

# Form NHCT31, Community Benefits Reporting

version 1.13

(Submission #: HPC-T8R0-TZXXR, version 1)

## Details

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**Submitted** 10/29/2021 (2 days ago) by Virginia Gentile

**Alternate Identifier** Seacoast Mental Health Center

**Submission ID** HPC-T8R0-TZXXR

**Status** Submitted

## Form Input

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### Section 1: Organizational Information

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**For Fiscal Year Beginning**

07/01/2020

**Organization Name**

Seacoast Mental Health Center

**Street Address**

1145 SAGAMORE AVE  
PORTSMOUTH, NH 03801

**Federal ID #**

02-0262862

**State Registration #**

1747

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

http://www.smhc-nh.org

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

No

**Chief Executive**

**First Name Last Name**

Geraldine Couture

**Phone Type Number Extension**

Business 6039575709

**Email**

[REDACTED]

**Board Chair**

<b>First Name</b>	<b>Last Name</b>	
Monica	Kieser	
<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
Business	6034981758	
<b>Email</b>	[REDACTED]	

**Community Benefits Plan Contact**

<b>First Name</b>	<b>Last Name</b>	
Gera dine	Couture	
<b>Title</b>	<i>Chief Executive Officer</i>	
<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
Business	6039575709	
<b>Email</b>	[REDACTED]	

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

No

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

The mission of the Center is to provide a broad, comprehensive array of high quality, effective and accessible mental health services to residents of the eastern half of Rockingham County.

**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**

Rockingham

**Please select service area municipalities (NH), if applicable**

BRENTWOOD  
DEERFIELD  
EAST KINGSTON  
EPPING  
EXETER  
FREMONT  
GREENLAND  
HAMPTON  
HAMPTON FALLS  
KENSINGTON  
KINGSTON  
NEW CASTLE  
NEWFIELDS  
NEWINGTON  
NEWMARKET  
NORTH HAMPTON  
NORTHWOOD  
NOTTINGHAM  
PORTSMOUTH  
RAYMOND  
RYE  
SEABROOK  
SOUTH HAMPTON  
STRATHAM

### **Service Population Description**

As the state designated Community Mental Health Center for Region VIII, we provide services pursuant to RSA 135-C and the He-M Administrative Rules applicable to our services. Services include 24/7 access to emergency services for those in our designated region experiencing a psychiatric emergency or crisis. We provide intake and assessment to determine clinical eligibility for state-defined mental health services. In addition to state designated programs, we provide mental health services to those who do not meet state clinical eligibility criteria, but still require medically necessary services. We also provide ASAM Level 1 Outpatient Substance Use Disorder services including Medical Assisted Treatment.

## **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**

[EH-CHNA-REPORT-9-26-19-FINAL\\_1.pdf - 10/29/2021 10:55 AM](#)

#### **Comment**

Seacoast Mental Health Center does not conduct our own community needs assessment. We work with Exeter Hospital and a collaborative of nonprofit organizations and healthcare providers on the needs assessment field via Exeter Hospital or appropriate related organization.

Areas of need continue to be impacted by an ongoing healthcare workforce shortage. Additional needs arose due to the COVID19 pandemic and those needs continue to impact the mental health of our community and our service delivery models. The Center has remained open and continues to provide services.

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

Yes

## **Section 3.2: Community Needs Assessment (1 of 5)**

### **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.**

- 1: Financial Assistance
- A7: Other Community Benefit Operations
- C10: Other Subsidized Health Services

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

We have pursued grant funding to support transportation services for our clients, though the pandemic has slowed the use of these funds with the expanded use of telehealth services.

### **Section 3.2: Community Needs Assessment (2 of 5)**

**Area of Community Need / Concern**

20. 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.**

- 1: Financial Assistance
- A1: Community Health Education
- A7: Other Community Benefit Operations
- A4: Other Community Health Improvement Services
- A2: Community-Based Clinical Services
- C8: Behavioral Health Services
- E2: Grants
- F6: Coalition Building
- C7: Subsidized Continuing Care

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

The Center has remained open during the pandemic and expanded service delivery to include telehealth. We have worked with our community partners to expand locations of access to care by co-locating clinical staff in schools, community health centers, and pediatric and primary care offices.

