

COMMUNITY BENEFITS REPORTING FORM

Pursuant to RSA 7:32-c-1

FOR FISCAL YEAR BEGINNING 07/01/2009

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 Families First of the Greater Seacoast

Street Address 100 Campus Drive, Suite 12

City Portsmouth County 08 - Rockingham State NH Zip Code 03801

Federal ID # -222757341 State Registration # 3027

Website Address: www.FamiliesFirstSeacoast.org

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: Helen B. Taft -4228208

htaft@familiesfirstseacoast.org

Board Chair: Faith Harrington -4308000

faith.harrington@wfadvisors.com

Community Benefits

Plan Contact: David Choate -4228208

dchoate@familiesfirstseacoast.org

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: To contribute to the health and well-being of the Seacoast community by providing a broad range of health and family services to all, regardless of ability to pay.

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):

Seacoast region of New Hampshire, including Portsmouth, Hampton, Seabrook, Exeter, Dover, Rochester and surrounding towns.

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

Families First Health Center is open to everyone, but exists primarily to serve uninsured, underinsured and Medicaid-covered residents of the Greater Seacoast area of New Hampshire. While there are no residency, income or demographic requirements to become a Health Center patient, we direct most marketing and outreach strategies toward our target population of low-income, uninsured and otherwise challenged individuals and families.

Certain programs at the Families First Health Center have more-limited target audiences due to requirements set by funders of those programs or simply due to the nature of the programs:

- Our Health Care for the Homeless program serves homeless people throughout Rockingham and Strafford counties.
- Our school-based children’s dental program is for children who attend elementary schools in Portsmouth or Newington or early-childhood programs at the Community Campus in Portsmouth.
- Our prenatal program is primarily for low-income or young women who live in Portsmouth or one of six nearby towns.
- Our Dental Center serves Families First primary care and prenatal patients as well as selected groups of non-patients: children and teens living in New Hampshire or Maine, clients of AIDS Response – Seacoast, clients of Steppingstones (people living with brain injuries), and same-day referrals from Portsmouth Hospital’s emergency room.

FAMILIES FIRST HEALTH CENTER CLIENTS

The 3,891 patients seen at the Families First Health Center during the fiscal year that ended on June 30, 2009 had the following characteristics:

Socioeconomic Characteristics

- 50% were uninsured and thus were eligible for our sliding fee scale; 34% were covered by Medicaid; 7% were covered by Medicare; and 9% had private health insurance.
- Almost 90% had incomes at or below 200% of the federal poverty level; 61% had incomes below 100% of the poverty level.
- 22% were homeless.

Demographic and Residency Characteristics

- 45% were adult women; 25% were adult men; 31% were children under age 18.
- Of those reporting race or ethnicity, 86% were white/non-Hispanic; 5% were mixed race; 3% were Asian; 3% were black; and 2% were Hispanic.
- 38% resided in Portsmouth; 19% in Hampton, North Hampton or Seabrook; 21% elsewhere in Rockingham County; 16% in Strafford County; and 5% in Maine.

Health Status

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?

2008 (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? Yes

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	120
2	121
3	122
4	128
5	407
6	101
7	505
8	420
9	603

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	201
B	301
C	350
D	602
E	604
F	430
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).

<i>A. Community Health Services</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Community Health Education</i>	1 2 1	\$127,888.00	\$134,300.00
<i>Community-based Clinical Services</i>	3 -- 1	\$12,698.00	\$13,400.00
<i>Health Care Support Services</i>	6 -- 2	\$71,888.00	\$75,500.00
<i>Other: Family Support</i>	4 3 --	\$567,858.00	\$552,557.00

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

<i>C. Subsidized Health Services</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Type of Service:</i>	-- -- --		
<i>Type of Service:</i>	-- -- --		
<i>Type of Service:</i>	-- -- --		
<i>Type of Service:</i>	-- -- --		
<i>Type of Service:</i>	-- -- --		

