



PENNSYLVANIA
PSYCHIATRIC INSTITUTE



A Collaboration of Penn State Hershey & PinnacleHealth

Community Health Needs Implementation Plan



TABLE OF CONTENTS

SECTION I: ADDRESSING COMMUNITY HEALTH NEEDS.....	3
COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS.....	2
COMMUNITY ENGAGEMENT: INPUT, PARTNERS AND HOW ACHIEVED?.....	2
COMMUNITY HEALTH NEEDS IDENTIFIED.....	4
SECTION II: PRIORITIZING COMMUNITY HEALTH NEEDS.....	5
THE SELECTION AND PRIORITIZATION PROCESS.....	5
PRIORITIZED COMMUNITY HEALTH NEEDS.....	5
COMMUNITY HEALTH NEEDS NOT ADDRESSED BY PENNSYLVANIA PSYCHIATRIC INSTITUTE & WHY	9
SECTION III: COMMUNITY HEALTH SERVICES TO MEET COMMUNITY NEEDS...	10
PRIORITY 1: PROMOTION OF HEALTHY LIFESTYLES.....	10
PRIORITY 2: HEALTH EDUCATION.....	11
PRIORITY 3: ACCESS TO AFFORDABLE HEALTHCARE.....	12

APPENDICES AND ACCOMPANYING DATA

- A. SERVICE AREA
- B. PARTNERS



Pennsylvania Psychiatric Institute

Health Needs Implementation Action Plan 2013

EXECUTIVE SUMMARY

The Patient Protection and Affordable Care Act (PPACA) of 2010 mandated new IRS requirements for hospitals: (i) conduct a Community Health Needs Assessment (CHNA) and (ii) adopt an Implementation Plan, both of which must be reported in the Schedule H 990.

Pennsylvania Psychiatric Institute (PPI) in collaboration with Holy Spirit Hospital, Penn State Hershey Medical Center and PinnacleHealth System presented the results of a Community Health Needs Assessment (CHNA) in September 2012. PPI using the data specifically regarding Mental Health issues in the region has developed an Implementation Plan with strategies to address the identified community health needs. Lead by the Business Development department, the CHNA process represents a comprehensive community-wide process that connected more than 500,000 community residents, a wide range of public and private organizations, such as educational institutions, health-related professionals, local government officials, human service organizations, and faith-based organizations to evaluate the community's health and social needs. The assessment utilized secondary data collection, interviews with key community leaders, public forums and focus groups to identify health problems and risk factors in the service area. After reviewing this data and mapping existing internal and community based resources, PPI developed the following implementation plan with evidence-based strategies.

PPI's Community Health Implementation Action Plan (The Plan) describes the assessment process, the needs identified, and the priorities chosen to include: (1) Healthy Lifestyles with a focus on Mental Health wellness (2) Health Education; ensuring that the education is culturally competent and focused on our target market; (3) Access to Care. For each priority, The Plan documents PPI's findings and actions as a result for addressing the community need. The actions are supported by Senior Management and will be sustained by PPI staff, parent hospitals and partnerships with community based organizations.

As PPI looks toward the future, we will continue to ensure that our organizations mission and values of clinical excellence, diverse education, respect, safety and teamwork are integral in all organizational strategies. We embrace our community partners and work collaboratively with them to strengthen the support systems that will allow our patients to maintain positive mental health outcomes.

This was reviewed by the Chief Executive Officer and the Senior Leaders August 20, 2013 and approved by the PPI's Board of Directors August 23, 2013. The final approved version of the CHNA and Implementation Plan is available to the public on the PPI's website www.ppimhs.org

I. ADDRESSING COMMUNITY HEALTH NEEDS

A. COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

1. Establishing the collaborative

PPI collaborated with representatives from three other health systems in south-central Pennsylvania to begin the process of conducting a community health needs assessment (CHNA). The collaborative group met and chose a third party vendor to facilitate the process, gather data, and document outcomes.

