

**ALL PROGRAMS - Staff Survey Report**  
**(FY-2010)**

**SURVEY RESPONSES AS FOLLOWS:**

*\*NOTE: Comments to all questions have been forwarded to the applicable directors.*

**Response Rates:**

**THIS YEAR (FY-2010)**

*\* 42% of all Gilead Staff responded to this Survey (80 of 189 Staff).*

- *54% Response Rate (not including Floats) (79 of 147 Staff).*

*(A significant increase from last year's response and our highest response rate ever).*

Response Rates by Program:

BDW: 100% (12 of 12)	GAP: 38% (6 of 16)
IRS: 17% (2 of 12)	ACT: 83% (10 of 12)
ANC: 50% (6 of 12)	GWY-CTP: 38% (3 of 8)
GI: 71% (5 of 7)	OPC: 100% (8 of 8)
GII: 100% (7 of 7)	REHAB: 88% (7 of 8)
SCAP: 40% (4 of 10)	Admin: 47% (9 of 19)
	Float: 2% (1 of 42)

**LAST YEAR (FY-2009)**

*\* 25% of all Gilead Staff responded to this Survey (45 of 179 Staff).*

- *32% Response Rate (not including Floats) (45 of 141 Staff).*

*(A significant decrease from last year's response, but on par with previous years).*

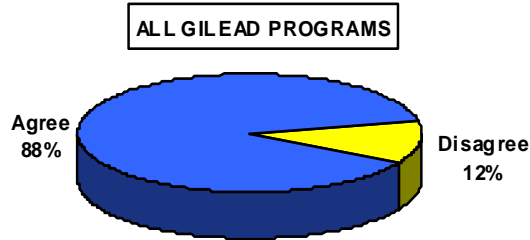
Response Rates by Program:

BDW: 17% (2 of 12)	GAP: 38% (5 of 13)
IRS: 7% (1 of 14)	ACT: 83% (10 of 12)
ANC: 29% (4 of 14)	GWY-CTP: 50% (4 of 8)
GI: 10% (1 of 10)	OPC: 12% (1 of 8)
GII: 37% (3 of 8)	REHAB: 44% (4 of 9)
SCAP: 7% (1 of 14)	Admin: 47% (9 of 19)
	Float: 0% (0 of 38)

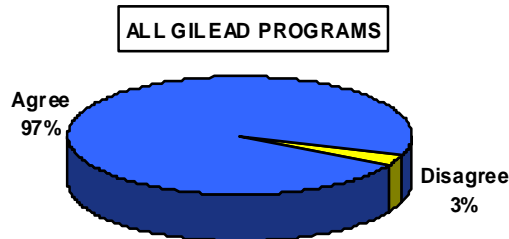
- **NOTE:** *Grayed Out programs had only 1 or no responses, therefore no separate reports have been created for these programs, though their data was included in this agency-wide report.*

