

115TH CONGRESS  
2D SESSION

# S. 2846

To provide for multidisciplinary teams for military installations on child abuse and other domestic violence, to require a pilot program on nurse home visits to reduce child abuse and improve safe childcare among military families, and for other purposes.

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## IN THE SENATE OF THE UNITED STATES

MAY 15, 2018

Mrs. GILLIBRAND (for herself and Mr. TILLIS) introduced the following bill;  
which was read twice and referred to the Committee on Armed Services

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## A BILL

To provide for multidisciplinary teams for military installations on child abuse and other domestic violence, to require a pilot program on nurse home visits to reduce child abuse and improve safe childcare among military families, 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 “Military Family Pre-  
5 vention, Response, and Other Training to End Military  
6 Family Abuse and Connect Communities Today Act” or  
7 “Military Family PROTECT Act”.

1 **SEC. 2. MULTIDISCIPLINARY TEAMS FOR MILITARY INSTAL-**  
2 **LATIONS ON CHILD ABUSE AND OTHER DO-**  
3 **MESTIC VIOLENCE.**

4 (a) MULTIDISCIPLINARY TEAMS REQUIRED.—

5 (1) IN GENERAL.—Under regulations prescribed  
6 by each Secretary concerned, there shall be estab-  
7 lished and maintained for each military installation,  
8 except as provided in paragraph (2), one or more  
9 multidisciplinary teams on child abuse and other do-  
10 mestic violence for the purposes specified in sub-  
11 section (b).

12 (2) SINGLE TEAM FOR PROXIMATE INSTALLA-  
13 TIONS.—A single multidisciplinary team described in  
14 paragraph (1) may be established and maintained  
15 under this subsection for two or more military in-  
16 stallations in proximity with one another if the Sec-  
17 retary concerned determines, in consultation with  
18 the Secretary of Defense, that a single team for such  
19 installations suffices to carry out the purposes of  
20 such teams under subsection (b) for such installa-  
21 tions.

22 (b) PURPOSES.—The purposes of each multidisci-  
23 plinary team maintained pursuant to subsection (a) shall  
24 be as follows:

25 (1) To provide for the sharing of information  
26 among such team and other appropriate personnel

1 on the installation or installations concerned regard-  
2 ing the progress of investigations into and resolu-  
3 tions of incidents of child abuse and other domestic  
4 violence involving members of the Armed Forces sta-  
5 tioned at or otherwise assigned to the installation or  
6 installations.

7 (2) To provide for and enhance collaborative ef-  
8 forts among such team and other appropriate per-  
9 sonnel of the installation or installations regarding  
10 investigations into and resolutions of such incidents.

11 (3) To enhance the social services available to  
12 military families at the installation or installations in  
13 connection with such incidents, including through  
14 the enhancement of cooperation among specialists  
15 and other personnel providing such services to such  
16 military families in connection with such incidents.

17 (4) To carry out such other duties regarding  
18 the response to child abuse and other domestic vio-  
19 lence at the installation or installations as the Sec-  
20 retary concerned considers appropriate for such pur-  
21 poses.

22 (c) PERSONNEL.—

23 (1) IN GENERAL.—Each multidisciplinary team  
24 maintained pursuant to subsection (a) shall be com-  
25 posed of the following:

1 (A) One or more judge advocates.

2 (B) Appropriate personnel of one or more  
3 military criminal investigation services.

4 (C) Appropriate mental health profes-  
5 sionals.

6 (D) Appropriate medical personnel.

7 (E) Family advocacy case workers.

8 (F) Such other personnel as the Secretary  
9 or Secretaries concerned consider appropriate.

10 (2) EXPERTISE AND TRAINING.—Any individual  
11 assigned to a multidisciplinary team shall possess  
12 such expertise, and shall undertake such training as  
13 is required to maintain such expertise, as the Sec-  
14 retary concerned shall specify for purposes of this  
15 section in order to ensure that members of the team  
16 remain appropriately qualified to carry out the pur-  
17 poses of the team under this section. The training  
18 and expertise so specified shall include training and  
19 expertise on special victims' crimes, including child  
20 abuse and other domestic violence.

