

BROTHER, YOU'RE ON MY MIND

After Action Report

OMB Control Number: 0925-0648

Expiration Date: 03/31/2018

Thank you for all your work in organizing an event to support the *Brother, You're on My Mind* (BYOMM) Initiative. **Please complete the following assessment within 10 days of your event.** Omega Psi Phi Fraternity, Inc.'s international headquarters will use the information to describe the types of activities that chapters are implementing.

Organizer Name: _____

Organizer Email: _____

Organizer Phone Number: _____

Chapter Name: _____

District: _____



1. Date of event: _____

2. Location (city, state) of community event: _____

3. Type of event:

- a. Had a mental health professional speak during a chapter meeting to discuss depression and/or mental health
- b. Displayed and distributed print materials at key locations (e.g., barbershops, churches)
- c. Hosted a community forum on mental health for men
- d. Participated in a health fair and distributed materials
- e. Worked with congregations and health ministries to focus on mental health
- f. Other (please describe)

4. How many participants attended this BYOMM event? _____

5. Did you work with partners to plan or implement this BYOMM event?

- a. Yes
- b. No

BROTHER, YOU'RE ON MY MIND

After Action Report

6. Please indicate the types of partners that supported this BYOMM event (select all that apply).
- a. Community leader
 - b. Mental health organization or professional
 - c. Health care or social service (e.g., local health department, community health center)
 - d. Congregation or health ministry
 - e. School
 - f. Other Greek letter organization
 - g. Community-based organization
 - h. Other (please describe)
-
7. Did you use the BYOMM toolkit materials to plan and implement this event?
- a. Yes (please indicate how helpful these materials were)
 - Extremely helpful
 - Very helpful
 - Somewhat helpful
 - Slightly helpful
 - Not at all helpful
 - b. No (please describe why)
-
8. Did you connect participants to a mental health professional and/or organization or distribute resources on how to locate mental health resources?
- a. Yes
 - b. No
9. Were there any personal stories that were shared by participants describing the impact of the BYOMM event?
- a. Yes (please describe) _____
 - b. No
10. If you have any additional feedback about this event, please describe below