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Form NHCT-31: Community Benefits Plan Report

version 1.8

(Submission #: HQ7-SWSH-017KJ, version 1)

Details

Submitted 11/15/2024 (0 days ago) by Bethanie Vachon

Submission ID HQ7-SWSH-017KJ

Status Submitted

Form Input

Section 1: Entity Information

Entity Name

The Lakes Region Mental Health Center, Inc.

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	Phone Type	Number	Extension
Margaret	Pritchard	Business	6035241100	134
Email mpritchard@lrmhc.org				

Board Chair (first, last name)

First Name	Last Name	Phone Type	Number	Extension
Kyrl	Mitchell	Business	6035278226	
Email kmitchell@northwaybank.com				

Community Benefits Plan - Contact (first, last name)

First Name **Last Name**

Beth Vachon

Title

Director of Development & Public Relations

Phone Type **Number** **Extension**

Business 6035241100 445

Email

bvachon@lrmhc.org

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

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.

Our 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
GILFORD
GILMANTON
GROTON
HEBRON
HOLDERNESS
LACONIA
MEREDITH
NEW HAMPTON
PLYMOUTH
RUMNEY
SANBORNTON
THORNTON
TILTON
WENTWORTH

Service Population Description

Lakes Region Mental Health Center is the NH-designated community mental health center serving 24 towns in Belknap and southern Grafton Counties.

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)

2023

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

[2024-26CHCHIP.pdf - 10/31/2024 04:15 PM](#)

[CNHHP-CHNA-Final-Report-2023.pdf - 10/31/2024 04:17 PM](#)

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 7)

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.

C8: Behavioral Health Services

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

LRMHC implemented a new electronic health record system to increase operational efficiencies and improve patient care through cross-communication with other care providers.

Section 3.2: Community Needs Assessment (2 of 7)

3. Area of Community Need / Concern

20. Mental Health

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.

C8: Behavioral Health Services

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

LRMHC addressed the demand for mental health services by implementing a strategic plan that addresses the areas of employee-centered culture, patient-centered care, operational excellence, financial sustainability, and community wellness.

Section 3.2: Community Needs Assessment (3 of 7)

3. Area of Community Need / Concern

33. Affordable Housing

4. Is the need identified in the Community Needs Assessment?

No

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.

C8: Behavioral Health Services

A7: Other Community Benefit Operations

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

In partnership with Lakes Region Community Developers, a supported living residence is currently under construction in Laconia that will create 12 single-occupancy residences with supportive services for people with mental illness.

Section 3.2: Community Needs Assessment (4 of 7)

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

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

LRMHC provided over \$906,000 in charity care (uncompensated services).

Section 3.2: Community Needs Assessment (5 of 7)

3. Area of Community Need / Concern

25. Access to Substance Use Disorder 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.

C8: Behavioral Health Services

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

LRMHC secured a SAMHSA grant to address the needs of homeless individuals with co-occurring substance use and mental health disorders. In FY24, the first year of the program, 155 individuals were provided outreach and 74 were enrolled in services with LRMHC or other community health agencies.

Section 3.2: Community Needs Assessment (6 of 7)

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.

C8: Behavioral Health Services

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

LRMHC began offering Open Access which enables adults to walk in and receive immediate intake services. Eliminating wait times for care is a proactive measure, as early treatment for mental health issues improve long-term outcomes and prevent worsening issues that cause suicidal ideation.

Section 3.2: Community Needs Assessment (7 of 7)

3. Area of Community Need / Concern

20. Mental Health

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

A1: Community Health Education

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

LRMHC participated in several community events, providing education about services and other resources. In addition, LRMHC staff presented at several community agencies, businesses, organizations, and schools to inform audiences of the services available to them, especially through rapid response and mobile crisis. LRMHC staff provided training in Narcan Administration and other best practices.

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 (\$)

17200897

(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 (\$)
NONE PROVIDED	NONE PROVIDED	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 (\$)
NONE PROVIDED	NONE PROVIDED	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 (\$)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%	\$0

Section 5: Community Building Activities

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

17200897

(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 (%)
NONE PROVIDED	NONE PROVIDED	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 (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

Section 6: Medicare

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

527262

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.

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 (\$)

3366811

2. Net operating costs (\$)

17200897

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

0.196

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)

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

NONE PROVIDED

2. Medicare Shortfall (\$)

\$NaN

Section 8: Community Engagement in the Community Benefits Process

1. Please list below

Community Organizations, Local Government Officials and other Representatives of the Public:	Identification of Need	Prioritization of Need	Development of the Plan	Commented on Proposed Plan
Concord Hospital	Yes	Yes	Yes	Yes
Community Action Plan (CAP) Belknap-Merrimack Counties	Yes	Yes	Yes	Yes
Capital Area Public Health Network	Yes	Yes	Yes	Yes
Granite VNA	Yes	Yes	Yes	Yes
HealthFirst Family Care Center	Yes	Yes	Yes	Yes
Partnership for Public Health	Yes	Yes	Yes	Yes
Riverbend Community Mental Health	Yes	Yes	Yes	Yes
Foundation for Healthy Communities	Yes	Yes	Yes	Yes
NH Dept of Health and Human Services	Yes	Yes	Yes	Yes
Speare Memorial Hospital	Yes	Yes	Yes	Yes
Mid-State Health Center	Yes	Yes	Yes	Yes
Pemi-Baker Hospice and Home Health	Yes	Yes	Yes	Yes
Newfound Area Nursing Association	Yes	Yes	Yes	Yes
Granite United Way	Yes	Yes	Yes	Yes

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

Community input was gathered from multiple sources using multiple methods. Data was gathered using community surveys and focus groups. Surveys were distributed through multiple channels and methods to ensure accessibility. Stakeholders met frequently to discuss progress. The focus groups were intentionally formatted to include and ensure participation from marginalized groups.

Section 9: Charity Care Compliance

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

Bethanie

Last Name

Vachon

Title

Director of Development and Public Relations

Email

bvachon@lrmhc.org

NHCT-31 (September 2022)

Attachments

Date	Attachment Name	Context	Confidential?	User
10/31/2024 4:17 PM	CNHHP-CHNA-Final-Report-2023.pdf	Attachment	No	Bethanie Vachon
10/31/2024 4:15 PM	2024-26CHCHIP.pdf	Attachment	No	Bethanie Vachon

Status History

	User	Processing Status
10/31/2024 3:58:26 PM	Bethanie Vachon	Draft
11/15/2024 2:01:51 PM	Bethanie Vachon	Submitting
11/15/2024 2:02:02 PM	Bethanie Vachon	Submitted

Processing Steps

Step Name	Assigned To/Completed By	Date Completed
Form Submitted	Bethanie Vachon	11/15/2024 2:02:02 PM