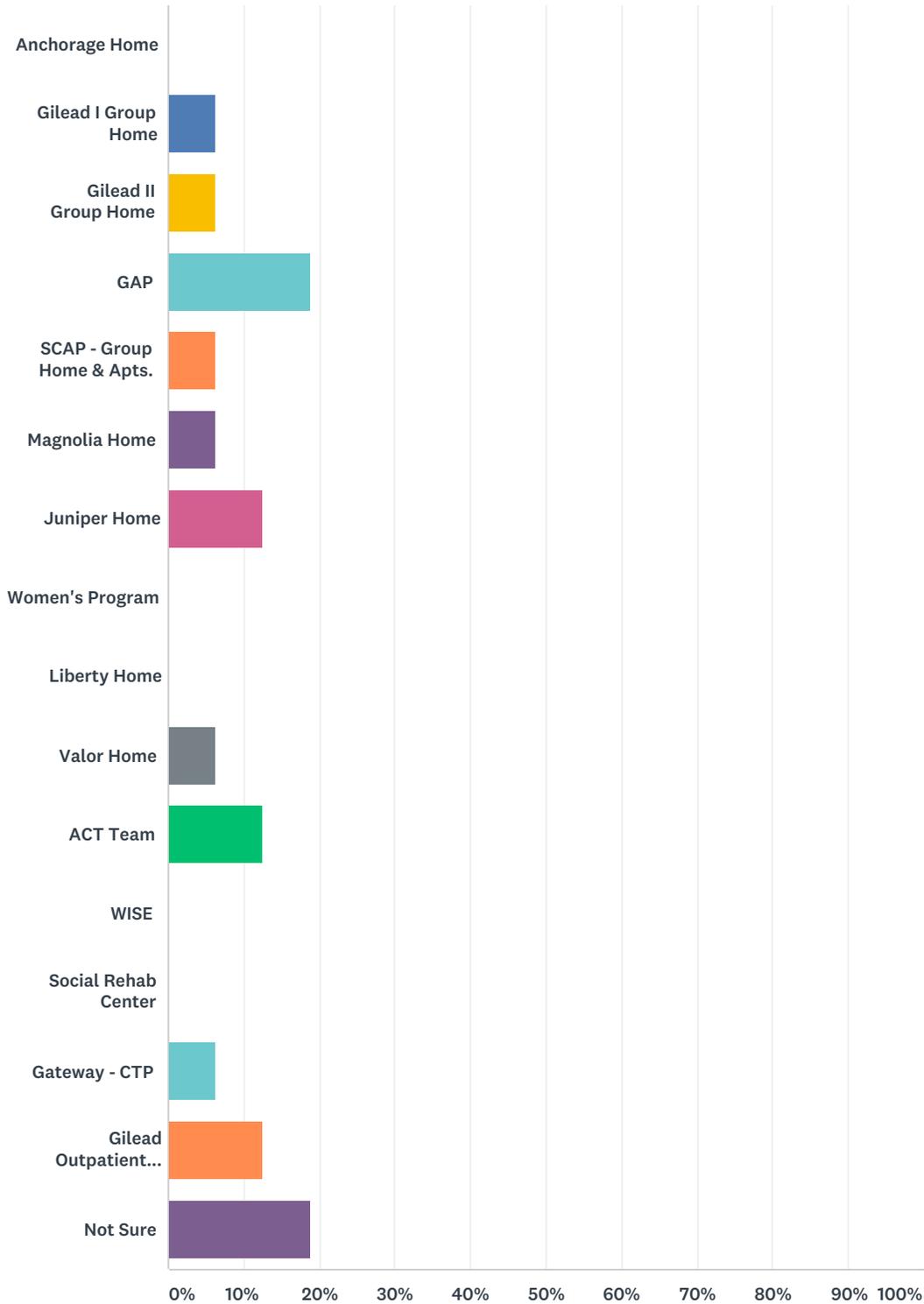


Q1 Please indicate all Gilead Community Services' Programs that your family member or friend is involved in (Check ALL that apply):

