



# 126th MAINE LEGISLATURE

## FIRST REGULAR SESSION-2013

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Legislative Document

No. 1334

S.P. 468

In Senate, April 4, 2013

### An Act To Create Child Advocacy Centers in Maine

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Reference to the Committee on Health and Human Services suggested and ordered printed.

A handwritten signature in black ink, appearing to read 'D M Grant'.

DAREK M. GRANT  
Secretary of the Senate

Presented by Senator CRAVEN of Androscoggin.  
Cosponsored by Representative FARNSWORTH of Portland and  
Senators: CAIN of Penobscot, HASKELL of Cumberland, LACHOWICZ of Kennebec,  
Representatives: GATTINE of Westbrook, STUCKEY of Portland.

1 **Be it enacted by the People of the State of Maine as follows:**

2 **Sec. 1. 22 MRSA §4019** is enacted to read:

3 **§4019. Child advocacy centers**

4 This section governs the establishment, organization and duties of child advocacy  
5 centers to coordinate the investigation and prosecution of child sexual abuse and the  
6 referral of victims of child sexual abuse for treatment.

7 **1. Definitions.** As used in this section, unless the context otherwise indicates, the  
8 following terms have the following meanings.

9 A. "Board" means a child advocacy advisory board established pursuant to  
10 subsection 2.

11 B. "Child advocacy center" or "center" means a community-based center that  
12 provides multidisciplinary services for children and families affected by sexual abuse.

13 C. "District" means one of the 9 public health districts as defined in section 411,  
14 subsection 5.

15 **2. Center; child advocacy advisory board.** A district may establish one center  
16 within the district. A district that establishes a center shall establish a child advocacy  
17 advisory board to govern the center.

18 A. Each of the following officers or agencies shall designate one representative from  
19 within the district to serve on the board: a county sheriff; the Bureau of Child and  
20 Family Services; the district attorney; the State Police; a municipal police  
21 department; and a county mental health organization; or a comparable representative  
22 for each who carries out these duties.

23 B. The board shall organize itself and elect from among its members a chair. Until a  
24 chair is elected, the district attorney representative or comparable representative who  
25 carries out the duty of prosecuting serves as interim chair.

26 C. The chair of the board may appoint additional members of the board as necessary  
27 to accomplish the purposes of this section. Additional members may include but are  
28 not limited to representatives of law enforcement agencies, the judicial branch and  
29 tribal courts.

30 D. The board shall adopt by a majority vote of its members a written child sexual  
31 abuse protocol. The purpose of the protocol is to ensure coordination and  
32 cooperation of all agencies involved in child sexual abuse cases to increase efficiency  
33 and effectiveness of those agencies and to minimize stress created for the child and  
34 the child's family by the investigation and criminal justice process and to ensure that  
35 more effective treatment is provided for the child and the child's family.

36 E. In preparing its written protocol under paragraph D, the board shall consider the  
37 following:

38 (1) An interdisciplinary, coordinated approach to the investigation of child  
39 sexual abuse, which must at a minimum include:

- 1                   (a) An interagency notification procedure;
- 2                   (b) A dispute resolution process for the involved agencies when a conflict
- 3                   arises in how to proceed with the investigation of a case;
- 4                   (c) A policy on interagency decision making; and
- 5                   (d) A description of the role each agency has in the investigation of a case;
- 6                   (2) A safe, separate space, with assigned personnel, designated for the
- 7                   investigation and coordination of child sexual abuse cases;
- 8                   (3) An interdisciplinary case review process for purposes of decision making,
- 9                   problem solving, systems coordination and information sharing;
- 10                  (4) A comprehensive tracking system to receive and coordinate information
- 11                  concerning child sexual abuse cases from each participating agency;
- 12                  (5) Interdisciplinary specialized training for all professionals involved with the
- 13                  cases of victims and families of child sexual abuse; and
- 14                  (6) A process for evaluating the implementation and effectiveness of the
- 15                  protocol.

16                  F. The board shall annually evaluate the implementation and effectiveness of the

17                  protocol required under paragraph D and shall amend the protocol as necessary to

18                  maximize its effectiveness.

19                  G. The board shall file the written protocol under paragraph D and each amendment

20                  to it with the Bureau of Child and Family Services and shall provide copies of the

21                  protocol and each amendment to it to each agency participating in the district.

22                  **3. Child advocacy centers; memorandum of understanding; participants.** On

23                  the execution of a memorandum of understanding, a center may be established. A

24                  memorandum of understanding regarding participation in the operation of the center must

25                  be executed among the following:

- 26                  A. The Bureau of Child and Family Services;
- 27                  B. Representatives of state, county and municipal law enforcement agencies that
- 28                  investigate child sexual abuse in the district;
- 29                  C. The district attorney who prosecutes child sexual abuse cases in the district; and
- 30                  D. Representatives of any other governmental entity that participates in child sexual
- 31                  abuse investigations or offers services to child sexual abuse victims in the district and
- 32                  that wants to participate in the operation of the center.

