

Upstream Planning to Break the Cycle of Child Maltreatment

The UNITY Plan

This plan outlines the steps taken to reduce child maltreatment among stakeholders within a seven county region of central Pennsylvania.

UPDATED: Working Plan as of Dec 2025

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Foreword

A quote from Frederick Douglas aptly reflects on the need and promise of the UNITY plan. "It is easier to build strong children than to repair broken men." As a pediatrician who has dedicated most of my professional life to the care of these vulnerable children and families, I can speak to an unrelenting stream of cases of this preventable condition that affects so many children, stealing their childhood and paving the way for abuse of their own children and a lifetime of comorbid physical ills as well as dysfunctional behaviors. As a Child Abuse Pediatrician, I have never doubted this concept: That as I help to protect the health of my young patients, particularly those who have been abused or neglected, it will impact them across their entire lifespan.

The UNITY plan is a truly transformative, integrated, and upstream approach that brings together a team of experts to meet children and families where they are and help them lead healthier lives. Early detection, warm handoffs and immediate intervention paired with a robust, holistic approach focused on addressing toxic stress can prevent long-term health and behavioral problems.

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Dr. Pat Bruno is a Geisinger Pediatrician specializing in child abuse who is nationally recognized for his work in reducing child maltreatment.

This strategic plan for The Upstream Planning to Prevent the Cycle of Child Maltreatment (UNITY) represents coordinated efforts between community stakeholders within Columbia, Juniata, Mifflin, Montour, Northumberland, Snyder, and Union counties of central Pennsylvania whose collective mission is to reduce harm among children.

The UNITY Plan pursues three target strategies to address upstream prevention of child maltreatment:

- **Education Target: Engage Parents in Workforce Development**
 - Partner with local school districts to support workforce development as upstream effort to overcome poverty
- **Social Target: Create Social Value for Strong Families**
 - Scale up the annual Painting for Prevention Event to engage families in creating art displays that are displayed in the community during National Child Abuse Month (April); support with social and traditional media communications, return art pieces to families with acknowledgement of appreciation
 - Conduct a semi-annual survey to assess community attitudes towards child maltreatment, share results to inform local programming, and monitor changing trends
 - Improve access and availability of real-time support for parents at immediate risk for harming child
- **Community/Organizational Target: Implement Cross-Sector and Cross-System Coordination**
 - Identify children and families at risk and engage them with tiered, responsive actions that make it easier to access services that strengthen protective factors
 - Coordinate care referrals with warm handoffs for families and communications between clinic and community services that close-the-loop to reduce fragmentation and support coordination

Achieving these targeted strategies, with fidelity and sustainability, and ongoing monitoring of progress and downstream outcomes, will foster an environment that strengthens protective factors and builds resiliency to prevent child maltreatment and abuse, specifically physical abuse before age 2 years.



Child Abuse in Pennsylvania - Our Why

Reports of child abuse in Pennsylvania have increased in recent years. According to the 2023 Pennsylvania Child Protective Services Report, there were 41,070 reports of suspected child abuse in 2024 compared to 40,301 reports of suspected child abuse in 2023. Statewide, 11.6% of reports were substantiated, a decrease from 11.7% in 2023. This equates to 1.8 substantiated reports per thousand children, no change from 2023. In 2024 there were 60 fatalities and 82 near fatalities, an increase from 57 and a decrease from 119 in 2023 respectively. Among substantiated reports 61.4% were female. This report finds that parents are the most common persons responsible for abuse (Pennsylvania Department of Human Services,).

Although children of all ages are impacted by many types of abuse, the morbidity and mortality of child maltreatment is greatest among the youngest children—infants and toddlers. In 2024, Pennsylvania had over 1,515 substantiated reports that occurred among children aged 4 and younger (Pennsylvania Department of Human Services,). Therefore, our objective is to develop a comprehensive and coordinated plan to improve the region's response to child maltreatment, with a particular focus on physical abuse under the age of 2.

Geisinger convened stakeholders to foster greater collaborations among clinical and community agencies with similar missions and to develop upstream solutions to alter the health trajectories of patients and families affected by or at risk for child maltreatment. Geisinger houses the Children Advocacy Center (CAC) for seven central PA counties, five of which are included in the UNITY stakeholders' service area (Columbia, Juniata, Mifflin, Montour, Northumberland, Snyder, and Union). In addition, UNITY stakeholders serve the counties of Juniata, and Mifflin. Unfortunately, this rural region has a history of having high rates of child maltreatment. In 2024, four out of these seven counties had 2 or more substantiated reports per 1,000 children, with Northumberland County having one of the highest rates in the state with 4.4 substantiated reports per 1,000 children. Previously, Juniata County had one of the

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highest rates at 5.4 in 2022 and 3.3 in 2023. Currently in 2024, Juniata County is down to 1.9 substantiated reports per 1,000 children (Pennsylvania Department of Human Services,).

Types of Prevention

Our strategic plan focuses on prevention at the primary and secondary levels:

- Primary – activities directed at general population to prevent maltreatment
- Secondary – activities directed at a group with one or more risk factors to prevent maltreatment
- Tertiary – activities are directed at families where maltreatment has already occurred

Protective Factors

Several factors have been shown to be protective against child maltreatment such as nurturing and attachment, knowledge of parenting and of child and youth development, parental resilience, social connections, concrete supports for parents, and social and emotional competence of children. The UNITY plan acknowledges the framework of protective factors to strengthen families (SF) and protective and promotive factors for youth to thrive (YT), as described by Harper Browne, 2024. (See Table 1).

TABLE 1. DEFINITIONS OF THE SF PROTECTIVE FACTORS AND YT PROTECTIVE & PROMOTIVE FACTORS

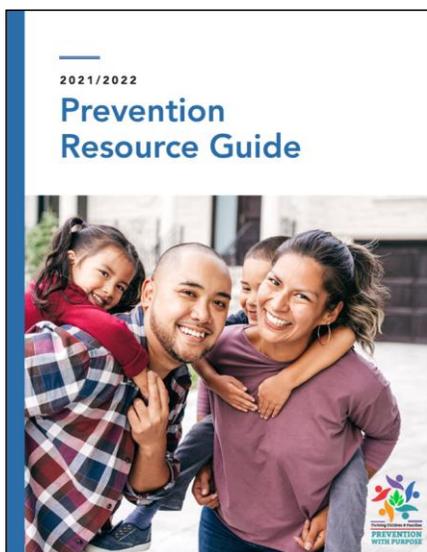
FACTOR	DEFINITION
Parental Resilience (SF) & Youth Resilience (YT)	Managing stress and functioning well—facilitated by individual, relational, community, or societal factors—when faced with stressors, adversity, or trauma.
Social Connections (SF & YT)	Healthy, meaningful, trusting, and sustained relationships with people, institutions, communities, or a higher power that promote a sense of connectedness, belonging, and mattering.
Knowledge of Parenting & Child Development (SF)	Learning about prenatal, infant, and child development, and using developmentally and contextually appropriate parenting practices.
Knowledge of Adolescent Development (YT)	Learning about adolescent development and using this knowledge to support the development of competencies needed for adulthood.
Social & Emotional Competence of Children (SF)	Providing environments and experiences—grounded in early relational health—that build positive social skills; enable children to regulate thoughts, emotions, and behaviors; and promote effective communication, problem-solving, and decision-making skills.
Cognitive & Social-Emotional Competence (YT)	Acquiring skills that enable youth to form healthy relationships; regulate thoughts, emotions, and behaviors; engage in effective communication and problem-solving; and gain self-awareness and a sense of personal identity.
Concrete Support (SF & YT)	Identifying, accessing, advocating for, and receiving high quality and equitable support including the basic necessities everyone deserves and specialized services to address specific needs.

