

Form NHCT31, Community Benefits Reporting

version 1.13

(Submission #: HPC-80E1-N9JSA, version 1)

Details

Submitted 10/22/2021 (2 days ago) by Richard Cornell

Alternate Identifier The Mental Health Center of Greater Manchester

Submission ID HPC-80E1-N9JSA

Status Submitted

Form Input

Section 1: Organizational Information

For Fiscal Year Beginning
7/1/2020

Organization Name
The Mental Health Center of Greater Manchester

Street Address
401 Cyress Street
Manchester, NH 03103

Federal ID #
020258994

State Registration #
1519

Website address (must have a prefix such as "http://www.")
<http://www.www.mhcgm.org>

Is the organization's community benefit plan on the organization's website?
Yes

Chief Executive

First Name	Last Name	
William	Rider	
Phone Type	Number	Extension
Business	6036684111	4100

Email
[REDACTED]

Board Chair

First Name	Last Name	
Kevin	Sheppard	
Phone Type	Number	Extension
Business	6036246444	
Email	[REDACTED]	

Community Benefits Plan Contact

First Name	Last Name	
Rik	Cornell	
Title	<i>Vice Presidennt of Community Relations</i>	
Phone Type	Number	Extension
Business	6036684111	4133
Email	[REDACTED]	

Does this report include community benefit information for affiliated or subsidiary organizations?

No

Section 2: Mission & Community Served**Mission Statement**

Top Empower individuals to achieve recovery and promote personal and community wellness through an accessible, comprehensive, integrated and evidence-based system of mental health care.

Has the Mission Statement been reaffirmed in the Past Year (RSA 7:32e-I)?

Yes

Service Area

Community may be defined as a geographic service area comprised of the locations from which most service recipients come (primary service area) or a subset of the general population that share certain characteristics such as age range, health condition, or socioeconomic resources. For some trusts, the definition of community may be a combination of geographic service area and a subset of the population within that area. Please include information from the drop down lists and narrative field as applicable to sufficiently describe the community served.

Did the primary service area cover ALL of New Hampshire?

Yes

Service Population Description

All NH when needed but mostly from CMHR #7

Section 3.1: Community Needs Assessment

In what year was the last community needs assessment conducted to assist in determining the activities to be included in the community benefit plan? (Please attach a copy of the needs assessment below if completed in the past year)

2019

Please attach a copy of the needs assessment if completed in the past year

NONE PROVIDED

Comment

NONE PROVIDED

Was the assessment conducted in conjunction with other health care charitable trusts in your community?

Yes

Section 3.2: Community Needs Assessment (1 of 1)

Area of Community Need / Concern

1. Financial Barriers to Care; Cost of Care / Insurance

Is the need identified in the Community Needs Assessment?

Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

Yes

Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

1: Financial Assistance

2.1: Medicaid

2.3: Medicare

A3: Health Care Support Services

D1: Clinical Research

E3: In-Kind Assistance

A5: Dedicated Staff costs

A7: Other Community Benefit Operations

A4: Other Community Health Improvement Services

F3: Support Systems Enhancement

F5: Leadership Development; Training for Community Members

F6: Coalition Building

F7: Community Health Advocacy

E1: Cash Donations

B3: Scholarships/Funding for Health Professions Education

B1: Provision of Clinical Setting for Undergraduate Education

A1: Community Health Education

C7: Subsidized Continuing Care

C8: Behavioral Health Services

Brief description of major strategies or activities to address this need (optional)

NONE PROVIDED

Section 4: Community Benefit Activities

Optional Section 4 completion tool

An optional MS Excel tool can be used to aid completion of this Section offline. Please click on the "Community Benefits Reporting Tool" link below, this will download the file to a suitable location. Once opened, refer to the "Worksheets" sheet at the bottom of the form. Numbers/dollar amounts can be calculated and will automatically populate into the appropriate fields of the "Section 4" sheet. These numbers can then be entered manually by you in the appropriate fields of this Section 4, below.

[Community Benefits Reporting Worksheets](#)

Financial Assistance, Means-Tested Government Programs and Community Benefit Services

Total Functional Expenses for the Reporting Year (\$)
40851644

(1) Financial Assistance at cost (if using the optional Excel tool, refer to Worksheet 1)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	605917.59	0	605917.59	1.5%	850000

(2) Medicaid (if using the optional Excel tool, refer to Worksheet 3, column A)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	29979031.51	23943441	6035590.510000002	14.8%	8000000

(3) Costs of other means-tested government programs (if using the optional Excel tool, refer to Worksheet 3, column B)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%	0

(4) Total Financial Assistance and Means-Tested Government Programs

(a) Number of activities or programs	(b) Persons served	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
0	0	30584949.1	23943441	6641508.1000000015	16.3%	8850000

Community Benefit Services

(5) Community health improvement services and community benefit operations (if using the optional Excel tool, refer to Worksheet 4)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	116978	0	116978	0.3%	103000

(6) Health professions education (if using the optional Excel tool, refer to Worksheet 5)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	28561,120	0	28561,12	0.1%	25000

(7) Subsidized health services (if using the optional Excel tool, refer to Worksheet 6)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%	0

(8) Research (if using the optional Excel tool, refer to Worksheet 7)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	48323	20983	27340	0.1%	40000

(9) Cash and in-kind contributions for community benefit (if using the optional Excel tool, refer to Worksheet 8)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	30934.34	0	30934.34	0.1%	31000

