

**Caring for Jews Locally
Strategic Planning Subcommittee
Final Report
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I. Executive Summary

The Caring for Jews Locally Strategic Planning Subcommittee has been exploring how we, as a community, care for each other and how CJP can be most effective in growing a strong Caring Agenda.

In particular, we looked at how CJP and its constituent agencies have traditionally provided support to vulnerable Jews in our community. The vulnerable in our community include Jews with disabilities, older adults, the frail elderly, people in poverty, and families and children in distress. Holocaust survivors and vulnerable Jews from the FSU are also part of this population.

We have taken our exploration of caring for Jews locally one step further by broadening our understanding of what caring means based on our Jewish values and text. At some point in our lives we all need the care and support of our community. We therefore feel it equally important to consider how we care for each other during all of life's challenges and joys.

The following represent our priority recommendations for inclusion in the Strategic Plan:

- 1. Create a Commission on Caring** - This new structure will be a volunteer-led committee working in partnership with professional planning staff. All recommendations in this report will be implemented within the structure of this Commission.
- 2. Implement a Holistic Approach to Caring for Vulnerable Populations** - Use a comprehensive approach to treating the multiple and complex needs of vulnerable people. This new strategy will allow our agencies and partners to address individuals' and families' current needs in a holistic way and also to use preventive methods and long term follow-up to ensure the most proactive approach to services.

- 3. Expand Successful Models of Caring Practice** - Caring communities refer to both an overarching approach to communal life where all are welcomed and appreciated for their uniqueness, as well as a set of specific methods for reaching out to and creating relationships with people. This strategy seeks to increase communal efforts both in attitudes as well as actions.

II. Context

Environment

Taking care of Jews in need has been a core Jewish value for centuries and has been a central reason why Jewish communal organizations came into existence. In spite of the perceived affluence of the Jewish community, many Jews have significant needs that are not being met. The Boston Jewish community is not immune to the dynamics that affect people in need. In fact, the Boston area, one of the highest cost areas in the country, can be an especially difficult place to live with limited financial resources.

The needs of vulnerable populations have been exacerbated over the past decade as the government has severely cut programs that address key community needs. Poverty is an ever-growing problem for a segment of the Jewish community. The Jewish population is aging; and as baby boomers move into their senior years, the number of people who cannot care for themselves will grow exponentially, placing a growing burden on social service agencies. The Jewish population is also affected by general population trends. People are living longer, often with complex medical needs and find themselves living far from family members and their natural support networks. Jews with disabilities have a range of needs that is just beginning to be recognized and served by the Jewish community. In addition, there is a growing awareness that a variety of challenges exist for individuals and families, regardless of income and age. These include domestic violence, substance abuse, bereavement, medical crises, eating disorders, learning disabilities, and many more. Few families are untouched by one or more of these needs at some point in their lives.

We performed extensive research regarding the number and type of people in our community who are not able to meet basic human needs and maintain a decent quality of life. As part of that research, we identified some of the most significant gaps and challenges that face our fellow Jews.

Approximately eight per cent of the greater Boston Jewish community (representing 8,000-12,000 people) is income poor and vulnerable; approximately 50% are elderly. We have Jewish families and children who are poor and in crisis, we have people with disabilities who can't access housing and public entitlements, we have single people, often suffering from mental illness who can't maintain stable employment, and we have frail elderly from both here and the FSU, as well as Holocaust survivors, who aren't getting the help and support they need. Decent housing, food, medical care, and community connections are beyond the reach of many in our community. Our research has shown that 75% of income poor Jews in our area are in chronic need, with multiple challenges requiring intensive support and long-term follow-up.

The research has shown that there are particular gaps and challenges we face as a community to ensure that everyone enjoys a decent quality of life. These include:

- Jewish people in poverty are often hidden, because of isolation or shame or because we do not always want to see them.

