



OFFICE OF OMBUDSMAN FOR LONG-TERM CARE

2017 Annual Report

*Enhancing the quality of life and the quality of services for
consumers of long-term care through advocacy, education
and empowerment*

Dear Citizens of Minnesota;

I am honored to present the 2017 Annual Report of the Minnesota Long-Term Care Ombudsman Program. The Long-Term Care Ombudsman Program is a program of the Minnesota Board on Aging. This report identifies systemic issues based on Ombudsman investigations over the past year and recommendations that outline solutions to improve consumer protections.

Ombudsmen for Long-Term Care are professionally trained independent consumer advocates. The Older Americans Act mandates Ombudsmen are to help consumers resolve disputes about the care and service they receive. Ombudsmen provide a regular presence in long-term care settings for consumers, families and others to prevent problems.

Ombudsmen receive specialized training to provide information and consultation to consumers and providers about long-term care services. Education Ombudsmen staff and Volunteers provide to consumers and caregivers empowers people to become self-advocates.

I take this opportunity to thank all our Certified Ombudsman Volunteers (COV). Without COV's we would not be able to accomplish the mission of advocating for the health, safety, welfare, and civil rights of Minnesota's nursing home, assisted living, and adult family care home residents.

Over this past year a 5-Part Series on Elder Abuse was published in a major MN newspaper. In response MN Gov. Mark Dayton called for a work group to develop recommendations designed to protect the rights of Minnesotans in licensed homes such as nursing homes and housing with services with assisted living services.

Ombudsmen for Long-Term Care are often the first to notice the warning signs of possible abuse, neglect, exploitation or the first person a resident confides in regarding being a victim of abuse. This report includes information about the work of Ombudsmen related to abuse.

Elder abuse is a complex problem with myriad presentations: from neglect, to serial financial abuse by predators, to late-life domestic violence, to physical and sexual assault by care providers. Many policy actions are needed to make significant strides towards ending elder abuse and protecting vulnerable adults.

At the same time Minnesota is experiencing rapid growth in the aging population (especially those over 85 arguably the most vulnerable to abuse and neglect) funding levels to the Ombudsman Program have not kept pace.

In closing, the inherent worth and dignity of each person creates the fundamental right to be treated and respected as an individual with unique interests, perspectives, and circumstances. Ombudsmen for Long-Term Care work to improve quality of life and quality of care for MN citizens.

Yours Sincerely,

A handwritten signature in dark ink, appearing to read "Cheryl Hennrich". The signature is fluid and cursive, with a large initial "C" and a stylized "H".

State Long-Term care Ombudsman

Central Office Staff

Staff	Title
Cheryl Hennen	State Long-Term Care Ombudsman
Natasha Merz	Deputy State Long-Term Care Ombudsman
Jane Wolff	Program Advocacy Coordinator
Emmanuel Anthony	Management Analyst 4
Sharon Guzman	Office Administrator

Metro Minnesota Staff

Staff	Region	County/City
Jim Dostal	West Metro	Carver, McLeod, and Scott County. Cities: Deephaven, Eden Prairie, Golden Valley, Hopkins, Long Lake, Loretto, Maple Plain, Minnetonka, Minnetrista, Mound, Plymouth, Shorewood, Spring Park, & Wayzata.
Lori Goetz	Southeast Metro	Dakota and Southern Washington County. Cities: Bloomington, Edina & Richfield.
Jane Wolff	Minneapolis	Minneapolis
Kristen Rice	Metro-Minneapolis	Minneapolis & St. Louis Park
Sally Schoephoerster	Metro-Northwest	Arden Hills, Brooklyn center, Brooklyn Park, Crystal, Falcon Heights, Maple Grove, Moundsview, New Brighton, New Hope, Osseo, Robbinsdale, Roseville & St. Anthony Village.
Paula Wieczorek	Metro-Northeast	Ramsey County & Northern Washington County.

