

**Office of  
Ombudsman for  
Long-Term Care**



# **2023 Annual Report**

Highlights from Federal Fiscal Year (FY) 2023  
October 1, 2022 – September 30, 2023

## A Message from State Ombudsman Cheryl Hennen

This report represents real people, real lives, and real problems. The voice of the people in every community needs to be heard and respected. People living in nursing homes, Veterans Homes, assisted living settings, boarding care homes, adult foster care settings; people who receive home care services in their own home, people on hospice; our everyday heroes. It's their needs that we have the honor and privilege to meet.

The Minnesota Office of Ombudsman for Long-Term Care (MN OOLTC) mission statement is to: empower, educate, and advocate alongside Minnesotans who receive long-term care services and supports to ensure their rights are upheld. Access to a high quality of life and high quality of care, with a person-centered focus, is what we envision for all Minnesotans seeking or receiving long-term care services and supports.

During this reporting period, the MN OOLTC resolved 6,195 complaint investigations from consumers about long-term care services. We also provided over 34,274 sessions of consultation and worked with over 353 resident and family councils in nursing homes and assisted living settings. This fiscal year, FY2023, we found that the top three complaint categories concerning residents were:

1. People denied admission, evicted, or involuntarily discharged from a long-term care setting.
2. Right to individual autonomy, choice, and privacy.
3. Lack of quality of care.

The same complaint categories were identified in FY2022 (10/01/21 – 09/30/22). The duplication of complaint categories year over year, identifies systemic problems that affect many people over time. The Office recommends changing internal systems at long-term care facilities and government agencies, along with the changing of policies, regulations, and laws to benefit residents. Examples of this include:

- The Administration for Community Living (ACL) proposed a rule to establish the first ever federal regulations for Adult Protective Services (APS) programs and requested input on the proposed rule. The MN OOLTC submitted comments on the proposed rule in support for the standardization of APS services, with the goal of achieving greater consistency across the country and improving professional guidance.
- The ACL proposed a rule to establish minimum staffing standards for long-term care facilities and Medicaid Institutional Payment Transparency Reporting. MN OOLTC submitted comments to this proposed rule to establish minimum-hours-per-resident day requirements for nursing staff. We also suggested reporting on the percent of Medicaid payments that pays staff wages. Financial transparency must be a priority.

In the face of the aging population and demographic shift, Minnesota struggles with significant challenges negatively affecting vulnerable people, families, and communities with diverse aging cultures and traditions. We must not view our aging demographic as a burden. In nearly every culture across time and place, elders are honored for their vast knowledge, their empathetic patience, and their wisdom. Minnesota should be no different.

I express my gratitude and appreciation to the MN OOLTC staff. I'm thankful for the support from residents, families, the MN Board on Aging, external consumer advocates, legislators, long-term care staff, and all those dedicated to improving quality of life.

Yours Sincerely,



Cheryl Hennen  
State Long-Term Care Ombudsman



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# The Office's mission is to empower, educate, and advocate.

## Program Overview

An Ombudsman is an independent advocate who receives complaints against licensed long-term care providers, and who investigates and takes action to remedy the complaints.

The Office of Ombudsman for Long-Term Care (OOLTC) advocates for Minnesota adults needing or receiving long-term care. The office's mission is to empower, educate, and advocate alongside Minnesotans who are receiving long-term care services to ensure their rights are upheld.

OOLTC is a service of the Minnesota Board on Aging. All services provided by our program are free and confidential.

## Services We Provide

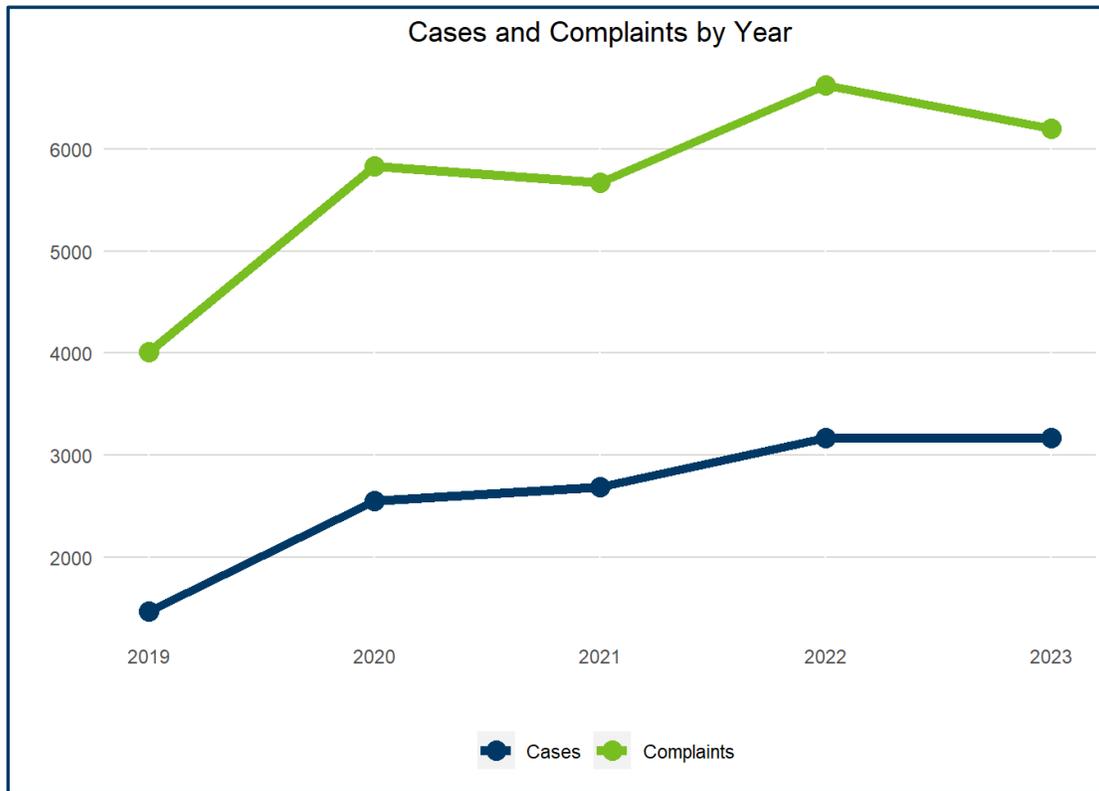
OOLTC does not regulate long-term care facilities. Instead, we work with residents, their families, providers, and other agencies to resolve complaints and concerns.

