Respecting Our Past, Addressing Our Future
A Strategy for Improving Elder Care on the Tohono O’odham Nation

Report and Recommendations of the Elder Care Consortium of the Tohono O’odham Nation
January 2011
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prologue</td>
<td>1</td>
</tr>
<tr>
<td>Guiding Principles of the ECC</td>
<td>2</td>
</tr>
<tr>
<td>State of Elders of the Tohono O’odham Nation</td>
<td>3</td>
</tr>
<tr>
<td>Current Services Provided to Elders on the Tohono O’odham Nation</td>
<td>5</td>
</tr>
<tr>
<td>Needed Services</td>
<td>6</td>
</tr>
<tr>
<td>Principles and Criteria for ECC’s Recommendations</td>
<td>7</td>
</tr>
<tr>
<td>Recommendations</td>
<td>7</td>
</tr>
<tr>
<td>Conclusion</td>
<td>9</td>
</tr>
<tr>
<td>Contact List</td>
<td>10</td>
</tr>
<tr>
<td>Appendix</td>
<td>Appendix-1</td>
</tr>
</tbody>
</table>
Prologue

Mary is 81 years old. She lives in a village on the west side of the Tohono O’odham Nation. She lives alone in her home. She has diabetes and high blood pressure. She has great difficulty walking and is losing her eyesight. She cannot drive and transportation services to her community are scarce and undependable. Mary cannot do basic housework and has difficulty preparing just one meal a day. She eats alone, is frequently lonely and sometimes suffers depression. Her home is old and needs substantial repairs and upgrades. The roof leaks and plumbing doesn’t always work. Mary needs help.

Mary’s life is representative of the lives of many of the estimated 2,261 Tohono O’odham Elders, who comprise 17% of the Nation’s members residing within the boundaries of the Nation. Growth of the Elder population has been significant – in 2007 the number of Elders was 1500 (14% of the Reservation population) and it is anticipated that the absolute number and percentage of the Elder population will continue to grow as the Nation’s population of Baby Boomers (born 1946-1964) reach retirement age. The demand for additional and more comprehensive social and health related services as well as the need for the required infrastructure to support these services will also continue to grow.

The Elder Care Consortium of the Tohono O’odham Nation (“ECC”) is pleased to respond to the request of the Nation’s Vice Chairman Isidro Lopez for recommendations regarding care of the aging O’odham population. ECC is a voluntary group of health and social service providers, Elders and tribal community members formed in 2005. Guided by O’odham Himdag, the mission of ECC is to advocate, promote, empower and protect the self-determination and well being of the Nation’s Elders. ECC’s vision is (i) to be a collective and shared voice for Himdag, (ii) to advocate for policy improvements and effective integration of services and (iii) to ensure that Elders’ voices be respected and that their positions be valued in community decision-making.

The founding members of ECC -- the Tohono O’odham Department of Health and Human Services, the Tohono O’odham Community College, the Tohono O’odham Nursing Care Authority and the Tucson Area IHS/Sells Service Unit -- have executed a Collaborative Agreement. In its first 5 years, ECC conducted caregiver training, developed a 5-year strategic plan, received a HRSA Network Development Planning grant, and produced our first “White Paper” which discussed among other relevant issues, the need for the Nation to properly fund the newly adopted Adult Abuse Ordinance.

As members of ECC, we believe that with courage, creativity and commitment, we can expand access to health care and social services for the Nation’s aging population. In this second “White Paper,” we outline the “State of the Nation” for O’odham Elders and provide recommendations for improvements to the programs and services of older O’odham adults. Given the state of the National, regional and local economy and limited resources available to the Nation, we advocate for enhancement and revitalization of the existing system of care, rather than proposing a complete overhaul of the current system.

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1 This data is from 2009 and was provided by the Tohono O’odham Enrollment Office.
Guiding Principles of the ECC

The Tohono O’odham are a strong, proud and persevering people. ECC’s commitment to the O’odham is to participate in the planning of the Nation’s future that permits the O’odham aging population to receive the delivery of excellent care and services, based on contemporary research and knowledge and adherence to the highest legal, ethical and professional standards. To achieve such standards, ECC sets forth the following principles.

ECC is committed to:

- **Healthy Aging**, which is more than just physical health or absence of disease. Healthy Aging encompasses other important aspects of health including intellectual, emotional, social, vocational and spiritual health. By delivering a consistent and unified message that incorporates a multi-faceted approach to disease prevention and health promotion in the broadest sense of the word, we believe we can motivate the O’odham population to take steps to encourage healthy aging. To achieve this outcome, we will collaborate with community leaders and health care providers to create and disseminate educational messages to the O’odham. To promote efficacy, our programs will be based on contemporary knowledge and we will evaluate the success of our programs to further refine the messages. The recommended programs will be consistent with O’odham Himdag.

- **Aging in Place**, which means growing older without having to leave one’s home and community. Recent surveys show that this is the desire of our O’odham. To succeed in this objective, a person needs to plan for growing older and to learn how to access available services. The benefits to Aging in Place include the continuation of comfortable surroundings, the greater potential for independence and independent living, the ability to remain close to family members, the retention of feelings of safety and security resulting from living in a familiar environment, and, knowledge of and, if possible, convenience to, needed services. The goal is to eliminate or reduce the need for the Elder to live in unacceptable housing conditions or to move each time the Elder experiences a change in health or family circumstances. Aging in Place will require robust partnerships and coordination with members of the ECC, the Nation, federal, state, local governments and social service providers.

