

complement ours and whose values parallel ours?

The Task Force worked for three years. During that time, many collaborative programs developed among various participants. For example, funding was received for a joint synagogue-JFS program for parents of children who intermarried; one JFS office was asked to co-facilitate a synagogue program addressing issues of interdating; and a multidisciplinary community forum, "Two-Part Harmony," was held to begin delineating ways in which Jewish Family Service, schools, synagogues, and JCCs can work together to train staff and develop programs for addressing the issues of interfaith families.

The agency planning process not only led to program development but also to the ability of staff members to participate in the development and facilitation of these programs.

CONCLUSION

Interdisciplinary collaboration is one of the great resources available to us in the Jewish community. Like many resources, it is often overlooked. Sometimes it has been set aside because of history, personality, or turf. More often, we have not taken the time in our home communities to explore what we have to offer each other *and* what we need from each other. As Jewish professionals, we are also a family. We can learn from one another, strengthen one another, and grow together, respecting our similarities and our differences. The ideal outcome is a strengthening of our agencies, institutions, and disciplines so that, in turn, we can help strengthen the Jewish family—both in its identity as a family and in its identity as a member of the Jewish community.

ONE PEOPLE—MANY HOUSES National Service Delivery Networks for the Jewish Community

NEIL P. NEWSTEIN, M.S.S.A.

Executive Director

and

JENNI FRUMER, M.S.W., M.S.ED.

Associate Executive Director, Jewish Family & Children's Service and Jewish Residential & Family Services, Palm Beach County, Florida

As family members become more dispersed, there is increasing need for national and regional service delivery networks that link vulnerable clients living far from family with an alternative support system in their own community. For these networks to succeed, they must address these challenges: establishing and adhering to uniform standards of practice, fee structures, and subsidization policies; developing national marketing activities; and acquiring agencies when the national sponsoring organization does not have a member in needed service areas.

This article describes the development of national and regional service delivery networks for Jewish communities. A national network is a system of participating agencies set up to provide direct services to a dual client-system, both in the community where the request originates and in the one where the service will be provided. It does more than simply provide access to information.

Service-oriented networks of the type addressed in this article have rarely been discussed in the literature, although several have been in existence for some time. The Elder Support Network described by Goldberg and Saltman (1990) is probably the most successful such program. It functions as a continental delivery system that links isolated frail elderly, who live far from family and friends, with an alternative support system provided by a Jewish family service agency in their community.

In contrast, a review of the literature found several articles examining national information and referral (I&R) networks that provide both basic and specific information about services in one geographical location. Begun as tools to coordinate services as early as the 1870s, almost a century later in the 1960s I&R services were accepted as distinctive interven-

tion strategies. A review of the literature indicates consensus on such I&R functions as information, steering, advice-giving, referral, and follow-up. There is, however, less consensus on other functions, such as support, counseling, advocacy, case finding, or community education (McCaslin, 1981). Further, although I&R systems have been in existence for more than 100 years, major research questions that have not yet been addressed include who are actually the users of I&R services, do I&R services act as expeditors in health and social service systems, and what service roles are most effective for reaching, evaluating, and serving different types of elderly clients.

HISTORY OF NATIONAL SERVICE DELIVERY NETWORKS

The need for national or regional networks is a relatively recent one, resulting from the movement to post-industrial economies throughout North America, Europe, and Israel. Multi-generational Jewish families, once tied to a village or city by farm holdings or small businesses, have scattered literally to the four corners of the globe as education and job opportunities have drawn each generation further and further away from the original

family site. Clearly, the mass immigration to the United States and subsequent migrations after World War II have further fostered this new diaspora. Even the re-creation of the State of Israel has had the side effect of splitting families as some members make *aliyah* and others remain behind.

Added to the dispersal of the younger generations in search of new opportunities has been the migration of our Jewish elderly into retirement communities in the Sun Belt of the United States. As a result, neither the young nor the old reside in what was the family home of previous generations.

Although the impact of this redistribution of Jewish families has been felt for several decades as some communities have shrunk while others have grown, the actual implementation of any national service network has only occurred in the last fifteen years. Before that time, and continuing in large measure today, social services were provided to dispersed families on an informal basis. Families with vulnerable members living at a distance found it difficult to obtain and then evaluate needed services. Additionally, they had needs of their own relating to their inability to provide direct care for distant loved ones.

There are some obvious areas of need requiring families to obtain services for their members living at distance. Clearly, the most common need is for adult children to obtain assistance in dealing with frail elderly parents and relatives living in distant communities. Three other needs also fit the national network concept.

