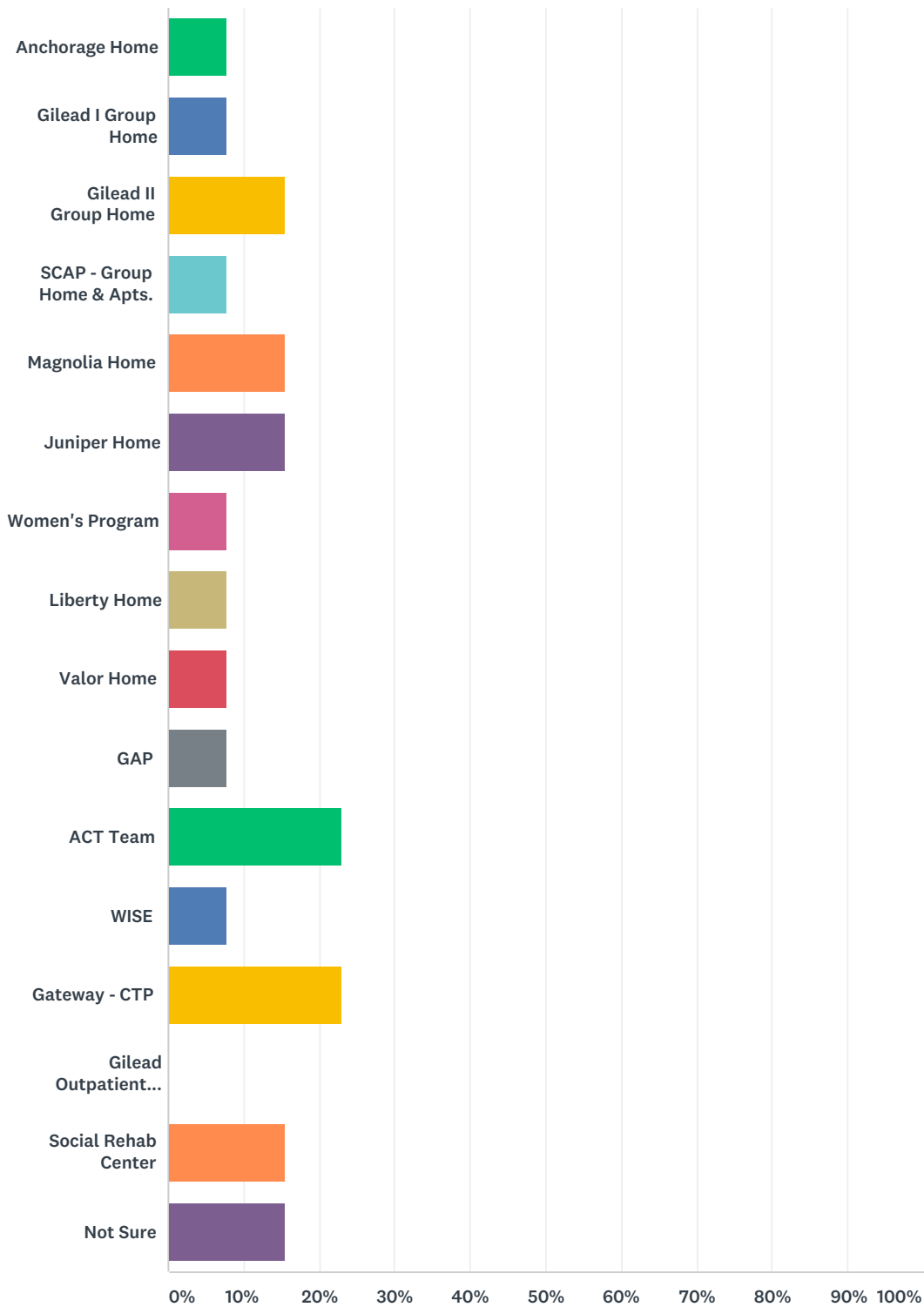


Q1 Please indicate all Gilead Community Services Programs that your client(s) is/are involved in (Check ALL that apply):

