PHS Volunteer Report Summary by Branch
July 1, 2023 - Jun 30, 2024

	Branch	# of Volunteers	Volunteer Program Benefits		Volunteer Program Costs				NET BENEFIT
			# of Hrs.	Benefit of the services provided by volunteers in $	Supervision Cost	Cost of program coordination	Supply & Material Costs	Total Volunteer Costs	
1	Admin[1]	3	235	$ 9,073.35	$ 1,107.89	$ 1,399.44	$ 1,340.58	$ 3,847.91	$ 5,225.44
2	CCS[2,3]	14	2054	$ 79,304.94	$ 6,191.46	$ 1,783.98	$ -	$ 7,975.44	$ 71,329.50
3	EISB[4]	4	540	$ 20,849.40	$ 7,212.80	$ 772.80	$ 2,489.44	$ 10,475.04	$ 10,374.36
4	HSHB[5]	4	78	$ 3,011.58	$ 1,909.44	$ 560.40	$ -	$ 2,469.84	$ 541.74
5	MCFHS[6]	9	1819	$ 70,287.99	$ 24,440.00	$ 1,365.00	$ -	$ 25,805.00	$ 44,482.99
6	PHPR[7,8]	15	740	$ 48,100.00	$ 451.80	$ -	$ 2,540.88	$ 2,992.68	$ 45,107.32
7	TB[9]	1	80	$ 7,067.20	$ 442.36	$ -	$ -	$ 442.36	$ 6,624.84
	TOTAL	50	5,546	$ 237,694.46	$ 41,755.75	$ 5,881.62	$ 6,370.90	$ 54,008.27	$ 183,686.19

Highlights of Activities:

1. Volunteers for OPIM developed a list of certifications and trainings/resources on strategic planning, performance management, quality improvement, and project management. (Admin)

2. Developed a new detailed volunteer description on the County's public facing Volunteer webpage and on the CCS public website, advertising the specific benefits and descriptions of our volunteer positions at the CCS Medical Therapy Units. (CCS)

3. Several OT and PT schools in Southern California have their program listed on their Volunteer Program List. CCS sent fliers to SDSU, CSUSM and PLNU Kinesiology departments that are posted and advertised as a volunteer opportunity for pre-PT and pre-OT majors to access as a volunteer opportunity. (CCS)

4. Assited in case closures to meet our deadline for CDPH Case Closure Deadline for 2023 cases. And processed the backlog of Open COVID 19 cases. (EISB)

5. Volunteers successfully supported operations of newly launched harm reduction services program (4/2/24 launch date). Volunteers assisted greeting participants, providing services, helping keep track of supplies and inventory management and data entry. (HSHB)

6. Cal-PPH Fellow gained experience with legislation analysis, participated in community meetings to develop needs assessment tools and workplan, researched local assets, and created resource guides for countywide distribution. (MCFHS)

7. 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. (PHPR)

8. Volunteers were notified of the opportunity to volunteer with the Love your Heart Blood Pressure Screenings. (PHPR)

9. Advanced efforts to promote TB clinical Skills among participants from Azusa Pacific University educational programs. (TB)

COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD JULY 1, 2023 - JUNE 30, 2024
Deadline: August 7, 2024

1. DEPARTMENT INFORMATION:

Department: **Public Health Services**
Division/Unit: **Administration**

2. VOLUNTEER PROGRAM BENEFITS:

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

No. of Vol.	3	Hours	235	X	$38.61	=	$9,073.35

Types of work performed by GENERAL VOLUNTEERS in this category:

Volunteers for OPIM use a performance management software, support Clear Impact program, manage metrics and Strategic Plan scorecards; analyze, prepare, synthesize, formulate data; review and prepare a list of certifications for performance management, support strategic plan and quality improvement; coordinate and strengthen integration with strategic planning and performance management activities. Volunteers for CHSU conduct epidemiological analyses which further PHS initiatives. Volunteer reviews literature related to public health, analyzes local demographic and health data, and assists epidemiologists with surveillance and quality assurance. Materials created by volunteer are made publicly available for use by community members.

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

No. of Vol.		Hours		X	$38.61	=	$0.00

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.)

Position	Hours	X	VCL	=	Dollar Benefit
					$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:
N/A

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

	No. of Volunteers	Hours	Dollar Benefit
2a.	3	235	$9,073.35
2b.	0	0	$0.00
2c.	0	0	$0.00

Total Vol.	3	Hours	235	Total Value =	$9,073.35

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 volunteeers (total hours of direct supervision multiplied by the hourly rate of staff person (s) directly supervising program volunteers.)

