



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).

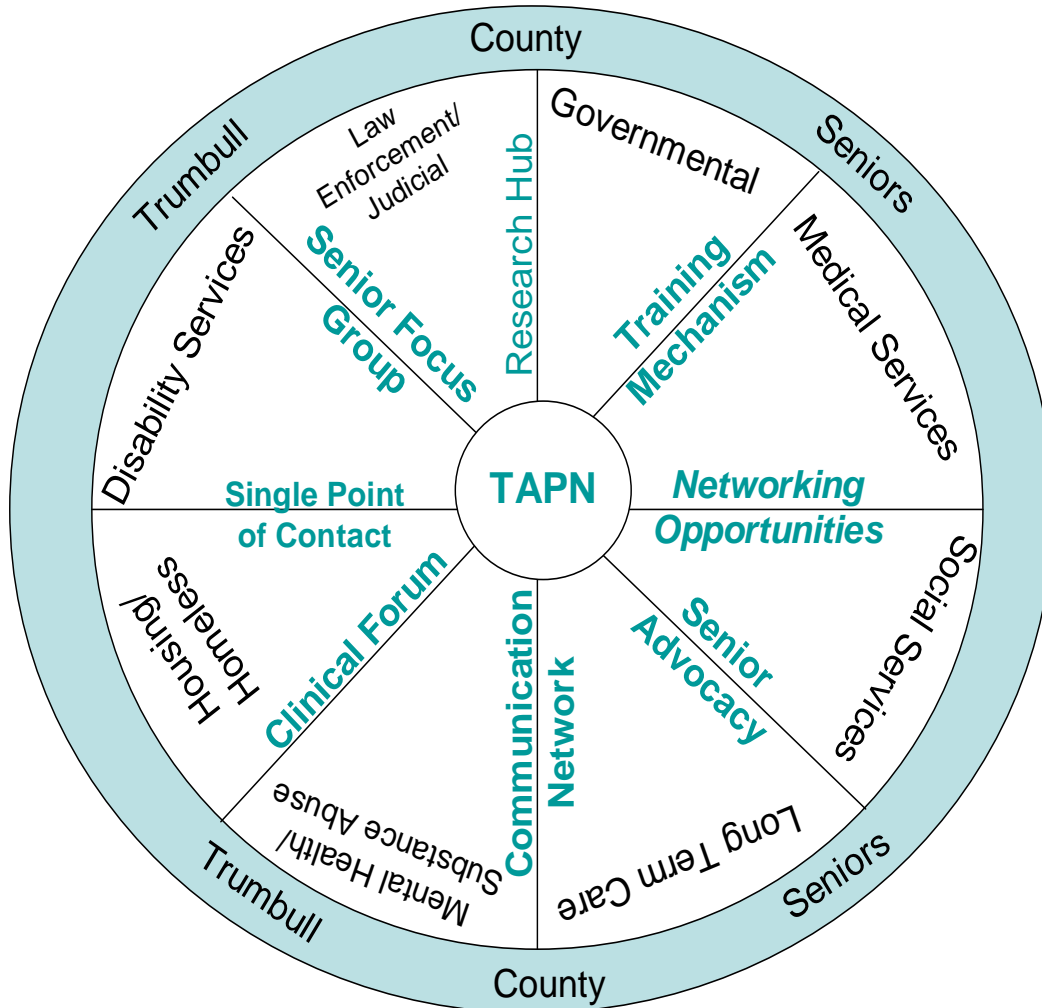
TAPN’s role, as defined in the organizational “Mission Statement”, is "to address the special needs of older adults who are being served by more than one system and whose situation warrants extraordinary interventions, to advocate for efficient and effective allocation of resources to address these needs 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

Trumbull Advocacy and Protective Network
PO Box 256 Brookfield, Ohio 44403

Application for TAPN Membership*
(Full Network)

Continued membership is automatic for active members in good standing. Individual organization membership can be discontinued at any time upon written notice by the TAPN Executive Board or from such organization's CEO or Board of Directors.

Name of Organization _____

Address _____ City _____ Zip _____

Office Phone _____ Fax _____ General Agency E-mail _____

Executive Director (or Equivalent) _____

Title _____ E-mail _____

ED's Designee to Full Network (if necessary) _____

Title _____ E-mail _____

Representative to Clinical Committee (if different from above) _____

Title _____ E-mail _____

Please describe the primary function of your organization.

Briefly describe why you/your agency wants to be a Member of TAPN. Also, please include information on how you feel you may contribute to the Mission of TAPN.

REQUESTED ATTACHMENTS:

With this application, please include a copy of your organization's most recent brochure(s), annual report, client dispute resolution policy/procedure and a business card from each staff member listed above!

*TAPN membership includes all public systems with mandates which include high-risk older persons and their families in Trumbull County and agencies which are funded by public systems and/or provide services to high-risk older persons and their families.

Requirements for TAPN Membership:

Listed below are several requirements for membership. Your signature on this application indicates that your organization agrees to meet them if selected for membership.

1. The Executive Director/Chief Executive Officer/Equivalent will serve as the representative to the TAPN Full Network.
2. A Designee may be appointed to the Full Network if such designee has the authority to commit the agency in matters of program, policies and finances.
3. Your agency will attempt to appoint at least one representative to the TAPN Clinical Committee if your agency provides any type of direct services/front-line services to seniors.
4. Your agency will commit the human resources required, and if possible the financial support requested, to fully participate.
5. Attendance is expected unless impossible and promptness at meetings is essential to productivity.
 - The ED/CEO will attend the required annual cross-training (with appropriate agency staff) and the quarterly Full Network meetings unless an unavoidable conflict occurs. Whenever possible, he/she will give advance notice to the Coordinator when absence is anticipated and discuss the appropriateness of sending a stand-in.
 - Agency representative(s) appointed to the Clinical Committee are expected to attend monthly meetings as scheduled.
6. The ED/CEO will learn as much as possible about the problem of elder abuse, neglect and exploitation and how to respond to its victims and share this knowledge, as much as possible, with his/her staff.
7. All agency representatives will provide professional opinions, advice and suggestions, as appropriate, regarding topics presented within their field of expertise.
8. All agency representatives will be available for telephone consultation as appropriate.
9. All members are expected to advise and assist TAPN in the development and implementation of procedures intended to improve the senior services system within Trumbull County and to identify and fill gaps within that system.
10. All members will, to the extent possible, assist in educating colleagues and the public about the needs of seniors in our community and the available resources.
11. All members will respect and maintain the confidentiality of clients in the senior services system.
12. The highest level of professionalism and ethics is expected from all TAPN members at all times.

TAPN Mission:

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 those needs.

To promote the highest level of collaboration for the ultimate good of older adults, their families, and the community.

Statement of Commitment:

As ED/CEO/Equivalent of the organization listed on the reverse of this form, I agree with and accept the MISSION of the Trumbull Advocacy and Protective Network and further pledge my agency's commitment to the "Requirements for TAPN Membership" listed above, if selected for membership.

Executive Officer's Signature _____ Date _____

**ARTICLES OF INCORPORATION
OF
TRUMBULL ADVOCACY AND PROTECTIVE NETWORK, INC.**

The undersigned, all of whom are citizens of the United States, desiring to form a nonprofit corporation under RC §1702.01 et seq., the Non-Profit Corporation Law of the State of Ohio, do hereby certify:

FIRST: The name of the Corporation shall be **Trumbull Advocacy and Protective Network, Inc.**

SECOND: The place in this state where the principal office of the corporation is to be located is 6740 Stewart-Sharon Road in Brookfield, Trumbull County, Ohio 44403.

THIRD: The purpose for which the corporation is formed are:

1. To address the special needs of older adults who are being served by more than one system and whose situation warrants extraordinary interventions and to promote the highest level of collaboration for the ultimate good of older adults, their families, and the community.
2. To receive and maintain real or personal property, or both, and subject to the restrictions and limitations hereinafter set forth, to use and apply the whole or any part of the income therefrom and the principal thereof exclusively for charitable, religious, scientific, literary, or educational purposes either directly or by contributions to organizations that qualify as exempt organizations under Section 501(c)(3) of the Internal Revenue Code and its Regulations as they now exist or as they may hereafter be amended.
3. No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to, any Director or Officer of the corporation, or any member of the corporation or any other private individual (except that reasonable compensation may be paid for services rendered to or for the corporation affecting one or more of its purposes), and no Director or Officer of the corporation, or any private individual shall be entitled to share in the distribution of any of the corporate assets on dissolution of the corporation. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene

in (including the publication or distribution of statements) any political campaign on behalf of any candidate for public office.

