

118<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

# S. 1351

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## AN ACT

To study and prevent child abuse in youth residential programs, 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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Stop Institutional  
3 Child Abuse Act”.

4 **SEC. 2. NATIONAL ACADEMIES OF SCIENCES, ENGINEER-**  
5 **ING, AND MEDICINE STUDY.**

6 (a) IN GENERAL.—Not later than 45 days after the  
7 date of enactment of this Act, the Secretary of Health and  
8 Human Services shall seek to enter into a contract with  
9 the National Academies of Sciences, Engineering, and  
10 Medicine (referred to in this section as the “National  
11 Academies”) to conduct a study to examine the state of  
12 youth in youth residential programs and make rec-  
13 ommendations.

14 (b) STUDY COMPONENTS.—Pursuant to the contract  
15 under subsection (a), the National Academies shall, not  
16 later than 3 years after the date of enactment of the Stop  
17 Institutional Child Abuse Act, and every 2 years thereafter  
18 for a period of 10 years, issue a report informed by the  
19 study conducted under such subsection that includes—

20 (1) identification of the nature, prevalence, se-  
21 verity, and scope of child abuse, neglect, and deaths  
22 in youth residential programs, including types of  
23 abuse and neglect, causes of abuse, neglect, and  
24 deaths, and criteria used to assess abuse, neglect,  
25 and deaths;

1           (2) identification of all Federal and State fund-  
2           ing sources for youth residential programs;

3           (3) identification of Federal data collection  
4           sources on youth in youth residential programs;

5           (4) identification of existing regulation of youth  
6           residential programs, including alternative licensing  
7           standards or licensing exemptions for youth residen-  
8           tial programs;

9           (5) identification of existing standards of care  
10          of national accreditation entities that provide accred-  
11          itation or certification of youth residential programs;

12          (6) identification of existing barriers in policy  
13          for blending and braiding of funding sources to serve  
14          youth in community-based settings;

15          (7) recommendations for coordination by agen-  
16          cies of data on youth in youth residential programs;

17          (8) recommendations for the improvement of  
18          oversight of youth residential programs receiving  
19          Federal funding;

20          (9) identification of risk assessment tools, in-  
21          cluding projects that provide for the development of  
22          research-based strategies for risk assessments relat-  
23          ing to the health, safety (including with respect to  
24          the use of seclusion and restraints), and well-being  
25          of youth in youth residential programs;

1           (10) recommendations to support the develop-  
2           ment and implementation of education and training  
3           resources for professional and paraprofessional per-  
4           sonnel in the fields of health care, law enforcement,  
5           judiciary, social work, child protection (including the  
6           prevention, identification, and treatment of child  
7           abuse and neglect), education, child care, and other  
8           relevant fields, and individuals such as court ap-  
9           pointed special advocates and guardians ad litem, in-  
10          cluding education and training resources regard-  
11          ing—

12                   (A) the unique needs, experiences, and out-  
13                   comes of youth with lived experience in youth  
14                   residential programs;

15                   (B) the enhancement of interagency com-  
16                   munication among child protective service agen-  
17                   cies, protection and advocacy systems, State li-  
18                   censing agencies, State Medicaid agencies, and  
19                   accreditation agencies;

20                   (C) best practices to eliminate the use of  
21                   physical, mechanical, and chemical restraint  
22                   and seclusion, and to promote the use of posi-  
23                   tive behavioral interventions and supports, cul-  
24                   turally and linguistically sensitive services, men-

1 tal health supports, trauma- and grief-informed  
2 care, and crisis de-escalation interventions; and

3 (D) the legal duties of such professional  
4 and paraprofessional personnel and youth resi-  
5 dential program personnel and the responsibil-  
6 ities of such professionals and personnel to pro-  
7 tect the legal rights of children in youth resi-  
8 dential programs, consistent with applicable  
9 State and Federal law;

10 (11) recommendations to improve accessibility  
11 and development of community-based alternatives to  
12 youth residential programs;

13 (12) recommendations for innovative programs  
14 designed to provide community support and re-  
15 sources to at-risk youth, including programs that—

16 (A) support continuity of education, in-  
17 cluding removing barriers to access;

