

Calendar No. 165

117TH CONGRESS
1ST SESSION**S. 1927**

To amend the Child Abuse Prevention and Treatment Act.

IN THE SENATE OF THE UNITED STATES

MAY 27, 2021

Mrs. MURRAY (for herself, Mr. BURR, Mr. KAINE, Mr. LUJÁN, Ms. SMITH, and Mr. CASEY) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

NOVEMBER 15, 2021

Reported by Mrs. MURRAY, with an amendment

[Strike out all after the enacting clause and insert the part printed in italic]

A BILL

To amend the Child Abuse Prevention and Treatment Act.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

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:

See: 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.
 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.

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.

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

- Sec. 301: Identifying and preventing child fatalities and near fatalities due to child abuse and neglect.

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

- 1 (2) by amending the table of contents under
2 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.
“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. Grants for State child death review of child abuse and neglect fatalities and near fatalities.
“Sec. 304. 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

1 (17)), or an act or failure to act which presents an
2 imminent risk of serious harm.

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

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

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

21 “(A) are provided by organizations ear-
22 rying out programs such as family resource pro-
23 grams, family support programs, voluntary
24 home visiting programs, respite care services
25 programs, parenting education, mutual support

1 programs for parents and children, parent part-
2 ner programs, family advocate programs, and
3 other community programs or networks of such
4 programs; and

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

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

19 “(8) GOVERNOR.—The term ‘Governor’ means
20 the chief executive officer of a State.

21 “(9) HOMELESS CHILDREN AND YOUTH.—The
22 term ‘homeless children and youth’ means an indi-
23 vidual who is described in section 725 of the McKim-
24 ney-Vento Homeless Assistance Act (42 U.S.C.
25 11434a).

1 “(10) INDIAN; INDIAN TRIBE; TRIBAL ORGANI-
2 ZATION.—The terms ‘Indian’, ‘Indian Tribe’, and
3 ‘Tribal organization’ have the meanings given the
4 terms ‘Indian’, ‘Indian tribe’, and ‘tribal organiza-
5 tion’, respectively, in section 4 of the Indian Self-De-
6 termination and Education Assistance Act (25
7 U.S.C. 5304).

8 “(11) NATIVE HAWAIIAN.—The term ‘Native
9 Hawaiian’ has the meaning given the term in section
10 6207 of the Elementary and Secondary Education
11 Act of 1965 (20 U.S.C. 7517).

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

15 “(13) PROTECTIVE FACTORS LINKED TO THE
16 PREVENTION OF CHILD ABUSE AND NEGLECT.—The
17 term ‘protective factors linked to the prevention of
18 child abuse and neglect’ means evidence-based or
19 evidence-informed factors that have been dem-
20 onstrated to ensure families are more likely to be
21 healthy and strong and less likely to experience child
22 abuse and neglect.

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

1 “(A) provided in the temporary absence of
2 the regular caregiver (meaning a parent, other
3 relative, foster parent, adoptive parent, or
4 guardian);

5 “(B) provided to children who—

6 “(i) are in danger of child abuse or
7 neglect;

8 “(ii) have experienced child abuse or
9 neglect; or

10 “(iii) have disabilities or chronic or
11 terminal illnesses;

12 “(C) provided within or outside the home
13 of the child;

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

16 “(E) intended to enable the family to stay
17 together and to keep the child living in the
18 home and community of the child.

19 “(15) SECRETARY.—The term ‘Secretary’
20 means the Secretary of Health and Human Services.

21 “(16) SERIOUS BODILY INJURY.—The term ‘se-
22 rious bodily injury’ means bodily injury which in-
23 volves substantial risk of death, extreme physical
24 pain, protracted and obvious disfigurement, or pro-

1 tracted loss or impairment of the function of a bod-
 2 ily member, organ, or mental faculty.

3 “(17) SEXUAL ABUSE.—The term ‘sexual
 4 abuse’ includes—

5 “(A) the employment, use, persuasion, in-
 6 ducement, enticement, or coercion of any child
 7 to engage in, or assist any other person to en-
 8 gage in, any sexually explicit conduct or simula-
 9 tion of such conduct for the purpose of pro-
 10 ducing a visual depiction of such conduct; and

11 “(B) the rape, and in cases of caretaker or
 12 inter-familial relationships, statutory rape, mo-
 13 lestation, prostitution, or other form of sexual
 14 exploitation of children, or incest with children.

15 “(18) STATE.—Except as provided in section
 16 106(g), the term ‘State’ means each of the several
 17 States, the District of Columbia, the Commonwealth
 18 of Puerto Rico, the Virgin Islands, Guam, American
 19 Samoa, and the Commonwealth of the Northern
 20 Mariana Islands.

21 “(19) WITHHOLDING MEDICALLY INDICATED
 22 TREATMENT.—The term ‘withholding of medically
 23 indicated treatment’ means the failure to respond to
 24 the infant’s life-threatening conditions by providing
 25 treatment (including appropriate nutrition, hydra-

1 tion; and medication) which, in the treating physi-
 2 cian's or physicians' reasonable medical judgment,
 3 will be most likely to be effective in ameliorating or
 4 correcting all such conditions; except that the term
 5 does not include the failure to provide treatment
 6 (other than appropriate nutrition, hydration, or
 7 medication) to an infant when, in the treating physi-
 8 cian's or physicians' reasonable medical judgment—

9 “(A) the infant is chronically and irrevers-
 10 ibly comatose;

11 “(B) the provision of such treatment
 12 would—

13 “(i) merely prolong dying;

14 “(ii) not be effective in ameliorating
 15 or correcting all of the infant's life-threat-
 16 ening conditions; or

17 “(iii) otherwise be futile in terms of
 18 the survival of the infant; or

19 “(C) the provision of such treatment would
 20 be virtually futile in terms of the survival of the
 21 infant and the treatment itself under such cir-
 22 cumstances would be inhumane.

23 “(b) SPECIAL RULE.—

24 “(1) IN GENERAL.—For purposes of para-
 25 graphs (3) and (17) of subsection (a), a child shall

1 be considered a victim of child abuse and neglect or
 2 sexual abuse if the child is identified, by an em-
 3 ployee of the State or local agency involved, as being
 4 a victim of sex trafficking (as defined in section 103
 5 of the Trafficking Victims Protection Act of 2000
 6 (22 U.S.C. 7102)) or a victim of severe forms of
 7 trafficking in persons (as defined in such section
 8 103).

9 “(2) STATE OPTION.—Notwithstanding the def-
 10 inition of child under subsection (a)(2), for purposes
 11 of application of paragraph (1), a State may elect to
 12 define the term ‘child’ as a person who has not at-
 13 tained the age of 24.”

14 **TITLE I—GENERAL PROGRAM**

15 **SEC. 101. INTERAGENCY WORK GROUP ON CHILD ABUSE** 16 **AND NEGLECT.**

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

20 **“SEC. 102. INTERAGENCY WORK GROUP ON CHILD ABUSE** 21 **AND NEGLECT.**

22 “(a) ESTABLISHMENT.—The Secretary may establish
 23 and operate an Interagency Work Group on Child Abuse
 24 and Neglect (referred to in this section as the ‘Work
 25 Group’).

1 “(b) COMPOSITION.—The Work Group shall be com-
2 prised of representatives from Federal agencies with re-
3 sponsibility for child abuse and neglect related programs
4 and activities.

5 “(c) DUTIES.—The Work Group shall—

6 “(1) coordinate Federal efforts and activities
7 with respect to child abuse and neglect prevention
8 and treatment, including data collection and report-
9 ing;

10 “(2) serve as a forum that convenes relevant
11 Federal agencies to communicate and exchange ideas
12 concerning child abuse and neglect related programs
13 and activities; and

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

17 “(A) improving research;

18 “(B) focusing on prevention of child abuse
19 and neglect;

20 “(C) addressing racial bias and disparities
21 in the child protective services system;

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

1 “(E) identifying actions the child protec-
 2 tive services system can take to develop alter-
 3 native pathways to connect families experi-
 4 encing difficulty meeting basic needs or other
 5 risk factors associated with child abuse and ne-
 6 glect to community-based family strengthening
 7 services to prevent child abuse and neglect in
 8 order to safely reduce the number of families
 9 unnecessarily involved in such system; and

10 “(F) addressing the links between child
 11 abuse and neglect and domestic violence.”.

12 **SEC. 102. NATIONAL CLEARINGHOUSE FOR INFORMATION**
 13 **RELATING TO CHILD ABUSE.**

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

17 **“SEC. 103. NATIONAL CLEARINGHOUSE FOR INFORMATION**
 18 **RELATING TO CHILD ABUSE.**

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

23 “(b) **CONSULTATION.**—In establishing the clearing-
 24 house under subsection (a), the Secretary shall consult

1 with the head of each Federal agency involved with child
2 abuse and neglect regarding—

3 “(1) the development of the components for in-
4 formation collection;

5 “(2) the management of such clearinghouse;
6 and

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

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

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

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

18 “(B) potential for broad-scale implementa-
19 tion and replication;

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

24 “(3) best practices relating to—

25 “(A) differential response;

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

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

18 “(D) making appropriate referrals related
19 to the physical, developmental, and mental
20 health needs of children who are victims of
21 child abuse or neglect to address the needs of
22 such children and effectively treat the effects of
23 such abuse or neglect;

24 “(E) supporting children and youth being
25 cared for by kinship caregivers, including such

1 children whose living arrangements with kinship
2 caregivers occurred without the involvement of
3 a child protective services agency; and

4 “(F) workforce development and retention
5 of child protective services personnel;

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

8 “(A) for individuals who are engaged, or
9 who intend to engage, in the prevention, identi-
10 fication, and treatment of child abuse and ne-
11 glect, including mandated reporters; and

12 “(B) for appropriate State and local offi-
13 cials to assist in training law enforcement,
14 legal, judicial, medical, physical, behavioral and
15 mental health, education, child welfare, sub-
16 stance use disorder treatment services, and do-
17 mestic violence services personnel on—

18 “(i) the role of the child protective
19 services system to identify children at risk
20 of serious harm; and

21 “(ii) how to direct families in need to
22 alternative pathways for community-based
23 family strengthening services in order to
24 safely reduce the number of families un-

1 necessarily involved with child protective
2 services;

3 “(5) in conjunction with the National Resource
4 Centers authorized under section 310(b) of the
5 Family Violence Prevention and Services Act (42
6 U.S.C. 10410(b)), effective programs and best prac-
7 tices for developing and carrying out collaboration
8 between entities providing child protective services
9 and entities providing domestic violence services;

10 “(6) maintain and disseminate information
11 about the requirements of section 402(e) and best
12 practices relating to the development, implementa-
13 tion, and monitoring of family care plans as de-
14 scribed in section 402(e) for infants identified as
15 being affected by substance or alcohol use disorder,
16 including best practices on topics such as—

17 “(A) collaboration and coordination across
18 substance abuse agencies, child welfare agen-
19 cies, maternal and child health agencies, family
20 courts, and other community partners; and

21 “(B) identification and delivery of services
22 for affected infants and their families, including
23 for infants affected by substance use disorder,
24 including alcohol use disorder, but whose fami-

1 lies do not meet criteria for immediate safety
2 concerns of child abuse and neglect;

3 “(7) maintain and disseminate information re-
4 lating to the incidence of cases of child abuse and
5 neglect in the United States, including information
6 based on data submitted by State child protective
7 services agencies under section 106(d); and

8 “(8) compile, analyze, and publish a summary
9 of the research conducted under section 104(a).

10 “(d) DATA COLLECTION AND ANALYSIS.—

11 “(1) IN GENERAL.—The Secretary shall develop
12 and maintain a Federal data collection and analysis
13 system, in consultation with appropriate State and
14 local agencies and experts in the field, to collect,
15 compile, and make available State child abuse and
16 neglect reporting information which, to the extent
17 practical, shall be universal and case specific and in-
18 tegrated with other case-based Federal, State, Trib-
19 al, regional, and local child welfare data systems (in-
20 cluding the automated foster care and adoption re-
21 porting system required under section 479 of the So-
22 cial Security Act (42 U.S.C. 679)) which shall in-
23 clude—

1 “(A) standardized data on false, un-
2 founded, unsubstantiated, and substantiated re-
3 ports;

4 “(B) comparable information on child fa-
5 talities and near fatalities due to child abuse
6 and neglect, including—

7 “(i) the number of child fatalities and
8 near fatalities due to child abuse and ne-
9 glect; and

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

15 “(C) information about the incidence and
16 characteristics of child abuse and neglect in cir-
17 cumstances in which domestic violence is
18 present; and

19 “(D) information about the incidence and
20 characteristics of child abuse and neglect in
21 cases related to substance use disorder.

22 “(2) CONFIDENTIALITY REQUIREMENT.—In
23 carrying out paragraph (1)(D), the Secretary shall
24 ensure that methods are established and imple-

1 mented to preserve the confidentiality of records re-
2 lating to case specific data.”.

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

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

6 (1) by amending subsections (a) through (e) to
7 read as follows:

8 “(a) RESEARCH.—

9 “(1) IN GENERAL.—The Secretary shall ensure
10 that the Administration for Children and Families,
11 in coordination with the Centers for Disease Control
12 and Prevention, the Health Resources and Services
13 Administration, and other relevant Federal agencies,
14 and in consultation with recognized experts in the
15 field, carries out a continuing interdisciplinary pro-
16 gram of research, including longitudinal research,
17 that is designed 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 treatment of
16 children and families who experience child
17 abuse and neglect, including efforts to pre-
18 vent the re-traumatization of such children
19 and families;

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

23 “(C) effective practices and programs in
24 the use of differential response to identify chil-
25 dren at risk of serious harm and to safely re-

1 duce the number of families unnecessarily in-
2 vestigated by the child protective services sys-
3 tem;

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

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

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

22 “(G) child abuse and neglect issues facing
23 Indians, Alaska Natives, and Native Hawaiians,
24 including providing recommendations for im-
25 proving the collection of child abuse and neglect

1 data from Indian Tribes and Native Hawaiian
2 communities; and

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

10 “(3) NATIONAL INCIDENCE OF CHILD ABUSE
11 AND NEGLECT.—

12 “(A) IN GENERAL.—The Secretary shall
13 conduct research on the national incidence of
14 child abuse and neglect and investigate the
15 trends in such incidence, including the informa-
16 tion on the national incidence on child abuse
17 and neglect specified in subparagraph (B).

18 “(B) CONTENT.—The research described
19 in subparagraph (A) shall examine the national
20 incidence of child abuse and neglect, includ-
21 ing—

22 “(i) the extent to which incidents of
23 child abuse and neglect are increasing or
24 decreasing in number and severity;

1 “(ii) the incidence of substantiated
2 and unsubstantiated reported child abuse
3 and neglect cases;

4 “(iii) the number of substantiated
5 cases that result in a judicial finding of
6 child abuse or neglect or related criminal
7 court convictions;

8 “(iv) the extent to which the number
9 of unsubstantiated, unfounded, or falsely
10 reported cases of child abuse or neglect
11 have contributed to the inability of a State
12 to respond effectively to serious cases of
13 child abuse or neglect;

14 “(v) the extent to which the lack of
15 adequate resources or the lack of adequate
16 training of individuals required by law to
17 report suspected cases of child abuse and
18 neglect have contributed to the inability of
19 a State to respond effectively to serious
20 cases of child abuse and neglect;

21 “(vi) the number of unsubstantiated,
22 false, or unfounded reports that have re-
23 sulted in a child being placed in substitute
24 care, and the duration of such placement;

1 “(vii) the extent to which unsubstan-
2 tiated reports return as more serious cases
3 of child abuse or neglect;

4 “(viii) the incidence and prevalence of
5 physical, sexual, and emotional abuse and
6 physical and emotional neglect in sub-
7 stitute care;

8 “(ix) the incidence and prevalence of
9 child maltreatment by a wide array of de-
10 mographic characteristics such as age, sex,
11 race, family structure, household relation-
12 ship (including the living arrangement of
13 the resident parent and family size), school
14 enrollment and education attainment, dis-
15 ability, grandparents as caregivers, labor
16 force status, work status in previous year,
17 and income in previous year;

18 “(x) the extent to which reports of
19 suspected or known instances of child
20 abuse or neglect involving a potential com-
21 bination of jurisdictions, such as intra-
22 state, interstate, Federal-State, and State-
23 Tribal, are screened out solely on the basis
24 of the cross-jurisdictional complications;
25 and

1 ~~“(xi) the incidence and outcomes of~~
2 ~~child abuse and neglect allegations re-~~
3 ~~ported within the context of divorce, cus-~~
4 ~~tody, or other family court proceedings,~~
5 ~~and the interaction between family courts~~
6 ~~and the child protective services system.~~

7 ~~“(4) REPORT.—Not later than 3 years after the~~
8 ~~date of the enactment of the CAPTA Reauthoriza-~~
9 ~~tion Act of 2021 and every 2 years thereafter, the~~
10 ~~Secretary shall prepare and make available on a~~
11 ~~website that is accessible to the public and submit~~
12 ~~to the Committee on Health, Education, Labor, and~~
13 ~~Pensions of the Senate and the Committee on Edu-~~
14 ~~cation and Labor of the House of Representatives a~~
15 ~~report that—~~

16 ~~“(A) identifies the research priorities~~
17 ~~under paragraph (5) and the process for deter-~~
18 ~~mining such priorities;~~

19 ~~“(B) contains a summary of the research~~
20 ~~supported pursuant to paragraphs (1) and (2),~~
21 ~~and a summary of relevant research on child~~
22 ~~abuse and neglect conducted by other agencies~~
23 ~~within the Department of Health and Human~~
24 ~~Services;~~

1 “(C) contains the findings of the research
2 regarding the national incidence on child abuse
3 and neglect conducted under paragraph (3);
4 and

5 “(D) describes how the Secretary will con-
6 tinue to improve the accuracy of information on
7 the national incidence on child abuse and ne-
8 glect specified in paragraph (3).

9 “(5) PRIORITIES.—

10 “(A) IN GENERAL.—The Secretary shall
11 establish research priorities, which may include
12 long-term studies, for making grants or con-
13 tracts for purposes of carrying out paragraph
14 (1).

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

20 “(b) PROVISION OF TECHNICAL ASSISTANCE.—

21 “(1) IN GENERAL.—The Secretary shall provide
22 technical assistance to State and local public and
23 private agencies and community-based organizations,
24 including organizations that support children or
25 youth overrepresented in the child welfare system;

1 disability organizations, and persons who work with
2 children with disabilities, and providers of mental
3 health, substance use disorder treatment, and do-
4 mestic violence prevention services, to assist such
5 agencies and organizations in planning, improving,
6 developing, carrying out, and evaluating programs
7 and activities, including replicating successful pro-
8 gram models, relating to the prevention, assessment,
9 identification, and treatment of child abuse and ne-
10 glect.

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

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

15 “(B) provide professional development for
16 child protective services workers in trauma-in-
17 formed practices and supports that prevent and
18 mitigate the effects of trauma and adverse
19 childhood experiences for infants, children,
20 youth, and adults;

21 “(C) promote best practices for addressing
22 child abuse and neglect in families with complex
23 needs, such as families who have experienced
24 domestic violence, substance use disorders, and
25 adverse childhood experiences;

1 “(D) leverage community-based resources
2 to prevent child abuse and neglect to develop a
3 continuum of preventive services, including re-
4 sources regarding health (including mental
5 health and substance use disorder), housing,
6 food assistance, parent support, financial assist-
7 ance, early childhood care and education, edu-
8 cation services, and other services to assist fam-
9 ilies;

10 “(E) promote best practices for maxi-
11 mizing coordination and communication be-
12 tween State and local child welfare agencies and
13 relevant health care entities, consistent with all
14 applicable Federal and State privacy laws; and

15 “(F) provide other technical assistance, as
16 determined by the Secretary in consultation
17 with such State and local public and private
18 agencies and community-based organizations as
19 the Secretary determines appropriate.

20 “(3) EVALUATION.—The technical assistance
21 under paragraph (1) may include an evaluation or
22 identification of—

23 “(A) various methods and procedures for
24 the investigation, assessment, and prosecution
25 of child physical and sexual abuse cases;

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

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

5 “(D) effective approaches to link child pro-
6 tective service agencies with health care, mental
7 health care, and developmental services to im-
8 prove forensic diagnosis and health evaluations,
9 and barriers and shortages to such linkages.

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

14 “(A) individuals who are engaged, or who
15 intend to engage, in the prevention, identifica-
16 tion, and treatment of child abuse and neglect;
17 and

18 “(B) appropriate State and local officials
19 to assist in training law enforcement, legal, ju-
20 dicial, medical, mental health, education, child
21 welfare, substance use disorder, and domestic
22 violence services personnel in appropriate meth-
23 ods of interacting during investigative, adminis-
24 trative, and judicial proceedings with children
25 who have been subjected to, or children whom

1 such personnel suspect have been subjected to,
2 child abuse or neglect.

3 ~~“(e) AUTHORITY TO MAKE GRANTS OR ENTER INTO~~
4 ~~CONTRACTS.—~~

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

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

11 (2) by striking subsection (e).

12 **SEC. 104. GRANTS TO STATES, INDIAN TRIBES OR TRIBAL**
13 **ORGANIZATIONS, AND PUBLIC OR PRIVATE**
14 **AGENCIES AND ORGANIZATIONS.**

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

18 **“SEC. 105. GRANTS TO STATES, INDIAN TRIBES OR TRIBAL**
19 **ORGANIZATIONS, AND PUBLIC OR PRIVATE**
20 **AGENCIES AND ORGANIZATIONS.**

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

1 “(1) Capacity building, in order to create co-
2 ordinated, inclusive, and collaborative systems that
3 have statewide, local, or community-based impact in
4 preventing, reducing, and treating child abuse and
5 neglect.

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

10 “(b) CAPACITY BUILDING GRANT PROGRAM.—

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

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

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

17 “(B) a consortium of entities described in
18 subparagraph (A).

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

24 “(4) USES OF FUNDS.—An eligible entity re-
25 ceiving a grant or contract under this subsection

1 shall use the funds made available through the grant
2 or contract to better align and coordinate commu-
3 nity-based, local, or State activities to strengthen
4 families and prevent, reduce, or treat child abuse
5 and neglect, by—

6 “(A) training professionals in prevention,
7 identification, and treatment of child abuse and
8 neglect, which may include—

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

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

24 “(I) recognizing and responding
25 to child sexual abuse; and

1 “(II) safely reducing the number
2 of families unnecessarily investigated
3 by the child protective services system;
4 “(iii) training of personnel in best
5 practices to meet the unique needs and de-
6 velopment of special populations of chil-
7 dren, including children with disabilities,
8 infants, and toddlers;
9 “(iv) improving the training of super-
10 visory child welfare workers on best prac-
11 tices for recruiting, selecting, and retaining
12 personnel;
13 “(v) supporting State child welfare
14 and child protective services agencies to co-
15 ordinate the provision of services with
16 State and local health care agencies, sub-
17 stance use disorder prevention and treat-
18 ment agencies, mental health agencies,
19 other public and private welfare agencies,
20 and agencies that provide early interven-
21 tion services to promote child safety, per-
22 manence, and family stability, which may
23 include training on improving coordination
24 between agencies to meet health evaluation
25 and treatment needs of children who have

1 been victims of substantiated cases of child
2 abuse or neglect;

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

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

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

- 1 “(i) improve responses to reports of
2 child abuse and neglect;
- 3 “(ii) allow for the establishment or
4 improvement of a coordinated triage sys-
5 tem;
- 6 “(iii) connect families experiencing
7 difficulty meeting basic needs or risk fac-
8 tors associated with child abuse and ne-
9 glect to community-based systems and pro-
10 grams that assist families seeking support
11 to minimize involvement in the child pro-
12 tective services system; or
- 13 “(iv) modernize data systems and net-
14 works to improve the effectiveness of tech-
15 nology used by the child protective services
16 system, including to facilitate timely infor-
17 mation and data sharing and referrals be-
18 tween systems that are designed to serve
19 children and families; or
- 20 “(C) establishing or enhancing coordinated
21 systems of support for children, parents, and
22 families, including a continuum of preventive
23 services that strengthens families and connects
24 families to services and supports relevant to

1 their diverse needs regardless of how families
2 make contact with such systems.

3 ~~“(c) FIELD-INITIATED INNOVATION GRANT PRO-~~
4 ~~GRAM.—~~

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

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 public or private~~
14 ~~agency, or organization; or~~

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

17 ~~“(3) APPLICATIONS.—~~To receive a grant or
18 ~~contract under this subsection, an eligible entity~~
19 ~~shall submit an application to the Secretary at such~~
20 ~~time, in such manner, and containing such informa-~~
21 ~~tion as the Secretary may require, including a rig-~~
22 ~~orous methodological approach to the evaluation of~~
23 ~~the grant or contract.~~

24 ~~“(4) USE OF FUNDS.—~~An eligible entity that
25 ~~receives a grant or contract under this subsection~~

1 shall use the funds made available through the grant
2 or contract to carry out or bring to scale promising,
3 evidence-informed, or evidence-based activities to
4 prevent, treat, or reduce child abuse and neglect
5 that shall include one or more of the following:

6 “(A) Multidisciplinary systems of care to
7 strengthen families and prevent, treat, or re-
8 duce child abuse and neglect, such as programs
9 that focus on addressing traumatic stress in
10 families due to child abuse and neglect, espe-
11 cially for families with complex needs or fami-
12 lies in which children or parents exhibit high
13 levels of adverse childhood experiences.

14 “(B) Primary prevention programs or
15 strategies aimed at reducing the prevalence of
16 child abuse and neglect among families.

17 “(C) The development and use of alter-
18 native pathways to connect families experi-
19 encing difficulty meeting basic needs or other
20 risk factors associated with child abuse and ne-
21 glect to community-based family strengthening
22 services to prevent child abuse and neglect or
23 other public and private resources, such as sup-
24 porting the development and implementation
25 of—

1 “(i) local or State helplines (which
2 may include expanding hotlines and refer-
3 ral systems operated by State and local
4 child protective services agencies for such
5 purposes);

6 “(ii) a continuum of preventive serv-
7 ices that strengthen families and promote
8 child, parent, and family, well-being; and

9 “(iii) innovative collaboration and co-
10 ordination between the child protective
11 services system, public agencies, and com-
12 munity-based organizations (including
13 community-based providers supported
14 under title II).

15 “(D) Innovative training for mandated
16 child abuse and neglect reporters, which may
17 include training that is specific to the mandated
18 individual’s profession or role when working
19 with children.

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

23 “(F) Projects to improve implementation
24 of best practices to educate and assist medical
25 professionals in identifying, assessing, and re-

1 sponding to potential abuse in infants, includ-
2 ing improving communication and alignment
3 with child protective services as appropriate and
4 identifying injuries indicative of potential abuse
5 in infants, and to assess the outcomes of such
6 best practices.

7 “(G) Projects to establish or implement
8 comprehensive child sexual abuse awareness
9 and prevention programs in an age-appropriate
10 manner for parents, guardians, and profes-
11 sionals, including on recognizing and safely re-
12 porting such abuse.

13 “(d) EVALUATION.—In awarding grants and con-
14 tracts for programs or projects under this section, the Sec-
15 retary shall require all such programs and projects to be
16 evaluated for their effectiveness. Funding for such evalua-
17 tions shall be provided either as a stated percentage of
18 a grant or contracts or as a separate grant or contract
19 entered into by the Secretary for the purpose of evaluating
20 a particular program or project or group of programs or
21 projects. In the case of an evaluation performed by the
22 recipient of a grant, the Secretary shall make available
23 technical assistance for the evaluation, where needed, in-
24 cluding the use of a rigorous application of scientific eval-
25 uation techniques.”.

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

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

4 (1) by repealing section 114;

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

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

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

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

11 “The Secretary may award a grant under this section
12 to a nonprofit entity to provide for the ongoing operation
13 of a 24-hour, national, toll-free hotline to provide informa-
14 tion and assistance to children who are victims of child
15 abuse or neglect, parents, caregivers, mandated reporters,
16 and other concerned community members, including
17 through alternative modalities for communications (such
18 as texting or chat services) with such victims and other
19 information seekers.”.

20 **SEC. 106. GRANTS TO STATES FOR CHILD ABUSE OR NE-**
21 **GLECT PREVENTION AND TREATMENT PRO-**
22 **GRAMS.**

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

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

4 **“(a) DEVELOPMENT AND OPERATION GRANTS.—**The
5 Secretary shall make grants to the States, from allotments
6 made under subsection (g) for each State that applies for
7 a grant under this section, for purposes of assisting the
8 States in improving the child protective services system
9 of each such State with respect to one or more of the fol-
10 lowing activities:

11 **“(1) Improving the intake, assessment, screen-**
12 **ing, and investigation of reports of child abuse or**
13 **neglect, including—**

14 **“(A) the use of differential response, and**
15 **establishing and maintaining a rapid response**
16 **system for high-risk cases, with special atten-**
17 **tion to cases involving repeat referrals of the**
18 **same child, infants, and toddlers; and**

19 **“(B) protocols and training that reduce**
20 **and prevent racial bias in the child protective**
21 **services system.**

22 **“(2) Supporting trauma-informed response, in-**
23 **vestigation, and treatment of child abuse and neglect**
24 **by—**

1 “(A) creating and improving the use of
2 multidisciplinary teams, including children’s ad-
3 vocacy centers;

4 “(B) enhancing investigations through
5 interagency, intra-agency, interstate, and intra-
6 state protocols; and

7 “(C) improving legal preparation and rep-
8 resentation, including—

9 “(i) procedures for appealing and re-
10 sponding to appeals of substantiated re-
11 ports of child abuse or neglect; and

12 “(ii) provisions to ensure that all chil-
13 dren and parents shall have legal represen-
14 tation by a trained attorney in all cases in-
15 volving an allegation of child abuse or ne-
16 glect that results in a judicial proceeding;
17 for the entire duration of the court’s juris-
18 diction in the case.

19 “(3) Establishing alternative pathways to con-
20 nect families in need to voluntary, community-based
21 family strengthening services in order to enable the
22 child protective services system to focus on children
23 at most serious risk of harm and safely reduce the
24 number of families unnecessarily investigated for

1 child abuse and neglect, through the development,
2 implementation, and expansion of—

3 “(A) local or State helplines (which may
4 include expanding hotlines and referral systems
5 operated by State and local child protective
6 services agencies for such purposes); and

7 “(B) coordination with other local and
8 State public entities to support a continuum of
9 preventive services that strengthen families and
10 promote child, parent, and family well-being.

11 “(4) Improving case management approaches,
12 including ongoing case monitoring, and delivery of
13 services and treatment provided to children and
14 their families to ensure safety and respond to family
15 needs, including—

16 “(A) multidisciplinary approaches to as-
17 sessing family needs and connecting families
18 with services, including prevention services
19 under section 471 of the Social Security Act
20 (42 U.S.C. 671);

21 “(B) organizing treatment teams of com-
22 munity service providers that prevent and treat
23 child abuse and neglect, and improve child and
24 family well-being; and

1 “(C) ease-monitoring that can ensure
2 progress in child well-being.

3 “(5) Modernizing data systems to improve ease
4 management, coordination, and communication be-
5 tween State and local public agencies, including—

6 “(A) updating systems of technology that
7 support the program and track reports of child
8 abuse and neglect from intake through final
9 disposition and allow for interstate and intra-
10 state information exchange;

11 “(B) improving real-time ease monitoring
12 for caseworkers at the State and local levels to
13 track assessments, service referrals, follow-up,
14 ease reviews, and progress toward ease plan
15 goals;

16 “(C) facilitating real-time data sharing
17 across State and local public agencies to allow
18 for enhanced data collection and public disclo-
19 sure related to child fatalities and near fatali-
20 ties due to child abuse and neglect; and

21 “(D) developing, improving, and imple-
22 menting risk and safety assessment tools and
23 protocols that reduce and prevent bias.

24 “(6) Developing, strengthening, and facilitating
25 training for professionals and volunteers engaged in

1 the prevention, intervention, and treatment of child
2 abuse and neglect, including training on—

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

4 “(B) personal safety for case workers;

5 “(C) early childhood, child, and adolescent
6 development and the impact of child abuse and
7 neglect, including long-term impacts of adverse
8 childhood experiences;

9 “(D) improving coordination among child
10 protective service agencies and health care
11 agencies, entities providing health care (includ-
12 ing mental health and substance use disorder
13 services), and community resources;

14 “(E) improving screening, forensic diag-
15 nosis, and health and developmental evalua-
16 tions, which may include best practices for peri-
17 odic reevaluations, as appropriate;

18 “(F) addressing the unique needs of chil-
19 dren with disabilities, including promoting
20 interagency collaboration to meet such needs;

21 “(G) supporting the placement of children
22 with kinship caregivers and addressing the
23 unique needs of children in such placements;

24 “(H) implementing responsive, family-ori-
25 ented, and trauma-informed approaches to pre-

1 vention, identification, intervention, and treat-
2 ment of child abuse and neglect;

3 “(I) ensuring child safety;

4 “(J) the links between child abuse and ne-
5 glect and domestic violence, and approaches to
6 working with families with mental health needs
7 or substance use disorder;

8 “(K) coordinating with other services and
9 agencies to address family and child needs, in-
10 cluding trauma; and

11 “(L) distinguishing between cases of child
12 and abuse neglect and cases related to family
13 economic insecurity where abuse and neglect
14 are not present.

15 “(7) Improving the recruitment and retention
16 of caseworkers, such as efforts to address the effects
17 of indirect trauma exposure for child welfare work-
18 ers.

19 “(8) Developing, facilitating the use of, and im-
20 plementing evidence-based or evidence-informed
21 strategies and training protocols for individuals
22 mandated to report child abuse and neglect, which
23 may include improving public awareness and under-
24 standing relating to the role and responsibilities of
25 the child protective services system and the nature

1 and basis for reporting suspected incidents of child
2 abuse and neglect.

3 “(9) Developing, implementing, or operating
4 programs and referrals to assist in obtaining or co-
5 ordinating necessary services for families of infants
6 or toddlers with a disability, with special attention to
7 at-risk infants or toddlers (as defined in section 632
8 of the Individuals with Disabilities Education Act
9 (20 U.S.C. 1432)), including—

10 “(A) existing social and health services;

11 “(B) financial assistance;

12 “(C) educational services; and

13 “(D) the use of differential response in
14 preventing child abuse and neglect.

15 “(10) Enhancing interagency collaboration be-
16 tween agencies and providers of the child protective
17 services, public health, substance use disorder treat-
18 ment, education, domestic violence services, law en-
19 forcement, and juvenile justice to improve the inves-
20 tigation, intervention, delivery of services, and
21 treatments provided for children and families experi-
22 encing child abuse and neglect, which may include—

23 “(A) methods for continuity of treatment
24 plan and services as children and families tran-
25 sition between systems;

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

8 “(C) the provision of services that assist
9 children exposed to domestic violence, and that
10 also support the caregiving role of their non-
11 abusing parents;

12 “(D) enhancing the capacity of public enti-
13 ties or community-based providers to integrate
14 the leadership of parents in such entities’ deci-
15 sion-making; and

16 “(E) co-locating service providers.

17 “(11) Supporting the development, implementa-
18 tion, and monitoring of family care plans for infants
19 affected by substance use disorder, including alcohol
20 use disorder, and their families and affected care-
21 givers, in accordance with the requirements of sec-
22 tion 402(e), including through enhancing inter-
23 agency coordination, such as between the State’s
24 substance abuse agencies, public health and mental
25 health agencies, child welfare agencies, social serv-

1 ices agencies, health care facilities with labor and
2 delivery units, maternal and child health agencies,
3 early intervention agencies, family courts with juris-
4 diction in cases of child abuse and neglect, and other
5 agencies or entities involved in supporting families
6 affected by substance use disorders.

7 “(b) ELIGIBILITY REQUIREMENTS.—

8 “(1) STATE PLAN.—

9 “(A) IN GENERAL.—To be eligible to re-
10 ceive a grant under this section, a State shall
11 submit to the Secretary a State plan that speci-
12 fies how the State will use funds received under
13 the grant to improve and strengthen the child
14 protective services system through the activities
15 described in subsection (a).

16 “(B) DURATION OF PLAN.—Each State
17 plan shall—

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

23 “(ii) be periodically reviewed and re-
24 vised by the State, as necessary, to re-
25 flect—

1 “(I) any substantive changes to
2 State law or regulations related to the
3 prevention of child abuse and neglect
4 that may affect the eligibility of the
5 State under this section; and

6 “(II) any significant changes
7 from the State application related to
8 the State’s funding of strategies and
9 programs supported under this sec-
10 tion.

11 “(C) PUBLIC COLLABORATION AND COM-
12 MENT.—In developing the State plan under
13 subparagraph (A), each State shall—

14 “(i) consult widely with stakeholders
15 and relevant public and private organiza-
16 tions and individuals across the State,
17 which shall include parents;

18 “(ii) collaborate with the lead entity
19 and community-based providers funded
20 under title II to strengthen the State’s pre-
21 vention efforts in the State plan;

22 “(iii) make the draft plan publicly
23 available by electronic means in an easily
24 accessible format; and

1 “(iv) provide all interested members
2 of the public at least 30 days opportunity
3 to submit comments on the draft State
4 plan.