- **Cultural Grounding.** We know our aging population lives within a dynamic and changing culture, which we refer to as “O’odham Himdag.” Many Elders want to continue their traditional practices, remain within their communities on the Reservation and continue to serve and be respected for the positions that they hold and the roles that they play within their O’odham communities. Every attempt will be made to keep O’odham Himdag real and vibrant. Developing rituals of respect for one another, including Elders, ensures that culture and aging care go together.
State of Elders of the Tohono O’odham Nation

The Studies

Since 2002, there have been a number of studies and assessments of the health care needs of Tohono O’odham Elders. ECC has reviewed the results of the following:

2002
■ Tohono O’odham Community Health Assessment conducted by the Division of Community Health of the Tohono O’odham Department of Health and Human Services

2004
■ Tohono O’odham Community Health Assessment conducted by the University of North Dakota and the Tohono O’odham Department of Health and Human Services
■ Tohono O’odham Nation Caregiver Survey

2006
■ Elder Care Services Needs Assessment - Data Collection and Analysis Project
  Conducted by the American Indian Health Management and Policy, Inc. in conjunction with the Tohono O’odham Nursing Care Authority

2007
■ Tohono O’odham Community Health Assessment conducted by the University of North Dakota and the Tohono O’odham Department of Health and Human Services

2009
■ HRSA Network Development Planning Grant, survey conducted by American Indian Health Management and Policy, Inc. in conjunction with the Tohono O’odham Department of Health and Human Services in cooperation with ECC.

Significant Findings from These Studies

1. Elders are socially isolated.
   - Sixteen percent (16%) of Elders on the O’odham Reservation live alone. Almost 30% do not attend church services and half the Elders do not participate in clubs, organizations or attend meetings. Over 25% eat alone most of the time.

2. Chronic disease and other health issues remain a serious problem.
   - Over 60% of Tohono O’odham Elders reported they had diabetes (60.2%) and/or high blood pressure (64.1%). In addition, self-reporting of arthritis, cataracts, depression and asthma were at significant levels.
   - A significant number of Tohono O’odham Elders indicate they smoke 1-5 cigarettes a day. The number of Elders smoking 6 cigarettes or more a day has decreased from the 2004 study. The rates of alcohol use remain steady.
3. **Transportation is limited and undependable.**

- Transportation continues to be a major barrier to health care and access to all services. Non-medical transportation through the Division of Senior Services of the Tohono O’odham Department of Health and Human Services and through district offices does not meet demands. No public transportation exists for Elders to access community events, shopping for goods and services, and attendance at social and religious events.

4. **In-home and community based services are not readily available.**

- Many Elders need help with basic activities of daily living - walking, getting in or out of bed, eating, and more complex activities such as preparing one’s own meals, doing heavy housework, and shopping.

- Many Elders live in substandard housing. Programs and funding for rehabilitation and repair are very limited.

- Services provided in districts vary greatly from one district to the next. Meal programs may only be offered once a week at one location. Transportation is sporadic and in some districts non-existent. Most of the Senior Centers need replacement or substantial repairs.

5. **Need more options for long term care and supportive housing.**

- The data indicates that more Elders will require long term care. It is important to note that long term care encompasses a range of services such as in-home care and assistance, adult day care, independent living, and assisted living, not just nursing home placement. The sole facility, the Archie Hendricks Sr. Skilled Nursing Facility, is operating at capacity and does not meet the need, present and future.

6. **Service and health information still not widely available.**

- As evidenced by their responses to the 2007 questionnaire, there are numerous gaps in services to Elders and many Elders are not aware of the current services that are available to them within their communities or within the Tohono O’odham Nation.

7. **Families and caregivers need support too.**

- A high percentage of Tohono O’odham Elders live with family members (79%). Of those living with families, 51% report that family members provide care and 62% indicate that family members provide help when they are sick. Caregiver training and respite care services need to be expanded. Not all families take care of their Elders and those that do need support, respite and training.
Current Services Provided to Elders on the Tohono O’odham Nation

Services listed below are provided at some level, but most services are inadequate for the population being served.

Sells Service Unit/Tucson Area Indian Health Service

- General Medical Care
- Emergency Services
- Eye
- Podiatry
- Physical Therapy
- Social Work
- Nutrition
  - Diabetes Management
  - Diabetes Education
- Specialty Care (once monthly)
  - Orthopedics
  - Cardiology
  - Nephrology
  - Rheumatology
- Public Health Nursing
- Environmental Health and Home Safety Evaluations

Tohono O’odham Department of Health and Human Services

- Transportation (limited service)
- Adult Care Service
  - Limited Chore Services
  - Assistance with Application Processing
  - Advocacy
  - Assistance with Emergency Food and Shelter
- Adult Protection Services
- Arizona Long Term Care Program
  - Case Management
  - Limited Home Modification (for Accessibility)
  - Nursing Home Placement
- Elder Nutrition Program
  - Nutrition education
  - Congregate Meals
  - Home Delivered Meals
  - Information and Referral
  - Recreation
  - Socialization
- Caregivers Support Program
  - Family Care Giver Support
  - Grandparents Raising Grandchildren
- Elder Wellness
  - Chair Aerobics once a week
Archie Hendricks Skilled Nursing Facility and Tohono O’odham Hospice

- Post Hospital Skilled Nursing Care
- Long Term Skilled Nursing Care
- Respite Care
- Hospice Care
- Desert Pathways Program
- Emergency Temporary Placement for Elders
- Rehabilitation – Physical and Occupational Therapy
- Wound Care Program

**Needed Services**

Services are limited or unavailable to Elders for various reasons including budget constraints, inability to locate and employ qualified personnel, and fragmentation of services within the Nation.

**Substantial Needs Required for Healthy Aging**

- *Himdag* including traditional medicine
- Transportation available on schedule
- Guardianship and Fiduciary Services
- Health Promotion - Disease Prevention Programs
- Health screening
- Information and counseling
- Home meal program (Daily Services)
- Home Environmental Assessment to Identify Safety Issues
- Home Modification (when necessary)
- Social and Recreational Programs

**Substantial Needs Required for Aging in Place**

- Home Health Services (including skilled nursing)
- Transportation (provided on schedule)
- Awareness of Existing Services; Who Provides Services; and Where and When Services Are Provided
- Home Maintenance and Remodeling Services, including Wheel Chair Ramps and Bathroom and other Adaptations
- Adopt Federal Americans with Disability Act Standards Prospectively

**Additional Significant Capital/Services Required for Elders**

- Adult day care
- Group Homes for the Elders
- Independent Living Facilities
- Assisted Living Facilities
- Expansion of Skilled Nursing Facility
Principles and Criteria for ECC’s Recommendations

The following principles and criteria\(^2\) were used to develop recommendations to expand and enhance health care services to Tohono O’odham Elders:

- Consider no-cost and low-cost ideas;
- Find partners to share costs, expertise and resources
- Select the most “powerful” action, by evaluating the following:
  - Specificity – Is it specific enough to be implemented? Can it be done?
  - Leverage – How much difference will the action make in “bending the curve?”
  - Values – Is it consistent with our Himdag?
  - Reach – Is it feasible and affordable?

