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Health and Human Services

Health and human services is a subject which has not been included in previous master plans completed by the town. The purpose behind addressing this area of community need is to ensure available, accessible, quality health and human services for all Goffstown residents, regardless of an individual's or a household's socio-economic circumstances.

The inclusion of this chapter in the plan comes at a time of great transition as a result of changes in the Federal and State government agencies which administer programs in this area. These changes place increasing responsibility upon local communities to provide and care for the needs of their residents. Goffstown will face many challenges in navigating these turbulent times as:

- agencies and clients struggle to adapt to the new and sometimes stark realities of welfare reform and managed care;
- families grapple with the challenges brought about by the cultural, economic and technological changes of recent decades; and,
- senior citizens attempt to maintain a quality, independent lifestyle in these uncertain times.



For all of these reasons it will be important for the Goffstown community to strive to support all of its citizens by providing a safe, healthy and prosperous environment in which to live and grow. The community must work imaginatively and pro-actively, utilizing all its available resources to effectively minimize and manage these problems over the next 5 years.

The major issues facing Goffstown are:

- increasing juvenile crime;
- the incidence of substance abuse is increasing;
- an increasing number of families are experiencing hardship and stress; and
- as the elderly population increases a growing number find it difficult to maintain an independent living status.

The State of New Hampshire requires municipalities to make certain provisions for addressing the welfare needs of persons residing in their communities. One of the state statutes which addresses this issue is presented here in order to provide a general sense of Goffstown's obligations pertaining to welfare assistance.

RSA 165:1 Aid to Assisted: Who Entitled; Local Responsibility

- I. Whenever a person in any town is poor and unable to support himself, he shall be relieved and maintained by the overseers of public welfare of such town, whether or not he has residence there. For the purposes of this chapter the term "residence" shall have the same definition as in RSA 21-a.
- II. The local governing body, as defined in RSA 672:6, of every town and city in the state shall adopt written guidelines relative to general assistance. The guidelines shall include, but not be limited to, the following.
 - a) The process for application for general assistance
 - b) The criteria for determining eligibility
 - c) The process for appealing a decision relative to the granting of general assistance
 - d) The process for the application of rents under RSA 165:4-b, if the municipality uses the offset provisions of RSA 165:4-1
- III. Whenever a town provides assistance under this section, no such assistance shall be provided directly to a person or household in the form of cash payments.

1 Overview

An assessment of the health and human service needs of Goffstown residents is essential. A continuous update of available resources is also necessary. The needs assessment requires input from service providers, residents, schools, human service experts, local leaders and community groups. Knowledge from the assessment will provide a base on which to build a pro-active and cost effective program to serve the current and future health and human service needs of Goffstown residents.

In order to meet current health and human services needs, Goffstown relies on its part-time Welfare Administrator, service and community organizations, volunteers and health and social service resources of Greater Manchester. The permanence of these resources is not guaranteed and population and economic changes are anticipated. Flexibility to respond will require a full-time Health and Human Services Administrator. Many changes in the administration of health and human services are expected following passage of Federal legislation in 1996. The changes in funding through block grants brings added responsibilities and administrative changes at the local level, as well as at the state level.

In light of these existing and forthcoming issues and circumstances, the following needs have been identified.

1. Expansion of planning and coordination of services to include, but not limited to, the following items.
 - The retention of a full-time Health and Human Services Administrator
 - Implementation of a computer database system called Benefits Outreach Screening Software (BOSS)
 - The preparation of a comprehensive health and human services needs assessment.
2. An expansion of the existing volunteer network including the following.
 - A part-time coordinator
 - Further involvement of the business and professional communities
 - Increased availability and access to health and human services through a corps of volunteers
3. An emphasis on prevention and early intervention efforts, which might include the following.
 - Expansion of the youth services office

- Expansion of the current, before and after school, youth supervised programs for grades 1 through 12
 - Expansion of the school liaison/police education program
 - Expansion of current medical, dental, counseling and parenting support services
4. The town should embark on a pro-active marketing strategy to inform the citizenry of available health and human services. Part of this effort should include the compilation of a comprehensive listing of all agencies that provide available health and human services. This listing of services, in pamphlet format, would be available to the public at the town hall, school guidance counselors, libraries, professional offices, nursing homes and grocery stores. Inserts could also be placed in tax mailings to town property owners along with notices in church and fraternal clubs' publications and periodic advertisements on GTV-40 and in the *Goffstown News*.

