



HOUSE BILL 823: Child Advocacy Centers/Share Information.

2021-2022 General Assembly

Committee:		Date:	August 3, 2022
Introduced by:	Reps. Saine, Riddell	Prepared by:	Jessica Boney Staff Attorney
Analysis of:	Ratified		

OVERVIEW: *HB 823 would have established criteria for Children's Advocacy Centers to receive State funds, established certain requirements for the sharing of information and access to records held by Children's Advocacy Centers and multidisciplinary teams, and established immunity from liability for certain circumstances for the multidisciplinary team, individuals and volunteers working for a Children's Advocacy Center.*

HB 823 was ratified by the General Assembly on July 1, 2022, and vetoed by the Governor on July 11, 2022.

BILL ANALYSIS: Section 1 would have established a new Article 3A, pertaining to Children's Advocacy Centers, in Chapter 108A of the General Statutes. The new Article would have contained definitions in **G.S. 108A-75.1** for caregiver, child, child maltreatment, Child Medical Evaluation, Children's Advocacy Center, and multidisciplinary team.

New **G.S. 108A-75.2** would have established requirements that a Children's Advocacy Center must meet prior to receiving any funding appropriated or allocated by the State. Children's Advocacy Centers of North Carolina, Inc. (CACNC) would have tracked and documented compliance with the requirements and any funds it administered to a Children's Advocacy Center. To qualify for funding, a Children's Advocacy Center must have met all of the following:

- Be in good standing with standards set by CACNC.
- Be an independent agency with policies to ensure quality of services and sustainability.
- Provide a child-friendly, trauma-informed space for children suspected to be victims of child maltreatment and their nonoffending family members as well as a space for multidisciplinary team meetings.
- Utilize a forensic interviewer to conduct on-site interviews with children in suspected child maltreatment cases.
- Maintain a multidisciplinary team of experienced individuals who meet regularly.
- Have a written interagency agreement that is reviewed and signed annually by the multidisciplinary team members.
- Have written protocols that are updated every 3 years and comply with State and national standards related to the following areas: case review, access to health treatment, confidentiality of health records and department's protective services information, information sharing, functions of the multidisciplinary team, roles and responsibilities of team members, victim support, and advocacy services.

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- Have a designated staff that is supervised and approved by the Children's Advocacy Center's Board of Directors or other governing entity.
- Provide case tracking and data regarding cases served through the Children's Advocacy Center.
- Provide medical exams by, or referrals to, health care providers trained in child abuse.
- Provide mental health services by, or referrals to, professionals delivering trauma-focused, evidence-supported treatment.
- Provide training for various disciplines in the community that deal with child maltreatment.
- Provide victim support and advocacy that meets State and national standards.
- Complete a community assessment every 3 years to maintain cultural competency and diversity.
- Provide annual trainings or educational opportunities for multidisciplinary team members.
- Ensure Children's Advocacy Center employees and volunteers are properly screened and trained.
- Provide services regardless of ability to pay.

New **G.S. 108A-75.3** would have allowed the department and other multidisciplinary team members to share information relevant to the protection of the child with the multidisciplinary team, subject to other provisions of law.

The Chief District Court Judge of the judicial district in which the multidisciplinary team sits could have entered an administrative order designating local agencies that are authorized to share information with one another concerning a case of suspected child maltreatment if the department is not involved. Information shared by local agencies would have been confidential, withheld from public inspection, and only used to the extent necessary to perform required duties. This section would not have required the disclosure of information in possession of a district attorney.

Information disclosed to the multidisciplinary team would have been confidential except to the extent necessary for the protection of the child, to carry out a treatment plan or recommendations, or to improve educational opportunities of the child.

A multidisciplinary team member acting in good faith would have been immune from civil or criminal liability for disclosure of information.

New **G.S. 108A-75.4** would have governed access to Children's Advocacy Center records. This section provided, in the case of children referred to a Children's Advocacy Center by a department, a Child Medical Evaluation, a forensic interview, and any other information received by a department from a Children's Advocacy Center is confidential and disclosure is governed by existing specified statutes related to DSS records. In the case of a child referred to a Children's Advocacy Center by law enforcement, a Child Medical Evaluation, a forensic interview, and any other information received by a department from a Children's Advocacy Center, would have been confidential except as required by federal law and except that they could be released to the Department of Health and Human Services, law enforcement agencies, a prosecuting district attorney, the State Attorney General, a health care provider or a local management entity/managed care organization, the Child Fatality Task Force, and as permitted under G.S. 7B-3100 of the Juvenile Code.

Except as noted above, the records of a child created or received by a Children's Advocacy Center would have only been released pursuant to court order. Other permitted disclosures would have included: (i) in camera inspection by a court, (ii) confirmation between Children's Advocacy Centers that a child has been seen for services and to the extent necessary for the provision of services, and (iii) information necessary

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to receive essential services or supports from CACNC. Information disclosed under this section would have been kept confidential by the person receiving the information except as required by State statute or court order.

New **G.S. 108A-75.5** would have provided immunity for board members, staff members, and volunteers of a Children's Advocacy Center or CACNC for acts done in good faith in the scope of their duties or in their participation in a judicial proceeding.

Section 1.(b) would have clarified a Child Medical Evaluation would be governed by existing disclosures found in G.S. 7B-505.1(d) and the newly created **G.S. 108A-75.4**.

EFFECTIVE DATE: HB 823 was ratified by the General Assembly on July 1, 2022, and vetoed by the Governor on July 11, 2022.

** Jennifer Hillman and Debbie Griffiths of the Legislative Analysis Division significantly contributed to this summary.*