Recommendations

Based on the available information and the principles and criteria, ECC makes the following recommendations summarized below. Additional information regarding each of the Recommendations is provided in the Appendix which follows:

1. **In-home Services**
   
   Substantially expand the network of services required to enable Elders to “age in place,” including but not limited to a fully functioning home health program and help with activities of daily living.

2. **Transportation**
   
   Develop and fund a coordinated and Elder-friendly transportation network to provide access to existing services, appointments and shopping and facilitate Elders interaction with family and friends.

3. **Supportive Housing**
   
   There is a growing need for various forms of housing for Elders. To support Aging in Place, provide a robust program of home repair and home rehabilitation including modification of homes to meet accessibility standards for the Elder residents. Additional forms of housing include group homes, independent living where meals, housekeeping and maintenance are provided and assisted living which expands the Independent Living services to include modest health related services.

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\(^2\) These principles and criteria were adapted from those promulgated by Mark Friedman, TRYING HARD IS NOT GOOD ENOUGH (2005) (promoting Results Based Accountability and Outcome Based Accountability).
4. **Senior Services Funding**

If Elders are to remain in their homes, they need a variety of services, many of which are not available or only available on a very limited basis. The Senior Services Division of the Tohono O'odham Department of Health and Human Services is responsible for providing these services, but must have additional funding and staff positions in order to meet this need. Many tribes have invested considerable revenues into senior service programs. Senior Services has prepared an Elder Needs Report and budget which is summarized in the Appendix. ECC is working with Senior Services to prepare a 5-year Plan and Budget based on this Report.

5. **Expanded Activities for Seniors**

Many Elders indicate they would like to participate in additional activities. This is an excellent opportunity for the Tohono O'odham Community College to establish a TOCC Elder Learning Center. Exploration of the availability of public and private funds for this purpose. TOCC could also work with Senior Services and the districts to provide programs and classes at the nutrition sites.

6. **Senior Centers**

Vibrant senior centers will increase the activity of Elders and decrease social isolation and sedentary lifestyles. However, most of the Nation’s senior centers are in need of renovation. Many must be re-built. Work with relevant committees and agencies of the Nation is necessary to identify and develop the required resources for renovation and rebuilding of Senior Centers.

7. **Guardian/Fiduciary Services**

There is a substantial number of incapacitated individuals on the Tohono O'odham Nation in need of formal services to manage life and health care decisions and to manage their financial affairs. It is proposed that the Nation establish a formal guardianship/fiduciary program to provide the necessary services to identified incapacitated members of the Nation.

8. **ECC Formation and Staffing**

Currently ECC is a voluntary organization based on a collaborative agreement. The ECC submitted a draft Charter to the Office of the Chairman for comment and presented the Charter to the Vice-Chairman and the Chair of the Legislative Health & Human Services Committee as first steps to consideration of the formation of the ECC as an entity recognized under the laws of the Tohono O'odham Nation. Recognition as an entity is a goal of the ECC, but one which may require additional education of tribal leadership. It is evident, however, that ECC cannot fully meet its mission or vision without an Executive Director to coordinate services and ensure communications. Thought should be given as to how to fund this essential position through public or private funding.
Conclusion

Across the Nation, there is a shared commitment to provide for the Elders who have given so much during their lifetimes. *Am ʻep io ʻi-u:pam o ʻi-nodagi k ʻam ʻep ioʻi-em-waņem.* (You have lead us to this point; now its our turn to reciprocate and help you.) The Tohono O’odham Nation can begin to effectively address the needs of its Elders by moving forward with one or more of ECC’s recommendations.
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APPENDIX
Introduction

The eight recommendations described in the body of the White Paper are the ECC’s best estimate of those objectives that the Nation should prioritize in order to have a positive impact on Elders. While it was the intention of the ECC to consider low cost and no cost solutions to problems, several of the recommendations involve the need for substantial additional personnel and funding. Some of the recommendations focus on the same issue from different perspectives. Most of the recommendations will require the involvement of individuals from other entities on the Nation, including representatives of the Districts, the Legislative Council, the Executive and the Courts. In the last analysis, it is the Nation which must decide where to focus its limited resources.

Recommendations (Expanded Discussion)

1. In-home Services

In order to enable Elders to “age in place,” there will need to be an expansion of those services necessary to healthy “Aging in Place.” These services most prominently include a fully functioning home health program and outside assistance with activities of daily living (“ADL’s”).

“Aging in Place” refers to the concept of having the capacity and ability to remain at home and continue to be connected to one’s community as we grow older. A strong network of community based services that focus upon in-home health care and monitoring (skilled nursing services), ADL’s, adequate nutrition and home repair will enable aging O’odham to retain the greatest freedom and independence in their own homes.

Presently, there are several programs within the DHHS that provide limited services to eligible Elders. These programs are working at capacity and may even be oversubscribed. Furthermore, it is difficult to accurately determine current utilization of services or anticipate future demand for services because of an inadequate reporting system. The existing databases are incomplete or poorly maintained. Limited staffing and proper training also impact the effectiveness and functionality of many existing programs.

The unmet need is great, but how great is unknown. In order to determine both actual use and projected demand for home-based health and support services, an accurate count of the Elders, including (i) the community or village in which the Elder resides, (ii) the Elder’s current demand for services, including those services which are being met and those that are not, and (iii) the formal and informal network by which services are provided. The Nation’s Districts should be active participants in this process.

Three specific tasks have been identified:

Tasks and Timeline

1. Conduct a survey of the Elders by community, District, needs, services requested, and the existence of both formal and informal networks by which services are provided. (12 months)

2. Explore options and identify barriers for meeting the skilled home health care needs of Elders choosing to live at home. (12 months)
3. Develop a coordinated case management system of care delivery that would serve as a central intake and referral point for all queries and assistance requests by Elders and their families. (24 months)
   a. Review present systems of case management (6 months);
   b. Identify barriers to a centralized system (3 months);
   c. Research and identify various models of care or develop alternatives (3 months); and
   d. Select and implement the best model that fits the Nation’s existing human service programs. (12 months)

2. Transportation

Develop and fund a coordinated and Elder-friendly transportation network to provide access to existing services, appointments and shopping and facilitate Elders interaction with family and friends.