1. Families often have the same issues in trying to obtain assistance for a mentally ill relative that they have with a frail elderly relative. In fact, the symptoms demonstrated in people with schizophrenia or bipolar illness can make providing assistance even more difficult. The Jewish Family Service Agencies of Florida, in cooperation with the Florida Alliance for the Mentally Ill, has created a network of organizations that are comfortable with and capable of dealing with the mentally

ill under the acronym PLAN (Planned Lifetime Assistance Network). PLAN provides the added service of maintaining the network of services after the death of the parent of the mentally ill client.

2. Families with a young adult in a distant city, such as a child in college or experiencing the first move away from home, also need assistance. They need guidance in dealing with issues ranging from inappropriate financial dependence, physical or emotional illness, and emergencies (car accidents and the like).
3. Adoption services (when birth parent and adoptive parents live at a distance from each other) could be provided by a national network.

When attempting to meet these needs in the past, families were dependent on the happenstance of knowing someone in the distant city who might or might not be able to provide or obtain the needed service. If a connection was made, the family member had no way of determining the quality of service. And finally, there was no way of meeting the home families' needs in a way that coordinated with the distant service.

Several movements toward the development of national networks were made during the 1980s, but these networks focused primarily on providing information rather than on providing direct service (Rogers & Long, 1991). Two corporate attempts at providing information were the Work Family Elder Directions project and The Partnership Group. Each of these corporate programs took the concept of employee assistance programs and child care referral and refashioned them in an attempt to provide elder assistance. They declined to provide direct case management service, but focused instead on getting their clients' employees to local agencies where consultation and local referrals took place. Directly providing long-distance case management service was deemed too expensive. In fact, in these corporate programs, there has been a movement from providing access to the local referring agency and toward centralizing the I&R at the main office.

At the same time, several private companies have begun national marketing to adult children for the provision of local case-management services to distant parents. Crawford & Co., a provider of workers compensation insurance, has begun expanding its three sites in Florida into a national network, ultimately to have more than one hundred sites scattered around the country.

These attempts to provide a system of services across significant geographical distance have been plagued by several weaknesses. The provision of only I&R services often left seekers of the service at a significant disadvantage, because (a) they had to then contact and negotiate for the needed service from afar or by traveling to the site and (b) there were no minimal standards of quality or uniformity of service or fees. Local agencies trying to provide a service locally to clients scattered across the country faced the problems of (a) formidable marketing costs; (b) not being able to assure those requesting service for distant relatives that their qualifications and standards were the same as other similar agencies elsewhere; and (c) an inability to transfer care when the client moved, as in the case of a mentally ill client.

The Elder Support Network was the first national effort within the Jewish community to address these weaknesses. Established by the Association of Jewish Family and Children's Agencies in 1984, it was spearheaded by three Jewish Family Service agencies on the East Coast of the United States: Baltimore, Norfolk, and Miami. Most Jewish Family Agencies throughout the United States rapidly joined. Service standards were developed, a national marketing plan put into effect, and a single-access telephone number developed (Goldberg & Saltman, 1990). Although initially successful, the network has run into a number of problems. While it continues to operate, the level of use across the country has diminished markedly, and some of the early ideas have fallen by the wayside. The experience of setting up this network and operating it over the last ten years have demonstrated many of the challenges any network must face.

More recently, as mentioned above, the Florida Jewish Family Service agencies together with several nonsectarian family service agencies have begun developing a service network for the mentally ill and developmentally disabled (PLAN). It has run into some of the same problems and issues that confronted the Elder Support Network.

CHALLENGES IN THE DEVELOPMENT AND IMPLEMENTATION OF NATIONAL SERVICE DELIVERY NETWORKS

The initial step in setting up a national network is to ensure that those agencies that intend to participate understand the concept of such a network and are familiar with the needs of those who will receive services. Many barriers and challenges can hinder the successful establishment of a national service delivery network, including the following:

- *The establishment of and adherence to uniform standards of practice for service delivery by all participating agencies:* Clients accessing a national network associated with a national organization expect and require uniformity in standards of service. Unfortunately, the social service delivery system in this country is far from adhering to a uniform set of standards. Three separate voluntary accrediting bodies exist, and countless governmental entities may set standards for their local organizations. Attempts to gain adherence to a single set of standards evoke rivalry and resistance. The Elder Support Network found that more than half of its potential members not only were not accredited by any organization but were resistant to the idea of meeting specific standards. This was further compounded by a lack of uniform agreement as to what specific services should be provided, how they would be defined, and whom they should serve. For example, some Jewish Family Service agencies serve non-Jews, whereas others do not. Case management is often "in the eye of the beholder." The Florida PLAN program made accreditation a requirement for par-

ticipation in the program from the beginning. This has resulted in several Florida JFSs not being admitted to the program, with ensuing political consequences.

