

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 and Mr. BURR) introduced the following bill; which
was read twice and referred to the Committee on Health, Education,
Labor, and Pensions

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:

- 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.

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
- 5 (2) by amending the table of contents under
- 6 section 1(b) to read as follows:

“TABLE OF CONTENTS

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

“TITLE I—GENERAL PROGRAM

- “Sec. 101. Office on Child Abuse and Neglect.
- “Sec. 102. Interagency work group on child abuse and neglect.
- “Sec. 103. National clearinghouse for information relating to child abuse.
- “Sec. 104. Research and assistance activities.
- “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
24 (17)), or an act or failure to act which presents an
25 imminent risk of serious harm.

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

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

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

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

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

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

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

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

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

24 “(10) INDIAN; INDIAN TRIBE; TRIBAL ORGANI-
 25 ZATION.—The terms ‘Indian’, ‘Indian Tribe’, and

1 ‘Tribal organization’ have the meanings given the
 2 terms ‘Indian’, ‘Indian tribe’, and ‘tribal organiza-
 3 tion’, respectively, in section 4 of the Indian Self-De-
 4 termination and Education Assistance Act (25
 5 U.S.C. 5304).

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

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

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

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

24 “(A) provided in the temporary absence of
 25 the regular caregiver (meaning a parent, other

1 relative, foster parent, adoptive parent, or
 2 guardian);

3 “(B) provided to children who—

4 “(i) are in danger of child abuse or
 5 neglect;

6 “(ii) have experienced child abuse or
 7 neglect; or

8 “(iii) have disabilities or chronic or
 9 terminal illnesses;

10 “(C) provided within or outside the home
 11 of the child;

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

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

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

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

1 “(17) SEXUAL ABUSE.—The term ‘sexual
2 abuse’ includes—

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

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

13 “(18) STATE.—Except as provided in section
14 106(g), the term ‘State’ means each of the several
15 States, the District of Columbia, the Commonwealth
16 of Puerto Rico, the Virgin Islands, Guam, American
17 Samoa, and the Commonwealth of the Northern
18 Mariana Islands.

19 “(19) WITHHOLDING MEDICALLY INDICATED
20 TREATMENT.—The term ‘withholding of medically
21 indicated treatment’ means the failure to respond to
22 the infant’s life-threatening conditions by providing
23 treatment (including appropriate nutrition, hydra-
24 tion, and medication) which, in the treating physi-
25 cian’s or physicians’ reasonable medical judgment,

will be most likely to be effective in ameliorating or
 correcting all such conditions, except that the term
 does not include the failure to provide treatment
 (other than appropriate nutrition, hydration, or
 medication) to an infant when, in the treating physi-
 cian's or physicians' reasonable medical judgment—

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

“(B) the provision of such treatment
 would—

“(i) merely prolong dying;

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

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

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

“(b) SPECIAL RULE.—

“(1) IN GENERAL.—For purposes of para-
 graphs (3) and (17) of subsection (a), a child shall
 be considered a victim of child abuse and neglect or
 sexual abuse if the child is identified, by an em-

12 **TITLE I—GENERAL PROGRAM**

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

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

•S 1927 IS

1 sponsibility for child abuse and neglect related programs
2 and activities.

3 “(c) DUTIES.—The Work Group shall—

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

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

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

15 “(A) improving research;

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

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

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

24 “(E) identifying actions the child protec-
25 tive services system can take to develop alter-

native pathways to connect families experiencing difficulty meeting basic needs or other risk factors associated with child abuse and neglect to community-based family strengthening services to prevent child abuse and neglect in order to safely reduce the number of families unnecessarily involved in such system; and

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

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

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

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

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

“(b) CONSULTATION.—In establishing the clearinghouse under subsection (a), the Secretary shall consult with the head of each Federal agency involved with child abuse and neglect regarding—

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

3 “(2) the management of such clearinghouse;
4 and

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

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

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

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

16 “(B) potential for broad-scale implementa-
17 tion and replication;

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

22 “(3) best practices relating to—

23 “(A) differential response;

24 “(B) the use of alternative pathways to
25 connect families experiencing difficulty meeting

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

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

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

22 “(E) supporting children and youth being
23 cared for by kinship caregivers, including such
24 children whose living arrangements with kinship

1 caregivers occurred without the involvement of
2 a child protective services agency; and

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

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

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

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

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

20 “(ii) how to direct families in need to
21 alternative pathways for community-based
22 family strengthening services in order to
23 safely reduce the number of families un-
24 necessarily involved with child protective
25 services;