33                  **4. Elements of memorandum of understanding.** A memorandum of understanding

34                  under this section must include the agreement of each participant to cooperate in:

- 35                  A. Developing a cooperative team approach to investigating child sexual abuse;
- 36                  B. Reducing to the greatest extent possible the number of interviews required of a
- 37                  victim of child sexual abuse to minimize the negative impact of an investigation on
- 38                  the child; and

1 C. Developing, maintaining and supporting an environment that emphasizes the best  
2 interest of children and provides investigatory and rehabilitative services.

3 **5. Office space and administrative services.** A memorandum of understanding  
4 under this section may include the agreement of one or more participants to provide  
5 office space and administrative services necessary for the center's operation.

6 **6. Child advocacy center duties.** A center shall:

7 A. Assess victims of child sexual abuse and their families to determine their needs  
8 for services relating to the investigation of child sexual abuse and provide those  
9 services;

10 B. Provide a facility at which a multidisciplinary team appointed under subsection 7  
11 can meet to facilitate the efficient and appropriate disposition of child sexual abuse  
12 cases through the civil and criminal justice systems; and

13 C. Coordinate the activities of governmental entities relating to child sexual abuse  
14 investigations and delivery of services to child sexual abuse victims and their  
15 families.

16 **7. Multidisciplinary team.** A center shall appoint a multidisciplinary team.

17 A. A multidisciplinary team must include employees of the participating agencies  
18 who are professionals involved in the investigation or prosecution of child sexual  
19 abuse cases. A multidisciplinary team may also include professionals involved in the  
20 delivery of services, including medical and mental health services, to child sexual  
21 abuse victims and the victims' families.

22 B. A multidisciplinary team shall meet at regularly scheduled intervals to:

23 (1) Review child sexual abuse cases determined to be appropriate for review by  
24 the multidisciplinary team. A multidisciplinary team may review a child sexual  
25 abuse case in which the alleged abuser does not have custodial control or  
26 supervision of the child or is not responsible for the child's welfare or care; and

27 (2) Coordinate the actions of the entities involved in the investigation and  
28 prosecution of the cases and the delivery of services to the child sexual abuse  
29 victims and the victims' families.

30 C. When acting in the member's official capacity, a multidisciplinary team member  
31 is authorized to receive confidential information for the purpose of carrying out the  
32 member's duties under this section. For purposes of this paragraph, "confidential  
33 information" includes confidential records regarding the investigation of reports of  
34 child sexual abuse, including videotaped interviews, and records, papers, files and  
35 communications regarding a person receiving services from or being investigated by  
36 the department.

37 **8. Immunity from liability.** A person is immune from civil liability for a  
38 recommendation or an opinion given in good faith while acting in the official scope of the  
39 person's duties as a member of a center's multidisciplinary team or as a staff member or  
40 volunteer of a center.



1 provide services determined to be necessary; provide a facility at which a  
2 multidisciplinary team can meet to facilitate the efficient and appropriate disposition of  
3 child sexual abuse cases through the civil and criminal justice systems; and coordinate the  
4 activities of governmental entities relating to child sexual abuse investigations and  
5 delivery of services to child sexual abuse victims and their families. Multidisciplinary  
6 teams must include employees of the participating agencies who are professionals  
7 involved in the investigation or prosecution of child sexual abuse cases.  
8 Multidisciplinary teams may also include professionals involved in the delivery of  
9 services, including medical and mental health services, to child sexual abuse victims and  
10 the victims' families. Multidisciplinary teams are required to meet at regularly scheduled  
11 times to review child sexual abuse cases determined to be appropriate for review by the  
12 multidisciplinary teams and coordinate the actions of the entities involved in the  
13 investigation and prosecution of the cases and the delivery of services to the child sexual  
14 abuse victims and the victims' families.

15 The bill specifies that a person is immune from civil liability for a recommendation  
16 or an opinion given in good faith while acting in the official scope of the person's duties  
17 as a member of a center's multidisciplinary team or as a staff member or volunteer of a  
18 center. The bill also specifies that the files, reports, records, communications and  
19 working papers used or developed in providing services are confidential and are not  
20 public records.

21 Beginning January 2015, the Department of Health and Human Services must  
22 annually report to the joint standing committee of the Legislature having jurisdiction over  
23 health and human services matters regarding the centers. The report must include the  
24 number of centers and an overview of the protocols adopted by the centers and the  
25 effectiveness of the centers in coordinating the investigation and prosecution of child  
26 sexual abuse and referral of victims of child sexual abuse for treatment. The committee  
27 may submit legislation related to the report.