AHCCCS Provider Response to SAMHSA Fidelity Review

Complete the following form in response to the SAMHSA fidelity review process conducted by AHCCCS staff.

	d contact information of provider:
l	In recovery
Metro Center	
Omega /	Act Team 602-291-5971
Type of e	vidence-based practice provider (select one):
	Permanent Supportive Housing
	Supported Employment
	Consumer Operated Services
Х	Assertive Community Treatment
What wa	s your experience with the fidelity review conducted at your agency?
The reviewers were courteous and informative. They arrived on time and engaged with all members of the team.	
What was most helpful about the fidelity review process for your agency?	
Reviewe	rs explained each metric thoroughly and asked for clarification on areas that were unclear.
What suggestions would improve the review process?	
Commer	ats from your agency regarding the findings of the review and/or the fidelity report: .
In the area of Human Resources # Practicing Act Leader scored a 2	
Conside requires	ration be allowed at times that a leader must manage two teams where they are located on same site. Act team is unique and certain skills that other leaders are not familiar with in day to day function. When a team loses the Act leader at a joint site for the s needs to be met in providing services another Act leader with these skills would be able to step in to ensure Act services continue

Date: 11/4/2019

Area of Nature of services reflects ongoing training that is needed. Intensity of services and frequency work together. Requirement of four face to face per week is often difficult as on several members may require more. Each member is required two hours, which is also difficult as some members' can while other members may need 10-20 hours based on mental and physical needs.