

HSCB INTER-AGENCY COMMUNICATIONS WORK GROUP

WORK GROUP CHAIR: JENN 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 come from:

- *HSCB Executive Council or Work groups*
- *Suggestions listed on the previous years' evaluation forms*
- *Input from Inter-Agency Communications Work group members*

REFRESHMENTS

Morning and afternoon snacks are provided for participants. Lunch is provided to the Inter-Agency Communications Work Group members. The cost of the refreshments and lunch for Work Group members is underwritten by the Macomb County Human Services Coordinating Body Executive Council at the approval of the event budget.

Work group members have been responsible for advance payment on small expense items and getting reimbursed after submitting receipts and the Work Group Reimbursement Form to Barbara Latronica, CMH.

**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 Planning Guide is updated which lists Work Group members responsibilities for the event. The Prevention Coordinator will post the list on the HSCB website.
5. Assures that a draft of the event budget is developed for the event.
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 Executive Council prior approval.)*
6. Submits all approved expenses to Barbara Latronica on the Work Group Reimbursement Form (See Attachments Section).

CMH PREVENTION COORDINATOR

Responsibilities

1. Assists the Work Group Chair in the development of meeting agendas.
2. Meets with the Work Group Chair and Event Coordinators to discuss preliminary plans for the event.
3. Reports at Work Group meetings on potential workshop topics from other HSCB work groups and from the previous event's evaluation forms.
4. Reports at Work Group meetings on new service organizations to be added to the list of agencies to be invited to provide an agency display.
5. Develops the final draft of the evaluation results for HSCB Executive Council approval.
6. Secures the check for the annual IACWG luncheon.

EVENT CO-CHAIRS

Responsibilities

1. Prior to the first Work Group meeting about the event, meets with the Work Group Chair and Prevention Coordinator to discuss plans for the event.
2. At the Inter-Agency Communications Work Group meetings, leads the discussion about the event.
3. Checks with Work Group members to assure the work assignments are being completed.
4. As available, attends an HSCB Executive Council meeting to report on the evaluation results.
5. Submits all approved expenses to Barbara Latronica on the Work Group Reimbursement Form (See Attachments Section).

AGENCY DISPLAYS COORDINATOR **Responsibilities**

1. Develops/updates a list of agencies in Macomb County that will be invited to provide an agency display at the Exchange. (See attached list)
2. Drafts an invitation letter to agencies, informing them of the Information Exchange and inviting them to provide an agency display.
3. Communicates with the site about the set up of agency display tables.
4. Sends lists of agencies who have registered to display to the event contact persons.
5. Assigns tables to exhibitors on the day of the Information Exchange.
6. Ensures that all exhibitors sign in.
7. Submits all approved expenses to Barbara Latronica on the Work Group Reimbursement Form.

HUMAN SERVICES COORDINATING BODY INTER-AGENCY COMMUNICATIONS WORK GROUP

(DATE)

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 event will be held on (DATE) at the Macomb Intermediate School District, 44001 Garfield, Clinton Township, MI 48038. Agency displays will be set up from 8:30 A.M. to 3:30 P.M. If your agency would like to participate, complete the enclosed *Agency Display Registration Form* and return it by (date).

Bring handouts for approximately 200 persons. Also, we have found that "freebies" such as pens or candy are very well received by the attenders. You are encouraged to bring any giveaways but 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 they would register for those sessions in advance at" www.misd.net

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

Sincerely,

(NAME), Chair
Inter-Agency Communications Work Group Chair

**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. - 1:30 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
AGENCY
ADDRESS
CITY, STATE, ZIP
(586) 000-0000
FAX: 000-0000
E-MAIL**

(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

INTER-AGENCY INFORMATION EXCHANGE LIST OF POTENTIAL EXHIBITS

HSCB EXECUTIVE COUNCIL MEMBER AGENCIES

(Always invited to set up an Agency Display)

- Macomb Community Action
- Macomb County Circuit Court - Juvenile Division
- Macomb County Community Mental Health (CMH)
- Macomb County Health Department
- Macomb County Department of Health and Human Services (DHHS)
- Macomb County Juvenile Justice Center (JJC)
- Macomb County Prosecuting Attorney's Office
- Macomb County Health Department
- Macomb County Veteran's Services
- Macomb Intermediate School District
- Macomb/St. Clair Work Force Development Board
- Martha T. Berry Medical Care Facility
- Michigan Department of Labor and Economic Development - Rehabilitation Services (MRS)
- MSU Extension (MSUE)

OTHER POTENTIAL EXHIBITORS

The list of other potential exhibitors is available from the previous year's Agency Display Coordinator.

