



**COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD JULY 1, 2018 - JUNE 30, 2019
Deadline: July 12, 2019**

COUNTY OF SAN DIEGO
2019 JUL 11 AM 8:31
CLERK OF THE BOARD
OF SUPERVISORS

1. DEPARTMENT INFORMATION:

Department: HHSA-Behavioral Health Services
Division/Unit: North Central Mental Health Center (NCMHC)

2. VOLUNTEER PROGRAM BENEFITS:

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

No. of Vol.	5	Hours	2129	X	\$25.43 =	\$54,140.47
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Types of work performed by GENERAL VOLUNTEERS in this category:

Three of the volunteers were students who performed all job requirements of a clinician with the supervision of a clinical supervisor. Tasks performed were behavioral health assessments, client plans, individual therapy sessions, leading groups and completing all documentation. Two 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 (PAG), a peer support group and organizing activities such as community outings, softball games and holiday meals.

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

No. of Vol.		Hours		X	\$25.43 =	\$0.00
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Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

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>	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:

d. **TOTALS OF DEPARTMENT VOLUNTEERS** (from above):

	<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar Benefit</u>
2a.	5	2129	\$54,140.47
2b.	0	0	\$0.00
2c.	0	0	\$0.00
Total Vol.	5	Hours 2,129	Total Value = \$54,140.47

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>Event tickets</u>	Value: <u>\$1,630.00</u>
Item Donated: <u>Adult clothing items</u>	Value: <u>\$242.00</u>
Item Donated: <u>Art supplies, Books, Magazines</u>	Value: <u>\$72.00</u>
Item Donated: <u>Food for special events</u>	Value: <u>\$284.00</u>
Item Donated: _____	Value: _____

TOTAL VALUE = \$2,228.00

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 X Rate =

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 =

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

<u>Item</u>	<u>Cost</u>
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL OF OTHER PROGRAM COSTS =

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

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)	<u>\$54,140.47</u>
b. Total of Donations to Volunteer Program, Item 3 (Page 2)	<u>\$2,228.00</u>
c. Subtract Total of Program Costs, Item 4d (Page 3)	<u>\$19,695.50</u>

TOTAL PROGRAM BENEFIT

\$36,672.97

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, interview 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 involved in services and stable, they may request to become volunteers which entails 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:

The student volunteers complete their time at the clinic with extensive 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. The peer volunteers have created a strong Peer Advocacy Group (PAG), encouraged outside activities for clients, created an accepting environment to learn basic computer skills and attend groups. They have encouraged clients to attend an art museum monthly, play softball, go to the local fair and join the the PAG group for holiday meals.

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:

It is the program's goal to increase the number of groups offered at the clinic, provide more therapy hours, and increase community engagement through in-reach and out-reach activities. The intention is to improve the efficiency of linking clients to outside resources such as drug and alcohol programs, primary care providers and clubhouses.

9. GENERAL INFORMATION:

Name of person completing report:	Lisa Thiel		
Phone: <u>619-692-8739</u>	Mail Stop: <u>P-542</u>	E-Mail:	<u>lisa.thiel@sdcounty.ca.gov</u>
Volunteer Coordinator:	Leslie Thayer		
Phone: <u>619-692-542-4953</u>	Mail Stop: <u>P-542</u>	E-Mail:	<u>leslie.thayer@sdcounty.c</u>

10. DEPARTMENT CERTIFICATION:



DEPARTMENT HEAD SIGNATURE

7/10/19
DATE