Answered: 13 Skipped: 0



ANSWER CHOICES

RESPONSES

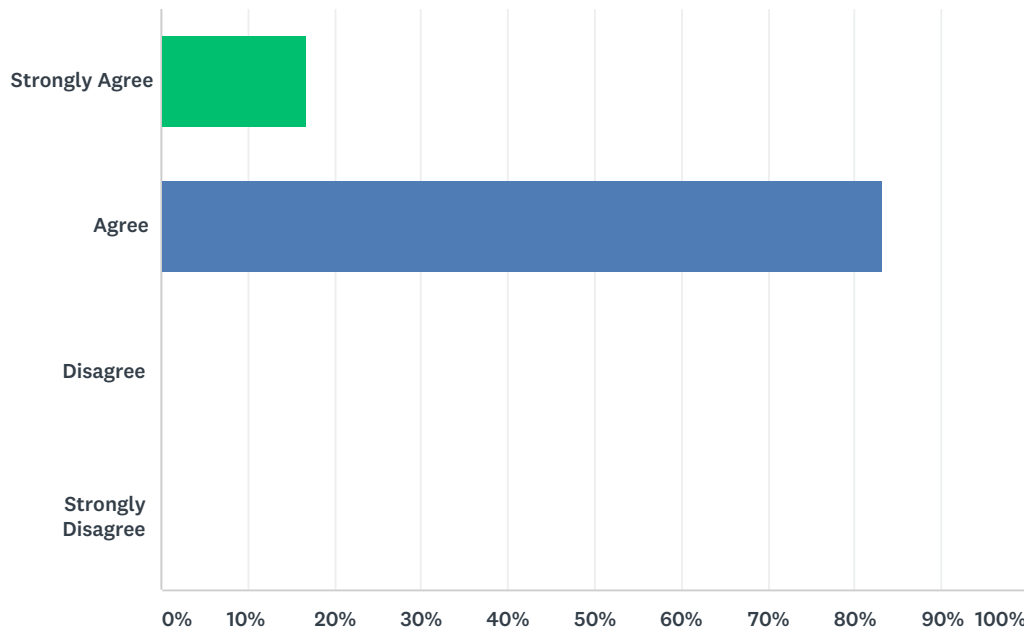
COLLABORATIVE TREATMENT PROVIDER SURVEY

SurveyMonkey

Anchorage Home	7.69%	1
Gilead I Group Home	7.69%	1
Gilead II Group Home	15.38%	2
SCAP - Group Home & Apts.	7.69%	1
Magnolia Home	15.38%	2
Juniper Home	15.38%	2
Women's Program	7.69%	1
Liberty Home	7.69%	1
Valor Home	7.69%	1
GAP	7.69%	1
ACT Team	23.08%	3
WISE	7.69%	1
Gateway - CTP	23.08%	3
Gilead Outpatient Clinics	0.00%	0
Social Rehab Center	15.38%	2
Not Sure	15.38%	2
Total Respondents: 13		

Q2 If I referred any clients to Gilead this past year, I have been satisfied with the admission and orientation process [Skip if not applicable].