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.
2. Provides .pdf copies of the Evaluation Forms for the CMH Prevention Coordinator to post on the HSCB website for download by IACWG members for their sessions.
3. Obtains a master list of registrants from the MISD online register for compiling the results.
4. Compiles evaluation results for submission to the HSCB Executive Council.
5. Submits all approved expenses to Barbara Latronica on the Work Group Reimbursement Form.

SNACKS COORDINATOR

Responsibilities

1. Develops a menu and budget for food items. (Suggested vendors: Sam's Club for juice, water, pop, muffins, individually packaged pretzels, plates, napkins, cream cheese)
2. Arrange for use of plastic tubs for ice and beverages.
3. Obtains ice from the MISD storage room on the morning of the event and places the ice in the plastic tubs to keep the juice and pop cold.
4. Arranges for pick up and delivery of snacks.
5. Identifies a container for collecting returnable cans; make arrangements for returning cans and forwarding money to Prevention Coordinator for submission to the HSCB.
6. Submits all approved expenses to Barbara Latronica on the Work Group Reimbursement Form.

SESSION SCHEDULERS **Responsibilities**

1. Contacts the panel members/presenters for the session and using the Information Exchange Telephone Contact Sheet and completes the information for the session. (See attached sheet)
2. Sends a letter/s confirming the panel presentation/training and all information needed by the presenters. (See sample confirmation letter)
3. A few days before the event, 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. Assures that Evaluation forms are collected after each session.
5. Assures that the presenter/panel members are welcomed at the site, directed to their room, and introduced before the session.
6. After the event, writes a thank you letter to the presenter/s with a copy of the evaluation results pertaining to that presentation and photos, if available.
7. Submits all approved expenses to Barbara Latronica on the Work Group Reimbursement Form (See Attachments Section).

**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. This annual event 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 (TOPIC):

DAY, MONTH, DAY, YEAR, TIME

The event is scheduled at the Macomb Intermediate School District, 44001 Garfield, Clinton Twp. Please check in at the registration table for the room location.

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)

**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:	18
Very Good:	6
Good	1
Poor:	0
Very Poor:	0

The comments from your presentation are attached.

Copies of the photos taken at the event 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)

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

1. Designs a “Save the Date” pre-event flyer for Work Group review and HSCB approval (submit to the CMH Prevention Coordinator).
2. Sends an electronic copy of the approved flyer to the Prevention Coordinator for distribution to HSCB Communications Liaisons.
3. Designs/locates signage for site. 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”
7	31" X 8½”	“Directional signs with arrows”
3	31" X 8½”	“Agency Displays”
8	8 X 10	“Evaluations”

4. Arranges for enlargement of 2 - 3 event schedules at the MISD with the assigned room numbers for posting near the session locations.
5. Submits all approved expenses to Barbara Latronica on the Work Group Reimbursement Form.

SITE/AV SCHEDULING **Responsibilities**

1. Schedules rooms for the event using the site organization's room reservation forms/policy.
2. Schedules A/V equipment with the MISD as needed by the speakers.
3. Designs/secures a map of the site showing break-out rooms, exhibit layout, registration table and food area for the site personnel responsible for set up.
4. With the Co-Chairs and Agency Display Coordinator, conducts a site walk during the week before the event.
5. Arrives early on day of event to check on room arrangements.
6. Troubleshoots throughout the day with site problems.
7. Submits all approved expenses to Barbara Latronica on the Work Group Reimbursement Form.

SITE REGISTRATION COORDINATOR **Responsibilities**

1. Greets attendees and asks them to sign in on the sign-in sheet.
2. Provides each person with a name tag and literature bag (if available).
3. Directs participants to agency displays/sessions.
4. Offers participants a list of the local restaurants for lunch.
5. Answers questions about the event.
6. Submits all approved expenses to Barbara Latronica on the Work Group Reimbursement Form.

CONTINUING EDUCATION CREDITS COORDINATOR **Responsibilities**

SOCIAL WORK CONTINUING EDUCATION/CMH CHILDREN'S HOUR CREDITS

The following list of the items are needed by the CMH Training Department in order to submit a request to the State for CEU's for both the Information Exchange and Traveling Tours sessions. MCCMH Training Center contact: Loren Klug, Loren.Klug@mccmh.net

- The specific location, date, time of the training and how many times the training is being presented.
- The original of the sign-in/sign out sheet should be sent to the CMH training department after the training
- A bibliography (total of 3 sources) that pertain to the topic as well as a brief overview of what the training will cover
- A list of the objectives of the training
- A copy of the presenters resume
- A sample of the training evaluation, certificates that will be provided, flyer for the training, any handouts given to the attendees
- The completed evaluation forms should be sent to the CMH Training Department
- The name of the person coordinating the training

All applications must be submitted to the State at the latest 2 weeks prior to the training. So information from the HSCB event needs to be submitted in advance of this date.

