

COMMUNITY BENEFITS PLAN – REPORTING FORM

Pursuant to RSA 7:32-c – 1

FOR FISCAL YEAR BEGINNING 5/1/2007

to be filed with:

**Office of the Attorney General
Charitable Trusts Unit**

**33 Capitol Street, Concord, NH 03301-6397
603-271-3591**

www.state.nh.us/nhdoj/CHARITABLE/char.html

<u>Taylor Community</u> Organization Name	<u>020222149</u> Federal Tax Identification Number
<u>435 Union Ave</u> Street Address	<u>1307</u> State Registration Number
<u>Laconia NH 03246</u> City State Zip Code	

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

Yes X No _____

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?

Yes _____ No X

If Yes, please attach the updated information.

Section 1 – Community Benefits Contact Person:

- Name and Title: Susan E. Smith, Administrator
- Address: 435 Union Ave, Laconia NH 03246
- Telephone Number: 603-524-5600

Section 2 – Mission Statement:

Statutory reference: *RSA 7:32-e I.*

The health care charitable trust must provide its most recent mission statement and the date it was adopted. The mission statement must describe the purpose of the health care charitable trust and delineate how the mission statement related to the community benefits reported. The mission statement must be reaffirmed on an annual basis.

1. What is your mission statement?

It is the Mission of Taylor Community to provide the highest quality continuing care and other retirement living options, as well as elder services, in order to support the independence, health, and dignity of community residents.

Goals:

- *To allow residents to remain in their own communities where feasible.*
- *To provide financial assistance and priority in the order of admission to qualified local applicants.*
- *To provide a healthy, supportive environment for staff members that encourages personal and professional development.*
- *To maintain a responsible financial position that will provide ongoing security for residents.*
- *To provide programs and services to meet the needs of elders in the communities we serve, which are consistent with our overall charitable mission.*

2. When was it last reaffirmed? (Mission statement must be reaffirmed by the trust annually)

September 25, 2006

Section 3 – Miscellaneous:

Is this plan available on your web site? Yes X No _____

The plan can be accessed by contacting Taylor Community.

If yes, may we include a link to the plan on the CTU web site?

Yes X No _____ Web Address www.taylorcommunity.org

_____ Please check here if you are an area agency that reports to the Department of Health and Human Services

_____ Please check here if this report is filed for two or more healthcare charitable trusts.

Section 4 – Definition of Community and Population Served (RSA 7:32-d, II)

What community do you serve? (The community may be defined in terms of geographic boundaries, special populations, community groups, demographic characteristics, health status, health resources, healthcare utilization data, etc.)

Taylor Community is a continuing care retirement community serving the elderly in the Lakes Region area. Taylor Community campuses are located in Laconia, Sandwich, Moultonboro, Pembroke and Wolfeboro.

Section 5 – Community Needs Assessment Information (RSA 7:32-f)

1. Did you conduct your own community needs assessment or did you conduct the needs assessment in conjunction with other healthcare charitable trusts in your community?

The needs assessment was conducted collaboratively with other healthcare agencies in the community. In addition to Taylor Community, the collaborating communities are LRGHealthcare, Community Health and Hospice, Genesis Behavioral Health, Belknap County Citizens Council on Children and Families, Health First Family Care Center, Lakes Region Community Services Council, New Hampshire Department of Health and Humans Services – District Office, ServiceLink of Belknap County, and UpStream.

2. If you conducted your own assessment, please answer the following questions: **N/A**
 - a. When was the assessment last conducted updated? (Following the development of the initial Community Needs Assessment, the assessment must be updated every three years.)
 - b. Describe how community input was solicited and used in conducting the community needs assessment. (The needs assessment process shall include consultation with members of the public, community organizations, service providers, and local government officials in the trust’s service area.)
 - c. If your assessment was conducted or updated this year, please attach a copy.
3. If you conducted a needs assessment with other healthcare charitable trusts in your community, please answer the following questions:
 - a. Identify the healthcare charitable trust designated by the group to file the community needs assessment with the Charitable Trusts Unit.

Lakes Region General HealthCare

- b. When was the assessment last conducted updated? (Following the development of the initial Community Needs Assessment, the assessment must be updated every five years.)

December 2003

4. If you are the trust designated by a group to file its community needs assessment with the Charitable Trusts Unit, please answer the following questions: **N/A**
 - a. Describe how community input was solicited and used in conducting the community needs assessment. (The needs assessment process shall include consultation with members of the public, community organizations, service providers, and local government officials in the trust’s service area.)
 - b. If the group’s assessment was conducted or updated this year, please attach a copy.

