Meeting Minutes
A Backup Plan for Solos Task Force
Tuesday, February 13, 2018 – 7:30 to 9:30 AM
Wilder Center, St Paul, MN

Task Force Members Present: Joyce Edwards, James Falvey, Darla Kashian, Greg Owen, Karen Peterson, Peter Rothe, Sabina Sten, Patty Thorsen, Martin Wera

Members Not Present: Kathleen Dempsey, Genevieve Gaboriault, Ellie Hands (co-chair), Susan Henry, Mark Peterson

Staff & Staff Support Present: Linda Camp, Julie Roles, Matt Bryne

Overarching Goal
Stimulate the development of a supportive infrastructure to help solo older adults successfully navigate health related events and, therefore, be less likely to become vulnerable adults—with its accompanying loss of self-determination for the individual and high costs to society.

Expected Outcomes of the Project
- General profiles of solo older adults (situation, needs, perceived barriers)
- A description of the current Minnesota infrastructure to support solos health decision making
- Description of the core elements of a health decision "backup plan"
- A list of important resource gaps and potential solutions
- A list of recommended priorities for future action and preliminary work plan

Proposed Outcomes for This Meeting:
Report by task force members on the interviews they did with solos. Drawing insights, connections and meaning from information gathered from interviews. Continue discussion about what else we need to know and plan for upcoming sessions and how we will gather the information we need.

Welcome/Negotiate Agenda
Co-chair, Ellie Hands, called the meeting to order at 7:35 AM. Asked for additions, deletions, changes to the minutes of the 12/12/17 meeting. Minutes were approved with submitted.

Updates and Check-ins
- Matt

Assignment
Linda - tools

Panel
Hal Freshly, Volunteer - Unity Church, St. Paul, MN
Woman dementia – solo – security building – forgetting things, had been active in the condo association. Got kicked off. Irritated, afraid and anger. Had lots of resources. We became friends. She did not want services. Eight years travelled through her dementia through her death. Moved her to assisted living and dementia care. The services I thought would be helpful were not helpful. Home care never sent the same people. In a week four or five different caregivers. Didn't work. People couldn't get in. Interpersonal problems. Conflict with Ramsey County and the healthcare system. People were trying to push her into a more restricted setting. Need to think as client rather than a citizen. You have to learn the system. People who consider

solo but are not really have to run interference with other family members. The system doesn't trust. Have 10 to 20 people in our goup assisting. Need to be advocates with the family and the system. System does not work the way I thought it would. It requires too much change on part of the system. How to help slings and arrows of unfortunate into a service need. That is the challenge and reward of my retirement.

Anita Raymond
VOA & Center For Excellence in Supported Decision Making
40 plus years working with service providers who work with people who are alone and in need of basic services. Self-neglect, family neglect, etc. Individual in need of a guardian. Social worker spends 15 minutes to an hour and a half working with individuals. Approach change from guardian to help support their decision making. Many times, people merely need support. Sometimes still appointing guardians. Shifting away from unnecessary guardianships. "Can just let them sit there without food, so we get them a guardian." Person-centered support. What is important "for" someone and what is important "to" that person. Social workers are also notaries. When those who are estranged, in our study able to bring family back in.

Eric Jonsgaard, Vice President for Operations
First Fiduciary Corp., Eagan, MN
Off shoot of Marquette bank. Independent. Don't have family or friends who I want to burden with, I want to hire someone. S-corp. 16 staff. Don't advertise. Word of mouth. Growing fast. Almost a meeting a day with stand by clients. Who's on the team? Who will bring us in. Haven't seen a client for 5 years. How we communicate so there is a trust relationship when we start. Health care agent, POA, no good deed goes unpunished. Attorney's put us in intimate health care agent role without even telling us. Unless we have a relationship very hard to do. We work hard to match staff to client. Sometimes three or two people go out. Still developing internal procedures.

Discussion
How do you deal with turn over of staff. Can't just substitute a new friend. In Hal's case people stick with them until they die. Try to be there when they need to be there. Glue that holds team together. Physical disability and mental illness. Health related events. Most challenging. Anita, real issue. When individual person seems good to build relationship but when not there it is a problem. Eric: Have the conversation all the time. Have to look at the organization. Who are key players. Been blessed with small turnover. WE invest a lot of resources in our staff. Not the cheapest on the block. Only support a small segment. Have two staff working with every person. Legally you can't name a company as health care agent. Eric. We name the employees and its assignee. Working with a group that is trying to tweak statutes.

When aware of staff person leaving, what is set in place to make the two people do a hand off. That is how we handle it. Require 30 day notice. Last change over was about 6 years ago.

Changes in staff training. Very person-centered. Used to be best interest and we know best.

