES DUE**
17 **TO CHILD ABUSE AND NE-**
18 **GLECT**

19 **“SEC. 301. PURPOSE.**

20 “The purpose of this title is to develop coordinated
21 leadership and shared responsibility at the Federal, State,
22 Tribal, and local levels to implement data-driven strategies
23 and reforms to prevent child fatalities and near fatalities
24 due to child abuse and neglect from occurring in the fu-
25 ture through the use of improved collection, reporting, and

1 analysis of data on all child fatalities and near fatalities
2 due to child abuse and neglect.

3 **“SEC. 302. FEDERAL WORK GROUP ON PUBLIC HEALTH**
4 **SURVEILLANCE OF CHILD FATALITIES AND**
5 **NEAR FATALITIES DUE TO CHILD ABUSE AND**
6 **NEGLECT.**

7 “(a) ESTABLISHMENT.—The Secretary shall estab-
8 lish the Federal Work Group on Public Health Surveil-
9 lance of Child Fatalities and Near Fatalities Due to Child
10 Abuse and Neglect (referred to in this title as the ‘Work
11 Group’).

12 “(b) IN GENERAL.—

13 “(1) COMPOSITION.—

14 “(A) IN GENERAL.—Not later than 120
15 days after the date of enactment of the CAPTA
16 Reauthorization Act of 2021, the Secretary
17 shall appoint representatives to the Work
18 Group from the Administration for Children
19 and Families, the Centers for Disease Control
20 and Prevention, and the Health Resources and
21 Services Administration.

22 “(B) OTHER FEDERAL AGENCIES.—The
23 Work Group may include representatives from
24 the Department of Justice, appointed by the
25 Attorney General, and such other Federal agen-

1 cies as the Secretary determines, appointed by
2 the head of the agency involved.

3 “(2) CONSULTATION.—In carrying out the du-
4 ties described in subsection (c), the Work Group
5 shall consult with—

6 “(A) experts determined by the Secretary
7 who meet the qualifications described in section
8 3(b)(1)(B) of the Protect our Kids Act of 2012
9 (Public Law 112–275; 126 Stat. 2460); and

10 “(B) representatives of State and local
11 child protective services agencies and other rel-
12 evant public agencies.

13 “(c) DUTIES.—The Work Group shall—

14 “(1) oversee the development of uniform public
15 health data standards that are designed to promote
16 consistent data collection related to child fatalities
17 and near fatalities due to child abuse and neglect as
18 described in section 303(c), and make related rec-
19 ommendations to the Secretary;

20 “(2) oversee the development of the case reg-
21 istry described in section 303(a), and make related
22 recommendations to the Secretary;

23 “(3) make recommendations to the Secretary
24 for the operation and evaluation of the grant pro-
25 gram described in section 304;

1 “(4) examine all Federal data collections re-
2 lated to child fatalities and near fatalities due to
3 child abuse and neglect and make recommendations
4 to the Secretary regarding—

5 “(A) how to improve the accuracy, uni-
6 formity, and comparability of data regarding
7 child fatalities and near fatalities due to child
8 abuse and neglect, within and across States and
9 Indian Tribes;

10 “(B) how to assure that such data collec-
11 tions are informative and effectively utilized by
12 Federal, State, and local policymakers, and the
13 public to make data-driven decisions to prevent
14 such fatalities and near fatalities; and

15 “(C) after analysis of the purposes and
16 roles of data systems existing on the date of the
17 recommendations, how to improve such data
18 systems or next-generation data systems to
19 more effectively meet the goals described in
20 subparagraphs (A) and (B); and

21 “(5) identify, and recommend to the Secretary,
22 strategies, resources, and supports to improve State
23 and Tribal responses to child fatalities and near fa-
24 talities due to child abuse and neglect among Indian
25 (including Alaska Native) and Native Hawaiian chil-

1 dren in a manner that includes consultation and co-
2 ordination with Indian Tribes, Tribal organizations,
3 and Native Hawaiian organizations (as such term is
4 defined in section 6207 of the Elementary and Sec-
5 ondary Education Act of 1965 (20 U.S.C. 7517)).

6 “(d) ANNUAL REPORT TO SECRETARY.—The Work
7 Group shall annually prepare and submit to the Secretary
8 a report on the activities carried out under subsection (c),
9 including recommendations for improving public health
10 surveillance of child fatalities and near fatalities due to
11 child abuse and neglect.

12 **“SEC. 303. CASE REGISTRY FOR CHILD FATALITIES AND**
13 **NEAR FATALITIES DUE TO CHILD ABUSE AND**
14 **NEGLECT.**

15 “(a) IN GENERAL.—The Secretary shall operate and
16 expand a national case registry designed to support public
17 health surveillance of child fatalities and near fatalities to
18 collect complete data on such incidents due to child abuse
19 and neglect for the purposes of—

20 “(1) supporting the systematic collection and
21 analysis of data regarding child fatalities and near
22 fatalities due to child abuse and neglect, within and
23 across States and Indian Tribes;

24 “(2) enabling States, Indian Tribes, and Tribal
25 organizations to review data on all child fatalities

1 and near fatalities for the presence of child abuse
2 and neglect in accordance with uniform public health
3 data standards, including by reviewing—

4 “(A) cases where an incident involving a
5 child was reported to a State, Indian Tribe, or
6 Tribal organization child protective services sys-
7 tem;

8 “(B) cases where an incident involving a
9 child was not reported to the State, Indian
10 Tribe, or Tribal organization child protective
11 services system but in which child abuse and
12 neglect may have been present; and

13 “(C) cases that may or may not meet
14 criminal or civil definitions of child abuse or ne-
15 glect for purposes of substantiation or prosecu-
16 tion;

17 “(3) enabling analysis of data collected through
18 such registry to support reforms of Federal, State,
19 and local policies and procedures intended to prevent
20 future child fatalities and near fatalities due to child
21 abuse and neglect; and

22 “(4) increasing transparency and shared re-
23 sponsibility across public agencies that serve chil-
24 dren and families by making data collected through

1 such registry accessible by the public, to the extent
2 permitted by applicable privacy law.

3 “(b) INTEGRATION WITH EXISTING DATA SYS-
4 TEMS.—In operating the case registry described in sub-
5 section (a), the Secretary may integrate or append data
6 from such case registry into or onto data of data systems
7 supported by the Health Resources and Services Adminis-
8 tration or Centers for Disease Control and Prevention, as
9 appropriate.

10 “(c) UNIFORM PUBLIC HEALTH DATA STAND-
11 ARDS.—

12 “(1) IN GENERAL.—For the purposes of oper-
13 ating the case registry described in subsection (a),
14 the Secretary shall develop uniform public health
15 data standards that are designed to promote con-
16 sistent data collection related to child fatalities and
17 near fatalities due to child abuse and neglect and in-
18 clude, as determined by the Secretary, uniform defi-
19 nitions, operational standards, standards for con-
20 sistent procedures, and comprehensive data elements
21 for public health surveillance of fatalities and near
22 fatalities due to child abuse and neglect.

23 “(2) DEFINITIONS.—The uniform public health
24 data standards described in paragraph (1) shall be
25 designed for public health purposes and not rely

1 solely on criminal or civil definitions of child abuse
2 and neglect.

3 “(3) TECHNICAL ASSISTANCE.—The Secretary
4 shall provide (including through grants, contracts, or
5 cooperative agreements) technical assistance, train-
6 ing, and resources to encourage the adoption and
7 implementation of the standards described in this
8 subsection and support the participation of States,
9 Indian Tribes, and Tribal organizations in the na-
10 tional case registry described in subsection (a).

11 “(4) CHILD FATALITY AND NEAR-FATALITY IN-
12 VESTIGATION PROTOCOL.—As part of the uniform
13 public health data standards described in paragraph
14 (1), the Secretary may develop a standardized child
15 fatality and near-fatality investigation protocol for
16 use by medical examiners, coroners, health care pro-
17 fessionals, first responders, and other entities deter-
18 mined appropriate by the Secretary, to improve pub-
19 lic health surveillance of child fatalities and near fa-
20 talities due to child abuse and neglect.

