

AHCCCS Provider Response to SAMHSA Fidelity Review

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

Date: April 12-14

Name and contact information of provider:

Paul Buttermore
Program Director
Southwest Behavioral and Health
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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 audit was different with the it being virtual for the first time. Overall, the audit was a positive experience. We appreciate the feedback and the opportunity to be better.

What was most helpful about the fidelity review process for your agency? I always find the chart review and client interviews the most helpful. The feedback we get from having someone outside our agency is important.

What suggestions would improve the review process? We would like to see a separation of the audit score between the PSH team and the PNO clinics.

Comments from your agency regarding the findings of the review and/or the fidelity report: We accepted the findings and will work with our team and the PNO clinics to improve.