The Tohono O’odham Department of Health and Human Services (TODHHS) is developing and implementing a strategic plan to improve transportation services to the Tohono O’odham. To address the Elder transportation need, the TODHHS will conduct an Elder Transportation pilot project to document and evaluate the Elder transportation need.

Pilot Study

The Pilot Study Team will select one District where the transportation needs will be met by TODHHS. A dispatch center will be set up where Elders can call in to request for transportation. Transportation will be provided to the local Store, Post Office, TOUA. Clinic, Social Security, and social activities. Included will be town trips (Tucson) and other places that Elders may want to go. Transportation will not be provided to places of entertainment such as the Casino.

This pilot project will be for a three month period. Upon completion of the study the data will be analyzed and will serve as a basis for possible funding proposal request.

Selected District:

The Districts considered for this pilot project were the Districts located close to the capital of the Nation, Sells. The Pilot Study Team decided that Sells District would be the selected District for the pilot study. Sells District does not currently provide regular transportation services for their Elders.

Project Timeline:

The pilot project start date will be January 1, 2011 and end on March 31, 2011. The project data will be analyzed and a completed report will be available on April 30, 2011.
3. **Supportive Housing**

Based on the real time experiences of (i) the Archie Hendricks Sr. Skilled Nursing Facility ("AHSSNF"), (ii) Indian Health Service, (iii) the Tohono O'odham Department of Health and Human Services, Division of Senior Services, and (iv) the Tohono O'odham Hospice Desert Pathways program, Elders require in-home assistance as they age in order to remain at home. Two key priorities discussed above are in-home care and transportation. However, for many Elders, the reality is that the Elders needs cannot currently be met at home and yet they don't need the level of services provided in a skilled nursing facility such as the AHSSNF.

To support Aging in Place, a robust program of home repair and home rehabilitation including modification of homes to meet accessibility standards for the Elder residents is necessary. In addition, housing including consideration of group homes, Independent Living facilities at which meals, housekeeping and maintenance are provided and Assisted Living facilities which expands the Independent Living services to include modest health related services.

**Tasks and Timeline:**

1. Form a working group including representatives of the Tohono O'odham Ki:Ki Association ("TOKA"), the Housing Committee of the Legislative Council, the Planning Department, the Districts and the ECC to develop an Elder housing plan. (3 months)

2. Prepare an Elder Housing Plan that will include home modification, adaptation, repair and rehabilitation of existing homes and construction and operation of Elder apartments, a group home, other independent living options, and an assisted living facility. (6 months)

3. Based on the Elder housing plan, prepare a five-year capital improvement plan. (3 months)

4. Determine the responsibility of various departments and programs for the plan components. (1 month)

5. Seek Federal, private and tribal funding. (24 months)

* * *

4. **Senior Services Funding**

It is a goal of the ECC to expand access to health care and social services for the Nation's aging population. In order to meet this goal, improvements must be made to the existing programs and services available to our older O'odham adults. Given the limited resources available to the Nation and the general state of the current U.S. economy, it is the recommendation of the ECC that current services be enhanced and revitalized rather than completely overhauling the current system.

Appendix-3
Our Elders need a variety of services, many of which are not available or only available to them on a very limited basis. The Senior Services Division of the Tohono O’odham Department of Health and Human Services is responsible for providing these services, but it requires additional funding and an increase in staffing in order to meet this ongoing need.

Funding for Senior Services is comprised of funding from a number of sources. Attached as Table 2 is a schedule for Senior Services including requested funds. The total for all currently funded programs is $1,634,247.28. The primary funding sources are: (i) the Nation, (ii) the BIA [Elder Care Program], (iii) the Federal Title III Program, (iv) the Federal Title VI Program and (v) ALTCS. These programs support 29 employees.

As currently staffed and funded, the Division of Senior Services is not able to meet the needs of its current core programs of congregate feedings, home health, and transportation. The mere growth of the Elder population living on the reservation, estimated to be over 2000 in number, has burdened the current resources. In order to better fund the existing services additional funds are necessary. Senior Services is requesting an additional $1,244,111.65 for fiscal year 2011 from the Nation. The following is a summary of how the proposed additional funding request would be utilized:

If the Nation provides the additional funds for fiscal year 2011, Senior Services intends to hire thirteen additional employees, a staff increase of 32%. Capital items to be purchased with the additional funds would include a modular building for $350,000, 13 computers -- $25,000, 5 vehicles -- $115,000 and workstations for 20 employees -- $40,000. If the Nation has additional one-year carryover funds that could be committed, such one-year funds could be used to meet the capital requirements, which are approximately 42% of the budget.

With respect to future funding, an Elder Needs Assessment was conducted by the Elder Care Consortium in its effort to design a seamless system of Elder health and wellness. The consulting firm of American Indian Health Management & Policy, Inc. (AIHMP) was engaged to conduct interviews which formed the basis of the assessment. Several key informants who work in the area of elder care were interviewed along with eleven Focus Groups (the District Councils).

