

**COMMUNITY BENEFITS REPORTING FORM**

*Pursuant to RSA 7:32-c-1*

FOR FISCAL YEAR BEGINNING 10/01/2015

*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** Monadnock Community Hospital

**Street Address** 452 Old Street Road

**City** Peterborough      **County** 06 - Hillsborough      **State** NH      **Zip Code** 03458

**Federal ID #** 02-0222157      **State Registration #** 02507

**Website Address:** [www.monadnockhospital.org](http://www.monadnockhospital.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:**      Cynthia K. McGuire      (603) 924-7191 x 1115  
Cynthia.McGuire@mchmail.org

**Board Chair:**      Steven Reynolds      (603) 831-9505  
SteveReynolds548@gmail.com

**Community Benefits**

**Plan Contact:**      LeeAnn Clark      (603) 924-1700  
LeeAnn.Clark@mchmail.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: We are committed to improving the health and well-being of our community.

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):

The Hospital’s primary service area consists of 13 towns including Antrim, Bennington, Dublin, Frankestown, Greenfield, Greenville, Hancock, Jaffrey, New Ipswich, Peterborough, Rindge, Sharon, and Temple.

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

The Hospital serves the general population of the primary service area referenced above.

**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?

2015 *(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	122
2	407
3	370
4	400
5	101
6	121
7	526
8	601
9	505

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	371
B	200
C	350
D	533
E	341
F	300
G	603

Please provide additional description or comments on community needs including description of “other” needs (code 999) if applicable. *Attach additional pages if necessary:*  
128, 124, 319, 602, 301, 330, 611, 607, 125, 999

**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>	B 1 2	\$81,099.00	\$100,000.00
<i>Community-based Clinical Services</i>	2 A 6	\$159,198.00	\$160,000.00
<i>Health Care Support Services</i>	-- -- --		
<i>Other:</i>	1 5 G	\$719,686.00	\$600,000.00

<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>	Other Other Other	\$5,740.00	\$7,000.00
<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: Cardiac Rehabilitation</i>	1 2 D	\$22,231.00	\$5,000.00
<i>Type of Service: Diabetes Rehabilitation</i>	1 2 E	\$51,882.00	\$50,000.00
<i>Type of Service: Pulmonary Rehabilitation</i>	1 2 F	\$2,315.00	\$3,000.00
<i>Type of Service: Outpatient Behavioral Health</i>	2 4 5	\$461,139.00	\$500,000.00

<i>Type of Service:</i> <i>Emergency Department</i>	1 2 6	\$1,210,726.00	\$1,000,000.00
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<b><i>D. Research</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Clinical Research</i>	-- -- --		
<i>Community Health Research</i>	-- -- --		
<i>Other:</i>	-- -- --		

<b><i>E. Financial Contributions</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Cash Donations</i>	2 6 7	\$15,000.00	\$15,000.00
<i>Grants</i>	2 6 7	\$2,539.00	\$20,000.00
<i>In-Kind Assistance</i>	5 Other 6	\$182,600.00	\$100,000.00
<i>Resource Development Assistance</i>	-- -- --		

<b><i>F. Community Building Activities</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<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>	-- -- --		
<i>Community Health Advocacy</i>	-- -- --		

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

<b><i>H. Charity Care</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Free &amp; Discounted Health Care Services</i>	1 2 6	\$902,563.00	\$900,000.00

<b><i>I. Government-Sponsored Health Care</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Medicare Costs exceeding reimbursement</i>	1 2 6	\$3,126,574.00	\$3,000,000.00
<i>Medicaid Costs exceeding reimbursement</i>	1 2 6	\$1,859,897.00	\$1,800,000.00
<i>Other Publicly-funded health care costs exceeding reimbursement</i>	1 2 6	\$1,967,222.00	\$2,000,000.00



