



Behavioral Health Mediation Services

Official Monthly Activity Report

Request Date: October 29, 2021
 Center: Northern Community Mediation
 Date Range: October 1 – October 31, 2021

Service Type	Quantity
Mediations Completed: ALL <ul style="list-style-type: none"> Attach Madtrac cumulative report with a list of closed cases on the report. 	0
Outreach Event(s) <ul style="list-style-type: none"> Minimum 2 Media Events Presentations, Table Events, or Meetings 	10

Please print your report using your browser's print features after all activity for the billing period is entered. **Additional activity cannot be added after printing.** This copy will be saved under the payment tab. Send the signed original with supporting documentation to OMC before the 5th working day of the month following the reporting month.

By signing this form, I certify that I or my staff have debriefed with the volunteer mediators after their mediation sessions under the purview of this grant and have sent all participants the Post Mediation Questionnaire.

Center Authorized Name: Dr. Jane Millar

Center Authorized Signature: _____

Date: October 29, 2021

Program Authorized Name: _____

Program Authorized Signature: _____

Date: _____

Return by email by the 5th of the month to:
 behavioralhealth@mediation-omc.org

For office use only:
Center:
Center Payment:
FY2021

Center Name: Northern Community Mediation

Month: October

OUTREACH EVENTS	QUANTITY
MEDIA	2
PRESENTATION	2
VENDOR TABLE	1
MEETING	5
OTHER (MUST BE APPROVED IN ADVANCE)	

PLEASE REFER TO FY21 OMC/CDRP Agreement and Protocols for description of event and documentation required for billable event.

Center Authorizing Signature

Date

OMC Authorizing Signature

Date

Return by email by the 5th of the month to:
behavioralhealth@mediation-omc.org



Center Name: Northern Community Mediation

Month: October

Each event listed below must have accompanying documentation

	Media Dates	Presentation Dates	Vendor Table Dates	Meeting Dates
1	October 15	October 19	October 26	October 1
2	October 29	October 27		October 7
3				October 8
4				October 12
5				October 19
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Return by email by the 5th of the month to:
behavioralhealth@mediation-omc.org



Outreach Verification FY21

Month: October

Center: Northern Community Mediation

Select Type of Outreach

Type of Event	Recommendations	Documentation
Media	<ul style="list-style-type: none"> Distributed BHMS materials/information <p>Can include:</p> <ul style="list-style-type: none"> Social media posts Letter to the Editor/Columns Paid advertisements (radio, newspaper, etc.) E-newsletter 	<ul style="list-style-type: none"> Completed and signed outreach verification
Presentation	<ul style="list-style-type: none"> No charge for participants BHMS was a topic (can be as part of a larger presentation) BHMS outline or PowerPoint used Distribute BHMS materials In person or virtual 	<ul style="list-style-type: none"> Completed and signed outreach verification
Vendor Table	<ul style="list-style-type: none"> Distribute BHMS materials Table staffed for entire time 	<ul style="list-style-type: none"> Completed and signed outreach verification Flyer or online event notice
Meeting	<ul style="list-style-type: none"> 1 or more people Call or visit specific to BHMS services Can be in person, virtual, phone BHMS materials distributed if possible (digital brochure available) 	<ul style="list-style-type: none"> Completed and signed outreach verification

If you would like to include an outreach event that is not listed above, please contact behavioralhealth@mediation-omc.org and request the event to be approved. This must be in writing and approved by OMC to qualify for the required minimum outreach.

Return by email by the 5th of the month to:
behavioralhealth@mediation-omc.org



Date of Event: October 1

ISO*: _____

Expected Outcome from Event: Awareness

Organization and Representative Name: Honorable Valerie Snyder, 90th District Court Judge

Start Time: 5:00PM End Time: 6:30PM

CDRP Staff: Dr. Jane Millar, Executive Director

Approximate quantity of materials distributed:

BHMS Brochures: 0

Referring Organization: _____

BHMS Pens: 0

Referring Organization: _____

Approximate number of attendees: 1

Center Director/Designee Signature and Date

*If outreach in other CMH/PIHP than CDRP coverage area

1. Contact CDRP responsible for that CMH/PIHP in advance to determine how to collaborate or partner on event. This avoids duplication and reduces the potential for confusion about who is the organization's contact.

