[First Reprint]

ASSEMBLY, No. 2232

STATE OF NEW JERSEY

222nd LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2026 SESSION

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SYNOPSIS

Expands responsibilities of Child Advocacy Center-Multidisciplinary Team Advisory Board and establishes Problematic Sexual Behavior Program.

CURRENT VERSION OF TEXT

As reported by the Assembly Children, Families and Food Security Committee on September 17, 2026, with amendments.

(Sponsorship Updated As Of: 9/24/2026)

AN ACT concerning child advocacy centers and multi-disciplinary teams [1]**[**,**]** and[1] amending and supplementing P.L.2017, c.90 [1]**[**, and making an appropriation**]**[1].

BE IT ENACTED *by the Senate and General Assembly of the State of New Jersey:*

1. Section 1 of P.L.2017, c.90 (C.9:6-8.107) is amended to read as follows:

1. The Legislature finds and declares that:

a. Child advocacy centers are child-friendly centers where a multidisciplinary team of law enforcement, child protective services, prosecutors, mental health and medical professionals, and victim witness and family advocates can provide a coordinated response to the investigation, treatment, prosecution, and prevention of child abuse and neglect.

b. Child advocacy centers and multidisciplinary teams are designed to ease the stress experienced by survivors of child abuse and neglect, and their families, throughout the investigation process and improve methods of responding to acts of child abuse and neglect.

c. Child advocacy centers and multidisciplinary teams reduce the trauma suffered by children who have been abused or neglected by employing forensic interviewers specifically trained to work with survivors of child abuse and neglect.

d. The centers and teams also assist child abuse and neglect survivors and their families in obtaining judicial, medical, therapeutic, and victim advocacy services, and enhance the effectiveness of law enforcement, prosecutors, and child protective services professionals when investigating child abuse and neglect.

e. The number of child advocacy centers in the United States has grown dramatically since 1986 when the first center was established. According to the National Children's Alliance, the national accrediting organization for child advocacy centers, there are now more than **[**770**]** 900 centers nationwide and 21 centers in New Jersey, and, as of 2009, there were over 900 multidisciplinary teams throughout the United States.

f. In order to ensure the effective, efficient, and consistent delivery of services to the survivors of child abuse and neglect and their families, it is necessary to establish **[**a certification**]** an annual progress review program for the State's child advocacy centers and multidisciplinary teams to qualify for available funding through the provisions of P.L.2017, c.90 (C.9:6-8.107 et seq.).

g. Therefore, it is the intent of the Legislature to create a **[**certification**]** an annual progress review program for the State's

EXPLANATION – Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.
Matter enclosed in superscript numerals has been adopted as follows:
[1]Assembly ACF committee amendments adopted September 17, 2026.

child advocacy centers and multidisciplinary teams through the adoption and implementation of guidelines of practice consistent with the accreditation standards developed by the National Children's Alliance, or its successor.
(cf: P.L.2017, c.90, s.1)

2. Section 2 of P.L.2017, c.90 (C.9:6-8.108) is amended to read as follows:

2. As used in this act and in P.L. , c. (C.) (pending before the Legislature as this bill):

"Board" means the Child Advocacy Center-Multidisciplinary Team Advisory Board established in section 3 of P.L.2017, c.90 (C.9:6-8.109).

"Child advocacy center" means a county-based center as defined in section 6 of P.L.1998, c.19 (C.9:6-8.104).

"Multidisciplinary team" means a county-based team as established in section 6 of P.L.1998, c.19 (C.9:6-8.104).

"Problematic sexual behavior" means behavior, initiated by youth under the age of 18, involving the use sexual body parts in a manner that is developmentally inappropriate or potentially harmful to [1]themselves or[1] the person or persons impacted by the behavior. “Problematic sexual behavior” also includes technology facilitated adverse sexualized behaviors that can be considered problematic and harmful including, but not limited to, sexting, posting sexual images, and exposure to pornography and other sexually explicit electronic communication.

"Program" means the "Problematic Sexual Behavior Program" established pursuant to section [1]~~[7]~~ 8[1] of P.L. , c. (C) (pending before the Legislature as this bill).

"Specialized care coordinator" means a care coordinator employed by a care management organization contracted with the Division of Children’s System of Care in the Department of Children and Families to provide case coordination services to youth and families impacted by problematic sexual behaviors, including, but not limited to, determining service needs and making referrals to appropriate medical and mental health providers and community-based resources available for youth who engage in or have been impacted by problematic sexual behavior and their families.