Greater Minnesota Staff

Staff	Region	County/City
Maisie Blaine	Northeastern MN	Cook, Itasca, Koochiching, Lake & St. Louis
Dan Tupy	North Central MN	Aitkin, Carlton, Cass, Crow Wing, Hubbard, Kanabec & Wadena
Sylvia Hasara	Southwestern MN	Brown, Cottonwood, Faribault, Jackson, Lincoln, Lyon, Martin, Murray, Nobles, Pipestone, Redwood, Renville, Rock, Watonwan & Yellow Medicine
Ann Holme	West Central MN	Big Stone, Chippewa, Douglas, Grant, Kandiyohi, Lac qui Parle, Otter Tail, Stevens, Swift, Traverse & Wilkin
Cory Jones	Northwestern MN	Becker, Beltrami, Clay, Clearwater, Kittson, Lake of the Woods, Mahnomen, Marshall, Norman, Pennington, Polk, Red Lake & Roseau
Dave Christianson	South Central MN	Blue Earth, Le Sueur, Nicollet, Rice, Scott, Sibley & Waseca
Jamie Kunst	Southeastern MN	Dodge, Goodhue, Fillmore, Freeborn, Houston, Mower, Olmsted, Steele, Wabasha & Winona
Tiffany Carlson	Mid-Central MN	Benton, Mille Lacs, Pope, Sherburne, Stearns & Todd
Wendy Weidner	East Central MN	Anoka, Chisago, Isanti, Meeker, Pine, Wright & the cities of Rogers, Champlin, Dayton & Elk River

The Role of Minnesota's Office of Ombudsman for Long-Term Care

Authority

The Minnesota Long-Term Care Ombudsman Program (OOLTC) is authorized by the federal Older Americans Act (OAA) of 1975; 42 U.S. Code, Section 3058g and MN Statute 256.9742.

Governance

The Older Americans Act (OAA) requires an Ombudsman Program in each state. Each state must identify the State Unit on Aging (SUA). The Minnesota Board on Aging (MBA); a 25 member board appointed by the governor, is the MN SUA. The MBA is responsible to ensure the OOLTC meets federal compliance on an annual basis.

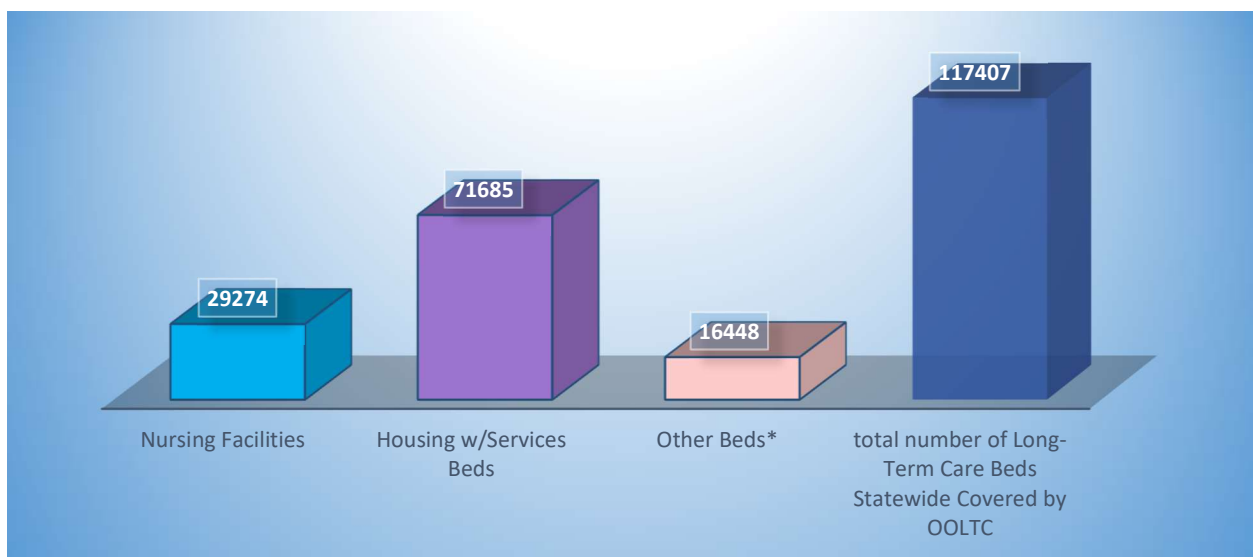
Mandates:

1. The Ombudsman provides individual consumer advocacy: The consumer is the client. The Ombudsman provides problem-solving through mediation, education or referral to another agencies.
2. The Ombudsman conducts systemic advocacy: evaluates any act, practice, procedure or administrative action of a long-term care facility, acute care facility, home care service provider or government agency that may adversely affect the health, safety, welfare or rights of consumers.
3. The Ombudsman monitors the development and implementation of governmental regulations affecting consumers' rights and benefits.
4. The Ombudsman is responsible to comment on and make recommendations to public and private agencies regarding laws, rules regulations and policies affecting the rights and benefits of consumers.
5. The Ombudsman informs public agencies about the problems of clients.
6. The Ombudsman provides public education about the health, safety, welfare and rights of consumers.