21 **“SEC. 304. GRANTS FOR STATE, INDIAN TRIBE, AND TRIBAL**
22 **ORGANIZATION CHILD DEATH REVIEW OF**
23 **CHILD ABUSE AND NEGLECT FATALITIES**
24 **AND NEAR FATALITIES.**

25 “(a) PROGRAM AUTHORIZED.—

1 “(1) IN GENERAL.—The Secretary may award
2 grants or cooperative agreements to States, Indian
3 Tribes, and Tribal organizations for the purposes of
4 assisting such States, Indian Tribes, and Tribal or-
5 ganizations in—

6 “(A) supporting entities carrying out child
7 death review programs (which entities are re-
8 ferred to individually in this title as a ‘child
9 death review program’), including at the local
10 level, in the review of all incidents of child fa-
11 talities and near fatalities due to child abuse or
12 neglect, including incidents in which the child
13 victim was known by or referred to a child pro-
14 tective services agency;

15 “(B) improving data collection and report-
16 ing related to child fatalities and near fatalities
17 due to child abuse and neglect, including intra-
18 state and interstate data comparability;

19 “(C) encouraging voluntary reporting to
20 the case registry authorized under section
21 303(a); and

22 “(D) developing coordinated leadership and
23 shared responsibility across State, Tribal, and
24 local public agencies that support children and
25 families to implement data-driven strategies

1 and reforms in order to prevent child fatalities
2 and near fatalities due to child abuse and ne-
3 glect from occurring in the future.

4 “(2) CAPACITY BUILDING GRANTS.—The Sec-
5 retary may reserve a portion of funds appropriated
6 under section 306, and not reserved under section
7 305, to award grants or cooperative agreements to
8 States, Indian Tribes, and Tribal organizations for
9 the purposes of increasing the capacity of such
10 States, Indian Tribes, and Tribal Organizations to
11 conduct reviews of child near fatalities due to child
12 abuse and neglect.

13 “(b) APPLICATION.—A State, Indian Tribe, or Tribal
14 organization desiring a grant or cooperative agreement
15 under subsection (a)(1) shall submit to the Secretary an
16 application at such time, in such manner, and containing
17 such information as the Secretary may require, includ-
18 ing—

19 “(1) the State, Indian Tribe, or Tribal organi-
20 zation’s fatality review plan to ensure—

21 “(A) the corresponding child death review
22 program will, for the purposes of identifying fa-
23 talities and near fatalities due to child abuse
24 and neglect and preventing such incidents in
25 the future, conduct comprehensive and multi-

1 disciplinary reviews of all cases of child fatali-
2 ties and near fatalities within the State or In-
3 dian Tribe, as the case may be, within a reason-
4 able timeframe, and allow the State, Indian
5 Tribe, or Tribal organization to increase the
6 number of cases reviewed over time and review
7 all such cases for child abuse and neglect uti-
8 lizing the consistent procedures described in
9 paragraph (2); and

10 “(B) the State, Indian Tribe, or Tribal or-
11 ganization will submit information for each case
12 of a fatality or near fatality due to child abuse
13 or neglect identified by the reviews described in
14 paragraph (A) to the case registry described in
15 section 303(a), in alignment with the consistent
16 procedures described in paragraph (2), includ-
17 ing information about the circumstances in
18 which each case occurred, such as—

19 “(i) the cause of the death listed on
20 the death certificate in the case of a child
21 fatality, and the type of life-threatening in-
22 jury in the case of a child near fatality;

23 “(ii) whether the child was reported to
24 the State, Indian Tribe, or Tribal organi-
25 zation child protective services system;

1 “(iii) the responses made by the
2 State, Indian Tribe, or Tribal organization
3 child protective services agency, (which
4 may include services or investigations, as
5 applicable), including any determinations
6 by such agency;

7 “(iv) the child’s living arrangement or
8 placement at the time of the incident;

9 “(v) the perpetrator’s relationship to
10 the child;

11 “(vi) any known previous child abuse
12 or neglect of the child by other perpetra-
13 tors and of any child abuse or neglect of
14 other children by the perpetrator;

15 “(vii) the demographics and relevant
16 characteristics of the child, perpetrator,
17 and family;

18 “(viii) the child’s encounters with the
19 health care system within the past 12
20 months prior to the incident involved for
21 suspected or confirmed child abuse or ne-
22 glect; and

23 “(ix) other relevant data as deter-
24 mined by the Secretary designed to inform
25 future prevention efforts;

1 “(2) a description of how the State, Indian
2 Tribe, or Tribal organization will, within a time-
3 frame established by the Secretary, develop con-
4 sistent procedures to conduct the reviews described
5 in paragraph (1)(A) that are aligned with the uni-
6 form public health data standards developed under
7 section 303(c) for the purposes of developing a pub-
8 lic health approach to the identification of child
9 abuse and neglect that—

10 “(A) does not rely solely on criminal or
11 civil definitions of child abuse and neglect for
12 the purposes of substantiation; and

13 “(B) reduces human error and bias, par-
14 ticularly racial bias, in carrying out such re-
15 views;

16 “(3) a description of how the State, Indian
17 Tribe, or Tribal organization’s child death review
18 program will ensure such program—

19 “(A) will coordinate activities with relevant
20 entities to collect data from medical examiners,
21 coroners, vital statistics personnel, law enforce-
22 ment, medical professionals, hospitals, first re-
23 sponders, the State, Indian Tribe, or Tribal or-
24 ganization’s child protective services agency,
25 and other agencies that possess relevant data,

1 and how the program and such entities will ex-
2 amine the circumstances surrounding a child fa-
3 tality or near fatality due to child abuse or ne-
4 glect;

5 “(B) will make information collected by
6 such program publicly accessible to support
7 data-informed strategies and reforms, across
8 public agencies of States, Indian Tribes, Tribal
9 organizations, and local governments, that are
10 designed to prevent future child fatalities and
11 near fatalities due to child abuse and neglect;
12 and

13 “(C) will provide all information collected
14 by the State, Indian Tribe, or Tribal organiza-
15 tion’s child death review program under the
16 grant to the State, Indian Tribe, or Tribal or-
17 ganization’s child protective services agency to
18 support such agency’s reporting of data under
19 section 106(d)(3)(E)(i)(II)(bb);

20 “(4) a description of how the State, Indian
21 Tribe, or Tribal organization’s child death review
22 program will improve and standardize the identifica-
23 tion of near fatalities due to child abuse and neglect
24 across the State or Indian Tribe involved, as the
25 case may be, including—

1 “(A) how the State, Indian Tribe, or Trib-
2 al organization will collect information regard-
3 ing life-threatening injuries related to child
4 abuse and neglect and report such information
5 to the State, Indian Tribe, or Tribal organiza-
6 tion’s child death review program; and

7 “(B) how the State, Indian Tribe, or Trib-
8 al organization will coordinate with health care
9 professionals and child protective services agen-
10 cies in identifying life-threatening injuries re-
11 lated to child abuse and neglect and reporting
12 relevant information to the State, Indian Tribe,
13 or Tribal organization’s child death review pro-
14 gram; and

15 “(5) an assurance that the State, Indian Tribe,
16 or Tribal organization will develop a fatality and
17 near-fatality prevention plan (in alignment with the
18 requirements of section 422(b)(19)(B) of the Social
19 Security Act (42 U.S.C. 622(b)(19)(B)) that is de-
20 signed to implement data-driven strategies and re-
21 forms across the State or the Indian Tribe served,
22 as the case may be, in order to prevent child fatali-
23 ties and near fatalities due to child abuse and ne-
24 glect from occurring in the future, which plan shall
25 include—

1 “(A) an analysis of the data collected
2 under the State, Indian Tribe, and Tribal orga-
3 nization plan described in paragraph (1) and
4 data from other relevant sources in order to
5 identify the children at the highest risk of child
6 fatalities and near fatalities due to child abuse
7 and neglect, including an analysis that—

8 “(i) identifies—

9 “(I) individual, family, and com-
10 munity risk factors;

11 “(II) protective factors; and

12 “(III) other circumstances associ-
13 ated with such data; and

14 “(ii) examines relevant State, Indian
15 Tribe, and Tribal organization policies and
16 practices associated with cases in which
17 such a fatality or near fatality occurred,
18 including systemic failures across public
19 agencies related to such cases; and

20 “(B) a description of how the State, Indian
21 Tribe, or Tribal organization’s child protective
22 services agency will update its policies and pro-
23 cedures in response to the data analysis de-
24 scribed in subparagraph (A) to prioritize safety
25 screenings for children who match characteris-

1 tics identified in the analysis as at the highest
2 risk and implement other necessary reforms re-
3 sponsive to the findings of the analysis; and

4 “(6) a description of how the State, Indian
5 Tribe, or Tribal organization will coordinate the
6 leadership of the State, Indian Tribe, or Tribal orga-
7 nization’s public agencies that support children and
8 families, to develop shared responsibility to protect
9 children at the highest risk of child fatalities and
10 near fatalities due to child abuse and neglect and to
11 implement changes in State, Indian Tribe, and Trib-
12 al organization policies and practices in response to
13 the findings of the analysis described in paragraph
14 (5)(A) to prevent such incidents, which changes may
15 include improvements in policies and practices re-
16 lated to child protection, health care (including men-
17 tal health care), substance use disorders, domestic
18 violence, law enforcement, education, social services,
19 and formal and informal support systems that have
20 contact with children and families.