(10) Total Other Benefits

(a) Number of activities or programs	(b) Persons served	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
0	0	224796.46	20983	203813.46	0.5%	199000

Total

(11) Totals

(a) Number of activities or programs	(b) Persons served	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
0	0	30809745.560000002	23964424	6845321.560000001	16.8%	\$9049000

Section 5: Community Building Activities

Total expense (\$; entered at top of Section 4)
40851644

(1) Physical improvements and housing

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

(2) Economic development

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

(3) Community support

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	21450	0	21450	0.1%

(4) Environmental improvements

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

(5) Leadership development and training for community members

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	18825	0	18825	0%

(6) Coalition building

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	19775	0	19775	0%

(7) Community health improvement advocacy

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	8850	0	8850	0%

(8) Workforce development

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

(9) Other

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	48078	0	48078	0.1%

Total

(10) Totals

(a) Number of activities or programs	(b) Persons served	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
0	0	116978	0	116978	0.2%

Section 6: Medicare

Enter total revenue received from Medicare (\$ -- including DSH and IME)
1453295

Enter Medicare allowable costs of care relating to payments specified above (\$)

1952100

Medicare surplus (shortfall)

\$-498805

Describe the extent to which any shortfall reported above should be treated as community benefit. Please also describe the costing methodology or source used to determine the amount reported above.

NONE PROVIDED

Describe the costing methodology or source used to determine the amount reported above. Please check the boxes below that describe the method used:

Cost to charge ratio

Section 7: Summary Financial Measures**Gross Receipts from Operations (\$)**

51330545

Net operating costs (\$)

40851644

Ratio of gross receipts from operations to net operating costs

1.257

Unreimbursed Community Benefit Costs

Financial Assistance and Means-Tested Government Programs (\$)

6641508.1000000015

Other Community Benefit Costs (\$)

203813.46

Community Building Activities (\$)

116978

Total Unreimbursed Community Benefit Expenses (\$)

6962299.560000001

Net community benefit costs as a percent of net operating costs (%)

17.04%

Other Community Benefits (optional)

Leveraged Revenue for Community Benefit Activities (\$)

1624847

Medicare Shortfall (\$)

\$-498805

Section 8: Community Engagement in the Community Benefits Process**Please list below**

Community Organizations, Local Government Officials and other Representatives of the Public:	Indentification of Need	Prioritization of Need	Development of the Plan	Commented on Proposed Plan
Elder Wraparoundd	Yes	Yes	Yes	Yes
State ES Directors Meeting	Yes	Yes	Yes	Yes
statewide Peer support Meetings	Yes	Yes	Yes	Yes
Project Launch	Yes	Yes	Yes	Yes
SAG state Advisory for Juvenile justice	Yes	Yes	Yes	Yes
Workforce development Committee	Yes	Yes	Yes	Yes
Youth Juvnile suicide revention Assembly	Yes	Yes	Yes	Yes
Immigrant Integration Initiative	Yes	Yes	Yes	Yes
Manchester substance Misuse Collaborative	Yes	Yes	Yes	Yes
MHRA Approvals for community Housing	Yes	Yes	Yes	Yes
Health Care For the Homeless BOD	Yes	Yes	Yes	Yes
Manchester Bed bug Action committee	Yes	Yes	Yes	Yes
NH Suicide Prevention Council	Yes	Yes	Yes	Yes
Sudden Death in Young (Review Committee)	Yes	Yes	Yes	Yes
DHHS Central Team	Yes	Yes	Yes	Yes
NH Care Path	Yes	Yes	Yes	Yes
Network 4 health Follow-up Committee	Yes	Yes	Yes	Yes
Manchester police Diversity Committee	Yes	Yes	Yes	Yes
Manchester SAFE Station	Yes	Yes	Yes	Yes
Catholic medical center allied Health Committee	Yes	Yes	Yes	Yes
Moore Center Policy Planning	Yes	Yes	Yes	Yes
Transfor Care competency committee (N4H)/Integration of Care	Yes	Yes	Yes	Yes
On the Road To Wellness	Yes	Yes	Yes	Yes
community connections (Mental Health Court)	Yes	Yes	Yes	Yes
CBHA Community relations Rommittee	Yes	Yes	Yes	Yes

Please provide a description of the methods used to solicit community input on community needs:

The groups and committees listed above are served with our staff on Board of directors, committee members and prn groupings. the all meet either in person or via zoom Either monthly, quarterly or as needed. Reports of these groups gather on-going information of community status needs, Some may hold periodic community meetings as well or the meetings will be at times open to the public. Much is done through the collaboration of these community programs to understand public needs on an on-going basis so that future planning is current to the community needs.

Section 9: Charity Care Compliance

The valuation of charity does not include any bad debt, receivables or revenue.

Yes

A written charity care policy is available to the public.

Yes

Any individual can apply for charity care.

Yes

Any applicant will receive a prompt decision on eligibility and amount of charity care offered.

Yes

Notice of the charity care policy is posted in lobbies.

Yes

Notice of the policy is posted in waiting rooms.

Yes

Notice of the policy is posted in other public areas of our facilities.

Yes

Notice of the charity care policy is given to recipients who are served in their home.

Yes

Section 10: Certification Contact

Name of Person Submitting the Community Benefits Report

First Name

RIK

Last Name

CORNELL

Title

VICE PRESIDENT OF COMMUNITY RELATIONS

Email

[REDACTED]