JEWISH AGING SERVICES

The Role of Jewish Family Service Agencies

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Although the role of Jewish Family Service agencies has not changed since the early 1920s when JFSs became more professionalized, many agencies are now dealing with transformation to meet the challenges of the "demographic tidal wave." Issues of recruitment and retention of qualified staff, funding for services, and service delivery to Jewish elders present significant challenges.

THE NATIONAL TREND

Our Jewish community leads the nation in its proportion of elders. By 2000, Jewish elders constituted 19 percent of the Jewish population nationally, with 9 percent aged 75 years and over (National Jewish Population Study, 2001). This trend was defined more than 18 years ago when Steinitz (1986) documented the increasing Jewish communal response to needs of the elderly. Further, the older population is predominantly female, and older women are the demographic group in greatest financial need in old age (Gonyea & Hooyman, 2005). This fact is reflected in Jewish communities across the country.

The 2001 National Jewish Population Study confirmed that retiring Jews (along with many other American elders) have been migrating to the Sunbelt communities at unprecedented rates. This wholesale movement toward elder communities has created a challenge for Jewish Family Services (JFS) agencies in those areas, imposing a greater responsibility and obligation on those local JFSs and Jewish communities already struggling with relatively few resources. The northern communities, however, are not "off the hook," as many older persons move back to be with family members when they become frail or ill. In this "reverse migration" older Jews return to their communities of origin and as such, require additional services, which has implications for caregiver stress (Citron & Kurland, 1996/97).

Florida is a prime example both of the aging "demographic tidal wave" and the movement of the older Jewish population from northern to Sunbelt communities. As Jewish elders began to acquire discretionary income, air conditioning became prevalent, and elders began to seek a recreational environment in a desirable climate, migration became more extensive. Florida has the highest percentage of elders (17.6%) and the second highest number of elders (2.8 million) after California (Sheskin, 2001). Before the early 1980s, it was primarily Miami that experienced a significant Jewish population growth; however, since that time, all of southeast Florida has had to develop an extensive social service infrastructure.

Palm Beach County continues to struggle to keep up with the growth in the number of Jewish elders. The elder population of Palm Beach County is approximately 281,500, of whom 58 percent are Jewish. Jewish elders comprise the single largest ethnic cohort.

The county serves two distinct communities, determined by address and geographical location: South Palm Beach and West Palm Beach. In the south part of the county, Ruth

Rales Jewish Family Service serves primarily the cities of Delray Beach and Boca Raton. Alpert Jewish Family & Children's Service (AJFCS) serves the rest of the county's central and northern towns and cities.

According to a recent study (Sheskin, 2001), Palm Beach County has the largest number of Jews after New York, Los Angeles, Boston, and Philadelphia. The median age in South Palm Beach is 71 years, and in West Palm Beach, it is 70. Sixty-nine percent of Jews in South Palm Beach and 63 percent in West Palm Beach are aged 65 and over. West Palm Beach has a slightly higher percentage of those aged 75 and over (32%). In Palm Beach County, approximately 26 percent of those living alone are aged 75 and older.

For JFS professionals, the provision of services in southeast Florida is of particular concern, because as in many other large retirement communities in the country, Jewish elders often live in housing developments where residents age together. This presents unique challenges, both socially and sociologically, and distorts a sense of community, because neighbors themselves are aging and are often unable to provide natural supports to one another.

THE JEWISH FAMILY SERVICE RESPONSE

Since 1654 when, under the order of the Dutch West India Company, 23 Jewish refugees were given permission to stay in New Amsterdam so long as "the poor among them shall be supported by their own nation" (Berger, 1980), American Jews have been obligated to take care of one another. Prior to the development of JFSs, synagogues provided assistance to Jewish families. When the waves of immigration overwhelmed their resources, a more structured response developed that resulted in the formation of Jewish Family Services (Steinitz, 1986). From the 1920s on, the term "social services" increasingly replaced "charity" in the names of institutions and organizations in the field, as well as in the underlying perception of the activity as something grounded more in scientific insight than in moral judgment (Rosen, 1996/97).