The following chart summarizes short range, long range and cost assessments relative to additional services which need to be made available to the Elders:
<table>
<thead>
<tr>
<th>Issue</th>
<th>Short Range / (within 1-3 years)</th>
<th>Long Range/ (4-10 years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Translation Interpretation</td>
<td>Insure that at least 60% of Senior Services staff speak or understand the O’odham language.</td>
<td>Have O’odham speaking staff members available to accompany Elders and assist with interpretation issues.</td>
</tr>
<tr>
<td>More Outreach</td>
<td>Due to limited space at the current facilities limited outreach services are being provided. Staff will be advised to perform outreach services whenever possible.</td>
<td>Additional outreach services could be provided if additional staff members are hired. Funding request will be presented to the Nation for this purpose</td>
</tr>
<tr>
<td>Elder Abuse Program</td>
<td>This service has been substantially met through the creation of the Adult Protection Division.</td>
<td>Continue to coordinate services with the Adult Protection Division.</td>
</tr>
<tr>
<td>Caretakers</td>
<td>Due to limited funding Senior Services employs only 3 Community Home Workers to provide services throughout the entire reservation.</td>
<td>Additional funding would be requested from the Nation to hire additional Community Home Workers.</td>
</tr>
<tr>
<td>Health Education</td>
<td>Continue to coordinate with other programs to provide education.</td>
<td>Develop a schedule of health education sessions to be presented to Elders.</td>
</tr>
<tr>
<td>Housing</td>
<td>Continue to make referrals to the Districts for housing needs.</td>
<td>Provide input &amp; request the Nation assess the housing needs of its members and seek grants to take care of those housing needs involving Elders</td>
</tr>
<tr>
<td>Additional Transportation needs</td>
<td>Continue to coordinate with Districts and other programs to provide transportation services</td>
<td>Need additional vehicles and drivers.</td>
</tr>
<tr>
<td>Elder Centers</td>
<td>Assess the current Elder Centers to identify the repair and building needs.</td>
<td>Request funding from the Nation to build new Senior Centers.</td>
</tr>
<tr>
<td>General - Better understanding from all districts of their Elder needs/resources and populations</td>
<td>Educate the Districts on the status of Elders in their communities and how needs can be substantially met with coordination of efforts between the Districts and service programs.</td>
<td>Continue collaboration and coordination with Districts and other service programs or agencies to serve the needs of Elders.</td>
</tr>
<tr>
<td>Database</td>
<td>Continue manual filing of information until a system can be purchased and staff person hired to input data.</td>
<td>Investigate and purchase database system; hire a qualified data input employee</td>
</tr>
<tr>
<td>Case management services</td>
<td>Case Managers will continue to provide case management services as best as possible given current caseload.</td>
<td>Pursue outside funding to hire additional Case Managers.</td>
</tr>
<tr>
<td>Health Care</td>
<td>Case Managers will seek health care resources.</td>
<td>Better coordination with health care providers.</td>
</tr>
<tr>
<td>SENIOR SERVICES</td>
<td>FY2011 Tribal 01-1421</td>
<td>FY2011 Tribal 01-4242</td>
</tr>
<tr>
<td>-----------------</td>
<td>------------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>BUDGETS FY 2011</td>
<td></td>
<td></td>
</tr>
<tr>
<td>610 Salaries</td>
<td>$269,690.00</td>
<td>$131,988.00</td>
</tr>
<tr>
<td>620 Fringe Benefits</td>
<td>$87,649.25</td>
<td>$42,896.10</td>
</tr>
<tr>
<td>Total Salaries</td>
<td>$357,339.25</td>
<td>$174,884.10</td>
</tr>
<tr>
<td>622 Security Clearance</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>630 Insurance</td>
<td>$17,962.00</td>
<td>$3,412.00</td>
</tr>
<tr>
<td>650 Tuition/Registrations</td>
<td>$1,500.00</td>
<td>$1,500.00</td>
</tr>
<tr>
<td>655 Lodging</td>
<td>$1,500.00</td>
<td>$2,500.00</td>
</tr>
<tr>
<td>660 Travel Expense</td>
<td>$2,000.00</td>
<td>$2,000.00</td>
</tr>
<tr>
<td>662 Mileage GSA</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>710 Utilities</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>711 Communica Expense</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>712 Gas &amp; Oil</td>
<td>$40,000.00</td>
<td>-</td>
</tr>
<tr>
<td>720 Supplies-Office</td>
<td>$2,500.00</td>
<td>-</td>
</tr>
<tr>
<td>721 Supplies-Other</td>
<td>$2,500.00</td>
<td>$1,500.00</td>
</tr>
<tr>
<td>722 Supplies-Programs</td>
<td>$1,000.00</td>
<td>-</td>
</tr>
<tr>
<td>724 Supplies-Kitchen</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>SENIOR SERVICES</td>
<td>Current Budget FY2011</td>
<td>Current Budget FY2011</td>
</tr>
<tr>
<td>-----------------</td>
<td>-----------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td></td>
<td>FY2011 Tribal 01-1421</td>
<td>FY2011 Tribal 01-1424</td>
</tr>
<tr>
<td>730 Dues &amp; Subscription</td>
<td>$700.00</td>
<td>$ -</td>
</tr>
<tr>
<td>751 Lease/Rentals</td>
<td>$ -</td>
<td>$ 6,000.00</td>
</tr>
<tr>
<td>750 Major Capital</td>
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<td>$ -</td>
</tr>
<tr>
<td>770 RM Equipment</td>
<td>$ -</td>
<td>$ 1,000.00</td>
</tr>
<tr>
<td>771 RM Vehicles</td>
<td>$ 8,000.00</td>
<td>$ -</td>
</tr>
<tr>
<td>772 RM Buildings</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>774 RM Computers</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>812 Public Relations</td>
<td>$ -</td>
<td>$ 17,000.00</td>
</tr>
<tr>
<td>810 Professional Services</td>
<td>$ -</td>
<td>$ 10,000.00</td>
</tr>
<tr>
<td>850 Food</td>
<td>$ -</td>
<td>$ 34,000.00</td>
</tr>
<tr>
<td>856 Client Support</td>
<td>$ -</td>
<td>$ 18,165.00</td>
</tr>
<tr>
<td>860 Special Activities</td>
<td>$ 1,431.00</td>
<td>$ 2,500.00</td>
</tr>
<tr>
<td>867 Awards</td>
<td>$ -</td>
<td>$ 1,000.00</td>
</tr>
<tr>
<td>900 Indirect Costs</td>
<td>$ -</td>
<td>$ 19,326.00</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$ 436,432.25</td>
<td>$ 96,165.00</td>
</tr>
</tbody>
</table>

Notes to budget numbers:

- The AA position is reflected under new employees seventh column.
- Portion of allocation in 10-1300 not reflected, except for one position included in BIA ### above.
- Major capital—modular $350,000; 13computers $25,000; 5vehicles $115,000; 20work stations for employees $40,000.
- Budget amount reflects frozen positions as the intent is to activate them.
- Salaries are spread to all different accounts.
- Does include 01-4242, elder wellness, considered separate budget and funds only the annual elders conference program.
5. **Expanded Activities for Seniors**

Various needs assessments and surveys indicate that many Elders want to participate in additional activities to increase opportunities for socialization, education and creativity. It has been suggested that a learning center be established by the Tohono O’odham Community College (“TOCC”) to provide learning opportunities for use of computer technology and the internet, special interest classes to explore new directions for learning and a venue for the Elders to teach the TOCC’s students and share the wealth of oral history and information that is so important to pass on to younger generations.