21 (d) ONGOING RESPONSIBILITIES.—Each multidisci-  
22 plinary team maintained pursuant to subsection (a) shall  
23 do the following:

24 (1) Meet on a regular basis to review ongoing  
25 cases.

1           (2) Undertake training of team members on  
2 their various disciplines, including through the use  
3 of civilian experts to provide such training.

4           (3) Enter into memoranda of understanding  
5 among team members regarding team goals, to de-  
6 fine roles and responsibilities of team members (in-  
7 cluding goals of training), to specify the frequency  
8 and schedule of team meetings, to ensure protection  
9 of confidentiality in team activities, and to specify  
10 protocols and procedures for notification and re-  
11 sponse to incidents of child abuse and other domes-  
12 tic violence (including reporting to local civilian au-  
13 thorities) and the use of child forensic interviews, fo-  
14 rensic medical examinations, safety measures, and  
15 support services in connection with such incidents.

16           (e) COORDINATION AND COLLABORATION WITH  
17 NON-MILITARY RESOURCES.—

18           (1) USE OF COMMUNITY RESOURCES SERVING  
19 INSTALLATIONS.—In providing under this section for  
20 a multidisciplinary team for a military installation or  
21 installations that benefit from services or resources  
22 on child abuse or other domestic violence that are  
23 provided by civilian entities in the vicinity of the in-  
24 stallation or installations, the Secretary concerned  
25 may take the availability of such services or re-

1 sources to the installation or installations into ac-  
2 count in providing for the composition and duties of  
3 the team.

4 (2) BEST PRACTICES.—The Secretaries con-  
5 cerned shall take appropriate actions to ensure that  
6 multidisciplinary teams maintained pursuant to sub-  
7 section (a) remain fully and currently apprised of  
8 best practices in the civilian sector on investigations  
9 into and resolutions of incidents of child abuse and  
10 other domestic violence and on the social services  
11 provided in connection with such incidents.

12 (3) COLLABORATION.—In providing for the en-  
13 hancement of social services available to military  
14 families in accordance with subsection (b)(3), the  
15 Secretaries concerned shall permit, facilitate, and  
16 encourage multidisciplinary teams to collaborate  
17 with appropriate civilian agencies in the vicinity of  
18 the military installations concerned with regard to  
19 availability, provision, and use of such services to  
20 and by such families.

21 (f) ANNUAL REPORT.—Not later than February 28  
22 each year, each Secretary concerned shall submit to Con-  
23 gress a report on the activities of multidisciplinary teams  
24 maintained pursuant to subsection (a) under the jurisdic-  
25 tion of such Secretary during the preceding year. Each

1 report shall set forth, for the period covered by such re-  
2 port, the following:

3 (1) A summary description of the activities of  
4 the multidisciplinary teams concerned, including the  
5 number and composition of such teams, the recur-  
6 ring activities of such teams, and any notable  
7 achievements of such teams.

8 (2) A description of any impediments to the ef-  
9 fectiveness of such teams.

10 (3) Such recommendations for legislative or ad-  
11 ministrative action as such Secretary considers ap-  
12 propriate in order to improve the effectiveness of  
13 such teams.

14 (4) Such other matters with respect to such  
15 teams as such Secretary considers appropriate.

16 (g) MULTIDISCIPLINARY TEAM WITHIN OSD.—

17 (1) IN GENERAL.—The Secretary of Defense  
18 shall establish and maintain within the Office of the  
19 Secretary of Defense a multidisciplinary team on  
20 child abuse and other domestic violence within the  
21 Department of Defense. The team shall consist of at  
22 least one representative of each Armed Force and  
23 such other personnel as the Secretary shall specify.