7. The Ombudsman provides opportunities for volunteer and citizen participation in advocacy efforts.
8. The Ombudsman promotes and supports the development of citizen participation in the work of the office through resident and family councils.

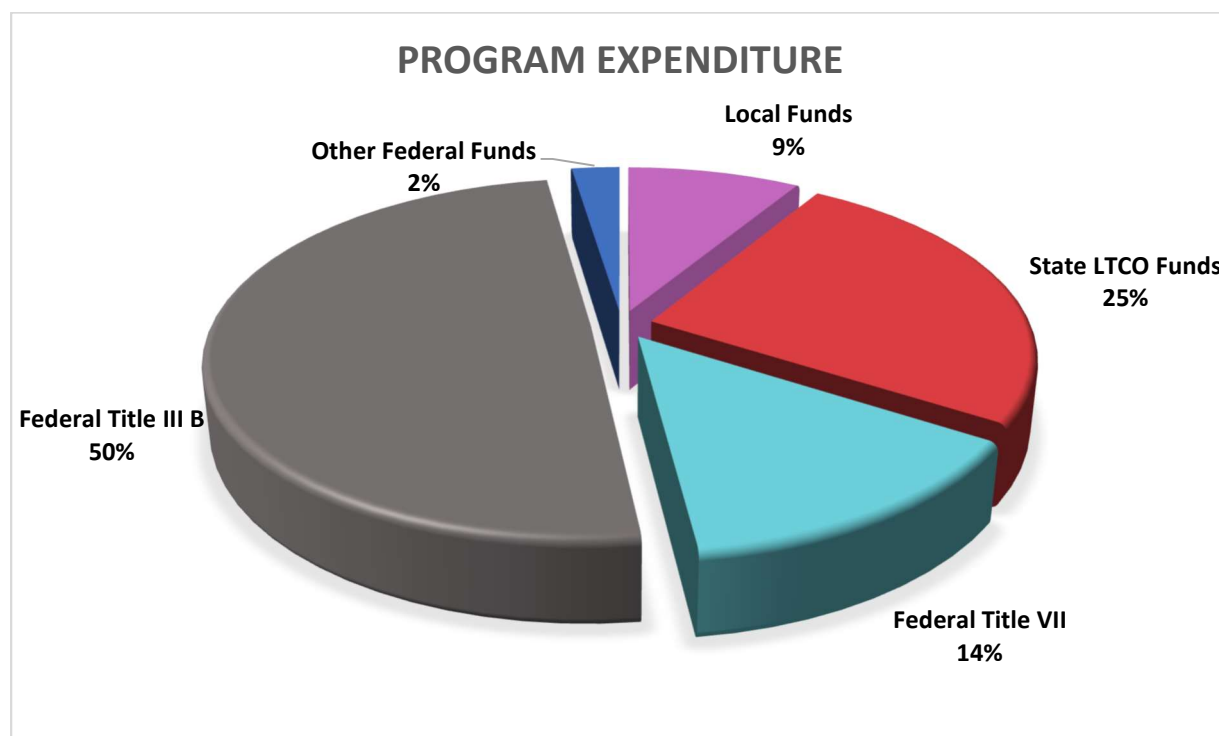
OOLTC has federal and state authority to advocate for people receiving long-term care services in a wide variety of settings, including their own homes and 117,407 residential settings in Minnesota. The majority of complaints to OOLTC are generated in Nursing Facilities and Assisted Living settings.

Ombudsman Authority: Types of Long-Term Care Residential Settings in Minnesota



* "other beds" are defined as beds located in 245D community residential settings and adult foster care settings

Funding Sources



Consumer Advocacy: Individual Complaint Handling

Regional Ombudsmen across Minnesota investigate complaints about violations of resident rights or quality of care on behalf of consumers of long-term care services. Ombudsmen work directly with the person receiving long-term care services (“client or consumer”) to identify solutions and implement needed changes for their care, rights, or quality of life.

The goal of the ombudsman’s work is to resolve the concern to the satisfaction of the consumer. Ombudsmen protect confidentiality of the consumer’s information and do not take action on behalf of the consumer without permission from the consumer. Ombudsmen investigate concerns to fully identify the problem and develop potential solutions. With the consumer’s permission, the Ombudsman will review medical records, gather information from the provider’s perspective, and observe the long-term care environment.

