

PHS Volunteer Report Summary by Branch
July 1, 2022 - Jun 30, 2023

	Branch	# of Volunteers	Volunteer Program Benefits		Volunteer Program Costs			NET BENEFIT
			# of Hrs.	Benefit of the services provided by volunteers in \$	Supervision Cost	Supply & Material Costs	Total Volunteer Costs	
1	Admin ¹	3	450	\$ 16,794	\$ 1,080	\$ -	\$ 1,080	\$ 15,714
2	CCS ²	18	3,052	\$ 113,901	\$ 10,357	\$ 1,694	\$ 12,051	\$ 101,849
3	EISB ^{3,4}	1	69	\$ 2,575	\$ 1,069	\$ 302	\$ 1,371	\$ 1,204
4	HSHB ⁵	4	2,459	\$ 91,770	\$ 4,029	\$ 3,664	\$ 7,692	\$ 84,078
5	MCFHS ⁶	6	296	\$ 11,047	\$ 10,180	\$ -	\$ 10,180	\$ 867
6	PHPR ^{7,8}	17	1,193	\$ 77,561	\$ 2,055	\$ 2,541	\$ 4,596	\$ 72,965
7	TB ⁹	2	80	\$ 7,067	\$ 7,717	\$ -	\$ 7,717	\$ -
TOTAL		51	7,599	\$ 320,715	\$ 36,487	\$ 8,201	\$ 44,688	\$ 276,027

Highlights of Activities:

1. Supported with a successful Live Well San Diego Annual Public Health Champions Awards Ceremony, analysis of the Quality Improvement Self-Assessment, and development of the Quality Checklist to clean up Branch Scorecards. (Admin)
2. Volunteer work with CCS Physical and Occupational Therapy Staff as an internship and provide direct services to clients and clinical case management under the direct supervision of a therapist. (CCS)
3. Development of Monkeypox and meningococcal materials, assistance within the EISB Internship Handbook. (EISB)
4. Assessed and processed lab reports, development of health promotion social media materials, as well as participation in County of San Diego Youth Sector activities. (EISB)
5. Volunteers continued ongoing validation of electronic laboratory reports from high-volume laboratories for syphilis, gonorrhea, and chlamydia. Performed accurate manual data entry of gonorrhea and chlamydia laboratory reports to ensure the 2022 case closure deadline is met. (HSHB)
6. Provided students in nutrition and public health programs to gain practical experience to meet their educational requirements. Overall goal was to place 6 students within the CalFresh Healthy Living program to gain direct experience with program development, implementation, and evaluation. (MCFHS)
7. Volunteers have been continuing to support needs for COVID-19 response, including helping the Rapid Response Team and other healthcare facilities with providing bivalent boosters. (PHPR)
8. Volunteers have actively supported the Human Monkeypox emergency response. They have helped with providing vaccinations and observation at pop-up events when demand was high. (PHPR)
9. Advancing efforts to promote TB clinical skills among participants from UC San Diego graduate medical educational programs. (TB)



**COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD JULY 1, 2022 - JUNE 30, 2023
Deadline: July 21, 2023**

1. DEPARTMENT INFORMATION:

Department: Health and Human Services Agency
 Division/Unit: Public Health Services (PHS) / PHS Administration

2. VOLUNTEER PROGRAM BENEFITS:

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

No. of Vol.	3	Hours	450	X	\$37.32	=	\$16,794.00
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Types of work performed by GENERAL VOLUNTEERS in this category:
 The students helped with performance management, quality improvement (QI), and coordination of the Live Well San Diego Annual Public Health Champions Awards Ceremony (Awards Ceremony). Volunteers supported with a Quality Check List for staff cleaning up their Branch Scorecards for a performance management system. In addition, the volunteer analyzed data for a QI staff self-assessment to assess the QI culture at PHS. Furthermore, volunteers provided tremendous support with planning the Awards Ceremony by supporting with registration and managing RSPV's and applications.

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

No. of Vol.		Hours		X	\$37.32	=	\$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 below.)

<u>Position</u>	<u>Hours</u>	X	<u>VCL</u>	=	<u>Dollar Benefit</u>
N/A					\$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.	3	450	\$16,794.00
2b.	0	0	\$0.00
2c.	0	0	\$0.00

Total Vol.	3	Total Hours	450	Total Value =	\$16,794.00
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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 = \$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 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	<input type="text" value="\$0.00"/>

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)	<input type="text" value="\$16,794.00"/>
b. Total of Donations to Volunteer Program, Item 3 (Page 2)	<input type="text" value="\$0.00"/>
c. Subtract Total of Program Costs, Item 4d (Page 3)	<input type="text" value="\$1,080.45"/>

TOTAL PROGRAM BENEFIT

6. RECRUITING:

Please describe your recruiting programs:

The student volunteers contacted the Office of Performance and Improvement Management following a presentation at San Diego State University to express interest in an internship.

