



**COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD JULY 1, 2013 - JUNE 30, 2014
Deadline: July 18, 2014**

COUNTY OF SAN DIEGO

2014 JUL 22 PM 7 27

CLERK OF THE BOARD
OF SUPERVISORS

1. DEPARTMENT INFORMATION:

Department: HHSA- Aging and Independence Service
 Division/Unit: Long-Term Care Ombudsman Program

2. VOLUNTEER PROGRAM BENEFITS:

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

No. of Vol.	70	Hours	12952	X	\$22.55	=	\$292,067.60
-------------	----	-------	-------	---	---------	---	--------------

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. Ombudsman demonstrate a proactive approach that includes frequent, consistent, and timely on-site visibility in long-term care 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 honor camp inmates, PIC/RETC, GAIN, etc.)

No. of Vol.		Hours		X	\$22.55	=	\$0.00
-------------	--	-------	--	---	---------	---	--------

Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

No institutional volunteers used in this program.

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:
 No specialized volunteers used in this program

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

	<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar Benefit</u>
2a.	_____ 70	_____	_____
2b.	_____	_____	_____
2c.	_____	_____	_____
Total Vol.	70	Hours	12,952
		Total Value =	\$292,067.60

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: _____	Value: _____

TOTAL VALUE = \$0.00

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 **2880** X Rate **\$45.99** = **\$132,451.20**

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 **480** X Rate **\$52.42** = **\$25,161.60**

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

<u>Item</u>	<u>Cost</u>
Training Materials/Supplies	\$500.00
Recognition Cost	\$5,000.00
Recruitment	\$200.00

TOTAL OF OTHER PROGRAM COSTS = **\$5,700.00**

d. TOTAL OF VOLUNTEER PROGRAM COST = **\$163,312.80**
(add 4a, 4b, and 4c)

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)	<u>\$292,067.60</u>
b. Total of Donations to Volunteer Program, Item 3 (Page 2)	<u>\$0.00</u>
c. Subtract Total of Program Costs, Item 4d (Page 3)	<u>\$163,312.80</u>

TOTAL PROGRAM BENEFIT

\$128,754.80

6. RECRUITING:

Please describe your recruiting programs:

The Ombudsman Program conducted two recruitment campaigns in the Fiscal Year 13/14.

Recruitment outreach included utilization of the county website, continuing to be registered with RSVP and Volunteer San Diego, AIS newsletter, recruitment posters provided by the Office of the State Long Term Care Ombudsman.

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 13/14 fiscal year, the Ombudsman Program sponsored 20 hours of on-going certification training for current volunteers. This included one 4-hour training event plus eight 2-hour regional training sessions. Ombudsman volunteers responded to over 1,000 complaints. One Ombudsman volunteer with 18 years of service as an Ombudsman, was honored as a Living Legend, which is a program with the San Diego County Library.

8. VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2014-15:

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

Our program goals for the next fiscal year include: two recruitment campaigns and two new volunteer certification trainings, 2 large training events for certified volunteers, 6 regional training events to support the on-going certification requirements, and one volunteer recognition event to honor years of service. Our goal is to build the volunteer pool to 80 volunteers in the next fiscal year.

9. GENERAL INFORMATION:

Name of person completing report: Shana L. Gaters
Phone: 858-505-6322 Mail Stop: W433 E-Mail: shana.gaters@sdcounty
Volunteer Coordinator: same as above
Phone: _____ Mail Stop: _____ E-Mail: _____

10. DEPARTMENT CERTIFICATION:


DEPARTMENT HEAD SIGNATURE

7/16/14
DATE