Answered: 16 Skipped: 0



ANSWER CHOICES

RESPONSES

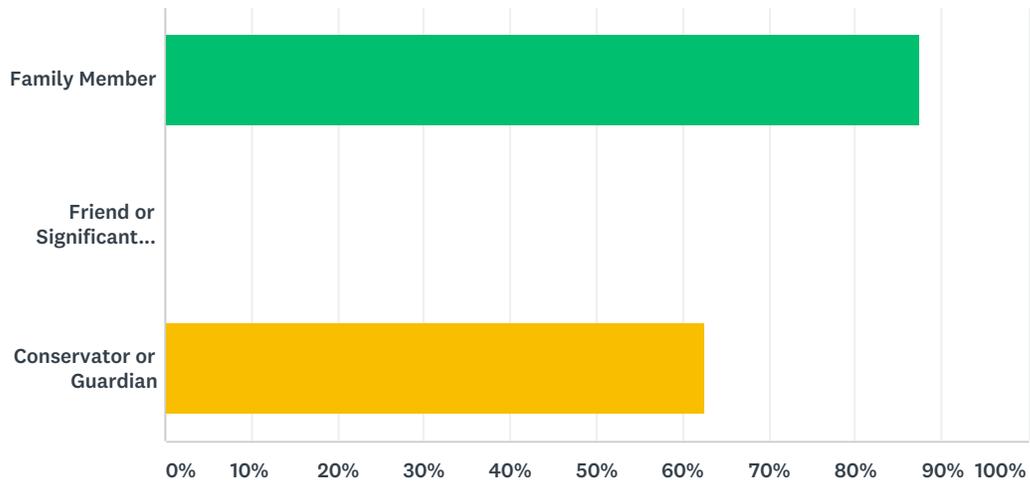
Gilead Family & Friends Survey (FY-2020)

SurveyMonkey

Anchorage Home	0.00%	0
Gilead I Group Home	6.25%	1
Gilead II Group Home	6.25%	1
GAP	18.75%	3
SCAP - Group Home & Apts.	6.25%	1
Magnolia Home	6.25%	1
Juniper Home	12.50%	2
Women's Program	0.00%	0
Liberty Home	0.00%	0
Valor Home	6.25%	1
ACT Team	12.50%	2
WISE	0.00%	0
Social Rehab Center	0.00%	0
Gateway - CTP	6.25%	1
Gilead Outpatient Clinics	12.50%	2
Not Sure	18.75%	3
Total Respondents: 16		

Q2 Please indicate your relationship to the individual receiving services from Gilead:

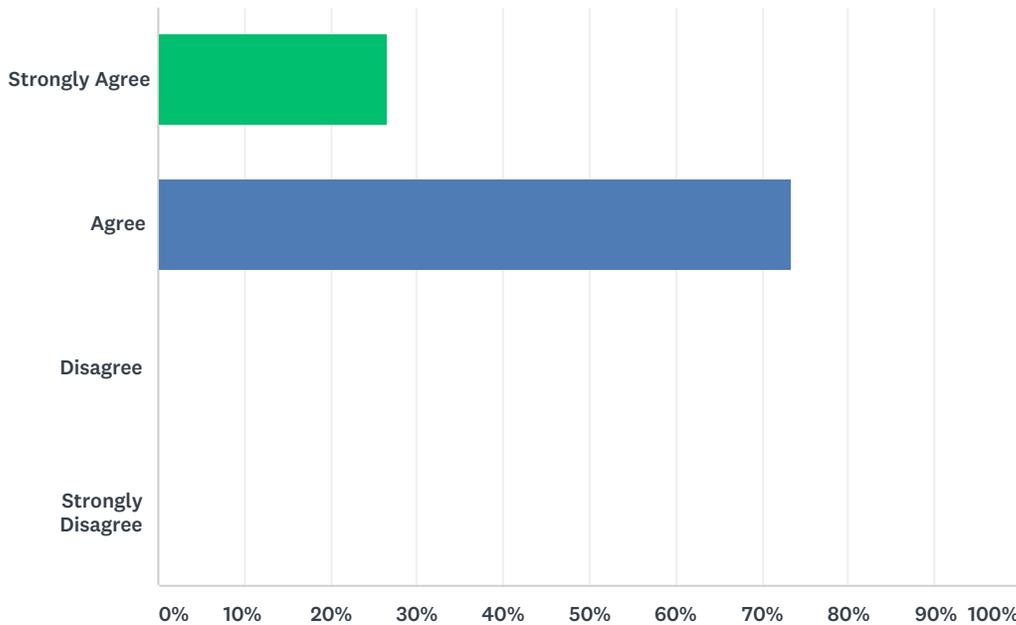
Answered: 16 Skipped: 0



ANSWER CHOICES	RESPONSES	
Family Member	87.50%	14
Friend or Significant Other	0.00%	0
Conservator or Guardian	62.50%	10
Total Respondents: 16		

Q3 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.

