



**National  
Children's  
Alliance®**

*The Force Behind  
Children's Advocacy Centers*



# One Voice, Stronger

Annual Report 2019



# Our Community in 2019



The number of Children's Advocacy Centers (CACs) serving more than 370,000 kids



The percent of all children in geographic areas in the U.S. that have access to CAC services, including **957,900 more children** than the previous year

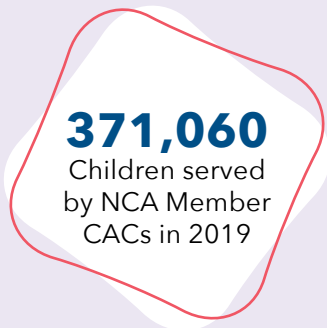


The number of CACs gaining accreditation for the first time, meeting our field's highest standards of practice

More national, regional, and state statistics are available on [nationalchildrensalliance.org/cac-statistics](https://nationalchildrensalliance.org/cac-statistics)

## What does this mean for kids and families?

It means all of us working together to provide the support kids and their caregivers need to heal and thrive:



**Healing**  
**97%**

of caregivers agree that CACs provide them with resources to support their children



**Justice**  
**98%**

of team members believe clients benefit from the collaborative approach of the multidisciplinary team (MDT)



**Trust**  
**97%**

If caregivers knew anyone else who was dealing with a situation like the one their family faced, 97% would tell that person about the CAC

# A Message from the Director

Dear Friends,

The Children's Advocacy Center (CAC) movement is built on collaboration. Although our members are independent of each other, at heart National Children's Alliance is a national network with a common mission to protect all children and end child abuse. We know it takes all of us working together to help our nation's children grow up safe and healthy. "One voice, stronger" is not marketing-speak. It's the truth.

Never was the need for collaboration more obvious than in early 2020 when a global pandemic hit. CACs are both the expression of the community's response to the needs of its children and the gathering place for community leaders tasked with their protection. Now with public health directives asking us to work remotely as much as possible, we rallied together. NCA had launched a new online community platform in 2019, and CAC staff immediately took to NCA Engage to ask questions and share experiences, talk through revised policies, and post resources, helping each other figure out how to keep providing essential services—formerly conducted in person—to children in need. CAC leaders, clinicians, and researchers made time to join NCA on rapid-response webinars about pandemic response, triaging cases, telemental health, tele-forensic interviews, and more. Along with other child protection organizations, we shared and shared alike, bringing resources out from behind paywalls to make them widely accessible.

In the best of times, it's NCA's task to assemble the strongest team possible to support CACs. In a time of crisis, that team quickly stepped up to innovate solutions to protect children. On the following pages, you'll see us as we were in 2019, not knowing what was to come. Look closely. On every page, the belief that we're one community shines through. We persevere because our work makes a difference. We work together because that's what children need from us. Together, we are stronger.

Warm regards,

**Teresa Huizar**  
Executive Director

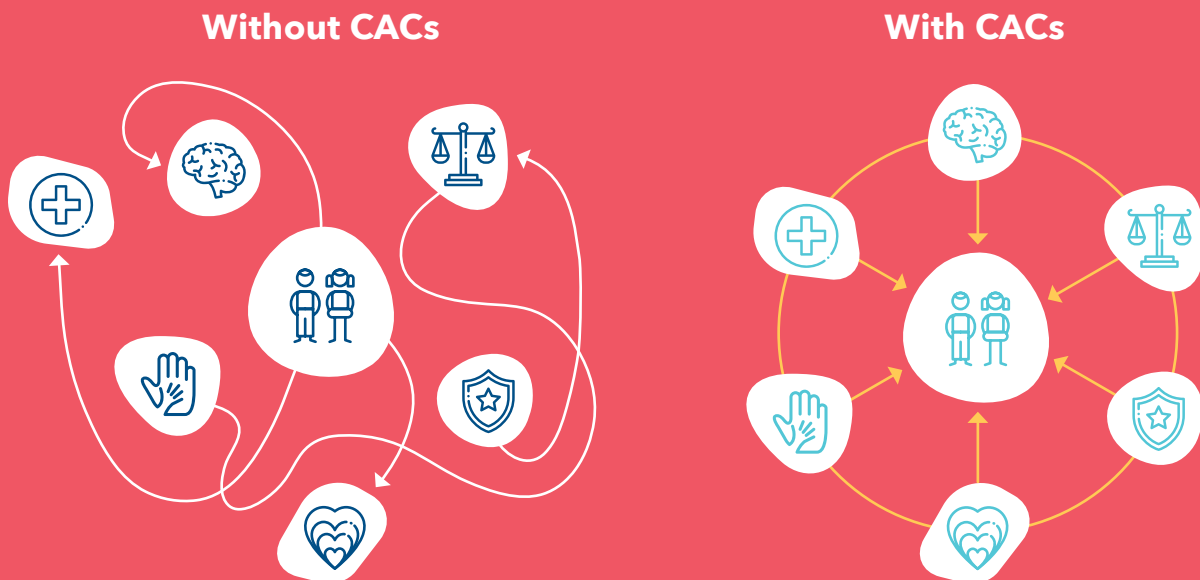


# One Voice. One Child. One Big Difference.

NCA is a professional membership organization on a mission to make one big difference, one child at a time. Reaching everyone with a voice in eradicating abuse—from families, advocates, team members, communities, and all the way to Capitol Hill—our members power a national movement to keep children safe. Featuring the largest network of care centers supporting child abuse victims in the country, NCA is a model in outcome-driven collaboration.

## How CACs Help Kids

A Children's Advocacy Center offers high-quality care so abused children can thrive. At a CAC, a coordinated team of experts in medicine, law enforcement, victim advocacy, mental health, and other disciplines holds offenders accountable and helps children and families heal in a comprehensive, seamless way so no future is out of reach.



