

There are no easy answers, but our past and present experiences tell us that JFS agencies are dynamic, adaptable organizations committed to Jewish continuity, and to high standards of practice. Somehow we always find a way.

#### ACKNOWLEDGMENTS

The author is indebted to Eileen Nagel Rafield of the Jewish Child Care Association of New York for her help in obtaining information about JFS agencies.

#### REFERENCES

- Brissett-Chapman, Sheryl. (1997). Child protection risk assessment and African-American children: Cultural ramifications for families and communities. *Child Welfare, 1*, 49.
- Dytchold, Ken, & Flower, Joe. (1988). *Age wave*. Los Angeles: J.P. Tarcher.
- Goldstein, Joseph, Solnit, Albert J., Goldstein, Sonja, & Freud, Anna. (1996). *The best interests of the child*. New York: The Free

Press.

- Hall, Nancy W. (1996). Drug policy in context: Using what we know to effect change for children. In Zigler, Edward F., Kagan, Sharon Lynn, & Hall, Nancy W. (Eds.), *Children, families and government: Preparing for the 21st century* (p. 296). New York: Cambridge University Press.
- Hoenig, Barbara S. (1992, September). *Jewish environmental scan towards the year 2000*. New York: Council of Jewish Federations.
- McPhatter, Anna R. (1997). Cultural competence in child welfare: What is it? How do we achieve it? What happens without it? *Child Welfare, 1*, 261.
- U.S. Bureau of the Census. (1996). *Statistical abstract of the United States*, 116th ed. Washington, DC: Author.
- Videka-Sherman, Lynn, & Viggiani, Pamela. (1996). The impact of federal policy changes on children: Research needs for the future. *Social Work, 4*, 595.

## OLDER ADULT SERVICES Adaptation and Innovation

HARRY CITRON, LCSW

Director

and

JANET B. KURLAND, LCSW

Associate Director

*Older Adult Services, Jewish Family Services of Central Maryland, Baltimore*

*Blending their combined professional experiences of eighty-plus years, the authors use a case study approach to the evolution of services to older adults in the Jewish community. Competition from both for-profit and nonsectarian nonprofit agencies has encouraged viewing the client as a customer and as a true partner in the service delivery process. Change is our only constant.*

The admonition, "Do not cast me off in the time of my old age; forsake me not when my strength fails me" (Psalms 71:9), has guided Jewish Family Service (JFS) agencies in their provision of support for the elderly. With a long history of age-sensitive programs, they now experience a multitude of forces that threaten to alter, shrink, or even eliminate vital services. These forces challenge our most creative thinking and demand new designs and new approaches.

#### HISTORY

Jewish communal responses to human need have been well documented elsewhere (Steinitz, 1986). Since the 1655 directive to the early Jewish settlers of New Amsterdam "not to become a burden to the community, [but] to support your own," Jewish communities have sought to fulfill this imperative. Communally sponsored hospitals, geriatric nursing centers, Jewish Community Centers, and more have provided care for the elderly

while adhering to Jewish values of honoring one's father and mother and repairing the world (*tikkun olam*).

Care of the elderly by JFS agencies dates to the beginning of this century. However, discrete departments did not emerge until 1953, when a special agency unit was developed in Philadelphia as a guarantee that their "elderly would be served adequately." An internal study had revealed that many staff disliked working with the aged; hence the need for a special unit.

Three years later, Jewish Family Services of Central Maryland established a Department of Aging "to help maintain aged individuals in family and community life for as long as their physical and mental health allow them to do so." Other agencies followed suit, until virtually all JFSs could boast at least one elder-care specialist, primarily for the provision of counseling and case management.