**1. Overall I am satisfied with my position.**

**THIS YEAR (FY-2010)**



**LAST YEAR (FY-2009)**

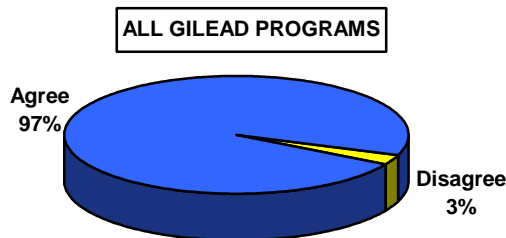


**2. Overall I am treated with respect by my Manager/Director.**

**THIS YEAR (FY-2010)**

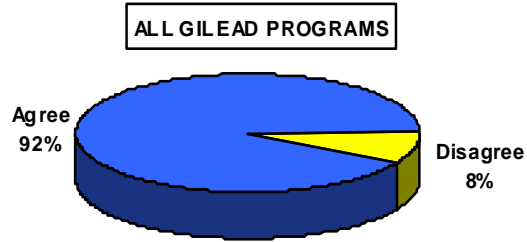


**LAST YEAR (FY-2009)**

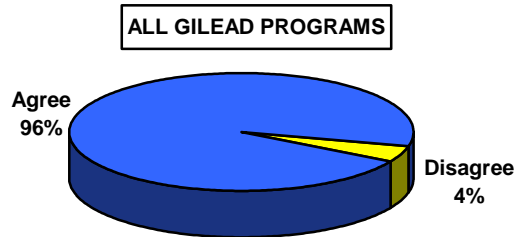


**3. Overall I feel my work gives me a sense of personal accomplishment.**

**THIS YEAR (FY-2010)**

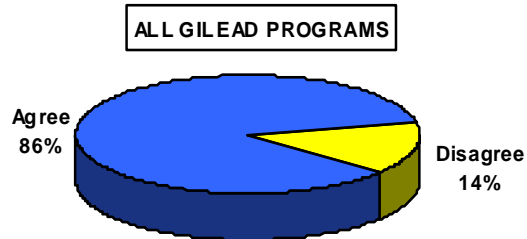


**LAST YEAR (FY-2009)**

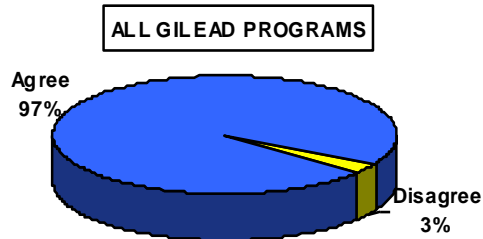


**4. Overall I am satisfied with my program / department.**

**THIS YEAR (FY-2010)**

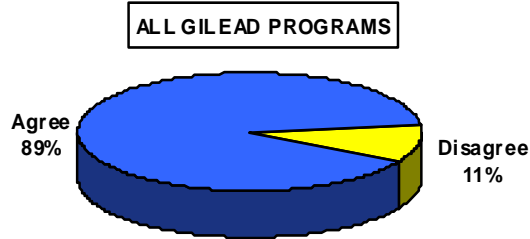


**LAST YEAR (FY-2009)**

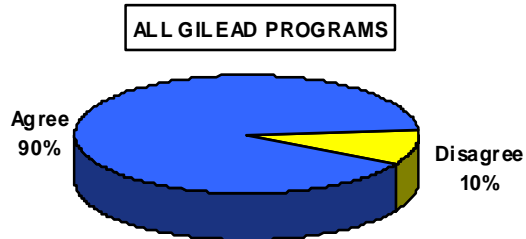


**5. Within my program / department, the staff works well together to solve problems and get the job done.**

**THIS YEAR (FY-2010)**

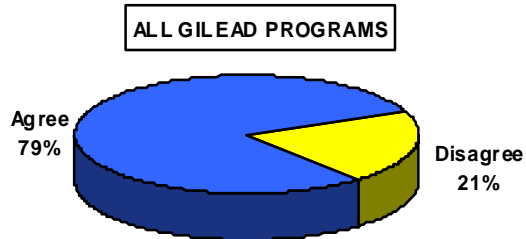


**LAST YEAR (FY-2009)**

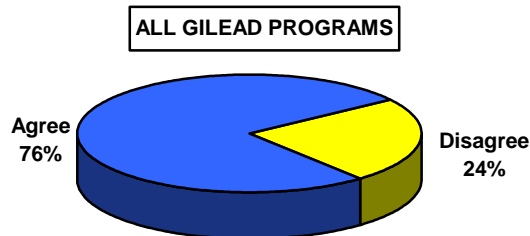


**6. Overall I am satisfied with the morale and professionalism of the people with whom I work.**

**THIS YEAR (FY-2010)**

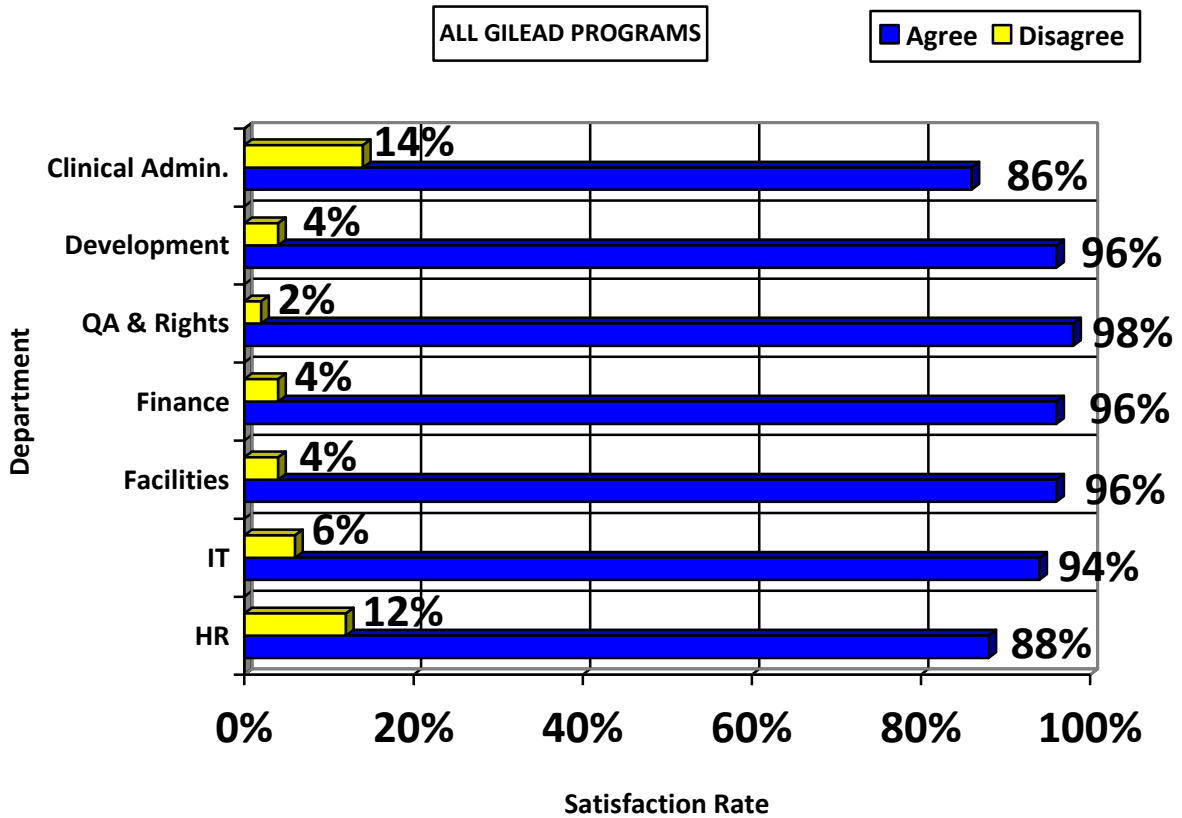


