ADHS Provider Response to SAMHSA Fidelity Review

Complete the following form in response to the SAMHSA fidelity review process conducted by ADHS behavioral health staff.

Name an	d contact information of provider:
PSA Beh	navioral Health Agency
Gus Bus	
602-995-	.1767 X104
Type of e	vidence-based practice provider (select one):
Х	Permanent Supportive Housing
	Supported Employment
	Consumer Operated Services
	Assertive Community Treatment
What was	s your experience with the fidelity review conducted at your agency?
I was grateful for the opportunity and felt that it was a positive experience. Karen and Georgia where very professional and explained the process thoroughly. Since it was within the PSA PSHS first year I looked at the review as more a learning experience and will make all needed changes to continue to improve our program.	
What was	s most helpful about the fidelity review process for your agency?
I would say that the completed review was most helpful because of our program being so new I looked at it as more of a positive learning experience.	
What suggestions would improve the review process? I thought the process was very helpful and easy to follow.	
	nts from your agency regarding the findings of the review and/or the fidelity report:
No Comr	ment



Date: 10/14/2015