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

**Date:** 9/10/14

**Name and contact information of provider:**
Osborn ACT CC Jennifer Starks  602-269-5319

**Type of evidence-based practice provider (select one):**
- Permanent Supportive Housing
- Supported Employment
- Consumer Operated Services
- **X** Assertive Community Treatment

**What was your experience with the fidelity review conducted at your agency?**
I’m a new ACT CC so this was my first fidelity review ever. I found the expectations were made clear and the collaborative process made it feel easy and made it a valuable learning experience.

**What was most helpful about the fidelity review process for your agency?**
The expectations were clear. I learned a lot more about the ACT model and ACT fidelity specifically.

**What suggestions would improve the review process?**
I found the review process very collaborative and a valuable learning experience. I thought the expectations were clear at the beginning.

**Comments from your agency regarding the findings of the review and/or the fidelity report:**
1. How do other ACT teams affiliate/assign staff in regards to item H2?
2. How do other ACT team provide counseling (not SA counseling) directly by the team?
3. The team has med obs daily which seems to eat into the amount of time the staff have to engage out in the community with clients who are not on meds obs. How do other ACT teams find the **time to see the less acute members consistently.**