



**COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD JULY 1, 2021 - JUNE 30, 2022
Deadline: July 15, 2022**

1. DEPARTMENT INFORMATION:

Department: Ombudsman
Division/Unit: HHSA/AIS

2. VOLUNTEER PROGRAM BENEFITS:

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

No. of Vol.	61	Hours	1955.2	X	\$35.56	=	\$69,526.91
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Types of work performed by GENERAL VOLUNTEERS in this category:

Total hours for the last quarter (April-June) are not available until the end of July and this projection is based on historical data from the previous quarter. The previous quarter is used as it best reflects the impact to the program from COVID-19.)

Long-Term Care Ombudsman Volunteers advocate for the dignity and quality of life and care for all residents of long-term care facilities. San Diego County has 84 skilled nursing and 580 licensed care facilities. Ombudsman volunteers work diligently to address resident concerns and advocate for resident rights. Ombudsman Volunteers are trained and certified on mandates and regulations to be able to investigate abuse and neglect reports. They coordinate with licensing authorities, community agencies, and protective service agencies. The Ombudsman Program receives, investigates, and resolves thousands of abuse, neglect, and rights complaints each year. The Ombudsman demonstrate a proactive approach that includes frequent, consistent, and timely on-site visibility in long-term care facilities. Ombudsman Volunteers monitor poor and best practices in facilities. They may also be called upon to witness Advance Health Care Directives

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

No. of Vol.		Hours		X	\$35.56	=	\$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.	61	1955.2	\$69,526.91
2b.	0	0	\$0.00
2c.	0	0	\$0.00
Total Vol.	61	Hours 1,955	Total Value = \$69,526.91

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:	Federal & State	Value:	\$402,951.50
Item Donated:	PPE & COVID-19 Test Kits	Value:	\$1,452.80
Item Donated:	_____	Value:	_____
Item Donated:	_____	Value:	_____
Item Donated:	_____	Value:	_____

TOTAL VALUE = \$404,404.30

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 X Rate =

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 X Rate =

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

<u>Item</u>	<u>Cost</u>
Supplies	\$1,049.89
Recognition, Training, Printing	\$593.04
Volunteer Mileage	\$4,857.78
County email, Surface Pros	\$17,602.30
Volunteer Recruiter	\$5,478.23

TOTAL OF OTHER PROGRAM COSTS =

d. TOTAL OF VOLUNTEER PROGRAM COST =
(add 4a, 4b, and 4c)

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)	<u>\$69,526.91</u>
b. Total of Donations to Volunteer Program, Item 3 (Page 2)	<u>\$404,404.30</u>
c. Subtract Total of Program Costs, Item 4d (Page 3)	<u>\$460,234.84</u>

TOTAL PROGRAM BENEFIT

\$13,696.37

6. RECRUITING:

Please describe your recruiting programs:

Currently recruiting for the long-term care ombudsman program is completed by a contractor (Travelers Aid)

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:

The San Diego County Long-Term Care Ombudsman Program (LTCOP) continues to advocate for the elderly and venerable populations in Long-Term Care settings amid an on-going pandemic. The LTCOP has hired 6 new staff, increasing the ombudsman paid staff from 12 to 13. The Ombudsman Program was able to use CARES Act funding to provide volunteers with surface pros, and county email addresses to improve communication, and training between staff, volunteer, and long-term care residents via email and virtual spaces. Pocket talkers to amplify one's voice also were purchased for volunteers to use when speaking with hearing paired residents while maintaining appropriate social distance.

8. VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2021-22:

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

There will be a virtual and/or safe distancing Volunteer recognition event before the end of the year to honor years of service. The Ombudsman Program will continue its efforts to assist the recruiters with recruiting efforts to increase, and replace the volunteer lost during the pandemic. Volunteers who wish to provide community outreach, office support, intake assistance will be offered training.

9. GENERAL INFORMATION:

Name of person completing report:	<u>Sunita Upchurch</u>		
Phone: <u>858-505-6322</u>	Mail Stop: <u>W433</u>	E-Mail: <u>sunita.upchurch@sdcou</u>	
Volunteer Coordinator:	<u>Kristin Rigsbee</u>		
Phone: <u>858-505-6985</u>	Mail Stop: <u>W433</u>	E-Mail: _____	

10. DEPARTMENT CERTIFICATION:

_____	_____
DEPARTMENT HEAD SIGNATURE	DATE