

AHCCCS Provider Response to SAMHSA Fidelity Review

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

Date: 6/17/2024

Name and contact information of provider:

Adina White

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Type of evidence-based practice provider (select one):

<input checked="" type="checkbox"/>	Permanent Supportive Housing
<input type="checkbox"/>	Supported Employment
<input type="checkbox"/>	Consumer Operated Services
<input type="checkbox"/>	Assertive Community Treatment

What was your experience with the fidelity review conducted at your agency? The reviewers were very patient and understanding, given I am new in my understanding the whole SAMHSA Fidelity review.

What was most helpful about the fidelity review process for your agency? The responses to my questions were helpful. I did not feel pressured or intimidated when answering questions. This review was an absolute learning experience for me.

What suggestions would improve the review process? I have no suggestions at this time.

Comments from your agency regarding the findings of the review and/or the fidelity report: I am pleased with the final scoring. I see the areas in need for improvement for the Shape program and providing services for our members.