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- People in poverty are affected by many different issues, not just one event or circumstance.
- People without resources are often the least able to access and maintain the benefits they need.
- Our social service system responds to one problem or crisis at a time, providing no strategy for the multiple problems that people face.
- There is insufficient integrated case management to manage multiple and complex issues.
- A significant number have mental health challenges and there are no resources to help them.
- The cost of housing and child care in the Boston area is among the highest in the country.
- Income limits for public programs are often so low that many people fall between the cracks.

We have a significant aging population. Twenty-four per cent of our community is over the age of 60. Fourteen percent or close to 5,000 of our older adults, are income-poor. Looking forward, as a result of the baby boom, the older population in the US will double by 2030.

As a result of our research, we learned that the following are the critical challenges facing our income-poor older adults:

- Lack of free or low-cost care management.
- Families of elders do not seek care until there is a crisis and by then it is often too late.
- Lack of affordable home health care.
- Inadequate subsidized housing.
- Difficulty in accessing medical care.
- Inadequate prescription drug coverage.
- The vast majority of elders want to stay in their homes. Medicare does not allow the flexibility to help people stay in their homes.
- Limited appropriate and innovative residential settings responsive to people's needs.
- Lack of palliative and hospice care.
- Social isolation and limited connections to the broader community.

In addition, because of the size of the aging baby boomer population, we will be faced with a new and not yet fully understood set of challenges. As a community, it is important that we prepare to take a thoughtful and proactive look at the implications.

It is also important to note that Jews with disabilities in our community continue to suffer from unmet needs and inadequate resources. Government support for this population has fallen dramatically, and continues to decrease. Our research has uncovered the following:

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- Approximately 9% of our community has a disability, including sensory, intellectual, physical, cognitive, and psychiatric disabilities.
- The number of people with disabilities is increasing due to overall population growth, increased life span, improvements in health care, more diagnoses, and less stigma.
- The number of young people with disabilities is increasing significantly.
- Direct care and supportive services is cost-prohibitive.

The gaps and challenges for people with disabilities include:

- People want services in “typical settings” (mainstreaming) which are staff and cost intensive.
- Large increase in autism spectrum disorder diagnoses with little or no funding available.
- People with public funding can expect to be funded at lower levels in the future and fewer “new” people will be funded.
- Increase in demand for services for people with chronic mental illness.
- Need for individualized benefits and case management.
- Social isolation.
- Insufficient job and skills training and job opportunities.
- Shrinking direct care staff workforce.

Caring in our community does not only extend to vulnerable populations but to every member of the community. We are a highly mobile society, geographically dispersed and not necessarily connected to our families of origin. The evolution of family life demands that we create new sources of support and caring. Throughout our lives, we need a caring community that provides support during times of joy and sorrow, including: birth & adoption, family crises, financial crises associated with unemployment and underemployment, bereavement, loss, health issues, and aging. We all at some point in our lives need and seek community and connection.

Current work

CJP currently allocates a significant amount of funding to our partner agencies to provide a range of programs and services that serve vulnerable populations. As a result we have a strong social service delivery system. The services provided by our agencies are extremely high quality, however their capacity is stretched due to steadily declining public funding, and they tend to focus on single-issues most successfully. There are limited preventive and follow-up services provided resulting in a reactive approach to addressing needs. We have learned from our research that significant new gaps and challenges are occurring that have an impact on our vulnerable people (see Environment section). The needs of individuals and families often span the services of multiple agencies. We have also learned that there is a desire for more connection and support in formal and informal ways. Many people in the community, in times of crisis, need, and joy seek an individual, an institution, and/or community that can help care and support them. There are several successful models in the community of caring practice that we would like to help strengthen and replicate in other venues.

Aspirational Vision

A Greater Boston Jewish Community that improves the quality of people's lives and provides support, warmth, and connection.