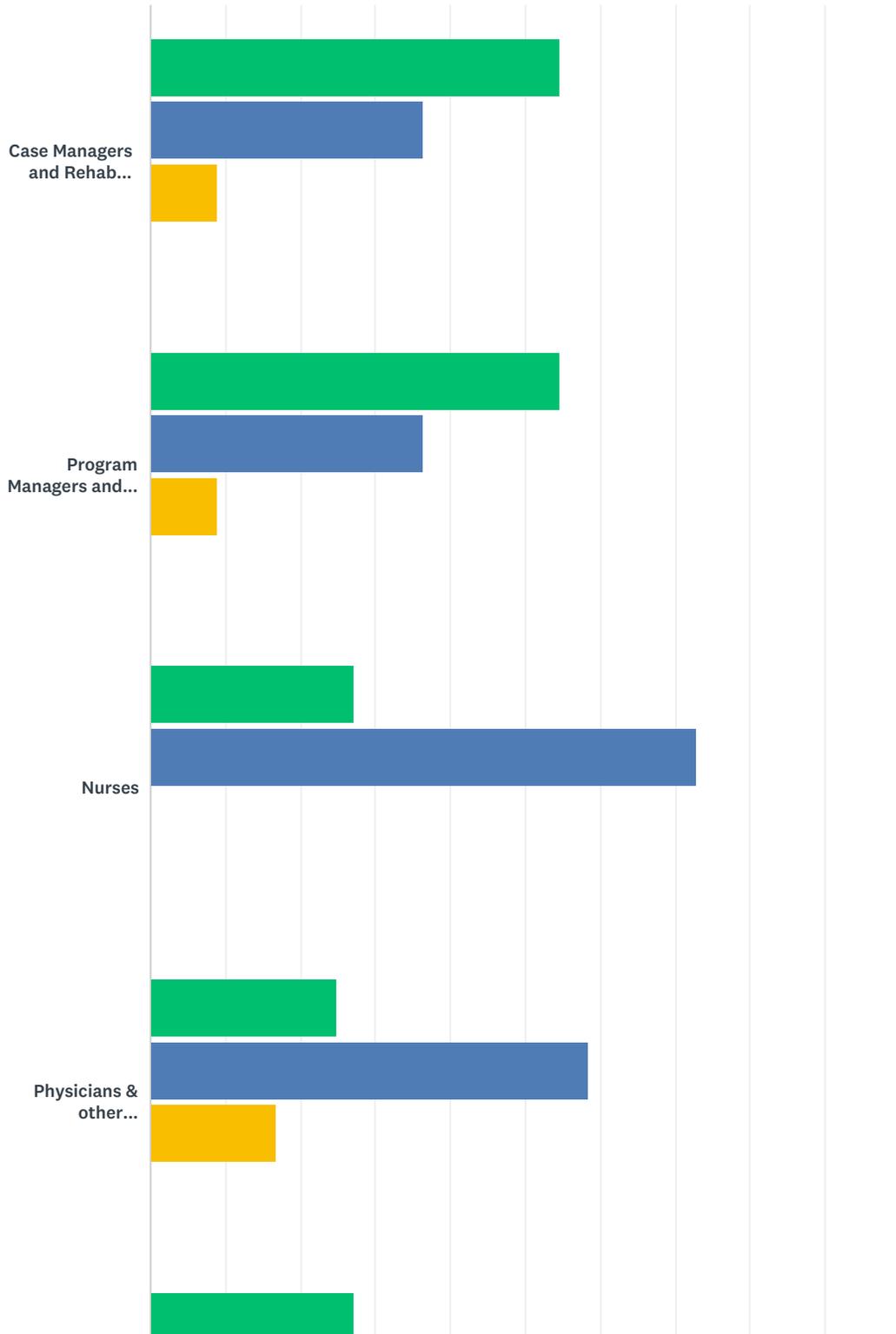
Answered: 15 Skipped: 1

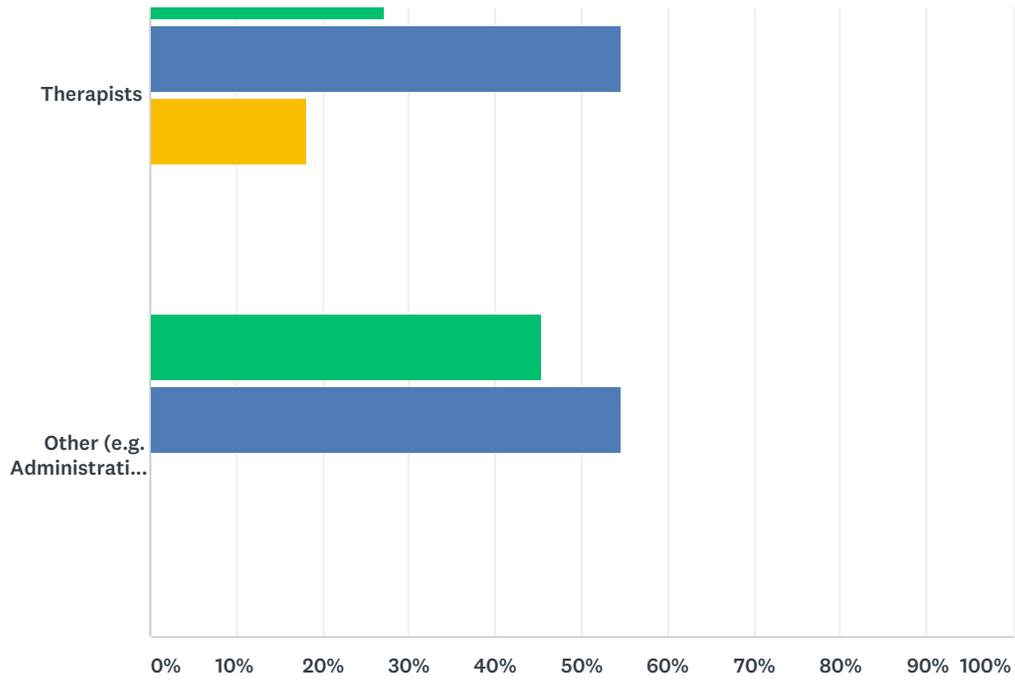


ANSWER CHOICES	RESPONSES
Strongly Agree	26.67% 4
Agree	73.33% 11
Disagree	0.00% 0
Strongly Disagree	0.00% 0
TOTAL	15

Q4 I am satisfied with the availability, adequacy, & consistency of communication with the following Gilead staff (in areas such as treatment progress, medication changes, staff assignments, incidents, & other communications):