2. The Assessment Process Action Steps

- Determine service area (See Appendix A*)
- Complete secondary data
- Survey Analysis / Report
- Focus Group Facilitation / Reports
- Community Forums
- Provider Inventory
- Final Reports
- Presentations / Announcements

B. BROAD COMMUNITY ENGAGEMENT: INPUT, PARTNERS AND HOW ACHIEVED?



* The list of Overall Study Area Community Zip Codes is included in Appendix A.

Community Forums

A series of three community forums were facilitated with community organization leaders, religious leaders, government stakeholders, and other key community leaders at each of the sponsoring hospital/health system locations. The purpose of the community forums was to present the CHNA findings to date and to receive input in regards to the needs and concerns of the community. With input received from forum participants, collaborative members identified the three top priority areas as: healthy lifestyles, health education, and access to affordable healthcare.

Community Health Needs Assessment Partners

Community organizations were an important resource on this project. Their knowledge of target populations and their ability to engage the trust of community residents were essential to our success in gathering information. The list of the nearly 150 community partners that assisted in our data collection is included in Appendix B.

Provider Inventory

An inventory of programs and services available in the region was developed to include all of the 66 zip codes that fall under each of the three priority need areas. The inventory identifies the range of organizations and agencies in the community that are serving the various target populations within each of the priority needs. It provides program descriptions and collects information about the potential for coordinating community activities and creating linkages among agencies. The Provider Inventory or Collaborative Asset Inventory is available on our website at www.pvimhs.org

Final Report Presentation

A final report was developed that summarized key findings from the community health assessment process and an identification of top community health needs. The final report was posted on the PPI website.

C. COMMUNITY HEALTH NEEDS IDENTIFIED

The Collaboration team reviewed the findings of the CHNA and identified the needs below in priority order based upon quantitative and qualitative data evaluated by community residents and leaders.

The needs identified by the CHNA were:

- Mental Health
- Obesity
- Nutrition
- Physical Activity
- Diabetes
- Heart Disease
- Cancer
- Dental Health
- Access to Affordable Health Care
- Uninsured

(**Note**, because this was a collaboration of surrounding medical hospitals, PPI will focus on the organizations' key CHNA needs; Mental Health Care incorporating, Physical Activities, Culturally Appropriate Messages targeted to high need populations and the uninsured).

II. PRIORITIZING COMMUNITY HEALTH NEEDS

A. THE SELECTION AND PRIORITIZATION PROCESS

Throughout the community health needs assessment process, primary and secondary data were reviewed to identify the regional health needs of South Central Pennsylvania. Upon review of the data collected and PPI’s strategic focus, the following needs were identified as the key community health needs in PPI’s community.

B. PRIORITIZED COMMUNITY HEALTH NEEDS (THIS IS THE ENTIRE FINDINGS. PPI COMMUNITY NEEDS ARE HIGHLIGHTED IN RED).

Priority 1: Promotion of Healthy Lifestyles	Priority 2: Health Education	Priority 3: Access to Care & Affordable Healthcare
Obesity	Diabetes Heart Disease Cancer	Dental Care
		Mental Health Care
Physical Activity and Nutrition	Culturally appropriate messages targeted to high need populations	Primary Care and Specialty Care
		Uninsured

PRIORITY #1: PROMOTION OF HEALTHY LIFESTYLES

Underlying factors identified by secondary data and primary input from community leaders and focus groups with residents resulted in the need to promote healthy lifestyles. These types of programs and services are needed to support healthy living and create long-term healthy behaviors. Engaging in regular physical activity and creating a routine of exercising from childhood into adulthood is important to overall health. Regular physical activity in childhood and adolescence improves strength and endurance, helps build healthy bones and muscles, helps control weight, reduces anxiety and stress, increases self-esteem, and may improve blood pressure and cholesterol levels. Regular physical activity is often associated with an increase in positive mental wellbeing; for example, Obesity and mental health disorders are 2 major public health problems in American adolescents, with prevalence even higher in Hispanic teens. Despite the rapidly increasing incidence and adverse health outcomes associated with overweight and mental health problems, very few intervention studies or promotions have been created for adolescents to improve both their healthy lifestyles and mental health outcomes. Even fewer studies have been conducted with Hispanic youth. Exercise habits formed in childhood can have long-term health benefits reinforced through education and a supportive home environment. Schools in particular can promote and create comprehensive school-based physical education programs at all grade levels. Parents who participated in the focus group reiterated the need for schools to take an active role in educating and reinforcing physical activity during the school year.

