

**1. DEPARTMENT INFORMATION:**

Department:	Behavioral Health Services
Division/Unit:	Adult and Older Adult System of Care

**2. VOLUNTEER PROGRAM BENEFITS:**

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

No. of Volunteers:1                      Hours: 608                      x \$35.56                      = \$21,620.48

Types of work performed by GENERAL VOLUNTEERS in this category:  
Projects included managing lists of contracts, attending meetings to learn about the system of care, attending team huddles and meetings, site visits, initial reviews of quarterly status reports, asset mapping of programs in the Central Region and contractors countywide.

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



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

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
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): 608

	No. of Volunteers		Hours		Dollar Benefit
2a.	<u>1</u>		<u>608</u>		<u>21,620.48</u>
2b.					
2c.					
<b>Total Volunteers</b>	<b>1</b>	<b>Total Hours</b>	<b>608</b>	<b>Total Value</b>	<b>\$21,620.48</b>



**COUNTY OF SAN DIEGO**  
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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:	_____	Value:	_____
Item Donated:	_____	Value:	_____
Item Donated:	_____	Value:	_____
Item Donated:	_____	Value:	_____
Item Donated:	_____	Value:	_____

Total Value: \$N/A

**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:27                                    x            Rate:\$2.51                                    =    \$1,417.77

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:                                    x            Rate:                                    =    \$0

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



COUNTY OF SAN DIEGO  
VOLUNTEER REPORT FORM  
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d. **TOTAL OF VOLUNTEER PROGRAM COST**  
(Sum of 4a, 4b and 4c)

\$1,417.77

5. **NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:**

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2) \$21,620.48  
b. Total of Donations to Volunteer Program, Item 3 (Page 2) \$0  
c. Subtract Total of Volunteer Program Costs, Item 4d (Page 3) \$1,417.77

**TOTAL PROGRAM BENEFIT**

\$20,202.71

6. **RECRUITING:**

Please describe your recruiting programs:

Recruiting for Social Work interns occurs through an established agreement with San Diego State University School of Social Work. Recruitment occurs through attendance at the Annual Internship Fair for all Social Work students. This is the third year BHS has used an Administrative focused intern – as previously BHS received those interested in direct practice for clinics and case management.

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



COUNTY OF SAN DIEGO  
VOLUNTEER REPORT FORM  
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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:

The goals for this fiscal year included: learning the behavioral health system of care, complete Macro (asset mapping) complete process recordings for schooling, complete internship hours required for graduation.

**9. GENERAL INFORMATION:**

Name of Person Completing Report:	Phuong Quach		
Phone Number:	619-880-3137	Mail Stop:	P-531
Email:	<a href="mailto:Phuong.quach@sdcounty.ca.gov">Phuong.quach@sdcounty.ca.gov</a>		

Volunteer Coordinator:	Ben Parmentier		
Phone Number:	619-957-3722	Mail Stop:	P-531
Email:	<a href="mailto:Benjamin.parmentier@sdcounty.ca.gov">Benjamin.parmentier@sdcounty.ca.gov</a>		

**10. DEPARTMENT CERTIFICATION:**

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

DEPARTMENT HEAD SIGNATURE

DATE