21 “(c) USES OF FUNDS.—A State, Indian Tribe, or
22 Tribal organization receiving a grant or cooperative agree-
23 ment under subsection (a)(1)—

24 “(1) shall use such funds to—

1 “(A) implement the State, Indian Tribe, or
2 Tribal organization’s fatality review plan de-
3 scribed in subsection (b)(1), including by—

4 “(i) increasing the capacity of the
5 State, Indian Tribe, or Tribal organiza-
6 tion’s child death review program to con-
7 duct reviews of all cases of child fatalities
8 and near fatalities for child abuse and ne-
9 glect, regardless of the involvement of such
10 cases with the State, Indian Tribe, or
11 Tribal organization’s child protective serv-
12 ices system; and

13 “(ii) enabling the submission of re-
14 quired data under such plan to the case
15 registry described in section 303(a);

16 “(B) support the development and adop-
17 tion of consistent procedures described in sub-
18 section (b)(2) to ensure that all cases of child
19 fatalities and near fatalities due to child abuse
20 and neglect are reviewed consistently within the
21 State or Indian Tribe, as the case may be;

22 “(C) supporting coordination between the
23 State, Indian Tribe, or Tribal organization’s
24 child death review program and the State, In-
25 dian Tribe, or Tribal organization’s child pro-

1 tective services agency, including by providing
2 all relevant child welfare information and infor-
3 mation collected by the State, Indian Tribe, or
4 Tribal organization’s child death review pro-
5 gram to each such agency in accordance with
6 subsection (b)(3)(C); and

7 “(D) developing the State, Indian Tribe, or
8 Tribal organization’s fatality and near-fatality
9 prevention plan described in (b)(5), including
10 conducting necessary data analysis and exam-
11 ination; and

12 “(2) may use such funds to—

13 “(A) conduct research related to the data
14 described in the State, Indian Tribe, or Tribal
15 organization’s fatality review plan;

16 “(B) identify protective factors associated
17 with the prevention of child abuse and neglect,
18 and support changes in the State, Indian Tribe,
19 or Tribal organization’s policies and practices,
20 across public agencies that serve children and
21 families to support the development of such fac-
22 tors; and

23 “(C) develop, implement, or scale real-time
24 electronic data sharing or improvements in in-
25 creased interoperability of relevant data among

1 State, Indian Tribe, Tribal organization, and
2 local agencies that serve children and families,
3 to improve submission and analysis of data re-
4 quired under this section.

5 “(d) REPORTING.—

6 “(1) STATE, INDIAN TRIBE, AND TRIBAL ORGA-
7 NIZATION REPORTING.—Each State, Indian Tribe,
8 or Tribal organization that receives funds under sub-
9 section (a)(1), for each year such funds are received,
10 shall provide a report to the Secretary containing
11 such information, in such manner as the Secretary
12 may require, including, at a minimum—

13 “(A) a description of how such State, In-
14 dian Tribe, or Tribal organization utilized funds
15 provided under subsection (a)(1), including the
16 number and percentage of all cases of child fa-
17 talities and near fatalities within the State or
18 the Indian Tribe involved, as the case may be,
19 that were—

20 “(i) reviewed for child abuse and ne-
21 glect using such funds; and

22 “(ii) so reviewed and identified, using
23 such funds, as due to child abuse and ne-
24 glect in accordance with the State, Indian

1 Tribe, or Tribal organization’s consistent
2 procedures described in subsection (b)(2);

3 “(B) a description of the State, Indian
4 Tribe, or Tribal organization’s progress in—

5 “(i) implementing its fatality review
6 plan described in subsection (b)(1), includ-
7 ing submitting data required under such
8 plan to the case registry described in sec-
9 tion 303(a);

10 “(ii) developing and implementing the
11 State, Indian Tribe, or Tribal organiza-
12 tion’s consistent procedures described in
13 subsection (b)(2), including the extent to
14 which such consistent procedures are
15 aligned with the uniform public health data
16 standards described in section 303(c); and

17 “(iii) identifying and standardizing
18 the identification of near fatalities de-
19 scribed in subsection (b)(4); and

20 “(iv) developing the State, Indian
21 Tribe, or Tribal organization’s fatality and
22 near-fatality prevention plan required
23 under subsection (b)(5), including con-
24 ducting data analysis to identify children
25 in the State, Indian Tribe, or Tribal orga-

1 nization at the highest risk of child fatali-
2 ties and near fatalities due to child abuse
3 and neglect, and identifying potential re-
4 forms in accordance with such plan's re-
5 quirements; and

6 “(C) a description of how the State, Indian
7 Tribe, or Tribal organization coordinated the
8 leadership of the public agencies that support
9 children and families, to develop shared respon-
10 sibility to protect children at the highest risk of
11 child fatalities and near fatalities due to child
12 abuse and neglect, and implemented changes in
13 policies and practices in response to the find-
14 ings of the analysis described in subsection
15 (b)(5)(A) and the activities supported under
16 this section.

17 “(2) SECRETARY’S REPORT TO CONGRESS.—
18 The Secretary shall submit an annual report to the
19 Committee on Health, Education, Labor, and Pen-
20 sions and the Committee on Appropriations of the
21 Senate and the Committee on Education and Labor
22 and the Committee on Appropriations of the House
23 of Representatives, that includes a summary of re-
24 ports submitted by States, Indian Tribes, and Tribal
25 organizations under paragraph (1) and the Sec-

1 retary’s recommendations or observations on the
2 challenges, successes, and lessons derived from—

3 “(A) the recommendations of the Work
4 Group described in section 302(c);

5 “(B) operation of the case registry de-
6 scribed in section 303(a); and

7 “(C) implementation of the grant program
8 authorized under subsection (a)(1).

9 **“SEC. 305. ASSISTING STATE, INDIAN TRIBE, AND TRIBAL**
10 **ORGANIZATION IMPLEMENTATION.**

11 “The Secretary shall reserve not more than 15 per-
12 cent of funds appropriated under section 306 to provide
13 guidance and technical assistance, directly or through
14 grants or cooperative agreements, to support States, In-
15 dian Tribes, and Tribal organizations in—

16 “(1) submitting uniform and comparable data
17 to the case registry authorized under section 303(a);

18 “(2) developing applications for the program
19 authorized under section 304 and implementing such
20 program;

21 “(3) developing and supporting the adoption of
22 consistent procedures described under section
23 304(b)(2), to assure that all child fatalities and near
24 fatalities due to child abuse and neglect are reviewed
25 consistently within States and Indian Tribes, which

1 procedures shall be aligned with uniform public
2 health data standards described in section 303(c);
3 and

4 “(4) carrying out such other activities under
5 this Act as the Secretary determines appropriate.

6 **“SEC. 306. AUTHORIZATION OF APPROPRIATIONS.**

7 “There are authorized to be appropriated to carry out
8 this title \$25,000,000 for fiscal year 2022 and such sums
9 as may be necessary for each of fiscal years 2023 through
10 2027.”.

