What inspires me to do this difficult work? For one, walking through our waiting room in the morning and seeing the many children and caregivers who have come to us for protection and support at a dark time in their lives. Most of these kids are here for their forensic interview, so their investigation is just starting. In the early evening, walking through the same room, I see children who are here for a therapy session. I am deeply heartened to know that PCA can meet their needs for long term healing through our on-site therapy program. I want to stop and listen to each one of these children. I want to hear their stories and to assure them that they are not alone.

The big picture is also inspiring. Our work has changed the way society deals with the problem of the sexual abuse of our children. In the 1980s, child victims faced an uphill climb in their search for safety and protection. We didn’t understand the scope and impact of the problem. We underestimated the immense pressure on children to keep quiet about their abuse. When they did disclose, we wanted a level of detail, and corroborating evidence, that they couldn’t always give. We didn’t have a full grasp of the long-term negative consequences if abuse was not addressed, or treatment was not provided. In 1992, there were only 20 centers like PCA around the country; now there are 700. This expansion has brought increased knowledge and far better resources to address child sexual abuse. We have created an improved response that is focused on what children actually need. Responding agencies have allocated more staff to these units, and local and regional training is readily available for professionals engaged in this valuable work. Research done at our programs has informed the field regarding children’s disclosure process, the importance of medical evaluations, and the need for evidence based therapies.

Inspiration also comes every day as I work with our own staff and managers and leaders from our partner agencies. Whether Police Officers, DHS Social Workers, Prosecutors, medical or mental health professionals, I am inspired that we are all in this together, and that together, we have the opportunity to stop abuse. Our PCA staff listens to stories of abuse day in and day out, and they always respond with a level of care and compassion that encourages me. As PCA’s Director, I am a few steps removed from direct service, but they keep me apprised of their work and its significant impact on our children and teens.

Often, visitors tour our facility and learn about our program. I especially appreciated my recent tour with an international visitor who was moved to tears as she walked through our facility. At the end of our visit she said, “I just want to pick this whole facility and program up and drop it into my community.” I wanted that for her. I was once again reminded of how far we’ve come. The PCA family, including our partners, staff, board, volunteers and supporters, have all played a critical role in that progress. With your support, we will continue, and increase, our impact for the thousands of kids that we see each year. What could be more inspiring?!

Chris Kirchner, MSW
Executive Director

DHS Child Welfare Operations Director Sam Hanssen, DHS Commissioner Cynthia Figueroa, State Department of Human Services Secretary Ted Dallas, PCA Director Chris Kirchner, and Joanne McFall, Market President Keystone First, after a tour of PCA’s program.

LETTER FROM THE BOARD PRESIDENT

Dear friends,

After three years of co-location, 300 E. Hunting Park feels like home. Moving to the Philadelphia Safety Collaborative achieved the expected result – a more comprehensive and collaborative response to allegations of child sexual abuse. Advocating for co-location for over a decade, we never wavered in our belief in the model and the impact it would have on the systematic response to child sexual abuse. We knew we would be able respond to more cases – more referrals, more forensic interviews, and more victim services for those who needed it. What we were less certain about were the new opportunities that co-location would create for PCA and our partners. For example, moving to the new facility provided us with the physical capacity to transition to on-site therapy and also led to the creation of the on-site Medical Suite. Knowing that we now have the capacity to provide more services to a greater number of children is reward on its own. Still, we must guard against complacency.

This sentiment is at the heart of my own drive to work on behalf of PCA, which sees more children than ever, capturing close to all of the cases in Philadelphia. But being close is not enough.

A decade ago, the first Program Report I reviewed showed PCA received 32 referrals and conducted 26 forensic interviews. Comparing those numbers to now – close to 300 referrals and 200 interviews monthly – is a stark demonstration of our extraordinary growth over a relatively short period. That growth was the result of a tremendous amount of planning, hard work and generosity from a dedicated group of staff, city leaders and donors. What drove us to where we are today is straightforward –we believed in what we were doing because we knew it was best for children. Could be we satisfied knowing that just a fraction of sexually abused children received the care and services they deserved? Of the thousands of cases investigated annually, could we possibly accept knowing that so few were responded to using the collaborative model known to be best for children? Simply put, no. This mindset lead to co-location and our goal to respond to all known cases of sexual abuse.