1           (2) DUTIES.—The multidisciplinary team main-  
2           tained pursuant to this subsections shall do the fol-  
3           lowing:

4                   (A) Identify and make recommendations  
5                   on policies to address child abuse and other do-  
6                   mestic violence.

7                   (B) Identify and disseminate best practices  
8                   in connection with the purposes of multidisci-  
9                   plinary teams maintained pursuant to sub-  
10                  section (a).

11                  (C) Meet on a regular basis in order to—

12                           (i) review and assess the activities and  
13                           effectiveness of multidisciplinary teams  
14                           maintained pursuant to subsection (a); and

15                           (ii) in light of such review and assess-  
16                           ment, make recommendations for improve-  
17                           ments and enhancements of such teams  
18                           and the authorities and activities of such  
19                           teams.

20                  (D) Carry out such other activities as the  
21                  Secretary of Defense considers appropriate.

22           (h) SECRETARY CONCERNED.—

23                   (1) DEFINITION.—In this section, the term  
24                   “Secretary concerned” has the meaning given that



1 term in section 101(a)(9) of title 10, United States  
2 Code.

3 (2) USAGE WITH RESPECT TO MULTIPLE IN-  
4 STALLATIONS.—For purposes of this section, any  
5 reference to “Secretary concerned” with respect to a  
6 single multidisciplinary team established and main-  
7 tained pursuant to subsection (a) for two or more  
8 military installations that are under the jurisdiction  
9 of different Secretaries concerned, shall be deemed  
10 to refer to each Secretary concerned who has juris-  
11 diction of such an installation, acting jointly.

12 **SEC. 3. PILOT PROGRAM ON NURSE HOME VISITS TO RE-**  
13 **DUCE CHILD ABUSE AND IMPROVE SAFE**  
14 **CHILDCARE AMONG MILITARY FAMILIES.**

15 (a) PILOT PROGRAM REQUIRED.—

16 (1) IN GENERAL.—The Secretary of Defense  
17 shall, acting through the Defense Health Agency,  
18 carry out a pilot program on universal nurse home  
19 visits designed to provide eligible covered bene-  
20 ficiaries and their families training on safe childcare  
21 practices aimed at reducing child abuse and fatali-  
22 ties due to abuse and neglect, assessments of risk  
23 factors for child abuse, and connections with com-  
24 munity resources to meet identified needs.

1           (2) SCOPE.—The pilot program shall be de-  
2           signed to facilitate connections between covered  
3           beneficiaries and their families and community serv-  
4           ices and resources (including services and resources  
5           provided by the Department of Defense), and shall  
6           not be designed to replace any other resources cur-  
7           rently available to covered beneficiaries and their  
8           families. The pilot program, including the practices  
9           covered by training pursuant to the pilot program,  
10          shall conform to evidence-based scientific criteria, in-  
11          cluding criteria available through publications in  
12          peer-reviewed scientific journals.

13          (3) DISCHARGE.—The pilot program shall be  
14          carried out through a contract with an entity se-  
15          lected by the Secretary for purposes of the pilot pro-  
16          gram from among entities capable of meeting the re-  
17          quirements of the pilot program, including the provi-  
18          sion of training for nurses who makes visits under  
19          the pilot program on evidence-based practices in con-  
20          nection universal nurse home visits.

21          (b) LOCATIONS.—The pilot program required by this  
22          section shall be carried out at military installations se-  
23          lected by the Secretary for purposes of the pilot program  
24          as follows:

1           (1) Not fewer than five installations that are lo-  
2 cations of a military medical treatment facility.

3           (2) Such other installations as the Secretary  
4 considers appropriate from among installations rep-  
5 resenting a range of situations, including installa-  
6 tions in an urban location and a rural location, in-  
7 stallations with a large population and with a small  
8 population, installations currently experiencing high  
9 incidence of child abuse, neglect, or both and low in-  
10 cidence of child abuse, neglect, or both, installations  
11 within the United States and outside the United  
12 States, joint installations, and installations serving  
13 only one Armed Force.