4. The corporation shall distribute its income for each taxable year at such time and in such manner as not to become subject to tax on undistributed income imposed by Section 4942 of the Internal Revenue Code of 1986, or corresponding provisions of any subsequent federal tax laws.
5. The corporation shall not engage in any act of self-dealing as defined in Section 4941(d) of the Internal Revenue Code of 1986, or corresponding provisions of any subsequent federal tax laws.
6. The corporation shall not retain any excess business holdings as defined in Section 4943(c) of the Internal Revenue Code of 1986, or corresponding provisions of any subsequent federal tax laws.
7. The corporation shall not make any investments in such manner as to subject it to tax under Section 4944 of the Internal Revenue Code of 1986, or corresponding provisions of any subsequent federal tax laws.
8. The corporation shall not make any taxable expenditures as defined in Section 4945(d) of the Internal Revenue Code of 1986, or corresponding provisions of any subsequent federal tax laws.
9. Notwithstanding any other provision of these Articles of Incorporation, the corporation shall not conduct or carry on any activities not permitted to be conducted or carried on by an organization exempt from taxation under Section 501(c)(3) of the Internal Revenue Code and its Regulations as they now exist or as they may hereafter be amended, or by an organization, contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code and Regulations as they now exist or as they may hereafter be amended.
10. Upon the dissolution of the corporation, the Board of Directors shall, after paying or making provision for the payment of all of the liabilities of the corporation, dispose of all of the assets of the corporation exclusively for the purposes of the corporation in such manner, or to such organization or organizations organized and operated exclusively for charitable, educational, religious, or scientific purposes as shall at the time qualify as an exempt organization or organizations under Section 501(c)(3) of the Internal Revenue Code of 1986 (or the corresponding provision of any future United States Internal Revenue Law), as the Board of

Directors shall determine. Any of such assets not so disposed of shall be disposed of by the Court of Common Pleas of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

FOURTH: The name and addresses of the persons who are the initial Directors of the corporation are as follows:

<u>Name</u>	<u>Address</u>
Douglas A. Burkhardt	45 North Road Niles, Ohio 44446
Janet E. Schweitzer	220 West Market Street Warren, Ohio 44481
Donald W. Emerson, Jr.	4076 Youngstown Road-Suite 101 Warren, Ohio 44484

FIFTH: No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, directors, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article Third hereof. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law) or (b) by a corporation, contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law).

SIXTH: Upon the dissolution of the corporation, the Board of Directors shall, after paying or making provisions for the payment of all of the liabilities of the corporation, dispose of all of the assets of the corporation exclusively for the purposes of the corporation in such manner, or to such organization or organizations organized and operated exclusively for charitable, educational, religious, or scientific purposes as shall at the time qualify as an exempt organization or organizations under Section 501(c)(3) of the Internal Revenue

Code of 1986 (or the corresponding provision of any future United States Internal Revenue Law), as the Board of Directors shall determine. Any such assets not so disposed of shall be disposed of by the Court of Common Pleas of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

IN WITNESS WHEREOF, I have hereunto subscribed my name this 25th day of April, 2006.

Cynthia Miklus, Incorporator

**Assessing the Effectiveness of the Trumbull Advocacy and Protective Network: A
Formative Evaluation**

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Assessing the Effectiveness of the Trumbull Advocacy and Protective Network: A Formative Evaluation

A formative evaluation of the Trumbull Advocacy and Protective Network (TAPN) was conducted in fall 2007 and fall 2008. Seventeen TAPN member agencies participated in this evaluation in phase one, while 19 participated in phase two. From phase one to two, t-tests revealed that mean scale scores for the TAPN Accomplishment Scale had increased significantly over time, with the most significant changes being in indirectly addressing the special needs of older adults, advocating for the efficient and effective allocation of resources, enabling agencies to better serve their clients, and offering a “single focus location” for advocacy. Important current and future activities for TAPN, the benefits of membership, the problems and strengths of the senior network, the need for additional services, the willingness to use consultants and serve on TAPN committees, and suggestions for expanding the network were also examined. Methodological issues, implications for practice, and future research were discussed.

Key Words: Program evaluation, senior services network, advocacy, service coordination, multi-need clients

The number of elderly individuals aged 65 and over in the United States is growing as is the cost and demand for services (Fisher et al., 2009; Gallagher, Truglio-Londrigan, & Levin, 2009; May, 2004; Willging, 2007). The helping professions recognize the responsibility of providing evidence that programs that serve the elderly and others are efficient and effective in their efforts in improving the quality of life of their consumers (Bloom, Fischer, & Orme, 2009; Gibbs, 2003; Hebert, 2008; McNeill, 2006; Rubin & Babbie, 2008; Slivinske & Slivinske, 2005/2006; Royse et al., 2006; Weinbach, 2005). In this regard, program evaluations have examined the need for services, barriers to accessing the system, and the effectiveness of programs that serve the elderly.

Regarding need, research has shown that the elderly have many chronic and acute physical conditions that required medical interventions as well as problems such as social

isolation, suicide, depression, anxiety disorders, and cognitive loss, to name a few (Erlangsen et al., 2006; Herbert et al., 2008; Keller-Cohen et al., 2006; Lavretsky et al., 2003; Lubitz et al., 2001; O'Brien, 2006; Tomaka, Thompson, & Palacios, 2006; Tse, Choi, & Leung, 2008). Barriers to care have been identified such as lack of knowledge of the system; lack of transportation; and lack of informal caring networks such as family, friends, and congregations (Krause & Wulff, 2005; Porter, 2005; Tse, Choi, & Leung, 2008). Other barriers that have been studied include location of services; affordability of services; disenfranchised elders; race; and/or the ability of the formal system to keep pace with the increasing, future demands for high levels of care (Brotman, 2003; Li, 2006; Schoenberg, Coward, & Albrecht, 2001). Finally, there have been a myriad of approaches that have examined program outcomes. These included the effect of case management, the use of volunteers, health promotion, client centered approaches on elder health, the politics of care, the relationship of perceptions held by the elderly to program participation and success, and developing new models of practice (Bullet, 2006; Chapko et al., 2009; Chiang et al., 2008; Dacey & Newcomer, 2005; Holland et al., 2005; Li, 2004; Petrella, Koval, & Peterson, 2003; Schein et al., 2005).

Setting

The Trumbull Advocacy and Protective Network (TAPN) is located in Trumbull County in Northeastern Ohio. According to the by-laws of The Trumbull Advocacy and Protective Network, TAPN was organized as a model of practice whose mission is to 1) address the special needs of older adults who are being served by more than one system and whose situation warrants extraordinary interventions; 2) advocate for the efficient and effective allocation of resources to address these needs; and 3) promote the highest

levels of collaboration for the ultimate good of older adults, their families, and the community. In attempting to accomplish its mission TAPN reviewed all existing programs; integrated existing programs so that they led to better results and reinforced each other; developed a countywide service coordination plan; and maintained an accountability system that demonstrated progress on achieving the objectives of the network. Finally, the main activities of TAPN include system-level coordination and integration of program; case-level coordination and integration of services; and training of service providers and cross-training of network members.

The goals of TAPN are to develop and implement a process that annually plans and prioritizes services; fills service gaps where possible; creates new approaches to achieve better results for older adults in need of protective services; and evaluates the impact of the network on the integration, coordination, and delivery of services. Other goals are to maintain an accountability system which monitors progress; to establish a mechanism to ensure ongoing input from a broad representation of older adults and their families who are receiving services within the county system; and to participate in the development and implementation of a countywide, comprehensive, coordinated, multi-disciplinary, integrated interagency system for older adults and their families. TAPN membership potentially includes all public systems with mandates which include high-risk older adults and their families in Trumbull County and agencies which are funded by public systems and/or provide services to high-risk older adults and their families. At the time this study began in 2007, there were twenty seven agencies with fifty eight members affiliated with TAPN.

The purpose of this formative evaluation was to identify the strengths and weaknesses of TAPN with the intent of guiding and directing program change to enhance the effectiveness of the Network (Royse, et. al., 2006). In this regard TAPN accomplishments were assessed, TAPN functions/activities were prioritized, unmet needs of older adults and their families were identified, suggestions for improving network services were made, and the willingness of members to become more active in TAPN was explored. After initial data were gathered, the results were made known to TAPN and the Board of TAPN. Data were gathered again one year later in 2008, to measure program improvement in TAPN and the state of the county senior service system.

Methodology

Sample

Seventeen out of 27 agencies affiliated with TAPN participated in the initial phase of this evaluation. The response rate was 63%. The data from the survey were coded in a fashion to protect the confidentiality of those participating. Please note that some agencies had multiple members. In phase two, data were gathered again from 19 out of 29 TAPN affiliated agencies with a response rate of 65.5%.