### **Section 3.2: Community Needs Assessment (3 of 5)**

**Area of Community Need / Concern**

24. Substance Use

**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
- A1: Community Health Education
- A2: Community-Based Clinical Services
- A7: Other Community Benefit Operations
- C8: Behavioral Health Services
- E2: Grants
- F6: Coalition Building
- F7: Community Health Advocacy
- C7: Subsidized Continuing Care

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

The Center provides ASAM Level 1 outpatient and medically assisted treatment substance use disorder services. We use town funds allocated to the center, grant funding, and other donations to support the offering of reduced fees to the uninsured members of this population.

**Section 3.2: Community Needs Assessment (4 of 5)**

**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
- E2: Grants
- F6: Coalition Building
- F7: Community Health Advocacy
- C7: Subsidized Continuing Care

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

As the designated community mental health provider for Region VIII, we comply with RSA 135-C to provide services to those who meet state eligibility requirements for service without regard to ability to pay. We offer a sliding fee schedule to eligible clients who are uninsured and unable to pay for services. We provide outpatient therapy, substance use disorder services, and psychological testing to those who require services, but do not meet state eligibility criteria.

**Section 3.2: Community Needs Assessment (5 of 5)**

**Area of Community Need / Concern**

16. Aging Population / Senior 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
- A1: Community Health Education
- A4: Other Community Health Improvement Services
- C7: Subsidized Continuing Care
- F6: Coalition Building
- F7: Community Health Advocacy

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

The Center is responsible for the oversight of a state-wide prevention program for this population titled Referral, Education, Assessment, Prevention (REAP).

**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 (\$)**

18344458

**(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	553253	0	553253	3%	560000

**(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	0	0	0	0%	0

**(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	553253	0	553253	3%	560000

**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	240791	110804	129987	0.7%	130000

**(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	211762	0	211762	1.2%	220000

**(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	5736039	3597116	2138923	11.7%	2200000

**(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	0	0	0	0%	0

**(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	9033	0	9033	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	6197625	3707920	2489705	13.6%	2550000

**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	6750878	3707920	3042958	16.6%	\$3110000

**Section 5: Community Building Activities**

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

18344458

**(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	207	0	207	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	8471	0	8471	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	26438	0	26438	0.1%

**(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	7254	0	7254	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	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	42370	0	42370	0.2%



## **Section 6: Medicare**

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

NONE PROVIDED

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

NONE PROVIDED

**Medicare surplus (shortfall)**

\$NaN

**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:**

NONE PROVIDED

## **Section 7: Summary Financial Measures**

**Gross Receipts from Operations (\$)**

22959976

**Net operating costs (\$)**

18344458

**Ratio of gross receipts from operations to net operating costs**

1.252

**Unreimbursed Community Benefit Costs**

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

553253

**Other Community Benefit Costs (\$)**

2489705

**Community Building Activities (\$)**

42370

**Total Unreimbursed Community Benefit Expenses (\$)**

3085328

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

16.82%

**Other Community Benefits (optional)**

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**Leveraged Revenue for Community Benefit Activities (\$)**

NONE PROVIDED

**Medicare Shortfall (\$)**

\$NaN

## **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
Exeter Hospita	Yes	Yes	Yes	Yes
Exeter Area YMCA	Yes	Yes	Yes	Yes
Foundation for Seacoast Hea th	Yes	Yes	Yes	Yes
Greater Seacoast Community Hea th	Yes	Yes	Yes	Yes
Lamprey Hea th Care	Yes	Yes	Yes	Yes
Richie McFar and Chi dren's Center	Yes	Yes	Yes	Yes
Society of St. Vincent de Pau Exeter	Yes	Yes	Yes	Yes
Seacoast Pub ic Hea th Network	Yes	Yes	Yes	Yes

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

Random telephone survey conducted by the University of New Hampshire Survey Center, open community forums, online surveys, key leader interviews, outreach to support agencies, and review of relevant secondary data sources.

**Section 9: Charity Care Compliance**

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

N/A

**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.**

No

**Notice of the policy is posted in waiting rooms.**

No

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

N/A

**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**

Virginia        *Gentile*

**Title**

*Chief Administrative Officer*

**Email**

████████████████████

**Attachments**

<b>Date</b>	<b>Attachment Name</b>	<b>Context</b>	<b>Confidential?</b>	<b>User</b>
10/29/2021 10:55 AM	EH-CHNA-REPORT-9-26-19-FINAL_1.pdf	Attachment	No	Virginia Gentile