11 **TITLE IV—PUBLIC HEALTH RE-**
12 **SPONSE TO INFANTS AF-**
13 **FECTED BY SUBSTANCE USE**
14 **DISORDER**

15 **SEC. 401. AMENDING THE CAPTA TO PROVIDE FOR A PUB-**
16 **LIC HEALTH RESPONSE TO INFANTS AF-**
17 **FECTED BY SUBSTANCE USE DISORDER.**

18 The Child Abuse Prevention and Treatment Act (42
19 U.S.C. 5101 et seq.) is amended by inserting after title
20 III, as added by section 301, the following:

1 **“TITLE IV—PUBLIC HEALTH RE-**
2 **SPONSE TO INFANTS AF-**
3 **FECTED BY SUBSTANCE USE**
4 **DISORDER**

5 **“SEC. 401. PURPOSE.**

6 “The purpose of this title is to ensure the safety, per-
7 manency, and well-being of infants affected by substance
8 use by supporting States in providing a public health re-
9 sponse to the impact of substance use on infants, mothers,
10 and families by—

11 “(1) supporting the health and well-being of in-
12 fants, mothers, and their families rather than penal-
13 izing the family;

14 “(2) developing comprehensive family care
15 plans to address the needs of infants, children, and
16 families;

17 “(3) increasing access to treatment support and
18 other services for mothers with a substance use dis-
19 order and their children, including ensuring that
20 mothers can access necessary prenatal services;

21 “(4) supporting mothers and caregivers in
22 building protective factors so that infants are at a
23 low risk of child abuse or neglect;

24 “(5) providing access to appropriate screening,
25 assessment, and intervention services for infants af-

1 fected by substance use disorder, including alcohol
2 use disorder; and

3 “(6) improving the capacity of health care pro-
4 fessionals, child welfare workers, and other per-
5 sonnel involved in the development, implementation,
6 and monitoring of family care plans.

7 **“SEC. 402. REQUIREMENTS.**

8 “(a) IN GENERAL.—Each State receiving Federal
9 funds under section 106 or section 404 shall have in effect
10 policies and procedures that meet the requirements of this
11 section.

12 “(b) DESIGNATION.—The Governor of the State shall
13 designate a lead agency to work collaboratively with public
14 health agencies, substance abuse agencies, child welfare
15 agencies, and maternal and child health agencies to carry
16 out the State’s public health response to strengthen fami-
17 lies and ensure the safety and well-being of—

18 “(1) infants born with, and identified as being
19 affected by, substance use disorder, including alcohol
20 use disorder; and

21 “(2) the families and caregivers of such infants.

22 “(c) FAMILY CARE PLANS.—At the same time a
23 State submits a State plan under section 106(b)(1), the
24 lead agency designated by the Governor under subsection
25 (b) shall provide to the Secretary a description of the

1 State’s policies and procedures to ensure the safety and
2 well-being of infants born with, and identified as being af-
3 fected by, substance use disorder, including alcohol use
4 disorder, and the well-being of the families and caregivers
5 of such infants, including a description of—

6 “(1) how the State is implementing and moni-
7 toring family care plans, including by—

8 “(A) developing family care plans prior to
9 the expected delivery of the infant; and

10 “(B) conducting necessary follow up to en-
11 sure that families are able to access supports
12 and services, and to ensure the safety and well-
13 being of infants and the caregivers of such in-
14 fants;

15 “(2) the State’s policies and procedures for re-
16 quiring providers involved in the delivery or care of
17 infants born with, and identified as being affected
18 by, substance use disorder, including alcohol use dis-
19 order, to notify the lead agency designated under
20 subsection (b) of the occurrence of such condition in
21 such infants;

22 “(3) the State’s policies and procedures to en-
23 sure the development of a multi-disciplinary family
24 care plan for the infant born with, and identified as
25 being affected by, substance use disorder, and such

1 infant's affected family member or caregiver, to en-
2 sure the safety and well-being of such infant fol-
3 lowing release from the care of health care providers,
4 including by—

5 “(A) using a family assessment approach
6 to develop each family care plan;

7 “(B) addressing, through coordinated serv-
8 ice delivery, the health, well-being, and sub-
9 stance use disorder treatment needs of the in-
10 fant and affected family member or caregiver;
11 and

12 “(C) the development and implementation
13 by the State of monitoring systems regarding
14 the implementation of such plans to determine
15 whether, and in what manner, local entities are
16 providing, in accordance with State require-
17 ments, referrals to and delivery of appropriate
18 services for the infant and affected family mem-
19 ber or caregiver; and

20 “(4) the State's plan to develop a system for
21 purposes of notifications required by paragraph (2)
22 that is distinct and separate from the system used
23 in the State to report child abuse and neglect, and
24 designed to promote a public health response to in-
25 fants born with, and identified as being affected by,

1 substance use disorder, including alcohol use dis-
2 order, and not for the purpose of initiating an inves-
3 tigation of child abuse or neglect.

4 “(d) SPECIAL RULE.—Nothing in this section shall
5 be construed to—

6 “(1) establish a definition under Federal law of
7 what constitutes child abuse or neglect; or

8 “(2) require investigation or prosecution for
9 any illegal action, including a response by the
10 State’s child protective services system.

11 “(e) ANNUAL REPORT.—The lead agency of a State
12 designated by the Governor under subsection (b) shall an-
13 nually work with the Secretary to provide a report that
14 provides the number of infants—

15 “(1) identified under subsection (c)(2);

16 “(2) for whom a family care plan was developed
17 under subsection (c)(3); and

18 “(3) for whom a referral was made for appro-
19 priate services, including services for the affected
20 family or caregiver, under subsection (c)(3).

21 **“SEC. 403. NATIONAL TECHNICAL ASSISTANCE AND RE-**
22 **PORTING.**

23 “(a) TECHNICAL ASSISTANCE.—The Secretary shall
24 provide technical assistance to support States in com-

1 plying with the requirements of section 402(c) that in-
2 cludes—

3 “(1) disseminating best practices on implemen-
4 tation of multidisciplinary family care plans;

5 “(2) addressing State-identified challenges with
6 developing, implementing, and monitoring family
7 care plans;

8 “(3) supporting collaboration and coordination
9 across substance abuse agencies, child welfare agen-
10 cies, maternal and child health agencies, family
11 courts, and other community partners;

12 “(4) supporting State efforts to develop infor-
13 mation technology systems to manage family care
14 plans; and

15 “(5) providing technical assistance in accord-
16 ance with the infants with prenatal substance- expo-
17 sure initiative developed by the National Center on
18 Substance Abuse and Child Welfare.

19 “(b) SECRETARY’S REPORT TO CONGRESS.—The
20 Secretary shall submit an annual report to the Committee
21 on Health, Education, Labor, and Pensions and the Com-
22 mittee on Appropriations of the Senate and the Committee
23 on Education and Labor, the Committee on Appropria-
24 tions of the House of Representatives, and the Committee

1 on Energy and Commerce of the House of Representatives
2 that includes, at a minimum, information on—

3 “(1) the activities of the Secretary under sub-
4 section (a);

5 “(2) the progress of States in developing, imple-
6 menting, and monitoring family care plans to ensure
7 a public health response to addressing the needs of
8 infants born with, and identified as being affected
9 by, substance use disorder, including alcohol use dis-
10 order, and the families of such infants, and as ap-
11 propriate, recommendations for improving such
12 practices; and

13 “(3) the progress of States in safely reducing
14 the number of infants affected by substance use dis-
15 order, including alcohol use disorder, entering the
16 child protective services system.

17 **“SEC. 404. GRANT PROGRAM AUTHORIZED.**

18 “(a) IN GENERAL.—The Secretary is authorized to
19 award grants to States for the purpose of assisting the
20 Governor’s designated lead agency in coordinating a part-
21 nership with maternal and child health agencies, child wel-
22 fare agencies, public health agencies, mental health agen-
23 cies, social services agencies, substance abuse agencies,
24 health care facilities with labor and delivery units, and
25 health care providers to facilitate collaboration in devel-

1 oping, updating, implementing, and monitoring family
2 care plans described in section 402(c).

3 “(b) DISTRIBUTION OF FUNDS.—

4 “(1) RESERVATIONS.—Of the amounts made
5 available to carry out subsection (a), the Secretary
6 shall reserve—

7 “(A) no more than 3 percent for the pur-
8 poses described in subsection (g); and

9 “(B) no less than 3 percent for grants to
10 Indian Tribes and Tribal organizations to ad-
11 dress the needs of infants identified as being af-
12 fected by substance use disorder, including alco-
13 hol use disorder, and their families or care-
14 givers, which, to the extent practicable, shall be
15 consistent with the uses of funds described
16 under subsection (d).

