

MICROFILM DIVIDER

OMB/RECORDS MANAGEMENT DIVISION

SFN 2053 (2/85) 5M



ROLL NUMBER

DESCRIPTION

2383

2005 SENATE HUMAN SERVICES

SB 2383

2005 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2383

Senate Human Services Committee

☐ Conference Committee

Hearing Date February 7, 2005

| Tape Number | Side A | Side B | Meter # |
|---|--------|--------|-----------|
| 2 | X | | 1440-5247 |
| 3 | X | | 80-365 |
| | | | |
| Committee Clerk Signature <i>Cathy Minard</i> JH | | | |

Minutes: **Chairman Lee** called the hearing to order on SB 2383, which relates to the role of children's advocacy centers in the investigation of child abuse and neglect.

Senator Tom Fischer introduced the bill, and asked for the committee's support.. It deals with the investigation of child abuse.

Jonathan Byers, Assistant Attorney General appeared in support of the bill. See written testimony.

Senator Brown- Are there only two advocacy centers in the state?

Jonathan- Yes, there is one in Bismarck and another one in Fargo.

Senator Dever- Are you generally called as a resource in the prosecution of these types of cases?

Jonathan- I can't be involved in every case, but 80-90% of my cases are with child abuse, sometimes with the direct prosecution.

Senator Dever- Can the two centers accommodate the needs for the entire state?

Jonathan- Part of the appropriation for the bill is to provide better outreach to our rural counties.

Senator Dever- Is that done at the discretion of the state's attorney? Do they have the tools necessary?

Jonathan- We require the referral be made by the state's attorney, social services, or law enforcement. The appropriation will provide for the ability for their work to continue. There should be some contribution of public funds to help pay for this.

Chairman Lee- On your amendment, is it still possible for interviews to be held at the advocacy center?

Jonathan- The interviews will still take place at the Children's Advocacy Center.

Gladys Cairns, administrator for child protection in the Children and Family Services Division of the Department of Human Services appeared in support of the bill. See written testimony.

Alonna Norberg, appeared on behalf of the ND Children's Alliance and the Red River Children's Advocacy Center in Fargo, in support of the bill. See written testimony.

Les Witkowski, of the Burleigh County Sheriff's Department appeared in support of the bill. See written testimony.

Paula Condol, representing the Dakota Children's Advocacy Center in Bismarck appeared in support of the bill. See written testimony.

Dr. Curt Kooyer, a Fargo pediatrician appeared in support of the bill. He has seen many cases of child maltreatment. Until child abuse is eliminated, we will need the most efficient tools to deal with it. He commends the Children's Advocacy Center for the work they do.

There was no opposition to the bill, and no neutral testimony.

Chairman Lee closed the hearing on SB 2383. No action was taken.

Page 3
Senate Human Services Committee
Bill/Resolution Number SB 2383
Hearing Date February 7, 2005

Chairman Lee opened the meeting to discuss SB 2383.

Action taken:

Senator Brown moved a Do Pass recommendation on the amendment for SB 2383.

Seconded by Senator Dever. The amendment passed unanimously.

Senator Brown moved a Do Pass as amended recommendation to re-refer the bill to Appropriations. Seconded by Senator Dever. The bill as amended passed unanimously.

Senator Warner is the carrier of the bill.

Chairman Lee closed the meeting on SB 2383.

Date: 2-7-05
Roll Call Vote #: 1

2005 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2383

Senate Human Services Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Pass or Amendment

Motion Made By Sen Brown Seconded By Sen Dever

| Senators | Yes | No | Senators | Yes | No |
|---------------------------------|-----|----|------------------|-----|----|
| Sen. Judy Lee - Chairman | ✓ | | Sen. John Warner | ✓ | |
| Sen. Dick Dever - Vice Chairman | ✓ | | | | |
| Sen. Richard Brown | ✓ | | | | |
| Sen. Stanley Lyson | ✓ | | | | |
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Total (Yes) 5 No 0

Absent _____

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Date: 2-7-05
Roll Call Vote #: 2

2005 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2383

Senate Human Services Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Pass

Motion Made By Sen Brown Seconded By Dever

| Senators | Yes | No | Senators | Yes | No |
|---------------------------------|-----|----|------------------|-----|----|
| Sen. Judy Lee - Chairman | ✓ | | Sen. John Warner | ✓ | |
| Sen. Dick Dever - Vice Chairman | ✓ | | | | |
| Sen. Richard Brown | ✓ | | | | |
| Sen. Stanley Lyson | ✓ | | | | |
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Total (Yes) 5 No 0

Absent 0

Floor Assignment Sen Warner

If the vote is on an amendment, briefly indicate intent:

refer to approp

REPORT OF STANDING COMMITTEE

SB 2383: Human Services Committee (Sen. J. Lee, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (5 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2383 was rereferred to the **Appropriations Committee**.

Page 2, line 2, replace "Referral" with "The department or the law enforcement agency may refer the case"

Page 2, line 3, remove "is"

Page 2, line 4, remove "presumed to be the correct response to such a report" and remove "children's advocacy center,"

Page 2, line 5, remove the underscored comma

Page 2, line 8, remove "children's advocacy center," and remove the second underscored comma

Page 2, line 9, remove "children's advocacy center location,"

Renumber accordingly

2005 SENATE APPROPRIATIONS

SB 2383

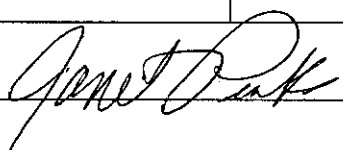
2005 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. 2383

Senate Appropriations Committee

☐ Conference Committee

Hearing Date February 10, 2005

| Tape Number | Side A | Side B | Meter # |
|---|--------|--------|---------|
| 1 | a | | 2,563 |
| | | | |
| | | | |
| Committee Clerk Signature  | | | |

Minutes:

Chairman Holmberg called the hearing to order on SB 2383.

Senator Fischer, District 46, Fargo, introduced and asked **support on SB 2383** which provides an appropriation for children's advocacy centers in investigation of child abuse and neglect. The dollars and the purpose for the dollars are mostly for outreach and victims services.

Senator Judy Lee, District 13, West Fargo, testified in **support of SB 2383** and distributed testimony that was presented by Dr. Alonna Norberg, Pediatrician, Fargo. She spoke on behalf of the Red River Children's Advocacy Center (RRCAC) of Fargo. She encouraged committee members to review this.

Michen Sax, County Social Service Director, McKenzie and Williams County, testified regarding SB 2383 and shared their perspective on the Children's Advocacy Center. She gave specific examples of the need for Children's Advocacy Centers and the impact these cases have on the county offices. She stresses how well these dollars would be spent.

Page 2

Senate Appropriations Committee

Bill/Resolution Number 2383

Hearing Date February 10, 2005

Jonathan Byers, Attorney General's Office, testified in support of SB 2383 and represented the people who had testified in an earlier hearing. He indicated the reasons he is testifying today and at the Human Services Committee. He indicated the importance of Children's Advocacy Centers and the importance of the investigation. He also indicated a number of other states have these programs funded from their states.

Senator Bowman asked where the funding for this had previously come from.

Jonathan Byers indicated these programs have asked for a number of grants.

Chairman Holmberg closed the hearing on SB 2383.

2005 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. 2383

Senate Appropriations Committee

☐ Conference Committee

Hearing Date February 14, 2005

| Tape Number | Side A | Side B | Meter # |
|--|--------|--------|---------|
| 1 | a | | 441 |
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| Committee Clerk Signature <i>Jen D. Pink</i> | | | |

Minutes:

Chairman Holmberg opened the hearing on SB 2383.

Senator Fischer moved for a DO Pass, Senator Krauter seconded.

Discussion followed on the purpose of SB 2383. A roll call vote was taken resulting in a vote of 12 yes, 2 no and 1 absent. The motion carried with a DO PASS. Senator Fischer will carry the bill.

Chairman Holmberg closed the hearing on SB 2383.

Date 2/14
Roll Call Vote #: ~~22~~ /

2005 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. SB

Senate SENATE APPROPRIATIONS Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number 2383

Action Taken Do Pass

Motion Made By Fischer Seconded By Krauter

| Senators | Yes | No | Senators | Yes | No |
|-------------------------|-----|----|------------------|-----|----|
| CHAIRMAN HOLMBERG | ✓ | | SENATOR KRAUTER | ✓ | |
| VICE CHAIRMAN BOWMAN | ✓ | | SENATOR LINDAAS | ✓ | |
| VICE CHAIRMAN GRINDBERG | | | SENATOR MATHERN | ✓ | |
| SENATOR ANDRIST | | ✓ | SENATOR ROBINSON | ✓ | |
| SENATOR CHRISTMANN | . | ✓ | SEN. TALLACKSON | ✓ | |
| SENATOR FISCHER | | | | | |
| | ✓ | | | | |
| SENATOR KILZER | ✓ | | | | |
| SENATOR KRINGSTAD | ✓ | | | | |
| SENATOR SCHOBINGER | ✓ | | | | |
| SENATOR THANE | ✓ | | | | |
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Total (Yes) 12 No 2

Absent 1

Floor Assignment ~~Krauter~~ Fischer

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE (410)
February 16, 2005 8:46 a.m.

Module No: SR-30-3062
Carrier: J. Lee
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE

SB 2383, as engrossed: Appropriations Committee (Sen. Holmberg, Chairman)
recommends **DO PASS** (12 YEAS, 2 NAYS, 1 ABSENT AND NOT VOTING).
Engrossed SB 2383 was placed on the Eleventh order on the calendar.

2005 HOUSE HUMAN SERVICES

SB 2383

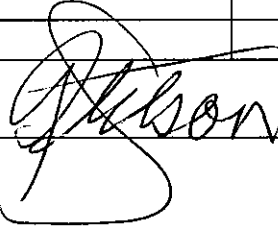
2005 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2383

House Human Services Committee

☐ Conference Committee

Hearing Date 3-9-05

| Tape Number | Side A | Side B | Meter # |
|--|--------|--------|---------|
| 1 | | x | 0-31.4 |
| | | | |
| Committee Clerk Signature  | | | |

Minutes:

Chairman Price: Opened the hearing on SB 2383.