#### DEMOGRAPHICS

Two striking demographic trends are an increase in the absolute number of aged Jews and in the proportion of the Jewish community that is elderly. In contrast to the general population, of which 12.6 percent were 65 years or older in 1991, in the Jewish community that proportion was closer to 18 percent, with one-third of the Jewish elderly over the

---

In preparing for this article, we contacted several Jewish Family service agencies, both large and small, representing diverse geographic locations. Problems faced and innovative adaptations were remarkably similar. The authors dedicate this article to our former Executive Director, Lucy Y. Steinitz, who for fifteen years provided our agency with unique leadership, knowledge, creativity, and vision.

age of 75 and 10 percent over age 85 (Kosmin et al., 1991). The disproportionately high number of Jewish elderly is apparently related to a relatively high socioeconomic status compared with other ethnic groups, which encourages longevity through the ability to access top-quality medical help and through the orientation toward preventive health care. Another factor is the lower fertility rate in the American Jewish population. With a concomitant decline in the rate of institutionalization among the elderly nationwide, the rate of intake for community-based services, especially on behalf of the frail elderly, has risen in many agencies at an annual figure of 10 percent or higher.

Yet, numbers are only one part of the demographic equation. In the Baltimore Jewish community, for example, a growing population of elderly Soviet emigres puts pressure on already strained budgets. These people are poor and often physically frail and have difficulty learning the language, which in turn impedes their ability to assimilate. Many have lost meaningful social roles, and they now face the loss of government financial grants as a result of naturalization requirements set forth in the Welfare Reform Bill of 1996.

In northern communities, there is also an increasing amount of "reverse migration"—older Jews who had moved to a warmer climate and are now returning to their home communities to be closer to their children. The factors precipitating this return—illness, frailty, and the need for supports—are the very problems that further tax diminishing community resources.

For many elderly, this need to be near children brings them to a new place that is neither their home community nor their chosen community. When illness, frailty, and dependence accompany aging, many children have parents move closer to wherever they themselves have relocated, so that they can better address their parents' needs.

The unprecedented long-term survival of individuals with severe and chronic disabilities and frailty characterizes yet another group requiring multiple human services, services

that were needed less often and for shorter time periods in years past. Thus, the need to serve more people, often with less resources, becomes our challenge.

### DOLLARS

Federation funding for human services has declined dramatically in many communities over the past several years—on average, support fell from 26 percent in 1985 to 17.2 percent in 1993 (Steinitz, 1995/96). United Way allocations have decreased similarly. Within this environment of reduced resources, however, specialized services to older adults generally have received a relatively large percentage of local allocations. Perhaps this reflects the recognition by private funders that we will all get older sometime.

To counteract the reduction in philanthropic dollars that has been experienced at the same time that the demand for services has increased, many communities have sought government funding—albeit on a nonsectarian basis—from federal, state, and local authorities. Most commonly sought over the past 5 to 10 years have been funds from Medicare and Medicaid, HUD (the Department of Housing and Urban Development), and both State and County Offices on Aging. Now, however, Medicare's reimbursement for counseling services—the most open-ended of these revenue streams—is facing severe restrictions, as more and more elderly join managed care companies that are usually reluctant to contract with JFS agencies unless they can demonstrate the geographic coverage and philosophical approach ("less is more") favored by managed care. Faced with severe deficits, other government programs are also imposing more restrictions.

These new fiscal constraints underscore the need to develop more diversified funding streams. Of particular importance are increased entrepreneurial ventures, new coalition partnerships, and the expansion of our customer base to offset overhead expenses, ensure a better economy-of-scale, and secure a better position for as-yet unknown opportunities in the future.

The changing mix of Federation/United Way dollars and a combination of fee-for-service, government contracts, targeted grants, and health care reimbursements is especially interesting and further supports the call for more diversified and entrepreneurial funding streams. Consider this evidence of the mix of resources, as gathered by the Association of Jewish Family and Children's Agencies (AJFCA) from the membership in 1995:

The 107 agencies reporting received \$212,651,274 in operating revenue in FY 1995. This contrasts with a total of \$157,696,940 from 91 agencies in 1994. Of the 1995 amount, \$21,847,766 or 10% [down from 12% in 1994], came from Jewish Federations; \$12,339,820 or 6% [down from 8% in 1994], came from United Way; and \$13,457,477 or 6% [down from 7% in 1994], came from Jewish Federations and United Way jointly. Client fees and third-party payments accounted for \$80,525,108 or 38% of the total [down from 45% in 1994]. Interestingly, 1995 government and non-government grants showed a significant increase, comprising 25% of the total revenue as compared with 18% in 1995.

