

116TH CONGRESS  
1ST SESSION

# H. R. 2503

To amend the Child Abuse Prevention and Treatment Act to increase support for mental health.

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IN THE HOUSE OF REPRESENTATIVES

MAY 2, 2019

Mr. PHILLIPS introduced the following bill; which was referred to the Committee on Education and Labor

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## A BILL

To amend the Child Abuse Prevention and Treatment Act to increase support for mental health.

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.**

4 This Act may be cited as the “Supporting Family  
5 Mental Health in CAPTA Act”.

6 **SEC. 2. AMENDMENTS TO THE CHILD ABUSE PREVENTION**  
7 **AND TREATMENT ACT.**

8 (a) FINDINGS.—Section 2 of the Child Abuse Preven-  
9 tion and Treatment Act (42 U.S.C. 5101 note) is amend-  
10 ed—

1 (1) in paragraph (6)(A), by inserting “physical,  
2 behavioral, and” after “legal,”; and

3 (2) in paragraph (11), by inserting “trauma-in-  
4 formed,” after “comprehensive,”.

5 (b) NATIONAL CLEARINGHOUSE.—Section 103(b) of  
6 the Child Abuse Prevention and Treatment Act (42 U.S.C.  
7 5104(b)) is amended—

8 (1) in paragraph (1), by striking “effective pro-  
9 grams,” and inserting “evidence-based, evidence-in-  
10 formed, or promising programs,”;

11 (2) by redesignating paragraphs (5) through  
12 (9) as paragraphs (6) through (10), respectively;  
13 and

14 (3) by inserting after paragraph (4), the fol-  
15 lowing:

16 “(5) maintain and disseminate information that  
17 describes best practices for making appropriate re-  
18 ferrals related to, and addressing, the physical, be-  
19 havioral, mental health, and developmental needs of  
20 victims of child abuse or neglect;”.

21 (c) RESEARCH AND ASSISTANCE ACTIVITIES.—Sec-  
22 tion 104 of the Child Abuse Prevention and Treatment  
23 Act (42 U.S.C. 5105) is amended—

24 (1) in subsection (a)—

25 (A) in paragraph (1)—

1 (i) by striking subparagraph (F) and  
2 inserting the following:

3 “(F) effective approaches to interagency  
4 collaboration between child welfare agencies, the  
5 juvenile justice authorities, and public health  
6 and mental health agencies that improve the de-  
7 livery of services and treatment (including serv-  
8 ices and treatment related to domestic violence  
9 or mental health), which may include ap-  
10 proaches relating to methods for continuity of  
11 treatment plan and services as children transi-  
12 tion between systems;”;

13 (ii) by redesignating subparagraphs  
14 (G) through (M), and subparagraphs (N)  
15 and (O), as subparagraphs (H) through  
16 (N), and subparagraphs (Q) and (R), re-  
17 spectively;

18 (iii) by inserting after subparagraph  
19 (F) the following:

20 “(G) effective practices to leverage commu-  
21 nity-based resources to prevent child abuse and  
22 neglect, including resources regarding physical,  
23 behavioral, and mental health, substance use  
24 disorder, housing, parent support, financial as-  
25 sistance, early childhood development and learn-

1 ing, education, and other services to assist fam-  
2 ilies;”;

3 (iv) by inserting after subparagraph  
4 (N), as redesignated by subparagraph (B),  
5 the following:

6 “(O) methods to address geographic, ra-  
7 cial, and cultural equity and disparities in the  
8 child welfare system, including a focus on ac-  
9 cess to culturally appropriate family strength-  
10 ening programs and activities that prevent child  
11 abuse and neglect;

12 “(P) evidence-based, evidence-informed, or  
13 promising practices or programs to prevent  
14 child abuse and neglect in families that have  
15 not had contact with the child welfare system;”;  
16 and

17 (v) in subparagraph (Q), as redesign-  
18 ated by subparagraph (B), by striking  
19 “subparagraph (O)” and inserting “sub-  
20 paragraph (R)”;

21 (B) in paragraph (2), by striking “para-  
22 graph (1)(O)” and inserting “paragraph  
23 (1)(R)”;

24 (2) in subsection (b)(2)—

1 (A) in subparagraph (C), by striking  
2 “and” after the semicolon;

3 (B) in subparagraph (D), by striking the  
4 period at the end and inserting “; and”; and

5 (C) by adding at the end the following:

6 “(E) various methods and procedures to  
7 reduce geographic, racial, and cultural dispari-  
8 ties in the child welfare system, which may in-  
9 clude engaging law enforcement, education,  
10 health, and other relevant systems in such ef-  
11 forts.”.

12 (d) GRANTS FOR INDIAN TRIBES.—Section 105(a)(1)  
13 of the Child Abuse Prevention and Treatment Act (42  
14 U.S.C. 5106(a)(1)) is amended—

15 (1) in subparagraph (D)—

16 (A) by striking “entities providing physical  
17 and mental health services” and inserting “enti-  
18 ties providing physical, behavioral, and mental  
19 health services”;

20 (B) by striking “and health care agencies  
21 that support” and inserting “and physical, be-  
22 havioral, and mental health care agencies that  
23 support”; and

1 (C) by striking “the health evaluation  
2 needs” and inserting “the physical, behavioral,  
3 and mental health evaluation needs”;

4 (2) in subparagraph (L)(ii), by striking “and”  
5 after the semicolon;

6 (3) in subparagraph (M), by striking the period  
7 at the end and inserting “; and”; and

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

9 “(N) for enabling Indian Tribes or Tribal  
10 organizations to provide services and programs  
11 that are adapted to the culture and context of  
12 the Tribal communities served.”.