"State Central Registry" means the emergency telephone service for the receipt of calls involving a report, complaint, or allegation of child abuse or neglect established pursuant to section 25 of P.L.2012, c.16 (C.9:8-8.12)
(cf: P.L.2017, c.90, s.2)

3. Section 3 of P.L.2017, c.90 (C.9:6-8.109) is amended to read as follows:

3. a. There is established in, but not of, the Department of Children and Families in the Executive Branch of State government the Child Advocacy Center-Multidisciplinary Team Advisory Board. For the purpose of complying with the provisions of Article V, Section IV, paragraph 1 of the New Jersey Constitution, the Child Advocacy Center-Multidisciplinary Team Advisory Board is allocated within the Department of Children and Families, but, notwithstanding this allocation, the advisory board shall be independent of any supervision or control by the department or by any officer or employee thereof.

b. The purpose of the board is to establish ⟦a certification⟧ an annual progress review program for the State's child advocacy centers and multidisciplinary teams to ensure that the certified centers and teams comply with the accreditation standards developed by the National Children's Alliance, or its successor.

c. The board shall consist of [1]⟦14⟧ 17[1] members as follows:

(1) the Commissioner of Children and Families, the Attorney General, the Chairperson of the New Jersey Task Force on Child Abuse and Neglect, [1]the Director of the Problematic Sexual Behavior Program established pursuant to section 8 of P.L. , c. (C.) (pending before the Legislature as this bill),[1] and the ⟦Chapter Coordinator⟧ Executive Director of New Jersey Children's Alliance or their designees, who shall serve ex officio; and

(2) ⟦ten⟧ [1]⟦13⟧ 12[1] public members, with at least 10 years' experience, background, or specialized knowledge in child welfare, child advocacy centers, and multidisciplinary teams, to be appointed by the Governor, including a representative of the New Jersey Prosecutors' Association, a law guardian, a multidisciplinary team coordinator, a pediatrician with expertise in child abuse and neglect, a psychologist with expertise in child abuse and neglect and problematic sexual behaviors in children, a representative of a child advocacy center, a representative of a victim or family advocacy group [1]with expertise in child abuse and neglect and problematic sexual behaviors in children[1], a law enforcement officer with experience in child abuse and neglect investigations, an academician with experience and expertise in child abuse and neglect research or a related field⟦;⟧ , a representative of the leadership of a care management organization contracted with the Division of Children's System of Care, [1]⟦a specialized care coordinator or a specialized care coordinator supervisor⟧[1] , a representative of the State Central Registry⟦;⟧, and one member with general expertise in child welfare and multidisciplinary teams.

d. Vacancies in the membership of the board shall be filled in the same manner provided for the original appointments. The members of the board shall serve without compensation, but may be reimbursed for traveling and other miscellaneous expenses

necessary to perform their duties, within the limits of funds made available to the board for its purposes.

e. The board shall organize as soon as practicable, but no later than 60 days following the appointment of its members, and shall select a chairperson and vice-chairperson from among the members. The chairperson shall appoint a secretary who need not be a member of the board.

f. The board may meet at the call of its chair and hold hearings at the times and in the places it deems appropriate and necessary to fulfill its charge. The board shall be entitled to call to its assistance and avail itself of the services of the employees of any State, county, or municipal department, board, bureau, commission, or agency as it may require and as may be available to it for its purposes.

g. The Department of Children and Families shall provide professional and clerical staff to the board as necessary to effectuate the purposes of [1]⟦this act⟧ P.L.2017, c.90 (C.9:6-8.107 et seq.)[1].

h. (1) The board shall establish a Problematic Sexual Behavior Subcommittee to:

(a) provide oversight of the Statewide response to reports of problematic sexual behavior;

(b) review the Problematic Sexual Behavior Program established in section [1]⟦7⟧ 8[1] of P.L. , c. (C.) (pending before the Legislature as this bill);

(c) make recommendations to the department that will enable the program to improve the effectiveness of the services provided to youth who engage in or have been impacted by problematic sexual behavior and their families; and

(d) evaluate the need for new or expanded services or programs to enhance the Statewide response to reports of problematic sexual behavior.