18 (B) provide mentorship;

19 (C) support the provision of crisis interven-  
20 tion services and in-home or outpatient mental  
21 health and substance use disorder treatment;  
22 and

23 (D) provide other resources to families and  
24 parents or guardians that assist in preventing

1           the need for out-of-home placement of youth in  
2           youth residential programs;

3           (13) recommendations relating to the develop-  
4           ment, dissemination, outreach, engagement, or train-  
5           ing associated with advancing least-restrictive, evi-  
6           dence-based, trauma and grief-informed, and devel-  
7           opmentally and culturally competent care for youth  
8           in youth residential programs and youth at risk of  
9           being placed in such programs;

10          (14) recommendations on best practices regard-  
11          ing the health and safety (including reduction or  
12          elimination of use of seclusion and restraints), care,  
13          and treatment of youth in youth residential pro-  
14          grams to convey to States;

15          (15) recommendations to improve the coordina-  
16          tion, dissemination, and implementation of best  
17          practices regarding the health and safety (including  
18          use, reduction, or elimination of seclusion and re-  
19          straints), care, and treatment of youth in youth resi-  
20          dential programs among child welfare systems, li-  
21          censing agencies, accreditation organizations, other  
22          relevant monitoring and enforcement entities, State  
23          child welfare agencies, State Medicaid agencies,  
24          State mental and behavioral health agencies, con-  
25          sumers, and State protection advocacy centers; and

1           (16) identification of aggregate data, including  
2           process-oriented data such as length of stay and use  
3           of restraints, and seclusion and outcome-oriented  
4           data such as discharge setting and ability to be safe-  
5           ly maintained in school and community at least 12  
6           months after discharge, including—

7                   (A) recommendations on how such data  
8                   should be shared across child-placing agencies  
9                   and stakeholders, including individuals receiving  
10                  services, families of such individuals, and advo-  
11                  cates; and

12                   (B) identification of barriers to sharing in-  
13                  formation across child-placing agencies.

14           (c) CONSULTATION.—In carrying out the duties de-  
15           scribed in subsection (b), the National Academies shall  
16           consult with—

17                   (1) child advocates, including attorneys experi-  
18                   enced in working with youth overrepresented in the  
19                   child welfare system or the juvenile justice system;

20                   (2) health professionals, including mental  
21                   health and substance use disorder professionals,  
22                   nurses, physicians, social workers, and other health  
23                   care providers who provide services to youth who  
24                   may be served by residential programs;

25                   (3) protection and advocacy systems;

1           (4) individuals experienced in working with  
2 youth with disabilities, including emotional, mental  
3 health, and substance use disorders;

4           (5) individuals with lived experience as children  
5 and youth in youth residential programs, including  
6 individuals with intellectual or developmental disabili-  
7 ties and individuals with emotional, mental health,  
8 or substance use disorders;

9           (6) representatives of State and local child pro-  
10 tective services agencies and other relevant public  
11 agencies;

12           (7) parents or guardians of children and youth  
13 with emotional, mental health, or substance use dis-  
14 order needs;

15           (8) parents of children and youth with intellec-  
16 tual disabilities and autism;

17           (9) experts on issues related to child abuse and  
18 neglect in youth residential programs;

19           (10) administrators of youth residential pro-  
20 grams;

21           (11) education professionals who provide serv-  
22 ices to youth with complex needs in youth residential  
23 programs;

24           (12) State educational agencies;

25           (13) local educational agencies;

- 1           (14) Indian Tribes and Tribal organizations;  
2           (15) State legislators;  
3           (16) State licensing agencies;  
4           (17) the Administration for Children and Fami-  
5       lies;  
6           (18) the Administration for Community Living;  
7           (19) the Substance Abuse and Mental Health  
8       Services Administration;  
9           (20) the Department of Justice;  
10          (21) the Indian Health Service;  
11          (22) the Centers for Medicare & Medicaid Serv-  
12       ices;  
13          (23) the National Council on Disability; and  
14          (24) others, as appropriate.