5 “(D) AVAILABILITY.—The State shall en-
6 sure that the final approved plan required
7 under subparagraph (A) shall be publicly avail-
8 able by electronic means in an easily accessible
9 format, and shall update the such publicly
10 available plan to include any revisions to such
11 plan described in subparagraph (B)(ii).

12 “(2) PLAN PROVISIONS.—

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

15 “(i) the activities the State will carry
16 out using amounts received under the
17 grant to prevent, treat, and reduce child
18 abuse and neglect;

19 “(ii) how the State will implement a
20 systems-building approach to develop and
21 maintain a continuum of preventive sup-
22 ports, in coordination with relevant State
23 and local public agencies families and com-
24 munity-based organizations, such as

1 through the development of alternative
2 pathways described in subsection (a)(3);

3 “(iii) training and retention activities
4 to be provided under the grant to support
5 direct line and supervisory personnel in re-
6 port taking, screening, assessment, deci-
7 sion-making, and referral for investigating
8 suspected instances of child abuse and ne-
9 glect;

10 “(iv) the training to be provided
11 under the grant for mandatory reporting
12 by individuals who are required to report
13 known or suspected cases of child abuse
14 and neglect, including for purposes of mak-
15 ing such individuals aware of these re-
16 quirements;

17 “(v) policies and procedures encour-
18 aging the appropriate involvement of fami-
19 lies in decision-making pertaining to chil-
20 dren who have experienced child abuse or
21 neglect;

22 “(vi) policies and procedures that pro-
23 mote and enhance appropriate collabora-
24 tion among child protective service agen-
25 cies, domestic violence service agencies,

1 substance abuse agencies, other relevant
2 agencies, and kinship navigators in inves-
3 tigations, interventions, and the delivery of
4 services and treatment provided to children
5 and families affected by child abuse or ne-
6 glect, including children exposed to domes-
7 tic violence, where appropriate;

8 “(vii) policies and procedures regard-
9 ing the use of differential response and a
10 timeline for the development and imple-
11 mentation of a rapid response system to
12 ensure that all referrals of repeat referrals
13 of the same child, infants, and toddlers re-
14 ceive a rapid response from such system;

15 “(viii) how the State will enact poli-
16 cies and procedures within 2 years of the
17 date of enactment of the CAPTA Reau-
18 thorization Act of 2021 requiring timely
19 public disclosure of the findings or infor-
20 mation about the case of child abuse or ne-
21 glect that has resulted in a child fatality or
22 near fatality (in accordance with relevant
23 Federal and State privacy and confiden-
24 tiality requirements), which shall include a
25 description of—

1 “(I) how the State will make
2 such information publically available
3 in an easily accessible format, includ-
4 ing information on—

5 “(aa) the cause and cir-
6 cumstances of the fatality or near
7 fatality;

8 “(bb) the age, gender, and
9 race or ethnicity of the child; and

10 “(cc) any previous reports of
11 child abuse or neglect investiga-
12 tions by the perpetrator or the
13 victim; and

14 “(II) assurances of the State that
15 the State will not allow an exception
16 to such public disclosure, except in a
17 case in which—

18 “(aa) the State needs to
19 delay public release of case-spe-
20 cific findings or information (in-
21 cluding any previous reports of
22 domestic violence and subsequent
23 actions taken to assess and ad-
24 dress such reports) during a
25 pending criminal investigation or

1 prosecution of such a fatality or
2 near fatality;

3 “(bb) the State is protecting
4 the identity of a reporter of child
5 abuse or neglect; or

6 “(cc) the State is with-
7 holding information in order to
8 ensure the safety and well-being
9 of the child, parents and family,
10 if such members of the victim’s
11 family are not perpetrators of the
12 fatality or near fatality;

13 “(ix) the State’s efforts to collect and
14 review data on child fatalities and near fa-
15 talities due to child abuse and neglect to
16 drive systemic change to prevent such inci-
17 dents from occurring in the future, includ-
18 ing a description of—

19 “(I) the criteria utilized by the
20 State’s child protective services agency
21 to determine which cases of child fa-
22 talities and near fatalities due to
23 abuse and neglect are reported under
24 subsection (d), subject to the require-
25 ments of section 422(b)(19) of the So-

1 eial Security Act (42 U.S.C. 622(b)),
2 such as whether such agency is sub-
3 mitting data on—

4 “(aa) only such cases that
5 had involvement with the State’s
6 child protective services agency,
7 including cases that were inves-
8 tigated by such agency, and sub-
9 stantiated as abuse or neglect by
10 such agency; or

11 “(bb) all cases of child fa-
12 talities and near fatalities identi-
13 fied as being related to child
14 abuse and neglect by the State’s
15 child death review system; and

16 “(H) how the State is reviewing
17 and analyzing such data to support
18 reforms intended to prevent future
19 child fatalities and near fatalities
20 across the policies and procedures of
21 the State’s agencies that support chil-
22 dren and families;

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

1 “(xi) the State’s efforts to improve
2 policies and procedures regarding the iden-
3 tification and response to child abuse and
4 neglect in order to safely reduce unneces-
5 sary investigations by State and local child
6 protective services agencies of—

7 “(I) families solely on the basis
8 of circumstances related to poverty;
9 and

10 “(II) families experiencing home-
11 lessness solely on the basis of cir-
12 cumstances related to such families’
13 housing status; and

14 “(xii) the State’s plan to ensure that,
15 within a specified timeline, all child victims
16 of child abuse or neglect that results in a
17 judicial proceeding are appointed—

18 “(I) a guardian ad litem, who
19 has received training appropriate to
20 the role, including training in early
21 childhood, child, and adolescent devel-
22 opment, and domestic violence; and
23 who may be a court appointed special
24 advocate—

1 “(aa) to obtain first-hand, a
2 clear understanding of the situa-
3 tion and needs of the child; and

4 “(bb) to make recommenda-
5 tions to the court concerning the
6 best interests of the child; and

7 “(H) an attorney ad litem to pro-
8 vide legal services for the child who—

9 “(aa) owes to the child the
10 duties of loyalty, confidentiality,
11 and competent legal representa-
12 tion; and

13 “(bb) is appointed to rep-
14 resent and express the child’s
15 wishes to the court.

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

18 “(i) provisions or procedures for indi-
19 viduals to report known and suspected in-
20 stances of child abuse and neglect as appli-
21 cable under State law, including a State
22 law for mandatory reporting by individuals
23 required to report such instances, includ-
24 ing, as defined by the State—

25 “(I) health professionals;

1 “(II) school and child care per-
2 sonnel;

3 “(III) law enforcement officials;

4 “(IV) social workers;

5 “(V) camp and after-school em-
6 ployees;

7 “(VI) clergy; and

8 “(VII) other individuals, as a
9 State may require;

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

21 “(iii) procedures for the immediate
22 screening, risk and safety assessment, and
23 prompt investigation of reports of sus-
24 pected or known instances of child abuse
25 and neglect, and triage procedures for the

1 appropriate referral of a child not at risk
2 of imminent harm to a community organi-
3 zation or voluntary preventive service;

4 “(iv) procedures for immediate steps
5 to be taken to ensure and protect the safe-
6 ty of a victim of child abuse or neglect and
7 of any other child under the same care who
8 may also be in danger of child abuse or ne-
9 glect and ensuring their placement in a
10 safe environment, which may include place-
11 ments with kinship caregivers;

12 “(v) methods to preserve the confiden-
13 tiality of all records in order to protect the
14 rights of the child and of the child’s par-
15 ents or guardians, including requirements
16 ensuring that reports and records made
17 and maintained pursuant to the purposes
18 of this Act shall only be made available
19 to—

20 “(I) individuals who are the sub-
21 ject of the report;

22 “(II) Federal, State, or local gov-
23 ernment entities, or any agent of such
24 entities, as described in clause (vi);

1 “~~(III)~~ child abuse citizen review
2 panels;

3 “~~(IV)~~ child fatality review panels;

4 “~~(V)~~ a grand jury or court, upon
5 a finding that information in the
6 record is necessary for the determina-
7 tion of an issue before the court or
8 grand jury; and

9 “~~(VI)~~ other entities or classes of
10 individuals statutorily authorized by
11 the State to receive such information
12 pursuant to a legitimate State pur-
13 pose;

14 “~~(vi)~~ provisions to require a State to
15 disclose confidential information to any
16 Federal, State, or local government entity,
17 or any agent of such entity, that has a
18 need for such information in order to carry
19 out its responsibilities under law to protect
20 children from child abuse and neglect;

21 “~~(vii)~~ provisions to require the co-
22 operation of State law enforcement offi-
23 cials, court of competent jurisdiction, and
24 appropriate State agencies providing
25 human services in the investigation, assess-

1 ment, prosecution, and treatment of child
2 abuse and neglect;

3 “~~(viii)~~ provisions requiring, and proce-
4 dures in place that facilitate the prompt
5 expungement of any records that are ac-
6 cessible to the general public or are used
7 for purposes of employment or other back-
8 ground checks in cases determined to be
9 unsubstantiated or false, except that noth-
10 ing in this section shall prevent State child
11 protective services agencies from keeping
12 information on unsubstantiated reports in
13 their casework files to assist in future risk
14 and safety assessment;

15 “~~(ix)~~ established and maintained cit-
16 izen review panels in accordance with sub-
17 section (e);

18 “~~(x)~~ provisions, procedures, and mech-
19 anisms—

20 “~~(I)~~ for the expedited termi-
21 nation of parental rights in the case
22 of any infant determined to be aban-
23 doned under State law; and

24 “~~(II)~~ by which individuals who
25 disagree with an official finding of

1 child abuse or neglect can appeal such
2 finding;

3 “(xi) provisions, procedures, and
4 mechanisms that assure that the State
5 does not require reunification of a sur-
6 viving child with a parent who has been
7 found by a court of competent jurisdic-
8 tion—

9 “(I) to have committed murder
10 (which would have been an offense
11 under section 1111(a) of title 18,
12 United States Code, if the offense had
13 occurred in the special maritime or
14 territorial jurisdiction of the United
15 States) of another child of such par-
16 ent;

17 “(II) to have committed vol-
18 untary manslaughter (which would
19 have been an offense under section
20 1112(a) of title 18, United States
21 Code, if the offense had occurred in
22 the special maritime or territorial ju-
23 risdiction of the United States) of an-
24 other child of such parent;

1 “(III) to have aided or abetted,
2 attempted, conspired, or solicited to
3 commit such murder or voluntary
4 manslaughter;

5 “(IV) to have committed a felony
6 assault that results in the serious bod-
7 ily injury to the surviving child or an-
8 other child of such parent;

9 “(V) to have committed sexual
10 abuse against the surviving child or
11 another child of such parent; or

12 “(VI) to be required to register
13 with a sex offender registry under sec-
14 tion 113(a) of the Adam Walsh Child
15 Protection and Safety Act of 2006
16 (34 U.S.C. 20913(a));

17 “(xii) an assurance that, upon the im-
18 plementation by the State of the provi-
19 sions, procedures, and mechanisms under
20 clause (xi), conviction of any one of the
21 felonies listed in clause (xi) constitute
22 grounds under State law for the termi-
23 nation of parental rights of the convicted
24 parent as to the surviving children (al-
25 though case-by-case determinations of

1 whether or not to seek termination of pa-
2 rental rights shall be within the sole discre-
3 tion of the State);

4 “(xiii) provisions and procedures to
5 require that a representative of the child
6 protective services agency shall, at the ini-
7 tial time of contact with the individual sub-
8 ject to a child abuse or neglect investiga-
9 tion, advise the individual of the com-
10 plaints or allegations made against the in-
11 dividual, in a manner that is consistent
12 with laws protecting the rights of the in-
13 formant;

14 “(xiv) provisions addressing the train-
15 ing of representatives of the child protec-
16 tive services system regarding the legal du-
17 ties of the representatives, which may con-
18 sist of various methods of informing such
19 representatives of such duties, including in
20 different languages if necessary, in order
21 to protect the legal rights and safety of
22 children and families from the initial time
23 of contact during investigation through
24 treatment;

1 “(xv) provisions and procedures for
2 requiring criminal background record
3 checks that meet the requirements of sec-
4 tion 471(a)(20) of the Social Security Act
5 (42 U.S.C. 671(a)(20)) for prospective fos-
6 ter and adoptive parents and other adult
7 relatives and non-relatives residing in the
8 household;

9 “(xvi) provisions for systems of tech-
10 nology that support the State child protec-
11 tive service system described in subsection
12 (a) and track reports of child abuse and
13 neglect from intake through final disposi-
14 tion;

15 “(xvii) provisions and procedures re-
16 quiring identification and assessment of all
17 reports involving children known or sus-
18 pected to be victims of sex trafficking (as
19 defined in section 103 of the Trafficking
20 Victims Protection Act of 2000 (22 U.S.C.
21 7102));

22 “(xviii) provisions and procedures for
23 training child protective services workers
24 about identifying, assessing, and providing
25 comprehensive services for children who

1 are sex trafficking (as defined in section
2 103 of the Trafficking Victims Protection
3 Act of 2000 (22 U.S.C. 7102)) victims, in-
4 cluding efforts to coordinate with State law
5 enforcement, juvenile justice, and social
6 service agencies such as runaway and
7 homeless youth shelters to serve this popu-
8 lation;

9 “(xix) procedures for responding to
10 the reporting of medical neglect (including
11 instances of withholding of medically indi-
12 cated treatment from infants with disabil-
13 ities who have life-threatening conditions);
14 procedures or programs, or both (within
15 the State child protective services system);
16 to provide for—

17 “(I) coordination and consulta-
18 tion with individuals designated by
19 and within appropriate health-care fa-
20 cilities;

21 “(II) prompt notification by indi-
22 viduals designated by and within ap-
23 propriate health care facilities of cases
24 of suspected medical neglect (includ-
25 ing instances of withholding of medi-

1 eally indicated treatment from infants
2 with disabilities who have life-threat-
3 ening conditions); and

4 “(III) authority, under State law,
5 for the State child protective services
6 system to pursue any legal remedies,
7 including the authority to initiate
8 legal proceedings in a court of com-
9 petent jurisdiction, as may be nec-
10 essary to prevent the withholding of
11 medically indicated treatment from in-
12 fants with disabilities who have life-
13 threatening conditions;

14 “(xx) procedures to provide informa-
15 tion and training for mandated reporters
16 who are educators on the requirements of
17 subtitle B of title VII of the McKinney-
18 Vento Homeless Assistance Act (42 U.S.C.
19 11431 et seq.) to support homeless chil-
20 dren and youth in enrolling, attending, and
21 succeeding in school, in accordance with
22 the State plan submitted under such sub-
23 title B;

24 “(xxi) collaborated with families af-
25 fected by child abuse or neglect, and the

1 lead entity and community-based providers
2 supported under title II in developing the
3 State plan described in paragraph (1);

4 “(xxii) provisions and procedures to
5 ensure that all parents shall, in all cases
6 involving allegations of child abuse or ne-
7 glect which results in a judicial proceeding,
8 have legal representation by a trained at-
9 torney for the entire duration of the
10 court’s jurisdiction in the case; and

11 “(xxiii) procedures and policies for de-
12 veloping, implementing, and monitoring
13 family care plans required under section
14 402(e) to ensure the safety and well-being
15 of infants born with, and identified as
16 being affected by, substance use disorder,
17 including alcohol use disorder, and the
18 well-being of such infants’ families and
19 caregivers.

20 “(3) LIMITATION.—

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-

1 individual initiating a report or complaint alleging
2 suspected instances of child abuse or neglect,
3 except that the State may not refuse such a dis-
4 closure where a court orders such disclosure
5 after such court has reviewed, in camera, the
6 record of the State related to the report or com-
7 plaint and has found it has reason to believe
8 that the reporter knowingly made a false re-
9 port.

10 “(B) CLARIFICATION.—Nothing in sub-
11 paragraph (A) shall be construed to limit a
12 State’s flexibility to determine State policies re-
13 lating to public access to court proceedings to
14 determine child abuse and neglect, except that
15 such policies shall, at a minimum, ensure the
16 safety and well-being of the child, parents, and
17 families.

18 “(C) MANDATED REPORTERS IN CERTAIN
19 STATES.—With respect to a State in which
20 State law requires all of the individuals to re-
21 port known or suspected instances of child
22 abuse and neglect directly to a State child pro-
23 tective services agency or to a law enforcement
24 agency, the requirement under paragraph
25 (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 “(c) CITIZEN REVIEW PANELS.—

5 “(1) ESTABLISHMENT.—

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

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

21 “(2) MEMBERSHIP.—Except as provided in
22 paragraph (1)(B), each panel established pursuant
23 to paragraph (1) shall be composed of volunteer
24 members who are broadly representative of the com-
25 munity in which such panel is established, including

1 parents with experience with the child protective
2 services system and members who have expertise in
3 the prevention and treatment of child abuse and ne-
4 glect, and may include adults who experienced child
5 abuse or neglect.

6 “(3) FUNCTIONS.—

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

15 “(i) the State plan under subsection
16 (b); and

17 “(ii) any other criteria that the panel
18 considers important to ensure the protec-
19 tion of children, including—

20 “(I) a review of the extent to
21 which the State and local child protec-
22 tive services system is coordinated
23 with the foster care, prevention, and
24 permanency program established
25 under part E of title IV of the Social

1 Security Act (42 U.S.C. 670 et seq.);

2 and

3 “(H) a review of child fatalities

4 and near fatalities due to child abuse

5 and neglect and State and local ef-

6 forts to change policies, procedures,

7 and practices to prevent future fatali-

8 ties and near fatalities.

9 “(B) ALTERNATIVE PATHWAYS.—In ear-

10 rying out the requirements of subparagraph

11 (A), each panel shall examine the policies, pro-

12 cedures, and practices of State and local child

13 protective services system agencies that result

14 in substantial numbers of families being unnee-

15 cessarily investigated for child abuse and neglect

16 (including by examining racial basis) and shall

17 develop recommendations to the State, in ae-

18 cordance with paragraph (5), regarding how

19 State and local child protective services agencies

20 can become a more effective system of appro-

21 priate and immediate response for children who

22 are at most serious risk of child abuse and ne-

23 glect and eliminate child abuse fatalities and

24 near fatalities.

25 “(C) CONFIDENTIALITY.—

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

4 “(I) shall not disclose to any per-
5 son or government official any identi-
6 fying information about any specific
7 child protection case with respect to
8 which the panel is provided informa-
9 tion; and

10 “(II) shall not make public other
11 information unless authorized by
12 State statute.

13 “(ii) CIVIL SANCTIONS.—Each State
14 that establishes a panel pursuant to para-
15 graph (1) shall establish civil sanctions for
16 a violation of clause (i).

17 “(D) PUBLIC OUTREACH.—Each panel
18 shall provide for public outreach and comment
19 in order to assess the impact of current proce-
20 dures and practices upon children and families
21 in the community and in order to meet its obli-
22 gations under subparagraph (A).

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

1 “(A) shall develop a memorandum of un-
2 derstanding with each panel, clearly outlining
3 the panel’s roles and responsibilities, and identi-
4 fying any support from the State;

5 “(B) shall provide the panel access to in-
6 formation on cases that the panel desires to re-
7 view if such information is necessary for the
8 panel to carry out its functions under para-
9 graph (3); and

10 “(C) shall provide the panel, upon its re-
11 quest, staff assistance for the performance of
12 the duties of the panel.

13 “(5) REPORTS.—Each citizen review panel es-
14 tablished under paragraph (1) shall annually prepare
15 and make available to the State and the public,
16 which activities may be carried out collectively by a
17 combination of such panels; a report containing a
18 summary of the activities of the panel and rec-
19 ommendations to improve the child protective serv-
20 ices system at the State and local levels. Not later
21 than 6 months after the date on which a report is
22 submitted by the panel to the State, the appropriate
23 State agency shall submit a written response to
24 State and local child protective services systems and
25 the panel that describes how the State will incor-

1 porate the recommendations of such panel (where
2 appropriate) to make measurable progress in im-
3 proving the State and local child protective services
4 systems, which response may include providing ex-
5 amples of efforts to implement the panel's rec-
6 ommendations.

7 “(d) ANNUAL STATE DATA REPORTS.—

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

13 “(2) EXCEPTION.—In working with States to
14 implement the requirement in paragraph (1), the
15 Secretary shall have the authority to waive such re-
16 quirements for any data element required in para-
17 graph (3) if a State demonstrates to the Secretary
18 that reporting such information is not feasible or is
19 insufficient to yield statistically reliable information.

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

24 “(A) The number of children who were re-
25 ported to the State during the year as victims

1 of child abuse or neglect, disaggregated, where
2 available, by demographic characteristics includ-
3 ing age, sex, race and ethnicity, disability, care-
4 giver risk factors, caregiver relationship, living
5 arrangement, and relation of victim to their
6 perpetrator.

7 “(B) Of the number of children described
8 in subparagraph (A), the number with respect
9 to whom such reports were—

10 “(i) substantiated;

11 “(ii) unsubstantiated; or

12 “(iii) determined to be false.

13 “(C) Of the number of children described
14 in subparagraph (A)—

15 “(i) the number that did not receive
16 services during the year under the State
17 program funded under this section or an
18 equivalent State program;

19 “(ii) the number that received services
20 during the year under the State program
21 funded under this section or an equivalent
22 State program; and

23 “(iii) the number that were removed
24 from their families during the year by dis-
25 position of the case.

1 “(D) The number of families that were
2 served through differential response, from the
3 State, during the year.

4 “(E) The number of child fatalities and
5 near fatalities in the State during the year re-
6 sulting from child abuse or neglect, which shall
7 include—

8 “(i) the number of child fatalities and
9 near fatalities due to child abuse and ne-
10 glect (disaggregated by such type of inci-
11 dent) that—

12 “(I) is compiled by the State
13 child protective services agency for
14 submission under this subsection; and

15 “(II) are derived from data
16 sources which—

17 “(aa) includes data from
18 State vital statistics departments,
19 child death review teams, law en-
20 forcement agencies, and offices of
21 medical examiners or coroners, in
22 accordance with the requirements
23 of section 422(b)(19) of the So-
24 cial Security Act (42 U.S.C.
25 622(b)(19)); and

1 “(bb) may include informa-
2 tion from hospitals, health de-
3 partments, juvenile justice de-
4 partments, and prosecutor and
5 attorney general offices; and

6 “(ii) case-specific information (and
7 the sources used to provide such informa-
8 tion) about the circumstances under which
9 a child fatality or near fatality occurred
10 due to abuse and neglect, including—

11 “(I) the cause of the death listed
12 on the death certificate in the case of
13 a child fatality, and the type of life-
14 threatening injury in the case of a
15 near fatality;

16 “(II) whether the child and such
17 child’s siblings were reported to the
18 State child protective services system;

19 “(III) the responses taken by the
20 child protective services agency (which
21 may include services or investigations,
22 as applicable), including any deter-
23 minations by such agency;

1 “(IV) the child’s living arrange-
2 ment or placement at the time of the
3 incident;

4 “(V) the perpetrator’s relation-
5 ship to the child;

6 “(VI) any known previous child
7 abuse and neglect of the child by
8 other perpetrators and of any child
9 abuse and neglect of other children by
10 the perpetrator;

11 “(VII) the demographics and rel-
12 evant characteristics of the child, per-
13 petrator, and family;

14 “(VIII) the child’s encounters
15 with the health care system prior to
16 the incident; and

17 “(IX) other relevant data as de-
18 termined by the Secretary designed to
19 inform prevention efforts.

20 “(F) Of the number of children described
21 in subparagraph (E), the number of such chil-
22 dren who were in foster care at the time of the
23 incident reported under such subparagraph.

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

1 “(I) intake of reports filed in the pre-
2 vious year;

3 “(II) screening of such reports;

4 “(III) assessment of such reports; and

5 “(IV) investigation of such reports.

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

8 “(H) The agency response time with re-
9 spect to each such report with respect to initial
10 investigation of reports of child abuse or ne-
11 glect.

12 “(I) The response time with respect to the
13 provision of services to families and children
14 where an allegation of child abuse or neglect
15 has been made.

16 “(J) For child protective service personnel
17 responsible for intake, screening, assessment,
18 and investigation of child abuse and neglect re-
19 ports in the State—

20 “(i) information on the education,
21 qualifications, and training requirements
22 established by the State for child protective
23 service professionals, including for entry
24 and advancement in the profession, includ-
25 ing advancement to supervisory positions;

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

3 “(iii) demographic information of the
4 child protective service personnel; and

5 “(iv) information on caseload or work-
6 load requirements for such personnel, in-
7 cluding requirements for average number
8 and maximum number of cases per child
9 protective service worker and supervisor.

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

14 “(i) the number of reports to the
15 State child protective services agency for
16 suspected child abuse and neglect;

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

19 “(iii) the number of fatalities or near
20 fatalities of such children due to child
21 abuse or neglect.

22 “(L) The number of children for whom in-
23 dividuals were appointed by the court to rep-
24 resent the best interests of such children and

1 the average number of out of court contacts be-
2 tween such individuals and children.

3 “(M) The annual report containing the
4 summary of the activities and recommendations
5 of the citizen review panels of the State re-
6 quired by subsection (e)(5).

7 “(N) The number of children under the
8 care of the State child protection system who
9 are transferred into the custody of the State ju-
10 venile justice system.

11 “(O) The number of children that had a
12 family care plan in accordance with section
13 402(e), and who were referred to the child pro-
14 tective services system.

15 “(P) The number of children determined
16 to be victims of sex trafficking.

17 “(4) NCANDS FILES.—Within 6 months after
18 receiving a State report under this subsection, the
19 Secretary shall make publish the data reported by
20 the State under paragraph (3) in the following for-
21 mats:

22 “(A) The agency file that contains aggre-
23 gate data.

24 “(B) The child file that contains case-spe-
25 cific information.

1 “(e) ANNUAL STATE REPORTS.—A State that re-
2 ceives funds under subsection (a) shall annually prepare
3 and submit to the Secretary a report describing the man-
4 ner in which funding provided under this section, alone
5 or in combination with other Federal funds, was used to
6 address the purposes and achieve the objectives of this sec-
7 tion, including—

8 “(1) the amount of such funding used by the
9 State to provide services to individuals, families, or
10 communities to strengthen families and prevent child
11 abuse and neglect, directly or through referrals, and
12 a description of how the State implemented systems-
13 building approaches to strategically coordinate such
14 services with State and local agencies and relevant
15 public entities to develop and maintain a continuum
16 of preventive services aimed at preventing the occur-
17 rence of child abuse and neglect;

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

21 “(3) a description of the State’s efforts to re-
22 duce racial bias and disparities in its child protective
23 services system, including changes in the rates of
24 overrepresentation of children or youth in the child
25 protective services system by race or ethnicity;

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

5 “(A) poverty; and

6 “(B) housing status;

7 “(5) the number of children under the age of 3
8 who are involved in a substantiated case of child
9 abuse or neglect and who the State child protective
10 services agency referred for early intervention serv-
11 ices funded under part C of the Individuals with
12 Disabilities Education Act (20 U.S.C. 1431 et seq.);
13 disaggregated, where available, by demographic
14 characteristics including race and ethnicity, and, for
15 children not referred for such services, a description
16 of why such children were not referred; and

17 “(6) a description of how the State used such
18 funding to implement effective strategies to enhance
19 collaboration among child protective services and so-
20 cial services, legal services, health care (including
21 mental health and substance use disorder services),
22 domestic violence service, and educational agencies,
23 and community-based organizations, that contribute
24 to improvements to the overall well-being of children
25 and families.

1 “(f) ANNUAL REPORT BY THE SECRETARY.—Annually,
2 ally, and not later than 6 months after receiving the State
3 reports under subsections (d) and (e), the Secretary
4 shall—

5 “(1) prepare a report based on information provided
6 by the States for the fiscal year under such
7 subsections and the results of the State monitoring
8 requirements in section 111; and

9 “(2) make the report and such information
10 available to the Committee on Health, Education,
11 Labor, and Pensions of the Senate, the Committee
12 on Education and Labor of the House of Representatives,
13 and the national clearinghouse described in
14 section 103.

15 “(g) ALLOTMENTS.—

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

17 “(A) STATE.—The term ‘State’ means
18 each of the several States, the District of Columbia,
19 and the Commonwealth of Puerto Rico.

20 “(B) TERRITORY.—The term ‘territory’
21 means Guam, American Samoa, the United
22 States Virgin Islands, and the Commonwealth
23 of the Northern Mariana Islands.

24 “(2) IN GENERAL.—The Secretary shall make
25 an allotment to each State and territory that applies

1 for a grant under this section, in an amount equal
2 to the sum of—

3 “(A) \$50,000; and

4 “(B) an amount that bears the same rela-
5 tionship to any grant funds remaining after all
6 such States and territories have received
7 \$50,000, as the number of children under the
8 age of 18 in the State or territory bears to the
9 number of such children in all States and terri-
10 tories that apply for such a grant.

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

16 **SEC. 107. GRANTS FOR INVESTIGATION AND PROSECUTION**
17 **OF CHILD ABUSE AND NEGLECT.**

18 (a) GRANTS TO STATES.—Section 107(a) of the Child
19 Abuse Prevention and Treatment Act (42 U.S.C.
20 5106e(a)) is amended by striking paragraphs (1) through
21 (4) and inserting the following:

22 “(1) the assessment, investigation, and prosecu-
23 tion of suspected child abuse and neglect cases, in-
24 cluding cases of suspected child sexual abuse, exploi-
25 tation, and child sex trafficking, in a manner that

1 limits additional trauma to the child and the child's
2 family;

3 ~~“(2) the assessment, investigation, and prosecu-~~
4 ~~tion of cases of suspected child abuse-related fatali-~~
5 ~~ties and suspected child neglect-related fatalities, in-~~
6 ~~cluding through a child abuse investigative multi-~~
7 ~~disciplinary review team; such as team from the~~
8 ~~State child death review program; and~~

9 ~~“(3) the assessment, investigation, and prosecu-~~
10 ~~tion of cases involving children with disabilities or~~
11 ~~serious health-related problems; or other vulnerable~~
12 ~~populations, who are suspected victims of child~~
13 ~~abuse or neglect.”.~~

14 (b) STATE TASK FORCES.—Section 107(e)(1) (42
15 U.S.C. 5106e(e)(1)) is amended—

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

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

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

21 ~~“(K) individuals experienced in working~~
22 ~~with children or youth overrepresented in the~~
23 ~~child welfare system.”.~~

24 (c) STATE TASK FORCE STUDY.—Section 107(d)(1)
25 (42 U.S.C. 5106e(d)(1)) is amended by striking “and ex-

1 ploitation,” and inserting “exploitation, and child sex traf-
 2 ficking.”.

3 (d) ADOPTION OF STATE TASK FORCE REC-
 4 OMMENDATIONS.—Section 107(e)(1) (42 U.S.C.
 5 5106e(e)(1)) is amended—

6 (1) in subparagraph (A), by striking “and ex-
 7 ploitation,” and inserting “exploitation, and child
 8 sex trafficking.”;

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

11 (3) in subparagraph (C)—

12 (A) by striking “and exploitation,” and in-
 13 serting “exploitation, and child sex traf-
 14 ficking.”; and

15 (B) by striking the period at the end and
 16 inserting “; and”; and

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

18 “(D) improving coordination among agen-
 19 cies regarding reports of child abuse and ne-
 20 glect to ensure both law enforcement and child
 21 protective services agencies have ready access to
 22 full information regarding past reports, which
 23 may be done in coordination with other States,
 24 Indian Tribes, or agencies for other geographic
 25 regions.”.

1 **SEC. 108. MISCELLANEOUS REQUIREMENTS RELATING TO**
 2 **ASSISTANCE.**

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

7 **SEC. 109. REPORTS.**

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

11 (1) in subsection (a), by striking “CAPTA Re-
 12 authorization Act of 2010” and inserting “CAPTA
 13 Reauthorization Act of 2021”;

14 (2) in subsection (b)—

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

17 “(b) **ACTIVITIES AND TECHNICAL ASSISTANCE.—**
 18 Not”; and

19 (B) by striking “Senate a report” and all
 20 that follows and inserting “Senate a report on
 21 technical assistance activities for programs that
 22 support State efforts to meet the needs and ob-
 23 jectives of section 106.”; and

24 (3) by striking subsections (c) and (d) and in-
 25 serting the following:

1 “(e) REPORT ON STATE MANDATORY REPORTING
2 LAWS.—Not later than 4 years after the date of enact-
3 ment of the CAPTA Reauthorization Act of 2021, the Sec-
4 retary shall submit to the Committee on Health, Edu-
5 cation, Labor, and Pensions of the Senate and the Com-
6 mittee on Education and Labor of the House of Rep-
7 resentatives a report that contains information on—

8 “(1) training supported by this Act, and
9 through other relevant Federal programs, for man-
10 dated reporters of child abuse or neglect;

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

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

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

22 “(1) information on best practices developed by
23 medical institutions and other multidisciplinary part-
24 ners to identify and appropriately respond to injuries

1 indicating the presence of potential physical abuse in
2 children, particularly among infants, including—

3 “(A) the identification and assessment of
4 such injuries by health care professionals and
5 appropriate child protective services referral
6 and notification processes in response to such
7 injuries; and

8 “(B) an identification of effective programs
9 replicating such best practices; and barriers or
10 challenges to implementing such programs; and

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

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

24 “(1) information about such Indian Tribes and
25 related Tribal organizations providing child abuse

1 and neglect prevention activities, including types of
2 programming and number of such Tribes and Tribal
3 organizations providing activities;

4 “(2) a description of promising practices used
5 by such Tribes and related Tribal organizations for
6 child abuse and neglect prevention;

7 “(3) information about the child abuse and ne-
8 glect prevention activities such Indian Tribes and re-
9 lated Tribal organizations are providing, including
10 those activities supported by Federal, Tribal, and
11 State funds;

12 “(4) information on ways to support prevention
13 efforts regarding child abuse and neglect of children
14 who are Indians, including Alaska Natives, which
15 may include the use of the children’s trust fund
16 model;

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

21 “(6) an examination of access to child abuse
22 and neglect prevention research and demonstration
23 grants by Indian tribes and related Tribal organiza-
24 tions under this Act; and

1 “(7) an examination of Federal child abuse and
 2 neglect data systems to identify what Tribal data is
 3 being submitted to the Department of Health and
 4 Human Services, or other relevant agencies, as ap-
 5 plicable, any barriers to the submission of such data,
 6 and recommendations on improving the submission
 7 of such data.

8 “(f) REPORT RELATING TO COURT APPOINT-
 9 MENTS.—

10 “(1) STUDY.—Not later than 2 years after the
 11 date of enactment of the CAPTA Reauthorization
 12 Act of 2021, the Comptroller General of the United
 13 States shall conduct a study of—

14 “(A) policies in selected States regarding
 15 the appointment of guardians ad litem and at-
 16 torneys ad litem as described in section
 17 106(b)(2)(A)(xii); and

18 “(B) successes and challenges in selected
 19 States regarding the appointment of a guardian
 20 ad litem and attorney ad litem in each case in-
 21 volving a victim of child abuse or neglect that
 22 results in judicial proceeding.

23 “(2) REPORT.—Not later than 1 year after
 24 completion of the study under paragraph (1), the
 25 Comptroller General of the United States shall sub-

1 mit to the Committee on Health, Education, Labor,
 2 and Pensions of the Senate and the Committee on
 3 Education and Labor of the House of Representa-
 4 tives a report that summarizes the study under
 5 paragraph (1) and includes recommendations, as ap-
 6 propriate, for improving access for such victims to
 7 guardians ad litem and attorneys ad litem.”.

8 **SEC. 110. MONITORING AND OVERSIGHT.**

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

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

14 “The Secretary shall conduct monitoring to ensure
 15 that each State that receives a grant under section 106
 16 is in compliance with the requirements of section 106(b),
 17 which shall—

18 “(1) be in addition to the review of the State
 19 plan upon its submission under section
 20 106(b)(1)(A); and

21 “(2) include monitoring of State policies and
 22 procedures required under section
 23 106(b)(2)(B)(xxiii) and section 402.”.

1 **SEC. 111. AUTHORIZATION OF APPROPRIATIONS.**

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

6 “(a) IN GENERAL.—

7 “(1) GENERAL AUTHORIZATION.—In addition
8 to any funds appropriated under paragraph (3),
9 there are authorized to be appropriated to carry out
10 this title \$270,000,000 for fiscal year 2022 and such
11 sums as may be necessary for each of the fiscal
12 years 2023 through 2027.

13 “(2) DISCRETIONARY ACTIVITIES.—Of the
14 amounts appropriated for a fiscal year under para-
15 graph (1), the Secretary shall make available 30 per-
16 cent of such amounts to fund discretionary activities
17 under this title.