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:

Supported with a successful Live Well San Diego Annual Public Health Champions Awards Ceremony, analysis of the Quality Improvement Self-Assessment, and development of the Quality Checklist to clean up Branch Scorecards.

8. VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2022-23:

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

Our goal is to find high potential interns through SDSU and other local universities, to provide students a career pathway and an opportunity to learn tangible skills, in addition to contributing to the success of performance and quality improvement activities at Public Health Services.

9. GENERAL INFORMATION:

Name of person completing report:	Omar Roque				
Phone:	619-540-4210	Mail Stop:	P-578	E-Mail:	omar.roque@sdcounty.ca.gov
Volunteer Coordinator:	Omar Roque				
Phone:	619-540-4210	Mail Stop:	P-578	E-Mail:	omar.roque@sdcounty.ca.gov

10. DEPARTMENT CERTIFICATION:

DEPARTMENT HEAD SIGNATURE

DATE



**COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD JULY 1, 2022 - JUNE 30, 2023
Deadline: July 21, 2023**

1. DEPARTMENT INFORMATION:

Department: Health & Human Services Agency
 Division/Unit: PHS / California Children's Services

2. VOLUNTEER PROGRAM BENEFITS:

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

No. of Vol.	18	Hours	3052	X	\$37.32	=	\$113,900.64
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Types of work performed by GENERAL VOLUNTEERS in this category:

Volunteers provide support to the CCS Physical and Occupational Therapists by assisting with treatment services as needed, maintaining a clean therapy space by washing mats and therapeutic equipment after each treatment, and doing laundry and general maintenance. They may also provide clerical support to the Office Support Specialist as needed. Student Interns affiliated with a university that has an MOA with San Diego County work with CCS Physical and Occupational Therapy Staff as an internship and provide direct services to clients and clinical case management under the direct supervision of a therapist. They are typically volunteering for a short period of 2-4 months and are learning to become physical or occupational therapists and must be at entry level at the end of their internship.

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

No. of Vol.		Hours		X	\$37.32	=	\$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 below.)

<u>Position</u>	<u>Hours</u>	X	<u>VCL</u>	=	<u>Dollar Benefit</u>
N/A					\$0.00
_____	_____		_____		\$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.	18	3052	\$113,900.64
2b.	0	0	\$0.00
2c.	0	0	\$0.00

Total Vol.	18	Total Hours	3,052	Total Value =	\$113,900.64
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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:	_____	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 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>
3 month computer rental per Student Intern X8	\$1,693.92
_____	_____
_____	_____
_____	_____

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)	\$113,900.64
b. Total of Donations to Volunteer Program, Item 3 (Page 2)	\$0.00
c. Subtract Total of Program Costs, Item 4d (Page 3)	\$12,051.30

TOTAL PROGRAM BENEFIT

6. RECRUITING:

Please describe your recruiting programs:

We developed a page on the County's Volunteer portal specifically for candidates wishing to volunteer at the CCS Medical Therapy Units under our program's specific criteria. Several OT and PT schools in Southern California have our program listed on their Volunteer Program List. CCS has MOA's with several Physical and Occupational Therapy Schools. Each year our therapists sign up to be a Clinical Instructor for a student.

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 2022-23:

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

The CCS student program has begun to regrown after the Covid-19 Pandemic restrictions. More therapists are interested in becoming Clinical Instructors for students as their case loads are leveling off and staffing levels are consistent. CCS would like to increase the amount of Student Interns by adding 5 more students next year. The volunteer program is rebuilding as well with the use of the Volunteer Portal and Hands-On Connect. As this will no longer be a tool to use, CCS would very much like to see the inception of another volunteer portal that can be more user friendly and adaptable to our needs. A goal for our volunteer program would be for each therapy unit to have at least 2 volunteers consistently throughout the year.

