**COMMUNITY BENEFITS REPORTING FORM**
*Pursuant to RSA 7:32-c-l*

FOR FISCAL YEAR BEGINNING 01/01/2013 fy 2014

*to be filed with:*
Office of the Attorney General
Charitable Trusts Unit
33 Capitol Street, Concord, NH 03301-6397
603-271-3591

**Section 1: ORGANIZATIONAL INFORMATION**

**Organization Name Salemhaven, Inc**

**Street Address 23 Geremonty Drive**

**City Salem** **County 08 - Rockingham** **State NH** **Zip Code 3079**

**Federal ID # 20325847** **State Registration # 1380**

**Website Address: salemhaven.com**

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

Has the organization filed its Community Benefits Plan Initial Filing Information form? Yes

**IF NO,** please complete and attach the Initial Filing Information Form.
**IF YES,** has any of the initial filing information changed since the date of submission?
No IF YES, please attach the updated information.

**Chief Executive:** Raymond Milliard 6038935586
rmilliard@salemhaven.com

**Board Chair:** Tom Lynch 6038935586 tomlynch@rbc.com
address

**Community Benefits Plan Contact:** Ray Milliard 603895586
rmilliard@salemhaven.com

Is this report being filed on behalf of more than one health care charitable trust? No

**IF YES,** please complete a copy of this page for each individual organization included in this filing.

## Section 2: MISSION & COMMUNITY SERVED

Mission Statement: Salemhaven is committed to being the provider and employer of choice. Setting the standard for excellence in service and clinical care to elders and family members.
Has the Mission Statement been reaffirmed in the past year (*RSA 7:32e-I)*? Yes

Please describe the community served by the health care charitable trust. "Community" may be defined as a geographic service area and/or a population segment.

Service Area (Identify Towns or Region describing the trust's primary service area):
Greater Salem area and all New Hampshire

Service Population (Describe demographic or other characteristics if the trust primarily serves a population other than the general population):
Area elders.

## Section 3: 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?
2009 *(Please attach a copy of the needs assessment if completed in the past year)*

Was the assessment conducted in conjunction with other health care charitable trusts in your community? No

Based on the needs assessment and community engagement process, what are the priority needs and health concerns of your community?

| | NEED (Please enter code # from attached list of community needs) |
|---|---|
| 1 | 101 |
| 2 | 125 |
| 3 | 501 |
| 4 | 509 |
| 5 | 603 |
| 6 | 611 |
| 7 | |
| 8 | |
| 9 | |

What other important health care needs or community characteristics were considered in the development of the current community benefits plan (e.g. essential needs or services not specifically identified in the community needs assessment)?

| | NEED (Please enter code # from attached list of community needs) |
|---|---|
| A | |
| B | |
| C | |
| D | |
| E | |
| F | |
| G | |

Please provide additional description or comments on community needs including description of "other" needs (code 999) if applicable. *Attach additional pages if necessary*:

## Section 4: COMMUNITY BENEFIT ACTIVITIES

Identify the categories of Community Benefit activities provided in the preceding year and planned for the upcoming year (note: some categories may be blank). For each area where your organization has activities, report the past and/or projected unreimbursed costs for *all* community benefit activities in that category. For each category, also indicate the *primary* community needs that are addressed by these activities by referring to the applicable number or letter from the lists on the previous page (i.e. the listed needs may relate to only a subset of the total reported costs in some categories).

| ***A. Community Health Services*** | ***Community Need Addressed*** | ***Unreimbursed Costs (preceding year)*** | ***Unreimbursed Costs (projected)*** |
|---|---|---|---|
| *Community Health Education* | 2 5 6 | | |
| *Community-based Clinical Services* | 2 1 5 | | |
| *Health Care Support Services* | -- -- -- | | |
| *Other:* | -- -- -- | | |

| ***B. Health Professions Education*** | ***Community Need Addressed*** | ***Unreimbursed Costs (preceding year)*** | ***Unreimbursed Costs (projected)*** |
|---|---|---|---|
| *Provision of Clinical Settings for Undergraduate Training* | -- -- -- | | |
| *Intern/Residency Education* | -- -- -- | | |
| *Scholarships/Funding for Health Professions Ed.* | -- -- -- | | |
| *Other:* | -- -- -- | | |

| ***C. Subsidized Health Services*** | ***Community Need Addressed*** | ***Unreimbursed Costs (preceding year)*** | ***Unreimbursed Costs (projected)*** |
|---|---|---|---|
| *Type of Service:* | -- -- -- | | |
| *Type of Service:* | -- -- -- | | |
| *Type of Service:* | -- -- -- | | |
| *Type of Service:* | -- -- -- | | |
| *Type of Service:* | -- -- -- | | |

| | | | |
|---|---|---|---|
| | | | |

| ***D. Research*** | ***Community Need Addressed*** | ***Unreimbursed Costs (preceding year)*** | ***Unreimbursed Costs (projected)*** |
|---|---|---|---|
| *Clinical Research* | -- -- -- | | |
| *Community Health Research* | -- -- -- | | |
| *Other:* | -- -- -- | | |

