

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.

Date:
Name and contact information of provider:

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

What was most helpful about the fidelity review process for your agency?
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What suggestions would improve the review process?
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Comments from your agency regarding the findings of the review and/or the fidelity report:
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