

Gilead Community Services, Inc.

**ALL PROGRAMS
FAMILY & FRIEND SATISFACTION SURVEY REPORT
(FY-2011)**

[1] Response Rate & Respondents:

	<u>All Programs (FY-11)</u>	<u>All Programs (FY-10)</u>
Response Rate:	30% (38 of 127)	42% (49 of 117)
<u>Survey Responders who indicated they were:</u>		
Family Members:	*87%	*88%
Friend or Significant Others:	3%	0%
Conservators or Guardians:	*32%	*22%
Not Indicated:	0%	0%

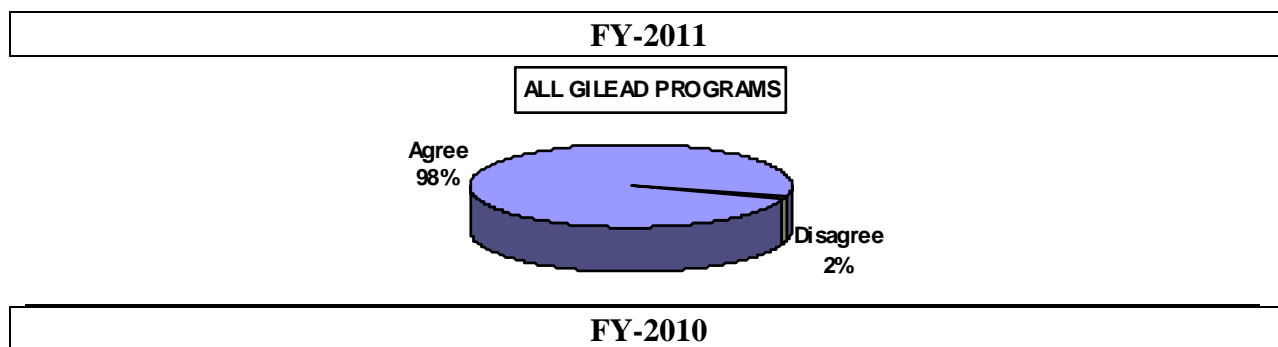
** Some responders indicated they are both family members and Conservators or Guardians.*

Percent of Total Respondents who indicated their family member or friend was involved in the following programs (& last year's percentage):

	2% (N/A) – Liberty Home	2% (N/A) – Women's Program
14% (16%) – Gilead I	4% (6%) – GWY-CTP	2% (0%) – Baldwin Home
6% (6%) – Gilead II	10% (6%) – Rehab Ctr.	0% (2%) – Iris Home
9% (18%) – GAP	6% (6%) – Outpatient	0% (0%) – Anchorage Home
13% (20%) – ACT	14% (10%) – SCAP	18% (29%) – Not Sure / No Answer

SURVEY RESPONSES AS FOLLOWS:

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



Not Applicable

[2] 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):

(a) Case Managers and Rehab Counselors

FY-2011



FY-2010

Not Applicable

(b) Program Managers and Program Directors

FY-2011



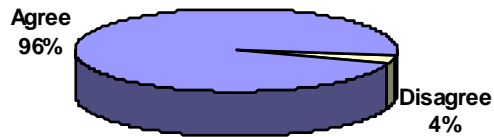
FY-2010

Not Applicable

(c) Nurses

FY-2011

ALL GILEAD PROGRAMS



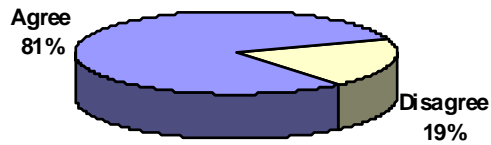
FY-2010

Not Applicable

(d) Physicians & other Prescribers

FY-2011

ALL GILEAD PROGRAMS

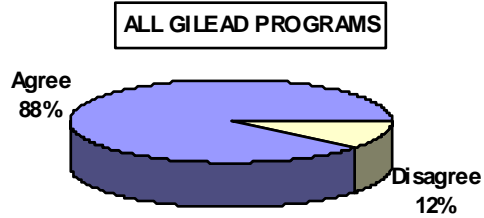


FY-2010

Not Applicable

(e) Therapists

FY-2011



FY-2010

Not Applicable

(f) Other (e.g. Administration, etc.)