As the Jewish population stabilized in the United States and began to age, Jewish Family Services moved from providing mostly immigrant services to the forefront of developing responses to the needs of elders throughout the continuum of care and through the multiple-service provision of social services. JFS agencies are universally founded on the concept of *Tikkun Olam,* and the values of honoring one's parents have guided their mission to meet human needs, including those of vulnerable older clients. In addition, Jewish values, which include the sanctity of human life and respecting and caring for the elders, are embedded in our professional practice of "Do not cast me off in old age; when my strength fails, do not forsake me" (Psalms 71:6). Fear of abandonment and concern about being disabled are natural human responses to frailty, and the need for a caring, responsive community is fundamental.

Given their mission, it is not surprising that Jewish Family Services across the country have, over much of the last century, become more and more deeply involved in providing services to a rapidly growing aging community. As a result of the previously discussed demographic trends, JFSs have had to go beyond the role of strengthening individuals and families to providing an array of concrete, culturally competent services. The role of Jewish Family Service in serving the older adults traditionally has been to support the family, many of them as primary adult children and spouses of older adults.

A recent informal e-mail survey of national JFSs yielded responses from twelve of the larger JFS agencies, which together serve more than 440,000 seniors. It is revealing that a combined average of 73 percent of all those served are Jewish elders. According to the same informal survey, an average of 41 percent of JFS agencies' budgets are allo-

cated to serving elders, and this percentage is considerably higher in Sunbelt communities.

Each JFS (there are 143 across North America) has traditionally provided care management (also called case management or care coordination) as a service to assist in meeting the needs of Jewish elders. We define care management as a core professional, clinical, comprehensive intervention, which is based on a functional assessment. The assessment helps formulate and determine the older adult's needs, involving him and her in the development of a service plan. The care manager implements the service plan by coordinating the identified services, which are monitored by the professional, who also provides supportive counseling to the individual and their family when appropriate.

In addition to care coordination, JFSs have developed a plethora of other services, depending on local community needs. They have attempted to develop a continuum of in-home care services so older adults can be effectively served in their own home environments and avoid inappropriate placement in a more structured, supervised living alternative, such as assisted living or skilled care facilities. Recent research by AARP (2003) found that 95 percent of those aged 75 and over responded affirmatively to the question, "What I would like to do is stay in my current residence as long as possible."

Most JFSs are constantly challenged to determine their general aging networks' gaps-in-service in order to identify the programs needed to help older adults who wish to continue to age in place. Local JFSs have implemented such programs as respite care, home health and in-home supports, emergency response systems, nutritional feeding sites, transportation, benefits/financial counseling, home-delivered meals, hospice care, and companion or friendly-visitor services. Holocaust survivors' assistance, home-shopping assistance, and guardianship have been added to develop a continuum of care in the community.

As a result of the migration to the Sunbelt described earlier, JFSs have found themselves acting in an *"in loco familias"* function on behalf of adult children, often located thousands of miles away from their parents (Lichtenstein, 1990). The Elder Support Network, first described by Goldberg and Saltman in 1990, is designed as a "delivery system that links isolated frail elders, who live far from family and friends, with an alternative support system provided by a Jewish Family Service agency in their community" (Newstein & Frumer, 1996/97). Adult children can contact their local JFS or the toll-free number of the national office of the Association of Jewish Family and Children's Agencies to contact the JFS nearest their parents. These Baby Boomers, now themselves adults, are used to being strong advocates for both themselves and their family members and demand immediate responses to e-mails and other queries with regard to service needs for their parents.