Answered: 14 Skipped: 2



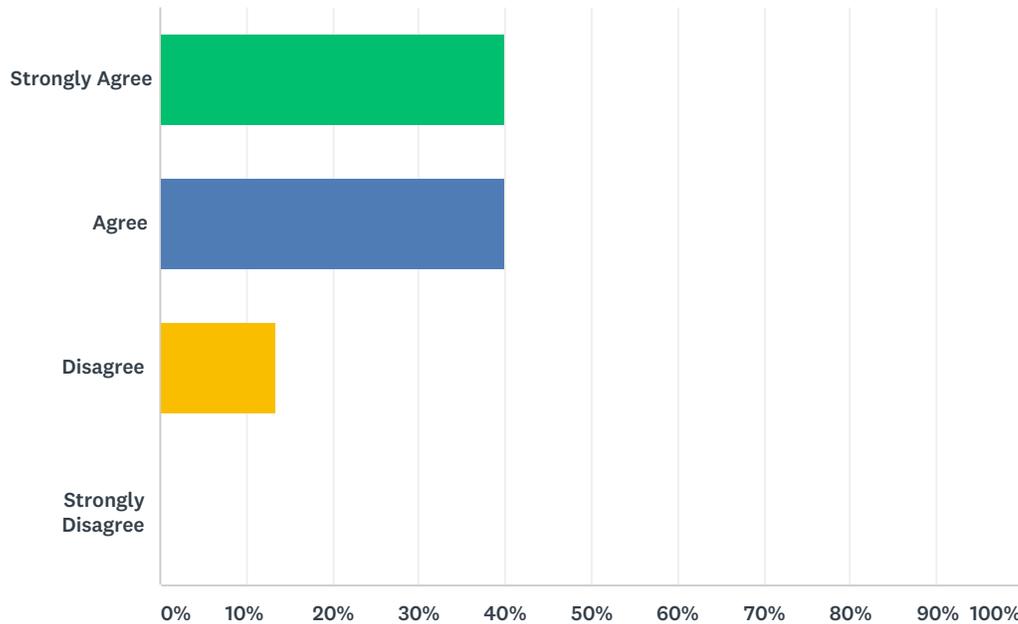


■ Strongly Agree
 ■ Agree
 ■ Disagree
 ■ Strongly Disagree

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	TOTAL
Case Managers and Rehab Counselors	54.55% 6	36.36% 4	9.09% 1	0.00% 0	11
Program Managers and Program Directors	54.55% 6	36.36% 4	9.09% 1	0.00% 0	11
Nurses	27.27% 3	72.73% 8	0.00% 0	0.00% 0	11
Physicians & other Prescribers	25.00% 3	58.33% 7	16.67% 2	0.00% 0	12
Therapists	27.27% 3	54.55% 6	18.18% 2	0.00% 0	11
Other (e.g. Administration, etc.)	45.45% 5	54.55% 6	0.00% 0	0.00% 0	11

Q5 Gilead asks for my input on the Treatment Plan of my family member or friend, invites me to treatment meetings, considers my suggestions, and monitors adherence to the Treatment Plan.

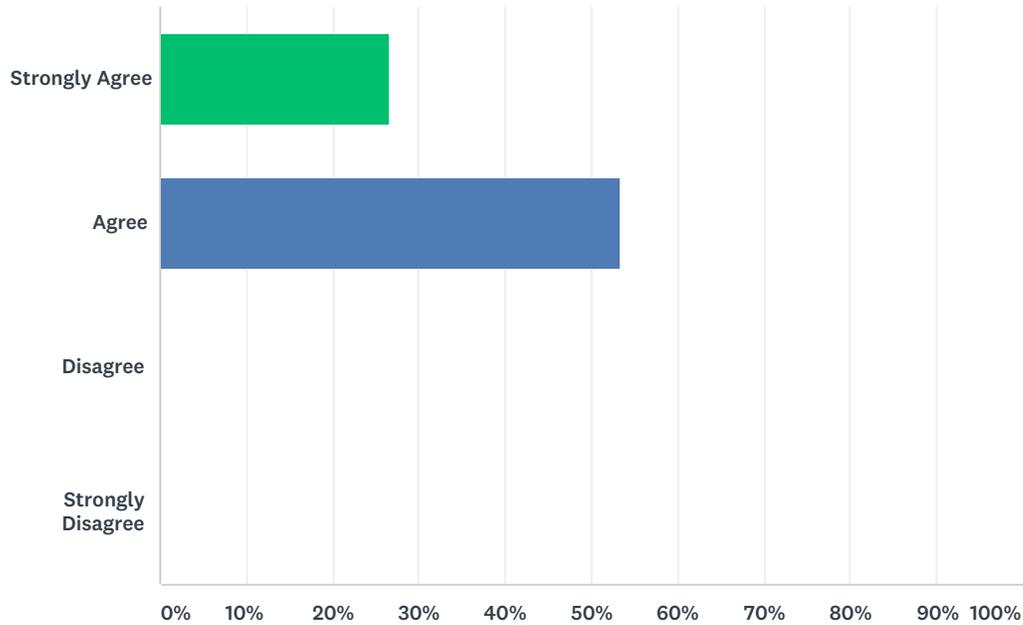
Answered: 15 Skipped: 1



ANSWER CHOICES	RESPONSES	
Strongly Agree	40.00%	6
Agree	40.00%	6
Disagree	13.33%	2
Strongly Disagree	0.00%	0
TOTAL		15

Q6 Gilead staff follows through on providing agreed-upon services.