Regional Ombudsmen and Certified Ombudsman Volunteers are assigned to designated geographic regions throughout Minnesota and work directly with residents to protect and honor resident rights by:

- Advocating to improve the quality of care and quality of life for those in long-term care facilities.
- Providing information and assistance about consumer rights, facility regulations, long-term care options, and supports and services in long-term care facilities and in the community.
- Empowering residents to self-advocate.
- Investigating and resolving complaints about quality of care or services, quality of life, rights violations, access to services, discharge or eviction concerns, and public benefit programs.
- Discussing the right to make complaints free from retaliation.

Ombudsmen may not discuss or disclose any information without the resident's individual consent.

## Addressing Complaints and Referrals



*Cases and Complaints by Year Since 2019*

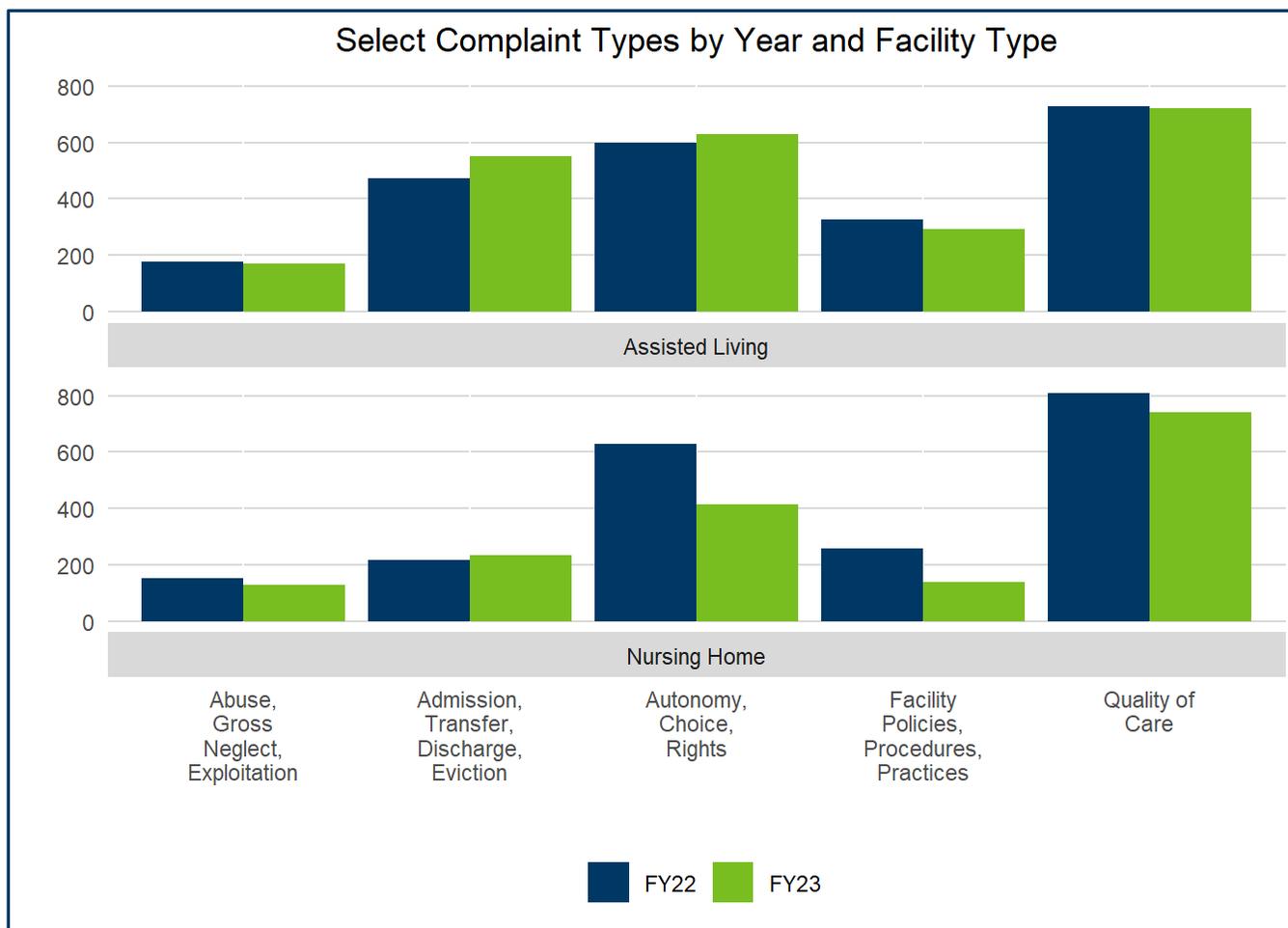
A case represents an individual seeking assistance, while a complaint is the specific issue of concern.

In 2023, the MN OOLTC closed 3,169 cases and 6,195 complaints. 90% of the cases that were investigated were fully or partially resolved to the satisfaction of the resident.

The median complaint was resolved in 30 days and the median case was closed in 42 days.

