AHCCCS Provider Response to SAMHSA Fidelity Review

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

	Date: 2/15/17	
	Name and contact information of provider: Dan Wheeler, MS, LPC Sr. Clinical Director of Community Living and Residential Services 202 E Earll Dr. Suite 200 Phoenix, AZ 85012 602-599-5504	
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	Type of evidence-based practice provider (select one):	
	Х	Permanent Supportive Housing
		Supported Employment
		Consumer Operated Services
		Assertive Community Treatment
	What was y	your experience with the fidelity review conducted at your agency?
	Lifewell Be preparedne receiving fr	havioral Wellness staff found the reviewers to be friendly and professional in their responsiveness to questions as well as their responsiveness to question
		nost helpful about the fidelity review process for your agency? havioral Wellness has felt that the review process has been helpful in being able to continually maintain and improve our PSH
	What sugg	estions would improve the review process?
	Lifewell Be with the co	havioral Wellness does not have any suggestions to improve the process at this time. We feel as though the process is fair and nsiderations identified in the explanations of lower scores to identify outside influences and system constraints the review report is tive of Lifewell Behavioral Wellness's program.
	Lifewell Be during this	from your agency regarding the findings of the review and/or the fidelity report: havioral Wellness felt as thought the review process and report was fair in the assessment of the program. We appreciate that review period the report pointed out areas that were scored low that were due to influences from the system or other entities ewell Behavioral Wellness's control.