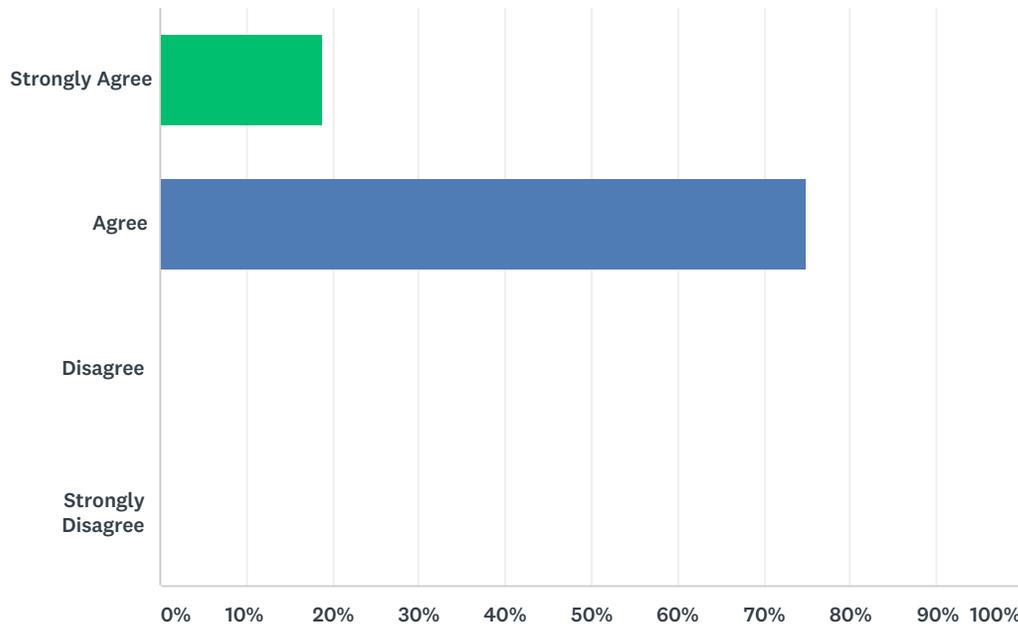
Answered: 15 Skipped: 1



ANSWER CHOICES	RESPONSES	
Strongly Agree	26.67%	4
Agree	53.33%	8
Disagree	0.00%	0
Strongly Disagree	0.00%	0
TOTAL		15

Q7 Gilead staff decisions regarding my family member or friend are appropriate and timely.

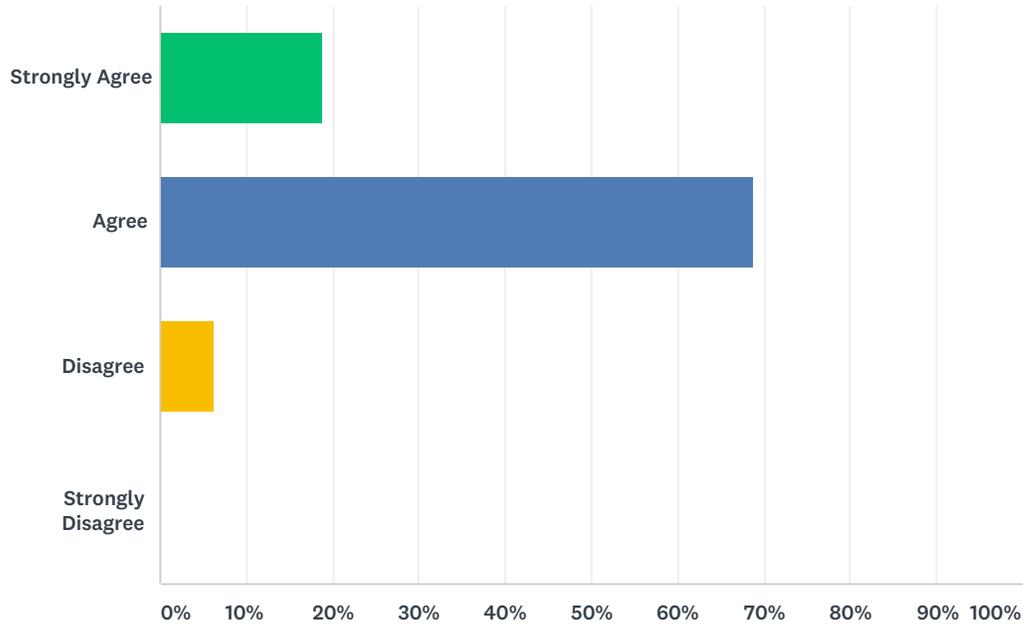
Answered: 16 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly Agree	18.75%	3
Agree	75.00%	12
Disagree	0.00%	0
Strongly Disagree	0.00%	0
TOTAL		16

Q8 Gilead staff have the appropriate knowledge and skills to provide effective services.