With the constraints of limited space at the present site as well as budget and transportation challenges requiring further analysis and long term strategic planning by the TOCC administration and its Board, the workgroup focused upon what could be implemented in the short term to provide expanded opportunities for socialization, education and creativity.

**Tasks and Timeline**

1. Approach and inquire of the TOCC Board whether the TOCC would prioritize and implement, within the TOCC’s strategic plan, the development of a resource center for Elders within which educational and cultural opportunities would exist to the mutual benefit of both students and Elders. (4 months)

2. Restructure the Nation's Senior Services nutrition program (“Congregate Feeding”) by inclusion of other services during that time period to enhance the following: (12 months)

   (a) **Creativity.** Provide instruction and guidance for arts and handicrafts at each of the congregant feeding sites. Implementation will require volunteers or additional paid staff and funding for materials and supplies. Examples of arts and handicrafts include quilting, beadwork, ceramics and painting.

   (b) **Learning.** Instructors from TOCC could provide lectures or “talks of interest” on a periodic (e.g. quarterly) basis. When planned and coordinated in advance, resources could be pooled to permit more effective use of transportation resources so that all participants could meet in a single location for the lecture and meal.

   (c) **Socialization.** Senior Center managers using existing funds and by fund-raising activities by the Elders will plan for special day trips (e.g. visits to other Indian communities and tribes or to Elder Centers in Tucson) and activities (shopping trips and places of interest) to provide additional socialization activities outside of the congregate meal. Here also, several sites could coordinate in advance regarding transportation and other limited resources in order to maximize participation and minimize costs.

* * *
6. **Senior Centers**

Vibrant Senior Centers help to increase the activity of Elders and decrease social isolation and sedentary lifestyles. The Senior Centers can be places where Elders can meet to receive services and participate in activities that will enhance their dignity, support their independence and encourage their involvement in the community. These Centers can provide activities which teach skills for leisure use, offer insurance against loneliness, give Elders an opportunity to maintain or renew self-respect, give opportunities to learn ways of improving one’s health and teach Elders that they can still have a significant voice in the affairs of the community. The Centers can provide locations for the delivery of services to Elders to assist them in maintaining a quality life with as much independence and dignity as possible. One of the main goals of the ECC is for the Senior Centers to become a critical component of the provision of Elder services within the Nation. The Centers would be open for extended hours and provide a point of contact and an information referral center for such services as housing, nutrition, healthy aging, aging in place and health.

Based upon a preliminary review of the existing Senior Centers, it is believed that many are in need of renovation. Some may need to be totally re-built. This belief, however, must be confirmed and quantified by a thorough assessment of the physical condition of each Senior Center, being mindful of the responsible operator of the Senior Center, the number of Elders being served and the services being offered to the Elders. Once the assessments have been made, the Nation should focus on working with relevant committees and agencies to identify and develop the required financial and in-kind resources required to renovate or rebuild the Senior Centers so that they effectively meet the needs of the Elder community.

In an Elder Needs Report prepared for the ECC, Idaleen Reyes, former Manager of the Division of Senior Services provided the following initial analysis and summary of the current services provided at the nine main Elder Centers located within the Nation, a summary of issues identified at each Center and an initial proposed plan associated with implementation of the proposed changes to each center. See Table 3 below. This assessment is only preliminary and will need to be further updated:

**Tasks and Timeline**

A. **Assessment of All Existing Senior Centers.** It is our recommendation that a thorough assessment of each Senior Center be made by staff members of the Senior Services Division of the Department of Health and Human Services, updating the initial work already summarized above. Specific items which need to be reviewed and assessed include the following:

1. Location of each Senior Center.
2. Identity of who operates the Senior Center (tribal, district, other organization).
3. Days and hours of operation for each Senior Center.
4. Number of Elders served in the aggregate and broken down by type of activity and time of use.
5. Specific description of the programs, services and activities provided at each Senior Center.
6. Current condition of the existing facilities (building and improvements) at each Senior Center, including ADA ("Americans with Disabilities Act") compliance.

7. List of proposed renovations and improvements.

B. Develop Cost Estimates. Using the capacity of the estimators employed by the Department of Heath & Human Services, estimates of the proposed renovations and improvements will be prepared.

C. CIP Plan. With consultation of the Office of the Chairman and Vice-Chairman, the projects will be assigned a priority and a 5-year Capital Improvement Plan will be developed.

D. Prepare Draft Report. A Draft Report outlining the findings and conclusions will be prepared by members of the Sub-Committee.

E. Review of Draft Report by Sub-Committee. The Draft report will be provided to members of the ECC and the Office of the Chairperson and Vice Chairperson and members of the Oversight Committee of Council. Members of the Sub-Committee will be prepared to answer questions or provide clarification.

F. Finalize Draft Report. Members of the Sub-Committee will finalize the draft report for submission to the Elder Care Consortium.