(2) The board shall appoint at least [1]⟦nine⟧ 11[1] members to the subcommittee consisting of:

(a) the Assistant Commissioner of the Division of Child Protection and Permanency; the Assistant Commissioner of the Division of Children's System of Care; and the Executive Director of the New Jersey Children's Alliance, or their designees, who shall serve ex-officio; and

(b) at least [1]⟦six⟧ eight[1] public members, including: a representative of the program; a representative of a care management organization contracted with the Division of Children's System of Care; [1]a representative of a child advocacy center; a representative of the State Central Registry;[1] a county prosecutor with at experience, background, or specialized knowledge in child welfare cases and problematic sexual behavior; a law enforcement officer with experience in child abuse and neglect investigations; a pediatrician employed by a regional

diagnostic and treatment center for child abuse and neglect; and a mental health provider with expertise in child abuse and neglect and problematic sexual behavior.

(c) A minimum of one public member shall serve on both the subcommittee and the board.

(d) The members of the subcommittee shall serve for a term of three years or until the appointment of a successor.

(e) Members of the subcommittee shall be appointed and hold their initial organizational meeting within 45 days after the effective date of P.L. , c. (C.) (pending before the Legislature as this bill).

(f) The subcommittee shall designate a chairperson and vice chairperson from among its members, except that the assistant commissioner of the Division of Children's System of Care and the assistant commissioner of the Division of Child Protection and Permanency, or their designees, shall not serve as the chairperson or vice chairperson of the subcommittee.

(g) The subcommittee shall be entitled to call to its assistance and avail itself of the services of employees of the Department of Children and Families and seek the advice of experts as required and as may be available for the purposes of conducting the reviews required by this subsection.

(cf: P.L.2017, c.90, s.3)

4. Section 4 of P.L.2017, c.90 (C.9:6-8.110) is amended to read as follows:

4. The board shall:

a. direct the development and implementation of **[**a certification**]** an annual progress review program for the State's child advocacy centers and multidisciplinary teams pursuant to section 5 of **[**this act**]** P.L.2017, c.90 (C.9:6-8.111);

b. develop a comprehensive plan for evaluating the effectiveness of the State's child advocacy centers and multidisciplinary teams; **[**and**]**

c. apply for and accept any grant of money from the State or federal government or other sources, which may be available to establish, expand, or improve child advocacy centers or multidisciplinary teams pursuant to section 7 of **[**this act**]** P.L.2017, c.90 (C.9:6-8.113). Any monies received by the board shall be deposited in the "Child Advocacy Center-Multidisciplinary Team Fund" established pursuant to section 6 of **[**this act**]** P.L.2017, c.90 (C.9:6-8.112) or the "Child Treatment Assistance Fund" established pursuant to section **1[**9**]** 10**1** of P.L. , c. (C.) (pending before the Legislature as this bill), as appropriate; and

d. administer, in coordination with the Department of Children and Families, the **1[**"Child Treatment Assistance Fund**]** "Child

Treatment Assistance Fund"[1].
(cf: P.L.2017, c.90, s.4)

5. Section 5 of P.L.2017, c.90 (C.9:6-8.111) is amended to read as follows:

5. a. The board shall establish ⟦a certification⟧ an annual progress review program for the State's child advocacy centers and multidisciplinary teams. The goal of the program shall be to ensure that:

(1) every child advocacy center or multidisciplinary team in the State applying for ⟦certification⟧ an annual progress review pursuant to subsection b. of this section is in compliance with guidelines of practice that are consistent with the accreditation standards developed by the National Children's Alliance, or its successor; and

(2) the State's child advocacy centers and multidisciplinary teams incorporate best practices and standards in providing child abuse prevention, intervention, and treatment services to survivors of child abuse and neglect.

b. Every child advocacy center and multidisciplinary team in the State may apply to the board for ⟦certification⟧ an annual progress review in a manner and on a form prescribed by the board. In order to ⟦qualify for certification with⟧ receive a satisfactory progress review from the board, a child advocacy center or multidisciplinary team shall adopt and implement guidelines of practice that are consistent with the accreditation standards developed by the National Children's Alliance, or its successor. The guidelines shall, at a minimum, provide for:

(1) a multidisciplinary team response in an investigation of child abuse and neglect by representatives of the following core disciplines: law enforcement, child protective services, mental health, prosecution, victim advocacy, and medicine;

(2) the designation of a private, child-friendly interview and family meeting room which provides an environment that is physically and psychologically safe for, and provides comfort to, a survivor of child abuse and neglect and the survivor's family during the course of an investigation of child abuse and neglect;

(3) protocols governing the forensic interview of a survivor of child abuse and neglect that comply with the 2010 Guidelines of Practice for Child Abuse Multidisciplinary Teams in New Jersey and current best practice standards and nationally recognized methods for forensic interviews, New Jersey Court Rules, relevant case law, and internal or external peer review;