| ***E. Financial Contributions*** | ***Community Need Addressed*** | ***Unreimbursed Costs (preceding year)*** | ***Unreimbursed Costs (projected)*** |
|---|---|---|---|
| *Cash Donations* | -- -- -- | | |
| *Grants* | -- -- -- | | |
| *In-Kind Assistance* | -- -- -- | | |
| *Resource Development Assistance* | -- -- -- | | |

| ***F. Community Building Activities*** | ***Community Need Addressed*** | ***Unreimbursed Costs (preceding year)*** | ***Unreimbursed Costs (projected)*** |
|---|---|---|---|
| *Physical Infrastructure Improvement* | -- -- -- | | |
| *Economic Development* | -- -- -- | | |
| *Support Systems Enhancement* | -- -- -- | | |
| *Environmental Improvements* | -- -- -- | | |
| *Leadership Development; Training for Community Members* | -- -- -- | | |
| *Coalition Building* | -- -- -- | | |
| *Community Health Advocacy* | -- -- -- | | |

| ***G. Community Benefit Operations*** | ***Community Need Addressed*** | ***Unreimbursed Costs (preceding year)*** | ***Unreimbursed Costs (projected)*** |
|---|---|---|---|
| *Dedicated Staff Costs* | -- -- -- | | |
| *Community Needs/Asset Assessment* | -- -- -- | | |
| *Other Operations* | -- -- -- | | |

| ***H. Charity Care*** | ***Community Need Addressed*** | ***Unreimbursed Costs (preceding year)*** | ***Unreimbursed Costs (projected)*** |
|---|---|---|---|
| *Free & Discounted Health Care Services* | -- -- -- | | |

| ***I. Government-Sponsored Health Care*** | ***Community Need Addressed*** | ***Unreimbursed Costs (preceding year)*** | ***Unreimbursed Costs (projected)*** |
|---|---|---|---|
| *Medicare Costs exceeding reimbursement* | -- -- -- | | |
| *Medicaid Costs exceeding reimbursement* | 2 4 5 | $1,087,963.00 | $1,200,000.00 |
| *Other Publicly-funded health care costs exceeding reimbursement* | -- -- -- | | |

## Section 5: SUMMARY FINANCIAL MEASURES

| ***Financial Information for Most Recent Fiscal Year*** | ***Dollar Amount*** |
|---|---|
| *Gross Receipts from Operations* | $353,582.00 |
| *Net Revenue from Patient Services* | $9,638,435.00 |
| *Total Operating Expenses* | $9,557,577.00 |
| | |
| *Net Medicare Revenue* | $863,321.00 |
| *Medicare Costs* | $2,540,331.00 |
| | |
| *Net Medicaid Revenue* | ($1,087,963.00) |
| *Medicaid Costs* | $5,244,989.00 |
| | |
| *Unreimbursed Charity Care Expenses* | |
| *Unreimbursed Expenses of Other Community Benefits* | |
| *Total Unreimbursed Community Benefit Expenses* | |
| | |
| *Leveraged Revenue for Community Benefit Activities* | |
| *Total Community Benefits including Leveraged Revenue for Community Benefit Activities* | |

**Section 6: COMMUNITY ENGAGEMENT in the Community Benefits Process**

| ***List the Community Organizations, Local Government Officials and other Representatives of the Public consulted in the community benefits planning process. Indicate the role of each in the process.*** | ***Identification of Need*** | ***Prioritization of Need*** | ***Development of the Plan*** | ***Commented on Proposed Plan*** |
|---|---|---|---|---|
| 1) American Legion post 63 | ☒ | ☐ | ☒ | ☒ |
| 2) Salem Veteran Association | ☒ | ☐ | ☒ | ☒ |
| 3) Amvets post 3 | ☒ | ☐ | ☒ | ☒ |
| 4) V.F.W. Aux Post 8546 | ☒ | ☐ | ☒ | ☒ |
| 5) Salem Lion Club | ☒ | ☐ | ☒ | ☒ |
| 6) Derry-Salem Elks #2226 | ☒ | ☐ | ☒ | ☒ |
| 7) Salem Rotary | ☒ | ☐ | ☒ | ☒ |
| 8) Salem Exchange Club | ☒ | ☐ | ☒ | ☒ |
| 9) Counsel of Churches | ☒ | ☒ | ☒ | ☒ |
| 10) Amedisys Hospice Services | ☒ | ☒ | ☒ | ☒ |
| 11) County Sheriff Mike Downing | ☒ | ☒ | ☒ | ☒ |
| 12) State Rep Mary Griffin | ☒ | ☐ | ☒ | ☒ |
| 13) Pat Daniel President, Caring With a Heart | ☒ | ☐ | ☒ | ☒ |
| 14) Pat Harugraves Town Selectman | ☒ | ☐ | ☒ | ☒ |
| 15) Stephanie Campbell Salem Town Budget Committee | ☒ | ☐ | ☒ | ☒ |
| 16) Salem Key Club | ☒ | ☐ | ☒ | ☒ |
| 17) Salem Garden Club | ☒ | ☐ | ☒ | ☒ |
| 18) Play Amoung the Stars Theatre Group | ☒ | ☐ | ☒ | ☒ |
| 19) | ☐ | ☐ | ☐ | ☐ |
| 20) | ☐ | ☐ | ☐ | ☐ |
| 21) | ☐ | ☐ | ☐ | ☐ |
| 22) | ☐ | ☐ | ☐ | ☐ |
| 23) | ☐ | ☐ | ☐ | ☐ |
| 24) | ☐ | ☐ | ☐ | ☐ |
| 25) | ☐ | ☐ | ☐ | ☐ |

