

## Appendix A: Legislation

### Child Abuse Prevention and Treatment Act

#### Sec. 105. GRANTS TO STATES AND PUBLIC OR PRIVATE AGENCIES AND ORGANIZATIONS. [42 U.S.C. 5106]

*[This section was amended by sec. 113 of P.L. 108-36.]*

(a) GRANTS FOR PROGRAMS AND PROJECTS.—The Secretary may make grants to, and enter into contracts with States, public agencies or private agencies or organizations (or combinations of such agencies or organizations) for programs and projects for the following purposes:

(1) TRAINING PROGRAMS.—The Secretary may award grants to public or private organizations under this section—

(A) for the training of professional and paraprofessional personnel in the fields of medicine, law enforcement, judiciary, social work and child protection, education and other relevant fields, or individuals such as court appointed special advocates (CASAs) and guardian ad litem, who are engaged in, or intend to work in, the field of prevention, identification, and treatment of child abuse and neglect, including the links between domestic violence and child abuse;

(B) to improve the recruitment, selection, and training of volunteers serving in public and private children, youth and family service organizations in order to prevent child abuse and neglect;

(C) for the establishment of resource centers for the purpose of providing information and training to professionals working in the field of child abuse and neglect;

(D) for training to support the enhancement of linkages between child protective service agencies and health care agencies, including physical and mental health services, to improve forensic diagnosis and health evaluations and for innovative partnerships between child protective service agencies and health care agencies that offer creative approaches to using existing Federal, State, local and private funding to meet the health evaluation needs of children who have been subjects of substantiated cases of child abuse or neglect;

(E) for the training of personnel in best practices to promote collaboration with the families from the initial time of contact during the investigation through treatment;

(F) for the training of personnel regarding the legal duties of such personnel and their responsibilities to protect the legal rights of children and families;

(G) for improving the training of supervisory and nonsupervisory child welfare workers;

(H) for enabling State child welfare agencies to coordinate the provision of services with State and local health care agencies, alcohol and drug abuse prevention and treatment agencies, mental health agencies, and other public and private welfare agencies to promote child safety, permanence and family stability;

(I) for cross training for child protective service workers in research-based strategies for recognizing situations of substance abuse, domestic violence, and neglect; and

(J) for developing, implementing, or operating information and education programs or training programs designed to improve the provision of services to disabled infants with life-threatening conditions for—

- (i) professionals and paraprofessional personnel concerned with the welfare of disabled infants with life-threatening conditions, including personnel employed in child protective services programs and health care facilities; and
- (ii) the parents of such infants.

(2) **TRIAGE PROCEDURES.**—The Secretary may award grants under this subsection to public and private agencies that demonstrate innovation in responding to reports of child abuse and neglect, including programs of collaborative partnerships between the State child protective services agency, community social service agencies and family support programs, law enforcement agencies, developmental disability agencies, substance abuse treatment entities, health care entities, domestic violence prevention entities, mental health service entities, schools, churches and synagogues, and other community agencies, to allow for the establishment of a triage system that—

- (A) accepts, screens, and assesses reports received to determine which such reports require an intensive intervention and which require voluntary referral to another agency, program, or project;
- (B) provides, either directly or through referral, a variety of community-linked services to assist families in preventing child abuse and neglect; and
- (C) provides further investigation and intensive intervention where the child’s safety is in jeopardy.

(3) **MUTUAL SUPPORT PROGRAMS.**—The Secretary may award grants to private organizations to establish or maintain a national network of mutual support and self-help programs as a means of strengthening families in partnership with their communities.

(4) **KINSHIP CARE.**—

- (A) **IN GENERAL.**—The Secretary may award grants to public and private entities in not more than 10 States to assist such entities in developing or implementing procedures using adult relatives as the preferred placement for children removed from their home, where such relatives are determined to be capable of providing a safe nurturing environment for the child and where such relatives comply with the State child protection standards.