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

1 **TITLE II—COMMUNITY-BASED**
 2 **GRANTS FOR THE PREVEN-**
 3 **TION OF CHILD ABUSE AND**
 4 **NEGLECT**

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

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

10 **“TITLE II—COMMUNITY-BASED**
 11 **GRANTS FOR THE PRIMARY**
 12 **PREVENTION OF CHILD**
 13 **ABUSE AND NEGLECT**

14 **“SEC. 201. PURPOSES.**

15 “The purposes of this title are—

16 “(1) to support community-based family
 17 strengthening services and statewide systems-build-
 18 ing approaches to ensure the development, operation,
 19 expansion, evaluation, and coordination of initiatives,
 20 programs, and activities to prevent child abuse and
 21 neglect; and

22 “(2) to increase access to a continuum of pri-
 23 mary preventive services for diverse populations, in-
 24 cluding families with low incomes, families who are
 25 racial or ethnic minorities, families that include chil-

1 dren with disabilities or caregivers with disabilities,
 2 children and youth overrepresented in the child wel-
 3 fare system, families experiencing homelessness or at
 4 risk of homelessness, and families in rural commu-
 5 nities, that help strengthen families and prevent
 6 child abuse and neglect.

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

8 “**(a) AUTHORITY.**—The Secretary shall make grants
 9 under this title on a formula basis, from allotments made
 10 in accordance with subsection (c), to the entities des-
 11 ignated by the States as the lead entities under section
 12 203(b) for the purposes of—

13 “(1) supporting community-based family
 14 strengthening services, to assist families to build
 15 protective factors linked to the prevention of child
 16 abuse and neglect, that—

17 “(A) are accessible to diverse populations,
 18 effective, trauma-informed, and culturally re-
 19 sponsive;

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

21 “(C) provide families with early, com-
 22 prehensive support;

23 “(D) promote the development of healthy
 24 familial relationships and parenting skills, espe-

1 eially for young parents and parents of young
2 children;

3 “(E) increase family stability;

4 “(F) improve family access to other formal
5 and informal community-based resources, such
6 as referral to early childhood health and devel-
7 opmental services, mental health services, and
8 supports to meet the needs of families that in-
9 clude children with disabilities or caregivers
10 with disabilities; and

11 “(G) meaningfully involve parents in the
12 planning, implementation, and evaluation of
13 such services, including the parents of families
14 with low incomes, parents who are racial or eth-
15 nic minorities, parents of children with disabil-
16 ities, parents with disabilities, parents of chil-
17 dren and youth overrepresented in the child
18 welfare system, parents experiencing homeless-
19 ness or at risk of homelessness, and parents in
20 rural communities;

21 “(2) promoting the development of a continuum
22 of primary preventive services for families, through
23 State- and community-based collaborations, public-
24 private partnerships, and the leveraging of Federal,
25 State, local, and private funds;

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

5 ~~“(4) financing public information and education~~
6 ~~activities that focus on the healthy and positive de-~~
7 ~~velopment of parents and children and the pro-~~
8 ~~motion of child abuse and neglect prevention activi-~~
9 ~~ties, including—~~

10 ~~“(A) comprehensive outreach strategies to~~
11 ~~engage diverse populations; and~~

12 ~~“(B) efforts to increase awareness, of~~
13 ~~adults who work with children in a professional~~
14 ~~or volunteer capacity, regarding the availability~~
15 ~~of community-based family strengthening serv-~~
16 ~~ices; and~~

17 ~~“(5) providing professional development and~~
18 ~~technical assistance (including activities to support~~
19 ~~the implementation of services) to improve the effec-~~
20 ~~tiveness of community-based family strengthening~~
21 ~~services including on the use of evidence-based or~~
22 ~~evidence-informed practices, public health ap-~~
23 ~~proaches to preventing child abuse and neglect, and~~
24 ~~culturally responsive practices.~~

25 ~~“(b) RESERVATION.—~~

1 “(1) ~~IN GENERAL.~~—The Secretary shall reserve
2 1 percent of the amount appropriated under section
3 209 for a fiscal year to make awards to Indian
4 Tribes and Tribal organizations and for migrant
5 programs.

6 “(2) ~~EXCEPTION.~~—Notwithstanding paragraph
7 (1), for any fiscal year for which the amount appro-
8 priated under section 209 exceeds the amount ap-
9 propriated under section 209 for fiscal year 2021 by
10 more than \$4,000,000, the Secretary shall reserve,
11 from the total amount appropriated—

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

15 “(B) 1 percent for migrant programs to
16 strengthen families and prevent child abuse and
17 neglect.

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

22 “(1) ~~70 PERCENT.~~—70 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 number

1 of children under the age of 18 residing in the State
 2 bears to the total number of children under the age
 3 of 18 residing in all States (except that no State
 4 shall receive less than \$200,000 under this para-
 5 graph).

6 “(2) 30 PERCENT.—30 percent of such remain-
 7 ing amount shall be allotted among the States by al-
 8 lotting to each State an amount that bears the same
 9 proportion to such remaining amount as the amount
 10 of private, State, or other non-Federal funds lever-
 11 aged and directed in the preceding fiscal year
 12 through the lead entity (as designated for the pre-
 13 ceeding fiscal year) of the State bears to the total of
 14 the amounts of private, State, or other non-Federal
 15 sources leveraged and directed in the preceding fis-
 16 cal year through such an entity of all States.

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

19 “(1) for a 3-year period; and

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

21 **“SEC. 203. LEAD ENTITY.**

22 “(a) DEFINITION OF LEAD ENTITY.—In this title,
 23 the term ‘lead entity’ means a public, quasi-public, or non-
 24 profit private entity (which may be an entity that has not

1 been established pursuant to State legislation, executive
2 order, or any other written authority of the State) that—

3 “(1) exists to strengthen and support families
4 to prevent child abuse and neglect and has a dem-
5 onstrated ability to work with State and local public
6 agencies and community-based nonprofit organiza-
7 tions to provide professional development and tech-
8 nical assistance; and

9 “(2) has the capacity and commitment to part-
10 ner meaningfully with family advocates, parents who
11 are or have been recipients of community-based fam-
12 ily strengthening services, and adults who experi-
13 enced child abuse or neglect as children, to provide
14 leadership in the planning, implementation, and
15 evaluation of the programs and policy decisions of
16 the entity described in this subsection.

17 “(b) DESIGNATION.—

18 “(1) IN GENERAL.—A State shall be eligible for
19 a grant under this title for a fiscal year if the Gov-
20 ernor of a State has designated a lead entity to ad-
21 minister funds under this title for the purposes iden-
22 tified under section 201, including to develop, imple-
23 ment, operate, enhance, or expand community-based
24 family strengthening services.

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

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

6 “(B) take into consideration (equally)
 7 whether a potential lead entity is—

8 “(i) a trust fund advisory board of the
 9 State; or

10 “(ii) an existing entity that—

11 “(I) leverages Federal, State,
 12 local, and private funds for a broad
 13 range of child abuse and neglect pre-
 14 vention activities and family resource
 15 programs; and

16 “(II) is directed by an inter-
 17 disciplinary, public-private entity that
 18 includes participants from commu-
 19 nities to be served by the lead entity.

20 “(e) ASSURANCES.—On designating a lead entity
 21 under this title, the Governor of the State shall provide
 22 assurances to the Secretary as part of the application sub-
 23 mitted by the lead entity under section 204 that the lead
 24 entity—

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

3 “(A) ~~community-based family strength-~~
4 ~~ening services, in accordance with section 205,~~
5 ~~including through collaborative, public-private~~
6 ~~partnerships with community-based providers;~~

7 “(B) leadership to elevate the importance
8 of primary prevention of child abuse and ne-
9 glect across the State through an interdiscipli-
10 nary, collaborative, public-private structure with
11 balanced representation from private and public
12 sector members, and representation of parents,
13 adults who experienced child abuse or neglect
14 as children, community-based providers, and
15 parents with disabilities; and

16 “(C) direction and oversight of programs
17 of ~~community-based family strengthening serv-~~
18 ~~ices supported by grant funds under this title~~
19 ~~through the use of identified goals and objec-~~
20 ~~tives, clear lines of communication and account-~~
21 ~~ability, the provision of leveraged or combined~~
22 ~~funding from Federal, State, local, and private~~
23 ~~sources, centralized assessment and planning~~
24 ~~activities, the provision of training and tech-~~

1 nical assistance, and reporting and evaluation
2 functions;

3 “(2) has a demonstrated commitment to paren-
4 tal leadership in the development, operation, and
5 oversight of the community-based family strength-
6 ening services;

7 “(3) has a demonstrated ability to work with
8 State and local public agencies and community-based
9 nonprofit organizations to develop and maintain a
10 continuum of primary preventive services designed to
11 support children and families;

12 “(4) has the capacity to provide operational
13 support (both financial and programmatic), profes-
14 sional development, technical assistance, and evalua-
15 tion assistance to community-based providers,
16 through innovative, interagency funding and inter-
17 disciplinary service delivery mechanisms;

18 “(5) will integrate its efforts with individuals
19 and organizations experienced in working in partner-
20 ship with diverse populations, including families with
21 low incomes, families who are racial or ethnic mi-
22 norities, families that include children with disabil-
23 ities or caregivers with disabilities, children and
24 youth overrepresented in the child welfare system,
25 families experiencing homelessness or at risk of

1 homelessness, and families in rural communities;
2 and

3 “(6) will engage with diverse populations to
4 identify and address unmet needs when developing
5 the inventory required under section 204(b)(1)(C)(i)
6 and when distributing funds to community-based
7 providers under section 205.

8 **“SEC. 204. APPLICATION.**

9 “(a) IN GENERAL.—To receive a grant under this
10 title, a lead entity shall submit an application to the Sec-
11 retary at such time, in such form, and containing such
12 information as the Secretary may reasonably require, in-
13 cluding the contents described in subsection (b).

14 “(b) CONTENTS.—Each application submitted under
15 subsection (a) by a lead entity shall include each of the
16 following:

17 “(1) A description of—

18 “(A) the lead entity responsible for the ad-
19 ministration of funds provided under this title,
20 including how the lead entity will conduct over-
21 sight of community-based providers that receive
22 subgrants under section 205;

23 “(B) how the lead entity will ensure com-
24 munity-based family strengthening services sup-
25 ported by grant funds under this title will be in-

1 tegrated into a continuum of primary preventive
2 services for children and families, including how
3 the lead entity will—

4 “(i) utilize statewide and local sys-
5 tems-building approaches to increase ae-
6 cess to community-based family strength-
7 ening services for diverse populations;

8 “(ii) determine which communities to
9 serve;

10 “(iii) support place-based approaches
11 to meeting the needs of children and fami-
12 lies; and

13 “(iv) ensure such services are de-
14 signed to serve children and families in
15 hard-to-reach areas;

16 “(C) an inventory as of the date of submis-
17 sion of such application, that includes a descrip-
18 tion of—

19 “(i) the unmet needs in the State,
20 identified through engagement with diverse
21 populations; and

22 “(ii) the community-based family
23 strengthening services supported by grant
24 funds under this title and other relevant
25 services provided in the State;

1 “(D) how the lead entity will ensure, in the
2 policy decision-making, implementation, and
3 evaluation of community-based providers sup-
4 ported by grant funds under this title, the
5 meaningful involvement of—

6 “(i) parents who are or who have been
7 recipients of community-based family
8 strengthening services;

9 “(ii) family advocates; and

10 “(iii) adults who experienced child
11 abuse or neglect as children;

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

16 “(i) collaborate with State and local
17 public agencies and community-based non-
18 profit organizations and engage in long-
19 term and strategic planning to support the
20 development of a continuum of primary
21 preventive services across the State;

22 “(ii) meaningfully partner with par-
23 ents in the development, implementation,
24 and evaluation of community-based family
25 strengthening services; and

1 “(iii) incorporate evidence-based or
2 evidence-informed practices;

3 “(F) outreach activities the lead entity and
4 community-based providers will undertake to
5 maximize the participation of diverse popu-
6 lations, including families with low incomes,
7 families who are racial or ethnic minorities,
8 families that include children with disabilities or
9 caregivers with disabilities, children and youth
10 overrepresented in the child welfare system,
11 families experiencing homelessness or at risk of
12 homelessness, and families in rural commu-
13 nities;

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

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

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

24 “(ii) promote primary prevention ac-
25 tivities to strengthen and support families

1 in order to reduce child abuse and neglect
2 and contact with the child protective serv-
3 ices system; and

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

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

19 “(3) An assurance that—

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

24 “(i) helps families build protective fac-
25 tors that are linked to the prevention of

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

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

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

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

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 assessments
8 and can positively contribute to the planning
9 process;

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 primary preventive services
17 to children and families, especially to families experi-
18 encing difficulty meeting basic needs or with other
19 risk factors linked with child abuse and neglect, such
20 as families with young parents, parents of young
21 children, or parents who experienced domestic vio-
22 lence 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) adoption services for individuals inter-
16 ested in adopting a child;

17 “(ii) early childhood care and education
18 programs such as a child care program, a Head
19 Start program (including an Early Head Start
20 program) carried out under the Head Start Act
21 (42 U.S.C. 9831 et seq.); a developmental
22 screening program; or a program carried out
23 under section 619 or part C of the Individuals
24 with Disabilities Education Act (20 U.S.C.
25 1419, 1431 et seq.);

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

4 “(iv) 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 “(v) 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 “(vi) self-sufficiency and life management
19 skills training;

20 “(vii) mental health services;

21 “(viii) peer counseling; and

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

1 “(4) developing and maintaining leadership
2 roles for the meaningful involvement of parents in
3 the development, operation, evaluation, and over-
4 sight of the services provided by the lead entity or
5 community-based providers;

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

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

19 **“SEC. 206. PERFORMANCE MEASURES.**

20 “(a) MEASURES.—Each lead entity receiving a grant
21 under this title shall collect information on the extent to
22 which the State program carried out under this title meets
23 measures relating to—

24 “(1) the effective development, operation, and
25 expansion of community-based family strengthening

1 services that meet the requirements of this title, in-
2 cluding the use of systems-building approaches to in-
3 crease access to such services for diverse popu-
4 lations;

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

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

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

18 “(B) the continued leadership of parents in the
19 ongoing planning, implementation, and evaluation of
20 such community-based family strengthening services
21 supported by grant funds under this title; dem-
22 onstrated in an implementation plan;

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

1 “(6) the establishment or maintenance of inno-
2 vative funding mechanisms that blend Federal,
3 State, local, and private funds, and of innovative,
4 interdisciplinary service delivery mechanisms, for the
5 development, operation, expansion, and enhancement
6 of the community-based family strengthening serv-
7 ices;

8 “(7) the effectiveness of activities conducted
9 under this title in meeting the purposes of the pro-
10 gram, demonstrated through the results of evalua-
11 tion, or the outcomes of monitoring, conducted by
12 the lead entity; and

13 “(8) the number of children and families that
14 received community-based family strengthening serv-
15 ices funded under this title, including a
16 disaggregated count of families with children with
17 disabilities and families with caregivers with disabil-
18 ities.

19 “(b) REPORTS.—The lead entity shall submit to the
20 Secretary a report containing the information described
21 in subsection (a).

22 **“SEC. 207. NATIONAL NETWORK FOR COMMUNITY-BASED**
23 **FAMILY RESOURCE PROGRAMS.**

24 “From the amount appropriated under section 209
25 for a fiscal year and remaining after the reservation under

1 section 202(b), the Secretary may reserve not more than
2 5 percent to support the activities of lead entities—

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

5 “(2) to create, operate, and maintain an infor-
6 mation clearinghouse;

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

10 “(4) to establish, operate, and maintain a com-
11 puterized communication system between lead enti-
12 ties; and

13 “(5) to contribute to funding State-to-State
14 technical assistance through biannual conferences.

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

16 “Nothing in this title shall be construed to prohibit
17 grandparents, kinship care providers, foster parents, adop-
18 tive parents, or any other individual, in a parenting role
19 from receiving or participating in services and programs
20 under this title.

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

22 “There are authorized to be appropriated to carry out
23 this title \$270,000,000 for fiscal year 2022 and such sums
24 as may be necessary for each of fiscal years 2023 through
25 2027.”

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 and local levels to implement data-driven strategies and
 23 reforms to prevent child fatalities and near fatalities from
 24 occurring in the future through the use of improved collec-

1 tion, reporting, and analysis of all child fatalities and near
2 fatalities 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 section as the
11 ‘Work Group’).

12 “(b) IN GENERAL.—

13 “(1) COMPOSITION.—Not later than 90 days
14 after the date of enactment of the CAPTA Reau-
15 thorization Act of 2021, the Secretary shall appoint
16 representatives to the Work Group from the Admin-
17 istration for Children and Families, the Centers for
18 Disease Control and Prevention, the Health Re-
19 sources and Services Administration, the Depart-
20 ment of Justice and other Federal agencies, as the
21 Secretary determines.

22 “(2) CONSULTATION.—In carrying out the du-
23 ties described under subsection (c), the Work Group
24 shall consult with experts determined by the Sec-
25 retary who meet the qualifications described in sec-

1 tion 3(b)(1)(B) of the Protect our Kids Act (Public
2 Law 112–275).

3 “(e) DUTIES.—The Work Group shall—

4 “(1) oversee the development of uniform public
5 health data standards that are designed to promote
6 consistent terminology and data collection related to
7 child fatalities and near fatalities due to child abuse
8 and neglect; and

9 “(2) examine all Federal data collections re-
10 lated to child fatalities and near fatalities due to
11 child abuse and neglect and make recommendations
12 to the Secretary regarding—

13 “(A) how to improve the accuracy, uni-
14 formity, and comparability of data regarding
15 child fatalities and near fatalities due to child
16 abuse and neglect within and across States;

17 “(B) how to ensure that such data collec-
18 tions are informative and can be effectively uti-
19 lized by local, State, Federal policymakers and
20 the public to make data-driven decisions to pre-
21 vent such fatalities and near fatalities; and

22 “(C) the purposes and roles of existing
23 data systems, and how such data systems or
24 next-generation data systems should more effec-

1 tively meet the goals described in subpara-
2 graphs (A) and (B).

3 “(d) **ANNUAL REPORT TO SECRETARY.**—The Work
4 Group shall annually prepare a report and submit such
5 report to the Secretary on the activities carried out under
6 subsection (b), including recommendations for improving
7 public health surveillance of child fatalities and near fa-
8 talities due to abuse and neglect.

9 **“SEC. 303. GRANTS FOR STATE CHILD DEATH REVIEW OF**
10 **CHILD ABUSE AND NEGLECT FATALITIES**
11 **AND NEAR FATALITIES.**

12 “(a) **PROGRAM AUTHORIZED.**—The Secretary may
13 award grants or cooperative agreements to States, Indian
14 Tribes, and Tribal organizations for the purposes of as-
15 sisting such States, Indian Tribes, and Tribal organiza-
16 tions in—

17 “(1) supporting child death review programs,
18 including at the local level, in the review of all inci-
19 dents of child fatalities and near fatalities due to
20 child abuse or neglect, including incidents in which
21 the child was known by, or referred to, the child pro-
22 tective services system;

23 “(2) improving data collection and reporting re-
24 lated to child fatalities and near fatalities due to

1 child abuse and neglect, including intrastate and
2 interstate data comparability; and

3 “(3) developing coordinated leadership and
4 shared responsibility across State, Tribal, and local
5 public agencies that support children and families to
6 implement data-driven strategies and reforms in
7 order to prevent child fatalities and near fatalities
8 due to child abuse and neglect from occurring in the
9 future.

10 “(b) APPLICATION.—A State, Indian Tribe, or Tribal
11 organization desiring a grant or cooperative agreement
12 under subsection (a) shall submit to the Secretary an ap-
13 plication at such time, in such manner, and containing
14 such information as the Secretary may require.

15 “(c) USES OF FUNDS.—A State, Indian Tribe, or
16 Tribal organization receiving a grant or cooperative agree-
17 ment under subsection (a) shall use such funds for the
18 purposes of carrying out the grant program under sub-
19 section (a).

20 “(d) REPORTING.—

21 “(1) STATE REPORTING.—Each State, Indian
22 Tribe, and Tribal organization that receives an
23 award under this subsection shall submit a report to
24 the Secretary, for each fiscal year for which such
25 award is received, at such time, in such manner, and

1 containing such information as the Secretary may
2 require.

3 ~~“(2) SECRETARY’S REPORT TO CONGRESS.—~~

4 The Secretary shall submit an annual report to the
5 Committee on Health, Education, Labor, and Pen-
6 sions and the Committee on Appropriations of the
7 Senate and the Committee on Education and Labor
8 and the Committee on Appropriations of the House
9 of Representatives that includes a summary of re-
10 ports submitted by States, Indian Tribes, and Tribal
11 organizations under paragraph (1) and the Sec-
12 retary’s recommendations or observations on the
13 challenges, successes, and lessons derived from im-
14 plementation of the grant program under subsection
15 (a).

16 **“SEC. 304. AUTHORIZATION OF APPROPRIATIONS.**

17 ~~“To carry out this title, there are authorized to be~~
18 ~~appropriated \$20,000,000 for fiscal year 2022 and such~~
19 ~~sums as may be necessary for each of the fiscal years 2023~~
20 ~~through 2027.”.~~

1 **TITLE IV—PUBLIC HEALTH RE-**
 2 **SPONSE TO INFANTS AF-**
 3 **FECTED BY SUBSTANCE USE**
 4 **DISORDER**

5 **SEC. 401. AMENDING THE CAPTA TO PROVIDE FOR A PUB-**
 6 **LIC HEALTH RESPONSE TO INFANTS AF-**
 7 **FECTED BY SUBSTANCE USE DISORDER.**

8 The Child Abuse Prevention and Treatment Act (42
 9 U.S.C. 5101 et seq.) is amended by inserting after title
 10 III, as added by section 301, the following:

11 **“TITLE IV—PUBLIC HEALTH RE-**
 12 **SPONSE TO INFANTS AF-**
 13 **FECTED BY SUBSTANCE USE**
 14 **DISORDER**

15 **“SEC. 401. PURPOSE.**

16 “The purpose of this title is to ensure the safety, per-
 17 manency, and well-being of infants affected by substance
 18 use by supporting States in providing a public health re-
 19 sponse to infants, mothers, and families by—

20 “(1) supporting the health and well-being of in-
 21 fants and their mothers rather than penalizing the
 22 family;

23 “(2) developing comprehensive family care
 24 plans to address the needs of infants, children, and
 25 families;

1 ~~“(3) increasing access to treatment support and~~
2 ~~other services for mothers with a substance use dis-~~
3 ~~order and their children, including ensuring that~~
4 ~~mothers can access necessary prenatal services;~~

5 ~~“(4) supporting mothers and caregivers in~~
6 ~~building protective factors so that infants are at a~~
7 ~~low risk of child abuse or neglect;~~

8 ~~“(5) providing access to appropriate screening,~~
9 ~~assessment, and intervention services for infants af-~~
10 ~~ected by substance use disorder, including alcohol~~
11 ~~use disorder; and~~

12 ~~“(6) improving the capacity of health care pro-~~
13 ~~fessionals, child welfare workers, and other per-~~
14 ~~sonnel involved in the development, implementation,~~
15 ~~and monitoring of family care plans.~~

16 **~~“SEC. 402. REQUIREMENTS.~~**

17 ~~“(a) IN GENERAL.—Each State receiving Federal~~
18 ~~funds under section 106 or section 404 shall have in effect~~
19 ~~policies and procedures that meet the requirements of this~~
20 ~~section.~~

21 ~~“(b) DESIGNATION.—The Governor of the State shall~~
22 ~~designate a lead agency to carry out the State’s public~~
23 ~~health response to strengthen families and ensure the safe-~~
24 ~~ty and well-being of—~~

1 “(1) infants born with, and identified as being
2 affected by, substance use disorder, including alcohol
3 use disorder; and

4 “(2) the families and caregivers of such infants.

5 “(e) FAMILY CARE PLANS.—At the same time a
6 State submits a State plan under section 106(b)(1), the
7 lead agency designated by the Governor under subsection
8 (b) shall provide to the Secretary a description of the
9 State’s policies and procedures to ensure the safety and
10 well-being of infants born with, and identified as being af-
11 fected by, substance use disorder, including alcohol use
12 disorder, and the well-being of the families and caregivers
13 of such infants, including a description of—

14 “(1) how the State is implementing and moni-
15 toring family care plans, including by—

16 “(A) developing family care plans prior to
17 the expected delivery of the infant; and

18 “(B) conducting necessary follow up to en-
19 sure that families are able to access supports
20 and services, and to ensure the safety and well-
21 being of infants and the caregivers of such in-
22 fants;

23 “(2) the State’s policies and procedures for re-
24 quiring providers involved in the delivery or care of
25 infants born with, and identified as being affected

1 by, substance use disorder, including alcohol use dis-
2 order, to notify the lead agency designated under
3 subsection (b) of the occurrence of such condition in
4 such infants;

5 “(3) the State’s policies and procedures to en-
6 sure the development of a multi-disciplinary family
7 care plan for the infant born with, and identified as
8 being affected by, substance use disorder, and such
9 infant’s affected family member or caregiver, to en-
10 sure the safety and well-being of such infant fol-
11 lowing release from the care of health care providers,
12 including by—

13 “(A) using a family assessment approach
14 to develop each family care plan;

15 “(B) addressing, through coordinated serv-
16 ice delivery, the health and substance use dis-
17 order treatment needs of the infant and af-
18 fected family member or caregiver; and

19 “(C) the development and implementation
20 by the State of monitoring systems regarding
21 the implementation of such plans to determine
22 whether, and in what manner, local entities are
23 providing, in accordance with State require-
24 ments, referrals to and delivery of appropriate

1 services for the infant and affected family mem-
2 ber or caregiver; and

3 “(4) the State’s plan to develop a system for
4 purposes of notifications required by paragraph (2)
5 that is distinct and separate from the system used
6 in the State to report child abuse and neglect, and
7 designed to promote a public health response to in-
8 fants born with, and identified as being affected by,
9 substance use disorder, including alcohol use dis-
10 order, and not for the purpose of initiating an inves-
11 tigation of child abuse or neglect.

12 “(d) SPECIAL RULE.—Nothing in this section shall
13 be construed to—

14 “(1) establish a definition under Federal law of
15 what constitutes child abuse or neglect; or

16 “(2) require investigation or prosecution for
17 any illegal action, including a response by the
18 State’s child protective services system.

19 “(e) ANNUAL REPORT.—The lead agency of a State
20 designated by the Governor under subsection (b) shall an-
21 nually work with the Secretary to provide a report that
22 provides the number of infants—

23 “(1) identified under subsection (e)(2);

24 “(2) for whom a family care plan was developed
25 under subsection (e)(3); and

1 “(3) for whom a referral was made for appro-
2 priate services, including services for the affected
3 family or caregiver, under subsection (c)(3).

4 **“SEC. 403. NATIONAL TECHNICAL ASSISTANCE AND RE-**
5 **PORTING.**

6 “(a) TECHNICAL ASSISTANCE.—The Secretary shall
7 provide technical assistance to support States in com-
8 plying the requirements of section 402(e) that includes—

9 “(1) disseminating best practices on implemen-
10 tation of multidisciplinary family care plans;

11 “(2) addressing State-identified challenges with
12 developing, implementing, and monitoring family
13 care plans;

14 “(3) supporting collaboration and coordination
15 across substance abuse agencies, child welfare agen-
16 cies, maternal and child health agencies, family
17 courts, and other community partners;

18 “(4) supporting State efforts to develop infor-
19 mation technology systems to manage family care
20 plans; and

21 “(5) providing technical assistance in accord-
22 ance with the infants with prenatal substance-expo-
23 sure initiative developed by the National Center on
24 Substance Abuse and Child Welfare.

1 “(b) SECRETARY’S REPORT TO CONGRESS.—The
 2 Secretary shall submit an annual report to the Committee
 3 on Health, Education, Labor, and Pensions and the Com-
 4 mittee on Appropriations of the Senate and the Committee
 5 on Education and Labor, the Committee on Appropria-
 6 tions of the House of Representatives, and the Committee
 7 on Energy and Commerce of the House of Representatives
 8 that includes, at a minimum, information on—

9 “(1) the activities of the Secretary under sub-
 10 section (a); and

11 “(2) the progress of States in developing, imple-
 12 menting, and monitoring family care plans to ensure
 13 a public health response to addressing the needs of
 14 infants born with, and identified as being affected
 15 by, substance use disorder, including alcohol use dis-
 16 order, and the families of such infants, and as ap-
 17 propriate, recommendations for improving such
 18 practices.

19 **“SEC. 404. GRANT PROGRAM AUTHORIZED.**

20 “(a) IN GENERAL.—The Secretary is authorized to
 21 award grants to States for the purpose of assisting mater-
 22 nal and child health agencies, child welfare agencies, pub-
 23 lic health agencies, mental health agencies, social services
 24 agencies, substance abuse agencies, health care facilities
 25 with labor and delivery units, and health care providers

1 to facilitate collaboration in developing, updating, imple-
2 menting, and monitoring family care plans described in
3 section 402(e).

4 “(b) DISTRIBUTION OF FUNDS.—

5 “(1) RESERVATIONS.—Of the amounts made
6 available to carry out subsection (a), the Secretary
7 shall reserve—

8 “(A) no more than 3 percent for the pur-
9 poses described in subsection (g); and

10 “(B) no less than 3 percent for grants to
11 Indian Tribes and Tribal organizations to ad-
12 dress the needs of infants identified as being af-
13 fected by substance use disorder, including alco-
14 hol use disorder, and their families or care-
15 givers, which, to the extent practicable, shall be
16 consistent with the uses of funds described
17 under subsection (d).

18 “(2) ALLOTMENTS TO STATES AND TERRI-
19 TORIES.—The Secretary shall allot the amount made
20 available to carry out subsection (a) that remains
21 after application of paragraph (1) to each State that
22 applies for such a grant, in an amount equal to the
23 sum of—

24 “(A) \$500,000; and

1 “(B) an amount that bears the same rela-
2 tionship to any funds made available to carry
3 out subsection (a) and remaining after applica-
4 tion of paragraph (1) and subparagraph (A), as
5 the number of live births in the State in the
6 previous calendar year bears to the number of
7 live births in all States in such year.

8 “(3) RATABLE REDUCTION.—If the amount
9 made available to carry out subsection (a) is insuffi-
10 cient to satisfy the requirements of paragraph
11 (2)(A), the Secretary shall ratably reduce each allot-
12 ment to a State.

13 “(c) APPLICATION.—A State desiring a grant under
14 this subsection shall submit an application to the Sec-
15 retary at such time and in such manner as the Secretary
16 may require. Such application shall include, at a min-
17 imum—

18 “(1) a description of—

19 “(A) how the lead agency designated under
20 section 402(b) will coordinate with relevant
21 State entities and programs (including maternal
22 and child health providers, the child welfare
23 agency, public health agencies, mental health
24 agencies, the State substance abuse agency,
25 health care facilities with labor and delivery

1 units, health care providers, programs funded
2 by the Substance Abuse and Mental Health
3 Services Administration that provide substance
4 use disorder treatment for women, maternal
5 and child health programs funded by the
6 Health Services Resources Administration, the
7 State Medicaid program, the State agency ad-
8 ministering the block grant program under title
9 V of the Social Security Act (42 U.S.C. 701 et
10 seq.), the State agency administering the pro-
11 grams funded under part C of the Individuals
12 with Disabilities Education Act (20 U.S.C.
13 1431 et seq.), the maternal, infant, and early
14 childhood home visiting program under section
15 511 of the Social Security Act (42 U.S.C. 711),
16 Early Head Start, the State judicial system,
17 and other agencies, as determined by the Sec-
18 retary) and any Indian Tribes and Tribal orga-
19 nizations located in the State to develop the ap-
20 plication under this subsection and implement
21 the activities under this section;

22 “(B) how the State plans to use funds for
23 activities described in subsection (d) for the
24 purposes of meeting the requirements of section
25 402(e);

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 or caregiver and in-
 18 clude parent and caregiver engagement, regard-
 19 ing available treatment and service options and
 20 include resources available for pregnant,
 21 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 and fam-
9 ily;

10 “(iii) improving ongoing case manage-
11 ment services;

12 “(iv) improving access to treatment
13 services, which may be prior to the preg-
14 nant woman’s delivery date;

15 “(v) keeping families safely together
16 when it is in the best interest of the child;
17 and

18 “(vi) developing the notification path-
19 way as an alternative to a child maltreat-
20 ment report, as described in subsection
21 402(c)(2).

22 “(2) Establishing partnerships, agreements, or
23 memoranda of understanding between the lead agen-
24 cy and other entities (including health professionals,
25 health care facilities, child welfare professionals, ju-

1 venile and family court judges, substance use and
2 mental disorder treatment programs, early childhood
3 education programs, maternal and child health and
4 early intervention professionals (including home vis-
5 iting providers), peer-to-peer recovery programs such
6 as parent mentoring programs, and housing agen-
7 cies) to facilitate the successful development and im-
8 plementation of family care plans, including develop-
9 ment of plans prior to the expected delivery of the
10 infant, by—

11 “(A) developing a comprehensive, multi-
12 disciplinary assessment and intervention process
13 for infants, pregnant women, and their families
14 who are affected by substance use disorder, in-
15 cluding alcohol use disorder, that includes
16 meaningful engagement with, and takes into ac-
17 count the unique needs of, each family and ad-
18 dresses differences between medically supervised
19 substance use, including for the treatment of
20 substance use disorder, including alcohol use
21 disorder;

22 “(B) ensuring that treatment approaches
23 for serving infants, pregnant women, and
24 perinatal and postnatal women whose infants
25 may be affected by substance use disorder, in-

1 including alcohol use disorder, are designed to,
2 where appropriate, keep infants with their
3 mothers during both inpatient and outpatient
4 treatment; and

5 “(C) increasing access to all evidence-based
6 medications to treat substance use disorder, in-
7 cluding alcohol use disorder, including medica-
8 tions for opioid use disorder approved by the
9 Food and Drug Administration, behavioral
10 therapy, and counseling services for the treat-
11 ment of substance use disorders, as appro-
12 priate.

13 “(3) Developing policies, procedures, or proto-
14 cols in consultation and coordination with health
15 professionals, public and private health care facili-
16 ties, and substance abuse agencies to ensure that—

17 “(A) appropriate notification to the appro-
18 priate agency determined by the Governor’s of-
19 fice is made in a timely manner, as required
20 under section 402(e)(2);

21 “(B) a family care plan is in place, in ac-
22 cordance with section 402(e)(3) before the in-
23 fant is discharged from the birth or health care
24 facility; and

1 “(C) such health and related agency pro-
2 fessionals are trained on how to follow such
3 protocols and are aware of the supports that
4 may be provided under a family care plan.

5 “(4) Training health professionals and health
6 system leaders, early intervention professionals, child
7 welfare workers, substance abuse treatment agen-
8 cies, and other related professionals such as home
9 visiting agency staff and law enforcement in relevant
10 topics, including—

11 “(A) the referral and process requirements
12 for notification to the appropriate agency as de-
13 termined by the Governor when child abuse or
14 neglect reporting is not mandated, including
15 training on how such notification pathway is
16 distinct and separate from the pathway used in
17 the State to report child abuse and neglect;

18 “(B) the co-occurrence of pregnancy and
19 substance use disorder, and implications of pre-
20 natal exposure;

21 “(C) the clinical guidance about treating
22 substance use disorder in pregnant and
23 postpartum women;

24 “(D) appropriate screening and interven-
25 tions for infants affected by substance use dis-

1 order, including alcohol use disorder, and the
2 requirements section 402(e); and

3 “(E) appropriate multigenerational strate-
4 gies to address the mental health needs of the
5 parent and child together.

6 “(5) Developing and updating systems of tech-
7 nology for improved data collection and monitoring
8 of family care plans, including existing electronic
9 medical records, to measure the outcomes achieved
10 through the family care plans, including monitoring
11 systems to meet the requirements of this title and
12 submission of performance measures.

13 “(e) REPORTING.—Each State that receives funds
14 under this section, for each year such funds are received,
15 shall submit a report to the Secretary that includes—

16 “(1) the impact of substance use disorder in
17 such State, including with respect to the substance
18 or class of substances with the highest incidence of
19 abuse in the previous year in such State, including—

20 “(A) the prevalence of substance use dis-
21 order in such State;

22 “(B) the aggregate rate of births in the
23 State of infants affected by substance use dis-
24 order, including alcohol use disorder (as deter-
25 mined by hospitals, insurance claims, claims

1 submitted to the State Medicaid program; or
2 other records); if available and to the extent
3 practicable;

4 “(C) the number and percentage of infants
5 identified; for whom a family care plan was de-
6 veloped; and for whom a referral was made for
7 appropriate services;

8 “(D) the number and percentage of family
9 care plans developed prior to the expected deliv-
10 ery of an infant affected by substance use dis-
11 order; including alcohol use disorder; and

12 “(E) the challenges the State faces in de-
13 veloping, implementing, and monitoring family
14 care plans in accordance with section 402(e);

15 “(2) data disaggregated by geographic location,
16 economic status, race and ethnicity; except that such
17 disaggregation shall not be required if the results
18 would reveal personally identifiable information on;
19 with respect to infants identified under section
20 402(e)—

21 “(A) the number who experienced removal
22 associated with parental substance use;

23 “(B) the number who experienced removal
24 and subsequently are reunified with parents;

1 and the length of time between such removal
2 and reunification;

3 “(C) the number who are referred to com-
4 munity providers without a child protection
5 ease;

6 “(D) the number who receive services while
7 in the care of their birth parents;

8 “(E) the number who receive post-reunifi-
9 cation services within 1 year after a reunifica-
10 tion has occurred; and

11 “(F) the number who experienced a return
12 to out-of-home care within 1 year after reunifi-
13 cation.