(4) an interdisciplinary case review process that describes the responsibilities of each team member in an investigation of child abuse and neglect and the provisions of the services to a survivor of child abuse and neglect and the survivor's family;

(5) a uniform system to identify, track, collect, and coordinate information obtained during an investigation of child abuse and neglect, and to monitor the progress and outcomes of the investigation;

(6) procedures to facilitate communication, collaboration, coordination, information sharing, problem solving, and decision making between team members during and immediately after a multidisciplinary team meeting, and during an investigation of child abuse and neglect;

(7) a dispute resolution process to resolve interdisciplinary conflicts that may arise between team members during the course of an investigation of child abuse and neglect;

(8) the provision of services, supports, and other assistance in a culturally competent manner to a survivor of child abuse and neglect and the survivor's family during an investigation of child abuse and neglect;

(9) on-going, specialized interdisciplinary training for team members, based on the [1]**[**multidisciplinary team's**]**[1] most recent progress review [1]or training requirements outlined in the standard developed by the National Children's Alliance[1] , to enhance their basic skills and expertise in the investigation and prevention of child abuse and neglect;

(10) mechanisms and processes to allow the center to self-evaluate the effectiveness of its operations and its success in investigating child abuse and neglect;

(11) the establishment of county based child advocacy center-multidisciplinary team advisory boards, consistent with standards developed by the National Children's Alliance and all other applicable standards relating to child advocacy center-multidisciplinary team advisory boards, to oversee the operations and administration of the child advocacy center or multidisciplinary team;

(12) the creation of an education and outreach program to train professionals from State and local governmental and community-based social services agencies in providing multidisciplinary services to survivors of child abuse and neglect and their families, and to educate the community on child maltreatment and child abuse prevention techniques;

(13) procedures to apply for and accept any grant of money from the State or federal government or other sources, which may be available to child advocacy centers and multidisciplinary teams; and

(14) reporting requirements on the use of grant funds received by a child advocacy center or multidisciplinary team pursuant to section 7 of **[**this act**]** P.L.2017, c.90 (C.9:6-8.113).

c. If a child advocacy center or multidisciplinary team adopts and implements the guidelines of practice specified in subsection b. of this section, the board shall certify that a child advocacy center

or multidisciplinary team is in compliance with the provisions of [1]⟦this act⟧ P.L.2017, c.90 (C.9:6-8.113)[1].

d. The board shall conduct an annual ⟦compliance⟧ progress review of each child advocacy center and multidisciplinary team the board certifies has received a satisfactory annual progress review pursuant to subsection c. of this section, and shall evaluate the center or team to determine whether it continues to comply with the provisions of ⟦this act⟧ P.L.2017, c.90 (C.9:6-8.107 et seq.).

(cf: P.L.2017, c.90, s.5)

6. Section 7 of P.L.2017, c.90 (C.9:6-8.113) is amended to read as follows:

7. a. The monies deposited in the Child Advocacy Center-Multidisciplinary Team Fund shall be distributed by the Department of Children and Families as grants to child advocacy centers or multidisciplinary teams certified by the board pursuant to subsection c. of section 5 of ⟦this act⟧ P.L.2017, c.90 (C.9:6-8.111), as applicable to:

(1) establish or construct new centers, or renew, renovate, improve, expand, or reconstruct existing centers, with government and community-based support;

(2) make technological improvements, including the modernization of software and hardware;

(3) hire personnel, fund new positions, expand the responsibilities of existing positions, pay for additional diagnostic treatment services and other costs, and provide for continuing funding that has been eliminated from a State, federal, or private funding source for diagnostic mental health and medical treatment services, as necessary, to establish new services or improve existing services provided by the centers or teams; and

(4) fund any other purpose that would enhance the effective and efficient operation of the centers or teams.

b. The Department of Children and Families shall accept and approve the applications of child advocacy centers or multidisciplinary teams for grants from the fund, and shall award the grants to new centers or teams that apply and qualify for, and existing centers or teams that meet the requirements of, certification in accordance with subsection b. of section 5 of ⟦this act⟧ P.L.2017, c.90 (C.9:6-8.111). The Department of Children and Families shall maintain records of all the grants made from the fund pursuant to this section.