Senator Fischer: Appeared in support of SB 2383. The appropriation is in the amount of \$200,000.00. This is the kind of bill that I wish we didn't have to deal with, but it is very serious, and I think the time has come to get a handle on this and be a little pro active dealing with these issues.

Jonathan Byers, Assistant Attorney General North Dakota: Appeared in support of the bill and provided a written statement (SEE ATTACHED TESTIMONY).

Chairman Price: Do you have any trouble getting tapes?

Jonathan Byers: video tapes like that are still able to be used as long as you either do one of two things, testify first, or get the court to give the opinion is unavailable for testimony because of the fact that it may be to traumatic.

Gladys Cairns, Administrator, Child Protection, Department of Human Services:

Appeared in support of the bill and provided a written statement (SEE ATTACHED TESTIMONY).

Chairman Price: How many physicians do we have that are trained?

Gladys Cairns: I don't know the answer to that, but my guess is 3-5 possibly.

Les Witkowski, Captain, Enforcement Division, Burleigh County Sheriff's Department,

Bismarck, ND: Appeared in support of the bill and provided a written statement (SEE ATTACHED TESTIMONY).

Paula Condol, Coordinator Dakota Children's Advocacy Center, Bismarck, ND: Appeared in support of the bill and provided a written statement (SEE ATTACHED TESTIMONY).

Dr. Alonna Norberg, Pediatrician, Fargo, ND: Appeared in support of the bill and provided a written statement (SEE ATTACHED TESTIMONY).

Chairman Price: What communities have you traveled to?

Dr. Alonna Norberg: The majority of the cases that we see at the advocacy center in Fargo are not from Cass County.

Susan Bozac, Public Affairs Officer: Appeared in support of the bill, with children coming from all over the state, we want to make sure there is capacity for those children. By having 2 Centers in the state geographically located, there will be good coordination between those 2 centers.

Curt Kauer, Intern, Pediatrician, Urgent Medicine Associate, Fargo, ND: Appeared in support of the bill, I certainly cannot improve on the testimony this morning, but I can underscore from the perspective of a physician, and my experience dealing with these cases, child abuse is always

always complex, and at the center of every child abuse case is an innocent victim. We cannot tire our efforts to eliminate child abuse, as long as we have it with us, doctors, nurses, prosecutors, councilors, judges, law enforcement and every other professional who faces these heart breaking cases on a regular basis, needs to have the best tools available to them and right now that is the Children's Advocacy Center.

Hearing closed.

Chairman Price opened discussion on SB 2383.

Rep. Kaldor: Madam Chairman, I move a Do Pass.

Rep. Devlin: Second

Vote: 10-0-2.

Carrier: Rep. Devlin.

Date: 3/9/05

Roll Call Vote #: 1)

2005 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2383

House _____ Human Services _____ Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken

Do Pass as Amended Ref. to Approp.

Motion Made By

Rep Kaldor

Seconded By

Rep Devlin

| Representatives | Yes | No | Representatives | Yes | No |
|---------------------|-----|----|-----------------|-----|----|
| Chairman C.S. Price | ✓ | | Rep.L. Kaldor | ✓ | |
| V Chrm.G. Kreidt | ✓ | | Rep.L. Potter | ✓ | |
| Rep. V. Pietsch | ✓ | | Rep.S. Sandvig | ✓ | |
| Rep.J.O. Nelson | ✓ | | | | |
| Rep.W.R. Devlin | ✓ | | | | |
| Rep.T. Porter | AB | | | | |
| Rep.G. Uglem | ✓ | | | | |
| Rep C. Damschen | ✓ | | | | |
| Rep.R. Weisz | AB | | | | |
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Total () 10 No 0

Absent

miss / Porter (2)

Floor Assignment

Rep Price

on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE (410)
March 10, 2005 12:25 p.m.

Module No: HR-44-4624
Carrier: Price
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE

SB 2383, as engrossed: Human Services Committee (Rep. Price, Chairman)
recommends DO PASS and BE REREFERRED to the Appropriations Committee
(10 YEAS, 0 NAYS, 2 ABSENT AND NOT VOTING). Engrossed SB 2383 was
rereferred to the Appropriations Committee.

2005 HOUSE APPROPRIATIONS

SB 2383

2005 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2383
Children's Advocacy Center

House Appropriations Committee
Human Resources Division

Hearing Date: 3-22-05 Tuesday a.m.

| Tape Number | Side A | Side B | Meter # |
|--|--------|--------|------------|
| I | X | | 8.6 - 33.1 |
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| Committee Clerk Signature <i>Diane M. Overly</i> | | | |

Minutes: **Chairman Delzer** called the meeting to order on SB 2383. **Rep. Gary Kreidt, District 33**, introduced the bill for **Rep. Clara Sue Price, District 40**, carrier, who was ill.

Sen. Tom Fischer, District 46, explained what advocacy groups do (see one-page 2-year Guardianship Program Budget handout).

Vice Chair Pollert: What is currently being done now? Is 2383 just an enhancement of that?

Sen. Fischer: It is really a different way of doing it. Dr. Norberg can explain what is done now.

Ideally, abused children are being brought in by experienced people/officers trained to do medical help and interviews, to get the facts without swaying the answers. While the interview is going on, there would be observation going on by the DA, etc.

Chairman Delzer: By the defense, too?

Sen. Fischer: I am not sure.

Rep. Bellew asked about the parents and **Sen. Fischer** said the parents would be with the child.

Dr. Alonna Norberg, Fargo pediatrician speaking on behalf of the **ND chapter of the National Children's Alliance** and the **Red River Children's Advocacy Center**, testified in support of SB 2383 (see four-page handout). She specializes in child abuse cases and explained what the exam is like and how they try to get expert testimony to help get the abuser.

Paula Condol, Dakota Children's Advocacy Center Coordinator and Forensic Interviewer, with Medcenter One Health Systems, Bismarck, testified in support of SB 2383 (see three-page testimony handout; one-page double-sided Annual Program Budget; and twelve-page Red River Children's Advocacy Center information). She answered questions relating to insurance and crime victim compensation. They operated under 501 C3.

Jonathan Byers, Assistant Attorney General, testified in support of SB 2383 on behalf of the Attorney General (see two-page handout). Discussion ensued on whether there was a problem with the State using child advocacy centers before there is even a defendant.

Michon Sax, County Social Service Director for McKenzie and Williams County Social Services, testified in support of SB 2383 (see three-page handout). **Chairman Delzer** asked **Sandy (OMB)** if this was in the Governor's budget, and she said no. **Sax** said there are between 6-8 cases in Williams County each year, but did not know statewide.

The hearing on SB 2383 then closed.

2005 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2383
Children's Advocacy Center

House Appropriations Committee
Human Resources Division

Hearing Date: 3-23-05 Wednesday p.m.

| Tape Number | Side A | Side B | Meter # |
|--|--------|--------|------------|
| I | X | X | 37.5 - 4.3 |
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| Committee Clerk Signature <i>Diane M. Aubrey</i> | | | |

Minutes: **Chairman Delzer** called the meeting to order on SB 2383.

Chairman Delzer: Sen. Fischer would not have heartburn if section 4 reads a RFP. Stephanie (LC) or Joe (OMB), is it normal to put an appropriation to a specific organization in Code? Stephanie, get an opinion from Jim and reference this bill. On the money side, **Rep. Wieland** visited with Paula Condol, coordinator for Children's Advocacy Center.

Rep. Wieland briefed everyone on the conversation he had with Condol. She had described the grant program to him. VOCA will be cut 50%; only one person (i.e. herself) is on the expense side. They would use the \$50,000 for outreach and victim services education awareness for rural counties, brochures, etc. With 30% to a master level therapist or counselor. He said he did not know how many interviews a year they do. He was not wild about the outreach, saying everyone knows about them.

Rep. Kerzman: They did 193 cases in Bismarck. It is on the first page of Paula's testimony.

Chairman Delzer: We have the bill before us.

Rep. Wieland: I move \$100,000 be used for SB 2383. I do not care how they use it.

Rep. Bellew: I second it.

Joe/OMB responded about concern over naming entities in the bill. They should take out subsection 1 and 2, and then just footnote the intention without naming names in the bill.

Chairman Delzer: Currently, there are two advocacy centers.

Rep. Metcalf: If I vote, it would be \$100,000 at \$50,000 each.

Rep. Wieland: That does replace the Burn Grant which was only \$4,420 and 15% or \$7,500 for VOCA grant. And the one-time money of \$5,000. So they are losing \$25,000 but gaining \$50,000.

Stephanie/LC asked for clarification on the amendment moved.

(Tape I Side B starts)

Chairman Delzer: We will do a voice vote. Motion passes 6-0.

Rep. Kerzman: I move to put \$200,000 in there.

Rep. Metcalf: I second it.

Chairman Delzer: So that would be back to what it is, but with language changed.

Rep. Kerzman: I would like to see the program go. It means a lot to families and children.

Chairman Delzer: I think it is okay and is a firm program. The \$50,000 takes care of what they are concerned about losing. Quite frankly, I would rather see the other \$100,000 go toward the guardianship bill than this! I think the \$50,000 would keep them running.

Rep. Bellew: I do know firsthand the Human Service Centers do a lot of this work right now.

Chairman Delzer: We will take a voice vote. Motion fails 2-4. We have the amended bill before us. Is there a motion?

Page 3

Human Resources Division

Bill/Resolution Number SB 2383

Hearing Date 3-23-05

Rep. Wieland: I move a Do Pass As Amended on SB 2383.

Vice Chair Pollert: I second it.

Stephanie/LC: Mr. Chairman, Allen/LC said it is better if the centers were not named in the bill because that would be considered a special law.

Chairman Delzer: The clerk will call the roll. Motion carries 6-0.

Rep. Wieland will carry the bill.

