

117TH CONGRESS
1ST SESSION

H. R. 2771

To amend the Public Health Service Act to improve the health and well-being of maltreated infants and toddlers through the implementation of infant-toddler court teams within States, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

APRIL 22, 2021

Ms. DELAURO (for herself, Mrs. HAYES, Mr. COOPER, Ms. NORTON, Mr. SUOZZI, Mr. RUTHERFORD, and Mr. SAN NICOLAS) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to improve the health and well-being of maltreated infants and toddlers through the implementation of infant-toddler court teams within States, and for other purposes.

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 “Strengthening Amer-
5 ica’s Families Act of 2021”.

1 **SEC. 2. INFANT-TODDLER COURT TEAMS FOR CHILDREN**
2 **EXPERIENCING OR AT RISK OF MALTREAT-**
3 **MENT.**

4 Part Q of title III of the Public Health Service Act
5 (42 U.S.C. 280h et seq.) is amended by adding at the end
6 the following:

7 **“SEC. 330Z-3. INFANT-TODDLER COURT TEAMS FOR CHIL-**
8 **DREN EXPERIENCING OR AT RISK OF MAL-**
9 **TREATMENT.**

10 “(a) CONTINUATION AND EXPANSION OF INFANT-
11 TODDLER COURT PROGRAM.—

12 “(1) CONTINUATION AND EXPANSION OF PRO-
13 GRAM.—The Secretary, acting through the Adminis-
14 trator of the Health Resources and Services Admin-
15 istration—

16 “(A) shall continue in effect the Infant-
17 Toddler Court Program; and

18 “(B) may, beginning with fiscal year 2022,
19 carry out such program on a national basis.

20 “(2) INFANT-TODDLER COURT PROGRAM DE-
21 FINED.—For purposes of paragraph (1), the term
22 ‘Infant-Toddler Court Program’ refers to the pro-
23 gram carried out pursuant to section 501(a)(2) of
24 the Social Security Act that is designed—

25 “(A) to support research-based infant-tod-
26 dler court teams for purposes of changing child

1 welfare practices to improve well-being for in-
2 fants, toddlers, and their families, including ef-
3 forts to build on, and continue the work of,
4 sites established through the Quality Improve-
5 ment Center for Research-Based Infant-Toddler
6 Court Teams initiative funded by the Adminis-
7 tration for Children and Families; and

8 “(B) to provide training and technical as-
9 sistance in support of infant-toddler court
10 teams’ efforts across the United States.

11 “(b) GRANTS TO STATES FOR IMPLEMENTATION OF
12 INFANT-TODDLER COURT TEAMS.—

13 “(1) IN GENERAL.—The Secretary of Health
14 and Human Services, acting through the Adminis-
15 trator of the Health Resources and Services Admin-
16 istration, may make grants to States for purposes of
17 seeding the establishment of, or stabilizing and en-
18 hancing existing, infant-toddler court teams for chil-
19 dren experiencing or at risk of maltreatment.

20 “(2) USE OF FUNDS.—A State receiving a
21 grant under this subsection may only use funds re-
22 ceived through the grant to—

23 “(A) designate a State lead agency as a
24 focal point for statewide planning administra-
25 tion and coordination—

1 “(i) to identify sites and leadership
2 for, and establish, enhance, or stabilize,
3 local community infant-toddler court
4 teams; and

5 “(ii) to promote collaboration among
6 State and local systems that address the
7 needs of—

8 “(I) infants and toddlers and
9 their families within the child welfare
10 system; and

11 “(II) individuals in need of pre-
12 ventive family strengthening services
13 to facilitate the provision of local serv-
14 ices;

15 “(B) provide funding to the sites identified
16 under subparagraph (A)(i) to establish, en-
17 hance, or stabilize local community infant-tod-
18 dler court teams that meet the criteria specified
19 in paragraph (8); and

20 “(C) ensure that local community court
21 team projects—

22 “(i) provide for improved communica-
23 tion and coordination among the courts,
24 child welfare agencies, and related child-
25 serving organizations—

1 “(I) to share information and ex-
2 pedite appropriate high-quality serv-
3 ices for young children and their fami-
4 lies in the child welfare system; and

5 “(II) to prevent recurrence of
6 maltreatment, promote timely perma-
7 nency, and provide a community
8 structure to help prevent entry into
9 the child welfare system;

10 “(ii) protect young children in the
11 child welfare system and at risk of enter-
12 ing the child welfare system from further
13 maltreatment and developmental harm and
14 address the damage already done; and

15 “(iii) identify and address the struc-
16 tural issues in the child welfare system
17 that are harmful to infants and toddler de-
18 velopment and impede the ability to
19 strengthen and stabilize families.