Source: Harper Browne, C. (2024, January). *Expanding the Perspectives and Research Foundation for the Strengthening Families & Youth Thrive Frameworks*. Center for the Study of Social Policy. <https://www.cssp.org/resource/expanding-the-perspectives-and-research-f>

Learnings - Our How

UNITY was established by a working charter with funding support from the Degenstein Foundation. The working charter was to plan to gather input to develop a comprehensive and coordinated plan to improve the region’s response to child maltreatment, with a particular focus on physical abuse. At the outset, the aim was to launch preventive programs and strategies that reach at-risk children and families before they get to a crisis state – with the goal to dramatically reduce the number of children being seen for physical abuse in the Child Advocacy Center in Sunbury. We hope to build a bridge for children and their families to best move into recovery through stakeholder and community engagement. Broadly, our stakeholder driven strategic plan contains objectives and strategies to improve the prevention, detection, and treatment of child maltreatment in our seven-county region in central PA.

Engaging Partners



We used a community-based participatory approach to engage the expertise of our stakeholders, including the Central Pennsylvania region’s leading pediatricians and community agencies in a dedicated, upstream planning initiative to identify solutions that will alter the health trajectories for patients and families affected by or at risk for child maltreatment. We began by identifying key stakeholders using the Socioecological Model (SEM) to develop a partner list. The SEM was chosen as the theoretical model for building our stakeholder team as it recommended by the National Conference on Child Abuse and Neglect’s accompanying Resource Guide: “Thriving Children and Families: Prevention With Purpose” (See Figure 1). Stakeholders were

identified through an extensive online search to find groups and organizations that are relevant to the project and its goals. Additionally, Geisinger Pediatrics and the Child Advocacy Center identified additional key stakeholders within the community and healthcare system.

Once we assembled a list of potential stakeholders, we identified a primary contact and invited them to our first stakeholder meeting held in March 2023 (Appendix 1). A snowball approach was also used to include critical voices. The stakeholders present at our initial meeting in March 2023 were asked to identify who was missing from the group and provide their contact information. This process was repeated at subsequent meetings to be inclusive. Over the 2-year planning period, the stakeholders have met on a quarterly basis using a hybrid model (i.e., in-person and online via Microsoft Teams) to discuss our targets and progress. A hybrid model was chosen to ensure all stakeholders could contribute to this important discussion; however, in-person participation was strongly encouraged. Lunch was provided to all in-person attendees. We also began to record our stakeholder meetings using Microsoft Teams.

Figure 1



Source: [2021/2022 Prevention Resource Guide](#)

Highlights

- **March 2023 Meeting:** Our stakeholders identified service gaps and challenges and upstream levers to prevent child maltreatment. We solicited next steps from our stakeholders. Finally, our stakeholders identified additional local and state stakeholders.

Service Gaps

Problems Identified

The stakeholders identified problems across levels of the SEM contributing to child maltreatment. At the family level these included chaos, domestic abuse, paramour in home, a lack of social and/or emotional skills, isolation, communicating by text but not phone calls, substance use, food insecurity, and housing instability. From the family to community level, issues included shopping for health care, a lack of extended family support, childcare deserts (e.g., Columbia County lacks Early Head Start), Nurse-Family

- **June 2023 Meeting:** Learnings from the initial meeting were reviewed. At the family level, an agreement was reached to prioritize strengthening protective factors including nurturing and attachment, knowledge of parenting and child and youth development, parental resilience, social connections, concrete supports for parents, and social and emotional competence for children. Per stakeholder recommendation, targeted invitations to local and state stakeholders were made. Additionally, two Geisinger medical students attended with interest in research related to child maltreatment. Local stakeholders delivering the Nurse-Family Partnership (NFP), Parents as Teachers, Triple P Programs shared information. State stakeholders including the PA Family Support Alliance (PAFSA) and The Center for Children’s Justice shared information. Finally, we solicited the next steps from our stakeholders.

Upstream Prevention Programs

An extensive literature review and environmental scan was conducted to identify prevention programs currently in place throughout the United States (Appendix 2). Local and state-level stakeholders with expertise in these prevention programs were engaged and presented on the aspects of each respective program to create awareness and shared knowledge that informs our upstream approach.



The PA Family Support Alliance (PFSA) focuses on the core areas of awareness, education, support, and innovation. It is a community-based child abuse prevention network that utilizes a family strengthening approach. Efforts include the Front Porch Project, Painting for Prevention, Families in Recovery, ACT Raising Safe Kids, Family Digital Wellness Program, Family Alliance Mutual Support. Our stakeholders questioned if the

programs resemble the needs of the community. There was worry that reliance on self-disclosure of abuse would omit a large segment of the population in need of these services.



Nurse-Family Partnership
Helping First-Time Parents Succeed®

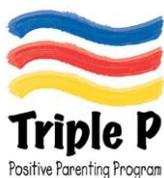
Nurse-Family Partnership (NFP) is an evidence-based, home visitation program with 45 years of research showing significant improvements in the health and lives of first-time moms and their children affected by social and economic inequality. NFP’s goals are to improve health during pregnancy, promote healthy child development, and promote self-sufficiency. To be eligible you must be a first-time mother early in their pregnancy and meet income

criteria (e.g., qualify for Women, Infants, and Children [WIC] or medical assistance [MA]). NFP serves 47 out of 67 counties in Pennsylvania and is in 40 US states.

Referrals often come from physicians or Healthy Beginnings Plus, a health plan, or WIC. Collaborations with other community organizations is vital to the success of NFP. Our stakeholders raised questions related to income eligibility. There was also robust discussion related to connecting NFP to Geisinger's Free2BMom, a home visitation program for women with a history of substance use. It was suggested that an algorithm could be developed to prioritize the enrollment of moms at higher risk, e.g., those that would most benefit from strengthening protective factors. Finally, post-graduation from NFP check-ins were discussed.



Parents as Teachers (PAT) is an evidence-based home visiting model with over 40 years of research demonstrating prevention of child abuse and neglect, parents increased knowledge of child development and parenting practices; early detection of developmental delays; improved family health and well-being; increased school readiness; improved family economic well-being; and strengthened community connectiveness. The model is composed of four inter-related components: in-person visits with a parent/caregiver and children which focuses on a parent-child activity, development-centered parenting, and family well-being; screenings for both children (e.g., developmental, social-emotional) and parents (e.g., depression, IPV, substance use); groups connections (reducing social isolation) and a resource network (connecting families with services). PAT serves families in the pre-natal period through the time a child enters school. There are 57 Parents as Teachers affiliates serving nearly every county in Pennsylvania. Distinct from NFP, there are no income eligibility restrictions for PAT.



The Triple P-Positive Parenting Program (Triple P) is a multi-tiered early intervention and prevention model of evidence-based education and support for parents and caregivers of children and adolescents.

Regarding **Triple P** and **PAT** stakeholders, they were interested in the evidence demonstrating the benefits of PAT and how to best release information and coordinate among resources and community organizations.



The Center for Children's Justice (C4CJ) is dedicated to protecting Pennsylvania's children through engagement and mobilization, leveraging data and evidence, and serving as an independent and trusted voice. Discussion centered on the best way to care for victims being a child-centered response to connect abused children to the correct resources. Given morbidity and mortality of abuse in children zero to two, a greater focus is required on this age group. To safeguard against over and under reporting there needs to be greater pediatrician

input. Additional areas to focus on include better training for mandated reporters, consistency in decision making from Child Line, a regional child abuse medical expertise team to cover the six regional children's hospitals, and better capacity building at the CAC. After these points were raised during the presentation the discussion among stakeholders focused on better assessment of injuries that are truly accidental and not focusing on punitive action and trends in child abuse statistics. It was discussed that Pennsylvania has a delayed response during crisis and fails to address upstream issues and failure to connect children to medical resources.