### ENTREPRENEURIAL VENTURES

For over a decade, the Older Adult Services Department of the Baltimore JFS has been involved in many entrepreneurial endeavors, which have made possible the continuation of service to lower-income subsidized clients. Entrepreneurial ventures have other benefits as well. The provision of additional income to offset deficit-producing services also strengthens the agency's political position in relation to funders and other providers, keeping the agency on the cutting-edge of new methodologies. Building on the professional expertise of the agency's gerontologists (social workers, nurses, etc.), we have successfully developed the following new sources of revenue enhancement:

- Telephone consultation and referral for employees of more than 30 large national corporations, which contract through vari-

ous elder care networks to provide this fringe benefit to employees needing assistance in assessing their relative's needs and locating appropriate resources for their aging relatives. This service is also offered state-wide through an agency program called "Maryland Elder C.A.R.E. (Consultation, Assessment, Referral, and Education)."

- In-home assessments and benefits-eligibility checks for purchasers of long-term care insurance. If needed, case management is also available.
- Workshops and training for staff, volunteers, and especially managers of housing complexes for the elderly, using our published manual, "More Than a Place to Live: A Training Manual for Managers of Housing and Health Care Facilities for the Elderly."
- The provision of BY-YOUR-SIDE, a full-fee, revenue-producing home care service offering 1 to 24 hours/day of home health aide assistance. No social worker or counselor need be a part of this service package. Additionally, as a newly licensed home health care agency, we also offer a full range of health care reimbursable services.
- Full-fee case management, which is one of three new priorities. Competition in this area is particularly keen. Private-practicing geriatric care managers are proliferating and may be well ahead of many agencies. Lack of start-up monies, the need to provide 24-hour staff availability, and the lack of a mindset to serve all socioeconomic groups all may contribute to the slower pace of developing these programs.
- Eldercare Family Consultation Service, an in-depth, full-fee single-session consultation devoted to helping a family understand key behaviors and concerns of their elderly relative while exploring options of where and how the older person might best live and making plans accordingly.
- Services to NORCs (naturally occurring retirement communities). For the past several years, Baltimore JFS has contracted with private management companies to

supervise the HUD-funded service coordinators now placed in some of their facilities. We have also negotiated with Federation-owned housing to provide social work and other human services. We are working with the housing development arm of the Federation to provide workshops and packages of services to privately owned housing complexes with populations aging in place (the phenomenon of elders remaining in their own community despite frailty).

#### SERVICE MODELS

Blending counseling and concrete (hands-on) services with case management has long been our service norm. We have often bemoaned what Specht and Courtney (1994) call social work's "never-ending romance with psychotherapy." Indeed, the special needs of the elderly do not always lend themselves to traditional "pure" in-office counseling services. Client frailty and ambulation problems, coupled with a strong belief in home visits, have combined to generate a more flexible home- and family-based model of service. Thus, staff members go to the customer/client rather than the reverse. Since potential users want to participate in designing their own package of services, a "cafeteria approach" must be available so that a person may purchase only the desired services.

Faster and easier access to help and greater availability of staff outside of normal agency hours are now common. Beepers, cellular telephones, and new technologies are on the service horizon and have streamlined our responsiveness. Competition from both for-profits and nonsectarian nonprofits have encouraged us to view the client as a *customer*, as a true partner in the process, thereby yielding more flexibility in how service is delivered.

Moving from the concept of client to customer has not been easy and initially triggered lengthy discussion among staff, in which these questions were raised:

- Is this what I went to social work school for?

- What is the new definition of "be where the client is?"
- Is telephone interaction billable?
- Do I empower the client, or do I do the work because the client is paying me to do it?
- What will we look like in 2005?
- Who will be in our waiting rooms?
- In how many kinds of homes will we be delivering our multi-faceted services?
- Will we exist?

Despite only partial answers to these queries, all of the social workers are energetically confronting the challenge! The *process* keeps us moving forward: articulating and working through concerns and understanding that our basic mission of serving those in the community most in need remains intact.