Following an investigation, the ombudsman meets with the consumer to discuss the results of the investigation and to develop viable solutions to the resident’s

concerns. The ombudsman works collaboratively with consumers and providers to reach a productive resolution for all parties whenever possible, but is at all times an advocate for the consumer.

Consistent with national trends, complaints to Minnesota's Office of Ombudsman for LTC are steadily increasing. In 2017, OOLTC received and handled 2880 complaints. Ombudsmen are trained to handle many different types of complaints in long-term care settings, from the right to refuse medication to the right to be served by competent staff. The table below shows the breakdown of complaints handled by the OOLTC between federal fiscal year 2016 and federal fiscal year 2017.

Cases and Complaints (1)

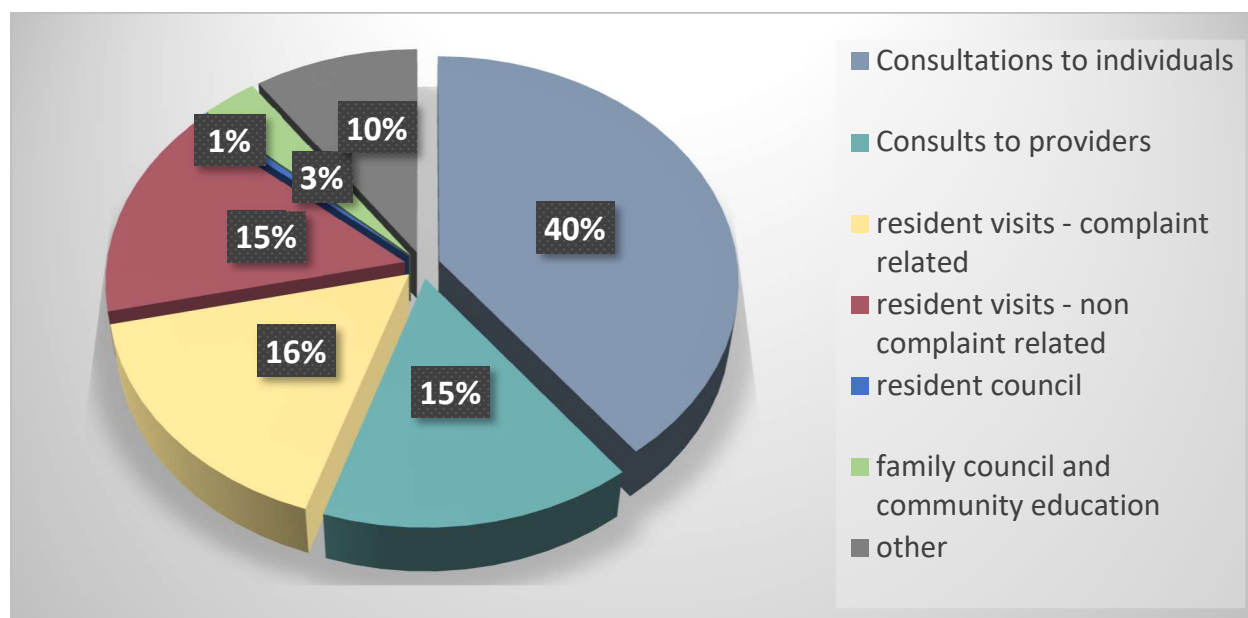
Code Description	FYE 2016		FYE 2017	Variance from 2016	Variance by Percent
Abuse, Gross neglect, Exploitation (physical, sexual, emotional, financial, or gross neglect)	73		127	54	43%
Access to Information by Resident or representative	97		75	-22	-29%
Admissions, Transfer, Discharge, Eviction	373		399	26	7%
Autonomy, Choice, Preference, Rights (includes retaliation or threat of discharge)	590		623	33	5%
Financial, Personal Property	142		190	48	25%
Care Issues	484		588	104	18%
Outside services (e.g. podiatry, therapies)	131		133	2	2%
Restraints - Chemical & Physical	15		20	5	25%
Activities & Social Services (Res conflict)	86		116	30	26%
Dietary/Nutrition Services	101		130	29	22%
Environment/Safety (Quality & up keep of facility, lacks ADA accessibility)	117		148	31	21%
Policies, Procedures, Attitudes, Resources	58		89	31	35%
Staffing	143		242	99	41%
Total #of Complaints:	2410		2880	470	16%

¹ For LTC Ombudsman program, a complaint is defined as a concern brought to, or initiated by, the ombudsman for investigation and action a) on behalf of one or more residents and b) relating to the health, safety, welfare or rights of a resident. A case is an inquiry brought to, or initiated by, the ombudsman on behalf of a resident or group of residents involving one or more complaints which requires opening a case and includes ombudsman investigation, strategy to resolve, and follow-up.

