

DIRECTIONS

SUMMER
2003

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PHMC PLAYS KEY ROLE SUPPORTING CITY'S CHILDREN'S INVESTMENT STRATEGY

In September 2001, the City of Philadelphia launched a new initiative geared to expand and improve after school and youth development programs throughout the city. As a complement to Mayor Street's Neighborhood Transformation Initiative, the Children's Investment Strategy (CIS) was designed to improve community and school safety, school attendance, and student performance outcomes by providing constructive supervision, educational support and other activities during the non-school hours. CIS offers the following programs: traditional after school programs, Beacon Schools (which are open for extended hours to provide a variety of services to neighborhood residents), family centers, Teen Centers and YouthWorks (a program which places students in service-learning or work programs that provide career and college exposure). CIS also provides programs for at-risk youth and families, including intensive home visiting, parenting programs and school-based case management.

Philadelphia Safe and Sound, the City designated lead organization for the CIS, is committed to improving the health and well-being of children. It collaborates with government agencies, foundations, corporations and community groups to promote more effective delivery of services to children in Philadelphia. Safe and Sound subcontracts with PHMC for the provision of fiscal and contract management services. Safe and Sound also contracts with the United Way of Southeastern Pennsylvania to assist After School and Beacon School programs to achieve licensure through the state Department of Public Welfare by offering training regarding the licensing process and providing site-specific technical and programmatic assistance as needed.

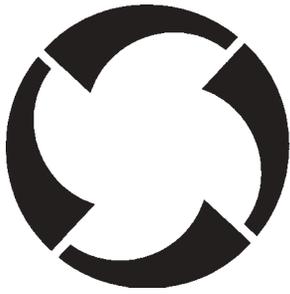


PHMC staff conduct training sessions on the MIS system developed by PHMC Information Systems staff for CIS grantees.

To carry out CIS, PHMC issues contracts to a network of more than 150 After School and Beacon CIS grantees and provides training for each agency on the management information system (MIS) developed specifically for the program by PHMC's Information Systems staff. As a fiscal agent for CIS, PHMC conducts site visits twice a year at each agency to ensure fiscal compliance. PHMC's Fiscal Compliance Analysts examine informed consent forms, and back-up paperwork for attendance during site visits.

The MIS provides users with remote access through the Internet, and supports fiscal, contractual and basic programmatic reporting and invoicing requirements. It also allows providers to complete automated client intakes and discharges, client eligibility determinations, client attendance and program invoicing. PHMC monitors each provider to ensure contractual compliance in areas such as insurance, client eligibility documentation and staff clearances. PHMC also provides technical assistance to providers in the use of the MIS and in all areas of fiscal and contractual compliance.

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ASTHMA CALL CENTER ANSWERS FIRST CALLS



Imagine your child having asthma so severe that she needs an expensive piece of medical equipment to help her breathe – then imagine your car is stolen with that piece of equipment in it. Without it, your daughter is prone to more asthma attacks. Who can help you get that equipment replaced? Answer: The Asthma CALL Center.

The Asthma CALL (Child Asthma Link Line) Center can provide solutions to problems such as these and in this particular case, was able to get a new machine for the family. The CALL Center is a collaborative effort between Healthier Babies, Healthier Futures, Inc. (HB/HF) and PHMC's affiliate, The Health Promotion Council of Southeastern Pennsylvania (HPC). The CALL Center was developed as the service intervention component of the Philadelphia Allies Against Asthma (PAAA) Coalition, funded by the Robert Wood Johnson Foundation. HPC serves as the lead agency for the coalition and HB/HF is a member of the coalition and a sub-contractor for operation of the CALL Center.

The CALL Center was launched in October 2002, and approximately 255 referrals have been made since its inception. Most families are referred to the CALL Center from hospitals. Once consent is granted from a parent or guardian, an Asthma Care Coordinator (ACC) contacts the family to learn what asthma-related services are needed. The overall goal of the CALL center is to help families control asthma, thereby reducing the number of emergency room visits and school absences. ACCs also provide links to insurance providers and to asthma-related medical and education services.