**Section 5: SUMMARY FINANCIAL MEASURES**

<i>Financial Information for Most Recent Fiscal Year</i>	<i>Dollar Amount</i>
<i>Gross Receipts from Operations</i>	\$142,132,740.00
<i>Net Revenue from Patient Services</i>	\$72,639,970.00
<i>Total Operating Expenses</i>	\$78,089,053.00
<i>Net Medicare Revenue</i>	\$24,611,810.00
<i>Medicare Costs</i>	\$27,738,385.00
<i>Net Medicaid Revenue</i>	\$3,342,067.00
<i>Medicaid Costs</i>	\$5,201,964.00
<i>Unreimbursed Charity Care Expenses</i>	\$902,563.00
<i>Unreimbursed Expenses of Other Community Benefits</i>	\$9,867,847.00
<i>Total Unreimbursed Community Benefit Expenses</i>	\$10,770,410.00
<i>Leveraged Revenue for Community Benefit Activities</i>	\$26,947.00
<i>Total Community Benefits including Leveraged Revenue for Community Benefit Activities</i>	\$10,797,357.00

**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) Contoocook Valley Transportation Company	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2) ConVal School District	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3) Good Shepherd Rehabilitation and Nursing Center	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4) Home Healthcare Hospice and Community Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Monadnock Family Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Monadnock At Home	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7) Monadnock Area Transitional Shelter	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Monadnock Community Hospital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9) Monadnock Developmental Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) Monadnock Family Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) The River Center	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
12) Greater Monadnock Public Health Network	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
13) Peterborough Fire and Rescue	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14) Dublin Fire and Rescue	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
15) The Town of Peterborough	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16) Shelter From the Storm	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17) The Grapevine	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
18) The Town of Greenville	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
19) Southern New Hampshire Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
20) Monadnock Healthy Teeth to Toes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
21) The Peterborough Ledger Transcript	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22) Town of Jaffrey	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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):

In mid-2015, MCH completed its CHNA and successfully identified and prioritized service gaps in the region. MCH utilized Crescendo Consulting Group along with the community organizations listed above to not only help identify these gaps, but to work together to identify and implement a plan to decrease these service gaps and improve the overall health of our community.

## Needs Prioritization Methodology:

### Establishing a Leadership Team

**Purpose:** The objective of the Leadership Group was to engage a broad cross-section of the community that could reasonably represent the very diverse consumers comprising the MCH service area.

The MCH Leadership Group was established early in the project process in order to develop communication channels with, and to learn about the insights of, a diverse set of community stakeholders. In order to generate the information, MCH incorporated input from individuals who represent the broad interests of the community served by the hospital, including those with special knowledge of or expertise in public health. Group members were selected based upon their perceived community health vision, knowledge, and power to impact the well-being of the community. The leadership group included the following members:

- Mary Delisle – Monadnock Family Services
- Molly Lockwood – Monadnock Community Hospital
- Carol Lunan – The Grapevine Family and Community Resource Center
- Ellen Avery – Contoocook Valley Transportation Company
- Margaret Nelson – The River Center Family and Community Resource
- Travis Kumph – Monadnock Community Hospital
- Laura Gingras – Monadnock Community Hospital
- Erika Alusic-Bingham – Southern New Hampshire Services
- Pam Murphy – Conval School District
- LeeAnn Clark – Monadnock Community Hospital
- Tricai Wasleigh – Public Health Network
- Mary Lee Greaves – Public Health Services
- Kelly Collins – Town of Greenville
- Ed Walker – Peterborough Fire and Rescue
- David Robbison – Monadnock Area Transitional Shelter
- Julie Flood Paige - Monadnock Area Transitional Shelter
- Cindy Bowen – Monadnock At Home
- Nicole Macstay – Town of Peterborough
- Melissa Brewau – Home Healthcare Hospice and Community Services
- June Ann Stickland – Monadnock Family Services

The leadership committee also offered critical feedback on quantitative data; refined the list of community needs, helped develop the database of available resources, and participated in quantitative and qualitative research methods to build the prioritized list of community needs identified in this report.

### Strategic Secondary Research

**Purpose:** Statistical and demographic data was used to help develop a profile of the lifestyle, demographic, and disease incidence characteristics of the service area. Identifying disparities assists in the prioritization of needs later in the process.

Strategic secondary research included a search of existing published and electronically available data sources to determine statistical profiles of the morbidity, mortality, lifestyle, and demographic characteristics of the MCH service area – along with state and national comparisons, where helpful. The list below includes some of the data sources used to support this assessment.