## Growing Stronger in 2019

85%+

Percentage of children in the U.S. with access to CAC services

288%

Percentage increase since 2009 in prevention services provided by CACs

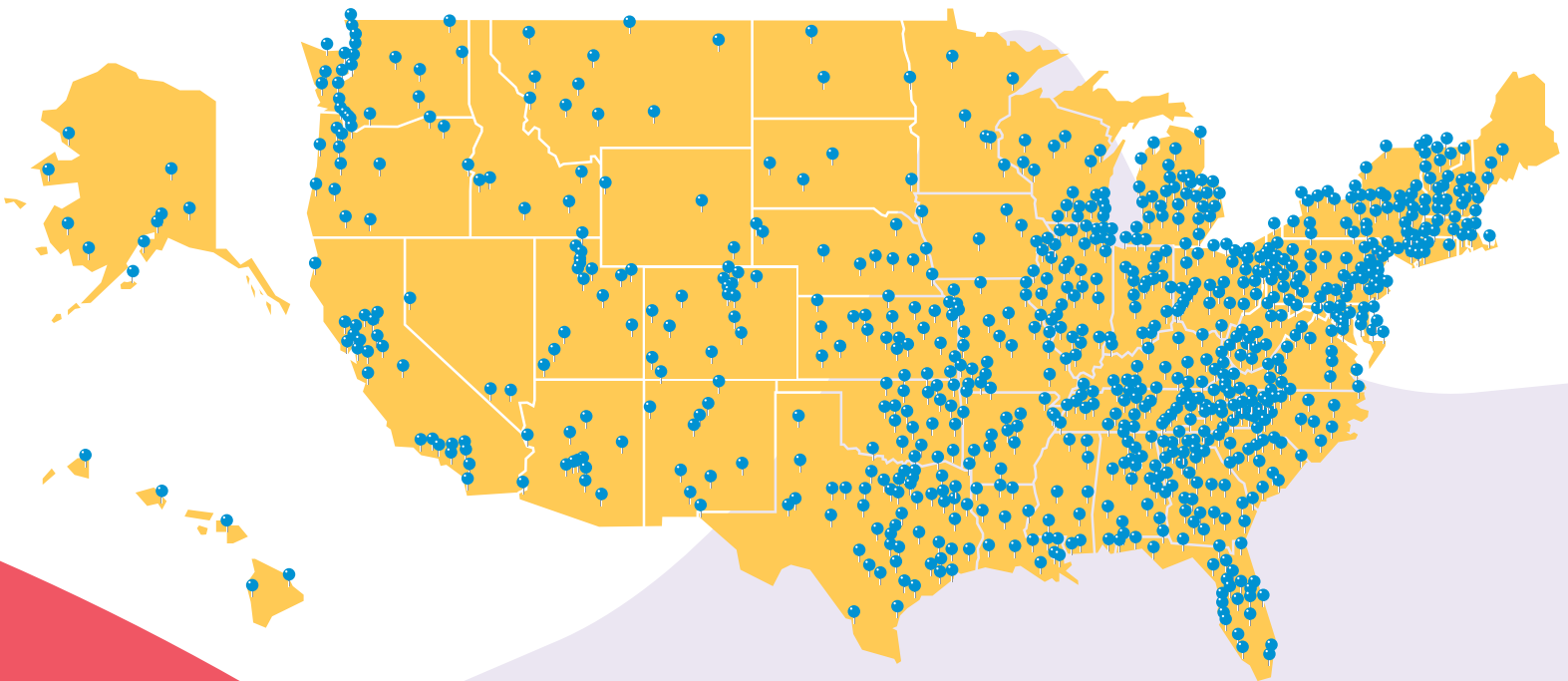
2,101

Number of U.S. counties covered by NCA Member CACs

957,900

Number of children in areas that gained access to CAC services in 2019

## Where Our CACs Served Kids in 2019



### As of year-end 2019, NCA had 900 Member CACs:

**721** Accredited Members meeting the highest standards of practice to serve kids

**86** Associate/Developing Members working toward the Standards of Accreditation

**72** Affiliate Members—MDTs working collaboratively to improve services for abused children

**21** Satellite Members under the sponsorship and oversight of an NCA Accredited CAC

# NCA 2020

## Our Strategic Goals

In 2019, we advanced our five-year strategic plan to achieve six goals on behalf of the Children's Advocacy Center movement. Here they are:



1

### Expanding Access

All children and families are deserving of a high-quality, seamless response that is easily accessible. NCA will promote the CAC model as the preferred response for all forms of child maltreatment.



2

### Branding

NCA will create a strong, recognizable brand for CACs to become the undisputed authority that empowers local communities to serve/respond to child victims of trauma/abuse.



3

### Leadership and Collaboration

NCA cultivates meaningful and sustainable collaborations among CACs, Chapters, and Regional CACs (RCACs) to capitalize on unique strengths for maximum impact and seamless, non-duplicative service delivery.



4

### Leveraging Partnerships and Resource Development

NCA engages and cultivates public and private partners to expand resources, amplify our collective voice, and strengthen research, education, and advocacy to improve child health and well-being.



5

### Improving Outcomes for Children and Their Families

NCA supports the development of an operational framework that utilizes/leverages research, shared data, platforms, and best practices to make data-driven decisions about service delivery to improve well-being outcomes for children and families.



6

### Organizational Excellence

NCA is committed to organizational excellence, ensuring a fiscally sound and effectively governed organization with a strong and innovative workforce that creates value for its members.

# Gentle Caring, Fierce Advocacy

In one interview after another, we heard the same message: We're in this fight together. The stories on the following pages were written before a coronavirus pandemic turned the world on its head, but even now, it's true: **It takes all of us working together to keep kids safe.**



## "This Is a Different Kid" page 8

In North Dakota, only three CACs serve 53 counties, creating a big barrier to providing mental health services for kids. At least, it used to be, until an initiative to use technology to connect kids with therapists made a big difference.



## We're All Here for the Same Reason page 10

In many communities, military families live and work right alongside civilians, yet the response to child abuse is fragmented. One CAC in Washington state is partnering with their peers on Joint Base Lewis-McChord to make sure that all kids in their community have access to the services they need.



## Serving All Kids page 12

How do you hold someone who hurt a child accountable—when that someone is another child? At the CAC in Wichita, you help get that kid on the right path. CAC staff went the extra mile to get the training they needed to make sure problematic sexual behaviors in childhood don't become lifelong.



## Raising Their Voices page 14

Family advocate Melanie Sachs has seen the good work that CACs do from both sides—first, as a child struggling with the aftermath of abuse, and now as an adult who helps kids and families start their journey toward healing. When NCA announced a national campaign to lift up survivors' voices, she knew it was her chance to pay it forward.



## A Day to Celebrate page 16

Accreditation is serious business. When CACs set out to become accredited, they commit themselves to meeting 10 national standards to prove they offer consistent, evidence-based interventions that help children heal. A visit is the final test. But if they've done their homework, the site review becomes a day to celebrate their hard work.

