



How to Start an Advocacy and Protective Network

Recommendations of the
Trumbull Advocacy and Protective Network (TAPN)
Trumbull County, Ohio
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Introduction

There are many benefits to developing an Advocacy and Protective Network. Not the least of which, in these difficult economic times, is the fact that it can offer such widespread benefits with such a small investment. You can literally tailor your goals and objectives to coincide with your funding limitations. However, there are some basic benefits that can be realized regardless of the scope of your specific Network.

- A Network fosters cooperation between the systems by addressing inherent differences in procedures, funding requirements, philosophies, service delivery, regulations, etc. This is accomplished in part through training opportunities for members.
- A Network facilitates case coordination by providing a forum for members to jointly focus on the needs of their most complex cases/high-risk clients. The Network is not a direct service provider, just an additional tool for member agencies in the process of service delivery to their clients.
- A Network encourages collaboration between the systems in order to fill service gaps and enhance service delivery. This is carried out in part by creating an atmosphere for favorable change through improving communication at all levels, within/between the systems.
- A Network enhances cost effectiveness by limiting duplication of services/identifying underutilized program and focusing efforts on areas of greatest need.
- A Network provides a forum for agencies to share expertise/skills and gain appropriate peer review and support.
- A Network maintains an evaluation loop (from “front line” identification of problems to assessment/response by agency leadership to reporting resolutions to membership) that can improve the overall service system.
- A Network can advocate for seniors by focusing on senior issues/needs within the system and sharing identified needs with appropriate resources.

And, as stated above, one of the major benefits to this type of program is that anyone can get started with little or no funding. TAPN met for almost two years without any actual operating funds (although many involved agencies contributed in-kind resources such as postage, copies, meeting space, human resources, etc.). So, no excuses, in the following pages you will find some basic steps to get started on your own Advocacy and Protective Network. Good Luck!

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Section I – The TAPN Story

The Trumbull County human service systems often face the challenge of addressing the needs of older adults and their families whose problems are multi-dimensional. Addressing their needs requires the specialized expertise offered by numerous systems. These older adult high-risk cases, often Adult Protective Services cases, can involve systems from the usual human service areas like mental health, Area Agency on Aging, and senior support agencies to systems such as hospitals, long-term care, the courts and law enforcement. Yet the existing systems were like islands in an ancient sea. The communications between lands were tenuous at best. The multiple systems bring with them inherent differences in rules, procedures, philosophies, funding requirements, regulations, missions and goals. They are not necessarily organized for the rapid response needed for high-risk cases, nor were they routinely experienced in working with all of the other organizations. In addition, we recognize that the needs are great and becoming greater and the fiscal resources are often inadequate. The result is a system that requires well-intentioned people to struggle to do too much with too little. And because of the number of and intense needs of some clients, the system can become overwhelmed creating a triage system of juggling cases and crisis management.

Therefore, the ongoing response to high-risk/multidimensional cases was somewhat fragmented. Once you move beyond the mandated services provided by Trumbull County Office of Jobs and Family Services, case outcomes were still impacted by limited fiscal resources, internal and external organizational barriers and cross-system frustration. In response, the leadership of Trumbull County's social service community made a strong commitment to the continuous improvement in the way we serve seniors by creating the Trumbull Advocacy and Protective Network (TAPN). TAPN focuses on moving from a disjointed structure to one focused on the older person with multiple needs that crosses the existing systems. We are working to increase the resources available for older adults in need and to create appropriate care planning interventions by bringing together the right entities to concentrate on the issues and cases at hand.

In summary, TAPN began informally meeting in late 2002 with approximately 11 organizations focused on a couple of specific case issues. It “organized” in 2004 with the addition of a contracted coordinator to oversee day to day activities. The general focus of improving services for older adults in Trumbull County (especially those at high-risk) had expanded from individual case issues to include system related issues. In 2006, TAPN further solidified its role by becoming an incorporated, private non-profit, 501 (c) 3 organization. Today it operates with participation from more than 29 agencies/organizations (see attached brochure for membership list).