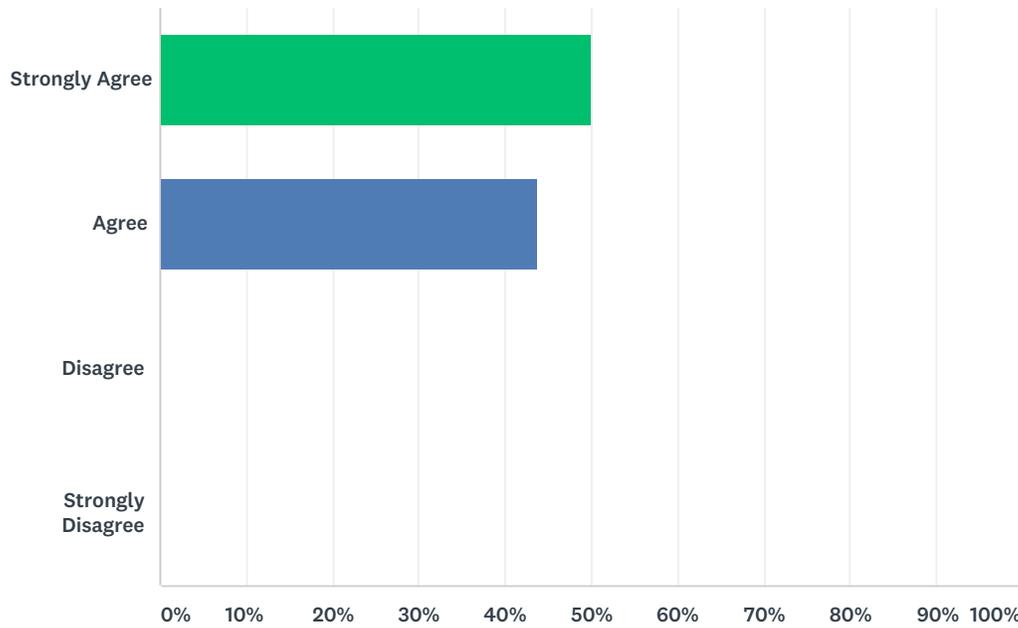
Answered: 16 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly Agree	18.75%	3
Agree	68.75%	11
Disagree	6.25%	1
Strongly Disagree	0.00%	0
TOTAL		16

Q9 My family member or friend's quality of life has improved due to the services received from Gilead.

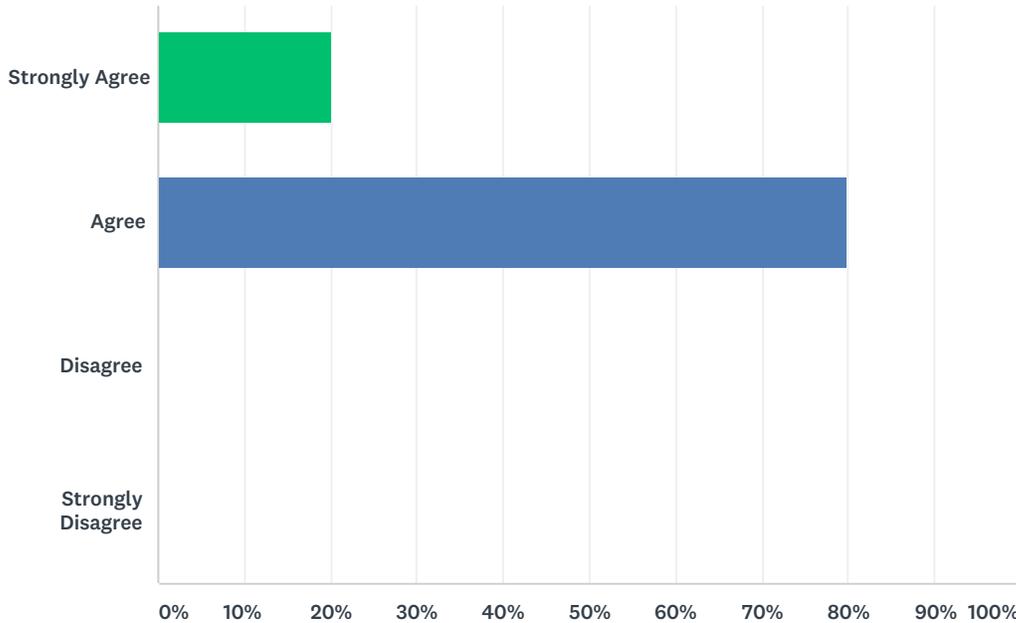
Answered: 16 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly Agree	50.00%	8
Agree	43.75%	7
Disagree	0.00%	0
Strongly Disagree	0.00%	0
TOTAL		16

Q10 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..."