Jewish Values and Vision

Creating caring communities is the essence of what it means to be a Jew. It is central to the purpose and function of Jewish communities. For millennia, our foundational texts have affirmed our personal and communal impulse to care for the vulnerable in our midst. Of all the commandments and teachings of the Torah, Rabbi Akiva argued that “Love your neighbor as yourself” is the most central. What does it mean to love your neighbor? Ben Azzai taught that to love your neighbor is to see the divine spark in everyone – to treat every human being as the image of God. According to Maimonides, these teachings form the basis for all our moral obligations, including the mitzvot of visiting and caring for the sick and elderly, consoling the bereaved, and providing for people in financial distress. Indeed, caring for one another by providing everything necessary for people to live their lives with dignity and purpose has been the very highest priority of Jewish communities in every time and place.

III. Top Priority Strategic Initiatives:

- **Create a Commission on Caring**
- **Implement a Holistic Approach to Caring for Vulnerable Populations**
- **Expand Successful Models of Caring Practice**

Initiative #1: Create a Commission on Caring

The Commission on Caring is an integral part of the Caring Subcommittee's recommendations. All recommendations contained herein take place within the structure of the Commission on Caring. Establishing the Commission will enable CJP and the community to elevate the Caring agenda to a high level and strengthen coordination and resources throughout the community. The Commission will provide a focused approach to meeting complex community issues. It will serve to allocate funds, research best practices, monitor changing needs, share models, foster partnerships, offer training and resources, catalyze innovative ideas and models, and evaluate and measure the effectiveness of programs and services.

- The Commission will be a volunteer-led committee working in partnership with professional planning staff.
- The Commission will focus on understanding the most significant challenges within the Caring agenda and developing strategies to address those needs.
- The Commission will research, explore, and stimulate the creation and expansion of caring practices in our community.
- The Commission will assess and evaluate current and new programs for their effectiveness, establishing appropriate benchmarks and outcomes.
- The Commission will convene ad hoc advisory groups of experts and providers in our community who will meet on a time-limited basis to explore and make recommendations on such matters as: the impact of the baby boomer generation on the social service system, elderly housing, the development of caring practice models and curricula, and the creation of new Jewish anti-poverty programs and services.
- The Commission will strengthen cross-agency collaboration in the development and implementation of new strategies
- The Commission will take responsibility for some of the functions of the current Community Services Committee (CSC) and will make funding recommendations in many of the areas where the CSC currently makes allocations. These include: services for vulnerable populations (including people with disabilities, older adults, families and children in distress, and Jews in poverty, recognizing that Holocaust survivors and vulnerable Jews from the FSU are part of this population).

Goals

- Catalyze programs and initiatives that are responsive, sustainable, measurable, and outcome-driven through innovation, education, advocacy, collaboration, and integration.
- Create a more cohesive approach to tackling issues by challenging agencies, grantees, synagogues and other Jewish formal and informal institutions to create innovative strategies that effectively address needs, e.g. ensure that there is a “Frail Elderly Continuum of Care”, and encourage agencies to coordinate efforts.
- Harness the talents and expertise of the burgeoning wave of baby boomers to engage in and address community needs through new volunteer opportunities.
- Educate and give a voice to the desire to create Caring Communities throughout the Jewish community and infuse the concept of caring throughout the community.
- Transmit the Jewish imperative to care for one another to the next generation.
- Increase resources by fully using all funding sources that connect donors, foundations, and government to caring initiatives.
- Advocate for systemic public policy change and new public/private partnerships to help meet the needs of vulnerable populations.

Fit with overall strategic plan and vision

Creation of a Commission on Caring directly supports the Strategic Plan’s renewed commitment to CJP’s core mission, a critical element of which is caring for our community. It is consistent with the organizational structure being discussed in the Paradigm subcommittee.

Rationale

We need a more focused, concentrated, and serious approach to addressing needs. The Caring agenda must be made more central to the CJP mission.

Relationship to and impact on current CJP and agency work

Currently the Community Services Committee (CSC) allocates funding to the agencies on an annual basis for a variety of programs and initiatives that serve vulnerable populations.

