

Form NHCT31, Community Benefits Reporting

version 1.13

(Submission #: HPB-X1Z8-TRRT5, version 1)

Details

Submitted 12/14/2021 (0 days ago) by Courtney Stryke

Alternate Identifier Riverbend Community Mental Health, Inc.

Submission ID HPB-X1Z8-TRRT5

Status Submitted

Form Input

Section 1: Organizational Information

For Fiscal Year Beginning

07/01/2020

Organization Name

Riverbend Community Mental Health, Inc.

Street Address

PO Box 2032

Concord, NH 03302-2032

Federal ID #

02-0264383

State Registration #

1433

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

<http://www.riverbendcmhc.org>

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

Yes

Chief Executive

First Name	Last Name
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Lisa	Madden
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Phone Type	Number	Extension
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Business	6032267505	3231
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Email

[REDACTED]

Board Chair

First Name	Last Name	
John	<i>Barthelmes</i>	
Phone Type	Number	Extension
Other	[REDACTED]	
Email	[REDACTED]	

Community Benefits Plan Contact

First Name	Last Name	
Lisa	<i>Madden</i>	
Title	<i>President & CEO</i>	
Phone Type	Number	Extension
Business	6032267505	3231
Email	[REDACTED]	

Does this report include community benefit information for affiliated or subsidiary organizations?
No

Section 2: Mission & Community Served

Mission Statement

We care for the behavioral health of our community.

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?

No

Please select service area Counties (NH), if applicable

Hillsborough
Merrimack

Please select service area municipalities (NH), if applicable

ALLENSTOWN
ANDOVER
BOSCAWEN
BOW
BRADFORD
CANTERBURY
CHICHESTER
CONCORD
DANBURY
DEERING
DUNBARTON
EPSOM
FRANKLIN
HENNIKER
HILL
HILLSBOROUGH
HOPKINTON
LOUDON
NEW LONDON
NEWBURY
NORTHFIELD
PEMBROKE
PITTSFIELD
SALISBURY
SUTTON
WARNER
WEARE
WEBSTER
WILMOT
WINDSOR

Service Population Description

Riverbend Community Mental Health's consumers are adults, children and families of all ages who experience a range of mental health issues and life changes.

The majority of our work involves treatment of mental health/behavioral health concerns: life threatening severe mental illness such as psychosis, schizophrenia and bipolar disorder; all forms of addiction; as well as anxiety, depression, divorce or relationship related stress, and other impairing, but highly treatable conditions. We work with consumers in schools, outpatient clinics, homes, jails, facilities serving the elderly, health care settings and residentially supported living programs, offering a broad variety of counseling, psychiatric services, case management and emergency consultations.

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)

2018

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 13)

Area of Community Need / Concern

22. Access to Mental Health Services

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
- C1: Emergency and Trauma Services
- C3: Hospital Outpatient Services
- E3: In-Kind Assistance
- F6: Coalition Building
- E4: Resource Development Assistance
- A6: Community Needs/Asset Assessment

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

NONE PROVIDED

Section 3.2: Community Needs Assessment (2 of 13)

Area of Community Need / Concern

23. Dementia, including Alzheimer's Disease

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.

- A3: Health Care Support Services

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

NONE PROVIDED

Section 3.2: Community Needs Assessment (3 of 13)

Area of Community Need / Concern

25. Access to Substance Use Disorder Services

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.

- C8: Behavioral Health Services

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

NONE PROVIDED

Section 3.2: Community Needs Assessment (4 of 13)

Area of Community Need / Concern

31. Transportation Services

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.

A2: Community-Based Clinical Services

A3: Health Care Support Services

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

NONE PROVIDED

Section 3.2: Community Needs Assessment (5 of 13)

Area of Community Need / Concern

21. Suicide Prevention

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.

C1: Emergency and Trauma Services

A1: Community Health Education

F7: Community Health Advocacy

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

NONE PROVIDED

Section 3.2: Community Needs Assessment (6 of 13)

Area of Community Need / Concern

36. Other Community Health Need

If "Other" please describe here:

Housing

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.

C7: Subsidized Continuing Care

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

Operate three residential sites for individuals with serious mental illness.

Section 3.2: Community Needs Assessment (7 of 13)

Area of Community Need / Concern

36. Other Community Health Need

If "Other" please describe here:

Serious Mental Health

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.