# “This Is a Different Kid”

In North Dakota, some families are hours away from a CAC. Technology brings treatment to the kids.

What do you do when you're serving kids in a vast, rural state with less than one CAC for every 10 counties? Or, maybe a child lives near a CAC but there are other barriers to treatment?

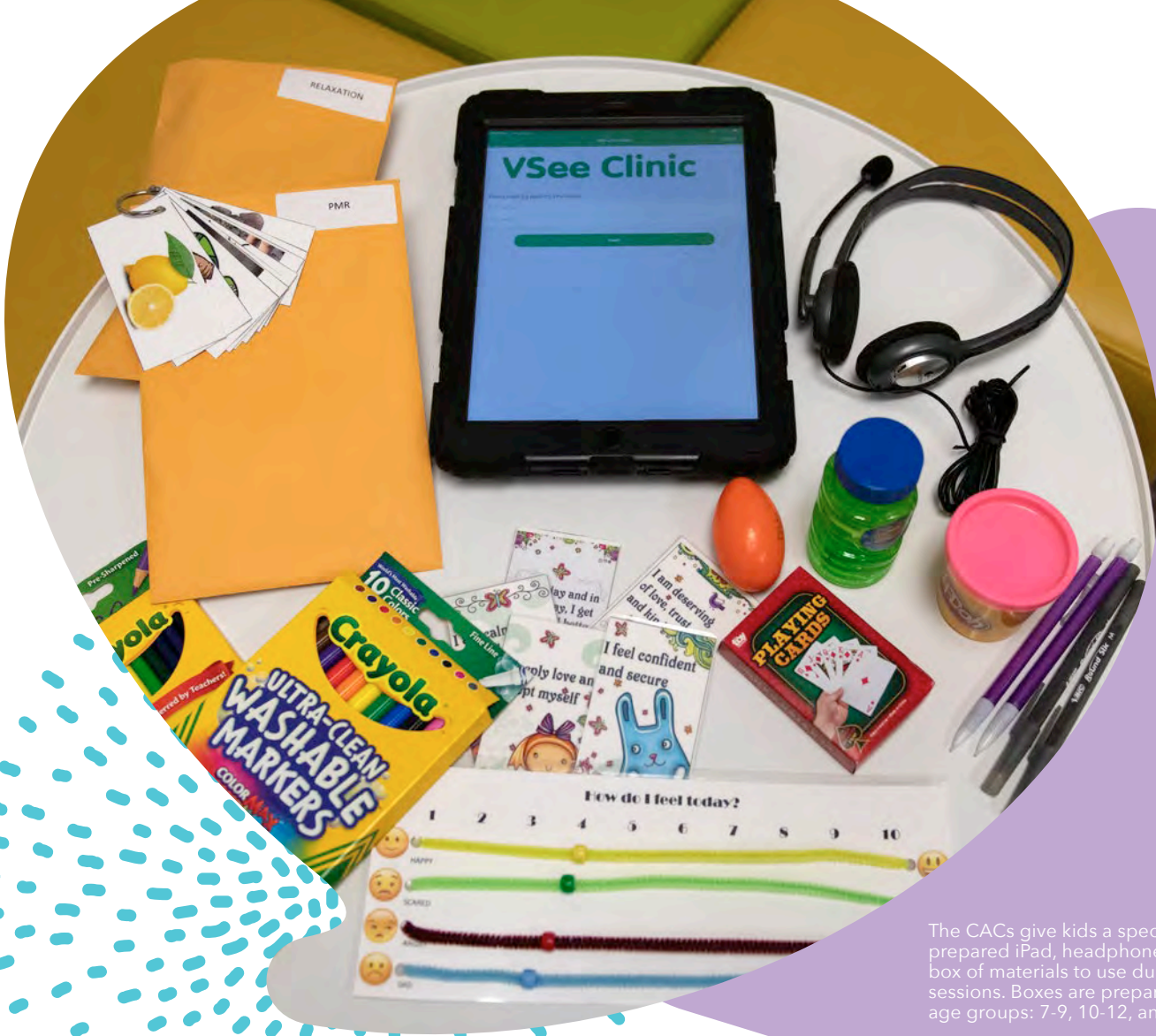
One mom had been driving her daughter an hour and a half for therapy at Dakota Children's Advocacy Center in Bismarck. Even when changes in the mom's work schedule made it difficult, they made the trip. Then their car broke down, and they started missing sessions. Dakota CAC gave the family an iPad to connect with the therapist via a telehealth program. After her daughter completed treatment, the mom, with tears in her eyes, said, "This is a different kid." She had friends; she wasn't getting into trouble at school. She had her life back.

Children's Advocacy Centers of North Dakota got the idea for a statewide telehealth program after hearing about it from NCA. They asked Dr. Regan Stewart at the Medical University of South Carolina for guidance, then used a Victims of Crime Act grant to train 12 therapists and five advocates in telehealth and buy 20 iPads and 20 laptops to split between Bismarck and Red River Children's Advocacy Center in Fargo. The iPads go to families—data-enabled, to work even without internet access. The CACs pay for the data plans. Laptops go to schools willing to participate in the program. It's been so successful, they used an NCA grant to buy more iPads.



Dakota CAC's Paula Condol (pictured at her desk) and Red River's Heidi Tupa (on-screen) show what a telemental health session looks like at the CAC.





The CACs give kids a specially prepared iPad, headphones, and a box of materials to use during therapy sessions. Boxes are prepared for three age groups: 7-9, 10-12, and teens.

The CACs' mental health teams now meet regularly and refer clients to each other to reduce waitlists for treatment. Nicola Herting, Red River's mental health director, said, "It's improved the relationships between the CACs, and the mental health teams are almost operating as one, which may reduce burnout because you feel supported." Paula Condol, who is both a therapist and executive director for Dakota CAC, said, "This isn't a project with a start and end date. We want it incorporated into who we are as centers." Both Nicola and

Paula want to see other CACs launch telehealth programs and are willing to share what they've learned: what HIPAA-compliant platform they use, how they adapted forms, releases, and policies, and more. As Paula said, "It's one of the coolest things we've done as a state."

And with a novel coronavirus causing havoc in 2020, North Dakota's willingness to share what they've learned with their peers makes them a huge asset to other NCA Member CACs.

Deshunda Mitchell (pictured, fourth from the right) from the Pierce County CAC now works on base twice a week.



