

# HSCB INTER-AGENCY COMMUNICATIONS WORK GROUP

**WORK GROUP CHAIR: JACQUI RABINE,  
MSU EXTENSION , (586) 469-7481  
[Rabineja@anr.msu.edu](mailto:Rabineja@anr.msu.edu)**

## **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*
- *Agencies which 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

- Select the Information Exchange Co-Chairs
- Select the date for the Information Exchange
- Select the theme for the Information Exchange
- Select 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.

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

## **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.
3. Receives the final copy of the Registration brochure for final approval then emails a copy to the HSCB Liaisons.
4. Edits the final copy of the Evaluation Results before presentation to the HSCB Executive Council.
5. Places the Information Exchange Evaluation Report on the HSCB Executive Council meeting agenda.
6. Secures the check for the annual IACWG luncheon.
7. 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.
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 to 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 registration contact person for use in compiling the results.
4. Assures that the Evaluation Results are tabulated. (If a laptop computer can be secured, the Information Exchange evaluation results may be tabulated at the event.)
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](http://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.
2. Posts signage at the MISD on the morning of the training **using masking tape only**. 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:<br>“Last Name: A - D”<br>“Last Name: E - H”<br>“Last Name: I - L”<br>“Last Name: M - P”<br>“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. Returns signs to CMH after event for storage.
5. Updates and assured that the restaurant list is posted on the HSCB website. Also, makes copies and brings them to the event.
6. Submits approved expenses to Barbara Latronica on the Work Group Reimbursement Form. **(APPENDIX A - FORM 1)**

## **SITE/AV COORDINATOR** **Responsibilities**

1. Checks on the availability of all the needed rooms for the Information Exchange in order to confirm a date for the event with the IACWG. The Information Exchange is usually schedule in October, on a Thursday.
2. Upon the selection of the training date, reserves the large rooms on the first floor and breakout session rooms for the Information Exchange as soon as possible after the previous year's event is done. (The MISD's has room reservation forms/policy.)
3. Receives the final copy of the registration brochure from the CMH Prevention Coordinator and works with the MISD webmaster to proofread the registration web page and assure that the site is working properly.
4. Confirms the requested A/V equipment with the MISD.
5. A week ahead of the training, checks with the head of maintenance to confirm room arrangements.
6. Makes arrangements for four enlargements of the registration form to be printed by the MISD and posts them near the registration table and upstairs.
7. Arrives early on the day of training to check on room arrangements.
8. Secures easels at the MISD to use for the schedule poster (#6 above).
9. Receives the registration numbers by session, and e-mails them to Inter-Agency Council Work Group members each week after registration is open.
10. Receives and responds to inquiries/phone calls/e-mails about the Information Exchange registration process.
11. 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](mailto:laura.hitzelburger@mccmh.net) and cc: Loren Klug: [Loren.Klug@mccmh.net](mailto: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 members assigned to the four sites will be responsible 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 attendees 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 attendees/walk-ins who do not sign out will not get a certificate. The recommended ratio of IACWG members giving out the certificates to the attendees 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**

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The contact person for MCBAP hours is Dawn Radzioch, MCOSA Prevention Coordinator, [dawn.radzioch@mccmh.net](mailto: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**

|                               |  |             |
|-------------------------------|--|-------------|
| <b>Work Group:</b>            |  |             |
| <b>Training:</b>              |  |             |
| <b>Name:</b>                  |  |             |
| <b>Agency:</b>                |  |             |
| <b>Address:</b>               |  |             |
| <b>C/S/Z</b>                  |  |             |
| <b>Telephone</b>              |  |             |
| <b>COSTS TO BE REIMBURSED</b> |  |             |
| <b>Item</b>                   |  | <b>Cost</b> |
|                               |  |             |
|                               |  |             |
|                               |  |             |
|                               |  |             |
|                               |  |             |
|                               |  |             |
|                               |  |             |
|                               |  |             |
| <b>TOTAL</b>                  |  |             |