Chairman Delzer left for a meeting.

Vice Chair Pollert adjourned the meeting.

2005 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB2383
Children's Advocacy Center

House Appropriations Full Committee

☐ Conference Committee

Hearing Date March 24, 2005

| Tape Number | Side A | Side B | Meter # |
|--|--------|--------|--------------|
| 1 | X | | #8.3 - #12.7 |
| | | | |
| Committee Clerk Signature <i>Chris Alexander</i> | | | |

Minutes:

Rep. Ken Svedjan, Chairman opened the discussion on SB2383.

Rep. Alon C. Wieland explained that there are two advocacy centers in North Dakota, one in Bismarck and one in Fargo. These centers do forensic interviews on children who have been sexually and physically abused. They originally asked for a \$200,000 appropriation. \$50,000 was for outreach. We have amended this bill and changed the \$200,000 to \$100,000. Rep Wieland moved to adopt amendment #0201 to SB2383.

Rep. Jeff Delzer seconded

Rep. Francis J. Wald asked why we needed this bill if the Protection Advocacy does similar work

Rep. Alon C. Wieland answered that these are expert MDs in forensics and they specialize in working with young children.

Rep. James Kerzman commented that these folks are trained to get information from children without coercion.

Rep. Jeff Delzer answered that there are 2 agencies We took the names of the agencies out of this and had it come out of the Attorney General's office as much as possible. The \$50,000 for each center was to help replace the loss of the Brynd grant loss, and this is out of general funds.

Rep. Ken Svedjan, Chairman called for a voice vote on the motion to adopt amendment #0201 to SB2383. Motion carried.

Rep. Alon C. Wieland moved a Do Pass As Amended motion for SB2383.

Rep. Larry Bellew seconded.

Rep. Ken Svedjan, Chairman called for a roll call vote on the Do Pass As Amended motion for SB2383. Motion carried with a vote of 23 yeas, 0 neas and 0 absences. Rep Wieland will carry the bill to the house floor.

Rep. Ken Svedjan, Chairman closed the discussion on SB2383.

Date: 3/23/05 wed.
Roll Call Vote #: ①

2005 HOUSE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. SB 2383 Childrens Advocacy

House Appropriations - Human Resources Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Pass As Amended

Motion Made By Rep. Wieland Seconded By Rep. Pollert

| Representatives | Yes | No | Representatives | Yes | No |
|----------------------------|-----|----|--------------------|-----|----|
| Chairman Jeff Delzer | ✓ | | Rep. James Kerzman | ✓ | |
| Vice Chairman Chet Pollert | ✓ | | Rep. Ralph Metcalf | ✓ | |
| Rep. Larry Bellew | ✓ | | | | |
| Rep. Alon C. Wieland | ✓ | | | | |
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Total (Yes) 6 No 0

Absent _____

Floor Assignment Rep. Wieland

If the vote is on an amendment, briefly indicate intent:

Amendment would reduce appropriated amount to \$100,000 total.

Date: March 24, 2005
Roll Call Vote #: 1

2005 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. SB2383

House Appropriations - Full Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number 50788.0201

Action Taken **DO PASS AS AMENDED**

Motion Made By **Rep Wieland** Seconded By **Rep BelleW**

| Representatives | Yes | No | Representatives | Yes | No |
|-------------------------------|-----|----|----------------------|-----|----|
| Rep. Ken Svedjan, Chairman | X | | Rep. Bob Skarphol | X | |
| Rep. Mike Timm, Vice Chairman | X | | Rep. David Monson | X | |
| Rep. Bob Martinson | X | | Rep. Eliot Glassheim | X | |
| Rep. Tom Brusegaard | X | | Rep. Jeff Delzer | X | |
| Rep. Earl Rennerfeldt | X | | Rep. Chet Pollert | X | |
| Rep. Francis J. Wald | X | | Rep. Larry Bellew | X | |
| Rep. Ole Aarsvold | X | | Rep. Alon C. Wieland | X | |
| Rep. Pam Gulleson | X | | Rep. James Kerzman | X | |
| Rep. Ron Carlisle | X | | Rep. Ralph Metcalf | X | |
| Rep. Keith Kempenich | X | | | | |
| Rep. Blair Thoreson | X | | | | |
| Rep. Joe Kroeber | X | | | | |
| Rep. Clark Williams | X | | | | |
| Rep. Al Carlson | X | | | | |

Total Yes 23 No 0

Absent 0

Floor Assignment **Rep Wieland**

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2383, as engrossed: Appropriations Committee (Rep. Svedjan, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (23 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Engrossed SB 2383 was placed on the Sixth order on the calendar.

Page 2, line 15, replace "The funds provided in this section, or so much of the" with "There is"

Page 2, line 16, remove "funds as may be necessary, are"

Page 2, line 17, after the second comma insert "the sum of \$100,000, or so much of the sum as may be necessary,"

Page 2, line 19, replace ", as follows:" with a period

Page 2, remove lines 20 through 26

Renumber accordingly

2005 TESTIMONY

SB 2383

**SENATE BILL 2383 TESTIMONY
SENATE HUMAN SERVICES COMMITTEE
February 7, 2005
RED RIVER ROOM**

By Jonathan Byers, Assistant Attorney General

Madam Chairman and Members of the Committee:

*Same given to
House Human Services
Committee*

My name is Jonathan Byers and I appear on behalf of the Attorney General. I wish to offer the Attorney General's support for the concept of legislative recognition and support for children's advocacy centers.

We live and work in a climate of heightened awareness and public scrutiny of the way that the criminal justice system handles sex offenders. As legislators you have seen, and will continue to see, various bills relating to sexual offender sentencing, supervision, registration, and civil commitment. In the last year, the governor has committed additional public dollars to hire sex offender specialists for the Department of Corrections' prison treatment staff and field services division.

All of those measures depend on the successful detection, investigation, and apprehension of the perpetrators of sexual crimes in North Dakota. My success as a sexual abuse prosecutor hinges on the quality investigation of such crimes.

Professionals around the nation have developed a better way of responding to allegations of sexual abuse. Through the use of children's advocacy centers, children are interviewed by trained forensic professionals and are examined by

physicians with the expertise to recognize signs of physical and sexual abuse. All of this occurs in a child and family-friendly environment that better serves the immediate and long-term needs of an abused child.

Although they are not seen as moneymakers for their respective hospitals, the children's advocacy centers fulfill a vital law enforcement and social service function by assisting with the investigation of child abuse. The fulfillment of such an important responsibility should not be left solely to the chance of a well-written grant application or kind-hearted hospital administrator.

I bring to you a proposed amendment to Senate Bill 2383 that would remove a reference to the children's advocacy center being a "presumed response" to an allegation of child abuse. The two advocacy centers in North Dakota are not able to do interviews in all cases, and "presumed response" would create an unreasonable expectation. I want to offer any other positive technical assistance^y that I can provide.

I would be happy to answer any questions.

PROPOSED AMENDMENTS TO SENATE BILL 2383

Page 2, line 2 replace "Referral" with "The Department or the law enforcement agency may refer the case"

Page 2, line 3, remove "is"

Page 2, line 4, remove "presumed to be the correct response to such a report"

Page 2, line 4, remove "children's advocacy center,"

Page 2, line 8, remove "children's advocacy center,"

Page 2, line 9, remove "children's advocacy center location,"

Renumber accordingly

Senate Human Services Committee

SB 2383

February 7, 2005

Good morning Chairman Lee and members of the Senate Human Services Committee. My name is Gladys Cairns and I serve as the administrator for child protection in the Children and Family Services Division of the Department of Human Services.

I am here today to support the recognition of Children's Advocacy Centers by the provision of the amendment to the definitions in the child abuse and neglect law and the addition of the Children's Advocacy Centers to the confidentiality section of the our law.

Since 1976 North Dakota's law for child abuse has included the recognition of Multi-disciplinary teams. Every county in our state has access to a dispositional team. In many ways North Dakota has been ahead of other states in the coordination of assessments/investigations. Years ago the legislature required the coordination between child protection services and law enforcement officials in response to suspected child sexual abuse and serious physical abuse. We have recognized the need for medical exams to be completed by medical professionals who have been trained specially for those exams and have provided opportunities for physicians to receive training. Children's Advocacy Centers are the next step in the provision of quality child protection services.

The Children's Advocacy Centers (CACs) are endorsed as the "state of the art" intervention for effective, sensitive assessment/investigation of allegations of child maltreatment with emphasis on safety for children and fairness to the accused.

Please consider the amendments offered by the Attorney General's office. The Department of Human Services supports SB 2383 with those amendments.

Others are here to provide you with information on Children's Advocacy Centers but I would be please to answer questions.

North Dakota 2005 Legislative Session

Senate -- Human Services Committee

Senate Bill 2383

February 7, 2005

Madam Chair and Members of the Committee:

My name is Alonna Norberg and I am a pediatrician in Fargo. I focus the majority of my time working with children who have been sexually and physically abused. I am here today speaking on behalf of the North Dakota chapter of the National Children's Alliance and the Red River Children's Advocacy Center (RRCAC) located in Fargo. I'm here to urge the Senate Human Services Committee to bring Senate Bill 2383 to the Senate floor with a DO PASS recommendation.

I have always had an interest in children's issues. My experience with children's advocacy centers started in my pediatric residency and grew as I completed my fellowship in emergency medicine in Ohio. There I took care of children, ranging in ages from just a few days old to eighteen years of age, who had suffered from sexual and physical abuse. Three years ago, I moved back to my home state of North Dakota. Since my return I have been working to see that children are served and protected in the best ways possible.

I thought that the physical and sexual abuse problems I saw in Ohio were the result of inner city living, poverty and drugs. My pediatric rotations in medical school at UND spent very little time discussing child abuse. It seemed as though people felt it didn't happen in North Dakota. I didn't think it was an issue here. The fact is, it does occur here in North Dakota but no one talks about it or admits that it happens here - these children desperately need our help. One way we can help deal with these traumatic events is to offer a place where people are encouraged to come for help...a place where children can feel safe.