2 Conclusions and Recommendations

ISSUE 1 - Goffstown lacks a full-time Health and Human Services coordinator.

It is anticipated that the town's Welfare/Support Services Administrator will continue in 1997 as a part-time position. Completion of the Senior Living Facility and Community Room (Upper Elementary School) is anticipated for June 1997 and it is felt that supervision of the Community Room would best be handled by the Welfare Administrator. However, it may be necessary to restructure the job duties of this position in order to accomplish this task.

For this reason, as well as for reasons addressed earlier in this chapter, a modification is needed in the job description of Goffstown Welfare Administrator. This position is currently a dual one which includes duties as a Welfare Administrator (part-time) and a Support Services Administrator (part-time). It is recommended that the Support Services Administrator's position be eliminated leaving one full-time position with the title of Health and Human Services Director. Current welfare duties would continue and may also include the following responsibilities.

1. Coordinating volunteer personnel either through direct supervision or through a subordinate position (i.e. the town might establish a separate position of volunteer supervisor who would be responsible to the town's Health and Human Services Director).
2. Assessment of needs and local services.
3. Coordination of local health and human services, in order to eliminate duplication and act as a catalyst for change.

4. Maintain a directory of health and human services in town hall and other locations throughout town that are frequented by residents on a regular basis.
5. Attend workshops and meetings held locally and by the state.
6. Assist in attainment of employment for those in need.

The BOSS (Benefits Outreach and Screening Software) system will also enhance this flexibility. Currently, the BOSS system is being successfully utilized in many states. It streamlines the application process for Medicare/financial assistance, fuel assistance, job training and many others. It identifies services for the applicant and determines eligibility. Furthermore, it would allow utilization of other agencies' funds rather than initial town expenditures. It can also help alleviate transportation difficulties for the client through the submission of electronic applications. The potential for the BOSS system to provide increased services to town residents is substantial.

Goal 1 - Every resident of Goffstown with a health and human services need or concern should have information, counseling and access to available resources.

Objective 1.1 - Expand scope and range of available health and human services.

Action 1

Employ a full-time Health and Human Services Administrator. Responsible Party – Board of Selectmen; Cost – Unknown; Timing – 3 years.

Objective 1.2 - Implement BOSS (Benefits Outreach and Screening Software) system.

Action 1

Securing funding for implementation of Phase 1 of BOSS system. Responsible Party – Board of Selectmen; Cost – \$1,000; Timing – 1 year.

Action 2

Explore funding for Phase 2 and continued upgrades of BOSS system. Responsible Party – Board of Selectmen; Cost – \$400 to \$800; Timing – 2 years and annually thereafter.

Action 3

Provide a laptop computer for home visitation, consultation, etc. Responsible Party – Board of Selectmen; Cost – \$2,400; Timing – 2 years.

Objective 1.3 - Conduct transportation needs assessment.**Action 1**

Secure funding for assessment. Responsible Party – Board of Selectmen; Cost – Unknown; Timing – 1 year.

Action 2

Submit appropriate grant applications. Responsible Party – Board of Selectmen; Timing – 2 years.

Objective 1.4 - Conduct a comprehensive health and human services needs assessment.**Action 1**

Securing funding for assessment if necessary. Responsible Party – Board of Selectmen; Cost – Unknown; Timing – 5 years.

Issue 2 - Goffstown lacks coordination of its health and human services volunteers.

Goffstown has many health and human services volunteers. The various youth programs such as Little League, Pop Warner Football, etc. would not function and flourish without these dedicated volunteers. The Community Garden Club, GEMSA, Boosters, to name just a few, also add to the quality of life for our citizens. However, we need a volunteer coordinator to utilize the talents and abilities of those individuals not already involved in established organizations. There is an untapped resource of volunteers willing to be of service but without the knowledge or leadership to do so. The role of the coordinator would focus on providing unmet health and human services needs in the community. The coordinator would: establish a method for recruiting, screening and training volunteers; maintain a corps of volunteers able to fulfill the variety of needs requested; match those needing volunteer assistance with those able to provide the services, whether individuals or groups; and, maintain a working relationship with local businesses/professionals in the on-going provision of services to those in need.

