

# Form NHCT31, Community Benefits Reporting

version 1.14

(Submission #: HPH-EMDC-E3YEV, version 1)

## Details

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**Submitted** 5/31/2022 (258 days ago) by Susan Wiggin

**Alternate Identifier** Northern Human Services

**Submission ID** HPH-EMDC-E3YEV

**Status** Submitted

## Form Input

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### Section 1: Organizational Information

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**For Fiscal Year Beginning**

7/1/2020

**Organization Name**

Northern Human Services

**Street Address**

87 WASHINGTON ST  
CONWAY, NH 03818

**Federal ID #**

020300994

**State Registration #**

1686

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

http://www.northernhs.org

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

No

**Chief Executive**

First Name	Last Name	Phone Type	Number	Extension
Suzanne	Gaetjens-Oleson	Business	[REDACTED]	
<b>Email</b> [REDACTED]				

### Board Chair

<b>First Name</b>	<b>Last Name</b>	
Madelene	Costello	
<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
Home	[REDACTED]	
<b>Email</b>	[REDACTED]	

### Community Benefits Plan Contact

<b>First Name</b>	<b>Last Name</b>	
Susan	Wiggin	
<b>Title</b>	CEO Assistant	
<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
Business	[REDACTED]	
<b>Email</b>	[REDACTED]	

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

No

## Section 2: Mission & Community Served

### Mission Statement

To assist and advocate for people affected by mental illness, developmental disabilities and related disorders in living meaningful lives.

**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**

Carroll  
Coos  
Grafton

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

NONE PROVIDED

### Service Population Description

<Serve the general population> Northern Human Services serves children, families and adults with developmental disabilities and acquired brain disorders. NHS also serves individuals with mental health needs and substance abuse issues.

## 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

NCHC\_Community\_Health\_Improvement.pdf - 05/05/2022 03:26 PM

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

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.

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 (\$)

43438128

(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	635470	0	635470	1.5%	648179

(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	41360684	40139072	1221612	2.8%	42187898

(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	41996154	40139072	1857082	4.3%	42836077

**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	0	0	0	0%	0

**(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	0	0	0	0%	0

**(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	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	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	0	0	0	0%	0

**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	41996154	40139072	1857082	4.3%	\$42836077

**Section 5: Community Building Activities**

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

43438128

**(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	0	0	0	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	26441	0	26441	0.1%

**(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	26441	0	26441	0.1%

**Section 6: Medicare**

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

0

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

0

Medicare surplus (shortfall)

\$0

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 (\$)**

46933806

**Net operating costs (\$)**

43438128

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

1.08

**Unreimbursed Community Benefit Costs**

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

1857082

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

0

**Community Building Activities (\$)**

26441

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

1883523

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

4.34%

**Other Community Benefits (optional)**

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

NONE PROVIDED

**Medicare Shortfall (\$)**

\$0

**Section 8: Community Engagement in the Community Benefits Process**

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Please list below

<b>Community Organizations, Local Government Officials and other Representatives of the Public:</b>	<b>Identification of Need</b>	<b>Prioritization of Need</b>	<b>Development of the Plan</b>	<b>Commented on Proposed Plan</b>
See below.	No	No	No	No

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

Results of Annual State Behavioral Health Satisfaction Survey

Results of Bureau of Developmental Services interviews on random sample of individuals served.

Northern Human Services is a state designated Community Mental Health Center and a Developmental Services Area Agency. As such, we collaborate with numerous community service organizations in our designated region. These include 7 hospitals, health care providers, school districts, law enforcement and courts. Interactions with these organizations results in us obtaining input on community needs. We work closely with the hospitals and they conduct their community needs assessments. We are also active members of the North Country Health Care Consortium which also engages in community health improvement initiatives. We are key members of the DSRIP Region 1 Integrated Delivery Networks which requires assessment of community needs.

**Section 9: Charity Care Compliance**

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**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.**

No

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

No

## **Section 10: Certification Contact**

**Name of Person Submitting the Community Benefits Report**

**First Name    Last Name**

Susan            *Wiggin*

**Title**

*CEO Assistant*

**Email**

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NHCT-31 (December 2020)

## **Attachments**

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<b>Date</b>	<b>Attachment Name</b>	<b>Context</b>	<b>Confidential?</b>	<b>User</b>
5/5/2022 3:26 PM	NCHC_Community_Health_Improvement.pdf	Attachment	No	Susan Wiggin