14 “(f) SECRETARY’S REPORT TO CONGRESS.—The Sec-
15 retary shall submit an annual report to the Committee on
16 Health, Education, Labor, and Pensions and the Com-
17 mittee on Appropriations of the Senate and the Committee
18 on Education and Labor, the Committee on Appropria-
19 tions of the House of Representatives, and the Committee
20 on Energy and Commerce of the House of Representatives
21 that includes the information described in subsection (e)
22 and recommendations or observations on the challenges,
23 successes, and lessons derived from implementation of the
24 grant program.

1 “(g) ~~EVALUATION.~~—The Secretary shall use the
2 amount reserved under subsection (b)(1)(A) to carry out
3 an independent evaluation to measure the effectiveness of
4 the program assisted under this subsection in—

5 “(1) developing comprehensive family care
6 plans to support the needs of infants, children, and
7 families;

8 “(2) increasing access to treatment support and
9 other services for mothers with a substance use dis-
10 order and their children;

11 “(3) providing access to appropriate screening,
12 assessment, and intervention services for infants af-
13 fected by substance use disorder, including alcohol
14 use disorder; and

15 “(4) improving the capacity of health care pro-
16 fessionals, child welfare workers, and other per-
17 sonnel involved in the development, implementation,
18 and monitoring of family care plans.

19 **“SEC. 405. AUTHORIZATION OF APPROPRIATIONS.**

20 “There are authorized to be appropriated to carry out
21 this title \$60,000,000 for fiscal year 2022 and such sums
22 as may be necessary for each of fiscal years 2023 through
23 2027.”.

**TITLE V—ADOPTION
OPPORTUNITIES**

1
2
3 **SEC. 501. PURPOSE.**

4 Section 201 of the Child Abuse Prevention and
5 Treatment and Adoption Reform Act of 1978 (42 U.S.C.
6 5111) is amended—

7 (1) by striking the section heading and insert-
8 ing the following:

9 **“SEC. 201. PURPOSE.”;**

10 (2) by striking subsection (a); and

11 (3) in subsection (b)—

12 (A) by striking the following:

13 **“(b) PURPOSE.—”;**

14 (B) in the matter preceding paragraph (1),
15 by striking “particularly” and all that follows
16 through “; by providing” and inserting “par-
17 ticularly for children facing barriers to adop-
18 tion; by providing”;

19 (C) in paragraph (2), by striking “and” at
20 the end;

21 (D) in paragraph (3), by striking the pe-
22 riod at the end and inserting a semicolon; and

23 (E) by adding at the end the following:

24 **“(4) support the development and implementa-
25 tion of evidence-based and evidence-informed post-**

1 legal adoption services for families that adopt chil-
 2 dren, in order to increase permanency in adoptive
 3 placements; and

4 “(5) support the recruitment of racially and
 5 ethnically diverse prospective foster and adoptive
 6 parents.”.

7 **SEC. 502. DEFINITIONS.**

8 Title II of the Child Abuse Prevention and Treatment
 9 and Adoption Reform Act of 1978 is amended by inserting
 10 after section 201 (42 U.S.C. 5111) the following:

11 **“SEC. 202. DEFINITIONS.**

12 “In this title:

13 “(1) **CHILD FACING A BARRIER TO ADOPT-**
 14 **TION.**—The term ‘child facing a barrier to adoption’
 15 includes an older child, a child who is a racial or
 16 ethnic minority, a child with a disability, a child or
 17 youth who belongs to a population that is the focus
 18 of research efforts authorized under section 404N of
 19 the 21st Century Cures Act (42 U.S.C. 283p) and
 20 defined in Notice NOT-OD-19-139, issued by the
 21 National Institutes of Health on August 28, 2019,
 22 and a child with special needs as defined in section
 23 473(e) of the Social Security Act (42 U.S.C.
 24 673(e)).

1 “(2) SECRETARY.—The term ‘Secretary’ means
2 the Secretary of Health and Human Services.”.

3 **SEC. 503. INFORMATION AND SERVICES.**

4 Section 203 of the Child Abuse Prevention and
5 Treatment and Adoption Reform Act of 1978 (42 U.S.C.
6 5113) is amended—

7 (1) by striking subsection (a) and inserting the
8 following:

9 “(a) PROGRAM AUTHORIZATION.—

10 “(1) IN GENERAL.—The Secretary shall estab-
11 lish an appropriate administrative arrangement to
12 provide a centralized focus for carrying out the pro-
13 visions of this title and for planning and coordi-
14 nating all departmental activities affecting adoption
15 and foster care, including—

16 “(A) services to facilitate the adoption of
17 children facing barriers to adoption;

18 “(B) services to families considering adop-
19 tion of such children; and

20 “(C) post-legal adoption services for fami-
21 lies to provide permanent and caring home envi-
22 ronments for children who would benefit from
23 adoption.

24 “(2) TECHNICAL ASSISTANCE.—The Secretary
25 shall make available such consultant services, on-site

1 technical assistance and personnel, together with
2 payment of appropriate administrative expenses, in-
3 cluding salaries and travel costs, as are necessary
4 for carrying out departmental activities described in
5 paragraph (1).”;

6 (2) in subsection (b)—

7 (A) in the matter preceding paragraph (1),
8 by striking “connection with”;

9 (B) in paragraph (1), by striking “and
10 prepare” and all that follows and inserting the
11 following: “including—

12 “(A) training, including the continuous im-
13 provement and evaluation of such training, on
14 the provision of mental health supports for
15 adoptive families to promote permanency; and

16 “(B) the development of information and
17 education and training materials, regarding
18 adoption, adoption assistance programs, and
19 post-legal adoption services, and dissemination
20 of the materials to all interested parties, public
21 and private agencies and organizations (includ-
22 ing hospitals, health care and family planning
23 clinics, and social services agencies), and gov-
24 ernmental bodies;”;

25 (C) in paragraph (2)—

1 (i) by striking “conduct, directly” and
 2 inserting “conduct (directly”;

3 (ii) by striking “private organizations,
 4 ongoing, extensive recruitment efforts” and
 5 inserting “private agencies or organiza-
 6 tions) ongoing, extensive public awareness
 7 and recruitment efforts”;

8 (iii) by striking “to promote the adop-
 9 tion of older children, minority children,
 10 and children with special needs, develop
 11 national public awareness efforts to unite”
 12 and inserting the following: “to—

13 “(A) promote the adoption of children fac-
 14 ing barriers to adoption;

15 “(B) unite”; and

16 (iv) by striking “parents, and estab-
 17 lish” and inserting “parents; and

18 “(C) establish”;

19 (D) in paragraph (3)—

20 (i) by striking “for (A) the” and in-
 21 sserting the following “for—

22 “(A) the”; and

23 (ii) by striking “and (B) the” and in-
 24 sserting the following “and

25 “(B) the”;

1 (E) in paragraph (4)—

2 (i) by striking “groups and minority
3 groups)” and inserting “groups and orga-
4 nizations that represent families who are
5 racial or ethnic minorities)”;

6 (ii) by striking “of minorities” and in-
7 serting “of people who are racial or ethnic
8 minorities”;

9 (F) in paragraph (5), by striking “corpora-
10 tions and” and inserting “large and”;

11 (G) in paragraph (7)—

12 (i) by striking “increase” and insert-
13 ing “identify best practices for”;

14 (ii) by striking “for the recruitment
15 of” and inserting “to recruit”; and

16 (iii) by striking “older children” and
17 all that follows and inserting “children fac-
18 ing barriers to adoption”;

19 (H) in paragraph (8), by striking “in
20 order”;

21 (I) in paragraph (9)—

22 (i) in the matter preceding subpara-
23 graph (A), by striking “Special Needs”
24 and inserting “Children Facing Barriers
25 to”;

1 (ii) in subparagraph (A), by inserting
 2 “people who are racial or ethnic” before
 3 “minorities”;

4 (iii) in subparagraph (B), by striking
 5 “with special needs” and inserting “facing
 6 barriers to adoption”; and

7 (iv) by striking subparagraph (D) and
 8 inserting the following:

9 “(D) identify and disseminate best prac-
 10 tices to reduce adoption disruption and dissolu-
 11 tion, and increase permanency, including best
 12 practices related to pre- and post-legal adoption
 13 services;”;

14 (J) in paragraph (10)—

15 (i) in the matter preceding subpara-
 16 graph (A)—

17 (I) by inserting “racial or ethnic”
 18 before “minority populations”;

19 (II) by striking “minority chil-
 20 dren” and inserting “children who are
 21 racial or ethnic minorities”; and

22 (III) by striking “minority fami-
 23 lies” and inserting “racially and eth-
 24 nically diverse families”; and

25 (ii) in subparagraph (A)—

1 (I) in clause (ii), by striking “,
2 including” and all that follows and in-
3 serting a semicolon;

4 (II) by redesignating clauses (iii)
5 through (ix) as clauses (iv) through
6 (x);

7 (III) by inserting after clause (ii)
8 the following:

9 “(iii) developing and using proce-
10 dures, including family finding strategies,
11 to notify family and relatives when a child
12 enters the child welfare system, and to
13 identify such family and relatives who are
14 willing to adopt or provide a permanent
15 home for such child to improve perma-
16 nency;”;

17 (IV) in clause (vi), as so redesign-
18 ated, by inserting “, including such
19 groups for prospective kinship care-
20 givers” before the semicolon;

21 (V) in clause (vii), as so redesign-
22 ated, by striking “training of per-
23 sonnel” and inserting “training on
24 working with diverse cultural, racial,

1 linguistic, and socioeconomic commu-
2 nities, for”;

3 (VI) in clause (vii)(III), as so re-
4 designated, by striking “with experi-
5 ence” and all that follows and insert-
6 ing a semicolon;

7 (VII) in clause (ix), as so redес-
8 igned, by inserting “, including such
9 groups for kinship caregivers” before
10 the semicolon; and

11 (VIII) in clause (x), as so redес-
12 igned, by striking “Act” and insert-
13 ing “title”; and

14 (K) in paragraph (11)—

15 (i) in the matter preceding subpara-
16 graph (A), by inserting “Indian Tribes,
17 Tribal organizations,” after “States,”;

18 (ii) in subparagraph (B), by striking
19 “and” at the end;

20 (iii) in subparagraph (C), by striking
21 the period at the end and inserting “,
22 and”; and

23 (iv) by adding at the end the fol-
24 lowing:

1 “(D) procedures to identify and support
2 potential kinship care arrangements.”;

3 ~~(3)~~ in subsection (c)—

4 (A) by striking the subsection header and
5 inserting the following:

6 “(c) SERVICES FOR FAMILIES ADOPTING CHILDREN
7 FACING BARRIERS TO ADOPTION.—”;

8 (B) in paragraph (1), by striking “special
9 needs children” and inserting “children facing
10 barriers to adoption”; and

11 (C) in paragraph (2)(G), by inserting “,
12 including such parents, children, and siblings in
13 kinship care arrangements” before the semi-
14 colon;

15 ~~(4)~~ in subsection (d)—

16 (A) by striking the subsection header and
17 inserting the following:

18 “(d) IMPROVING PLACEMENT RATE OF CHILDREN IN
19 FOSTER CARE AND IMPROVING POST-LEGAL ADOPTION
20 SUPPORT SERVICES.—”;

21 (B) in paragraph (1), by inserting “includ-
22 ing through the improvement of post-legal
23 adoption services,” after “adoption,”;

24 (C) in paragraph (2)—

25 (i) in subparagraph (A)—

1 (I) in clause (i), by inserting “,
2 including plans to assess the need for
3 and provide post-legal adoption serv-
4 ices in order to improve permanency”
5 before the semicolon;

6 (II) in clause (ii), by striking
7 “older children” and all that follows
8 and inserting “children facing barriers
9 to adoption, who are legally free for
10 adoption;”; and

11 (III) in clause (iv), by striking
12 “section 473” and all that follows and
13 inserting “subpart 2 of part B of title
14 IV of the Social Security Act (42
15 U.S.C. 629 et seq.) and part E of
16 such title IV (42 U.S.C. 670 et
17 seq.)”; and

18 (ii) in subparagraph (B)—

19 (I) in clause (i), by striking
20 “older children” and all that follows
21 through “special needs,” and inserting
22 “children facing barriers to adop-
23 tion;”; and

1 (H) in clause (ii), by striking
 2 “successful” and inserting “evidence-
 3 based and evidence-informed”; and
 4 (D) in paragraph (3)—
 5 (i) in subparagraph (A)—
 6 (I) by striking the first sentence;
 7 and
 8 (II) in the last sentence, by strik-
 9 ing “section 205(a)” and inserting
 10 “section 206(a)”; and
 11 (ii) in subparagraph (B), by striking
 12 “this Act” and inserting “this title”; and
 13 (5) in subsection (e)(1), by inserting before the
 14 period at the end the following: “, such as through
 15 the use of an electronic interstate case processing
 16 system”.

17 **SEC. 504. STUDIES AND REPORTS.**

18 Section 204 of the Child Abuse Prevention and
 19 Treatment and Adoption Reform Act of 1978 (42 U.S.C.
 20 5114) is amended to read as follows:

21 **“SEC. 204. STUDIES AND REPORTS.**

22 “(a) REPORT ON THE OUTCOMES OF INDIVIDUALS
 23 WHO WERE ADOPTED FROM FOSTER CARE.—Not later
 24 than 2 years after the date of enactment of the CAPTA
 25 Reauthorization Act of 2021, the Secretary shall prepare

1 and submit to the Committee on Health, Education,
2 Labor, and Pensions of the Senate and the Committee on
3 Education and Labor of the House of Representatives a
4 report on research and data regarding—

5 “(1) the outcomes of individuals who were
6 adopted from foster care as children; and

7 “(2) a summary of the post-adoption services
8 available to families that adopted children from fos-
9 ter care including the extent to which such services
10 are evidence-based or evidence-informed.

11 “(b) REPORT ON ADOPTION DISRUPTION AND DIS-
12 SOLUTION.—

13 “(1) IN GENERAL.—Not later than 18 months
14 after the date of enactment of the CAPTA Reau-
15 thorization Act of 2021, the Secretary shall prepare
16 and submit to the Committee on Health, Education,
17 Labor, and Pensions of the Senate and the Com-
18 mittee on Education and Labor of the House of
19 Representatives a report on children who enter into
20 foster care under the supervision of a State after
21 prior finalization of an adoption or legal guardian-
22 ship, including adoptions of foster youth and inter-
23 national adoptions.

24 “(2) INFORMATION.—The Secretary shall in-
25 clude in such report information, to the extent that

1 such information is available through the Adoption
 2 and Foster Care Analysis and Reporting System and
 3 other data sources, regarding the incidence of adop-
 4 tion disruption and dissolution impacting children
 5 described in paragraph (1) and factors associated
 6 with such circumstances, including—

7 “(A) whether affected individuals received
 8 pre- or post-legal adoption services; and

9 “(B) other relevant information, such as
 10 the age of the child involved.”.

11 **SEC. 505. UNREGULATED CUSTODY TRANSFERS.**

12 Title II of the Child Abuse Prevention and Treatment
 13 and Adoption Reform Act of 1978 (42 U.S.C. 5111 et
 14 seq.) is amended—

15 (1) by redesignating section 205 (42 U.S.C.
 16 5115) as section 206; and

17 (2) by inserting after section 204 the following:

18 **“SEC. 205. SENSE OF CONGRESS, TECHNICAL ASSISTANCE,
 19 AND REPORT ON UNREGULATED CUSTODY
 20 TRANSFERS.**

21 **“(a) SENSE OF CONGRESS.—**It is the sense of Con-
 22 gress that—

23 **“(1)** there are challenges associated with adop-
 24 tions (including the child’s mental health needs and
 25 the difficulties many families face in accessing sup-

1 port services) and some families may seek out an
2 unregulated transfer of physical custody of an adop-
3 tive child without any formal supervision by child
4 welfare agencies or courts;

5 “(2) some adopted children experience trauma,
6 and the disruption and placement in another home
7 due to such a transfer may contribute to additional
8 trauma and instability for such children;

9 “(3) unregulated custody transfers may not in-
10 clude certain safety measures that are required as
11 part of formal adoption proceedings;

12 “(4) child welfare agencies and courts may be
13 unaware of the placement of children through un-
14 regulated custody transfers and, as a result, may not
15 conduct assessments on children’s safety and well-
16 being in such subsequent placements;

17 “(5) the lack of such assessments may result in
18 the placement of children in homes in which the chil-
19 dren may be exposed to unsafe environments;

20 “(6) the caregivers with whom a child is placed
21 through an unregulated custody transfer may have
22 no legal responsibility with respect to such child and
23 may not have complete records, including the child’s
24 birth, medical, or other records, with respect to such
25 child;

1 “(7) a child adopted through intercountry adop-
2 tion may be at risk of not acquiring United States
3 citizenship if an unregulated custody transfer occurs
4 before the adoptive parents complete all necessary
5 steps to finalize the adoption of such child;

6 “(8) unregulated custody transfers pose signifi-
7 cant challenges for children who experience such
8 transfers; and

9 “(9) the Department of Health and Human
10 Services should support States in preventing, identi-
11 fying, and responding to unregulated custody trans-
12 fers, including of adopted children.

13 “(b) TECHNICAL ASSISTANCE AND PUBLIC AWARE-
14 NESS.—The Secretary, in coordination with the heads of
15 other relevant departments of the Federal Government—

16 “(1) shall improve public awareness related to
17 preventing adoption disruption and dissolution, in-
18 cluding preventing unregulated custody transfers of
19 adopted children; and

20 “(2) in carrying out paragraph (1), may update
21 Federal resources, including internet websites, to
22 provide—

23 “(A) employees of State, local, and Tribal
24 agencies that provide child welfare services with
25 education and training materials related to pre-

1 venting, identifying, and responding to unregu-
2 lated custody transfers; and

3 “(B) families with information on post-
4 legal adoption services from State, local, and
5 private resources to promote child permanency.

6 “(c) REPORT TO CONGRESS.—

7 “(1) IN GENERAL.—Not later than 1 year after
8 the date of enactment of the CAPTA Reauthoriza-
9 tion Act of 2021, the Secretary, in consultation with
10 the Secretary of State, shall prepare and submit to
11 the Committee on Health, Education, Labor, and
12 Pensions of the Senate, the Committee on Finance
13 of the Senate, the Committee on Education and
14 Labor of the House of Representatives, and the
15 Committee on Ways and Means of the House of
16 Representatives, a report on unregulated custody
17 transfers of children, including of adopted children.

18 “(2) ELEMENTS.—The report required under
19 paragraph (1) shall include—

20 “(A) information on the causes, methods,
21 and characteristics of unregulated custody
22 transfers, including the use of social media and
23 the internet;

24 “(B) information on the effects of unregu-
25 lated custody transfer on children, including the

1 effects of the lack of assessment of a child's
2 safety and well-being by social services agencies
3 and courts due to such unregulated custody
4 transfer;

5 “(C) data on the prevalence of unregulated
6 custody transfers within each State and across
7 all States; and

8 “(D) recommended policies for preventing;
9 identifying; and responding to unregulated cus-
10 tody transfers, including of adopted children;
11 that include—

12 “(i) suggested changes or updates to
13 Federal and State law to address unregu-
14 lated custody transfers;

15 “(ii) suggested changes or updates to
16 child protection practices to address un-
17 regulated custody transfers; and

18 “(iii) methods of providing to the pub-
19 lic information regarding adoption and
20 child protection.”.

21 **SEC. 506. AUTHORIZATION OF APPROPRIATIONS.**

22 Section 206 of the Child Abuse Prevention and
23 Treatment and Adoption Reform Act of 1978 (42 U.S.C.
24 5115) is amended to read as follows:

1 **“SEC. 206. AUTHORIZATION OF APPROPRIATIONS.**

2 “(a) **IN GENERAL.**—There are authorized to be ap-
3 propriated \$50,000,000 for fiscal year 2022 and such
4 sums as may be necessary for each of fiscal years 2023
5 through 2027 to carry out programs and activities author-
6 ized under this title.

7 “(b) **ALLOCATION.**—Not less than 35 percent and not
8 more than 50 percent of the funds appropriated under
9 subsection (a) shall be allocated for activities under sub-
10 sections (b)(10) and (c) of section 203.

11 “(c) **AVAILABILITY.**—Funds appropriated pursuant
12 to authorizations in this title shall remain available until
13 expended for the purposes for which the funds were appro-
14 priated.”

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

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

18 (b) **TABLE OF CONTENTS.**—*The table of contents for*
19 *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.

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—PUBLIC HEALTH APPROACHES TO IDENTIFY AND PREVENT
CHILD FATALITIES AND NEAR FATALITIES DUE TO CHILD
ABUSE AND NEGLECT**

Sec. 301. Identifying and preventing child fatalities and near fatalities due to child abuse and neglect.

**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 sec-*
6 *tion 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.*
- “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. *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 technical assistance for community-based family strengthening services.*
- “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 Native’*
8 *has the meaning given the term ‘Native’ in section 3*
9 *of the Alaska Native Claims Settlement Act (43*
10 *U.S.C. 1602)*

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

14 *“(A) the age of 18; or*

15 *“(B) except in the case of sexual abuse, the*
16 *age specified by the child protection law of the*
17 *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 OVERREPRESENTED*
8 *IN THE CHILD WELFARE SYSTEM.*—*The term ‘children*
9 *and youth overrepresented in the child welfare system’*
10 *includes children and youth who belong to popu-*
11 *lations who are the focus of research efforts authorized*
12 *under section 404N of the Public Health Service Act*
13 *(42 U.S.C. 283p) and defined in NIH Notice NOT-*
14 *OD–19–139 released on August 28, 2019.*

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

18 “(A) *are provided by organizations car-*
19 *rying out programs such as family resource pro-*
20 *grams, family support programs, voluntary*
21 *home visiting programs, respite care services*
22 *programs, parenting education, mutual support*
23 *programs for parents and children, parent part-*
24 *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 pro-*
9 *vided under contract or through an interagency agree-*
10 *ment to assist families in obtaining needed informa-*
11 *tion, mutual support, and community resources, in-*
12 *cluding respite care services, health care services (in-*
13 *cluding mental health and substance use disorder*
14 *services), employability development and job training,*
15 *and other social services, including early develop-*
16 *mental screening of children, through help lines or*
17 *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 occurred—*

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

23 “(B) *where child abuse or neglect was a*
24 *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 ORGANIZA-*
9 *TION.*—*The terms ‘Indian’, ‘Indian Tribe’, and ‘Trib-*
10 *al organization’ have the meanings given the terms*
11 *‘Indian’, ‘Indian tribe’, and ‘tribal organization’, re-*
12 *spectively, in section 4 of the Indian Self-Determina-*
13 *tion and Education Assistance Act (25 U.S.C. 5304).*

14 “(12) *INDIVIDUALS WITH PERSONAL EXPERIENCE*
15 *IN THE CHILD WELFARE SYSTEM.*—*The term ‘individ-*
16 *uals with personal experience in the child welfare sys-*
17 *tem’ means parents and youth with current or pre-*
18 *vious involvement in the child welfare system, kinship*
19 *caregivers, foster and adoptive families, and adults*
20 *who experienced child abuse or neglect as children.*

21 “(13) *NATIVE HAWAIIAN.*—*The term ‘Native Ha-*
22 *waiian’ has the meaning given the term in section*
23 *6207 of the Elementary and Secondary Education*
24 *Act of 1965 (20 U.S.C. 7517).*

1 “(14) *NEAR FATALITY.*—*The term ‘near fatality’*
2 *means an act that, as certified by a physician, places*
3 *a child in serious or critical condition.*

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

12 “(16) *RESPIRE CARE SERVICES.*—*The term ‘res-*
13 *pite care services’ means services, including the serv-*
14 *ices of crisis nurseries, that are—*

15 “(A) *provided in the temporary absence of*
16 *the regular caregiver (meaning a parent, other*
17 *relative, foster parent, adoptive parent, or guard-*
18 *ian);*

19 “(B) *provided to children who—*

20 “(i) *are in danger of child abuse or ne-*
21 *glect;*

22 “(ii) *have experienced child abuse or*
23 *neglect; or*

24 “(iii) *have disabilities or chronic or*
25 *terminal illnesses;*

1 “(C) *provided within or outside the home of*
2 *the child;*

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

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

8 “(17) *SECRETARY.—The term ‘Secretary’ means*
9 *the Secretary of Health and Human Services.*

10 “(18) *SERIOUS BODILY INJURY.—The term ‘seri-*
11 *ous bodily injury’ means bodily injury which involves*
12 *substantial risk of death, extreme physical pain, pro-*
13 *tracted and obvious disfigurement, or protracted loss*
14 *or impairment of the function of a bodily member,*
15 *organ, or mental faculty.*

16 “(19) *SEXUAL ABUSE.—The term ‘sexual abuse’*
17 *includes—*

18 “(A) *the employment, use, persuasion, in-*
19 *ducement, enticement, or coercion of any child to*
20 *engage in, or assist any other person to engage*
21 *in, any sexually explicit conduct or simulation*
22 *of such conduct for the purpose of producing a*
23 *visual depiction of such conduct; and*

24 “(B) *the rape, and in cases of caretaker or*
25 *inter-familial relationships, statutory rape, mo-*

1 *lestation, prostitution, or other form of sexual ex-*
2 *ploitation of children, or incest with children.*

3 “(20) *STATE.*—*Except as provided in section*
4 *106(g), the term ‘State’ means each of the several*
5 *States, the District of Columbia, the Commonwealth*
6 *of Puerto Rico, the Virgin Islands, Guam, American*
7 *Samoa, and the Commonwealth of the Northern Mar-*
8 *iana Islands.*

9 “(21) *WITHHOLDING OF MEDICALLY INDICATED*
10 *TREATMENT.*—*The term ‘withholding of medically in-*
11 *dicated treatment’ means the failure to respond to the*
12 *infant’s life-threatening conditions by providing*
13 *treatment (including appropriate nutrition, hydra-*
14 *tion, and medication) which, in the treating physi-*
15 *cian’s or physicians’ reasonable medical judgment,*
16 *will be most likely to be effective in ameliorating or*
17 *correcting all such conditions, except that the term*
18 *does not include the failure to provide treatment*
19 *(other than appropriate nutrition, hydration, or*
20 *medication) to an infant when, in the treating physi-*
21 *cian’s or physicians’ reasonable medical judgment—*

22 “(A) *the infant is chronically and irrevers-*
23 *ibly comatose;*

24 “(B) *the provision of such treatment*
25 *would—*

1 “(i) merely prolong dying;

2 “(ii) not be effective in ameliorating or
3 correcting all of the infant’s life-threatening
4 conditions; or

5 “(iii) otherwise be futile in terms of the
6 survival of the infant; or

7 “(C) the provision of such treatment would
8 be virtually futile in terms of the survival of the
9 infant and the treatment itself under such cir-
10 cumstances would be inhumane.

11 “(b) *SPECIAL RULE.*—

12 “(1) *IN GENERAL.*—For purposes of paragraphs
13 (3) and (19) of subsection (a), a child shall be consid-
14 ered a victim of child abuse and neglect or sexual
15 abuse if the child is identified, by an employee of the
16 State or local agency involved, as being a victim of
17 sex trafficking (as defined in section 103 of the Traf-
18 ficking Victims Protection Act of 2000 (22 U.S.C.
19 7102)) or a victim of severe forms of trafficking in
20 persons (as defined in such section 103).

21 “(2) *STATE OPTION.*—Notwithstanding the defi-
22 nition of child under subsection (a)(2), for purposes
23 of application of paragraph (1), a State may elect to
24 define the term ‘child’ as a person who has not at-
25 tained the age of 24.”.

1 **TITLE I—GENERAL PROGRAM**

2 **SEC. 101. INTERAGENCY WORK GROUP ON CHILD ABUSE**
3 **AND NEGLECT.**

4 *Section 102 of the Child Abuse Prevention and Treat-*
5 *ment Act (42 U.S.C. 5102) is amended to read as follows:*

6 **“SEC. 102. INTERAGENCY WORK GROUP ON CHILD ABUSE**
7 **AND NEGLECT.**

8 “(a) *ESTABLISHMENT.*—*The Secretary may establish*
9 *and operate an Interagency Work Group on Child Abuse*
10 *and Neglect (referred to in this section as the ‘Work Group’).*

11 “(b) *COMPOSITION.*—*The Work Group shall be com-*
12 *prised of representatives from Federal agencies with respon-*
13 *sibility for child abuse and neglect related programs and*
14 *activities and other programs and activities that strengthen*
15 *families and support child and family well-being.*

16 “(c) *DUTIES.*—*The Work Group shall—*

17 “(1) *coordinate Federal efforts and activities*
18 *with respect to child abuse and neglect prevention and*
19 *treatment, including data collection and reporting;*

20 “(2) *serve as a forum that convenes relevant Fed-*
21 *eral agencies to communicate and exchange ideas con-*
22 *cerning child abuse and neglect related programs and*
23 *activities and other programs and activities that*
24 *strengthen families and support child and family*
25 *well-being;*

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

4 “(A) improving research;

5 “(B) focusing on prevention of child abuse
6 and neglect;

7 “(C) addressing racial bias and disparities
8 in the child welfare system;

9 “(D) enhancing child welfare professionals’
10 understanding of trauma-informed practices that
11 prevent and mitigate the effects of trauma and
12 adverse childhood experiences;

13 “(E) identifying actions the child protective
14 services system, other public agencies, and com-
15 munity-based organizations can take to develop
16 alternative pathways to connect families experi-
17 encing difficulty meeting basic needs or other
18 risk factors associated with child abuse and ne-
19 glect to community-based family strengthening
20 services to prevent child abuse and neglect in
21 order to safely reduce the number of families un-
22 necessarily involved in such system; and

23 “(F) addressing the links between child
24 abuse and neglect and domestic violence; and

1 “(4) consult with experts in the child protective
2 services field and individuals with personal experi-
3 ence in the child welfare system.”.

4 **SEC. 102. NATIONAL CLEARINGHOUSE FOR INFORMATION**
5 **RELATING TO CHILD ABUSE.**

6 Section 103 of the Child Abuse Prevention and Treat-
7 ment Act (42 U.S.C. 5104) is amended to read as follows:

8 **“SEC. 103. NATIONAL CLEARINGHOUSE FOR INFORMATION**
9 **RELATING TO CHILD ABUSE.**

10 “(a) *ESTABLISHMENT.*—The Secretary shall establish,
11 directly or through one or more competitive contracts of not
12 less than 3 years duration, a national clearinghouse for in-
13 formation relating to child abuse and neglect.

14 “(b) *CONSULTATION.*—In establishing the clearing-
15 house under subsection (a), the Secretary shall consult with
16 the head of each Federal agency involved with child abuse
17 and neglect regarding—

18 “(1) the development of the components for infor-
19 mation collection;

20 “(2) the management of such clearinghouse; and

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

23 “(c) *FUNCTIONS.*—The Secretary, through the clear-
24 inghouse established under subsection (a), shall maintain
25 and disseminate information on—

1 “(1) evidence-based and evidence-informed pro-
2 grams, including private and community-based pro-
3 grams, that have—

4 “(A) demonstrated success with respect to
5 the prevention, assessment, identification, and
6 treatment of child abuse or neglect; and

7 “(B) potential for broad-scale implementa-
8 tion and replication;

9 “(2) the medical diagnosis and treatment of
10 child abuse and neglect and the use of trauma-in-
11 formed practices that prevent and mitigate the effects
12 of trauma and adverse childhood experiences;

13 “(3) best practices relating to—

14 “(A) differential response;

15 “(B) the use of alternative pathways to con-
16 nect families experiencing difficulty meeting
17 basic needs or other risk factors associated with
18 child abuse and neglect to community-based fam-
19 ily strengthening services to prevent child abuse
20 and neglect, including through the operation of
21 local, State, or Tribal helplines, websites, or mo-
22 bile applications (which may include expanding
23 hotlines and referral systems operated by State,
24 Tribal, or local child protective services agencies
25 for such purposes);

1 “(C) making improvements to the child pro-
2 protective services systems, including efforts to pre-
3 vent child abuse and neglect, prioritize serving
4 children who are at risk of serious harm, and
5 implement protocols to identify, examine, and
6 eliminate child fatalities and near fatalities due
7 to child abuse and neglect;

8 “(D) making appropriate referrals related
9 to the physical, developmental, and mental
10 health needs of children who are victims of child
11 abuse or neglect, and when appropriate, provide
12 services to parents or children, to address the
13 needs of such children and their families and ef-
14 fectively treat the effects of such abuse or neglect;

15 “(E) supporting children and youth being
16 cared for by kinship caregivers, including such
17 children whose living arrangements with kinship
18 caregivers occurred without the involvement of a
19 child protective services agency; and

20 “(F) workforce development and retention of
21 child protective services personnel;

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

24 “(A) for individuals who are engaged, or
25 who intend to engage, in the prevention, identi-

1 *fication, and treatment of child abuse and ne-*
2 *glect, including mandated reporters; and*

3 *“(B) for appropriate State, Tribal, and*
4 *local officials to assist in training law enforce-*
5 *ment, legal, judicial, medical, physical, behav-*
6 *ioral and mental health, child care and early*
7 *learning, education, child welfare, substance use*
8 *disorder treatment services, and domestic vio-*
9 *lence services personnel on—*

10 *“(i) the role of the child protective serv-*
11 *ices system to identify children at risk of se-*
12 *rious harm; and*

13 *“(ii) how to direct families in need to*
14 *alternative pathways for community-based*
15 *family strengthening services in order to*
16 *safely reduce the number of families unnec-*
17 *essarily involved with child protective serv-*
18 *ices;*

19 *“(5) in conjunction with the National Resource*
20 *Centers authorized under section 310(b) of the Family*
21 *Violence Prevention and Services Act (42 U.S.C.*
22 *10410(b)), effective programs and best practices for*
23 *developing and carrying out collaboration between en-*
24 *tities providing child protective services and entities*
25 *providing domestic violence services;*

1 “(6) *the requirements of section 402(c) and best*
2 *practices relating to the development, implementation,*
3 *and monitoring of family care plans as described in*
4 *section 402(c) for infants identified as being affected*
5 *by substance use disorder (including alcohol use dis-*
6 *order), including best practices on topics such as—*

7 “(A) *collaboration and coordination across*
8 *substance abuse agencies, child welfare agencies,*
9 *maternal and child health agencies, family*
10 *courts, and other community partners; and*

11 “(B) *identification and delivery of services*
12 *for affected infants and their families, including*
13 *for infants affected by substance use disorder, in-*
14 *cluding alcohol use disorder, but whose families*
15 *do not meet criteria for immediate safety con-*
16 *cerns of child abuse and neglect;*

17 “(7) *the incidence of cases of child abuse and ne-*
18 *glect in the United States, including information*
19 *based on data submitted by State child protective*
20 *services agencies under section 106(d); and*

21 “(8) *the research conducted under section 104(a).*

22 “(d) *DATA COLLECTION AND ANALYSIS.—*

23 “(1) *IN GENERAL.—The Secretary shall develop*
24 *and maintain a Federal data collection and analysis*
25 *system, in consultation with appropriate State, Trib-*

1 *al, and local agencies and experts in the field, to col-*
2 *lect, compile, and make available State child abuse*
3 *and neglect reporting information which shall be uni-*
4 *versal and case specific and, to the extent practicable,*
5 *integrated with other case-based Federal, State, Trib-*
6 *al, regional, and local child welfare information (in-*
7 *cluding the automated foster care and adoption re-*
8 *porting system required under section 479 of the So-*
9 *cial Security Act (42 U.S.C. 679) and including the*
10 *case registry authorized under section 303), and*
11 *which shall include—*

12 *“(A) standardized data on false, unfounded,*
13 *unsubstantiated, and substantiated reports;*

14 *“(B) comparable information on child fa-*
15 *talities and near fatalities due to child abuse*
16 *and neglect, including—*

17 *“(i) the number of child fatalities and*
18 *near fatalities due to child abuse and ne-*
19 *glect; and*

20 *“(ii) case-specific data about the cir-*
21 *cumstances under which a child fatality or*
22 *near fatality occurred due to abuse and ne-*
23 *glect, including the data elements described*
24 *in section 106(d)(3)(E);*

1 “(C) information about the incidence and
2 characteristics of child abuse and neglect in cir-
3 cumstances in which domestic violence is present;
4 and

5 “(D) information about the incidence and
6 characteristics of child abuse and neglect in cases
7 related to substance use disorder.

8 “(2) CONFIDENTIALITY REQUIREMENT.—In car-
9 rying out paragraph (1)(D), the Secretary shall en-
10 sure that methods are established and implemented to
11 preserve the confidentiality of records relating to case
12 specific data.”.

