



**COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD JULY 1, 2017 - JUNE 30, 2018
Deadline: July 13, 2018**

COUNTY OF SAN DIEGO
2018 JUL 13 PM 5:10
CLERK OF THE BOARD
OF SUPERVISORS

1. DEPARTMENT INFORMATION:

Department: HHSA- Behavioral Health Services
Division/Unit: North County Mental Health Clinic (NCMHC)

2. VOLUNTEER PROGRAM BENEFITS:

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

No. of Vol.	11	Hours	4057	X	\$24.69	=	\$100,167.33
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Types of work performed by GENERAL VOLUNTEERS in this category:

Five of the volunteers were students who performed all job requirements of clinician with supervision of the clinical supervisor. Tasks performed were behavioral health assessments, client plans, individual therapy sessions, leading groups and completing all documentation. Six of the volunteers were peers who perform tasks related to peer support services such as providing training on the computers, running the Peer Advisory Group, a peer support group, and organizing activities such as outings and softball games. They also work to gain donations to support homeless clients.

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

No. of Vol.		Hours		X	\$24.69	=	\$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

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.	11	4057	\$100,167.33
2b.	0	0	\$0.00
2c.	0	0	\$0.00
Total Vol.		11 Hours	4,057
Total Value =			\$100,167.33

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:	<u>Holiday food and decorations for clients</u>	Value:	<u>\$960.00</u>
Item Donated:	<u>Clothing</u>	Value:	<u>\$1,150.00</u>
Item Donated:	<u>Books, Magazines, Planners, Games</u>	Value:	<u>\$375.00</u>
Item Donated:	<u>Sport equipment, rentals, event tickets</u>	Value:	<u>\$883.00</u>
Item Donated:	<u>Household Items/Hygiene</u>	Value:	<u>\$140.00</u>
TOTAL VALUE =			\$3,508.00

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	<u>1125</u>	X	Rate	<u>\$36.97</u>	=	<u>\$41,591.25</u>
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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	<u>10</u>	X	Rate	<u>\$39.37</u>	=	<u>\$393.70</u>
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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>
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d. TOTAL OF VOLUNTEER PROGRAM COST (add 4a, 4b, and 4c)	=	<u>\$41,984.95</u>
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5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)	<u>\$100,167.33</u>
b. Total of Donations to Volunteer Program, Item 3 (Page 2)	<u>\$3,508.00</u>
c. Subtract Total of Program Costs, Item 4d (Page 3)	<u>\$41,984.95</u>

TOTAL PROGRAM BENEFIT

\$61,690.38

6. RECRUITING:

Please describe your recruiting programs:

Volunteers are recruited through college outreach to encourage student placement in the clinic. There is a part time clinical supervisor designated to maintaining relationships with all colleges, interviews all potential students, coordinate MOU's and student agreements and assure all requirements are met. The second type of volunteers come from the clientele. If a client is very involved in services and is stable, they are encouraged to become volunteers. The process includes a full background check, completing a physical, and mandatory paperwork.

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:

Student volunteers complete their time at the clinic with experience in providing all mental health services, an understanding of local resources, improved documentation skills, and an understanding of treatment for those diagnosed with a persistent mental illness. Volunteers who are also clients have created a strong Advocacy Group, encouraged outside activities for clients, created an accepting environment to learn basic computer skills and attend groups.

8. VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2018-19:

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

Goals include an increase number of student volunteers with additional learning activities through structured trainings created and presented by the clinical supervisor. We hope to expand the number of schools we work with in order to gain a more diverse group of students. Client volunteers plan to increase the number of peer groups being offered and find healthy activities for clients to engage in which will encourage increased socialization skills and physical activities.

9. GENERAL INFORMATION:

Name of person completing report:	<u>Lisa Thiel</u>				
Phone:	<u>619-692-8739</u>	Mail Stop:	<u>P542</u>	E-Mail:	<u>lisa.thiel@sdcounty.ca.gov</u>
Volunteer Coordinator:	<u>Same as above</u>				
Phone:	<u></u>	Mail Stop:	<u></u>	E-Mail:	<u></u>

10. DEPARTMENT CERTIFICATION:



DEPARTMENT HEAD SIGNATURE

7/12/18

DATE