



COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD JULY 1, 2021 - JUNE 30, 2022
Deadline: July 15, 2022

1. DEPARTMENT INFORMATION:

Department:	Behavioral Health Services
Division/Unit:	North Central Mental Health Center

2. VOLUNTEER PROGRAM BENEFITS:

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

No. of Volunteers: 7 Hours: 2867.6 x \$35.56 = \$101,971.86

Types of work performed by GENERAL VOLUNTEERS in this category:
Student Volunteers serve as a part of the clinical team and provide direct client care including, but not limited to 1:1 therapy, behavioral health assessments, group therapy, case management and crisis intervention. They participate in clinic meetings and maintain documentation.

Peer Volunteers provide peer support to our clients. During the past year, they have overseen the weekly Peer to Peer group at this clinic.

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

No. of Volunteers: Hours: x \$35.56 = \$0

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,



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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
N/A					
_____	_____		_____		_____
_____	_____		_____		_____
_____	_____		_____		_____

No. of Volunteers: **Total Hours:** **Total Value:** = \$0

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.	7		2867.6		101,971.86
2b.	0		_____		_____
2c.	0		_____		_____
Total Volunteers		Total Hours		Total Value	\$

3. DONATIONS TO VOLUNTEER PROGRAM:



COUNTY OF SAN DIEGO
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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

4. VOLUNTEER PROGRAM COSTS:

- a. Cost of direct supervision of volunteers (total hours of direct supervision times hourly rate of staff person(s) directly supervising program volunteers.

Hours:731	x	Rate:45.27	=	\$33,092.37
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- b. Cost of program coordination (total hours of program coordination times hourly rate of coordinator(s)). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placements and recognition, etc.

Hours:104	x	Rate:45.27	=	\$4,708.08
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- c. Other program costs (volunteer training materials/supplies, recognition costs, etc.):

<u>Item</u>	<u>Cost</u>
N/A	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
TOTAL OF OTHER PROGRAM COSTS	\$0



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d. **TOTAL OF VOLUNTEER PROGRAM COST**
(Sum of 4a, 4b and 4c)

\$33,092.37

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)	\$101,971.86
b. Total of Donations to Volunteer Program, Item 3 (Page 2)	\$0
c. Subtract Total of Volunteer Program Costs, Item 4d (Page 3)	\$37,800.45

TOTAL PROGRAM BENEFIT

\$64,171.49

6. RECRUITING:

Please describe your recruiting programs:

Student Volunteers are recruited from schools with active MOUs. Resumes are collected and interviews are performed. General Volunteers have been a part of this clinic prior to this fiscal year. No recruitment for general volunteers has taken place this year.

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 have developed and successfully implemented a new group at this clinic. Peer Volunteers have safely and effectively returned to "in person" peer support groups following a period of virtual support only.



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8. VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2021 -22:

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

Training for student volunteers follows a training manual specific to this clinic, 1:1 and group supervision, and they participate in staff trainings, as well as routine trainings from clinical supervisors. Peer volunteers receive support from student volunteers with the goal of implementing and growing the peer volunteer program.

9. GENERAL INFORMATION:

Name of Person Completing Report:	Leslie Thayer, Ph.D.		
Phone Number:	619-692-8750	Mail Stop:	P-531
Email:	Leslie.thayer@sdcounty.ca.gov		

Volunteer Coordinator:	Ben Parmentier		
Phone Number:	619-957-3722	Mail Stop:	P-531
Email:	Benjamin.parmentier@sdcounty.ca.gov		

10. DEPARTMENT CERTIFICATION:

LUKE BERGMANN, Ph.D., Digitally signed by LUKE BERGMANN, Ph.D., Director
 Director Date: 2022.07.13 09:15:52 -07'00'

DEPARTMENT HEAD SIGNATURE

DATE