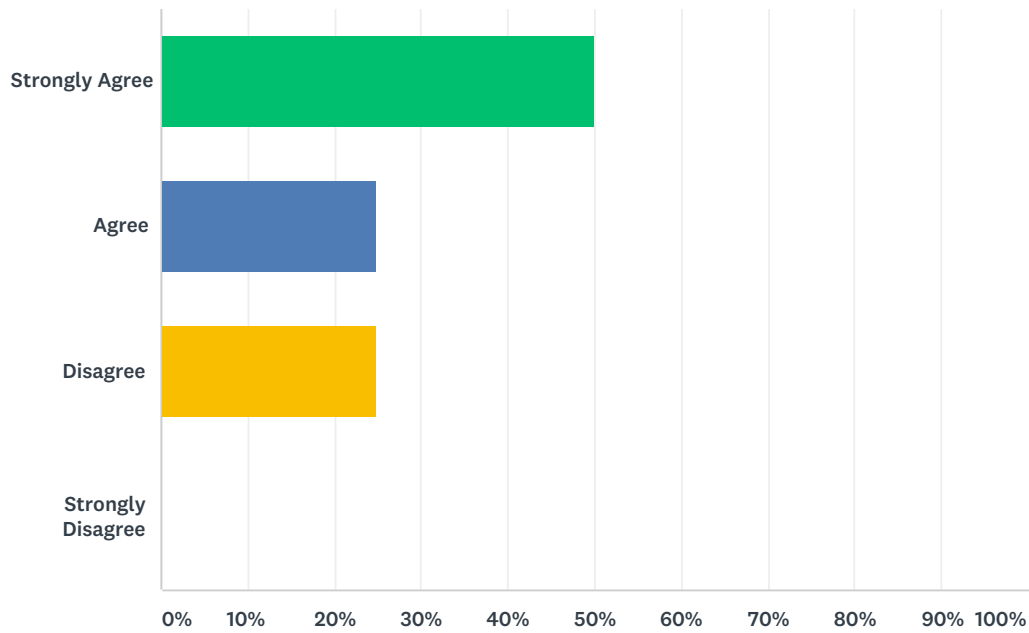
Answered: 6 Skipped: 7



ANSWER CHOICES	RESPONSES
Strongly Agree	16.67% 1
Agree	83.33% 5
Disagree	0.00% 0
Strongly Disagree	0.00% 0
TOTAL	6

Q3 I have been invited to participate in Gilead's Treatment Planning Meetings at least annually.

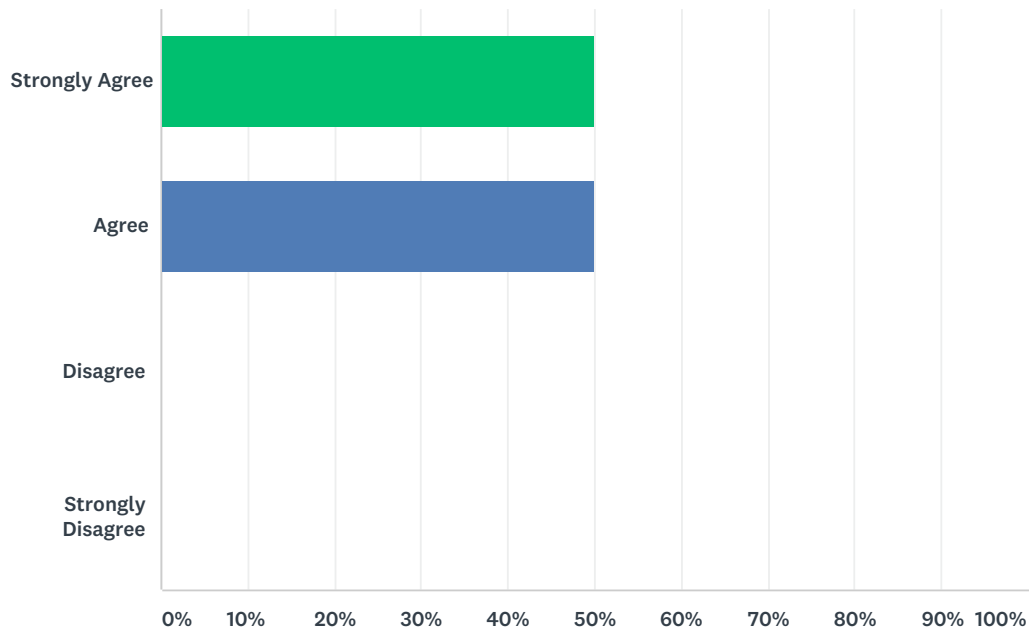
Answered: 8 Skipped: 5



ANSWER CHOICES	RESPONSES	
Strongly Agree	50.00%	4
Agree	25.00%	2
Disagree	25.00%	2
Strongly Disagree	0.00%	0
TOTAL		8

Q4 Communication (including telephone calls) with Gilead Staff Members has been effective and timely.

