

HSCB INTER-AGENCY COMMUNICATIONS WORK GROUP

WORK GROUP CHAIR: JENNIFER PUTNEY,
Prosecuting Attorney's Office, (586) 469-5642
jennifer.putney@macombgov.org

HISTORY

In March 1992, MSU Extension was designated the lead agency for the newly-formed Inter-Agency Communications Work Group. In 2013, the lead agency changed to Macomb County Community Mental Health - Office of Substance Abuse. In 2015, the Prosecuting Attorney's office became the lead.

The Work Group's goal is to address the recommendations from the Children's Symposium on the need for ongoing opportunities for public human service agency staff information networking and sharing.

Among its accomplishments are:

- The sponsorship of an annual "*Traveling Tours*" event held every spring featuring tours of service locations.
- The coordination of workshops on topics of inter-agency interest. Examples: "*Dealing With Angry People*" and "*Nurturing Skills for Professionals*."
- Providing updates on Macomb County human services through the "*Annual Inter-Agency Information Exchange*," held in the fall.

In 1997, the Inter-Agency Information Exchange was one of the winners of the State's Innovative Recognition Awards.

HSCB INTER-AGENCY INFORMATION EXCHANGE

PURPOSE

The purpose of the Inter-Agency Information Exchange is to strengthen the coordination and delivery of human services through enhanced communication. This is accomplished through the following one-day format:

AGENCY DISPLAYS

Macomb County non-profit agencies or non-profit agencies providing services to Macomb County residents are invited to set up an agency display. Agencies are encouraged to bring copies of free brochures of their services. Freebies at the display tables are also popular.

PANEL PRESENTATIONS/TRAININGS

A variety of sessions are scheduled which focus on human service themes (e.g., *new services, youth services, senior services*) and/or experiential training opportunities (e.g., *Care House diagnostic interview presentation, Family Youth Interventions family dynamics exercises, etc.*).

The topics for the sessions are selected in the following order:

- *HSCB Executive Council or Work groups*
- *Suggestions listed on the previous years' evaluation forms*
- *New services*
- *Agencies who volunteer to be a break out session as listed on the previous Information Exchange Evaluation Form*
- *Input from Inter-Agency Communications Work group members*

REFRESHMENTS

A food budget is developed for submission to the HSCB Executive Council for approval;. That budget includes:

- Morning and afternoon snacks for participants
- An onsite lunch for Inter-Agency Communications Work Group members

Work group members are responsible for advance payment on expense items and getting reimbursed. To get a reimbursement, submit receipts and a completed Work Group Reimbursement Form to Barbara Latronica, CMH. (**APPENDIX A - FORM 1**)

**INTER-AGENCY COMMUNICATIONS
WORK GROUP CHAIR**
Responsibilities

1. Convenes meetings of the Inter-Agency Communications Work Group.
2. Consults with the Prevention Coordinator about meeting agendas and work group issues.
3. Issues meeting agendas and makes arrangements for minutes to be recorded.
4. Assures that the Work Group lunch on the day of the training is ordered and delivered.
5. Assures that a draft of the training budget, including food and decorations and accompanying budget is developed for presentation to the HSCB Executive Council for approval.
6. Upon request, represents the Work Group at HSCB Executive Council meetings to provide updates on work group activities and for approval of budgets. *(The registration information form and budget must receive prior approval; by the Executive Council.)*
6. Submits approved expenses to Barbara Latronica on the Work Group Reimbursement Form. **(APPENDIX A- FORM 1)**

TRAINING CHECKLIST

BEFORE THE TRAINING

- Selects the Information Exchange Co-Chairs
- Selects the date for the Information Exchange
- Selects the theme for the Information Exchange
- Selects the break out session topics based on the following order:
 - HSCB Executive Council or Work groups
 - Suggestions listed on the previous years' evaluation forms
 - New services
 - Agencies who volunteer to be a break out session as listed on the previous Information Exchange Evaluation Form
 - Input from Inter-Agency Communications Work group members
- Finalize all breakout sessions
- Completes the Planning Guide Outline is completed and send to the CMH Prevention Coordinator to be posted on the HSCB website.
- Designs the registration information brochure and send to the CMH Prevention Coordinator for HSCB approval before posting on the HSCB website and mailing to HSCB Communication Liaisons and others.
- Finalizes the food menu and budget.
- Assigns IACWG members to the registration table.
- Posts blank Evaluation forms on the HSCB website to be downloaded by IACWG members for individual sessions.

AFTER THE TRAINING

- Tabulates the Evaluation Results and any IACWG recommendations for next year's training are included.
- Sends thank you letters with a copy of that session's evaluation results.

MISD ROOM CAPACITIES	35%	Total	A	B	C	D
Superior Room (60) + Michigan Room (54) <small>(with stage, tables and chairs): 60 + 54 = 114 Total</small>						
100C: 60/120, if chairs only						
Training Room 202: 48						
Training Room 203: 48						
Training Room 103B: 40						
Training Room 201B: 40						
Training Room 206: 40						
Training Room 103A: 32						
Training Room 201A: 32						
Training Room 205: 28						
Training Room 207A: 20						
Training Room 207B: 20						
100A: 60/120 if chairs only	Agency displays					
100B (middle room): 140/292	Agency displays					

CMH PREVENTION COORDINATOR

Responsibilities

1. Assists the Work Group Chair in the development of meeting agendas as needed.
2. Reports at Work Group meetings on potential workshop topics recommended by other HSCB work groups and any new services.
3. Edits the final copy of the Evaluation Results before HSCB Executive Council approval.
4. Places the Information Exchange Evaluation Report on the HSCB Executive Council meeting agenda.
5. Secures the check for the annual IACWG luncheon.
6. Submits approved expenses to Barbara Latronica on the Work Group Reimbursement Form. **(APPENDIX A - FORM 1)**

TRAINING CO-CHAIRS

Responsibilities

1. At the Inter-Agency Communications Work Group meetings, leads the discussion about the training.
2. Assures that the Work Group Planning Guide is updated which lists Work Group members responsibilities for the training (**APPENDIX A - FORM 2**) and sends a finalized electronic copy to the CMH Prevention Coordinator for posting on the HSCB website.
3. Communicates with Work Group members to assure the work assignments are being completed.
4. To be the point of first contact for the resolution of problems, and if a problem cannot be resolved easily, to contact the IACWG Chair for assistance.
5. As requested, attends an HSCB Executive Council meeting to report on the evaluation results.
6. Submits approved expenses to Barbara Latronica on the Work Group Reimbursement Form. (**APPENDIX A - FORM 1**)

REGISTRATION INFORMATION BROCHURE COORDINATOR

Responsibilities

1. Receives the break out session information from IACWG members and types the information into the brochure.
2. When the brochure is complete, forwards an editable electronic copy to the CMH Prevention Coordinator for approval by the HSCB and then distribution to HSCB Communication Liaisons and other service fields.
3. Submits approved expenses to Barbara Latronica on the Work Group Reimbursement Form. **(APPENDIX A - FORM 1)**

AGENCY DISPLAYS COORDINATOR **Responsibilities**

1. Updates the list of agencies in Macomb County that will be invited to provide an agency display at the Information Exchange. **(APPENDIX A - FORM 3)**
2. Sends an invitation letter/e-mail and registration form to agencies, informing them of the Information Exchange and inviting them to set up an agency display. **(APPENDIX A - FORM 4)**
3. Communicates with the Co-Chairs about the number and set up of the agency display. **(APPENDIX A - FORM 5)**
4. On the day of the Information Exchange, assigns tables to exhibitors.
5. Submits approved expenses to Barbara Latronica on the Work Group Reimbursement Form. **(APPENDIX A - FORM 1)**

EVALUATION COORDINATOR

Responsibilities

1. Updates, if necessary, the Evaluation form from previous Information Exchanges based on feedback from the Inter-Agency Communications Work Group members. **(APPENDIX A - FORM 5)**
2. Send .pdf copies of the blank Evaluation Form with the session number included for each session for the CMH Prevention Coordinator for posting on the HSCB website for download by IACWG members for their sessions.
3. Obtains a master list of registrants from the MISD online registration contact person for use in for compiling the results.
4. Assures that the Evaluation results are tabulated.
5. Reports on the Evaluation results at the IACWG meeting.
6. Maintains/stores the completed Evaluation Forms for a year.
7. Submits approved expenses to Barbara Latronica on the Work Group Reimbursement Form. **(APPENDIX A - FORM 1)**

SNACKS COORDINATOR

Responsibilities

Develops a menu and budget for food items, refer to prior year for items. (Suggested vendors: Costco or Sam's Club, Gordon Food Service, and Meijer) If you do not have a membership card to one of the membership-only warehouse clubs, ask an IACWG member.

1. Arranges for use of plastic tubs for ice and beverages, if needed.
2. Obtains ice from the MISD storage room on the morning of the training to use in plastic tubs to keep the beverages cold, if needed.
3. Arranges for pickup and delivery of snacks, beverages and supplies. Returns any unused snacks.
4. Arranges for the return of any containers with a deposit and forwards the money to Barbara Latronica at CMH for deposit in the HSCB account.
5. Submits approved expenses to Barbara Latronica on the Work Group Reimbursement Form. **(APPENDIX A - FORM 1)**

SESSION SCHEDULERS

Responsibilities

1. Contacts the panel members/presenters for the session and using the Information Exchange Telephone Contact Sheet (**APPENDIX A - FORM 2**) and completes the information for the session.
2. Sends a letter/e-mail confirming the panel presentation/breakout session and all information needed by the presenters. (**APPENDIX A - FORM 7**)
3. A few days before the training, contacts the presenters and confirms the number of persons who will be attending that session and re-confirms their session information, including any special needs such as audio/visual equipment.
4. The Evaluation Forms will be posted on the HSCB website: mhscb.mccmh.net Before the training, download the number needed for your tour. The number of registrants will be sent to you before the training.
5. Assures that Evaluation forms are collected after each session.
6. Assures that the presenter/panel members are welcomed at the site, directed to their room, and introduced before the session.
7. After the training, writes a thank you letter to the presenter/s with a copy of the evaluation results pertaining to that presentation and photos, if available. (**APPENDIX A - FORM 8**)
8. Submits all approved expenses to Barbara Latronica on the Work Group Reimbursement Form. (**APPENDIX A - FORM 1**)