## We're All Here for the Same Reason

In Washington state, a CAC is joining forces with the military to make sure all kids get the services they need.

Dr. Elizabeth Woods knows that military families endure special stresses. "They are at a much higher risk of many things. Many of them are low-income. Many of them are experiencing stressors at a very young age," including frequent moves, being away from their own families, and having a parent deployed for extended periods. "You've got a family that's young, vulnerable, and without many resources, without family support, and then one of the parents is gone."

The pediatrician is a former member of the military whose husband is still on active duty. She's also the medical director of Mary Bridge

Children's Hospital's Child Abuse Intervention Department in Tacoma, Wash., home of the Children's Advocacy Center of Pierce County. So when NCA offered federal funding in 2018 to expand the provision of CAC services to the military, she looked to her former colleagues at Joint Base Lewis-McChord (JBLM).

She credits medical social worker Deshunda Mitchell with making the partnership work. "Deshunda just jumped in and took charge and was receptive to everyone's ideas." Meghan Casey, supervisor of JBLM's Family Advocacy Program, said Deshunda "can reach out to people we don't have contact

information for. She knows information we might not know." To make collaboration easier, JBLM provides the social worker with office space on base twice a week.

The partnership makes a big difference. If a military-affiliated child is sexually abused, there likely isn't a trained Sexual Assault Nurse Examiner on base to do an exam, even if there is one serving civilian kids right next door. It's common for members of the military to move every two years, so seamless collaboration between agencies involved in handling abuse cases is difficult. And, without a CAC, kids may have to tell their story over and over again to multiple people. In fact, the CAC's forensic interview was the first thing Dr. Rhonda Bitinis, a pediatrician at JBLM's Madigan Army Medical Center, thought of when asked about the advantages of a CAC partnership. "It has been so beneficial, not only for us but for our families," she said. "The kids only have to live this once." If you don't know how to start building a partnership with a local military base, the doctor suggests inviting pediatricians or family doctors from a nearby base to your CAC and "show them what the research says—how it helps to not ask the kids the same questions over and over."

Everyone agreed that the partnership has been a success even though it's still relatively new. After all, they said, "We're all here for the same reason." Keeping kids safe.

Military personnel may not stay in one place for long, but MDT meetings help the collaborative work continue even when the people involved change.



# Serving All Kids

All CACs deal with child-on-child abuse. In Kansas, one CAC sought extra training to better help all kids.

The surprising news: 20-25% of cases handled by CACs involve a kid under the age of 18 acting out against another child. The good news: with proper treatment, the overwhelming majority of these kids do just fine. For the Child Advocacy Center of Sedgwick County (CACSC) in Wichita, Kansas, offering proper treatment required first applying for an NCA grant, and then a full year and a half in training and consultation to set up a program for kids aged 7-12 with problematic behaviors. Even becoming qualified to train their own new hires

at CACSC meant extra training. For staff, it was worth the effort. Most of these kids have some sort of trauma history themselves—often, they've been physically abused, witnessed domestic violence, or been exposed to pornography. Clinical Manager Ericka Purcell said, "If children are raised in a coercive or violent environment, they are more likely to exhibit aggressive behaviors that are sometimes sexual in nature. But at the end of the day, they are children, they have behavior problems. We need to help them with those behaviors."

Pictured, left to right:  
Ericka Purcell, Tabitha Winter,  
Sarah Bahns, and Executive  
Director Diana Schunn.






Diana Schunn, third from left, with CACSC's therapy team: Daisy Gonzalez-Soto, Sol Erdozain, Sarah Bahns, Tabitha Winter, Melissa Schmidt, and Ericka Purcell.

That meant getting MDT partners on board. Executive Director Diana Schunn said, "What seems obvious to the therapy department when a referral should be made isn't necessarily as obvious to our MDT partners. So a lot of it is reinforcing and even implementing double-check systems" so therapists can recommend a kid enter the program.

These kids use a separate entrance to the CAC from kids who have been victimized, and are always supervised. Volunteers, interns, and video monitoring assist with that. For any child recovering from trauma, caregiver involvement is key, but caregivers of kids with problem behaviors can "feel very isolated from others. This isn't a conversation they talk to their friends about," said Tabitha Winter, a therapist at CACSC who focuses on these kids. "We provide comfort and a place they can communicate safely." Just as kids with problem behaviors participate in group therapy at the CAC, so do their caregivers, and the group offers another source of support. Ultimately, Clinical Specialist Sarah Bahns said, these kids can live normal lives "if they're going through the program and getting the help, and the caregivers are given tools to help support them, we see success." CACs exist to help kids heal, and in Wichita, as in many communities across the country, that means all kids.



Melanie Sachs wants to help others find hope and healing as she did.

## Raising Their Voices

Most public awareness campaigns about child abuse try to shock viewers into action. This one is different.

Melanie Sachs is a family advocate at Children's Cove in Barnstable, Massachusetts. But that's not how she first learned about the freedom of owning your own story. As a young teen, she carried in silence the fear and shame of having been abused. Then she walked into a CAC. "I was greeted with a friendly face, a smile, and for the first time in a long time, I felt safe. I could sense immediately without her saying it that the woman who was standing in front of me, my forensic interviewer, Kristie, understood, and that she believed me. Shame left the room for the first time that day in a truly impactful way."

Now Melanie works to share that sense of hope and healing with other kids and families coping with the aftermath of abuse. But she has an additional role to play in the CAC movement: a champion of the SHINE Campaign.

SHINE is a survivor-focused public awareness initiative. NCA launched SHINE in 2019, connecting advocates and adult survivors to amplify the voices of children who need CAC services now. In Melanie's case, she's both. She believes that most abuse awareness campaigns cause more trauma by trumpeting grim statistics and using photos of scared

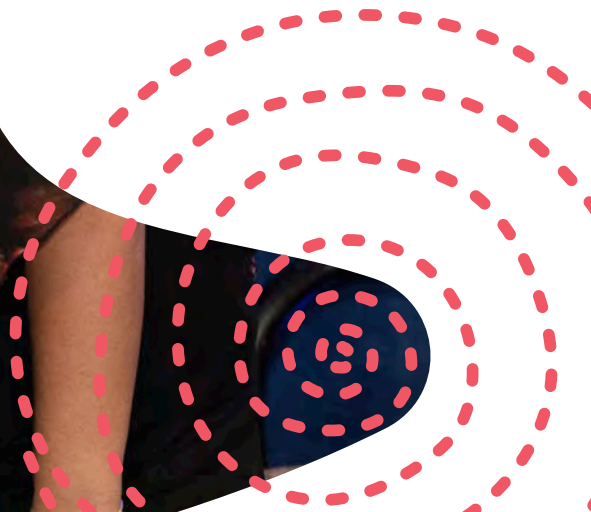
children or frightening perpetrators. SHINE is different. "It focuses on shining light and elevating survivors' voices," Melanie said. It gives adult survivors and the people who care for them a place to share their stories. The goal is to show the universe of support that exists and help children receive the care they need to heal. "As one story is told, more stories come out."