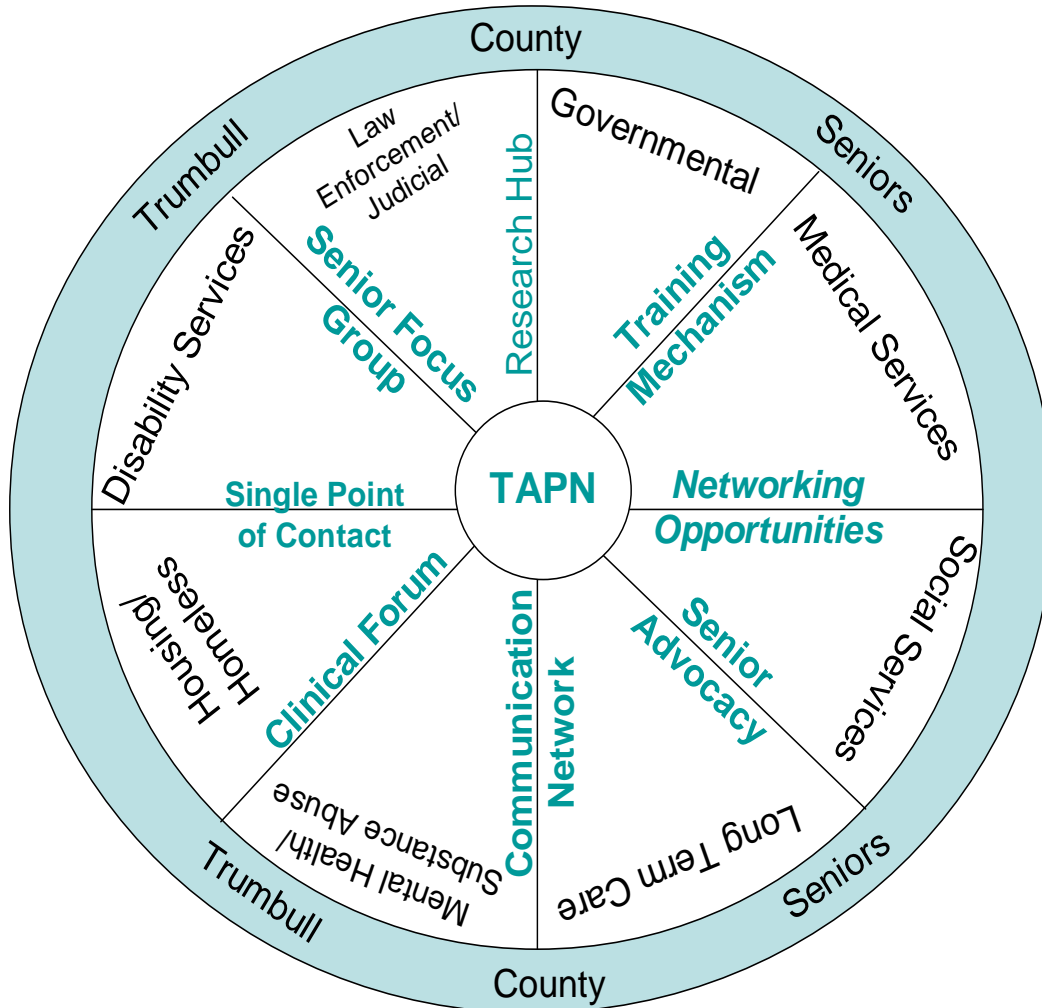
TAPN’s role, as defined in the organizational “Mission Statement”, is "to address the special needs of older adults who are being served by more than one system and whose situation warrants extraordinary interventions, to advocate for efficient and effective allocation of resources to address these needs and to promote the highest level of collaboration for the ultimate good of older adults, their families and the community". In accordance with that “Mission Statement”, TAPN’s activities focus on three areas: (1) systems-level coordination and integration of programs, (2) case-level coordination and integration of services and (3) training/cross-training of TAPN members and community service providers.

The following few pages summarize and graphically display some of the information above.