Hours	19	X Rate	$58.31	=	$1,107.89

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	24	X Rate	$58.31	=	$1,399.44

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

Item	Cost
Email services for 2 volunteers ($5.23/month X 4 months)	$41.84
Laptop services for 2 volunteers ($82.87/month X 4 months)	$662.96
Network access for 2 volunteers ($67.49/month X 4 months)	$539.92
Laptop, HP Elitebook 860 G10 w/ LTE	$95.86

TOTAL OF OTHER PROGRAM COSTS	=	$1,340.58

d. TOTAL OF VOLUNTEER PROGRAM COST (add 4a, 4b, and 4c)	=	$3,847.91

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)	**$9,073.35**
b. Total of Donations to Volunteer Program, Item 3 (Page 2)	**$0.00**
c. Subtract Total of Program Costs, Item 4d (Page 3)	**$3,847.91**

TOTAL PROGRAM BENEFIT

$5,225.44

6. RECRUITING:

Please describe your recruiting programs:

OPIM recrut interns through the San Diego State University Graduate School of Public Health program as the County Public Health Department has a formal MOA to onboard student volunteer interns for course credit. CHSU maintains an internship description flier, updates it every year, and tailors information to SDSU and UCSD MPH epidemiology programs (i.e. UCSD calls its internship requirement "practicum"). For UCSD students, the flier is sent via email to the UCSD MPH program coordinators, and they disseminate the information to their students. Students are instructed in that flier to email the CHSU internship coordinator with their resume and a cover letter to apply. For SDSU students, CHSU posts an internship listing to SPH Connect, which is the SPH's internship management system. Interested students apply to that posting by sending their resumes and cover letters the CHSU internship coordinator. Once the application period has closed (typically 2-3 weeks after the posting made/flier shared), CHSU staff review resumes and cover letters and invite qualified students to interview for internship positions. There are two rounds of interviews. The first round of interviews occurs with a panel of senior epidemiologists and other CHSU staff. If the panel agrees the student is a good fit, then the student completes a second interview with the CHSU Chief. If the Chief determines the student is a good fit, then they are offered a volunteer internship position.

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:

Volunteers for OPIM developed a list of certifications and trainings/resources on strategic planning, performance management, quality improvement, and project management.

8. **VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2023-24:**

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

OPIM goal is to have at least one student per FY and provide meaningful skills, resources, tools to excel in their career and receive support on projects. CHSU goal is to find current SDSU and/or UCSD public health students interested in a potential population health internship. Upon completion of the internship, volunteers will have a solid foundation in data handling and analysis, experience in presenting evaluation findings, and a valuable addition to their professional portfolio. Moveover, their work contributes to the presentation of findings and the production of reports increasing the success of Public Health Services to make data accessible to the San Diego County community.

9. **GENERAL INFORMATION:**

Name of person completing report: Nora Bota

Phone: 858-229-8478   Mail Stop: P-578   E-Mail: nora.bota@sdcounty.ca.gov

Name of person completing report: Maria Peña

Phone: 619-517-5611   Mail Stop: P-578   E-Mail: maria.pena@sdcounty.ca.gov

Volunteer Coordinator: Nimka Nakayama

Phone: 619-538-1003   Mail Stop: P-578   E-Mail: nimka.nakayama@sdcounty.

10. **DEPARTMENT CERTIFICATION:**

DEPARTMENT HEAD SIGNATURE   **DATE**

COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD JULY 1, 2023 - JUNE 30, 2024
Deadline: August 7,2024

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.	14	Hours	2054	X	$38.61	=	$79,304.94

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 client 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 physcial 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	$38.61	=	$0.00

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

Position	Hours	X	VCL	=	Dollar Benefit
					$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:
N/A

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

	No. of Volunteers	Hours	Dollar Benefit
2a.	14	2054	$79,304.94
2b.	0	0	$0.00
2c.	0	0	$0.00

Total Vol.	14	Hours	2,054	Total Value =	$79,304.94

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 volunteeers (total hours of direct supervision multiplied by the hourly rate of staff person (s) <u>directly supervising </u>program volunteers.)