(cf: P.L.2017, c.90, s.7)

7. (New section) The Legislature finds and declares that:

a. The National Children's Alliance estimates that 25 percent of cases seen at child advocacy centers involved a youth who either engaged in or was impacted by problematic sexual behavior. In

New Jersey, regional diagnostic and treatment centers report this represents between 15 and 30 percent of all cases treated by the centers.

b. In these cases, both the youth who engage in or have been impacted by problematic sexual behavior require access to treatment and services to promote their healing and prevent future problematic behaviors.

c. In February 2022, the Problematic Sexual Behavior Workgroup was established in coordination with the Department of Children and Families and various stakeholders including, but not limited to, State governmental agencies, child advocacy centers, regional diagnostic and treatment centers, law enforcement agencies, and victim advocacy groups.

d. The Workgroup was tasked with creating a framework to address the need for youth involved in cases of problematic sexual behavior to have access to appropriate medical and mental health services by instituting a Statewide coordinated response to such cases.

e. Over the course of a year, the workgroup met regularly collecting research, speaking with other states, conducting surveys of professionals involved in, and families impacted by, problematic sexual behavior, and published a report describing the framework it created for a Statewide response to cases involving problematic sexual behavior.

f. The framework included creating a problematic sexual behavior program to provide oversight of the Statewide response to problematic sexual behavior cases and the establishment of the Child Treatment Assistance Fund.

g. The fund received an initial $2.5 million from the Department of Children and Families to cover medical and mental health expenses for youth referred to medical and mental health services through the program.

h. Additional monies were allocated to the fund through the State's Fiscal Years 2024 and 2025 budgets to support the creation of specialized positions throughout the State to provide information on, and refer children and families to, available medical and mental health services for youth who engage in or have been impacted by problematic sexual behavior.

i. The framework created by the workgroup also recommended: creating a screening and referral process [1]**[**by which**]** <u>for</u>[1] cases involving youth who [1]**[**engage**]** <u>have been engaged</u>[1] in or have been impacted by problematic sexual behavior and their families; establishing [1]**[**a specialized assessment team within the State Central Registry**]** <u>specialized positions within care management organizations</u>[1] to refer youth who [1]**[**engage**]** <u>have been engaged</u>[1] in or have been impacted by problematic sexual behavior and their families to treatment and other appropriate services; providing

regular training in evidence-based treatment and prevention modalities for mental health providers; and providing training, support and technical assistance to the professionals and stakeholders involved in the Statewide response to cases involving problematic sexual behavior.

j. Since the publication of the Workgroup's report, the Department of Children and Families and the Child Advocacy Center-Multidisciplinary Team Advisory Board established pursuant to section 3 of ¹[P.L.2107] P.L.2017¹, c.90 (C.9:6-8.19) have worked to implement its recommendations and institute a sustainable referral and treatment process for youth who engage in or have been impacted by problematic sexual behaviors and their families.

k. Therefore, it is the Legislature's intent to codify the efforts of the department and the board to ensure that the framework created by the Problematic Sexual Behavior Workgroup to treat and provide services to youth who engage in or have been impacted by problematic sexual behavior and their families is permanently established in law and supported by the current and all future administrations.

8. (New section) a. There is established, in but not of the Department of Children and Families, the Problematic Sexual Behavior Program. The program shall be administered by the New Jersey Children's Alliance and funded by the Department of Children and Families. The purpose of the program is to:

(1) institute a Statewide, coordinated response to reports of problematic sexual behavior referred to the program by the Sexual Contact Between Youth Screening and Referral Team established pursuant to section ¹[8] 9¹ of P.L. , c. (C.) (pending before the Legislature as this bill); and

(2) address the need for youth who engage in or have been impacted by problematic sexual behavior and their families to have access to appropriate medical and mental health services.

b. The program shall:

(1) screen and refer youth who engage in or have been impacted by problematic sexual behaviors and their families to, and provide information on, available medical, mental health, and other appropriate services and resources pursuant to section 8 of P.L.; c. (C.) (pending before the Legislature as this bill);

(2) develop, approve, and provide for training in evidence-based treatment and prevention modalities for mental health providers who will treat youth who engage in or are impacted by problematic sexual behavior and their families; and

(3) provide support, technical assistance, and training on evidence–based prevention, intervention, and response relating to problematic sexual behavior to specialized care coordinators, community leaders, stakeholders, and social services professionals

who may come into contact with or provide services to youth who engage in or are impacted by problematic sexual behavior.

c. (1) The program shall [1]coordinate with care management organizations to[1] select specialized care coordinators to ensure coverage of the northern, central, and southern regions of the State and provide care coordination services, upon request, to youth who engage in or are impacted by problematic sexual behavior and their families. The number of specialized care coordinators selected by the program shall be based on the determined needs of residents for services relating to, and the number of reports of, problematic sexual behavior in each of the regions.