As a result, JFSs are challenged to be increasingly technologically savvy in an effort to be approachable, receptive, and responsive. Although there are for-profit, private geriatric services available in many communities across the country, the informal e-mail survey of senior managers at JFSs cited above found that when JFSs offer similar services, families and older Jewish persons prefer to be served by a Jewish organization. There may be many reasons for this anecdotal experience; the primary one appears to be the sense of "taking care of one's own." Too, it is not uncommon for seniors to reconnect with spiritual needs later in life, and the Jewish community represents the cultural and spiritual aspects of human needs for Jewish elders. Further, almost all JFSs offer these services on a sliding-scale fee system, thus allowing those families who are unable to afford private care to obtain these critical services.

ISSUES AND TRENDS IN JFS SERVICE DELIVERY

Access

Members of the Jewish community call JFSs for help for a myriad of problems, and

they often expect more than the information provided by the general community's local information services. The "Jewish response" to those in need has significance to potential clients, who seem to have different expectations of a JFS. Many families historically have financially supported Jewish communal service organizations and might therefore feel a sense of "coming home" or entitlement. Fee-for-service arrangements might be met with enmity because of a common prevailing notion that, as Jews, we should take care of one another. The myth that services should be free is propagated by local campaign solicitations for donations.

Dealing with these initial concerns of potential clients has become a sophisticated and specialized skill. The primary goal of initial contact with a community member in need is to conduct an assessment and clarify the need for information or service while offering support and advocacy. Many elders and their families are generally unsure of the particular services that they will need and can only identify the problem they are encountering without having knowledge of the services available or potential solutions. In addition, those needs are dynamic as the situation deteriorates or changes.

Because the aging process itself may strengthen the older person's need to preserve dignity, he or she may be resistant to help. This resistance often masks the older person's lack of functional abilities and results in more acute care needs over the long term. Adult children and other family members often struggle to persuade their parents to accept help. Furthermore, it is not uncommon for older Jewish persons to call JFS many times to gain information and insight about what help could be obtained from the Jewish community before services are actually initiated. The initial communication with JFS and the organization's technological capacity to "track" subsequent phone calls (e.g., through centralized intake) are critical in developing the relationships that will assist in mitigating the potential resistance by older adults whose family members are concerned about their well-being.

Ambivalence is a natural human reaction to change. Even so, needed services are often only initiated because a family member has "pushed" and cajoled the older person or elder couple to accept these services. Zibbell (1996/97) offers a variety of propositions with regard to the partnership between Jewish federations and JFSs, proposing that JFS be the "911" of the Jewish community, although this care should go beyond emergencies. JFS agencies should be the first number to call when a need arises.

As geriatric specialists, JFS staff have learned that services may only be accepted when the older person is in a physical or emotional crisis, thus reinforcing the responsibility of JFS to document the ongoing communications with the older person or their family members who have previously had contact with the agency. Using a system, such as centralized intake, enables JFS professional staff to mobilize and move into action quickly and effectively at these windows of opportunity. A centralized intake system generally has designated staff members who are responsible for all initial and subsequent contacts with a community member until such time as formal services are delivered. Increasingly, JFSs are recognizing the value of this model, and although funding for these positions is difficult to obtain, they nevertheless are attempting to include such positions in their budgets. The Detroit JFS has successfully implemented this model, which is a collaborative effort with all federated agencies.

Functionally, a centralized intake has qualified staff who can determine the initial needs of callers using an assessment that will identify their characteristics, including their emotional and motivational concerns, and then attempt to understand the issues of the end-user (older person or elder couple), as the first step in the provision of effective service. Staff should have comprehensive knowledge of community resources and be able to determine the financial resources

available to the caller or end-user so that eligibility for various programs and services can be resolved at the time of intake for a formal service. Fees are an important aspect of intake and need to be agreed upon by the person paying the bill. The Elder Support Network, which is the easy access system among JFSs for the provision of senior services, encompasses a payer (usually a family member) and the end-user or client (older person or older couple) who will be the recipient of services. Traditionally, JFSs have viewed the customer, or client, as the entire family unit. Clinically, there are challenges to this view, because there often are conflicting agendas that need to be considered. As trained geriatric clinical social workers, staff are generally well qualified to manage these issues within the family system.