Of those responding in phase one, the average number of years of TAPN involvement was 2.24, while the median number of over age 60 consumers served by their agencies was 1,157. Also, the median number of clients that were introduced to the clinical committee was 2. Regarding the position/title of members, 10% identified themselves as caseworkers, 20% as program directors, 35% as executive directors, and 35% as other. The multiple and sometimes overlapping systems that were represented included 23.8% legal/courts, 28.6% social service, 9.5% government, 19% housing,

23.8% mental health/substance abuse, 23.8% medical, 23.8% disability services, 14.3% long-term care, and 23.8% other. The primary sources of funding for fiscal year 2006 included 55% of the agencies receiving federal funding, 65% State, 70% local, 57.9% grants and 25% other. Also, regarding fiscal year 2006, 27.8% had budgets under \$500,000, 5.6% from \$500,000 to under one million dollars, 33.3% from one million to five million dollars, and 33.3% over five million dollars. Regarding meetings, 95.2% believed that the frequency of TAPN meetings were appropriate to the business at hand. Members reported attending an extrapolated average of 3-4 full TAPN meetings, 1-2 executive board meetings, 1-2 clinical committee meetings, 1-2 training committee meetings, and 1-2 TAPN annual cross trainings. Table 1 summarizes the demographic characteristics of the sample.

Table 1. Demographic Characteristics of the Sample.

Variable Name	Mean	s.d.
Years of TAPN involvement	2.24	1.327
	Median	Minimum/Maximum
Number of over age 60 consumers	1,157	0 to 57,205
Number of clients introduced to the clinical committee	2	0 to 5

	Percent
Position/title	
Caseworker	10.0%
Program Director	20.0%
Executive Director	35.0%
Other	35.0%
Types of systems	
Legal/Courts	23.8%
Social Service	28.6%
Government	9.5%
Housing	19.0%
Mental Health/Substance Abuse	23.8%
Medical	23.8%
Disability Services	23.8%
Long-term Care	14.3%
Other	23.8%
Primary Funding Sources in 2006	
Federal	55.0%
State	65.0%
Local	70.0%
Grants	57.9%
Other	25.0%
Agency Budget Fiscal year 2006	
Under \$500,000	27.8%
\$500,000-under 1 million	5.6%
\$1 Million to 5 Million	33.3%
\$ Over 5 million	33.3%
Appropriate Number of TAPN Meetings	
Yes	95.2%
No	4.8%
Extrapolated Average	
Number of TAPN Meeting/Events Attended	
Full TAPN Meetings	3-4
Executive Board Meetings	1-2
Clinical Committee Meetings	1-2

Training Committee Meetings	1-2
TAPN Annual Cross Trainings	1-2

n = 17 agencies with 21 members

Instrumentation

The TAPN Membership Survey Form (questionnaire) was developed by Youngstown State University by reviewing the by-laws; mission, goals, and objectives; minutes of meetings; and other documents of TAPN. The initial form was reviewed by the Board of TAPN, the director of TAPN, and selected TAPN members. The form was revised to include the suggestions of those mentioned above and was approved by the Board of TAPN in mid-summer, 2007.

The form included items which described those completing the questionnaire, their agencies, and consumers as well as items that were used to assess TAPN accomplishments, prioritize TAPN functions and activities; identify the unmet needs of older adults and their families; make suggestions for improving network services; and assess the willingness of members to become more active in TAPN.

A fourteen item, five-response category Likert scale that measured “TAPN Accomplishments” was included in the questionnaire as well as two related validity questions. Scale items were scored in the following manner: Strongly Disagree = 1, Disagree = 2, Undecided = 3, Agree = 4, Strongly Agree = 5. The theoretical range of scores was 14-70, with high scores representing great accomplishment and low scores little accomplishment. The internal consistency of the scale was assessed in phase one using Cronbach’s alpha. The reliability of the scale was found to be excellent ($\alpha = .90$). The face, content, and discriminant validity of the scale also was assessed in phase one. Eighty six percent of those responding to the survey agreed or strongly agreed that the

scale appeared to be measuring TAPN accomplishments, while 85.7% agreed or strongly agreed that the scale items were representative of all important aspects of TAPN accomplishments. Therefore the scale was considered to have both face and content validity. Regarding the discriminant validity of the scale, scale scores in the lower quartile (mean score = 48.67, s.d. = 4.844) were compared to those in the upper quartile (mean score = 64.71, s.d. = 2.983). It was assumed the mean scale scores in each of these contrasted groups (quartiles) would be significantly different. A t-test revealed this to be the case ($t = -7.318$, d. f. = 11, $p = .000$). Since these contrasted groups had significantly differently mean scores, the scale was considered to have discriminant validity. A recheck of the reliability and validity of the scale in phase two found the same results.

Regarding setting priorities for current and future TAPN activities/functions, participants were asked to rank order the functions with 1 being the most important and 7 and 9 being the least important respectively for current and future activities/functions. Finally, scale items, the scale, and the other main study variables were screened for missing data, outliers, and normality. All were found to be within acceptable limits. Table 2 displays the TAPN Accomplishment Scale contained within the survey form.

Table 2. TAPN Accomplishment Scale.

Items
1. TAPN is indirectly addressing the special needs of older adults being served by more than one agency and whose situation warrants extraordinary interventions.
2. TAPN advocates for the efficient and effective allocation of resources to address the special needs of these older adults.
3. TAPN promotes the highest level of collaboration for the ultimate good of older adults, their families and the community.
4. TAPN membership has improved your understanding of other member agencies.
5. TAPN membership has improved your communication with other member agencies.
6. TAPN membership has resulted in better access and referrals to services for your clients.
7. TAPN membership has enabled you to better serve your clients.
8. TAPN membership has reduced the number of gaps in services for older adults.

9. TAPN membership has improved the cooperative environment of the senior services network.
 10. TAPN membership has offered your agency a “single focus location” for senior advocacy in the county.
 11. TAPN membership has improved your knowledge of the senior services system.
 12. TAPN membership has improved the quality of service provision to older adults in the county.
 13. TAPN helps you meet the needs of your most high risk, senior clients.
 14. TAPN trainings have helped you to better understand the specific needs of seniors.
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Design

In collaboration with the Area Agency on Aging 11, TAPN, and Youngstown State University, a survey of current TAPN affiliated agencies was conducted from August through October 2007 (phase one). Questionnaires were distributed during regularly scheduled TAPN meetings and e-mailed to all members. Multiple requests were made to members who did not initially respond. Completed questionnaires were sent to Youngstown State University. After the initial results were reported to TAPN and the Board of TAPN in December 2007, data were again gathered eight months later from August through November 2008 (phase two), following the same procedures described above.

Results

In phase one the TAPN Accomplishment Scale mean was 56.59. The three items with the highest mean scores were Items 4 (mean = 4.57), 11 (mean = 4.38), and 5 (mean = 4.29). TAPN membership improved their understanding of other member agencies, improved their knowledge of the senior services system, and improved their communication with other member agencies. The three items with the lowest mean scores were Items 8 (mean = 3.55), 10 (mean = 3.57), and 7 (mean = 3.71). Respectfully these were, TAPN membership had reduced the number of gaps in services for older adults, had offered member agencies a “single focus location,” and enabled member agencies to better serve their clients.

In phase two, t-tests revealed that the TAPN Accomplishment Scale mean scores increased significantly from phase one (mean = 56.59) to phase two (mean = 60.77, $t = -2.100$, $d.f. = 46$, $p = .020$). The four items that showed the most improvement were Item 7, TAPN membership has enabled you to better serve your clients ($t = -2.774$, $d.f. = 46$, $p = .004$); Item 1, TAPN is indirectly addressing the special needs of older adults being served ($t = -2.045$, $d.f. = 46$, $p = .024$); Item 2, TAPN advocates for the efficient and effective allocation of resources ($t = -1.896$, $d.f. = 46$, $p = .034$); and Item 10, TAPN membership has offered your agency a “single focus location” ($t = -1.876$, $d.f. = 46$, $p = .034$). All other items with one exception (Item 4—improving understanding of other agencies) also showed positive improvement. Table 3 summarizes the mean scores, standard deviations, and probabilities for each item and the entire scale in phases one & two.

Table 3. Mean Scores and Standard Deviations for Items in the TAPN Accomplishment Scale and the Scale in Phases One & Two.

Items and Scale	Phase One		Phase Two		p
	Mean	s.d.	Mean	s.d.	
1. TAPN is indirectly addressing the special needs...	4.19	.512	4.52	.580	.024
2. TAPN advocates for the efficient and effective...	4.10	.831	4.48	.580	.032
3. TAPN promotes the highest level of collaboration...	4.19	.814	4.48	.580	NS
4. TAPN membership has improved your understanding...	4.57	.598	4.48	.580	NS
5. TAPN membership has improved your communication...	4.29	.784	4.48	.580	NS
6. TAPN membership has resulted in better access...	3.95	.865	4.31	.666	NS
7. TAPN membership has enabled you to better serve...	3.71	.845	4.30	.609	.004
8. TAPN membership has reduced the number of gaps...	3.55	1.050	3.93	.958	NS
9. TAPN membership has improved the cooperative...	4.24	.700	4.52	.700	NS
10. TAPN membership has offered your agency a “single...	3.57	1.076	4.07	.781	.034
11. TAPN membership has improved your knowledge...	4.38	.498	4.48	.700	NS
12. TAPN membership has improved the quality of...	3.95	.740	4.30	.775	NS
13. TAPN helps you meet the needs of your most high...	3.95	.740	4.11	.698	NS
14. TAPN trainings have helped you to better understand...	3.95	.759	4.31	.773	NS
TAPN Accomplishment Scale	56.59	7.252	60.77	6.433	.021

n = 17 agencies and 21 members in phase one, 19 agencies and 27 members in phase two

During phase one, agencies prioritized current TAPN activities and functions. Agencies revealed that the most important were 1) meetings/networking (mean = 2.29), 2) formal cross trainings (mean = 3.19), and 3) clinical support (mean = 3.29). The least important current priority was providing print material such as a newsletter or membership lists (mean = 5.67). For setting priorities for future TAPN activities and functions, the three most important were found to be 1) developing a clinical support fund for TAPN agencies to use in Wrap Around Case Planning (mean = 3.43), 2) initiating a community-wide gatekeeper program (police, fire, meter readers, bank tellers, etc., mean = 3.90), and 3) developing a research/data collection program for the system (to show gaps, accomplishments, duplication, etc., mean = 3.90). Note that these two future priorities were tied for second place. Besides “other” (mean = 9.29), the least important future priority was developing a TAPN speakers’ bureau (mean = 7.14).