CALL Center services are available to everyone, but CALL Center outreach is targeted toward African American and Latino populations in North and West Philadelphia because of the high prevalence of children with asthma in these communities. All CALL Center services and literature are available in English and Spanish. CALL Center literature is being distributed to community centers and schools in North and West Philadelphia in an attempt to reach more community members. For more information about the Asthma CALL Center, contact **Kathy Lupton**, Operations Manager for Healthier Babies, Healthier Futures, Inc., at **(215) 985-2669** or **kathyl@phmc.org**.

RETIREMENT

Betty Morrell, Vice President of Information Systems (IS), announced her retirement after 28 years. Betty joined PHMC in September 1975, and under her direction, PHMC's IS Department has grown to a staff of 29. In addition to providing technical support for over 800 users, IS provides technical assistance consultation to area non-profits including systems analysis and database design. Betty's last day at PHMC will be October 2, 2003.

PHMC IS COMMITTED TO HELPING CHILDREN AND THEIR FAMILIES

A Message from Richard J. Cohen, Ph.D., FACHE

In this issue of *Directions*, we highlight the wide array of PHMC programs designed to meet the special needs of children. As data from the *Community Health Data Base* (page 4) demonstrates, nearly 60,000 children in the region suffer from a range of health problems, many of which are preventable. PHMC's programs are designed to prevent future health problems and/or to limit the impact of current health or social conditions on later growth and development. PHMC also recognizes the importance of addressing the needs of both the children affected by health issues and their families.

PHMC's participation in the *City's Children's Investment Strategy* (cover) and the *DHS Parenting Collaborative* (page 2), demonstrates our commitment to supporting community-based prevention programs that provide education, support and enrichment opportunities for children and their parents. And the *Family Therapy Treatment Program*, the newest member of PHMC's substance abuse treatment network, helps individuals recovering from addiction to drugs or alcohol to address the impact of their addiction on children and other family members.

Through the programs highlighted in this edition of *Directions*, as well as numerous other initiatives, PHMC is committed to working with our many partners and friends toward improving the lives of children and families in our communities.

Richard J. Cohen, Ph.D., FACHE is President and CEO of the Philadelphia Health Management Corporation.

PHMC IS PRINCIPAL PLAYER IN DHS' PARENTING COLLABORATIVE

PHMC is playing an important role in the DHS Parenting Collaborative, which is funded by the City of Philadelphia's Department of Human Services (DHS) Division of Community Based Prevention Services. The Parenting Collaborative is a public-private partnership designed to provide parenting education and support services as the means to prevent child abuse and reduce the need for child protective service interventions. Parent education and support services are provided by a network of health and social service agencies throughout Philadelphia. DHS contracts with PHMC to provide fiscal and program monitoring of the initiative. Specifically, PHMC issues contracts with the grantees, makes payments and monitors programs. Through PHMC, DHS is also supporting the Institute for Family Professionals, a training program for parent educators.

Now in its third year, the DHS Parenting Collaborative has expanded to include all family centers in Philadelphia and specialized providers, bringing its number of grantees from 45 in the first year to 71 currently. Resources for Children's Health (RCH), an affiliate of PHMC, manages the Strawberry Mansion Family Center, which is a Parenting Collaborative grantee. RCH also subcontracts with PHMC to perform program monitoring. CHANCES, one of PHMC's network of substance abuse treatment programs for women, is also a grantee.

The Parenting Collaborative served 1,910 parents in year one, and more than 5,000 parents in year two, which ended on June 30, 2003. All grantees have been invited to apply for fiscal year 2004 funding. PHMC assisted in producing reapplication packages, and in reviewing the proposals. The final funding decisions were made by DHS.