Melanie volunteers as an instructor in SHINE University—online meetings of CAC staff teaming up to help each other launch campaigns at their centers. "We're all

passionate about the same thing and we don't often have time to come together to share ideas, especially about something as specific as SHINE." The peer learning groups make it easy to launch a campaign without a big budget or huge time commitment. The result of their collaboration will have a lasting effect on people's lives, Melanie knows.

After all, storytelling is only the beginning. In Melanie's case, the story comes full circle: a child once helped by a CAC, who grew up to pay it forward to the kids who need us now.

Melanie and Kristie, her former forensic interviewer who now works at NCA, joined forces again in 2018 to announce SHINE.



# A Day to Celebrate

Accreditation is serious business, with important consequences. But the actual site review doesn't have to be a trial.

NCA has 10 Standards for Accredited Members, and each Standard has requirements that CACs must meet. "For me it's important personally and professionally, and for our staff and our MDT partners," said Tammi Pitzen, executive director of the CAC of Jackson County in Medford, Oregon. "It bolsters your credentials in court—that you're regulated, and you're following these Standards. It helps in grants, being able to say that you're following best practices." Accredited CACs apply for reaccreditation every five years. "Once you get accredited," Tammi said, "there is no not being accredited as an option—it would be seen as stepping back."

Naomi Barasch has seen the process both as senior director of Queens Child Advocacy Center in New York City and as a site reviewer for NCA. "It's a lot of work," she said, for CACs. "And we're all overworked and overstressed." But CACs have six months to prepare for the day when two reviewers show up, tour the building, and learn about programs and services. The reviewers meet with staff, MDT partners, and board members; sit in on a case review meeting; and decide what to recommend to the NCA Board of Directors about accreditation. The reviewers work with the CAC beforehand to clarify what they need to know. "The process is designed to be as objective as possible," Naomi said. "It's all measurable."

The CAC of Jackson County was accredited in 1994, the first year NCA offered accreditation.



Tammi Pitzen said the Standards of Accreditation "help you measure whether the services you provide are up to par." And for new centers, it's a roadmap for "how do you provide services, how do you develop?"



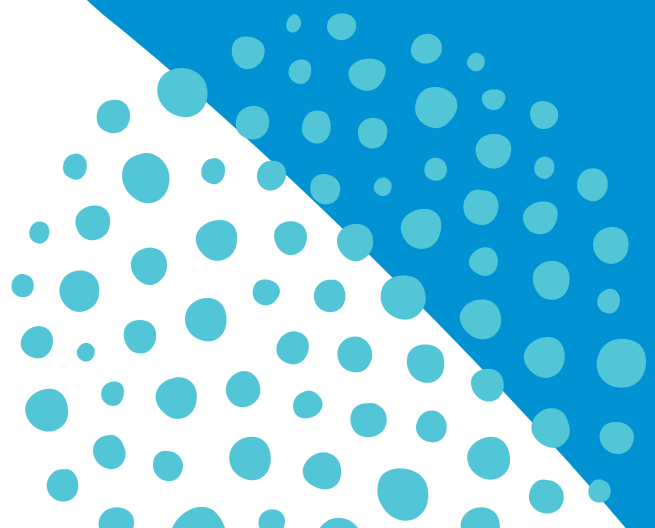




One common problem is that MDT partners must meet the Standards too, and CACs don't control the other agencies. But the process itself can build a strong team, Naomi said: "It helps you get your partners to understand: This is what we need to get done." And the fact that the Standards are set by a national accrediting body can make it easier to get people on board.

Done properly, all the hard work is completed before the site review. There should be no surprises. "My experience with the two reviewers I had—there wasn't a focus on 'Let's look for things wrong'; it's more a mindset of 'Let's hear what you're doing right,'" Tammi said. Naomi agrees. The site review is a time to show "everything you've put in place for child victims and their families to make their process as comfortable as possible, get justice for children, and make sure they're safe. It's a day that we celebrate the work of a CAC."

Naomi said she learns something from every CAC she visits. "Every place does something that nobody else does.... It's amazing the creativity and the initiatives that diverse centers have across the country."



# 2019 in Review

Last year, we focused on innovation, collaboration, and filling in the gaps so more kids get the help they need.



## Increasing Their Impact

In 2019, we administered more than \$10.2 million in federal funding to CACs and State Chapters under a cooperative agreement with the U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention. This included \$600,000 in funding for medical equipment. We also administered \$260,000 in technology grants for forensic interview video management, thanks to the support of VidaNyx and Ballmer Group.



**\$10.2 M**

We worked with our champions in Congress to increase Victims of Child Abuse Act funding to \$27,000,000 in Fiscal Year 2020—a 20% increase over last year.

## Engaging the Future

In July, we launched NCA Engage, a new online learning management system and peer network for NCA members and their MDT partners.

By year-end, we'd moved our online training to Engage and hosted nearly a dozen live webinars. More than 3,400 users signed up at NCAEngage.org and began joining communities to learn from each other and share resources.



## Changing the Conversation

NCA created *One in Ten*, a new podcast for our members to hear from some of the brightest minds in science, medicine, faith, communications, and the law. In season one, our 12 episodes were played a total of 5,708 times. We're now #181 in the world among social science podcasts ... and rising!



## Serving the Military

The Defense Health Board sought NCA's testimony as part of the board's independent review of Department of Defense (DOD) policies and practices addressing abuse in military families. The board's final report named CACs as external resources that may be underutilized by military families, and the board recommended that DOD develop memoranda of understanding (MOUs) with NCA.

Congress also strongly supports partnerships between CACs and military installations and directed the military to develop national MOUs with NCA through the passage of the END Network Abuse Act.

NCA reported to Congress on the *Status of CAC-Military Partnerships 2019* and offered our own recommendations on how we can work together to provide the best possible care to military families.