Return by email by the 5th of the month to:
behavioralhealth@mediation-omc.org

Date of Event: October 7

ISO*: _____

Expected Outcome from Event: Awareness

Organization and Representative Name: Christine Gebhard, CMH Executive Director

Start Time: 4:00PM End Time: 5:00PM

CDRP Staff: Dr. Jane Millar, Executive Director

Approximate quantity of materials distributed:

BHMS Brochures: 0

Referring Organization: _____

BHMS Pens: 0

Referring Organization: _____

Approximate number of attendees: 1

Center Director/Designee Signature and Date

*If outreach in other CMH/PIHP than CDRP coverage area

1. Contact CDRP responsible for that CMH/PIHP in advance to determine how to collaborate or partner on event. This avoids duplication and reduces the potential for confusion about who is the organization's contact.

Return by email by the 5th of the month to:
behavioralhealth@mediation-omc.org

Date of Event: October 8

ISO*: _____

Expected Outcome from Event: Awareness

Organization and Representative Name: Jane Bock, President of Woman's Club

Start Time: 10:30AMM

End Time: 11:00AMM

CDRP Staff: Karen Cole, Case Manager

Approximate quantity of materials distributed:

BHMS Brochures: 0

Referring Organization: _____

BHMS Pens: 0

Referring Organization: _____

Approximate number of attendees: 1

Center Director/Designee Signature and Date

*If outreach in other CMH/PIHP than CDRP coverage area

1. Contact CDRP responsible for that CMH/PIHP in advance to determine how to collaborate or partner on event. This avoids duplication and reduces the potential for confusion about who is the organization's contact.

Return by email by the 5th of the month to:
behavioralhealth@mediation-omc.org

Date of Event: October 15

ISO*: _____

Expected Outcome from Event: Awareness

Organization and Representative Name: Creation of webpage about BHMS on NCM website

Start Time: NA

End Time: Ongoing

CDRP Staff: Dr. Jane Millar, Executive Director

Approximate quantity of materials distributed:

BHMS Brochures: 0

Referring Organization: _____

BHMS Pens: 0

Referring Organization: _____

Approximate number of attendees: NA

Center Director/Designee Signature and Date

*If outreach in other CMH/PIHP than CDRP coverage area

1. Contact CDRP responsible for that CMH/PIHP in advance to determine how to collaborate or partner on event. This avoids duplication and reduces the potential for confusion about who is the organization's contact.

Return by email by the 5th of the month to:
behavioralhealth@mediation-omc.org

Date of Event: October 12 _____

ISO*: _____

Expected Outcome from Event: Awareness _____

Organization and Representative Name: Nikki Devitt, President of Petoskey Chamber of Commerce _____

Start Time: 5:00PM _____

End Time: 6:30PM _____

CDRP Staff: Dr. Jane Millar, Executive Director _____

Approximate quantity of materials distributed:

BHMS Brochures: 0 _____

Referring Organization: _____

BHMS Pens: 0 _____

Referring Organization: _____

Approximate number of attendees: 1 _____

Center Director/Designee Signature and Date

*If outreach in other CMH/PIHP than CDRP coverage area

1. Contact CDRP responsible for that CMH/PIHP in advance to determine how to collaborate or partner on event. This avoids duplication and reduces the potential for confusion about who is the organization's contact.

Return by email by the 5th of the month to:
behavioralhealth@mediation-omc.org

Date of Event: October 19

ISO*: _____

Expected Outcome from Event: Awareness

Organization and Representative Name: Great Start Collaborative

Start Time: 9:30AM End Time: 9:45AM

CDRP Staff: Karen Cole, Case Manager

Approximate quantity of materials distributed:

BHMS Brochures: 0

Referring Organization: _____

BHMS Pens: 0

Referring Organization: _____

Approximate number of attendees: 30

Center Director/Designee Signature and Date

*If outreach in other CMH/PIHP than CDRP coverage area

1. Contact CDRP responsible for that CMH/PIHP in advance to determine how to collaborate or partner on event. This avoids duplication and reduces the potential for confusion about who is the organization's contact.

