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# Form NHCT-31: Community Benefits Plan Report

version 1.7

(Submission #: HQ0-2X54-F9EQ2, version 1)

## Details

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**Submitted** 1/23/2024 (0 days ago) by Diana Lachapelle

**Submission ID** HQ0-2X54-F9EQ2

**Status** Submitted

## Form Input

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### Section 1: Entity Information

#### Entity Name

The Mental Health Center for Southern NH

#### State Registration #

61791

#### Federal ID #

02-0301530

#### Fiscal Year Beginning

07/01/2022

#### Entity Address

10 Tsienneto Road

Derry, NH 03038

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

<http://www.centerforlifemanagement.org>

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

First Name	Last Name
Vic	Topo

Phone Type	Number	Extension
Business	6034341577	

#### Email

vtopo@clmnh.org

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

First Name	Last Name
Maria	Gudinas

Phone Type	Number	Extension
Business	6034341577	

#### Email

mgudinas@clmnh.org

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

First Name	Last Name
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Diana	Lachapelle
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Title
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Vice President, Chief Financial Officer
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Phone Type	Number	Extension
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Business	6034341577	
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Email
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dlachapelle@clmnh.org
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### 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 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.

### 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

Hillsborough

Rockingham

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

ATKINSON

CHESTER

DANVILLE

DERRY

HAMPSTEAD

LONDONDERRY

NEWTON

PELHAM

PLAISTOW

SALEM

SANDOWN

WINDHAM

### Service Population Description

<Serve the general population>

## 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)**

2020

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

NONE PROVIDED

**Comment**

NONE PROVIDED

**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 8)**

**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?**

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

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

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

NONE PROVIDED

## **Section 3.2: Community Needs Assessment (2 of 8)**

**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?**

Yes

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

F7: Community Health Advocacy

F6: Coalition Building

A1: Community Health Education

1: Financial Assistance

2.1: Medicaid

A5: Dedicated Staff costs

E3: In-Kind Assistance

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

NONE PROVIDED

## **Section 3.2: Community Needs Assessment (3 of 8)**

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

33. Affordable Housing

### **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.**

F7: Community Health Advocacy

F6: Coalition Building

A1: Community Health Education

1: Financial Assistance

2.1: Medicaid

E3: In-Kind Assistance

C10: Other Subsidized Health Services

2.2: Other means-tested government programs

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

NONE PROVIDED

## **Section 3.2: Community Needs Assessment (4 of 8)**

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### **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

A3: Health Care Support Services

F6: Coalition Building

F7: Community Health Advocacy

C7: Subsidized Continuing Care

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

NONE PROVIDED

## **Section 3.2: Community Needs Assessment (5 of 8)**

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

24. Substance Use

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

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

NONE PROVIDED

**Section 3.2: Community Needs Assessment (6 of 8)**

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

29. Workforce Development

**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.**

- 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

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

NONE PROVIDED

**Section 3.2: Community Needs Assessment (7 of 8)**

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

12. Family/Parent Support 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
- 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

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

NONE PROVIDED

**Section 3.2: Community Needs Assessment (8 of 8)**

### 3. Area of Community Need / Concern

21. Suicide Prevention

### 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

C1: Emergency and Trauma Services

B4: Other Health Professions Education Support

C8: Behavioral Health Services

### 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 (\$)

26792826

#### (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	3227897	0	3227897	12%	3300000

#### (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	20573565	18635070	1938495	7.2%	2000000

#### (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 (\$)
0	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 (\$)
NaN	NONE PROVIDED	23801462	18635070	5166392	19.3%	5300000

**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	150831	0	150831	0.6%	160000

**(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	111402	0	111402	0.4%	120000

**(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	4434819	3821195	613624	2.3%	625000

**(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	6000	0	6000	0%	6000

**(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	4703052	3821195	881857	3.3%	911000



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 (\$)
NaN	NONE PROVIDED	28504514	22456265	6048249	22.6%	\$6211000

**Section 5: Community Building Activities**

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

26792826

(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 (%)
0	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 (%)
0	0	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 (%)
0	0	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 (%)
0	0	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 (%)
0	0	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	78427	0	78427	0.3%

(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	5889	0	5889	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 (%)
NaN	NaN	84316	0	84316	0.3%

**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 (\$)**

28057586

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

26792826

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

1.047

**Unreimbursed Community Benefit Costs**

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

5166392

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

881857

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

84316

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

6132565

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

22.89%

**Other Community Benefits (optional)**

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

NONE PROVIDED

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

\$undefined

**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>
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

**2. 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**

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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.

Yes

## Section 10: Certification

### Electronic Signature

**First Name**   **Last Name**

Diana            *Lachapelle*

**Title**

*CFO*

**Email**

dlachapelle@clmnh.org

NHCT-31 (September 2022)

## Status History

	User	Processing Status
12/22/2023 7:26:55 AM	Diana Lachapelle	Draft
1/23/2024 4:18:36 PM	Diana Lachapelle	Submitting
1/23/2024 4:18:47 PM	Diana Lachapelle	Submitted

## Processing Steps

Step Name	Assigned To/Completed By	Date Completed
Form Submitted	Diana Lachapelle	1/23/2024 4:18:47 PM