## SHINE for Survivors

We formally launched the SHINE public awareness campaign in 2019 and then followed it up with SHINE University, a simple, deep strategy for connecting CACs participating in SHINE with one another and making the campaign manageable.

**SHINE**

## Filling the Gap

Child and Family Traumatic Stress Intervention (CFTSI) is an early evidence-based, brief mental health treatment that has been proven to significantly reduce trauma symptoms of children as well as symptoms of the participating caregiver. It's meant to fill the gap between acute interventions and longer-term treatments. In 2019, CFTSI in the Carolinas trained 11 clinicians from six CACs in CFTSI Young Child; 433 children were screened for mental health symptoms, and 82 children and their caregivers completed treatment during the project period.

Starting in 2018 and ending in June 2019, CFTSI Western States screened 99 children and their caregivers for mental health symptoms. By the end of the project, 68 children and caregivers had completed treatment.

## Assessing the Need

Evidence-based assessments (EBAs) help clinicians ensure kids get the type of treatment they need. NCA is collaborating with Baylor University and the University of Texas on a five-year project to train some 1,100 clinicians on EBAs. Since March 2019, clinicians in 10 states either have received or are currently enrolled in the training. The project is supported by a National Child Traumatic Stress Network/ Substance Abuse and Mental Health Services Administration grant to Baylor.

## Connecting with Families

The University of Oklahoma Health Sciences Center (OUHSC) is partnering with NCA on a three-year National Institutes of Mental Health grant to provide training to victim advocates in how to encourage more families to participate in mental health treatment. In phase one of the Enhance Early Engagement (E3) Project we surveyed CACs on their family engagement practices, developed a curriculum, and recruited 81 CACs to participate in a research project that will continue into 2020.

## Elevating Our Game

In 2019, NCA offered 67 webinars, online learning opportunities, in-person sessions, and training calls. This doesn't include one-on-one assistance, grant webinars, or other targeted offerings.

Our NCAtrak team devoted themselves to helping members become power users of the only case management software designed by CACs for CACs, offering new customer service options and training in NCAtrak's new features.



Over 700 CAC and Chapter leaders and staff attended the 2019 Leadership Conference in Washington, D.C. Nearly 50 Chapter staff attended the 2019 Chapter Summit, which focused on the SHINE Campaign, the national branding strategy, and data. And 28 leaders of CACs in large metropolitan areas attended the Urban Forum to share expertise and learn from each other.



**A UNIVERSE  
OF SUPPORT**  
NCA 2019 LEADERSHIP CONFERENCE



# Who We Are, Together

Several years ago, when NCA asked members what goals we should implement as part of our five-year strategic plan, they asked us to make one of those goals be creating a strong, recognizable brand for CACs.

A brand is a promise, and just as our CACs and State Chapters hold themselves accountable to Standards for Accredited Members, we hold ourselves to a high standard whenever we speak to—and on behalf of—survivors, caregivers, child advocates, policymakers, and everyone in the movement to protect our nation's children.

This report is our first under this new brand and, for us, it is evidence of our drive to be the force behind Children's Advocacy Centers. The bright new visuals and the bold, passionate, collaborative voice we have chosen to reflect our goals and values are only the beginning of our promise to you—a promise that goes like this:

## This is who we are, together.

### **Our movement to eradicate child abuse is more than a movement.**

It's a voice, stronger. It's an amplifier, louder.  
It's a grounded visionary. It's a gentle caring. It's a fierce advocacy.

### **Our movement is a family—of individuals.**

It's a member. It's a parent.  
It's a child. It's a future.  
It's a survivor. It's a thrive-er.  
It's an us. It's we must.

### **Our movement moves.**

Relentlessly. Confidently. Exponentially.  
It moves communities, nationwide.  
It moves policies, fearlessly.  
It moves her and his and your and our and their voice above, higher. Beyond, further.  
One voice, stronger and stronger, louder and louder, telling the world,  
Welcome to the beginning of child abuse's end, where the power of one becomes the power of everyone.



# What's Next

The novel coronavirus that changed our world in 2020 meant added stress on families and required immediate action and new strategies.

## Rapid-Response Resources

With public health experts calling on people to work remotely, NCA rushed to deliver crucial information to help our members deliver mission-critical services while keeping clients and staff safe. As our members used the communities and resource libraries on NCA Engage to share their experiences and post information on best practices, NCA scheduled a series of rapid-response webinars on the fly and offered resources on telemental health, triaging cases, funding and grant requirements, building resilience, and more. We made our primary COVID-19 resource page publicly available so non-members would have free access to the information.

## Protecting the Most Vulnerable

With sexual exploitation cases expected to spike during and after the pandemic, the NCA Collaborative Work Group focused on protecting children from commercial sexual exploitation is producing an online resource toolkit for professionals serving child victims.

## Mental Health Projects

The Evidence-Based Assessment Project with Baylor and the University of Texas expects to provide training to clinicians from 10 states. And NCA will partner with the Medical University of South Carolina to train clinicians to deliver Trauma Focused-Cognitive Behavioral Therapy using telehealth technology.

## Military Partnerships

To minimize the administrative burden on CACs and their military partners, NCA is developing national MOUs with Family Advocacy Program (FAP) and Military Criminal Investigation Organization (MCIO) leadership. We're working with each branch of service on MOU language that will make it easier for CACs and military partners to work together.

## CAC Standards Revision Process

We're gearing up to review our *Standards for Accredited Members* to ensure we're delivering the best possible care to children in need. This time, we'll consider adding optional standards regarding commercial sexual exploitation of children, physical abuse, and abuse prevention.

## Learning From the Kids We Serve (Chapters, Too)

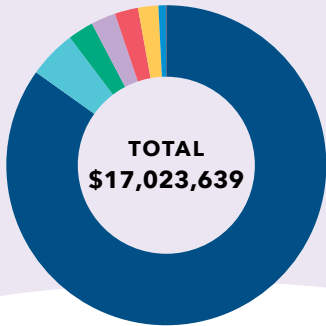
We're set to add a new Youth Feedback Survey to our Outcome Measurement System. Pilot testing began in February 2020, with the new survey launching nationally within the next year. The survey will allow us to hear directly from youth about their experiences at CACs. We'll hear from more adults, too. Every two years, NCA conducts a Member Census to get an in-depth look at CAC services and needs. In 2019 we conducted our first-ever State Chapter Census, and we'll report on that in 2020.