17 “(2) ALLOTMENTS TO STATES AND TERRI-
18 TORIES.—The Secretary shall allot the amount made
19 available to carry out subsection (a) that remains
20 after application of paragraph (1) to each State that
21 applies for such a grant, in an amount equal to the
22 sum of—

23 “(A) \$500,000; and

24 “(B) an amount that bears the same rela-
25 tionship to any funds made available to carry

1 out subsection (a) and remaining after applica-
2 tion of paragraph (1) and subparagraph (A), as
3 the number of live births in the State in the
4 previous calendar year bears to the number of
5 live births in all States in such year.

6 “(3) Ratable Reduction.—If the amount
7 made available to carry out subsection (a) is insuffi-
8 cient to satisfy the requirements of paragraph
9 (2)(A), the Secretary shall ratably reduce each allot-
10 ment to a State.

11 “(c) Application.—A State desiring a grant under
12 this subsection shall submit an application to the Sec-
13 retary at such time and in such manner as the Secretary
14 may require. Such application shall include, at a min-
15 imum—

16 “(1) a description of—

17 “(A) how the lead agency designated under
18 section 402(b) will coordinate with relevant
19 State entities and programs (including maternal
20 and child health providers, the child welfare
21 agency, public health agencies, mental health
22 agencies, the State substance abuse agency,
23 health care facilities with labor and delivery
24 units, health care providers, programs funded
25 by the Substance Abuse and Mental Health

1 Services Administration that provide substance
2 use disorder treatment for women, maternal
3 and child health programs funded by the
4 Health Services Resources Administration, the
5 State Medicaid program, the State agency ad-
6 ministering the block grant program under title
7 V of the Social Security Act (42 U.S.C. 701 et
8 seq.), the State agency administering the pro-
9 grams funded under part C of the Individuals
10 with Disabilities Education Act (20 U.S.C.
11 1431 et seq.), the maternal, infant, and early
12 childhood home visiting program under section
13 511 of the Social Security Act (42 U.S.C. 711),
14 Early Head Start, the State judicial system, do-
15 mestic violence agencies, and other agencies, as
16 determined by the Secretary) and any Indian
17 Tribes and Tribal organizations located in the
18 State to develop the application under this sub-
19 section and implement the activities under this
20 section;

21 “(B) how the State plans to use funds for
22 activities described in subsection (d) for the
23 purposes of meeting the requirements of section
24 402(c);

1 “(C) if applicable, how the State plans to
2 utilize funding authorized under part E of title
3 IV of the Social Security Act (42 U.S.C. 670 et
4 seq.) to assist in carrying out any family care
5 plan, including funding authorized under sec-
6 tion 471(e) of such Act for mental health and
7 substance use disorder prevention and treat-
8 ment services and in-home parent skill-based
9 programs and funding authorized under such
10 section 472(j) for children with a parent in a li-
11 censed residential family-based treatment facil-
12 ity for substance use disorder; and

13 “(D) the treatment and other services and
14 programs available in the State to effectively
15 carry out any family care plan developed, in-
16 cluding identification of needed treatment, and
17 other services and programs to ensure the well-
18 being of young children and their families af-
19 fected by substance use disorder, such as pro-
20 grams carried out under part C of the Individ-
21 uals with Disabilities Education Act (20 U.S.C.
22 1431 et seq.) and comprehensive early child-
23 hood development services and programs such
24 as Head Start programs; and

1 “(2) an assurance that the State will comply
2 with requirements to refer a child identified as sub-
3 stance-exposed to early intervention services as re-
4 quired pursuant to a grant under part C of the Indi-
5 viduals with Disabilities Education Act (20 U.S.C.
6 1431 et seq.).

7 “(d) USES OF FUNDS.—Funds awarded to a State
8 under this subsection may be used for the following activi-
9 ties, which may be carried out by the State directly, or
10 through grants or subgrants, contracts, or cooperative
11 agreements:

12 “(1) Improving State and local systems with re-
13 spect to the development and implementation of
14 family care plans, which—

15 “(A) shall address the health and sub-
16 stance use disorder treatment needs of the in-
17 fant and affected family member or caregiver
18 and include parent and caregiver engagement,
19 regarding available treatment and service op-
20 tions and include resources available for preg-
21 nant, perinatal, and postnatal women; and

22 “(B) may include activities such as—

23 “(i) developing policies, procedures, or
24 protocols for the administration or develop-
25 ment of evidence-based and validated

1 screening tools for infants who may be af-
2 fected by substance use disorder, including
3 alcohol use disorder, and pregnant,
4 perinatal, and postnatal women whose in-
5 fants may be affected by substance use dis-
6 order, including alcohol use disorder;

7 “(ii) improving assessments used to
8 determine the needs of the infant, birth
9 parents, and family members, including
10 kinship or other caregivers;

11 “(iii) improving ongoing case manage-
12 ment services;

13 “(iv) improving access to treatment
14 services, which may be initiated prior to
15 the pregnant woman’s delivery date;

16 “(v) keeping families safely together
17 when it is in the best interest of the child;
18 and

19 “(vi) developing the notification path-
20 way as an alternative to a child maltreat-
21 ment report, as described in subsection
22 402(c)(2).

23 “(2) Establishing partnerships, agreements, or
24 memoranda of understanding between the lead agen-
25 cy and other entities (including health professionals,

1 health care facilities, child welfare professionals, ju-
2 venile and family court judges, substance use and
3 mental disorder treatment programs, early childhood
4 education programs, maternal and child health and
5 early intervention professionals (including home vis-
6 iting providers), peer-to-peer recovery programs such
7 as parent mentoring programs, domestic violence
8 agencies, and housing agencies) to facilitate the suc-
9 cessful development, implementation, and monitoring
10 of family care plans, including development of plans
11 prior to the expected delivery of the infant, by—

12 “(A) developing a comprehensive, multi-
13 disciplinary assessment and intervention process
14 for infants, pregnant women, and their families
15 who are affected by substance use disorder, in-
16 cluding alcohol use disorder, that includes
17 meaningful engagement with, and takes into ac-
18 count the unique needs of, each family and ad-
19 dresses differences between medically supervised
20 substance use (including for the treatment of
21 substance use disorder) and substance use dis-
22 order;

23 “(B) ensuring that treatment approaches
24 for serving infants, pregnant women, and
25 perinatal and postnatal women whose infants

1 may be affected by substance use disorder, in-
2 cluding alcohol use disorder, are designed to,
3 where appropriate, keep infants in the custody
4 of their mothers during both inpatient and out-
5 patient treatment;

6 “(C) increasing access to all evidence-based
7 medications to treat substance use disorder, in-
8 cluding alcohol use disorder, including medica-
9 tions for opioid use disorder approved by the
10 Food and Drug Administration, behavioral
11 therapy, and counseling services for the treat-
12 ment of substance use disorders, as appro-
13 priate; and

14 “(D) increasing access to residential treat-
15 ment programs designed to keep infants with
16 their parents during inpatient residential treat-
17 ment.

18 “(3) Developing policies, procedures, or proto-
19 cols in consultation and coordination with health
20 professionals, public and private health care facili-
21 ties, and substance abuse agencies to ensure that—

22 “(A) appropriate notification to the appro-
23 priate agency determined by the Governor’s of-
24 fice is made in a timely manner, as required
25 under section 402(c)(2).

1 “(B) a family care plan is in place, in ac-
2 cordance with section 402(c)(3) before the in-
3 fant is discharged from the birth or health care
4 facility; and

5 “(C) such health and related agency pro-
6 fessionals are trained on how to follow such
7 protocols and are aware of the supports that
8 may be provided under a family care plan.