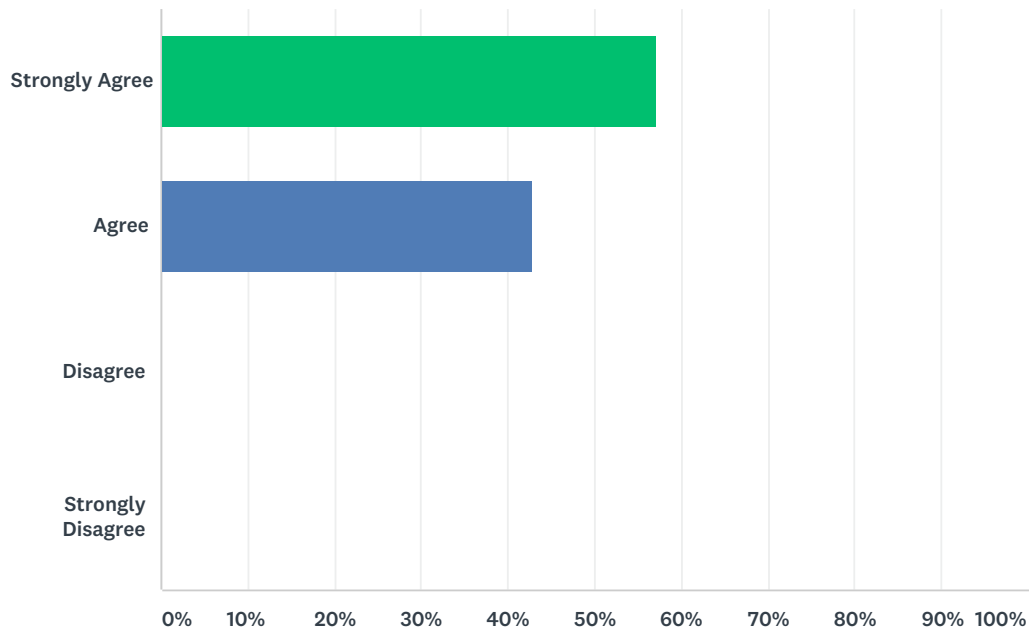
Answered: 10 Skipped: 3



ANSWER CHOICES	RESPONSES	
Strongly Agree	50.00%	5
Agree	50.00%	5
Disagree	0.00%	0
Strongly Disagree	0.00%	0
TOTAL		10

Q5 The coordination of services between my agency and Gilead has been productive.

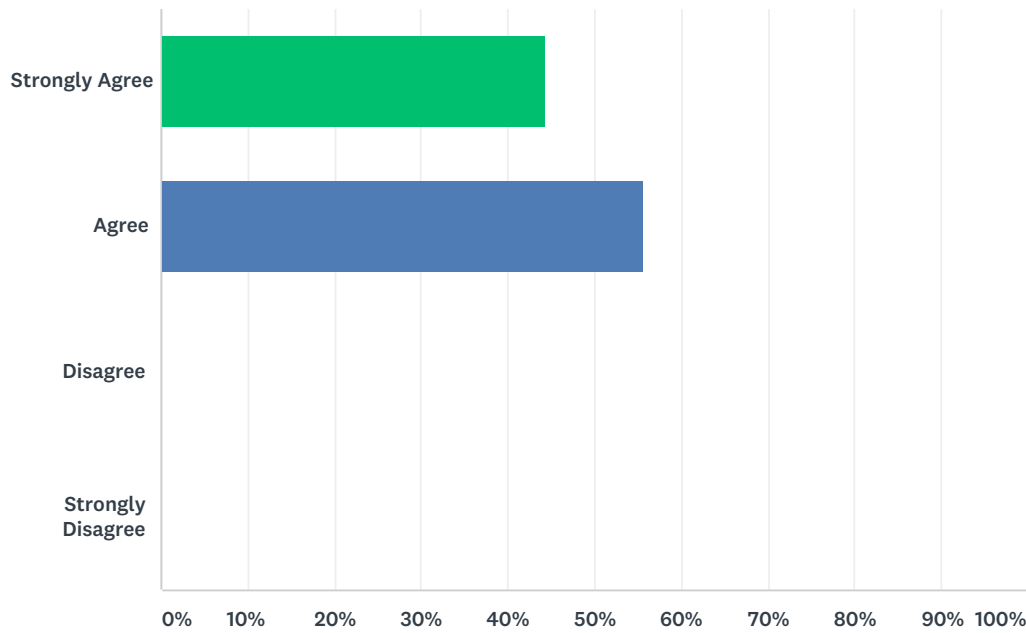
Answered: 7 Skipped: 6



ANSWER CHOICES	RESPONSES	
Strongly Agree	57.14%	4
Agree	42.86%	3
Disagree	0.00%	0
Strongly Disagree	0.00%	0
TOTAL		7