**“SAVE THE DATE FLYERS”/
SIGNAGE COORDINATOR
Responsibilities**

1. Assures that a “Save the Date” pre-training flyer is designed and submitted to the CMH Prevention Coordinator for distribution to the HSCB Communication Liaisons and others on the e-mail group mail list.
2. Posts signage at the MISD on the morning of the training. Current signage in storage at CMH includes:

#	SIZE	SIGN INFORMATION
2	32 X 8½	“Registration”
2	47 X 11	“Welcome to the Inter-Agency Information Exchange”
3	31 X 8½	“Directional signs with arrows”
2	31 X 8½	“Agency Displays”
8	8½ X 11	“Evaluations”
16	8½ X 11	5 Minute Warning sign
16	8½ X 11	2 Minute Warning sign
30	8½ X 11	Restaurant list
8	8½ X 11	Directional signs to Michigan and Superior Rooms
8	8½ X 11	“Vending Machines” (Four have the arrow pointing to the right and 4 with the arrow pointing to the left.)
2	8½ X 11	“Evaluation”
5	8½ X 11	Registration Signs: “Last Name: A - D” “Last Name: E - H” “Last Name: I - L” “Last Name: M - P” “Last Name: Q - Z”

3. In cooperation with the IACWG representative from the MISD, arranges for three large print schedules with the names of the break out sessions and assigned room numbers for posting at the MISD.
4. Submits approved expenses to Barbara Latronica on the Work Group Reimbursement Form. ([APPENDIX A - FORM 1](#))

SITE/AV COORDINATOR **Responsibilities**

1. Reserves the rooms for the training using the MISD's room reservation forms/policy.
2. Confirms the A/V equipment with the MISD as requested by the speakers.
3. Arrives early on day of training to check on room arrangements.
4. A week ahead of the training, checks with the head of maintenance to confirm room arrangements.
5. Secures an easel at the MISD to use for the schedule poster.
6. Submits approved expenses to Barbara Latronica on the Work Group Reimbursement Form. **(APPENDIX A - FORM 1)**

MISD ONSITE REGISTRATION

Responsibilities

1. Greets attendees and asks them to sign in on the sign-in sheet.
2. If the attendee's name is not on the registration list, ask him/her to sign in on one of the blank spaces.
3. Directs participants to agency displays, sessions, and refreshments.
4. Offers participants a list of the local restaurants for lunch.
5. Answers questions about the training (e.g., location of bathrooms, room locations, etc.)
6. Submits approved expenses to Barbara Latronica on the Work Group Reimbursement Form. **(APPENDIX A - FORM 1)**

CONTINUING EDUCATION CREDITS (CEU) COORDINATORS

Responsibilities

SOCIAL WORK CEU APPLICATION PROCESS

The following list is information needed by the MCCMH Training Department to submit a request to the National Association of Social Workers (NASW) for Social Work Continuing Education credits (CEUs).

The NASW Continuing Education Rubric, Table 1A describes the criteria necessary to apply for Social Work CEUs and the American Psychological Association (APA) Bibliography Citations format to ensure the training qualifies for Social Work Continuing Education Units (CEUs). Those documents are posted at:

<http://mhscb.mccmh.net/Portals/0/CEU%20Rubric%20Table%201A%20Bibliography.pdf>

Completed documents must be received by the CMH Training Department **75 days prior to the date of the training.**

A completed copy of the NASW Application paperwork, including training objectives and a timed agenda, shall be sent to Laura Hitzelburger: laura.hitzelburger@mccmh.net and cc: Loren Klug: Loren.Klug@mccmh.net (N.B., *The NASW will only award CEU's for each hour of uninterrupted instruction. CEU's cannot be awarded for time spent on testing or the Q&A portion of the agenda.*)

Information in the application includes:

- A bibliography with a minimum of three references, **ALL** references must be in the APA format (A bibliography is part of the CEU application.) For APA format examples, go to: <http://mhscb.mccmh.net/Portals/0/CEU%20Rubric%20Table%201A%20Bibliography.pdf>.
 - Two of the three references must be from peer-reviewed journals or books
 - One of the journals or books cited must have been published in the last 5 years
 - A website can be used as a fourth reference only if it is a direct link to the topic being presented
- A copy of the presenter(s) resume or curriculum vitae. One is required for each person presenting.
- A sample of the Training Evaluation to be used at the training.
- A final copy of the information flyer promoting the training (The flyer must reflect how many CEU's are being granted and the MCCMH provider number; MiCEC-0038).
- A sample Certificate of Completion (This certificate must reflect how many CEU's are being granted and the MCCMH provider number: MiCEC-0038). This Certificate is the responsibility of the CMH Training Department.

SIGN-IN SHEETS FOR SESSIONS WITH SOCIAL WORK CEUs

The CMH Training Center will supply the sign-in/out sheets for sessions offering Social Work CEUs and forward them to the CMH Prevention Coordinator or designee for use at the trainings.

SOCIAL WORK CEU CERTIFICATES

The CMH Training Center will design the certificate and fill in the name of the person receiving the Social Work CEU Certificates. As the CMH Training Center needs to have a copy of list of registrants for the Social Work CEUs two weeks before the training to pre-print certificates, Laura Hitzelburger from the CMH Training Department has permission to contact the MISD Webmaster to request that information.

When the certificates are completed by the CMH Training Department, they will be delivered to the CMH Prevention Coordinator at CMH Administration, 22550 Hall Road, Clinton Township, MI 48036. The Prevention Coordinator will make arrangements to have the certificates available before or at the trainings.

WALK-INS

The Inter-Agency Communications Work Group will be responsibly to assure that walk-ins sign in at the session. These walk-in sign-in sheets shall be return to the IACWG Evaluation Coordinator as the information is included in the training evaluation.

WALK-IN CEU CERTIFICATES

The CMH Training Department will not be able to print CEU Certificates with the attenders name on it for the walk-ins on the day of the training. After receiving the list of walk-ins after the training, the CMH Training Department will print those Certificates and send them to the CMH Prevention Coordinator who will be responsible for distributing them to the walk-ins. County employees will receive their certificate via the inter-departmental mail service. The others will be sent via U.S. mail.

The IACWG member responsible for the SW CEU session on the day of the training needs to announce that attenders/walk-ins who do not sign out will not get a certificate. The recommended ratio of IACWG members giving out the certificates to the attenders is: 1:25.

EVALUATION FORMS:

The IACWG member responsible for a session shall return all completed Evaluation Forms to the IACWG Evaluation Coordinator or designee so the results may be tabulated.

After tabulation, and only for sessions offering Social Work CEUs, the Evaluation Coordinator or designee shall be responsible for sending the originals of all of the following forms to the CMH Training Department:

- The originals of the completed sign-in sheets
- A copy of the Evaluation Results
- Any handouts provided that were not submitted prior to the training (*Try to avoid this, as all training materials are required to be on file prior to submitting the application*).

CMH CHILDREN'S HOURS APPLICATION PROCESS

The state mandates that certain CMH employees need 24 CMH Children hours annually: Twelve (12) hours need to be face-to-face. The other twelve (12) of these credits can be online.

CMH gives the credits and there is no application process; only a summary of the presentation is needed. Eligible hours must target diagnosis, assessment or treatment intervention for children or services an agency provides that are available to youth.

SIGN-IN SHEETS

For sessions offering CMH Children's Hours, the Inter-Agency Communications Work Group will provide the sign-in sheets. These sign-in sheets are generated by the MISD from the online registration site and are sent to the CMH Evaluation Coordinator prior to the training.

After the training, all the original sign-in sheets are given to the IACWG Evaluation Coordinator as they are needed for the Evaluation Results.

After the Evaluation Results are tabulated, the Evaluation Coordinator or designee will be responsible for sending the original sign-in sheets for all sessions offering CMH Children's hours to the CMH Training Department.

CERTIFICATES OF ATTENDANCE

The Inter-Agency Communications Work Group will be responsible to design and provide Certificates of Attendance for sessions offering CMH Children's hours. A Certificate of Attendance has already been designed by the Inter-Agency Communications Work Group.

It will be the responsibility of the attender to write in his/her own name on the certificate. These certificates will be distributed to the attenders at the end of the session by the IACWG member/s responsible for the session after the attender has turned in their Evaluation Form.

EVALUATION FORMS

The IACWG will supply the Evaluation Forms for sessions offering CMH Children's Hours.

The IACWG member responsible for a session shall download blank copies from the HSCB website, distribute them at the session, collect them at the end of the session and then return all completed Evaluation Forms to the IACWG Evaluation Coordinator or designee so the results may be tabulated.

MCBAP (CADC/CPS/CPC) APPLICATION PROCESS

The contact person for MCBAP hours is Dawn Radzioch, MCOSA Prevention Coordinator, dawn.radzioch@mccmh.net

Prior to Training

- Discuss with MCOSA staff if the training qualifies for substance abuse contact hours
- Obtain a copy of the speaker's Curriculum Vita/resume or bio
- Submit objectives that indicate substance is part of the training

After the training

- Secure a copy of the signed "sign-in sheet" (MCOSA needs to know who attended.)
- Secure a copy of Evaluation Results and tally if participants learned anything / was it effective in their opinion)
- Secure copies of any handouts provide to participants (all materials used to train)
- Submit the name of the person who contacted MCOSA:
- Submit the name of the agency that is offering the training

Phone _____ Email _____

MCOSA will create the MCBAP certificate which will include:

- MCOSA's name as a sponsor or co-sponsor
- Number of substance abuse contact hours
- Authorized Signature of either MCOSA or the name of the collaborating agency
- Name of the person attending (can be handwritten or pre-printed) but the person must have signed into the session on the official training sign-in sheet
- Name of training
- Date of training

Copies of the training Evaluation Forms are given to the IACWG Evaluations Coordinator who will forward a copy of the Evaluation Results from sessions offering MCBAP CEUs to Dawn Radzioch.

APPENDIX A - FORM 1
REIMBURSEMENT FORM

**MACOMB COUNTY HUMAN SERVICES COORDINATING BODY
WORK GROUP REIMBURSEMENT FORM**

Work Group:	
Training:	
Name:	
Agency:	
Address:	
C/S/Z	
Telephone	
COSTS TO BE REIMBURSED	
Item	Cost
TOTAL	

Signature _____ Date _____

Attach receipt(s) and mail to: Barbara Latronica
MCCMH
22550 Hall Road
Clinton Township, MI 48036
(586) 469-5263

Make and retain a copy of this form and all your receipts before submitting for reimbursement.

