



HOUSE BILL 674: Child Advocacy Centers/Share Information.

2023-2024 General Assembly

Committee: Senate Rules and Operations of the Senate	Date: June 28, 2023
Introduced by: Reps. Saine, Riddell, Crawford, Potts	Prepared by: Kristen L. Harris*
Analysis of: First Edition	Staff Attorney

OVERVIEW: *House Bill 674 would establish criteria for Children's Advocacy Centers to receive State funds, would establish confidentiality requirements for the sharing of information and access to records held by Children's Advocacy Centers and multidisciplinary teams, and would establish immunity from liability for certain circumstances for the multidisciplinary team, individuals and volunteers working for a Children's Advocacy Center.*

BILL ANALYSIS:

Section 1 would establish a new Article 3A, pertaining to Children's Advocacy Centers, in Chapter 108A (Social Services) of the General Statutes.

DEFINITIONS: G.S. 108A-75.1 would define caregiver, child, child maltreatment, child medical evaluation, Children's Advocacy Center, Children's Advocacy Centers of North Carolina, Inc. (CACNC), forensic interview, law enforcement child medical evaluation, multidisciplinary team, National Children's Alliance, national standards, and State standards.

ELIGIBILITY: G.S. 108A-75.2 would establish requirements that a Children's Advocacy Center must meet prior to receiving any funding appropriated or allocated by the State. CACNC would track and document compliance with the requirements and any funds it administers to a Children's Advocacy Center. To qualify for funding, a Children's Advocacy Center must meet 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 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 and laws 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 or refer child medical evaluations.
- Provide mental health services or referrals.
- 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 diversity, equity and inclusion with specified criteria.
- 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.

INFORMATION SHARING: G.S. 108A-75.3 would allow 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 may enter 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 be confidential, withheld from public inspection, and only used to the extent necessary to perform required duties. This section would not require the disclosure of information in possession of a district attorney.

Information disclosed to the multidisciplinary team would be confidential except to the extent necessary for the protection of the child.

Notwithstanding potential liability for violation of federal law or regulation, a multidisciplinary team member acting in good faith would be immune from civil or criminal liability for disclosure of information.

ACCESS TO RECORDS: G.S. 108A-75.4 would provide a child medical evaluation, a forensic interview, and any other information received by a department from a Children's Advocacy Center, received in the case of children referred to a Children's Advocacy Center by a department, are 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, is confidential except as required by federal law and except that they may be released to the Department of Health and Human Services, law enforcement agencies, a prosecuting district attorney, the State Attorney General, a health care providers or a local management entity/managed care organization, the Child Fatality Task Force, and as permitted under G.S. 7B-3100 (Disclosure of information about juveniles.)

Except as noted above, the records of a child created or received by a Children's Advocacy Center will only be released pursuant to court order. Other permitted disclosures would include: (i) confirmation between Children's Advocacy Centers that a child has been seen for services and to the extent necessary

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for the provision of services, and (ii) information necessary to receive essential services or supports from CACNC.

No person or agency who receives disclosed information may duplicate or disclose it, unless a specified exemption applies.

CHILD MEDICAL EVALUATION REQUIREMENT: G.S. 108A-75.5 would allow but not require a department to use a Children's Advocacy Center for the provision of a child medical evaluation.

IMMUNITY: G.S. 108A-75.6 would provide 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 their participation in a judicial proceeding.

Section 1.(b) would clarify a child medical evaluation would be governed by existing disclosures found in G.S. 7B-505.1(Consent for medical care for a juvenile placed in nonsecure custody of a department of social services) and the newly created G.S. 108A-75.4.

EFFECTIVE DATE: This act would be effective July 1, 2024.

**Jessica Boney, Legislative Analysis Division, substantially contributed to this summary.*