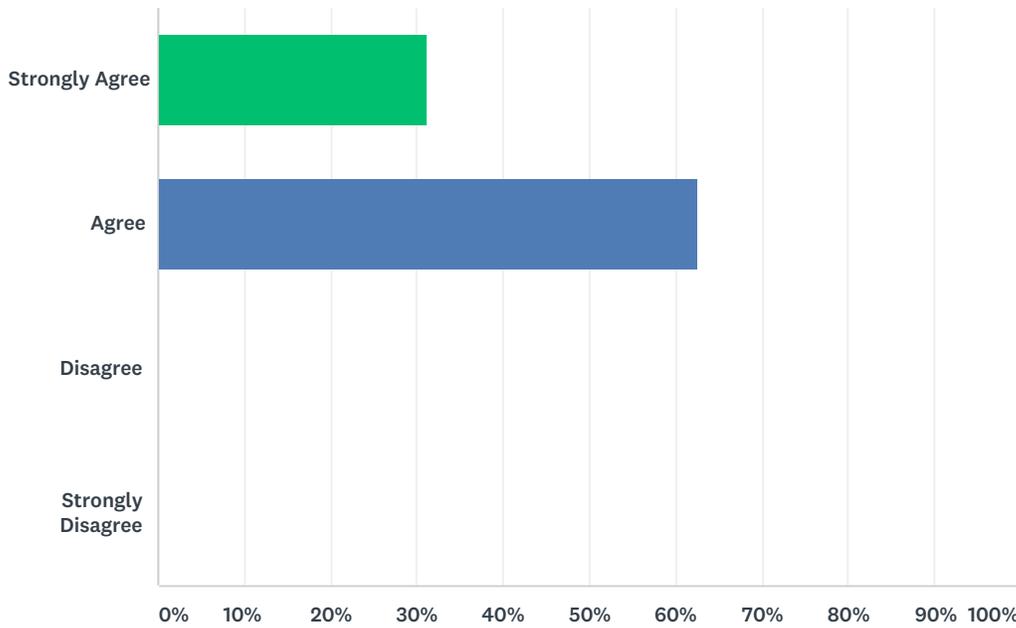
Answered: 15 Skipped: 1



ANSWER CHOICES	RESPONSES	
Strongly Agree	20.00%	3
Agree	80.00%	12
Disagree	0.00%	0
Strongly Disagree	0.00%	0
TOTAL		15

Q11 Overall, I am satisfied with the services my family member or friend is receiving from Gilead.

Answered: 16 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly Agree	31.25%	5
Agree	62.50%	10
Disagree	0.00%	0
Strongly Disagree	0.00%	0
TOTAL		16

Q12 Please enter your name, if desired (OPTIONAL):

Answered: 12 Skipped: 4

ANSWER CHOICES	RESPONSES	
Your Name:	100.00%	12
Agency Name:	0.00%	0
Address:	0.00%	0
Address 2:	0.00%	0
City/Town:	0.00%	0
State:	0.00%	0
ZIP:	0.00%	0
Country:	0.00%	0
Email Address:	0.00%	0
Phone Number:	0.00%	0

Q13 If you would like to be contacted by Gilead regarding your survey responses, please leave your name and email address below. Your email address will not be shared with anyone outside of Gilead Community Services. (OPTIONAL)

Answered: 3 Skipped: 13

ANSWER CHOICES	RESPONSES	
Name	100.00%	3
Email	66.67%	2

Q14 If you would be interested in receiving these survey notifications through email in the future, please provide your name and email address below. Your email address will not be shared with anyone outside of Gilead Community Services (OPTIONAL).

Answered: 5 Skipped: 11

ANSWER CHOICES	RESPONSES	
Name:	100.00%	5
Company:	0.00%	0
Address:	0.00%	0
Address 2:	0.00%	0
City/Town:	0.00%	0
State:	0.00%	0
ZIP:	0.00%	0
Country:	0.00%	0
Email Address:	100.00%	5
Phone Number:	0.00%	0

Q15 If you are interested in learning more about volunteering, attending events, or other ways of getting involved, please leave your name and email address below. (OPTIONAL)

Answered: 4 Skipped: 12

ANSWER CHOICES	RESPONSES	
Name	100.00%	4
Email	50.00%	2

**Q16 Name of your family member, friend, or significant other
(OPTIONAL):**

Answered: 11 Skipped: 5