APPENDIX A - FORM 2

PLANNING GUIDE

(YEAR) HSCB INTER-AGENCY INFORMATION EXCHANGE PLANNING GUIDE

Date

Training Coordinators:

Theme:

Schedule Agency Displays

Order Refreshments

Design Registration form

Site Scheduling

“Save the Date” flyer

Signage

Evaluation form

Compile Evaluation Results

Registration Table

Restaurant List

Decorations

Clean Up

TIME	#	TITLE OF SESSION	IACWG SCHEDULER	IACWG SESSION MONITOR
9:00-10:15 A.M.	A-1			
9:00-10:15 A.M.	A-2			
9:00-10:15 A.M.	A-3			
9:00-10:15 A.M.	A-4			
10:30-11:45 A.M.	B-1			
10:30-11:45 A.M.	B-2			
10:30-11:45 A.M.	B-3			
10:30-11:45 A.M.	B-4			
1:15-2:30 P.M.	C-1			
1:15-2:30 P.M.	C-2			
1:15-2:30 P.M.	C-3			
1:15-2:30 P.M.	C-4			
2:45-4:15 P.M.	D-1			
2:45-4:15 P.M.	D-2			
2:45-4:15 P.M.	D-3			
2:45-4:15 P.M.	D-4			

APPENDIX A - FORM 3

NORTHERN MACOMB COUNTY

AGENCY	CONTACT
The Aud 68931 Main St. Richmond MI 48062 (586) 430-1039	Kelley Osterman, Director (810) 602-4062 regionalyouth@comcast.net
Boys and Girls Club 14975 21 Mile Road Shelby Township, MI 48315	Jason Crute, Club Director (586) 566-5516
Community Action Center - North 59057 Gratiot New Haven, MI 48048-2057	Tracy O'Connor, Supervisor (586) 469-7359
Community First Health Services <i>(formerly Downriver Community Services)</i> 57737 Gratiot P.O. Box 480430 New Haven, MI 48048-0430	(586) 749-5173
Harbor Oaks Hospital 35031 23 Mile Road New Baltimore, MI 48047	Judy Schiop, Supervisor (586) 725-5777
Haven Place 58575 Main Street New Haven, MI 48048	Dawn O'Connor or Tina Nagy (586) 484-8540 havenplaceinc@gmail.com
Liberties North 22754 Macomb Industrial Drive Clinton Township, MI 48036 (586) 954-1590	Mark Madurski, Director (586) 954-1590 Mark.Madurski@mail1.mccmh.net
Macomb County Crisis Center (Confidential Location)	Director (586) 948-0224
Macomb Family Services - Romeo 124 W. Gates, Suite 103 Romeo, MI 48063	(586) 752-9696
Macomb Family Services 57737 Gratiot New Haven, MI 48048	Owen Phaentner, Director (586) 752-9696
Macomb Regional Correctional Facility P.O. Box 4809934625 34625 26 Mile Rd. New Haven, MI 48048	Hugh Wolfenbarger, Warden (586) 749-4900

New Haven Adolescent Health Clinic 57737 Gratiot Ave. New Haven, MI 48048	(586) 749-5173
New Haven Medical Clinic 57737 Gratiot Ave. New Haven, MI 48048	(586) 749-5173
Sacred Heart Rehabilitation Center 400 Stoddard P.O. Box 40138 Memphis, MI 48041	John Sass, President & CEO (586) 804-SHRC
Samaritan House 62324 Van Dyke Washington, MI 48094	(586) 336-9956 (586) 336-9288 (Clinic) samaritanhouse@sbcglobal.net
STARBASE at Selfridge Air National Guard Selfridge ANGB, MI 48045	(586) 239-4884

CENTRAL MACOMB COUNTY

AGENCY	CONTACT
Abigayle's Place 12313 Nineteen Mile Road Sterling Heights, MI 48313	(586) 323-1411 abigayles@abigayleministries.org
ACCESS 4301 E. 14 Mile Sterling Heights, MI 48310	(586) 722-6036
A Friend's House Adult Day Care 16931 Nineteen Mile Road, Suite 140 Clinton Twp., MI 48038	(586) 412-8494
Amelia Agnes Transitional Home for Women and Children 42960 Ryan Sterling Heights, MI 48314	Kara Black, (586) 323-7066
Animal Control 21417 Dunham Rd Clinton Township, MI 48036 (586) 469-5115	(586) 469-5115
Arc Services of Macomb 44050 Gratiot Clinton Twp., MI 48036	(586) 469-1600
Big Family of Michigan 23500 Pare Street St. Clair Shores, MI 48080	John Iras, President and Chief Operating Officer (586) 415-6968
Bozymowski School 11870 Eldorado Sterling Hgts., MI 48312	(586) 939-5391
Mt. Clemens Regional Medical Center a McLaren Health Service 1000 Harrington Blvd. Mount Clemens, MI 48043	(586) 493-8000
Henry Ford Macomb Hospital 15855 Nineteen Mile Road Clinton Township, MI 48038	(586) 263-2300

<p>Birthright of Macomb 45464 Van Dyke Utica, MI 48317</p> <p><u>Mailing address</u> P.O. Box 180612 Utica, MI 48318</p>	<p>Rosalie, Supervisor (586) 254-5930</p>
<p>Care House 131 Market Dr. Mt. Clemens, MI 48043</p>	<p>Dorie Vazquez-Nolan, Director (586) 463-0123 doriev@mccarehouse.org</p>
<p>Catholic Charities of SE Michigan P.O. Box 380290 15945 Canal Rd Clinton Twp., MI 48038</p>	<p>(586) 416-2300</p>
<p>CARE of SE Michigan 31900 Utica Road Fraser, MI 48026</p>	<p>Monique Stanton, Director (586) 541-0033 mstanton@careofsem.com</p>
<p>Clinton Counseling Center 2 Crocker Blvd. Mt. Clemens, MI 48043</p>	<p>(586) 468-2266</p>
<p>Clinton Counseling Center - Jail Program 43565 Elizabeth Mt. Clemens, MI 48043</p>	<p>Director (586) 307-9463</p>
<p>Community Action Center - Central 21885 Dunham Clinton Twp, MI 48036</p>	<p>(586) 469-6964</p>
<p>Community Care Center (MCCMH) 6555 15 Mile Sterling Heights 48312</p>	<p>(586) 948-0222</p>
<p>Comprehensive Youth Services 2 Crocker Blvd. Mt. Clemens, MI 48043</p>	<p>Jeff Oldham, Director (586) 463-7079 joldhamcys@yahoo.com</p>
<p>Compassion Pregnancy 37540 Gratiot, Suite 100 Clinton Twp, MI 48036</p>	<p>Kathy Bazza (586) 786-2229 kathyb@compassionpregnancy.org</p>
<p>Communications and Tech Center (COMTECH) 117 S. Groesbeck Highway Mt. Clemens, MI, 48043</p>	<p>(586) 493-6700 comtec@macombgov.org</p>

Community Housing Network 196 North Rose Mt. Clemens, MI 48043	(586) 282-9730
Crawl, Walk, Jump, Run 42804 Garfield Clinton Twp., MI 48038	Stephanie Serafimovski, owner (586) 323-2957
Creuse Connection Student-Run Restaurant L'Anse Creuse High School 24600 F.V. Pankow Bldg. Clinton Twp., MI 48036	Dave McNarmara, Commercial Foods Instructor (586) 783-6570
Dial-A-Ride 97 Eldridge Mt. Clemens, MI 48043	John Cody, Supervisor (586) 469-7433
Disability Network Oakland and Macomb 1709 John R Rd. Troy, MI 48083	Kellie Boyd, Executive Director (586) 268-4160 ext. 6604 mboyd@dnom.org
Easter Seals Administrative Office 2387 E. Walton Blvd. Auburn Hills, MI 48326	(248) 475-6400
Eastwood Clinics 35455 Garfield, Suite C Clinton Twp., MI	Andy Konwiak/Steve Kendella (586) 792-5335
Family Youth Interventions 418 Cass Mt. Clemens, MI 48043	Jolyne Baarck, Director (586) 465-1212 jbaarck@familyyouth.com
Department of Health and Human Services - Mt. Clemens 21885 Dunham Clinton Twp., MI 48036	Bernell Wiggins, District Manager (586) 469-7700
FIRST - North 43740 Groesbeck Clinton Twp., MI 48036	(586) 469-7629
Girl Scouts of SE Michigan - Macomb office 42800 Garfield Rd Clinton Township, MI 48038	Susan Higuchi (586) 263-0220
Good Shepherd Coalition 196 North Rose Mt. Clemens, MI 48043	Karen Rothenhauser (586) 307-8888
Habitat for Humanity 46660 Van Dyke Shelby Township, MI 48317	(586) 263-1540

Hands Across the Water (Adoption and Foster Care) 148 S. Main Mt. Clemens, MI 48043	Kristen Wolf (586) 231-0237 kwolfhatw.org
Juvenile Court 380 N. Rose Mt. Clemens, MI 48043	Rhonda Westphal, Director (586) 469-5375 rhonda.westphal@macombgov.org
King Center 24455 Crocker Blvd. Mt. Clemens, MI 48043	Lisa Lockridge, Director (586) 463-7130
Lakeshore Legal Aid 32 Market Street, Suite 2 Mt. Clemens, MI 48043 (586) 469-5185	
Legal Aid & Defender Association, Inc. 28 N. Saginaw, Ste. 510 Pontiac, MI 48342 (248) 253-1548 ext. 4003 <u>MACOMB OFFICE:</u> (586) 465-1344 ext. 5002	Managing Attorney/Oakland and Macomb Staff Offices (586) 465-1344 ext. 5002
Liberties, Inc. 26345 Gratiot Avenue Roseville, MI 48066-5107	(586) 777-8094
Macomb Alano Center 20900 Cass Ave. Clinton Twp., MI 48036	Bruce Knight, Manager (586) 465-3151
Macomb Art Center 125 Macomb Place Mt. Clemens, MI 48043	(586) 469-8666
Macomb Community Action 21885 Dunham Clinton Twp., MI 48036	Ernest Cawvey, Director (586) 469-6999
Macomb County Family Resource Center <i>(Coordinated by Macomb Community Action)</i> 196 N. Rose Street Mt. Clemens, MI 48043	Macomb Community Action (586) 469-6964 mca@macombgov.org
Macomb County Health Dept. 43525 Elizabeth Road Mt. Clemens, MI 48043	Bill Ridella, Director/Health Officer (586) 469-5354 bill.ridella@macombgov.org