In phase two, agencies again prioritized setting priorities for current TAPN activities and functions. Agencies revealed that the three most important in 2008 were 1) meetings/networking (mean = 2.68), 2) clinical support (mean = 2.72), and 3) access to a single contact point to reach the senior service system (mean = 3.08). The least important priority was providing print materials such as a newsletter or membership list (mean = 5.44). For setting priorities for future TAPN functions, the three most important were 1) develop a clinical support fund for TAPN agencies to use in Wrap Around Case Planning (mean = 2.88), 2) initiate a community-wide gatekeeper program (police, fire, meter readers, bank tellers, etc., mean = 3.39), and 3) develop a research/data collection program for the system (to show gaps, accomplishments, duplications, etc. mean = 3.96). The least important future priority besides “other” (mean = 8.43) was to develop a TAPN

speakers' bureau (mean = 7.13). From phases one to two, t-tests revealed that the only two changes that were statistically significant were in current priorities with “formal cross trainings” moving from 2nd to 4th place ($t = -2.874$, $d.f. = 44$, $p = .006$) and in “single contact point” moving from 4th to 3rd place ($t = 2.029$, $d.f. = 44$, $p = .049$). Table 4 summarizes the rank ordering of priorities, mean scores of the rankings, and probabilities in phases one and two for current and future TAPN activities and functions.

Table 4. Rank Ordering of Current and Future Activities and Functions, Mean Scores, and Probabilities for Phase One and Two.

Rank Ordering of Priorities			Mean Scores	p	
Current TAPN Activities/Functions					
Phase One	Phase Two		Phase One	Phase Two	
1 st	1 st	Meetings/networking	2.29	2.68	NS
2 nd	4 th	Formal cross trainings	3.19	4.52	.006
3 rd	2 nd	Clinical support	3.29	2.72	NS
4 th	3 rd	Access to single contact point...	4.24	3.08	.049
5 th	5 th	Informal trainings at regularly scheduled meetings	4.33	4.44	NS
6 th	6 th	Quality control mechanism for the system...	4.52	4.68	NS
7 th	7 th	Print materials-newsletter/membership lists, etc.	5.67	5.44	NS
Future TAPN Activities/Functions					
Phase One	Phase Two		Phase One	Phase Two	
1 st	1 st	Develop a clinical support fund for TAPN agencies..	3.43	2.88	NS
2 nd	2 nd	Initiate a community-wide gatekeeper program...	3.90	3.39	NS
2 nd	3 rd	Develop a research/data collection program...	3.90	3.96	NS
3 rd	4 th	Investigate underutilization of mental health/substance abuse...	4.10	4.04	NS
4 th	6 th	Expand advocacy activities regarding legislative issues	4.24	5.29	NS
5 th	5 th	Increase senior service training opportunities...	4.29	4.45	NS
6 th	7 th	Contract a clinical consultant to focus on... clinical mission...	6.05	6.65	NS
7 th	8 th	Expand TAPN membership...	6.75	7.05	NS
8 th	9 th	Develop a TAPN speakers' bureau	7.14	7.13	NS
9 th	10 th	Other	9.29	8.43	NS

n = 17 agencies with 21 members in phase one, 19 agencies with 27 members in phase two

In phase one, agencies were asked to give examples of how TAPN has allowed them to better serve their clients by listing and prioritizing the benefits of TAPN membership and to identify the biggest problems in the county and shortcomings of the senior service system within the county. They were also asked to report the greatest strength of the senior service system. Regarding benefits, forty-nine were listed. The most frequently mentioned benefit was “networking,” followed by increased “knowledge of services/information of other agencies.” The next benefit was related to “clinical cases.” Examples included advocating for clients, funding solutions for problems, and brainstorming. The problem/shortcoming that was mentioned most often was “lack of services” and/or “resources.” The next most often mentioned problems were “lack of knowledge of the services available” and “transportation.” Other problems identified related to care coordination, medical concerns, isolation issues, housing, and eligibility requirements that are too stringent. The strength that was most often mentioned was the good “cooperation of agencies” followed by “TAPN” itself. The next strengths listed were tied in the frequency of responses. These were “advocacy,” the “levy,” and “agencies/professionals that care.”

In phase two, participants again were asked to give examples of how TAPN allowed them to better serve their clients, the problems/shortcomings in the county, and the strengths of the system. For the benefits of TAPN membership, sixty two examples were provided. The three most frequently mentioned benefits were problem resolution via “networking,” increased “knowledge/information” regarding other agencies, and access to “funding” including the clinical fund. In this phase, the problem/shortcoming that was mentioned most often was “funding.” This was followed by “medical care/medications,”

and “transportation.” For strengths, the one mentioned most often was “collaboration/networking,” followed by “services provided/agencies,” and “TAPN”. In all categories the rank orderings were relatively stable with the following exceptions. In benefits, the third one changed slightly from issues related to direct service provision to “clinical cases” to providing “funding” for the “clinical cases.” In problems, there was a change in the ones identified to be in second place. The “lack of knowledge of services available” was replaced by “medical care/medications.” Pertaining to the strengths of the senior system the same basic three were mentioned in both phases. The only change being that “TAPN” and “advocacy/the levy/agencies,” exchanged places (second to third and third to second) from phases one to two. There were not enough cases in any category to reliably perform any statistical tests between phases one and two to determine if any of the changes were statistically significant. Table 5 summarizes the most frequently mentioned benefits of TAPN membership, the biggest problems facing seniors in the county including shortcomings of the senior service system, and strengths of the senior service system in phases one and two.

Table 5. Benefits, Problems/Shortcomings, and Strengths in Phases One and Two.

Phase One	Phase Two
Benefits of TAPN membership	
1 st Networking	1 st Networking
2 nd Knowledge of services/ information of other agencies	2 nd Knowledge of services/ information of other agencies
3 rd Clinical cases	3 rd Access to funding/clinical fund
Biggest problems in the county and shortcomings of the senior service system	
1 st Lack of services and resources	1 st Funding for services
2 nd Lack of knowledge of services available	2 nd Medical care/medications

3rd Transportation

3rd Transportation

Strengths of the senior service system

1st Agency cooperation/networking
2nd TAPN
3rd Advocacy/agencies and
professionals that care/levy

1st Collaboration/networking
2nd Services provided/agencies
3rd TAPN

n = 17 agencies with 21 members in phase one, 19 agencies with 27 members in phase two

In phase one, 30% of the TAPN members completing the survey said they would use consultants with 45% being uncertain, 73.7% would serve on TAPN committees, and 47.4% would commit to a TAPN speakers' bureau. The types of consultants requested were estate planners, long-term care planners, social workers, rehabilitation teachers, and those familiar with the law, housing, and Medicaid. In phase two, 24% of respondents said they would use consultants, 50% would serve on TAPN committees, and 31.8% would commit to a speakers' bureau. The most frequent type of consultant requested was legal. All the remaining were tied at one request each for social workers, grant writers, instructors for the disabled, interpreters for the deaf, etc. Chi square tests revealed that none of these changes in percents were significant (respectively $X = .209$, d.f. = 2, $p = .901$; $X = 3.766$, d.f. = 2, $p = .152$; $X = 1.706$, d.f. = 2, $p = .426$).

Additionally, in phase one the most frequently reported request for services were related to "knowledge of the system" which included system awareness, advertising, a program outline, and staffing lists. In phase two, the most frequently requested service identified was the need for emergency funds/resources.

Finally, in phase one, respondents provided information regarding the systems that needed to be included or expanded within TAPN. The most frequently mentioned

was “services” which included legal aid, financial, safety, assessment, long-term care, home maintenance, and payeeships/guardianships. Next were police and law enforcement, physicians, and churches, followed by consultants. In phase two, all responses were tied. These included the faith community and churches, health care providers and physicians, nursing homes and assisted living facilities.