20 “(3) TERM OF GRANT.—A grant under this
21 subsection shall be for a term of not less than 3
22 years and may be renewed for a single term not to
23 exceed 8 years.

24 “(4) APPLICATION PROCESS.—

1 “(A) IN GENERAL.—A State seeking a
2 grant under this subsection shall submit an ap-
3 plication to the Secretary at such time, in such
4 manner, and containing such information as the
5 Secretary may require, including—

6 “(i) the information specified in para-
7 graph (5); and

8 “(ii) a plan for the establishment or
9 enhancement and ongoing support of local
10 community infant-toddler court teams in
11 the State.

12 “(B) LEAD STATE AGENCY.—The Gov-
13 ernor of a State submitting an application
14 under subparagraph (A) shall designate an ap-
15 propriate State lead agency, such as the State
16 Court Improvement Program or the State agen-
17 cy that administers child welfare services, with
18 the ability to carry out the activities specified in
19 paragraph (2).

20 “(5) APPLICATION CONTENTS.—The informa-
21 tion specified in this paragraph is—

22 “(A) a description of how the State lead
23 agency designated pursuant to paragraph
24 (4)(B) will implement infant-toddler court team
25 projects that meet the criteria specified in para-

1 graph (2)(C) and the communities in which
2 local community infant-toddler court teams will
3 be established, enhanced, or stabilized;

4 “(B) an assurance that the State lead
5 agency will consult with representatives of State
6 agencies providing services to infants, toddlers,
7 and families, the State and local judiciary, and
8 local communities and stakeholders, to develop
9 a comprehensive plan for implementing infant-
10 toddler court teams in the State, that includes
11 a plan for determining how the court team
12 structure and approach will inform and support
13 building a family strengthening continuum,
14 which may include using the infant-toddler
15 court team structure in implementing preven-
16 tion and family services and programs under
17 section 471(e) of the Social Security Act (42
18 U.S.C. 671(e)); and

19 “(C) a certification that any infant-toddler
20 court team established, enhanced, or imple-
21 mented using funds received through the grant
22 meet the criteria specified in paragraph (8).

23 “(6) CONTINUUM REQUIREMENTS.—The con-
24 tinuum referred to in paragraph (5)(B) shall—

1 “(A) seek to ensure that children and their
2 families, particularly families with histories of
3 trauma and adversity, receive effective, timely
4 services that strengthen protective factors;

5 “(B) begin as early as possible before fam-
6 ilies encounter the child welfare system—

7 “(i) to provide comprehensive sup-
8 portive community services to families with
9 very young children in need of such serv-
10 ices; and

11 “(ii) to emphasize the social deter-
12 minants of health to strengthen families
13 and prevent abuse and neglect;

14 “(C) for young children with substantiated
15 cases of maltreatment, including those whose
16 families have been placed in an alternative or
17 differential response program, include a com-
18 prehensive approach to stabilizing and strength-
19 ening families and preventing children from
20 being placed in foster care that provides serv-
21 ices and supports focused on in-home parent
22 education and specialized programs that ad-
23 dress the risk factors for removal of infants and
24 toddlers from the home; and

1 “(D) use the community structure com-
2 bined with the judicial oversight within the in-
3 fant-toddler court team to improve outcomes for
4 infants and toddlers who have been placed in
5 foster care and their families through working
6 with communities to ensure that—

7 “(i) parents receive intensive services
8 and supports, including mental health and
9 substance use disorder treatment, to in-
10 crease the likelihood of reunification; and

11 “(ii) young children receive intensive
12 interventions that will address their devel-
13 opmental needs and heal the trauma of
14 abuse, neglect, domestic violence, and sepa-
15 ration from their caregiver and family.