Highlights of the History of TAPN

- 2002 Informal meetings begin between the ten TAPN founding member agencies focusing on improving services to seniors in Trumbull County.
- 2003 The Trumbull County Commissioners passed a “resolution to support and endorse the mission of the Trumbull Advocacy and Protective Network” on April 30, 2003.
- In July, the “Systems Group” of TAPN (later identified as the Full Network) unanimously accepted the By Laws of the Trumbull Advocacy and Protective Network.
- 2004 In order to further develop the network, the founding members contract a part-time coordinator in late-2004. TAPN has 16 member agencies.
- 2005 TAPN’s electronic newsletter “Network Connections” was established.
- The TAPN Coordinator served on the United Way “Enriching the Lives of Seniors” Council/Task Force.
- The TAPN Executive Board held a half-day strategic planning session lead by Sandy Huntzinger of the Ohio Domestic Violence Network.
- The TAPN Training Committee was established in September.
- 2006 TAPN becomes an incorporated, private 501 (c) 3, non-profit organization.
- TAPN wins a National Association of Area Agencies on Aging Achievement Award.
- TAPN is listed as a promising practice by the National Center on Elder Abuse.
- A sample TAPN case study was submitted to the Ohio Association of Behavioral Health Authorities, at their request, for use in training a statewide panel planning for the development of additional TAPN-like organization across Ohio.
- 2007 TAPN receives a Trumbull County Senior Services Levy Mini-Grant.
- TAPN receives a Raymond John Wean Foundation Good Neighbor Grant; contracts a 20 hour a month Clinical Consultant and establishes the Clinical Support Fund.
- The Senior Focus Series is launched in November.
- TAPN completes first membership survey.
- TAPN annual cross-training includes panel members such as Senator Capri Cafaro and Congressman Tim Ryan.
- TAPN received a challenge grant from the Community Foundation of the Mahoning Valley.
- In August, Mike Schroeder and Kathy Coate-Ortiz from the Ohio Department of Mental Health attended the TAPN Clinical Committee meeting to discuss placement issues and PASRR issues for seniors with mental illness.
- 2008 TAPN has 29 members.
- TAPN annual cross-training features a presentation by Barbara Riley, Director, Ohio Department of Aging.
- Round Two of the TAPN Senior Focus Series launched in September.

TAPN's Role within the Systems



The above “wheel” indicates TAPN’s role within the Trumbull County senior services system. It shows TAPN at the center of the community as the “hub” of the Network. The “spokes” indicate services that can be provided by TAPN – single point of agency contact, communications network, training mechanism, clinical forum, etc. The pie shaped wedges that make up the “body” of the wheel are the systems that create the membership of TAPN – governmental, medical, social, long term care, mental health, housing, disabilities, legal/judicial. Surrounding the wheel is the community we serve. If we can roll along efficiently and effectively then we can reach all of the seniors in need in our community without any unnecessary potholes (gaps) or flat tires (access problems).

TAPN's Structure

TAPN learned early on that to be successful it needs to assemble specific representatives from specific systems on a regular basis. It achieves this with the Full Network – the “management body” of TAPN. The Full Network’s role is to identify/verify issues getting in the way of the direct care worker, understand the nature and cause of the problem and, when appropriate, seek change. That change may include advocating for resources on the local, state, and federal level, developing and nurturing the local network, providing training, amending regulations preventing appropriate service delivery or improving marketing of available services. The Full Network meets quarterly. The efforts of the Full Network are spearheaded by the Executive Board. The Executive Board meets monthly.

TAPN Executive Board

Community Solutions Association (a substance abuse agency) - TAPN Chair
Guardianship and Protective Services (guardianship program substantially for seniors) TAPN Vice-Chair
Trumbull County Commissioners/Office of Elderly Affairs (meals/transportation) – TAPN Treasurer
Area Agency on Aging 11 (a funding/oversight agency for aging programs)
S.C.O.P.E. Inc. (a long-time community senior services agency)
Fairhaven – TCBMRDD (the county’s mental retardation and developmental disabilities program)
Lifelines - ADAMHS (the county’s drug, alcohol and mental health funding agency)
Trumbull Metropolitan Housing Authority (the county’s subsidized housing program)
Trumbull County Department of Jobs and Family Services (the county’s adult protective services)
Valley Counseling Services (a community mental health agency)
Trumbull County Probate Court