MCBAP (CADC/CPS/CPC) CONTACT HOURS

The contact person for MCBAP hours is the Prevention Coordinator at MCOSA.

Prior to Training

- Discuss with MCOSA staff if the event 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 totals (did participants learn anything / was it effective in their opinion)
- Secure copies of any handouts you 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 certificate. The certificate 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 event sign-in sheet
- Name of event
- Date of event

WORK GROUP PLANNING GUIDELINES

Before the first work group meeting to discuss the event, the Work Group Chair and Prevention Coordinator will hold a prep meeting with the Event Coordinators. The Work Group Chair should convene the meeting then turn the meeting over to the Event Coordinators for that portion of the agenda dealing with the Information Exchange.

FIRST MEETING

1. Introduce Co-Chairs.
2. Distribute Planning Guide list for updating with information on member's responsibilities.
3. Review the IACWG minutes from the past year, the evaluation results from the previous year(s) to help plan what topics will be presented.
 - a. Review list of themes/topics prepared by the Prevention Coordinator from other parts of the HSCB structure.
 - b. Distribute copies of the suggested topics from the Evaluation Results from the previous year's event.
 - c. Identify other themes and potential presenters as offered by IACWG members.
 - d. Finalize format of event.
4. Begin Work Group assignments.

SECOND MEETING

1. Review draft Registration Information form.
2. Review assignments
3. Update registration form for table displays.
4. Ask members if they need help or ideas with assignments.

THIRD MEETING

1. Review assignments and update planning guide, if necessary.
2. Finalize registration information form.
3. Confirm food order.

FOURTH MEETING

1. Finalize the registration information form (N.B., The final draft of the Registration Information Form goes to HSCB Executive Council for approval).
2. Review confirmation letters to make sure everyone has sent one to their speaker.
3. Discuss event progress.

MEETING AFTER THE EVENT

1. Review Evaluation Results and make recommendations for next year's event.
2. Remind people to send thank you letters with a copy of that session's evaluation result and any photos, if available. (See sample thank you letter.)

HSCB INTER-AGENCY INFORMATION EXCHANGE PLANNING GUIDE

Date	
Event Coordinators:	
Theme:	
Schedule Agency Displays	
Order Refreshments	
Design Registration Info. form	
Site Scheduling	
“Save the Date” flyer	
Signage	
Evaluation form	
Compile Evaluation Results	
Registration Table	
Restaurant List	
Decorations	
Clean Up	

TOPIC/TITLE	PRESENTER(S)/AGENCY	CONTACT
1		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

OTHER

HUMAN SERVICES COORDINATING BODY INTER-AGENCY COMMUNICATIONS WORK GROUP

(DATE)

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 event 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)

JENN PUTNEY, IACWG Chair
Prosecuting Attorney's Office, (586) 469-5642
or jennifer.putney@macombgov.org

**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. - 1:30 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

INTER-AGENCY INFORMATION EXCHANGE LIST OF POTENTIAL EXHIBITS

HSCB EXECUTIVE COUNCIL MEMBER AGENCIES

(Always invited to display)

1. Macomb County Circuit Court - Juvenile Division
2. Macomb County Community Mental Health (CMH)
3. Macomb Community Action
4. Macomb County Health Department
5. Macomb County Department of Health and Human Services (DHHS)
6. Macomb County Juvenile Justice Center (JJC)
7. Macomb County Prosecuting Attorney's Office
8. Macomb County Health Department
9. Macomb Intermediate School District (MISD)
10. Macomb/St. Clair Work Force Development Board
11. Martha T. Berry Medical Care Facility
12. Michigan Department of Labor and Economic Development - Rehabilitation Services (MRS)
13. MSU Extension (MSUE)

INFORMATION EXCHANGE PHONE CONTACT SHEET

Contact Information	Name			
	Agency			
	Telephone			
	E-mail			
Date of Event				
Venue				
Topic				
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 was sent				
NOTES				

**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. This annual event 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 (TOPIC):

(DAY, MONTH, DAY, YEAR, TIME)

The event is scheduled at the Macomb Intermediate School District, 44001 Garfield, Clinton Twp., MI 48038. Check in at the registration table for your room location.