#### New Models of Service

Becoming increasingly aware of elder isolation caused by aging in place, one JFS agency has redesigned its volunteer transportation service. Previously, transportation was limited to medical appointments. The new program offers customers a capitated monthly number of trips to the destination of their choice. Many are now able to go to senior centers, shopping malls, and the homes of friends. This is a quality of life issue.

To meet the needs of the well elderly, the Baltimore JFS was one of the founders of a neighborhood multipurpose senior center, whose executive director, social work staff, and two Board members are also JFS staff. The center serves as a major outreach arm for JFS. Regularly scheduled Sunday programs are especially well attended and serve as a bulwark against elder isolation.

Coalitions, partnerships, and linkages have all become essential for agency survival. "Seamless service" is a market-driven necessity. In the past, joint ventures existed; however, today's environment demands new, more diverse, and more complex alliances. JFS agencies across the country are forming coalitions with other religious groups such as Catholics and Lutherans. Profits, nonprofits, governmental, and constituent Federation

agencies are all in the process of forging creative new relationships. the twenty-first century.

#### CONCLUSION

Jewish Family Services of Central Maryland has embarked on a restructuring plan known as *Genesis 2000*. The recent development of two nonprofit corporate subsidiaries—a Medicare-certified home health agency and a free-standing mental health clinic—serve as solid evidence of our commitment to the future. Our goal is to remain a viable support system for the community to which overburdened families and geographically distant caregivers will increasingly turn for service. In these times of turmoil, we are moving ahead with courage and faith in meeting the challenges of

#### REFERENCES

- Kosmin, Barry et al. (1991). *Highlights of the 1990 National Jewish Population Survey*. New York: Council of Jewish Federations.
- Specht, Harry, & Courtney, Mark. (1994). *Unfaithful angels*. New York: Macmillan.
- Steinitz, Lucy Y. (1986). Communal responses to older people's needs. In Michael N. Dubkowsky (Ed.), *Jewish American voluntary organizations* (pp. 517-530). Westport, CT: Greenwood Press.
- Steinitz, Lucy Y. (1995/96). It's all in the family. *Journal of Jewish Communal Service*, 71(1, 2), 70-76.

The *Journal of Jewish Communal Service* invites submission of articles on practice, theoretical principles or research in Jewish communal service—the general field and any of its component divisions—or in related fields of practice and knowledge.

Careful editorial consideration is given every proposed article by members of the Publications Committee and by the editor, with the author's name masked. Usually, therefore, three or four months will intervene after article submission before authors can be advised of the editorial decision that has been reached.

Published articles may express opinions that do not reflect the official position of the Jewish Communal Service Association of North America nor the views of most of its membership. Being a forum of opinion, the *Journal* also welcomes letters from readers for publication.

All manuscripts must be submitted in triplicate, double or triple spaced and optimally 3500-5000 words in length. Manuscripts cannot be returned to authors unless at submission they have been accompanied by a self-addressed and stamped envelope.

The *Journal* uses the American Psychological Association reference style. All the works cited in the text are listed in a reference list at the end of the article. References in the text are cited by the name-date system in which the author and date are enclosed in parentheses at the end of the sentence in which the work was cited. This style eliminates the need for reference footnotes within the text itself.

Manuscripts are submitted to the Managing Editor at the Editorial Office, address below. Inquiries about advertising and subscriptions should be made to the business office, same address.

*Journal of Jewish Communal Service* (ISSN 0022-2089) is published quarterly: spring, summer, fall and winter at \$30 per year, \$8 per single copy, \$12 per double issue. © 1996 by the Jewish Communal Service Association, 3084 State Highway 27, Suite 9, Kendall Park, New Jersey 08824-1657. Periodicals postage paid at Lancaster, PA 17604-3657. Postmaster send address changes to JCSA, 3084 State Highway 27, Suite 9, Kendall Park, NJ 08824-1657.

Compositor: COMPUTER MAVEN, BALTIMORE, MD

Printer: LANCASTER PRESS, LANCASTER, PA