A separate program evaluation is being conducted by Branch Associates. Initial indications from the evaluations are that these programs are having a positive effect on the behavior of parents and caregivers served by Parenting Collaborative programs.

"The City's commitment to children has always been strong. Through its Parenting Collaborative, it takes this commitment one step further by focusing on prevention. I have seen first-hand how this initiative is supporting parents and helping families," said Jeanne Ciocca, Director of Resources for Children's Health. For more information about PHMC's role in the DHS Parenting Collaborative, contact **Jeanne Ciocca** at (215) 985-2541 or jeanne@phmc.org.

Children's Investment Strategy *(continued from page 1)*

One of the unique aspects of CIS is the way that the initiative pools funding from a variety of public sources in support of after school and other youth development services. Each participant's eligibility is determined by the service provider, who invoices PHMC. PHMC aggregates the service units and costs to calculate a combined rate, which is then utilized for invoicing to all major funding sources.

The system tracks program services and utilization of services. This information is used by Safe and Sound to monitor program performance and to support Safe and Sound's annual *Report Card*, a comprehensive study of children's health and safety indicators in the City of Philadelphia.

The CIS is a multi-year project that seeks to raise \$150 million dollars in sustainable support for youth development in order to reach an additional 100,00 children through after school and other youth development programs. Thus far, CIS has expanded after school, Beacon and other youth development opportunities to 24,000 more children citywide. Current funding is provided through the City of Philadelphia Department of Human Services, the Recreation Department, the Philadelphia Housing Authority, and the Philadelphia Workforce Development Corporation. For more information, contact **Amy Friedlander**, Senior Program Officer, at (215) 985-2512 or amyf@phmc.org.

WELCOME!

PHMC is pleased to welcome Celeste Collins as the new Director of Human Resources at PHMC. Prior to joining us, Celeste was the Regional Human Resources Director for Limited/Express Stores, Inc. where she oversaw the human resources functions in four regions. We wish her the best of luck in her new position!



HIGHLIGHTS
FROM THE
COMMUNITY
HEALTH
DATA BASE
2002
Southeastern Pennsylvania
Household Health Survey

Data from PHMC's 2002 Southeastern Pennsylvania Household Health Survey are available!
 For more information, please contact **Siobhan Hawthorne** at (215) 985-2527 or siobhan@phmc.org.

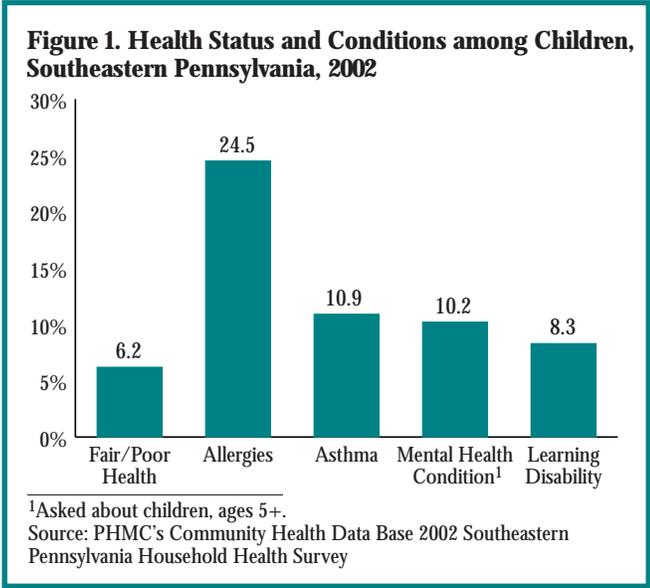
CHALLENGES IN CHILDREN'S HEALTH

Childhood is a time of rapid growth and change. Physical and emotional conditions that compromise the health of children have the potential to influence many important aspects of their lives. There are an estimated 968,500 children living in Southeastern Pennsylvania, most of whom enjoy good health, have access to appropriate and quality health care, and receive timely preventive care. However, for many reasons, not all children are afforded these same measures of health and well being. The following article examines the factors that affect the health of children from birth through age 17 in the Southeastern Pennsylvania region. Comparisons are also made to Healthy People 2010 benchmarks, when available.

