

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2023

H.B. 674
Apr 18, 2023
HOUSE PRINCIPAL CLERK

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HOUSE BILL DRH10354-NB-32

Short Title: Child Advocacy Centers/Share Information. (Public)

Sponsors: Representative Saine.

Referred to:

1 A BILL TO BE ENTITLED
2 AN ACT TO SET CERTAIN CRITERIA FOR CHILDREN'S ADVOCACY CENTERS TO BE
3 ELIGIBLE TO RECEIVE STATE FUNDS, TO GOVERN THE SHARING OF
4 INFORMATION AND RECORDS OF CHILDREN'S ADVOCACY CENTERS AND
5 MULTIDISCIPLINARY TEAMS, AND TO ESTABLISH CERTAIN IMMUNITY FOR
6 CHILDREN'S ADVOCACY CENTERS.

7 The General Assembly of North Carolina enacts:

8 SECTION 1.(a) Chapter 108A of the General Statutes is amended by adding a new
9 Article to read:

10 "Article 3A.

11 "Child Advocacy Centers.

12 "**§ 108A-75.1. Definitions.**

13 The following definitions apply in this Article:

- 14 (1) Caregiver. – A parent, guardian, custodian or caretaker, as defined in Chapter
15 7B of the General Statutes, or other appropriate person who has assumed
16 responsibility for the child.
- 17 (2) Child. – Any individual under 18 years of age. For referrals made by law
18 enforcement, a child also includes any individual who has a developmental
19 disability, as defined in G.S. 122C-3(12a), that severely impacts conceptual,
20 social, and practical areas of living to the extent the individual is unable to
21 live in an independent environment.
- 22 (3) Child maltreatment. – Any act or series of acts of commission or omission by
23 an individual involving sexual or physical abuse of a child, neglect of a child,
24 human trafficking of a child, exploitation of a child, abuse as defined in
25 G.S. 7B-101(1), dependency as defined in G.S. 7B-101(9), neglect as defined
26 in G.S. 7B-101(15), or any act as defined in G.S. 110-105.3.
- 27 (4) Child medical evaluation. – A medical evaluation of a child where service is
28 provided by a physician, nurse practitioner, or physician assistant, who meets
29 State standards and is rostered with the North Carolina Child Medical
30 Evaluation Program, which is provided at the request of a department during
31 the active assessment of child maltreatment. When referred to and performed
32 by a Children's Advocacy Center, a child medical evaluation must be provided
33 at the Children's Advocacy Center or at another facility which has an
34 agreement with a Children's Advocacy Center.
- 35 (5) Children's Advocacy Center. – A child-focused, trauma-informed,
36 facility-based program in good standing with Children's Advocacy Centers of



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- 1 North Carolina, Inc., that assists in the coordination of the investigation of
2 child maltreatment by promoting a coordinated, multidisciplinary response to
3 cases of child maltreatment in which representatives from law enforcement,
4 child protective services, prosecution, mental health, forensic interviewing,
5 medical, or victim advocacy groups or disciplines collaborate regarding the
6 investigation, prosecution, safety, treatment, and support services, including
7 forensic interviews, medical examinations, mental health services, advocacy,
8 consultation, and training, to be provided, directly or by formalized
9 agreements, for children suspected to be victims of child maltreatment and
10 their appropriate caregivers.
- 11 (6) Children's Advocacy Centers of North Carolina, Inc. – The oversight and
12 guidance organization for Children's Advocacy Centers operating within the
13 State of North Carolina, or its successor.
- 14 (7) Department. – As defined in G.S. 7B-101(8a).
- 15 (8) Forensic interview. – An interview between a trained forensic interviewer and
16 a child in which the interviewer obtains information from the child in a
17 developmentally and culturally sensitive, unbiased, fact-finding, and legally
18 sound manner to support collaboration by the multidisciplinary team in the
19 criminal justice and child protection systems. All interviews must meet State
20 and national standards for forensic interviews.
- 21 (9) Law enforcement child medical evaluation. – A child medical evaluation as
22 defined in this section, which is provided at the request of a law enforcement
23 agency during the investigation of child maltreatment. When referred to and
24 performed by a Children's Advocacy Center, a law enforcement child medical
25 evaluation must be provided at the Children's Advocacy Center or at another
26 facility which has an agreement with the Children's Advocacy Center.
- 27 (10) Multidisciplinary team. – A group of professionals who represent various
28 disciplines and work collaboratively pursuant to a written protocol to share
29 information on service provision and investigations by law enforcement or a
30 department to inform the investigation and prosecution of child maltreatment
31 cases and to coordinate services in response to reports made of child
32 maltreatment. The multidisciplinary team works solely on behalf of children
33 served by a Children's Advocacy Center. In addition to the members listed in
34 this subdivision, a multidisciplinary team may include other professionals
35 involved in the delivery of services to victims of child maltreatment and their
36 appropriate caregivers. Participation in a multidisciplinary team shall not
37 preclude any member from carrying out any mandated responsibility of his or
38 her profession. A Children's Advocacy Center's multidisciplinary team must
39 include, at a minimum, the following professionals:
- 40 a. A member of participating law enforcement agencies.
41 b. The county district attorney or assistant district attorney.
42 c. A member of the department's child protective services unit.
43 d. A local mental health provider.
44 e. A local health care provider.
45 f. A victim advocate.
46 g. Children's Advocacy Center staff.
- 47 (11) National Children's Alliance. – The national accrediting body for Children's
48 Advocacy Centers operating across the United States, or its successor.
- 49 (12) National standards. – "The National Standards of Accreditation for Children's
50 Advocacy Centers" adopted by the National Children's Alliance, representing
51 the collaborative work of child abuse intervention professionals and experts