The first permanent operating committee established by the Full Network was the Clinical Committee. First and foremost this committee (comprised of caseworkers, clinical supervisors, and/or program directors from TAPN member organizations) provides the forum for the systems to manage the most challenging older adult high-risk cases. The TAPN goal of assisting member agencies in serving multi-need seniors in the community, if at all possible, is a difficult one to achieve. The Clinical Committee is working to more fully develop a new wraparound philosophy for senior services that looks at the seniors own identified needs within their current situation and then focuses on the strengths within their environment. It is important to remember that TAPN is not a case manager, nor does it deliver any direct service. Cases brought to TAPN remain the responsibility of the individual agencies/organizations. TAPN is an additional tool available to member agencies in the process of service delivery to their clients. A secondary agenda for the Clinical Committee is to inform the Full Network of barriers to service delivery, proposed system changes and gaps in current services. The Clinical Committee meets monthly.

In order to promote open communication between the Clinical Committee and the Full Network, TAPN holds meetings and/or trainings that include the Full Network, Clinical Committee and involved staff from member agencies, publishes a periodic electronic newsletter, appoints an Executive Board member with extensive clinical experience to serve as Committee Chair, etc.

Section II – Getting Started

Here are ten basic steps to complete in order to get started.

1. Assemble the key players (possibly entities that have a legal/contractual obligation to senior services) in your community and identify your service area (countywide).
2. Together sit down and draft your mission statement, vision statement, guiding principles, by-laws, executive summary (justification of need), etc. Samples of these TAPN documents are in the appendix.
3. Identify your key focus areas – for TAPN these were case level coordination, system level coordination and cross-training of members.
4. Decide on your operational structure (TAPN has an Executive Board made up of the key players/charter members, a Full Network, a Clinical Committee and a Training Committee) and potential members. IF you have any funds available you may want to contract a consultant to handle meeting schedules, minutes, etc. But, at this point, this is optional.
5. Develop your membership documents (copies of TAPN’s are in the appendix) and send invitations to your potential members. Announce an initial meeting and point out the potential benefits of membership. Insist that the main agency representative be the person in charge or a staff member with the authority to bind the agency in policy, procedure and financial matters. You want to be able to actually accomplish meaningful change when necessary at these meetings. At first move meetings around or meet at a neutral location to avoid any specific ownership of the network.
6. At the initial “Full Network” meeting (Full Network = directors from all of the member agencies):
 - collect the membership documents to establish your original membership.
 - ask someone to volunteer to take minutes.
 - complete a round table of introductions and allow each to give a brief overview of their services.
 - brainstorm the strengths, weaknesses and gaps within your system.
 - within your weaknesses and gaps, prioritize a couple of challenge areas to address first and make those the topics for your next meeting.
 - possibly schedule one member to give a longer presentation on their agency next time and circulate through the membership at future meetings.
 - before you break, collect electronic contact information for each member, ask each to name a representative to the Clinical Committee if appropriate, and schedule your next meeting.
 - ask for volunteers to help get the Clinical Committee and Training Committee started.

7. Schedule a Clinical Committee meeting using the clinical contacts collected at the first Full Network meeting. TAPN assigns a Clinical Committee Chair from the Board that has clinical expertise. At their first meeting (they will be more direct service staff/clinical supervisors than then members that attend the Full Network meetings):
 - do a round table of introductions and agency summaries.
 - ask someone to volunteer to take minutes.
 - introduce a clinical discussion where they can brainstorm and discuss the most complex/ frustrating of their clinical cases. Encourage other members to provide input and support. TAPN often does this anonymously to avoid complications with releases.
 - provide some type of video or speaker as informal training – maybe a new program in town, some state policy changes, an underutilized offering of some kind, etc. After the first meeting these topics will usually surface in committee conversation and will simply be a matter of planning to meet committee requests.
 - open a discussion of clinical matters on their minds – assure them that this is not just a gripe session and that their concerns will be taken back to the Full Network for consideration when possible.
 - confirm electronic contact information and schedule the next meeting.