Untreated children, as adults, have higher rates of legal problems, substance abuse, anti-social behavior, mental illness, suicide and dysfunctional relationships. Research by Dr. Vincent Felitti shows that when untreated victims of child abuse reach adulthood they have higher rates of obesity, eating disorders and high blood pressure as well as neurological, gastrointestinal and gynecological medical conditions, the economic implications of this for our state are enormous.

I would like to share some cases that we have experienced in North Dakota that I feel show the incredible need for children's advocacy centers here.

I remember one small frightened 3 year old girl who had been removed from her home because of a methamphetamine drug bust. The police officers brought her for a checkup for meth exposure and because she had strange marks on her skin that looked like burns. I explained that I was a doctor that does checkups on kids and helps them if they are worried about anything. I asked her if *she* was worried about anything. She appeared withdrawn but asked me if she could get her blankie and dolly back. They had been taken by the police because of chemical contamination from the meth production. I told her that we would get her a new dolly and blankie. I then asked her if she had any owies anywhere or if she was hurting anywhere? She said "just my tummy". On her exam she had multiple burns around her mouth, most likely from eating her food with silverware that had also been used in the production of meth. She was malnourished and dirty. On the exam of her genital area she had vaginal discharge and ulcers suggesting sexually transmitted disease. I then asked her if she had an owie on her bottom and she said "yes". I then asked her how she got her owie. She said "I'm scared... it is a secret...they will hurt me if I tell." I told her anything she told me would be okay and we were here to help her owies go away. She then relayed to me in disturbing detail how her father's friends had sodomized her repeatedly. She cried and said "my daddy's friends take turns on me." This happened here in North Dakota in a small town, not inner city, not some other state, right here.

Another case of an eleven-year-old boy who had been sexually abused by his mother's boyfriend also comes to mind. During his exam I asked him if he had ever done anything like what happened to him to anyone else. He said that he likes to play the same "games" with the kids at daycare. This led the investigation to his daycare and the evaluation of 7 other children who he had abused. Children who have been abused often abuse others, both as children and as adults. Again this occurred here in North Dakota.

We previously evaluated a young girl who denied any sexual abuse during her interview but during her medical exam asked the examiner if she could still see 'his' handprints inside her? Even children feel it is taboo to talk about sexual abuse. Often these children have been threatened by the abuser with harm to themselves or loved ones if they talk. This shows that an interview alone is sometimes not enough to adequately evaluate a child.

On the contrary, there was a case of a little girl that was removed from her home because the local practitioner found ulcers on the child's genitals. He presumed it was herpes and the mother's boyfriend was accused. The child was brought to the advocacy center for a forensic interview and expert medical evaluation. As an expert in the field of child sexual abuse exams I was able to determine that this was not a case of herpes or abuse but a lesion caused by a bacterial infection. The family was reunited.

Advocacy centers are here to assist the counties in these very difficult and complex evaluations of sensitive issues. The best possible outcomes are obtained for these children by having a mechanism in place for law enforcement, child protective workers, prosecution, medical experts and counselors to work together. No one agency can do this job by itself.

North Dakota's Children's Advocacy Centers are the entity that can coordinate the evaluations with the agencies and disciplines involved when a child is suspected of being abused. The mission of these centers is to have a child-friendly, child-focused, safe

environment for the children to come to when they are being evaluated and charges of abuse are being investigated.

We must work together for these children. Please support this bill so that all children who are suspected of being abused, whether they are in the most rural areas of North Dakota or just down the street from a center have access to the best resources available, in the best setting possible.

Thank you for allowing me the opportunity to address this important issue with you today. I will be happy to answer any questions you might have.

Senate Bill 2383
Senate Human Services Committee
02-07-2005 @ 1000 hr.
Red River Room

I am Les Witkowski, the Captain of the Enforcement Division, at the
Burleigh County Sheriff's Department (Patrol and Investigations Sections)
here in Bismarck.

I am here to express my support for Senate Bill 2383 regarding Childrens
Advocacy Centers in North Dakota.

In 1997 I became involved with the Advocacy Center in Bismarck serving
on the Task Force that established the CAC in Bismarck. I presently serve
on the Dakota Advocacy Centers Advisory Board.

Back in 1997 I was skeptical about establishing a CAC, I was somewhat
familiar with the mission of CACs but I thought it to be a "big city" idea. I
have four investigators with one devoted full time to illegal drug work on
our local task force and the other three conduct a variety of investigations
from burglary/thefts to sexual assaults to child abuse. My other concern
was trying to bring law enforcement, social services, mental health,
medical, advocacy and prosecution together to work collaboratively and

cooperatively. We do not even speak the same language, law enforcement calls these cases investigations, social service calls them assessments and mental health labels them evaluations.

But here we are eight years later and we have been successful. It's been a success because those individuals from the various disciplines put aside their personal and professional agendas for a greater good- that being the welfare of the child victims of these terrible crimes.

In closing, I approached my association – the North Dakota Peace Officers Association to ask for their support for Senate Bill 2383. Some on the NDPOA Legislative Committee were familiar with what CACs do – some were not. I provided them with background information on CACs and Bob Timian, NDPOA Past President and Chief Game Warden for North Dakota summed it up best “how can you go against these kids?”. The North Dakota Peace Officers Association supports Senate Bill 2383.

Thank you and I would be glad to try to answer any questions.

Captain Les C. Witkowski
Burleigh County Sheriff's Department
701-222-6651

Senate Human Services Committee

Testimony In Support of Senate Bill #2383

2-7-05

Chairman Lee, Members of the committee.

For the record, my name is Paula Condol. I am the coordinator and forensic interviewer of the Dakota Children's Advocacy Center in Bismarck, ND. I am here today to ask for your support for Senate Bill 2383.

The Dakota Children's Advocacy Center is a program of Medcenter One Health Systems that is committed to improving the response to child abuse. We are a community partnership that utilizes a comprehensive multidisciplinary team approach to supporting victims and investigating child abuse. Professionals from social services, law enforcement, prosecution, victim advocacy and the medical and mental health communities meet under one roof so that a child only has to tell of his or her abuse one time. Sensitivity to the needs and abilities of children is the hallmark of Children's Advocacy Centers.

Children's Advocacy Center's were started in Huntsville, AL in 1987 by US Congressman Bud Cramer, (then District Attorney of Madison County, AL), who saw that there must be a better way to help abused children. He, along with a multidisciplinary team, developed the children's advocacy center model to ensure that children are not further victimized by the systems intended to protect them. Since then Children's Advocacy Centers have developed in 49 states, including two here in North Dakota. The Dakota Children's Advocacy Center and the Red River Child Advocacy Center currently serve children in all 53 counties of North Dakota.

Child abuse happens in North Dakota. In 2003 the Dakota Children's Advocacy Center saw 193 cases of reported sexual abuse alone. Every year our centers see children that are raped, beaten, burned and threatened, and in any case of abuse,

the child has already experienced a great deal of mental and physical anguish. Children's Advocacy Centers offer environments that are free of intimidation. This welcoming atmosphere makes the situation less stressful for the child and as a result they may be more open to sharing their horrific experiences.

The multidisciplinary team approach is a collaboration of agencies. Together they collect forensic evidence, conduct forensic interviews, complete medical examinations, provide medical and mental health treatment and coordinate advocacy services and legal planning. They also provide case tracking to ensure that kids aren't lost in the system. Most do research and training, and provide technical assistance and consultation to agencies across the state.

The forensic interview process is unique because all investigative parties participate in a single interview with the child. At Children's Advocacy Center, one professional interviews the victim in a child-friendly room. Law enforcement, prosecution and social services participate in the interview via a closed circuit television. They contribute to the interview by prompting the interviewer to ask specific questions during breaks. With all parties involved, the interviewer can gain all necessary information to protect the child and assure to that the proper steps have been followed where legal action is necessary.

There is a specific benefit to the rural communities that do not have experience and training in conducting forensic interviews, providing specialized pediatric forensic exams, assessing the needs of victims and families, providing advocacy resources to support families and assuring resources are available to provide appropriate treatment services.

Additionally, even where there are medical, social service, mental health, or law enforcement providers available most do not have specialized training to appropriately evaluate child maltreatment cases.

Madam Chair and Members of the Committee, thank you for allowing me the opportunity to testify before you today and I will be happy to try and answer any of your questions.

Thank You.

**2005 Legislative Session
SB 2383 Children's Advocacy Center**

Comments for on-going support

"This is a wonderful service for law enforcement officers and for the victims and their families. Not all investigators have special training for interviewing child abuse victims.... I would like to see this service continued and even expanded..." - **Sgt. Nancy Murphy, Minot Police Department**

"Burleigh/Morton Counties have many cases of physical and sexual abuse each year and the center is an asset as we can obtain forensic interviews and expert sexual abuse exams. We appreciate the collaborative effort with medical, law enforcement, and social services." - **Chris Kasper, Child Protection Supervisor, Burleigh County Social Services**

"I believe the children feel far more comfortable at the Children's Advocacy Center than they would with a police officer when trying to explain their problems. There are also medical doctors on staff... this is also very beneficial in the prosecution of sex crimes and is also a benefit to the victim and their family to know the medical condition of the victim." - **Chuck Dahl, Chief of Police, Hazen Police Department**

"...Children's Advocacy Center is an extremely beneficial service to our clientele in the rural areas. We view the personnel at the Center as having the expertise in conducting forensic interviews...."

"The set up for conducting the interviews give a team approach..."

"In the rural areas, we don't have the equipment to videotape the interviews as done at the center." "...the child is interviewed in a child friendly room by only one trained professional and participates in only one interview."

"I, and the social workers that I supervise, fully support the Children's Advocacy Center." - **Susan Crawford, Social Work Supervisor, Mercer, McLean, & Oliver County Social Services**

"The staff of the CAC perform a very sensitive and vital task in determining such risk or occurrence of sexual abuse to the beloved and precious children of Fort Berthold Indian Reservation."