**Timeline:** Six months from beginning of assessment tours to finalization of Assessment Report.

**TABLE 3**

**PRELIMINARY ASSESSMENT OF SENIOR CENTERS**

Prepared by Idaleen Reyes, Former Senior Services Director

<table>
<thead>
<tr>
<th>Center</th>
<th>Issues Identified</th>
<th>Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIF OIDAK (CHUI CHU) CENTER:</td>
<td>The Chui Chu Center provides meals and transportation two days a week. Wednesday meals are sponsored by the Sif Oidak District and Thursday meals are sponsored by Senior Services. The communities served include Chui Chu, White-horse Pass, Cockleburr, Kohathk, North Komelic and Anegam.</td>
<td>The Chui Center is very small and cannot accommodate more Elders. The building is also used by the District and community members for meetings, parties and other activities. The Sif Oidak District does assist with repairs etc. The Center needs a whole new larger building.</td>
</tr>
<tr>
<td>FLORENCE MEAL SITE:</td>
<td>Florence does not have a dedicated Elder Center therefore the one day a week meal is served at the Community Feast House. The Feast House is also used by the Community for meetings and related activities.</td>
<td>To build a facility for use exclusively by the Elders where meals could be served in addition to being used for other activities such as sewing and arts and crafts</td>
</tr>
<tr>
<td>Center</td>
<td>Issues Identified</td>
<td>Plan</td>
</tr>
<tr>
<td>------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>GU VO MEAL SITE:</td>
<td>The Gu Vo District does not currently have a building dedicated for use by its Elders, with meals being served at the Managers Dam Recreation Center.</td>
<td>The Nation has a modular building which could be used for meal services, but it would need to be renovated.</td>
</tr>
<tr>
<td></td>
<td>The Gu Vo meal site has been moved to the Managers Dam Recreation Center. The meal is served on Tuesday by Senior Services. Transportation is provided from Gu Vo, Pia Oik and Managers Dam. Home delivered meals are provided once a week on Wednesdays.</td>
<td></td>
</tr>
<tr>
<td>PISINIMO CENTER:</td>
<td>The Pisinemo District is supportive of its Elders. The Center was built by the District and is a medium sized building. The building is able to accommodate the Elders that are currently attending the meals. There are no immediate issues to be addressed except the refrigerator/freezer needs to be replaced.</td>
<td>Obtain funding to purchase a new refrigerator/freezer.</td>
</tr>
<tr>
<td></td>
<td>The Pisinemo Center is open several days a week. Senior Services sponsors congregate meals, home delivered meals and transportation services on Thursdays. The Pisinemo District has its own Elder Center staff and sponsors activities on the other days. The communities served include Pisinemo, Santa Cruz, and San Simon. Senior Services also provides funds for food, a van and a gas credit card.</td>
<td></td>
</tr>
<tr>
<td>SAN LUCY CENTER:</td>
<td>The San Lucy District is very supportive of its Elder population and has a building for their use. There are no significant issues identified at this time.</td>
<td>In collaboration with the District the long range plan would be to build a new building.</td>
</tr>
<tr>
<td></td>
<td>The San Lucy Center serves the San Lucy Community and provides congregate, home delivered meals and provides transportation services 5 days a week. The District has its own Elder Services staff. Senior Services provide funds for food, a van and a gas credit card.</td>
<td></td>
</tr>
<tr>
<td>SAN XAVIER CENTER:</td>
<td>Although the San Xavier Center is small, it accommodates all Elders participating in the meal program. There are no real issues with the current Center. The District is extremely supportive of its Elder population: it has its own Elder Staff which includes Health Technicians and Homemakers.</td>
<td>The long range plan is to build a bigger center in collaboration with the District.</td>
</tr>
<tr>
<td></td>
<td>This Center serves the San Xavier community and provides congregate, home delivered meals along with transportation services. The District has its own Elder Services staff. Senior Services provides funds for food, a van and a gas credit card.</td>
<td></td>
</tr>
<tr>
<td>SANTA ROSA CENTER:</td>
<td>The Santa Rosa Center is small, crowded and old with heating and cooling issues. Because of limited funding, repairs are done as needed to continue operation. A new building is needed.</td>
<td>The Gu Achi District budgeted funds to purchase a modular building for its Elders. The long range plan is to add on to the new modular for a larger Senior Services Center.</td>
</tr>
<tr>
<td></td>
<td>This Center provides meals, home delivered meals and transportation services one day a week on Tuesday. The communities served include Santa Rosa, North Santa Rosa, Covered Wells and Ak Chin.</td>
<td></td>
</tr>
<tr>
<td>Center</td>
<td>Issues Identified</td>
<td>Plan</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Sells Center:</td>
<td>The Sells Center provides meals and transportation four days a week to the following communities: (Mon.) Big Fields, Cowlic, Nolic, Cababi, (Tues.) San Pedro, Queens Well, Santa Rosa Ranch, Sil Nakya, PanTak, Fresnal, Little Tucson, (Wed.) Sells (Thurs.) New Fields, San Miguel, Vamori, Choulic, South Komelic, Topawa. Home delivered meals are served five days a week.</td>
<td>The initial plan is to seek grants for construction of a larger facility. An alternate idea raised at a recent District Chairmen’s meeting was to initiate a forum at which people could voice their concerns and needs and then it would be voted on to provide funding for a new Senior Services Center.</td>
</tr>
<tr>
<td>Vaya Chin Center:</td>
<td>This Center serves congregate, home delivered meals and provides transportation services on Wednesdays to Vaya Chin, Hickiwan, Ventana, Charco 27, Kaka and Gunsight.</td>
<td>To seek funds for renovation of the old Head Start Building.</td>
</tr>
<tr>
<td></td>
<td>The Vaya Chin Center is small, in disrepair, is sinking and is considered to be unsafe. An adjacent Head Start building could be renovated for use by the Elders. However, funds are needed to pay for any such renovations. The current Center is being used by the District and the communities for meetings, parties and related activities.</td>
<td></td>
</tr>
</tbody>
</table>

7. **Guardian/Fiduciary Services**

There is a substantial number of incapacitated individuals on the Tohono O’odham Nation in need of formal services to manage life and health care decisions and to manage their financial affairs. It is proposed that the Nation establish the Office of the Public Fiduciary through action of the Legislative Council. The Public Fiduciary would have the responsibility to protect the legal rights and financial interests of vulnerable adults. The Public Fiduciary would be an independent and impartial public official. The Office would perform a combination of legal, financial, human service and investigative functions in carrying out its responsibilities. Cases would be referred to the Public Fiduciary by physicians, hospitals, nursing homes, attorneys, Adult Protective Services, Senior Services and members of the Nation.

Historically, family members have taken on the responsibilities for adults in need of assistance, either informally or by appointment as guardian and conservator. Today, however, there are a growing number of individuals for whom there are no family members who can provide these services. The ECC urges the Nation to adopt an Ordinance that establishes and funds an Office of the Public Fiduciary.