Hours | 118 | X   Rate | $52.47 | = | $6,191.46

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 | 34 | X   Rate | $52.47 | = | $1,783.98

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) | $7,975.44 |

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

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2) $79,304.94

b. Total of Donations to Volunteer Program, Item 3 (Page 2) $0.00

c. Subtract Total of Program Costs, Item 4d (Page 3) $7,975.44

TOTAL PROGRAM BENEFIT $71,329.50

6. **RECRUITING:**

Please describe your recruiting programs:

We developed a new detailed volunteer description on the County's public facing Volunteer webpage and on the CCS public website, advertising the specific benefits and descriptions of our volunteer positions at the CCS Medical Therapy Units. Several OT and PT schools in Southern California have our program listed on their Volunteer Program List. We send fliers to SDSU, CSUSM and PLNU Kinesiology departments that are posted and advertised as a volunteer opportunity for pre-PT and pre-OT majors to access as a volunteer opportunity. CCS has MOA's with several Physical and Occupational Therapy gradulate schools. Each year our therapists sign up to be a Clinical Instructor for a student interns with these universities.

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 2023-24:**

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

Over the next Fiscal Year, CCS's goal is to increase the number of volunteers that we have at each site to support clinical and clerical staff in daily operations to at least 2 volunteers at each site continuously, decreasing the workload of non-skilled tasks contributing to burnout of MTU staff. We additionally have a goal of advertising our volunteer program with at least 3 community colleges to capture a higher number of the SD County population seeking a career in PT/OT. For our PT and OT Student Interns, we have a goal of adding 5 more interns over the next year than the previous year.

9. **GENERAL INFORMATION:**

Name of person completing report: Rachel Shaw, MPT

Phone: 619-528-4004   Mail Stop: P-586   E-Mail: rachel.shaw@sdcounty.c

Volunteer Coordinator: Nimka Nakayama

Phone: 619-538-1003   Mail Stop: MS P-578   E-Mail: nimka.nakayama@sdcou

10. **DEPARTMENT CERTIFICATION:**

DEPARTMENT HEAD SIGNATURE   **DATE**

1. **DEPARTMENT INFORMATION:**

Department: **HHSA Public Health Services**
Division/Unit: **Epidemiology & Immunization Services**

2. **VOLUNTEER PROGRAM BENEFITS:**

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

No. of Vol.	4	Hours	540	X	$38.61	=	$20,849.40

Types of work performed by GENERAL VOLUNTEERS in this category:

Perform quality assurance activities, basic data entry, scan/upload files into system.

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

No. of Vol.		Hours		X	$38.61	=	$0.00

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

Position	Hours	X	VCL	=	Dollar Benefit
					$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):

	No. of Volunteers	Hours	Dollar Benefit
2a.	4	540	$20,849.40
2b.	0	0	$0.00
2c.	0	0	$0.00

Total Vol.	4	Hours	540	Total Value =	$20,849.40

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 volunteeers (total hours of direct supervision multiplied by the hourly rate of staff person (s) directly supervising program volunteers.)

Hours	112	X Rate	$64.40	=	$7,212.80

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	12	X Rate	$64.40	=	$772.80

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

Item	Cost
Email services for 4 volunteers ($5.23/month for 4 months)	$83.68
Laptop services for 4 volunteers ($82.87/month for 4 months)	$1,325.92
Network access for 4 volunteers ($67.49/month for 4 months)	$1,079.84

TOTAL OF OTHER PROGRAM COSTS	=	$2,489.44

d. TOTAL OF VOLUNTEER PROGRAM COST = $10,475.04
        (add 4a, 4b, and 4c)

5. **NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:**
   a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)   **$20,849.40**
   b. Total of Donations to Volunteer Program, Item 3 (Page 2)   **$0.00**
   c. Subtract Total of Program Costs, Item 4d (Page 3)   **$10,475.04**

   TOTAL PROGRAM BENEFIT   **$10,374.36**

6. **RECRUITING:**

   Please describe your recruiting programs:

   Ongoing collaboration efforts with San Diego Mesa College- Health Information Technology Program (Associate's Degree) for the Fall and Spring Semesters and coordinated with Program Director.

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:

   •Quality Assurance activities and data clean-up for disease, Campylobacteriosis, and be reflected in the Annual Communicable Disease Reports
   •Quality assurance activities for Influenza data entry
   •Assist in case closures to meet our deadline for CDPH Case Closure Deadline for 2023 cases.
   •Processed the backlog of Open COVID19 cases.
   •Reviewed and scanned medical records and files into WebCMR -Disease registry system.
   •Provided input and feedback in a working-draft for Campylobacteriosis guideline.