9. GENERAL INFORMATION:

Name of person completing report:	<u>Kerri Matheson, MPT</u>		
Phone: <u>619-528-4004</u>	Mail Stop: <u>P-586</u>	E-Mail: <u>kerrilynn.matheson@sdcounty.ca.gov</u>	
Volunteer Coordinator:	<u>Omar Roque</u>		
Phone: <u>619-540-4210</u>	Mail Stop: <u>P-578</u>	E-Mail: <u>omar.roque@sdcounty.ca.gov</u>	

10. DEPARTMENT CERTIFICATION:

DEPARTMENT HEAD SIGNATURE

DATE



**COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD JULY 1, 2022 - JUNE 30, 2023
Deadline: July 21, 2023**

1. DEPARTMENT INFORMATION:

Department: Health & Human Services Agency
 Division/Unit: PHS / Epidemiology & Immunizations Services Branch

2. VOLUNTEER PROGRAM BENEFITS:

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

No. of Vol.	1	Hours	69	X	\$37.32	=	\$2,575.08
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Types of work performed by GENERAL VOLUNTEERS in this category:
 The volunteer assists in the development of health promotion materials for existing social media toolkits. They also support Community Health Promotion and Health Information Specialist staff in reviewing website content, documents, and materials. The volunteer also assist in the preparation and editing of documents and other general administrative tasks.

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

No. of Vol.	Hours			X	\$37.32	=	\$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 below.)

<u>Position</u>	<u>Hours</u>		<u>VCL</u>	=	<u>Dollar Benefit</u>
N/A					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00

No. of Vol.	Total Hour	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	69	\$2,575.08
2b.	0	0	\$0.00
2c.	0	0	\$0.00

Total Vol.	1	Total Hours	69	Total Value =	\$2,575.08
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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 =	\$0.00
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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	4	X	Rate	\$106.90	=	\$427.60
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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	6	X	Rate	\$106.90	=	\$641.40
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c. Other program costs (volunteer training materials/supplies, recognition costs, etc.):

<u>Item</u>	<u>Cost</u>
Laptop services for 1 vol. (\$80.65/month for 2 months)	\$161.30
Email services for 1 vol. (\$5.24/month for 2 months)	\$10.48
Wired network access for 1 vol. (\$65.34/month for 2 months)	\$130.68

TOTAL OF OTHER PROGRAM COSTS	=	\$302.46
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d. TOTAL OF VOLUNTEER PROGRAM COST (add 4a, 4b, and 4c)	=	\$1,371.46
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5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)	\$2,575.08
b. Total of Donations to Volunteer Program, Item 3 (Page 2)	\$0.00
c. Subtract Total of Program Costs, Item 4d (Page 3)	\$1,371.46

TOTAL PROGRAM BENEFIT	\$1,203.62
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6. RECRUITING:

Please describe your recruiting programs:

Received a referral from Dr. Shah about an undergraduate student, Juliana Ishimine, interested in public health and health promotion.

Kym Hodge and Lora Cayanan met with the volunteer via Microsoft teams to discuss the volunteer opportunity and their goals. Following the meeting, Lora provided the volunteer with next steps to apply to become a volunteer.

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 volunteer program was responsible for the development of MPOX and meningococcal materials, as well as assisted with the EISB Internship Handbook.

8. VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2022-23:

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

Program goals include shadowing Dr. Seema Shah to gain professional understanding of the County of San Diego’s public health efforts. Goals also include the development of health promotion social media materials, assistance with data entry and administrative tasks and participation in County of San Diego Youth Sector activities. Goals also include attending branch meetings and outreach events to gain knowledge on public health topics.

9. GENERAL INFORMATION:

Name of person completing report:	Nicholas Beatman		
Phone:	619-987-2502	Mail Stop:	_____ E-Mail: nicholas.beatman@sdcounty.ca.gov
Volunteer Coordinator:	Omar Roque		
Phone:	619-540-4210	Mail Stop:	P-578 _____ E-Mail: omar.roque@sdcounty.ca.gov

10. DEPARTMENT CERTIFICATION:

DEPARTMENT HEAD SIGNATURE

DATE



**COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD JULY 1, 2022 - JUNE 30, 2023
Deadline: July 21, 2023**

1. DEPARTMENT INFORMATION:

Department: Health and Human Services Agency
 Division/Unit: Public Health Services - HIV, STD and Hepatitis Branch

2. VOLUNTEER PROGRAM BENEFITS:

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

No. of Vol.	4 Hours	2459	X	\$37.32	=	\$91,769.88
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Types of work performed by GENERAL VOLUNTEERS in this category:
 Volunteers supported the County's Harm Reduction Services planning and operational activities. Internship activities included developing internal planning and required program policies and procedures, developing program documents, and supporting the development of the program's evaluation and communications plan. Student interns assist with Sexually Transmitted Disease (STD) surveillance activities, validation of STD electronic laboratory reports, and quality assurance of incoming reports of syphilis, gonorrhea, and chlamydia. When possible, they shadow a Health Information Management Technician and a Communicable Disease Investigator to expand their understanding of public health surveillance and other activities. California Department of Public Health provided a Career Pathways volunteer to learn and work disease investigation activities for HIV and STDs.