Ombudsman Activities

In addition to complaint resolution efforts, OOLTC staff works in other ways to promote the quality of Minnesota's long-term care system through consultations, trainings, and participating in the inspection and survey process with the Minnesota Department of Health.

OOLTC completed 13, 533 total activities entered during reporting period.



The Role of the Ombudsman in Addressing Abuse in Long-Term Care

This year, the significant gaps in Minnesota's system to protect vulnerable adults were featured prominently in both state and national media coverage (2) Complaints of abuse in many forms are steadily increasing nationally, and in Minnesota. Other State agencies charged with investigating abuse, neglect, and exploitation recorded an increase in complaints received.

Minnesota's Ombudsman data show increases in complaints in this area consistent with national and state trends. Between 2015 and 2016, OOLTC complaints about

² See, for example, [CNN: Sick, Dying, and Raped in America's Nursing Homes](#); [Star Tribune: Left to Suffer](#)

abuse, neglect, or financial exploitation increased by 29%. Between 2016 and 2017, complaints in this area increased an additional 43%.

Regional Ombudsmen work directly with victims that have suffered abuse and neglect by family members, guardians, providers or members of the community. Ombudsmen work to promote healthy recovery and empowerment of the abuse survivor and work to prevent abuse systemically in their regions. The Ombudsman does not duplicate or replace the essential role of regulators or law enforcement in holding perpetrators accountable. The Ombudsman seeks to be a source of support for the survivor, ensuring that the consumer has access to counseling, medical, and other supportive services. For real-life examples of how Ombudsman work with survivors of abuse, please see below.

Sexual Abuse in Northern Minnesota

A 78 year old woman with end stage Alzheimer's dementia, residing at an assisted living setting was unable to care for herself. She was unable to stand or walk and required extensive assistance for all activities of daily living, including turning and repositioning, feeding, and toileting. She was described as mostly non-verbal; but, sometimes able to answer some questions with a yes or no. She had a court-appointed guardian who was not a family member and her brother was her conservator.

This resident was sexually assaulted by a staff person in the spring of 2016. The Regional Ombudsman (RO) was informed by local law enforcement that there had been a sexual assault at the assisted living. The RO had worked previously with the client and her family on other care issues and concerns. After learning about the assault, the RO made a site visit and spent time with the victim talking with her and comforting her. The RO was present with and provided reassurance to the victim when the law enforcement collected DNA evidence.

As the criminal case against the perpetrator developed, the RO made regular visits to the facility to check on the victim and spend time with her. The RO worked with the hospice provider to set up additional psychological services for the victim, which had been initially denied by the guardian. The RO worked with Law enforcement, County Adult protection, and County Adult protection team

members to monitor the progress of the investigation by the Office of Health Facility Complaints and to advocate for timely prosecution in this case.

The RO attended the first official court hearing and noticed that no one from the victim's family was present at the hearing. The RO learned that the County Attorney had been told by the guardian that there were no involved family members. When alerted to the fact that this was not accurate, the County Attorney postponed the plea bargaining hearing and contacted both the victim's son and brother, neither of whom had any idea that the abuse had happened. They became involved in the hearings and were able to give victim impact statements and other valuable information for the case.

Financial Exploitation and Isolation in Southwest Minnesota

A 71 year-old female was admitted to a locked memory care unit by her niece, who was attorney-in-fact. The resident was admitted shortly after her husband of 27 years died, leaving her as the sole owner of a farm estate and substantial financial assets. The niece of the resident disconnected the resident's phone service in the unit and instructed staff to not allow resident to leave the floor.

The RO was contacted to investigate concerns including the resident did not need memory care and was being held against her will in that setting. The RO visited the resident and subsequently involved the county adult protection worker. The RO and adult protection worker both agreed that the resident appeared to be alert and oriented and should be able to make her own decisions. They arranged for a psychological assessment, performed by a psychologist, who also deemed this client competent to handle her own affairs.

