



COUNTY OF SAN DIEGO
BOARD OF SUPERVISORS

**COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM**

2012 JUL 24 PM 5 01

PERIOD JULY 1, 2011 - JUNE 30, 2012

THOMAS J. FASZKA

Deadline: July 13, 2012

CLERK OF THE BOARD
OF SUPERVISORS

1. DEPARTMENT/COURT INFORMATION:

Department/Court: Health and Human Services Agency
Division/Unit: PHS / MCFHS / CHDP Foster Care

2. VOLUNTEER PROGRAM BENEFITS:

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

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

N/A

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:

N/A

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 below.)

<u>Position</u>	<u>Hours</u>	X	<u>VCL</u>	=	<u>Dollar Benefit</u>	
Family Practice MD	180		\$54.89		\$9,880.20	
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
No. of Vol.	1		Total Hours	180	Total Value =	\$9,880.20

Types of work performed by SPECIALIZED VOLUNTEERS in this category:
 Health Passport Improvement - Evaluated Health and Education (HEP) Clerks and Nurses roles, responsibilities and procedures related to meeting Child Welfare Services (CWS) HEP requirements. Created and sent survey related to HEP use to CHDP providers and office staff. Analyzed data from survey. Evaluated current procedures and CWS/Case Management System (CMS) template to identify and propose potential enhancements leading to improved HEP use among clinical providers. Attended meetings, trainings as available, visited San Pasqual Academy as part of orientation to foster care program in San Diego County.

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

	<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar Benefit</u>
2a.			
2b.			
2c.	1	180	\$9,880.20
Total Vol.	1	Hours	180
		Total Value =	9,880.20

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:	_____
Item Donated:	_____	Value:	_____
Item Donated:	_____	Value:	_____
Item Donated:	_____	Value:	_____
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 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>
_____	_____
_____	_____
_____	_____
_____	_____

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)	9, 880.20
b. Total of Donations to Volunteer Program, Item 3 (Page 2)	\$0.00
c. Subtract Total of Program Costs, Item 4d (Page 3)	\$1,509.55

TOTAL PROGRAM BENEFIT

\$8,370.65

6. RECRUITING:

Please describe your recruiting programs: per MCFHS

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:

Initiated HCPCFC Quality Improvement Plan.

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:

May have Resident volunteer 12-13, working with HCPCFC QI Plan and project updating regional interventions with internal and external partners to improve medical and dental compliance among children in foster care as well as communication and coordination of children's medical care among all partners.

9. GENERAL INFORMATION:

Name of person completing report: Anita Secor
Phone: 619/692-8489 Mail Stop: P511H E-Mail: Anita.Secor@sdcounty.ca.gov
Volunteer Coordinator: Wilfredo Perez
Phone: 619/542-4049 Mail Stop: P511H E-Mail: Wilfredo.Perez@sdcounty.ca.gov

10. DEPARTMENT CERTIFICATION:

 
DEPARTMENT HEAD SIGNATURE 7/12/12
DATE