13 (e) GRANTS TO STATES.—Section 106 of the Child  
14 Abuse Prevention and Treatment Act (42 U.S.C. 5106a)  
15 is amended—

16 (1) in subsection (a)—

17 (A) in paragraph (6)—

18 (i) in subparagraph (C), by striking  
19 and after the semicolon; and

20 (ii) by striking subparagraph (D) and  
21 inserting the following:

22 “(D) training in early childhood, child, and  
23 adolescent development and the impact of child  
24 abuse and neglect, and the long-term impacts of  
25 adverse childhood experiences;

1           “(E) training regarding trauma-informed  
2 practices to mitigate the effects of trauma for  
3 infants, children, youth, and parents;

4           “(F) training to enhance linkages among  
5 child protective service agencies and entities  
6 providing physical, behavioral, and mental  
7 health services, and community resources, for  
8 purposes of conducting evaluations and pro-  
9 viding services related to substantiated cases of  
10 child abuse or neglect; and

11           “(G) training regarding the links between  
12 child abuse and neglect and domestic violence,  
13 and comprehensive, trauma-informed ap-  
14 proaches to working with families with sub-  
15 stance use disorder or mental health issues;”;

16           (B) in paragraph (13)(A), by inserting  
17 “early care and learning and” after “linkages  
18 with”; and

19           (C) in paragraph (13)(B), by inserting  
20 “trauma-informed,” after “supporting  
21 prompt,”; and

22           (2) in subsection (b)(2)(B)(xxi), by striking  
23 “(20 U.S.C. 1431 et seq.)” and inserting “(20  
24 U.S.C. 1431 et seq.), including a description of how  
25 those provisions and procedures are effective in en-

1       suring that such a referral is made and how the  
2       State will ensure compliance with those provisions  
3       and procedures, which may include—

4               “(I) a memorandum of agree-  
5               ment between the State child welfare  
6               agency and the State agency respon-  
7               sible for administering such part, re-  
8               garding the coordination of referral  
9               procedures, communication of the re-  
10              quirement for such referral to child  
11              welfare and early intervention staff at  
12              the local level, and guidance on local  
13              coordination between the those 2  
14              agencies, both systemically and  
15              around individual cases;

16             “(II) training for local child wel-  
17             fare staff on the nature of develop-  
18             mental delays and disabilities, the  
19             prevalence of such delays and disabil-  
20             ities in infants and toddlers in the  
21             child welfare system, and the impor-  
22             tance of early intervention services;  
23             and

24             “(III) a description of how data  
25             will be collected and reported on the



1 percentage of infants and toddlers  
2 screened for developmental issues, re-  
3 ferred for full evaluation (if screening  
4 is not performed by the agency pro-  
5 viding early intervention services), de-  
6 termined to need early intervention  
7 services, and receiving such services.”.

8 (f) REFERRALS FOR MENTAL HEALTH SERVICES.—  
9 Section 201(b)(1) of the Child Abuse Prevention and  
10 Treatment Act (42 U.S.C. 5116(b)(1)) is amended in sub-  
11 paragraph (H) by inserting “, mental health,” after “early  
12 health”.

13 (g) APPLICATION.—Section 204 of the Child Abuse  
14 Prevention and Treatment Act (42 U.S.C. 5116d) is  
15 amended—

16 (1) in paragraph (11), by striking “and” after  
17 the semicolon;

18 (2) by redesignating paragraph (12) as para-  
19 graph (13); and

20 (3) by inserting after paragraph (11) the fol-  
21 lowing:

22 “(12) a description of the actions that the ap-  
23 plicant entity will take to improve the mental health  
24 of children and families in order to strengthen and

1 support families to prevent child abuse and neglect,  
2 including through activities such as—

3 “(A) maternal depression screening and  
4 treatment, social-emotional screening for young  
5 children, evidence-based treatment for families  
6 with complex needs, trauma-focused and pro-at-  
7 tachment mental health models;

8 “(B) programs and services that address  
9 social determinants of health; and

10 “(C) programs and services that address  
11 intimate partner violence in child-serving set-  
12 tings; and”.

13 (h) LOCAL PROGRAM REQUIREMENTS.—Section  
14 205(a)(3) of the Child Abuse Prevention and Treatment  
15 Act (42 U.S.C. 5116e(a)(3)) is amended—

16 (1) in subparagraph (A), by adding at the end  
17 the following:

18 “(v) referral to mental health services,  
19 which may include using infant and early  
20 childhood mental health evaluation and  
21 treatment services; and”;

22 (2) in subparagraph (B)(ix), by striking the pe-  
23 riod at the end and inserting a semicolon.

1 **SEC. 3. TECHNICAL AMENDMENTS.**

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

4 (1) by striking “tribes” and inserting “Tribes”  
5 each place the term appears;

6 (2) by striking “tribal” and inserting “Tribal”  
7 each place the term appears; and

8 (3) in paragraph (5) of section 3 (42 U.S.C.  
9 5101 note)—

10 (A) by striking “tribe” and inserting  
11 “Tribe”; and

12 (B) by inserting “(without respect to cap-  
13 italization)” after “given the terms”.

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