Some key factors such as physical inactivity and obesity contribute to type 2 diabetes. Geography, household income, culture, and family history also influence disease rates. Moderate exercise and losing 5% to 7% of body weight can reduce the risk of developing type 2 diabetes by 58% in populations of people at higher risk for the disease. Eating a healthy diet and understanding the long-term health benefits associated with proper nutrition will reduce the likelihood of being overweight/obese and other physical diseases such as diabetes, high blood pressure, and heart disease. Childhood obesity is a growing problem. According to the CDC, in 2008, more than one-third of children and adolescents were overweight or obese. Examining school health statistics for Pennsylvania students, children in Kindergarten through grade 6 in Dauphin, Lebanon, and Perry Counties show students with a body mass index (BMI) considered being overweight and obese. This data also indicates that the Dauphin, Lebanon, and Perry Counties percentages are above the state averages for overweight and obese children living in Pennsylvania. Because children often develop lifelong behavior while young, it is important to instill proper nutritional habits in early childhood. Findings from the focus group identified the need for education on properly reading and understanding nutrition labels, and initiating an exercise program. Residents are often confused when interpreting nutrition labels and how they apply to their daily eating habits. Focus group participants believe the benefits of creating healthy eating habits, along with diet/exercise need to be taught to children in school. It is important that schools play an active role in educating, promoting, and reinforcing healthy lifestyles.

When examining data from Pennsylvania County Health Rankings, Dauphin (61) and Perry (47), Counties have a poor health ranking, well above the median ranking of 34 for all counties in Pennsylvania for diet and exercise. This finding is consistent with data obtained from the Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS) which indicated that 60% of Pennsylvania's adults were overweight or obese (BMI>25), and that 25% of adults were physically inactive. When examining the hand-distributed survey results, respondents aged 65-74 reported the highest rate of participating in regular physical activity (77.5%); whereas, only 68.9% of individuals aged 18-24 reported engaging in this activity. County Health Rankings graded Perry County at a 47, well above the state average of 34. The hand-distributed survey results show Perry County respondents engaging in regular physical activity at only 57%. Geographic locations of health facilities, lack of an environment infrastructure to exercise (no walking/bike paths, no sidewalks), cost, transportation, and lack of available activities are just a few factors that prohibit community residents from engaging in regular physical activities.

PRIORITY #2: HEALTH EDUCATION

Overall, health education is an essential element in improving the health - both mental and medical of the community with the appropriate information, educational reinforcement, and message. The goal is to increase knowledge related to health, change behaviors/attitude, and transform unhealthy behaviors to a positive behavior. For the purposes of the CHNA, PPI will focus on health education information that are age appropriate, and messages that are culturally appropriate to targeted high-need populations.

Primary data collected from community leaders reiterated the need for schools to provide a framework of information on healthy living, which includes diet, exercise, and nutrition for school-aged children. It was reported that low-income households do not reinforce healthy eating and healthy living habits within their own environment due to affordability. Most importantly, community residents do not understand alternative ways to live a healthy lifestyle without the expense. Organization leaders reported that the community needs

assistance on how to obtain, understand, and utilize health information related to the long-term effects of mental illness and other chronic diseases.

Focus group participants stated the need for more health education programs, resources, and services to residents, particularly those related to obesity, diabetes, and healthier lifestyles. Arming children within the community with health information will transfer well into adulthood. Reviewing the County Health Rankings, Lebanon (44), Perry (66) and York Counties (36) rank poorly in education, compared to other counties in Pennsylvania. It is important to note that Perry County ranked 66, (only one above the bottom) in education for the entire state of Pennsylvania. When restructuring or creating new health education programs, information must be targeted to community residents who can comprehend and interpret materials in layman terms.