The number of cases since 2019 has increased by over 1,500 cases. However, since 2022, that number has remained relatively the same at about 3,100 cases.

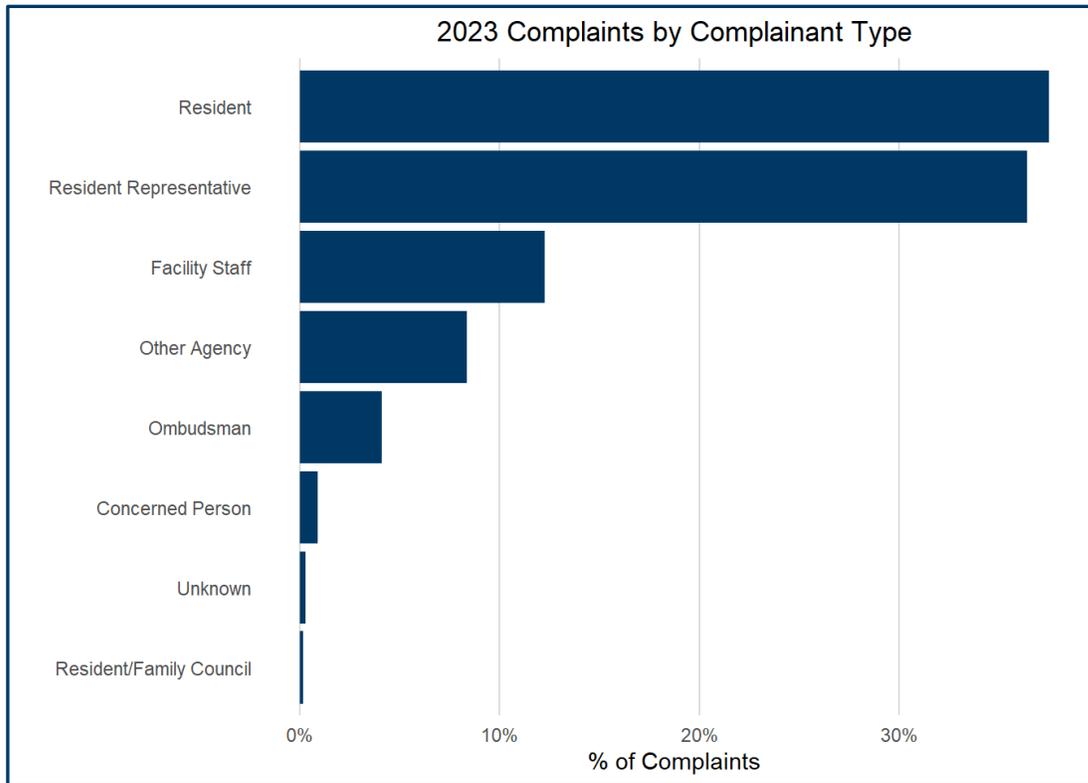
Likewise, the number of complaints also have increased since 2019. Compared to the peak numbers in 2022, the 2023 fiscal year had fewer complaints.



Complaint Types by Year and Facility

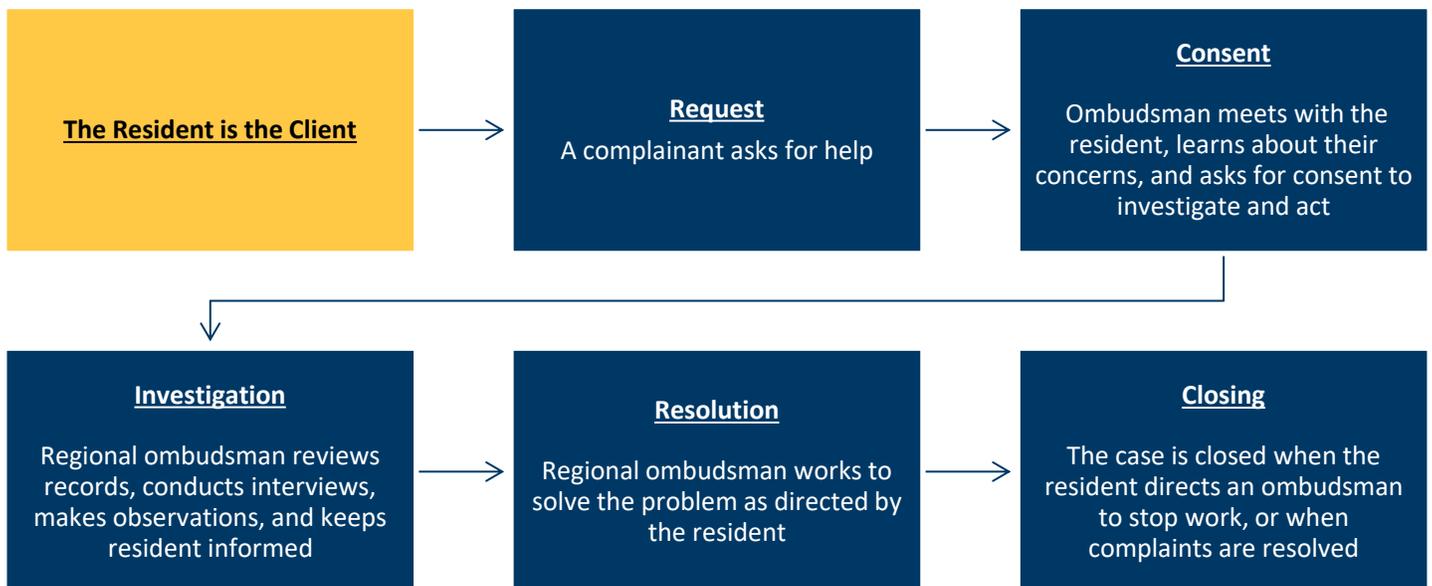
The OOLTC had a little over 6000 complaints in FY2023. The bar charts above break down the complaints into different types or categories. The bar charts compare the number of complaints from 2022 to 2023 in assisted living facilities and nursing homes. Disaggregating the complaints helps the Office better understand how to aid residents and support them with their specific concerns.