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

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

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

19 “(B) identification and delivery of services
20 for affected infants and their families, including
21 for infants affected by substance use disorder,
22 including alcohol use disorder, but whose fami-
23 lies do not meet criteria for immediate safety
24 concerns of child abuse and neglect;

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

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

8 “(d) DATA COLLECTION AND ANALYSIS.—

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

22 “(A) standardized data on false, un-
23 founded, unsubstantiated, and substantiated re-
24 ports;

1 “(B) comparable information on child fa-
2 talities and near fatalities due to child abuse
3 and neglect, including—

4 “(i) the number of child fatalities and
5 near fatalities due to child abuse and ne-
6 glect; and

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

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

16 “(D) information about the incidence and
17 characteristics of child abuse and neglect in
18 cases related to substance use disorder.

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

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

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

4 (1) by amending subsections (a) through (e) to
5 read as follows:

6 “(a) RESEARCH.—

7 “(1) IN GENERAL.—The Secretary shall ensure
8 that the Administration for Children and Families,
9 in coordination with the Centers for Disease Control
10 and Prevention, the Health Resources and Services
11 Administration, and other relevant Federal agencies,
12 and in consultation with recognized experts in the
13 field, carries out a continuing interdisciplinary pro-
14 gram of research, including longitudinal research,
15 that is designed to—

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

19 “(B) better protect children from child
20 abuse or neglect;

21 “(C) evaluate the efficacy of programs or
22 practices to improve outcomes;

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

25 “(E) be responsive to the research needs of
26 the child welfare field.

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

3 “(A) evidence-based or evidence-informed
4 programs regarding—

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

11 “(ii) trauma-informed treatment of
12 children and families who experience child
13 abuse and neglect, including efforts to pre-
14 vent the re-traumatization of such children
15 and families;

16 “(B) effective practices to reduce racial
17 bias and disparities in the child protective serv-
18 ices system;

19 “(C) effective practices and programs in
20 the use of differential response to identify chil-
21 dren at risk of serious harm and to safely re-
22 duce the number of families unnecessarily in-
23 vestigated by the child protective services sys-
24 tem;

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

8 “(E) best practices for recruiting and re-
9 taining a child protective services workforce and
10 providing professional development;

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

19 “(G) child abuse and neglect issues facing
20 Indians, Alaska Natives, and Native Hawaiians,
21 including providing recommendations for im-
22 proving the collection of child abuse and neglect
23 data from Indian Tribes and Native Hawaiian
24 communities; and

“(H) child abuse and neglect issues related to children and youth overrepresented in the child welfare system, including efforts to improve the child welfare system’s practices related to the prevention, identification, and treatment of child abuse and neglect to address such overrepresentation.

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

“(A) IN GENERAL.—The Secretary shall conduct research on the national incidence of child abuse and neglect and investigate the trends in such incidence, including the information on the national incidence on child abuse and neglect specified in subparagraph (B).

“(B) CONTENT.—The research described in subparagraph (A) shall examine the national incidence of child abuse and neglect, including—

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

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

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

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

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

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

22 “(vii) the extent to which unsubstan-
23 tiated reports return as more serious cases
24 of child abuse or neglect;

1 “(viii) the incidence and prevalence of
 2 physical, sexual, and emotional abuse and
 3 physical and emotional neglect in sub-
 4 stitute care;

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

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

23 “(xi) the incidence and outcomes of
 24 child abuse and neglect allegations re-
 25 ported within the context of divorce, cus-

1 today, or other family court proceedings,
2 and the interaction between family courts
3 and the child protective services system.

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

13 “(A) identifies the research priorities
14 under paragraph (5) and the process for deter-
15 mining such priorities;

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

22 “(C) contains the findings of the research
23 regarding the national incidence on child abuse
24 and neglect conducted under paragraph (3);
25 and

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

5 “(5) PRIORITIES.—

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

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

16 “(b) PROVISION OF TECHNICAL ASSISTANCE.—

17 “(1) IN GENERAL.—The Secretary shall provide
18 technical assistance to State and local public and
19 private agencies and community-based organizations,
20 including organizations that support children or
21 youth overrepresented in the child welfare system,
22 disability organizations, and persons who work with
23 children with disabilities, and providers of mental
24 health, substance use disorder treatment, and do-
25 mestic violence prevention services, to assist such

1 agencies and organizations in planning, improving,
2 developing, carrying out, and evaluating programs
3 and activities, including replicating successful pro-
4 gram models, relating to the prevention, assessment,
5 identification, and treatment of child abuse and ne-
6 glect.