Discussion

During phase one TAPN accomplishments were assessed, current and future priorities were identified, and suggestions to better serve clients were made. Also, strengths and problems of the county and network were noted, ideas for adding additional systems and members were made, and the willingness of members to become more active was studied. The results of phase one were reported to TAPN and its Board in December 2007. TAPN had approximately eight months to attempt to change their program based upon the strengths and weakness that had been identified and to implement the suggestions and recommendations that had been made by member agencies.

It appeared that TAPN from phase one to two had improved its accomplishments in serving agencies and seniors as the TAPN Accomplishment Scale mean scores had increased significantly. Therefore, TAPN overall appeared to be accomplishing virtually all of its important activities/functions as they related to its goals and mission. All individual scale items showed improvement with one exception, Item 4. The individual items that showed the greatest improvement were Items 7, 1, 2, and 10. Therefore TAPN enabled members to better serve their clients, was indirectly addressing the special needs of older adults being served, advocated for the efficient and effective allocation of resources, and had offered member agencies a “single focus location.” It is interesting to

note that two of these individual items, Items 7 & 10, (better serving clients and single focus location) had had the lowest mean scores in phase one. One unintended outcome from phase one to two was that the only item to show a slight decrease in mean scores was Item 4 (improving your understanding of other agencies) which had been the item with the highest mean in phase one. Perhaps since TAPN had improved the members' understanding of other agencies in phase one, TAPN did not pay as much attention to this area as it had in the past. Another explanation could be that the mean of the item over time simply regressed toward the true mean score.

Regarding setting current and future priorities for TAPN activities and functions, the suggestions were relatively stable over time with only two significantly changing rank orderings over the phases. These were in current activities and functions with “formal cross trainings” becoming less important (2nd to 4th place) and “access to a single contact point” becoming more important (4th to 3rd place). It could have been that over time training becomes less important as member agencies become more familiar with the operating procedures and services provided by each other and the importance of a “single contact point” increased as it appeared to enable the agencies to perform their functions more effectively. It also should be noted that for current activities and functions “meetings/networking” remained the most important in both phases.

Meetings/networking are the typical mode of operating for most agencies in accomplishing their tasks and meeting their goals and objectives. At these meetings members may have built interpersonal relationships which enabled them to get to know each other better. These relationships may have been paramount to understanding the best process to follow in better serving their clients. Although the importance of “clinical

support” rose from 3rd to 2nd place when comparing phase two to phase one, the change was not statistically significant. The remaining priorities for current activities and functions remained unchanged. So overall the current priorities for TAPN were stable over time with the two exceptions mentioned above. For future activities and functions the priorities were even more stable with “developing a clinical support fund,” “initiating a community-wide gatekeeper program,” “developing a research/data program,” and “investigating the underutilization of mental health/substance abuse” remaining at the top of the list. The only real change being that “expanding advocacy activities regarding legislative issues” and “increasing senior service training opportunities” shifted their positions from phase one to phase two. The remaining priorities from contracting a “clinical consultant” to “other” stayed in their respective positions.

To summarize the benefits of TAPN membership and the problems/shortcomings and strengths of the senior service system the following may be said. The first two benefits of TAPN membership, “networking” and “knowledge of services and information of other agencies,” remained unchanged from phases one to two. The third benefit changed slightly from issues related to “direct service provision to clinical cases” to providing “funding” for the clinical cases. Therefore the benefits of TAPN membership seemed to be stable over time with a slight increase in attention being paid to funding. The biggest problems in the county and the shortcomings/strengths of the senior service system over time also were relatively stable. The first and third which respectively related to “lack of funding/resources for services” and “transportation” remained unchanged, while in phase two the need for “medical care and medications” replaced the “lack of knowledge of services” available which was in second place in

phase one. In phase two it appeared more attention was being paid to health and medical problems of seniors perhaps reflecting a change in the types of presenting problems being experienced by the network at that time. More importantly it also may reflect the fact that TAPN had provided member agencies knowledge of all services that were available in the county and attention could now be paid to other pressing concerns. Pertaining to the strengths of the senior system the same basic three were mentioned in both phases, with the only change being that “TAPN itself” and “advocacy/the levy/agencies,” exchanged places (second to third and third to second) from phase one to two. The first strength, “agency cooperation/networking,” remained in first place in both phases. Here too stability of the strengths appeared to be the norm. Since there were not enough cases in each category to perform any reliable statistical tests it was unknown if any of the above mentioned changes were statistically significant.

TAPN was given the percent of members from agencies that would be willing to use consultants, who would serve on TAPN committees, and would commit to a TAPN speakers’ bureau. Although none of the changes in percents were found to be significantly different there was a slight decrease in all three of the categories mentioned above. The percents decreased slightly over the phases for the willingness to use consultants (30% to 24%) probably reflecting the fact that the members were now better trained in how to deal with seniors and their families with serious problems and were more knowledgeable of the network of services available. The final two categories “serving on TAPN committees” and “committing to a TAPN speakers’ bureau” also showed slight decreases in percentages, respectively 73.3% to 50% and 47.4% and 31.8%. These decreases may have reflected the fact that funding for many agencies had

been reduced substantially during phase two and many members had to perform more work at their agencies which would reduce the amount of time that could be spent elsewhere. Also, it could be that committing to a speakers' bureau had repeatedly been identified as a very low future priority. For these reasons, extra effort should be expended asking TAPN members and their respective boards to suggest and/or recruit others who may be able and willing to volunteer at TAPN. It should be noted that the types of consultants mentioned in the two phases included estate planners, long-term care specialists, social workers, rehabilitation specialists, grant writers, lawyers, interpreters for the deaf, Medicaid specialists, housing specialists, and instructors for the disabled which gave TAPN an idea of the type of expertise that is still required to make the system more responsive to the needs of its senior consumers and their families. Perhaps these types of consultants also could be engaged as presenters for the speakers' bureau which would be one method to provide the expertise requested by members.

The most frequently requested service over time changed from the "need for knowledge of services" to the "need for emergency funds/resources." This again reflected the fact as did the change in the problems facing the network that TAPN had provided the member agencies the knowledge needed to function more effectively in providing services to elderly individuals.

Finally, the listing of agencies to be included or expanded within the network in both phases one and two included physicians, long-term care, and the faith community and churches. Attention should be paid to adding or expanding contact with these systems as they were mentioned both at the beginning and at the end of this study.

Overall, this formative evaluation provided evidence that TAPN was in compliance with the substantive standards that were mutually identified and shown on the TAPN Accomplishment Scale (Gibbs, 2003). It also examined the barriers for entry into the system, the need for services, the strengths and weaknesses of the system, and other data that provided information that will be used for improving the network (Bloom, Fischer, & Orme, 2009; Gibbs, 2003; Royse et al., 2006; Tse, Choi, & Leung, 2008).

Limitations

One limitation of this study concerned the representativeness of the sample. Although the response rate was satisfactory (63% in phase one and 65.5% in phase two) the results of this survey should be related only to the TAPN network and should not be generalized outside of that system. Another limitation was that regarding the reliability and validity of the instrument used in this survey. Even though the reliability and validity were judged to be adequate for the purposes of this study in both phases one and two, in the future the contrasted groups should be selected in a more independent fashion. Finally, another potential limitation was that some of the problems/shortcomings mentioned in the report may be beyond the ability of the local community to solve and may require Federal and/or State intervention. For these reasons, the results of this evaluation should be interpreted with these cautions in mind.

Implications for Practice

First and foremost was that a model was developed for assessing a network of services. TAPN and its Board, the local area on aging, and outside consultants all reviewed the by-laws, mission, goals, and objectives of TAPN. The end result of this review was the development of a questionnaire that measured the accomplishments of

TAPN, prioritized current and future activities and functions, provided information to better serve clients, identified the problems/shortcomings and strengths of the senior network of services, showed the percentage that would use consultants and become more active in the network, identified the need for additional services as well as agencies that should be included or expanded within TAPN. Next, data were gathered and a report of the findings was shared with TAPN, its board, and member agencies. Strategies for improvement were developed and implemented and data were gathered eight months later to determine if progress had been made. The entire process should be repeated in the future.

Specifically, TAPN was given data which detailed in which areas it had excelled and that which now needed some additional attention. It also was provided information that could be used in determining current and future priorities, how its services benefited agencies and elderly individuals in the county, the problems and strengths of the entire senior service system, who needed what type of consultants and would be willing to voluntarily serve on TAPN committees, etc. and which additional services and agencies need to be included in the network. This type of information may be used to demonstrate the effectiveness of TAPN to its funding sources and may be used in its grant writing to obtain additional funding from foundations and local, state, and federal governments.

Finally, the formative evaluation model may be used by other networks to provide evidence to improve the quality of their practice. This model is powerful enough to produce sound results, yet is practical enough to be easily duplicated.