8. If desired, schedule a Training Committee meeting. TAPN assigns a Training Committee Chair from the Board. The new chair should call around, based on agency participation to this point, and ask for committee volunteers. Think about what type of participation that you will need on this committee and pick volunteers accordingly. You will need someone to help with planning and scheduling (possibly of big name people), someone to help with flyers and mailings (a graphic/computer person), someone to help with evaluations and CEU's, etc. Since agencies are members of TAPN, not individuals, any staff person at any member agency is eligible to join in and participate. The committee should start to consider the first cross-training. TAPN's first one included information tables and a panel discussion simply telling the right hand what the left hand was doing. Member agencies had the opportunity to explain programs, procedures, etc. We even asked standard questions of all member agencies and assembled a booklet with the responses. At later trainings we got more creative and made a Jeopardy style game show using the systems as the categories and asking questions relating to demographics, services, etc.

9. Once all of this is in motion, your key players/Board can meet again to assess your progress. Do you want to elect officers? Do you want to move toward formalizing your group – incorporation, 501 (c) 3, etc.? What are your funding options? Do you need a fiscal agent? Do you want to continue making progress simply though periodic meetings for now?

10. From here your Network will really develop a life of its own. As needs are identified, they are addressed by the group. If you want to keep your Network as basic as continuing periodical meeting, that is fine. There is value in just focusing on the issues as a group from time to time. It keeps senior issues in the forefront of your member's minds. If you want to move on to other projects (a Clinical Support Fund, a periodic newsletter, a training series, etc.) that is great. You can work at the pace and within the financial allowances of your organization. The most important thing is to just get started!

Section III – Developing the Team

■ Full Network

As mentioned previously, the TAPN Full Network includes representatives from many systems – including medical, judicial/law enforcement, social services, governmental, long term care, mental health, housing, and disability services. You should strive to find at least basic representation from each of these areas. Your community may also dictate the addition of other systems based on your services delivery network and local issues (such as domestic violence, clergy, financial, animal welfare, etc.). Be creative when considering your initial membership. Almost every segment of society has something to offer the group. If you do not have enough representation at the table you will begin to notice holes in your discussions/plans. You want to have enough members to reach your goals without having so many members that you can not hold candid and focused conversations. Again, it is very important that your member agencies send their top executive to your Network meetings. You need a major commitment at that level for the Network to succeed.

■ Clinical Committee

Your clinical group will be the heart and soul of your network. Their input and assessments of the system will provide the bottom-up feedback necessary to identify gaps and barriers to services that might otherwise go overlooked. In addition, it is important to note that a Network's achievements reach beyond what can be simply quantified - this is especially true when it comes to the accomplishments of a Clinical Committee. TAPN's initial goal was to begin processing wraparound services for high risk cases. The actual accomplishments were something much broader. The committee members report that walls have been "torn down" and "finger pointing" has all but ceased. In an environment where it used to be difficult to function, much less cooperate, relationships have been established, informal lines of communication opened and a true understanding has begun to develop regarding each agency's rules, procedures, limitations, philosophies, etc. Taking that one step further, the committee has found that the peer review and peer support available at TAPN makes the committee meetings very valuable to them as agency employees and as caring professionals. A second benefit of the Clinical Committee not to be overlooked is the opportunity for informal training. Whether it is members speaking on their programs, guests sharing materials about new/underutilized community services or the showing of appropriate videos – the meetings create a forum for members to get their questions answered and learn more about what is available to help their clients. A third benefit, the Clinical Committee serves a small role in reducing the risks to clients and workers by providing a forum for appropriate sharing of information, expertise and skills. Some complex cases come complete with possibly dangerous scenarios and when the right community agencies are available to brainstorm risk management techniques, discuss shared experiences and provide appropriate case support, everyone wins. Finally, and perhaps most importantly, the Clinical Committee's collaboration has increased the effectiveness and efficiency of services to seniors. Use of the innovative wraparound model has resulted in cross system identification and assessment of needs, development of more comprehensive case plans, increased collaborative service delivery and the establishment of a base for a Continuous Quality Improvement feedback model that can improve future clinical services.