<i>D. Research</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Clinical Research</i>	-- -- --		
<i>Community Health Research</i>	-- -- --		
<i>Other:</i>	-- -- --		

<i>E. Financial Contributions</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Cash Donations</i>	-- -- --		
<i>Grants</i>	-- -- --		
<i>In-Kind Assistance</i>	-- -- --		
<i>Resource Development Assistance</i>	-- -- --		

<i>F. Community Building Activities</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Physical Infrastructure Improvement</i>	-- -- --		
<i>Economic Development</i>	-- -- --		
<i>Support Systems Enhancement</i>	-- -- --		
<i>Environmental Improvements</i>	-- -- --		
<i>Leadership Development; Training for Community Members</i>	-- -- --		
<i>Coalition Building</i>	1 -- 1	\$900.00	\$900.00
<i>Community Health Advocacy</i>	1 -- 1	\$2,200.00	\$2,200.00

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

<i>H. Charity Care</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Free & Discounted Health Care Services</i>	1 2 --	\$1,690,963.00	\$1,775,510.00

<i>I. Government-Sponsored Health Care</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Medicare Costs exceeding reimbursement</i>	1 2 --	\$119,533.00	\$125,600.00
<i>Medicaid Costs exceeding reimbursement</i>	1 2 --	\$233,006.00	\$244,750.00
<i>Other Publicly-funded health care costs exceeding reimbursement</i>	1 2 --	\$0.00	

Section 5: SUMMARY FINANCIAL MEASURES

<i>Financial Information for Most Recent Fiscal Year</i>	<i>Dollar Amount</i>
<i>Gross Receipts from Operations</i>	\$2,691,321.00
<i>Net Revenue from Patient Services</i>	\$1,551,444.00
<i>Total Operating Expenses</i>	\$4,242,765.00
<i>Net Medicare Revenue</i>	\$101,529.00
<i>Medicare Costs</i>	\$221,062.00
<i>Net Medicaid Revenue</i>	\$774,481.00
<i>Medicaid Costs</i>	\$1,007,487.00
<i>Unreimbursed Charity Care Expenses</i>	\$1,690,963.00
<i>Unreimbursed Expenses of Other Community Benefits</i>	\$1,135,979.00
<i>Total Unreimbursed Community Benefit Expenses</i>	\$2,826,934.00
<i>Leveraged Revenue for Community Benefit Activities</i>	\$2,672,474.00
<i>Total Community Benefits including Leveraged Revenue for Community Benefit Activities</i>	\$2,826,934.00

Section 6: COMMUNITY ENGAGEMENT in the Community Benefits Process

<i>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.</i>	<i>Identification of Need</i>	<i>Prioritization of Need</i>	<i>Development of the Plan</i>	<i>Commented on Proposed Plan</i>
1) Exeter Health Resources (Callie Carr, Mark Whitney)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) Seacoast Mental Health Center (Jay Couture)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3) SeaCare Health Services (Kathy Crompton, Nancy Sauter)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4) Lamprey Health Care (Ann Peters, Anita Rozeff, Debora Bartley, Paul Friedrichs, MD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5) Families First of the Greater Seacoast (Helen Taft, Margie Wachtel, Marcy Borak)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6) Core Physicians (Jim Glennon, MD; Eileen Behan, RD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Rockingham Co. Community Resource Network (Susan Turner)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Service Link (Becky May)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Rockingham Planning Commission (Scott Bogle)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) Odyssey NH (Erik Johanssen)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) Town of Hampton Welfare Dept. (Michelle Kingsley)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12) City of Portsmouth Welfare Dept. (Ellen Tuttle)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13) Endowment for Health (Jeanne Ryer)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14) Rockingham Nutrition (Deborah Perault)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15) Seacoast Hospice (Susan Cole)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16) Exeter Welfare Department (Sue Benoit)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17) The Housing Partnership (Dick Ingram)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18) Healthcare Common Procedure Coding System Services (Betty Healy)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19) Participants in Community Forums held in June 2008 in Raymond, Portsmouth, Rochester, Dover, Hampton, Kingston and Exeter (119 attendees)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20) Respondents to UNH Survey Center Household Telephone Survey in May and June 2008 (509 respondents)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide a description of the methods used to solicit community input on community needs (attach additional pages if necessary):