Overall, the number of complaints from the different facilities remained relatively the same between 2022 and 2023. Complaints in the categories of “Admission, Transfer, Discharge Eviction” increased in 2023 for assisted living facilities, while complaints about “Autonomy, Choice, and Rights” decreased in skilled nursing facilities. In both facility types, “Quality of Care” is a complaint that occurs most frequently.

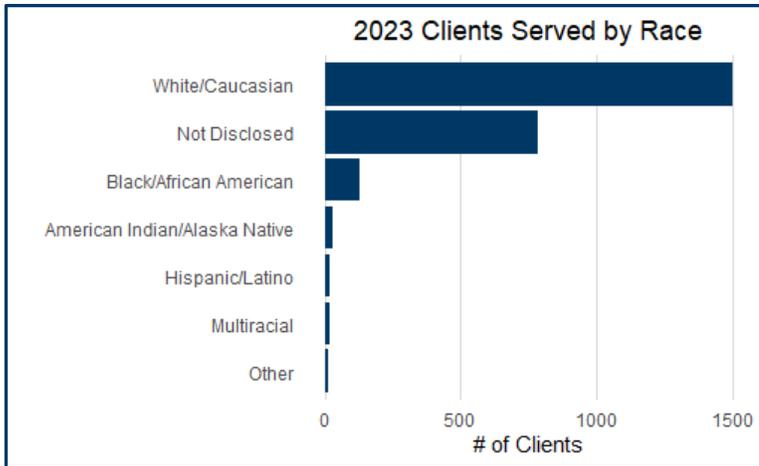


The vast majority of complainants were the residents themselves, or a resident representative. A complainant is someone who reports a complaint.

Below is a brief overview of a case process for a regional ombudsman when a resident files a complaint:

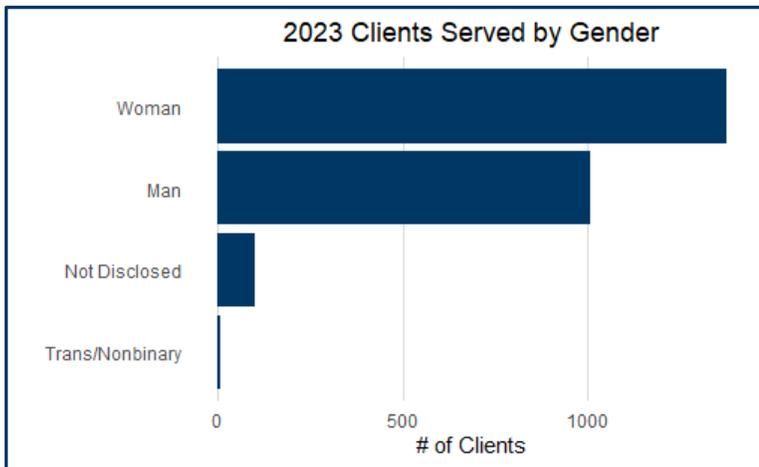


## Client Demographics



## Clients Served by Race

Race	# of Clients
White/Caucasian	1,497
Not Disclosed	784
Black/African American	128
American Indian/Alaska Native	29
Hispanic/Latino	21
Multiracial	17
Other	12

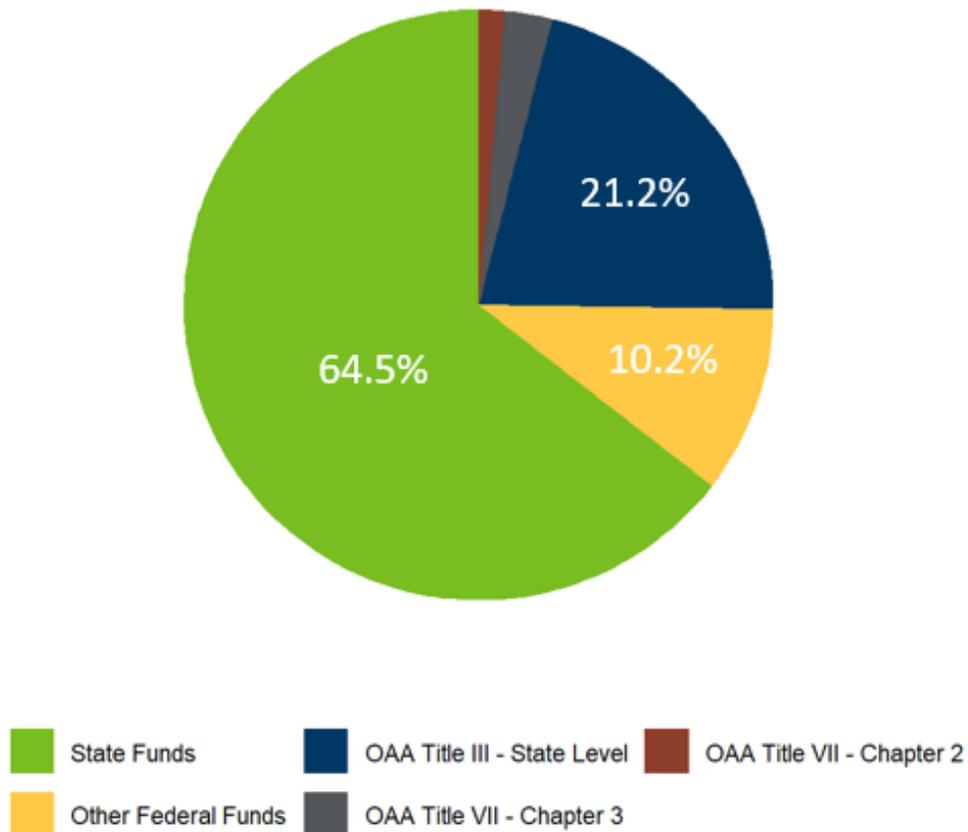


## Clients Served by Gender

Gender	# of Clients
Woman	1,375
Man	1,008
Not Disclosed	99
Nonbinary	3
Transgender Woman	2
Transgender Man	1