15       (d) REPORT SUBMISSION AND PUBLICATION.—The  
16 National Academies shall submit to the Secretary for dis-  
17 semination to relevant State agencies, and make publicly  
18 available, a report on the comprehensive review conducted  
19 under subsection (b), including the findings of the Na-  
20 tional Academies under subsection (b);

21       (e) DEFINITIONS.—In this section:

22           (1) CHILD ABUSE AND NEGLECT.—The term  
23       “child abuse and neglect” has the meaning given  
24       such term in section 3 of the Child Abuse Preven-  
25       tion and Treatment Act (42 U.S.C. 5101 note).

1           (2) CULTURALLY COMPETENT.—The term “cul-  
2           turally competent” has the meaning given such term  
3           in section 102 of the Developmental Disabilities As-  
4           sistance and Bill of Rights Act of 2000 (42 U.S.C.  
5           15002).

6           (3) INDIAN TRIBE; TRIBAL ORGANIZATION.—  
7           The terms “Indian Tribe” and “Tribal organiza-  
8           tion” have the meanings given such terms in section  
9           4 of the Indian Self-Determination and Education  
10          Assistance Act (25 U.S.C. 5304).

11          (4) PROTECTION AND ADVOCACY SYSTEMS.—  
12          The term “protection and advocacy system” means  
13          a system established by a State or Indian Tribe  
14          under section 143 of the Developmental Disabilities  
15          Assistance and Bill of Rights Act of 2000 (42  
16          U.S.C. 15043).

17          (5) STATE.—The term “State” means each of  
18          the several States, the District of Columbia, the  
19          Commonwealth of Puerto Rico, the Virgin Islands,  
20          Guam, American Samoa, and the Commonwealth of  
21          the Northern Mariana Islands.

22          (6) YOUTH.—The term “youth” means an indi-  
23          vidual who has not attained the age of 22.

24          (7) YOUTH RESIDENTIAL PROGRAM.—

1 (A) IN GENERAL.—The term “youth resi-  
2 dential program” means each location of a fa-  
3 cility or program operated by a public or pri-  
4 vate entity that, with respect to one or more  
5 youth who are unrelated to the owner or oper-  
6 ator of the facility or program—

7 (i) provides a residential environment,  
8 such as—

9 (I) a program with a wilderness  
10 or outdoor experience, expedition, or  
11 intervention;

12 (II) a boot camp experience or  
13 other experience designed to simulate  
14 characteristics of basic military train-  
15 ing or correctional regimes;

16 (III) an education or therapeutic  
17 boarding school;

18 (IV) a behavioral modification  
19 program;

20 (V) a residential treatment center  
21 or facility;

22 (VI) a qualified residential treat-  
23 ment program (as defined in section  
24 472(k)(4) of the Social Security Act  
25 (42 U.S.C. 672(k)(4)));

1 (VII) a psychiatric residential  
2 treatment program that meets the re-  
3 quirements of subpart D of part 441  
4 of title 42, Code of Federal Regula-  
5 tions (or any successor regulations);

6 (VIII) a group home serving chil-  
7 dren and youth placed by any placing  
8 authority;

9 (IX) an intermediate care facility  
10 for individuals with intellectual dis-  
11 abilities; or

12 (X) any residential program that  
13 is utilized as an alternative to incar-  
14 ceration for justice involved youth, ad-  
15 judged youth, or youth deemed de-  
16 linquent; and

17 (ii) serves youth who have a history or  
18 diagnosis of—

19 (I) an emotional, behavioral, or  
20 mental health disorder;

21 (II) a substance misuse or use  
22 disorder, including alcohol misuse or  
23 use disorders; or

24 (III) an intellectual, develop-  
25 mental, physical, or sensory disability.

1                   (B) EXCLUSION.—The term “youth resi-  
2                   dential program” does not include—  
3                   (i) a hospital licensed by a State; or  
4                   (ii) a foster family home that—  
5                         (I) provides 24-hour substitute  
6                         care for children placed away from  
7                         their parents or guardians and for  
8                         whom the State child welfare services  
9                         agency has placement and care re-  
10                        sponsibility; and  
11                        (II) is licensed and regulated by  
12                        the State as a foster family home.

Passed the Senate December 11, 2024.

Attest:

*Secretary.*

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