1 working from the latest research to comprise individual standards for
2 Children's Advocacy Center compliance, and are subject to a comprehensive
3 review every five years.

- 4 (13) State standards. – "The North Carolina State Standards for Children's
5 Advocacy Centers" adopted by Children's Advocacy Centers of North
6 Carolina, Inc., representing the collaborative work of child abuse intervention
7 professionals and experts working from the latest research to comprise
8 individual standards for Children's Advocacy Center compliance, and are
9 subject to a comprehensive review every five years.

10 **§ 108A-75.2. Entity; eligibility.**

11 (a) In order to receive State funds or federal funds administered or distributed by a State
12 agency or any other funds appropriated or allocated by the North Carolina General Assembly, a
13 Child Advocacy Center must satisfy all of the following requirements:

- 14 (1) Be in good standing with State standards set forth by Children's Advocacy
15 Centers of North Carolina, Inc. Children's Advocacy Centers of North
16 Carolina, Inc., will notify State partners, including the Department of Health
17 and Human Services, when a determination is made that a Children's
18 Advocacy Center is no longer in good standing with Children's Advocacy
19 Centers of North Carolina, Inc.
- 20 (2) Be an independent agency, which may be a nonprofit or affiliated with an
21 umbrella organization, such as a hospital or another human or victim service
22 agency, or a part of a governmental entity, with sound administrative policies
23 and procedures designed to ensure quality of services and sustainability,
24 which, at a minimum, include policies governing job descriptions, personnel,
25 financial management, document retention and destruction, and safety and
26 security, and maintains appropriate commercial directors and officers and
27 professional liability insurance.
- 28 (3) Provide a child-friendly, trauma-informed space for children suspected to be
29 victims of child maltreatment and their appropriate caregivers.
- 30 (4) Conduct on-site interviews of children by a forensic interviewer in
31 referred cases of suspected child maltreatment.
- 32 (5) Maintain a multidisciplinary team, the members of which meet on a regularly
33 scheduled basis and are routinely involved in investigations and
34 multidisciplinary team interventions.
- 35 (6) Have a written interagency agreement signed by authorized representatives
36 of all multidisciplinary team participants that commits the signed parties to
37 the multidisciplinary model for the investigation of child maltreatment. The
38 agreement must be reviewed and signed annually.
- 39 (7) Provide a space for multidisciplinary team meetings.
- 40 (8) Establish and maintain written protocols, which comply with State and
41 national standards and State and federal laws, governing (i) multidisciplinary
42 team case review, (ii) access to medical and mental health treatment, (iii)
43 confidentiality of medical and mental health records, (iv) confidentiality of a
44 department's protective services information and records, (v) information
45 sharing among multidisciplinary team members that complies with State and
46 federal laws and rules for the participating entities, (vi) functions of the
47 multidisciplinary team, (vii) roles and responsibilities of multidisciplinary
48 team members and their interaction in the Children's Advocacy Center, (viii)
49 victim support, and (ix) advocacy services. These protocols must be reviewed
50 every three years and updated as needed to reflect current practice.