Macomb County Jail 43565 Elizabeth Mt. Clemens, MI 48043	Sheriff Anthony Wickersham (586) 469-5151
Macomb County Juvenile Justice Center 40 N. Rose Mt. Clemens, MI 48043	Rhonda Westphal (586) 469-5375 rhonda.westphal@macombgov.org
Macomb Family Services 2 Crocker Mt. Clemens, MI 48043	Owen Phaentner, Director (586) 468-2656
Macomb Literacy Partners 16480 Hall Rd. Clinton Twp., MI 48038	Alisa Diez (586) 286-2750 read@macombliteracy.org
MCREST 20415 Erin Roseville, MI 48066	Trish Pearce (586) 415-5101
Macomb YMCA 10 North River Road Mt. Clemens, MI 48043	(586) 468-1411
MedStar Ambulance 380 N. Gratiot Clinton Township, MI 48036	Susan Burkhardt (586) 783-0551
MI Dept. of Career Dev't 37500 Garfield Clinton Twp., MI 48036	Deb Bouts, Director (586) 412-1510 BoutsD@michigan.gov
Mount Clemens Regional Medical Center <i>(formerly Mt. Clemens General Hospital)</i> a McLaren Health Service 1000 Harrington Blvd. Mount Clemens, MI 48043	Bobette Dodge, Marketing Development Specialist (586) 493-3540 or (586) 493-3546
MSU Extension 21885 Dunham Clinton Twp., MI 48036	Richard Wooten, Regional Director (586) 469-5180 wooten@anr.msu.edu
Michigan Works! 43630 Hayes, Suite 100 Clinton Township, MI 48038-1030	(586) 263-1501 (586) 286-9517
Morgue 43525 Elizabeth Rd. Mt. Clemens, MI 48043	Sherry Huntley (586) 469-5214
MISD 44001 Garfield Clinton Twp., MI 48038	Michael DeVault, Superintendent (586) 228-3300

MISD/ <i>Early On</i> 44001 Garfield Clinton Township, MI 48038	Denise Uhouse, <i>Early On</i> Coordinator (586) 228-3463 duhouse@mysd.net
Ismail B. Sendi, MD, MS New Oakland Child, Adolescent and Family 42621 Garfield, Suite 101 Clinton Township, MI 48038	Ismail B. Sendi, MD, MS President and Executive Medical Director (586) 412-5321
MyCare Health Center 43740 N. Groesbeck Clinton Township, MI 48036	(586) 783-5460
Neighbors Caring for Neighbors 15420 Nineteen Mile Clinton Twp., MI 48038	(586) 649-6104
New Passages 279 North Groesbeck Mt Clemens, MI	(586) 627-0024
Northland Family Planning Clinic 3810 Seventeen Mile Rd, Suite 1 Sterling Heights, MI 48310	Kelley, Supervisor (586) 263-7880
Orchards Children's Services 42140 Van Dyke, Suite 2006 Sterling Hgts., MI 48314	Lisa Rastigue (586) 997-3886
Planning and Economic Development One South Main, 7 th Floor Mt. Clemens, MI 48043	John Paul Rea, Director (586) 469-5285
Offender Success 18 Market St. Mt. Clemens, MI 48043	Paula Keena (586) 468-7044 pkeena@macomb-stclairworks.org
Project Find/MISD 44001 Garfield Clinton Township, MI 48038	Carmen Juliá García (586) 228-3463
Prosecuting Attorney's Office 1 S. Main, 4 th Floor Mt. Clemens, MI 48043	Eric Smith, Prosecuting Attorney (586) 469-5350
The Refuge 43556 N. Gratiot Ave. Clinton Twp. MI 48036	Heath Achatz (586) 463-7338 hachatz@familyyouth.com
The Resolution Center 176 S. Main St., Suite 2 Mount Clemens, MI 48043	Craig Pappas, Director (586) 469-4714 (800) RESOLVE cpappas@theresolutioncenter.com
Salvation Army 34 Grand Ave. P.O. Box 330 Mt. Clemens, MI 48043	Janet Reseigh, Supervisor (586) 469-6712

Second Hand Rose (owned by Turning Point) 158 S. Main Mt Clemens, MI 48043	(586) 463-3083
Senior Citizen Legal Aid 21885 Dunham Clinton Twp., MI 48036	Tom Hartwig, Director (586) 469-6406
Office of Senior Services 21885 Dunham Clinton Twp., MI 48036	Kristie King, Director (586) 469-6999 kristie.king@macombgov.org
SMART Services 22900 15 Mile Road Clinton Township, MI 48038	Fred Barbret (586) 421-6555 fbarbret@smartbus.org
Social Security Administration 26200 21 Mile Rd Chesterfield, MI 48051	Dan Bowman (866) 303-3189 ext. 29338 daniel.bowman@ssa.gov
Specialized Residential Services (CMH) 21885 Dunham, Suite 1 Clinton Twp., MI 48036	(586) 469-5950
Turning Point P.O. Box 1123 Mt. Clemens, MI 48046-1123	Sue Coats, Director (586) 463-4430 scoats@turningpointinc.com
Urgent Behavioral Health Center 43800 Garfield Clinton Township, MI 48038	Marianne Frazho (586) 466-6222 Marianne.Frazho@mccmh.net
Veterans Affairs 21885 Dunham Clinton Twp., MI 48036	Laura Rios, Chief (586) 469-6507 laura.rios@macombgov.org
Veteran Center 42621 Garfield Rd., Suite 105 Clinton Township, MI 48038	Katie Page (586) 412-0107 katherine.page@VA.gov
Women, Infant and Children (WIC) 21885 Dunham Clinton Township, MI 48036	Martha Brooks (586) 469-5471 martha.brooks@macombcountymi.gov
Youth Mentor Program (MSUE) 21885 Dunham Clinton Township, MI 48036	Jan Gwozdz (586) 469-7620 jan.gwozdz@macombcountymi.gov

SOUTHERN MACOMB COUNTY

AGENCY	CONTACT
Alcohol Highway Safety 32100 Utica Rd., Suite 200 Fraser, MI 48026-2241	Chris Lineberger, Executive Director (586) 293-4650 chris@trafficsafetymacomb.org
American Red Cross 13260 Eleven Mile Road Warren, MI 48089 <i>The office in Warren was closed. The blood donor center & classrooms are still there.</i>	Rose Hirsch, Director of Volunteer Services Carrieece Williams, Macomb Blood Donor Center
Autistic Society of America P.O. Box 182186 Shelby Township MI 48318-2186	Annette Duda, President (586) 447-2235 (Main Phone) mi-macombsaintclair@autismsocietyofamerica.org Website: http://www.macombasa.org/
Dragon Café 35100 Little Mack Clinton Twp., MI 48043	George Mulfroid (586) 791-6300, ext. 243
Community Action Center - South 22856 Dequindre Warren, MI 48091	(586) 759-9150
Eastside Alano 11487 E. Nine Mile Road Warren, MI 48089	(586) 757-9123
Eastside Teen Outreach	Doug and Deena Trocino (586) 447-8336 (Office) Doug Mobile: (586) 260-8323 doug@eastsideteenoutreach.org Deena Mobile: (586) 260-8510 deena@eastsideteenoutreach.org
Eastwood Clinics Eastwood Plaza 20811 Kelly Rd. Eastpointe, MI	(586) 445-2210
Department of Health and Human Services 29600 Civic Center Drive Warren, MI 49093	(586) 573-2300
FIRST SE 25401 Harper St. Clair Shores, MI	(586) 466-6912

FIRST SW 3701 Thirteen Mile Warren, MI 48092	(586) 274-0200
Gianna House 21357 Redmond Ave. Eastpointe, MI 48021	Sr. Theresa Mayrand (586) 445-0440
Green Path Debt Solutions 27085 Gratiot, Suite 103 Roseville, MI 48066	Dorothy Barrick www.greenpath.com
Guest Community Center 16221 Frazho Roseville, MI 48066	(586) 445-5597
Health Department 29600 Civic Center Drive Warren, MI 48039	(586) 573-2090
Health Department 25401 Harper St. Clair Shores, MI 48080	(586) 573-2090
Inter-faith Center for Racial Justice 8075 Ritter Center Line, MI 48015	Karen Curro (586) 463-3675 icrj_office@att.net
Judson Center 12220 13 Mile Road Warren, MI 48088	Regional Director, Macomb County (586) 573-1811
Lakeshore Family YMCA 23401 E. Jefferson St. Clair Shores, MI 48080	(586) 778-5811 ext. 205
Leaps and Bounds 8139 Packard Warren, MI 48089	Denise Dorsz (586) 863-3010 psri@comcast.net
Liberties South 26345 Gratiot Avenue Roseville MI 48066 (586) 776-9565	Antoinette Hook, Director (586) 777-8096
Lupus Foundation of America - MI Chapter 26507 Harper St. Clair Shores, MI 48081	Thomas Roberts (586) 775-8310
M-Tech 7900 Tank Ave. Warren, MI 48089 (586) 498-4100	

MISD School Health Programs MISD 44001 Garfield Clinton Twp., MI 48038	School Health Coordinator (586) 228-3489
Macomb Community College - South 14500 E. 12 Mile Road Warren, MI 48093-3896	
Macomb Hospital Center 11800 12 Mile Road Warren, MI 48093	(586) 573-5000
MORC 16200 19 Mile Road Clinton Twp., MI 48038	(586) 263-8700
MATTS (Salvation Army) 24140 Mound Rd. Warren, MI 48091	Misty Authier (586) 755-5191
Michigan Counseling Services 23700 Van Dyke Warren, MI 48091	Anthony Clemente, Executive Director (586) 758-6670
Michigan Works! Service Center 15950 12 Mile Rd. Roseville, MI 48066	(586) 447-9200
Mt. Calvary Lutheran Church 8129 Packard Ave. Warren, MI 48089 <i>(Also home to Leaps and Bounds)</i>	secretary@mtcalvaryelca.org
New Passages 175 N. Groesbeck Mt. Clemens, MI 48043	(586) 477-4067
Planned Parenthood 29350 Van Dyke Warren, MI 48091	Sherry Bell Director of Development (586) 558-0101
Ray of Hope Day Center for the Homeless 14933 Nine Mile Road Eastpointe, MI48021	Kathy Goodrich, Executive Director (586) 218-7173 or (586) 321-0998 kmac0212@wowway.com
St. John Macomb - Oakland Hospital <i>(formerly South Macomb Hospital)</i> 11800 E. 12 Mile Rd. Warren, MI 48093	(586) 573-5000