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

14 Section 104 of the Child Abuse Prevention and Treat-
15 ment Act (42 U.S.C. 5105) is amended—

16 (1) by amending subsections (a) through (c) to
17 read as follows:

18 “(a) RESEARCH.—

19 “(1) IN GENERAL.—The Secretary, in coordina-
20 tion with relevant Federal agencies, and in consulta-
21 tion with recognized experts in the field, shall carry
22 out a continuing interdisciplinary program of re-
23 search, including longitudinal research, that is de-
24 signed to—

1 “(A) provide information needed to improve
2 primary prevention of child abuse and neglect;

3 “(B) better protect children from child
4 abuse or neglect;

5 “(C) evaluate the efficacy of programs or
6 practices to improve outcomes;

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

9 “(E) be responsive to the research needs of
10 the child welfare field.

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

13 “(A) evidence-based or evidence-informed
14 programs regarding—

15 “(i) prevention of child abuse and ne-
16 glect in families that have not had contact
17 with the child protective services system, in-
18 cluding through supporting the development
19 of protective factors linked to the prevention
20 of child abuse and neglect; and

21 “(ii) trauma-informed and develop-
22 mentally-appropriate treatment of children
23 and families who experience child abuse and
24 neglect, including efforts to prevent the re-

1 *traumatization of such children and fami-*
2 *lies;*

3 “(B) *effective practices to reduce racial bias*
4 *and disparities in the child protective services*
5 *system;*

6 “(C) *effective practices and programs in the*
7 *use of differential response to identify children at*
8 *risk of serious harm and to safely reduce the*
9 *number of families unnecessarily investigated by*
10 *the child protective services system;*

11 “(D) *effective practices and programs de-*
12 *signed to improve service delivery and outcomes*
13 *for child protective services agencies engaged*
14 *with children and families with complex needs,*
15 *such as families who have experienced domestic*
16 *violence, substance use disorders, or adverse*
17 *childhood experiences, or who have mental health*
18 *needs;*

19 “(E) *best practices for recruiting and re-*
20 *taining a child protective services workforce and*
21 *providing professional development;*

22 “(F) *effective collaborations, between the*
23 *child protective system and domestic violence*
24 *service providers, that provide for the safety of*
25 *children exposed to domestic violence and their*

1 *non-abusing parents and that improve the inves-*
2 *tigations, interventions, delivery of services, and*
3 *treatments provided for such children and fami-*
4 *lies;*

5 “(G) *child abuse and neglect issues facing*
6 *Indians, Alaska Natives, and Native Hawaiians,*
7 *including providing recommendations for im-*
8 *proving the collection of child abuse and neglect*
9 *data from Indian Tribes, Tribal organizations,*
10 *and Native Hawaiian communities;*

11 “(H) *child abuse and neglect issues related*
12 *to children and youth overrepresented in the*
13 *child welfare system, including efforts to improve*
14 *the child welfare system’s practices related to the*
15 *prevention, identification, and treatment of child*
16 *abuse and neglect to address such overrepresenta-*
17 *tion; and*

18 “(I) *effective collaborations between the*
19 *child welfare system and substance use disorder*
20 *treatment service providers that provide for the*
21 *safety of children exposed to parents with sub-*
22 *stance use disorders, and that improve the inves-*
23 *tigations, interventions, delivery of services, and*
24 *treatments provided for such children and fami-*
25 *lies.*

1 “(3) *NATIONAL INCIDENCE OF CHILD ABUSE AND*
2 *NEGLECT.*—

3 “(A) *IN GENERAL.*—*The Secretary shall*
4 *conduct research on the national incidence of*
5 *child abuse and neglect and investigate the*
6 *trends in such incidence, including the informa-*
7 *tion on the national incidence on child abuse*
8 *and neglect specified in subparagraph (B).*

9 “(B) *CONTENT.*—*The research described in*
10 *subparagraph (A) shall examine the national in-*
11 *cidence of child abuse and neglect, including—*

12 “(i) *the extent to which incidents of*
13 *child abuse and neglect are increasing or*
14 *decreasing in number and severity;*

15 “(ii) *the incidence of substantiated and*
16 *unsubstantiated reported child abuse and*
17 *neglect cases;*

18 “(iii) *the number of substantiated cases*
19 *that result in a judicial finding of child*
20 *abuse or neglect or related criminal court*
21 *convictions;*

22 “(iv) *the extent to which the number of*
23 *unsubstantiated, unfounded, or falsely re-*
24 *ported cases of child abuse or neglect have*
25 *contributed to the inability of a State to re-*

1 *spond effectively to serious cases of child*
2 *abuse or neglect;*

3 “(v) *the extent to which the lack of ade-*
4 *quate resources or the lack of adequate*
5 *training of individuals required by law to*
6 *report suspected cases of child abuse and ne-*
7 *glect have contributed to the inability of a*
8 *State to respond effectively to serious cases*
9 *of child abuse and neglect;*

10 “(vi) *the number of unsubstantiated,*
11 *false, or unfounded reports that have re-*
12 *sulted in a child being placed in substitute*
13 *care, and the duration of such placement;*

14 “(vii) *the extent to which unsubstan-*
15 *tiated reports return as more serious cases*
16 *of child abuse or neglect;*

17 “(viii) *the incidence and prevalence*
18 *of—*

19 “(I) *physical, sexual, and emo-*
20 *tional abuse and physical and emo-*
21 *tional neglect in substitute care; and*

22 “(II) *domestic violence in sub-*
23 *stantiated cases of child abuse and ne-*
24 *glect;*

1 “(ix) the incidence and prevalence of
2 child maltreatment by a wide array of de-
3 mographic characteristics such as age, sex,
4 race, family structure, household relation-
5 ship (including the living arrangement of
6 the resident parent and family size), school
7 enrollment and education attainment, dis-
8 ability, labor force status, and income in
9 the previous year;

10 “(x) the extent to which reports of sus-
11 pected or known instances of child abuse or
12 neglect involving a potential combination of
13 jurisdictions, such as intrastate, interstate,
14 Federal-State, and State-Tribal, are
15 screened out solely on the basis of the cross-
16 jurisdictional complications; and

17 “(xi) the incidence and outcomes of
18 child abuse and neglect allegations reported
19 within the context of divorce, custody, or
20 other family court proceedings, and the
21 interaction between family courts and the
22 child protective services system.

23 “(4) REPORT.—Not later than 3 years after the
24 date of the enactment of the CAPTA Reauthorization
25 Act of 2021 and every 2 years thereafter, the Sec-

1 *retary shall prepare and make available on a website*
2 *that is accessible to the public and submit to the Com-*
3 *mittee on Health, Education, Labor, and Pensions of*
4 *the Senate and the Committee on Education and*
5 *Labor of the House of Representatives a report that—*

6 *“(A) identifies the research priorities under*
7 *paragraph (5) and the process for determining*
8 *such priorities;*

9 *“(B) contains a summary of the research*
10 *supported pursuant to paragraphs (1) and (2),*
11 *and a summary of any other relevant research*
12 *on child abuse and neglect conducted by agencies*
13 *within the Department of Health and Human*
14 *Services;*

15 *“(C) contains the findings of the research*
16 *regarding the national incidence on child abuse*
17 *and neglect conducted under paragraph (3); and*

18 *“(D) describes how the Secretary will con-*
19 *tinue to improve the accuracy of information on*
20 *the national incidence on child abuse and neglect*
21 *specified in paragraph (3).*

22 *“(5) PRIORITIES.—*

23 *“(A) IN GENERAL.—The Secretary shall es-*
24 *tablish research priorities, which may include*

1 *long-term studies, for making grants or contracts*
2 *for purposes of carrying out paragraph (1).*

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

8 “(b) *PROVISION OF TECHNICAL ASSISTANCE.*—

9 “(1) *IN GENERAL.*—*The Secretary shall provide*
10 *technical assistance to State, local, and Tribal public*
11 *and private agencies and community-based organiza-*
12 *tions, including organizations that support children*
13 *or youth overrepresented in the child welfare system,*
14 *disability organizations, and persons who work with*
15 *children with disabilities, and providers of mental*
16 *health, substance use disorder treatment, and domestic*
17 *violence prevention services, to assist such agencies*
18 *and organizations in planning, improving, devel-*
19 *oping, carrying out, and evaluating programs and*
20 *activities, including replicating successful program*
21 *models, relating to the prevention, assessment, identi-*
22 *fication, and treatment of child abuse and neglect.*

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

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

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

7 “(C) promote best practices for addressing
8 child abuse and neglect in families with complex
9 needs, such as families who have experienced do-
10 mestic violence, substance use disorders, or ad-
11 verse childhood experiences, or who have mental
12 health needs;

13 “(D) leverage community-based resources to
14 prevent child abuse and neglect to develop a con-
15 tinuum of prevention programs and services, in-
16 cluding resources regarding health care (includ-
17 ing mental health and substance use disorder),
18 housing, food assistance, parent support, finan-
19 cial assistance, child care and early learning,
20 education services, and other services to assist
21 families;

22 “(E) promote best practices for maximizing
23 coordination and communication between State,
24 Tribal, and local child welfare agencies and rel-

1 *evant health care entities, consistent with all ap-*
2 *plicable Federal and State privacy laws; and*

3 *“(F) provide other technical assistance, as*
4 *determined by the Secretary in consultation with*
5 *such State, Tribal, and local public and private*
6 *agencies and community-based organizations as*
7 *the Secretary determines appropriate.*

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

11 *“(A) various methods and procedures for the*
12 *prevention, investigation, assessment, and pros-*
13 *ecution of child physical and sexual abuse 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 by*

1 *the child protective service system minimized ra-*
2 *cial 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 to*
12 *assist in training law enforcement, legal, judi-*
13 *cial, medical, mental health, child care and early*
14 *learning, education, child welfare, substance use*
15 *disorder, and domestic violence services personnel*
16 *in appropriate methods of interacting during in-*
17 *vestigative, administrative, and judicial pro-*
18 *ceedings with children who have been subjected*
19 *to, or children whom such personnel suspect have*
20 *been subjected to, child abuse or neglect.*

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

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

1 “(2) *DURATION.*—*Grants under this section shall*
 2 *be made for periods of not more than 5 years.*”; and
 3 (2) *by striking subsection (e).*

4 **SEC. 104. GRANTS TO STATES, INDIAN TRIBES OR TRIBAL**
 5 **ORGANIZATIONS, AND PUBLIC OR PRIVATE**
 6 **AGENCIES AND ORGANIZATIONS.**

7 *Section 105 of the Child Abuse Prevention and Treat-*
 8 *ment Act (42 U.S.C. 5106) is amended to read as follows:*

9 **“SEC. 105. GRANTS TO STATES, INDIAN TRIBES OR TRIBAL**
 10 **ORGANIZATIONS, AND PUBLIC OR PRIVATE**
 11 **AGENCIES AND ORGANIZATIONS.**

12 “(a) *AUTHORITY TO AWARD GRANTS OR ENTER INTO*
 13 *CONTRACTS.*—*The Secretary may award grants and enter*
 14 *into contracts to carry out programs and projects in accord-*
 15 *ance with this section, for any of the following purposes:*

16 “(1) *Capacity building, in order to create coordi-*
 17 *nated, inclusive, and collaborative systems that have*
 18 *statewide, local, or community-based impact in pre-*
 19 *venting, reducing, and treating child abuse and ne-*
 20 *glect.*

21 “(2) *Innovation, through time-limited, field-ini-*
 22 *tiated demonstration projects that further the under-*
 23 *standing of the field to prevent, treat, and reduce*
 24 *child abuse and neglect.*

25 “(b) *CAPACITY BUILDING GRANT PROGRAM.*—

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

3 “(2) *ELIGIBLE ENTITY.*—*In this subsection, the*
4 *term ‘eligible entity’ means—*

5 “(A) *a State or local agency, Indian Tribe*
6 *or Tribal organization, or a nonprofit entity; or*

7 “(B) *a consortium of entities described in*
8 *subparagraph (A).*

9 “(3) *APPLICATIONS.*—*To receive a grant or con-*
10 *tract under this subsection, an eligible entity shall*
11 *submit an application to the Secretary at such time,*
12 *in such manner, and containing such information as*
13 *the Secretary may require.*

14 “(4) *USES OF FUNDS.*—*An eligible entity receiv-*
15 *ing a grant or contract under this subsection shall use*
16 *the funds made available through the grant or con-*
17 *tract to better align and coordinate community-based,*
18 *local, or State activities to strengthen families and*
19 *prevent, reduce, or treat child abuse and neglect, by—*

20 “(A) *training professionals in prevention,*
21 *identification, or treatment of child abuse and*
22 *neglect, which may include—*

23 “(i) *training of professional and para-*
24 *professional personnel, who are engaged in,*
25 *or intend to work in, the field of prevention,*

1 *identification, and treatment of child abuse*
2 *and neglect, including training in the links*
3 *between child abuse and neglect and domes-*
4 *tic violence and approaches to working with*
5 *families with substance use disorder;*

6 “(ii) *training on evidence-based and*
7 *evidence-informed programs to improve*
8 *child abuse and neglect reporting, with a*
9 *focus on adults who work with children in*
10 *a professional or volunteer capacity, includ-*
11 *ing on—*

12 “(I) *preventing, recognizing, and*
13 *responding to child sexual abuse; and*

14 “(II) *safely reducing the number*
15 *of families unnecessarily investigated*
16 *by the child protective services system;*

17 “(iii) *training of personnel in best*
18 *practices to meet the unique needs and de-*
19 *velopment of children with disabilities, chil-*
20 *dren under the age of 3, and infants affected*
21 *by substance use disorder, including alcohol*
22 *use disorder;*

23 “(iv) *improving the training of super-*
24 *visory child welfare workers on best prac-*

1 *tices for recruiting, selecting, and retaining*
2 *personnel;*

3 *“(v) supporting State child welfare*
4 *and child protective services agencies to co-*
5 *ordinate the provision of services with State*
6 *and local health care agencies, substance*
7 *abuse agencies, public health agencies, men-*
8 *tal health agencies, other public and private*
9 *welfare agencies, and agencies that provide*
10 *early intervention services to promote child*
11 *safety, permanence, and family stability,*
12 *which may include training on improving*
13 *coordination between agencies to meet*
14 *health evaluation and treatment needs of*
15 *children who have been victims of substan-*
16 *tiated cases of child abuse or neglect;*

17 *“(vi) training of personnel in best*
18 *practices relating to the provision of dif-*
19 *ferential response; and*

20 *“(vii) training for child welfare profes-*
21 *sionals to reduce and prevent racial bias in*
22 *the provision of child protective services and*
23 *child welfare services related to child abuse*
24 *and neglect;*

1 “(B) enhancing systems coordination and
2 triage procedures, including programs of collabo-
3 rative partnerships between the State child pro-
4 tective services agency, community social service
5 agencies and community-based family support
6 programs, law enforcement agencies and legal
7 systems, developmental disability agencies, sub-
8 stance use disorder treatment agencies, health
9 care entities, domestic violence prevention enti-
10 ties, mental health service entities, schools, places
11 of worship, and other community-based agencies,
12 such as children’s advocacy centers, in accord-
13 ance with all applicable Federal and State pri-
14 vacy laws, to—

15 “(i) improve responses to reports of
16 child abuse and neglect;

17 “(ii) allow for the establishment or im-
18 provement of a coordinated triage system;

19 “(iii) connect families experiencing
20 difficulty meeting basic needs or risk factors
21 associated with child abuse and neglect to
22 community-based systems and programs
23 that assist families seeking support to mini-
24 mize involvement in the child protective
25 services system; or

1 “(iv) modernize data systems and net-
2 works to improve the effectiveness of tech-
3 nology used by the child protective services
4 system, including to facilitate timely infor-
5 mation and data sharing and referrals be-
6 tween systems that are designed to serve
7 children and families; or

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

15 “(c) *FIELD-INITIATED INNOVATION GRANT PRO-*
16 *GRAM.*—

17 “(1) *IN GENERAL.*—*The Secretary may award*
18 *grants or contracts to eligible entities for field-initi-*
19 *ated demonstration projects of up to 5 years that ad-*
20 *vance innovative approaches to prevent, reduce, or*
21 *treat child abuse and neglect.*

22 “(2) *ELIGIBLE ENTITY.*—*In this subsection, the*
23 *term ‘eligible entity’ means—*

1 “(A) a State or local agency, Indian Tribe
2 or Tribal organization, or public or private
3 agency, or organization; or

4 “(B) a consortium of entities described in
5 subparagraph (A).

6 “(3) *APPLICATIONS.*—To receive a grant or con-
7 tract under this subsection, an eligible entity shall
8 submit an application to the Secretary at such time,
9 in such manner, and containing such information as
10 the Secretary may require, including, at a minimum,
11 a rigorous methodological approach to the evaluation
12 of the grant or contract and a description of the eligi-
13 ble entity’s efforts to engage with individuals with
14 personal experience in the child welfare system in
15 carrying out such grant or contract.

16 “(4) *USE OF FUNDS.*—An eligible entity that re-
17 ceives a grant or contract under this subsection shall
18 use the funds made available through the grant or
19 contract to carry out or bring to scale promising, evi-
20 dence-informed, or evidence-based activities to pre-
21 vent, treat, or reduce child abuse and neglect that
22 shall include one or more of the following:

23 “(A) *Multidisciplinary systems of care to*
24 *strengthen families and prevent, treat, or reduce*
25 *child abuse and neglect, such as children’s advo-*

1 *cacy centers or programs that focus on address-*
2 *ing traumatic stress in families due to child*
3 *abuse and neglect, especially for families with*
4 *complex needs, such as families who have experi-*
5 *enced domestic violence, substance use disorders,*
6 *or adverse childhood experiences, or who have*
7 *mental health needs.*

8 “(B) *Primary prevention programs or*
9 *strategies aimed at reducing the prevalence of*
10 *child abuse and neglect among families.*

11 “(C) *The development and use of alternative*
12 *pathways to connect families experiencing dif-*
13 *ficulty meeting basic needs or other risk factors*
14 *associated with child abuse and neglect to com-*
15 *munity-based family strengthening services to*
16 *prevent child abuse and neglect or other public*
17 *and private resources, such as supporting the de-*
18 *velopment and implementation of—*

19 “(i) *State, Tribal, or local helplines,*
20 *websites, or mobile applications (which may*
21 *include expanding hotlines and referral sys-*
22 *tems operated by State, Tribal, or local*
23 *child protective services agencies for such*
24 *purposes);*

1 “(ii) a continuum of prevention pro-
2 grams and services that strengthen families
3 and promote child, parent, and family,
4 well-being; and

5 “(iii) innovative collaboration and co-
6 ordination between the child protective serv-
7 ices system, public agencies, and commu-
8 nity-based organizations (including commu-
9 nity-based providers supported under title
10 II).

11 “(D) Innovative training for mandated
12 child abuse and neglect reporters, which may in-
13 clude training that is specific to the mandated
14 individual’s profession or role when working
15 with children.

16 “(E) Innovative programs, activities, and
17 services that are aligned with the research prior-
18 ities identified under section 104(a)(5).

19 “(F) Projects to improve implementation of
20 best practices to educate and assist medical pro-
21 fessionals in identifying, assessing, and respond-
22 ing to potential abuse in infants, including im-
23 proving communication and alignment with
24 child protective services as appropriate and iden-
25 tifying injuries indicative of potential abuse in

1 *infants, and to assess the outcomes of such best*
2 *practices.*

3 “(G) *Projects to establish or implement*
4 *comprehensive child sexual abuse awareness and*
5 *prevention programs in an age- and develop-*
6 *mentally-appropriate manner for children and*
7 *youth, parents, guardians, and professionals, in-*
8 *cluding on recognizing and safely reporting such*
9 *abuse.*

10 “(d) *EVALUATION.—In awarding grants and contracts*
11 *for programs or projects under this section, the Secretary*
12 *shall require all such programs and projects to be evaluated*
13 *for their effectiveness. Funding for such evaluations shall*
14 *be provided either as a stated percentage of a grant or con-*
15 *tracts or as a separate grant or contract entered into by*
16 *the Secretary for the purpose of evaluating a particular*
17 *program or project or group of programs or projects. In*
18 *the case of an evaluation performed by the recipient of a*
19 *grant, the Secretary shall make available technical assist-*
20 *ance for the evaluation, where needed, including the use of*
21 *a rigorous application of scientific evaluation techniques.”.*

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

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

25 (1) *by repealing section 114;*

1 (2) redesignating section 112 as section 113 and
2 moving such section to the end of title I;

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

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

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

7 *“The Secretary may award a grant under this section*
8 *to a non-profit entity to provide for the ongoing operation*
9 *of a 24-hour, national, toll-free hotline to provide informa-*
10 *tion and assistance to children who are victims of child*
11 *abuse or neglect, parents, caregivers, mandated reporters,*
12 *and other concerned community members, including*
13 *through alternative modalities for communications (such as*
14 *texting or chat services) with such victims and other infor-*
15 *mation seekers.”.*

16 **SEC. 106. GRANTS TO STATES FOR CHILD ABUSE OR NE-**
17 **GLECT PREVENTION AND TREATMENT PRO-**
18 **GRAMS.**

19 *Section 106 of the Child Abuse Prevention and Treat-*
20 *ment Act (42 U.S.C. 5106a) is amended to read as follows:*

21 **“SEC. 106. GRANTS TO STATES FOR CHILD ABUSE OR NE-**
22 **GLECT PREVENTION AND TREATMENT PRO-**
23 **GRAMS.**

24 *“(a) DEVELOPMENT AND OPERATION GRANTS.—The*
25 *Secretary shall make grants to the States, from allotments*

1 *made under subsection (g) for each State that applies for*
2 *a grant under this section, for purposes of assisting the*
3 *States in improving the child protective services system of*
4 *each such State with respect to one or more of the following*
5 *activities:*

6 “(1) *Improving the intake, assessment, screening,*
7 *and investigation of reports of child abuse or neglect,*
8 *including—*

9 “(A) *the use of differential response;*

10 “(B) *establishing and maintaining a high-*
11 *risk response system to ensure that each repeat*
12 *referral of the same child, and each referral of a*
13 *child under the age of 3 years, receives a rapid*
14 *response from such system; and*

15 “(C) *protocols and training that reduce and*
16 *prevent racial bias in the child protective serv-*
17 *ices system.*

18 “(2) *Supporting trauma-informed response, in-*
19 *vestigation, and treatment of child abuse and neglect*
20 *by—*

21 “(A) *creating and improving the use of*
22 *multidisciplinary teams, including children’s ad-*
23 *vocacy centers;*

1 “(B) enhancing investigations through
2 interagency, intra-agency, interstate, and intra-
3 state protocols; and

4 “(C) improving legal preparation and rep-
5 resentation, including—

6 “(i) procedures for appealing and re-
7 sponding to appeals of substantiated reports
8 of child abuse or neglect; and

9 “(ii) provisions to ensure that all chil-
10 dren and parents shall have legal represen-
11 tation by a trained attorney in all cases in-
12 volving an allegation of child abuse or ne-
13 glect that results in a judicial proceeding,
14 for the entire duration of the court’s juris-
15 diction in the case.

16 “(3) Establishing alternative pathways to con-
17 nect families in need to voluntary, community-based
18 family strengthening services in order to enable the
19 child protective services system to focus on children at
20 most serious risk of harm and safely reduce the num-
21 ber of families unnecessarily investigated for child
22 abuse and neglect, through the development, imple-
23 mentation, and expansion of—

24 “(A) local or State helplines, websites, or
25 mobile applications (which may include expand-

1 *ing hotlines and referral systems operated by*
2 *State or local child protective services agencies*
3 *for such purposes); and*

4 *“(B) coordination with other local and*
5 *State public entities to support a continuum of*
6 *prevention programs and services that strengthen*
7 *families and promote child, parent, and family*
8 *well-being.*

9 *“(4) Improving case management approaches,*
10 *including ongoing case monitoring, and delivery of*
11 *services and treatment provided to children and their*
12 *families to ensure safety and respond to family needs,*
13 *including—*

14 *“(A) multidisciplinary approaches to as-*
15 *sessing family needs and connecting families*
16 *with services, including prevention services*
17 *under section 471 of the Social Security Act (42*
18 *U.S.C. 671);*

19 *“(B) organizing treatment teams of commu-*
20 *nity service providers that prevent and treat*
21 *child abuse and neglect, and improve child and*
22 *family well-being; and*

23 *“(C) case-monitoring that can ensure*
24 *progress in child and family well-being.*

1 “(5) *Modernizing data systems to improve case*
2 *management, coordination, and communication be-*
3 *tween State and local public agencies, including—*

4 “(A) *updating systems of technology that*
5 *support the program and track reports of child*
6 *abuse and neglect from intake through final dis-*
7 *position and allow for interstate and intrastate*
8 *information exchange;*

9 “(B) *improving real-time case monitoring*
10 *for caseworkers at the State and local levels to*
11 *track assessments, service referrals, follow-up,*
12 *case reviews, and progress toward case plan*
13 *goals;*

14 “(C) *facilitating real-time data sharing be-*
15 *tween State and local public agencies and rel-*
16 *evant health care entities, consistent with all ap-*
17 *plicable Federal and State privacy laws; and*

18 “(D) *developing, improving, and imple-*
19 *menting risk and safety assessment tools and*
20 *protocols that reduce and prevent bias.*

21 “(6) *Developing, strengthening, and facilitating*
22 *training for professionals and volunteers engaged in*
23 *the prevention, intervention, and treatment of child*
24 *abuse and neglect, including training on—*

25 “(A) *the legal duties of such individuals;*

1 “(B) *personal safety for case workers;*

2 “(C) *early childhood, child, and adolescent*
3 *development and the impact of child abuse and*
4 *neglect, including long-term impacts of adverse*
5 *childhood experiences;*

6 “(D) *improving coordination among child*
7 *protective service agencies and health care agen-*
8 *cies, entities providing health care (including*
9 *mental health and substance use disorder serv-*
10 *ices), and community resources;*

11 “(E) *improving screening, forensic diag-*
12 *nosis, and health and developmental evaluations,*
13 *which may include best practices for periodic re-*
14 *evaluations, as appropriate;*

15 “(F) *addressing the unique needs of children*
16 *with disabilities, including promoting inter-*
17 *agency collaboration to meet such needs;*

18 “(G) *supporting the placement of children*
19 *with kinship caregivers and addressing the*
20 *unique needs of children in such placements;*

21 “(H) *implementing responsive, family-ori-*
22 *ented, and trauma-informed approaches to pre-*
23 *vention, identification, intervention, and treat-*
24 *ment of child abuse and neglect;*

25 “(I) *ensuring child safety;*

1 “(J) the links between child abuse and ne-
2 glect and families with complex needs, such as
3 families who have experienced domestic violence,
4 substance use disorders, or adverse childhood ex-
5 periences, or who have mental health needs;

6 “(K) coordinating with other services and
7 agencies to address family and child needs, in-
8 cluding trauma; and

9 “(L) distinguishing between cases of child
10 and abuse neglect and cases related to family
11 economic insecurity where abuse and neglect are
12 not present.

13 “(7) Improving the recruitment and retention of
14 caseworkers, such as efforts to address the effects of in-
15 direct trauma exposure for child welfare workers.

16 “(8) Developing, facilitating the use of, and im-
17 plementing evidence-based or evidence-informed strat-
18 egies and training protocols for individuals mandated
19 to report child abuse and neglect, which may in-
20 clude—

21 “(A) strategies designed for mandated re-
22 porters in specific professions;

23 “(B) public awareness and understanding
24 relating to the role and responsibilities of the
25 child protective services system; and

1 “(C) *the nature and basis for reporting sus-*
2 *pected incidents of child abuse and neglect.*

3 “(9) *Developing, implementing, or operating*
4 *programs and referrals to assist in obtaining or co-*
5 *ordinating necessary services for families of infants or*
6 *toddlers with a disability, including—*

7 “(A) *evaluation and early intervention serv-*
8 *ices for infants and toddlers, with special atten-*
9 *tion to at-risk infants or toddlers (as defined in*
10 *section 632 of the Individuals with Disabilities*
11 *Education Act (20 U.S.C. 1432)), in accordance*
12 *with part C of the Individuals with Disabilities*
13 *Education Act (20 U.S.C. 1431 et seq.) and pro-*
14 *viding other support to such infants or toddlers,*
15 *which may include—*

16 “(i) *financial assistance in obtaining*
17 *early intervention services where an infant*
18 *or toddler does not meet the State’s eligi-*
19 *bility requirements under such part C; and*

20 “(ii) *support for families, including*
21 *foster families and kinship caregivers, in*
22 *ensuring infants and toddlers receive early*
23 *intervention services;*

24 “(B) *trauma-informed services, and*

1 “(C) *early care and educational services, in-*
2 *cluding Early Head Start programs.*

3 “(10) *Enhancing interagency collaboration be-*
4 *tween agencies and providers of the child protective*
5 *services, public health, mental health, substance use*
6 *disorder treatment, education, child care and early*
7 *learning, domestic violence services, law enforcement,*
8 *and juvenile justice to improve the investigations,*
9 *interventions, delivery of services, and treatments pro-*
10 *vided for children and families experiencing child*
11 *abuse and neglect, which may include—*

12 “(A) *methods for continuity of treatment*
13 *plan and services as children and families tran-*
14 *sition between systems;*

15 “(B) *addressing the health needs, including*
16 *mental health needs, of children identified as vic-*
17 *tims of child abuse or neglect, including sup-*
18 *porting prompt, comprehensive health and devel-*
19 *opmental evaluations for children who are the*
20 *subject of substantiated child abuse and neglect*
21 *reports;*

22 “(C) *the provision of services that assist*
23 *children exposed to domestic violence, and that*
24 *also support the caregiving role of their non-*
25 *abusing parents;*

1 “(D) enhancing the capacity of public enti-
2 ties or community-based providers to integrate
3 the leadership of parents in such entities’ deci-
4 sion-making;

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

6 “(F) the provision of services that assist in-
7 fants affected by substance use disorder, includ-
8 ing alcohol use disorder, and that also support
9 the bond between children and birth parents to
10 strengthen families whenever possible.

11 “(11) Supporting the development, implementa-
12 tion, and monitoring of family care plans for infants
13 affected by substance use disorder, including alcohol
14 use disorder, and their families and affected care-
15 givers, in accordance with the requirements of section
16 402(c), including through enhancing interagency co-
17 ordination, such as between the State’s substance
18 abuse agencies, public health and mental health agen-
19 cies, child welfare agencies, social services agencies,
20 health care facilities with labor and delivery units,
21 maternal and child health agencies, early intervention
22 agencies, family courts with jurisdiction in cases of
23 child abuse and neglect, and other agencies or entities
24 involved in supporting families affected by substance
25 use disorders.

1 “(b) *ELIGIBILITY REQUIREMENTS.*—

2 “(1) *STATE PLAN.*—

3 “(A) *IN GENERAL.*—*To be eligible to receive*
4 *a grant under this section, a State shall submit*
5 *to the Secretary a State plan that specifies how*
6 *the State will use funds received under the grant*
7 *to improve and strengthen the child protective*
8 *services system through the activities described in*
9 *subsection (a).*

10 “(B) *DURATION OF PLAN.*—*Each State plan*
11 *shall—*

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

17 “(ii) *be periodically reviewed and re-*
18 *vised by the State, as necessary, to reflect—*

19 “(I) *any substantive changes to*
20 *State law or regulations related to the*
21 *prevention of child abuse and neglect*
22 *that may affect the eligibility of the*
23 *State under this section; and*

24 “(II) *any significant changes*
25 *from the State application related to*

1 *the State’s funding of strategies and*
2 *programs supported under this section.*

3 “(C) *PUBLIC COLLABORATION AND COM-*
4 *MENT.—In developing the State plan under sub-*
5 *paragraph (A), each State shall—*

6 “*(i) consult widely with stakeholders*
7 *and relevant public and private organiza-*
8 *tions and individuals across the State,*
9 *which shall include parents and other indi-*
10 *viduals with personal experience in the*
11 *child welfare system;*

12 “*(ii) collaborate with the lead entity*
13 *and community-based providers funded*
14 *under title II to strengthen the State’s pre-*
15 *vention efforts in the State plan;*

16 “*(iii) make the draft plan publicly*
17 *available by electronic means in an easily*
18 *accessible format; and*

19 “*(iv) provide all interested members of*
20 *the public at least 30 days opportunity to*
21 *submit comments on the draft State plan.*

22 “(D) *AVAILABILITY.—The State shall ensure*
23 *that the final approved plan required under sub-*
24 *paragraph (A) shall be publicly available by*
25 *electronic means in an easily accessible format,*

1 *and shall update the such publicly available plan*
2 *to include any revisions to such plan described*
3 *in subparagraph (B)(ii).*

4 “(2) *PLAN PROVISIONS.—*

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

7 “(i) *the activities the State will carry*
8 *out using amounts received under the grant*
9 *to prevent, treat, and reduce child abuse*
10 *and neglect;*

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

19 “(iii) *training and retention activities*
20 *to be provided under the grant to support*
21 *direct line and supervisory personnel in re-*
22 *port taking, screening, assessment, decision-*
23 *making, and referral for investigating sus-*
24 *pected instances of child abuse and neglect;*

1 “(iv) the training to be provided under
2 the grant for mandatory reporting by indi-
3 viduals who are required to report known or
4 suspected cases of child abuse and neglect,
5 including for purposes of making such indi-
6 viduals aware of these requirements;

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

12 “(vi) policies and procedures that pro-
13 mote and enhance appropriate collaboration
14 among child protective service agencies, do-
15 mestic violence service agencies, substance
16 abuse agencies, mental health agencies, other
17 relevant agencies, and kinship navigators in
18 investigations, interventions, and the deliv-
19 ery of services and treatment provided to
20 children and families affected by child abuse
21 or neglect, including children exposed to do-
22 mestic violence, where appropriate;

23 “(vii) policies and procedures regard-
24 ing the use of differential response and a
25 timeline for the development and implemen-

1 *tation of a high-risk response system to en-*
2 *sure that each repeat referral of the same*
3 *child, and each referral of a child under the*
4 *age of 3 years, receives a rapid response*
5 *from such system;*

6 *“(viii) how the State will enact policies*
7 *and procedures within 2 years of the date of*
8 *enactment of the CAPTA Reauthorization*
9 *Act of 2021 requiring timely public disclo-*
10 *sure of the findings or information about*
11 *the case of child abuse or neglect that has*
12 *resulted in a child fatality or near fatality*
13 *(in accordance with relevant Federal and*
14 *State privacy and confidentiality require-*
15 *ments), which shall include a description*
16 *of—*

17 *“(I) how the State will make such*
18 *information publically available in an*
19 *easily accessible format, including in-*
20 *formation on—*

21 *“(aa) the cause and cir-*
22 *cumstances of the fatality or near*
23 *fatality;*

24 *“(bb) the age, gender, and*
25 *race or ethnicity of the child; and*

1 “(cc) any previous reports of
2 child abuse or neglect investiga-
3 tions by the perpetrator or the
4 victim; and

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

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

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

22 “(cc) the State is withholding
23 information in order to ensure the
24 safety and well-being of the child,
25 parents and family, if such mem-

1 *bers of the victim’s family are not*
2 *perpetrators of the fatality or*
3 *near fatality;*

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

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

20 *“(aa) only such cases that*
21 *had involvement with the State’s*
22 *child protective services agency,*
23 *including cases that were inves-*
24 *tigated by such agency, and sub-*

1 *stantiated as abuse or neglect by*
2 *such agency; or*

3 *“(bb) all cases of child fatali-*
4 *ties and near fatalities identified*
5 *as being related to child abuse*
6 *and neglect by the State’s child*
7 *death review system; and*

8 *“(II) how the State is reviewing*
9 *and analyzing such data to support re-*
10 *forms intended to prevent future child*
11 *fatalities and near fatalities across the*
12 *policies and procedures of the State’s*
13 *agencies that support children and*
14 *families;*

15 *“(x) the State’s efforts to reduce racial*
16 *bias and disparities in its child protective*
17 *services system;*

18 *“(xi) the State’s efforts to improve*
19 *policies and procedures regarding the iden-*
20 *tification and response to child abuse and*
21 *neglect in order to safely reduce unnecessary*
22 *investigations by State and local child pro-*
23 *ductive services agencies of—*

24 *“(I) families solely on the basis of*
25 *circumstances related to poverty; 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 has
11 received training appropriate to the
12 role, including training in early child-
13 hood, child, and adolescent develop-
14 ment, and domestic violence, and who
15 may be an attorney or a court ap-
16 pointed 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, including,
16 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 faith*
6 *reports of suspected or known instances of*
7 *child abuse or neglect, or who otherwise pro-*
8 *vide information or assistance, including*
9 *medical evaluations or consultations, in*
10 *connection with a report, investigation, or*
11 *legal intervention pursuant to a good faith*
12 *report of child abuse or neglect;*

13 “(iii) *procedures for the immediate*
14 *screening, risk and safety assessment, and*
15 *prompt investigation of reports of suspected*
16 *or known instances of child abuse and ne-*
17 *glect, and triage procedures for the appro-*
18 *priate referral of a child not at risk of im-*
19 *minent harm to a community organization*
20 *or voluntary preventive service;*