9 “(4) Training health professionals and health
10 system leaders, early intervention professionals, child
11 welfare workers, substance abuse treatment agen-
12 cies, and other related professionals such as home
13 visiting agency staff and law enforcement in relevant
14 topics, including—

15 “(A) the referral and process requirements
16 for notification to the appropriate agency as de-
17 termined by the Governor when child abuse or
18 neglect reporting is not mandated, including
19 training on how such notification pathway is
20 distinct and separate from the pathway used in
21 the State to report child abuse and neglect;

22 “(B) the co-occurrence of pregnancy and
23 substance use disorder, and implications of pre-
24 natal exposure;

1 “(C) the evidence-based clinical guidance
2 from nationally-recognized standard setting or-
3 ganizations about treating substance use dis-
4 order in pregnant and postpartum women;

5 “(D) appropriate screening and interven-
6 tions for infants affected by substance use dis-
7 order, including alcohol use disorder, and the
8 requirements section 402(c) and

9 “(E) appropriate multigenerational strate-
10 gies to address the mental health needs of the
11 parent and child together.

12 “(5) Developing and updating systems of tech-
13 nology for improved data collection and monitoring
14 of family care plans, including existing electronic
15 medical records, to measure the outcomes achieved
16 through the family care plans, including monitoring
17 systems to meet the requirements of this title and
18 submission of performance measures.

19 “(e) REPORTING.—Each State that receives funds
20 under this section, for each year such funds are received,
21 shall submit a report to the Secretary that includes—

22 “(1) the impact of substance use disorder in
23 such State, including with respect to the substance
24 or class of substances with the highest incidence of
25 abuse in the previous year in such State, including—

1 “(A) the prevalence of substance use dis-
2 order in such State;

3 “(B) the aggregate rate of births in the
4 State of infants affected by substance use dis-
5 order, including alcohol use disorder (as deter-
6 mined by hospitals, insurance claims, claims
7 submitted to the State Medicaid program, or
8 other records), if available and to the extent
9 practicable;

10 “(C) the number and percentage of infants
11 identified, for whom a family care plan was de-
12 veloped, and for whom a referral was made for
13 appropriate services;

14 “(D) the number and percentage of family
15 care plans developed prior to the expected deliv-
16 ery of an infant affected by substance use dis-
17 order, including alcohol use disorder; and

18 “(E) the challenges the State faces in de-
19 veloping, implementing, and monitoring family
20 care plans in accordance with section 402(c);

21 “(2) data disaggregated by geographic location,
22 economic status, race and ethnicity, except that such
23 disaggregation shall not be required if the results
24 would reveal personally identifiable information on,

1 with respect to infants identified under section
2 402(c)—

3 “(A) the number who experienced removal
4 associated with parental substance use;

5 “(B) the number who experienced removal
6 and subsequently are reunified with parents,
7 and the length of time between such removal
8 and reunification;

9 “(C) the number who are referred to com-
10 munity providers without a child protection
11 case;

12 “(D) the number who receive services while
13 in the care of their birth parents;

14 “(E) the number who receive post-reunifi-
15 cation services within 1 year after a reunifica-
16 tion has occurred; and

17 “(F) the number who experienced a return
18 to out-of-home care within 1 year after reunifi-
19 cation.

20 “(f) SECRETARY’S REPORT TO CONGRESS.—The Sec-
21 retary shall submit an annual report to the Committee on
22 Health, Education, Labor, and Pensions and the Com-
23 mittee on Appropriations of the Senate and the Committee
24 on Education and Labor, the Committee on Appropria-
25 tions of the House of Representatives, and the Committee

1 on Energy and Commerce of the House of Representatives
2 that includes the information described in subsection (e)
3 and recommendations or observations on the challenges,
4 successes, and lessons derived from implementation of the
5 grant program.

6 “(g) EVALUATION.—The Secretary shall use the
7 amount reserved under subsection (b)(1)(A) to carry out
8 an independent evaluation to measure the effectiveness of
9 the program assisted under this subsection in—

10 “(1) developing comprehensive family care
11 plans to support the needs of infants, children, and
12 families;

13 “(2) increasing access to treatment support and
14 other services for mothers with a substance use dis-
15 order and their children;

16 “(3) providing access to appropriate screening,
17 assessment, and intervention services for infants af-
18 fected by substance use disorder, including alcohol
19 use disorder;

20 “(4) improving the capacity of health care pro-
21 fessionals, child welfare workers, and other per-
22 sonnel involved in the development, implementation,
23 and monitoring of family care plans; and

24 “(5) safely reducing the number of infants who
25 are placed in out-of-home care.

1 **“SEC. 405. AUTHORIZATION OF APPROPRIATIONS.**

2 “There are authorized to be appropriated to carry out
3 this title \$60,000,000 for fiscal year 2022 and such sums
4 as may be necessary for each of fiscal years 2023 through
5 2027.”.

6 **TITLE V—ADOPTION**
7 **OPPORTUNITIES**

8 **SEC. 501. PURPOSE.**

9 Section 201 of the Child Abuse Prevention and
10 Treatment and Adoption Reform Act of 1978 (42 U.S.C.
11 5111) is amended—

12 (1) by striking the section heading and insert-
13 ing the following:

14 **“SEC. 201. PURPOSE.”;**

15 (2) by striking subsection (a); and

16 (3) in subsection (b)—

17 (A) by striking the following:

18 “(b) PURPOSE.—”;

19 (B) in the matter preceding paragraph (1),
20 by striking “particularly” and all that follows
21 through “, by providing” and inserting “par-
22 ticularly for children facing barriers to adop-
23 tion, by providing”;

24 (C) in paragraph (2), by striking “and” at
25 the end;

1 (D) in paragraph (3), by striking the pe-
2 riod at the end and inserting a semicolon; and

3 (E) by adding at the end the following:

4 “(4) support the development and implementa-
5 tion of evidence-based and evidence-informed post-
6 legal adoption services for families that adopt chil-
7 dren, in order to increase permanency in adoptive
8 placements; and

9 “(5) support the recruitment of racially and
10 ethnically diverse prospective foster and adoptive
11 parents.”.

12 **SEC. 502. DEFINITIONS.**

13 Title II of the Child Abuse Prevention and Treatment
14 and Adoption Reform Act of 1978 is amended by inserting
15 after section 201 (42 U.S.C. 5111) the following:

16 **“SEC. 202. DEFINITIONS.**

17 “In this title:

18 “(1) CHILD FACING A BARRIER TO ADOP-
19 TION.—The term ‘child facing a barrier to adoption’
20 includes an older child, a child who is a racial or
21 ethnic minority, a child with a disability, a child or
22 youth who belongs to a population that is the focus
23 of research efforts authorized under section 404N of
24 the 21st Century Cures Act (42 U.S.C. 283p) and
25 defined in Notice NOT-OD-19-139, issued by the

1 National Institutes of Health on August 28, 2019,
2 and a child with special needs as defined in section
3 473(c) of the Social Security Act (42 U.S.C.
4 673(c)).

5 “(2) SECRETARY.—The term ‘Secretary’ means
6 the Secretary of Health and Human Services.”.

7 **SEC. 503. INFORMATION AND SERVICES.**

8 Section 203 of the Child Abuse Prevention and
9 Treatment and Adoption Reform Act of 1978 (42 U.S.C.
10 5113) is amended—

11 (1) by striking subsection (a) and inserting the
12 following:

13 “(a) PROGRAM AUTHORIZATION.—

14 “(1) IN GENERAL.—The Secretary shall estab-
15 lish an appropriate administrative arrangement to
16 provide a centralized focus for carrying out the pro-
17 visions of this title and for planning and coordi-
18 nating all departmental activities affecting adoption
19 and foster care, including—

20 “(A) services to facilitate the adoption of
21 children facing barriers to adoption;

22 “(B) services to families considering adop-
23 tion of such children; and

24 “(C) pre- and post-legal adoption services
25 for families to provide permanent, safe, and

1 caring home environments for children who
2 would benefit from adoption.