- **September 2023 Meeting:**

- Input from the prior meetings and other planning activities (literature review, environmental scan, stakeholder discussions) were organized and presented as a logic model (Appendix 3). Continued engagement activities, infrastructure development, strategic priorities, activities, and outcomes were discussed as a path forward for UNITY. Importantly, the logic model presents a working plan and will be monitored and revised, as needed, to reflect family, community, and organizational needs.
- The meeting featured a community model program (Hello Baby) and a statewide stakeholder (Healing – Empowerment – Advocacy – Learning – Prevention – Action [HEAL PA]).
- There were breakout work group sessions by strategic priority- Education, Social, Organizational (see Strategic Priorities section). Discussion included the charter, vision, mission, and systematically gathering parent and community input. Stakeholder engagement was measured by survey with plans to repeat annually.

- **January 2024 Meeting:**

- Updates on stakeholder progress with prevention targets were discussed.
 - Education: Featured a national speaker on parenting at the Central Susquehanna Intermediate Unit's Educator Training Day in October that reached Family & Consumer Science and other K-12 educators across dozens of school districts. Speaker fees and

travel were supported by the Pennsylvania Chapter of the American Academy of Pediatrics and Geisinger (with support from the Degenstein Foundation).

- Social: NFP, PAT, Triple P, and Geisinger (coordinated by Allison Naylor) are planning to conduct Painting for Prevention, a PAFSA event, in April. A community survey is planned to assess parent and adult perspectives on child abuse in the region. The survey is adapted from Prevent Child Abuse America.
 - Community/Organization: The development of an algorithm to detect pregnant persons who may benefit from targeted efforts to strengthen protective factors, and the responsive care model is called ALLLIANCE. The algorithm and care model are being developed at Geisinger. The algorithm, called a UNITY score, be tested as a predictive model to detect intergenerational risk of child maltreatment. In practice, a high UNITY score will prompt ACEs screening in prenatal care. Persons with an ACEs score of 3 with a symptom or 4+ will be referred to a social worker for extended care. In this care model, the social worker will assess biopsychosocial risks and offer active referrals and navigation assistance.
 - Stakeholder presentations included Geisinger Free2BMom and the state office of Parents as Teachers. Geisinger Neighborly was discussed as a social health access and referral platform. Adoption of this platform at the state level as PA Navigate was also discussed. When optimized, this may provide a closed-loop referral network between community and health systems to better meet health and social needs.
 - Infrastructure: Staffing needs were discussed including a full-time project manager and social worker.
 - Future needs: Plans for Safe Care, Youth Transitioning from Foster Care were discussed.
- **May 2024 Meeting:**
 - Updates on stakeholder progress with prevention targets were discussed
 - Education: The meeting featured Central Susquehanna Intermediate Unit who shared their educational programming across the life course.
 - Social: Outcomes from Painting for Prevention were shared. Plans were discussed to expand the event in 2025 with greater education involvement and community dissemination. The local child abuse survey, called STANCE, has had a low response rate using a snowball approach (stakeholders were asked to distribute). The

group agreed to continue with this approach and encourage distribution of the online survey.

- Community/Organizational: The ALLIANCE project algorithm has been programmed into the Geisinger EPIC Electronic Health Record. The pilot project will be in Geisinger Healthy Beginnings Plus Program in Northumberland County due to the high rate and high number of cases of child abuse and maltreatment; this also allows for direct coordination with the CAC.
 - The Foster Care Medical Advocacy Project (FCMAP) was shared with the goal to support youth in transitioning to foster care. The project will be at the Child Advocacy Center.
 - Infrastructure: Des Clarke was hired as the UNITY project manager. Geisinger is recruiting a social worker/educator for the ALLIANCE and FCMAP projects. This position will support both projects.
- **September 2024 Meeting:**
 - Updates on stakeholder progress with prevention targets were discussed.
 - UNITY Plan feedback from stakeholders was reviewed by Bobbie Johannes. Geisinger is finalizing the plan and intends to distribute a 2025 version.
 - Infrastructure: Geisinger hired Trisha Whispell as the social worker/educator to support ALLIANCE and FCMAP.
 - Social: The STANCE survey results were discussed. Stakeholders agreed that the sample represents a biased population as a majority are mandated reporters. Agreement was reached for Geisinger to distribute the survey to the patient population. Planning for the 2025 Painting for Prevention Event is underway and coordinated by Allison Naylor at Geisinger.
 - Community/Organizational: Dr. Bruno trained the nursing staff in the Geisinger Healthy Beginnings Plus program to support the start of the ALLIANCE pilot project. The algorithm, staff, and referral system are in place.
 - Education: A survey to assess education objectives among stakeholders was proposed and launched.
 - All stakeholders were engaged in journey map activities to generate shared awareness of resources that would be responsive to family needs. Scenarios were discussed related to childcare, education, medical support, employment, food, housing, transportation, behavioral health, disability services, domestic violence, insurance, utilities, and home visitation programs. This activity generated important learnings, especially for the newly hired staff.

- Integration of home visiting with pediatric primary care at the Children's Hospital of Philadelphia (CHOP) was discussed including outcomes related to well-child visit attendance and injuries. Ideas were discussed for a developing project to examine this approach at Geisinger in collaboration with CHOP and evaluate child maltreatment outcomes. This builds on existing evidence that HVP protects against child maltreatment while the child is enrolled.
- Geisinger NFP was awarded a project called NFPx to offer the program to multiparous, lower-income pregnant people before delivery (begins February 2025).

Mission

To develop a comprehensive and coordinated plan to improve the region's response to child maltreatment, with a particular focus on physical abuse.

Vision

Continuous engagement of stakeholders in planning, implementation, and evaluation to advance upstream strategies that strengthen protective factors and build resiliency will foster an environment that better prevents child maltreatment and abuse.



Strategic Priorities

Based on these findings from our stakeholders we developed the following targets and developed goals that were specific, measurable, achievable, relevant, and time-bound (SMART):

- Education Target: Engage Parents in Workforce Development
- Social Target: Create Social Value for Strong Families
- Community/Organizational Target: Implement Cross-Sector and Cross-System Coordination Strategies

Education Target

Engage Parents in Workforce Development

- *COPE24*
One activity pursued in collaboration with the Central Susquehanna Intermediate Unit (CSIU) was COPE24. COPE24 strives to make parenting skills a national priority. PA AAP, Geisinger, and CSIU hosted a training to secondary school educators. Rene Howitt, on behalf of COPE24, provided three educational sessions to Pennsylvania K-12 educators on Monday, October 9th, 2023, at the Central Susquehanna Intermediate Unit Regional Professional Education Day. The first session was presented to Family & Consumer Science educators and the second and third sessions were presented to secondary school educators (e.g., grades 7-12).
- *Work Force Promotion*
Working with the CSIU Geisinger will pursue training opportunities for pathways out of poverty through the new Geisinger School of Nursing (<https://www.geisinger.edu/gchs/education/school-of-nursing>).
- *Enhancing Parent Understanding of Child Development and Parenting Practices*
Work with school professionals to effectively engage and support courses about Strengthening Families Protective Factors and HOPE (Healthy Outcomes from Positive Experiences). Target assessment of Positive Childhood Experiences.



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- *CSIU Programs*

CSIU has 62 programs available to the community geared toward student/child services, parent and community resources, adult programs including LPN and career training, school services, professional development, and artificial intelligence (AI). CSIU has a commitment to equity and access in education. CSIU provides support for 17 school districts and over 70 non-public schools. The CSIU currently has three career and technical centers (CTE) in operation and provides service to over 36,000 students and nearly 4,000 staff. Over 600 individuals are employed at the intermediate unit. The CSIU is focused on serving diverse needs, including racial, socioeconomic, and disability-related equity. They are responsible for the provision of funds to ensure educational services continue. Their role is to serve as an intermediary in distributing funds to educational entities. The CSIU is now offering programs for mothers and fathers and has two grants with Geisinger, including the Bridge Clinic to assist with pediatric behavioral health care by providing support systems in school districts.