Future Research

After TAPN, the Board of TAPN, and its member agencies have again had the opportunity to attempt to address the issues identified in this report, the survey should be repeated, using a larger more representative sample of TAPN members, to see if there were any significant improvements in the service delivery network. Specifically, it would be assumed that the TAPN Accomplishment Scale scores would remain at high levels; that TAPN membership, activities/functions, and services would increase; and that some of the problem areas and shortcomings that were identified would be addressed. It also, would be useful to assess the outcomes of consumers who were brought before the clinical committee to see if any significant improvements could be identified and to obtain input from a broad, representative sample of older adults and their families who live in Trumbull County regarding the effectiveness of TAPN.

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Trumbull Advocacy and Protective Network

Job Description

TAPN Director

Responsible to: TAPN Executive Board (Reporting to TAPN Chair)

Job Summary: At the direction and discretion of the TAPN Executive Board, the Director will manage the ordinary operations of the Network and help to maintain ongoing direction and focus for the group.

Duties shall include:

- Organize day to day operations of TAPN as directed by the Executive Board (such as record maintenance, fund development, staff supervision, membership issues, etc.).
- Assist Executive Board with Network planning to improve senior services county-wide and achieve the stated mission of TAPN (such as advisory board development, quality control systems, long and short-term goal development, etc.).
- Help to develop and maintain a positive working relationship between the Network and all related segments of the community (such as membership contacts, community awareness presentations, team building, gatekeeper issues, etc.).
- Maintain appropriate professional standards, ethical conduct and cooperative attitude necessary to support the goals of TAPN (such as pursuing appropriate continuing education, completing ongoing related literature review, facilitating a cooperative environment, etc.).
- Perform other duties as assigned by the TAPN Executive Board through the TAPN Chair.

Qualifications:

Bachelor degree, or higher, with a major in Social Work or related field preferred.
Professional social service license in the State of Ohio preferred.

Ten years of social service experience preferred, with at least five years working with senior citizens.

Familiarity with, or ability to learn, the range of services available to seniors in Trumbull County.

Superior communication and organizational skills.

Basic computer literacy.

(Director)

(Date)

(TAPN Executive Board Representative)

(Date)

NOTE:

This is a working document. Revisions may follow after sufficient time has passed to evaluate the long-term needs of the Director and the Network.

Trumbull Advocacy and Protective Network Declaration of Agency Membership

TAPN Mission:	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 those needs.
TAPN Activities:	System-level coordination and integration of programs. Case-level coordination and integration of services. Training of service providers and cross-training of Network members.

Statement of Commitment:

As ED/CEO/Equivalent of the organization listed below, I hereby commit to the mission of the Trumbull Advocacy and Protective Network and agree to abide by the By-Laws and associated amendments that structure TAPN membership. Also, I restate my commitment to the *Requirements of TAPN Membership* as stated in the *Application for TAPN Membership* and agree to provide a copy of such requirements to all agency staff that will serve as representatives to TAPN.

Statement of Confidentiality:

I understand and fully acknowledge the high degree of importance of exercising discretion and maintaining confidentiality regarding all information to which I am exposed as a result of being affiliated with TAPN.

In a regular course of my membership with TAPN, I recognize that I may have access to client information that is personal, financial, medical or other. I am also fully aware that I am strictly forbidden from discussing, transmitting or narrating such confidential information in any form, except in the routine procedures of case discussion within and between other TAPN members and our meetings, or as otherwise permitted by law.

Signature of ED/CEO/Equivalent _____

Print Name from Above _____

Date _____ Agency _____

Contact Number(s) _____

TAPN Executive Board (PO Box 256 in Brookfield, OH 44403):	
Trumbull County Probate Court	SCOPE Inc. of Trumbull County
Trumbull Lifelines/ADAMHS	Trumbull County Commissioners
District XI Area Agency on Aging	Community Solutions
Trumbull County Department of Jobs and Family Services	Guardianship and Protective Services
Trumbull Metropolitan Housing Authority	Fairhaven Programs/TCBMRDD
Valley Counseling Services	

This form was developed, in part, with information provided by the Ohio Domestic Violence Network.

Trumbull Advocacy and Protective Network, Inc.
Consent to Release and Request Information

Name _____ DOB _____ SS# _____

Address _____ City _____ Zip _____

I give my permission for the members of the TAPN Clinical Committee to assist in the planning of a coordinated, supportive effort between me, my family and the agencies contributing to the services from which I might benefit. Individuals/Organizations in addition to the TAPN Clinical Committee may include:

The nature of information to be disclosed may include the following:

- Psycho/Social History, Evaluation, Assessment and/or Summary
- Hospitalization & Discharge Summaries
- Financial & Insurance Information
- Alcohol/Drug History
- Medical/Psychiatric Evaluation(s)
- Service/Treatment Plans
- All of the Above

I understand that I have the opportunity to meet with representatives of the committee, so that we may work together, to develop a treatment plan. I give my permission for the committee members to share information about my circumstances in order to assist me in the service planning and delivery process. I also understand that all committee members will only share information with people who are critical to the planning process or specifically requested by me.

I further understand that this authorization to release information will automatically expire 120 days from the date of signing. The information cannot be re-released without my consent. I am also aware that I have the right to revoke the authorization at any time upon my signature or the signature of my legal guardian. Upon revocation of consent, further release of information shall cease immediately. I understand and agree to my rights releasing this information.

Client/Consumer/Guardian _____ Date _____

Signature of Witness _____

Revocation of Consent: Client/Guardian _____ Date _____

TAPN Executive Board Agencies:
Trumbull County Probate Court, SCOPE Inc. of Trumbull County, Valley Counseling Services, Trumbull County Mental Health and Recovery Board, Trumbull County Board of Developmental Disabilities, Area Agency on Aging 11, Trumbull Metropolitan Housing Authority, Community Solutions Association, Trumbull County Department of Jobs and Family Services, Trumbull County Commissioners/Office of Elderly Affairs, Guardianship and Protective Services, Inc.

BY-LAWS
TRUMBULL ADVOCACY AND PROTECTIVE NETWORK

Article I - Name

The name of the organization is the Trumbull Advocacy and Protective Network, hereinafter called the "Network."

The designated service area of the Network shall be Trumbull County, Ohio.

The principal office and place of business of the Network shall be located in Trumbull County, Ohio.

Article II - Mission

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.

To promote the highest levels of collaboration for the ultimate good of older adults, their families, and the community. In its operation, the Network is an alliance which is united to achieve the goals herein stated.

In performing this Mission, the Network must:

- Review all existing programs;
- Integrate existing programs so that they lead to better results and reinforce each other;
- Develop a countywide service coordination plan; and
- Maintain an accountability system that demonstrates progress on achieving the objectives of the Network.

Article III - Activities

The activities of the Network shall include, but not be limited to, the following:

- System-level coordination and integration of programs;
- Case-level coordination and integration of services;
- Training of service providers and cross-training of Network members.

Article IV - Purpose

The purpose of the Network shall be to attain, among others, the following goals:

1. To develop and implement a process that annually plans and prioritizes services; fills service gaps where possible; create new approaches to achieve better results for older adults in need of protective services; and evaluates the impact of the Network on the integration, coordination, and delivery of services.

2. To maintain an accountability system which monitors progress.
3. To establish a mechanism to ensure ongoing input from a broad representation of older adults and their families who are receiving services within the county system.
4. To participate in the development and implementation of countywide, comprehensive, coordinated, multi -disciplinary, interagency system for older adults and their families.

Article V - Guiding Principles

Vision Statement: We envision an interdependent Network where each individual member contributes to the Network's success, while the Network supports the programs and services of each individual member. We envision a Network that manages finite community resources effectively, constantly seeking improvements, responding to diverse needs across all segments of the community, and helping individuals, families and organizations achieve their potential.

The Network will strive to maintain the following guiding principles:

1. Affirm the Trumbull County community as part of the solution to the needs of older adults.
2. Provide that families are partners in both defining issues as well as solutions.
3. Strive to improve the self-worth of older adults through an analysis of their strengths and weaknesses.
4. Remain culturally sensitive in the provision of individualized services.
5. Meet the needs of older adults by utilizing the least restrictive community-based services in the most cost-effective manner to minimize public subsidy wherever possible.
6. Promote community awareness and involvement in the various systems that provide services to older adults.

Article VI - Membership

Section A:

All public systems with mandates which include high-risk older adults and their families in Trumbull County.

Agencies which are funded by the public systems and/or provide services to high-risk older adults and their families.

The Chief Executive Officer of each agency shall be required to serve as the agency's representative to the Network. An agency designee may be acceptable to the Network if such designee has full authority to represent and bind their agency in matters of programs, policies, and financial matters which could be beneficial to the mission, purpose, principles, policies and plans, of the Network.

Section B - Network Meetings:

The Network shall meet to share information; receive special oral and written presentations; organize community forums; share grant opportunities; organize, participate in, and oversee needs assessments; and coordinate and collaborate with programs for older adults and their families, and approve letters of support. The Network shall be the clearinghouse of information about older adults and their families in the community. Any member who would like to recommend a topic for the agenda may contact the Chairperson or Network Coordinator for inclusion of this topic.

