

Form NHCT-31: Community Benefits Plan Report

version 1.1

(Submission #: HPQ-YZB2-XX492, version 1)

Details

Submitted 1/27/2023 (6 days ago) by Kelly Hartnett

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Status Submitted

Form Input

Section 1: Entity Information

Entity Name

Seacoast Mental Health Center

State Registration #

1747

Federal ID #

020262862

Fiscal Year Beginning

07/01/2022

Entity Address

1145 Sagamore Ave
Portsmouth, NH 03801

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

<http://www.smhc-nh.org>

Chief Executive Officer (first, last name)

First Name Geradine

Last Name Couture

Phone Type Business

Number [REDACTED]

Extension

Email

[REDACTED]

Board Chair (first, last name)

First Name Monica

Last Name Kieser

Phone Type Business

Number [REDACTED]

Extension

Email

[REDACTED]

Community Benefits Plan - Contact (first, last name)

First Name **Last Name**

Ke y Hartnett

Title

Vice President, Community Relations

Phone Type **Number** **Extension**

Business [REDACTED]

Email

[REDACTED]

1. Is the entity's community benefits plan on the organization's website?

No

2. Does the report include community benefit information for affiliated or subsidiary entity(ies)?

No

Section 2: Mission & Community Served

1. Mission Statement

To provide a broad, comprehensive array of high-quality, effective, and accessible mental health services to residents of the eastern half of Rockingham County.

2. Has the Mission Statement been reaffirmed in the past year (RSA 7:32e-I)?

No

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 filed as applicable to sufficiently describe the community served.

1. 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
- NORTH HAMPTON
- SOUTH HAMPTON
- KENSINGTON
- KINGSTON
- NEW CASTLE
- NEWINGTON
- NEWMARKET
- NEWFIELDS
- NOTTINGHAM
- NORTHWOOD
- PORTSMOUTH
- RAYMOND
- RYE
- SEABROOK
- 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 through mobile crisis teams in conjunction with the New Hampshire Rapid Response Access Point. 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 Medically Assisted Treatment. Services also include programs for individuals experiencing First Episode Psychosis.

Section 3.1: Community Needs Assessment

1. 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)

202

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

[2022 Exeter Hospital CHNA.pdf - 01/27/2023 12:07 PM](#)

Comment

NONE PROVIDED

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

No

Section 3.2: Community Needs Assessment (1 of 5)

3. Area of Community Need / Concern

20. Mental Health

4. Is the need identified in the Community Needs Assessment?

Yes

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

Yes

6. 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

C8: Behavioral Health Services

E2: Grants

F6: Coalition Building

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

NONE PROVIDED

Section 3.2: Community Needs Assessment (2 of 5)

3. Area of Community Need / Concern

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

4. Is the need identified in the Community Needs Assessment?

Yes

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

Yes

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

- 1: Financia Assistance
- E2: Grants
- F6: Coa ition Bui ding
- F7: Community Hea th Advocacy

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

NONE PROVIDED

Section 3.2: Community Needs Assessment (3 of 5)

3. Area of Community Need / Concern

31. Transportation Services

4. Is the need identified in the Community Needs Assessment?

Yes

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

Yes

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

- 1: Financia Assistance
- A7: Other Community Benefit Operations
- C10: Other Subsidized Hea th Services

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

NONE PROVIDED

Section 3.2: Community Needs Assessment (4 of 5)

3. Area of Community Need / Concern

35. Other Socia Determinants of Hea th

4. Is the need identified in the Community Needs Assessment?

Yes

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

Yes

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

- 1: Financia Assistance
- 2.1: Medicaid
- F6: Coa ition Bui ding
- A1: Community Hea th Education
- A2: Community-Based C inica Services

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

NONE PROVIDED

Section 3.2: Community Needs Assessment (5 of 5)

3. Area of Community Need / Concern

16. Aging Popuation / Senior Services

4. Is the need identified in the Community Needs Assessment?

Yes

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

Yes

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

- 1: Financia Assistance
- A1: Community Health Education
- A4: Other Community Health Improvement Services
- C7: Subsidized Continuing Care
- F6: Coalition Building
- F7: Community Health Advocacy

7. 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: 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 (\$)

21020638

(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	410780.91	0	410780.91	2%	420000

(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	410780.91	0	410780.91	2%	420000

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	213596	112859	100737	0.5%	175000

(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	141910	0	141910	0.7%	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	18344458	22959976	-4615518	-22%	5000000

(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	6798	0	6798	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	18706762	23072835	-4366073	-20.8%	5175000

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	19117542.91	23072835	-3955292.09	-18.8%	\$5595000

Section 5: Community Building Activities

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

21020638

(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	250	250	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	6777	6777	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	21438	21438	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	13156	13156	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	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	41621	41621	0	0%

Section 6: Medicare

1. Total revenue received from Medicare (\$ -- including DSH and IME)

NONE PROVIDED

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

NONE PROVIDED

3. Medicare surplus (shortfall)

\$NaN

4. 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

5. 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

1. Gross Receipts from Operations (\$)

24228574

2. Net operating costs (\$)

21020638

3. Ratio of gross receipts from operations to net operating costs

1.153

Unreimbursed Community Benefit Costs

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

410780.91

5. Other Community Benefit Costs (\$)

-4366073

6. Community Building Activities (\$)

0

7. Total Unreimbursed Community Benefit Expenses (\$)

-3955292.09

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

-18.82%

Other Community Benefits (optional)

1. Leveraged Revenue for Community Benefit Activities (\$)

NONE PROVIDED

2. Medicare Shortfall (\$)

\$NaN

Section 8: Community Engagement in the Community Benefits Process

1. 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
Exeter Rotary C ub	Yes	Yes	Yes	Yes
Gather	Yes	Yes	Yes	Yes
Lamprey Hea th Care	Yes	Yes	Yes	Yes
Leadership Seacoast	Yes	Yes	Yes	Yes
P aistow Community YMCA	Yes	Yes	Yes	Yes
Racia Unity Team	Yes	Yes	Yes	Yes
Seacoast Fami y Promise	Yes	Yes	Yes	Yes
Society of St. Vincent de Pau Exeter	Yes	Yes	Yes	Yes
Transportation Assistance of Seacoast Citizens	Yes	Yes	Yes	Yes
University of New Hampshire	Yes	Yes	Yes	Yes
Waypoint at the Richie McFar and Chi dren's Center	Yes	Yes	Yes	Yes

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

Four community forums were p anned and promoted to the pub ic via emai , socia media, and paid advertisement. In tota 38 participants attended the four forums.

Exeter Hospita re eased an onine Community Hea th Survey to the pub ic that was open from May 10, 2022, to August 17, 2022. The survey asked 12 questions and encouraged additiona comments. It took under five minutes to comp ete and it was intentiona y brief to maximize participation. In tota , 1,255 peop e comp eted the survey.

Section 9: Charity Care Compliance

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

N/A

2. A written charity care policy is available to the public.

Yes

3. Any individual can apply for charity care.

Yes

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

Yes

5. Notice of the charity care policy is posted in lobbies.

No

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

No

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

No

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

Yes

Section 10: Certification

Electronic Signature

First Name

Ke y

Last Name

Hartnett

Title

Vice President, Community Relations

Email

[REDACTED]

NHCT-31 (September 2022)

Attachments

Date	Attachment Name	Context	Confidential?	User
1/27/2023 12:07 PM	2022 Exeter Hospita CHNA.pdf	Attachment	No	Ke y Hartnett