Feel free to contact me at (586) 000-0000 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)

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:	18
Very Good:	6
Good	1
Poor:	0
Very Poor:	0

The comments from your presentation are attached.

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)

**(YEAR) INFORMATION EXCHANGE EVALUATION FORM
(DAY AND DATE)**

Thank you for attending the (Year) HSCB Information Exchange. Take a few moments to complete this evaluation form to help us plan next year's event.

SESSION: A - 1	Very Poor	Poor	Good	Very Good	Exc
<u>BEFORE THIS SESSION</u> , my level of knowledge about this topic was:					
<u>AFTER THIS SESSION</u> , my level of knowledge about this topic was:					
<u>AFTER THIS SESSION</u> , my level of knowledge about					
<u>AFTER THIS SESSION</u> , my level of knowledge about					
<u>AFTER THIS SESSION</u> , my level of knowledge about					
<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 would you like to see offered at next year's event?

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 _____

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

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

Signature _____ Date _____

Attach receipt(s) and mail to: Barb 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.

TRAVELING TOURS

WORK GROUP CHAIR

JENN 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 event budget.
5. Upon request, represents the Work Group at HSCB Executive Council meetings to provide updates on work group activities and for approval of budgets and presents Evaluation Results with the Event 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. Meets with the Work Group Chair and Event Coordinators to discuss preliminary plans for the event.
3. Provides feedback on suggested tour site as requested from other HSCB work groups.
4. Provides an orientation to the Macomb County Human Services Coordinating Body to all new Work Group members.
5. Maintains the Procedural Manual on the computer.
6. Arranges for Work Group reports from the Work Group.
7. Assures that the final draft of the evaluation results are ready for presentation to the HSCB for approval.

TRAVELING TOURS CO-CHAIRS

Responsibilities

1. Prior to the first Work Group meeting about the event, meets with the Work Group Chair and Prevention Coordinator to discuss plans for the event.
2. At the Inter-Agency Communications Work Group meeting, co-leads the discussion about the event.
3. Maintains and updates the Work Group Planning Guide which lists Work Group members responsibilities for the event. *(It is also helpful to bring a copy of a blank registration information brochure to use when planning the tours.)*
4. Checks with Work Group members to assure that work assignments are being completed.
5. After the event, attends an HSCB Executive Council meeting to report the evaluation results.
6. 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 event, contacts the agency and confirms the number of persons who will be attending and confirms all other information.
4. After the event, 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	
Contact Name and Title	
Tour Site	
Address	
Telephone	
Tour Site Presenter	
IAC Work Group Tour Guide	
Tour day and time preference	
Minimum number for tour	
Maximum number for tour	
Tour description for Registration Information Brochure	
Will the tour site offer hands- on experiences? If so, what?	
Will the tour site provide refreshments?	
Will the tour site be responsible to have people sign in?	
Will tour site be responsible to distribute and collect the evaluations after the tour?	
Will tour site be responsible to mail the completed evaluations to the IACWG member assigned to that task?	
Does the tour site have a map to their location?	
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 event 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:	18
Very Good:	6
Good	1
Poor:	0
Very Poor:	0

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 distribution to the HSCB Communication Liaisons and posting on the HSCB website.
2. Submits all approved expenses to Barbara Latronica on the Work Group Reimbursement Form.

REGISTRAR/MISD

Responsibilities

1. Arranges for the set up of the online registration for the event.
2. Receives information on the various tours from the designer of the registration information brochure 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 Event 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 event.
6. Submits all approved expenses to Barbara Latronica on the Work Group Reimbursement Form.

EVALUATION COORDINATOR

Responsibilities

1. If necessary, 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. When the final registration numbers are known, assures that the Evaluation Forms are forwarded to the CMH Prevention Coordinator for posting on the HSCB website.
3. Assures that the Evaluation Packets have been copied by the Tour Guides before the event or are available at the Tour site.
4. Assures that the Evaluation Results are given to the Evaluation Results Compiler for review by the IACWG and then for submission to the HSCB Executive Council.
5. Submits all approved expenses to Barbara Latronica on the Work Group Reimbursement Form.

INSTRUCTIONS FOR TRAVELING TOUR GUIDES

TOUR NUMBER _____ TOUR NAME _____

TOUR SITE _____

Thank you for your time in helping with the HSCB Traveling Tours!

Enclosed are a sign in sheet and two separate evaluation forms:

1. A sheet for participants to sign in and out.
2. A separate evaluation sheet for tour participants to complete.

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.

After the tour, complete the "Tour Guide Evaluation" on the back of the sign-in sheet (enclosed). If a representative from the tour location has any suggestions or comments, you may include those comments on the tour guide evaluation form as well.