# Financials

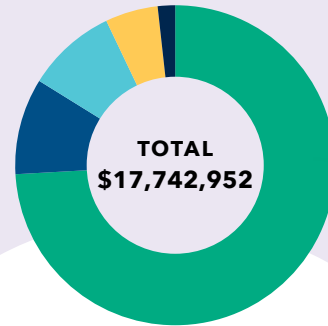
Statement of Financial Activities  
Year ended October 31, 2019

## Revenue, Support, and Other Changes



- Grant revenue **\$14,447,256**
- NCA's database software project **\$823,640**
- Membership dues **\$441,775**
- Contributions **\$425,135**
- Accreditation **\$401,216**
- Conference fees **\$349,975**
- In-kind revenue **\$125,323**
- Other revenue **\$5,960**
- Interest and dividends **\$3,359**

## Expenses

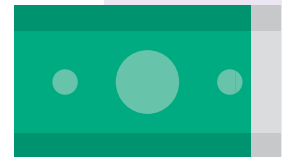


- Program services grants **\$13,148,389**
- Management and general **\$1,726,489**
- Training and technical assistance **\$1,611,069**
- Advocacy **\$945,196**
- Fundraising **\$311,809**

## Statement of Financial Position

Net assets (beginning of year)	\$3,573,273
Net assets (end of year)	\$2,853,960
<b>Change in net assets</b>	<b>(\$719,313)</b>

**89¢ of every NCA dollar is used for services that directly benefit CACs.**



# Board of Directors

## Executive Committee

- Justin Fitzsimmons**, President  
**Carole Swiecicki**, Immediate Past President  
**Lou Anna Red Corn**, Vice President  
**Jeffrey Noto**, Treasurer  
**Alethea Miller**, Secretary



### **Alethea Miller**

Forensic Interview and Victim Advocate  
 Harford County Children's Advocacy Center  
 Bel Air, Md.



### **Jeffrey Noto**

SVP - Business Analytics  
 Verizon  
 Basking Ridge, N.J.



### **Channing Petrak**

Medical Director, Pediatric Resource Center  
 University of Illinois College of Medicine  
 at Peoria  
 Peoria, Ill.



### **Lou Anna Red Corn**

Fayette Commonwealth's Attorney  
 Lexington, Ky.

## Committee Chairs

- Henry Shiembob**, Corporate  
 Development Committee  
**Kevin Dowling**, Governance Committee  
**Carole Swiecicki**, Mental Health  
 Implementation Committee



### **Adam Rosenberg**

Executive Director  
 Baltimore Child Abuse Center  
 Baltimore, Md.



### **Henry Shiembob**

Chief Security Officer  
 JPMorgan Chase & Co.  
 Long Valley, N.J.



### **Carole Swiecicki**

Executive Director  
 Dee Norton Lowcountry Children's Center  
 Charleston, S.C.

## 2020 Board of Directors



### **Ernestine Briggs-King**

Director of Trauma Treatment  
 and Research  
 Duke University Center for  
 Child & Family Health  
 National Center for Child  
 Traumatic Stress  
 Durham, N.C.



### **Kevin Dowling**

Executive Director  
 CARES Northwest  
 Portland, Ore.



### **Justin Fitzsimmons**

Program Manager -  
 High Tech Crimes Training Services  
 SEARCH, The National Consortium  
 for Justice and Statistics  
 Saint Charles, Ill.



### **Leanda Welker, LCSW-C**

Program Manager, Safety/CPS  
 Baltimore City Department of  
 Social Services  
 Baltimore, Md.