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

No. of Vol.	Hours		X	\$37.32	=	\$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 below.)

<u>Position</u>	<u>Hours</u>	X	<u>VCL</u>	=	<u>Dollar Benefit</u>
N/A					\$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.	4	2459	\$91,769.88
2b.	0	0	\$0.00
2c.	0	0	\$0.00

Total Vol.	4	Total Hours	2,459	Total Value =	\$91,769.88
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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 =	\$0.00
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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	78	X	Rate	\$46.43	=	\$3,621.54
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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	16	X	Rate	\$25.44	=	\$407.04
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c. Other program costs (volunteer training materials/supplies, recognition costs, etc.):

<u>Item</u>	<u>Cost</u>
2 x laptops	\$1,972.08
2x email service	\$125.76
2x wireless network access	\$1,565.76

TOTAL OF OTHER PROGRAM COSTS	=	\$3,663.60
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d. TOTAL OF VOLUNTEER PROGRAM COST	=	\$7,692.18
(add 4a, 4b, and 4c)		

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)	\$91,769.88
b. Total of Donations to Volunteer Program, Item 3 (Page 2)	\$0.00
c. Subtract Total of Program Costs, Item 4d (Page 3)	\$7,692.18

TOTAL PROGRAM BENEFIT	\$84,077.70
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6. RECRUITING:

Please describe your recruiting programs:

Recruited student interns through local universities and professional development programs, as well as via inquiries from students for volunteer opportunities. Holly Jagielinski, Program Director at San Diego Mesa College Health Information Technology/Management (HITM) Program, was also able to identify potential students and initiate onboarding process based on her expertise. The California Department of Public Health reached out to local health jurisdictions seeking local health department 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:

Interns successfully supported operational planning for implementation of harm reduction services, assisted in writing program applications and researching grant opportunities and funding for harm reduction services, and provided support developing public facing website for harm reduction services.

They continued ongoing validation of electronic laboratory reports from high-volume laboratories for syphilis, gonorrhea, and chlamydia. Performed accurate manual data entry of gonorrhea and chlamydia laboratory reports to ensure the 2022 case closure deadline is met.

The California Pathways volunteer was trained in all aspects of disease investigation and after training, conducted disease investigation responsibilities.

8. VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2022-23:

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

Our goal is to continue to develop and provide internship opportunities related to HSHB programs and find potential interns through local universities and student professional development networks.

Partnering with local educational institutions to develop public health workforce by training students and meet the following program goal: Validate electronic laboratory reporting of syphilis, gonorrhea, and chlamydia results.

The goal is to develop, train and grow a larger workforce that can conduct communicable disease investigations.

9. GENERAL INFORMATION:

Name of person completing report:	<u>Lauren Brookshire</u>		
Phone: <u>619-293-4705</u>	Mail Stop: <u>P-505</u>	E-Mail:	<u>lauren.brookshire@sdcounty.ca.gov</u>
Volunteer Coordinator:	<u>Omar Roque</u>		
Phone: <u>619-540-4210</u>	Mail Stop: <u>P-578</u>	E-Mail:	<u>omar.roque@sdcounty.ca.gov</u>

10. DEPARTMENT CERTIFICATION:

DEPARTMENT HEAD SIGNATURE

DATE



COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD JULY 1, 2022 - JUNE 30, 2023
Deadline: July 21, 2023

1. DEPARTMENT INFORMATION:

Department: Health & Human Services Agency
 Division/Unit: PHS / Maternal, Child, and Family Health Services

2. VOLUNTEER PROGRAM BENEFITS:

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

No. of Vol.	6	Hours	296	X	\$37.32	=	\$11,046.72
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Types of work performed by GENERAL VOLUNTEERS in this category:
 In compliance with the Academy of Nutrition and Dietetics internship requirements, interns perform various public health tasks such as, participating in community events, teaching evidence-based nutrition education classes, and research best practices.

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

No. of Vol.		Hours		X	\$37.32	=	\$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 below.)