Today, my motivation is driven by similar thoughts. While I am proud of PCA and its evolution from small CAC to state-of-the-art and national model, I am consumed by a simple question, “what else can we do, for whom?” Our Vision Statement captures this perfectly – PCA works to ensure that all sexually abused children in Philadelphia receive care and justice. With your help, PCA is closer than ever to realizing that vision. But we must not accept the complacency that often accompanies “closer than ever”; none of us want to think about the child who somehow did not receive needed care or justice. This is what motivates my service, and I hope you will be similarly motivated to continue your own support of PCA.

Stephen H. Smith
Board President
ABOUT PHILADELPHIA CHILDREN’S ALLIANCE

FISCAL YEAR 2016 BY THE NUMBERS:

3,494 total referrals (4% increase)
2,079 total forensic interviews
2,345 total # of caregivers who received victim services
149 children who received on-site mental health therapy
63% children showed significant improvement in symptoms
29% children showed moderate improvement in symptoms
305 on-site medical exams

THE PHILADELPHIA CHILDREN’S ALLIANCE (PCA) HELPED A RECORD NUMBER OF CHILDREN AND FAMILIES BEGIN THEIR PATH TO JUSTICE AND HEALING THIS YEAR, as our intake department responded to 3,494 allegations of child sexual abuse, approximately 30 quickly and carefully coordinated responses per day. Our team of forensic interviewers conducted 2,079 interviews this year, including 79 emergency interviews in the middle of the night, on holidays, and on weekends. 2,345 caregivers received victim support services from our victim advocates, sometimes the only steady voice comforting and guiding the caregivers through their crisis. Mental health therapists provided trauma-focused cognitive behavioral therapy to 149 clients on-site, 63% of which showed a significant improvement in their symptoms. Lastly, our on-site medical clinic operated by professionals from the Children’s Hospital of Philadelphia and St. Christopher’s Hospital for Children provided 305 medical examinations. PCA continues to provide services for all referred allegations of child sexual abuse with a collaborate response involving our intake, forensic interviewing, victim advocacy, and mental health therapy departments. The intake department is the front line of PCA, as they respond to every referral, schedule the forensic interview and visit to PCA with the child’s non-offending caregivers, and arrange the collaborative investigative team, including the Department of Human Services, Philadelphia Police SVU, and District Attorney’s Office. The highly trained forensic interviewing team conducts the investigative interview of the child with a unique style of interviewing that yields the most reliable and detailed testimony from the child. Meanwhile, the victim advocacy department supports the child’s family and any non-offending caregivers throughout the entire investigative process, sometimes accompanying the family to court. Finally, if therapy is deemed appropriate, our on-site mental health therapy department provides an array of evidence-based trauma-focused therapy for children in our welcoming, child-friendly therapy rooms. Throughout the entire process, all of our departments are constantly collaborating on the case and ensuring the child has the quickest and easiest possible path to healing and justice. We are proud of our remarkable and dedicated staff who do this important work every day to provide healing and justice for our community. Please take a moment to read our stories of accomplishment, growth, validation, and reflection as told by members of our intake, forensic interviewing, victim advocacy, and mental health therapy departments.

GIVING A VOICE

In my work, many situations arise when the timing of our response is absolutely critical to a child’s safety; our collaborative response to an allegation of sexual abuse is too slow, the case runs the risk of falling apart, and the child may have to return to an abusive environment. As the Manager of Intake Services at PCA, it’s my job to shape and promote that collaborative response. As I responded to more than 3,000 cases over the past year, it’s hard to remember the details of each one. However, I won’t soon forget Alex. Alex’s case required a complex, yet immediate response. Alex is an 8-year-old boy whose family emigrated from Haiti and only spoke Creole. After Alex disclosed to a school counselor that his mother’s live-in boyfriend had sexually abused him, the case was referred to PCA for a forensic interview. Communicating the importance of the forensic interview to a caregiver who doesn’t speak English or who doesn’t believe the allegation is difficult enough, but this case had an additional layer of complication; Alex is deaf. We are of our remarkable and dedicated staff who do this important work every day to provide healing and justice for our community. Please take a moment to read our stories of accomplishment, growth, validation, and reflection as told by members of our intake, forensic interviewing, victim advocacy, and mental health therapy departments.