Return by email by the 5th of the month to:
behavioralhealth@mediation-omc.org

Date of Event: October 19

ISO*: _____

Expected Outcome from Event: Awareness

Organization and Representative Name: CMH Behavioral Health Town Meeting

Start Time: 3:00PM

End Time: 4:30PM

CDRP Staff: Dr. Jane Millar, Executive Director

Approximate quantity of materials distributed:

BHMS Brochures: 0

Referring Organization: _____

BHMS Pens: 0

Referring Organization: _____

Approximate number of attendees: 30

Center Director/Designee Signature and Date

*If outreach in other CMH/PIHP than CDRP coverage area

1. Contact CDRP responsible for that CMH/PIHP in advance to determine how to collaborate or partner on event. This avoids duplication and reduces the potential for confusion about who is the organization's contact.

Return by email by the 5th of the month to:
behavioralhealth@mediation-omc.org

Date of Event: October 26

ISO*: _____

Expected Outcome from Event: Awareness

Organization and Representative Name: Connecting Women in Business Vendor Table

Start Time: 11:30AM

End Time: 1:30PM

CDRP Staff: Dr. Jane Millar, Executive Director & Laura Buckingham, Case Manager

Approximate quantity of materials distributed:

BHMS Brochures: 0

Referring Organization: _____

BHMS Pens: 0

Referring Organization: _____

Approximate number of attendees: 70

Center Director/Designee Signature and Date

*If outreach in other CMH/PIHP than CDRP coverage area

1. Contact CDRP responsible for that CMH/PIHP in advance to determine how to collaborate or partner on event. This avoids duplication and reduces the potential for confusion about who is the organization's contact.

Return by email by the 5th of the month to:
behavioralhealth@mediation-omc.org

Date of Event: October 27

ISO*: _____

Expected Outcome from Event: Awareness

Organization and Representative Name: Human Services Coordinating Body Meeting

Start Time: 9:30AM

End Time: 11:00AM

CDRP Staff: Karen Cole, Case Manager

Approximate quantity of materials distributed:

BHMS Brochures: 0

Referring Organization: _____

BHMS Pens: 0

Referring Organization: _____

Approximate number of attendees: 25

Center Director/Designee Signature and Date

*If outreach in other CMH/PIHP than CDRP coverage area

1. Contact CDRP responsible for that CMH/PIHP in advance to determine how to collaborate or partner on event. This avoids duplication and reduces the potential for confusion about who is the organization's contact.

Return by email by the 5th of the month to:
behavioralhealth@mediation-omc.org

Date of Event: October 29

ISO*: _____

Expected Outcome from Event: Awareness

Organization and Representative Name: Northern Community Mediation monthly newsletter

Start Time: NA

End Time: NA

CDRP Staff: Dr. Jane Millar, Executive Director

Approximate quantity of materials distributed:

BHMS Brochures: 0

Referring Organization: _____

BHMS Pens: 0

Referring Organization: _____

Approximate number of attendees: 100

Center Director/Designee Signature and Date

*If outreach in other CMH/PIHP than CDRP coverage area

1. Contact CDRP responsible for that CMH/PIHP in advance to determine how to collaborate or partner on event. This avoids duplication and reduces the potential for confusion about who is the organization's contact.

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Program Review Questionnaire

1. What do you think would enhance this program?

I think the centers need to have more discretion in relationship to promoting the program. Everything is so restrictive that we are not able to explain fully the program. For example, by not being able to describe the relationship between OMC and the individual centers, potential clients are thinking that they have to deal with OMC rather than the local CDRP center.

2. What is a common theme you are hearing from your mediators during debrief?

Seventeen of our mediators have participated in the BHMS, but since we have not done any BHMS mediation, there has been no debrief.

3. Additional questions or comments:

None

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