Birth Outcomes

The health and well being of a population is often measured by rates of prenatal care, low birthweight, and infant mortality because these indicators are associated with maternal health, quality of and access to medical care, socioeconomic conditions, and a number of public health and clinical practices.

- More than one out of six women receive inadequate or no prenatal care during their pregnancies—8,053 women or 17.2 percent.
- The low birthweight rate is 86.8 births per 1,000 live births. Low birthweight is associated with higher risk of infant death, long-term illness and disability.
- There are an average of 400 infant deaths per year, representing an infant mortality rate of 8.1 deaths per 1,000 live births. This rate fails to meet the Healthy People objective of 4.5 deaths per 1,000 live births.



Health Status

Although children have the best overall health status of any age group in the population, a substantial number of children suffer from health problems that may adversely affect their later growth and development. (Figure 1)

- The overwhelming majority of children are in excellent or good health, however, 6.2 percent, or 59,100 children, are in fair or poor health.
- An even greater percentage of children suffer from chronic health conditions (13.9% or 133,900 children) requiring ongoing health care for the management and treatment of these conditions.
- Many children suffer from allergies and asthma, conditions that can both hinder normal childhood activity and have significant costs. Nearly one-quarter of children (24.5%) have allergies and more than one out of ten children (10.9%) have asthma. Sixty percent of children with allergies and 90 percent of children with asthma take prescription medications for their condition. Four out of ten children with asthma (42.5%) had to visit an emergency department at least once in the past year because of their asthma.
- One out of ten children ages 5+ are reported to have a diagnosed mental health condition such as

clinical depression, an anxiety disorder or attention deficit disorder. More than one-quarter of these children (29.1%) currently are not receiving treatment for their condition.

- A school or health professional has told the caretakers of eight percent of children that his/her child has a learning disability, representing 79,900 children.

Access to Care

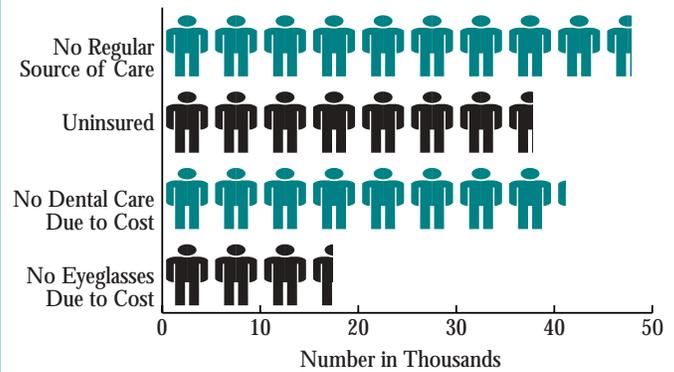
Children with access to health care have a greater opportunity of obtaining the care they need and maintaining their health and well being. Having a regular source of care is a critical factor in receiving regular preventive care and timely sick care, as well as for identifying health problems through regular check-ups. In addition, having health insurance helps to ensure quality and consistent health care. (Figure 2)

- Although the majority of children in the region have a regular source of care, five percent of children (47,800 children) do not have one person or place they usually go to for their health care. This remains slightly higher than the Healthy People 2010 goal of no more than four percent of children without a specific source of ongoing care.
- An estimated 5,300 children use a hospital emergency department as their regular source of care, despite the fact that the ED's focus on emergency care generally precludes continuity and follow-up care.
- There are 37,800 children (3.9%) who do not have health insurance of any kind, greatly impacting their receipt of timely and quality care. This falls short of the Healthy People 2010 objective of having all children insured.
- Among children who are insured, 20 percent receive Medicaid and four percent are insured through the Children's Health Insurance Program (CHIP).
- Greater than one out of twenty children (5.4% or 41,100 children) did not receive a dental exam in the past year because of the cost.
- More than 17,400 children (2.3%) ages 6+ did not receive needed eyeglasses in the past year due to cost.