FY-2011



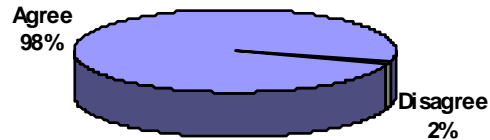
FY-2010

Not Applicable

[3] 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.

FY-2011

ALL GILEAD PROGRAMS



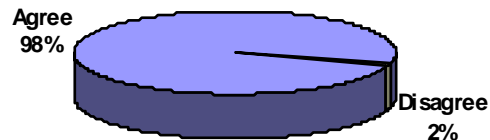
FY-2010

Not Applicable

[4] Gilead staff follows through on providing agreed-upon services.

FY-2011

ALL GILEAD PROGRAMS



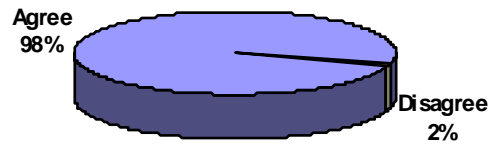
FY-2010

Not Applicable

[5] Gilead staff decisions regarding my family member or friend are appropriate and timely.

FY-2011

ALL GILEAD PROGRAMS



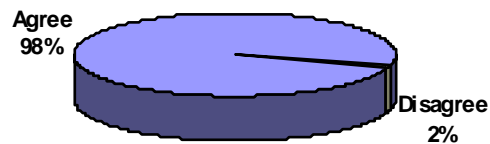
FY-2010

Not Applicable

[6] Gilead staff have the appropriate knowledge and skills to provide effective services.

FY-2011

ALL GILEAD PROGRAMS

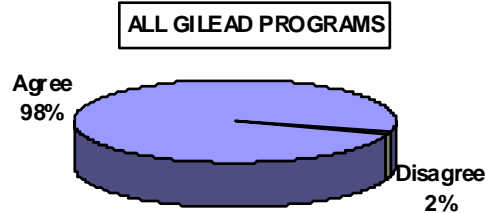


FY-2010

Not Applicable

[7] My family member or friend’s quality of life has improved due to the services received from Gilead.

FY-2011

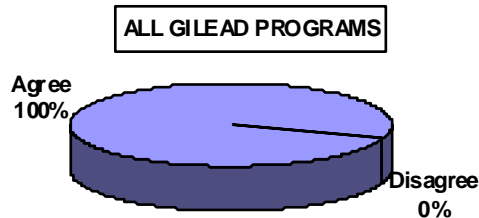


FY-2010



[8] 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...”.

FY-2011



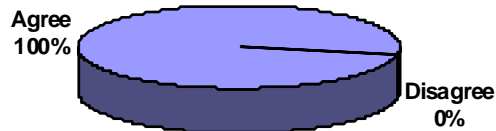
FY-2010



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

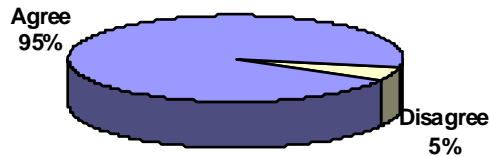
FY-2011

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FY-2010

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All Questions' Comments

Comments to all questions throughout the survey were forwarded to Gilead's Director of Operations, Senior Directors, and the Director of the appropriate Gilead programs in an attempt to utilize all the helpful feedback and to address & improve all the identified concerns that the survey respondents identified. Gilead staff will also be contacting all respondents, who requested this on their survey or who indicated in interest in volunteering, attending events, or other ways of getting involved.