Qualified Care Management Staff

As JFSs have increasingly provided services to an aging community, many have developed care management programs with targeted expertise. Of particular note to JFSs are the care management services needed by Holocaust survivors (see article by Giberovitch in this issue). Survivors, by virtue of their experiences, are often more reluctant than other older adults to seek assistance from formal entities, especially from organizations not under Jewish auspices. They may demonstrate an "Old World" ethic of self-reliance, fear of re-experiencing victimization and loss of control over their destiny (to a survivor, vulnerability is often strongly associated with death), fear and mistrust of government bureaucracy and formal organizations (unless Jewish), association of illness and hospitalization with death, and the general perception that mental health services are only designed for those who are insane (Giberovitch, 1995). JFSs have developed a cadre of care managers who possess the training, expertise, and relationship skills necessary to work with the survivor population. Further, through local grants and a national contract with the Conference on Jewish Material Claims Against Germany, Inc., since the mid-1990s, many JFSs have operated programs that provide a series of concrete services for survivors.

A second area of care management expertise developed over the last 25 years has been the ability to work cooperatively with the adult children of the elders. Recruitment of staff members who are both qualified and committed to working with an older population remains a constant struggle for JFSs, primarily because it is difficult to compete in the professional market with other private and nonprofit organizations. Professionally trained JFS communal service workers, in addition to their formal training, are also expected to develop a sophisticated understanding of the informal Jewish community structure. They must be able to fulfill the multiple brokerage roles at work in relationships with the local Jewish federation and other sister agencies involved in the provision of community services to our older residents.

Guardianship Services

For those older adults who no longer have the ability to make safe and appropriate decisions regarding their day-to-day functioning and do not have available an appropriate family member to fulfill this function, JFSs throughout the country have begun to develop legal guardianship services. These programs are provided to vulnerable older adults who have been deemed incapacitated by the legal system. By assuming this role, JFSs have also needed to develop the financial expertise required to manage the affairs of these incapacitated elders. Further, they have had to make a paradigm shift from traditional care management, which values the individual's right and ability to self-determination, to using substituted judgment and the standard of what is in the best interest of the client (ward). Many of the most vulnerable Jewish elders who need this level of care are indigent and unable to pay for services, and the challenge of sustaining these service-intensive programs is of great concern.

Counseling Services

In the past decade, JFSs have found that their traditional counseling services, previously avoided by Jewish elders who might have been uncomfortable with acknowledging psychological issues, are more likely to be used by them. As a result, a variety of mental health services targeted for elders have been developed throughout the country. These include support groups, in-home therapy, specific geriatric-related counseling, and therapy services, such as bereavement and caregiver's services. Therapists providing these services have had to develop an understanding of the aging process and life issues confronting elders. Psychiatric services under the auspices of JFSs have become an increasing trend in the provision of counseling and therapy programs as well.

Many JFSs have had to adopt a private practice methodology, which compensates counseling staff only when they actually see a client and provide a unit of service. This requires that senior staff have strong financial and management skills and is very different from the traditional salaried positions of therapists in the past.

Community-Based Services

In many communities, there are significant gaps in available concrete services to older adults. JFSs have developed entrepreneurial opportunities in filling these gaps, targeting but not exclusively serving Jewish older adults. JFSs have developed in-home support services, such as home health care, companion service, respite care, friendly visitors, home-delivered meals, bill management, and emergency medical response appliance services. These examples of augmented community-based services have spurred JFSs to seek increased opportunities for more fee- and revenue-producing services. Management staff members are now required to have skills that can ensure efficiency of services and the capacity to develop new billing, scheduling, supervisory, and training models needed to provide those services effectively.