The resident eventually removed her niece as her attorney-in-fact. She appointed a long-time employee of the farm to help her manage the operations of the farm. She also agreed to a conservator to help her manage her financial affairs. The resident moved from the locked memory care unit to an independent apartment on the same campus, supported by home care services.

Emotional Abuse and Financial Exploitation in Southcentral Minnesota

An RO received an anonymous complaint from a nursing home staff member that a resident had a valuable ring and a thousand dollars in cash stolen from the lock-box in her room. The RO visited with the resident, who confirmed the theft. The resident showed the RO the lock box and told the RO that only 1 staff member knew where the locked box was located. The RO initiated an investigation and spoke to the administrator of the facility. The administrator confirmed she knew about the missing money, but said that they had not reported it because she believed the resident had been drinking and had actually pawned the ring for cash to buy alcohol. The administrator held this belief, despite the fact that no staff had observed the resident drinking or acting intoxicated and resident did not have a history of alcohol dependence. The RO informed the administrator that she was obligated to make an adult protection report and initiate an internal facility investigation.

The RO provided subsequent training on Minnesota's Vulnerable Adult Act and the requirements of mandated reporters. The adult protection investigation substantiated the financial exploitation and the staff member was fired.

Systemic Recommendations: Strengthen Consumer Protections in Assisted Living settings

Minnesota has a unique regulatory structure applicable to assisted living providers. In Minnesota, "assisted living" is a package of home care services regulated by a basic or comprehensive home care license. The housing and residential component of assisted living services is separate from the home care services and not subject to

Why Minnesota Needs Assisted Living Reform: Stories from the Field

John, a veteran, was placed by his guardian in a housing with services/Assisted living setting. He was charged over \$20,000 a month despite being physically independent with most cares. Once John ran out of money and had to go onto a Medicaid waiver, the provider issued a notice of termination.

Cindy's home care agency terminated her services, telling her that they were "prioritizing" private pay. Cindy was forced to move into a long-term care residence to get home care services. In Cindy's own words:

"When I lost [provider name] everything went downhill for me, I depended on them and I lost everything, because I'm poor I was completely robbed of my independence".

Ron's wife Sharon had late-stage dementia and lived in an assisted living memory care unit. Following a weekend during which Ron was unable to visit due to illness, Sharon was sent to the hospital, where an infected pressure sore the size of a softball was found. Sharon died in a nursing home a month later.

any regulation beyond Minnesota's landlord-tenant statutes (found at Minn. State. 504B et. seq.).

This unique structure lacks vital protections for people who live and receive services in these settings. During this reporting year, OOLTC has worked to promote systems and legislative changes to increase consumer protections in two main areas: appeal rights for home care termination/lease termination and the creation of a unified, enforceable assisted living disclosure statement.

Create Appeal Rights for Home Care Termination and Eviction in Assisted Living settings.

Currently, Minnesota law requires that a home care provider inform the client of the basis for the service termination, with no rights to appeal and no ability to challenge the provider's decision, even though this decision effectively terminates the person's stay at the assisted living.

Current law allows for the termination of home care services with as little as 10 days' notice. This is fundamentally wrong and creates an imbalance of power to people living in these settings and receiving home care services. The provider does not have any obligation to assist the resident in finding a new provider. If the provider seeks to terminate home care services only and not the lease, the person is constructively evicted from their home because they cannot safely live in that setting without the support offered in assisted living packages. Given Minnesota's reliance on housing with services/assisted living as a viable alternative to nursing homes, Minnesota needs to increase the consumer's rights and protections when facing service termination and eviction.

OOLTC has been working with stakeholders educate providers, legislators, and consumers about the need for change. It has engaged with the AARP, provider organizations, legislators and the Department of Health with recommendations for changes to Minnesota's home care laws to create appeal rights and due process for people living in these settings. The State Long-Term Care Ombudsman has met with key legislators, family members, and provided extensive policy recommendations to support this work. These recommendations are also included in this annual report.

Develop Universal Assisted Living Disclosure Statement with Enforcement Mechanism

OOLTC is also focused on ensuring that people understand what they are purchasing when they decide to move into a housing with services/assisted living setting. OOLTC recommends aligning existing requirements for disclosure into one consumer-friendly, accessible information about the services available and the pricing for those services.