<u>Position</u>	<u>Hours</u>	X	<u>VCL</u>	=	<u>Dollar Benefit</u>
N/A					\$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.	6	296	\$11,046.72
2b.	0	0	\$0.00
2c.	0	0	\$0.00

Total Vol.	6	Total Hours	296	Total Value =	\$11,046.72
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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 = \$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 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	= <input type="text" value="\$0.00"/>

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>\$11,046.72</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>\$10,180.00</u>

TOTAL PROGRAM BENEFIT

6. RECRUITING:

Please describe your recruiting programs:

We have an existing MOA with the VA Hospital Dietetic Program to assist with recruitment of 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 2022-23:

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

Provide an opportunity for students in nutrition and public health programs to gain practical experience to meet their educational requirements. Overall goal was to place 6 students within the CalFresh Healthy Living program to gain direct experience with program development, implementation, and evaluation.

9. GENERAL INFORMATION:

Name of person completing report: Samantha Sonnich

Phone: 619-385-9743 Mail Stop: P511H E-Mail: samantha.sonnich@sdcounty.ca.gov

Volunteer Coordinator: Omar Roque

Phone: 619-540-4210 Mail Stop: P-578 E-Mail: omar.roque@sdcounty.ca.gov

10. DEPARTMENT CERTIFICATION:

DEPARTMENT HEAD SIGNATURE

DATE



**COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD JULY 1, 2022 - JUNE 30, 2023
Deadline: July 21, 2023**

1. DEPARTMENT INFORMATION:

Department: Health & Human Services Agency
 Division/Unit: PHS / Public Health Preparedness & Response

2. VOLUNTEER PROGRAM BENEFITS:

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

No. of Vol.	Hours	X	\$37.32	=	\$0.00
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Types of work performed by GENERAL VOLUNTEERS in this category:
N/A

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

No. of Vol.	Hours	X	\$37.32	=	\$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 below.)

<u>Position</u>	<u>Hours</u>	X	<u>VCL</u>	=	<u>Dollar Benefit</u>
Medical Reserve Corps	1193.25		\$65.00		\$77,561.25
					\$0.00
					\$0.00
					\$0.00
					\$0.00

No. of Vol.	17	Total Hours	1,193	Total Value =	\$77,561.25
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Types of work performed by SPECIALIZED VOLUNTEERS in this category:
 Medical Reserve Corps (MRC) volunteers activities include: supporting Healthcare sector, COVID-19 vaccinations supporting Rapid Response Teams, and vaccinations/observation for MPOX at pop-up events.

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

	<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar Benefit</u>
2a.	0	0	\$0.00
2b.	0	0	\$0.00
2c.	17	1,193	\$77,561.25

Total Vol.	17	Total Hours	1,193	Total Value =	\$77,561.25
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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 = \$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 34.25 X Rate \$60.00 = \$2,055.00

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.):

<u>Item</u>	<u>Cost</u>
LAN Access (3 volunteers at \$65.34/month x 12 months)	\$2,352.24
Email Services (3 volunteers at \$5.24/month x 12 months)	\$188.64

TOTAL OF OTHER PROGRAM COSTS = \$2,540.88

d. TOTAL OF VOLUNTEER PROGRAM COST = \$4,595.88
(add 4a, 4b, and 4c)

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)	<u>\$77,561.25</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>\$4,595.88</u>

TOTAL PROGRAM BENEFIT

\$72,965.37

6. RECRUITING:

Please describe your recruiting programs:

The San Diego County Medical Reserve Corps (MRC) is a community-based group of local medical and health workers who can serve as volunteers during a local health emergency. Pre-credentialing volunteers prior to an event allows San Diego County to be better prepared to respond quickly and efficiently during a time of disaster. Volunteers register through a volunteer system run by the California Emergency Medical Services Authority (EMSA), Disaster Healthcare Volunteers site and the local MRC Coordinator and support staff are local administrators for San Diego County volunteers. Volunteers are requested to complete two FEMA courses, IS 100 on the Incident Command System and IS 700 on the National Response Framework. Volunteers perform duties that match their backgrounds, skills, and expertise. Volunteers are alerted when a need is identified and they may choose to respond based on their availability. MRC volunteers are supervised by on-site hospital staff.

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:

During this fiscal year, MRC has been a part of the PHPR Quality Improvement (QI) Project. This project is a continuation from the previous fiscal year, where we highlight the volunteer program and the improvements for recruitment for volunteers.

MRC volunteers have been continuing to support needs for COVID-19 response. Volunteers have helped the Rapid Response Team and other healthcare facilities with providing bivalent boosters.