## Funding for the Office of Ombudsman for Long-Term Care

OOLTC 2023 Funds



The Office of Ombudsman for Long-Term Care funding comes from the State of Minnesota, the Older Americans Act (OAA) and other sources. Thanks to budget appropriation increases from the Minnesota State Legislature in 2019 and 2023, the proportion of state funding has grown significantly. The Office is grateful for the continued financial support and seeks ways to ensure meaningful access for all Minnesotans within the scope of our services.

## Advocacy for Residents in Assisted Living

A case example

Much of 2023 was a year that assisted living resident Ethel\* wished she could forget. Ethel first called the Office of Ombudsman for Long-Term Care when she felt like her care needs were not being met. She reported that the staff in her assisted living were turning over at high rates, were not being trained appropriately, and were not available to help her. “I leave my door open at night because when I push my call light, staff do not come. One night I yelled into the hallway to get help. It is scary when you don’t know how you are going to get your needs met,” she said.

As the regional ombudsman visited other residents throughout the facility, similar accounts emerged. Untreated pain, missing medications, worsening wounds, missing activities, medication errors, and more were uncovered. For months, Ethel and the other residents worked with the regional ombudsman to try to resolve issues in the facility. The regional ombudsman helped the residents verbalize and escalate their concerns, ask for necessary changes, and access their medical and care information. The Minnesota Department of Health became involved and imposed enforcement actions against the facility license. Ultimately, the owner closed the facility, and the resident received the necessary support to move to a new location.

As Ethel moved to her new assisted living, she reported to the regional ombudsman, “I survived.” Months later, she reported that she was thriving and enjoying her new home. She feels safe, her care needs are met, and she doesn’t need to sleep with her door open anymore.

*\*Name changed to protect confidentiality of the resident.*

**"It is scary  
when you  
don't know  
how you are  
going to get  
your needs  
met."**

## Advocacy for Residents in Nursing Homes

A case example

This year, 72-year-old resident Iris\* moved from an assisted living facility to a nursing home. The transition was difficult for her.

She faced care challenges and barriers to developing relationships with new caregivers. She stated that she needed help from two people each morning. Instead, staff would come to her room, shut off her call light, then leave to get another worker. She would wait for a long time and was nervous that her needs were being forgotten. When approaching Iris, staff were task-oriented rather than compassionate.

In addition, Iris stated that she wanted to be able to get the exercises the Occupational Therapy department had recommended. Iris talked with the care staff about her concerns, but there had been no resolution.

The regional ombudsman became involved, listened to Iris and her family, and met with staff about her concerns. Because of the ombudsman intervention and steady approach, caregivers began helping with Iris's exercises. This also led to leadership providing guidance about better ways that staff could communicate with Iris.

Ultimately, Iris and her family were happy with the results and efforts made by her caregivers, facility leadership, and the regional ombudsman to tailor care and communication that met her needs and wishes.

While change can be difficult for anyone at any age, extra support and effort can resolve concerns, lead to individualized care, and achieve improved quality of life.

*\*Name changed to protect confidentiality of the resident.*

**"She would wait for a long time and was nervous that her needs were being forgotten."**

## Advocacy within Veterans Homes

A case example

Like his father and his grandfather before him, Steve Schultz\* served in the military. He was a Sergeant in the US Army and served from 1972 to 1982 in Hawaii, California, Louisiana, Kentucky, and Germany. For years now, Steve has lived at the Minneapolis Veterans Home.

“I love living here!” Steve says, noting that he appreciates the beautiful view overlooking the Mississippi River, good activities, his private room, being with other veterans every day, and a certain special staff member who has helped him year after year.

While Steve’s experience at the Veterans Home has been positive, at times he has talked with members of the OOLTC when concerns arose. He has passed the office phone number to other residents so they could get some extra support too. He shares, “It is great to have someone from the outside on my side.” Ombudsmen have helped with finding a medical product when an alternative wasn’t working, resolving an issue with obtaining hot coffee, and supporting efforts to have activities re-instated during COVID. “I just have more confidence that problems will be resolved when an Ombudsman is involved,” he said.

The OOLTC is proud to provide advocacy to veterans receiving long-term care services. This includes home care services, care in a VA contracted nursing home, care in a Minnesota Veterans Home, or care in a Community Living Center.

*\*Consent was given by the resident to use his real name.*



*Veteran Steve Schultz with Ombudsman Brett Jagodzinski*

**“It is great to have someone from the outside on my side.”**

## Ombudsmen Volunteers

Certified Ombudsman Volunteers (COV) are an invaluable part of the Office of Ombudsman for Long-Term Care.

This year, COV services included:

- 22 Certified Ombudsman Volunteers.
- 15 counties served by COVs.
- 8 volunteer applicants designated as COVs.
- 28 facilities where COVs are regularly serving.
- 1,513 hours of time visiting residents, providing advocacy, assisting with complaints, and educating on resident rights at resident and family councils.
- 3,273 activities which included visits, calls, emails and more.
- 366 hours of continuing education training.
- 85 hours provided in facility shadowing, training with volunteer applicants prior to their certification.