"The interview process for such abuse is a very thought-out tactful and respectful procedure that has helped our children feel safe, important, and valuable. "The services are consistent and strong."

"We not only support the CAC, we NEED it to assist our children of Fort Berthold and their right to respect, protection and success in their lives."
-Heather Waller, LSW, Three Affiliated Tribes, Child Welfare

"We fully support the work and efforts of the Children's Advocacy Center... Not only have we had success using the forensics interviews and medical examinations, but the support provided to the parents is also crucial."

"It is also important that such a center exists in Bismarck where persons in the western part of the state have access to such services without the burden of travel..."- **Rick Shirey, Jay Dalen, Greg Barros,**
Investigators, Dickinson Police Department

"We have used the center a number of times. The smaller counties don't have the resources needed or expertise to do the professional job the Advocacy Center does." - **JoAnn Beery, Licensed Social Worker, Oliver**
County Social Services

"...the most important aspect of the CAC is that it brings together professionals from law enforcement, prosecution, social services, mental health and medical disciplines in a collaborative effort to assist the child victims of these crimes."

"...because of such professionally prepared cases many child abuse prosecutions are pled prior to any trial being scheduled."- **Les Witkowski,**
Captain, Burleigh County Sheriff

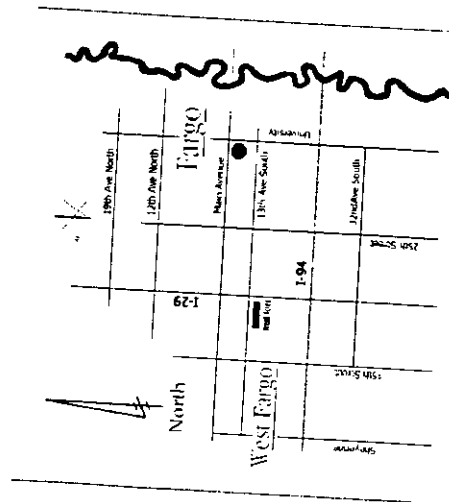
"These interviews and exams are conducted in a safe and caring environment by personnel who have a vested interest in the well-being of victims with whom they have contact. For most victims, coming to the center means they only have to tell their story once, which helps reduce the trauma they have endured."

“The North Dakota offices of the Federal Bureau of Investigation (FBI) rely heavily upon the Children’s Advocacy Center due to the fact that many child victims do not feel comfortable speaking about embarrassing details with male agents.”

“The Centers provide a valuable service not only to the victims, but to law enforcement personnel. The expertise demonstrated in the field of medical exams and forensic interviewing techniques helps gain necessary and vital information for a successful prosecution. - **Mark T. Post, Acting Special Agent in Charge, Federal Bureau of Investigation**

Community Board of Directors

Betsy Jackson, President
 Bill Sorenson, Vice President
 Anna Frissell, Secretary
 Sandy Korb, Treasurer
 Jane Hella
 Susan Andrews
 Dr. David Crockett
 Joan Justesen
 Dr. Kurt Kooyer
 Greg Lemke
 Curt Noyes
 Jonal Uglum



Contact: Lori Mickelson, Executive Director
 317 South University Dr., Fargo ND
 (701) 541-0898, (701) 232-8558 (alt)
 mickelsonl@earthlink.net

RED RIVER
 CHILDREN'S
 ADVOCACY CENTER

RED RIVER CHILDREN'S ADVOCACY CENTER
 317 South University Drive
 Fargo, ND 58103

Some
 people think
 child abuse
 doesn't
 happen in
 their
 community.

RED RIVER
 CHILDREN'S
 ADVOCACY CENTER

WCKR-TV
better.

Child abuse can—and does—happen anywhere, including right here in North Dakota. Child abuse is more common than you think. The abuse is all too often carried out by trusted individuals, and its innocent victims are the most precious resource we have—our children.

To better respond to child abuse in North Dakota, the **Red River Children's Advocacy Center** was created by a multidisciplinary group of dedicated professionals who care about children.

The mission of the **Red River Children's Advocacy Center**:

*To provide professional, compassionate,
well-coordinated services for victims of child
abuse and their families.*

Teamwork Required

The investigation of child abuse—and the treatment of its victims—poses many challenges. Without a Children's Advocacy Center, the pursuit of abuse allegations, the subsequent criminal investigation, the medical evaluation of the child, and following up the child's emotional and physical well-being are all too often fragmented.

As a result, cases of child abuse might be missed and are more difficult to prosecute. Furthermore, as the investigation proceeds, the victim is at risk for having to endure multiple interviews in multiple settings.

RRCAC centrally coordinates the efforts of social services, law enforcement, prosecutors, family advocates and medical/mental health professionals, thereby streamlining the investigation of child abuse. Communication among team members is facilitated. Legal strategies are bolstered. Follow up treatment is closely monitored. Perhaps most importantly, the emotional burden on the child and family are reduced.

Child Friendly

The RRCAC is located in a professional, comfortable, facility. Special care has been taken to create a child-friendly environment. The center accommodates the members of the multidisciplinary team and ensures a safe atmosphere for children and families.

Benefits of the RRCAC

- ✓ Coordinated multidisciplinary services:
 - objective, unbiased investigation
 - timely follow-up to child abuse reports
 - expert medical personnel
 - accomplished court testimony
 - trained pediatric forensic interviewers
 - experienced case review and tracking
 - coordinated medical and mental health follow-up
- ✓ Reduction in the number of times a child victim is interviewed.
- ✓ Community and agency education on child abuse.
- ✓ State, regional and national affiliation with the National Children's Alliance and other Children's Advocacy Centers.



NATIONAL
CHILDREN'S
ALLIANCE

Benefits of the Dakota Children's Advocacy Center

- Child friendly atmosphere
- Specially trained interviewer
- Specialized medical practitioners
- Digital colposcope
- Video-taped interview
- Expert court testimony
- Unbiased third party
- Multidisciplinary team approach
- Reduces the number of child interviews
- Effective Mental Health referrals
- No charge for services
- Shorter caseworker response times
- Lengthier investigations
- More investigative contacts
- More perpetrator departures from the home
- More perpetrator confessions
- More frequent victim corroboration
- More substantiated reports
- More criminal prosecutions
- More guilty pleas



**Medcenter One
Health Systems**
medcenterone.com

... dedicated to the lives we touch!

ADVISORY BOARD ROLES

- Support representation of the whole community and actively recruits staff, volunteers and board members that reflect the demographics of the community.
- Meet on a monthly basis.
- Participate in training events that support the multidisciplinary approach in the management of child abuse cases.
- Develop, review and revise policies and procedures.
- Assist the CAC to obtain funding through grants and other sources.
- Provide recommendations to Medcenter One Health Systems on policies and procedures of the CAC.
- Work cooperatively with Medcenter One administration regarding the operation of the CAC in meeting its stated mission.
- Provide guidance to and consultation with CAC staff in the area of the board member's expertise.
- Participate in case review meetings.
- Assist with special projects, such as training, etc.

FUNDING

The Dakota Children's Advocacy Center is fully funded through grants, donations and third party payers.

Edward Byrne Memorial Grant

VOCA

MDU Resources Group, Inc.



**RONALD MCDONALD
HOUSE CHARITIES**



Medcenter One Health Systems

**NATIONAL
CHILDREN'S
ALLIANCE**



NETWORKING BOARD ROLES

- Support the mission of the Children's Advocacy Center, which is to protect children by providing on-site agency collaboration and the use of the multi-disciplinary team approach in prevention, investigation, assessment, referral, prosecution and treatment of child abuse.
- Work with and assist the Dakota Children's Advocacy Center to ensure that the best interest and protection of children will be served.
- Provide a cooperative effort, wherein a multi-disciplinary team approach may be utilized in the investigation, assessment, referral for prosecution, medical and therapeutic treatment involving child victims of abuse.
- To maintain regular communication with the Center in regards to its operations.
- All agencies will be invited and encouraged to attend an annual meeting and any training sponsored by the Center.

WHAT WE DO

THE INTERVIEW

The forensic interview process is unique because all investigative parties participate in only one interview. The child is interviewed in a child friendly room with one professional. Law enforcement, prosecution, and social services participate in the interview via a closed circuit television. They contribute to the interview by visiting with the interviewer on breaks and directing the interviewer to ask certain questions.

THE EXAM

A medical exam may be done to ensure the health and safety of the child as well as identify any evidence of child abuse.

The medical exam is done by a medical professional who has been specifically trained in child abuse examinations. This exam is non-intrusive and should not be painful to the child.

THE FAMILY

Counseling is available at the Advocacy Center to the victim and/or their family. Abused children and their families often need immediate support as well as long term treatment to deal with their feelings about abuse.

THE ADVOCATE

The family Advocate focuses on the needs of the non-offending caregiver and the children. The Advocate can offer support, make referrals and help answer questions the family might have.

TELECONFERENCING

Education is available to the community and agencies across North Dakota on an as needed basis. We focus our efforts on the need for prevention, the effects of child abuse and the importance of collaborating and using the multidisciplinary team approach. The CAC also offers NCA n.e.t., which is a national teleconferencing program that offers training, technical assistance and support to the multidisciplinary team several times a month. CEU's are made available.