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

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

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

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

22 “(D) leverage community-based resources
23 to prevent child abuse and neglect to develop a
24 continuum of preventive services, including re-
25 sources regarding health (including mental

1 health and substance use disorder), housing,
 2 food assistance, parent support, financial assist-
 3 ance, early childhood care and education, edu-
 4 cation services, and other services to assist fam-
 5 ilies;

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

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

16 “(3) EVALUATION.—The technical assistance
 17 under paragraph (1) may include an evaluation or
 18 identification of—

19 “(A) various methods and procedures for
 20 the investigation, assessment, and prosecution
 21 of child physical and sexual abuse cases;

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

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

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

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

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

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

24 “(c) AUTHORITY TO MAKE GRANTS OR ENTER INTO
25 CONTRACTS.—

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

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

7 (2) by striking subsection (e).

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

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

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

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

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

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

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

7 “(b) CAPACITY BUILDING GRANT PROGRAM.—

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

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

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

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

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

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

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

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

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

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

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

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

1 “(iii) training of personnel in best
2 practices to meet the unique needs and de-
3 velopment of special populations of chil-
4 dren, including children with disabilities,
5 infants, and toddlers;

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

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

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

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

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

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

1 “(ii) allow for the establishment or
2 improvement of a coordinated triage sys-
3 tem;

4 “(iii) connect families experiencing
5 difficulty meeting basic needs or risk fac-
6 tors associated with child abuse and ne-
7 glect to community-based systems and pro-
8 grams that assist families seeking support
9 to minimize involvement in the child pro-
10 tective services system; or

11 “(iv) modernize data systems and net-
12 works to improve the effectiveness of tech-
13 nology used by the child protective services
14 system, including to facilitate timely infor-
15 mation and data sharing and referrals be-
16 tween systems that are designed to serve
17 children and families; or

18 “(C) establishing or enhancing coordinated
19 systems of support for children, parents, and
20 families, including a continuum of preventive
21 services that strengthens families and connects
22 families to services and supports relevant to
23 their diverse needs regardless of how families
24 make contact with such systems.

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

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

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

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

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

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

22 “(4) USE OF FUNDS.—An eligible entity that
23 receives a grant or contract under this subsection
24 shall use the funds made available through the grant
25 or contract to carry out or bring to scale promising,

1 evidence-informed, or evidence-based activities to
2 prevent, treat, or reduce child abuse and neglect
3 that shall include one or more of the following:

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

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

15 “(C) The development and use of alter-
16 native 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 or
21 other public and private resources, such as sup-
22 porting the development and implementation
23 of—

24 “(i) local or State helplines (which
25 may include expanding hotlines and refer-

1 ral systems operated by State and local
2 child protective services agencies for such
3 purposes);

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

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

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

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

21 “(F) Projects to improve implementation
22 of best practices to educate and assist medical
23 professionals in identifying, assessing, and re-
24 sponding to potential abuse in infants, includ-
25 ing improving communication and alignment

1 with child protective services as appropriate and
2 identifying injuries indicative of potential abuse
3 in infants, and to assess the outcomes of such
4 best practices.

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

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

3 “(5) Modernizing data systems to improve case
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 case monitoring
12 for caseworkers at the State and local levels to
13 track assessments, service referrals, follow-up,
14 case reviews, and progress toward case 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 tigations, interventions, 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(c), 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-

ices agencies, health care facilities with labor and delivery units, maternal and child health agencies, early intervention agencies, family courts with jurisdiction in cases of child abuse and neglect, and other agencies or entities involved in supporting families affected by substance use disorders.

“(b) ELIGIBILITY REQUIREMENTS.—

“(1) STATE PLAN.—

“(A) IN GENERAL.—To be eligible to receive a grant under this section, a State shall submit to the Secretary a State plan that specifies how the State will use funds received under the grant to improve and strengthen the child protective services system through the activities described in subsection (a).

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

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

“(ii) be periodically reviewed and revised by the State, as necessary, to reflect—

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 cial 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 “(II) 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 “(II) 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 (c);

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 cally 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(c) 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-

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

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

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

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

4 “(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 “(II) 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 car-
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 unnec-
15 essarily investigated for child abuse and neglect
16 (including by examining racial basis) and shall
17 develop recommendations to the State, in ac-
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 (c)(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(c), 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.—Annu-
 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 pro-
 6 vided 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 Represent-
 13 atives, 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 Co-
 19 lumbia, 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 5106c(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(c)(1) (42
 15 U.S.C. 5106c(c)(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. 5106c(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 5106c(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 “(c) 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 cially 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 ceding 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 “(c) 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 ac-
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 “(I) 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(c).