(2) The care coordination services provided by a specialized care coordinator to youth who engage in or have been impacted by problematic sexual behavior and their families shall include:

(a) services to assess and determine the level of service needs for, and referrals to, available medical and mental health care services; and

(b) providing information on and referral to other appropriate services and community-based resources.

(3) A specialized care coordinator shall be assigned to provide care coordination services [1], at no cost,[1] to a youth who engages in or is impacted by problematic sexual behavior and the youth's family until such time all requested services have been arranged for and engaged in by the youth and the youth's family [1]or efforts to contact the youth's family have been unsuccessful, or the youth's family declines to accept care coordination service[1].

9. (New section) a. The program shall form a Sexual Contact Between Youth Screening and Referral Team, consisting of State Central Registry representatives, to conduct a telephone assessment of and determine whether a report of child abuse or neglect received by the State Central Registry involves problematic sexual behavior, and whether the report warrants a referral to the Problematic Sexual Behavior Program established pursuant to section [1][7] 8[1] of P.L. , c. (C.) (pending before the Legislature as this bill).

b. The program shall:

(1) establish criteria to determine whether a potential report of problematic sexual behavior received by the registry shall be screened and referred by the program for available medical and mental health care services pursuant to subparagraph (a) of paragraph (2) of subsection c. of section [1][7] 8[1] of P.L. , c. (C.) (pending before the Legislature as this bill);

(2) create procedures to facilitate coordination of, and information sharing on, referrals made pursuant to subsection a. of this section between the team, relevant county prosecutor's offices, consistent with N.J.A.C.3A:10-5.1, and specialized care coordinators;

(3) institute a process for continued communication between a specialized care coordinator and a county prosecutor's office allowing for the care coordinator or the prosecutor's office, when appropriate, to refer a report of problematic sexual behavior back to the team for additional review; and

(4) develop standards to facilitate the payment of medical and mental health care services provided to youth who engage in or have been impacted by problematic sexual behaviors pursuant to section 1[7] 8 1 of P.L. , c. (C.) (pending before the Legislature as this bill) and their families who may not otherwise have access to such services.

10. (New section) There is established in the Department of Children and Families a fund to be known as the "Child Treatment Assistance Fund." The fund, administered by the board and in coordination with the department, shall be the repository of monies appropriated to cover the cost of the medical and mental health services provided through the program established pursuant to section 1[7] 8 1 of P.L. , c. (C.) (pending before the Legislature as this bill) to youth who engage in or have been impacted by problematic sexual behavior and their families.

1 11. (New section) The program shall develop a system of data collection, analysis, and reporting of information concerning the effectiveness of the services provided by the program to youth who engage in or have been impacted by problematic sexual behavior and their families, to be forwarded to the Problematic Sexual Behavior Subcommittee established pursuant to paragraph (1) of subsection h. of section 3 of P.L.2017, c.90 (C.9:6-8.109), including any recommendations to improve the functioning of the program. 1

1[12. (New section) There is appropriated $8,500,000 from the General Fund to the Department of Children and Families to effectuate the purposes of this act as follows:

a. $5,000,000 for the administration of the "Child Treatment Assistance Fund" established pursuant to section 9 of P.L. , c. (C.) (pending before the Legislature as this bill); and

b. $3,5000,000 to fund the:

(1) Statewide coordinated response to reports of problematic sexual behavior;

(2) positions of specialized care coordinators selected by the program pursuant to subsection c. of section 7 of P.L. , c. (C.) (pending before the Legislature as this bill);

(3) training of mental health providers, in evidence-based treatment and prevention modalities pursuant to paragraph (2) of subsection b. of section 7 of P.L. , c. , (C.) (pending before the Legislature as this bill);

(4) provision of support, technical assistance, and training on evidence–based prevention, intervention, and response relating to problematic sexual behavior to specialized care coordinators, community leaders, stakeholders, and social services professionals pursuant to paragraph (3) of subsection b. of section 7 of P.L. , c. (C.) (pending before the Legislature as this bill); and

(5) data collection, analysis, and reporting of information concerning problematic sexual behavior in the State.**]**[1]

[1]**[**11.**]** 12.[1] (New section) The board and the Department of Children and Families shall promulgate rules and regulations, pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), as may necessary to effectuate the purposes of this act.

13. This act shall take effect on the first day of the third month next following enactment, except that the Commissioner of Children and Families may take any anticipatory administrative action in advance as shall be necessary for the implementation of this act.