Caption: Painting for Prevention artwork on display throughout Central PA during the month of April for Child Abuse Awareness Month.

Social Target

Create Social Value for Strong Families

Painting for Prevention



Painting for Prevention is an actionable event that touches the communities within each of the given counties served by our stakeholders. This project fostered cross-sector collaborations between The United Way, Parents As Teachers, NFP, and clinical partners as the key stakeholders who worked closely on implementing this activity. UNITY bought 500 painting kits from the PAFSA distributed to homes via the home visitation models that participated in the event. Staff engaged families in

painting the canvases during home visits. The canvases featured the blue ribbon to serve as a symbol of the seriousness of child abuse and the need for prevention in addition to a hashtag (#ProtectPAKids) for social media promotion.

During the week of March 25, 2024, canvases were compiled into larger mosaics of nine to 12 paintings. The mosaics were hung at various locations throughout Central PA in April in honor of National Child Abuse Prevention Month. Each family also received a thank you card with a picture of their painting and its location in the community. At the start of May, the displays were deconstructed and painted canvases returned to each family.

UNITY's Painting for Prevention program was marketed by Geisinger and UNITY stakeholders.

UNITY stakeholders will participate in Painting for Prevention annually. Stakeholders aim to expand the event to engage the broader community and children of staff. Expansion plans include displaying mosaic placement at community art events such as the Lewisburg Arts Fest, Bloomsburg Arts Fest, and other community art shows. Coloring books in stakeholder offices is a plan to support awareness.



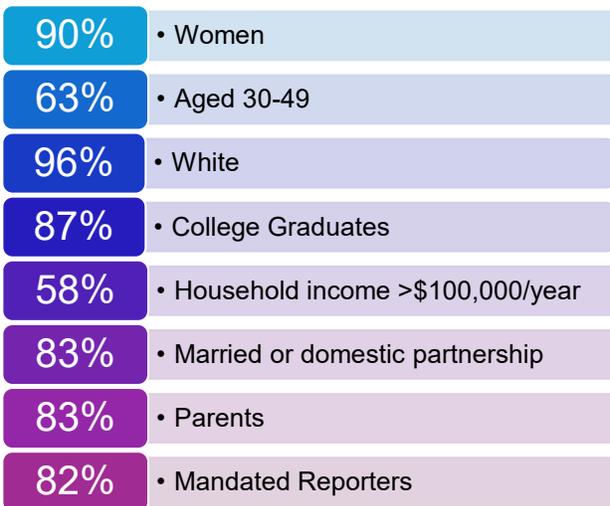
Caption: Painting for Prevention artwork on display throughout Central PA during the month of April for Child Abuse Awareness Month.

STANCE- Assessing Norms, Attitudes and Readiness to Address Child Maltreatment

Survey of Stakeholders and Community Members

We used the Prevent Child Abuse America (PCAA) Survey to assess our stakeholders', our internal groups', and local networks' perceptions of child maltreatment. There were 90 survey responses.

Initial Results From Stakeholder Survey Distribution (2024)



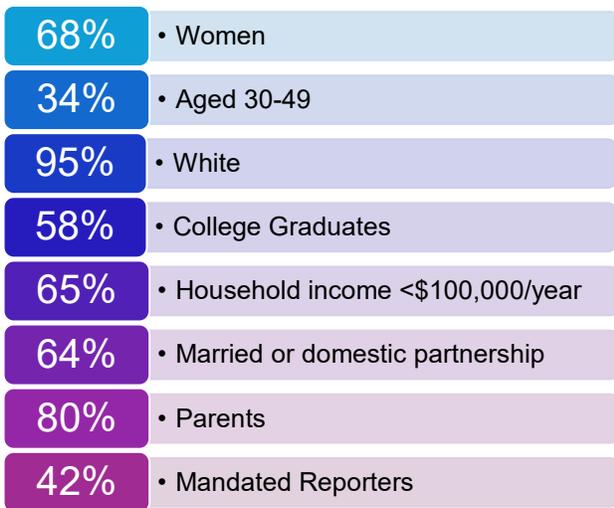
38% of respondents personally experienced or witnessed abuse or neglect when they were younger than 18 years

-  97% indicate that child abuse and neglect is a serious problem in PA, but only 37% think other adults agree with this opinion
-  97% indicate they would take action if they suspected that a child was being abused or neglected, but 27% thought other adults would not take action and 12% were unsure about other adults
-  The top reason why respondents would not intervene was “fear of making things worse for the child” (61%)
-  84% of respondents think that child abuse is preventable

Survey of Geisinger Patients

A cross-sectional digital survey of Geisinger patients was to assess the attitudes towards child maltreatment within the Geisinger's patient population. The Prevent Child Abuse America survey was used as the questionnaire. Utilizing a national-level survey will gauge our community's knowledge, interest, and attitude towards child maltreatment and prevention with the potential to benchmark to national trends. This information will help guide the action steps we take within UNITY to help engage our patient population and community stakeholders in preventing child maltreatment in the Central Region. There were 347 survey responses.

Initial Results From Patient Survey Distribution (2024)



34% of respondents personally experienced or witnessed abuse or neglect when they were younger than 18 years

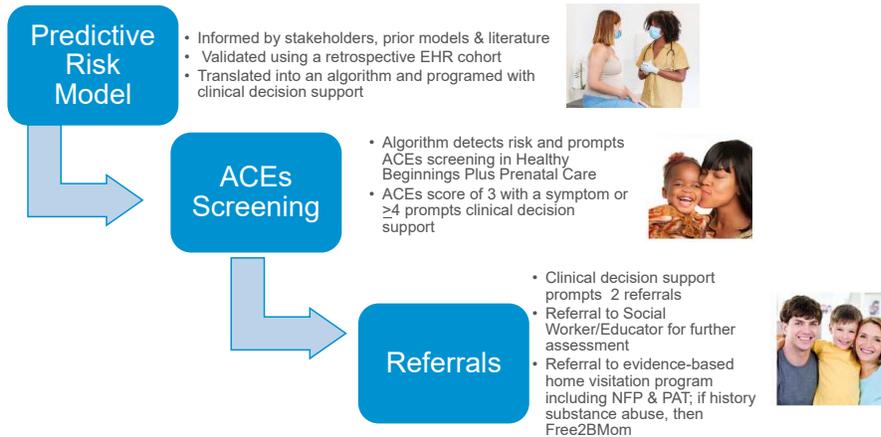
-  94% indicate that child abuse and neglect is a serious problem in PA, but only 51% think other adults agree with this opinion
-  98% indicate they would take action if they suspected that a child was being abused or neglected, but 29% thought other adults would not take action and 13% were unsure about other adults
-  43% indicated they ever suspected that a child was abused or neglected and 92% took action, most commonly calling CPS or the police.
-  82% of respondents think that child abuse is preventable

Community/Organizational Target

Implement Cross-Sector and Cross-System Coordination

Stakeholders have developed and implemented several activities within 2 years of establishing UNITY- ALLIANCE and the Foster Care Medical Advocacy Program (FCMAP). A social worker educator was hired full time to implement these programs within The Child Advocacy Center. The respite service and Plans of Safe Care remain targeted activities.

ALLIANCE: Screening & Referrals: ACEs Screening to build Risk-level Tailored Clinic to Community Response



Pregnancy is a pivotal time in the lives of people who have experienced adversity and trauma characterized by increased medical and psychological risks, as well as greater engagement with health care, greater motivation for health behavior change, and increased plasticity of both the maternal and fetal brain (Johnson et al., 2023). Early detection can prevent negative health outcomes and offer opportunities to tailor health care measures. While plasticity in the maternal and fetal brain remains high, it is a critical opportunity for intervention/treatment. Prenatal care providers are uniquely positioned to be the site for screening for ACEs as regular interaction between patients allows patients and providers to develop trust with one another which can facilitate the disclosure of ACEs.