21 “(iv) *procedures for immediate steps to*
22 *be taken to ensure and protect the safety of*
23 *a victim of child abuse or neglect and of*
24 *any other child under the same care who*
25 *may also be in danger of child abuse or ne-*

1 *glect and ensuring their placement in a safe*
2 *environment, which may include placements*
3 *with kinship caregivers;*

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

11 “(I) *individuals who are the sub-*
12 *ject of the report;*

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

16 “(III) *child abuse citizen review*
17 *panels;*

18 “(IV) *child fatality review panels;*

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

24 “(VI) *other entities or classes of*
25 *individuals statutorily authorized by*

1 *the State to receive such information*
2 *pursuant to a legitimate State purpose;*

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

10 “(vii) *provisions to require the co-*
11 *operation of State law enforcement officials,*
12 *court of competent jurisdiction, and appro-*
13 *priate State agencies providing human*
14 *services in the investigation, assessment,*
15 *prosecution, and treatment of child abuse*
16 *and neglect;*

17 “(viii) *provisions requiring, and proce-*
18 *dures in place that facilitate the prompt*
19 *expungement of any records that are acces-*
20 *sible to the general public or are used for*
21 *purposes of employment or other back-*
22 *ground checks in cases determined to be un-*
23 *substantiated or false, except that nothing*
24 *in this section shall prevent State child pro-*
25 *jective services agencies from keeping infor-*

1 *mation on unsubstantiated reports in their*
2 *casework files to assist in future risk and*
3 *safety assessment;*

4 *“(ix) established and maintained cit-*
5 *izen review panels in accordance with sub-*
6 *section (c);*

7 *“(x) provisions, procedures, and mech-*
8 *anisms—*

9 *“(I) for the expedited termination*
10 *of parental rights in the case of any*
11 *infant determined to be abandoned*
12 *under State law; and*

13 *“(II) by which individuals who*
14 *disagree with an official finding of*
15 *child abuse or neglect can appeal such*
16 *finding;*

17 *“(xi) provisions, procedures, and mech-*
18 *anisms that assure that the State does not*
19 *require reunification of a surviving child*
20 *with a parent who has been found by a*
21 *court of competent jurisdiction—*

22 *“(I) to have committed murder*
23 *(which would have been an offense*
24 *under section 1111(a) of title 18,*
25 *United States Code, if the offense had*

1 *occurred in the special maritime or*
2 *territorial jurisdiction of the United*
3 *States) of another child of such parent;*

4 “(II) *to have committed voluntary*
5 *manslaughter (which would have been*
6 *an offense under section 1112(a) of*
7 *title 18, United States Code, if the of-*
8 *fense had occurred in the special mari-*
9 *time or territorial jurisdiction of the*
10 *United States) of another child of such*
11 *parent;*

12 “(III) *to have aided or abetted,*
13 *attempted, conspired, or solicited to*
14 *commit such murder or voluntary*
15 *manslaughter;*

16 “(IV) *to have committed a felony*
17 *assault that results in the serious bod-*
18 *ily injury to the surviving child or an-*
19 *other child of such parent;*

20 “(V) *to have committed sexual*
21 *abuse against the surviving child or*
22 *another child of such parent; or*

23 “(VI) *to be required to register*
24 *with a sex offender registry under sec-*
25 *tion 113(a) of the Adam Walsh Child*

1 *Protection and Safety Act of 2006 (34*
2 *U.S.C. 20913(a));*

3 “(xii) *an assurance that, upon the im-*
4 *plementation by the State of the provisions,*
5 *procedures, and mechanisms under clause*
6 *(xi), conviction of any one of the felonies*
7 *listed in clause (xi) constitute grounds*
8 *under State law for the termination of pa-*
9 *rental rights of the convicted parent as to*
10 *the surviving children (although case-by-*
11 *case determinations of whether or not to*
12 *seek termination of parental rights shall be*
13 *within the sole discretion of the State);*

14 “(xiii) *provisions and procedures to re-*
15 *quire that a representative of the child pro-*
16 *jective services agency shall, at the initial*
17 *time of contact with the individual subject*
18 *to a child abuse or neglect investigation, ad-*
19 *vice the individual of the complaints or alle-*
20 *gations made against the individual, in a*
21 *manner that is consistent with laws pro-*
22 *tecting the rights of the informant;*

23 “(xiv) *provisions addressing the train-*
24 *ing of representatives of the child protective*
25 *services system regarding the legal duties of*

1 *the representatives, which may consist of*
2 *various methods of informing such rep-*
3 *resentatives of such duties, including in dif-*
4 *ferent languages if necessary, in order to*
5 *protect the legal rights and safety of chil-*
6 *dren and families from the initial time of*
7 *contact during investigation through treat-*
8 *ment;*

9 *“(xv) provisions and procedures for re-*
10 *quiring criminal background record checks*
11 *that meet the requirements of section*
12 *471(a)(20) of the Social Security Act (42*
13 *U.S.C. 671(a)(20)) for prospective foster*
14 *and adoptive parents and other adult rel-*
15 *atives and non-relatives residing in the*
16 *household;*

17 *“(xvi) provisions for systems of tech-*
18 *nology that support the State child protec-*
19 *tive service system described in subsection*
20 *(a) and track reports of child abuse and ne-*
21 *glect from intake through final disposition;*

22 *“(xvii) provisions and procedures re-*
23 *quiring identification and assessment of all*
24 *reports involving children known or sus-*
25 *pected to be victims of sex trafficking (as*

1 *defined in section 103 of the Trafficking*
2 *Victims Protection Act of 2000 (22 U.S.C.*
3 *7102)); and*

4 *“(xviii) provisions and procedures for*
5 *training child protective services workers*
6 *about identifying, assessing, and providing*
7 *comprehensive services for children who are*
8 *sex trafficking (as defined in section 103 of*
9 *the Trafficking Victims Protection Act of*
10 *2000 (22 U.S.C. 7102)) victims, including*
11 *efforts to coordinate with State law enforce-*
12 *ment, juvenile justice, and social service*
13 *agencies such as runaway and homeless*
14 *youth shelters to serve this population;*

15 *“(xix) procedures for responding to the*
16 *reporting of medical neglect (including in-*
17 *stances of withholding of medically indi-*
18 *cated treatment from infants with disabil-*
19 *ities who have life-threatening conditions),*
20 *procedures or programs, or both (within the*
21 *State child protective services system), to*
22 *provide for—*

23 *“(I) coordination and consulta-*
24 *tion with individuals designated by*

1 *and within appropriate health-care fa-*
2 *cilities;*

3 “(II) *prompt notification by indi-*
4 *viduals designated by and within ap-*
5 *propriate health care facilities of cases*
6 *of suspected medical neglect (including*
7 *instances of withholding of medically*
8 *indicated treatment from infants with*
9 *disabilities who have life-threatening*
10 *conditions); and*

11 “(III) *authority, under State law,*
12 *for the State child protective services*
13 *system to pursue any legal remedies,*
14 *including the authority to initiate*
15 *legal proceedings in a court of com-*
16 *petent jurisdiction, as may be nec-*
17 *essary to prevent the withholding of*
18 *medically indicated treatment from in-*
19 *fants with disabilities who have life-*
20 *threatening conditions;*

21 “(xx) *procedures to provide informa-*
22 *tion and training for mandated reporters*
23 *who are educators on the requirements of*
24 *subtitle B of title VII of the McKinney-*
25 *Vento Homeless Assistance Act (42 U.S.C.*

1 11431 *et seq.*) to support homeless children
2 and youth in enrolling, attending, and suc-
3 ceeding in school, in accordance with the
4 State plan submitted under such subtitle B;

5 “(xxi) engaged with individuals with
6 personal experience in the child welfare sys-
7 tem, and the lead entity and community-
8 based providers supported under title II in
9 developing the State plan described in para-
10 graph (1);

11 “(xxii) provisions and procedures to
12 ensure that all parents shall, in all cases in-
13 volving allegations of child abuse or neglect
14 which results in a judicial proceeding, have
15 legal representation by a trained attorney
16 for the entire duration of the court’s juris-
17 diction in the case;

18 “(xxiii) procedures and policies for de-
19 veloping, implementing, and monitoring
20 family care plans required under section
21 402(c) to ensure the safety and well-being of
22 infants born with, and identified as being
23 affected by, substance use disorder, includ-
24 ing alcohol use disorder, and the well-being
25 of such infants’ families and caregivers; and

1 “(xxiv) provisions and procedures for
2 referral of a child under the age of 3 who
3 is involved in a substantiated case of child
4 abuse or neglect to early intervention serv-
5 ices funded under part C of the Individuals
6 with Disabilities Education Act (20 U.S.C.
7 1431 et seq.).

8 “(3) RULES OF CONSTRUCTION.—

9 “(A) CERTAIN IDENTIFYING INFORMA-
10 TION.—Nothing in clause (ii) or (iv) of para-
11 graph (2)(B) shall be construed as restricting the
12 authority of a State to refuse to disclose identi-
13 fying information concerning the individual ini-
14 tiating a report or complaint alleging suspected
15 instances of child abuse or neglect, except that
16 the State may not refuse such a disclosure where
17 a court orders such disclosure after such court
18 has reviewed, in camera, the record of the State
19 related to the report or complaint and has found
20 it has reason to believe that the reporter know-
21 ingly made a false report.

22 “(B) CLARIFICATION.—Nothing in subpara-
23 graph (A) shall be construed to limit a State’s
24 flexibility to determine State policies relating to
25 public access to court proceedings to determine

1 *child abuse and neglect, except that such policies*
2 *shall, at a minimum, ensure the safety and well-*
3 *being of the child, parents, and families.*

4 “(C) *MANDATED REPORTERS IN CERTAIN*
5 *STATES.—With respect to a State in which State*
6 *law requires all of the individuals to report*
7 *known or suspected instances of child abuse and*
8 *neglect directly to a State child protective serv-*
9 *ices agency or to a law enforcement agency, the*
10 *requirement under paragraph (2)(B)(i) shall not*
11 *be construed to require the State to define the*
12 *classes of individuals described in subclauses (I)*
13 *through (VII) of such paragraph.*

14 “(D) *ALIGNMENT WITH EXTENDED FOSTER*
15 *CARE.—For purposes of paragraph (2)(A)(xii),*
16 *the term ‘child victim’ shall have any age limit*
17 *elected by the State pursuant to section*
18 *475(8)(B)(iii) of the Social Security Act (42*
19 *U.S.C. 675(8)(B)(iii)).*

20 “(c) *CITIZEN REVIEW PANELS.—*

21 “(1) *ESTABLISHMENT.—*

22 “(A) *IN GENERAL.—Each State to which a*
23 *grant is made under this section shall establish*
24 *(including by designating under subparagraph*
25 *(B)) not less than 2 citizen review panels.*

1 “(B) *DESIGNATION.*—A State may des-
2 ignate a citizen review panel for purposes of this
3 subsection, comprised of one or more existing (as
4 of the date of the designation) entities established
5 under State or Federal law, such as child fatal-
6 ity panels, foster care review panels, or State
7 task forces established under section 107, if such
8 entities have the capacity to satisfy the require-
9 ments of paragraph (3) and the State ensures
10 that such entities will satisfy such requirements.

11 “(2) *MEMBERSHIP.*—Except as provided in
12 paragraph (1)(B), each panel established pursuant to
13 paragraph (1) shall be composed of volunteer members
14 who are broadly representative of the community in
15 which such panel is established, including individuals
16 with personal experience in the child welfare system
17 and members who have expertise in the prevention
18 and treatment of child abuse and neglect.

19 “(3) *FUNCTIONS.*—

20 “(A) *IN GENERAL.*—Each panel established
21 pursuant to paragraph (1) shall evaluate, by ex-
22 amining the policies, procedures, and practices
23 of State and local agencies and where appro-
24 priate, specific cases, the extent to which State
25 and local child protective services system agen-

1 *cies are effectively discharging their child protec-*
2 *tion responsibilities in accordance with—*

3 *“(i) the State plan under subsection*
4 *(b);*

5 *“(ii) any other criteria that the panel*
6 *considers important to ensure the protection*
7 *of children, including—*

8 *“(I) a review of the extent to*
9 *which the State and local child protec-*
10 *tive services system is coordinated with*
11 *the foster care, prevention, and perma-*
12 *nency program established under part*
13 *E of title IV of the Social Security Act*
14 *(42 U.S.C. 670 et seq.); and*

15 *“(II) a review of child fatalities*
16 *and near fatalities due to child abuse*
17 *and neglect and State and local efforts*
18 *to change policies, procedures, and*
19 *practices to prevent future fatalities*
20 *and near fatalities.*

21 *“(B) ALTERNATIVE PATHWAYS.—In car-*
22 *rying out the requirements of subparagraph (A),*
23 *each panel shall examine the policies, procedures,*
24 *and practices of State and local child protective*
25 *services system agencies that result in substan-*

1 *tial numbers of families being unnecessarily in-*
2 *vestigated for child abuse and neglect (including*
3 *by examining racial bias) and shall develop rec-*
4 *ommendations to the State, in accordance with*
5 *paragraph (5), regarding how State and local*
6 *child protective services agencies can become a*
7 *more effective system of appropriate and imme-*
8 *diate response for children who are at most seri-*
9 *ous risk of child abuse and neglect and eliminate*
10 *child abuse fatalities and near fatalities.*

11 “(C) *CONFIDENTIALITY.*—

12 “(i) *IN GENERAL.*—*The members and*
13 *staff of a panel established under paragraph*
14 *(1)—*

15 “(I) *shall not disclose to any per-*
16 *son or government official any identi-*
17 *fying information about any specific*
18 *child protection case with respect to*
19 *which the panel is provided informa-*
20 *tion; and*

21 “(II) *shall not make public other*
22 *information unless authorized by State*
23 *statute.*

24 “(ii) *CIVIL SANCTIONS.*—*Each State*
25 *that establishes a panel pursuant to para-*

1 *graph (1) shall establish civil sanctions for*
2 *a violation of clause (i).*

3 “(D) *PUBLIC OUTREACH.*—*Each panel shall*
4 *provide for public outreach and comment in*
5 *order to assess the impact of current procedures*
6 *and practices upon children and families in the*
7 *community and in order to meet its obligations*
8 *under subparagraph (A).*

9 “(4) *STATE ASSISTANCE.*—*Each State that estab-*
10 *lishes a panel pursuant to paragraph (1)—*

11 “(A) *shall develop a memorandum of under-*
12 *standing with each panel, clearly outlining the*
13 *panel’s roles and responsibilities, and identifying*
14 *any support from the State;*

15 “(B) *shall provide the panel access to infor-*
16 *mation on cases that the panel desires to review*
17 *if such information is necessary for the panel to*
18 *carry out its functions under paragraph (3); and*

19 “(C) *shall provide the panel, upon its re-*
20 *quest, staff assistance for the performance of the*
21 *duties of the panel.*

22 “(5) *REPORTS.*—*Each citizen review panel es-*
23 *tablished under paragraph (1) shall annually prepare*
24 *and make available to the State and the public, which*
25 *activities may be carried out collectively by a com-*

1 *combination of such panels, a report containing a sum-*
2 *mary of the activities of the panel and recommenda-*
3 *tions to improve the child protective services system*
4 *at the State and local levels. Not later than 3 months*
5 *after the date on which a report is submitted by the*
6 *panel to the State, the appropriate State agency shall*
7 *submit a written response to State and local child*
8 *protective services systems and the panel that de-*
9 *scribes how the State will incorporate the rec-*
10 *ommendations of such panel (where appropriate) to*
11 *make measurable progress in improving the State and*
12 *local child protective services systems, which response*
13 *may include providing examples of efforts to imple-*
14 *ment the panel's recommendations.*

15 *“(d) ANNUAL STATE DATA REPORTS.—*

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

21 *“(2) WAIVERS AND TECHNICAL ASSISTANCE.—*

22 *“(A) IN GENERAL.—In working with States*
23 *to implement the requirement in paragraph (1),*
24 *the Secretary shall have the authority to waive*
25 *such requirements for any data element required*

1 *in paragraph (3) if the Secretary determines*
2 *that reporting such information is not feasible or*
3 *is insufficient to yield statistically reliable infor-*
4 *mation.*

5 “(B) *GUIDANCE.—The Secretary shall issue*
6 *guidance to States and provide technical assist-*
7 *ance to support States in submitting accurate*
8 *and comparable data under this subsection and*
9 *maximizing such States’ reporting of data ele-*
10 *ments required under paragraph (3).*

11 “(3) *REQUIRED DATA ELEMENTS.—The following*
12 *data elements shall annually be reported by States to*
13 *the Secretary, in accordance with paragraph (1) at*
14 *the aggregate and case-specific level:*

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

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

1 “(i) *substantiated*;

2 “(ii) *unsubstantiated*; or

3 “(iii) *determined to be false*.

4 “(C) *Of the number of children described in*
5 *subparagraph (A)—*

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

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

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

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

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

24 “(i) *the number of child fatalities and*
25 *near fatalities due to child abuse and ne-*

1 *glect (disaggregated by such type of inci-*
2 *dent) that—*

3 “(I) *is compiled by the State child*
4 *protective services agency for submis-*
5 *sion under this subsection; and*

6 “(II) *are derived from data*
7 *sources which—*

8 “(aa) *includes data from*
9 *State vital statistics departments,*
10 *child death review teams, law en-*
11 *forcement agencies, and offices of*
12 *medical examiners or coroners, in*
13 *accordance with the requirements*
14 *of section 422(b)(19) of the Social*
15 *Security Act (42 U.S.C.*
16 *622(b)(19)); and*

17 “(bb) *may include informa-*
18 *tion from hospitals, health depart-*
19 *ments, juvenile justice depart-*
20 *ments, and prosecutor and attor-*
21 *ney general offices;*

22 “(ii) *case-specific information (and the*
23 *sources used to provide such information)*
24 *about the circumstances under which a*

1 *child fatality or near fatality occurred due*
2 *to abuse and neglect, including—*

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

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

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

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

19 *“(V) the perpetrator’s relationship*
20 *to the child;*

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

1 “(VII) the demographics and rel-
2 evant characteristics of the child, per-
3 petrator, and family, including wheth-
4 er substance use disorder or domestic
5 violence were present and whether serv-
6 ices were provided to address those
7 needs;

8 “(VIII) the child’s encounters with
9 the health care system prior to the in-
10 cident; and

11 “(IX) other relevant data as deter-
12 mined by the Secretary designed to in-
13 form prevention efforts.

14 “(F) Of the number of children described in
15 subparagraph (E), the number of such children
16 who were in foster care at the time of the inci-
17 dent reported under such subparagraph.

18 “(G)(i) The number of child protective serv-
19 ice personnel responsible for the—

20 “(I) intake of reports filed in the pre-
21 vious year;

22 “(II) screening of such reports;

23 “(III) assessment of such reports; and

24 “(IV) investigation of such reports.

1 “(ii) *The average caseload for the personnel*
2 *described in clause (i).*

3 “(H) *The agency response time with respect*
4 *to each such report with respect to initial inves-*
5 *tigation of reports of child abuse or neglect.*

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

10 “(J) *For child protective service personnel*
11 *responsible for intake, screening, assessment, and*
12 *investigation of child abuse and neglect reports*
13 *in the State—*

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

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

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

24 “(iv) *information on caseload or work-*
25 *load requirements for such personnel, in-*

1 *cluding requirements for average number*
2 *and maximum number of cases per child*
3 *protective service worker and supervisor.*

4 *“(K) With respect to children reunited with*
5 *their families or receiving family preservation*
6 *services, within the 5-year period preceding sub-*
7 *mission of the report—*

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

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

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

16 *“(L) The number of children for whom indi-*
17 *viduals were appointed by the court to represent*
18 *the best interests of such children and the aver-*
19 *age number of out of court contacts between such*
20 *individuals and children.*

21 *“(M) The annual report containing the*
22 *summary of the activities and recommendations*
23 *of the citizen review panels of the State required*
24 *by subsection (c)(5).*

1 “(N) *The number of children under the care*
2 *of the State child protection system who are*
3 *transferred into the custody of the State juvenile*
4 *justice system.*

5 “(O) *The number of children that had a*
6 *family care plan in accordance with section*
7 *402(c), and who were referred to the child protec-*
8 *tive services system.*

9 “(P) *The number of children determined to*
10 *be victims of sex trafficking.*

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

15 “(A) *the agency file that contains aggregate*
16 *data; and*

17 “(B) *the child file that contains case-specific*
18 *information.*

19 “(e) *ANNUAL STATE REPORTS.—A State that receives*
20 *funds under subsection (a) shall annually prepare and sub-*
21 *mit to the Secretary a report describing the manner in*
22 *which funding provided under this section, alone or in com-*
23 *bination with other Federal funds, was used to address the*
24 *purposes and achieve the objectives of this section, includ-*
25 *ing—*

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

11 “(2) a description of how the State uses differen-
12 tial response, as applicable, and alternative pathways
13 for families seeking support;

14 “(3) a description of the State’s efforts to reduce
15 racial bias and disparities in its child protective serv-
16 ices system, including changes in the rates of over-
17 representation of children or youth in the child pro-
18 tective services system by race or ethnicity;

19 “(4) a description of the State’s efforts to safely
20 reduce unnecessary investigations of families, through
21 the child protective system, solely based on cir-
22 cumstances related to—

23 “(A) poverty; and

24 “(B) housing status;

1 “(5) the number of children under the age of 3
2 who are involved in a substantiated case of child
3 abuse or neglect and who the State child protective
4 services agency referred for early intervention services
5 funded under part C of the Individuals with Disabil-
6 ities Education Act (20 U.S.C. 1431 et seq.),
7 disaggregated, where available, by demographic char-
8 acteristics including race and ethnicity, and, for chil-
9 dren not referred for such services, a description of
10 why such children were not referred; and

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

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

23 “(1) prepare a report based on information pro-
24 vided by the States for the fiscal year under such sub-

1 *sections and the results of the State monitoring re-*
2 *quirements in section 111; and*

3 *“(2) make the report and such information*
4 *available to the Committee on Health, Education,*
5 *Labor, and Pensions of the Senate, the Committee on*
6 *Education and Labor of the House of Representatives,*
7 *and the national clearinghouse described in section*
8 *103.*

9 *“(g) ALLOTMENTS.—*

10 *“(1) DEFINITIONS.—In this subsection:*

11 *“(A) STATE.—The term ‘State’ means each*
12 *of the several States, the District of Columbia,*
13 *and the Commonwealth of Puerto Rico.*

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

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

22 *“(A) \$50,000; and*

23 *“(B) an amount that bears the same rela-*
24 *tionship to any grant funds remaining after all*
25 *such States and territories have received \$50,000,*

1 *as the number of children under the age of 18 in*
 2 *the State or territory bears to the number of such*
 3 *children in all States and territories that apply*
 4 *for such a grant.*

5 “(3) *MINIMUM ALLOTMENTS TO STATES.*—*The*
 6 *Secretary shall adjust the allotments under paragraph*
 7 *(2), as necessary, such that no State that applies for*
 8 *a grant under this section receives an allotment in an*
 9 *amount that is less than \$150,000.”.*

10 **SEC. 107. GRANTS FOR INVESTIGATION AND PROSECUTION**
 11 **OF CHILD ABUSE AND NEGLECT.**

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

16 “(1) *the assessment, investigation, and prosecu-*
 17 *tion of suspected child abuse and neglect cases, includ-*
 18 *ing cases of suspected child sexual abuse, exploitation,*
 19 *and child sex trafficking, in a manner that limits ad-*
 20 *ditional trauma to the child and the child’s family;*

21 “(2) *the assessment, investigation, and prosecu-*
 22 *tion of cases of suspected child abuse-related fatalities*
 23 *and suspected child neglect-related fatalities, includ-*
 24 *ing through a child abuse investigative multidisci-*

1 *plinary review team, such as team from the State*
2 *child death review program; and*

3 *“(3) the assessment, investigation, and prosecu-*
4 *tion of cases involving children with disabilities or se-*
5 *rious health-related problems, or other vulnerable pop-*
6 *ulations, who are suspected victims of child abuse or*
7 *neglect.”.*

8 *(b) STATE TASK FORCES.—Section 107(c)(1) (42*
9 *U.S.C. 5106c(c)(1)) is amended—*

10 *(1) in subparagraph (I), by striking “and” at*
11 *the end;*

12 *(2) in subparagraph (J), by striking the period*
13 *and inserting “; and”; and*

14 *(3) by adding at the end the following:*

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

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

22 *(d) ADOPTION OF STATE TASK FORCE RECOMMENDA-*
23 *TIONS.—Section 107(e)(1) (42 U.S.C. 5106c(e)(1)) is*
24 *amended—*

1 (1) *in subparagraph (A), by striking “and ex-*
2 *ploitation,” and inserting “exploitation, and child sex*
3 *trafficking,”;*

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

6 (3) *in subparagraph (C)—*

7 (A) *by striking “and exploitation,” and in-*
8 *serting “exploitation, and child sex trafficking,”;*
9 *and*

10 (B) *by striking the period at the end and*
11 *inserting “; and”;* *and*

12 (4) *by adding at the end the following:*

13 “(D) *improving coordination among agen-*
14 *cies regarding reports of child abuse and neglect*
15 *to ensure both law enforcement and child protec-*
16 *tive services agencies have ready access to full in-*
17 *formation regarding past reports, which may be*
18 *done in coordination with other States, Indian*
19 *Tribes, or agencies for other geographic regions.”.*

20 **SEC. 108. MISCELLANEOUS REQUIREMENTS RELATING TO**
21 **ASSISTANCE.**

22 *Section 109 of the Child Abuse Prevention and Treat-*
23 *ment Act (42 U.S.C. 5106d), as so redesignated by section*
24 *105 of this Act, is amended by striking subsection (e).*

1 **SEC. 109. REPORTS.**

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

5 (1) in subsection (a), by striking “CAPTA Reau-
6 thorization Act of 2010” and inserting “CAPTA Re-
7 authorization 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.—Not*”;

12 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 objec-
17 tives 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 enactment*
22 *of the CAPTA Reauthorization Act of 2021, the Secretary*
23 *shall submit to the Committee on Health, Education, Labor,*
24 *and Pensions of the Senate and the Committee on Edu-*
25 *cation and Labor of the House of Representatives a report*
26 *that contains information on—*

1 “(1) the type, duration, and evidence basis of
2 training supported by this Act, and through other rel-
3 evant Federal programs, for mandated reporters of
4 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 report-
8 ing of child abuse or neglect.

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

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

22 “(A) the identification and assessment of
23 such injuries by health care professionals and
24 appropriate child protective services referral and

1 *notification processes in response to such inju-*
2 *ries; and*

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

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

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

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

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

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

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

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

18 “(6) an examination of access to child abuse and
19 neglect prevention research and demonstration grants
20 by Indian tribes and related Tribal organizations
21 under this Act; and

22 “(7) an examination of Federal child abuse and
23 neglect data systems to identify what Tribal data is
24 being submitted to the Department of Health and
25 Human Services, or other relevant agencies, as appli-

1 *cable, any barriers to the submission of such data,*
2 *and recommendations on improving the submission of*
3 *such data.*

4 *“(f) REPORT RELATING TO COURT APPOINTMENTS.—*

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

9 *“(A) policies in selected States regarding*
10 *the appointment of guardians ad litem and at-*
11 *torneys ad litem as described in section*
12 *106(b)(2)(A)(xii); and*

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

18 *“(2) REPORT.—Not later than 1 year after com-*
19 *pletion of the study under paragraph (1), the Comp-*
20 *troller General of the United States shall submit to*
21 *the Committee on Health, Education, Labor, and*
22 *Pensions of the Senate and the Committee on Edu-*
23 *cation and Labor of the House of Representatives a*
24 *report that summarizes the study under paragraph*
25 *(1) and includes recommendations, as appropriate,*

1 for improving access for such victims to guardians ad
2 litem and attorneys ad litem.

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

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

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

20 **SEC. 110. MONITORING AND OVERSIGHT.**

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

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

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

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

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

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

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

20 *Section 113 of the Child Abuse Prevention and Treat-*
21 *ment Act (42 U.S.C. 5106h), as so redesignated by section*
22 *105 of this Act, is amended by striking subsection (a) and*
23 *inserting the following:*

24 “(a) *IN GENERAL.*—

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

1 *are authorized to be appropriated to carry out this*
2 *title \$270,000,000 for fiscal year 2022 and such sums*
3 *as may be necessary for each of the fiscal years 2023*
4 *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 years*
13 *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 “clauses*
21 *(v) and (vi) of section 106(b)(2)(B) of the Child Abuse*
22 *Prevention and Treatment Act (42 U.S.C.*
23 *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 “clauses*
 3 *(v) and (vi) of section 106(b)(2)(B) of the Child Abuse*
 4 *Prevention and Treatment Act (42 U.S.C.*
 5 *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 follows:*

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

18 **“SEC. 201. PURPOSES.**

19 *“The purposes of this title are—*

20 *“(1) to support community-based family*
 21 *strengthening services and statewide systems-building*
 22 *approaches to ensure the development, operation, ex-*
 23 *pansion, evaluation, and coordination of initiatives,*
 24 *programs, and activities to prevent child abuse and*
 25 *neglect; and*

1 “(2) to increase access to a continuum of preven-
2 tion programs and services for diverse populations,
3 including families with low incomes, families who are
4 racial or ethnic minorities, families that include chil-
5 dren with disabilities or caregivers with disabilities,
6 children and youth overrepresented in the child wel-
7 fare system, families experiencing homelessness or at
8 risk of homelessness, families experiencing substance
9 use disorders, families with parents who have experi-
10 enced violence or trauma, families with individuals
11 with personal experience in the child welfare system,
12 and families in rural communities, that help
13 strengthen families and prevent child abuse and ne-
14 glect.

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

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

21 “(1) supporting community-based family
22 strengthening services, to assist families to build pro-
23 tective factors linked to the prevention of child abuse
24 and neglect, that—

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

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

5 “(C) provide families with early, com-
6 prehensive support;

7 “(D) promote the development of healthy fa-
8 milial relationships and parenting skills, espe-
9 cially for young parents and parents of young
10 children;

11 “(E) increase family stability;

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

20 “(G) meaningfully involve parents in the
21 planning, implementation, and evaluation of
22 such services, including the parents of families
23 with low incomes, parents who are racial or eth-
24 nic minorities, parents of children with disabil-
25 ities, parents with disabilities, parents of chil-

1 *dren and youth overrepresented in the child wel-*
2 *fare system, parents experiencing homelessness or*
3 *at risk of homelessness, parents of families expe-*
4 *riencing substance use disorders, parents who*
5 *have experienced violence or trauma, parents*
6 *who are individuals with personal experience in*
7 *the child welfare system, and parents in rural*
8 *communities;*

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

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

18 *“(4) financing public information and education*
19 *activities that focus on the healthy and positive devel-*
20 *opment of parents and children and the promotion of*
21 *child abuse and neglect prevention activities, includ-*
22 *ing—*

23 *“(A) comprehensive outreach strategies to*
24 *engage diverse populations; and*

1 “(B) efforts to increase awareness, of adults
2 who work with children in a professional or vol-
3 unteer capacity, regarding the availability of
4 community-based family strengthening services;
5 and

6 “(5) providing professional development and
7 technical assistance (including activities to support
8 the implementation of services) to improve the effec-
9 tiveness of community-based family strengthening
10 services including on the use of evidence-based or evi-
11 dence-informed practices, public health approaches to
12 preventing child abuse and neglect, and culturally re-
13 sponsive practices.

14 “(b) RESERVATION.—

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

19 “(2) EXCEPTION.—Notwithstanding paragraph
20 (1), for any fiscal year for which the amount appro-
21 priated under section 209 exceeds the amount appro-
22 priated under section 209 for fiscal year 2021 by
23 more than \$4,000,000, the Secretary shall reserve,
24 from the total amount appropriated—

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

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

7 “(c) ALLOTMENTS TO STATES.—The Secretary shall
8 allot the amount appropriated under section 209 for a fiscal
9 year and remaining after the reservations under subsection
10 (b) and section 207 among the States as follows:

11 “(1) 70 PERCENT.—70 percent of such remaining
12 amount shall be allotted among the States by allotting
13 to each State an amount that bears the same propor-
14 tion to such remaining amount as the number of chil-
15 dren under the age of 18 residing in the State bears
16 to the total number of children under the age of 18
17 residing in all States (except that no State shall re-
18 ceive less than \$200,000 under this paragraph).

19 “(2) 30 PERCENT.—30 percent of such remaining
20 amount shall be allotted among the States by allotting
21 to each State an amount that bears the same propor-
22 tion to such remaining amount as the amount of pri-
23 vate, State, or other non-Federal funds leveraged and
24 directed in the preceding fiscal year through the lead
25 entity (as designated for the preceding fiscal year) of

1 *the State bears to the total of the amounts of private,*
 2 *State, or other non-Federal sources leveraged and di-*
 3 *rected in the preceding fiscal year through such an*
 4 *entity of all States.*

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

7 *“(1) for a 3-year period; and*

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

9 **“SEC. 203. LEAD ENTITY.**

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

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

21 *“(2) has the capacity and commitment to part-*
 22 *ner meaningfully with family advocates, parents who*
 23 *are or have been recipients of community-based fam-*
 24 *ily strengthening services, and individuals with per-*
 25 *sonal experience in the child welfare system to provide*

1 *leadership in the planning, implementation, and eval-*
2 *uation of the programs and policy decisions of the en-*
3 *tity described in this subsection.*

4 “(b) *DESIGNATION.*—

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

12 “(2) *DESIGNATION CONSIDERATIONS.*—*In desig-*
13 *nating a lead entity under paragraph (1) the Gov-*
14 *ernor shall—*

15 “(A) *take into consideration the capacity*
16 *and expertise of potential lead entities; and*

17 “(B) *take into consideration (equally)*
18 *whether a potential lead entity is—*

19 “(i) *a trust fund advisory board of the*
20 *State; or*

21 “(ii) *an existing entity that—*

22 “(I) *leverages Federal, State,*
23 *local, and private funds for a broad*
24 *range of child abuse and neglect pre-*

1 vention activities and family resource
2 programs; and

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

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

12 “(1) will provide or will be responsible for pro-
13 viding—

14 “(A) community-based family strengthening
15 services, in accordance with section 205, includ-
16 ing through collaborative, public-private partner-
17 ships with community-based providers;

18 “(B) leadership to elevate the importance of
19 prevention of child abuse and neglect across the
20 State through an interdisciplinary, collaborative,
21 public-private structure with balanced represen-
22 tation from private and public sector members,
23 and representation of parents, individuals with
24 personal experience in the child welfare system,

1 *community-based providers, and parents with*
2 *disabilities; and*

3 “(C) *direction and oversight of programs of*
4 *community-based family strengthening services*
5 *supported by grant funds under this title*
6 *through the use of identified goals and objectives,*
7 *clear lines of communication and accountability,*
8 *the provision of leveraged or combined funding*
9 *from Federal, State, local, and private sources,*
10 *centralized assessment and planning activities,*
11 *the provision of training and technical assist-*
12 *ance, and reporting and evaluation functions;*

13 “(2) *has a demonstrated commitment to parental*
14 *leadership in the development, operation, and over-*
15 *sight of the community-based family strengthening*
16 *services;*

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

22 “(4) *has the capacity to provide operational sup-*
23 *port (both financial and programmatic), professional*
24 *development, technical assistance, and evaluation as-*
25 *sistance to community-based providers, through inno-*

1 vative, interagency funding and interdisciplinary
2 service delivery mechanisms;

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

16 “(6) will engage with diverse populations to
17 identify and address unmet needs when developing the
18 inventory required under section 204(b)(1)(C)(i) and
19 when distributing funds to community-based pro-
20 viders under section 205.