Victim’s Unit (SVU) and the Department of Human Services (DHS) to set a date for the forensic interview. Securing a statement from Alex as soon as possible was to determine his safety. In the forensic interview of a deaf child, best practice dictates the use of a deaf interpreter team; one interpreter who is themselves deaf communicates between the deaf child and the sign language interpreter. This interpreter then communicates between the child and the sign language interpreter. This interpreter then communicates between the deaf interpreter and the forensic interviewer. Since Alex’s mom only spoke Creole, I also had to arrange for an interpreter so she could communicate with PCA and investigators. It took five phone calls, all using a Creole interpreter, to explain to Alex’s mom why her boyfriend was not permitted to accompany them for Alex’s interview. Within a few days of the referral, Alex, his mom, and the interpreters all arrived at PCA for Alex’s interview. During his forensic interview, Alex gave a clear disclosure of abuse. Afterward, I scheduled for Alex to receive a comprehensive sexual assault medical exam at our on-site clinic operated by the Children’s Hospital of Philadelphia and St. Christopher’s Hospital for Children. The deaf interpreter remained to assist Alex in communicating with the doctor. Our victim advocates supported Alex’s mother, who initially had a hard time believing the allegation, throughout the process. They were also able to assist with referrals for therapy for continued support.

In order to respond quickly and effectively to cases like Alex’s, we need a wide array of resources at our disposal. Our mission involves making sure every child has a voice, whether through an interpreter or another service. Children with disabilities need the same swift, coordinated response as any other child. Without PCA and the work we do, I don’t believe Alex would have had the same opportunity to share his story as he did. Not long after his disclosure, the alleged perpetrator was arrested. Alex, and many other children like him, reaffirm the importance of our vital work.

WITHOUT PCA AND THE WORK WE DO, I DON’T BELIEVE ALEX WOULD HAVE HAD THE SAME OPPORTUNITY TO SHARE HIS STORY AS HE DID.

As told by Molly Lynyak, MPA, Manager of Intake Services

In order to respond quickly and effectively to cases like Alex’s, we need a wide array of resources at our disposal. Our mission involves making sure every child has a voice, whether through an interpreter or another service. Children with disabilities need the same swift, coordinated response as any other child. Without PCA and the work we do, I don’t believe Alex would have had the same opportunity to share his story as he did. Not long after his disclosure, the alleged perpetrator was arrested. Alex, and many other children like him, reaffirm the importance of our vital work.
As told by Carolina Castaño, MS, Bilingual Forensic Interviewer & Nuria Orsino, MSW, Bilingual Victim Advocate

There are always people that touch our lives and make us pause. For me that child was Liliana.

LILIANA AND HER MOTHER

Liliana looked at me she saw a calm, collected, friendly person who was there to get her to talk. What Liliana didn’t see was that I, too, was struggling. I wondered if I was pushing her too hard. I worried that if one of my questions would trigger a crisis situation. I thought of other children who may have been abused by the same perpetrators. In those moments of silence I felt her anxiety; I felt her suffering.

Afterwards I thanked Liliana for talking to me and walked her quietly to the waiting room. I hope Liliana knows that I was also thanking her for sharing that space with me, for allowing me to be the person with whom she shared her deepest secrets, and for in turn making me a better interviewer. I had another forensic interview scheduled immediately after hers. I was emotionally drained and tired, but if Liliana could do what she had just done for two hours, then I knew I needed to keep going for all the other Lilianas out there.

In my very first assignment as a Victim Advocate, Liliana’s mom, Ms. Cruz taught me my greatest responsibility. I encountered a very anxious, overwhelmed and worried mother who fought back tears. She held it together while her daughter was in the room with us, but once they separated, she couldn’t hold it back. Her eyes were dark and her heart heavy with concern for her only daughter. The guilt and betrayal that Ms. Cruz felt radiated out of her, yet her commitment and drive for justice for her daughter was greater. When the assigned Detective asked, “What do you want to happen? Do you want him arrested?” she sat up straight, wiped the tears from her eyes and face, and spoke emphatically. “Absolutely yes. He did that and he must pay.” In that moment there was a mutual understanding, nobody was going to quit on Liliana.