8. **VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2023-24:**

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

•**Program Goals:**
oQuality assurance, integrity of data and data clean-up for disease registry system, public facing reports and weekly dashboards.
oProvide support in gaps of operations and backlog of data needs.

•**Number of Volunteers:** 4

•**Recruitment:** Coordinated with Holly Jagielinski-Program Director

•**Training**: 4-8 hours

•**Recognition:**
oData-clean up for Campylobacteriosis cases for Years 2022/2023 and reflect accurate data and case counts within WebCMR system, Annual Communicable Disease Reports, and CDPH.
oQuality assurance for Influenza manual data entry activities.
oProcessed and closure of high-volume of backlog of COVID19 Cases
oReviewed and scanned a high-volume of medical records and files into WebCMR-Disease registry system
oPiloted and provided input in a newly created guideline for Campylobacteriosis case processing.
oAssisted in a high-volume of case closures to meet CDPH Case Closure Deadline for 2023 cases.

9. **GENERAL INFORMATION:**

Name of person completing report: Nick Beatman

Phone: (619) 987-2502   Mail Stop: P573   E-Mail: nicholas.beatman@sdco

Volunteer Coordinator: Nimka Nakayama

Phone: 619-538-1003   Mail Stop: MS P-578   E-Mail: nimka.nakayama@sdco

10. **DEPARTMENT CERTIFICATION:**

_____   _____
DEPARTMENT HEAD SIGNATURE   **DATE**

COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD JULY 1, 2023 - JUNE 30, 2024
Deadline: August 7,2024

1. DEPARTMENT INFORMATION:

Department: **Public Health Services**
Division/Unit: **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	78	X	$38.61	=	$3,011.58

Types of work performed by GENERAL VOLUNTEERS in this category:

Harm Reduction Services Program volunteers support program operations. This includes, but is not limited to:
- Greeting program participants
- Distributing and safely collecting harm reduction program supplies
- Providing education and referrals to clients, as needed
- Refilling and restocking supplies
 - Supporting program evaluation activities

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

No. of Vol.		Hours		X	$38.61	=	$0.00

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

Position	Hours	X	VCL	=	Dollar Benefit
					$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):

	No. of Volunteers	Hours	Dollar Benefit
2a.	4	78	$3,011.58
2b.	0	0	$0.00
2c.	0	0	$0.00

Total Vol.	4 Hours	78 Total Value =	$3,011.58

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 volunteeers (total hours of direct supervision multiplied by the hourly rate of staff person (s) <u>directly supervising</u> program volunteers.)

Hours [48]   X   Rate [$39.78]   =   [$1,909.44]

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 [12]   X   Rate [$46.70]   =   [$560.40]

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   = $2,469.84
(add 4a, 4b, and 4c)

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

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)   **$3,011.58**

b. Total of Donations to Volunteer Program, Item 3 (Page 2)   **$0.00**

c. Subtract Total of Program Costs, Item 4d (Page 3)   **$2,469.84**

TOTAL PROGRAM BENEFIT   **$541.74**

6. **RECRUITING:**

Please describe your recruiting programs:

Recruited student interns through local universities and professional development programs. Responded to inquiries from students for volunteer opportunities.

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:

Volunteers successfully supported operations of newly launched harm reduction services program (4/2/24 launch date). Volunteers assisted greeting participants, providing services, helping keep track of supplies and inventory management and data entry.

8. **VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2023-24:**

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

    As the harm reduction services program (HRSP) expands in next fiscal year, our goal is to continue to develop and provide volunteers opportunities related to not only HRSP but also other HSHB programs (ex. Ryan White Program) and find additional volunteers through local universities and student professional development networks.

9. **GENERAL INFORMATION:**

    Name of person completing report: C. Felipe Ruiz

    Phone: 619-455-3249   Mail Stop: P-505   E-Mail: felipe.ruiz@sdcounty.ca.