**LAST YEAR (FY-2009)**



**7. I am satisfied with my interactions and support provided by the following Administrative Departments:**

**THIS YEAR (FY-2010)**

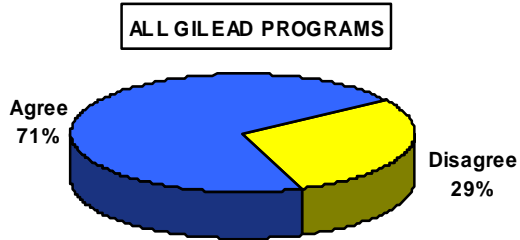


**LAST YEAR (FY-2009)**

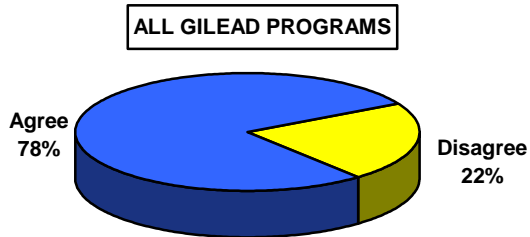
**NOT APPLICABLE**

**8. Gilead provides opportunity for professional growth.**

**THIS YEAR (FY-2010)**

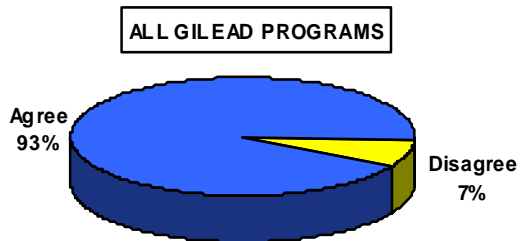


**LAST YEAR (FY-2009)**



**9. Overall I am satisfied with Gilead Community Services as an employer.**

**THIS YEAR (FY-2010)**

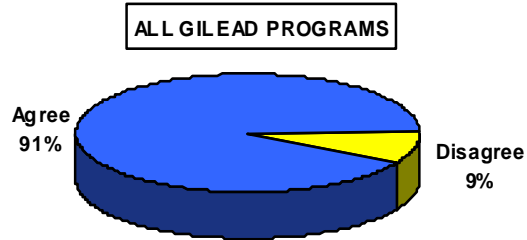


**LAST YEAR (FY-2009)**

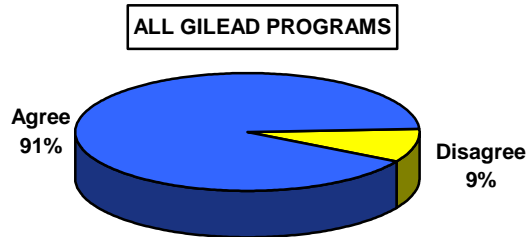


**10. I would recommend others to work for Gilead Community Services.**

**THIS YEAR (FY-2010)**



**LAST YEAR (FY-2009)**

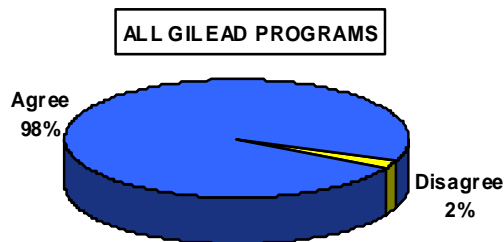


**11. I feel Gilead succeeds in its mission to provide a broad range of high quality health care and recovery support services in the home and community to improve mental health, physical well being, independence, and community integration for the individuals we serve.**

