

GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2023

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HOUSE BILL 674

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

Sponsors: Representatives Saine, Riddell, Crawford, and Potts (Primary Sponsors).  
*For a complete list of sponsors, refer to the North Carolina General Assembly web site.*

Referred to: Health, if favorable, Families, Children, and Aging Policy, if favorable, Rules, Calendar, and Operations of the House

April 19, 2023

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.



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

1           (12) National standards. – "The National Standards of Accreditation for Children's  
2 Advocacy Centers" adopted by the National Children's Alliance, representing  
3 the collaborative work of child abuse intervention professionals and experts  
4 working from the latest research to comprise individual standards for  
5 Children's Advocacy Center compliance, and are subject to a comprehensive  
6 review every five years.

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

13 **"§ 108A-75.2. Entity; eligibility.**

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

17           (1) Be in good standing with State standards set forth by Children's Advocacy  
18 Centers of North Carolina, Inc. Children's Advocacy Centers of North  
19 Carolina, Inc., will notify State partners, including the Department of Health  
20 and Human Services, when a determination is made that a Children's  
21 Advocacy Center is no longer in good standing with Children's Advocacy  
22 Centers of North Carolina, Inc.

23           (2) Be an independent agency, which may be a nonprofit or affiliated with an  
24 umbrella organization, such as a hospital or another human or victim service  
25 agency, or a part of a governmental entity, with sound administrative policies  
26 and procedures designed to ensure quality of services and sustainability,  
27 which, at a minimum, include policies governing job descriptions, personnel,  
28 financial management, document retention and destruction, and safety and  
29 security, and maintains appropriate commercial directors and officers and  
30 professional liability insurance.

31           (3) Provide a child-friendly, trauma-informed space for children suspected to be  
32 victims of child maltreatment and their appropriate caregivers.

33           (4) Conduct on-site interviews of children by a forensic interviewer in  
34 referred cases of suspected child maltreatment.

35           (5) Maintain a multidisciplinary team, the members of which meet on a regularly  
36 scheduled basis and are routinely involved in investigations and  
37 multidisciplinary team interventions.

38           (6) Have a written interagency agreement signed by authorized representatives  
39 of all multidisciplinary team participants that commits the signed parties to  
40 the multidisciplinary model for the investigation of child maltreatment. The  
41 agreement must be reviewed and signed annually.

42           (7) Provide a space for multidisciplinary team meetings.

43           (8) Establish and maintain written protocols, which comply with State and  
44 national standards and State and federal laws, governing (i) multidisciplinary  
45 team case review, (ii) access to medical and mental health treatment, (iii)  
46 confidentiality of medical and mental health records, (iv) confidentiality of a  
47 department's protective services information and records, (v) information  
48 sharing among multidisciplinary team members that complies with State and  
49 federal laws and rules for the participating entities, (vi) functions of the  
50 multidisciplinary team, (vii) roles and responsibilities of multidisciplinary  
51 team members and their interaction in the Children's Advocacy Center, (viii)

1 victim support, and (ix) advocacy services. These protocols must be reviewed  
2 every three years and updated as needed to reflect current practice.

3 (9) Have a designated staff that is supervised and approved by the Children's  
4 Advocacy Center's Board of Directors or other governing entity.

5 (10) Provide case tracking of child maltreatment cases served through the  
6 Children's Advocacy Center, according to written protocols. A Children's  
7 Advocacy Center shall also track and be able to retrieve statistical data on the  
8 number of child maltreatment cases seen at the center by sex, race, age, type  
9 of maltreatment, relationship of the alleged offender to the child,  
10 multidisciplinary team involvement and outcomes, charge disposition, child  
11 protection outcomes, and status and follow-through of medical and mental  
12 health referrals to the extent this information was available and known to the  
13 Children's Advocacy Center.

14 (11) Provide or refer child medical evaluations and law enforcement child medical  
15 evaluations, as requested by a department or a law enforcement agency.

16 (12) Provide mental health services or referrals for those mental health services,  
17 which will be provided by licensed mental health professionals who deliver  
18 trauma-focused, evidence-supported treatment and who meet State standards.

19 (13) Provide training for various disciplines in the community that deal with child  
20 maltreatment.

21 (14) Provide victim support and advocacy that meets State and national standards.

22 (15) Maintain diversity, equity, and inclusion by completing a community  
23 assessment every three years, which, at a minimum, shall do all of the  
24 following:

25 a. Determine the demographics of the community, clients, and the  
26 Children's Advocacy Center's staff and board.

27 b. Identify underserved populations.

28 c. Identify and address gaps in services to underserved populations.

29 d. Develop strategies for outreach to underserved populations.

30 e. Monitor effectiveness of outreach and intervention strategies and  
31 services that are tailored to meet the unique needs of all children.

32 (16) Provide annual trainings or educational opportunities for multidisciplinary  
33 team members' professional development.

34 (17) Ensure that Children's Advocacy Center employees and volunteers are  
35 properly screened and trained in accordance with State and national standards.

36 (18) Provide all services to a child client regardless of the child or child's family's  
37 ability to pay for those services.

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

41 **"§ 108A-75.3. Sharing of information.**

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

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

1 being discussed by the multidisciplinary team, for so long as the child's case is being investigated  
2 by law enforcement or the child is receiving services at the Children's Advocacy Center. Any  
3 information shared among designated agencies pursuant to this section shall remain confidential,  
4 except where disclosure is required by law, shall be withheld from public inspection and shall be  
5 used only to the extent necessary for that agency to perform its required duties. Nothing herein  
6 shall be deemed to require the disclosure or release of any information in the possession of a  
7 district attorney.

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

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

17 **"§ 108A-75.4. Access to Children's Advocacy Center records.**

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

23 (1) A child medical evaluation.

24 (2) A forensic interview.

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

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

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

34 (1) A law enforcement child medical evaluation.

35 (2) A forensic interview.

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

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

40 (1) The North Carolina Department of Health and Human Services and county  
41 departments.

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

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

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

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

49 (d) Except as specifically authorized in this section, records of a child which are created,  
50 compiled, maintained, or received by a Children's Advocacy Center shall only be released  
51 pursuant to an order of a court of competent jurisdiction upon a finding by the court that the

1 records are necessary for the determination of a criminal, civil, or administrative matter and the  
2 information cannot be obtained from the Department of Health and Human Services, a law  
3 enforcement agency, the prosecuting attorney, a department, or the Attorney General. The order  
4 shall include an order for an in camera inspection and protective order. For civil and  
5 administrative matters, prior to issuing such an order, a Children's Advocacy Center shall receive  
6 notice and an opportunity to be heard. After conducting an in camera inspection of the records,  
7 the court shall only release the information from the records that is material and relevant to the  
8 matter before the court and necessary to the proper administration of justice.

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

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

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

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

30 **"§ 108A-75.5. Child medical evaluation requirement.**

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

34 **"§ 108A-75.6. Limited immunity from civil liability.**

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

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

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

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