## Volunteer Recruitment

Regional Ombudsmen Jennifer Rodgers and Brian Stamschor, along with Volunteer Coordinator Marie Kessler, promoted the OOLTC Volunteer Program and provided OOLTC information at the State VFW Fall Conference in Rochester and at the MN State VFW Winter Conference in Brooklyn Center.

A press release was distributed to all media outlets to focus on finding essential volunteers during October's Residents' Rights Month. It yielded positive results with several inquiries from the article. There are volunteers now onboarding as COV candidates.

There was an initiative to focus on regions with the greatest volunteer needs. Various web-based volunteer engagement networks were initiated.

OOLTC Volunteer program flyers and brochures continued to be distributed and displayed in public locations by OOLTC staff and COVs.

## What Do You Enjoy Most About Being a Certified Ombudsman Volunteer?

"I enjoy being a bridge for residents to use when trying to close the gap when having difficulties in resolving issues. Being able to support and advocate for the critical issues important to the resident is a role unique to the COVs. It's a role which I fully embrace. I like to believe that my actions as a COV in supporting residents will someday be paid forward when I or a loved one need a strong advocate."

– Larry Clausen, COV since 06/2017



## Ombudsman Volunteers Make a Difference!

### Volunteer Presence and Casework Spotlights

“Jo is an all-around positive presence at her facility. Staff and residents know and respect her. Jo has worked with some challenging individuals, including branching into the assisted living world. She not only helps the residents in these facilities, but she also takes some of the initial complaints and concerns which makes the work of this Regional Ombudsman a lot more manageable.”

*- Dan Tupy, Regional Ombudsman regarding COV Jo Hennen (volunteering since 3/2016)*

“To say Gary knows his residents is an understatement. When I come to visit as a Regional Ombudsman, I often know few or possibly none of the residents by name. They always know Gary and that makes it safe for them to speak with him and me about any of their concerns.”

*- Dan Tupy, Regional Ombudsman regarding COV Garry Hennen (volunteering since 3/2016)*

“A resident at an assisted living facility and her daughter (caregiver) reached out to the Office of Ombudsman for Long Term Care seeking assistance with multiple care concerns. During our initial investigation, it had been identified that there were concerns regarding untrained agency staff not orientated to the Resident’s plan of care. There were long response times to call lights, infection control concerns ordered by the primary, as well as unsafe practices by staff that was all captured on electronic monitoring installed by the daughter.

The resident agreed to have the Certified Ombudsman Volunteer (COV) involved and welcomed their visit. The COV was introduced early in 2023 and continued to work for the resident throughout the resolution of their complaints. The COV was instrumental in introducing this family to the internal complaint so their concerns could be thoroughly investigated and to hold the facility accountable to report back to the resident/family. The family was encouraged to make reports to the Minnesota Adult Abuse Reporting Center and ultimately the facility had been issued a citation regarding call light response times. The COV maintained routine visits to ensure all complaints were resolved to the resident’s satisfaction. Additionally, this COV was also influential in igniting the Resident Council meetings by providing resident rights training each month. Tenants of the facility were well informed as to how to contact, as well the importance of the Office of Ombudsman for Long Term Care.”

*-Jane Wolff, Regional Ombudsman regarding COV Larry Clausen*

## Legislative Advocacy

The 2023 legislative session in Minnesota was busy. With a significant budget surplus and Democratic trifecta in the Governor's office, House, and Senate, legislators heard and passed a record number of bills. Because OOLTC is seeing an increase in the quantity and complexity of our casework, a budget appropriation request was made to the legislature to increase the size of our office. State Ombudsman Cheryl Hennen and Deputies Aisha Elmquist and Genevieve Gaboriault testified to the House and Senate Human Services Committees and successfully came away with funding for up to seven new positions. Hiring for these positions is in full gear, and OOLTC looks forward to increasing our accessibility to residents in long-term care facilities with these additional staff.

Another bill prompted the Minnesota Department of Health to create the "Assisted Living Update Workgroup," a wide coalition of advocates, providers, counties, and state departments working together to better understand the needs and concerns of small, assisted living providers. Defined as facilities with resident capacity of 10 or fewer, small, assisted living facilities noted challenges with requirements related to reimbursement, staffing, food code, staff orientation and training, building code, and the procedure for closures. OOLTC participated in over 50 meetings aimed at problem solving. Alongside partner advocates, OOLTC's role at these meetings was to raise the resident voice so that any potential changes to assisted living licensure would not negatively impact resident rights or protections. Three proposals related to changes in food code, license portability, and staff orientation are likely to be offered as a result of these workgroups in 2024. OOLTC and partner advocates will continue to ensure those bills consider residents rights.

OOLTC is also proposing a policy bill in 2024. Because regional ombudsmen are working with an increasing number of residents with mental illness who are not receiving adequate and appropriate care, particularly when residents are experiencing agitation, OOLTC has proposed that all assisted living staff receive mental illness and de-escalation training at the beginning of their employment and on an on-going annual basis. More effective de-escalation techniques are particularly needed as regional ombudsmen see staff telling residents who are upset to "calm down" or calling 911. Both strategies tend to escalate conflicts and resident frustration. Unnecessary trips to the emergency room, delays in residents getting back to their home in the assisted living facility from the hospital, and residents experiencing accumulating transfer trauma from a revolving door between the assisted living facility and the hospital are some of the negative impacts this lack of training is having on residents. OOLTC is working collaboratively and seeking input regarding this bill. While providers are concerned about cost, an almost universal recognition of the need for this training has been an overwhelmingly positive aspect of these discussions. OOLTC looks forward to enhancing care for residents living with mental illness across Minnesota.

## Resident and Family Councils

A resident or family council is an organized group of residents who meet regularly to discuss and address concerns about their rights and quality of care. Nursing homes provide \$5 per active bed to support Resident and Family Advisory Council Education.