**THIS YEAR (FY-2010)**



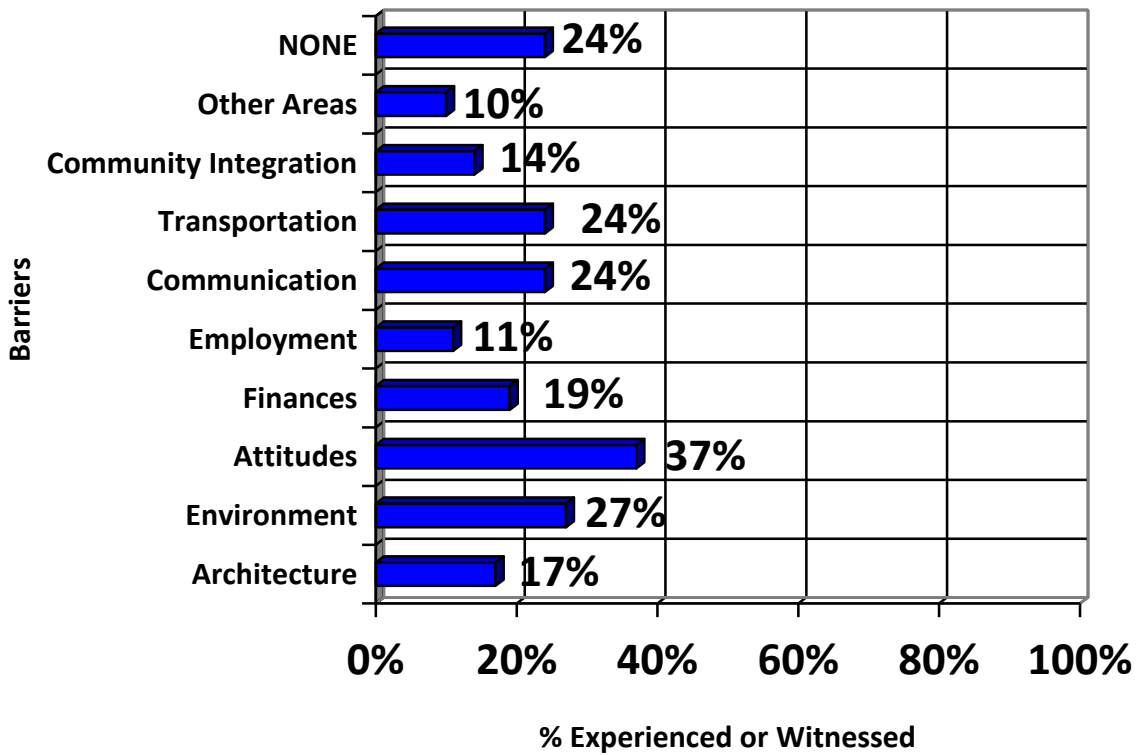
**LAST YEAR (FY-2009)**



**12. If applicable, please identify accessibility barriers (if any) that you have experienced or witnessed at Gilead Community Services in the following areas (if none, please choose “None”):**

