

Form NHCT31, Community Benefits Reporting

version 1.14

(Submission #: HPM-NQAF-Q0ZSW, version 1)

Details

Submitted 12/27/2022 (48 days ago) by Diana Lachapelle

Alternate Identifier The Mental Health Center for Southern NH

Submission ID HPM-NQAF-Q0ZSW

Status Submitted

Form Input

Section 1: Organizational Information

For Fiscal Year Beginning

07/01/2021

Organization Name

The Mental Health Center for Southern NH

Street Address

10 TSIENNETO RD
DERRY, NH 03038

Federal ID #

02-0301530

State Registration #

61791

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

<http://www.centerforlifemanagement.org>

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

Yes

Chief Executive

First Name	Last Name	Phone Type	Number	Extension
Vic	Topo	Business		
Email				

Board Chair

First Name	Last Name	
Maria	Gudinas	
Phone Type	Number	Extension
Business	[REDACTED]	
Email	[REDACTED]	

Community Benefits Plan Contact

First Name	Last Name	
Diana	Lachapelle	
Title	<i>Vice President, Chief Financial Officer</i>	
Phone Type	Number	Extension
Business	[REDACTED]	
Email	[REDACTED]	

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

No

Section 2: Mission & Community Served

Mission Statement

To promote the health and well-being of individuals, families, and organizations. We accomplish this through professional, caring and comprehensive behavioral health care services and by partnering with other organizations that share our philosophy.

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
Rockingham

Please select service area municipalities (NH), if applicable

ATKINSON
CHESTER
DANVILLE
DERRY
HAMPSTEAD
NEWTON
PELHAM
PLAISTOW
SALEM
SANDOWN
WINDHAM

Service Population Description

Serve the general population

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)

2020

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 8)

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

2.1: Medicaid

A2: Community-Based Clinical Services

A3: Health Care Support Services

A6: Community Needs/Asset Assessment

C8: Behavioral Health Services

F7: Community Health Advocacy

F6: Coalition Building

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

NONE PROVIDED

Section 3.2: Community Needs Assessment (2 of 8)

Area of Community Need / Concern

3. Access to Primary Care

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

F6: Coalition Building

F7: Community Health Advocacy

1: Financial Assistance

2.1: Medicaid

A5: Dedicated Staff costs

E3: In-Kind Assistance

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

NONE PROVIDED

Section 3.2: Community Needs Assessment (3 of 8)

Area of Community Need / Concern

33. Affordable 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.

1: Financial Assistance

2.1: Medicaid

F7: Community Health Advocacy

F6: Coalition Building

E3: In-Kind Assistance

C10: Other Subsidized Health Services

2.2: Other means-tested government programs

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

NONE PROVIDED

Section 3.2: Community Needs Assessment (4 of 8)

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

A3: Health Care Support Services

F6: Coalition Building

F7: Community Health Advocacy

C7: Subsidized Continuing Care

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

NONE PROVIDED

Section 3.2: Community Needs Assessment (5 of 8)

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.

A1: Community Health Education
B4: Other Health Professions Education Support
C8: Behavioral Health Services
F8: Workforce Development
F7: Community Health Advocacy
1: Financial Assistance

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

NONE PROVIDED

Section 3.2: Community Needs Assessment (6 of 8)

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
C8: Behavioral Health Services
D1: Clinical Research
F8: Workforce Development

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

NONE PROVIDED

Section 3.2: Community Needs Assessment (7 of 8)

Area of Community Need / Concern

12. Family/Parent Support 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
2.1: Medicaid
A2: Community-Based Clinical Services
A3: Health Care Support Services
A4: Other Community Health Improvement Services
A1: Community Health Education
A7: Other Community Benefit Operations
C8: Behavioral Health Services

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

NONE PROVIDED

Section 3.2: Community Needs Assessment (8 of 8)

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.

A1: Community Health Education

A3: Health Care Support Services

C1: Emergency and Trauma Services

B4: Other Health Professions Education Support

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 (\$)**

22636265

(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	2745681	0	2745681	12.1%	3000000

(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	16900986	17198576	-297590	-1.3%	1800000

(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	19646667	17198576	2448091	10.8%	4800000

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	454260	0	454260	2%	500000

(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	82541	0	82541	0.4%	90000

(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	1777078	1739108	37970	0.2%	1200000

(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	24000	0	24000	0.1%	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	2337879	1739108	598771	2.6%	1790000

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	21984546	18937684	3046862	13.5%	\$6590000

Section 5: Community Building Activities

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

22636265

(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	86679	0	86679	0.4%

(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	21300	0	21300	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	107979	0	107979	0.5%

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 (\$)
25161167

Net operating costs (\$)
22636265

Ratio of gross receipts from operations to net operating costs
1.112

Unreimbursed Community Benefit Costs

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

2448091

Other Community Benefit Costs (\$)

598771

Community Building Activities (\$)

107979

Total Unreimbursed Community Benefit Expenses (\$)

3154841

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

13.94%

Other Community Benefits (optional)

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
Granite United Way	Yes	Yes	Yes	Yes
Greater Derry Community Health Services	Yes	Yes	Yes	Yes
Community Alliance for Teen Safety	Yes	Yes	Yes	Yes
Parkland Medical Center	Yes	Yes	Yes	Yes
The Upper Room	Yes	Yes	Yes	Yes

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

Methods employed in the assessment included surveys of community residents made available online and paper surveys placed in numerous locations throughout the region; direct email survey of key stakeholders and community leaders; community focus groups.

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

Diana

Last Name

Lachapelle

Title

Vice President, Chief Financial Officer

Email

[REDACTED]

NHCT-31 (December 2020)