PRIORITY #3: ACCESS TO AFFORDABLE HEALTHCARE

The primary reason for disparities in accessing healthcare is the lack of health insurance. Findings collected from community interviews, focus groups, and hand-distributed surveys reconfirm multiple factors why community residents cannot obtain consistent healthcare services. Having healthcare coverage does not ensure accessibility to all health services. The type of health insurance plan is also an indicator to how patients access healthcare services. Proximity to health providers, number of providers in the health plan, the out-of-pocket costs, and providers accepting that particular health insurance plan are all important indicators to how adults obtain needed health services.

Table 1: Pennsylvania Health Facts on Health Coverage and Health Status ¹²				
Health Coverage	PA #	PA %	USA #	USA %
Uninsured Population	1,361,700	11%	49,906,900	16% of total population
Uninsured Children	226,900	8%	7,951,800	10% of children
Medicaid Beneficiaries	-	17%	-	20% of total population
Medicare Beneficiaries	-	18%	-	15% of total population

Table1: The Henry J. Kaiser Family Foundation: State Health Facts: www.statehealthfacts.org

In 2009-2010, 11% of Pennsylvania residents did not have health insurance (see Table 1). This is an increase from 2004, when 7.5% of the population was uninsured. Findings from the hand-distributed health survey discovered that the majority of respondents have health insurance (71.1%); however, this means that 28.9% of the respondents do not have health insurance. This equates to one in every 3.5 individuals without health insurance. The most common reasons that individuals reported not having health insurance was due to affordability (49.2%) or because they do not qualify for health insurance coverage (25.7%). In addition, more than half of the respondents indicated that not having health insurance affects their ability to get services. However, 61.1% of respondents indicated that they seek care in spite of not having health insurance. This finding has positive results in terms of health outcomes, but negative results in terms of out-of-pocket healthcare costs for the patient and may result in elevated levels of uncompensated care. Underlying factors identified by secondary data and primary input from community leaders and focus groups with residents resulted in the identification of the need to improve access to affordable healthcare, specifically, to dental care, mental health services, primary, and specialty care. This regional health need reinforces the necessity to improve access to affordable healthcare services.

ACCESS TO HEALTHCARE

CHNA results show that Dauphin, Cumberland, Perry, Lebanon, and the northern tier of York Counties indicate a mid-range level of community health need within the region. The entire South Central Pennsylvania area, which is comprised of South Harrisburg (17104), Downtown (17101), Midtown Harrisburg (17102) and Allison Hill/Penbrook (17103) are four areas with the greatest number of socio-economic barriers to healthcare access; indicating an at-risk population in regards to community health. All four zip codes are located within Dauphin County, and more specifically, within the City of Harrisburg. These zip codes are in the greatest need for community health access improvement strategies. Overall, both community leaders and focus group participants reported that uninsured and under-insured community residents are unable to access affordable healthcare services. There was agreement that the working poor populations do not typically qualify for certain health services because they do not meet the income requirements/guidelines (resident household income is too high). The failure for qualification prevents many adults from obtaining necessary healthcare services.

C. COMMUNITY HEALTH NEEDS NOT ADDRESSED BY PENNSYLVANIA PSYCHIATRIC INSTITUTE AND WHY

PPI will not directly address the need for access to the following services, however, will partner with both Penn State Hershey Medical Center and PinnacleHealth Systems for a collaborative approach to overall wellness whenever required.

- Nutrition
- Heart Disease
- Diabetes
- Cancer
- Dental Health
- Obesity

The direct medical needs will be addressed by the PinnacleHealth System and Penn State Hershey Medical Center; owners of PPI.