14       (c) ELEMENTS.—The pilot program shall include the  
15 following:

16           (1) Between one and three home visits de-  
17 scribed in subsection (f), and not more than seven  
18 other contacts, except in unusual cases (such as de-  
19 ployments), with such home visits by a team led by  
20 a licensed nurse to provide screening, community re-  
21 source referral, and training to eligible covered bene-  
22 ficiaries participating in the pilot program and their  
23 families on the following:

24                   (A) General maternal and infant health.

25                   (B) Safe sleeping environments.

1 (C) Feeding and bathing.

2 (D) Adequate supervision.

3 (E) Common hazards.

4 (F) Self-care.

5 (G) Recognition of post-partum depression,  
6 substance abuse, domestic violence in a mother  
7 or her partner, and community violence.

8 (H) Skills for management of infant cry-  
9 ing.

10 (I) Other positive parenting skills and  
11 practices.

12 (J) The importance of participating in on-  
13 going healthcare for an infant and in ongoing  
14 healthcare for post-partum depression.

15 (K) Finding, qualifying for, and partici-  
16 pating in available community resources with  
17 respect to infant care, childcare, and parenting  
18 support.

19 (L) Planning for parenting, co-parenting,  
20 or guardianship of children during deployment.

21 (M) Such other matters as the Secretary  
22 considers appropriate.

23 (2) Services and resources on offer or as other-  
24 wise available as described in subsection (g).

1           (3) An electronic integrated data system as de-  
2       scribed in subsection (h) relating to—

3                   (A) availability and use of services and re-  
4       sources under the pilot program;

5                   (B) tracking of interactions between teams  
6       described in paragraph (1) and eligible bene-  
7       ficiaries and their families under the pilot pro-  
8       gram; and

9                   (C) evaluation of the effectiveness of the  
10      pilot program.

11      (d) **MEDICAL STAFF.**—The Secretary shall ensure  
12      that the pilot program is carried out by licensed medical  
13      staff of the Department, such as obstetrics or pediatric  
14      nursing staff, and not family advocacy staff.

15      (e) **MANDATORY PARTICIPATION.**—

16           (1) **IN GENERAL.**—Except as provided in para-  
17      graph (2), the Secretary shall require all eligible cov-  
18      ered beneficiaries at military installations at which  
19      the pilot program is carried out to be contacted as  
20      described in subsection (e)(1).

21           (2) **EXCEPTION.**—The Secretary shall encour-  
22      age participation by both parents of a child in the  
23      pilot program, but participation by one parent shall  
24      be sufficient to meet the requirement under para-  
25      graph (1).

1 (f) HOME VISITS.—

2 (1) IN GENERAL.—The home visits described in  
3 subsection (c)(1) shall include the following:

4 (A) An initial contact made prenatally (ex-  
5 cept when not possible, in which case the con-  
6 tact shall occur in the hospital or birthing loca-  
7 tion as soon after birth as possible) by a team  
8 described in subsection (c)(1), which shall in-  
9 clude screening for the matters specified in that  
10 subsection.

11 (B) If a parent is deployed at the time of  
12 birth—

13 (i) the first home visit pursuant to  
14 subparagraph (A) shall, to the extent prac-  
15 ticable, incorporate both parents, in person  
16 with the local parent and by electronic  
17 means (such as Skype or FaceTime) with  
18 the deployed parent; and

19 (ii) another such home visit shall be  
20 conducted at a reasonable time after the  
21 return of the parent from deployment (in  
22 order to allow for reintegration), and shall  
23 include both parents.

24 (C) Home visits by a nurse trained in the  
25 practices covered by the pilot program at the

1 birth of a child, which visits shall follow a re-  
2 search-based structured clinical protocol.