The American College of Obstetricians and Gynecologists:

- Recommends that obstetrician-gynecologists adopt a trauma-informed approach across all levels of practice, including screening for past and present trauma.

- o Existing data indicate that screening for ACEs in prenatal care is feasible and acceptable to patients and results in improved patient-clinician relationships (Flanagan et al., 2018).

A US Challenge Grant to conduct pre-implementation work was awarded to Geisinger's Erin VanEnkevort to implement ACEs screening within the Geisinger Women's and Children's Institute. The project titled, ALLIANCE resulted and developed a UNITY risk algorithm that uses a patient's historical electronic health record to assess potential risk and the need for further screening. A high UNITY score prompts the ACEs with clinical decision alerts in the Epic electronic health record. Following staff training about ACEs and the expanded care model, ALLIANCE was implemented in prenatal care. The UNITY algorithm to identify highest-risk patients is based on ProjectWATCH and Hello Baby, and literature. Patients who score a 3 with a symptom or 4 and above on ACEs are referred to a social work educator who supports the patient and completes a biopsychosocial evaluation. The objective is to identify the patient's unmet health-related needs and connect them with appropriate resources that may strengthen protective factors and build family resiliency.



Our partners at *Family Practice Center* have begun using community liaisons to help navigate patients' social needs. The Family Practice Center is also utilizing the social determinants of health survey and is working with Nurse-Family Partnership and Parents as Teachers to get patients to complete the survey. Any positive

screen for social need is noted for the provider for a discussion during a next appointment.

Foster Care Medical Advocacy Project (FCMAP)

Children in foster care are exposed to social risk factors that drive pediatric health disparities resulting in chronic medical problems and unmet health care needs among 35-60% of foster children. The CAC developed a medical home model that contains complete medical, social, psychological, educational, and governmental information to coordinate care and promote optimal outcomes (Appendix 4).

Implementation and Evaluation

- UNITY outputs and outcomes are tracked as detailed on the Logic Model (Appendix 3).
- Dashboard Report as of 12/31/2025:

Outputs

- o UNITY Plan- Reach total number of stakeholders engaged
- o COPE24- Session count: 3; total participants trained: 40
- o Painting for Prevention- Reach: 500 families; Media count: 3 articles; Adoption: 3 Home visiting programs

- Public Service Announcements: 251 airings October 1-December 9 2025
- Community Attitudes Survey (STANCE): Stakeholder Distribution Method: 90 responses; Geisinger Patient Population: 347 responses
- ALLIANCE (UNITY score, ACES, social worker educator): Initiated in September 2024 at Geisinger; UNITY score assigned to over 5,000 patients; 4 Healthy Beginnings Plus clinics adopted; ACEs screening for 20 patients; 7 patients referred to social worker educator; 3 referrals made to community programs (behavioral health, psychiatry, and Free2BMom)
- Geisinger prenatal clinic digitally referred patients to community organizations: >120 patients to WIC in 2024; 84 patients to NFP in 2023, and 312 in 2024 and 336 in 2025; 52 patients to PAT in FY 2022-2023, 23 in FY 2023-2024; 213 GHS patients to Free2BMom, 218 of which are currently active in the program; clinics adopted referral initiatives: 13 Healthy Beginnings Plus and OB clinics with NFP referrals, and 11 clinics with WIC referrals.
- New grants awarded: Food Is Medicine- American Heart Association (Bailey-Davis, Geisinger, 2024-2026); Food Is Medicine- Geisinger Health Plan Quality Fund (Bailey-Davis, Geisinger, 2024); NFPx (Hayes/Marks, Geisinger 2024-).
- Grants under review: Evaluation of a Community-Wide Implementation Plan of an Evidence-Informed Adult Facing Primary Child Sexual Abuse Prevention Program (INITIATE) (VanEnkevort, CDC); Nurse-Family Partnership/Pediatrics Integration: Implementation & Effectiveness (NFP/PIIE) (Bailey-Davis, Geisinger, CHOP-Geisinger Funding); Evaluating Care Integration between Pediatric Primary Care Providers and WIC Nutritionists for Early Obesity Prevention among WIC Mothers and Children (Moore [PSU]/Bailey-Davis, Geisinger, NIH)
- Medical Student Involvement: Medical Honors Research Program, “An Evaluation of the Impact of COVID-19 on Child Maltreatment in a Large Rural Health System, Emily Harasym (2023-present)

Outcomes

- Stakeholders: 44 ever attended a UNITY meeting; 26 stakeholders have sustained engagement (attended >1 UNITY meeting); proportion of stakeholders playing a leading or supporting role in: UNITY charter (93% in 2023 vs. 90% in 2024); education target (93% in 2023 vs. 90% in 2024); social target (93% in 2023 vs. 90% in 2024); community/org risk ID target (93% in 2023 vs. 90% in 2024); community/org referral target (93% in 2023 vs. 90% in 2024); respite target (86% in 2023 vs. 90% in 2024)
- Primary data collected by stakeholders and Geisinger established the baseline for attitudes about child abuse prevention via the STANCE survey. Data collection will be repeated every 3 to 5 years to measure changes and trends related to attitude.
- Rate (number per 1,000 children) of substantiated child maltreatment in 7 counties (Source: PA Child Protective Services Reports)
 - Columbia County (2.3 in 2023 vs. 2.3 in 2024)

Commented [EM3]: Apparently these were numbers from AHA, not updated

Commented [EM4]: Not sure who to ask for these numbers.

Commented [EM5R4]: I followed the link from further below but I still can't find any referral numbers

Commented [EM6]: Heather W indicated she can't get how many were referred, just that 218 are currently active. Sorry!

Commented [DCT7]: Should be able to get updated numbers. Shawnee can help with NFP/WIC numbers. Free2BMom contact is Heather Weisen

Commented [EM8]: Can't find the wic clinics numbers

- Juniata County (3.3 in 2023 vs. 1.9 in 2024)
 - Mifflin County (1.5 in 2023 vs. 1.2 in 2024)
 - Montour County (1.9 in 2023 vs. 2.5 in 2024)
 - Northumberland County (5.3 in 2023 vs. 4.4 in 2024)
 - Snyder County (1.5 in 2023 vs. 1.7 in 2024)
 - Union County (1.7 in 2023 vs. 2.5 in 2024)
 - Pennsylvania (1.8 in 2023 vs. 1.8 in 2024)
- Numbers of substantiated fatalities (Source: PA Child Protective Services Reports)
 - Columbia County (0 in 2023 vs. 0 in 2024)
 - Juniata County (0 in 2023 vs. 0 in 2024)
 - Mifflin County (0 in 2023 vs. 0 in 2024)
 - Montour County (0 in 2023 vs. 0 in 2024)
 - Northumberland County (2 in 2023 vs. 2 in 2024)
 - Snyder County (0 in 2023 vs. 0 in 2024)
 - Union County (0 in 2023 vs. 0 in 2024)
 - Pennsylvania (57 in 2023 vs. 60 in 2024)
- Annual change in preterm births (source: <https://www.marchofdimes.org/peristats/reports/pennsylvania/report-card>): 9.6% in 2022 vs. 9.7% in 2023 vs. 9.8% in 2025 (PA); 10.4% in 2022, 2023, and 2024 (US)
- Infant mortality rate per 1,000 live births (source: <https://www.marchofdimes.org/peristats/reports/pennsylvania/report-card>): 5.7 in 2022 vs. X in 2023 (PA); 5.6 in 2022 (US)
- Infant and child (under age 5) mortality (source: pa.gov/agencies/health/health-statistics): 886 in 2022 vs. 824 in 2023
- Maternal Vulnerability Index, 0-100 scale where 100 is most vulnerable (source: <https://mvi.surgoventures.org>). Physical health includes prevalence of noncommunicable diseases and sexually transmitted diseases. Socioeconomic determinants include education, poverty, food insecurity, and social support. Physical environment includes violent crime rates, housing conditions, pollution, and access to transportation.
 - Columbia County: 31 (reproductive healthcare 13; physical health 45; mental health and substance abuse 72; general healthcare 2; socioeconomic determinants 44; physical environment 48)
 - Juniata County: 49 (reproductive healthcare 61; physical health 29; mental health and substance abuse 81; general healthcare 37; socioeconomic determinants 37; physical environment 50)
 - Mifflin County: 59 (reproductive healthcare 64; physical health 50; mental health and substance abuse 75; general healthcare 16; socioeconomic determinants 55; physical environment 75)
 - Montour County: 40 (reproductive healthcare 36; physical health 41; mental health and substance abuse 57; general healthcare 0; socioeconomic determinants 39; physical environment 87)
 - Northumberland County: 59 (reproductive healthcare 62; physical health 49; mental health and substance abuse 84; general