Samaritan House 62324 Van Dyke Washington, MI 48094	(586) 336-9956 samaritanhouse@sbcglobal.net
Sensory Systems 30801 Jefferson St. Clair Shores, MI 48082	Sandy Glovak, Director (586) 293-7553 odra@aol.com
SHAR, Inc. Self Help Addiction Rehabilitation, Inc. 6902 Chicago Rd. Warren, MI 48092	Robert Connolly, CEO (586) 983-2670 ext. 151 rconnolly@sharinc.org
SE Michigan Indians, Inc. 26641 Lawrence Center Line, MI 48015	Sue Franklin (586) 756-1350 semii1975@yahoo.com
Teen Health Center Fitzgerald Schools 23200 Ryan/9 Mile Warren, MI 48091	(586) 759-9070
The Lake House 23500 Pare Street, Suite 1 St. Clair Shores, MI 48080	Madeline Bialecki, Executive Director (586) 777-7761 director@milakehouse.org
Thompson Family Resource Center 11370 Hupp Ave. Warren, MI 48089	(586) 758-8300
Veterans Village of Hope Volunteers of America Warren 3940 Toepfer, Apt. 3 Warren, MI 48091	Althea Kyles (586) 576-2070 akyles@voami.org
Vets Returning Home 17955 E. 11 Mile Road Warren, MI 48066	Sandy Bauer, Director (586) 285-5606 (586) 216-8510 (cell) info@vetsreturninghome.com
Visiting Nurses Association 22634 Madison St. Clair Shores, MI 48081	Marge Hall, Supervisor (800) 882-5720

CENTRAL MACOMB COUNTY

AGENCY	CONTACT
Abigayle's Place 12313 Nineteen Mile Road Sterling Heights, MI 48313	(586) 323-1411 abigayles@abigayleministries.org
A Friend's House Adult Day Care 16931 Nineteen Mile Road, Suite 140 Clinton Twp., MI 48038	(586) 412-8494
Amelia Agnes Transitional Home 42960 Ryan Sterling Heights, MI 48314	Kara Black, (586) 323-7066
Animal Control 21417 Dunham Rd Clinton Township, MI 48036 (586) 469-5115	(586) 469-5115
Arc Services of Macomb 44050 Gratiot Clinton Twp., MI 48036	(586) 469-1600
Big Family of Michigan 23500 Pare St. St Clair Shores, MI 48080	John Iras, President and COO (586) 415-6968 (248) 561-3532
Bozymowski School 11870 Eldorado Sterling Hgts., MI 48312	(586) 939-5391
McLaren Health Care 1000 Harrington Blvd. Mount Clemens, MI 48043	(586) 493-8000
Henry Ford Macomb Hospital 15855 Nineteen Mile Road Clinton Township, MI 48038	(586) 263-2300
Birthright of Macomb 45464 Van Dyke Utica, MI 48317 <u>Mailing address</u> P.O. Box 180612 Utica, MI 48318	Rosalie, Supervisor (586) 254-5930
Care House 131 Market Dr. Mt. Clemens, MI 48043	Dorie Vazquez-Nolan, Director (586) 463-0123 doriev@mccarehouse.org

Catholic Charities of SE Michigan P.O. Box 380290 15945 Canal Rd Clinton Twp., MI 48038	(586) 416-2300
CARE of SE Michigan 31900 Utica Road Fraser, MI 48026	Monique Stanton, Director (586) 541-0033 mstanton@careofsem.com
Clinton Counseling Center 2 Crocker Blvd. Mt. Clemens, MI 48043	(586) 468-2266
Clinton Counseling Center - Jail Program 43565 Elizabeth Mt. Clemens, MI 48043	Director (586) 307-9463
Community Action Center - Central 21885 Dunham Clinton Twp, MI 48036	(586) 469-6964
Community Care Center (MCCMH) 6555 15 Mile Rd. Sterling Heights 48312	(586) 948-0222
Comprehensive Youth Services 2 Crocker Blvd. Mt. Clemens, MI 48043	Jeff Oldham, Director (586) 463-7079 joldhamcys@yahoo.com
Compassion Pregnancy 37540 Gratiot, Suite 100 Clinton Twp, MI 48036	Kathy Bazza (586) 786-2229 kathyb@compassionpregnancy.org
Communications and Tech Center (COMTECH) 117 S. Groesbeck Highway Mt. Clemens, MI, 48043	(586) 493-6700 comtec@macombgov.org
Community Housing Network c/o Macomb Family Resource Center 196 N. Rose Mt. Clemens, MI 48043	(586) 282-9730
Crawl, Walk, Jump, Run 42804 Garfield Clinton Twp., MI 48038	Stephanie Serafinovski, owner (586) 323-2957
Creuse Connection Student-Run Restaurant L'Anse Creuse High School 24600 F.V. Pankow Bldg. Clinton Twp., MI 48036	Dave McNarmara, Commercial Foods Instructor (586) 783-6570

Dial-A-Ride 97 Eldridge Mt. Clemens, MI 48043	John Cody, Supervisor (586) 469-7433
Disability Network Oakland and Macomb 1709 John R Rd. Troy, MI 48083	Kellie Boyd, Executive Director (586) 268-4160 ext. 6604 mboyd@dnom.org
Easter Seals Administrative Office 2387 E. Walton Blvd. Auburn Hills, MI 48326	(248) 475-6400
Eastwood Clinics 35455 Garfield, Suite C Clinton Twp., MI	Andy Konwiak/Steve Kendella (586) 792-5335
Family Youth Interventions 418 Cass Mt. Clemens, MI 48043	Jolyne Baarck, Director (586) 465-1212 jbaarck@familyyouth.com
Department of Health and Human Services - Mt. Clemens 21885 Dunham Clinton Twp., MI 48036	Bernell Wiggins, District Manager (586) 469-7700
FIRST - North 43740 Groesbeck Clinton Twp., MI 48036	(586) 469-7629
Girl Scouts of SE Michigan - Macomb office 42800 Garfield Rd Clinton Township, MI 48038	Susan Higuchi (586) 263-0220
Good Shepherd Coalition 196 North Rose Mt. Clemens, MI 48043	Karen Rothenhauser (586) 307-8888
Habitat for Humanity 46660 Van Dyke Shelby Township, MI 48317	(586) 263-1540
Hands Across the Water (Adoption and Foster Care) 148 S. Main Mt. Clemens, MI 48043	Kristen Wolf (586) 231-0237 kwolfhatw.org
Juvenile Court 380 N. Rose Mt. Clemens, MI 48043	Rhonda Westphal, Director (586) 469-5375 rhonda.westphal@macombgov.org

King Center 24455 Crocker Blvd. Mt. Clemens, MI 48043	Lisa Lockridge, Director (586) 463-7130
Lakeshore Legal Aid 32 Market Street, Suite 2 Mt. Clemens, MI 48043	(586) 469-5185 (888) 783-8190 (Advocacy line)
Legal Aid & Defender Association, Inc. 613 Abbot St. Detroit, MI 48226	(313) 967-5555
Liberties, Inc. 26345 Gratiot Avenue Roseville, MI 48066-5107	(586) 777-8094
Macomb Alano Center 20900 Cass Ave. Clinton Twp., MI 48036	Bruce Knight, Manager (586) 465-3151
Macomb Art Center 125 Macomb Place Mt. Clemens, MI 48043	(586) 469-8666
Macomb Community Action 21885 Dunham Clinton Twp., MI 48036	Vacant, Director (586) 469-6999
Macomb County Health Dept. 43525 Elizabeth Road Mt. Clemens, MI 48043	Bill Ridella, Director/Health Officer (586) 469-5354 bill.ridella@macombgov.org
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MCREST 20415 Erin Roseville, MI 48066	Trish Pearce (586) 415-5101

Macomb YMCA 10 North River Road Mt. Clemens, MI 48043	(586) 468-1411
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MSU Extension 21885 Dunham Clinton Twp., MI 48036	Ed Scott, Regional Director (586) 469-5180
Michigan Works! 43630 Hayes, Suite 100 Clinton Township, MI 48038-1030	(586) 263-1501 (586) 286-9517
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New Passages 279 North Groesbeck Mt Clemens, MI	(586) 627-0024

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Planning and Economic Development One South Main, 7th Floor Mt. Clemens, MI 48043	John Paul Rea, Director (586) 469-5285
Play-Place for Autistic Children 41105 Technology Park Dr. Sterling Heights, 48314	
Project Find/MISD 44001 Garfield Clinton Township, MI 48038	Carmen Juliá García (586) 228-3463
Prosecuting Attorney's Office 1 S. Main, 4th Floor Mt. Clemens, MI 48043	Eric Smith, Prosecuting Attorney (586) 469-5350
The Refuge 43556 N. Gratiot Ave. Clinton Twp. MI 48036	Heath Achatz (586) 463-7338 hachatz@familyyouth.com
The Resolution Center 176 S. Main St., Suite 2 Mount Clemens, MI 48043	Craig Pappas, Director (586) 469-4714 or (800) RESOLVE cpappas@theresolutioncenter.com
Salvation Army 34 Grand Ave. P.O. Box 330 Mt. Clemens, MI 48043	Janet Reseigh, Supervisor (586) 469-6712
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Office of Senior Services 21885 Dunham Clinton Twp., MI 48036	Ernest Cawvey, Director (586) 469-6999

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Urgent Behavioral Health Center 43800 Garfield Clinton Township, MI 48038	Marianne Frazho (586) 466-6222 Marianne.Frazho@mccmh.net
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Veteran Center 42621 Garfield Rd., Suite 105 Clinton Township, MI 48038	Katie Page (586) 412-0107 katherine.page@VA.gov
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Youth Mentor Program (MSUE) 21885 Dunham Clinton Township, MI 48036	Jan Gwozdz (586) 469-7620 jan.gwozdz@macombcountymi.gov