3 (2) TIMING OF VISITS.—The home first visit  
4 under paragraph (1) shall occur between two and  
5 five weeks after discharge from hospital or birthing  
6 plan, with appropriate follow-up generally accom-  
7 plished within 2 home visits.

8 (3) DURATION OF VISITS.—Visits under this  
9 subsection shall have a duration between 90 minutes  
10 and 2 hours.

11 (4) FINAL VISIT.—Not later than 45 days after  
12 the last visit conducted by a nurse under paragraph  
13 (1) with respect to an eligible covered beneficiary,  
14 appropriate staff shall follow-up with the beneficiary  
15 and the beneficiary's family to assess if they are  
16 using the services available as described in sub-  
17 section (g).

18 (g) SERVICES AND RESOURCES.—

19 (1) IN GENERAL.—In carrying out the pilot  
20 program under this section, the Secretary shall—

21 (A) offer applicable available services and  
22 resources of the Department to eligible covered  
23 beneficiaries participating in the pilot program  
24 and their families based on the particular needs  
25 of the beneficiaries and their families; and

1 (B) inform beneficiaries and their families  
2 of applicable services and resources that are  
3 otherwise available in the community concerned  
4 in connection with the pilot program.

5 (2) VOLUNTARY PARTICIPATION.—Participation  
6 by an eligible covered beneficiary and family in any  
7 service or resource offered or available under para-  
8 graph (1) shall be at the election of the beneficiary.

9 (3) NEEDS ASSESSMENTS OF ELIGIBLE COV-  
10 ERED BENEFICIARIES.—

11 (A) IN GENERAL.—In offering services and  
12 resources under paragraph (1)(A), the Sec-  
13 retary shall conduct, or attempt to conduct, an  
14 assessment of every eligible covered beneficiary  
15 and beneficiary family participating in the pilot  
16 program, regardless of risk factors, to deter-  
17 mine which services and resources to offer such  
18 beneficiary and family under that paragraph.

19 (B) PARTICULAR NEEDS.—In conducting  
20 an assessment of an eligible covered beneficiary  
21 and family under subparagraph (A), the Sec-  
22 retary shall assess their needs and eligibility for  
23 particular services and resources and connect  
24 the beneficiary and family to services and re-  
25 sources for which they have a need and are eli-



1           gible, either within the Department of Defense  
2           or elsewhere.

3           (h) ELECTRONIC INTEGRATED DATA SYSTEM.—Be-  
4 fore commencing the pilot program, the entity with which  
5 the Secretary contracts under subsection (a)(3) shall de-  
6 velop and deploy an electronic integrated data system,  
7 tailorable to each military installation at which the pilot  
8 program is carried out and created in consultation with  
9 experts in community resources available in the vicinity  
10 of such installation, for purposes of as follows:

11           (1) To list all services and resources to be of-  
12 fered under subsection (g)(1)(A) to eligible covered  
13 beneficiaries and their families.

14           (2) To inform beneficiaries and their families  
15 pursuant to subsection (g)(1)(B) of services and re-  
16 sources that are otherwise available in the commu-  
17 nity concerned in connection with the pilot program.

18           (3) To track interactions between teams de-  
19 scribed in subsection (c)(1) and beneficiaries and  
20 their families under the pilot program.

21           (4) To track the services and resources used by  
22 beneficiaries and their families under the pilot pro-  
23 gram in order to evaluate the implementation and  
24 impact of the program.

1           (5) To otherwise track and assess the effective-  
2           ness of the pilot program.

3           (i) TWO-YEAR ASSESSMENT.—Two years after the  
4           commencement of the pilot program, the Secretary con-  
5           duct an assessment of the effectiveness of the pilot pro-  
6           gram.

7           (j) REPORTS.—

8           (1) INITIAL REPORT.—Not later than 180 days  
9           after the date of the enactment of this Act, the Sec-  
10          retary shall submit to the Committees on Armed  
11          Services of the Senate and the House of Representa-  
12          tives a report on the pilot program required by this  
13          section. The report shall include a comprehensive de-  
14          scription of the pilot program, including the fol-  
15          lowing:

16                (A) The installations at which the pilot  
17                program is being carried out.