The table above was completed in reference to the 2008 Exeter-Area Community Needs Assessment; Families First was part of a working group that developed this assessment. The Community Forums and Household Telephone Survey referenced in #19 and #20 were done in collaboration with United Way of the Greater Seacoast (UWGS), through a unique collaboration

in which the two organizations shared resources in order to include a more diverse regional analysis of needs, initiatives and future risks. Data collected through these methods is reflected in the United Way's Community Needs Assessment as well as the Exeter Assessment. We are submitting copies of both assessments with this report.

Here is more detail on the methodology of the Exeter Hospital needs assessments, in which Families First participated actively:

1. UNH Survey Center Household Telephone Survey

Through the University of New Hampshire Survey Center, a random household telephone survey was conducted as a means of gathering information pertaining to the healthcare needs of the community. A total of 509 greater Seacoast adults were interviewed between May 22 and June 2, 2008.

2. Community Forums

A total of seven Community Forums were conducted in June, 2008, in the communities of Raymond, Portsmouth, Rochester, Dover, Hampton, Kingston and Exeter, with 119 total attendees.

Using the Evans and Stoddart Field Model of the Determinants of Health and Well-Being as a framework, information that focuses on both the needs and assets of the Greater Seacoast community was gathered. Needs-based data were identified and collected from over 40 sources at the national, state, county, and local level. Using several local information and referral databases, we were also able to identify many of our community resources. Whenever possible, you will find a discussion about current initiatives in our area associated with the needs identified.

The information gathered was condensed and presented to the community at the seven Community Forums held throughout the Exeter/UWGS service area. The forums were organized for the purposes of inviting citizens to help identify needs and set priorities for both Exeter's and United Way's future work with the community. These Community Forums included Raymond (12 participants), Portsmouth (21 participants), Rochester (20 participants), Dover (29 participants), Hampton (12 participants), Kingston (13 participants) and Exeter (12 participants), totaling 119 participants. The information presented was prioritized at each community forum by attendees (workers and residents of the greater Seacoast area), and additional information was collected.

Discussion at the Community Forums focused on:

- The continued relevance, or not, of the needs identified in 2003
- Identification of new issues and/or unmet needs that have emerged since the 2003 Community Needs Assessment
- Prioritization of the unmet needs
- A willingness to participate in efforts to address the community health needs going forward

At each of the Community Forums, attendees were asked to complete an Aspirations Survey to

help us identify the strengths of our communities.

Survey questions included:

- What three things do you believe currently make our communities the best places to live and work?
- What are three things that we could do better to make our communities the best places to live and work?
- What is the single most important issue currently facing you and your family?
- What community do you live in?
- What community do you work in?

3. Key Leader Interviews

Interviews were conducted with various key leaders and stakeholders within the communities served by Exeter and its community partners. A complete list of interviewees is included in the Appendix of this document.

4. Secondary Research

Many resources were consulted to obtain demographic and secondary data pertaining to health status in an effort to quantify the unmet and most pressing health related needs of the community. Wherever possible, data presented in Exeter's 2003 Community Needs Assessment and UWGS' 2004 Survey of Priorities, Assets and Needs (SPAN) were updated from the same source.

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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written charity care policy available to the public	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any individual can apply for charity care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any applicant will receive a prompt decision on eligibility and amount of charity care offered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notices of policy in lobbies	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Notice of policy in waiting rooms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notice of policy in other public areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notice given to recipients who are served in their home	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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