At the OOLTC, one staff member provides technical assistance to resident and family councils and to Regional Ombudsman staff to develop and strengthen their councils. To promote resident self-advocacy, three full-time positions were created to provide educational training and support tools for residents of assisted living settings. The positions were established through a partnership with Moving Home Minnesota.

This past year, staff continued focus on connecting with assisted living residents to provide education on their new rights associated with the Assisted Living Licensure and provided council support.

### Person-Centered Thinking

OOLTC is committed to person-centeredness as an integral part of quality care. To enhance the Office's capacity to provide education on person-centered practices, as well as to be able to provide formal two-day training throughout the state, two staff completed a year-long process and achieved their Person-Centered Thinking™ (PCT™) Trainer Certification. OOLTC now has three certified Person-Centered Thinking™ Trainers (PCT™) on staff.

Person-Centered Thinking™ (PCT™) training is an interactive skill development training where participants learn skills developed by the Learning Community for Person-Centered Practices. Five PCT trainings were offered by OOLTC staff that included four two-day 14-hour trainings and one two-week virtual training. These trainings were offered free of charge and focused on persons that serve individuals receiving long-term care services and supports. Seventy-three participants completed the training. Participants included case managers, long-term care social workers, administrators, activities directors, and nursing staff.

### Stats at a Glance:

**551** Residents given educational training on topics that included the New Resident Rights with Assisted Living Licensure Law 144G, and Resident Council Development.

Staff gave presentations at **4** professional conferences, educating on the topic of self-advocacy and offering best practices for resident and family councils in both nursing homes and assisted livings.

**41** Assisted living communities were given residents' rights education or council support by Self-Advocacy Staff.

RFACE staff attended **31** resident councils and **6** family councils at nursing homes this year.

**6** Professional group trainings were provided to **215** long-term care staff and community members.

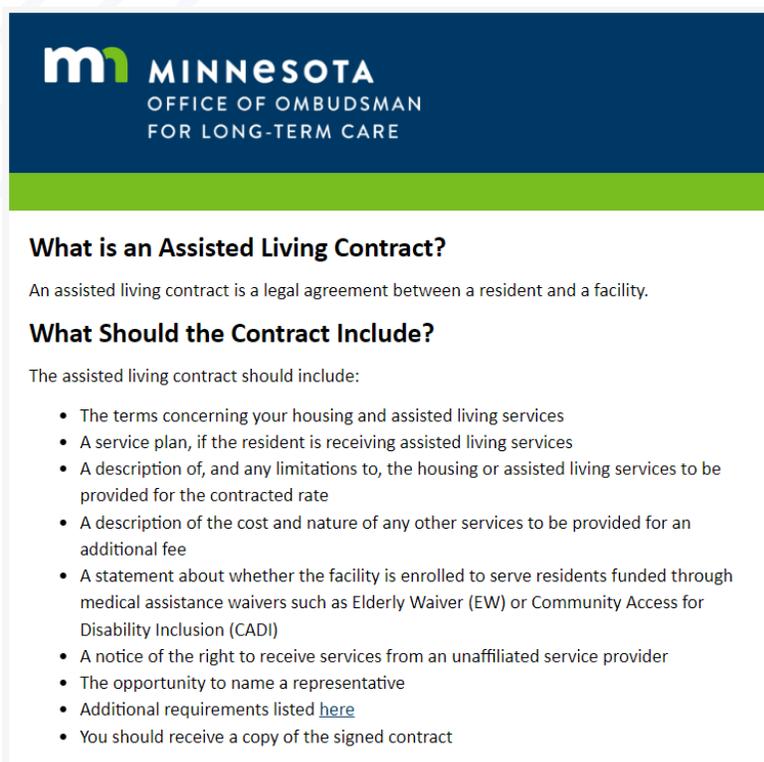
## Equity and Training

The Office of Ombudsman for Long-Term Care provide a variety of training choices to continue the efforts of enhancing our intercultural development. Our goal is to support individuals and groups by becoming an antiracist, equitable, and more inclusive office.

As part of this commitment, the Office conducted assessments using the Intercultural Development Inventory (IDI) tool. The inventory was administrated on the individual level and the results were generated for each staff member along with a customized group report. Each person also received an individual cultural development plan which provided a roadmap to increasing intercultural competence through developmentally appropriate activities.

In June, at World Elder Abuse Awareness Day, the staff was all in attendance to see State Ombudsman Cheryl Hennen presented with the 2023 Jane Ochrymowycz Award for Advocacy in recognition of her career-long work on advocacy for older adults. OOLTC also participated in a variety of trainings with many staff attending: Care Providers conference in November, Leading Age conference in February, Minnesota Social Workers Association (MSSA) in March, and other trainings throughout the year.

To keep residents and facilities well-informed of the services the Office provides, and to address residents' needs, we sent out a total of nine monthly newsletters called "gov.delivery" to our subscribers. OOLTC Policy Specialists craft these documents with a focus on areas of interest to long-term care consumers. By the end of the fiscal year, we reached just over 800 subscribers. Below is example of one of our newsletters:



**m** MINNESOTA  
OFFICE OF OMBUDSMAN  
FOR LONG-TERM CARE

**What is an Assisted Living Contract?**

An assisted living contract is a legal agreement between a resident and a facility.

