

SCCBI STAKEHOLDERS MEETING

April 26, 2022

AGENDA

12:30-1:00	REGISTRATION	<u>Closes promptly at 1:00</u>
1:00-1:10	WELCOME AND INTRODUCTIONS.....	Mike Hildebrandt
1:10-1:40	GUEST SPEAKER - ANXIETY.....	Mark Traxler – LS County
1:40-1:50	CONSUMER SPEAKER.....	Jim W.
1:50-1:55	GENERAL UPDATES.....	Mike Hildebrandt
1:55-2:10	BREAK	
2:10-2:40	GUEST SPEAKER - SCAMS.....	Chris Moellenhoff – NUPD
2:40-2:55	CONSUMER SPEAKER.....	LuAnn R.
2:55-3:10	10 COUNTY ACTIVITIES UPDATE.....	Mike Hildebrandt
3:10-3:20	CLOSING REMARKS.....	Alex Langsjoen - SCCBI
3:20-3:30	ADJOURNMENT AND GIFT CARDS	

REMINDERS:

- Registration will close promptly at 1:00pm. Please arrive early!
- Gift Cards being offered: Walmart, HyVee & Kwik Trip
- No pets, only registered service animals

Please, no smoking within 25 feet of the entry way

Thank you!



Free Parking is available in the City Parking Ramp with skyway access to the event center.



The mission of the South Central Community Based Initiative (SCCBI) is to facilitate each mental health consumer's recovery by improving their quality of life, by assisting them to assume increasing responsibility over their lives, and to help them function as actively and independently as possible in the community.

Stakeholders Survey

Is this your first Stakeholders Meeting? Yes No

Do you plan to attend future Stakeholders meetings? Yes Maybe No

Overall, how do you rate the event? It exceeded my expectations It partially met my expectations
 It met my expectations It did not meet my expectations

Were today's topics helpful toward your recovery? Yes Partly No

I learned new things: Yes Partly No

I feel more empowered after this event: Yes Partly No

What topics would you like to see covered at future Stakeholders meetings?

Please tell us more about yourself!

What mental health services have been important in your recovery? (check all that apply)

County Case Management Clubhouse Crisis Services Individual Therapy

Psychiatry/Med. Management Intensive Residential Treatment (IRTS) Group Therapy

ARMHS (Adult Rehabilitative Mental Health Services) Other _____

Please List

Thank you for completing the Stakeholders Survey!

**ONLY FILL OUT THIS SECTION IF INTERESTED IN SHARING YOUR
PERSONAL RECOVERY STORY AT A FUTURE STAKEHOLDERS MEETING**

I would like to speak at a future Stakeholders meeting! My contact information is:

Name _____ County _____ Phone Number _____
(PLEASE PRINT CLEARLY)

Turn Over for Agenda 