Disease Prevention and Health Promotion

Preventing disease and injury and monitoring the development of health problems are integral components of well-child care. Although the overwhelming majority of children receive a routine check-up (99.6%), many children lack routine dental care, are not properly immunized, and engage in behaviors that put them at

Figure 2. Access to Care among Children, Southeastern Pennsylvania, 2002



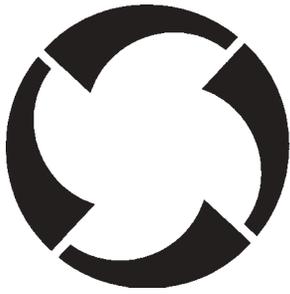
Source: PHMC's Community Health Data Base 2002 Southeastern Pennsylvania Household Health Survey

increased risk of disease and injury.

- Eighty six percent of children ages 4+ have been examined by a dentist in the past year, exceeding the Healthy People objective of at least 83 percent of children using the oral healthcare system each year. Caretakers for these children cited lack of perceived need (29.0%), cost (19.6%) and lack of motivation (11.7%) as the major reasons for failure to receive appropriate dental care.
- One-quarter of children ages 6+ (24.9%) were required to get additional shots or tests before starting school, indicating that they were not properly immunized.
- A small percentage but significant number of children seldom or never use car seats or seat belts when riding in cars (23,000 children or 2.4%), failing to meet the Healthy People objective of zero percent. One out of five children (20%), ages 6+, do not wear a helmet when riding a bicycle, also falling short of the eight percent objective outlined in Healthy People 2010.
- Nearly four out of ten children ages 2+ (38.2%) scored in the 85th percentile or higher on the body mass index-for-age scale and are considered at risk for obesity.
- Children ages 3+ engage in an average of 6.6 physical activities per week, such as biking, engaging in sports and games, or participating in physical education class.
- One-third of children (34.4%) live in a household where someone smokes cigarettes, cigars and/or a pipe, thereby exposing them to tobacco smoke pollution.

Summary

The vast majority of children in Southeastern Pennsylvania enjoy
continued on page 7



ANNOUNCEMENTS

New Staff & Staff News

- **Amy Friedlander**, PHMC Senior Program Officer, conducted an Advanced Nonprofit Management Certificate Course as part of the University of Delaware's Nonprofit Capacity Building Program. The course, titled "Strategic Alliances: Managing for Success in Tight Times," explored the potential of partnerships, collaborations and mergers.
- PHMC is pleased to welcome **Beth Shuman**, L.C.S.W., as the new Program Director for CHANCES.

- PHMC Board Member, **Calvin Johnson**, M.D., M.P.H., has been named Pennsylvania Secretary of Health by Governor Ed Rendell.

- **Jessica Riccio**, PHMC's Communications Officer, has been selected as a Northeast Regional Public Health Leadership Institute scholar. The year long program seeks to develop the leadership skills of public health practitioners through workshops.

Publications and Presentations

- PHMC's Specialized Health Services staff presented a poster at the national Health Care the Homeless conference in March of this year. The presentation, "Multidisciplinary Service at Entry into the Shelter System in Philadelphia" was one of 10 posters at the national conference. PHMC staff **Rachel Kirzner**, **Eva Bennett**, **Veronica Cobia-Taylor** and **Denise Moravek** were involved in the planning and presentation of the poster.

- **Kathy Wellbank**, M.S.S., Program Director at Interim House, contributed to the article *Multiple Opportunities for Creating Sanctuary* which was published in the Summer 2003 issue of *Psychiatric Quarterly*.

- **Rachel Kirzner**, M.S.W., PHMC Assistant Director of Social Work, contributed to the article *Homelessness & Family Trauma: The Case for Early Intervention*, which was published in the May 2003 issue of *Healing Hands*. *Healing Hands* is

a publication of the National Healthcare for Homeless Clinicians' Network.