Goal 2 - Goffstown residents who have health and human service needs could be better served through a fully coordinated volunteer system.

Objective 2.1 - Establish a core of volunteers.**Action 1**

Secure a coordinator of volunteer services. Responsible Party – Board of Selectmen; Cost – Minimal, if any; Timing – 6 months.

Action 2

Utilize available marketing methods to recruit volunteers. Responsible Party – Volunteer Coordinator; Cost – Minimal, if any; Timing – 6 months.

Action 3

Establish a screening and training program. Responsible Party – Volunteer Coordinator; Cost – Minimal, if any; Timing – 6 months.

Objective 2.2 - Increase availability and access to health and human services.**Action 1**

Establish a corps of volunteers to provide transportation. Responsible Party – Volunteer Coordinator; Cost – None; Timing – 6 months.

Action 2

Initiate a home support volunteer program. Responsible Party – Volunteer Coordinator; Cost – None; Timing – 6 months.

Objective 2.3 - Encourage more Goffstown businesses to participate in the provision of services.**Action 1**

Determine available resources. Responsible Party – Volunteer Coordinator; Cost – None; Timing – 6 months.

Action 2

Coordinate the need of services with available resources. Responsible Party – Volunteer Coordinator; Cost – Unknown; Timing – 6 months.

Issue 3 - Goffstown lacks comprehensive prevention and early intervention health and human services.

There are a number of early intervention and prevention programs available to Goffstown residents. Each of these programs provides a valuable service. However, in the next 5 years, residents' needs may quickly out pace our service providers' current capacity to adequately meet them. Available statistics indicate a probable rise in crime, substance abuse and the disintegration of families. Also, as the population ages, it will place increasing demands upon the town's prevention and early intervention resources, particularly in the medical and dental areas.

To provide a safe, healthy and prosperous environment in which to live and grow, and, to do so in a cost effective manner, Goffstown needs to expand and coordinate its current prevention and early intervention health and human services.

It is recommended that the town focus prevention and early intervention services for its youth by: expanding the Youth Services Office; expanding the current before and after school youth supervised programs for grades 1-12; and, through the implementation of 2 school liaison/police officers for Goffstown High School and Mountain View Middle School.

The Youth Services office could explore available grant monies for establishing teen centers that would provide meaningful and constructive use of leisure time by Goffstown's youth. The times most noted for juvenile crime and difficulties to occur would be targeted. Efforts would be placed upon the development of a comprehensive program to engage the interests of all youth, not only the academically and athletically inclined (e.g. also utilize the teen center as a resource for jobs - job training, job matching, etc.).

The school liaison/police officers would be pro-active, powerful and effective prevention and early interventionists within the middle and high schools. These officers would work full-time at their assigned school, carrying a teaching load (e.g. Street Law) and counseling students as necessary regarding relevant law enforcement issues.

It is also recommended that the town conduct a comprehensive health and human service needs assessment (see *Objective 1.4*). Based on preliminary studies, it appears that Goffstown's health and human services prevention and early intervention resources may not be adequate for the elderly and indigent. These services are available primarily in Manchester and thus are not accessible to all residents of Goffstown.

By investing in these plans now, Goffstown can avoid more costly expenditures in the future. It is more cost effective to invest in prevention than long-term maintenance care.

"....We've all got to join together and start persuading America that unless we invest in community initiatives that look at the family and the child as a whole, we will never be able to build enough prisons 18 years from now..."

Honorable Janet Reno, U.S. Attorney General
National Conference on Family Violence: Health & Justice
3/11-13, 1994

Goal 3 - Goffstown's young people should have access to early intervention and prevention services to discourage juvenile crime, drug and alcohol use and adolescent pregnancy.

Objective 3.1 - Expand Youth Services office to accommodate increased needs for services.

Action 1

Coordinate with town departments/agencies to provide services. Responsible Party – Youth Service Officer; Cost – Unknown; Timing – 1 year.

Objective 3.2 - Expand current before and after school youth supervised programs for grades 1 through 12.**Action 1**

Secure funding to assist those in need of services. Responsible Party – Board of Selectmen; Cost – Unknown; Timing – 1 year.