21 **“SEC. 204. APPLICATION.**

22 “(a) *IN GENERAL.*—To receive a grant under this title,
23 a lead entity shall, not less than once every 3 years, submit
24 an application to the Secretary at such time, in such form,

1 *and containing such information as the Secretary may re-*
2 *quire, including the contents described in subsection (b).*

3 “(b) *CONTENTS.—Each application submitted under*
4 *subsection (a) by a lead entity shall include each of the fol-*
5 *lowing:*

6 “(1) *A description of—*

7 “(A) *the lead entity responsible for the ad-*
8 *ministration of funds provided under this title,*
9 *including how the lead entity will conduct over-*
10 *sight of community-based providers that receive*
11 *subgrants under section 205;*

12 “(B) *how the lead entity will ensure com-*
13 *munity-based family strengthening services sup-*
14 *ported by grant funds under this title will be in-*
15 *tegrated into a continuum of prevention pro-*
16 *grams and services for children and families, in-*
17 *cluding how the lead entity will—*

18 “(i) *utilize statewide and local sys-*
19 *tems-building approaches to increase access*
20 *to community-based family strengthening*
21 *services for diverse populations;*

22 “(ii) *determine which communities to*
23 *serve;*

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

4 “(iv) ensure such services are designed
5 to serve children and families in hard-to-
6 reach areas;

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

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

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

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

22 “(i) parents who are or who have been
23 recipients of community-based family
24 strengthening services;

25 “(ii) family advocates; and

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

3 “(E) the criteria the lead entity will use to
4 select and fund community-based providers, in-
5 cluding how the lead entity will take into consid-
6 eration a provider’s ability to—

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

13 “(ii) meaningfully partner with par-
14 ents in the development, implementation,
15 and evaluation of community-based family
16 strengthening services; and

17 “(iii) incorporate evidence-based or
18 evidence-informed practices;

19 “(F) outreach activities the lead entity and
20 community-based providers will undertake to
21 maximize the participation of diverse popu-
22 lations, including families with low incomes,
23 families who are racial or ethnic minorities,
24 families that include children with disabilities or
25 caregivers with disabilities, children and youth

1 *overrepresented in the child welfare system, fami-*
2 *lies experiencing homelessness or at risk of home-*
3 *lessness, families experiencing substance use dis-*
4 *orders, families with parents who have experi-*
5 *enced violence or trauma, families with individ-*
6 *uals with personal experience in the child wel-*
7 *fare system, and families in rural communities;*

8 “(G) *how the performance of the State pro-*
9 *gram will be assessed using the measures de-*
10 *scribed in section 206 and by other measures*
11 *that may be established by the lead entity;*

12 “(H) *the actions the lead entity will take to*
13 *advocate for systemic changes in State policies,*
14 *practices, procedures, and regulations to—*

15 “(i) *improve the delivery of commu-*
16 *nity-based family strengthening services;*
17 *and*

18 “(ii) *promote prevention activities to*
19 *strengthen and support families in order to*
20 *reduce child abuse and neglect and contact*
21 *with the child protective services system;*
22 *and*

23 “(I) *the lead entity’s plan for providing*
24 *operational support, professional development,*
25 *and technical assistance to community-based*

1 *providers, related to the use of trauma-informed*
2 *practices, public health approaches to preventing*
3 *child abuse and neglect, culturally responsive*
4 *practices, and the use of evidence-based or evi-*
5 *dence-informed practices.*

6 “(2) *A budget for the development, operation,*
7 *and expansion of the community-based family*
8 *strengthening services that demonstrates that the*
9 *State will expend, in non-Federal funds, an amount*
10 *(in cash or in kind) equal to not less than 20 percent*
11 *of the amount received under this title for activities*
12 *under this title.*

13 “(3) *An assurance that—*

14 “(A) *the lead entity will use grant funds re-*
15 *ceived under this title to provide community-*
16 *based family strengthening services in accord-*
17 *ance with section 205 in a manner that—*

18 “(i) *helps families build protective fac-*
19 *tors that are linked to the prevention of*
20 *child abuse and neglect, including knowl-*
21 *edge of parenting and child development*
22 *(including social and emotional develop-*
23 *ment), parental resilience, social connec-*
24 *tions, and time-limited and need-based con-*
25 *crete support available to families;*

1 “(ii) is trauma-informed, culturally re-
2 sponsive, and takes into consideration the
3 assets and needs of communities in which
4 the lead entity serves; and

5 “(iii) promotes coordination between
6 community-based providers, State and local
7 public agencies, community-based nonprofit
8 organizations, and relevant private entities
9 to develop and expand a continuum of pre-
10 vention programs and services that promote
11 child, parent, and family well-being, with a
12 focus on increasing access to those supports
13 for diverse populations;

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

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

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

1 **“SEC. 205. USES OF FUNDS.**

2 “(a) *IN GENERAL.*—A lead entity that receives a grant
3 under this title shall use the grant funds to develop, imple-
4 ment, operate, expand, and enhance community-based fam-
5 ily strengthening services, including by providing subgrants
6 to community-based providers described in subsection (b).

7 “(b) *COMMUNITY-BASED PROVIDER.*—In this title, the
8 term ‘community-based provider’ means an entity that pro-
9 vides community-based family strengthening services, in-
10 cluding an entity that is a State or local public agency
11 or a community-based nonprofit organization.

12 “(c) *PRIORITY.*—In awarding subgrants under this
13 section, a lead entity shall give priority to community-
14 based providers proposing evidence-based or evidence-in-
15 formed local programs to serve low-income communities or
16 to serve young parents or parents of young children.

17 “(d) *USES OF FUNDS.*—A lead entity or a community-
18 based provider that receives funds under this section shall
19 use the funds to develop, implement, operate, expand, and
20 enhance community-based family strengthening services,
21 which may include—

22 “(1) assessing community assets and needs
23 through a planning process that—

24 “(A) involves other relevant community-
25 based organizations, including those that have

1 *already performed a local needs assessment and*
2 *can positively contribute to the planning process;*

3 *“(B) meaningfully involves parents; and*

4 *“(C) uses information and expertise from*
5 *local public agencies, local nonprofit organiza-*
6 *tions, and local private sector representatives;*

7 *“(2) developing a comprehensive strategy, which*
8 *may leverage public-private partnerships, to provide*
9 *a continuum of prevention programs and services to*
10 *children and families, especially to families experi-*
11 *encing difficulty meeting basic needs or with other*
12 *risk factors linked with child abuse and neglect, such*
13 *as families with young parents, parents of young chil-*
14 *dren, or parents who experienced domestic violence or*
15 *child abuse or neglect as children;*

16 *“(3)(A) providing, directly or through commu-*
17 *nity referral services, core child abuse and neglect*
18 *prevention services, such as—*

19 *“(i) parent support and education pro-*
20 *grams that build protective factors linked to the*
21 *prevention of child abuse and neglect;*

22 *“(ii) mutual support and self-help pro-*
23 *grams;*

1 “(iii) parental leadership skills development
2 programs that support parents as leaders in
3 their families and communities;

4 “(iv) respite care services; and

5 “(v) outreach and follow up services, which
6 may include voluntary home visiting services;
7 and

8 “(B) connecting individuals and families to com-
9 munity referral services, including referral to—

10 “(i) early childhood care and education pro-
11 grams such as a child care program, a Head
12 Start program (including an Early Head Start
13 program) carried out under the Head Start Act
14 (42 U.S.C. 9831 et seq.), a developmental screen-
15 ing program, or a program carried out under
16 section 619 or part C of the Individuals with
17 Disabilities Education Act (20 U.S.C. 1419,
18 1431 et seq.);

19 “(ii) services and supports to meet the addi-
20 tional needs of families with children with dis-
21 abilities or caregivers with disabilities;

22 “(iii) nutrition programs, which may in-
23 clude the special supplemental nutrition pro-
24 gram for women, infants, and children program
25 under section 17 of the Child Nutrition Act of

1 1966 (42 U.S.C. 1786) and the supplemental nu-
2 trition assistance program under the Food and
3 Nutrition Act of 2008 (7 U.S.C. 2011 et seq.);

4 “(iv) educational services, academic tutor-
5 ing, adult education and literacy services, and
6 workforce development activities, such as activi-
7 ties described in section 134 of the Workforce In-
8 novation and Opportunity Act (29 U.S.C. 3174);

9 “(v) self-sufficiency and life management
10 skills training;

11 “(vi) health care (including mental health
12 and substance use disorder services);

13 “(vii) peer counseling;

14 “(viii) domestic violence service programs
15 that provide services and treatment to children
16 and their nonabusing caregivers; and

17 “(ix) adoption services for individuals in-
18 terested in adopting a child;

19 “(4) developing and maintaining leadership
20 roles for the meaningful involvement of parents and
21 other individuals with personal experience in the
22 child welfare system in the development, operation,
23 evaluation, and oversight of the services provided by
24 the lead entity or community-based providers;

1 “(5) *providing leadership in mobilizing local*
2 *public and private resources to support the provision*
3 *of community-based family strengthening services;*
4 *and*

5 “(6) *coordinating services with State and local*
6 *public agencies, community-based nonprofit organiza-*
7 *tions, and relevant private entities, to promote child,*
8 *parent, and family well-being, including coordinating*
9 *services through the development, operation, and ex-*
10 *ansion of State and local systems to develop a con-*
11 *tinuum of prevention programs and services to*
12 *strengthen families and to prevent child abuse and*
13 *neglect.*

14 **“SEC. 206. PERFORMANCE MEASURES.**

15 “(a) *MEASURES.—Each lead entity receiving a grant*
16 *under this title shall collect information on the extent to*
17 *which the State program carried out under this title meets*
18 *measures relating to—*

19 “(1) *the effective development, operation, and ex-*
20 *ansion of community-based family strengthening*
21 *services that meet the requirements of this title, in-*
22 *cluding the use of systems-building approaches to in-*
23 *crease access to such services for diverse populations;*

24 “(2) *the community-based family strengthening*
25 *services supported under this title and an inventory*

1 *of the types of such services provided in accordance*
2 *with section 205 and a description that shall specify*
3 *whether those services are evidence-based or evidence-*
4 *informed;*

5 *“(3) the extent to which the lead entity has ad-*
6 *ressed the unmet needs identified by the inventory*
7 *required under section 204(b)(1)(C)(i);*

8 *“(4)(A) the involvement of a diverse representa-*
9 *tion of families in the design, operation, and evalua-*
10 *tion of community-based family strengthening services*
11 *supported by grant funds under this title; and*

12 *“(B) the continued leadership of parents and*
13 *other individuals with personal experience in the*
14 *child welfare system in the ongoing planning, imple-*
15 *mentation, and evaluation of such community-based*
16 *family strengthening services supported by grant*
17 *funds under this title, demonstrated in an implemen-*
18 *tation plan;*

19 *“(5) the satisfaction among families who received*
20 *community-based family strengthening services sup-*
21 *ported by grant funds under this title;*

22 *“(6) the establishment or maintenance of innova-*
23 *tive funding mechanisms that blend Federal, State,*
24 *local, and private funds, and of innovative, inter-*
25 *disciplinary service delivery mechanisms, for the de-*

1 *velopment, operation, expansion, and enhancement of*
 2 *the community-based family strengthening services;*

3 *“(7) the effectiveness of activities conducted*
 4 *under this title in meeting the purposes of the pro-*
 5 *gram, demonstrated through the results of evaluation,*
 6 *or the outcomes of monitoring, conducted by the lead*
 7 *entity; and*

8 *“(8) the number of children and families that re-*
 9 *ceived community-based family strengthening services*
 10 *funded under this title, including a disaggregated*
 11 *count of families with children with disabilities and*
 12 *families with caregivers with disabilities.*

13 *“(b) REPORTS.—The lead entity shall submit to the*
 14 *Secretary a report containing the information described in*
 15 *subsection (a).*

16 **“SEC. 207. NATIONAL TECHNICAL ASSISTANCE FOR COMMU-**
 17 **NITY-BASED FAMILY STRENGTHENING SERV-**
 18 **ICES.**

19 *“From the amount appropriated under section 209 for*
 20 *a fiscal year and remaining after the reservation under sec-*
 21 *tion 202(b), the Secretary may reserve not more than 5 per-*
 22 *cent to support, directly or through grants or contracts, the*
 23 *activities of lead entities—*

24 *“(1) to create, operate, and maintain a peer re-*
 25 *view process;*

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

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

6 “(4) to establish, operate, and maintain a com-
7 puterized communication system between lead enti-
8 ties; and

9 “(5) to contribute to funding State-to-State tech-
10 nical assistance and trainings.

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

12 “Nothing in this title shall be construed to prohibit
13 grandparents, kinship care providers, foster parents, adop-
14 tive parents, or any other individual, in a parenting role
15 from receiving or participating in services and programs
16 under this title.

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

18 “There are authorized to be appropriated to carry out
19 this title \$270,000,000 for fiscal year 2022 and such sums
20 as may be necessary for each of fiscal years 2023 through
21 2027.”.

22 **SEC. 202. CONFORMING AMENDMENTS.**

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

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

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

5 **TITLE III—PUBLIC HEALTH AP-**
6 **PROACHES TO IDENTIFY AND**
7 **PREVENT CHILD FATALITIES**
8 **AND NEAR FATALITIES DUE**
9 **TO CHILD ABUSE AND NE-**
10 **GLECT**

11 **SEC. 301. IDENTIFYING AND PREVENTING CHILD FATALI-**
12 **TIES AND NEAR FATALITIES DUE TO CHILD**
13 **ABUSE AND NEGLECT.**

14 *The Child Abuse Prevention and Treatment Act (42*
15 *U.S.C. 5101 et seq.) is amended by adding at the end the*
16 *following:*

17 **“TITLE III—PUBLIC HEALTH AP-**
18 **PROACHES TO IDENTIFY AND**
19 **PREVENT CHILD FATALITIES**
20 **AND NEAR FATALITIES DUE**
21 **TO CHILD ABUSE AND NE-**
22 **GLECT**

23 **“SEC. 301. PURPOSE.**

24 *“The purpose of this title is to develop coordinated*
25 *leadership and shared responsibility at the Federal, State,*

1 *Tribal, and local levels to implement data-driven strategies*
 2 *and reforms to prevent child fatalities and near fatalities*
 3 *due to child abuse and neglect from occurring in the future*
 4 *through the use of improved collection, reporting, and anal-*
 5 *ysis of data on all child fatalities and near fatalities due*
 6 *to child abuse and neglect.*

7 **“SEC. 302. FEDERAL WORK GROUP ON PUBLIC HEALTH SUR-**
 8 **VEILLANCE OF CHILD FATALITIES AND NEAR**
 9 **FATALITIES DUE TO CHILD ABUSE AND NE-**
 10 **GLECT.**

11 *“(a) ESTABLISHMENT.—The Secretary shall establish*
 12 *the Federal Work Group on Public Health Surveillance of*
 13 *Child Fatalities and Near Fatalities Due to Child Abuse*
 14 *and Neglect (referred to in this title as the ‘Work Group’).*

15 *“(b) IN GENERAL.—*

16 *“(1) COMPOSITION.—*

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

1 “(B) *OTHER FEDERAL AGENCIES.*—*The*
2 *Work Group may include representatives from*
3 *the Department of Justice, appointed by the At-*
4 *torney General, and such other Federal agencies*
5 *as the Secretary determines, appointed by the*
6 *head of the agency involved.*

7 “(2) *CONSULTATION.*—*In carrying out the duties*
8 *described in subsection (c), the Work Group shall con-*
9 *sult with—*

10 “(A) *experts determined by the Secretary*
11 *who meet the qualifications described in section*
12 *3(b)(1)(B) of the Protect our Kids Act of 2012*
13 *(Public Law 112–275; 126 Stat. 2460); and*

14 “(B) *representatives of State and local child*
15 *protective services agencies and other relevant*
16 *public agencies.*

17 “(c) *DUTIES.*—*The Work Group shall—*

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

1 “(2) oversee the development of the case registry
2 described in section 303(a), and make related rec-
3 ommendations to the Secretary;

4 “(3) make recommendations to the Secretary for
5 the operation and evaluation of the grant program
6 described in section 304;

7 “(4) examine all Federal data collections related
8 to child fatalities and near fatalities due to child
9 abuse and neglect and make recommendations to the
10 Secretary regarding—

11 “(A) how to improve the accuracy, uni-
12 formity, and comparability of data regarding
13 child fatalities and near fatalities due to child
14 abuse and neglect, within and across States and
15 Indian Tribes;

16 “(B) how to assure that such data collec-
17 tions are informative and effectively utilized by
18 Federal, State, and local policymakers, and the
19 public to make data-driven decisions to prevent
20 such fatalities and near fatalities; and

21 “(C) after analysis of the purposes and roles
22 of data systems existing on the date of the rec-
23 ommendations, how to improve such data sys-
24 tems or next-generation data systems to more ef-

1 *fectively meet the goals described in subpara-*
2 *graphs (A) and (B); and*

3 “(5) *identify, and recommend to the Secretary,*
4 *strategies, resources, and supports to improve State*
5 *and Tribal responses to child fatalities and near fa-*
6 *talities due to child abuse and neglect among Indian*
7 *(including Alaska Native) and Native Hawaiian chil-*
8 *dren in a manner that includes consultation and co-*
9 *ordination with Indian Tribes, Tribal organizations,*
10 *and Native Hawaiian organizations (as such term is*
11 *defined in section 6207 of the Elementary and Sec-*
12 *ondary Education Act of 1965 (20 U.S.C. 7517)).*

13 “(d) *ANNUAL REPORT TO SECRETARY.—The Work*
14 *Group shall annually prepare and submit to the Secretary*
15 *a report on the activities carried out under subsection (c),*
16 *including recommendations for improving public health*
17 *surveillance of child fatalities and near fatalities due to*
18 *child abuse and neglect.*

19 “**SEC. 303. CASE REGISTRY FOR CHILD FATALITIES AND**
20 **NEAR FATALITIES DUE TO CHILD ABUSE AND**
21 **NEGLECT.**

22 “(a) *IN GENERAL.—The Secretary shall operate and*
23 *expand a national case registry designed to support public*
24 *health surveillance of child fatalities and near fatalities to*

1 *collect complete data on such incidents due to child abuse*
2 *and neglect for the purposes of—*

3 “(1) *supporting the systematic collection and*
4 *analysis of data regarding child fatalities and near*
5 *fatalities due to child abuse and neglect, within and*
6 *across States and Indian Tribes;*

7 “(2) *enabling States, Indian Tribes, and Tribal*
8 *organizations to review data on all child fatalities*
9 *and near fatalities for the presence of child abuse and*
10 *neglect in accordance with uniform public health data*
11 *standards, including by reviewing—*

12 “(A) *cases where an incident involving a*
13 *child was reported to a State, Indian Tribe, or*
14 *Tribal organization child protective services sys-*
15 *tem;*

16 “(B) *cases where an incident involving a*
17 *child was not reported to the State, Indian*
18 *Tribe, or Tribal organization child protective*
19 *services system but in which child abuse and ne-*
20 *glect may have been present; and*

21 “(C) *cases that may or may not meet crimi-*
22 *nal or civil definitions of child abuse or neglect*
23 *for purposes of substantiation or prosecution;*

24 “(3) *enabling analysis of data collected through*
25 *such registry to support reforms of Federal, State,*

1 *and local policies and procedures intended to prevent*
2 *future child fatalities and near fatalities due to child*
3 *abuse and neglect; and*

4 *“(4) increasing transparency and shared respon-*
5 *sibility across public agencies that serve children and*
6 *families by making data collected through such reg-*
7 *istry accessible by the public, to the extent permitted*
8 *by applicable privacy law.*

9 *“(b) INTEGRATION WITH EXISTING DATA SYSTEMS.—*
10 *In operating the case registry described in subsection (a),*
11 *the Secretary may integrate or append data from such case*
12 *registry into or onto data of data systems supported by the*
13 *Health Resources and Services Administration or Centers*
14 *for Disease Control and Prevention, as appropriate.*

15 *“(c) UNIFORM PUBLIC HEALTH DATA STANDARDS.—*

16 *“(1) IN GENERAL.—For the purposes of oper-*
17 *ating the case registry described in subsection (a), the*
18 *Secretary shall develop uniform public health data*
19 *standards that are designed to promote consistent*
20 *data collection related to child fatalities and near fa-*
21 *talities due to child abuse and neglect and include, as*
22 *determined by the Secretary, uniform definitions,*
23 *operational standards, standards for consistent proce-*
24 *dures, and comprehensive data elements for public*

1 *health surveillance of fatalities and near fatalities due*
2 *to child abuse and neglect.*

3 “(2) *DEFINITIONS.*—*The uniform public health*
4 *data standards described in paragraph (1) shall be*
5 *designed for public health purposes and not rely solely*
6 *on criminal or civil definitions of child abuse and ne-*
7 *glect.*

8 “(3) *TECHNICAL ASSISTANCE.*—*The Secretary*
9 *shall provide (including through grants, contracts, or*
10 *cooperative agreements) technical assistance, training,*
11 *and resources to encourage the adoption and imple-*
12 *mentation of the standards described in this sub-*
13 *section and support the participation of States, In-*
14 *Indian Tribes, and Tribal organizations in the national*
15 *case registry described in subsection (a).*

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

1 **“SEC. 304. GRANTS FOR STATE, INDIAN TRIBE, AND TRIBAL**
2 **ORGANIZATION CHILD DEATH REVIEW OF**
3 **CHILD ABUSE AND NEGLECT FATALITIES AND**
4 **NEAR FATALITIES.**

5 “(a) *PROGRAM AUTHORIZED.*—

6 “(1) *IN GENERAL.*—*The Secretary may award*
7 *grants or cooperative agreements to States, Indian*
8 *Tribes, and Tribal organizations for the purposes of*
9 *assisting such States, Indian Tribes, and Tribal orga-*
10 *nizations in—*

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

20 “(B) *improving data collection and report-*
21 *ing related to child fatalities and near fatalities*
22 *due to child abuse and neglect, including intra-*
23 *state and interstate data comparability;*

24 “(C) *encouraging voluntary reporting to the*
25 *case registry authorized under section 303(a);*
26 *and*

1 “(D) *developing coordinated leadership and*
2 *shared responsibility across State, Tribal, and*
3 *local public agencies that support children and*
4 *families to implement data-driven strategies and*
5 *reforms in order to prevent child fatalities and*
6 *near fatalities due to child abuse and neglect*
7 *from occurring in the future.*

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

17 “(b) *APPLICATION.—A State, Indian Tribe, or Tribal*
18 *organization desiring a grant or cooperative agreement*
19 *under subsection (a)(1) shall submit to the Secretary an*
20 *application at such time, in such manner, and containing*
21 *such information as the Secretary may require, including—*

22 “(1) *the State, Indian Tribe, or Tribal organiza-*
23 *tion’s fatality review plan to ensure—*

24 “(A) *the corresponding child death review*
25 *program will, for the purposes of identifying fa-*

1 *talities and near fatalities due to child abuse*
2 *and neglect and preventing such incidents in the*
3 *future, conduct comprehensive and multidisci-*
4 *plinary reviews of all cases of child fatalities*
5 *and near fatalities within the State or Indian*
6 *Tribe, as the case may be, within a reasonable*
7 *timeframe, and allow the State, Indian Tribe, or*
8 *Tribal organization to increase the number of*
9 *cases reviewed over time and review all such*
10 *cases for child abuse and neglect utilizing the*
11 *consistent procedures described in paragraph (2);*
12 *and*

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

22 *“(i) the cause of the death listed on the*
23 *death certificate in the case of a child fatal-*
24 *ity, and the type of life-threatening injury*
25 *in the case of a child near fatality;*

1 “(ii) whether the child was reported to
2 the State, Indian Tribe, or Tribal organiza-
3 tion child protective services system;

4 “(iii) the responses made by the State,
5 Indian Tribe, or Tribal organization child
6 protective services agency, (which may in-
7 clude services or investigations, as applica-
8 ble), including any determinations by such
9 agency;

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

12 “(v) the perpetrator’s relationship to
13 the child;

14 “(vi) any known previous child abuse
15 or neglect of the child by other perpetrators
16 and of any child abuse or neglect of other
17 children by the perpetrator;

18 “(vii) the demographics and relevant
19 characteristics of the child, perpetrator, and
20 family;

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

1 “(ix) other relevant data as determined
2 by the Secretary designed to inform future
3 prevention efforts;

4 “(2) a description of how the State, Indian
5 Tribe, or Tribal organization will, within a time-
6 frame established by the Secretary, develop consistent
7 procedures to conduct the reviews described in para-
8 graph (1)(A) that are aligned with the uniform public
9 health data standards developed under section 303(c)
10 for the purposes of developing a public health ap-
11 proach to the identification of child abuse and neglect
12 that—

13 “(A) does not rely solely on criminal or
14 civil definitions of child abuse and neglect for the
15 purposes of substantiation; and

16 “(B) reduces human error and bias, par-
17 ticularly racial bias, in carrying out such re-
18 views;

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

22 “(A) will coordinate activities with relevant
23 entities to collect data from medical examiners,
24 coroners, vital statistics personnel, law enforce-
25 ment, medical professionals, hospitals, first re-

1 sponders, the State, Indian Tribe, or Tribal or-
2 ganization’s child protective services agency, and
3 other agencies that possess relevant data, and
4 how the program and such entities will examine
5 the circumstances surrounding a child fatality or
6 near fatality due to child abuse or neglect;

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

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

22 “(4) a description of how the State, Indian
23 Tribe, or Tribal organization’s child death review
24 program will improve and standardize the identifica-
25 tion of near fatalities due to child abuse and neglect

1 *across the State or Indian Tribe involved, as the case*
2 *may be, including—*

3 *“(A) how the State, Indian Tribe, or Tribal*
4 *organization will collect information regarding*
5 *life-threatening injuries related to child abuse*
6 *and neglect and report such information to the*
7 *State, Indian Tribe, or Tribal organization’s*
8 *child death review program; and*

9 *“(B) how the State, Indian Tribe, or Tribal*
10 *organization will coordinate with health care*
11 *professionals and child protective services agen-*
12 *cies in identifying life-threatening injuries re-*
13 *lated to child abuse and neglect and reporting*
14 *relevant information to the State, Indian Tribe,*
15 *or Tribal organization’s child death review pro-*
16 *gram; and*

17 *“(5) an assurance that the State, Indian Tribe,*
18 *or Tribal organization will develop a fatality and*
19 *near-fatality prevention plan (in alignment with the*
20 *requirements of section 422(b)(19)(B) of the Social*
21 *Security Act (42 U.S.C. 622(b)(19)(B)) that is de-*
22 *signed to implement data-driven strategies and re-*
23 *forms across the State or the Indian Tribe served, as*
24 *the case may be, in order to prevent child fatalities*
25 *and near fatalities due to child abuse and neglect*

1 *from occurring in the future, which plan shall in-*
2 *clude—*

3 *“(A) an analysis of the data collected under*
4 *the State, Indian Tribe, and Tribal organization*
5 *plan described in paragraph (1) and data from*
6 *other relevant sources in order to identify the*
7 *children at the highest risk of child fatalities and*
8 *near fatalities due to child abuse and neglect, in-*
9 *cluding an analysis that—*

10 *“(i) identifies—*

11 *“(I) individual, family, and com-*
12 *munity risk factors;*

13 *“(II) protective factors; and*

14 *“(III) other circumstances associ-*
15 *ated with such data; and*

16 *“(ii) examines relevant State, Indian*
17 *Tribe, and Tribal organization policies and*
18 *practices associated with cases in which*
19 *such a fatality or near fatality occurred, in-*
20 *cluding systemic failures across public*
21 *agencies related to such cases; and*

22 *“(B) a description of how the State, Indian*
23 *Tribe, or Tribal organization’s child protective*
24 *services agency will update its policies and pro-*
25 *cedures in response to the data analysis de-*

1 *scribed in subparagraph (A) to prioritize safety*
2 *screenings for children who match characteristics*
3 *identified in the analysis as at the highest risk*
4 *and implement other necessary reforms respon-*
5 *sive to the findings of the analysis; and*

6 “(6) *a description of how the State, Indian*
7 *Tribe, or Tribal organization will coordinate the lead-*
8 *ership of the State, Indian Tribe, or Tribal organiza-*
9 *tion’s public agencies that support children and fami-*
10 *lies, to develop shared responsibility to protect chil-*
11 *dren at the highest risk of child fatalities and near*
12 *fatalities due to child abuse and neglect and to imple-*
13 *ment changes in State, Indian Tribe, and Tribal or-*
14 *ganization policies and practices in response to the*
15 *findings of the analysis described in paragraph*
16 *(5)(A) to prevent such incidents, which changes may*
17 *include improvements in policies and practices re-*
18 *lated to child protection, health care (including men-*
19 *tal health care), substance use disorders, domestic vio-*
20 *lence, law enforcement, education, social services, and*
21 *formal and informal support systems that have con-*
22 *tact with children and families.*

23 “(c) *USES OF FUNDS.—A State, Indian Tribe, or*
24 *Tribal organization receiving a grant or cooperative agreee-*
25 *ment under subsection (a)(1)—*

1 “(1) shall use such funds to—

2 “(A) implement the State, Indian Tribe, or
3 Tribal organization’s fatality review plan de-
4 scribed in subsection (b)(1), including by—

5 “(i) increasing the capacity of the
6 State, Indian Tribe, or Tribal organiza-
7 tion’s child death review program to con-
8 duct reviews of all cases of child fatalities
9 and near fatalities for child abuse and ne-
10 glect, regardless of the involvement of such
11 cases with the State, Indian Tribe, or Trib-
12 al organization’s child protective services
13 system; and

14 “(ii) enabling the submission of re-
15 quired data under such plan to the case reg-
16 istry described in section 303(a);

17 “(B) support the development and adoption
18 of consistent procedures described in subsection
19 (b)(2) to ensure that all cases of child fatalities
20 and near fatalities due to child abuse and neglect
21 are reviewed consistently within the State or In-
22 dian Tribe, as the case may be;

23 “(C) supporting coordination between the
24 State, Indian Tribe, or Tribal organization’s
25 child death review program and the State, In-

1 *dian Tribe, or Tribal organization’s child protec-*
2 *tive services agency, including by providing all*
3 *relevant child welfare information and informa-*
4 *tion collected by the State, Indian Tribe, or*
5 *Tribal organization’s child death review program*
6 *to each such agency in accordance with sub-*
7 *section (b)(3)(C); and*

8 *“(D) developing the State, Indian Tribe, or*
9 *Tribal organization’s fatality and near-fatality*
10 *prevention plan described in (b)(5), including*
11 *conducting necessary data analysis and exam-*
12 *ination; and*

13 *“(2) may use such funds to—*

14 *“(A) conduct research related to the data*
15 *described in the State, Indian Tribe, or Tribal*
16 *organization’s fatality review plan;*

17 *“(B) identify protective factors associated*
18 *with the prevention of child abuse and neglect,*
19 *and support changes in the State, Indian Tribe,*
20 *or Tribal organization’s policies and practices,*
21 *across public agencies that serve children and*
22 *families to support the development of such fac-*
23 *tors; and*

24 *“(C) develop, implement, or scale real-time*
25 *electronic data sharing or improvements in in-*

1 *creased interoperability of relevant data among*
2 *State, Indian Tribe, Tribal organization, and*
3 *local agencies that serve children and families, to*
4 *improve submission and analysis of data re-*
5 *quired under this section.*

6 “(d) *REPORTING.*—

7 “(1) *STATE, INDIAN TRIBE, AND TRIBAL ORGANI-*
8 *ZATION REPORTING.*—*Each State, Indian Tribe, or*
9 *Tribal organization that receives funds under sub-*
10 *section (a)(1), for each year such funds are received,*
11 *shall provide a report to the Secretary containing*
12 *such information, in such manner as the Secretary*
13 *may require, including, at a minimum—*

14 “(A) *a description of how such State, In-*
15 *Indian Tribe, or Tribal organization utilized funds*
16 *provided under subsection (a)(1), including the*
17 *number and percentage of all cases of child fa-*
18 *talities and near fatalities within the State or*
19 *the Indian Tribe involved, as the case may be,*
20 *that were—*

21 “(i) *reviewed for child abuse and ne-*
22 *glect using such funds; and*

23 “(ii) *so reviewed and identified, using*
24 *such funds, as due to child abuse and ne-*
25 *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 section*
9 *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 described*
19 *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 responsi-*
10 *bility 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 findings*
14 *of the analysis described in subsection (b)(5)(A)*
15 *and the activities supported under this section.*

16 *“(2) SECRETARY’S REPORT TO CONGRESS.—The*
17 *Secretary shall submit an annual report to the Com-*
18 *mittee on Health, Education, Labor, and Pensions*
19 *and the Committee on Appropriations of the Senate*
20 *and the Committee on Education and Labor and the*
21 *Committee on Appropriations of the House of Rep-*
22 *resentatives, that includes a summary of reports sub-*
23 *mitted by States, Indian Tribes, and Tribal organiza-*
24 *tions under paragraph (1) and the Secretary’s rec-*

1 *ommendations or observations on the challenges, suc-*
 2 *cesses, 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 described*
 6 *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 percent*
 12 *of funds appropriated under section 306 to provide guid-*
 13 *ance and technical assistance, directly or through grants*
 14 *or cooperative agreements, to support States, Indian Tribes,*
 15 *and Tribal organizations in—*

16 *“(1) submitting uniform and comparable data to*
 17 *the case registry authorized under section 303(a);*

18 *“(2) developing applications for the program au-*
 19 *thorized 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); and*
3 *“(4) carrying out such other activities under this*
4 *Act as the Secretary determines appropriate.*

5 **“SEC. 306. AUTHORIZATION OF APPROPRIATIONS.**

6 *“There are authorized to be appropriated to carry out*
7 *this title \$25,000,000 for fiscal year 2022 and such sums*
8 *as may be necessary for each of fiscal years 2023 through*
9 *2027.”.*

10 ***TITLE IV—PUBLIC HEALTH RE-***
11 ***SPONSE TO INFANTS AF-***
12 ***FFECTED BY SUBSTANCE USE***
13 ***DISORDER***

14 ***SEC. 401. AMENDING THE CAPTA TO PROVIDE FOR A PUB-***
15 ***LIC HEALTH RESPONSE TO INFANTS AF-***
16 ***FFECTED BY SUBSTANCE USE DISORDER.***

17 *The Child Abuse Prevention and Treatment Act (42*
18 *U.S.C. 5101 et seq.) is amended by inserting after title III,*
19 *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 plans*
15 *to address the needs of infants, children, and families;*

16 *“(3) increasing access to treatment support and*
17 *other services for mothers with a substance use dis-*
18 *order and their children, including ensuring that*
19 *mothers can access necessary prenatal services;*

20 *“(4) supporting mothers and caregivers in build-*
21 *ing protective factors so that infants are at a low risk*
22 *of child abuse or neglect;*

23 *“(5) providing access to appropriate screening,*
24 *assessment, and intervention services for infants af-*

1 *ected by substance use disorder, including alcohol use*
2 *disorder; and*

3 “(6) *improving the capacity of health care pro-*
4 *essionals, child welfare workers, and other personnel*
5 *involved in the development, implementation, and*
6 *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 families*
17 *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 State*
23 *submits a State plan under section 106(b)(1), the lead agen-*
24 *cy designated by the Governor under subsection (b) shall*
25 *provide to the Secretary a description of the State’s policies*

1 *and procedures to ensure the safety and well-being of in-*
2 *fants born with, and identified as being affected by, sub-*
3 *stance use disorder, including alcohol use disorder, and the*
4 *well-being of the families and caregivers of such infants, in-*
5 *cluding 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 and*
12 *services, and to ensure the safety and well-being*
13 *of infants and the caregivers of such infants;*

14 “(2) *the State’s policies and procedures for re-*
15 *quiring providers involved in the delivery or care of*
16 *infants born with, and identified as being affected by,*
17 *substance use disorder, including alcohol use disorder,*
18 *to notify the lead agency designated under subsection*
19 *(b) of the occurrence of such condition in such in-*
20 *fants;*

21 “(3) *the State’s policies and procedures to ensure*
22 *the development of a multi-disciplinary family care*
23 *plan for the infant born with, and identified as being*
24 *affected by, substance use disorder, and such infant’s*
25 *affected family member or caregiver, to ensure the*

1 *safety and well-being of such infant following release*
2 *from the care of health care providers, including by—*

3 “(A) *using a family assessment approach to*
4 *develop each family care plan;*

5 “(B) *addressing, through coordinated serv-*
6 *ice delivery, the health, well-being, and substance*
7 *use disorder treatment needs of the infant and*
8 *affected family member or caregiver; and*

9 “(C) *the development and implementation*
10 *by the State of monitoring systems regarding the*
11 *implementation of such plans to determine*
12 *whether, and in what manner, local entities are*
13 *providing, in accordance with State require-*
14 *ments, referrals to and delivery of appropriate*
15 *services for the infant and affected family mem-*
16 *ber or caregiver; and*

17 “(4) *the State’s plan to develop a system for pur-*
18 *poses of notifications required by paragraph (2) that*
19 *is distinct and separate from the system used in the*
20 *State to report child abuse and neglect, and designed*
21 *to promote a public health response to infants born*
22 *with, and identified as being affected by, substance*
23 *use disorder, including alcohol use disorder, and not*
24 *for the purpose of initiating an investigation of child*
25 *abuse or neglect.*

1 “(d) *SPECIAL RULE.*—Nothing in this section shall be
2 construed to—

3 “(1) establish a definition under Federal law of
4 what constitutes child abuse or neglect; or

5 “(2) require investigation or prosecution for any
6 illegal action, including a response by the State’s
7 child protective services system.

8 “(e) *ANNUAL REPORT.*—The lead agency of a State
9 designated by the Governor under subsection (b) shall annu-
10 ally work with the Secretary to provide a report that pro-
11 vides the number of infants—

12 “(1) identified under subsection (c)(2);

13 “(2) for whom a family care plan was developed
14 under subsection (c)(3); and

15 “(3) for whom a referral was made for appro-
16 priate services, including services for the affected fam-
17 ily or caregiver, under subsection (c)(3).