Q6 Gilead staff are responsive when there is a problem or specific issue that requires attention.

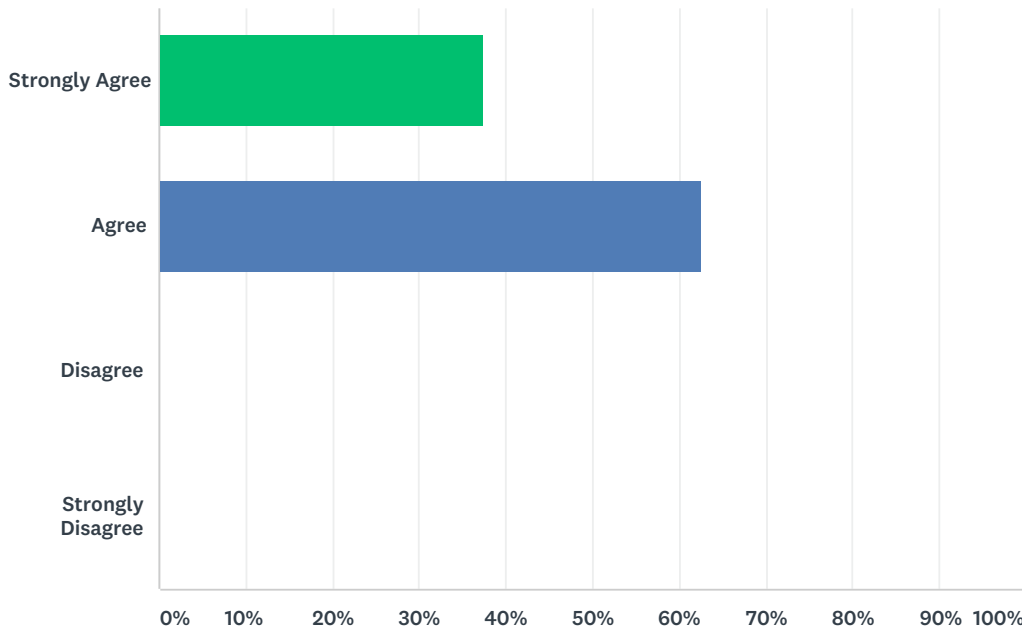
Answered: 9 Skipped: 4



ANSWER CHOICES	RESPONSES	
Strongly Agree	44.44%	4
Agree	55.56%	5
Disagree	0.00%	0
Strongly Disagree	0.00%	0
TOTAL		9

Q7 I feel Gilead succeeds in its mission to provide "...high quality health care and recovery support services in the home and community to improve mental health, physical well being, independence, and community integration..."