Section C – New Members: (added as Amendment #6 on 1/06)

All potential members will complete an *Application for TAPN Membership* and submit it to the Executive Board for review. The mission of the applying agency/organization must be compatible with the mission of TAPN. Increased scrutiny will be applied to the review of applicants that are not 501(c)3 non-profit or governmental entities. Following majority approval of the application at a regularly scheduled Board meeting, the applicant will be granted provisional membership. This will allow them to attend TAPN events and trainings only, while awaiting a Full Network vote. At the next regularly scheduled Full Network quarterly meeting, the Board will recommend that the members convert the provisional membership to Full Network membership by a majority vote. If approved, the new member will then complete a *Declaration of Agency Membership* form, be added to the official TAPN roster and be invited to the next regularly scheduled Full Network quarterly meeting. Throughout this process, TAPN will make every effort to keep the prospective member informed as to the status of their application, including notification of a negative vote/denial of membership.

(Added as Amendment #7 on 3/06)

Community businesses/organizations that are not non-profit or governmental entities may join TAPN. Nonetheless, they will join the Full Network as “Associate Members”. They will be invited to attend and participate in all discussions at all TAPN Full Network meetings and trainings and they may serve on TAPN committees. The purpose of their attendance, like that of all TAPN Full Network members, will be to provide input intended to improve senior services throughout Trumbull County from the perspective of their unique specialty area. However, in keeping with the altruistic focus of TAPN’s work, the shared responsibility for community resources held by the non-profit and governmental agencies and the differences in the regulations/certifications applied to the for-profit sector, these “associate members” will not be permitted to vote.

Article VII - Officers

Section A:

The officers of the Network shall be a Chairperson and a Vice Chairperson. These two officers will be selected from and be recommended by the Executive Board and ratified by a vote of the Network.

Section B:

Officers shall serve a two (2) year term on a calendar year basis.

Section C:

Vacancies in any office of the Network maybe filled at any regular meeting or at a special meeting called for that purpose.

Section D:

Officers of the Network shall have such powers and duties as generally pertain to their respective offices, and such further powers and duties as from time-to-time maybe conferred by the Network, including, but not limited to, the following:

1. Chairperson
Preside at all meetings, appoint committees and serve as ex-officio member; represent and act on behalf of the Network as authorized; and exercise other such duties as may pertain to the office. The Chairperson shall render final approval of the agenda for each Network and Executive Board meeting.
2. Vice-Chairperson
Exercise the authority and fulfill the duties of the Chairperson in the Chairperson's absence; and exercise such other duties as may be assigned by the Chairperson.
3. Administrative Officer
The Network shall appoint an Administrative Officer from its members who shall perform administrative and fiscal functions as proscribed by the Network. The appointment of the Administrative Officer shall be at the pleasure of the Network.

Article VIII - Executive Board

The Executive Board shall consist of specific members who facilitate the Network operations. These members shall meet, as required, to prepare items for consideration by the Network.

Section A - Membership:(Italics added as Amendment #2 as of 6/05)

The Executive Board shall include *the following entities or their successors/assignees appointed with Board approval:*

- Area Agency on Aging, District XI;
- Community Solutions Association;
- SCOPE Senior Center, Inc.;
- *Guardianship and Protective Services, Inc.*; (Amendment #3 as of 6/05)
- Trumbull County Board of Alcohol, Drug, & Mental Health - Trumbull Lifelines;
- Trumbull County Board of Mental Retardation & Developmental Disabilities -Fairhaven Program;
- Trumbull County Commissioners;
- Trumbull County Department of Job and Family Services;
- Trumbull Metropolitan Housing Authority;
- Trumbull County Probate Court;
- Valley Counseling Services, Inc.

Section B - Responsibilities:

The Executive Board, in the absence of specific direction from the Network, shall have and exercise all powers of the Network in the conduct of the Network's business and affairs. Executive Board responsibilities include, but are not limited to, conducting interim business, and resolving the Network's disputes. The Executive Board will develop policies and procedures for handling conflict resolutions.

Section C - Confidentiality:

Because of the Executive Board's responsibilities in case management, all members of the Executive Board are subject to an unconditional requirement to maintain confidentiality regarding protected health information in accordance with HIPAA. All Executive Board members must sign a Pledge of Confidentiality upon beginning their duties. Any breach of confidentiality may result in removal by an affirmative vote of the majority of members at any meeting of the Executive Board called for that purpose.

Section D - Notice, Agenda, Minutes: (Revised 3/07 as Amendment #8)

The Executive Board shall apply due diligence in providing electronic notice, agendas and minutes to all Full Network members for all Full Network meetings, including special meetings or changes in meeting dates, times, and locations. In addition, Minutes for all other TAPN meeting, including meetings of the Executive Board and Clinical Committee, are available to all TAPN members upon request to the Executive Director.

Section E - Network Budget, Administrative Report: (Amendment #9 revised 1/09)

The Executive Board shall establish an annual administrative/operating budget for the Network. It shall perform the primary oversight function by reviewing complete and periodic financial statements and reports prepared by the Executive Director and/or Treasurer.

Article IX - Network Coordinator

Section A:

The Executive Board may hire a Network Coordinator to run its day-to-day operations. The Coordinator shall have no vote or membership on the Executive Board or the Network. The Coordinator, with the approval of the Network, will supervise any other staff.

Section B:

The Coordinator shall serve as the recording Secretary for the Network and record all minutes of Executive Board and full Network meetings.

Section C:

The Coordinator shall hold the official records of the Network, which shall include meeting agendas, meeting minutes, contracts, and correspondence.

Section D:

The Coordinator shall organize and write all grants on behalf of the Network. Contingent upon time availability, the Coordinator shall be available to organize and/or write grants for and on behalf of all member agencies.

Section E:

The Coordinator shall prepare for the Network's approval a packet which shall be comprised of a summary of the financial report, grant reports, and notices of meetings/events.

Section F: (Italics revised 6/05 as Amendment #4)

The Executive Board shall oversee the general activities and planning functions of the Coordinator. The *Network Chairperson* shall directly supervise the Coordinator on a day-to-day basis.

Section G:

The Chairperson, Vice Chairperson and the Administrative Officer will conduct an annual performance review of the Coordinator and establish a written contract between the Coordinator and the Network. The Executive Board shall approve this contract.

Article X - Meetings

Article A:

The Network shall meet quarterly or more frequently as needed.

Section B: (italics revised 6/05 in Amendment #5 – Further revised in Amendment # 10 on 1/09)

The Executive Board shall meet no fewer than four times a year. The officers shall meet monthly or at the request of any officer or director. All Board members shall be notified of meetings in advance by reasonable methods, including, but not limited to notification by electronic mail.

Section C:

A quorum for the Network meetings shall be declared when a simple majority of the members are present, including a simple majority of Executive Board members.

Section D:

A quorum for Executive Board meetings shall be declared when a simple majority of members are present.

Article XI – Committees

Section A - Operating Committees (revised 1/09 deleting A/B and Adding D/E Amendment #12)

A. ~~Communications and Information Committee~~

B. ~~Quality Improvement & Systems Integration Committee~~

C. Clinical Committee (added as Amendment #1 – 9/04)

The primary goal of this committee will be to provide a forum for the service systems to manage the most challenging older adult high-risk cases. The secondary goal will be to identify barriers to service delivery and offer possible solutions to the TAPN Executive Board

D. Training Committee

With narrative to read: The primary function of this committee shall be to identify senior service training needs of the system or community and design and implement appropriate programs to meet those needs.

E. Finance/Fund Development Committee

With Narrative to Read: The primary function of this committee shall be to identify and pursue funding options for the operation of TAPN and future special projects. This committee will also collect and maintain data necessary to apply for such funding.

Section B - Ad Hoc Committees:

1. The Network may establish additional committees for specific purposes to serve for a limited time. Ad Hoc Committees shall not serve for more than twelve months without re-authorization by resolution of the Network.
2. Ad Hoc Committees will provide any reports or updates required by the Network or Executive Board.

Article XII - Contracts

The Network may enter into any and all contracts with member agencies and/or other agencies for the purpose of providing direct services or for receiving/providing funding for the provision of such services. Such contracts shall be approved by the Executive Board. Approval of all contracts shall be by two-thirds (2/3) approval of the Executive Board. All contracts shall be monitored by the Executive Board and the Network.

Article XIII - Ratification

These By-Laws shall become effective immediately upon a ratification by the membership, through an affirmative vote of two-thirds (2/3) of the members.

Article XIII - Amendments

Proposed Amendments to the By-Laws may be made at anytime by any voting member of the Network or by recommendation of a duly constituted By-Laws Committee, provided the proposed amendment has first been submitted to the Chairperson of the Network and is submitted to the membership, in writing, at least fifteen (15) calendar days prior to the meeting where the member or committee wishes to present the Amendment for consideration. Amendments must be approved by two-thirds (2/3) of the voting membership present at the meeting.

These By-Laws were unanimously approved/adopted by a vote of the membership on 7/16/03.