The Commission will provide significant value to our community in the following ways:

1. The mandate will be broader, e.g. Jewish poverty, baby boom generation, and cross-agency coordination will also be a focus of the Commission.
2. A major focus will be raising awareness of the Caring agenda in the community.
3. It will be more proactive, encouraging new initiatives and programs, exciting people and partnering with donors.

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- 4. It will make multi-year planning & allocation decisions, resulting in greater cost-efficiency, less agency uncertainty, and a more transparent process.**
- 5. It will take a comprehensive, well-researched approach to ensure that needs are met without duplication and by filling gaps.**
- 6. It will create measurable outcomes for each significant allocation and publish results.**
- 7. It will be staffed by an interdisciplinary team with a broad range of skills and responsibilities beyond planning, i.e. donor acquisition, donor retention, program planning, development, and evaluation, outreach, marketing and communication.**

CJP's role and partnerships

CJP will create the structure of the Commission and will appoint Commission members. It will be staffed by professional staff. It will maintain and strengthen existing partnerships as well as create new partnerships and additional relationships.

Implementation

Timing: Begin implementation immediately.

Budget: 1 additional FTE Planning position: \$100,000/yr

Initiative #2: Implement a Holistic Approach to Caring for Vulnerable Populations

Description

Our new strategy will allow us to look across the vulnerable populations and address the common and increasingly complex needs facing individuals and families in a holistic way. As discussed earlier in this report, our research has shown that there is a significant number of Jews in our community whose basic human needs are not being met. These needs include access and maintenance of benefits, affordable housing, coordinated case management, access to medical care, and appropriate employment. We have to develop new ways of solving these multiple challenges that cut across populations and the organizations that serve them. For instance, people may face simultaneous financial and health problems or emotional and physical problems, and are challenged to find care in both the most responsive and efficient manner. Additionally, parents may find themselves caring for their children, their aging parents and siblings all at the same time. These challenges require more innovative and coordinated solutions than those that currently exist. Many of the issues facing diverse vulnerable populations cut across individual groups. They too require a coordinated response. In addition, the number of vulnerable people in our community is greater than anticipated and due to community demographics, will continue to grow. Therefore, we must begin to look at long-range, multi-year solutions.

Overarching Goal

Ensure a community-wide commitment to addressing multiple and complex needs of individuals and families.

We will accomplish this by:

- Providing multiple points of access for people needing services and streamline the process for people to access those services. For example, this may entail the use of office space in geographically dispersed areas to ensure easier access to services.
- Improving coordination and collaboration and reduce duplication of services across providers.
- Creating a holistic and coordinated response to meeting the needs of the poor and vulnerable and provide long-term follow-up that responds to their changing circumstances.
- Leveraging and advocating for the greatest amount of public funding, foundation dollars, and designated giving to meet the needs of vulnerable populations.
- Ensuring an adequate support system that allows frail older adults to age with dignity.
- Understanding and preparing for the needs of the aging baby boomer population. The population of older adults is expected to double in the next 25 years. The

demands that a growing aging population will put on our care system will be enormous.

- Maximizing the use of individual public benefit programs.
- Leveraging the Jewish community's influence to advocate for programs, funding and services for vulnerable populations and create partnerships with other organizations to increase advocacy effectiveness.

Fit with overall strategic plan vision and focus

Caring for the most vulnerable among us has always been and will continue to be a core priority of CJP.

Rationale

Our community's vulnerable populations are growing while publicly funded services are declining. It is becoming increasingly difficult to access scarce government resources and those that most need these resources are the least able to get them. As a result, we need to streamline our system as well as develop innovative new solutions to provide and care for our vulnerable populations.

In particular, recent research shows poverty among Jews in Boston is a very real issue that must be addressed in a coordinated way in order to tackle both the personal and underlying systemic causes.