6 **“SEC. 205. USES OF FUNDS.**

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

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

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

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

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

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

5 “(A) involves other relevant community-
6 based organizations, including those that have
7 already performed a local needs 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-

tion, reporting, and analysis of all child fatalities and near fatalities due to child abuse and neglect.

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

“(a) ESTABLISHMENT.—The Secretary shall establish the Federal Work Group on Public Health Surveillance of Child Fatalities and near fatalities Due to Child Abuse and Neglect (referred to in this section as the ‘Work Group’).

“(b) IN GENERAL.—

“(1) COMPOSITION.—Not later than 90 days after the date of enactment of the CAPTA Reauthorization Act of 2021, the Secretary shall appoint representatives to the Work Group from the Administration for Children and Families, the Centers for Disease Control and Prevention, the Health Resources and Services Administration, the Department of Justice and other Federal agencies, as the Secretary determines.

“(2) CONSULTATION.—In carrying out the duties described under subsection (c), the Work Group shall consult with experts determined by the Secretary 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 “(c) 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 fected 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 “(c) 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 (c)(2);

24 “(2) for whom a family care plan was developed
 25 under subsection (c)(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(c) 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(c).

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(c);

1 “(C) if applicable, how the State plans to
2 utilize funding authorized under part E of title
3 IV of the Social Security Act (42 U.S.C. 670 et
4 seq.) to assist in carrying out any family care
5 plan, including funding authorized under sec-
6 tion 471(e) of such Act for mental health and
7 substance use disorder prevention and treat-
8 ment services and in-home parent skill-based
9 programs and funding authorized under such
10 section 472(j) for children with a parent in a li-
11 censed residential family-based treatment facil-
12 ity for substance use disorder; and

13 “(D) the treatment and other services and
14 programs available in the State to effectively
15 carry out any family care plan developed, in-
16 cluding identification of needed treatment, and
17 other services and programs to ensure the well-
18 being of young children and their families af-
19 fected by substance use disorder, such as pro-
20 grams carried out under part C of the Individ-
21 uals with Disabilities Education Act (20 U.S.C.
22 1431 et seq.) and comprehensive early child-
23 hood development services and programs such
24 as Head Start programs; and

1 “(2) an assurance that the State will comply
 2 with requirements to refer a child identified as sub-
 3 stance-exposed to early intervention services as re-
 4 quired pursuant to a grant under part C of the Indi-
 5 viduals with Disabilities Education Act (20 U.S.C.
 6 1431 et seq.).

7 “(d) USES OF FUNDS.—Funds awarded to a State
 8 under this subsection may be used for the following activi-
 9 ties, which may be carried out by the State directly, or
 10 through grants or subgrants, contracts, or cooperative
 11 agreements:

12 “(1) Improving State and local systems with re-
 13 spect to the development and implementation of
 14 family care plans, which—

15 “(A) shall address the health and sub-
 16 stance use disorder treatment needs of the in-
 17 fant and affected family 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-

cluding alcohol use disorder, are designed to, where appropriate, keep infants with their mothers during both inpatient and outpatient treatment; and

“(C) increasing access to all evidence-based medications to treat substance use disorder, including alcohol use disorder, including medications for opioid use disorder approved by the Food and Drug Administration, behavioral therapy, and counseling services for the treatment of substance use disorders, as appropriate.

“(3) Developing policies, procedures, or protocols in consultation and coordination with health professionals, public and private health care facilities, and substance abuse agencies to ensure that—

“(A) appropriate notification to the appropriate agency determined by the Governor’s office is made in a timely manner, as required under section 402(c)(2);

“(B) a family care plan is in place, in accordance with section 402(c)(3) before the infant is discharged from the birth or health care 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(c); 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(c);

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(c)—

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 case;

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

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 ADOP-
 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(c) of the Social Security Act (42 U.S.C.
 24 673(c)).

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 serting the following “for—

22 “(A) the”; and

23 (ii) by striking “and (B) the” and in-
 24 serting 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”); and

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 nated, by inserting “, including such
19 groups for prospective kinship care-
20 givers” before the semicolon;

21 (V) in clause (vii), as so redesign-
22 nated, 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 redes-
 8 ignated, by inserting “, including such
 9 groups for kinship caregivers” before
 10 the semicolon; and

11 (VIII) in clause (x), as so redes-
 12 ignated, 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 (II) 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.”.

○