Here are a few notes about your member's clinical representation. First of all, not all of your member agencies will be in a position to provide a representative in this area. For example, in TAPN, Congressman Ryan's office, the City of Warren, the Sheriff's office, and the county 911 office do not provide the kind of direct clinical services that would make a monthly meeting in this area worthwhile. Therefore, they choose to participate at the Full Network level only. Secondly, for many agencies, appropriate billable hours and units of service are their lifelines and having clinicians sitting at a networking meeting simply does not generate any income. Consequently, clinical committee representatives are often clinical supervisors or department heads. They can bring concerns to the group as necessary and if possible invite involved agency staff to attend if a particular case or issue directly involving them is on the agenda. Finally, some organizations are so large that they may need to appoint several clinical representatives in order to cover all of their service areas. For example, if a hospital system gets involved they may need to provide staff from their home health, psychiatric, rehabilitation and geriatric units.

- **Coordinator – Potential Contractor (TAPN Job Description Attached)**

You can certainly run a limited program without this position. Especially if you have a few committed agencies involved that are willing to help with the day to day duties of meeting coordination, recordkeeping etc. However, for the Full Network, it can end up being more of a crisis response body that meets only when or if things are going wrong. That situation can still serve a valuable purpose and I would encourage you to pursue a Network even if that is all of the further you are planning to develop it at this time. However, to be more proactive, a little more consistency is required.

The decision to contract a part-time coordinator is often dependent on available funds. You can tailor your contract to suit your situation. The more hours the more you can expand the Network and the programs. For fewer hours, you simply concentrate on the most important aspects - the bare minimum. Start with a Full Network meeting a couple of times a year and a monthly Clinical Committee meeting and go from there. Maybe add in an annual cross-training. Simply identify what will be most helpful to your members.

TAPN has found that going the route of a contracted director has allowed them to have someone who is focusing quality time, even if only a few hours a week, on the network for a minimum expenditure. There is no office overhead, no equipment costs, no benefits to pay, etc. There is just an hourly charge with an annual maximum and allowable expense reimbursement.

- **Clinical Consultant – Potential Contractor (TAPN Job Description Attached)**

This position is over and above what is required to run a basic Network. However, if funds permit, it can help your Clinical Committee go one step further. TAPN has utilized this intermittent position to research resources for members, schedule speakers/guests for meetings, acquire donated medical supplies for seniors in need, etc. This position helps to offer a little more to your members, therefore indirectly the seniors of your community, but it certainly exceeds what is needed to be an operating Network.

Section IV – Avoiding Pitfalls

■ Focus on Ownership – Make it the Member’s Network!

At every opportunity stress to your members that this is their Network. In many ways the members are the “clients” of the Network. The network exists to make their jobs easier. Your goal is to make them more efficient and effective. Networks serve the seniors of their community, but only indirectly. If you make your members stronger and improve their operations then you also improve their services to their senior clients! Make it easy for them to participate, always encourage feedback, make the organizers available to them, ask them what they need from the Network, etc.

■ Watch Out for Territorialism – Find Each Member’s Niche in the Network!

Watch out that you are not unknowingly threatening anyone’s “turf”. Find out what each member is good at and encourage growth in that area. If you are identifying duplication of services, for example, do not go in as an authoritative party and suggest cuts to one program or another. Instead, lead a conversation between those involved about how programs can be tweaked to serve different needs. Remember, members are voluntarily participating in good faith to improve the system for the clients they serve. Do not take advantage of that genuine good will. Always look for ways to help the Network improve the system for the good of the clients and your members.

■ Funding is a Piece of the Puzzle, Not the Whole Puzzle!

Do not make the mistake of doing nothing because you do not have all of the necessary support at your fingertips. Good communication (like an email list used to distribute announcements), basic local trainings (like panels of local service providers held at a member’s office) and networking opportunities (like occasional meetings) all cost little or nothing. Ask member organizations for in-kind support or small contributions if necessary. It should be enough to get you started. After your good works begin to shine through, it might be easier to approach foundations, apply for grants, etc. More on this in section VI....

■ Dispute Resolution – Be Ready for Potential Problems!

(Copy of TAPN Policy Attached)

Just in case a problem should arise, be prepared. Remember, this Network does not have any real power over the members. You are dealing with an organization that exists for the benefits of the members and is largely directed by them. Your largest asset in many ways is a positive regard between the peer organizations. Consider your options in case trouble develops. How will you handle disagreement, press issues, etc. without damaging the Network? It may be worth at least a minimal amount of consideration as you develop the other policies and documents for your Network.