TRUMBULL ADVOCACY & PROTECTIVE NETWORK (TAPN)

Organizational Outline

Problem Statement

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, courts, and law enforcement. Yet the existing systems are 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 were not necessarily organized for the rapid response needed for high-risk cases, nor were they routinely experienced in working with high-risk clients or with all the other organizations. TAPN enhances the administrative and casework structures, allowing for the communication and coordination necessary for complex, high-risk cases¹ to be managed appropriately.

A multi-system case can enter the human service system from diverse sources. The case might initiate at Lifelines (ADAMS board), Fairhaven (MR/DD), S.C.O.P.E, the Trumbull County Probate Court, the Trumbull County Sheriff's Department, or the Forum Health system to name a few. Further, any one of these organizations might be actively addressing the presenting issues within their arena and not know of another's existing role, let alone create a mutual effort on behalf of the customer. Also, one entity might be addressing particular client needs, recognize that additional services are required outside their own domain, and have only, at best, an informal network of contacts on which to rely. TAPN was created, in part, to address these types of needs.

We believe the majority of TAPN cases will have an adult protective services dimension. So, to explicate the reason and goal for TAPN's creation, adult protective services will be used as an illustration. The issues presented are systemic and apply in one degree or another to all of Trumbull County's adult programs.

The responsibility for Adult Protective Services in Ohio rests with the county offices of the Ohio Department of Jobs and Family Services. In the most general sense protective service should "stop abuse, treat its effects and prevent its recurrence."² Within the Ohio law adult protective services includes not just abuse, neglect or exploitation by another but self neglect or abuse.³

¹ A high risk older adult will be defined for the purpose of this paper as a person of 60 years of age or older who by their actions or inactions or by the action or inaction of another is at personnel risk to their health or safety or places another at such risk, and a reasonable man would find such action or inaction dubious and requires the intervention of one or more human service or other entity to meliorate the situation.

² Swantha Baleswamy, "Evaluation of Ohio's Adult Protective Services: Structures, Operation, and Cost: Phase III Final Report", prepared for the Ohio Department of Job and Family Services, 10/26/2001, p.60.

³ Ohio Revised Code, paragraphs 5101.60 (A), (G), & (K).

Ideally local protective service workers are to:

- 1) Assess and investigate abuse reports,
- 2) Substantiate the need for protective services,
- 3) Develop protective service plans,
- 4) Assist clients in accessing services and benefits, and
- 5) Help clients through short term counseling to mitigate their physical and emotional risk.⁴

Ohio Revised Code delineates the worker's responsibilities by listing the following Adult Protective Services activities⁵

". . . case work (sic) services, medical care, mental health services, legal services, fiscal management, home health care, homemaker services, housing-related services, guardianship services, and placement services as well as the provision of such commodities as food, clothing, and shelter."⁶

This is a major responsibility to the community for Trumbull County's Job and Family Services. It meets its obligation, employing in-house staff and contracting with community agencies to meet certain needs of its protective service clients. Unfortunately, while the mandate is great, the fiscal resources available from either the state or national level are 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 of their protective services clients, and the limited resources, they can be sometimes overwhelmed thereby creating a triage system juggling the cases and trying to meet the most pressing needs of their clients.

Frequently, the Protective Service workers turn to the Area Agency on Aging, the county mental health system, local housing authorities, etc. for help. Each of these systems is administratively separate with their own governance, funding streams, mandates and clients. Further, their responsibility does not include a protective services responsibility, except for reporting. Thus, while these organizations will acknowledge an ethical responsibility regarding protective services and a desire to help, they are not necessarily organized or equipped to rapidly respond with resources to help with protective service cases.

Beyond the social service systems there are police, prosecutorial and judicial systems that sometimes play vital roles in case outcomes. For example, one conclusion to a protective service case could be guardianship and nursing home placement. Another ending could be a forensic investigation followed by a criminal prosecution. On top of this aspect of adult protective services you can add doctors, hospitals, neighbors, city officials, and even news media. Many protective service cases are, to say the least, challenging and exceedingly complex.

The ongoing response to protective service cases is, in reality, still somewhat fragmented. Once you move beyond the mandated services provided by Trumbull County Office of Jobs and Family Services, case outcomes are still impacted by limited fiscal resources, internal and external organizational barriers, and occasional cross-system frustration. The collection of adult

⁴ Baleswamy, p.60.

⁵ N.B. This list should not to be taken as exhaustive.

⁶ Ohio Revised Code, paragraphs 5101.60 (N).

focused programs is not as responsive to the needs of the protective services clients, families or community as it could be. Nor does the current system always serve the organizations appropriately, exposing them to potential criticism from the community, political leadership, and press.

The leadership of Trumbull County's social service community is strongly committed to continued improvement in the way we do business. We are maintaining our focus 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 (money and staff time) available for older adults in need and to create appropriate care planning interventions by bringing together the right entities to concentrate on the case and the system.

Mission

We established the following Mission Statement for TAPN:

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,

To promote the highest level of collaboration for the ultimate good of older adults, their families and the community.

Structure

TAPN began meeting in late 2002 and “organized” by contracting a part-time coordinator/director in 2004. The day-to-day administrative functions of TAPN (such as publishing the electronic newsletter, scheduling Full Network and Executive Board meetings and recording their Minutes, membership contacts, and file maintenance) are carried out by the Director. In 2006, TAPN further solidified its role by formally becoming a private, non-profit 501 (c) 3 organization. The organization has operated on funding from a variety of sources including foundation grants, senior services levy contracts, private donations and member contributions.

Full Network

As from the beginning, for TAPN to remain successful it needs to continue to assemble specific representatives from specific systems on a regular basis. It achieves this with the Full Network – the “management body” of the TAPN. Current Full Network members include representatives from the major funding, nonprofit and governmental organizations within Trumbull County that address the needs of high risk older adults requiring protective services. Members represent the following systems: medical, judicial/law enforcement, senior/social services, governmental, mental health/substance abuse, disability services, senior housing and long term care. Because of the nature of the problems it addresses, the Full Network is comprised of the chief executive officers (whether their title be judge, mayor, executive director, or president) of the member organizations.

The Full Network's current goal is to identify and transform existing barriers, such as domestic (barriers that exist within an organization that can be changed unilaterally by that organization), multi-system (barriers that exist for at least two organizations and can be changed unilaterally by each organization), and governmental/policy (barriers caused by federal or state law, regulation, policy, procedure, or rule) to provide appropriate and efficient services to high risk older adults. Some examples of efforts that meet this goal are:

- 1) Providing ongoing cross-system training to line staff (annual TAPN cross-training),
- 2) Developing special points of entry for protective services cases within each organization,
- 3) Establishing an efficient and effective structure for mental health assessments (LifeLines Access Center),
- 4) Creating, with the local housing authority, a temporary stay apartment,
- 5) Creating an account for client needs that cannot be covered by other dollars (TAPN Clinical Support Fund).

In a wider sense 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 laws and regulations preventing appropriate service delivery or improving marketing of available services.

The efforts of the Full Network are spearheaded by the Executive Board. The Executive Board currently includes representatives from the 10 founding TAPN agencies as well as the more recently created Guardian and Protective Services, Inc.

TAPN Executive Board Agencies

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

Clinical Committee

The first permanent operating committee established by the Full Network was the Clinical Committee. This committee provides the forum for the systems to (1) manage the most challenging older adult high-risk cases, (2) identify the barriers to providing necessary service, (3) offer informal training opportunities to address needs as they are identified by members, (4) launch advocacy projects on behalf of Trumbull County seniors, (5) oversee the TAPN Clinical Support Fund and (6) build a cohesive team of providers with shared vision and goals. Please note 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. Generally, the membership of this group includes caseworkers, clinical supervisors, and/or program directors from TAPN member organizations.

A secondary goal of the Clinical Committee is to inform the Full Network of:

1. barriers to service delivery,
2. proposed system changes,
3. gaps in current services.

A system that blocks or otherwise impedes the efforts of the workers is grossly ineffective. 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.

Training Committee

Another active committee within the TAPN organization is the Training Committee. They continue to focus on meeting both the cross-training needs within TAPN as well as the senior service professional development needs within the community. Their two major ongoing programs are the annual TAPN Cross-Training for members and the TAPN Senior Focus Series of brown-bag CEU sessions for community professionals.

Synopsis

In closing, TAPN addresses systems-level integration and coordination of programs, case-level coordination and integration of services and training/cross-training relating to the needs of the senior services system. The enduring goal, as stated in the TAPN Mission Statement, is to promote the highest level of collaboration for the ultimate good of older adults, their families and the community. We endeavor to accomplish the above while adhering to the following guiding principles...

- Affirm the community as part of the solution to the needs of older adults.
- Provide that families are partners in defining issues as well as solutions.
- Strive to improve the self-worth of older adults through analysis of their strengths and weaknesses.
- Remain culturally sensitive in the provision of services.
- Meet the needs of older adults by utilizing the least restrictive community based services.
- Provide services in the most cost-effective manner to minimize public subsidy whenever possible.
- Promote community awareness and involvement in the various systems that provide services to older adults.