- Demographic Data.
  - o U.S. Census
  - o State of New Hampshire, Employment Security
  - o State of New Hampshire, Office of Energy and Planning
- Health Risk Behavior Data from the U.S. Centers for Disease Control and Prevention
  - o Behavioral Risk Factor Surveillance System Survey (BRFSS).
  - o Youth Risk Behavior Survey (YRBS).
  - o State of New Hampshire, Department of Education
- Morbidity and Mortality by cause.
  - o State of New Hampshire, Department of Health and Human Services, Division of Public Health Services
  - o Hospital Discharge Data.
  - o Birth and Death Statistics.
  - o Cancer Registry.
- Existing materials from other organizations

Crescendo analyzed the secondary data from the sources above and developed a series of data tables to provide a profile of the MCH service area and, more importantly, to gain a better understanding of the relative magnitude of morbidity and mortality data – identifying regional outliers, where possible. The results of the analyses are contained in the appendices.

### Qualitative Discussion Groups

Purpose: The objective of the discussion groups was to generate a comprehensive list of community health related needs and to develop access to a database of services. One of the outputs of the discussion groups was the list of 40 community needs that was used in the “prioritization” phase of research.

MCH conducted a discussion group with individuals from a wide range of community groups regarding their perceptions of healthcare service gaps. The group (roughly 90 minutes in length) included in-depth discussion about topics such as community strengths, service gaps, needs prioritization, and ways that MCH may be able to help address community needs. The information was used to help triangulate statistical data and qualitative information collected through other research modalities.

The discussion groups included the following community segments:

- Leadership Group Members As noted above, the Leadership Group included executives from a diverse range of organizations that have direct contact with healthcare consumers and/or provide affiliated services. The Group helped identify an extensive list of community resources, health needs, and service gaps. The participants also reviewed secondary data and provided feedback on the results of the community opinion leader discussion group.

- Community Opinion Leaders. The Community Opinion Leader Group was comprised of healthcare consumers living in the MCH service area and also providing community services such as faith-based networking and in-school nursing. In addition to Leadership Group members, participants in this discussion group were able to help MCH “cast a broad net” with regard to seeking and identifying insights from a broad range of consumers. Members included representatives from the following organizations:
  - o Crotched Mountain Rehabilitation Center
  - o The River Center Family and Community Resource
  - o The Grapevine Family & Community Resource Center
  - o Contoocook Valley Transportation Company
  - o Town of Greenville
  - o Town of Peterborough
  - o Southern New Hampshire Services
  - o Monadnock At Home

### Needs Prioritization Process

Purpose: This stage used a mixed modality approach to rank order the 40 community needs identified in earlier research. The approach is designed to help build consensus around the results and thoroughly evaluate community needs.

Crescendo helped MCH implement a quantitative and qualitative survey method that is used to collect, distill, and reach prioritized consensus around creative ideas and/or qualitative issues and questions. Leadership Group members rated health initiatives and provided qualitative feedback. The process included three steps.

- Leadership Group members were asked to quantitatively and qualitatively evaluate each of the 40 community needs (identified by discussion group participants and through the data analysis research phase) using an electronic survey developed by Crescendo.
- The resulting needs were rank-ordered based upon the average score and aggregated qualitative comments. The survey results were sent to Leadership Group members in the form of a second survey. The second survey included the same list of 40 needs, the ranking of each of the community needs based on previous survey, and a list of qualitative comments submitted by survey participants. Leadership Group members re-rated the 40 needs based on their own opinions and the insights of others as expressed in the list of aggregated comments. Group members submitted their responses to Crescendo.
- The results of the second survey were rank-ordered based on the average scores and submitted to MCH. The complete list of the community needs evaluated in the process is included in the Appendix of this assessment. The prioritized list of the top 10 needs is included in the next section of this assessment.

**Section 7: CHARITY CARE COMPLIANCE**

<b>Please characterize the charity care policies and procedures of your organization according to the following:</b>	<b>YES</b>	<b>NO</b>	<b>Not Applicable</b>
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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