3 “(2) TECHNICAL ASSISTANCE.—The Secretary
4 shall make available such consultant services, on-site
5 technical assistance and personnel, together with
6 payment of appropriate administrative expenses, in-
7 cluding salaries and travel costs, as are necessary
8 for carrying out departmental activities described in
9 paragraph (1).”;

10 (2) in subsection (b)—

11 (A) in the matter preceding paragraph (1),
12 by striking “connection with”;

13 (B) in paragraph (1), by striking “and
14 prepare” and all that follows and inserting the
15 following: “including—

16 “(A) adoption competency training that
17 supports the mental health needs of adoptive
18 families to promote permanency, including the
19 evaluation and updating of adoption com-
20 petency training curricula for child welfare and
21 mental health professionals; and

22 “(B) the development of information and
23 education and training materials, regarding
24 adoption, adoption assistance programs, and
25 post-legal adoption services, and dissemination

1 of the materials to all interested parties, public
2 and private agencies and organizations (includ-
3 ing hospitals, health care providers, and social
4 services agencies), and governmental bodies;”;

5 (C) in paragraph (2)—

6 (i) by striking “conduct, directly” and
7 inserting “conduct (directly”;

8 (ii) by striking “private organizations,
9 ongoing, extensive recruitment efforts” and
10 inserting “private agencies or organiza-
11 tions) ongoing, extensive public awareness
12 and recruitment efforts”;

13 (iii) by striking “to promote the adop-
14 tion of older children, minority children,
15 and children with special needs, develop
16 national public awareness efforts to unite”
17 and inserting the following: “to—

18 “(A) promote the adoption of children fac-
19 ing barriers to adoption;

20 “(B) unite”; and

21 (iv) by striking “parents, and estab-
22 lish” and inserting “parents; and

23 “(C) establish”;

24 (D) in paragraph (3)—

1 (i) by striking “for (A) the” and in-
2 serting the following “for—

3 “(A) the”;

4 (ii) by striking “and (B) the” and in-
5 serting the following “and

6 “(B) the”;

7 (E) in paragraph (4)—

8 (i) by striking “groups and minority
9 groups)” and inserting “groups and orga-
10 nizations that represent families who are
11 racial or ethnic minorities)”;

12 (ii) by striking “of minorities” and in-
13 serting “of people who are racial or ethnic
14 minorities”;

15 (F) in paragraph (5), by striking “corpora-
16 tions and” and inserting “large and”;

17 (G) in paragraph (7)—

18 (i) by striking “increase” and insert-
19 ing “identify best practices for”;

20 (ii) by striking “for the recruitment
21 of” and inserting “to recruit”; and

22 (iii) by striking “older children” and
23 all that follows and inserting “children fac-
24 ing barriers to adoption;”;

1 (H) in paragraph (8), by striking “in
2 order”;

3 (I) in paragraph (9)—

4 (i) in the matter preceding subpara-
5 graph (A), by striking “Special Needs”
6 and inserting “Children Facing Barriers
7 to”;

8 (ii) in subparagraph (A), by inserting
9 “people who are racial or ethnic” before
10 “minorities”;

11 (iii) in subparagraph (B), by striking
12 “with special needs” and inserting “facing
13 barriers to adoption”; and

14 (iv) by striking subparagraph (D) and
15 inserting the following:

16 “(D) identify and disseminate best prac-
17 tices to reduce adoption disruption and dissolu-
18 tion, and increase permanency, including best
19 practices related to pre- and post-legal adoption
20 services;”;

21 (J) in paragraph (10)—

22 (i) in the matter preceding subpara-
23 graph (A)—

24 (I) by inserting “racial or ethnic”
25 before “minority populations”;

1 (II) by striking “minority chil-
2 dren” and inserting “children who are
3 racial or ethnic minorities”; and

4 (III) by striking “minority fami-
5 lies” and inserting “racially and eth-
6 nically diverse families”;

7 (ii) in subparagraph (A)—

8 (I) in clause (ii), by striking “,
9 including” and all that follows and in-
10 serting a semicolon;

11 (II) by redesignating clauses (iii)
12 through (ix) as clauses (iv) through
13 (x);

14 (III) by inserting after clause (ii)
15 the following:

16 “(iii) developing and using proce-
17 dures, including family finding strategies,
18 to notify family and relatives when a child
19 enters the child welfare system, and to
20 identify such family and relatives who are
21 willing to adopt or provide a permanent,
22 safe, and caring home for such child to im-
23 prove permanency;”;

24 (IV) in clause (vi), as so redesign-
25 nated, by inserting “, including such

1 groups for prospective kinship care-
2 givers” before the semicolon;

3 (V) in clause (vii), as so redesign-
4 nated, by striking “training of per-
5 sonnel” and inserting “training on
6 working with diverse cultural, racial,
7 linguistic, and socioeconomic commu-
8 nities, for”;

9 (VI) in clause (vii)(III), as so re-
10 designated, by striking “with experi-
11 ence” and all that follows and insert-
12 ing a semicolon;

13 (VII) in clause (ix), as so redes-
14 ignated, by inserting “, including such
15 groups for kinship caregivers” before
16 the semicolon; and

17 (VIII) in clause (x), as so redes-
18 ignated, by striking “Act” and insert-
19 ing “title”; and

20 (K) in paragraph (11)—

21 (i) in the matter preceding subpara-
22 graph (A), by inserting “Indian Tribes,
23 Tribal organizations,” after “States,”;

24 (ii) in subparagraph (B), by striking
25 “and” at the end;

1 (iii) in subparagraph (C), by striking
2 the period at the end and inserting “;
3 and”; and

4 (iv) by adding at the end the fol-
5 lowing:

6 “(D) procedures to identify and support
7 potential kinship care arrangements.”;

8 (3) in subsection (c)—

9 (A) by striking the subsection header and
10 inserting the following:

11 “(c) SERVICES FOR FAMILIES ADOPTING CHILDREN
12 FACING BARRIERS TO ADOPTION.—”;

13 (B) in paragraph (1), by striking “special
14 needs children” and inserting “children facing
15 barriers to adoption”; and

16 (C) in paragraph (2)(G), by inserting “,
17 including such parents, children, and siblings in
18 kinship care arrangements” before the semi-
19 colon;

20 (4) in subsection (d)—

21 (A) by striking the subsection header and
22 inserting the following:

23 “(d) IMPROVING PLACEMENT RATE OF CHILDREN IN
24 FOSTER CARE AND IMPROVING POST-LEGAL ADOPTION
25 SERVICES.—”;

1 (B) in paragraph (1), by inserting “includ-
2 ing through the improvement of post-legal
3 adoption services,” after “adoption,”;

4 (C) in paragraph (2)—

5 (i) in subparagraph (A)—

6 (I) in clause (i), by inserting “,
7 including plans to assess the need for
8 and provide post-legal adoption serv-
9 ices in order to improve permanency”
10 before the semicolon;

11 (II) in clause (ii), by striking
12 “older children” and all that follows
13 and inserting “children facing barriers
14 to adoption, who are legally free for
15 adoption;”;

16 (III) in clause (iv), by striking
17 “section 473” and all that follows and
18 inserting “subpart 2 of part B of title
19 IV of the Social Security Act (42
20 U.S.C. 629 et seq.) and part E of
21 such title IV (42 U.S.C. 670 et
22 seq.).”; and

23 (ii) in subparagraph (B)—

24 (I) in clause (i), by striking
25 “older children” and all that follows

1 through “special needs,” and inserting
2 “children facing barriers to adop-
3 tion;”; and

4 (II) in clause (ii), by striking
5 “successful” and inserting “evidence-
6 based and evidence-informed”; and

7 (D) in paragraph (3)—

8 (i) in subparagraph (A)—

9 (I) by striking the first sentence;
10 and

11 (II) in the last sentence, by strik-
12 ing “section 205(a)” and inserting
13 “section 206(a)”; and

14 (ii) in subparagraph (B), by striking
15 “this Act” and inserting “this title”; and

16 (5) in subsection (e)(1), by inserting before the
17 period at the end the following: “, such as through
18 the use of an electronic interstate case processing
19 system”.

20 **SEC. 504. STUDIES AND REPORTS.**

21 Section 204 of the Child Abuse Prevention and
22 Treatment and Adoption Reform Act of 1978 (42 U.S.C.
23 5114) is amended to read as follows:

1 **“SEC. 204. STUDIES AND REPORTS.**

2 “(a) REPORT ON THE OUTCOMES OF INDIVIDUALS
3 WHO WERE ADOPTED FROM FOSTER CARE.—Not later
4 than 2 years after the date of enactment of the CAPTA
5 Reauthorization Act of 2021, the Secretary shall prepare
6 and submit to the Committee on Health, Education,
7 Labor, and Pensions of the Senate and the Committee on
8 Education and Labor of the House of Representatives a
9 report on research and data regarding—

10 “(1) the outcomes of individuals who were
11 adopted from foster care as children; and

12 “(2) a summary of the post-adoption services
13 available to families that adopted children from fos-
14 ter care regarding the extent to which such services
15 are evidence-based or evidence-informed.