16 “(7) CONDITIONS.—A State selected to receive
17 a grant under this subsection, shall, as a condition
18 on receipt of such grant—

19 “(A) agree to work with the National In-
20 fant-Toddler Court Team Resource Center es-
21 tablished under subsection (c) to design or en-
22 hance and implement local infant-toddler court
23 teams, including supporting data collection and
24 continuous quality improvement;

1 “(B) provide information to the National
2 Infant-Toddler Court Team Resource Center on
3 the plan developed pursuant to paragraph
4 (5)(B), including the development of a con-
5 tinuum of family strengthening services that
6 meets the conditions specified in paragraph (6);

7 “(C) commit to building sustainability into
8 the State lead agency function and the plan re-
9 ferred to in subparagraph (B); and

10 “(D) ensure that any infant-toddler court
11 team established, enhanced, or implemented
12 using funds received through the grant meets
13 the criteria specified in paragraph (8).

14 “(8) LOCAL COMMUNITY INFANT-TODDLER
15 COURT TEAM CRITERIA.—The criteria specified in
16 this paragraph with respect to a local community in-
17 fant-toddler court team established, enhanced, or im-
18 plemented using funds received through the grant
19 are that the team—

20 “(A) organizes and promotes collaboration,
21 with leadership from judges and the heads of
22 child welfare agencies, among community stake-
23 holders and service providers to address the
24 needs of families with infants and toddlers,
25 through implementing trauma-informed prac-

1 tices for infants and toddlers and their families
2 in the child welfare system and for creating a
3 community structure that can provide a con-
4 tinuum of services;

5 “(B) works to strengthen families to pre-
6 vent foster care placement, promote timely per-
7 manency, prevent recurrence of maltreatment,
8 and promote positive early development;

9 “(C) is coordinated through a local com-
10 munity coordinator;

11 “(D) is composed of community stake-
12 holders that include legal and child welfare pro-
13 fessionals involved with families of infants and
14 toddlers and community service providers
15 that—

16 “(i) have experience solving problems
17 and filling gaps at the community systems
18 level, including with respect to evidence-
19 based interventions appropriate for infants
20 and toddlers and their families;

21 “(ii) receive training on the science of
22 early childhood development, the impact of
23 trauma, and the implications for child wel-
24 fare and family strengthening practice;

1 “(iii) work to build a community
2 structure for strengthening families across
3 sectors, including work support, education,
4 health (including mental health), and social
5 supports;

6 “(iv) undergo a period of preparation
7 and training before taking families into the
8 infant-toddler court program;

9 “(v) provide a team of professionals
10 that provides support to an individual fam-
11 ily to ensure the needs of individual chil-
12 dren within such family and such family as
13 a whole are met;

14 “(vi) focus on infants and toddlers
15 under the court’s jurisdiction or under in-
16 home supervision; and

17 “(vii) as resources and team structure
18 permit, work with families of infants and
19 toddlers outside the child welfare system to
20 provide preventive services to strengthen
21 families of young children and avoid child
22 welfare involvement;

23 “(E) supports parents’ strengths and
24 needs in a compassionate, respectful, holistic,
25 and individualized way;

1 “(F) prevents children from entering and
2 reentering the child welfare system;

3 “(G) addresses community service gaps
4 and disparities using evidence-based strategies;

5 “(H) commits to working toward sustain-
6 ability for the infant-toddler court team pro-
7 gram;

8 “(I) removes barriers to racial equity and
9 social justice, and prevents disparate outcomes
10 for racial and ethnic minorities, Tribes, and les-
11 bian, gay, bisexual, transgender, and queer indi-
12 viduals;

13 “(J) integrates family support services to
14 meet family needs in a comprehensive way, in-
15 cluding—

16 “(i) developmentally appropriate evi-
17 dence-based interventions for very young
18 children and their families, including devel-
19 opmental screening, early intervention
20 services, high-quality early care and learn-
21 ing programs such as Early Head Start,
22 and multigenerational mental health treat-
23 ment focused on the child-caregiver rela-
24 tionship; and