- *The development of a uniform fee structure across the network:* Clients have an expectation that fees will be uniform across the network and in concert with their own local values and practices. This expectation presented significant problems to the Elder Support Network, as agencies differed markedly in their fee structures and in their comfort level with the model of charging adult children for services provided to their parents.

The plan network has chosen to allow its agencies to set their own fees. Fortunately, parents of the disabled are comfortable in paying for services for their children, and agencies are comfortable in charging them.

- *Development of a mechanism whereby subsidized services can be provided to families who are unable to pay for services to the local provider agency:* Again, the difficulty of obtaining uniformity of subsidization across the nation presented significant difficulties to the Elder Support Network, and has not yet been resolved. It is also a major challenge for PLAN, as JFS agencies in Florida generally have no Federation funding for the care of the mentally ill.
- *The development of national marketing and fund-raising activities to support the program:* The area of marketing has presented the most serious obstacle to the Elder Support Network and to other attempts at helping distant caretakers gain access to local services. Since distant clients live everywhere, one must rely in large measure on national marketing, which is very expensive. Furthermore, because of the kind of services offered, the advertising is generally ignored by families until they perceive a need, usually during a crisis. The result is that national marketing must be ongoing and has a short shelf-life.

The Elder Support Network has been

significantly handicapped by a lack of sufficient funds for national marketing. PLAN has affiliated with the Florida Alliance for the Mentally Ill and its parent organization, the National Alliance for the Mentally Ill, relying on them to market the program.

- *Ensuring accessibility to the national network, thereby ensuring entry into "the system" at any point:* Offering services to a national market implies that an entire network of agencies is available and accessible nationwide for those seeking services for loved ones miles away. Appropriate interagency referral is critical to the success of a national service delivery system. Within the Elder Support Network, a significant number of agencies were resistant to the idea of single entry point (an 800 telephone number) and felt threatened by the prospect of national marketing. This has not been an issue with the PLAN program.
- *Identifying and acquiring agencies to participate in the network when the national sponsoring organization does not have a member in needed service areas:* The acquiring of non-member local associates represents probably the most significant source of resistance to setting up national networks. Existing members of the national organization trying to set up a network often view the acquiring of a non-member associate or encouraging a nearby member agency to provide the needed service as immediate threats to their territory. This is true even when the protesting agency is not prepared to provide the network service itself.

The Elder Support Network and PLAN have both had to confront this issue. Unfortunately, there seems to be no easy resolution to this problem, which seems to require a case-by-case solution.

- *Determining who takes responsibility for setting up the network, and what type of governance is appropriate with regard to decision making about quality control and modifications to the system:* Governance

issues are critical to any national service network. Clearly, national organizations that have complete control over their affiliates have an advantage in setting up such networks in that they can mandate standards, fees, and services. National membership organizations have a harder time, as they are generally not in a position to control their members.

Again, the Elder Support network and PLAN have both had to deal with governance issues with compromise and diplomacy.

SUMMARY AND FUTURE IMPLICATIONS

Coordinating complex specialized human services requires facilitative networks, rather than massive structural reorganizations and consolidations (Austin, 1980). Three major constituencies of I&R services include service personnel in human service agencies, other significant community personnel, and members of the general public. Critical functions of I&R are the provision of factual information, short-term problem-clarification counseling, provision of facilitative services, production of an inventory of community resources, and collection of information on needs for community planning. A national service delivery system also provides an intervention service that includes, but is not limited to, comprehensive assessment, development of a care plan, linking and coordination of services and monitoring, and re-evaluation of those services.

The experience and modest success of the

Elder Support Network and the statewide PLAN network from a basis form which to start. Technological advancements will enhance these systems' ability to deliver quality services to end users. Information can be easily obtained and referrals made within seconds of a request by family members via the fax or modem.

The challenges can be overwhelming and need to be dealt with creatively. In fact, the increasing demand for services for widespread families will require additional networks for a variety of needs. As a collective group of Jewish communities, we will be increasingly required to provide a significant level of direct service to families across the new diaspora.

REFERENCES

- Austin, D. M. (1980). I&R: The new glue for the social services. *Public Welfare*, 8(4), 38-43.
- Goldberg, B. J., & Saltman, D. B. (1990, Fall). The Elder Support Network: An experiment in continental cooperation and planning. *Journal of Jewish Communal Service*, 67(1), 59-65.
- Mathews, R. M., & Fawcett, S. B. (1979). A community-based information and referral system. *Journal of the Community Development Society*, 10(2), 13-25.
- McCaslin, R. (1981). Next steps in information and referral for the elderly. *Gerontologist*, 21(2), 184-193.
- Rogers, P., & Long, R. G. (1991). The challenge of establishing a national service delivery program for older blind persons. *Journal of Gerontological Social Work*, 17(3), 153-163.