SOUTHERN MACOMB COUNTY

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American Red Cross 13260 Eleven Mile Road Warren, MI 48089 <i>The office in Warren was closed. The blood donor center & classrooms are still there.</i>	Rose Hirsch, Director of Volunteer Services Carrieece Williams, Macomb Blood Donor Center
Autistic Society of America P.O. Box 182186 Shelby Township MI 48318-2186	Annette Duda, President (586) 447-2235 (Main Phone) mi-macombsaintclair@autismsocietyofamerica.org Website: http://www.macombasa.org/
Dragon Café 35100 Little Mack Clinton Twp., MI 48043	George Mulfroid (586) 791-6300, ext. 243
Community Action Center - South 22856 Dequindre Warren, MI 48091	(586) 759-9150
Eastside Alano 11487 E. Nine Mile Road Warren, MI 48089	(586) 757-9123
Eastside Teen Outreach	Doug and Deena Trocino (586) 447-8336 (Office) Doug Mobile: (586) 260-8323 doug@eastsideteenoutreach.org Deena Mobile: (586) 260-8510 deena@eastsideteenoutreach.org
Eastwood Clinics Eastwood Plaza 20811 Kelly Rd. Eastpointe, MI	(586) 445-2210
Department of Health and Human Services 29600 Civic Center Drive Warren, MI 49093	(586) 573-2300

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Green Path Debt Solutions 27085 Gratiot, Suite 103 Roseville, MI 48066	Dorothy Barrick www.greenpath.com
Guest Community Center 16221 Frazho Roseville, MI 48066	(586) 445-5597
Health Department 29600 Civic Center Drive Warren, MI 48039	(586) 573-2090
Health Department 25401 Harper St. Clair Shores, MI 48080	(586) 573-2090
Inter-faith Center for Racial Justice 8075 Ritter Center Line, MI 48015	Karen Curro (586) 463-3675 icrj_office@att.net
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Leaps and Bounds 8139 Packard Warren, MI 48089	Denise Dorsz (586) 863-3010 psri@comcast.net
Liberties South 26345 Gratiot Avenue Roseville MI 48066 (586) 776-9565	Antoinette Hook, Director (586) 777-8096

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Macomb Hospital Center 11800 12 Mile Road Warren, MI 48093	(586) 573-5000
MORC 16200 19 Mile Road Clinton Twp., MI 48038	(586) 263-8700
MATTS (Salvation Army) 24140 Mound Rd. Warren, MI 48091	Misty Authier (586) 755-5191
Michigan Counseling Services 23700 Van Dyke Warren, MI 48091	Anthony Clemente, Executive Director (586) 758-6670
Michigan Works! 15950 12 Mile Rd. Roseville, MI 48066	(586) 447-9200
Mt. Calvary Lutheran Church 8129 Packard Ave. Warren, MI 48089 <i>(Also home to Leaps and Bounds)</i>	secretary@mtcalvaryelca.org
New Passages 175 N. Groesbeck Mt. Clemens, MI 48043	(586) 477-4067
Planned Parenthood 29350 Van Dyke Warren, MI 48091	(586) 558-0101

<p>Ray of Hope Day Center for the Homeless 2 Crocker Boulevard, Suite 102 Mt. Clemens, MI 48043</p>	<p>Kathy Goodrich, Executive Director (586) 218-7173 or (586) 321-0998 kmac0212@wowway.com</p>
<p>St. John Macomb - Oakland Hospital <i>(formerly South Macomb Hospital)</i> 11800 E. 12 Mile Rd. Warren, MI 48093</p>	<p>(586) 573-5000</p>
<p>Samaritan House 62324 Van Dyke Washington, MI 48094</p>	<p>(586) 336-9956 samaritanhouse@sbcglobal.net</p>
<p>Sensory Systems 30801 Jefferson St. Clair Shores, MI 48082</p>	<p>Sandy Glovak, Director (586) 293-7553 odra@aol.com</p>
<p>SHAR, Inc. Self Help Addiction Rehabilitation, Inc. 6902 Chicago Rd. Warren, MI 48092</p>	<p>Robert Connolly, CEO (586) 983-2670 ext. 151 rconnolly@sharinc.org</p>
<p>Teen Health Center Fitzgerald Schools 23200 Ryan/9 Mile Warren, MI 48091</p>	<p>(586) 759-9070</p>
<p>Veterans Village of Hope Volunteers of America Warren 3940 Toepfer, Apt. 3 Warren, MI 48091</p>	<p>Althea Kyles (586) 576-2070 akyles@voami.org</p>
<p>Vets Returning Home 17955 E. 11 Mile Road Warren, MI 48066</p>	<p>Sandy Bower, Director (586) 285-5606 or (586) 216-8510 (cell) info@vetsreturninghome.com</p>
<p>Visiting Nurses Association 22634 Madison St. Clair Shores, MI 48081</p>	<p>Marge Hall, Supervisor (800) 882-5720</p>

APPENDIX A - FORM 4

**INVITATION LETTER FOR AGENCY DISPLAYS
AND REGISTRATION FORM**

HUMAN SERVICES COORDINATING BODY INTER-AGENCY COMMUNICATIONS WORK GROUP

(DATE)

Agency
Address
C/S/Z

Dear Human Service Agency Director:

The Macomb County Human Services Coordinating Body (HSCB) would like to invite you to provide an agency display at the (YEAR) HSCB Inter-Agency Information Exchange. The Information Exchange is an opportunity for Macomb County human service agencies to strengthen the coordination and delivery of human services through enhanced communication of each other's services.

This year's training will be held on (DATE) at the Macomb Intermediate School District, 44001 Garfield, Clinton Township. Agency displays will be open from 8:30 A.M. to 3:30 P.M. If your agency would like to set up an agency display, please complete the enclosed *Agency Display Registration Form* and return it by (DATE).

Please bring handouts for approximately 200 persons. Also, we have found that "freebies" such as pens or candy are very well received by the attendees. You are encouraged to bring any giveaways but please do not bring merchandise to sell.

As there will be a number of other agency displays, your staff and/or volunteers are encouraged to browse the other displays that day. (Morning and afternoon snacks will be available for the employees who staff your exhibit.)

Your representatives are also welcome to attend the session to obtain updated information and services. However, we would appreciate it if your representative would register online (www.misd.net) for those sessions in advance.

If you have any questions , please contact (NAME) at (AGENCY) or by calling, (586) 000-0000 or (E-MAIL ADDRESS).

Sincerely,

(NAME)
(TITLE)

**MACOMB COUNTY HUMAN SERVICES COORDINATING BODY
(YEAR) HSCB INTER-AGENCY INFORMATION EXCHANGE**

AGENCY DISPLAY REGISTRATION FORM

DATE: Thursday, (DATE AND YEAR)
TIME: Agency Displays 8:30 A.M. - 2:45 P.M.
LOCATION: Macomb Intermediate School District
44001 Garfield Road
Clinton Township, MI 48038-1100

Fill in the information below and return by (DATE) to:

(NAME)
(ADDRESS)
(CITY, STATE, ZIP CODE)
(586) 000-0000
FAX: (586) 000-0000

**(YEAR) HSCB INTER-AGENCY INFORMATION EXCHANGE
AGENCY DISPLAY REGISTRATION FORM**

AGENCY: _____

CONTACT PERSON: _____

PHONE NUMBER: _____

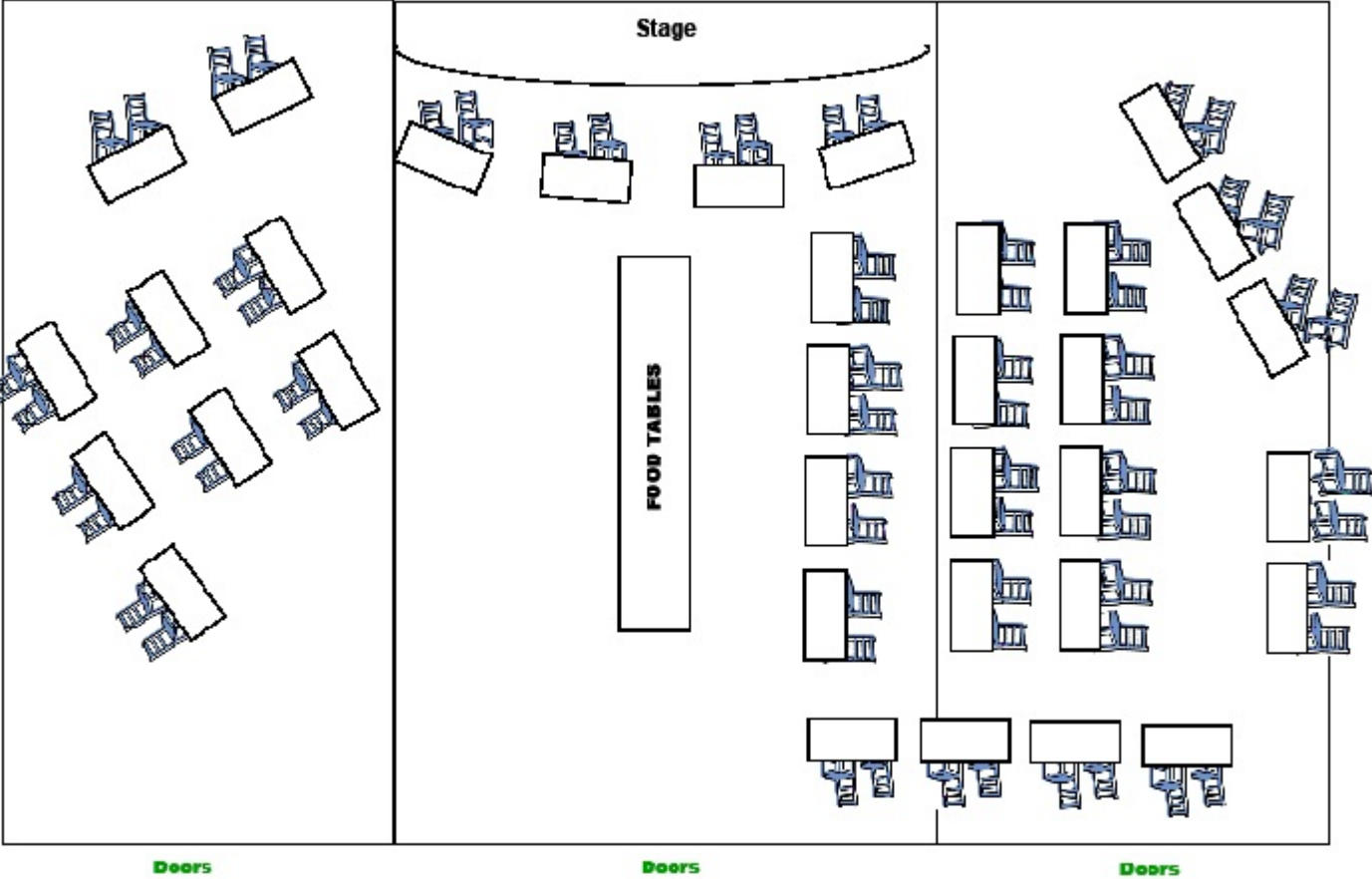
EXHIBIT TABLE WILL BE STAFFED BY: _____

Do you need an electrical outlet? _____ YES _____ NO

Can you share an 8 foot table for your display? _____ YES _____ NO

APPENDIX A - FORM 5
MISD ROOM SET UP FOR AGENCY DISPLAYS

ROOM SET UP AT THE MISD FOR HSCB INFORMATION EXCHANGE



APPENDIX A - FORM 5
INFORMATION EXCHANGE EVALUATION FORM
(NO CEUs AND CEUs)

20XX INFORMATION EXCHANGE EVALUATION FORM FOR CEUS

DAY, MONTH XX, 20XX

Thank you for attending the 20XX HSCB Information Exchange - Complete this evaluation form to help us plan next year's training. To receive continuing education credits, you must complete the entire evaluation form.