OUR TEAM

*** Cynthia Feland**

Burleigh County States Attorney

*** Jonathan Byers**

Assistant Attorney General

Gladys Cairns

Department of Child and Family Services

Shari Doe

Burleigh County Social Services

Cathy Ferderer

NDCAWS

*** Rick Volk**

US Attorney's Office

Brian Grossinger

Morton County State's Attorney

Bob Haas

Bismarck Police Department

*** Jacki Lelm**

West Central Human Service Center

*** Paula Huber**

Abused Adult Resource Center

*** Gary Malo**

Bismarck Police Department Advisory Board

*** Chris Kasper**

Burleigh/Morton County Social Services

*** Paul Leingang**

Mandan Police Department

** indicate participation on the Advisory Board*

Kathy Mayer

Prevent Child Abuse ND

Mike Quinn

Bureau of Criminal Investigations

Richard Riha

Burleigh County State's Attorney

Mary Lee Steele

West Central Human Service Center

*** Veronica Fernow**

West Central Human Service Center

*** Les Witkowski**

Burleigh County Sheriff's Department

*** Peter Woodrow, MD**

Medcenter One Health Systems

*** Kristie Anderson**

FBI

*** Joan Standing Bear**

Standing Rock Child Protection

*** Diane Gates**

Indian Health Services Mental Health

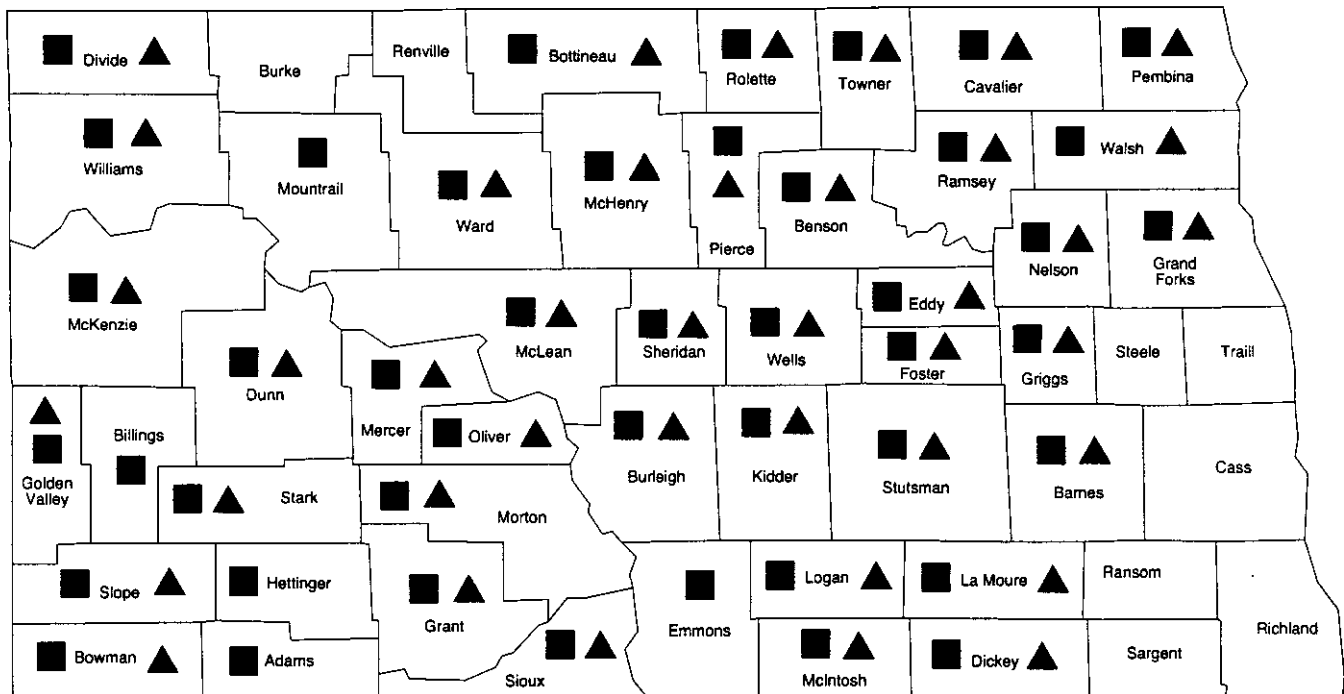
*** Jacqueline Owl**

Standing Rock Victim Witness Specialist

*** Julie Schwab**

Medcenter One Health Systems

WHERE WE SERVE

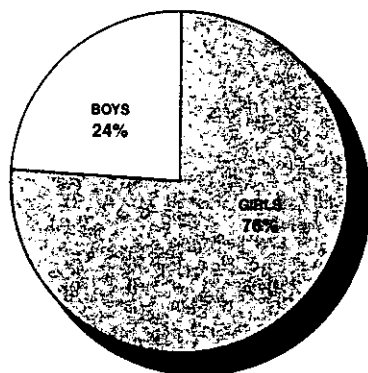


■ Seen in 1999-2003 ▲ Seen in 2002-2003

WHO WE SERVE

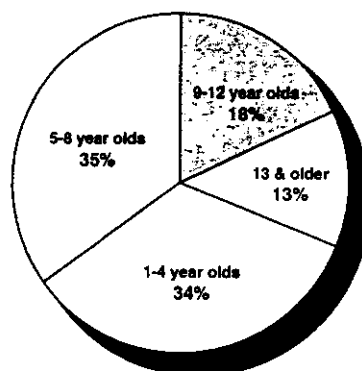
GENDER

One in four girls and one in six boys will be sexually abused before the age of 18. In fact, over one in ten of all substantiated child abuse and neglect referrals to social service agencies nationwide are victims of sexual abuse.

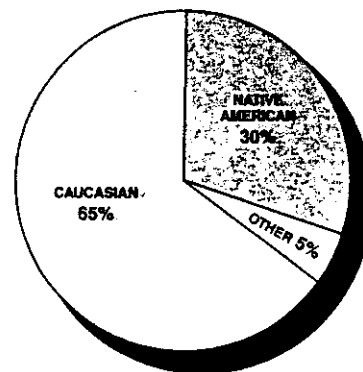


Age of children served by the Children's Advocacy Center

Child abuse affects children of all ages, however, the overwhelming majority of children seen at the Dakota Children's Advocacy Center is under the age of 9.



RACE

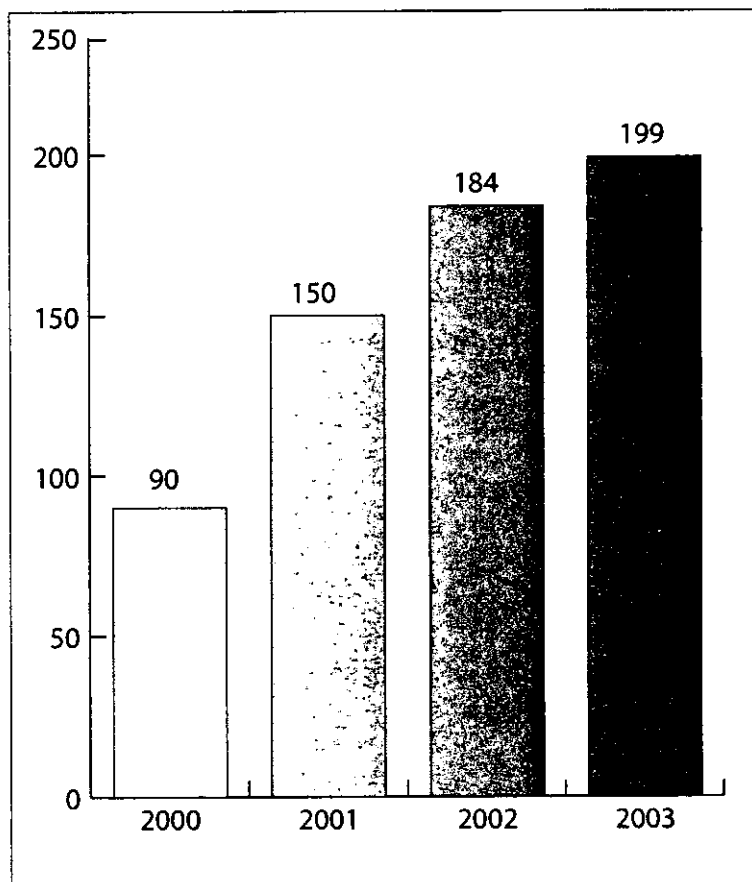


Types of abuse investigated

The primary focus of the Dakota Children's Advocacy Center is sexual abuse, however, we also provide services to victims of physical abuse.

OUR HISTORY

The **Dakota Children's Advocacy Center** started out as a task force to improve and create a coordinated response to child sexual abuse investigations. It opened in the summer of 1997 and became a full member of the National Children's Alliance in 1998. Since it's opening the CAC has experienced tremendous growth. We now serve all of the counties in North Dakota, including the four Native American Reservations, as well as northern South Dakota and Eastern Montana.



WHO WE ARE

The **Dakota Children's Advocacy Center** is a program of Medcenter One Health Systems that is committed to improving the response to child abuse. We are a community partnership that utilizes a comprehensive multidisciplinary team approach to investigating child abuse. Professionals from social services, law enforcement, prosecution, victim advocacy and the medical and mental health communities come together under one roof so that a child only has to tell of his or her abuse one time. Attention to the needs and abilities of children is the hallmark of the Dakota Children's Advocacy Center program and is the most fundamental standard required for membership in NCA Children's Advocacy Center's ensure that children are not further victimized by the systems intended to protect them.

MISSION

To protect children by providing on-site agency collaboration with the use of the multi-disciplinary team approach in the prevention, investigation, assessment, prosecution and treatment of child abuse.

#2

House Human Services Committee
SB 2383
March 9, 2005

Good morning Chairman Price and members of the House Human Services Committee. My name is Gladys Cairns and I serve as the administrator for child protection in the Children and Family Services Division of the Department of Human Services.

I am here today to support the recognition of Children's Advocacy Centers by the provision of the amendment to the definitions in the child abuse and neglect law and the addition of the Children's Advocacy Centers to the confidentiality section of the our law.

Since 1976 North Dakota's law for child abuse has included the recognition of Multi-disciplinary teams. Every county in our state has access to a dispositional team. In many ways North Dakota has been ahead of other states in the coordination of assessments/investigations. Years ago the legislature required the coordination between child protection services and law enforcement officials in response to suspected child sexual abuse and serious physical abuse. We have recognized the need for medical exams to be completed by medical professionals who have been trained specially for those exams and have provided opportunities for physicians to receive training. Children's Advocacy Centers are the next step in the provision of quality child protection services.