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**



**APPENDIX A - FORM 4**

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

# HUMAN SERVICES COORDINATING BODY INTER-AGENCY COMMUNICATIONS WORK GROUP

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(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](http://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:** \_\_\_\_\_

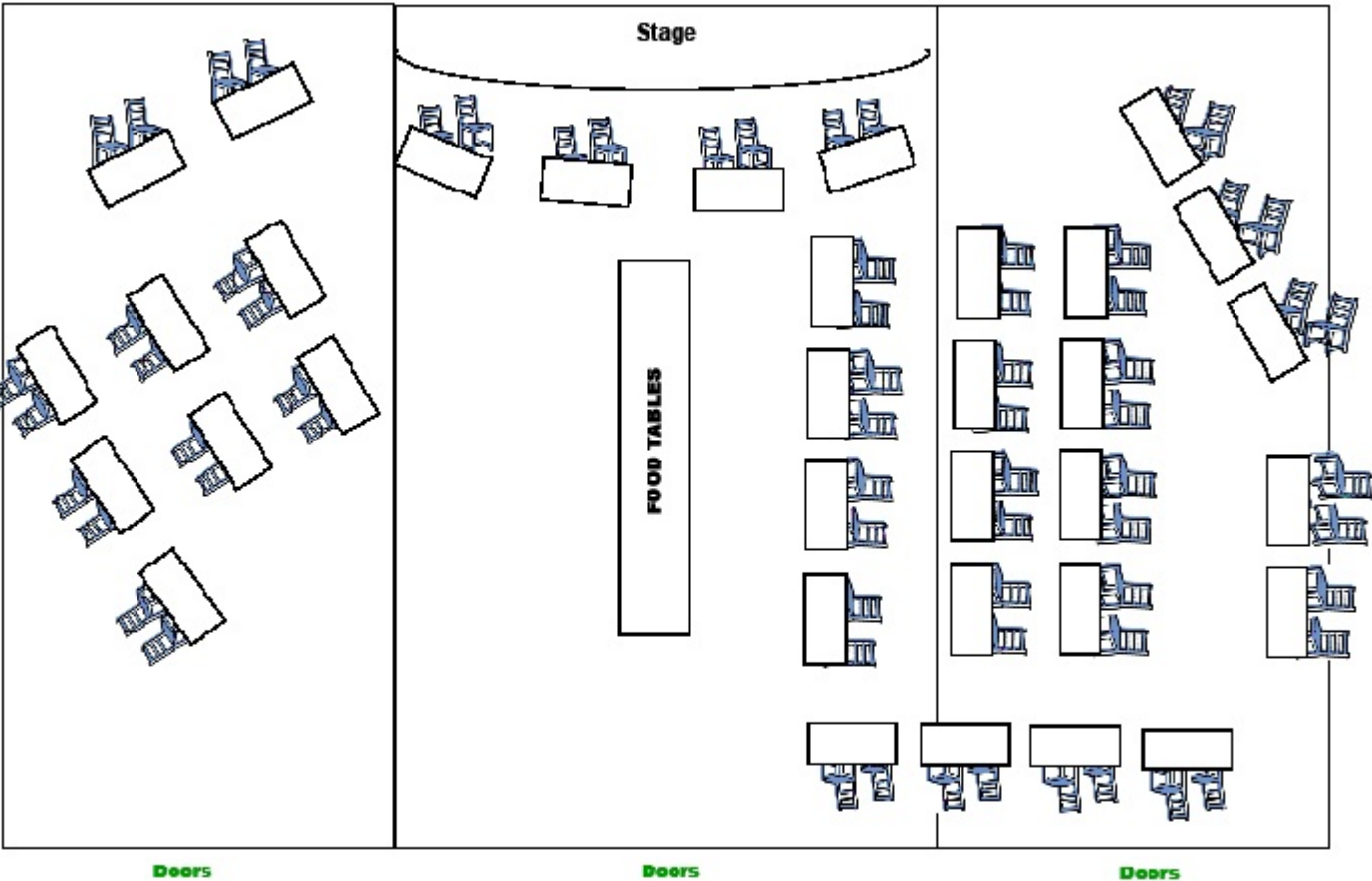
**Do you need an electrical outlet? \_\_\_\_\_ YES \_\_\_\_\_ NO**