Section 6 – Community Benefits Plan/Report (RSA 7:32-e, II-VI, RSA 7:32-l)

Describe in detail the cost of the community benefits planned by the health care charitable trust and the methodology for estimating the cost. The plan shall include an estimate of the cost of each activity expected to be undertaken or supported in the ensuing year and a report on the un-reimbursed cost of each activity undertaken in the preceding year. For each quantifiable benefit, the trust should provide an economic valuation, which identifies the un-reimbursed cost to the trust of providing the benefit and the method for calculating that cost. Non-quantifiable benefits should be identified separately and described in narrative form.

PLEASE NOTE: RSA 7:32-l allows healthcare charitable trusts to file community benefit plans individually or in a combination with others. If you are filing a report on behalf of two or more entities, the following additional requirements must be met: N/A

- **The collaborating entities must choose a single date, which is identified as the fiscal year beginning date for the plan. Please specify the date so selected.**
- **Please copy and complete page 1 (Sections 1-3) of this form for each member of the group;**
- **Please answer Section 6, questions 2 through 8, for each member of the group.**

1. Please identify the health care needs that were considered in development this plan.

If this report is filed on behalf of two or more healthcare charitable trusts, questions 2 through 8 in this section must be answered for each member of the group. Please use additional pages/space as necessary. This information may be identified within the plan itself or submitted as an addendum to the plan.

Analysis of the Lakes Region Community Needs Assessment, Community Benefit Focus Groups, and Taylor Community Focus Groups identified several common themes. Taylor Community being a charitable, not for profit continuing care retirement community focused on those themes that directly impact the quality of life for seniors in our community. Among these are: ability to get healthcare, ability to find affordable housing, need for support for elders, support of other community resources, wellness programs, and reduction in social isolation.

2. Please identify all activities the trust or group **expects to undertake or support during the next year, which address the needs determined through the community needs assessment.** Please include the estimated cost of each activity.

Activity Expected as Identified in Needs Assessment –FYE 4/30/08	Estimated Cost
Use of Taylor Community facilities by local nonprofit groups	\$ 73,250.00
Expansion of elderly housing in Laconia with 25% committed to those in need of financial assistance	none
Resident Only Contracts – more affordable	\$348,179.00
Taylor Connection Program <ul style="list-style-type: none"> • Lifeline-Emergency Response System • Referral Resource • Community Education and Information 	\$ 82,980.00

<ul style="list-style-type: none"> • Family Contact Point • Coordination with medical community providers • Grant Writing 	
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3. Please identify additional community benefits or benefit activities, **not specifically identified in the community needs assessment**, the trust or group **expects to undertake or support during the next year**. Please include the estimated cost of each activity.

Community Benefits Not Identified in Needs Assessment FYE 4/30/08	Estimated Cost
Voluntary Gift to City/Towns	\$227,348.00

4. Please identify all charity care the trust or group **expects to provide during the next year**. Please include the estimated cost of each activity.

Charity Care – FYE 4/30/08	Estimated Cost
Life Care (Nursing and Assisted Living) Residents	\$ 91,770.00
CCRC Nursing Residents	\$1,164,297.00
Entrance Fee Assistance	\$ 100,000.00

5. Please identify all activities the trust or group **undertook or supported during the past year which addressed the needs determined through the community needs assessment** and the **outcomes achieved**. Please include the estimated cost of each activity.

Activities As Identified in Needs Assessment – FYE 4/30/07	Outcome Achieved	Estimated Cost
Facility Use by Nonprofits: Bible Study Groups, Boy Scouts of America, Gilford Rotary Group, Laconia Art Association, Church Groups, Lakes Business Group, Public Affairs Forums, Public Safety, Resident groups, Zonta Club, Masons, 55 Alive, Belknap Area County Committee on Aging, CNHARC, Genesis Behavioral Health, Community Health & Hospice, SAU 30, Laconia Educational Endowment Foundation, Elder Wrap, Lakes Region Partnership for Public Health, Opechee Garden Club, Red Hat Society, Greater Laconia Economic Development.	Provided facility use at no charge allowing nonprofit groups to utilize funds for meeting their mission.	\$ 50,625.00
Support of other nonprofit community service and health organizations: <ul style="list-style-type: none"> • AARP-55 Alive • Alzheimer’s Assoc. Memory Walk 	Contributed to the work and achievements of nonprofit organizations and enhanced the local community social capital.	\$ 13,500.00

