



**COUNTY OF SAN DIEGO  
VOLUNTEER REPORT FORM  
PERIOD JULY 1, 2014 - JUNE 30, 2015  
Deadline: July 17, 2015**

COUNTY OF SAN DIEGO  
2015 JUL 17 PM 2:04  
CLERK OF THE BOARD  
OF SUPERVISORS

**1. DEPARTMENT INFORMATION:**

Department: HHSA  
Division/Unit: BHS/AOABHS/EAST COUNTY MH CLINIC (ECMHC)

**2. VOLUNTEER PROGRAM BENEFITS:**

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

No. of Vol	5 Hours	2113.92	X	\$23.07	=	\$48,768.13
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Types of work performed by GENERAL VOLUNTEERS in this category:

The volunteers are MSW and MFT Interns completing their annual practicum requirements.

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

No. of Vol.	Hours		X	\$23.07	=	\$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>
_____	_____		_____		\$0.00
_____	_____		_____		\$0.00
_____	_____		_____		\$0.00
_____	_____		_____		\$0.00
_____	_____		_____		\$0.00

No. of Vol.	Total Hours	0		Total Value =	\$0.00
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Types of work performed by SPECIALIZED VOLUNTEERS in this category:

n/a

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

	<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar Benefit</u>
2a.	<u>5</u>	<u>2113.92</u>	<u>\$48,768.13</u>
2b.	<u>0</u>	<u>0</u>	<u>\$0.00</u>
2c.	<u>0</u>	<u>0</u>	<u>\$0.00</u>
<b>Total</b>			<b>\$48,768.13</b>
<b>Total Vol.</b>	<b>5 Hours</b>	<b>2,114 Total Value =</b>	

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: \_\_\_\_\_

**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 **358.95** X Rate **\$30.39** = **\$10,908.49**

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 **258.59** X Rate **\$80.00** = **\$20,687.20**

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

<u>Item</u>	<u>Cost</u>
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL OF OTHER PROGRAM COSTS

=

\$0.00

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

=

\$31,595.69

**5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:**

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)

\$48,768.13

b. Total of Donations to Volunteer Program, Item 3 (Page 2)

\$0.00

c. Subtract Total of Program Costs, Item 4d (Page 3)

\$31,595.69

**TOTAL PROGRAM BENEFIT**

\$17,172.44

**6. RECRUITING:**

Please describe your recruiting programs:

ECMHC collaborate with the SDSU School of Social Work and University of Southern California for Social Work Interns and University of San Diego for Nurse Practitioners. ECMHC also has relationships with other universities like Chapman, National and University of the Phoenix, etc. We are known throughout San Diego as an excellent placement for Social Work, MFT and Nurse Practitioner students, given the type of experience and expertise that provided.

**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:

ECMHC teach students best practices for advanced assessments, bio-psycho-social assessment/diagnosis, crisis intervention, information and referral, individual and group therapy, and state and federal standards of documentation of medical necessity. This allows us to bill for this time from the State (the Feds won't pay for interns), which is an added benefit along with much more individual therapy for our clients; which our busy clinicians do not have much time to do themselves.

**8. VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2015-16:**

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

ECMHC's goal is to continue to attract the best Master's level students and teach them best practices for advanced assessments, bio-psycho-social assessment/diagnosis, crisis intervention, information and referral, individual and group therapy, and state and federal standards of documentation of medical necessity.

9. GENERAL INFORMATION:

Name of person completing report: Michelle Raby & Jamie Mancera  
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Volunteer Coordinator: Michelle Raby, LMFT  
Phone: 619-401-5500 Mail Stop: S-515 E-Mail: michelle.raby@sdcounty.ca.gov

10. DEPARTMENT CERTIFICATION:

  
\_\_\_\_\_  
DEPARTMENT HEAD SIGNATURE

7/17/15  
DATE