

Form NHCT-31: Community Benefits Plan Report

version 1.7

(Submission #: HPZ-FGBX-HQ3MW, version 1)

Details

Submitted 11/27/2023 (0 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

07/01/2023

Entity Address

1145 Sagamore Ave

Portsmouth, NEW HAMPSHIRE 03801

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

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

Chief Executive Officer (first, last name)

| First Name | Last Name |
|------------|-----------|
| Jay | Couture |

| Phone Type | Number | Extension |
|------------|------------|-----------|
| Business | [REDACTED] | |

Email

Board Chair (first, last name)

| First Name | Last Name |
|------------|-----------|
| Monica | Kieser |

| Phone Type | Number | Extension |
|------------|------------|-----------|
| Business | [REDACTED] | |

Email

Community Benefits Plan - Contact (first, last name)

First Name **Last Name**

Kelly Hartnett

Title

VP, Community Relations

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

Business



Email



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 assessable 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)?

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

NONE PROVIDED

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
NEWFIELDS
NEWINGTON
NEWMARKET
NOTTINGHAM
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)

2022

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

[2022 Exeter Hospital CHNA.pdf - 11/27/2023 03:05 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
- 2.1: Medicaid
- 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: Financial Assistance
- E2: Grants
- F6: Coalition Building
- F7: Community Health 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: Financial Assistance
- A7: Other Community Benefit Operations
- C10: Other Subsidized Health 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 Social Determinants of 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
- 2.1: Medicaid
- F6: Coalition Building
- A1: Community Health Education
- A2: Community-Based Clinical 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 Population / 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: Financial Assistance
- A1: Community Health Education
- A4: Other Community Health Improvement Services
- F6: Coalition Building
- C7: Subsidized Continuing Care
- F7: Community Health Advocacy

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 (\$)

24030288

(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 | 890798.14 | 0 | 890798.14 | 3.7% | 900000 |

(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 (\$) |
|--------------------------------------|--------------------|--|------------------------------------|--|----------------------------------|---|
| NONE PROVIDED | NONE PROVIDED | 890798.14 | 0 | 890798.14 | 3.7% | 900000 |

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 | 5195606 | 4401231 | 794375 | 3.3% | 900000 |

(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 (\$) |
|--------------------------------------|--------------------|--|------------------------------------|--|----------------------------------|---|
| NONE PROVIDED | NONE PROVIDED | 5195606 | 4401231 | 794375 | 3.3% | 900000 |

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 (\$) |
|--------------------------------------|--------------------|--|------------------------------------|--|----------------------------------|---|
| NONE PROVIDED | NONE PROVIDED | 6086404.14 | 4401231 | 1685173.14 | 7% | \$1800000 |

Section 5: Community Building Activities

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

24030288

(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 | 8471 | 8471 | 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 | 22938 | 22938 | 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

(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 (%) |
|--------------------------------------|--------------------|--|------------------------------------|--|----------------------------------|
| NONE PROVIDED | NONE PROVIDED | 31409 | 31409 | 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)

\$undefined

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 (\$)

24619461

2. Net operating costs (\$)

24030288

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

1.025

Unreimbursed Community Benefit Costs

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

890798.14

5. Other Community Benefit Costs (\$)

794375

6. Community Building Activities (\$)

0

7. Total Unreimbursed Community Benefit Expenses (\$)

1685173.14

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

7.01%

Other Community Benefits (optional)

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

NONE PROVIDED

2. Medicare Shortfall (\$)

\$undefined

Section 8: Community Engagement in the Community Benefits Process

1. Please list below

| Community Organizations, Local Government Officials and other Representatives of the Public: | Indentification of Need | Prioritization of Need | Development of the Plan | Commented on Proposed Plan |
|--|-------------------------|------------------------|-------------------------|----------------------------|
| Exeter Hospital | No | No | No | No |
| Exeter Area YMCA | No | No | No | No |

| 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 Rotary Club | No | No | No | No |
| Gather | No | No | No | No |
| Lamprey Healthcare | No | No | No | No |
| Leadership Seacoast | Yes | No | No | No |
| Plaistow YMCA | No | No | No | No |
| Racial Unity Team | No | No | No | No |
| Seacoast Family Promise | No | No | No | No |
| Society of St. Vincent De Paul Exeter | No | No | No | No |
| Transportation Assistance of Seacoast Citizens | No | No | No | No |
| University of New Hampshire | No | No | No | No |
| Waypoint | No | No | No | No |

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

Four community forums were planned and promoted to the public via email, social media, and paid advertisement. In total 38 participants attended the four forums.

Exeter Hospital released an online Community Health Survey to the public that was open from May 10, 2022, to August 17, 2022. The survey asked 12 questions and encouraged additional comments. It took under five minutes to complete and it was intentionally brief to maximize participation. In total, 1,255 people completed 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 **Last Name**

Kelly *Hartnett*

Title

VP, Community Relations



NHCT-31 (September 2022)

Attachments

| Date | Attachment Name | Context | Confidential? | User |
|--------------------|-------------------------------|------------|---------------|----------------|
| 11/27/2023 3:05 PM | 2022 Exeter Hospital CHNA.pdf | Attachment | No | Kelly Hartnett |