III. COMMUNITY HEALTH SERVICES TO MEET COMMUNITY NEEDS

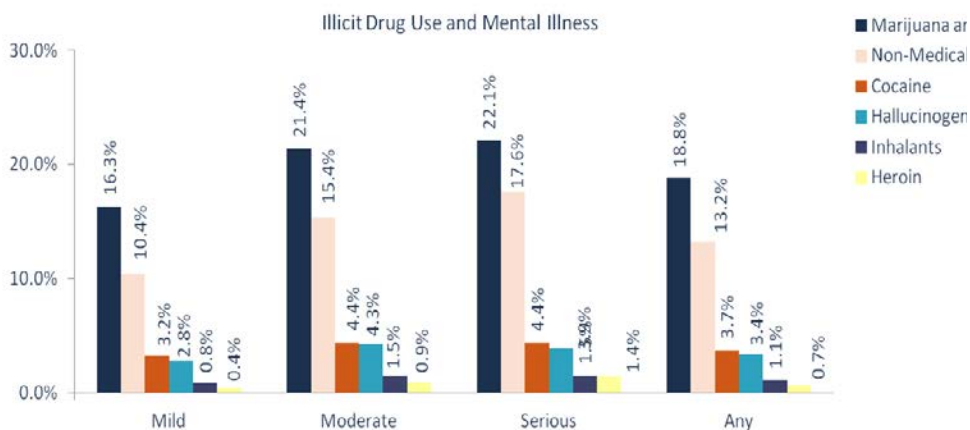
PRIORITY 1: PROMOTION OF HEALTHY LIFESTYLES

Findings

People with serious mental illnesses are at risk of premature death, largely due to complications from untreated, preventable chronic illnesses like obesity, hypertension, diabetes, and cardiovascular disease, which are aggravated by limited health choices associated with poverty, including poor nutrition, lack of exercise, and smoking. Obesity and sedentary behavior are major risk factors for cardiovascular disease, diabetes, and reduced life expectancy. Over 42% of adults with serious mental illness are obese, fewer than 20% of people with schizophrenia engage in regular moderate exercise, and people with schizophrenia consume fewer fruits and vegetables and more calories and saturated fats than the general population

The use of marijuana/hashish is the most common drug used among individuals with any mental illness. It is important to note, however, that the non-medical use of psychotherapeutics such as pain relievers, stimulants, and sedatives is a close second for use among those with mental illness.

As we know, substance use and abuse affect disease incidence and mortality rates.



Actions

- PPI will create marketing materials directly targeting organizations regarding healthy lifestyles and mental wellness combined using culturally appropriate languages.
- PPI are partnering with PinnacleHealth Missions Effectiveness Team as the mental health expert and will focus on congregational networks, community centers, medical specialist clinics, and school districts with a focus on mental health wellness and healthy living.

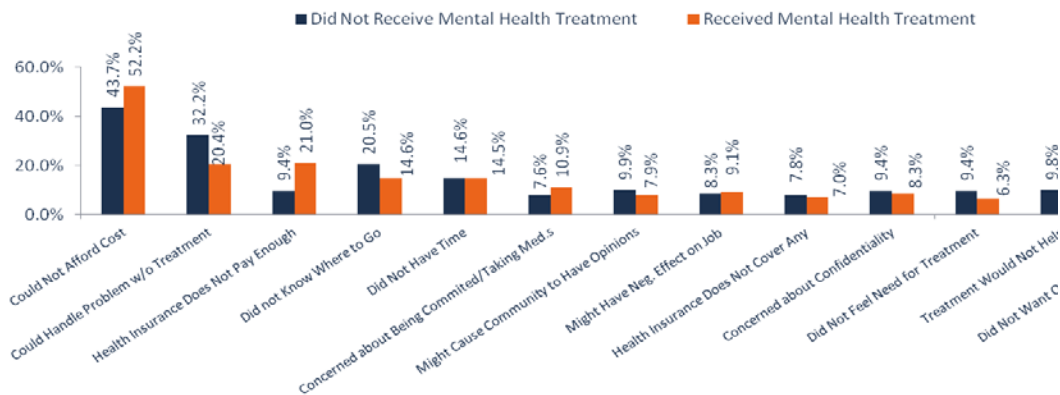
PRIORITY 2: EDUCATION

Findings

Stigma continues to be a huge problem for people living with mental illness. It undermines a person's sense of self, relationships, well-being and prospects for recovery. Communities can make a difference through education and awareness programs.