SESSION A-3:	Very Good	Exc	Very Poor	Poor	Good		
BEFORE THIS SESSION, my level of knowledge about this topic was:							
AFTER THIS SESSION, my level of knowledge about this topic was:							
AFTER THIS SESSION, my level of knowledge about the following objectives was:							
Objective 1:							
Objective 2:							
Objective 3:							
<p>Comments on this Information Exchange breakout session, including any improvements that could be made:</p> <p>Optional:</p> <p>Name _____ Agency _____</p> <p>Phone _____ E-mail _____</p>							

COMPLETE THE SECTION BELOW ONLY ONCE, AFTER YOU HAVE ATTENDED YOUR LAST BREAKOUT SESSION.

What other breakout sessions topics would you like to see offered at next year's Information Exchange?

Check this box and complete the information below if your non-profit is interested in potentially being a breakout session at a future Information Exchange.

Name _____ Agency _____

Phone _____ E-mail _____

APPENDIX A - FORM 7

**CONFIRMATION LETTER/E-MAIL
TO BREAKOUT SESSION PRESENTERS**

HUMAN SERVICES COORDINATING BODY INTER-AGENCY COMMUNICATIONS WORK GROUP

Date

NAME
AGENCY
ADDRESS
CITY/STATE ZIP

Dear (Name):

This letter confirms your presentation on "TITLE" at the (YEAR) HSCB Inter-Agency Information Exchange scheduled for (date). This annual training offers opportunities for staff at Macomb County human service agencies to learn more about Macomb County services or receive special training. Your presentation is from (time) to (time).

I will contact you closer to the training to tell you the number of registrations for your session so you know how many handouts (if any) you will need to bring.

Feel free to peruse the agency displays, help yourself to refreshments or attend other breakout sessions before or after your presentation. A copy of the registration information brochure is enclosed.

The training is scheduled at the Macomb Intermediate School District, 44001 Garfield, Clinton Twp, MI 48038. Enter the building on the south side and then check in at the registration table for your room location.

Either myself or someone else from the planning committee will introduce you and be responsible for distributing and collecting the evaluation forms. After the training, I will send a copy of your results.

One of our members will be taking photographs in each of the sessions for our internal use. She will only be in the room a few minutes.

Feel free to contact me at (586) (PHONE) if you have any question or if you have audio/visual or other needs.

On behalf of the Macomb County Human Services Coordinating Body, we appreciate the sharing of your time and talents with Macomb County human service staff.

Sincerely,

NAME

APPENDIX A - FORM 7

**THANK YOU LETTER TO
BREAK OUT SESSION PRESENTERS**

**HUMAN SERVICES COORDINATING BODY
INTER-AGENCY COMMUNICATIONS WORK GROUP**

(DATE)

(NAME)
(AGENCY)
(ADDRESS)
(CITY/STATE ZIP)

Dear (NAME),

Thank you for your presentation on (TITLE) at the (YEAR) HSCB Inter-Agency Information Exchange.

The evaluation results from your session are:

Excellent:	XX
Very Good:	X
Good	X
Poor:	X
Very Poor:	X

The comments from your presentation are attached.

Copies of the photos taken at the training are posted at: mhscb.mccmh.net

On behalf of the Macomb County Human Services Coordinating Body, we appreciate the sharing of your time and talents with Macomb County human service staff.

Sincerely,

(NAME)

APPENDIX A - FORM 8

**INFORMATION EXCHANGE
PHONE CONTACT SHEET**

INFORMATION EXCHANGE PHONE CONTACT SHEET

Contact Information	Name			
	Agency			
	Telephone			
	E-mail			
Date of Training				
Time of breakout session				
Title of breakout session				
Presenter(s)				
Describe the session <i>(To be used in the registration information brochure)</i>				
AV needs		Yes	No	Other
	Laptop			
	Projector			
	Screen			
	Microphone			
	Other			
Date when Confirmation letter/email was sent				
NOTES				

TRAVELING TOURS

WORK GROUP CHAIR

JENNIFER PUTNEY, PROSECUTING ATTORNEY'S OFFICE,

(586) 469-5642

jennifer.putney@macombgov.org

The purpose of Traveling Tours is to provide an opportunity for Macomb County human service staff to learn about services for families through onsite visits to Macomb County human service or human-service related sites. This is accomplished through a two-day format.

A variety of tours are scheduled which focus on human service themes. Tour sites are scheduled based on requests from other HSCB work groups, feedback from previous years Traveling Tours evaluation forms, and lastly, IACWG members.

REFRESHMENTS

As there is no registration site, refreshments are not provided by the HSCB. However, tour sites are encouraged to provide light refreshments for the visitors at their tour site.

**INTER-AGENCY COMMUNICATIONS
WORK GROUP CHAIR
Responsibilities**

1. **Convenes meetings of the Inter-Agency Communications Work Group.**
2. **Consults with the Prevention Coordinator about meeting agendas and work group issues.**
3. **Issues meeting agendas and makes arrangements for minutes to be recorded.**
4. **Prepares the training budget.**
5. **Upon request, represents the Work Group at HSCB Executive Council meetings to provide updates on Work Group activities, approval of budgets and presents Evaluation Results with the Training Co-Chairs. *(The registration information form and budget must receive Executive Council prior approval.)***
6. **Submits all approved expenses to Barbara Latronica on the Work Group Reimbursement Form *(See Attachment)*.**

PREVENTION COORDINATOR

Responsibilities

- 1. Assists the Work Group Chair in the development of meeting agendas.**
- 2. Provides suggested tour sites as requested from other HSCB work groups.**
- 3. Provides an orientation to the Macomb County Human Services Coordinating Body to new Work Group members.**
- 4. Maintains an electronic copy of the Procedural Manual and posts it on the HSCB website.**
- 5. Arranges for Inter-Agency Communications Work Group reports by Work Group members to the HSCB Executive Council as needed.**
- 6. Assures that the final draft of the Evaluation Results is ready for presentation to the HSCB for approval.**

TRAVELING TOURS CO-CHAIRS

Responsibilities

- 1. At the Inter-Agency Communications Work Group meeting, co-leads the discussion about the training.**
- 2. Maintains and updates the Work Group Planning Guide which lists Work Group members responsibilities for the training. *(It is also helpful to bring a copy of a blank registration information brochure to use when planning the tours.)***
- 3. Checks with Work Group members to assure that work assignments are being completed.**
- 4. After the training, attends an HSCB Executive Council meeting to report the evaluation results.**
- 5. Submit all approved expenses to Barbara Latronica on the Work Group Reimbursement Form (See Attachment).**

TOUR SCHEDULERS

Responsibilities

1. **Contacts the site for the tour using the Traveling Tour Telephone Contact Sheet (See *Attachment*) and completes the information for the tour.**
2. **Sends a confirmation letter to the site and all information needed by the site. (See *Attachment*).**
3. **A few days before the training, contacts the agency and confirms the number of persons who will be attending and confirms all other information.**
4. **After the training, writes a thank you letter to the tour site with a copy of the evaluation results and comments pertaining to that tour only. If available, also send copies of any photos taken of that tour.**
5. **Provides descriptions of tour and location/address to appropriate person(s).**
6. **Submits all approved expenses to Barbara Latronica on the Work Group Reimbursement Form, along with the receipts.**

TRAVELING TOUR PHONE CONTACT SHEET

Dates of Traveling Tours	
Tour site	
Tour Site Contact Name	
Address	
Telephone	
Tour Site Presenter	
IAC Work Group Tour Guide	
Tour day and time	
Minimum number for tour	
Maximum number for tour	
Tour description for Registration Information Brochure	
Record of telephone contacts <i>(Use back of the form, if necessary.)</i>	
Confirmation letter sent:	

**HUMAN SERVICES COORDINATING BODY
INTER-AGENCY COMMUNICATIONS WORK GROUP**

(DATE)

(NAME)

(AGENCY)

(ADDRESS)

(CITY/STATE ZIP)

Dear (NAME),

This letter confirms your presentation on (TITLE) at the (YEAR) HSCB Traveling Tours. This annual training offers opportunities for Macomb County human service agencies to learn more about Macomb County services or receive special training.

You are scheduled for the following presentation on self defense:

(DAY), (DATE AND YEAR) from (TIME - TIME)

Your presentation is schedule at (LOCATION) (ADDRESS).

As the contact person for your tour, please feel free to contact me at (586) 555-0000 if you have any questions.

On behalf of the Macomb County Human Services Coordinating Body, we appreciate the sharing of your time and talents with Macomb County human service staff.

Sincerely,

(NAME)

(TITLE, ORGANIZATION)

**HUMAN SERVICES COORDINATING BODY
INTER-AGENCY COMMUNICATIONS WORK GROUP**

(DATE)

(NAME)

(AGENCY)

(ADDRESS)

(CITY/STATE ZIP)

Dear (NAME),

Thank you for your presentation on (TITLE) at the (YEAR) HSCB Traveling Tours.

The evaluation results from your tour are:

Excellent:	XX
Very Good:	X
Good	X
Poor:	X
Very Poor:	X

A summary of the comments from your tour are attached. The comments are overwhelming positive and the staff would like to have you back again next year for a two-hour presentation!