- 1 (9) Have a designated staff that is supervised and approved by the Children's
2 Advocacy Center's Board of Directors or other governing entity.
- 3 (10) Provide case tracking of child maltreatment cases served through the
4 Children's Advocacy Center, according to written protocols. A Children's
5 Advocacy Center shall also track and be able to retrieve statistical data on the
6 number of child maltreatment cases seen at the center by sex, race, age, type
7 of maltreatment, relationship of the alleged offender to the child,
8 multidisciplinary team involvement and outcomes, charge disposition, child
9 protection outcomes, and status and follow-through of medical and mental
10 health referrals to the extent this information was available and known to the
11 Children's Advocacy Center.
- 12 (11) Provide or refer child medical evaluations and law enforcement child medical
13 evaluations, as requested by a department or a law enforcement agency.
- 14 (12) Provide mental health services or referrals for those mental health services,
15 which will be provided by licensed mental health professionals who deliver
16 trauma-focused, evidence-supported treatment and who meet State standards.
- 17 (13) Provide training for various disciplines in the community that deal with child
18 maltreatment.
- 19 (14) Provide victim support and advocacy that meets State and national standards.
- 20 (15) Maintain diversity, equity, and inclusion by completing a community
21 assessment every three years, which, at a minimum, shall do all of the
22 following:
- 23 a. Determine the demographics of the community, clients, and the
24 Children's Advocacy Center's staff and board.
- 25 b. Identify underserved populations.
- 26 c. Identify and address gaps in services to underserved populations.
- 27 d. Develop strategies for outreach to underserved populations.
- 28 e. Monitor effectiveness of outreach and intervention strategies and
29 services that are tailored to meet the unique needs of all children.
- 30 (16) Provide annual trainings or educational opportunities for multidisciplinary
31 team members' professional development.
- 32 (17) Ensure that Children's Advocacy Center employees and volunteers are
33 properly screened and trained in accordance with State and national standards.
- 34 (18) Provide all services to a child client regardless of the child or child's family's
35 ability to pay for those services.

36 (b) Children's Advocacy Centers of North Carolina, Inc., shall be responsible for
37 tracking and documenting compliance with all of the requirements of this section and any funds
38 it administers to an eligible Children's Advocacy Center.

39 **"§ 108A-75.3. Sharing of information.**

40 (a) A department may share information that is relevant to the protection of a child with
41 the multidisciplinary team, subject to State and federal law and rules.

42 (b) Other members of the multidisciplinary team may share information that is relevant
43 to the protection of a child with the multidisciplinary team, subject to State and federal statutes
44 and rules. The Chief District Court Judge of the judicial district in which the multidisciplinary
45 team sits may enter an administrative order designating certain local agencies, located within that
46 jurisdiction, that are authorized to share information concerning a case of suspected child
47 maltreatment in which a department is not involved. Agencies so designated shall share with one
48 another, upon request and to the extent permitted by federal law and regulations, information that
49 is in their possession that is relevant to the protection of a child in any case of child maltreatment
50 being discussed by the multidisciplinary team, for so long as the child's case is being investigated
51 by law enforcement or the child is receiving services at the Children's Advocacy Center. Any

1 information shared among designated agencies pursuant to this section shall remain confidential,
2 except where disclosure is required by law, shall be withheld from public inspection and shall be
3 used only to the extent necessary for that agency to perform its required duties. Nothing herein
4 shall be deemed to require the disclosure or release of any information in the possession of a
5 district attorney.

6 (c) Any information shared among multidisciplinary team members pursuant to this
7 section shall be shared in accordance with federal law or regulation, remain confidential, and
8 shall not be redisclosed, except to the extent necessary for the protection of a child.

9 (d) Notwithstanding any potential liability for violation of federal law or regulation, a
10 multidisciplinary team member who participates in good faith in team discussions with a
11 multidisciplinary team by providing information about a child whose case is being reviewed by
12 a multidisciplinary team shall be immune from any civil or criminal liability for disclosure of
13 information, unless the disclosure of information was due to gross negligence, wanton conduct,
14 or intentional wrongdoing.

15 **"§ 108A-75.4. Access to Children's Advocacy Center records.**

16 (a) In the case of a child referred to a Children's Advocacy Center by a department, the
17 following records or information, which are created, compiled, maintained, or received by a
18 Children's Advocacy Center when performing or coordinating services described in this section,
19 shall be part of a department's record for the juvenile receiving protective services and shall be
20 confidential:

21 (1) A child medical evaluation.

22 (2) A forensic interview.

23 (3) Any other information received by a department from a Children's Advocacy
24 Center, including electronic records.

25 Disclosure of information and records in this subsection shall be governed by
26 G.S. 7B-302(a1), 7B-505.1, 7B-601(c), 7B-2901(b), and 7B-3100.