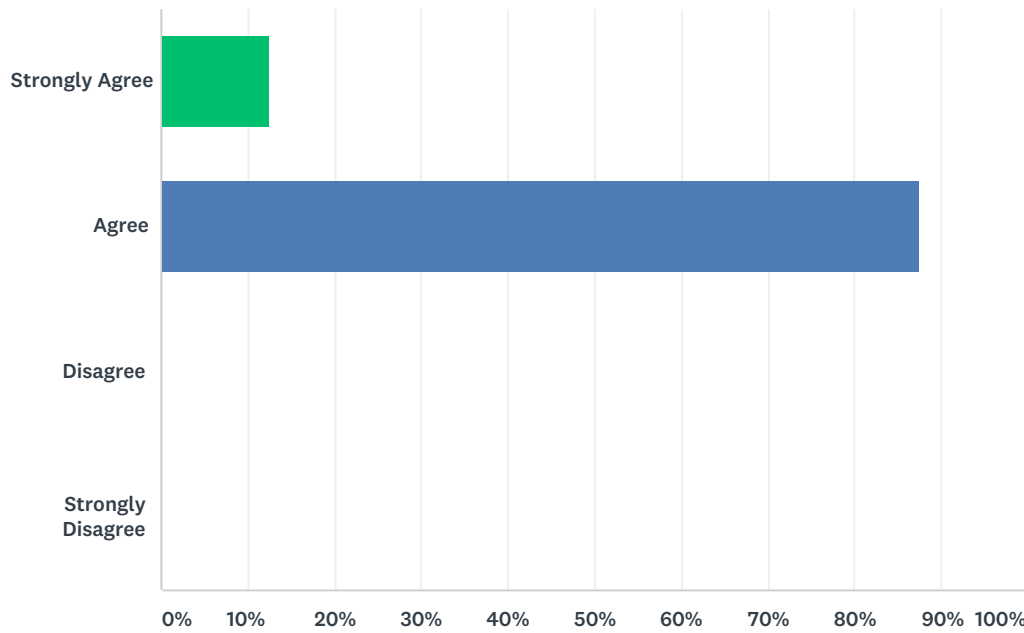
Answered: 8 Skipped: 5



ANSWER CHOICES	RESPONSES	
Strongly Agree	37.50%	3
Agree	62.50%	5
Disagree	0.00%	0
Strongly Disagree	0.00%	0
TOTAL		8

Q8 It has been my experience that Gilead's staff appropriately match treatment with client needs.

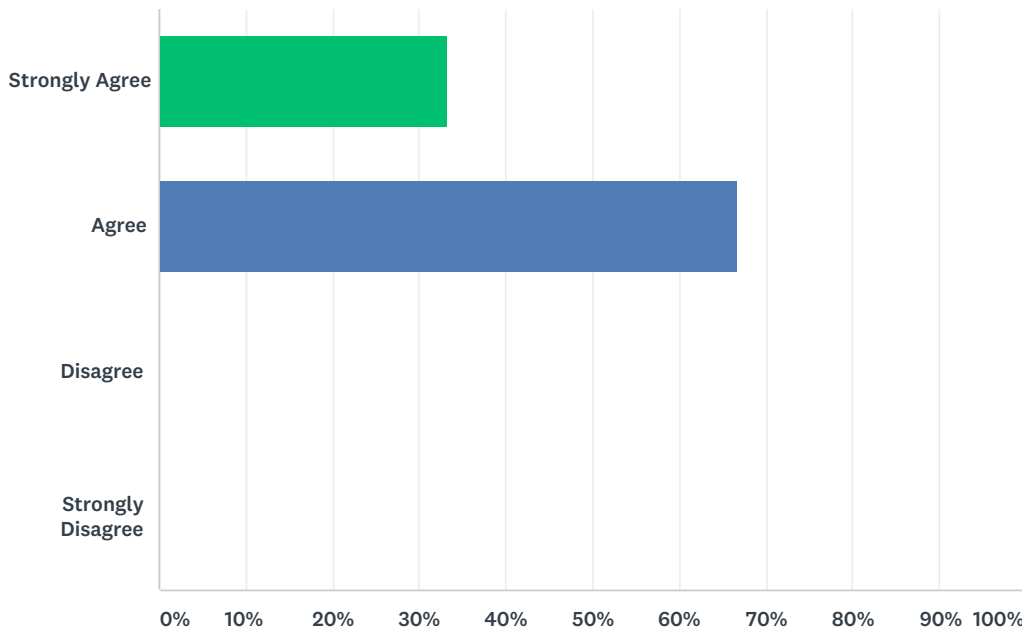
Answered: 8 Skipped: 5



ANSWER CHOICES	RESPONSES	
Strongly Agree	12.50%	1
Agree	87.50%	7
Disagree	0.00%	0
Strongly Disagree	0.00%	0
TOTAL		8

Q9 Overall, I am satisfied with the services the client(s) receive(s) through Gilead.

