



# Mid-Valley Behavioral Care Network

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## MEMO

**To:** BCN Mental Health Outpatient Provider Agencies  
**From:** Kathy Savicki  
**Date:** March 2010  
**Subject:** MH Recredentialing in 2010

DATES	
Application due date:	April 12
Application reviews:	April 19
Follow-up recommendations to QMC:	May 13
Council action on recommendations:	May 21

**Underlined items to be submitted– everything else we’ll already have**

### Minimum requirements:

- A. Update of the MVBCN Membership Application, **Electronic version available on our Website at** [http://www.mvbcn.org/shop/images/ProviderRe-CredApp\\_Revised\\_Mar10.pdf](http://www.mvbcn.org/shop/images/ProviderRe-CredApp_Revised_Mar10.pdf)
- B. Letter of Approval from Oregon AMH as a provider of outpatient services
- C. Participation in MVBCN Consumer Satisfaction Survey in October 2009
- D. Satisfactory completion of Delegated Activities Review and subsequent corrective actions

### Performance measures for informational review:

- E. Progress report on agency Quality Improvement Plan, due Jan. 30, 2010
- F. Consumer satisfaction scores from October 2009 survey

### **G. ADVOCATE INVOLVEMENT IN AGENCY POLICY-MAKING PROCESSES**

Name of agency; \_\_\_\_\_

Have you used the BCN’s rubric *Consumer-Provider Collaboration for Systems Change* in any of the committees listed below? \_\_\_\_\_

Name of Committee \_\_\_\_\_

Total number of members \_\_\_\_\_

Number of family or consumer advocate members \_\_\_\_\_  
(please only count those who participate in the majority of meetings)

*Use next page if you have additional committees with advocate participation*

**Name of Committee** \_\_\_\_\_

**Total number of members** \_\_\_\_\_

**Number of family or consumer advocate members** \_\_\_\_\_  
(please only count those who participate in the majority of meetings)

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