Photos taken at Traveling Tours are posted on the following website:
mhscb.mccmh.net

On behalf of the Macomb County Human Services Coordinating Body, we appreciate the sharing of your time and talents with Macomb County human service staff.

Sincerely,

(NAME)

(TITLE)

(ORGANIZATION)

Enclosure

PARTICIPANT COMMENTS

Many participants stated that the handouts were excellent. One participants commented “Helpful and useful for today’s world.”

Other comments included: “Excellent animated speaker,” “Very good job,” “It was very enjoyable and informative. He gave a wonderful presentation. I feel it will help in my business and personal life,” and “One of the best I’ve been to.”

One participants felt that your session “Should be offered for all employees.” Another liked your “common sense ideas to protect yourself.”

Regarding answering of questions and concerns, you were described as “Very approachable.”

Because the information was so useful, most felt that the session could have been longer.

**REGISTRATION INFORMATION BROCHURE
COORDINATOR
Responsibilities**

1. **Designs the Traveling Tours Registration Information brochure and forwards an electronic copy to the Prevention Coordinator for approval and distribution to the HSCB Communication Liaisons (and others) and posting on the HSCB website.**
2. **Submits all approved expenses to Barbara Latronica on the Work Group Reimbursement Form.**

ONLINE REGISTRATION COORDINATOR

Responsibilities

- 1. Arranges with the MISD contact person for the set up of the online registration for the training.**
- 2. Receives information on the various tours from the Registration Information Brochure Coordinator and assures that they are listed on the registration site.**
- 3. Compiles a master list of registrants, including their tour selections and gives it to the Training Co-Chairs and Evaluation Coordinator.**
- 4. Develops an alphabetized sign-in sheet with the names of registrants, agencies and telephone numbers for each tour. Forward these to the Evaluation Coordinator for the Evaluation Packets.**
- 5. Provides regular updates to IAC Work Group members on the registration numbers prior to the training.**
- 6. Submits all approved expenses to Barbara Latronica on the Work Group Reimbursement Form.**

EVALUATION COORDINATOR

Responsibilities

- 1. As needed, revises the Evaluation Form based on feedback from the Inter-Agency Communications Work Group and a review of the Evaluation Forms from previous Traveling Tours. Assures that the person who will compile the results is the one listed on the bottom of the evaluation packet face sheet to receive the completed forms.**
- 2. Assures that the blank Evaluation forms are posted on the HSCB website.**
- 3. Assures that the completed Evaluation forms are tabulated and a written report developed.**
- 4. Forwards the original copies of the Evaluation form from sessions approved for Social Work CEUs to the CMH Training Department, along with originals of the completed original sign-in sheets, a copy of the Evaluation Results, and any handouts provided that were not submitted prior to the training .**
- 5. Sends electronic copies of the Evaluation Results to the IACWG members before the IACWG meeting when the results will be reviewed.**
- 6. After review by the IACWG members, assures that the report is submitted to the CMH Prevention Coordinator for approval and submission to the HSCB Executive Council.**
- 7. Submits all approved expenses to Barbara Latronica on the Work Group Reimbursement Form.**

INSTRUCTIONS FOR TRAVELING TOUR SITE GUIDES

EVALUATION FORMS

Blank Evaluation Forms will be posted on the HSCB website: mhscb.mccmh.net

Before the training, download the number needed for your tour. The number of registrants will be sent to you before the training.

TOUR GUIDE SIGN IN SHEET/EVALUATION FORM

Before the tour begins, have each tour participant sign their name and agency on the sign-in sheet and each person receives an evaluation form.

Return the completed Evaluation Forms to the Evaluation Coordinator.

PARTICIPANT EVALUATION FORM

If the number and name of the tour is not filled in at the top of the evaluation forms, complete that information before distributing them to the participants.

Assure that all tour participants complete an evaluation form and return it before they leave.

(YEAR) TRAVELING TOURS EVALUATION FORM (Day and Date)

Thank you for attending the 20XX HSCB Information Exchange. Take a few moments to complete this evaluation form to help us plan next year's training.

SESSION A - 1	Very Poor	Poor	Good	Very Good	
BEFORE THIS SESSION, my level of knowledge about this topic was:					
AFTER THIS SESSION, my level of knowledge about this topic was:					
AFTER THIS SESSION, my level of knowledge about					
AFTER THIS SESSION, my level of knowledge about					
AFTER THIS SESSION, my level of knowledge about					

Comments on this Information Exchange breakout session, including any improvements that could be made:

Optional:

Name _____ Agency _____

Phone _____ E-mail _____

COMPLETE THE SECTION BELOW ONLY ONCE,
 AFTER YOU HAVE ATTENDED YOUR LAST BREAKOUT SESSION.

What other breakout sessions would you like to see offered at next year's training?

Check this box and complete the information below if your non-profit is interested in potentially being a breakout session at a future Information Exchange.

Name _____ Agency _____

Phone _____ E-mail _____

HELP LINE OPERATOR

Responsibilities

- 1. Is available from the time the Registration Information brochure is released until the tour dates to answer general questions, help with registering, etc.**
- 2. Is available during the tour hours to answer calls from participants.**
- 3. Maintains a list of the tours, tour sites, and maps.**
- 4. Receives the weekly e-mail sent by the MISD representative on the Inter-Agency Communications Work Group which indicates the number of people registered.**
- 5. Contacts the Training Co-Chairs or other assigned person if there are questions where the answer is unknown.**
- 6. Maintains a log of each telephone call and the type of question(s) and submits to the Evaluation Coordinator.**
- 7. Submits all approved expenses to Barbara Latronica on the Work Group Reimbursement Form.**

HSCB TRAVELING TOURS
ATTACHMENTS

HSCB TRAVELING TOURS PLANNING GUIDE

Dates:	
Training Co-Chairs	
Theme	
Registration Information Brochure	
Registrar Coordinator	
Evaluation Coordinator	
Help Line Operator	
Certificate of Attendance	

#	TIME	TOUR SITE	SCHEDULER	ONSITE TOUR GUIDE
A-1	8:30 - 10:00 A.M.			
A-2	8:30 - 10:00 A.M.			
A-3	8:30 - 10:00 A.M.			
A-4	8:30 - 10:00 A.M.			
B-1	10:30 - 12:00 P.M.			
B-2	10:30 - 12:00 P.M.			
B-3	10:30 - 12:00 P.M.			
B-4	10:30 - 12:00 P.M.			
C-1	1:45 - 3:45 P.M.			
C-2	1:45 - 3:45 P.M.			
C-3	1:45 - 3:45 P.M.			
C-4	1:45 - 3:45 P.M.			
D-1	8:30 - 10:00 A.M.			
D-2	8:30 - 10:00 A.M.			
D-3	8:30 - 10:00 A.M.			
D-4	8:30 - 10:00 A.M.			
E-1	10:30 - 12:00 P.M.			
E-2	10:30 - 12:00 P.M.			
E-3	10:30 - 12:00 P.M.			
E-4	10:30 - 12:00 P.M.			
F-1	1:45 - 3:45 P.M.			
F-2	1:45 - 3:45 P.M.			
F-3	1:45 - 3:45 P.M.			
F-4	1:45 - 3:45 P.M.			

TRAVELING TOUR PHONE CONTACT SHEET

Date(s) of Traveling Tour(s)	
Contact Name and Agency	
Contact telephone number	
Contact e-mail	
Tour Site	
Address	
Telephone	
Tour Site Presenter(s)	
IAC Work Group Tour Guide	
Tour day and time preference	
Minimum number for tour	
Maximum number for tour	
Parking	
Tour description for Registration Information brochure	
Will the tour site offer hands-on experiences? If so, what?	
Will the tour site provide refreshments?	
Record of telephone contacts <i>(Use back of the form, if necessary.)</i>	
Confirmation letter/e-mail sent:	

INSTRUCTIONS FOR TRAVELING TOUR GUIDES

TOUR GUIDE SIGN IN SHEET/EVALUATION FORM

Before the tour begins, assure that each tour participant legibly signs their name and agency on the sign-in sheet.

Return the sign-in sheets with the completed Evaluation Forms to the Evaluation Coordinator.

PARTICIPANT EVALUATION FORM

Assure that all tour participants complete an evaluation form and return it before they leave.

**HUMAN SERVICES COORDINATING BODY
INTER-AGENCY COMMUNICATIONS WORK GROUP**

(DATE)

(NAME)

(AGENCY)

(ADDRESS)

(CITY/STATE ZIP)

Dear (NAME),

This letter confirms your presentation (TITLE) at the (YEAR) HSCB Traveling Tours. This annual training offers opportunities for Macomb County human service agencies to learn more about Macomb County services or receive special training.

**You are scheduled for the following presentation on (title of tour):
(DAY OF WEEK), (DATE AND YEAR) from (TIME)**

This presentation will be at the (location, address).

On behalf of the Macomb County Human Services Coordinating Body, we appreciate the sharing of your time and talents with Macomb County human service staff.

Sincerely,

Name

Title

Organization

**HUMAN SERVICES COORDINATING BODY
INTER-AGENCY COMMUNICATIONS WORK GROUP**

(DATE)

(NAME)

(AGENCY)

(ADDRESS)

(CITY/STATE ZIP)

Dear (NAME),

Thank you for your presentation on (TITLE) at the (YEAR) HSCB Traveling Tours.

The evaluation results from your tour are:

Excellent:	XX
Very Good:	X
Good	X
Poor:	X
Very Poor:	X

A summary of the comments from your tour is attached.

Photos of the training are posted on the HSCB website: mhscb.mccmh.net

On behalf of the Macomb County Human Services Coordinating Body, we appreciate the sharing of your time and talents with Macomb County human service staff.

Sincerely,

(NAME, TITLE)

(ORGANIZATION)

**MACOMB COUNTY HUMAN SERVICES COORDINATING BODY
WORK GROUP REIMBURSEMENT FORM**

Work Group:		
Training:		
Name:		
Agency:		
Address:		
C/S/Z		
Telephone		
COSTS TO BE REIMBURSED		
Item		Cost
TOTAL		

Signature _____ **Date** _____

**Attach receipt(s) and mail to: Barbara Latronica
MCCMH
22550 Hall Road
Clinton Township, MI 48036
(586) 469-5263**

Make and retain a copy of this form and all your receipts before submitting for reimbursement.