



**COUNTY OF SAN DIEGO  
VOLUNTEER REPORT FORM  
PERIOD JULY 1, 2016 - JUNE 30, 2017  
Deadline: July 14, 2017**

COUNTY OF SAN DIEGO  
2017 JUL 14 AM 10:08  
CLERK OF THE BOARD  
OF SUPERVISORS

**1. DEPARTMENT INFORMATION:**

Department: HHS-A-BHS-Southeast County Mental Health  
 Division/Unit: A59-40-45292

**2. VOLUNTEER PROGRAM BENEFITS:**

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

No. of Vol.	1 Hours	37.5	X	\$24.14 =	\$905.25
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Types of work performed by GENERAL VOLUNTEERS in this category:

The type of work performed by one clinical volunteer was a weekly evidenced based group therapy.

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

No. of Vol.	n/a Hours		X	\$24.14 =	\$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

<u>Position</u>	<u>Hours</u>	<u>X</u>	<u>VCL</u>	<u>=</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.	1	37.5	\$905.25
2b.	n/a	0	\$0.00
2c.	0	0	\$0.00

Total Vol.	1	Hours	38	Total Value =	\$905.25
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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: none	Value: n/a
Item Donated: _____	Value: _____
Item Donated: _____	Value: _____
Item Donated: _____	Value: _____
Item Donated: _____	Value: _____

TOTAL VALUE =	\$0.00
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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	0	X	Rate	\$0.00	=	\$0.00
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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	0	X	Rate		=	\$0.00
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c. Other program costs (volunteer training materials/supplies, recognition costs, etc.):

<u>Item</u>	<u>Cost</u>
_____ none _____	_____
_____	_____
_____	_____
_____	_____

TOTAL OF OTHER PROGRAM COSTS =

\$0.00

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

\$0.00

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

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

\$905.25

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

\$0.00

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

\$0.00

TOTAL PROGRAM BENEFIT

\$905.25

6. RECRUITING:

Please describe your recruiting programs:

Currently Southeast County Mental Health does not have a recruiting program due to limited availability of clinical staff who can supervise.

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:

One volunteer, an LCSW, that specializes in Mindfulness Therapy provided one therapy group per week for a total of 37.5 hours. The volunteer provided a weekly group therapy using an evidenced based practice called Mindfulness Therapy. This therapy provision was good for male clients who tend not to participate in therapy. That's an achievement as more men participated in therapy.

**8. VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2017-18:**

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

The goal for Fiscal Year 2016-17 was to expand evidenced based practice group therapy to include Mindfulness Therapy, a program that men would be likely to participate in more consistently. Recruitment and training was not required as the volunteer LCSW was a previous employee who made an agreement with the previous Program Manager.

**9. GENERAL INFORMATION:**

Name of person completing report: Diana Cobb  
Phone: 619-595-4400 Mail Stop: S 545 E-Mail: [Diana.Cobb@sdcounty.c](mailto:Diana.Cobb@sdcounty.ca.gov)  
Volunteer Coordinator: Same as above  
Phone: \_\_\_\_\_ Mail Stop: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**10. DEPARTMENT CERTIFICATION:**

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

  
\_\_\_\_\_  
DATE