**Tasks and Timeline:**

**Objective:** Ordinance enacted by the Legislative Council  
**Est. time –** 24 months

**Tasks:**

1. **Establish a Working Group.** ECC Subcommittee meets with key groups to develop a multidisciplinary working group including Office of the Advocate, the...
Tribal Court, the Tohono O’odham Police Department, the Treasurer’s Office fiduciary (Cecelia Francisco) and the TON Department of Health and Human Services relevant programs, including Senior Services, Adult Protective Services, and Child Welfare. (20 weeks)

2. **Draft Ordinance.** Based upon legislation in other tribal and non-tribal jurisdictions, draft Ordinance. (10 weeks)

3. **Obtain review of Ordinance.** Disseminate and seek comments on the Ordinance from members of the ECC, the Office of the Chairman and Vice Chairman, and the Legislative Council Oversight Committee – HHS Committee. (20 weeks)

4. **Revise Ordinance and Establish Initial Budget.** Working Group considers proposed revisions and develops an initial staffing plan and budget. Prepares form of District Council resolution supporting approval of the Ordinance. (12 weeks)

5. **Provide Presentations to and Seek Supporting Resolutions from Districts.** Delegate and train members of the Working Group to make presentations to and answer questions from the District Councils. (30 weeks)

6. **Provide Presentations to and Seek Supporting Resolutions from the Relevant Oversight Committees.** The likely Oversight Committees with jurisdiction of this legislation would include Health and Human Services and Budget and Finance. Schedule individual or, when possible, joint meetings of relevant committees of the Council. Revise Ordinance as required and draft and revise Council resolution approving the Ordinance. Participate in final review by the Attorney General, legal counsel for the Office of the Chairman and Vice-Chairman and legal counsel for the Legislative Council. Prepare a PowerPoint Presentation or Fact Sheet to be presented to Council and audience. (12 weeks)

7. **Schedule Action Item with and Seek Approval of the Legislative Council.** Delegate and train individual members of the Working Group to make presentation at Council and be responsible for answering range of questions. (4 weeks)

8. **ECC Formation and Staffing**

   The Elder Care Consortium (“ECC”) is a voluntary organization based on a collaborative agreement between TONCA, TOCC, the Tohono O’odham Nation’s Department of Health and Human Services and Indian Health Service. The ECC supports the adoption of a tribal Charter for the ECC and Internal Revenue Service recognition of the ECC and a not-for-profit entity for tax purposes. The ECC could then operate as a legal entity and would allow the ECC to apply for funding from private foundations as well as governmental entities. The ECC cannot fully meet its mission or vision without an Executive Director to coordinate services and ensure communication by and between service organizations operating within the Nation for the benefit of Tohono O’odham elders. Table 4 provides a description of the costs associated with the rate case.
Tasks and Timeline:

Objective: Approval of 501(c) status by the IRS of a tribally chartered entity

Est. time: Approximately 1 year.

Tasks:

1. **Meet with HHS Oversight Committee.** TONCA representatives meet with HHS Oversight Committee to present draft Charter and proposed Legislative Council resolution. Attendance by members of the ECC the Core Working Group. Provide notice of meeting and presentation to Office of the Chairman and Vice-Chairman. Seek support from the Oversight Committee. (8 weeks)

2. **Meet with B&F and District Councils.** Meet with the B&F Committee and the District Councils to seek support of the Nation and the Districts for an annual allocation for funding for the employment of an Executive Director. (20 weeks)

3. **Review of Charter by Attorneys for Legislative Council and the Office of the Chairman and Vice Chairman and the Attorney General.** Confer with legal counsel regarding the form of the Charter and revise same as appropriate. (4 weeks)

4. **Schedule Action Item with and Seek Approval of the Legislative Council.** Prepare a PowerPoint Presentation or Fact Sheet to be presented to Council and audience. Delegate and train individual members of the Working Group to make presentation at Council and be responsible for answering range of questions. (6 weeks)

5. **Prepare and Submit Application for IRS not for profit status.** Attorney for ECC prepares application for IRS Approval of 501 (c) status, reviewed by ECC and submitted to IRS. (26 weeks)

6. **Seek Initial Year’s support for Executive Director.** Either through grant writing or donations from member organizations, ECC shall fund a position for a part-time Executive Director. (26 weeks to run concurrently with Submission of Application to IRS). For a Job Description see Table 4.
TABLE 4

JOB DESCRIPTION

Position: ECC Executive Director
Reports to: ECC Governing Board

GENERAL PURPOSE
Provides the lead management staff position for the ECC.

ESSENTIAL DUTIES AND RESPONSIBILITIES
- Provides overall leadership in terms of day-to-day management and ECC support.
- Represents the ECC with tribal and non-tribal members.
- Provides ongoing updates/information to ECC members and assists with planning and facilitation of ECC meetings.
- Recruits new members to the ECC.
- Oversees activity tracking, data collection and reporting.
- Works with staff-consultants to conduct assessments, training, strategic/business planning and evaluations of the ECC activities.
- Manages the budget.
- Promotes stability, growth and sustainability.
- Identifies and secures additional funding.
- Performs other duties as assigned.

KNOWLEDGE, SKILLS, CERTIFICATIONS AND ABILITIES
- Knowledge of public health concepts, to include coalitions and networks.
- Knowledge of project management.
- Knowledge of tribal government systems.
- Knowledge of O’odham traditions, language and history.
- Skill in analyzing problems, projecting consequences, identifying solutions and implementing recommendations.
- Skill in operating word-processing, spreadsheet, graphic and database software programs as well as the Internet.
- Skill in preparing, reviewing and analyzing operational and financial reports.
- Ability to effectively communicate both verbally and in writing.
- Ability to work independently, use sound judgment and meet deadlines.
- Ability to travel long distances throughout the Nation.

PREFERRED QUALIFICATIONS
- Bachelor’s Degree in Health, Public Administration, Social Work or related field required.
- Master’s Decree preferred.
- Minimum of three (3) years work experience in community-based health or social service management.
- Experience working with a Board of Directors.
- Experience in grant writing and fund raising.
- Bilingual O’odham/English preferred.
- Valid AZ Driver’s License required (No DUI’s or major traffic offenses within the past three (3) years).