■ Include For Profit Members (With Limits)!

If you look at the TAPN By-Laws you will notice that an amendment exists to address this topic. After a few years of operation it became clear that inclusion of for-profit organizations (such as nursing homes) in large enough numbers could alter the non-profit goals of TAPN. Therefore, a secondary type of membership was developed giving them the opportunity to participate and enjoy the benefits of membership without having the voting authority that could compromise the goals of the Network.

- **Do Not Overwork Volunteers/Contractors – Don't take on more than you can handle!**

Remember the structure here – relatively limited investment/overhead, serve your members (therefore their clients), work within your local system, etc. Do not demand/expect excessive hours/commitment from your “volunteer” members or contractors. Do not make membership so much work that it is not worth it to belong. Do not try to change the world or belittle your accomplishments if you do not. Set reasonable goals and celebrate your Network's victories- no matter how small.

- **The PR Debate: Should You Publicize If You Are Not a Direct Service Provider?**

Advertising your Network is a matter of the individual Network's priorities. If you are doing a lot of outreach to the seniors of the community or a lot of advocacy within the community, it may be necessary. However, in TAPN's case, we deal primarily with the providers and public notoriety can be confusing. Since we do not provide any direct service, we end up getting calls that require us to pass seniors on to appropriate members for assistance. In contrast, remember that good press can help to secure future funding. Therefore, this issue should be addressed as your particular Network deems appropriate.

- **Don't Lose Contact with Your Members! Enjoy the Benefits of Electronic Communication!**

Encourage attendance and make it as easy as possible. Try to pick a time to meet that is acceptable to as many members as possible. Try to schedule meetings for several months at a time to get it on to everyone's schedule. Announce the next meeting before each meeting's adjournment. Send a reminder out with the Minutes a few days after a meeting. Send an agenda with a reminder the week before the next meeting. Make sure your meeting locations are as accessible as possible. If a member misses a meeting, US Mail a packet to him/her that contains the Minutes and handouts from the session. Utilize electronic communication as much as possible. It is almost always available and it saves time and postage!

Section V – Options for Future Development

As was mentioned earlier, the direction of your Network will evolve from the needs of your community. However, here are some suggestions based on TAPN's programs and/or discussions. They may or may not "fit" your needs. They are simply offered as discussion points in the future development of your Network.

- **Clinical Support Fund** – This is a fund developed with local foundation funding that allows the Clinical Committee to proceed with case plans that require resources beyond what is available from traditional sources. TAPN's CSF has been used for things such as medical equipment, temporary shelter, room and board, housing deposits, furnace repairs, etc.
- **Network Connections** – TAPN's Electronic Newsletter – This communication tool helps to reach past the membership that attends meeting into the ranks of the member agencies and community supporters that otherwise would be oblivious to TAPN's programs and accomplishments. It is periodically distributed to member agency representatives as well as member agency staff. It is also sent to elected officials, counterparts in neighboring counties, funding sources, etc.
- **Senior Focus Series** – This is a brown-bag, CEU training series that runs in six-month cycles. It was started with foundation funding as TAPN's first attempt to provide senior specific training to community professionals beyond the TAPN membership. TAPN relies heavily on the expertise within the membership to present a bulk of the programming. Topics have included issues such as seniors and addiction, reaching rural isolated seniors, trauma in older adults, etc.
- **Membership Surveys** – An annual membership survey can go a long way in helping to determine the focus/future of your Network. It should highlight the satisfaction and needs of your members. TAPN works with the Social Work Department at Youngstown State University to complete the process. The results also serve as a tool to help quantify your accomplishments to funding sources.
- **Clinical Consultant** – This was discussed previously. It is just worth mentioning again in case future funding allows for expansion that was previously impossible.
- **Marketing of Underutilized Services** – While identifying gaps in your service system you may find that programs exist that receive very little use (senior addiction services for example). If those programs have funds available, you may choose, as a Network, to focus additional attention on increasing appropriate referrals and marketing for that at risk population.