Please provide a description of the methods used to solicit community input on community needs (attach additional pages if necessary): Groups and individuals were telephoned, met with in person, and or communicated with via e-mail. Information was also gathered via health fair attendees and 'call ins' to our weekly radio broadcasts.

## Section 7: CHARITY CARE COMPLIANCE

| **Please characterize the charity care policies and procedures of your organization according to the following:** | **YES** | **NO** | Not Applicable |
|---|---|---|---|
| The valuation of charity does not include any bad debt, receivables or revenue | ☐ | ☐ | ☒ |
| Written charity care policy available to the public | ☐ | ☐ | ☒ |
| Any individual can apply for charity care | ☐ | ☐ | ☒ |
| Any applicant will receive a prompt decision on eligibility and amount of charity care offered | ☐ | ☐ | ☒ |
| Notices of policy in lobbies | ☐ | ☐ | ☒ |
| Notice of policy in waiting rooms | ☐ | ☐ | ☒ |
| Notice of policy in other public areas | ☐ | ☐ | ☒ |
| Notice given to recipients who are served in their home | ☐ | ☐ | ☒ |

**List of Potential Community Needs for Use on Section 3**

*100 - Access to Care; General*
101 - Access to Care; Financial Barriers
102 - Access to Care; Geographic Barriers
103 - Access to Care; Language/Cultural Barriers to Care
120 - Availability of Primary Care
121 - Availability of Dental/Oral Health Care
122 - Availability of Behavioral Health Care
123 - Availability of Other Medical Specialties
124 - Availability of Home Health Care
125 - Availability of Long Term Care or Assisted Living
126 - Availability of Physical/Occupational Therapy
127 - Availability of Other Health Professionals/Services
128 - Availability of Prescription Medications

*200 - Maternal & Child Health; General*
201 - Perinatal Care Access
202 - Infant Mortality
203 - Teen Pregnancy
204 - Access/Availability of Family Planning Services
206 - Infant & Child Nutrition
220 - School Health Services

*300 - Chronic Disease – Prevention and Care; General*
301 - Breast Cancer
302 - Cervical Cancer
303 - Colorectal Cancer
304 - Lung Cancer
305 - Prostate Cancer
319 - Other Cancer
320 - Hypertension/HBP
321 - Coronary Heart Disease
322 - Cerebrovascular Disease/Stroke
330 - Diabetes
340 - Asthma
341 - Chronic Obstructive Pulmonary Disease
350 - Access/Availability of Chronic Disease Screening Services

*360 - Infectious Disease – Prevention and Care; General*
361 - Immunization Rates
362 - STDs/HIV
363 - Influenza/Pneumonia
364 - Food borne disease
365 - Vector borne disease

*370 - Mental Health/Psychiatric Disorders – Prevention and Care; General*
371 - Suicide Prevention
372 - Child and adolescent mental health
372 - Alzheimer's/Dementia
373 - Depression
374 - Serious Mental Illness

*400 - Substance Use; Lifestyle Issues*
401 - Youth Alcohol Use
402 - Adult Alcohol Use
403 - Youth Drug Use
404 - Adult Drug Use
405 - Youth Tobacco Use
406 - Adult Tobacco Use
407 - Access/Availability of Alcohol/Drug Treatment

420 - Obesity
421 - Physical Activity
422 - Nutrition Education
430 - Family/Parent Support Services

*500 – Socioeconomic Issues; General*
501 - Aging Population
502 - Immigrants/Refugees
503 - Poverty
504 - Unemployment
505 - Homelessness
506 - Economic Development
507 - Educational Attainment
508 - High School Completion
509 - Housing Adequacy

*520 - Community Safety & Injury; General*
521 - Availability of Emergency Medical Services
522 - Local Emergency Readiness & Response
523 - Motor Vehicle-related Injury/Mortality
524 - Driving Under Influence
525 - Vandalism/Crime
526 - Domestic Abuse
527 - Child Abuse/Neglect
528 - Lead Poisoning
529 - Work-related injury
530 - Fall Injuries
531 - Brain Injury
532 - Other Unintentional Injury

533 - Air Quality
534 - Water Quality

*600 - Community Supports; General*
601 - Transportation Services
602 - Information & Referral Services
603 - Senior Services
604 - Prescription Assistance
605 - Medical Interpretation
606 - Services for Physical & Developmental Disabilities
607 - Housing Assistance
608 - Fuel Assistance
609 - Food Assistance
610 - Child Care Assistance
611 - Respite Care

999 – Other Community Need