



**COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD JULY 1, 2015 - JUNE 30, 2016
Deadline: July 15, 2016**

2016 JUL 15 PM 1:29
COUNTY OF SAN DIEGO

1. DEPARTMENT INFORMATION:

Department: HHS - Behavioral Health Services
 Division/Unit: San Diego County Psychiatric Hospital (SDCPH)

2. VOLUNTEER PROGRAM BENEFITS:

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

No. of Vol.	2 Hours	1152	X	\$23.56	=	\$27,141.12
-------------	---------	------	---	---------	---	-------------

Types of work performed by GENERAL VOLUNTEERS in this category:

Two social work interns in Fiscal Year 2015-16 created collaborative relationships with the multidisciplinary treatment team in a professional manner. They actively participated in supervision with field supervisors and utilized task supervisors to assist with the day-to-day hospital functions which included: conducting psychosocial assessments (using direct observation and face-to-face assessments), communicating with team members and creating a safe discharge plan (including obtaining appropriate collateral and referrals). Interns observed and applied department policies and procedures and also completed documentation according to Joint Commission standards in a timely manner.

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

No. of Vol.	Hours	X	\$23.56	=	\$0.00
-------------	-------	---	---------	---	--------

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.)

Position	Hours	X	VCL	=	Dollar Benefit
_____	_____	_____	_____	_____	\$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:

N/A

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

	<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar Benefit</u>
2a.	2	1152	\$27,141.12
2b.	0	0	\$0.00
2c.	0	0	\$0.00

Total Vol.	2	Hours	1,152	Total Value =	\$27,141.12
-------------------	----------	--------------	--------------	----------------------	--------------------

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 **612** X Rate **\$31.00** = **\$18,972.00**

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 **16** X Rate **\$31.64** = **\$506.24**

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)

=

\$19,478.24

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

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

\$27,141.12

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

\$0.00

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

\$19,478.24

TOTAL PROGRAM BENEFIT

\$7,662.88

6. RECRUITING:

Please describe your recruiting programs:

The Social Work Department has established a contract with SDSU.

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:

N/A

8. VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2016-17:

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

The Social Work Dept will be gaining one intern during the next fiscal year.

9. GENERAL INFORMATION:

Name of person completing report: Nancy Bazzetta

Phone: (619) 692-8241

Mail Stop: P533

E-Mail: Nancy.Bazzetta@sdcounty.ca.gov

Volunteer Coordinator:

Phone:

Mail Stop:

E-Mail:

10. DEPARTMENT CERTIFICATION:

DEPARTMENT HEAD SIGNATURE

DATE