The Children's Advocacy Centers (CACs) are endorsed as the "state of the art" intervention for effective, sensitive assessment/investigation of allegations of child maltreatment with emphasis on safety for children and fairness to the accused.

The Department of Human Services supports SB 2383 and asks for your favorable vote.

Others are here to provide you with information on Children's Advocacy Centers but I would be please to answer questions. Thank you!

#3

Senate Bill 2383
House Human Services Committee
03-08-2005 @ 1000 hrs.
Ft. Union Room

I am Les Witkowski, the Captain of the Enforcement Division at the Burleigh County Sheriff's Department (Patrol and Investigations Sections) here in Bismarck.

I am here in support of Senate Bill 2383 regarding Children's Advocacy Centers in North Dakota.

In 1997 I became involved with the Advocacy Center in Bismarck serving on the task force that established the CAC in Bismarck. I presently serve on the Dakota Children's Advocacy Centers Advisory Board.

The multidisciplinary approach to investigating allegations of child sexual and physical abuse is a primary mission of child advocacy centers. In 1997 I was not sure how to bring together law enforcement, social services, medical, mental health, advocacy, and prosecution to work collaboratively and cooperatively but in eight years we have established a very efficient and successful program. The success of the program came about because those individuals from the various disciplines put aside their personal and professional agendas for a greater good – that being the welfare of the child victims of these terrible crimes.

As a member of the North Dakota Peace Officers Legislative Committee, I want to inform you that the North Dakota Peace Officers Association is also in support of Senate Bill 2383.

Thank you and I would be glad to try to answer your questions.

Captain Les C. Witkowski
Burleigh County Sheriff's Department 701-222-6651

#21
House Human Services Committee
Testimony In Support of Senate Bill #2383
3-9-05

Chairman Price, Members of the committee.

For the record, my name is Paula Condol. I am the coordinator of the Dakota Children's Advocacy Center in Bismarck, ND. I am here today to ask for your support for Senate Bill 2383.

The Dakota Children's Advocacy Center is a program of Medcenter One Health Systems that is committed to improving the response to child abuse. We are a community partnership that utilizes a comprehensive multidisciplinary team approach to supporting victims and investigating child abuse. Professionals from social services, law enforcement, prosecution, victim advocacy and the medical and mental health communities meet under one roof so that a child only has to tell of his or her abuse one time. Sensitivity to the needs and abilities of children is the hallmark of Children's Advocacy Centers.

Children's Advocacy Centers were started in Huntsville, AL in 1987 by US Congressman Bud Cramer, (then District Attorney of Madison County, AL), who saw that there must be a better way to help abused children. He, along with a multidisciplinary team, developed the children's advocacy center model to ensure that children are not further victimized by the systems intended to protect them. Since then

Children's Advocacy Centers have developed in 49 states, including two here in North Dakota. The Dakota Children's Advocacy Center and the Red River Child Advocacy Center currently serve children in all 53 counties of North Dakota.

Child abuse happens in North Dakota. In 2003 the Dakota Children's Advocacy Center saw 193 cases of reported sexual abuse alone. The following year, when the Red River Child Advocacy program opened this number dropped only by 62 cases, indicating the enormous need that our two centers fulfill. Every year our centers see children that are raped, beaten, burned and threatened, and in any case of abuse, the child has already experienced a great deal of mental and physical anguish. Children's Advocacy Centers offer environments that are free of intimidation. This welcoming atmosphere makes the situation less stressful for the child and as a result they may be more open to sharing their horrific experiences.

The forensic interview process is unique because all investigative parties participate in a single interview with the child. At the Dakota Child Advocacy Center, one professional interviews the victim in a child-friendly room. Law enforcement, prosecution and social services participate in the interview via a closed circuit television. They contribute to the interview by prompting the interviewer to ask specific questions during breaks. With all parties involved, the interviewer can gain all necessary information to protect the child and assure to that the proper steps have been followed where legal action is necessary.

There is a specific benefit to the rural communities that do not have experience and training in conducting forensic interviews, providing specialized pediatric forensic exams, assessing the needs of victims and families, providing advocacy resources to support families and assuring resources are available to provide appropriate treatment services.

Additionally, even where there are medical, social service, mental health, or law enforcement providers available most do not have specialized training to appropriately evaluate child maltreatment cases.

Madam Chair and Members of the Committee, thank you for allowing me the opportunity to testify before you today and I will be happy to try and answer any of your questions.
Thank You.

North Dakota 2005 Legislative Session

House -- Human Services Committee

Senate Bill 2383

March 9, 2005

*same
testimony given
to the House
Human Resources
Division, appropriate #5*

Madam Chair and Members of the Committee:

My name is Alonna Norberg and I am a pediatrician in Fargo. I focus the majority of my time working with children who have been sexually and physically abused. I am here today speaking on behalf of the North Dakota chapter of the National Children's Alliance and the Red River Children's Advocacy Center (RRCAC) located in Fargo and serving communities throughout North Dakota. I'm here to urge the House Human Services Committee to bring Senate Bill 2383 to the House floor with a DO PASS recommendation.

I have always had an interest in children's issues. My experience with children's advocacy centers started in my pediatric residency and grew as I completed my fellowship in emergency medicine in Ohio. There I took care of children, ranging in ages from just a few days old to eighteen years of age, who had suffered from sexual and physical abuse. Three years ago, I moved back to my home state of North Dakota. Since my return I have been working to see that children are served and protected in the best ways possible.

I thought that the physical and sexual abuse problems I saw in Ohio were the result of inner city living, poverty and drugs. My pediatric rotations in medical school spent very little time discussing child abuse. It seemed as though people felt it didn't happen in North Dakota. I didn't think it was an issue here. The fact is, it does occur here in North Dakota but no one talks about it or admits that it happens here - these children desperately need our help. One way we can help

deal with these traumatic events is to offer a place where people are encouraged to come for help...a place where children can feel safe. A place called the children's advocacy center.

Untreated children, as adults, have higher rates of substance abuse, anti-social behavior, mental illness, suicide, dysfunctional relationships and legal problems. Research by Dr. Vincent Felitti and colleagues shows that when untreated victims of child abuse reach adulthood they have higher rates of eating disorders, obesity and high blood pressure as well as neurological, gastrointestinal and gynecological medical conditions, the economic implications of this for our state are enormous. The Adverse Childhood Experiences (ACE) Study by Felitti shows a powerful relationship between our emotional experiences in childhood and our physical and mental health as adults.

I would like to share some cases that we have experienced in North Dakota that I feel show the incredible need for children's advocacy centers here.

I remember one small frightened 3-year-old girl who had been removed from her home because of a methamphetamine drug bust. The police officers brought her for a checkup for meth exposure and because she had strange marks on her skin that looked like burns. I explained that I was a doctor that does checkups on kids and helps them if they are worried about anything. I asked her if *she* was worried about anything. She appeared withdrawn but asked me if she could get her blankie and dolly back. They had been taken by the police because of chemical contamination from the meth production. I told her that we would get her a new dolly and blankie. I then asked her if she had any owies anywhere or if she was hurting anywhere? She said "just my tummy". On her exam she had multiple burns around her mouth, most likely from eating her food with silverware that had also been used in the production of meth. She was malnourished and dirty. On the

exam of her genital area she had vaginal discharge and ulcers suggesting sexually transmitted disease. I then asked her if she had an owie on her bottom and she said "yes". I then asked her how she got her owie. She said "I'm scared... it is a secret...they will hurt me if I tell." I told her anything she told me would be okay and we were here to help her owies go away. She then relayed to me in disturbing detail how her father's friends had sodomized her repeatedly. She cried and said "my daddy's friends take turns on me." This happened here in North Dakota, not an inner city, not some other state, right here.

Another case of an eleven-year-old boy who had been sexually abused by his mother's boyfriend also comes to mind. During his exam I asked him if he had ever done anything like what happened to him to anyone else. He said that he likes to play the same "games" with the kids at daycare. This led the investigation to his daycare and the evaluation of 7 other children who he had abused. Children who have been abused often abuse others, both as children and as adults. Again, this occurred here in North Dakota.

We previously evaluated a young girl who denied any sexual abuse during her interview but during her medical exam asked the examiner if she could still see 'his' handprints inside her? Even children feel it is taboo to talk about sexual abuse. Often these children have been threatened by the abuser with harm to themselves or loved ones if they talk. This shows that an interview alone is sometimes not enough to adequately evaluate a child.

As illustrated in the next case, the center works to give a non-biased expert opinion in order to prevent the risk of false accusation. There was a case of a little girl that was removed from her home because the local practitioner found ulcers on the child's genitals. He presumed it was herpes and the mother's boyfriend was accused. The child was brought to the advocacy center for a forensic

interview and expert medical evaluation. As an expert in the field of child sexual abuse exams, I was able to determine that this was not a case of herpes or abuse but a lesion caused by a bacterial infection. The family was reunited.

Advocacy centers are here to assist the counties in these very difficult and complex evaluations of sensitive issues. The best possible outcomes are obtained for these children by having a mechanism in place for law enforcement, child protective workers, prosecution, medical experts and counselors to work together as a team. Having pediatric experts in the area of forensic interviewing and both sexual and physical abuse allows for a more proficient evaluation at the center. With the team present, information is shared and cases are evaluated more efficiently in a comprehensive manner. **No one agency can do this job by itself.**

North Dakota's Children's Advocacy Centers are the entity that can coordinate the evaluations with the agencies and disciplines involved when a child is suspected of being abused. The mission of these centers is to have a child-friendly, child-focused, safe environment for the children to come to when they are being evaluated and charges of abuse are being investigated.

We must work together for these children. Please support this bill so that all children who are suspected of being abused, whether they are in the most rural areas of North Dakota or just down the street from a center have access to the best resources available, in the best setting possible.

Thank you for allowing me the opportunity to address this important issue with you today. I will be happy to answer any questions you might have.