**What Should the Contract Include?**

The assisted living contract should include:

- The terms concerning your housing and assisted living services
- A service plan, if the resident is receiving assisted living services
- A description of, and any limitations to, the housing or assisted living services to be provided for the contracted rate
- A description of the cost and nature of any other services to be provided for an additional fee
- A statement about whether the facility is enrolled to serve residents funded through medical assistance waivers such as Elderly Waiver (EW) or Community Access for Disability Inclusion (CADI)
- A notice of the right to receive services from an unaffiliated service provider
- The opportunity to name a representative
- Additional requirements listed [here](#)
- You should receive a copy of the signed contract

## Barriers to Quality Care

As part of the annual report, the OOLTC provides policy, regulatory, and legislative recommendations for improving quality of care and life for residents. Likewise, there are barriers to achieving optimal quality of life for residents and optimal operation of the Ombudsman program. Here are a few barriers and recommendations from this program year:

- 1) Assisted living licensure achieved numerous enhanced protections for residents. Since the law's inception in 2021, the Office has seen improvements for residents living in assisted livings. However, the Office will continue to advocate for expanding protections to buildings with HUD funding, where licenses are not currently required. The Office will continue its active involvement to preserve resident rights and choices across assisted living settings.
- 2) Long-term care is expensive for residents and for the state. Quality care is best achieved when money is spent on care, staff, and enrichment activities for residents. It is unclear how much money paid by consumers is going directly towards the cost of care or being paid to more expensive third-party vendors, sometimes owned by the same management company of the facility. Without better financial transparency, it is difficult to properly assess the costs and payments that are made to nursing facilities. The Office supports efforts to ensure a higher level of financial transparency.
- 3) Many Minnesotans live with mental health diagnoses. They live in their own homes in the community as well as in assisted living and nursing home settings. Nursing facilities are required to train staff to work with clients in a mental health crisis and trained to de-escalate. Unfortunately, similar training for assisted living settings is not required. The Office will continue to work to ensure that all residents, no matter where they live, have staff who are sufficiently trained to support them, whatever their needs.
- 4) The Office seeks to expand outreach and access for all Minnesotans who receive licensed long-term care services. Leadership continues to receive tribal-state relations training and staff are looking at ways to reach out to tribal partners. Staff have been trained on how to better include the voices of the LGBTQ+ community and are collecting data on gender identity, sexual orientation, veteran status, and racial demographics with a goal of identifying how to best offer our services to all communities.
- 5) Continued state financial support for the Office of Ombudsman for Long-Term Care is necessary to provide the high level of support that recipients of long-term care need in Minnesota. More and more adults are aging into using long-term care services and the Office is poised to support them in the complex continuum of care available in the state. Meaningful choices for care, payment for that care, and the delivery methods of that care must continue to be developed and supported.

## Staff Directory

### Cheryl Hennen

State Long-Term Care Ombudsman

### Genevieve Gaboriault

Deputy Ombudsman

**Alicia Carrillo**  
Regional Ombudsman

**Eli Miller\***  
Data Analyst

**Kate Selseth**  
Regional Ombudsman

**Ntianu Carter\***  
Regional Ombudsman

**Amanda Caillier**  
Regional Ombudsman

**Emma Shepard**  
Self-Advocacy Specialist

**Kiessa Webster**  
Policy Specialist

**Parichay Rudina**  
Policy Specialist –  
Legislative

**Anna Graner**  
Regional Ombudsman

**Jami Nyberg**  
Regional Ombudsman

**Kinsley Ayangim**  
Regional Ombudsman

**Patricia Dominguez-  
Mejia**  
Regional Ombudsman

**Anna Solowiej**  
Regional Ombudsman

**Jamie Kunst**  
Regional Ombudsman

**Kong Yang\***  
Website and  
Communications  
Specialist

**Patty Odlaug**  
Regional Ombudsman

**Brett Jagodzinski**  
Regional Ombudsman

**Jane Brink**  
Resident and Family  
Council Education  
Specialist

**Kristey Vang-Lee**  
Intake Specialist

**Paula Wiczorek**  
Regional Ombudsman  
Supervisor

**Brian Stamschror**  
Regional Ombudsman

**Jane Wolff**  
Regional Ombudsman

**La'Venia Pitts**  
Office Administrator

**Sally Schoephoerster**  
Regional Ombudsman  
Supervisor

**Christopher Bonander**  
Regional Ombudsman

**Jason Mekalson**  
Regional Ombudsman

**Lori Goetz**  
Regional Ombudsman

**Dan Tupy**  
Regional Ombudsman

**Jeanne Kolo-Johnson\***  
Regional Ombudsman

**Maisie Blaine\***  
Policy Specialist

**Sam Chacon**  
Notices and Data  
Specialist

**Dana Manteufel**  
Data Analyst

**Jennifer Rogers**  
Regional Ombudsman

**Marie Kessler**  
Volunteer Coordinator

**Tammy Hollingsworth**  
Self-Advocacy Specialist

**Dave Christianson**  
Regional Ombudsman

**Kab Nras Lee**  
Self-Advocacy Specialist

**Michele Christensen**  
Regional Ombudsman

**Deb Vizecky**  
Regional Ombudsman

*\* Are people who joined the office in this fiscal year. This listing is created from staff in their roles as of September 30, 2023.*

## Certified Ombudsmen Volunteers

**Fred Simon**  
Scott County

**Ronna Locketz**  
Hennepin County

**Alesia Grace**  
Anoka County

**Gary Hennen**  
Stearns County

**Ruth Steffensen**  
Olmsted County

**Kathy Luepke**  
Brown County

**Jo Hennen**  
Stearns County

**Andrea Hepola**  
Hubbard County

**Kay Steffen**  
Jackson County

**Pam Maurelli**  
Anoka County

**Gloria Alexander**  
Hennepin County

**Bernice Bertram**  
Hennepin County

**Pat Westman**  
Roseau County

**Barbara McDonald**  
Wright County

**Colette Morris**  
Hennepin County

**Patricia McCormick**  
Crow Wing County

**Kirsten Olson**  
Ramsey County

**Ann Pabst**  
Ramsey County



*OOLTC Staff at a September 2023 training.*

## Contact Us

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