GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1993

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SENATE BILL 1499

Short Title: Child Maltreatment Center Funds.	(Public)
Sponsors: Senators Marshall and Cooper.	
Referred to: Appropriations.	

May 25, 1994

A BILL TO BE ENTITLED

AN ACT TO APPROPRIATE FUNDS FOR TEN REGIONAL CHILD MALTREATMENT RESOURCE CENTERS, AS RECOMMENDED BY THE CHILD FATALITY TASK FORCE.

The General Assembly of North Carolina enacts:

Section 1. There is appropriated from the General Fund to the Division of Social Services, Department of Human Resources, the sum of six hundred thousand dollars (\$600,000) for the 1994-95 fiscal year for 10 regional child maltreatment resource centers, to provide comprehensive medical and mental health evaluations for children suspected of maltreatment.

Of these funds, two hundred thousand dollars (\$200,000) shall be used to start up the centers and four hundred thousand dollars (\$400,000) shall be used for operating the centers.

The Division shall award funds for the centers on a competitive basis. Start-up funds shall be limited to twenty thousand dollars (\$20,000) per center and shall be used for educational materials, videotaping equipment, photography equipment, medical instruments, and other supplies. Awards of operating funds shall be based on a productivity formula and shall be limited to one hundred thousand dollars (\$100,000) per center. Applicant centers within 20 miles of each other shall submit a single application.

The Directors of the Division of Social Services, and of the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, the State Health Director, the Attorney General, the President of the North Carolina Pediatric Society, and the President of the North Carolina Association of County Directors of

1	Social Services, Inc., shall jointly develop the proposal application, grant review, and
2	productivity formula.
3	Centers receiving grants shall provide:
4	(1) Training for professionals and students of local medical and menta
5	health, law, and social work;
6	(2) Both primary and second opinion medical evaluation of children
7	suspected of being maltreated, especially the more complicated cases
8	such as sexual abuse;
9	(3) Evaluations in a multidisciplinary model with professionals in
10	medicine, mental health, social work, and law enforcement, wher
11	appropriate; and
12	(4) Leadership in their community in interagency collaboration for
13	treatment and prevention programs for maltreated children.
14	Sec. 2. This act becomes effective July 1, 1994.