    Volunteer Coordinator: Nimka Nakayama

    Phone: 619-538-1003   Mail Stop: MS P-578   E-Mail: nimka.nakayama@sdcou

10. **DEPARTMENT CERTIFICATION:**

    _____   _____
    DEPARTMENT HEAD SIGNATURE   **DATE**

COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD JULY 1, 2023 - JUNE 30, 2024
Deadline: August 7, 2024

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.	8	Hours	1809	X	$38.61	=	$69,845.49

Types of work performed by GENERAL VOLUNTEERS in this category:

In compliance with the Academy of Nutrition and Dietetics internship requirements, dietetic interns perform various public health tasks such as participating in community events, teaching evidence-based nutrition education classes, and research evidence-based and best practices. MPH candidate intern gains similar experience with a more in-depth role in helping assessment and design, implementation, and evaluating healthy eating/nutrition programs, as well as advancing policy, systems, and environmental change approaches to population health. Cal-PPH Fellow gained experience with legislation analysis, participated in community meetings to develop needs assessment tools and workplan, researched local assets, and created resource guides for countywide distribution.

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

No. of Vol.		Hours		X	$38.61	=	$0.00

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

Position	Hours	X	VCL	=	Dollar Benefit
Public Health Nurse	10		$44.25		$442.50
					$0.00
					$0.00
					$0.00
					$0.00

No. of Vol.	1	Total Hours	10	Total Value =	$442.50

Types of work performed by SPECIALIZED VOLUNTEERS in this category:
PHN provides SIDS risk reduction information to medical and health care professionals, community groups, and the public.

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

	No. of Volunteers	Hours	Dollar Benefit
2a.	8	1809	$69,845.49
2b.	0	0	$0.00
2c.	1	10	$442.50

Total Vol.	9	Hours	1,819	Total Value =	$70,287.99

3. **DONATIONS TO VOLUNTEER PROGRAM:**

Please list all donations to the department's Volunteer program including monetary donations and <u>tangible/intangible</u> 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 volunteeers (total hours of direct supervision multiplied by the hourly rate of staff person (s) <u>directly supervising</u> program volunteers.)

Hours	520	X Rate	$47.00	=	$24,440.00

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	35	X Rate	$39.00	=	$1,365.00

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

Item	Cost
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL OF OTHER PROGRAM COSTS	=	$0.00

d. TOTAL OF VOLUNTEER PROGRAM COST (add 4a, 4b, and 4c)	=	$25,805.00

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

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2) $70,287.99

b. Total of Donations to Volunteer Program, Item 3 (Page 2) $0.00

c. Subtract Total of Program Costs, Item 4d (Page 3) $25,805.00

TOTAL PROGRAM BENEFIT   **$44,482.99**

6. **RECRUITING:**

Please describe your recruiting programs:

We have an existing MOA with the VA Hospital Dietetic Program to assist with recruitment of volunteers. MPH students are typically referred through university faculty or community partner. Our LHJ serves as a host site for the CDPH Cal-PPH Fellowship 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:

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 thsi year to gain direct experience with program development, implementation, and evaluation.

9. **GENERAL INFORMATION:**

Name of person completing report: Ches Blevins

Phone: 619-692-5506   Mail Stop: P511H   E-Mail: Chesley.Blevins@sdcou

Volunteer Coordinator: Nimka Nakayama

Phone: 619-538-1003   Mail Stop: MS P-578   E-Mail: nimka.nakayama@sdcou

10. **DEPARTMENT CERTIFICATION:**

_____   _____
DEPARTMENT HEAD SIGNATURE   **DATE**

COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD JULY 1, 2023 - JUNE 30, 2024
Deadline: August 7,2024

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	$38.61	=	$0.00

Types of work performed by GENERAL VOLUNTEERS in this category:

N/A - MRC volunteers are specialty volunteers and listed in item C below.

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

No. of Vol.		Hours		X	$38.61	=	$0.00

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

Position	Hours	X	VCL	=	Dollar Benefit
Medical Reserve Corps	740		$65.00		$48,100.00
					$0.00
					$0.00
					$0.00
					$0.00

No. of Vol.	15	Total Hours	740	Total Value =	$48,100.00

Types of work performed by SPECIALIZED VOLUNTEERS in this category:
Calling healthcare practices and providers throughout San Diego County to inform them of COVID-19 guidelines, resources, testing, and treatment. Creating biweekly learning objectives to be sent to AAFP to gain CME credit approval for each Health Professionals Telebriefing. Creating and editing provider agreements forms for the Drug Disposal Bag project. Actively testing and reporting issues to the IT team for the new ACDC database. Working with the Chief Geriatric Officer to contact Senior Nursing Facilities throughout San Diego County to provide them with resources for COVID-19 and set up vaccine clinics at the facilities. Reviewing the monthly newsletter and publications sent out to providers throughout the county. PHPR Logistics warehouse exercise supporting the setting up of disaster tents. ☐
☐
☐
☐
☐

