



June 21, 2018

Dear Alliance Member,

Thank you for your hard work in delivering quality services to the members of our community. The Criteria Committee has evaluated the following areas: (1) participation in meetings, (2) readmission rates, and (3) length of stay, and has measured them against the criteria established for Alliance membership.

Based on the data submitted for the period _____, here is where your organization currently stands:

(1) Participation Criteria: _____ Your Performance: _____

(2) Readmission Rate Criteria: _____ Your Performance: _____

(3) Length of Stay Criteria: _____ Your Performance: _____

We value your partnership and trust that you will evaluate your current systems and develop a plan of action for each area where your organization has not met the criteria. Please send a copy of your action plan to _____ by _____ (date). We will also invite some of you to present your action plan to the criteria committee at a meeting on August 16th at Victoria Care Center. We will notify you by email by _____ (date) if you have been selected.

If you have any questions, please do not hesitate to contact us.

Sincerely,

The Criteria Committee

Committee Members / Phone Numbers:
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