**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

## DAY, DATE XX, 20XX

Thank you for attending the 20XX HSCB Information Exchange!  
Complete this evaluation form to help us plan next year's training.

| SESSION A-1: <span style="float: right; font-size: small;">Exc</span>                                  |  | 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:  |  |           |      |      |  |  |
| Comments on this Information Exchange breakout session, including any improvements that could be made: |  |           |      |      |  |  |
| Optional:<br><br>Name _____ Agency _____<br><br>Phone _____ E-mail _____                               |  |           |      |      |  |  |

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](http://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

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

## **TRAVELING TOURS**

**WORK GROUP CHAIR: JACQUI RABINE,  
MSU EXTENSION , (586) 469-7481  
[Rabineja@anr.msu.edu](mailto:Rabineja@anr.msu.edu)**

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)*.**

## **CMH 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

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

**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](http://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.**
- 2. Assures that the blank Evaluation forms are posted on the HSCB website.**
- 3. Assures that the completed Evaluation forms are tabulated.**
- 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. Reports on the results at the IACWG meeting.**
- 7. After review by the IACWG members, assures that the report is submitted to the CMH Prevention Coordinator for submission to the HSCB Executive Council.**
- 8. 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](http://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 during the tour hours to answer calls from participants.**
- 2. Maintains a list of the tours, tour sites, and maps.**
- 3. Receives the weekly e-mail sent by the MISD representative on the Inter-Agency Communications Work Group which indicates the number of people registered.**
- 4. Contacts the IACWG Chair and Event Co-Chairs if there are questions where the answer is unknown.**
- 5. Maintains a log of each telephone call and the type of question(s) and submits to the Evaluation Coordinator for inclusion in the Evaluation Report.**
- 6. Submits all approved expenses to Barbara Latronica on the Work Group Reimbursement Form.**

**HSCB TRAVELING TOURS**  
**ATTACHMENTS**

## 20XX HSCB TRAVELING TOURS PLANNING GUIDE

|                                   |  |
|-----------------------------------|--|
| Dates:                            |  |
| Event Co-Chairs                   |  |
| Theme                             |  |
| Registration Information Brochure |  |
| Registrar Coordinator             |  |
| Evaluation Coordinator            |  |
| Help Line Operator                |  |
| Certificates of Attendance        |  |

### WEDNESDAY, Month XX, 20XX

| #   | TIME               | TOUR SITE | NUMBER 35 - 50%<br>Reg. Limits | ONSITE TOUR GUIDE/S | Parking<br>Capacity |  |  |
|-----|--------------------|-----------|--------------------------------|---------------------|---------------------|--|--|
| 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.   |           |                                |                     |                     |  |  |

### THURSDAY, MAY XX, 2019

|     |                    |  |  |  |  |  |  |
|-----|--------------------|--|--|--|--|--|--|
| 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

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

## **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](http://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**

|                               |  |             |
|-------------------------------|--|-------------|
| <b>Work Group:</b>            |  |             |
| <b>Training:</b>              |  |             |
| <b>Name:</b>                  |  |             |
| <b>Agency:</b>                |  |             |
| <b>Address:</b>               |  |             |
| <b>C/S/Z</b>                  |  |             |
| <b>Telephone</b>              |  |             |
| <b>COSTS TO BE REIMBURSED</b> |  |             |
| <b>Item</b>                   |  | <b>Cost</b> |
|                               |  |             |
|                               |  |             |
|                               |  |             |
|                               |  |             |
|                               |  |             |
|                               |  |             |
|                               |  |             |
| <b>TOTAL</b>                  |  |             |

**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.**