Currently, Minnesota requires that providers publish a model contract (Uniform Consumer Information Guide), a disclosure of specialty care status for memory care or specialized units) and a statement of home care services. Neither of these 3 documents have any meaningful enforcement mechanisms supporting them, so the information available to the public is not kept current and there is no consequence to the provider for providing inaccurate or outdated information. The provider is not held to account if they violate or refuse to provide a service outlined in any of these disclosures.

OOLTC-MN recommends unifying current disclosure requirements into one complete disclosure statement that must be given to prospective tenants/clients. Further, it recommends amending statute to give Department of Health authority to include adherence to the disclosure statement as a part of the regular survey/regulatory process (including fines and licensing actions when violated) and when individual complaints are filed about the provider.

Focus on meeting behavioral health needs:

A state level advocacy focus is underway between OOLTC, providers, and specialists to better meet the needs of consumers with behavioral health issues. Behavioral health issues are often the cause of involuntary discharges or refusal for admission. Additional programming to address the issues can be costly. Residents with the behavioral health needs usually require additional monitoring by staff to redirect or to stop harmful behaviors.

Providers of long-term care services statewide are struggling to maintain adequate staffing and thus this adds to the challenge. Simply increasing staff is not an answer in and of itself. Specialized staff training is critical. Consumers have a right to access behavioral health professionals for consultations and support.

Other Systemic Issues: Promoting and Supporting Consumer Empowerment

One of OOLTC's key functions is to support the empowerment of the resident's voice to promote improvements care long-term care and services. To this end, OOLTC promotes resident empowerment through multiple channels, including a focus on person-centered care, work with resident and family councils, and self-advocacy training.

Person-Centered Service Delivery: Federal Focus

Nationally, services across the long-term care spectrum funded by Medicaid (Medical Assistance in Minnesota) are subject to major reform. Regardless of the type of service or population being served, these reforms share person-centeredness as a foundational principle.

The fundamental principle in person-centeredness is the person receiving services is the person that should be establishing goals for their care and their life. Person-centered services actively promote the person's empowerment and positive control over their lives. Inherent in person-centeredness is the understanding that people who receive services, like all people, seek to achieve a balance between that which promotes health and safety while supporting and enhancing what brings the person joy, a sense of well-being, and comfort.

The development of person-centered thinking and planning now represents the baseline standard of care for long-term care services and supports, federal regulations for Medicaid-funded nursing homes and home and community based services have been changed and updated to reflect this new standard.

These changes and new requirements provide opportunities for residents and their advocates to hold providers accountable for person-centered service delivery and advance the standard of care.

Resident and Family Advisory Council Education (R-FACE)

OOLTC promotes empowerment through its work with resident and family councils. Regional Ombudsman and Certified Ombudsman Volunteers attend council meetings upon invitation to provide support and assistance to these important groups as they advocate for changes or improvements to care and services in their facility. Staff and Volunteers are available to provide education to council groups on a wide-variety of topics, including preventing abuse, care issues, and promoting resident rights.

Resident and Family Councils exist formally in nursing home regulations only. In addition to other significant reforms needed, OOLTC recommends that the statutory right to form these groups be expanded to Assisted Living Settings as well as nursing homes so that the voice of the consumer is empowered through council organizing.

As a part of its work to promote councils, OOLTC recently surveyed providers to identify what barriers they see to effective and active resident councils.

Barriers to Effective Resident Councils

One key factor identified by most survey respondents was the instability of Residents' health. Residents of nursing homes increasingly have more acute, complex health concerns since the major nursing home reform efforts in the late 1970s. This key factor affects resident's ability and desire to participate in a resident council. Survey responses indicate residents desire an informal resident council structure.

Barriers to Effective Family Councils

Compared to resident councils, family councils in Minnesota's nursing homes are far less common. The most commonly-identified barrier is time availability.

OOLTC is engaged in finding creative strategies, including the use of technology, to support family councils as key partner to promoting and maintaining quality of life and care in the facilities and their communities

Promoting Resident Empowerment through Self-Advocacy

Empowering and amplifying the resident's voice is fundamental to the work of OOLTC. To this end, OOLTC has partnered with Moving Home Minnesota on a two year project. The purpose of the project is to develop a comprehensive training curriculum for residents to improve their ability to advocate for themselves.

The first year of this project involves research and curriculum development. As a part of this process, OOLTC gathered extensive information from and consulted with:

- individuals who receive services and those who are close to them
- Resident councils/groups
- Family councils/groups.
- Other stakeholders such as Ombudsman, Certified Ombudsman Volunteers, Moving Home Minnesota Staff, Counties, Tribes, AAA, Senior Linkage and Return to community staff, etc.