<ul style="list-style-type: none"> • GMHS Boosters • Laconia Art Assoc. • Lakes Region Kiwanis • Lakes Region United Way • Santa Fund • Laconia Housing Authority – Congregate Care Program • United Way Day of Caring • Women’s Club Radio Day 		
Senior Services Collaboratives: <ul style="list-style-type: none"> • Belknap County Area Committee on Aging • Congregate Care Program 	Collaborated with other agencies in assessing needs of seniors and implementing action to address those needs.	\$ 1,475.00
<ul style="list-style-type: none"> • Wellness Festival • Senior Companion Program 	Collaborations with other community agencies to meet the needs of specific senior populations	\$ 5,300.00
LifeLine	Through scholarship and sliding scale assistance, provided security and emergency response for at risk seniors and chronically ill residents in their own home.	\$ 26,000.00

6. Please identify additional community benefits or benefit activities, **not specifically identified in the community needs assessment**, the trust or **group undertook or supported during the past year and the outcomes achieved**. Please include the estimated cost of each activity.

Community Benefits not Identified in Needs Assessment – FYE 4/07	Outcome Achieved	Estimated Cost
Resident Only Contracts	More affordable contract for incoming Residents	\$339,264.00
Community Benefit Planning	Collaborated with other community nonprofit health and social service agencies in the development and implementation of the community needs assessment and plan.	\$ 0
Voluntary Gift to City/Towns	Gift to City/Towns in lieu of taxes	\$166,606.00

7. Please identify all **charity care** the trust or group **provided during the past year and the outcomes achieved**. Please include the estimated cost of each activity.

NOTE: Bad debt may not be included as an element of charity care (RSA 7:32-h I.)

Charitable Assistance – FYE 4/30/07	Outcome Achieved	Estimated Cost
Charitable Assistance	Residents were able to remain at Taylor Community	\$1,213,596.00

8. Please indicate the ratio of gross receipts from operations to net operating costs for the trust.

The 4/30/07 audit shows a ratio of 0.869 to 1.

9. Please describe the means used to solicit the views of the community on the development of this plan and an evaluation of its effectiveness. (The report shall include the means used to solicit the views of the community served by the trust, identification of community groups, members of the public and local government officials consulted on the development of the plan, and an evaluation of the plan’s effectiveness. The process for development of the plan shall include an opportunity for members of the public in the trust’s service area to provide input into the development of the plan and comment on the trust’s proposed plan.)

Taylor Community is a member of the Community Benefit Group that developed and conducted the 2003 Lakes Region Community Assessment. An asset based approach to assessing the community was used whereby we looked at current resources as well as needs. We chose to sample a broader cross section of the community and chose to have the primary tool be a paper survey. In addition, five focus group meetings were held targeting seniors, educators, clergy, and social service volunteers as participants. Data from established state data bases, including the NH Bureau of Vital Records, the Bureau of Primary Care, and the NH Office of State Planning were used. Taylor Community also conducted a series of 10 Focus Groups from May through September of 2003. Attendees were Incorporators, both residents and nonresidents of Taylor Community representing the towns of the Lakes Region. These meetings provided the opportunity for sharing perspectives on Taylor Community’s services and programs and to have a focused discussion on our role in the greater community.

Several themes emerged as noted in Section 6, #1. These themes were characterized as Opportunities for Action and became the basis for our strategic plan. The strategic plan is jointly developed and implemented by the Board of Trustees and the staff of Taylor Community. A key component of this process was revising the Mission Statement to reflect a wider community focus (See Section 2, #1.).

Aspects of the plan are reviewed and evaluated through our Board of Trustees, Board of Trustees Mission Committee and Board of Trustees Ways and Means Committee on a monthly basis and at weekly supervisory staff meetings. In addition, we solicit feedback from residents and community members at scheduled resident council meetings and wider community gatherings.

Section 7 – Public Notice

How is your plan/report made known and available to the public?

Taylor Community’s “Community Benefit Plan” is noted on the Taylor Community website www.taylorcommunity.org. This site is the main public tool for communication internally with

our Board of Trustees, Board of Directors, staff as well as for the general public. The Lakes Region Community Needs Assessment 2003 and the plan of the Community Benefit Group and Taylor Community's specific Community Benefit plan have been presented to a number of community based organizations including: Lakes Region Business Group, Belknap County Citizens Council on Children and Families, Taylor Community Board of Directors and Taylor Community Board of Trustees.