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

	No. of Volunteers	Hours	Dollar Benefit
2a.	0	0	$0.00
2b.	0	0	$0.00
2c.	15	740	$48,100.00

Total Vol.	15	Hours	740	Total Value =	$48,100.00

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 volunteeers (total hours of direct supervision multiplied by the hourly rate of staff person (s) <u>directly supervising </u>program volunteers.)

Hours	12	X Rate	$37.65	=	$451.80

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.):

Item	Cost
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   = $2,992.68
    (add 4a, 4b, and 4c)

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

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)   **$48,100.00**

b. Total of Donations to Volunteer Program, Item 3 (Page 2)   **$0.00**

c. Subtract Total of Program Costs, Item 4d (Page 3)   **$2,992.68**

TOTAL PROGRAM BENEFIT   **$45,107.32**

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. Continue to be included in flu pod planning for 2024 and supported January 2024 storm response. Volunteers were notified of the opportunity to volunteer with the Love your Heart Blood Pressure Screenings.

8. **VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2023-24:**

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

Volunteers countinue to 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.

Continue with MCS, flu pod planning, explore opportunities to teach Stop The Bleed.

9. **GENERAL INFORMATION:**

Name of person completing report: Melissa Dredge, Laura Del Fierro

Phone: 619-964-7724   Mail Stop: W-496   E-Mail: melissa.dredge@sdcoun

Volunteer Coordinator: Nimka Nakayama

Phone: 619-538-1003   Mail Stop: MS P-578   E-Mail: nimka.nakayama@sdcou

10. **DEPARTMENT CERTIFICATION:**

_____   _____
            DEPARTMENT HEAD SIGNATURE   **DATE**

COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD JULY 1, 2023 - JUNE 30, 2024
Deadline: August 7,2024

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.		0 Hours		X	$38.61	=	$0.00

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.		0 Hours		X	$38.61	=	$0.00

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

Position	Hours	X	VCL	=	Dollar Benefit
Visiting Resident	80		$88.34		$7,067.20
					$0.00
					$0.00
					$0.00
					$0.00

No. of Vol.		Total Hours	80	Total Value =	$7,067.20

Types of work performed by SPECIALIZED VOLUNTEERS in this category:
Rodolfo Alejandro was a visiting Resident from Azuza Pacific University at the Tuberculosis Clinic in FY 2023-24. They worked a total of 80 hours seeing patients in the clinic.

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

	No. of Volunteers	Hours	Dollar Benefit
2a.	1	80	$0.00
2b.	0	0	$0.00
2c.	0	0	$7,067.20

Total Vol.	1	Total Hours	80	Total Value =	$7,067.20

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: N/A   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 volunteeers (total hours of direct supervision multiplied by the hourly rate of staff person (s) directly supervising program volunteers.)

Hours   4   X Rate $110.59   = $442.36

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.):

Item	Cost
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL OF OTHER PROGRAM COSTS   =   **$0.00**

d. TOTAL OF VOLUNTEER PROGRAM COST =   **$442.36**
  (add 4a, 4b, and 4c)

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

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)   **$7,067.20**

b. Total of Donations to Volunteer Program, Item 3 (Page 2)   **$0.00**

c. Subtract Total of Program Costs, Item 4d (Page 3)   **$442.36**

TOTAL PROGRAM BENEFIT   **$6,624.84**

6. **RECRUITING:**

Please describe your recruiting programs:

The TBCRH Branch 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 Azusa Pacific University educational programs.

8. **VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2023-24:**

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

No specific volunteer goals were developed for FY 23-24.

9. **GENERAL INFORMATION:**

Name of person completing report: Erin Jensen

Phone: 619-708-2400   Mail Stop: P-576   E-Mail: erin.jensen@sdcounty.ca

Volunteer Coordinator: Nimka Nakayama

Phone: 619-538-1003   Mail Stop: MS P-578   E-Mail: nimka.nakayama@sdcou

10. **DEPARTMENT CERTIFICATION:**

_____   _____
        DEPARTMENT HEAD SIGNATURE   **DATE**