(5) **LINKAGES BETWEEN CHILD PROTECTIVE SERVICE AGENCIES AND PUBLIC HEALTH, MENTAL HEALTH, AND DEVELOPMENTAL DISABILITIES AGENCIES.**—The Secretary may award grants to entities that provide linkages between State or local child protective service agencies and public health, mental health, and developmental disabilities agencies, for the purpose of establishing linkages that are designed to help assure that a greater number of substantiated victims of child maltreatment have their physical health, mental health, and developmental needs appropriately diagnosed and treated, in accordance with all applicable Federal and State privacy laws.

(b) **DISCRETIONARY GRANTS.**—In addition to grants or contracts made under subsection (a) of this section, grants or contracts under this section may be used for the following:

- (1) Respite and crisis nursery programs provided by community-based organizations under the direction and supervision of hospitals.
- (2) Respite and crisis nursery programs provided by community-based organizations.
- (3) Programs based within children’s hospitals or other pediatric and adolescent care facilities, that provide model approaches for improving medical diagnosis of child abuse and neglect and for health evaluations of children for whom a report of maltreatment has been substantiated; and
- (4)(A) Providing hospital-based information and referral services to—
  - (i) parents of children with disabilities; and
  - (ii) children who have been neglected or abused and their parents.

(B) Except as provided in subparagraph (C)(iii), services provided under a grant received under this paragraph shall be provided at the hospital involved—

- (i) upon the birth or admission of a child with disabilities; and

(ii) upon the treatment of a child for abuse or neglect.

(C) Services, as determined as appropriate by the grantee, provided under a grant received under this paragraph shall be hospital-based and shall consist of—

- (i) the provision of notice to parents that information relating to community services is available;
- (ii) the provision of appropriate information to parents of a child with disabilities regarding resources in the community, particularly parent training resources, that will assist such parents in caring for their child;
- (iii) the provision of appropriate information to parents of a child who has been neglected or abused regarding resources in the community, particularly parent training resources, that will assist such parents in caring for their child and reduce the possibility of abuse or neglect;
- (iv) the provision of appropriate follow-up services to parents of a child described in subparagraph (B) after the child has left the hospital; and
- (v) where necessary, assistance in coordination of community services available to parents of children described in subparagraph (B).

The grantee shall assure that parental involvement described in this subparagraph is voluntary.

(D) For purposes of this paragraph, a qualified grantee is an acute care hospital that—

- (i) is in a combination with—
  - (I) a health-care provider organization;
  - (II) a child welfare organization;
  - (III) a disability organization; and
  - (IV) a State child protection agency;
- (ii) submits an application for a grant under this paragraph that is approved by the Secretary;
- (iii) maintains an office in the hospital involved for purposes of providing services under such grant;
- (iv) provides assurances to the Secretary that in the conduct of the project the confidentiality of medical, social, and personal information concerning any person described in subparagraph (A) or (B) shall be maintained, and shall be disclosed only to qualified persons providing required services described in subparagraph (C) for purposes relating to conduct of the project; and
- (v) assumes legal responsibility for carrying out the terms and conditions of the grant.

(E) In awarding grants under this paragraph, the Secretary shall—

- (i) give priority under this section for two grants under this paragraph, provided that one grant shall be made to provide services in an urban setting and one grant shall be made to provide services in rural setting; and
- (ii) encourage qualified grantees to combine the amounts received under the grant with other funds available to such grantees.

(5) Such other innovative programs and projects that show promise of preventing and treating cases of child abuse and neglect as the Secretary may approve.

(c) EVALUATION.—In making grants for projects under this section, the Secretary shall require all such projects to be evaluated for their effectiveness. Funding for such evaluations shall be provided either as a stated percentage of a demonstration grant or as a separate grant or contract entered into by the Secretary for the purpose of evaluating a particular demonstration project or group of projects. In the case of an evaluation performed by the recipient of a grant, the Secretary shall make available technical assistance for the evaluation, where needed, including the use of a rigorous application of scientific evaluation techniques.