18 **“SEC. 403. NATIONAL TECHNICAL ASSISTANCE AND RE-**
19 **PORTING.**

20 “(a) *TECHNICAL ASSISTANCE.*—The Secretary shall
21 provide technical assistance to support States in complying
22 with the requirements of section 402(c) that includes—

23 “(1) disseminating best practices on implementa-
24 tion of multidisciplinary family care plans;

1 “(2) addressing State-identified challenges with
2 developing, implementing, and monitoring family
3 care plans;

4 “(3) supporting collaboration and coordination
5 across substance abuse agencies, child welfare agen-
6 cies, maternal and child health agencies, family
7 courts, and other community partners;

8 “(4) supporting State efforts to develop informa-
9 tion technology systems to manage family care plans;
10 and

11 “(5) providing technical assistance in accordance
12 with the infants with prenatal substance- exposure
13 initiative developed by the National Center on Sub-
14 stance Abuse and Child Welfare.

15 “(b) *SECRETARY’S REPORT TO CONGRESS.*—The Sec-
16 retary shall submit an annual report to the Committee on
17 Health, Education, Labor, and Pensions and the Committee
18 on Appropriations of the Senate and the Committee on
19 Education and Labor, the Committee on Appropriations of
20 the House of Representatives, and the Committee on Energy
21 and Commerce of the House of Representatives that in-
22 cludes, at a minimum, information on—

23 “(1) the activities of the Secretary under sub-
24 section (a);

1 “(2) *the progress of States in developing, imple-*
2 *menting, and monitoring family care plans to ensure*
3 *a public health response to addressing the needs of in-*
4 *fant born with, and identified as being affected by,*
5 *substance use disorder, including alcohol use disorder,*
6 *and the families of such infants, and as appropriate,*
7 *recommendations for improving such practices; and*

8 “(3) *the progress of States in safely reducing the*
9 *number of infants affected by substance use disorder,*
10 *including alcohol use disorder, entering the child pro-*
11 *tective services system.*

12 **“SEC. 404. GRANT PROGRAM AUTHORIZED.**

13 “(a) *IN GENERAL.—The Secretary is authorized to*
14 *award grants to States for the purpose of assisting the Gov-*
15 *ernor’s designated lead agency in coordinating a partner-*
16 *ship with maternal and child health agencies, child welfare*
17 *agencies, public health agencies, mental health agencies, so-*
18 *cial services agencies, substance abuse agencies, health care*
19 *facilities with labor and delivery units, and health care pro-*
20 *viders to facilitate collaboration in developing, updating,*
21 *implementing, and monitoring family care plans described*
22 *in section 402(c).*

23 “(b) *DISTRIBUTION OF FUNDS.—*

1 “(1) *RESERVATIONS.*—Of the amounts made
2 available to carry out subsection (a), the Secretary
3 shall reserve—

4 “(A) no more than 3 percent for the pur-
5 poses described in subsection (g); and

6 “(B) no less than 3 percent for grants to In-
7 dian Tribes and Tribal organizations to address
8 the needs of infants identified as being affected
9 by substance use disorder, including alcohol use
10 disorder, and their families or caregivers, which,
11 to the extent practicable, shall be consistent with
12 the uses of funds described under subsection (d).

13 “(2) *ALLOTMENTS TO STATES AND TERRI-*
14 *TORIES.*—The Secretary shall allot the amount made
15 available to carry out subsection (a) that remains
16 after application of paragraph (1) to each State that
17 applies for such a grant, in an amount equal to the
18 sum of—

19 “(A) \$500,000; and

20 “(B) an amount that bears the same rela-
21 tionship to any funds made available to carry
22 out subsection (a) and remaining after applica-
23 tion of paragraph (1) and subparagraph (A), as
24 the number of live births in the State in the pre-

1 *vious calendar year bears to the number of live*
2 *births in all States in such year.*

3 “(3) *RATABLE REDUCTION.*—*If the amount made*
4 *available to carry out subsection (a) is insufficient to*
5 *satisfy the requirements of paragraph (2)(A), the Sec-*
6 *retary shall ratably reduce each allotment to a State.*

7 “(c) *APPLICATION.*—*A State desiring a grant under*
8 *this subsection shall submit an application to the Secretary*
9 *at such time and in such manner as the Secretary may*
10 *require. Such application shall include, at a minimum—*

11 “(1) *a description of—*

12 “(A) *how the lead agency designated under*
13 *section 402(b) will coordinate with relevant*
14 *State entities and programs (including maternal*
15 *and child health providers, the child welfare*
16 *agency, public health agencies, mental health*
17 *agencies, the State substance abuse agency,*
18 *health care facilities with labor and delivery*
19 *units, health care providers, programs funded by*
20 *the Substance Abuse and Mental Health Services*
21 *Administration that provide substance use dis-*
22 *order treatment for women, maternal and child*
23 *health programs funded by the Health Services*
24 *Resources Administration, the State Medicaid*
25 *program, the State agency administering the*

1 *block grant program under title V of the Social*
2 *Security Act (42 U.S.C. 701 et seq.), the State*
3 *agency administering the programs funded*
4 *under part C of the Individuals with Disabilities*
5 *Education Act (20 U.S.C. 1431 et seq.), the ma-*
6 *ternal, infant, and early childhood home visiting*
7 *program under section 511 of the Social Security*
8 *Act (42 U.S.C. 711), Early Head Start, the*
9 *State judicial system, domestic violence agencies,*
10 *and other agencies, as determined by the Sec-*
11 *retary) and any Indian Tribes and Tribal orga-*
12 *nizations located in the State to develop the ap-*
13 *plication under this subsection and implement*
14 *the activities under this section;*

15 *“(B) how the State plans to use funds for*
16 *activities described in subsection (d) for the pur-*
17 *poses of meeting the requirements of section*
18 *402(c);*

19 *“(C) if applicable, how the State plans to*
20 *utilize funding authorized under part E of title*
21 *IV of the Social Security Act (42 U.S.C. 670 et*
22 *seq.) to assist in carrying out any family care*
23 *plan, including funding authorized under section*
24 *471(e) of such Act for mental health and sub-*
25 *stance use disorder prevention and treatment*

1 *services and in-home parent skill-based programs*
2 *and funding authorized under such section*
3 *472(j) for children with a parent in a licensed*
4 *residential family-based treatment facility for*
5 *substance use disorder; and*

6 “(D) *the treatment and other services and*
7 *programs available in the State to effectively*
8 *carry out any family care plan developed, in-*
9 *cluding identification of needed treatment, and*
10 *other services and programs to ensure the well-*
11 *being of young children and their families af-*
12 *ected by substance use disorder, such as pro-*
13 *grams carried out under part C of the Individ-*
14 *uals with Disabilities Education Act (20 U.S.C.*
15 *1431 et seq.) and comprehensive early childhood*
16 *development services and programs such as Head*
17 *Start programs; and*

18 “(2) *an assurance that the State will comply*
19 *with requirements to refer a child identified as sub-*
20 *stance-exposed to early intervention services as re-*
21 *quired pursuant to a grant under part C of the Indi-*
22 *viduals with Disabilities Education Act (20 U.S.C.*
23 *1431 et seq.).*

24 “(d) *USES OF FUNDS.—Funds awarded to a State*
25 *under this subsection may be used for the following activi-*

1 *ties, which may be carried out by the State directly, or*
2 *through grants or subgrants, contracts, or cooperative agree-*
3 *ments:*

4 “(1) *Improving State and local systems with re-*
5 *spect to the development and implementation of fam-*
6 *ily care plans, which—*

7 “(A) *shall address the health and substance*
8 *use disorder treatment needs of the infant and*
9 *affected family member or caregiver and include*
10 *parent and caregiver engagement, regarding*
11 *available treatment and service options and in-*
12 *clude resources available for pregnant, perinatal,*
13 *and postnatal women; and*

14 “(B) *may include activities such as—*

15 “(i) *developing policies, procedures, or*
16 *protocols for the administration or develop-*
17 *ment of evidence-based and validated*
18 *screening tools for infants who may be af-*
19 *ected by substance use disorder, including*
20 *alcohol use disorder, and pregnant,*
21 *perinatal, and postnatal women whose in-*
22 *fant may be affected by substance use dis-*
23 *order, including alcohol use disorder;*

24 “(ii) *improving assessments used to de-*
25 *termine the needs of the infant, birth par-*

1 ents, and family members, including kin-
2 ship or other caregivers;

3 “(iii) improving ongoing case manage-
4 ment services;

5 “(iv) improving access to treatment
6 services, which may be initiated prior to the
7 pregnant woman’s delivery date;

8 “(v) keeping families safely together
9 when it is in the best interest of the child;
10 and

11 “(vi) developing the notification path-
12 way as an alternative to a child maltreat-
13 ment report, as described in subsection
14 402(c)(2).

15 “(2) Establishing partnerships, agreements, or
16 memoranda of understanding between the lead agency
17 and other entities (including health professionals,
18 health care facilities, child welfare professionals, juve-
19 nile and family court judges, substance use and men-
20 tal disorder treatment programs, early childhood edu-
21 cation programs, maternal and child health and early
22 intervention professionals (including home visiting
23 providers), peer-to-peer recovery programs such as
24 parent mentoring programs, domestic violence agen-
25 cies, and housing agencies) to facilitate the successful

1 *development, implementation, and monitoring of fam-*
2 *ily care plans, including development of plans prior*
3 *to the expected delivery of the infant, by—*

4 “(A) *developing a comprehensive, multi-dis-*
5 *ciplinary assessment and intervention process for*
6 *infants, pregnant women, and their families who*
7 *are affected by substance use disorder, including*
8 *alcohol use disorder, that includes meaningful*
9 *engagement with, and takes into account the*
10 *unique needs of, each family and addresses dif-*
11 *ferences between medically supervised substance*
12 *use (including for the treatment of substance use*
13 *disorder) and substance use disorder;*

14 “(B) *ensuring that treatment approaches*
15 *for serving infants, pregnant women, and*
16 *perinatal and postnatal women whose infants*
17 *may be affected by substance use disorder, in-*
18 *cluding alcohol use disorder, are designed to,*
19 *where appropriate, keep infants in the custody of*
20 *their mothers during both inpatient and out-*
21 *patient treatment;*

22 “(C) *increasing access to all evidence-based*
23 *medications to treat substance use disorder, in-*
24 *cluding alcohol use disorder, including medica-*
25 *tions for opioid use disorder approved by the*

1 *Food and Drug Administration, behavioral ther-*
2 *apy, and counseling services for the treatment of*
3 *substance use disorders, as appropriate; and*

4 “(D) *increasing access to residential treat-*
5 *ment programs designed to keep infants with*
6 *their parents during inpatient residential treat-*
7 *ment.*

8 “(3) *Developing policies, procedures, or protocols*
9 *in consultation and coordination with health profes-*
10 *sionals, public and private health care facilities, and*
11 *substance abuse agencies to ensure that—*

12 “(A) *appropriate notification to the appro-*
13 *priate agency determined by the Governor’s office*
14 *is made in a timely manner, as required under*
15 *section 402(c)(2).*

16 “(B) *a family care plan is in place, in ac-*
17 *cordance with section 402(c)(3) before the infant*
18 *is discharged from the birth or health care facil-*
19 *ity; and*

20 “(C) *such health and related agency profes-*
21 *sionals are trained on how to follow such proto-*
22 *cols and are aware of the supports that may be*
23 *provided under a family care plan.*

24 “(4) *Training health professionals and health*
25 *system leaders, early intervention professionals, child*

1 *welfare workers, substance abuse treatment agencies,*
2 *and other related professionals such as home visiting*
3 *agency staff and law enforcement in relevant topics,*
4 *including—*

5 *“(A) the referral and process requirements*
6 *for notification to the appropriate agency as de-*
7 *termined by the Governor when child abuse or*
8 *neglect reporting is not mandated, including*
9 *training on how such notification pathway is*
10 *distinct and separate from the pathway used in*
11 *the State to report child abuse and neglect;*

12 *“(B) the co-occurrence of pregnancy and*
13 *substance use disorder, and implications of pre-*
14 *natal exposure;*

15 *“(C) the evidence-based clinical guidance*
16 *from nationally-recognized standard setting or-*
17 *ganizations about treating substance use disorder*
18 *in pregnant and postpartum women;*

19 *“(D) appropriate screening and interven-*
20 *tions for infants affected by substance use dis-*
21 *order, including alcohol use disorder, and the re-*
22 *quirements section 402(c) and*

23 *“(E) appropriate multigenerational strate-*
24 *gies to address the mental health needs of the*
25 *parent and child together.*

1 “(5) *Developing and updating systems of tech-*
2 *nology for improved data collection and monitoring of*
3 *family care plans, including existing electronic med-*
4 *ical records, to measure the outcomes achieved through*
5 *the family care plans, including monitoring systems*
6 *to meet the requirements of this title and submission*
7 *of performance measures.*

8 “(e) *REPORTING.—Each State that receives funds*
9 *under this section, for each year such funds are received,*
10 *shall submit a report to the Secretary that includes—*

11 “(1) *the impact of substance use disorder in such*
12 *State, including with respect to the substance or class*
13 *of substances with the highest incidence of abuse in*
14 *the previous year in such State, including—*

15 “(A) *the prevalence of substance use dis-*
16 *order in such State;*

17 “(B) *the aggregate rate of births in the*
18 *State of infants affected by substance use dis-*
19 *order, including alcohol use disorder (as deter-*
20 *mined by hospitals, insurance claims, claims*
21 *submitted to the State Medicaid program, or*
22 *other records), if available and to the extent*
23 *practicable;*

24 “(C) *the number and percentage of infants*
25 *identified, for whom a family care plan was de-*

1 *veloped, and for whom a referral was made for*
2 *appropriate services;*

3 “(D) *the number and percentage of family*
4 *care plans developed prior to the expected deliv-*
5 *ery of an infant affected by substance use dis-*
6 *order, including alcohol use disorder; and*

7 “(E) *the challenges the State faces in devel-*
8 *oping, implementing, and monitoring family*
9 *care plans in accordance with section 402(c);*

10 “(2) *data disaggregated by geographic location,*
11 *economic status, race and ethnicity, except that such*
12 *disaggregation shall not be required if the results*
13 *would reveal personally identifiable information on,*
14 *with respect to infants identified under section*
15 *402(c)—*

16 “(A) *the number who experienced removal*
17 *associated with parental substance use;*

18 “(B) *the number who experienced removal*
19 *and subsequently are reunified with parents, and*
20 *the length of time between such removal and re-*
21 *unification;*

22 “(C) *the number who are referred to com-*
23 *munity providers without a child protection*
24 *case;*

1 “(D) the number who receive services while
2 in the care of their birth parents;

3 “(E) the number who receive post-reunifica-
4 tion services within 1 year after a reunification
5 has occurred; and

6 “(F) the number who experienced a return
7 to out-of-home care within 1 year after reunifi-
8 cation.

9 “(f) SECRETARY’S REPORT TO CONGRESS.—The Sec-
10 retary shall submit an annual report to the Committee on
11 Health, Education, Labor, and Pensions and the Committee
12 on Appropriations of the Senate and the Committee on
13 Education and Labor, the Committee on Appropriations of
14 the House of Representatives, and the Committee on Energy
15 and Commerce of the House of Representatives that includes
16 the information described in subsection (e) and rec-
17 ommendations or observations on the challenges, successes,
18 and lessons derived from implementation of the grant pro-
19 gram.

20 “(g) EVALUATION.—The Secretary shall use the
21 amount reserved under subsection (b)(1)(A) to carry out an
22 independent evaluation to measure the effectiveness of the
23 program assisted under this subsection in—

24 “(1) developing comprehensive family care plans
25 to support the needs of infants, children, and families;

1 “(2) increasing access to treatment support and
2 other services for mothers with a substance use dis-
3 order and their children;

4 “(3) providing access to appropriate screening,
5 assessment, and intervention services for infants af-
6 fected by substance use disorder, including alcohol use
7 disorder;

8 “(4) improving the capacity of health care pro-
9 fessionals, child welfare workers, and other personnel
10 involved in the development, implementation, and
11 monitoring of family care plans; and

12 “(5) safely reducing the number of infants who
13 are placed in out-of-home care.

14 **“SEC. 405. AUTHORIZATION OF APPROPRIATIONS.**

15 “*There are authorized to be appropriated to carry out*
16 *this title \$60,000,000 for fiscal year 2022 and such sums*
17 *as may be necessary for each of fiscal years 2023 through*
18 *2027.”.*

19 **TITLE V—ADOPTION**
20 **OPPORTUNITIES**

21 **SEC. 501. PURPOSE.**

22 *Section 201 of the Child Abuse Prevention and Treat-*
23 *ment and Adoption Reform Act of 1978 (42 U.S.C. 5111)*
24 *is amended—*

1 (1) *by striking the section heading and inserting*
2 *the following:*

3 **“SEC. 201. PURPOSE.”;**

4 (2) *by striking subsection (a); and*

5 (3) *in subsection (b)—*

6 (A) *by striking the following:*

7 “*(b) PURPOSE.—*”;

8 (B) *in the matter preceding paragraph (1),*
9 *by striking “particularly” and all that follows*
10 *through “, by providing” and inserting “particu-*
11 *larly for children facing barriers to adoption, by*
12 *providing”;*

13 (C) *in paragraph (2), by striking “and” at*
14 *the end;*

15 (D) *in paragraph (3), by striking the pe-*
16 *riod at the end and inserting a semicolon; and*

17 (E) *by adding at the end the following:*

18 “*(4) support the development and implementa-*
19 *tion of evidence-based and evidence-informed post-*
20 *legal adoption services for families that adopt chil-*
21 *dren, in order to increase permanency in adoptive*
22 *placements; and*

23 “*(5) support the recruitment of racially and eth-*
24 *nically diverse prospective foster and adoptive par-*
25 *ents.*”.

1 **SEC. 502. DEFINITIONS.**

2 *Title II of the Child Abuse Prevention and Treatment*
 3 *and Adoption Reform Act of 1978 is amended by inserting*
 4 *after section 201 (42 U.S.C. 5111) the following:*

5 **“SEC. 202. DEFINITIONS.**

6 *“In this title:*

7 *“(1) CHILD FACING A BARRIER TO ADOPTION.—*

8 *The term ‘child facing a barrier to adoption’ includes*
 9 *an older child, a child who is a racial or ethnic mi-*
 10 *nority, a child with a disability, a child or youth who*
 11 *belongs to a population that is the focus of research*
 12 *efforts authorized under section 404N of the 21st Cen-*
 13 *tury Cures Act (42 U.S.C. 283p) and defined in No-*
 14 *tice NOT-OD-19-139, issued by the National Insti-*
 15 *tutes of Health on August 28, 2019, and a child with*
 16 *special needs as defined in section 473(c) of the Social*
 17 *Security Act (42 U.S.C. 673(c)).*

18 *“(2) SECRETARY.—The term ‘Secretary’ means*
 19 *the Secretary of Health and Human Services.”.*

20 **SEC. 503. INFORMATION AND SERVICES.**

21 *Section 203 of the Child Abuse Prevention and Treat-*
 22 *ment and Adoption Reform Act of 1978 (42 U.S.C. 5113)*
 23 *is amended—*

24 *(1) by striking subsection (a) and inserting the*
 25 *following:*

26 *“(a) PROGRAM AUTHORIZATION.—*

1 “(1) *IN GENERAL.*—*The Secretary shall establish*
2 *an appropriate administrative arrangement to pro-*
3 *vide a centralized focus for carrying out the provi-*
4 *sions of this title and for planning and coordinating*
5 *all departmental activities affecting adoption and fos-*
6 *ter care, including—*

7 “(A) *services to facilitate the adoption of*
8 *children facing barriers to adoption;*

9 “(B) *services to families considering adop-*
10 *tion of such children; and*

11 “(C) *pre- and post-legal adoption services*
12 *for families to provide permanent, safe, and car-*
13 *ing home environments for children who would*
14 *benefit from adoption.*

15 “(2) *TECHNICAL ASSISTANCE.*—*The Secretary*
16 *shall make available such consultant services, on-site*
17 *technical assistance and personnel, together with pay-*
18 *ment of appropriate administrative expenses, includ-*
19 *ing salaries and travel costs, as are necessary for car-*
20 *rying out departmental activities described in para-*
21 *graph (1).”;*

22 (2) *in subsection (b)—*

23 (A) *in the matter preceding paragraph (1),*
24 *by striking “connection with”;*

1 (B) in paragraph (1), by striking “and pre-
2 pare” and all that follows and inserting the fol-
3 lowing: “including—

4 “(A) adoption competency training that
5 supports the mental health needs of adoptive
6 families to promote permanency, including the
7 evaluation and updating of adoption competency
8 training curricula for child welfare and mental
9 health professionals; and

10 “(B) the development of information and
11 education and training materials, regarding
12 adoption, adoption assistance programs, and
13 post-legal adoption services, and dissemination
14 of the materials to all interested parties, public
15 and private agencies and organizations (includ-
16 ing hospitals, health care providers, and social
17 services agencies), and governmental bodies;”;

18 (C) in paragraph (2)—

19 (i) by striking “conduct, directly” and
20 inserting “conduct (directly”;

21 (ii) by striking “private organizations,
22 ongoing, extensive recruitment efforts” and
23 inserting “private agencies or organiza-
24 tions) ongoing, extensive public awareness
25 and recruitment efforts”;

1 (iii) by striking “to promote the adop-
2 tion of older children, minority children,
3 and children with special needs, develop na-
4 tional public awareness efforts to unite”
5 and inserting the following: “to—
6 “(A) promote the adoption of children fac-
7 ing barriers to adoption;
8 “(B) unite”; and
9 (iv) by striking “parents, and estab-
10 lish” and inserting “parents; and
11 “(C) establish”;
12 (D) in paragraph (3)—
13 (i) by striking “for (A) the” and in-
14 serting the following “for—
15 “(A) the”;
16 (ii) by striking “and (B) the” and in-
17 serting the following “and
18 “(B) the”;
19 (E) in paragraph (4)—
20 (i) by striking “groups and minority
21 groups)” and inserting “groups and organi-
22 zations that represent families who are ra-
23 cial or ethnic minorities”); and

1 (ii) by striking “of minorities” and in-
2 serting “of people who are racial or ethnic
3 minorities”;

4 (F) in paragraph (5), by striking “corpora-
5 tions and” and inserting “large and”;

6 (G) in paragraph (7)—

7 (i) by striking “increase” and insert-
8 ing “identify best practices for”;

9 (ii) by striking “for the recruitment
10 of” and inserting “to recruit”; and

11 (iii) by striking “older children” and
12 all that follows and inserting “children fac-
13 ing barriers to adoption;”;

14 (H) in paragraph (8), by striking “in
15 order”;

16 (I) in paragraph (9)—

17 (i) in the matter preceding subpara-
18 graph (A), by striking “Special Needs” and
19 inserting “Children Facing Barriers to”;

20 (ii) in subparagraph (A), by inserting
21 “people who are racial or ethnic” before
22 “minorities”;

23 (iii) in subparagraph (B), by striking
24 “with special needs” and inserting “facing
25 barriers to adoption”; and

1 *(iv) by striking subparagraph (D) and*
2 *inserting the following:*

3 *“(D) identify and disseminate best practices*
4 *to reduce adoption disruption and dissolution,*
5 *and increase permanency, including best prac-*
6 *tices related to pre- and post-legal adoption serv-*
7 *ices;”;*

8 *(J) in paragraph (10)—*

9 *(i) in the matter preceding subpara-*
10 *graph (A)—*

11 *(I) by inserting “racial or ethnic”*
12 *before “minority populations”;*

13 *(II) by striking “minority chil-*
14 *dren” and inserting “children who are*
15 *racial or ethnic minorities”; and*

16 *(III) by striking “minority fami-*
17 *lies” and inserting “racially and eth-*
18 *nically diverse families”;*

19 *(ii) in subparagraph (A)—*

20 *(I) in clause (ii), by striking “,*
21 *including” and all that follows and in-*
22 *serting a semicolon;*

23 *(II) by redesignating clauses (iii)*
24 *through (ix) as clauses (iv) through*
25 *(x);*

1 (III) by inserting after clause (ii)
2 the following:

3 “(iii) developing and using procedures,
4 including family finding strategies, to no-
5 tify family and relatives when a child en-
6 ters the child welfare system, and to iden-
7 tify such family and relatives who are will-
8 ing to adopt or provide a permanent, safe,
9 and caring home for such child to improve
10 permanency;”;

11 (IV) in clause (vi), as so redesign-
12 ated, by inserting “, including such
13 groups for prospective kinship care-
14 givers” before the semicolon;

15 (V) in clause (vii), as so redesign-
16 ated, by striking “training of per-
17 sonnel” and inserting “training on
18 working with diverse cultural, racial,
19 linguistic, and socioeconomic commu-
20 nities, for”;

21 (VI) in clause (vii)(III), as so re-
22 designated, by striking “with experi-
23 ence” and all that follows and insert-
24 ing a semicolon;

1 (VII) in clause (ix), as so redesign-
 2 nated, by inserting “, including such
 3 groups for kinship caregivers” before
 4 the semicolon; and

5 (VIII) in clause (x), as so redesign-
 6 nated, by striking “Act” and inserting
 7 “title”; and

8 (K) in paragraph (11)—

9 (i) in the matter preceding subpara-
 10 graph (A), by inserting “Indian Tribes,
 11 Tribal organizations,” after “States,”;

12 (ii) in subparagraph (B), by striking
 13 “and” at the end;

14 (iii) in subparagraph (C), by striking
 15 the period at the end and inserting “; and”;
 16 and

17 (iv) by adding at the end the following:

18 “(D) procedures to identify and support po-
 19 tential kinship care arrangements.”;

20 (3) in subsection (c)—

21 (A) by striking the subsection header and
 22 inserting the following:

23 “(c) SERVICES FOR FAMILIES ADOPTING CHILDREN
 24 FACING BARRIERS TO ADOPTION.—”;

1 (B) in paragraph (1), by striking “special
2 needs children” and inserting “children facing
3 barriers to adoption”; and

4 (C) in paragraph (2)(G), by inserting “, in-
5 cluding such parents, children, and siblings in
6 kinship care arrangements” before the semicolon;
7 (4) in subsection (d)—

8 (A) by striking the subsection header and
9 inserting the following:

10 “(d) *IMPROVING PLACEMENT RATE OF CHILDREN IN*
11 *FOSTER CARE AND IMPROVING POST-LEGAL ADOPTION*
12 *SERVICES.—*”;

13 (B) in paragraph (1), by inserting “includ-
14 ing through the improvement of post-legal adop-
15 tion services,” after “adoption,”;

16 (C) in paragraph (2)—

17 (i) in subparagraph (A)—

18 (I) in clause (i), by inserting “,
19 including plans to assess the need for
20 and provide post-legal adoption serv-
21 ices in order to improve permanency”
22 before the semicolon;

23 (II) in clause (ii), by striking
24 “older children” and all that follows
25 and inserting “children facing barriers

1 to adoption, who are legally free for
2 adoption;”;

3 (III) in clause (iv), by striking
4 “section 473” and all that follows and
5 inserting “subpart 2 of part B of title
6 IV of the Social Security Act (42
7 U.S.C. 629 et seq.) and part E of such
8 title IV (42 U.S.C. 670 et seq.).”; and
9 (ii) in subparagraph (B)—

10 (I) in clause (i), by striking
11 “older children” and all that follows
12 through “special needs,” and inserting
13 “children facing barriers to adoption;”;
14 and

15 (II) in clause (ii), by striking
16 “successful” and inserting “evidence-
17 based and evidence-informed”; and

18 (D) in paragraph (3)—

19 (i) in subparagraph (A)—

20 (I) by striking the first sentence;
21 and

22 (II) in the last sentence, by strik-
23 ing “section 205(a)” and inserting
24 “section 206(a)”;

1 (ii) in subparagraph (B), by striking
 2 “this Act” and inserting “this title”; and
 3 (5) in subsection (e)(1), by inserting before the
 4 period at the end the following: “, such as through the
 5 use of an electronic interstate case processing system”.

6 **SEC. 504. STUDIES AND REPORTS.**

7 Section 204 of the Child Abuse Prevention and Treat-
 8 ment and Adoption Reform Act of 1978 (42 U.S.C. 5114)
 9 is amended to read as follows:

10 **“SEC. 204. STUDIES AND REPORTS.**

11 “(a) *REPORT ON THE OUTCOMES OF INDIVIDUALS*
 12 *WHO WERE ADOPTED FROM FOSTER CARE.*—Not later
 13 than 2 years after the date of enactment of the CAPTA Re-
 14 authorization Act of 2021, the Secretary shall prepare and
 15 submit to the Committee on Health, Education, Labor, and
 16 Pensions of the Senate and the Committee on Education
 17 and Labor of the House of Representatives a report on re-
 18 search and data regarding—

19 “(1) the outcomes of individuals who were adopt-
 20 ed from foster care as children; and

21 “(2) a summary of the post-adoption services
 22 available to families that adopted children from foster
 23 care regarding the extent to which such services are
 24 evidence-based or evidence-informed.

1 “(b) *REPORT ON ADOPTION DISRUPTION AND DIS-*
2 *SOLUTION.—*—

3 “(1) *IN GENERAL.—*Not later than 18 months
4 *after the date of enactment of the CAPTA Reauthor-*
5 *ization Act of 2021, the Secretary shall prepare and*
6 *submit to the Committee on Health, Education,*
7 *Labor, and Pensions of the Senate and the Committee*
8 *on Education and Labor of the House of Representa-*
9 *tives a report on children who enter into foster care*
10 *under the supervision of a State after prior finaliza-*
11 *tion of an adoption or legal guardianship, including*
12 *adoptions of foster youth and international adoptions.*

13 “(2) *INFORMATION.—*The Secretary shall include
14 *in such report information, to the extent that such in-*
15 *formation is available through the Adoption and Fos-*
16 *ter Care Analysis and Reporting System and other*
17 *data sources, regarding the incidence of adoption dis-*
18 *ruption and dissolution impacting children described*
19 *in paragraph (1) and factors associated with such*
20 *circumstances, including—*

21 “(A) *whether affected individuals received*
22 *pre- or post-legal adoption services; and*

23 “(B) *other relevant information, such as the*
24 *age of the child involved.”.*

1 **SEC. 505. UNREGULATED CUSTODY TRANSFERS.**

2 *Title II of the Child Abuse Prevention and Treatment*
3 *and Adoption Reform Act of 1978 (42 U.S.C. 5111 et seq.)*
4 *is amended—*

5 (1) *by redesignating section 205 (42 U.S.C.*
6 *5115) as section 206; and*

7 (2) *by inserting after section 204 the following:*

8 **“SEC. 205. SENSE OF CONGRESS, TECHNICAL ASSISTANCE,**
9 **AND REPORT ON UNREGULATED CUSTODY**
10 **TRANSFERS.**

11 *“(a) SENSE OF CONGRESS.—It is the sense of Congress*
12 *that—*

13 *“(1) there are challenges associated with adop-*
14 *tions (including the child’s mental health needs and*
15 *the difficulties many families face in accessing sup-*
16 *port services) and some families may seek out an un-*
17 *regulated transfer of physical custody of an adoptive*
18 *child without any formal supervision by child welfare*
19 *agencies or courts;*

20 *“(2) adopted children experience trauma, and*
21 *the disruption and placement in another home due to*
22 *such a transfer may contribute to additional trauma*
23 *and instability for such children;*

24 *“(3) unregulated custody transfers may not in-*
25 *clude certain safety measures that are required as*
26 *part of formal adoption proceedings;*

1 “(4) child welfare agencies and courts may be
2 unaware of the placement of children through unregu-
3 lated custody transfers and, as a result, may not con-
4 duct assessments on children’s safety and well-being
5 in such subsequent placements;

6 “(5) the lack of such assessments may result in
7 the placement of children in homes in which the chil-
8 dren may be exposed to unsafe environments;

9 “(6) the caregivers with whom a child is placed
10 through an unregulated custody transfer may have no
11 legal responsibility with respect to such child and
12 may not have complete records, including the child’s
13 birth, medical, or other records, with respect to such
14 child;

15 “(7) a child adopted through intercountry adop-
16 tion may be at risk of not acquiring United States
17 citizenship if an unregulated custody transfer occurs
18 before the adoptive parents complete all necessary
19 steps to finalize the adoption of such child;

20 “(8) unregulated custody transfers pose signifi-
21 cant challenges for children who experience such
22 transfers; and

23 “(9) the Department of Health and Human
24 Services should support States in preventing, identi-

1 *fyng, and responding to unregulated custody trans-*
2 *fers, including of adopted children.*

3 “(b) *DEFINITION.—For the purpose of this section, the*
4 *term ‘unregulated custody transfer’ means the abandonment*
5 *of a child, by the child’s parent or legal guardian, or a*
6 *person or entity acting on behalf, and with the consent, of*
7 *such parent or guardian—*

8 “(1) *by placing the child with a person who is*
9 *not—*

10 “(A) *the child’s parent, stepparent, grand-*
11 *parent, adult sibling, legal guardian, or other*
12 *adult relative;*

13 “(B) *a friend of the family who is an adult*
14 *and with whom the child is familiar; or*

15 “(C) *a member of the federally recognized*
16 *Indian Tribe of which the child is also a mem-*
17 *ber;*

18 “(2) *with the intent of severing the relationship*
19 *between the child and the parent or guardian of such*
20 *child; and*

21 “(3) *without—*

22 “(A) *reasonably ensuring the safety of the*
23 *child and permanency of the placement of the*
24 *child, including by conducting an official home*
25 *study, background check, and supervision; and*

1 “(B) transferring the legal rights and re-
2 sponsibilities of parenthood or guardianship
3 under applicable Federal and State law to a per-
4 son described in subparagraph (A), (B), or (C)
5 of paragraph (1).

6 “(c) *TECHNICAL ASSISTANCE AND PUBLIC AWARE-*
7 *NESS.—The Secretary, in coordination with the heads of*
8 *other relevant departments of the Federal Government—*

9 “(1) shall improve public awareness related to
10 preventing adoption disruption and dissolution, in-
11 cluding preventing unregulated custody transfers of
12 adopted children; and

13 “(2) in carrying out paragraph (1), shall update
14 Federal resources, including internet websites, to pro-
15 vide—

16 “(A) employees of State, local, and Tribal
17 agencies that provide child welfare services with
18 education and training materials related to pre-
19 venting, identifying, and responding to unregu-
20 lated custody transfers; and

21 “(B) prospective adoptive families with in-
22 formation on pre-adoption training and post-
23 legal adoption services from State, local, and
24 private resources to promote child permanency.

25 “(d) *REPORT TO CONGRESS.—*

1 “(1) *IN GENERAL.*—Not later than 1 year after
2 *the date of enactment of the CAPTA Reauthorization*
3 *Act of 2021, the Secretary, in consultation with the*
4 *Secretary of State, shall prepare and submit to the*
5 *Committee on Health, Education, Labor, and Pen-*
6 *sions of the Senate, the Committee on Finance of the*
7 *Senate, the Committee on Education and Labor of the*
8 *House of Representatives, and the Committee on*
9 *Ways and Means of the House of Representatives, a*
10 *report on unregulated custody transfers of children,*
11 *including of adopted children.*

12 “(2) *ELEMENTS.*—The report required under
13 *paragraph (1) shall include—*

14 “(A) *information on the causes, methods,*
15 *and characteristics of unregulated custody trans-*
16 *fers, including the use of social media and the*
17 *internet;*

18 “(B) *information on the effects of unregu-*
19 *lated custody transfer on children, including the*
20 *effects of the lack of assessment of a child’s safety*
21 *and well-being by social services agencies and*
22 *courts due to such unregulated custody transfer;*

23 “(C) *data on the prevalence of unregulated*
24 *custody transfers within each State and across*
25 *all States;*

1 “(D) recommended policies for preventing,
2 identifying, and responding to unregulated cus-
3 tody transfers, including of adopted children,
4 that include—

5 “(i) suggested changes or updates to
6 Federal and State law to address unregu-
7 lated custody transfers;

8 “(ii) suggested changes or updates to
9 child protection practices to address unregu-
10 lated custody transfers; and

11 “(iii) methods of providing to the pub-
12 lic information regarding adoption and
13 child protection; and

14 “(E) a description of the activities carried
15 out under subsection (c).”.

16 **SEC. 506. AUTHORIZATION OF APPROPRIATIONS.**

17 Section 206 of the Child Abuse Prevention and Treat-
18 ment and Adoption Reform Act of 1978 (42 U.S.C. 5115)
19 is amended to read as follows:

20 **“SEC. 206. AUTHORIZATION OF APPROPRIATIONS.**

21 “(a) *IN GENERAL.*—There are authorized to be appro-
22 priated \$50,000,000 for fiscal year 2022 and such sums as
23 may be necessary for each of fiscal years 2023 through 2027
24 to carry out programs and activities authorized under this
25 title.

1 “(b) *ALLOCATION.*—Not less than 35 percent and not
2 more than 50 percent of the funds appropriated under sub-
3 section (a) shall be allocated for activities under subsections
4 (b)(10) and (c) of section 203.

5 “(c) *AVAILABILITY.*—Funds appropriated pursuant to
6 authorizations in this title shall remain available until ex-
7 pended for the purposes for which the funds were appro-
8 priated.”.

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117TH CONGRESS
1ST Session

S. 1927

A BILL

To amend the Child Abuse Prevention and
Treatment Act.

NOVEMBER 15, 2021

Reported with an amendment