



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

COUNTY OF SAN DIEGO
2019 JUL 22 PM 12:17
CLERK OF THE BOARD
OF SUPERVISORS

1. DEPARTMENT INFORMATION:

Department: HHSA-Behavioral Health Services
Division/Unit: Southeast County Mental Health Adult/Older Adult Services

2. VOLUNTEER PROGRAM BENEFITS:

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

No. of Vol.	1	Hours	48	X	\$25.43	=	\$1,220.64
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Types of work performed by GENERAL VOLUNTEERS in this category:

Volunteer provided training in mindfulness therapy and assisted in a Mindfulness Therapy Group at Southeast County Mental Health from July 2019 - December 2019. Volunteer did not provide direct services to the client.

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: 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>	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
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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	48	\$1,220.64
2b.	0	0	\$0.00
2c.	0	0	\$0.00

Total Vol.	1	Hours	48	Total Value =	\$1,220.64
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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: <u>N/A</u>	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 N/A X Rate _____ = #VALUE!

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 n/a X Rate _____ = #VALUE!

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

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

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)	<u>\$1,220.64</u>
b. Total of Donations to Volunteer Program, Item 3 (Page 2)	<u>\$0.00</u>
c. Subtract Total of Program Costs, Item 4d (Page 3)	<u>\$0.00</u>

TOTAL PROGRAM BENEFIT

\$1,220.64

6. RECRUITING:

Please describe your recruiting programs:

At this time there is no formal recruiting process for this program. The volunteer was a previous therapist in our program.

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: Volunteer completed partial time with the program. The model that the Volunteer completed partial time with the program. The model that the volunteer was teaching was too complex for the population, however the clinician was able to learn elements of Mindfulness Therapy.

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:

Goal for program was to provide one evidence based practice therapy group. It was estimated that only 2 clients in the group had benefited from this therapy. It was determined that the therapy model was too complicated for clients to follow. However elements fo Mindfulness therapy continued to be utilized by the therapist. This was one volunteer for a partial fiscal year. At this time the program plans to not utilize this volunteer in the future to teach Mindfulness Therapy.

9. GENERAL INFORMATION:

Name of person completing report:	Diana Cobb		
Phone: 619-595-4400	Mail Stop: S545	E-Mail:	<u>Diana.Cobb@sdcountry.c</u>
Volunteer Coordinator:	Same as above		
Phone: _____	Mail Stop: _____	E-Mail:	_____

10. DEPARTMENT CERTIFICATION:



DEPARTMENT HEAD SIGNATURE

7/19/19
DATE