



# Mid-Valley Behavioral Care Network

1660 Oak Street SE, Suite 230 ■ Salem, Oregon ■ 97301  
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## Quality Management Committee Application

**The purpose of the Quality Management Committee is to monitor, evaluate and improve the quality of services provided by the Mid-Valley Behavioral Care Network.**

Name \_\_\_\_\_ Date \_\_\_\_\_

Home address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

Business address (if applicable) \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

**QMC seeks to include a diversity of points of view among its membership. For which category of seat are you applying? (Check all that apply.)**

### ADVOCATE SEAT

- \_\_\_\_ Consumer/Survivor  
(primarily mental health services)
- \_\_\_\_ Consumer/Survivor  
(primarily chemical dependency services)
- \_\_\_\_ Family member (adult MH services)
- \_\_\_\_ Family member (youth MH services)
- \_\_\_\_ Family member (CD services)
- \_\_\_\_ Youth Advocate
- \_\_\_\_ Senior Advocate

### PROVIDER SEAT

- \_\_\_\_ MH sub-regional contractor
- \_\_\_\_ CD services organization
- \_\_\_\_ MH provider organization

Add any clarification about the perspective you chose, if you wish:

**Please respond to the following questions (You may attach additional sheets if you wish).**

What is your experience, if any, with the Oregon Health Plan or the MVBCN?