- In May, the Community Health Data Base hosted an event to focus on the health and social service needs of the region's children. More than 50 attendees gathered at Philadelphia Health Management Corporation to learn the latest children's health findings from the Southeastern Pennsylvania Household Health Survey and listen to seven local agencies serving the interests of children and their families.

New Grants

- The Philadelphia Foundation approved a grant of \$45,000 to support Resources for Children's Health's Philadelphia Fatherhood Practitioner's Network (PFPN). PFPN is a coalition of more than 40 agencies which provides a forum for information-sharing, networking and collaborative work on behalf of fathers and other male caretakers. The grant will assist PFPN in developing policy statements on issues related to fathers, and will support a fatherhood conference bringing together advocates, legislators and other key personnel.

- The Bridge received a \$10,000 grant from the W. Clark Hagan Trust to implement the Career Education and Opportunities (CEO) program, a vocational training initiative developed in collaboration with Orleans Technical Institute.

- The Bridge also received a \$10,000 grant from the Philadelphia Foundation to implement two exciting collaborative initiatives. The first is a program with the Big Picture Alliance to introduce Bridge Residents to the art of film making and the second is a collaboration with Orleans Technical Institute to provide vocational training services.

- Interim House West received a \$5,000 challenge grant from the Philadelphia Foundation to develop and paint a mural in the entrance hallway of the program's new facility. The program intends to partner with the Philadelphia Mural Arts Program.

Events

- The Bridge celebrated its 32nd annual graduation on Tuesday, June 24th to celebrate the over 40 adolescents who completed the short and long-term program during FY 03. Former Philadelphia Phillies' pitcher and World Series player Dickie Noles and Charles Johnson, DHS Managed Care Supervisor, were keynote speakers.

Accreditations

- On July 11, 2003, after completing a three-day site visit, The Bridge received three-year accreditation from the *Joint Commission for the Accreditation of Healthcare Organizations* and a total performance score of 96 out of 100 points. This is the highest level of accreditation offered by the Joint Commission.

Exciting New Collaboration

PHMC is now part of an exciting new program which brings together criminal justice and social service agencies in Center City Philadelphia to combat "quality of life crimes." Philadelphia Community Court, administered by the Center City District, emphasizes community service and behavioral treatment instead of incarceration. PHMC provides nursing services on the court's treatment team. The Forensic Intensive Recovery program (funded by CODAAP) conducts evaluations and provides links to social services. Look for more information on this program in the next issue of *Directions*.

PHMC GRADUATION BEAT

CHANCES 16 clients graduated from the CHANCES program on May 10, 2003.

INTERIM 76 women have graduated from Interim House's Residential, Intensive Outpatient and Outpatient programs this year.

INTERIM HOUSE On January 10, 2003, Interim House West celebrated the graduation of 17 clients who successfully completed the program.

THE BRIDGE The Bridge held its annual graduation on June 24, 2003 to honor 42 clients completing treatment in the past year.

FAMILY THERAPY TREATMENT PROGRAM CELEBRATES FIRST ANNIVERSARY WITH PHMC

On April 1, 2003, the Family Therapy Treatment Program (FTTP) celebrated its first anniversary at PHMC. FTTP, the newest member of PHMC's substance abuse treatment network, came to PHMC from MCP-Hahnemann's Graduate Programs in Couples and Family Therapy.

FTTP provides couple and family therapy services to clients who are in prison or who are already engaged in community residential, IOP, or outpatient treatment (and receive funding through Criminal Justice Initiatives or Community Behavioral Health). FTTP's master's prepared family therapists supplement the clinical services offered on site at various treatment programs with specialized family therapy interventions. Clinicians also provide services in clients' homes or in FTTP's offices, as needed.

