COUNTY OF SAN DIEGO

2018 JUL 13 PM 5: 11

CLERK OF THE BOARD
OF SUPERVISORS

1. **DEPARTMENT INFORMATION:**

Department:	**HHSA-Behavioral Health Services**
Division/Unit:	**Southeast County Mental Health (SECMH)**

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	$24.69	=	$925.88

Types of work performed by GENERAL VOLUNTEERS in this category:

The volunteer is an unpaid LCSW who used to be employed at SECMH. The volunteer specializes in Mindfulness Therapy. The volunteer also co-leads the mindfulness group with a staff clinician who is also licensed. The mindfulness group is very structured and meets 1/week and less.
This volunteer is not supervised, as he works with a licensed staff member to facilitate the group therapy together.

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

No. of Vol.	n/a Hours		X	$24.69	=	$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):

	No. of Volunteers	Hours	Dollar Benefit
2a.	1	37.5	$925.88
2b.	n/a	0	$0.00
2c.	0	0	$0.00

Total Vol.	1	Hours	38	Total Value =	$925.88

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: _____
Item Donated: _____ Value: _____
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 [0]   X   Rate [$0.00]   =   [$0.00]

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 [ ]   X   Rate [ ]   =   [$0.00]

c. Other program costs (volunteer training materials/supplies, recognition costs, etc.):

Item	Cost
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL OF OTHER PROGRAM COSTS   =   [$0.00]

d. TOTAL OF VOLUNTEER PROGRAM COST   =   [$0.00]
   (add 4a, 4b, and 4c)

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)   **$925.88**

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   **$925.88**

6. RECRUITING:

Please describe your recruiting programs:

Currently, SECMH does not have a recruiting program for volunteers.

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 2018-19:

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

No recruitment goals for Fiscal Year 2018-2019, as we already have 1 volunteer.

9. GENERAL INFORMATION:

Name of person completing report: Diana Cobb, BHPM

Phone: 619-595-4400   Mail Stop: S-545   E-Mail: Diana.Cobb@sdcounty.ca.gov

Volunteer Coordinator: Same as above

Phone: Mail Stop: E-Mail:

10. DEPARTMENT CERTIFICATION:

_____   7/12/18

DEPARTMENT HEAD SIGNATURE   DATE