



**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 2:05  
CLERK OF THE BOARD  
OF SUPERVISORS

**1. DEPARTMENT INFORMATION:**

Department: HHSA - Behavioral Health Services  
Division/Unit: North Central Mental Health Center (NCMHC)

**2. VOLUNTEER PROGRAM BENEFITS:**

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

No. of Vol.	8 Hours	2456 X	\$23.07 =	\$56,659.92
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Types of work performed by GENERAL VOLUNTEERS in this category:

NCMHC had three Ph.D. Candidate student interns and one MFT Candidate student intern. The Ph.D. candidate students received supervision from the Senior Clinical Psychologist and the Program Manager who is also a Licensed Psychologist. The students performed individual and group rehabilitation counseling and behavior health assessments, utilized the Electronic Medical Record system and wrote client plans and progress notes. The interns also participated in weekly and monthly staff/team meetings. These four students volunteered a total of 2160.5 hours in the clinic. The other four volunteers were clients who volunteered at the Morena Activity Center (MAC) located within the Center. They assisted the Mental Health Specialist and helped organize and implement group activities, such as, trips, games and self improvement classes. The client volunteers relate to clients and serve as good role models. These four client volunteers volunteered a total of 295.5 hours at the MAC.

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

No. of Vol.	Hours	X	=	\$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
<b>No. of Vol.</b>	<b>Total Hours</b>	<b>0</b>	<b>Total Value =</b>		<b>\$0.00</b>

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.	8	2456	\$56,659.92
2b.	0	0	\$0.00
2c.	0	0	\$0.00
<b>Total Vol.</b>	<b>Total 8 Hours</b>	<b>2,456</b>	<b>Total Value = \$56,659.92</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: _____

**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	<input type="text" value="\$0.00"/>

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)	<input type="text" value="\$56,659.92"/>
b. Total of Donations to Volunteer Program, Item 3 (Page 2)	<input type="text" value="\$0.00"/>
c. Subtract Total of Program Costs, Item 4d (Page 3)	<input type="text" value="\$3,894.45"/>
<b>TOTAL PROGRAM BENEFIT</b>	<input type="text" value="\$52,765.47"/>

**6. RECRUITING:**

Please describe your recruiting programs:

NCMHC works with the California Association of Psychology Internship Counsel who matches interns from universities to appropriate programs. Client volunteers who have expressed interest in volunteering and are then interviewed. If they are approved to serve as a volunteer, they will continue with the appropriate background process.

**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 provides socialization and peer support for clients, as well as, help clients with benefits, transportation, community participation, and health and wellness. Client volunteers benefit by developing peer support skills. The clinic provides the student interns with supervised experience working with clients in a public mental health clinic setting.

**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:

The program plans to have two new student volunteers this fall, one Ph.D. Candidate and one MFT candidate. Client volunteers 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.		
Phone: <u>619-692-8739</u>	Mail Stop: <u>P-542</u>	E-Mail:	<u><a href="mailto:carter.gardner@sdcounty.ca.gov">carter.gardner@sdcounty.ca.gov</a></u>
Volunteer Coordinator:	<u>Margaret Lee Ph.D.</u>		
Phone: <u>619-692-8772</u>	Mail Stop: <u>P-542</u>	E-Mail:	<u><a href="mailto:margaret.lee@sdcounty.ca.gov">margaret.lee@sdcounty.ca.gov</a></u>

**10. DEPARTMENT CERTIFICATION:**

  
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 DEPARTMENT HEAD SIGNATURE

7/17/15  
 \_\_\_\_\_  
 DATE