

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

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

1. DEPARTMENT INFORMATION:

HHSA- Behavioral Health Services

Division/Unit:

Quality Improvement (QI) Management Information Systems (MIS)

2. VOLUNTEER PROGRAM BENEFITS:

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

pattern and the same of the sa	TABLESTON			
No. of Vol.	1 Hours	180 X	\$24.69 =	\$4,444.20
art accepts to complete dispersion for the second	A March and Control of the Control o	And the Party of t	WHEN THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.	

Types of work performed by GENERAL VOLUNTEERS in this category:

Volunteers assist in data information projects for mental health and substance use disorder programs. They also assist with database crosswalk for ConnectWellSD, review data integrity reports and provide analysis, as well as assisting with application testing and developing rationale documents for interoperability requirements.

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

No. of Vol.	Hours	X \$24.69 =	\$0.00
to the state of th	Ever at the forest particular control of the last of t		

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	<u>VCL</u>	=	Dollar Benefit	
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
	(8)						
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):

No. of Volunt	<u>eers</u>	<u>Hours</u>	Dollar Benefit	
2a.	1	180	\$4,444.20	
2b.		0	\$0.00	
2c.	0	0	\$0.00	
Total Vol.	1 Hours	180 Total Value =	\$4,444.20	

3. DONATIONS TO VOLUNTEER PROGRAM:

market value to each and add to the total value of the do	onations section.
Item Donated:	Value:
Item Donated:	Value:
Item Donated:	
Item Donated:	77.1
Item Donated:	***************************************
VOLUNTEER PROGRAM COSTS: a. Cost of supervision of volunteers (total hours of direct person (s) directly supervising program volunteers.)	
Hours 20 X Rate \$32.45	= \$649.00
b. Cost of program coordination (total hours of program coordinator(s)). This section should include coordination preparation, volunteer placement, recognition, etc.)	
Hours X Rate	\$0.00
c. Other program costs (volunteer training materials/sup	oplies, recognition costs, etc.):
<u>Item</u>	Cost
TOTAL OF OTHER PROGRAM COSTS	= \$0.00,
d. TOTAL OF VOLUNTEER PROGRAM COST (add 4a, 4b, and 4c)	\$649.00

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

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)	\$4,444.20
b. Total of Donations to Volunteer Program, Item 3 (Page 2)	\$0.00
c. Subtract Total of Program Costs, Item 4d (Page 3)	\$649.00

TOTAL PROGRAM BENEFIT

The second second	
	\$3,795.20

6. RECRUITING:

Please describe your recruiting programs:

Recruitment took place at "mock interviews" at San Diego State University.

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:

QI MIS worked closely with ConnectWellSD to design the interoperability project to aid in sharing information across the system of care.

8.	VOLUNTEER	PROGRAM	GOALS FO	R FISCAL	YEAR 2018-19:
----	------------------	----------------	-----------------	----------	---------------

PARTMENT HEAD SIGNATURE

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

We believe in the volunteer program as it develops new talent and benefits for both the volunteer and department. Our goal is to enlist at least 1 volunteer per year. The hope is to bring additional expertise to the County.

9.	GENERAL INFORMATION: Name of person completing report:		Ann Louise Conlow				
	Phone: 619-584-3004 Volunteer Coordinator:	Mail Stop: Same as abo		E-Mail:	annlouise.conlow@sdcounty.ca.gov		
	Phone:	Mail Stop:		E-Mail:			
10.	DEPARTMENT CERTIF	FICATION:	11				