Return the completed tour guide Evaluation Forms the CMH Prevention 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.

Please assure that all tour participants complete an evaluation form and return it to you before they leave.

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

Thank you for attending the (Year) HSCB Information Exchange. Take a few moments to complete this evaluation form to help us plan next year's event.

SESSION: A - 1	Very Poor	Poor	Good	Very Good	Exc
<u>BEFORE THIS SESSION</u> , my level of knowledge about this topic was:					
<u>AFTER THIS SESSION</u> , my level of knowledge about this topic was:					
<u>AFTER THIS SESSION</u> , my level of knowledge about					
<u>AFTER THIS SESSION</u> , my level of knowledge about					
<u>AFTER THIS SESSION</u> , my level of knowledge about					
<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 would you like to see offered at next year's event?

- 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.

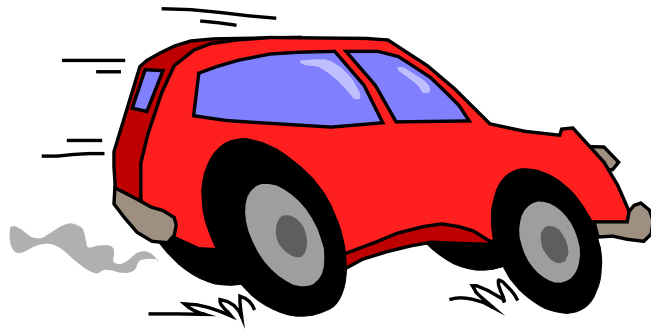
Name _____ Agency _____

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, maps and list of registrants available.
4. Contacts the Event Co-Chairs or other assigned person if there are questions where the answer is unknown.
5. Keeps a log of each telephone call and the type of question(s) and submits to Co-Chairs for inclusion in the Evaluation results.
6. Submits all approved expenses to Barbara Latronica on the Work Group Reimbursement Form.



HSCB TRAVELING TOURS

ATTACHMENTS

HSCB TRAVELING TOURS PLANNING GUIDE

Event Coordinators	
Design Registration Info. brochure	
Registrar/Sign in list	
Design maps to tours	
Help line Name/Agency/Telephone	
“Save the Date” flyer	
Evaluation packets/Compile results	

TOUR #	TOUR SITE	IACWG MEMBER CONTACT	OTHER INFORMATION
A - 1			
A - 2			
A - 3			
A - 4			
B - 1			
B - 2			
B - 3			
B - 4			
C - 1			
C - 2			
C - 3			
C - 4			
D - 1			
D - 2			
D - 3			
D - 4			
E - 1			
E - 2			
E - 3			
E - 4			
F - 1			
F - 2			
F - 3			
F - 4			

TRAVELING TOUR PHONE CONTACT SHEET

Dates of Traveling Tours	
Contact Name and Title	
Tour Site	
Address	
Telephone	
Tour Site Presenter	
IAC Work Group Tour Guide	
Tour day and time preference	
Minimum number for tour	
Maximum number for tour	
Tour description for Registration Information brochure	
Will the tour site offer hands- on experiences? If so, what?	
Will the tour site provide refreshments?	
Will the tour site be responsible to have people sign in?	
Will tour site be responsible to distribute and collect the evaluations after the tour?	
Will tour site be responsible to mail the completed evaluations to the IACWG member assigned to that task?	
Does the tour site have a map to their location?	
Record of telephone contacts <i>(Use back of the form, if necessary.)</i>	
Confirmation letter sent:	

INSTRUCTIONS FOR TRAVELING TOUR GUIDES

TOUR NUMBER _____ TOUR NAME _____

TOUR SITE _____

Thank you for your time in helping with the HSCB Traveling Tours!

Enclosed are a sign in sheet and two separate evaluation forms:

1. A sign-in sheet for participants.
2. An evaluation sheet for tour participants to complete.

TOUR GUIDE SIGN IN SHEET/EVALUATION FORM

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

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

PARTICIPANT EVALUATION FORM

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

Please assure that all tour participants complete an evaluation form and return it to you 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 event 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 OF WEEK), (DATE AND YEAR) from (TIME)

This presentation will be at the Macomb Intermediate School District, 44001 Garfield, Clinton Twp., MI 48038. Check in at the registration table for your room location.

As the tour guide for your presentation, feel free to contact me at (586) 466-7903 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.

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Excellent:	18
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Very Poor:	0

A summary of the comments from your tour is attached.

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

Signature _____ Date _____

Attach receipt(s) and mail to:
Barb 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.