Target Populations

Vulnerable populations include: Jews with disabilities, older adults, frail elderly, Jews in poverty, and families and children in distress; recognizing that Holocaust survivors and vulnerable Jews from the FSU are included in this population.

Relationship to and impact on current CJP and agency work

Although our community has an excellent system of programs and services for vulnerable populations, it could be strengthened and expanded. The current social service network is delivered by a group of highly competent and expert agencies. CJP acts primarily in the role of funder during the annual allocations process. This strategic initiative looks at how we can provide improved services that can support people and help them stabilize their lives for the long-term. It also looks at how we can make it easier for people to successfully navigate and benefit from a very complex public entitlement and social services system. This strategy will require increased collaboration across our agencies and service providers and will position CJP to proactively respond to unmet needs, as opposed to just reacting to agency's requests.

Initial thinking on CJP's role and partnerships

CJP will expand its role as convener, planner, and funder and will continue to rely on agencies to be the direct service providers. Ongoing evaluation of these agencies and the

services they provide will be critical. Measuring outcomes will be an integral piece of this strategy.

With the creation of the Commission on Caring, CJP will take a stronger role in elevating the needs of vulnerable populations in the community and reinforce our community's continued commitment to address those needs. The Commission will also take the lead in helping to coordinate the multiple service points in the community so that it is easier for people to access them. CJP will continue to strengthen its partnerships with existing agencies while seeking out new partners who can help serve the community. With the Commission, CJP will create the table to bring together the stakeholders to address these critical needs.

Implementation

Caring for vulnerable populations will be under the jurisdiction of the Commission on Caring. The Commission will begin implementation immediately.

1. Increase capacity for a coordinated response to meeting the needs of vulnerable individuals, families, and elders, while at the same time ensuring that long-term follow-up as a prevention and stabilization strategy occurs.

Budget: Increased staffing (location TBD)	\$600,000/yr
Emergency Cash Assistance	\$200,000/yr

2. Senior level consulting expertise for research, policy and program development on specific issues, e.g. gerontology, poverty, accessibility \$150,000/yr
3. Fund for innovative program challenge grants \$100,000/yr
4. Outreach to increase awareness of available programs/services \$100,000/yr
5. Develop mechanism and expand capacity to identify sources, advocate for, and leverage public funding, foundation dollars, and designated gifts to help meet the needs of vulnerable populations.

Budget: 1 FTE grant/foundation position	\$ 100,000/yr
(This position may be shared with other Strategic Planning initiatives.)	

TOTAL	\$1,250,000/yr
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Attractiveness to Donors

With the establishment of the Commission on Caring, CJP will be in a unique position to raise the profile of the needs of vulnerable populations. Using the success of the Disabilities Housing Initiative as a model we believe that there are substantial groups of donors who have interests in a number of the specific vulnerable populations as well as an interest in caring and helping others within the framework of their moral, religious, and ethical beliefs relating to social justice and caring for those less fortunate.

Initiative #3: Expand Successful Models of Caring Practice

Description

Communities of caring practice are formalized networks dedicated to building relationships and caring for each other during the normal course of our lives and during times of joy and sorrow. On the one hand, it is an overarching attitude or approach to communal life where we seek to create an environment where all are welcomed and brought into communal life. On the other hand, it is a set of very specific methods for reaching out to people and strengthening relationships among people. For example, when one of us faces bereavement, illness, birth, loss, financial challenges, difficult parenting issues or any other crisis, we have an obligation and moral responsibility to reach out to that person, perhaps providing meals, child care, and financial and emotional support. Often times, our pastoral and lay leaders provide much-needed short term support and then provide referrals to agencies for more long term or specialized services. Being a community that cares for one another defines who we are as a Jewish community.