# Staff

## Administration



**Teresa Huizar**  
Executive Director



**Kim Day**  
Deputy Director of Programs



**Dave Betz**  
Deputy Director of Operations

## Accreditation



**Alyson MacKenzie**  
Accreditation Program Coordinator



**Alyssa Todd**  
Accreditation Program Associate

## Communications & Media Relations



**Blake Warenik**  
Director of Communications



**Cindy Sweeney**  
Product Development &  
Communications Manager

## Development



**John Douglas**  
Development Manager

## Finance



**Caro Brown**  
Controller



**Desmond Tekock**  
Accounting & Finance Assistant

## Government Affairs



**Denise Edwards**  
Director of Government Affairs



**Will Laird**  
State Government Affairs Officer





## Grants Management



**Irina Hein**  
Director of Grants Management



**Asia Atkins**  
Program Associate



**Stacy Cooks**  
Administrative Assistant for Grants Management



**Dawn English**  
Program Associate



**Jo Ann Hammond**  
Program Associate, Western Region



**Kristiyan (Kris) Ivanov**  
Program Associate, Midwest Region



**Heather Leary**  
Program Associate, DTVF



**James (Jim) Magoon**  
Program Associate



**La Tosha Randall**  
Program Associate, Southern Region



**Shannon Spillman**  
Program Associate, Northeast Region

## Membership & Chapter Development



**Kristie McKenney**  
Director of Member Services & Chapter Development



**Sarah Coker-Robinson**  
Membership Program Associate



**Kaitlin Lounsbury**  
Program Evaluation Coordinator



**Michelle Miller**  
Project Coordinator,  
Mental Health Initiatives



**Heather Provencher**  
Coordinator for Services to  
Military Families



**Nicole Wilbon**  
Training Coordinator

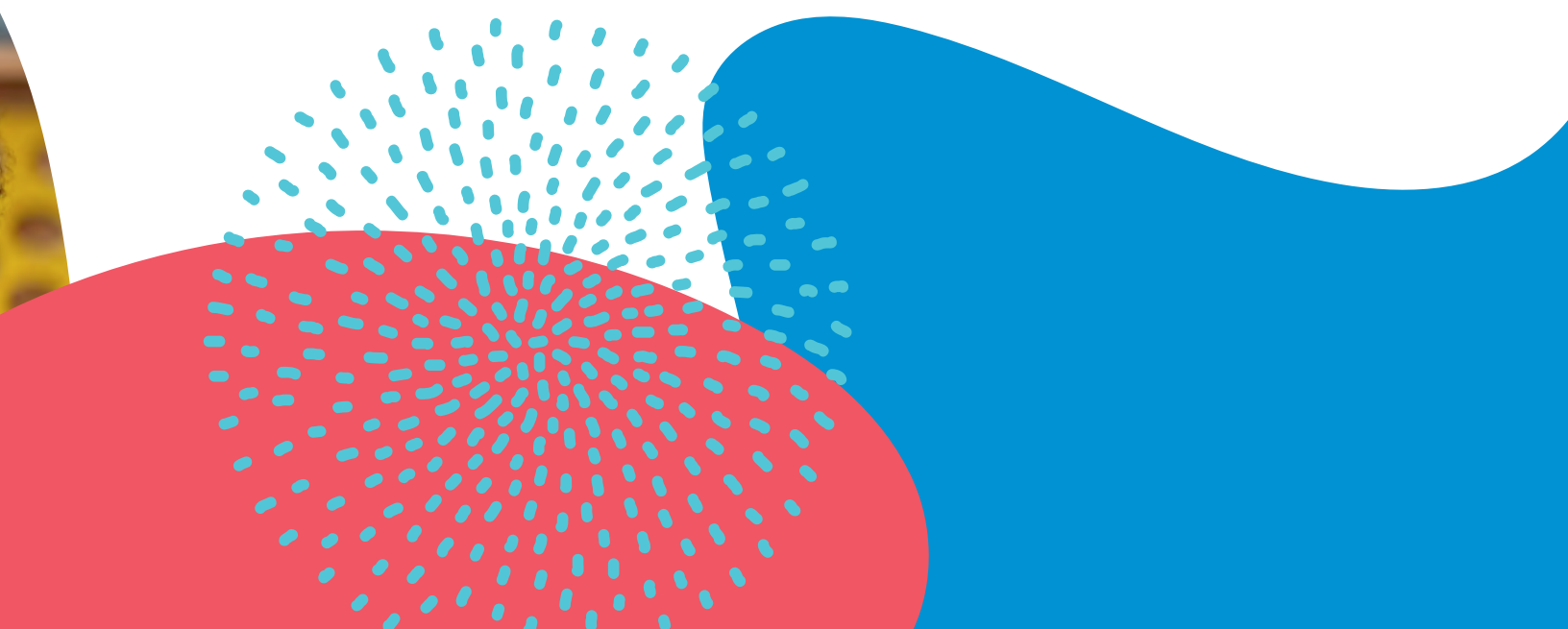
## NCAtrak and Information Services



**Gary Cossaboom**  
NCAtrak Manager



**Troy Price**  
NCAtrak Training and  
Application Specialist



# Our Supporters

## NCA Benefactor \$2,500+

Henry Davis  
Mathias H. Heck, Jr.  
Teresa Huizar  
Rahul Kanwar  
Jeffrey Noto

## NCA Guardian \$1,000+

David & Julie Betz  
Julie Cabrera  
Kimberly Day  
Lou Anna Red Corn  
Henry Shiembob

## NCA Steward \$500+

Crystal Collette  
Jo Ann Hammond  
Karen Siegel  
Nancy Williams

## NCA Protector \$250+

Elizabeth Brandes  
Ernestine Briggs-King  
Ava Brown  
Jacob Crisp  
Natalie S. Davidson  
Kevin & Tricia Dowling  
Denise Edwards  
Maureen Fitzgerald  
Connor Hoovestol  
Will Laird & Emily Chittenden-Laird  
Kaitlin Lounsbury  
Beth McElroy  
Robert & Kristie McKenney  
Joshua Murphy  
Channing Petrak  
Libby & Mike Ralston  
Adam Rosenberg  
Andrea Smieja  
Frances Tarbett-Wallace  
Blake Warenik

## NCA Friends \$100+

Nathan Bachman  
Patrick Bailey  
Jane Braun  
Dorothy Brousseau  
Laurel Bruntz  
David Jonathan Cohn  
Mary Davisson  
Steve Derene  
Jane Doe  
Dawn English  
Janet Fine  
Justin Fitzsimmons  
Deborah Fletcher

Timothy Gooden, M.D.  
Jane Holzrichter  
Amber Jenkins  
Alyson MacKenzie Karnath  
Christina Kirchner  
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William MacMorran  
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Ervin Carlos Margolles  
Michelle J. Miller  
Libby Nicholson  
Joy Oesterly  
Cheryl Peterson  
Matthew Powell  
Heather Provencher  
Rick Schoppenhorst  
Konrad Schweitzer  
Larry J. Skoczylas  
Sharon Spillman  
Cindy Sweeney  
Carole Swiecicki  
Christopher S. Vidak  
Ryan Vogt  
Reanie Walters  
Leandra Welker  
Sarah Wu

## Collaborative Work Groups

Many thanks to the 386 CAC, Chapter, and Regional leaders and other content experts who participated in our Collaborative Work Groups in 2019. Thanks to you, CACs across the country and their MDT partners have a wealth of educational resources they can use to change children's lives for the better.

# Our Partners

## National Mission Partners



## Gold National Corporate Partners



## National Corporate Partners



## Public and Foundation Partners



## Sponsors and Other Corporate Partners



## Academic Project Partners

- Baylor University
- Crimes Against Children Research Center,  
University of New Hampshire
- National Center on the Sexual Behavior of Youth,  
University of Oklahoma
- National Child Traumatic Stress Network,  
Duke University and UCLA
- University of Oklahoma Health Sciences Center
- University of Texas
- Yale Child Study Center, Yale School of Medicine

## NCA Steward \$1,000-\$2,499

PayPal Giving Fund

## NCA Protector \$500-\$999

Kendra Scott

## Regional Partners

Midwest Regional  
Children's  
Advocacy Center

Northeast Regional  
Children's  
Advocacy Center

Southern Regional  
Children's  
Advocacy Center

Western Regional  
Children's  
Advocacy Center

# Together, No Future Is Out of Reach

There's no one-size-fits all CAC. They may be independent nonprofits, hospital-based, or part of the local government; rural or urban; have large budgets or small; and serve clients from diverse backgrounds. What doesn't vary is quality. No matter how they're structured, **our member CACs receive consistently high marks from caregivers and multidisciplinary team members.**

## Your gift in 2020 will power a movement to keep children safe through:

- Championing the rights of abused kids to receive evidence-based services at a Children's Advocacy Center in their community.
- Developing new educational resources to help CACs provide the highest standards of care to those kids.
- Amplifying our voice as we call for children to be protected and offenders to be held accountable.
- Researching innovative approaches to help heal children, their families, and their communities.



**National  
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Alliance®**

*The Force Behind  
Children's Advocacy Centers*

516 C Street, NE  
Washington, DC 20002

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