FTTP began in September 1995 with a grant from the Coordinating Office for Drug and Alcohol Abuse Programs (CODAAP). The initial program model was designed to provide family therapy services to substance dependent individuals who were incarcerated in the Philadelphia prisons. In 1999 FTTP and CODAAP decided to expand services beyond the prison walls to ensure continuity of care to clients previously receiving family therapy in the prisons. FTTP therapists began providing services to both forensic and non-forensic clients in community addictions services programs.

The move to PHMC was precipitated by the increased administrative, billing, MIS, and quality assurance support that PHMC could provide. FTTP also benefits from the information sharing and synergy that participation in a larger treatment network affords. FTTP maintains its relationship with MCP-Hahnemann by training Graduate Programs' family therapy students.

Since joining PHMC, FTTP has increased the number of treatment programs that it partners with from 13 to 28, and the total client census has increased from approximately 80 clients to 162 clients. FTTP currently provides services to clients in Philadelphia, Chester, Delaware and Montgomery Counties.

FTTP Program Director Phyllis Swint has been pleased with the move to PHMC. Swint noted, "It is always helpful to have an exchange and dialogue with other program directors to discuss what works best with our population. Our overall goal is to help our clients."

For more information on the Family Therapy Treatment Program, **contact Phyllis Swint**, Program Director, at **(215) 413-0141** or **phyllis@phmc.org**.

Access Notes *(continued from page 5)*

good health and well being. However, not all children in the region share in this good fortune—a troubling fact considering that many health problems faced by children are preventable. Given these discrepancies, it is important to target programs and policies that will enhance the physical and emotional health of all children and enable them to grow into healthy adults. For more information about children's health in Southeastern Pennsylvania contact **Ilisa Stalberg** at **(215) 985-6238** or **ilisa@phmc.org**.

Data on birth outcomes are from the 1997-2000 vital statistics, provided by the P.A. Department of Health and the Philadelphia Department of Public Health; prepared by PHMC's Community Health Data Base.

Data on health status, access to care, and disease prevention and health promotion are from PHMC's Community Health Data Base 2002 Southeastern Pennsylvania Household Health Survey.

Healthy People 2010, is a set of health objectives for the nation to achieve during the first decade of the 21st Century. The development of Healthy People 2010 involved over 11,000 public comments from a series of national and regional meetings that began in the late 1990s. Data from PHMC's Southeastern Pennsylvania Household Health Surveys are used in combination with Healthy People 2010 to establish benchmarks and monitor progress towards the stated objectives.

NNCC's Annual Conference Best Practices in Nurse- Managed Health Centers: Eliminating Health Disparities

November 9 and 10, 2003

Baltimore, MD

The National Nursing Centers Consortium (NNCC) is pleased to invite you to attend this year's conference, co-sponsored by the U.S. Department of Health and Human Services.

Please visit

www.nationalnursingcenters.org
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Summer 2003

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CHILDLINK EXPANDS SERVICE AREA BY REACHING OUT TO FAMILIES IN DELAWARE COUNTY

In March of this year, PHMC's ChildLink program expanded to Delaware County. ChildLink began in 1992 as Philadelphia's single point of entry for children from birth to three and their families in need of early intervention services such as speech and language therapy, medical services, vision and audiology services and transportation. PHMC manages the program, which is funded by the Office of Mental Retardation.



Delaware County asked PHMC to implement an early intervention service coordination program in Delaware County modeled after the successful ChildLink Program in Philadelphia. The new program, which is expected to serve 350 children and their families, has to date served over 100 children.

"Delaware County contracted with PHMC to have ChildLink provide Service Coordination to children and families in Delaware County. We are enthusiastic about our partnership with families, the County Office of Early Intervention and the providers in our new community," said **Terry Waslow**, Program Director of ChildLink-Delaware County. More than 24,000 children have been referred to the ChildLink Program since its inception.

For more information about ChildLink-Delaware County, contact **Terry Waslow** at **(484) 448-2800** or **terry@phmc.org**.