16 “(b) REPORT ON ADOPTION DISRUPTION AND DIS-
17 SOLUTION.—

18 “(1) IN GENERAL.—Not later than 18 months
19 after the date of enactment of the CAPTA Reau-
20 thorization Act of 2021, the Secretary shall prepare
21 and submit to the Committee on Health, Education,
22 Labor, and Pensions of the Senate and the Com-
23 mittee on Education and Labor of the House of
24 Representatives a report on children who enter into
25 foster care under the supervision of a State after
26 prior finalization of an adoption or legal guardian-

1 ship, including adoptions of foster youth and inter-
2 national adoptions.

3 “(2) INFORMATION.—The Secretary shall in-
4 clude in such report information, to the extent that
5 such information is available through the Adoption
6 and Foster Care Analysis and Reporting System and
7 other data sources, regarding the incidence of adop-
8 tion disruption and dissolution impacting children
9 described in paragraph (1) and factors associated
10 with such circumstances, including—

11 “(A) whether affected individuals received
12 pre- or post-legal adoption services; and

13 “(B) other relevant information, such as
14 the age of the child involved.”.

15 **SEC. 505. UNREGULATED CUSTODY TRANSFERS.**

16 Title II of the Child Abuse Prevention and Treatment
17 and Adoption Reform Act of 1978 (42 U.S.C. 5111 et
18 seq.) is amended—

19 (1) by redesignating section 205 (42 U.S.C.
20 5115) as section 206; and

21 (2) by inserting after section 204 the following:

1 **“SEC. 205. SENSE OF CONGRESS, TECHNICAL ASSISTANCE,**
2 **AND REPORT ON UNREGULATED CUSTODY**
3 **TRANSFERS.**

4 “(a) SENSE OF CONGRESS.—It is the sense of Con-
5 gress that—

6 “(1) there are challenges associated with adop-
7 tions (including the child’s mental health needs and
8 the difficulties many families face in accessing sup-
9 port services) and some families may seek out an
10 unregulated transfer of physical custody of an adop-
11 tive child without any formal supervision by child
12 welfare agencies or courts;

13 “(2) adopted children experience trauma, and
14 the disruption and placement in another home due
15 to such a transfer may contribute to additional trau-
16 ma and instability for such children;

17 “(3) unregulated custody transfers may not in-
18 clude certain safety measures that are required as
19 part of formal adoption proceedings;

20 “(4) child welfare agencies and courts may be
21 unaware of the placement of children through un-
22 regulated custody transfers and, as a result, may not
23 conduct assessments on children’s safety and well-
24 being in such subsequent placements;

1 “(5) the lack of such assessments may result in
2 the placement of children in homes in which the chil-
3 dren may be exposed to unsafe environments;

4 “(6) the caregivers with whom a child is placed
5 through an unregulated custody transfer may have
6 no legal responsibility with respect to such child and
7 may not have complete records, including the child’s
8 birth, medical, or other records, with respect to such
9 child;

10 “(7) a child adopted through intercountry adop-
11 tion may be at risk of not acquiring United States
12 citizenship if an unregulated custody transfer occurs
13 before the adoptive parents complete all necessary
14 steps to finalize the adoption of such child;

15 “(8) unregulated custody transfers pose signifi-
16 cant challenges for children who experience such
17 transfers; and

18 “(9) the Department of Health and Human
19 Services should support States in preventing, identi-
20 fying, and responding to unregulated custody trans-
21 fers, including of adopted children.

22 “(b) DEFINITION.—For the purpose of this section,
23 the term ‘unregulated custody transfer’ means the aban-
24 donment of a child, by the child’s parent or legal guardian,

1 or a person or entity acting on behalf, and with the con-
2 sent, of such parent or guardian—

3 “(1) by placing the child with a person who is
4 not—

5 “(A) the child’s parent, stepparent, grand-
6 parent, adult sibling, legal guardian, or other
7 adult relative;

8 “(B) a friend of the family who is an adult
9 and with whom the child is familiar; or

10 “(C) a member of the federally recognized
11 Indian Tribe of which the child is also a mem-
12 ber;

13 “(2) with the intent of severing the relationship
14 between the child and the parent or guardian of
15 such child; and

16 “(3) without—

17 “(A) reasonably ensuring the safety of the
18 child and permanency of the placement of the
19 child, including by conducting an official home
20 study, background check, and supervision; and

21 “(B) transferring the legal rights and re-
22 sponsibilities of parenthood or guardianship
23 under applicable Federal and State law to a
24 person described in subparagraph (A), (B), or
25 (C) of paragraph (1).

1 “(c) TECHNICAL ASSISTANCE AND PUBLIC AWARE-
2 NESS.—The Secretary, in coordination with the heads of
3 other relevant departments of the Federal Government—

4 “(1) shall improve public awareness related to
5 preventing adoption disruption and dissolution, in-
6 cluding preventing unregulated custody transfers of
7 adopted children; and

8 “(2) in carrying out paragraph (1), shall update
9 Federal resources, including internet websites, to
10 provide—

11 “(A) employees of State, local, and Tribal
12 agencies that provide child welfare services with
13 education and training materials related to pre-
14 venting, identifying, and responding to unregu-
15 lated custody transfers; and

16 “(B) prospective adoptive families with in-
17 formation on pre-adoption training and post-
18 legal adoption services from State, local, and
19 private resources to promote child permanency.

20 “(d) REPORT TO CONGRESS.—

21 “(1) IN GENERAL.—Not later than 1 year after
22 the date of enactment of the CAPTA Reauthoriza-
23 tion Act of 2021, the Secretary, in consultation with
24 the Secretary of State, shall prepare and submit to
25 the Committee on Health, Education, Labor, and

1 Pensions of the Senate, the Committee on Finance
2 of the Senate, the Committee on Education and
3 Labor of the House of Representatives, and the
4 Committee on Ways and Means of the House of
5 Representatives, a report on unregulated custody
6 transfers of children, including of adopted children.

7 “(2) ELEMENTS.—The report required under
8 paragraph (1) shall include—

9 “(A) information on the causes, methods,
10 and characteristics of unregulated custody
11 transfers, including the use of social media and
12 the internet;

13 “(B) information on the effects of unregu-
14 lated custody transfer on children, including the
15 effects of the lack of assessment of a child’s
16 safety and well-being by social services agencies
17 and courts due to such unregulated custody
18 transfer;

19 “(C) data on the prevalence of unregulated
20 custody transfers within each State and across
21 all States;

22 “(D) recommended policies for preventing,
23 identifying, and responding to unregulated cus-
24 tody transfers, including of adopted children,
25 that include—

1 “(i) suggested changes or updates to
2 Federal and State law to address unregu-
3 lated custody transfers;

4 “(ii) suggested changes or updates to
5 child protection practices to address un-
6 regulated custody transfers; and

7 “(iii) methods of providing to the pub-
8 lic information regarding adoption and
9 child protection; and

10 “(E) a description of the activities carried
11 out under subsection (c).”.

12 **SEC. 506. AUTHORIZATION OF APPROPRIATIONS.**

13 Section 206 of the Child Abuse Prevention and
14 Treatment and Adoption Reform Act of 1978 (42 U.S.C.
15 5115) is amended to read as follows:

16 **“SEC. 206. AUTHORIZATION OF APPROPRIATIONS.**

17 “(a) IN GENERAL.—There are authorized to be ap-
18 propriated \$50,000,000 for fiscal year 2022 and such
19 sums as may be necessary for each of fiscal years 2023
20 through 2027 to carry out programs and activities author-
21 ized under this title.

22 “(b) ALLOCATION.—Not less than 35 percent and not
23 more than 50 percent of the funds appropriated under
24 subsection (a) shall be allocated for activities under sub-
25 sections (b)(10) and (c) of section 203.

1 “(c) AVAILABILITY.—Funds appropriated pursuant
2 to authorizations in this title shall remain available until
3 expended for the purposes for which the funds were appro-
4 priated.”.