Commented [EM9]: [2024 Child Death Review Annual Report](#)

was trying to find in this document but can't find numbers for children under 5

Commented [EM10]: This hasn't been updated

- healthcare 3; socioeconomic determinants 44; physical environment 92)
- Snyder County 49 (reproductive healthcare 31; physical health 50; mental health and substance abuse 63; general healthcare 21; socioeconomic determinants 45; physical environment 85)
- Union County: 22 (reproductive healthcare 15; physical health 14; mental health and substance abuse 41; general healthcare 11; socioeconomic determinants 52; physical environment 61)
- Pennsylvania: 58 (reproductive healthcare 40; physical health 58; mental health and substance abuse 90; general healthcare 16; socioeconomic determinants 40; physical environment 64)
- Food Insecurity in households with children: 17.4% in Geisinger Central Region; PA 18.1% in 2023 (up from 13.1% since 2020); US 19.2% in 2023 (up from 12.9% (Source: <https://map.feedingamerica.org/county/2023/child/pennsylvania>))
- Additional measures of parental knowledge, parental resilience, clinic adoption, community resiliency, and positive childhood experiences are being considered for implementation. Some items may be measured in specific activities or programs, rather than across communities.

Commented [DC11]: Update from sources mentioned

Commented [EM12]: This number is from the 2024 report, I don't see a report for 2025. and the last before 2024 was 2021

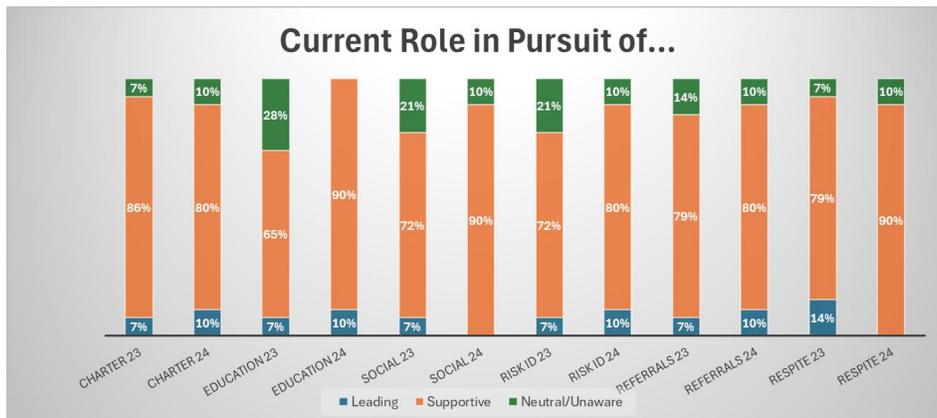
Commented [EM13]: [Child Hunger & Poverty in Pennsylvania | Map the Meal Gap](#)

Commented [EM14]: [Child Hunger & Poverty in Pennsylvania | Map the Meal Gap](#)

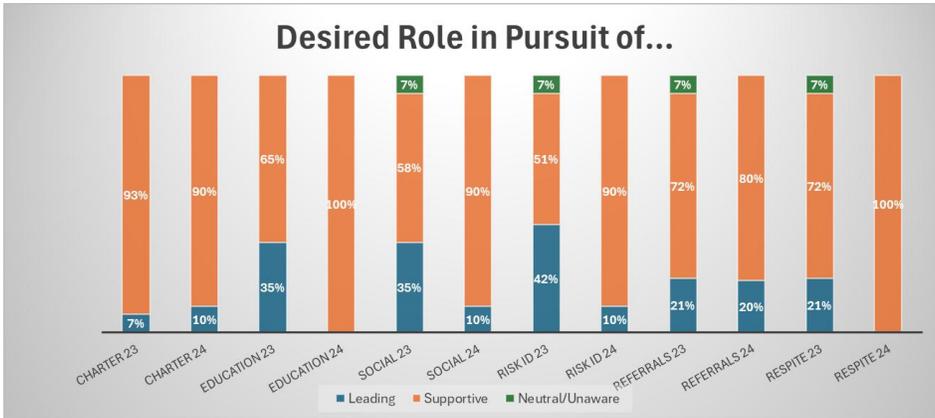
Stakeholder Engagement Survey

The initial survey was sent to stakeholders on August 25th. We plan to conduct a stakeholder engagement survey every six to 12 months to determine their level of engagement with UNITY (Appendix 5).

Current UNITY Role 2023 vs. 2024



Desired UNITY Role 2023 vs. 2024



Appendices

Appendix 1. Stakeholder Meeting Invitation



February 17, 2023

Hello ***,

We would like to invite you to join us and other community stakeholders to a collaboration series entitled the *UNITY Project* ([Upstream Planning to Break the Cycle of Child Maltreatment](#)).

Over the next two years, we plan to gather your input and others to develop a comprehensive and coordinated plan to improve the region's response to child maltreatment, with a particular focus on physical abuse. We aim to launch preventative programs and strategies that reach at-risk children and families before they get to a crisis state – with the ultimate goal to dramatically reduce the number of children being seen for physical abuse in the Child Advocacy Center in Sunbury. We also aim to expand care for our children in crisis through the Child Advocacy Center in Sunbury and the local emergency departments. We hope to build a bridge for children and their families to best move into recovery through stakeholder and community engagement.

The initial stakeholder's meeting will be held on Friday, March 24th, 2023, from 12 PM – 3 PM at the Degenstein Community Library's Meeting Room. The Degenstein Library is at 40 S 5th Street in Sunbury, PA 17801. We also will be providing a [TEAMS](#) link to join this meeting virtually. An agenda will be distributed in advance of the meeting.

Please let us know by March 10th if you will be attending and whether that will be in-person or virtual. Please include your name, phone number, e-mail address and organization with your reply. We will be serving food and ask you to note if you have any dietary restrictions. Please send your reply to: unity@geisinger.edu.

We look forward to uniting with you and other community members. We are grateful for the Degenstein Foundation and their financial support for this endeavor. We welcome your knowledge and experience related to this complex problem, and we ask you to be an active participant to help us understand issues and potential solutions.

Thank you,

A handwritten signature in black ink, appearing to read "Lisa Bailey-Davis".