Many people are frightened of mental illness, although about one in four people will require professional help for a mental health problem at some time in their lives.

Reasons for Receiving or not Receiving Treatment



Of those who did not receive mental health treatment, the main reason that they did not receive the care they needed was due to costs. However, a large percentage of those who did not receive treatment (20.5%) for their mental illness were because they didn't know where to go.

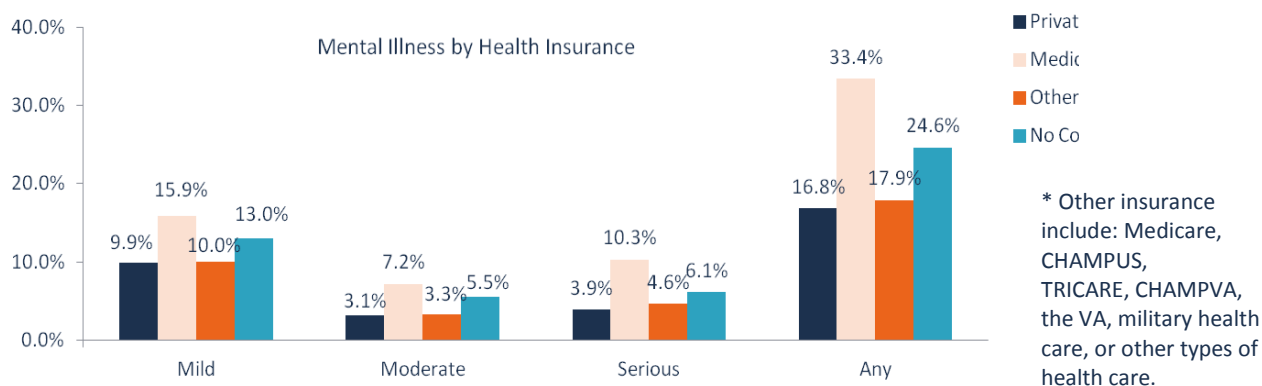
Actions

- Through a newly created Speakers Bureau, PPI will provide age appropriate education for children and adults incorporating types of illness, insurance options with the new Affordable Health Care Act in 2014 and how to obtain services
- Increase knowledge related to mental health wellness and management in all community sectors
- Focus on culturally appropriate educational messages among diverse populations
- In collaboration with The Mental Wellness Awareness Association, Inc. and The National Council for Behavioral Health, PPI will host and participate in the Youth Mental Health First Aid Instructor Training.

PRIORITY 3: ACCESS TO SERVICES AND AFFORDABLE HEALTHCARE

Findings

Lack of health insurance is an issue in the region. A majority of individuals in the overall study region reported that not having health insurance affects their ability to get services in the area. As a result of not having health insurance, 24.6% of the individuals across the entire region report that they ignore a mental health problem when they cannot get care. This is concerning, as we know that ignoring a mental health problem can eventually escalate into a serious health concern, which can be more cost- and time prohibitive.



Across all mental illness categories, individuals have private health insurance least often and public health insurance (Medicaid/CHIP most often. It is striking the number of individuals with no coverage.

Source: Results from the 2010 National Survey on Drug Use and Health. Mental Health Detailed Tables

Actions

- PPI is currently providing outreach scheduling services to PinnacleHealth Harrisburg Emergency Department to provide quicker access to mental health services and to reduce ED returns. PPI provides an assessment counselor 8 hours per day 1-9pm weekdays and are currently monitoring volumes of scheduled visits to identify the need for increased hours
- Through a newly created pilot, PPI is partnering with Family Medical groups to provide mental health evaluations in the familiar surrounding of a patient's family practice, to identify ongoing treatments to support their illness.
- In the fall of 2013, PPI will open an Partial Hospitalization Program for adults. The Partial Hospitalization Program is an interdisciplinary team of dedicated professionals committed to providing diagnostic and treatment services to adults with a wide variety of mental health issues. The program benefits those who require more help than the traditional outpatient setting, but not requiring an inpatient stay. Based on physician compliment, inpatient discharges and new referrals, the programs target is 20 patients per day.