**SENATE BILL 2383 TESTIMONY
HOUSE APPROPRIATIONS COMMITTEE
Human Resources Division
March 22, 2005
SAKAKAWEA ROOM**

By Jonathan Byers, Assistant Attorney General

Mr. Chairman and Members of the Committee:

My name is Jonathan Byers and I appear on behalf of the Attorney General. I wish to offer the Attorney General's support for the concept of legislative recognition and support for children's advocacy centers.

We live and work in a climate of heightened awareness and public scrutiny of the way that the criminal justice system handles sex offenders. As legislators you have seen, and will continue to see, various bills relating to sexual offender sentencing, supervision, registration, and civil commitment. In the last year, the governor has committed additional public dollars to hire sex offender specialists for the Department of Corrections' prison treatment staff and field services division.

All of those measures depend on the successful detection, investigation, and apprehension of the perpetrators of sexual crimes in North Dakota. My success as a sexual abuse prosecutor hinges on the quality investigation of such crimes.

Professionals around the nation have developed a better way of responding to allegations of sexual abuse. Through the use of children's advocacy centers, children are interviewed by trained forensic professionals and are examined by physicians with the expertise to recognize signs of physical and sexual abuse. All of this occurs in a child and family-friendly environment that better serves the immediate and long-term needs of an abused child.

Although they are not seen as moneymakers for their respective hospitals, the children's advocacy centers fulfill a vital law enforcement and social service function by assisting with the investigation of child abuse. The fulfillment of such an important responsibility should not be left solely to the chance of a well-written grant application or kind-hearted hospital administrator.

I want to offer any other positive technical assistance that I can provide. I would be happy to answer any questions.

Senate Bill 2383

House Appropriations
Subcommittee on Human Resources

March 22, 2005

Chairman Delzer, Members of the Committee, my name is Michon Sax and I am the County Social Service Director for McKenzie and Williams County Social Services.

SB 2383 addresses the definition, the role, and the funding for Children's Advocacy Centers in North Dakota. It is, in my estimation, one of the most important pieces of legislation which you will act upon this session. While it is not large in the number of dollars requested, it is large in the impact it has on the lives of children in the state who are sometimes unable to defend or speak for themselves.

There are currently two centers in the state; the Red River Children's Advocacy Center in Fargo and the Dakota Children's Advocacy Center in Bismarck. The agencies which I serve have utilized the expertise of both centers.

Imagine, if you will, a child less than three months old who has been brought to the emergency room of the local hospital. The child has what appears to be multiple bruising but the caregiver denies any type of abuse. The examining physician is attempting to establish whether the bruising, both external and internal, is the result of a congenital illness/defect or the result of abuse. The results are inconclusive even though the x-rays indicate that there is something seriously wrong with this child. Although local physicians are dedicated and thorough, they are not always able to determine if what is presented is an illness or the result of abuse.

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Children's Advocacy Centers – SB 2383

Because the results of the examination are inconclusive, the physician, in consultation with the social worker, refers the child to the Children's Advocacy Center. The examination there conclusively determines that the child is the victim of multiple acts of abuse.

Physicians at the Children's Advocacy Centers have advanced, specialized training enabling them to do a much more detailed and conclusive examination and testing, where necessary. The social workers have been trained in forensic interviewing. Younger children who may be victims of sexual abuse are interviewed by the specially trained social workers and may receive a specialized physical examination by the trained physician. This is a service not available in many areas of the state.

The services offered by the Advocacy Centers have identified or, in some cases, eliminated physical or sexual abuse of a child. The expertise provided by the specially trained and caring staff has saved the lives of children in North Dakota.

In my two counties we utilize the Centers only in the most severe cases and I believe this is what other counties do as well. We have cases which have shown numerous injuries and, with the help of the physician and social worker, have been able to protect the child while offering services to the family. Often the referral is made to the Center after the local social worker has done an interview or interviews with inconclusive results.

Someone asked me years ago what I hoped to achieve in my career in social services. Being idealistic at the time, I said that if

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Children's Advocacy Centers – SB 2383

I could help one person I would feel that my time would have been worthwhile. I have been in the system a long time and I have hopefully helped that one child. The Legislature has a chance now to help 'one child' or more by funding and continuing the very important work of the Children's Advocacy Centers. It is my hope that you will see your way clear to help them continue to do the valuable work that they do for families and children in North Dakota.

Thank you for the opportunity to testify in favor of this bill. If you have any questions, I would attempt to answer them.

House Appropriations Committee

Testimony In Support of Senate Bill #2383

3-22-05

Mr. Chairman, Members of the committee.

For the record, my name is Paula Condol. I am the coordinator and forensic interviewer of the Dakota Children's Advocacy Center in Bismarck, ND. I am here today to ask for your support for Senate Bill 2383.

The Dakota Children's Advocacy Center is a program of Medcenter One Health Systems that is committed to improving the response to child abuse. We are a community partnership that utilizes a comprehensive multidisciplinary team approach to supporting victims and investigating child abuse. Professionals from social services, law enforcement, prosecution, victim advocacy and the medical and mental health communities meet under one roof so that a child only has to tell of his or her abuse one time. Sensitivity to the needs and abilities of children is the hallmark of Children's Advocacy Centers.

Children's Advocacy Center's were started in Huntsville, AL in 1987 by US Congressman Bud Cramer, (then District Attorney of Madison County, AL), who saw that there must be a better way to help abused children. He, along with a multidisciplinary team, developed the children's advocacy center model to ensure that children are not further victimized by the systems intended to protect them. Since then Children's Advocacy Centers have developed in 49 states, including two here in North Dakota. The Dakota Children's Advocacy Center and the Red River Child Advocacy Center currently serve children in all 53 counties of North Dakota.

Child abuse happens in North Dakota. In 2003 the Dakota Children's Advocacy Center saw 193 cases of reported sexual abuse alone. Every year our centers see children that are raped, beaten, burned and threatened, and in any case of abuse,

the child has already experienced a great deal of mental and physical anguish. Children's Advocacy Centers offer environments that are free of intimidation. This welcoming atmosphere makes the situation less stressful for the child and as a result they may be more open to sharing their horrific experiences.

The multidisciplinary team approach is a collaboration of agencies. Together they collect forensic evidence, conduct forensic interviews, complete medical examinations, provide medical and mental health treatment and coordinate advocacy services and legal planning. They also provide case tracking to ensure that kids aren't lost in the system. Most do research and training, and provide technical assistance and consultation to agencies across the state.

The forensic interview process is unique because all investigative parties participate in a single interview with the child. At Children's Advocacy Center, one professional interviews the victim in a child-friendly room. Law enforcement, prosecution and social services participate in the interview via a closed circuit television. They contribute to the interview by prompting the interviewer to ask specific questions during breaks. With all parties involved, the interviewer can gain all necessary information to protect the child and assure to that the proper steps have been followed where legal action is necessary.

There is a specific benefit to the rural communities that do not have experience and training in conducting forensic interviews, providing specialized pediatric forensic exams, assessing the needs of victims and families, providing advocacy resources to support families and assuring resources are available to provide appropriate treatment services.

Additionally, even where there are medical, social service, mental health, or law enforcement providers available most do not have specialized training to appropriately evaluate child maltreatment cases.

Although Children's Advocacy Center's play an important role in our criminal justice, mental health and medical systems, they are not moneymakers. Currently our centers are funded through grants, donations, and in-kind support. The \$50,000 appropriation for each center, per year would enable the centers to provide education and materials to the counties and families, mental health and advocacy services (i.e. counseling and reimbursement for family's travel to the center), training of professionals, forensic interviewing services, case management and case review.

Mr. Chairman and Members of the Committee, thank you for allowing me the opportunity to testify before you today and I will be happy to try and answer any of your questions.

Thank You.

ANNUAL PROGRAM BUDGET

Give your agency's annual budget. If you are operating under another agency, give only the budget specifics that pertain to your entire program.

REVENUE

| | |
|--------------------------------|----------|
| VOCA Grant | \$54172 |
| NCA Program Grant | \$10,000 |
| NCA Training Grant | \$5000 |
| Edward Byrne Grant | \$4420 |
| Forensic Interviews | \$35,000 |
| Medical Exams | \$6000 |
| Ronald McDonald House | \$5000 |
| Medcenter One In-Kind | \$25582 |
| Prevent Child Abuse ND In-Kind | \$200 |

Total Revenue **\$145374**

EXPENSES

Personal

| | |
|--|---------|
| Program Coordinator/Forensic Interviewer | |
| – Full time w/benefits | \$48482 |
| Family Advocate | |
| – Part time w/benefits | \$17185 |
| Patient Service Coordinator | |
| – Part time w/benefits | \$6649 |
| Medical Personnel | \$4200 |
| Nursing Personnel | \$1200 |
| Hospital Administration (Bookkeeping, Billing, etc.; | |
| \$450/mo x 12) | \$5400 |

\$83116

Travel & Training

| | |
|---|--------|
| Reimbursement for families (hotel, gas and food | |
| for families in outlying counties) | \$1500 |
| Training and Professional Development | \$9000 |
| Travel and expenses for meetings | \$1500 |

\$12000

Supplies and Equipment

| | |
|---|--------|
| Notebook Computer | \$2500 |
| Office and Computer Supplies (\$83/mo x 12) | \$1500 |
| Postage (\$50/mo x 12) | \$600 |

| | |
|---------------------|--------|
| Safety Kits | \$4000 |
| Education materials | \$1000 |

\$9600

Rent/Utilities

| | |
|--|---------|
| Rent (\$1200/mth x 12) | \$14400 |
| Telephone: Basic service, long distance, | |
| Internet (2 handsets \$150/mo x 12) | \$3600 |
| Telemedicine phone lines (\$250/mo x 12) | \$3360 |
| Telemedicine calls (\$300/mo x 12) | \$3600 |
| Meeting expenses (\$100/mo x 12) | \$1200 |

\$26160

Other

| | |
|--------------------------------------|---------|
| Medical exams/Interviews for victims | \$10000 |
| Liability Insurance | \$1500 |
| Equipment Depreciation | \$2818 |
| Membership Dues | \$180 |

\$14498

Total Expenses

\$145374