1 “(ii) assessments of parents’ needs,
2 including past trauma, high-quality health
3 services, including mental health services,
4 for parents, including prenatal and post-
5 natal care, screening for depression, well-
6 woman care, mental health treatment, and
7 evidence-based substance use disorder
8 treatment;

9 “(K) infuses a trauma-informed approach
10 in the delivery of family support services that
11 supports children, families, and professionals
12 across systems of care;

13 “(L) provides for a continuum of parenting
14 interventions and mental health and substances
15 use prevention and treatment services con-
16 sistent with paragraph (7);

17 “(M) uses continuous quality improvement
18 practices, including collecting project data ele-
19 ments established by the National Infant-Tod-
20 dler Court Team Resource Center under sub-
21 section (c) for case management and assessing
22 progress; and

23 “(N) where placement of an infant or tod-
24 dler in foster care is necessary, uses—

1 “(i) concurrent planning upon removal
2 and limits the number of placements;

3 “(ii) mentoring and coparenting be-
4 tween birth and foster parents and kin
5 caregivers and supports;

6 “(iii) preremoval conferences and
7 monthly family team meetings to ensure
8 support for family and child from the be-
9 ginning as well as timely action and serv-
10 ices to address child and family needs; and

11 “(iv) frequent, quality family time
12 interaction or visitation in settings where
13 families normally interact and coaches to
14 support parent-child interactions.

15 “(c) NATIONAL INFANT-TODDLER COURT TEAM RE-
16 SOURCE CENTER GRANT.—

17 “(1) GRANT AUTHORIZED.—The Secretary shall
18 award to an eligible entity a grant to establish a na-
19 tional center to carry out the activities specified in
20 paragraph (3) to serve as a resource for infant-tod-
21 dler court teams (to be known as and referred to in
22 this section as the ‘National Infant-Toddler Court
23 Team Resource Center’). The term of a grant under
24 this subsection shall be for not less than 3 years, re-
25 newable for up to 8 years.

1 “(2) ELIGIBLE ENTITIES.—An entity is eligible
2 to receive a grant under this subsection if the entity
3 is a national early childhood development organiza-
4 tion with—

5 “(A) recognized experience as a training
6 organization in infant-toddler development, in-
7 fant-early childhood mental health, and other
8 related topics;

9 “(B) experience working in collaboration
10 with, and providing training to, court officials,
11 child welfare agencies, attorneys, guardians,
12 court-appointed special advocates, and other in-
13 dividuals and community organizations pro-
14 viding services to infants and toddlers in the
15 child welfare system, including—

16 “(i) specific expertise in educating
17 judges, attorneys, child welfare staff, and
18 community service providers about the im-
19 pacts of child maltreatment and trauma on
20 early development and family functioning;
21 and

22 “(ii) experience in incorporating the
23 expertise described in clause (i) into the
24 court and child-family service systems to
25 promote change in the way courts and

1 communities address cases involving mal-
2 treated infants and toddlers and support
3 other families with infants and toddlers in
4 need of family strengthening services;

5 “(C) the capacity to carry out the activities
6 of the National Infant-Toddler Court Team Re-
7 source Center;

8 “(D) a proven ability to provide training
9 and technical assistance, collect data and sup-
10 port its use for continuous quality improvement
11 and evaluation, and other tasks; and

12 “(E) a demonstrated ability to bring the
13 collective impact of other national organizations
14 together to address the needs of infants and
15 toddlers that touch the child welfare system or
16 are in need of preventive services to strengthen
17 families and avoid the child welfare system.

18 “(3) ACTIVITIES OF NATIONAL INFANT-TOD-
19 DLER COURT TEAM RESOURCE CENTER.—The Na-
20 tional Infant-Toddler Court Team Resource Center
21 shall carry out the following activities:

22 “(A) Provide technical assistance to States
23 and communities with infant-toddler court
24 teams receiving funding under subsection (a)
25 established through the Infant-Toddler Court

1 Program, or through other means in building
2 the systemic team structure to identify and ad-
3 dress the needs of at-risk children and families
4 before maltreatment occurs.