Q. Here are the solutions we have rather than starting from what they want.

Self-neglect. Insulted as being labeled as self-neglect. Purpose and motivation that keeps them going. Turn off to formal services. What are recommendations for moving the industry to more of personal care. Little Brothers – friendly relationship. Wasn't to get people in services but to provide the roses part of brined and roses. AS volunteer not constrained by legal. Run risk of people not liking what I do. Doctor appointments. Don't hear half of what was said. Person has right to say who can be there.

Q. Third of baby boomers who have no resources. What are the major obstacles?

Boomers have not accumulated because they are a little outside the usual. Autisum spectrum. Manic depressive. Don't have people resources. All their lives have been struggling. Biggest challenge. Big ask. Friends forever. Don't have money and social resources. In homelessness work, mental illness, criminal. Another group skating on top of edge. Numbers will double. People who have been poor in worklife are even more poor when quite working. Money is big problem when buying services. If you have social capital you are probably ok. People who don't have social capital are worst off then those who don't have money.

Q. Class of social workers so young. Get them in the pipeline.

There is a pathway to guardian/conservators. Passionate about the work we do. Nursing home social workers are very young. Navigate in the legal world and person's world. Schools of social work clinical route. Therapy route. Aging not enough people to do hands on work.

Q. strategies that will help solo seniors, people with capacity. Where would you put resources.

Senior Companion like model. Seniors supporting seniors. Supported decision making. Schedules, 800 people LSS guardianship work. Combination of volunteer and peer. Hal. Minister prays us into action. Money can't buy you love. Relationships are what makes the difference. Milleials interested in choice. When your choice is a burden that is a problem. Difficult when struggling to make a choice. Idea of freedom. When comes to responsibility of helping someone going to the bathroom. What is sense of familial responsibility when going gets tough.

Q. I can do it myself. Everyone needs help. Everyone likes to be needed. Can the friendship be reciprocal?

Hal in informal situation. Someone notices that someone is having trouble. Does anyone know them? Can I get more involved with person. Mutual. We do stuff together because we are friends.

Q. Scale and scope of problem. Volunteers really hard. What are solutions that meet the scale of the need?

Technology. Unscheduleness of your need. I believe the use of technology will make a big change in the willingness of people to take this on. Can work for home. See potential to use technology to overcome.

Social determinants of health. Hal's approach is social support. Genuine and authentic.

Socialize into a job. Work for example, 8 to 12. Rest of time off. Social support is always there. Trusting relationship is so important. Home heatlh agencies. A lot of people who work part time. Different shifts. Economic decision to not pay benefits. Doesn't work for employees, society. Boundries. Even sanction employees for personal relationships. Friends need boundaries or they burn out.

Rules of Medicare could pay for non-medical services. Federal money. Lots of documentation. Personal centered approach. Entry level to get support is harder to get into the system. Can't get into system than very disabled.

Not solo, but close. Multigenerational. Friends in all ages. Don't need any help. Do we let friends to help. It will help me if I can help you. If I ask for help people will see me not capable of giving back.

Prove disabled enough to get the support and yet are able in other ways.

How does First Fiduciary charge? 6 minute increments. $75 to 125 per hour. Errors and omissions insurance doesn't cover. Social network. Support you can give each other. Aging population can't afford to fund the most needy. VOA $150/hour care management work. Where are we going to get the money so we can keep providing services. 75% of my life. How will we get going. Hal, right now have four people. Training on boundries Who has training on boundaries. People who teach chaplaincy. **Trauma stewardship** book buddism in role that stressful. Faith-based caregiver team. Lutherans, Catholics, Synagogues. Parish mentality. In my neighborhood. Enough volunteers. Maybe not the right match. Mental illness hard.

Evaluation

Ellie repeated the purpose of the meeting and asked for people's evaluation.

Ratings: 5

5 – Good about people dealing with issue further upstream. Good to have different models. Difficulties in all models. Which end of table would we want.

5 – Great value in having the range. Made me want to explore more.

5 – One of our most valuable sessions. Got upfront experience solving problems. Role of volunteers – Volunteer organizations – level of support of those organizations is insufficient.

Marit – phenomenal Work with Anita – Very useful insights. Theme around the need for time. Time to get to know people. Time for deep conversations.

5 – Useful meeting. Time and continuity. Why not telling us. Barrier to communicating the decision. Comes down to relationship.

5 – Would nice to time to unpack the constructs to keeping the funding levels down.

5 – Far ranging discussion. Still struggle with what are we trying to achieve. People can come up with a name. Are we trying to build social support.

5 – longevity of organization. What happens when something happens to Hal or Eric.

Next Meeting: March 13 at Wilder Center, 451 Lexington Pkwy N. St Paul, MN, 7:30 to 9:30 AM. If you haven't sent interview summaries, please do to solos@citizensleague.org.

Thank you all.