Action 2

Explore grants available for establishing teen centers. Responsible Party – Youth Service Officer; Cost – Unknown; Timing – 1 year.

Objective 3.3 - Explore feasibility of providing two school liaison/police officers for Goffstown High School and Mountain View Middle School.**Action 1**

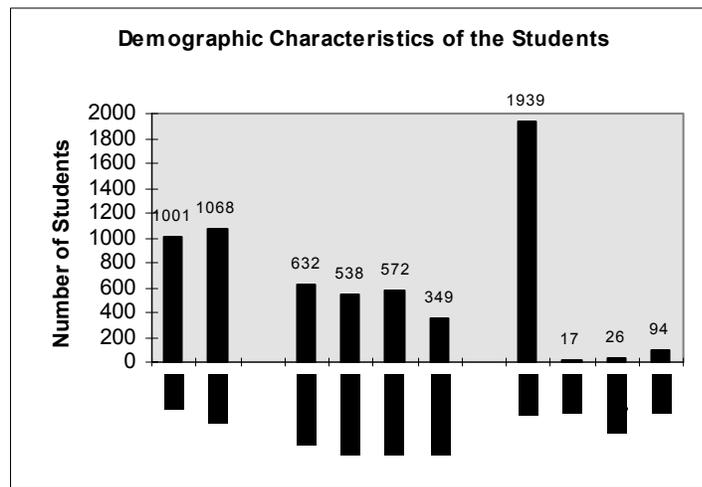
Apply for Safe School Act grant monies. Responsible Party – Chief of Police; Cost – Unknown; Timing – 1 year.

Action 2

Implement school liaison/police education program. Responsible Party – Chief of Police; Cost – Unknown; Timing 2 years.

1995 New Hampshire State Department of Education Youth Risk Behavior Survey Results Executive Summary

The 84-item multiple choice Youth Risk Behavior Survey (YRBS) was administered to 2,092 students in 62 public high schools in New Hampshire in the spring of 1995. The school response rate was 76% and the student response rate was 86%. Survey administration procedures were designed to help protect the privacy and confidentiality of all participating students. Student participation was voluntary.



The students who participated in the survey are representative of students in New Hampshire. The results can be used to make important inferences concerning the health-risk behaviors of all New Hampshire public high school students in grades 9 through 12.

The YRBS was developed by the Division of Adolescent and School Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention in collaboration with representatives from 71 state and local departments of education and 19 other federal agencies, to monitor priority health-risk behaviors that contribute to the leading causes of mortality, morbidity, and social problems among youth and adults in the United States. These behaviors fall into six categories:

- Behaviors that result in unintentional and intentional injuries
- Tobacco use
- Alcohol and other drug use
- Sexual behaviors that result in HIV infection, other sexually transmitted diseases (STDs), and unintended pregnancies
- Dietary behaviors
- Physical activity

NH YOUTH RISK BEHAVIOR SURVEY
Comparison of Selected Items - 1993 and 1995

Grades 9 - 12	62 High Schools Participating	2,092 Students	
		1995	1993
Cigarette and Tobacco Products			
	Smoked in past 30 days	26.0	35.6
	Use of tobacco products	10.4	11.8
	Tried to quit	32.0	20.2
Alcohol			
	At least one drink in past 30 days	53.1	49.5
	5 or more drinks in a row in past 30 days	32.9	30.8
Other Drugs			
	Use of marijuana at least once	43.2	36.1
	In last 30 days	27.7	20.9
	Use at school in past 30 days	7.4	5.7
	Any type of cocaine in past 30 days	1.9	2.2
	Any other illegal drug during lifetime	20.8	19.1
	Illegal drugs offered at school	32.0	25.7
Safety			
	Weapons carried on school property	9.4	11.5
	Threats with weapons on school property	6.0	6.8
	Fear prevented attendance at school	2.7	3.9
	Property stolen/damaged at school	31.9	29.4
	Student drove after drinking	14.9	10.8
Personal Violence			
	Physical fight once or more in 12 months		31.8 36.9
	Injuries requiring medical attention	3.3	4.7
	Fights occurring on school property	13.9	14.5
Suicide			
	<u>Seriously</u> considered	26.0	26.1
	Had a plan	20.1	21.0
	Actual attempts	8.6	10.1
	Requiring medical attention	2.8	2.8