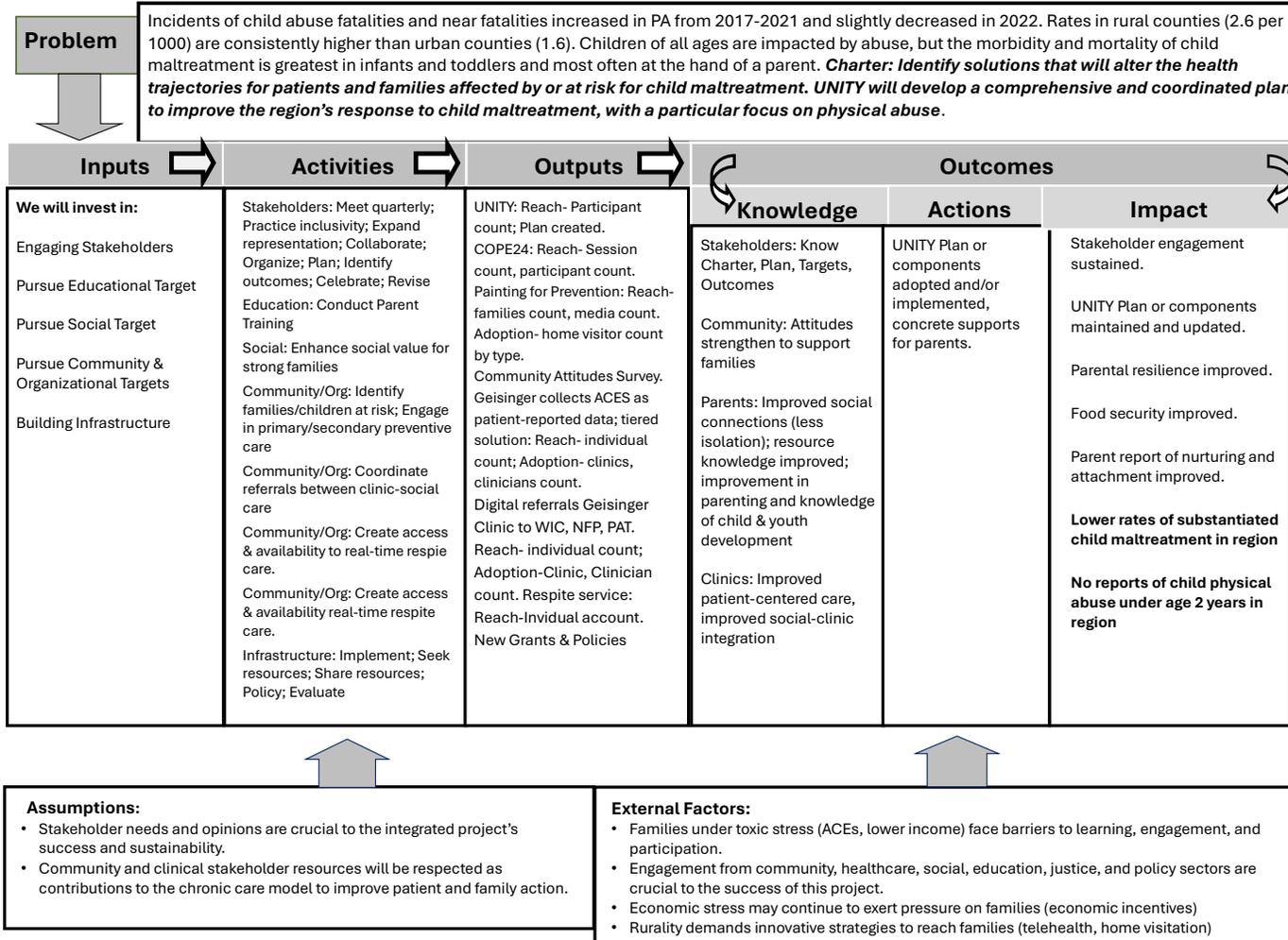
Lisa Bailey-Davis, DEd, RD
Associate Professor of Population Health Sciences
Geisinger

Appendix 2. Prevention Programs

Program Title	Location	Description	Link
SafeCare	Oklahoma, Kansas, Georgia	An evidence-based parenting program for at-risk and maltreating parents that includes home visits to address social and family ecology in which child maltreatment occurs. The home visits focus on behavioral skill training.	Iterations of the SafeCare model: an evidence-based child maltreatment prevention program - PubMed (nih.gov); https://clinicaltrials.gov/ct2/show/NCT00595010
INHOPE	Amsterdam, worldwide	A network of hotlines around the world to help in the ease of identifying and reporting child sexual abuse and abusive material, particularly online material.	www.inhope.org
2018 Family First Prevention Services Act	United States	A proposed framework for preventing child maltreatment including primary, secondary, and tertiary prevention levels. Primary prevention includes activities directed at the general population and aims to prevent maltreatment from happening including public service announcements encouraging positive parenting, parent education programs and support groups, family support and family strengthening programs that helps families learn about and access resources, and public awareness campaigns on how to report suspected abuse. Secondary level or prevention are activities focused on high-risk populations and target services for communities or neighborhoods that have high incidence rates this includes parent education programs focused on teen parents, parent support groups that help them deal with everyday stressors, home visiting programs that provide assistance to expecting and new mothers, respite care for families that have children with special needs, and family resource centers that offer information and referral services. Tertiary prevention includes activities focused on families where maltreatment has already occurred and includes activities like intensive family preservation services with mental health professionals, parent mentor programs, parent support groups that help parents transform negative practices into positive parenting behaviors, and mental health services for children and families affected by maltreatment focused on communication and functioning.	www.childwelfare.gov/topics/preventing/overview/framework/#one
CO4Kids	Colorado	Channels for change include strategies for individualized services (home visiting, parent education, mobility mentoring and financial literacy, respite and crisis care, family development and goal setting, screening for substance abuse and intimate partner violence). Strategies for organizational and practice change (evidence-based practice, implementation science, workforce development, performance monitoring), strategies for agency collaboration and community capacity building (integrated care, community effects on child maltreatment and strategies at the community level, utilizing technology, early learning communities, and community norms change), and strategies for policy reform (policy agenda setting, innovating federal and state health care funding, transforming existing legislation to better meet the needs of families.	Child Maltreatment Prevention Framework for Action CO4KIDS

Program Title	Location	Description	Link
CDC's Principles of Prevention	United States	Offers free online training on prevention that addresses different types of maltreatment and the different levels of prevention. Lists risk factors. Risk factors for victimization (< 4 yrs. old, special needs), risk factors for perpetration: individual risk factors (drug/alcohol use, mental health dx, lack of understanding children's needs, hx of abuse/neglect, younger parents, single parent, many children, low education level/income, high levels of stress, use of spanking of corporal punishment, non-biological parents in home, attitudes of accepting violence), family risk factors (household members in jail/prison, isolated not connected to other people, experience of other types of violence, high conflict/negative communication styles), and community risk factors (high violence/crime rates, high rates of poverty limited economic opportunities, high unemployment rates, easy access to drugs/alcohol, few community activities to engage young people, unstable housing, food insecurity)	Principles of Prevention VetoViolence (cdc.gov)
Child Advocacy Center: The Emmy Haney House	Tennessee	Erin's law was passed in Tennessee in 2014 and requires education for students in grades preK -12th grade that includes age-appropriate techniques to recognize child abuse and tell a trusted adult, instruction for school personnel on how to identify, respond, and report child sexual abuse, parents must receive information on abuse and how to make a referral, and sharing community resources. Now passed in 37 states.	Prevention Education: An Overview - Children's Advocacy Center (cachc.org)
Bronfenbrenner Ecological Theory	United States	Information on how to use the Bronfenbrenner Ecological System to prevent child maltreatment	What is Bronfenbrenner's Ecological Systems Theory? - The Psychology Notes Headquarters (psychologynoteshq.com)
Systematic Review to Update U.S. Preventive Task Force Recommendation	United States	A review of evidence suggests that risk assessment and behavioral interventions in pediatric clinics reduced abuse and neglect outcomes for young children. They also showed that home visitation can reduce abuse and neglect, but results were inconsistent.	Evidence Review Update (Is this the correct title (nih.gov))
New Directions for North Carolina	North Carolina	Provides a set of treatment principles to guide development of a statewide system for child maltreatment preventions and contains 37 recommendations to improve prevention, start on page 88	new directions handbook (nciom.org)
Promising Practices that Work	New York	reviews programs and their effectiveness splits them up in to proven and promising programs by age of child Table with program links starts on page 15 of the PDF	Programs That Work, from the Promising Practices Network on Children, Families and Communities RAND
Breaking the Cycle	Nevada	Discusses the effectiveness of home visit programs including nurse-family partnership, parents as teachers (PAT), early head start, and Home Instruction for Parents of Preschool Youngsters (HIPPY)	NV-CAN-Report-DRAFT.pdf (fightcrime.s3.amazonaws.com)
Philly Families CAN	Sent by Cathleen Palm		https://www.phillylovesfamilies.com/philly-families-can

Appendix 3. UNITY Logic Model



Appendix 4. Foster Child Medical Advocacy Program

Geisinger's Division of Child Protection and Advocacy Foster Child Medical Advocacy Program

Purpose:

To ensure that all children placed in foster care within Northumberland, Union and Snyder counties have the benefit of a medical home that contains complete medical, social, psychological, educational, and governmental information to coordinate care and promote optimal outcomes.

