



COUNTY OF SAN DIEGO
COUNTY OF SAN DIEGO
BOARD OF SUPERVISORS
VOLUNTEER REPORT FORM
 PERIOD JULY 1, 2012 - JUNE 30, 2013 AM 9 23
 Deadline: July 12, 2013

THOMAS J. PASTUSZKA
 CLERK OF THE BOARD
 OF SUPERVISORS

1. DEPARTMENT INFORMATION:

Department: HHSA
 Division/Unit: North Central Mental Health

2. VOLUNTEER PROGRAM BENEFITS:

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

No. of Vol.	7	Hours	2,672	X	\$22.14	\$59,158.08
-------------	---	-------	-------	---	---------	-------------

Types of work performed by GENERAL VOLUNTEERS in this category:

Two of the 7 volunteers were Ph.D. Candidate student interns. They received clinical supervision from the Senior Clinical Psychologist and the Program Manager who is also a licensed psychologist. They performed individual and group rehabilitation counseling and Behavior Health Assessments, they used the Anasazi Electronic Medical Record system and they wrote client plans and progress notes. They participated in the weekly team meeting and the Monthly Staff meeting. These two students volunteered a total of 2300.13 hours in the clinic. The other 5 volunteers were client volunteers who volunteered at the Morena Activity Center. They assisted the Mental Health Specialist who was assigned full time to the MAC. They helped organize and implement group activities such as outings, games, self improvement classes, and one of these interns was also very helpful with the client's use of the non-county computers that are in the MAC. The client volunteers related to clients coming to the MAC in a peer to peer manner and they were good role models for other clients thus increasing hope and self esteem in other clients. These five client volunteers volunteered a total of 371.5 hours in the MAC at the clinic.

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

No. of Vol.		Hours		X	\$22.14	\$0.00
-------------	--	-------	--	---	---------	--------

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.	7	2,672	\$59,158.08
2b.	_____	_____	_____
2c.	_____	_____	_____
Total Vol.	7	Hours	2,672
		Total Value	= \$59,158.08

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: Three referbished computers for the MAC Value: \$900.00
 Item Donated: _____ Value: _____
 Item Donated: _____ Value: _____
 Item Donated: _____ Value: _____
 Item Donated: _____ Value: _____

TOTAL VALUE = \$900.00

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 194 X Rate \$36.97 = \$7173.22

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 30 X Rate \$38.37 = \$1151.10

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

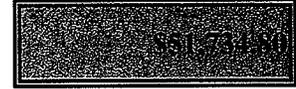
<u>Item</u>	<u>Cost</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
TOTAL OF OTHER PROGRAM COSTS	<u>\$0.00</u>

d. TOTAL OF VOLUNTEER PROGRAM COST = \$8324.32
 (add 4a, 4b, and 4c)

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)	<u>\$59,158.08</u>
b. Total of Donations to Volunteer Program, Item 3 (Page 2)	<u>\$900.00</u>
c. Subtract Total of Program Costs, Item 4d (Page 3)	<u>\$8,323.28</u>

TOTAL PROGRAM BENEFIT



6. RECRUITING:

Please describe your recruiting programs:

For the student volunteers we are contacted by universities with Ph.D. programs and we participate in the California Association of Psychology Internship Counsel which matches interns and programs. For client volunteers, clients who come to the MAC sometimes express interest in volunteering at the MAC. They are then interviewed and if they appear able to help with the program they go through background, get a volunteer I.D., and volunteer at the MAC.

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 Morena Activity Center provided socialization and peer support for clients as well as helped with benefits, transportation, community participation, and health and wellness. Client volunteers benefited from developing peer support skills. The clinic provided the student interns with supervised experience working with clients in a public mental health clinic setting.

8. VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2013-14:

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

The program plans to have two new student interns beginning in the fall who were matched with us and have completed their interviews. Volunteers in the MAC will continue to provide peer support and gain experience in helping peers in recovery.

9. GENERAL INFORMATION:

Name of person completing report: Carter C. Gardner Ph.D. M.H. Program Manager
Phone: 619-692-8750 Mail Stop: P542 E-Mail: Carter.Gardner@sdcounties.gov
Volunteer Coordinator: Margaret Lee Ph.D, Senior Clinical
Phone: 619-692-8750 Mail Stop: P542 E-Mail: Margaret.Lee@sd.co.gov

10. DEPARTMENT CERTIFICATION:

Carter C. Gardner Ph.D.
DEPARTMENT HEAD SIGNATURE

7/18/13
DATE