Also, MRC volunteers have actively supported the Human Monkeypox emergency response. They have helped with providing vaccinations and observation at pop-up events when demand was high.

8. VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2022-23:

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

During the beginning of the fiscal year, the process of cleaning the volunteer database was still ongoing. Volunteers within the system were being contacted by email and phone to confirm their status within San Diego County MRC. Volunteers would be sorted into a more active unit of participation, the San Diego County MRC, a less active unit but still receive updates, the San Diego County Unit, or have their account deactivated. The project was complete at the beginning of Q2. We have approximately 4950 volunteers within the system, where approximately 4200 are medical and 750 are nonmedical.

During Q1, Human Monkeypox was declared a public health emergency. MRC volunteers were recruited during this time to help with the response. Volunteers were recruited as County of San Diego volunteers during this time to receive limited liability and workers' compensation during nonemergency declarations.

9. GENERAL INFORMATION:

Name of person completing report: Tony Wu, Melissa Dredge
Phone: 619-510-1922 Mail Stop: W-496 E-Mail: tony.wu@sdcounty.ca.gov
Volunteer Coordinator: Omar Roque
Phone: 619-540-4210 Mail Stop: P-578 E-Mail: omar.roque@sdcounty.ca.gov

10. DEPARTMENT CERTIFICATION:

DEPARTMENT HEAD SIGNATURE

DATE



**COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD JULY 1, 2022 - JUNE 30, 2023
Deadline: July 21, 2023**

1. DEPARTMENT INFORMATION:

Department: Health & Human Services Agency
 Division/Unit: PHS / TB Control & Refugee Health

2. VOLUNTEER PROGRAM BENEFITS:

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

No. of Vol.		Hours		X	\$37.32	=	\$0.00
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Types of work performed by GENERAL VOLUNTEERS in this category:
N/A

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

No. of Vol.		Hours		X	\$37.32	=	\$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 below.)

<u>Position</u>	<u>Hours</u>	X	<u>VCL</u>	=	<u>Dollar Benefit</u>
Visiting Resident	40		\$88.34		\$3,533.60
Visiting Resident	40		\$88.34		\$3,533.60
_____	_____		_____		\$0.00
_____	_____		_____		\$0.00
_____	_____		_____		\$0.00

No. of Vol.	2	Total Hours	80			Total Value =	\$7,067.20
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Types of work performed by SPECIALIZED VOLUNTEERS in this category:
 Jacqueline Peretti and Samantha Kaplan were visiting Residents from University of California, San Diego at the Tuberculosis Clinic in FY 22-23. They each worked a total of 40 hours seeing patients at the clinic.

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

	<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar Benefit</u>
2a.	<u>0</u>	<u>0</u>	<u>\$0.00</u>
2b.	<u>0</u>	<u>0</u>	<u>\$0.00</u>
2c.	<u>2</u>	<u>80</u>	<u>\$7,067.20</u>

Total Vol.	2	Total Hours	80	Total Value =	\$7,067.20
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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 =	\$0.00
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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	<input type="text" value="80"/>	X Rate	<input type="text" value="\$96.46"/>	=	<input type="text" value="\$7,716.80"/>
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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	<input type="text"/>	X Rate	<input type="text"/>	=	<input type="text" value="\$0.00"/>
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c. Other program costs (volunteer training materials/supplies, recognition costs, etc.):

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

TOTAL OF OTHER PROGRAM COSTS	=	\$0.00
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d. TOTAL OF VOLUNTEER PROGRAM COST	=	\$7,716.80
(add 4a, 4b, and 4c)		

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)	<u>\$7,067.20</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>\$7,716.80</u>

TOTAL PROGRAM BENEFIT	-\$649.60
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6. RECRUITING:

Please describe your recruiting programs:

TBCRH does not have a formal volunteer recruitment 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:

Advancing efforts to promote TB clinical skills among participants from UC San Diego graduate medical educational programs.

8. VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2022-23:

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

No specific volunteer goals were developed for FY 22-23.

9. GENERAL INFORMATION:

Name of person completing report:	Ellen Presente		
Phone: <u>619-921-4876</u>	Mail Stop: <u>P-576</u>	E-Mail:	<u>ellen.presente@sdcounty.ca.gov</u>
Volunteer Coordinator:	Omar Roque		
Phone: <u>619-540-4210</u>	Mail Stop: <u>P-578</u>	E-Mail:	<u>omar.roque@sdcounty.ca.gov</u>

10. DEPARTMENT CERTIFICATION:

DEPARTMENT HEAD SIGNATURE

DATE