The primary purpose of this initiative is to support successful caring communities in synagogues, institutions, agencies and other community groups and replicate these models in other venues. The initiative aims to create an infrastructure in which caring occurs and thrives. Caring communities exist today in different forms and places (primarily in synagogues). Using successful models, we will leverage best practices and increase their reach. A logical expansion would be to include, for example: minyanim, young adult groups, havurot, preschools, and elderly housing to name a few. Intergenerational caring models have also been shown to be effective as both an engagement tool as well as a way to provide meaningful support. We will first focus on implementing in more structured community institutions and then, based on success, implement in less traditional settings.

Goals

- Ensure a Jewish community that is more welcoming, caring, and supportive of each other during all of life's challenges and joys.
- All members of our community, including the unaffiliated, the young, the old and the geographically dispersed, should feel connected to someone who cares.
- De-stigmatize the concept of need so that all people feel comfortable receiving help.
- Create awareness in the community, especially among the next generation, that we all need help and support at different points in our lives.
- Infuse our community with a sense of shared responsibility and impart caring values to our young people.
- Engage active older adults through meaningful volunteer opportunities.
- Create models, tools, resources and curricula to enable the easy creation and replication of caring communities.

- **Encourage informal networks and strengthen relationships for providing support for people at challenging and evolving times in their lives, e.g. birth and adoption, health crises, family crises, job loss, bereavement, and other loss.**

Fit with overall strategic plan vision and focus

This initiative is both about caring and providing an engagement mechanism for everyone in our community, including the next generation. Caring is an integral part of Jewish identity. Creating awareness and opportunities for the next generation to be engaged in caring strengthens identity and connection.

Rationale

Current successful caring communities exist, primarily in synagogues, but could benefit from more support. Additionally, we can leverage best practices to create caring communities in other Jewish formal and informal organizations.

Target Population

The Greater Boston Jewish community – young and old; affiliated and unaffiliated

Relationship to and impact on current CJP and agency work

Recently JF&CS formed the Caring Communities Resource Network (CCRN) that provides training and networking in congregations to help them create and sustain caring communities. It is important for us to support and expand their work and the work of synagogues that have created caring communities. In addition, there are a number of community institutions that would serve as an invaluable resource and partner as we move this initiative forward. For example, Hebrew SeniorLife might help build the community's capacity for pastoral training and counseling. The Jewish Community Relations Council's Synagogue Organizing Initiative might serve as a very successful model of community-building. Focused on identifying personal issues that are common to the members of the group, while at the same time building leadership, it creates a powerful and empowering sense of community and communal responsibility.

Initial thinking on CJP's role and relationships

Using the CCRN and other models, CJP can catalyze models of caring practice among the unaffiliated and in other Jewish community institutions.

Implementation

The Caring Community agenda will be under the jurisdiction of the Commission on Caring. Within this strategy there are two major initiatives:

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1. **Bring community members, caring practitioners, and others with expertise together to develop models of caring practice and expand existing caring programs and resources in synagogues, other Jewish community institutions, and among unaffiliated people.**
Timing: Begin implementation immediately.
Budget:

-Consultant/staff to work with institutions and other community groups to strengthen, expand, and create caring communities	\$ 100,000/yr
-Fund for innovative program grants	\$ 50,000/yr
-2 community meetings a year to share best practices	\$ 30,000/yr
-Materials	<u>\$ 5,000/yr</u>
TOTAL	\$ 185,000/yr

2. **Engage community members in volunteer opportunities that match their knowledge, skills and interests. Potential initiatives might include: navigators to help people access health care; legal assistance; pastoral counselors to assist people with personal and family crises and palliative and end-of-life issues; and helpers and friends for people with disabilities.**
Timing: Implement subject to donor interest and designated gifts
Budget:

-Curriculum and program development	
1 FTE Planning position	\$95,000/yr
-Training and materials	<u>\$30,000/yr</u>
TOTAL	\$125,000/yr

Attractiveness to donors

This initiative will be attractive to donors who are passionate about spreading and increasing the effectiveness of current caring communities. Several of our donors are currently active in their synagogue caring community efforts.