- As we move towards Accountable Care Act, we will monitor the impact of the expanded Medicaid options and insurance exchanges to determine the extent of coverage of our underserved population. We will continue to provide options to our uninsured patients to access insurance programs for which they are eligible.
- PPI will continue to serve its patients regardless of their ability to pay. We will assist in helping to obtain health insurance coverage from privately or state funded sources whenever appropriate. The following shows PPI's charity care contribution for 2011-2013. Charity care will continue to be a part of our mission.

Financials	2011	2012	2013
Charity Care	546,197	550,797	484,603



APPENDIX A: SERVICE AREAS INCLUDED IN ASSESSMENT

ZIP CODE	COUNTY	ZIP CITY	ZIP CODE	COUNTY	ZIP CITY
17007	Cumberland	Boiling Springs	17113	Dauphin	Steelton
17011	Cumberland	Camp Hill	17111	Dauphin	Swatara Township
17013	Cumberland	Carlisle	17110	Dauphin	Uptown /North Susquehanna Township
17015	Cumberland	Carlisle	17098	Dauphin	Williamstown
17025	Cumberland	Enola	17097	Dauphin	Wisconisco
17043	Cumberland	Lemoyne	17003	Lebanon	Annville
17050	Cumberland	Mechanicsburg	17026	Lebanon	Fredericksburg
17055	Cumberland	Mechanicsburg	17038	Lebanon	Jonestown
17065	Cumberland	Mount Holly Springs	17042	Lebanon	Lebanon
17070	Cumberland	New Cumberland	17046	Lebanon	Lebanon
17240	Cumberland	Newburg	17067	Lebanon	Myerstown
17241	Cumberland	Newville	17073	Lebanon	Newmanstown
17257	Cumberland	Shippensburg	17078	Lebanon	Palmyra
17266	Cumberland	Walnut Bottom	17087	Lebanon	Richland
17103	Dauphin	Allison Hill/Penbrook	17006	Perry	Blain
17005	Dauphin	Berrysburg	17020	Perry	Duncannon
17018	Dauphin	Dauphin	17024	Perry	Elliottsburg
17101	Dauphin	Downtown Harrisburg	17037	Perry	Ickesburg
17023	Dauphin	Elizabethville	17040	Perry	Landisburg
17028	Dauphin	Grantville	17045	Perry	Liverpool
17030	Dauphin	Gratz	17047	Perry	Loysville
17032	Dauphin	Halifax	17053	Perry	Marysville
17033	Dauphin	Hershey	17062	Perry	Millerstown
17034	Dauphin	Highspire	17068	Perry	New Bloomfield
17036	Dauphin	Hummelstown	17071	Perry	New Germantown
17048	Dauphin	Lykens	17074	Perry	Newport
17057	Dauphin	Middleton	17090	Perry	Shermans Dale
17102	Dauphin	Midtown Harrisburg	17019	York	Dillsburg
17061	Dauphin	Millersburg	17315	York	Dover
17112	Dauphin	North Lower Paxton	17319	York	Etters
17080	Dauphin	Pillow	17339	York	Lewisburg
17104	Dauphin	South Harrisburg	17365	York	Wellsville
17109	Dauphin	South Lower Paxton/ Susquehanna Township	17370	York	York Haven

