

# Form NHCT-31: Community Benefits Plan Report

version 1.2

(Submission #: HPR-DT00-45KJN, version 1)

## Details

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**Submitted** 2/13/2023 (2 days ago) by Kelly Murphy

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**Status** Submitted

## Form Input

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### Section 1: Entity Information

**Entity Name**

Sullivan County Oral Health Collaborative

**State Registration #**

13168

**Federal ID #**

680662886

**Fiscal Year Beginning**

07/01/2021

**Entity Address**

1 Tremont Street  
Claremont, NH 03743

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

<http://www.communitydentalcareclaremont.org>

**Chief Executive Officer (first, last name)**

First Name	Last Name	Phone Type	Number	Extension
Sally	<i>Bouchard</i>	Business	[REDACTED]	
Email				
[REDACTED]				

**Board Chair (first, last name)**

First Name	Last Name	Phone Type	Number	Extension
Amy	<i>Lavertue</i>	Business	[REDACTED]	
Email				
[REDACTED]				

**Community Benefits Plan - Contact (first, last name)**

**First Name**      **Last Name**

Sally                Bouchard

**Title**

Executive Director

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

Business        [REDACTED]

**Email**

[REDACTED]

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

Yes

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

No

**Section 2: Mission & Community Served**

**1. Mission Statement**

To enhance oral health through education and access to care for all individuals and families.

**2. 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.

**1. Did the primary service area cover ALL of New Hampshire?**

No

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

Sullivan

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

- ACWORTH
- BRADFORD
- CHARLESTOWN
- CLAREMONT
- CORNISH
- CROYDON
- GOSHEN
- GRANTHAM
- LANGDON
- NEWBURY
- NEWPORT
- PLAINFIELD
- SPRINGFIELD
- SUNAPEE
- UNITY
- WARNER
- WASHINGTON

### Service Population Description

Based upon statistics gathered in Valley Regional Hospital's Community Health Needs Assessment, the total population of CDCC's primary service area in 2019 was 43,104 according to the US Census Bureau (American Community Survey). Compared to New Hampshire overall, the service area population has proportionally more seniors (about 21% are 65+ compared to about 18% in NH overall). A substantial range is observed for this statistic within the region from about 15% of Langdon and Croydon residents aged 65+ to about 30% of residents in Springfield, Unity and Acworth. The region has substantially lower median household income compared to New Hampshire overall. The percent of people living below the federal poverty level also varies across the region from about 2% of the population of Grantham living in poverty compared to 16% in Claremont and 18% in Langdon.

## 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)**

2021

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

[2021 Valley Regional Hospital Community Health Needs Assessment final \(1\).pdf - 02/13/2023 10:02 AM](#)

#### Comment

Sullivan County Oral Health Collaborative partners with Valley Regional Hospital whenever appropriate. VRH's community health needs assessment encompasses all of the service area for SCOHC, therefore, we utilize their document.

**2. 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)

**3. Area of Community Need / Concern**

4. Oral 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.**

A2: Community-Based Clinical Services

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

SCOHC operates Community Dental Care of Claremont, a full-service, comprehensive dental organization providing care for all ages, with charity care, private insurance and governmental programs available. Services include:

DIAGNOSTIC SERVICES: Full dental exams ♦ Digital x-rays ♦ Emergency dental exams and x-rays

DENTAL HYGIENE SERVICES: Education ♦ Adult and child cleanings ♦ Deep Cleanings (Scaling and root planning) ♦ Fluoride treatments ♦ Sealants ♦ Silver Diamine Fluoride ♦ Local delivery antibiotics

GENERAL DENTISTRY SERVICES: Composite (white) fillings ♦ Emergency treatment or referrals ♦ Extractions (tooth removal) ♦ Cosmetic dentistry (including in office ZOOM whitening and at home teeth whitening) ♦ Crowns and bridges ♦ Complete dentures and partial dentures ♦ Endodontics (root canals) ♦ Implants ♦ Referrals to specialty services when needed

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

**3. Area of Community Need / Concern**

4. Oral 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.**

A1: Community Health Education

A3: Health Care Support Services

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

The Sullivan County Dental Initiative provides screenings and on-site preventive care to over 800 children in dental need throughout Sullivan County, concentrating on ages 1- 12. Under the management of a Certified Public Health Dental Hygienist, the preventive on-site dental services include dental cleanings, sealants, temporary fillings, fluoride varnish and decay stopping fluoride (SDF) and the all-important follow through and case management.

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

**3. Area of Community Need / Concern**

22. Access to Mental Health 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?**

No

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

Not Applicable

**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**

25. Access to Substance Use Disorder 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?**

No

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

Not Applicable

**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**

3. Access to Primary Care

**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?**

No

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

Not Applicable

7. 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 (\$)

1006878.33

#### (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	48517	0	48517	4.8%	50000

#### (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	357662.86	0	357662.86	35.5%	375000

#### (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	406179.86	0	406179.86	40.3%	425000

### 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	86303	69291	17012	1.7%	87000

**(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	86303	69291	17012	1.7%	87000

**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	492482.86	69291	423191.86	42%	\$512000

**Section 5: Community Building Activities**

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

1006878.33

**(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	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**

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**(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	0	0	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 (\$)**

1256447.08

**2. Net operating costs (\$)**

1006878.33

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

1.248

**Unreimbursed Community Benefit Costs**

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

406179.86

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

17012

**6. Community Building Activities (\$)**

0

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

423191.86

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

42.03%

**Other Community Benefits (optional)**

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

159962.45

**2. Medicare Shortfall (\$)**

\$NaN

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

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**1. 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>
VRH Primary Care Patients	Yes	No	No	No
Community Members at Large	Yes	Yes	No	No
Area Emergency First Responders	Yes	No	No	No
Regional Chamber of Commerce Executives	Yes	Yes	No	No
Area Social Service Executive Directors	Yes	Yes	No	No
Regional Town Mgrs/County Leadership	Yes	Yes	No	No
Regional Town Welfare Representatives	Yes	Yes	No	No
Area Senior Centers	Yes	Yes	No	No
Elected Public Officials, Town/City, County	Yes	Yes	No	No

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

VRH's 2021 Community Health Needs Assessment was conducted in partnership with New London Hospital, Alice Peck Day Hospital, DHMC, Mt. Ascutney Hospital, VNA of VT & NH, and Lake Sunapee Region VNA & Hospice. Methods employed in the assessment included a survey of community residents made available through direct mail and website links, a survey of key community stakeholders who are agency, municipal or community leaders, a series of virtual community discussion groups convened collaboratively with New London Hospital, and a review of available population demographics and health status indicators. VRH also utilized current patient social determinants of health data available through VRH's "B1 Mental Health Integration into Primary Care" initiative. Comments and feedback on community needs is ongoing with the participating agencies and service organizations, as well as with members of the public.

**Section 9: Charity Care Compliance**

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

Yes

**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.**

Yes

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

Yes

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

Yes

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

N/A

## Section 10: Certification

### Electronic Signature

**First Name**   **Last Name**

Sally                *Bouchard*

**Title**

*Executive Director*

**Email**

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NHCT-31 (September 2022)

## Attachments

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Date	Attachment Name	Context	Confidential?	User
2/13/2023 10:02 AM	2021 Valley Regional Hospital Community Health Needs Assessment final (1).pdf	Attachment	No	Kelly Murphy