Children in foster care have often been exposed to social risk factors that drive pediatric health disparities, including poverty, single parent homes, family stress, maternal mental health concerns, minority race/ethnicity, and community and household violence (1,2). It is not a surprise, then, that nearly half of the children in foster care have chronic medical problems and unmet health care needs (3).

Children entering foster care placement have typically already experienced multiple psychosocial stressors such as parental substance abuse, mental illness, poverty, or homelessness. Social risks have a cumulative effect and can result in poor health outcomes that persist into adulthood. For that reason, children entering foster care should have a comprehensive medical evaluation by a pediatrician trained in child abuse and maltreatment who are familiar with the risks associated with this vulnerable population.

Aims:

- 1) To develop a process that initiates a reliable plan of care that includes:
 - a) A plan for medical supervision and identification of a single point for coordination of care moving forward (i.e.: establishment of a medical home with a primary care provider)
 - b) Initial and potentially ongoing dental care
 - c) Psychological services with a plan for regular psychological follow-up
 - d) Nutritional assessment and involvement in government programs if applicable
 - e) Advocacy for assessment and initiation of school-based services
 - f) A process for ongoing information sharing with local agencies, healthcare providers and schools to ensure continued support

Specific Objectives:

- 1) Define an intake process for all children in foster care within the pilot area
 - a) This will require development of:
 - i) Specific EPIC tools for this purpose

- (1) Visit type and note template - COMPLETED
- (2) Foster Child alert for primary care providers (Best Practice Alert when a provider begins a new encounter on a child who is in foster care.)
- (3) Intake questionnaire (EPIC generated survey that is completed by a Children and Youth supervisor prior to foster care assessment at the Child Advocacy Center.)
- (4) Vaccination catch-up plan (develop a process to document vaccine catch-up plan so future providers and Children and Youth know when a child needs vaccinations.)
- (5) Smart set for orders to ensure consistency (standardization of an order set for this population for comprehensive and consistent care.)
- (6) Social documentation template (create a tool for specialized documentation that addresses the complex needs of this population.)
- ii) Process coordination with Children and Youth Service agencies
 - (1) Pre-visit EPIC questionnaire
 - (2) Coordination of caseworker participation in foster care assessment
 - (3) Presentation of existing medical records at initial assessment, or shared with the clinic prior for provider review and pre-charting, greatly improving visit efficiency best use of caseworker time

2) Identify available resources for children in foster care

- a) Subsequent medical support and identification of a primary care provider
- b) Dental care as needed
- c) Optometry services as needed based on initial screening and prior history
- d) Initial and ongoing psychological care
- e) Nutritional support (ensure enrollment in applicable government programs; ensure delivery of any needed Speech/Feeding Therapy; ongoing Nutritionist management as needed)
- f) Educational support (advocate for testing and development of IEP's)
- g) Social support platforms (work with County agencies to identify local/regional programs for assistance)

3) Collect and analyze project outcomes

- a) Gather data of patients served, health needs
- b) Services delivered/referrals made/PCP established
- c) Completed appointments

- d) Completed Catch Up Immunization Plans and Plans of Care
- e) IEP/school intervention activities

Appendix 5. Stakeholder Engagement Survey

Page 1

UNITY Collaboration Survey

Below you will be asked a series of questions related to your role in various UNITY activities. For each activity there are two questions. The first question will ask you to identify your CURRENT role, and the second question will ask you to identify your DESIRED role. Please note that it is OK if your current and desired role are the same.

In pursuing the UNITY Charter, ...

- | | Leading | Supportive | Resistant | Neutral | Unaware |
|-------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1) I describe my current role as... | <input type="radio"/> |
| 2) I describe my desired role as... | <input type="radio"/> |

In pursuing the UNITY Education Target, Parenting Training, ...

- | | Leading | Supportive | Resistant | Neutral | Unaware |
|-------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 3) I describe my current role as... | <input type="radio"/> |
| 4) I describe my desired role as... | <input type="radio"/> |

In pursuing the UNITY Social Target, creating social support for valuing strong families, ...

- | | Leading | Supportive | Resistant | Neutral | Unaware |
|-------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 5) I describe my current role as... | <input type="radio"/> |
| 6) I describe my desired role as... | <input type="radio"/> |

In pursuing the UNITY Community/Organizational Target, identifying children and families at risk and engaging them in tiered, responsive actions, ...

- | | Leading | Supportive | Resistant | Neutral | Unaware |
|-------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 7) I describe my current role as... | <input type="radio"/> |
| 8) I describe my desired role as... | <input type="radio"/> |

In pursuing the UNITY Community/Organizational Target, coordinating referrals and follow-up between clinic and community services, ...

- | | Leading | Supportive | Resistant | Neutral | Unaware |
|--------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 9) I describe my current role as... | <input type="radio"/> |
| 10) I describe my desired role as... | <input type="radio"/> |

In pursuing the UNITY Community/Organizational Target, Improving access and availability of real-time respite support for parents at immediate risk for harming child, ...

- | | Leading | Supportive | Resistant | Neutral | Unaware |
|--------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 11) I describe my current role as... | <input type="radio"/> |
| 12) I describe my desired role as... | <input type="radio"/> |

In order for us to evaluate collaboration factors for UNITY, please indicate your level of agreement (strongly agree to strongly disagree) with each statement below.

04/24/2024 2:45pm

projectredcap.org



Collaboration Factors

	Strongly Agree	Agree	Neutral/ No Opinion	Disagree	Strongly Disagree
13) Agencies in our community have a history of working together.	<input type="radio"/>				
14) Trying to solve problems through collaboration has been common in this community. It has been done a lot before.	<input type="radio"/>				
15) People involved in UNITY trust one another.	<input type="radio"/>				
16) I have a lot of respect for the other people involved in UNITY.	<input type="radio"/>				
17) The people involved in UNITY represent a cross section of those who have a stake in what we are trying to accomplish.	<input type="radio"/>				
18) All the organizations that we need to be members of UNITY have become members of the group.	<input type="radio"/>				
19) My organization will benefit from being involved in UNITY.	<input type="radio"/>				
20) UNITY has been careful to take on the right amount of work at the right pace.	<input type="radio"/>				
21) A system exists to monitor and report the activities and/or services of UNITY.	<input type="radio"/>				
22) I am informed as often as I should be about what is going on with UNITY.	<input type="radio"/>				
23)					

I have a clear understanding of what UNITY is trying to accomplish.

Strongly Agree Agree Neutral/ No Opinion Disagree Strongly Disagree

24) My ideas about what we want to accomplish with UNITY seem to be the same as the ideas of others.

25) What we are trying to accomplish with UNITY would be difficult for any single organization to accomplish by itself.

26) Any thoughts or ideas for UNITY:

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