

# Form NHCT-31: Community Benefits Plan Report

version 1.2

(Submission #: HPT-BWVF-PFGBT, version 1)

## Details

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**Submitted** 5/3/2023 (0 days ago) by Bethanie Vachon

**Submission ID** HPT-BWVF-PFGBT

**Status** Submitted

## Form Input

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### Section 1: Entity Information

**Entity Name**

Lakes Region Mental Health Center

**State Registration #**

1574

**Federal ID #**

02-0272138

**Fiscal Year Beginning**

07/01/2023

**Entity Address**

40 Beacon St. E

Laconia, NH 03246

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

<http://www.lrmhc.org>

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

First Name	Last Name
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Margaret	<i>Pritchard</i>
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Phone Type	Number	Extension
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Business		
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**Email**

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

First Name	Last Name
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Laura	<i>LeMien</i>
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Phone Type	Number	Extension
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Business		
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**Email**

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

<b>First Name</b>	<b>Last Name</b>	
Beth	Vachon	
<b>Title</b>		
Director of Development and Public Relations		
<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
Business		
<b>Email</b>		

**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**

Mission: Lakes Region Mental Health Center's mission is to provide integrated mental and physical health care for people with mental illness while creating wellness and understanding in our communities.

Vision: Lakes Region Mental Health Center is the community leader providing quality, accessible and integrated mental and physical health services, delivered with dedication and compassion.

**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**

Belknap

Grafton

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

ALEXANDRIA  
ALTON  
ASHLAND  
BARNSTEAD  
BELMONT  
BRIDGEWATER  
BRISTOL  
CAMPTON  
CENTER HARBOR  
ELLSWORTH  
GILFORD  
GILMANTON  
GROTON  
HEBRON  
HOLDERNESS  
LACONIA  
MEREDITH  
NEW HAMPTON  
PLYMOUTH  
RUMNEY  
SANBORNTON  
THORNTON  
TILTON  
WATERVILLE VALLEY  
WENTWORTH

**Service Population Description**

Lakes Region Mental Health Center (LRMHC) is designated by the State of New Hampshire as the community mental health center (CMHC) serving the 24 towns that make up Belknap and southern Grafton Counties. As a CMHC, LRMHC treats individuals in these communities instead of in psychiatric institutions, by providing psychoeducation, therapeutic interventions, and stabilization for people experiencing a crisis. LRMHC prioritizes understanding the needs of the communities we serve, often those with mental health conditions who cannot afford care and don't have health insurance to offset the cost.

**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**

LRMHC is participating in the 2023 Concord and Lakes Region Community Health Survey currently in process, in partnership with: Concord Hospital, Community Action Program Belknap-Merrimack Counties, Capital Area Public Health Network - Granite United Way, Granite VNA, HealthFirst Family Care Center, Partnership for Public Health, Riverbend Community Mental Health, Foundation for Healthy Communities, NH Department of Health and Human Services.

**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 1)**

**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
- 2.3: Medicare
- A1: Community Health Education
- A2: Community-Based Clinical Services
- A3: Health Care Support Services
- C1: Emergency and Trauma Services
- C8: Behavioral Health Services

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

LRMHC provides individual, group and family therapy; 24/7 mobile rapid response; crisis response teams in the event a tragic event occurs that impacts a community at large, psychiatry; nursing; community support programs for people with severe and persistent mental illness; care management; community-based supports; wellness programs; housing; supported employment; substance use disorder treatment; and specialty services and evidence-based practices for children and their families, including trauma-focused cognitive behavioral therapy, child/parent psychotherapy, art therapy and play therapy. Child Impact seminars are offered in Laconia and Plymouth for divorcing families.

**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 (\$)**

15741650

**(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	0	0	0	0%	0

**(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 (\$)
0	0	0	0	0	0%	0

**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	0	0	0	0%	0

**(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 (\$)
0	0	0	0	0	0%	0

**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 (\$)
0	0	0	0	0	0%	\$0

**Section 5: Community Building Activities**

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

15741650

**(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 (%)
43	3512	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	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	0	0	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 (%)
43	3512	0	0	0	0%

**Section 6: Medicare**

**1. Total revenue received from Medicare (\$ – including DSH and IME)**

564589

**2. Medicare allowable costs of care relating to payments specified above (\$)**

NONE PROVIDED

**3. Medicare surplus (shortfall)**

\$NaN

**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.**

LRMHC does not participate in a Medicare costing model.

**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 (\$)**

16349531

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

15741650

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

1.039

**Unreimbursed Community Benefit Costs**

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

0

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

0

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

0

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

0

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

0%

**Other Community Benefits (optional)**

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

46740

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

\$NaN

**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>
Concord Hospital (Concord and Laconia)	Yes	Yes	No	Yes
Community Action Program Belknap, Merrimack Counties	Yes	No	No	No
Capital Area Public Health Network	Yes	Yes	No	No
Granite United Way	Yes	No	No	No
Granite VNA	Yes	No	No	No
HealthFirst Family Care Center	Yes	No	No	No
Partnership for Public Health	Yes	Yes	Yes	Yes
Riverbend Community Mental Health	Yes	No	No	No
Foundation for Healthy Communities	Yes	Yes	No	No
NH Dept. of Health and Human Services	Yes	No	No	Yes

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

Distribution on agency websites, through listservs and mailing lists, social media, paper copies in agency offices, outreach to other community agencies, focus groups for populations who experience disparities in care. Multiple methods of communication employed to reach the widest audience possible and address barriers to participation in order to collect the largest number of responses possible.

**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**

Beth

**Last Name**

*Vachon*

**Title**

*Director of Development and Public Relations*

**Email**



**NHCT-31 (September 2022)**