Over the next few weeks I developed a relationship with Ms. Cruz. Through weekly calls, I gradually heard life seeping back into her spirit. Her conversations were always concerned Liliana and making sure that her needs were met. Hardly ever did she speak to me, silence engulfed the interview room. When I asked Liliana why she was there to talk to me, silence engulfed the interview room.

In my two years at PCA this was the longest interview I have ever conducted. I vividly remember Liliana sitting on the couch, opposite me wearing a navy blue crew sweater, jeans with rips at her knees, and black chucks. I can see her curly blonde hair swaying as she rocks herself back and forth, nervously picking at already chipped black nail polish. In the two hours we spent together there may have been more silence than talking. I remember Liliana opening her mouth... the softest sound came out before she closed back up again, unable to utter a single word. My job was to get her to talk about her experiences, but Liliana needed patience and silence. She never told me to stop, or that she didn’t want to talk, but I could see her anxiety and the struggle she had to get the words out.

I imagine that when Liliana shared her story of abuse with me, she found it liberating. She could finally talk, express her feelings, and share her pain. She felt heard and understood, and that was powerful for her. I felt privileged to be a part of her journey.

Parents have the strength within them to build and promote resiliency in their children.

NURIA:

In my role as an Advocate is to remind parents that they are their child’s greatest asset on the road to healing; parents have the strength within them to build and promote resiliency in their children.

As time passed, my weekly call to Ms. Cruz was one of my most vital tasks. She was always appreciative: “Thank you for calling because you care, and not because you have to.” Through her I also learned that through the chaos of a sexual abuse investigation, taking a few minutes of my day to reach out to a parent can make all the difference in their pain and confusion.

Our calls are fewer and farther in between now, but she and Liliana are doing well. They continue to have rough days, but they are on their way to healing. I now hear the voice of an empowered, strong and determined mother who will go to whatever lengths she must to support her daughter in their quest for justice. And as her advocate, I will do the same.
The first time I met Tanya, she confronted me with a sour expression, several eye rolls (failing to mask my surprise) and tentatively asked, “How did you get here?”

Over the course of the next several sessions, it became evident that Tanya was a misunderstood, hurt, and distasteful teenager born of grievous loss, discrimination, and most recently, commercial sexual exploitation. About two months into her therapy, Tanya and I were walking from the waiting room into session, and she casually mentioned that she and her family had moved to the opposite side of Philadelphia. I raised my eyebrows (failing to mask my own surprise) and tentatively asked, “How did you get here?”

Immediately I thought to myself, “Don’t mess this up. She may not try therapy a fourth time.” Immediately I thought to myself, “Don’t mess this up. She may not try therapy a fourth time.”

“I took 4 buses to get here,” she replied with a neutral lift of her shoulder. For the next hour, I inwardly debated over whether to offer Tanya a referral closer to her new home, while she vividly expressed complex feelings of rage and shame connected to her trauma history. Ultimately, I left it up to her to decide. She chose to keep receiving therapy services at PCA, and she takes a total of 8 buses to and from therapy every week. Tanya, a tough, noble, and paradoxical teenage girl who had literally walked out on every other therapist, has never missed an appointment for therapy at PCA during the past four months. It feels like an understatement when I say to you, I have never been so honored or so humbled by a client.
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was held on May 5th, 2016 at the Crystal Tea Room in Center City, Philadelphia. With our incredibly generous sponsors, over 400 attendees, and an amazing array of auction items, we raised over $190,000! Thank you to our Bear Affair Committee, corporate and individual sponsors, donors, and attendees for making this the most successful Bear Affair ever!