5 “(B) Provide technical assistance and
6 training to States and local jurisdictions—

7 “(i) in selecting sites, coordinating
8 systems, planning, and implementing, en-
9 hancing, or stabilizing evidence-based in-
10 fant-toddler court teams, including embed-
11 ding a child development approach to pro-
12 mote the healthy development and mitigate
13 trauma of infants and toddlers experi-
14 encing or at risk of experiencing maltreat-
15 ment and their families, so that such court
16 teams meet the criteria specified in sub-
17 section (b)(7); and

18 “(ii) in determining how to use the
19 court team community structure to inform
20 and support the continuum of family
21 strengthening services described in para-
22 graph (6).

23 “(C) Develop materials to guide judges in
24 the decision-making process regarding infants
25 and toddlers, and train members of local infant-

1 toddler court teams and others in the commu-
2 nity regarding the appropriate care of infants
3 and toddlers, including the importance of—

4 “(i) understanding early brain devel-
5 opment, the impact of abuse and neglect
6 and placement in foster care, and the need
7 for preventing such occurrences;

8 “(ii) the social determinants of health;

9 “(iii) placement stability and caregiver
10 continuity for very young children;

11 “(iv) supporting the parent-child rela-
12 tionship;

13 “(v) comprehensive services for chil-
14 dren and parents to reduce the recurrence
15 of abuse and neglect;

16 “(vi) comprehensive services to mon-
17 itor and improve the health, development,
18 and well-being of infants and toddlers in
19 foster care or in in-home placements;

20 “(vii) for children placed in foster
21 care, timely permanent placement frequent
22 parent-child visitation, and concurrent
23 planning; and

24 “(viii) implementing a comprehensive
25 service delivery plan addressing the needs

1 of children and parents at the proximate
2 time of a child’s removal from the care of
3 the child’s biological parents.

4 “(D) Provide information to States, com-
5 munities, and courts around the United States
6 seeking to adopt an infant-toddler court team
7 approach grounded in the science of early child-
8 hood development, including information related
9 to—

10 “(i) the incorporation of knowledge
11 about infant and toddler development into
12 the resolution of cases by judges with ju-
13 risdiction over children in foster care and
14 by child welfare agencies overseeing chil-
15 dren under in-home supervision; and

16 “(ii) methods to change State and
17 local government systems to better address
18 the needs of infants and toddlers in the
19 child welfare system and their families.

20 “(E) Coordinate and facilitate peer learn-
21 ing opportunities for judges, community coordi-
22 nators, and other personnel through commu-
23 nities of practice, learning communities, con-
24 ferences, and other means.

1 “(F) Ensure local infant-toddler court
2 teams collect and report data specified under
3 subparagraph (H) and provide technical assist-
4 ance in—

5 “(i) ensuring quality data collection
6 and reporting; and

7 “(ii) using the data collected for case
8 and site monitoring, to establish a contin-
9 uous quality improvement process to iden-
10 tify areas that need strengthening, to de-
11 velop a plan for such improvements, and to
12 monitor progress.

13 “(G) Provide technical assistance to States
14 and communities—

15 “(i) in evidence-based methods to
16 change policies and practices to better ad-
17 dress the needs of infants and toddlers ex-
18 perienceing maltreatment and their families
19 as well as infants, toddlers, and families in
20 need of services to strengthen families and
21 prevent the likelihood of entry into the
22 child welfare system; and

23 “(ii) through onsite implementation
24 assistance to local infant-toddler court
25 teams tailored to the needs of each unique

1 jurisdiction, using a process of assessing
2 and building on community strengths.

3 “(H) Define key metrics and collect data
4 from local infant-toddler court teams related to
5 the operation and outcomes of the projects sup-
6 ported by States receiving a grant under sub-
7 section (b) and other existing infant-toddler
8 court team sites on elements that include—

9 “(i) data on child and parent demo-
10 graphics and relevant family history;

11 “(ii) adult health care services, includ-
12 ing prenatal and postnatal care, depression
13 screening, mental health services, sub-
14 stance use treatment, and well-woman
15 care;

16 “(iii) child services, including multi-
17 generational mental health treatment fo-
18 cused on the relationship, developmental
19 screening, early intervention services, well-
20 child care and medical homes, and early
21 childhood education;

22 “(iv) family engagement activities,
23 such as family team meetings and court
24 hearings;

1 “(v) family well-being, including
2 health equity and health insurance;

3 “(vi) court practices, such as fre-
4 quency of hearings, family team meetings,
5 and stakeholder meetings; and

6 “(vii) foster care practices that sup-
7 port development and stable relationships,
8 including placement type, visitation fre-
9 quency, and permanency outcomes and
10 timeliness, with an emphasis on reunifica-
11 tion.