Cooperative Ventures and Consortiums

JFSs have found it necessary to partner with other Jewish and non-Jewish agencies as they seek to meet the needs of their local communities' older adults. Several communities have developed partnerships with skilled nursing facilities, adult living facilities, and public sector housing to supplement their services to older adults in the community. A variety of services are parceled out, according to the resources and skills of that specific JFS and their partner agencies. For example, in several communities JFSs provide consultation and training to for-profit entities serving elders—they function as Response Centers under contract with private entities—and are paid to conduct various direct professional services.

Funding

Obtaining funding for the variety of services now provided for elders by JFSs has become a real hurdle. Many federations and United Way Agencies (the traditional source of funding for JFSs) have found it necessary to cut funding as the need for services have mounted. JFSs have not only had to find ways to significantly increase their own fundraising efforts but have also looked to a variety of other sources. Local, state, and federal grants and contracts have become a mainstay of JFS older adult services. Medicaid and Med-waiver programs in many states provide funding for services, although national cuts may affect whether it will continue. NORC (naturally occurring retirement community) federal grants are now in place in more than forty Jewish communities. These programs target specific neighborhoods, supporting community organization activities and some concrete services.

Medicare reimbursement is often the mainstay of funding for counseling and psychiatric services for the elders, although not all elders can afford the required co-pay. Managed care insurers continue to diminish the level of reimbursement for therapy.

In Florida, the Jewish Federation of Palm Beach County has set up a system that emulates private insurance companies in the payment of fees for concrete services, which include requests for counseling, case management, and enhanced companion services. JFSs have also aggressively moved toward a fee-for-service model in providing services for individuals and families who can afford to pay for those services. Staff members have learned to deal with such issues as "selling services," setting fees, collections, and the competitive market forces at play. Baby Boomers are increasingly comfortable with purchasing services from JFSs, social service agencies that were previously perceived by their older parents as charities.

The primary reason that older adults and their families tend to want to purchase services from JFS, however, is because JFSs do represent the Jewish community, and most older adults report feeling a certain comfort level in being affiliated with a Jewish organization (often thought to be the Jewish federation). This does not mean, however, that, just because JFS represents the Jewish community, services will be purchased unconditionally. JFSs are required to meet customer service demands and to be customer-friendly and responsive in the same ways that other, competitive marketplace services are structured.

CONCLUSION

The demand to age-in-place suggests that the formal Jewish community as a whole will continue to be required to develop and sustain innovative ways of serving the Jewish elderly. Affordability remains the primary concern for Jewish communities and the local federations that subsidize JFS services to older adults. However, JFSs know that, in addition to providing affordable services, we must understand aging issues and their impact on families. This has required that we develop the expertise to provide and enhance resiliency-focused practice models that are system oriented and multidisciplinary and that focus on advocacy, wellness, and education in a culturally competent manner.

Fragmentation of services may result when services are geared toward the individual consumer, with limited interaction among agencies that provide similar or related services to the same client. The lack of funding, attempts to centralize services to Jewish elders, and the failure of communication with sister agencies have fueled turf and financial battles among local federation agencies. Some JFSs have had to assume a strong advocacy role to meet the professional social service needs of elders and their families. Conscientious community planning, involving all agencies in each locale, can alleviate the gaps in available service, ensure effective service, and minimize the traditional competition for funding within Jewish communal service agencies.

Education of older adults and their families is an important component of the role of JFS agencies. It is critical that we develop an awareness in the community of the importance of life planning, including such issues as advanced directives, financial planning, planning for disabilities and incapacity, estate planning, values clarification, benefit eligibility, caregiving issues, long-term care insurance, and alternative living arrangements.

The fundamental role of JFSs is to act as the "heart and hands," to demonstrate that the Jewish community is a caring community that upholds the basic Judaic value of not "forsaking" its elders. JFSs across the country are on the cutting edge of serving the needs of our Jewish elders. The next quarter-century will test our will, our imaginations, and our skills and whether we are able to continue to meet these challenges.

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