APPENDIX B: PARTICIPATING COMMUNITY ORGANIZATIONS

AARP

African American Chamber of Commerce of Central PA
Ameri-Health Mercy Health Plan
American Red Cross of the Susquehanna Valley
Area Agency on Aging Dauphin County
Aurora Social Rehabilitation Services
Bethesda Mission
Brethren House
Brown, Schultz, Sheridan, & Fritz
Capital Area Coalition on Homelessness c/o Harrisburg Redevelopment Authority
Carlisle Area Health and Wellness Foundation
Carlisle School District
Catholic Charities
Central Dauphin School District
Central PA Food Bank
Central PA Gay & Lesbian Chamber of Commerce
Channels Food Rescue
Christ Lutheran Church
Christian Churches United of the Tri-County Area
Clark Resources
Cleve J. Fredricksen Library
Community Health Center, Community Care Services
Community Health Council of Lebanon County (SHIP)
Community Life Team
CONTACT Helpline, Inc.
Cumberland and Perry Counties' Mental Health/IDD
Cumberland County State Health Improvement Partnership (SHIP)
Cumberland County Domestic Violence
Cumberland Valley School District
Dauphin County Area Agency on Aging
Dauphin County Children and Youth Services
Dauphin County Drugs and Alcohol
Dauphin County Health Improvement Partnership
Dauphin County Northern Dauphin Human Services Center
Dauphin County Mental Health
Dickinson College
Diocese of Harrisburg
Domestic Violence Intervention
Domestic Violence Services of Cumberland & Perry Counties
Family Support of Central PA
Gaudenzia
Giant Food Stores

Goodwill Keystone Area

Grantville Food Pantry and Clothing Closet
Hamilton Health Center
Harrisburg Area YMCA
Harrisburg Regional Chamber of Commerce
Harrisburg School District
HERSHA
Hershey Entertainment & Resort Company
Highmark Blue Cross Blue Shield of Pennsylvania
Highmark Foundation
Hispanic Chamber of Central PA
Hollywood Casino at Penn National
Holy Spirit Health System
Holy Spirit Medical Outreach Services
Hope within Community Health Center
Hospice of Central Pennsylvania
Institute for Cultural Partnerships
Interdenominational Ministers — Victory Outreach Christian Church
International Service Center
Isaiah 61 Ministries
Jewish Federation of Greater Harrisburg
Jewish Family Service of Greater Harrisburg, Inc.
Jewish Federation of Greater Harrisburg
Joshua Group
Keystone Children and Family Services
Keystone Human Services
Kline Health Center
Latino Hispanic American Community Center
Leadership Harrisburg
Lebanon County Christian Ministries
Lebanon Family Health Services
Lebanon Health Clinic
Lebanon School District
Lower Dauphin – Community that Cares
Lutheran Social Services
M&T Bank
Mechanicsburg Learning Center
Medical Outreach Center/Mission of Mercy
National Alliance for the Mentally Ill – Dauphin County
Neighborhood Center of the United Methodist Church
New Hope Ministries
Northwestern Human Services
PA Immigrant and Refugee Women's Network
PA Psychiatric Institute (PPI)
PA State Senator 31st District

PennNational Race Track
Penn State Hershey Cancer Institute
Penn State Milton S. Hershey Medical Center
Perry County Family Center
Perry County Food Bank
Perry Human Services
Philhaven
PinnacleHealth System
PinnacleHealth REACCH Program
PinnacleHealth Medical Services Women's Outpatient
Health Center
PNC Bank
Polyclinic Campus
Pressley Ridge
P.R.O.B.E.
Project Connect
RSVP of the Capital Region, Inc.
Rutherford House Senior Center
Sadler Health Center Corporation
Self-Esteem
Sexual Assault Resource and Counseling Center
Shalom House
South Central PA Task Force
Steelton-Highspire School District
Susquenita High School
Teenline – Holy Spirit Health System

The American Legion
The Arc of Dauphin County
The Community Check-Up Center
The Foundation for Enhancing Communities
The Neighborhood Center
The Northern Dauphin Human Services Center
The PROGRAM – "It's About Change"
The Salvation Army Harrisburg Capital City Region and
Service Extension Units
UCP Central PA
United Community Plan
United Concordia
United Way of Carlisle and Cumberland County
United Way of Lebanon County
United Way of the Capital Region
Upper Dauphin Human Services Center, Inc.
Visiting Nurse Association of Central PA
Volunteers in Medicine Free Health Clinic
Walmart
Water Street Health Services
Welsh Mountain Health Centers
West Shore EMS
Women's Health Outpatient Center
YWCA Carlisle
YWCA of Greater Harrisburg
YMCA of York