Year two of this project will be a roll out of the curriculum to interested residents and councils throughout the state of Minnesota to create a core group of confident, assertive long-term care consumers who are empowered to demand and expect the best quality services and supports available.

The COV Program at-a-glance

- 53 Volunteers providing advocacy services throughout the state.
- 4257 hours donated by COVs during this year

Volunteer Successes –a few examples

- Assisted **Jean** to make changes to end of life planning documents to ensure her wishes would be honored.
- Helped **Alejandro** reunite with spouse living in a different country, which allowed him to move with the spouse to the community.
- Helped **Irene**, who had no family or friends, with a medication issue; assisted in obtaining medication review by attending physician.

The Certified Ombudsman Volunteer Program

One of OOLTC's most important services is the Volunteer Program. Certified Ombudsman Volunteers ("COVs") undergo extensive vetting and training in a wide variety of long-term care topics before advocating for and working with residents.

The volunteers extend the reach of the program by being a regular presence in assigned facilities and assisting with complaint resolution.

COVs build trusting relationships with consumers. They identify issues and assist with problem solving. COVs work closely with their Regional Ombudsmen (RO) and report what is happening in facilities on a monthly basis. They enhance the work of the RO.

COV Spotlight



Barb speaking at her facility during her
“Thank-You” Party

BARBARA MCGINNIS

- Barb is retiring from her duties as a COV after 20 years of service in Morris, Minnesota.
- Barb has helped our program with her time in the facility, but also in recruitment and program development.
- The facility where Barb volunteers threw her a party to thank her for her service.
- Barb will continue recruiting for our program (when she's back from California).

Certified Ombudsman Volunteers
Including their city of facility placement

Dorothy Chizek-18 years Morris	Barbara McGinnis, 19 yrs Morris	Betty Clark- 3 years Moorhead
Edith Hoyum- 10 years Bemidji	Marion Jacobson-18 years Lake Park	Pat Westman-12 years Roseau
Myrna Yenter -2017 Mankato	Gary Hennen-7 years Cold Spring	Jo Hennen-1 year Cold Spring
Kelli Turcotte, 3 years Brainerd	Lois Tyrrel, 10 years Wadema	Yolanda Williams, 2 years Eden Prairie
Gloria Alexander, 9 years Plymouth	Pat Loban, 2016 Pine River	Sue Halverson, 2 years St. Paul
Virida Hall, 2016 Saginaw	Patricia McCormick, 4 yrs Crosby	Fred Simon, 2016 New Prague
Barb Spears, 2016 St. Paul	Lois Meiners, 15 years St. Cloud	Barb Risken, 12 years St. Louis Park, Mpls
Jim Sowles, 9 years Crosby & Aitkin	Halle O'Falvey, 2016 St .Paul	Betty Johnson, 3 years Cold Spring
Lois Sowles, 15 years Crosby & Aitkin	Ana Westervelt 2017 Shoreview	Christine Marcotte, 4 yrs Deer River
Larry Clausen- 2017 Minneapolis	Teia Koopmeiners, 1 year Avon	Joy Mesia, 16 years Eveleth, Proctor & Hibbing
RoseAnn Hansmeyer, 2017 Eagan	Ronna Locketz, 3 years Plymouth	Tom Oven, 3 years St .Cloud
Audrey Wiita, 23 years Mountain Iron	David Odabashian, 2017 White Bear Lake	Mary Wright, 2017 Fridley
Marg France, 2 years Duluth	Michelle Murphy, 13 yrs Minneapolis	Neil Peterson, 2017 Minneapolis
Gloria Cory, 12 years Wheaton	Jim Ballard, 2016 Canon Falls	Kathy Konstant, 2016 Madelia
An Taylor, 1 year Richfield	Charlie Anderson, 2017 Montevideo	Charlotte Hanson-3 years Alexandria

Certified Ombudsman Volunteers (continued)

Natalie Hanson, 1 yr Barrett	Susan Spaeth, 20yrs Bemidji/Aitkin	Donald Matakis, 13 years Sartell
Bev Winchester, 1 yr Rochester	Patricia Olson, 2017 Superior	Kathleen Phillippi, 1 yr Canon Falls
Jayne Whiteford, 2016 New York Mills	Wendy Adams, 2 yrs Chisago City	