- Advocacy Projects – Keep in mind as your meetings progress that sometimes the condition of senior services and senior support throughout the community can improve with simple advocacy, communication and education. TAPN has engaged in basic advocacy on behalf of the seniors of Trumbull County on a number of occasions. It may be as simple as your Network maintaining telephone contact with a housing management company to help express the residents/providers concerns over circumstances on the property and suggestions for improvements. Or it might include distributing packets to your community’s zoning inspectors explaining the frailty involved with some seniors demonstrating zoning violations and educating them on related services in the community. In any case, do not be afraid to use your Network’s collective influence and knowledge to speak out on behalf of your at risk senior population.
- Gatekeeper Programs – Many communities nationwide have had positive results with senior specific gatekeeper programs. Educating everyone from bank tellers to checkout staff to pizza delivery workers to medical office personnel on the signs of seniors in need and appropriate referral skills often dramatically increases the number of frail/isolated elderly that receive services. Unfortunately, in the current economic times, care must be taken with this type of program to evaluate if the system can handle the influx of new clients.

Section VI – Formalizing and Funding: The Interdependency

As you read in the history of TAPN, it is possible to meet casually for years without formalizing your structure. It simply depends on your specific Network's goals and timetable. There is no doubt a benefit to simply communicating and learning from each other even if it is unstructured and intermittent. However, if you have loftier goals, some level of development will most likely become necessary.

- Incorporation – Filing Articles of Incorporation with the Ohio Secretary of State was TAPN's first step toward formal development. A copy of the TAPN Articles of Incorporation is available upon request.
- 501 (c) 3 – Non-Profit Status – TAPN then applied for 501 (c) 3 status with the IRS. This was a necessary step for TAPN because original funding sources were beginning to dry up and many new funding sources could not consider applications from an organization unless it was officially a non-profit. Of course, with this formalization comes the annual requirement for audits, 990's, etc. Check with your member agencies' consultants in these areas for advice.
- Insurance – TAPN carries a director and officers' policy and a basic liability policy. TAPN has no employees and provides no direct service. Therefore, this coverage is considered adequate. Professional liability coverage has been considered due to the indirect involvement of the Clinical Committee, but TAPN's insurance professional can not even locate a company to bid for that coverage.
- Funding Options/Sources/Flexibility – As stated before, a Network provides a great deal of benefit for a minimal investment. However, as funds become necessary there are several places to look for start-up support. TAPN has received funds from a number of sources including member contributions, foundations, private donors, the county senior services levy, etc. The Network has also received a great deal of in-kind support. TAPN had no financial support at all until the part time consultant was contracted for twenty hours a week in late 2004. At that point, a few member agencies pulled funds for expenses (held through the Area Agency on Aging 11 as a fiscal agent) and the Trumbull County Probate Court supplied some start-up grant funds for the consultant. From that point, a few private donations helped to keep things going until foundation support could be secured for specific programs. A matching foundation grant helped to provide operating funds (matched by member agencies) until limited funding was received from the Trumbull County Senior Services Levy. Today, still very flexible, TAPN can operate on as little as \$33,000 a year. Of course, supplementing the Clinical Support Fund, extending the Clinical Consultant's contract, etc. requires additional funding. However, TAPN plans and operates within the funding that is available.
- Stats and Data Collection – It is important to note here that collection of quantifying information, although difficult to ascertain, is of utmost importance for future funding requests. Try to keep a record of anything you can count – attendance, membership, hours of training, cases discussed, etc. (see TAPN annual report for ideas). Also, the membership survey discussed earlier can be helpful in this area.

Appendices – TAPN Support Documents

- By Laws
- Brochure
- Executive Summary
- Dispute Resolution Policy
- Membership Forms
- Annual Report
- Conflict of Interest Statement
- Job Descriptions
- Information Release
- Pledge of Confidentiality
- 2008 Achievements
- Vision Statement
- Mission Statement
- Guiding Principles

A future guide will be published titled “How to Expand Your Advocacy and Protective Network”. It will include detailed information such as the Articles of Incorporation, Clinical Support Fund documents, Senior Focus Series documents, etc. Until then, if you need additional information, please feel free to contact Cindy Miklus, Executive Director of TAPN at cmiklus@neo.rr.com or (330) 550-9244.

1/27/09