

Summary Comments – ITC Planning Retreat (6/10)

| What – Content | How to provide | Who - Providers | Who - SCs | Who - LSMs |
|--|---|-----------------|-----------|------------|
| Social/emotional IMH | -Offer webinars and real time help | X | X | X |
| | -Establish and support peer mentoring/veteran providers | X | | |
| | -Incorporate a module on social and emotional well being in early/ongoing training | X | | |
| | -Connect professional networks via the internet and regional groups | | X | |
| | - Offer real time access to expertise and training content | | X | |
| Invite and collaborate with local resources knowledgeable about infant mental health | -Resource and referral to identify (for use by Michigan licensure model) -Link with communities | X | | |
| Behavior and parenting strategies | | X | | |
| Assistive Technology | -Online modules with video -Professional networks/listserv *local and statewide *problem solve *Voluntary *real-time | X | X | |
| Writing Effective IFSPs | -Online module with examples of case studies | | X | |
| Writing Effective Outcomes | | X | | |
| Know about community resources and childcare providers | | | X | |
| Community Practice - Peer mentoring with veteran providers | -Discussion threads with moderator -Mentoring in regions by topic | | X | |
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| Building Learning Communities | -Cross-professional pre/in/cross sector -Locally, Regionally, Virginia, National | | X | |
| DATA | -Understanding and using trends and changes | | | X |
| Practical Skills for Job | -tracking data and QMR for Medicaid -How to use forms | | | X |
| New Provider Orientation | -How to: *individuals *agencies | | | X |
| TCM | -How to: -Monitoring -DMAS Webinars | | X | X |
| Specific Characteristics | | | | |
| Leadership management | -responsibilities to Part C | | | X |
| Strengthen relationship between Part C staff and logical system managers | -Regional meetings | | | X |
| Technology training (build capacity) | -Pay attention to technology SNAFUs; providers may need tutorials -Use portal -Post webinar content so that folks can access later -Use list-serv to answer questions about TCM -Develop FAQs by DMAS -Ask the expert | | | X |
| All Things Fiscal | -Monitoring -Budget planning -Reporting | | | X |
| Stress Management (overwhelmed too much) | -Listen and work together (Part C and LSMs) -Guided conversation -change the situation | | | X |

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| Leading by the promotion of balance (within process) | <ul style="list-style-type: none"> -Recognition of work -Integration of elephant, rider and path | | | X |
| Avoid EI jail | <ul style="list-style-type: none"> -Use framework of SWITCH to offer guidance, get support as needed, coaching -Bigger, stronger, kinder wise -When necessary, take charge; otherwise default to following your needs -Use technology -Be very specific with tasks and directions -Avoid “trickle down grumpy” | | | X |
| Recognition of work | <ul style="list-style-type: none"> -Share success stories -Find another how to find out more about needs | | | X |
| Supervision | <ul style="list-style-type: none"> -build skills -how to be a leader -staff support/supervision | | | X |

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|--|---|---|---|
| <p>OTHER IDEAS/STRATEGIES:</p> <ul style="list-style-type: none"> -Use expertise of national technical assistance resources like MSRRC, NECTAC, DAC -Use supervision and monitoring for system improvement-not threatening and built on trust (the tail is wagging the dog right now: tail= accountability) -Identify discussion topics, like child fund and transition to engage providers/administrators/SCs -Strengthen training and mentoring -Take advantage of social networking opportunities (like NING) -Knowledgeloam.org (Brown University) -Establish regional service coordination meetings -Regional trainings -Attend to mechanisms for follow up to professional development | X | X | X |
| <p>Embed evidence based practices into the training/ professional development programs</p> | | | |