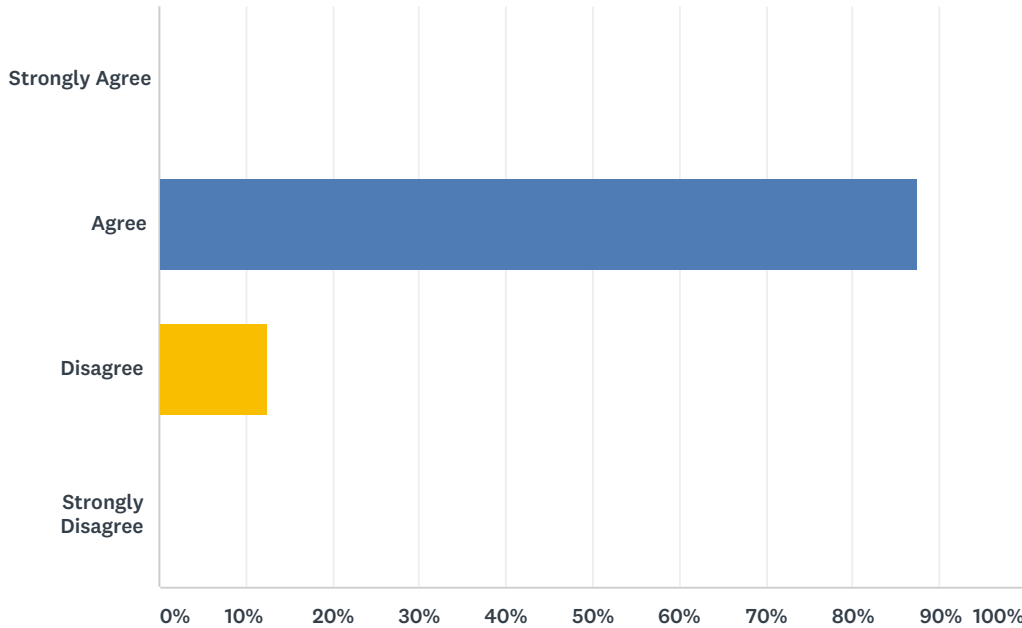
Answered: 9 Skipped: 4



ANSWER CHOICES	RESPONSES
Strongly Agree	33.33% 3
Agree	66.67% 6
Disagree	0.00% 0
Strongly Disagree	0.00% 0
TOTAL	9

Q10 I feel that Gilead Community Services adequately addresses barriers in the following areas: architecture, environment, attitudes, finances, employment, communication, transportation, technology, community integration, cultural sensitivity, or other areas.

Answered: 8 Skipped: 5



ANSWER CHOICES	RESPONSES	
Strongly Agree	0.00%	0
Agree	87.50%	7
Disagree	12.50%	1
Strongly Disagree	0.00%	0
TOTAL		8

Q11 General Comments or recommendations to improve this survey:

Answered: 4 Skipped: 9

Q12 Please enter your name and/or agency name if desired [OPTIONAL].

Answered: 3 Skipped: 10

ANSWER CHOICES	RESPONSES	
Your Name:	100.00%	3
Agency Name:	100.00%	3
Address:	0.00%	0
Address 2:	0.00%	0
City/Town:	0.00%	0
State:	0.00%	0
ZIP/Postal Code:	0.00%	0
Country:	0.00%	0
Email Address:	0.00%	0
Phone Number:	0.00%	0

Q13 If you would be interested in receiving these survey notifications through email in the future, please provide your email address. Your email address will not be shared with anyone outside of Gilead Community Services. NOTE: you will also need to indicate your name in the above question for us to link your email to your name for future surveys. [OPTIONAL].

Answered: 3 Skipped: 10

ANSWER CHOICES	RESPONSES
Your Name:	0.00% 0
Agency Name:	0.00% 0
Address:	0.00% 0
Address 2:	0.00% 0
City/Town:	0.00% 0
State:	0.00% 0
ZIP/Postal Code:	0.00% 0
Country:	0.00% 0
Email Address:	100.00% 3
Phone Number:	0.00% 0