C3: Hospita Outpatient Services
C1: Emergency and Trauma Services
C7: Subsidized Continuing Care

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

NONE PROVIDED

Section 3.2: Community Needs Assessment (8 of 13)

Area of Community Need / Concern

36. Other Community Health Need

If "Other" please describe here:

Depression

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.

C1: Emergency and Trauma Services
C3: Hospita Outpatient Services
C7: Subsidized Continuing Care

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

NONE PROVIDED

Section 3.2: Community Needs Assessment (9 of 13)

Area of Community Need / Concern

2. Access to Prescription Medications / Prescription Assistance

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: Financia Assistance

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

NONE PROVIDED

Section 3.2: Community Needs Assessment (10 of 13)

Area of Community Need / Concern

34. Education / Job Training

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.

A2: Community-Based Clinical Services

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

Provided supported unemployment services, an evidence based practice to support individuals with a serious mental illness obtain and maintain employment.

Section 3.2: Community Needs Assessment (11 of 13)

Area of Community Need / Concern

15. Information & Referral Services

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.

A1: Community Health Education

A6: Community Needs/Asset Assessment

F7: Community Health Advocacy

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

NONE PROVIDED

Section 3.2: Community Needs Assessment (12 of 13)

Area of Community Need / Concern

29. Workforce Development

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.

B1: Provision of Clinical Setting for Undergraduate Education

B2: Intern/Residency Education

B3: Scholarships/Funding for Health Professions Education

B4: Other Health Professions Education Support

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

NONE PROVIDED

Section 3.2: Community Needs Assessment (13 of 13)

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.

- E3: In-Kind Assistance
- E1: Cash Donations
- E2: Grants

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 (\$)

34012118

(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	1590300	0	1590300	4.7%	2609335

(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	21936581	24736117	-2799536	-8.2%	2303341

(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	2491363	38249	2453114	7.2%	2615931

(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	26018244	24774366	1243878	3.7%	7528607

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	270076	24585	245491	0.7%	283580

(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	94270	0	94270	0.3%	98983

(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	1881031	195178	1685853	5%	1963910

(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	325262	16733	308529	0.9%	341525

(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	0	0	0	0%	0

(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	2570639	236496	2334143	6.9%	2687998

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	28588883	25010862	3578021	10.5%	\$10216605

Section 5: Community Building Activities

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

34012118

(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	0	0	0	0%

(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	0	0	0	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	0	0	0	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	31400	0	31400	0.1%

(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	0	0	0	0%

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	31400	0	31400	0.1%

Section 6: Medicare

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

706987

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

628027

Medicare surplus (shortfall)

\$78960

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.

Costs are calculated as Medicare percentage of revenue multiplied by total costs.

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 (\$)

42698912

Net operating costs (\$)

34012118

Ratio of gross receipts from operations to net operating costs

1.255

Unreimbursed Community Benefit Costs

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

1243878

Other Community Benefit Costs (\$)

2334143

Community Building Activities (\$)

31400

Total Unreimbursed Community Benefit Expenses (\$)

3609421

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

10.61%

Other Community Benefits (optional)

Leveraged Revenue for Community Benefit Activities (\$)

NONE PROVIDED

Medicare Shortfall (\$)

\$78960

Section 8: Community Engagement in the Community Benefits Process

Please list below

Community Organizations, Local Government Officials and other Representatives of the Public:	Identification of Need	Prioritization of Need	Development of the Plan	Commented on Proposed Plan
Consumer Empowerment Team	No	No	Yes	Yes
DHHS-Bureau of Behaviora Health	No	No	Yes	Yes
Family Health Center	No	No	Yes	Yes
DHHS - Division Children Youth and Families	No	No	Yes	Yes
Juvenile Justice	No	No	Yes	Yes
Child and Family Services	No	No	Yes	Yes
NH Mediation	No	No	Yes	Yes
Community Bridges	No	No	Yes	Yes
Variety of Public Schools	No	No	Yes	Yes
Concord Boys and Girls Club	No	No	Yes	Yes
Police Department	No	No	Yes	Yes

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

Community meetings were held and compiled into a planning process for the Community Support Programs that provide services to adults and the other for children and adolescents and their families.

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 **Last Name**

Courtney *Stryke*

Title

Finance Executive Assistant

Email

████████████████████