12 “(I) Compile such data annually and re-
13 port to the Secretary together with information
14 from State planning processes reported under
15 subsection (b)(7)(B).

16 “(J) In developing data elements under
17 subparagraph (H), consult with the organiza-
18 tion awarded a contract under paragraph (4).

19 “(4) EVALUATION.—The National Infant-Tod-
20 dler Court Team Resource Center shall enter into a
21 contract with an organization experienced in con-
22 ducting a child welfare national evaluation over the
23 course of the grant period of the effectiveness of
24 local evidence-based infant-toddler court teams sup-
25 ported by States receiving a grant under subsection

1 (b) as well as other infant-toddler court team sites
2 that may participate in such evaluation in—

3 “(A) linking children and families to ap-
4 propriate services and supports that prevent
5 foster care placements, expedite permanency
6 where placements occur, and strengthen fami-
7 lies in improving family well-being and support
8 for positive child development;

9 “(B) preventing, or reducing the recur-
10 rence of, abuse and neglect;

11 “(C) promoting access to timely, high-qual-
12 ity primary health care and oral health care in
13 a medical home for children and parents;

14 “(D) promoting quality parent education,
15 mentoring, and coaching to strengthen par-
16 enting skills;

17 “(E) promoting timely assessment, referral
18 to, and receipt of, mental health treatment and
19 substance use treatment for parents of infants
20 and toddlers;

21 “(F) promoting timely permanent place-
22 ments of maltreated infants and toddlers; and

23 “(G) reducing costs through system im-
24 provements.

25 “(d) DEFINITIONS.—In this section:

1 “(1) The term ‘child welfare system’ includes
2 all services and supports provided through a State’s
3 child welfare system.

4 “(2) The term ‘State’ means each State of the
5 United States, the District of Columbia, each terri-
6 tory or possession of the United States, and each
7 federally recognized Indian Tribe (as defined in sec-
8 tion 4 of the Indian Self-Determination and Edu-
9 cation Assistance Act (25 U.S.C. 5304)).

10 “(e) AUTHORIZATION OF APPROPRIATIONS.—

11 “(1) IN GENERAL.—There are authorized to be
12 appropriated to carry out this section, \$25,000,000
13 for each of fiscal years 2022, 2023, 2024, and 2025.

14 “(2) RESERVATION OF FUNDS.—Of the
15 amounts made available under paragraph (1) for a
16 fiscal year, the Secretary shall reserve—

17 “(A) in the case of a fiscal year in which
18 the amount made available under paragraph (1)
19 does not exceed \$15,000,000, not less than
20 \$5,000,000 for the National Infant-Toddler
21 Court Team Resource Center established pursu-
22 ant to subsection (e); and

23 “(B) in the case of a fiscal year in which
24 the amount made available under paragraph (1)
25 equals or exceeds \$15,000,000 but does not ex-

1 ceed \$25,000,000, not less than \$7,000,000 for
2 such Center.”.

3 **SEC. 3. REPORTS TO CONGRESS.**

4 Not later than 3 years after the date of the enact-
5 ment of this Act, and not later than 5 years after such
6 date of enactment, the Secretary shall submit to Congress
7 a report addressing the implementation and effectiveness
8 of the infant-toddler court teams pursuant to section
9 330Z–3 of the Public Health Service Act, as added by sec-
10 tion 2, including—

11 (1) a compilation of the data on local commu-
12 nity infant-toddler court teams included in the an-
13 nual report from the National Infant-Toddler Court
14 Team Resource Center established pursuant to such
15 section; and

16 (2) interim or final results from the national
17 evaluation of infant-toddler court teams conducted
18 under such section.

○