



**COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD JULY 1, 2011 - JUNE 30, 2012
Deadline: July 13, 2012**

COUNTY OF SAN DIEGO
BOARD OF SUPERVISORS
2012 JUL 27 AM 10 33

THOMAS J. PASTUSZKA
CLERK OF THE BOARD
OF SUPERVISORS

1. DEPARTMENT/COURT INFORMATION:

Department/Court: HHSA/Aging&Independence Services (AIS)
Division/Unit: Long-Term Care Ombudsman

2. VOLUNTEER PROGRAM BENEFITS:

a. GENERAL VOLUNTEERS (this section should include community volunteer, student intern, groups, corporations, etc).

No. of Vol.	115	Hours	10,000	X	\$21.79	=	\$217,900.00
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Types of work performed by GENERAL VOLUNTEERS in this category:

Long-Term Care Ombudsman Volunteers advocate for the dignity, quality-of-life and quality-of care for all residents of long-term care facilities. There are over 800+ licensed facilities in the County of San Diego including skilled nursing homes, board and care homes, assisted living facilities and continuing care retirement communities. Ombudsman volunteers work diligently to address resident concerns and advocate for resident rights. The Ombudsman Program receives, investigates and resolves thousands of complaints, including abuse and neglect each year.

Ombudsmen demonstrate a proactive approach that includes frequent, consistent, and timely on-site visibility in long-term care facilities. During the previous fiscal year Ombudsman made 4000+ general visits to facilities. Ombudsman monitor poor and best practices in facilities. They educate residents, family members, facility staff and the community about the needs and rights of residents.

b. INSTITUTIONAL VOLUNTEERS (this section should include court referrals, honor camp inmates, PIC/RETC, GAIN, etc.)

No. of Vol.		Hours		X	\$21.79	=	\$0.00
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Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity). These specialized positions have verifiable compensation levels (VCL). If you have such a volunteer, please indicate the position, hours and compensation level

<u>Position</u>	<u>Hours</u>	X	<u>VCL</u>	=	<u>Dollar Benefit</u>			
_____	_____		_____		\$0.00			
_____	_____		_____		\$0.00			
_____	_____		_____		\$0.00			
_____	_____		_____		\$0.00			
_____	_____		_____		\$0.00			
No. of Vol.					Total Hours	0	Total Value =	\$0.00

Types of work performed by SPECIALIZED VOLUNTEERS in this category:

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

	<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar Benefit</u>
2a.	115	10,000	\$217,900.00
2b.	_____	_____	_____
2c.	_____	_____	_____
Total Vol.		115 Hours	10,000 Total Value = \$217,900.00

3. DONATIONS TO VOLUNTEER PROGRAM:

Please list all donations to the department's Volunteer program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

Item Donated: <u>Federal & State</u>	Value: <u>\$414,462.00</u>
Item Donated: _____	Value: _____

TOTAL VALUE = \$414,462.00

4. VOLUNTEER PROGRAM COSTS:

a. Cost of supervision of volunteers (total hours of direct supervision multiplied by the hourly rate of staff person (s) directly supervising program volunteers.)

Hours **4,680** X Rate **\$43.73** = **\$204,656.40**

b. Cost of program coordination (total hours of program coordination multiplied the hourly rate of coordinator(s)). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placement, recognition, etc.)

Hours **1,560** X Rate **\$49.85** = **\$77,766.00**

c. Other program costs (volunteer training materials/supplies, recognition costs, etc.):

<u>Item</u>	<u>Cost</u>
<u>Misc Operating Costs (FY1112 Projected)</u>	<u>\$78,730.91</u>
_____	_____
_____	_____
_____	_____

TOTAL OF OTHER PROGRAM COSTS = **\$78,730.91**

d. TOTAL OF VOLUNTEER PROGRAM COST = **\$361,153.31**
(add 4a, 4b, and 4c)

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)	<u>\$217,900.00</u>
b. Total of Donations to Volunteer Program, Item 3 (Page 2)	<u>\$414,462.00</u>
c. Subtract Total of Program Costs, Item 4d (Page 3)	<u>\$361,153.31</u>

TOTAL PROGRAM BENEFIT

\$271,208.69

6. RECRUITING:

Please describe your recruiting programs:

The Ombudsman Program conducted two recruitment campaign in Fiscal Year 11/12.

Recruitment outreach included newspaper articles, press releases to community publications and tv/radio, utilization of the county website, continuing to be registered with RSVP and Volunteer San Diego, AIS newsletter, recruitment posters provided by the OSLTCO and paid advertising through the San Diego Union Tribune and Prime publication.

7. SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:

Please describe any special activities and/or achievements your program was involved in during the period of this report:

During the 11/12 FY the Ombudsman Program sponsored 24 hours of on-going certification training for current volunteers. This included two 4-hour training events plus eight 2-hour regional training sessions. The program also co-sponsored a dementia symposium attended by approximately 200+ participants.

8. VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2012-13:

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

Goals for the next fiscal year include: one recruitment campaign and one new volunteer certification training, 2 large training events for certified volunteers and 8 regional training events to support the on-going certification requirements, and one volunteer recognition event to honor years of service. Our goal is to maintain a minimum of 80 volunteers.

9. GENERAL INFORMATION:

Name of person completing report: Christine O'Connell
Phone: 858-505-6322 Mail Stop: W433 E-Mail: christine.oconnell@sdco
Volunteer Coordinator: same as above
Phone: _____ Mail Stop: _____ E-Mail: _____

10. DEPARTMENT CERTIFICATION:



DEPARTMENT HEAD SIGNATURE

2/9/12
DATE