27 (b) In the case of a child referred to a Children's Advocacy Center by law enforcement,
28 unless required by federal law, the following records or information, which are created, compiled,
29 maintained, or received by a Children's Advocacy Center when performing or coordinating
30 services described in this section, shall be confidential and shall only be released in accordance
31 with this subsection:

32 (1) A law enforcement child medical evaluation.

33 (2) A forensic interview.

34 (3) Any other information received by law enforcement from a Children's
35 Advocacy Center, including electronic records.

36 (c) Disclosure of information and records outlined in subsection (b) of this section shall
37 only be released or otherwise made available to the following:

38 (1) The North Carolina Department of Health and Human Services and county
39 departments.

40 (2) Law enforcement agencies, a prosecuting district attorney, or the Attorney
41 General.

42 (3) Health care providers or local management entity/managed care
43 organizations providing medical or psychiatric care or services to the child, in
44 the case of medical or mental health records.

45 (4) The North Carolina Child Fatality Task Force.

46 (5) As permitted under G.S. 7B-3100.

47 (d) Except as specifically authorized in this section, records of a child which are created,
48 compiled, maintained, or received by a Children's Advocacy Center shall only be released
49 pursuant to an order of a court of competent jurisdiction upon a finding by the court that the
50 records are necessary for the determination of a criminal, civil, or administrative matter and the
51 information cannot be obtained from the Department of Health and Human Services, a law

1 enforcement agency, the prosecuting attorney, a department, or the Attorney General. The order
2 shall include an order for an in camera inspection and protective order. For civil and
3 administrative matters, prior to issuing such an order, a Children's Advocacy Center shall receive
4 notice and an opportunity to be heard. After conducting an in camera inspection of the records,
5 the court shall only release the information from the records that is material and relevant to the
6 matter before the court and necessary to the proper administration of justice.

7 (e) Employees or designated agents of a Children's Advocacy Center may confirm with
8 another Children's Advocacy Center that a child has been seen for services at its facility when
9 necessary for the child, caregiver, or Children's Advocacy Center to receive essential support or
10 services and with necessary confidentiality provisions in place, consistent with State and federal
11 law. Children's Advocacy Centers may share information regarding a child with another
12 Children's Advocacy Center to the extent that the information is necessary for the provision of
13 services to a child by a Children's Advocacy Center, its multidisciplinary team, or other contract
14 service providers.

15 (f) A Children's Advocacy Center employee or designated agent may share limited
16 information with Children's Advocacy Centers of North Carolina, Inc., or other contract
17 service providers, when necessary for the child, caregiver, or Children's Advocacy Center to
18 receive essential support or services and with necessary confidentiality provisions in place,
19 consistent with State and federal law.

20 (g) No person or agency to whom disclosure of information created or compiled at a
21 Children's Advocacy Center is made shall duplicate or disclose that information to any other
22 person or agency, except as permitted in this section. The Department of Health and Human
23 Services, a department, law enforcement agencies, the prosecuting attorney, a court of competent
24 jurisdiction, and the Attorney General are exempted from the requirements of this section. Any
25 information disclosed under this subsection shall remain confidential.

26 (h) Records created pursuant to this Article shall not be considered public records under
27 Chapter 132 of the General Statutes.

28 **"§ 108A-75.5. Child medical evaluation requirement.**

29 A department may utilize a Children's Advocacy Center for the provision of a child medical
30 evaluation, but the provisions of this Article shall not bind a department to utilizing a Children's
31 Advocacy Center for the provision of services related to a child medical evaluation.

32 **"§ 108A-75.6. Limited immunity from civil liability.**

33 A board member, staff member, or volunteer of a Children's Advocacy Center or Children's
34 Advocacy Centers of North Carolina, Inc., shall be immune from civil liability arising from
35 performance of acts within the scope of the person's duties or participation in a judicial
36 proceeding if the person acts in good faith. Immunity under this section shall not extend to acts
37 of gross negligence, wanton conduct, or intentional wrongdoing."

38 **SECTION 1.(b)** G.S. 7B-505.1(f) reads as rewritten:

39 "(f) Unless the court has ordered otherwise, except as prohibited by federal law, a health
40 care provider shall disclose confidential information about a juvenile to a director of a county
41 department of social services with custody of the juvenile and a parent, guardian, or custodian.
42 A child medical evaluation performed by a health care provider rostered with the North Carolina
43 Child Medical Evaluation Program shall be governed by subsection (d) of this section and
44 G.S. 108A-75.4."

45 **SECTION 2.** This act becomes effective July 1, 2024.