18                (B) The strategy and metrics for evalu-  
19                ating the effectiveness of the pilot program for  
20                purposes of the report under paragraph (2).

21          (2) FINAL REPORT.—Not later than 180 days  
22          after the completion of the pilot program, the Sec-  
23          retary shall submit to the committees specified in  
24          paragraph (1) a report on the pilot programs. The  
25          report shall include the following:

1 (A) A comprehensive description and as-  
2 sessment of the pilot program, including an as-  
3 sessment of each of the following:

4 (i) The electronic integrated data sys-  
5 tem required by subsection (h).

6 (ii) The ability of nurses to contact el-  
7 igible covered beneficiaries and families eli-  
8 gible for participation in the pilot program.

9 (iii) The extent to which families eligi-  
10 ble for participation in the pilot program  
11 actually participate in the pilot program.

12 (iv) The characteristics of families eli-  
13 gible for participation in the pilot program  
14 that do not participate in the pilot pro-  
15 gram, and summaries of the reasons for  
16 lack of participation.

17 (v) The ability of nurses to adhere to  
18 the clinical protocols of the pilot program.

19 (vi) The extent to which families par-  
20 ticipating in the program are being con-  
21 nected to services and resources under the  
22 pilot program.

23 (vii) The extent to which families par-  
24 ticipating in the pilot program are using

1 services and resources under the pilot pro-  
2 gram.

3 (B) Such recommendations for legislative  
4 or administrative action as the Secretary con-  
5 siders appropriate in light of the pilot program,  
6 including expansion or extension of the pilot  
7 program.

8 (k) ONGOING EVALUATION.—

9 (1) IN GENERAL.—Not later than three years  
10 after the date of the report required by subsection  
11 (j)(2), and every five years thereafter, the Secretary  
12 shall conduct a scientifically rigorous evaluation of  
13 universal nurse home visits provided in accordance  
14 with this section, using administrative records, in  
15 order to assess the effectiveness of such visits in—

16 (A) reducing incidence of child abuse and  
17 neglect and fatalities due to abuse and neglect;  
18 and

19 (B) reducing emergency health care utiliza-  
20 tion for child injuries.

21 (2) SCOPE OF EVALUATION.—Each evaluation  
22 shall include a review of available referrals to the  
23 Family Advocacy Program, child hospital adminis-  
24 tration records, community-wide child protective  
25 service investigations, and such other indicators and

1 sources of information as the Secretary considers ap-  
2 propriate.

3 (l) IMPLEMENTATION DEFENSE-WIDE.—If the Sec-  
4 retary determines as a result of the pilot program that  
5 any element of the pilot program is effective, the Secretary  
6 shall take appropriate actions to implement the pilot pro-  
7 gram as a program throughout and across the military  
8 installations of the Department.

9 (m) DEFINITIONS.—In this section:

10 (1) The term “community”, with respect to a  
11 military installation, means the catchment area for  
12 community services of the installation, including  
13 services provided on the installation and services  
14 provided by State, county, and local jurisdictions in  
15 which the installation is located or in the vicinity of  
16 the installation.

17 (2) The term “eligible covered beneficiary”  
18 means a covered beneficiary (as that term is defined  
19 in section 1072 of title 10, United States Code) who  
20 has a child under the age of five years or is expect-  
21 ing a child.

22 (n) FUNDING.—

23 (1) AUTHORIZATION OF APPROPRIATIONS.—  
24 There is hereby authorized to be appropriated for

1 fiscal year 2019 for the Department of Defense  
2 \$5,000,000 to carry out the pilot program.

3 (2) AVAILABILITY.—The amount authorized to  
4 be appropriated by paragraph (1) shall remain avail-  
5 able until expended.

○