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### STATEMENTS OF ACTIVITIES AND FINANCIAL POSITION

#### STATEMENT OF ACTIVITIES

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<thead>
<tr>
<th>REVENUE &amp; SUPPORT</th>
<th>UNRESTRICTED</th>
<th>TEMPORARILY UNRESTRICTED</th>
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<th>2015</th>
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<tbody>
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<td>Government Grant Contracts</td>
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<td>($154,951)</td>
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<td>$333,449</td>
<td>$4,331,254</td>
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#### EXPENSES

| Program Services | $3,385,989 | - | $3,385,989 | $3,179,394 |
| Management & General | $194,503 | - | $194,503 | $171,389 |
| Fundraising | $289,634 | - | $289,634 | $266,710 |
| TOTAL EXPENSES | $3,870,126 | - | $3,870,126 | $3,617,493 |
| CHANGE IN NET ASSETS | $133,449 | ($129,658) | $461,128 | ($275,222) |
| NET ASSETS, BEGINNING OF YEAR | $479,500 | $146,051 | $1,053,166 | $592,038 |
| NET ASSETS, END OF YEAR | $479,500 | $146,051 | $1,053,166 | $592,038 |

#### STATEMENTS OF FINANCIAL POSITION

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<tr>
<th>ASSETS</th>
<th>2016</th>
<th>2015</th>
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<td>Cash &amp; Cash Equivalents</td>
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#### LIABILITIES

| Accounts Payable | $18,558 | $7,126 |
| Accrued Expense | $123,797 | $128,043 |
| Deferred Revenue | $3,000 | $2,000 |
| Due to Funder | $13,008 | $19,230 |
| Deferred Rent | $184,923 | $176,550 |
| TOTAL LIABILITIES | $343,386 | $332,949 |

#### NET ASSETS

| Unrestricted | $573,666 | $445,987 |
| Temporarily Restricted | $478,500 | $146,051 |
| TOTAL NET ASSETS | $1,053,166 | $592,038 |
| TOTAL LIABILITIES & NET ASSETS | $1,396,552 | $924,987 |

### PCA STAFF

#### EXECUTIVE STAFF

- Chris Kitchener, MSW, Executive Director
- Ross Keller, MS, LPC, Associate Director
- Nancy Ballard, Finance Manager
- Thurman Martin, Accountant/Analyst
- Christine Jones, Office Manager

#### VICTIM SUPPORT SERVICES

- Vickie Melen, MSW, LSW, Manager, Victim Services
- Genevieve Brown, M. Ed, Lead Victim Advocate/Medical Liaison
- Nina Oronce, MSW, Bilingual Victim Advocate
- Victoria Gims, MHS, Victim Advocate
- Kathy Miller, MSW, LCSW, RPT-S, Family Mental Health Care Coordinator
- Andrea Prince, MACP, Bilingual Victim Advocate
- Raquel White, Victim Advocate
- Glenn Wilson, Victim Advocate

#### CLINICAL SERVICES

- Amanda Peguero-Marquez, MS, LPC, Manager of Clinical Services
- Natalia Alvarez-Figueroa, MMT, MT-BC, Bilingual Trauma Clinician
- haha Boskovic, MSW, LSW, Bilingual CSEC Assessment Specialist
- Alexia Cummings, MSW, LCSW, Trauma Clinician

#### DEVELOPMENT

- Miranda Barthmus, MBA, Development Director
- Nicholas Brocks, Development Coordinator
- Hope Zoss, Grant Writer

#### NORTHEAST REGIONAL CHILDREN’S ADVOCACY CENTER

- MayaMee Smolak, MSW, LCSW, Project Outreach Coordinator
- Mia B深交所, MS, Bilingual Forensic Interviewer

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The Northeast Regional Children’s Advocacy Center (NRCAC), a program of PCA funded by the Office of Juvenile Justice and Delinquency Prevention, provides training and technical assistance for children’s advocacy centers (CAC) and multidisciplinary teams in the Northeastern United States. Through this program, NRCAC builds and strengthens the collaborative response to child abuse and improves outcomes for children impacted by abuse throughout the region. During fiscal year 2016, NRCAC organized and led countless trainings for CAC directors, CAC staff, multidisciplinary team members, and communities on topics related to team development and facilitation, forensic interviewing, the commercial sexual exploitation of children, mentorship, leadership building, and the process of national accreditation. Highlights from this past year include organizing the Northeast Regional Tribal Summit with the National Center for Missing and Exploited Children; the 6th Annual Northeast Regional Child Abuse Conference and Dallas Crimes Against Children Conference; and continuing to provide a series of Leadership and Coaching Projects for CAC Executive Directors.