**THIS YEAR (FY-2010)**

**ALL GILEAD PROGRAMS**

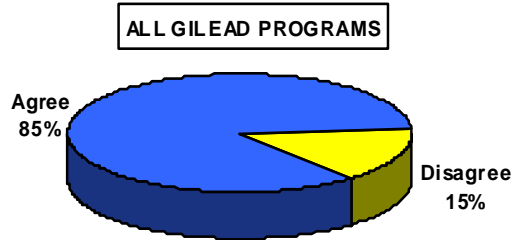


**LAST YEAR (FY-2009)**

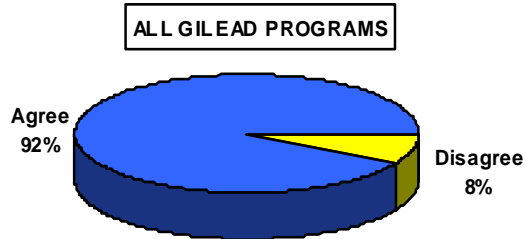
**NOT APPLICABLE**

**13. The supervision I receive meets my needs.**

**THIS YEAR (FY-2010)**

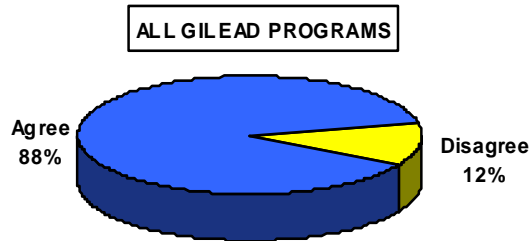


**LAST YEAR (FY-2009)**

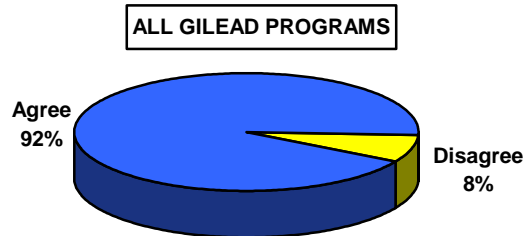


**14. I am encouraged to develop new and more efficient ways to do my work.**

**THIS YEAR (FY-2010)**



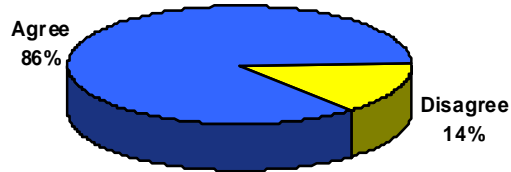
**LAST YEAR (FY-2009)**



15. I am given appropriate recognition of my performance.

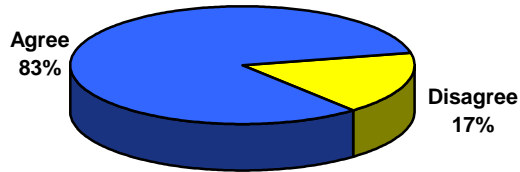
THIS YEAR (FY-2010)

ALL GILEAD PROGRAMS



LAST YEAR (FY-2009)

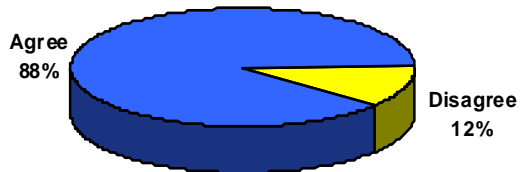
ALL GILEAD PROGRAMS



16. I am given clear direction on my work assignments.

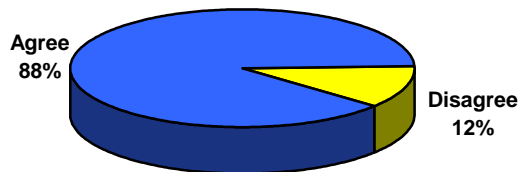
THIS YEAR (FY-2010)

ALL GILEAD PROGRAMS



LAST YEAR (FY-2009)

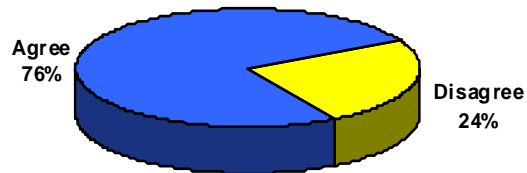
ALL GILEAD PROGRAMS



**17. The Gilead training I receive meets my needs.**

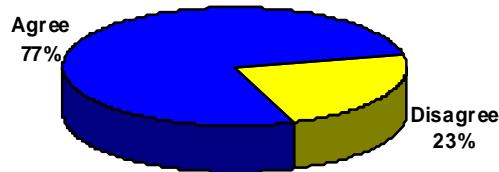
**THIS YEAR (FY-2010)**

ALL GILEAD PROGRAMS



**LAST YEAR (FY-2009)**

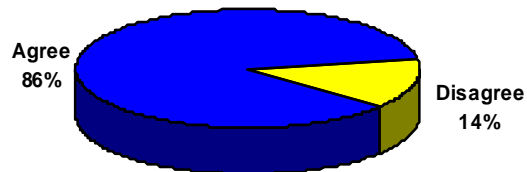
ALL GILEAD PROGRAMS



**18. Gilead training is available that meets my work schedule.**

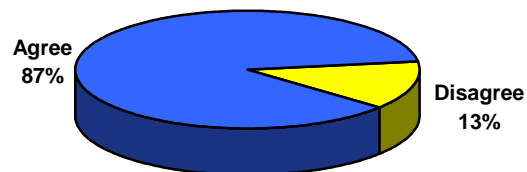
**THIS YEAR (FY-2010)**

ALL GILEAD PROGRAMS



**LAST YEAR (FY-2009)**

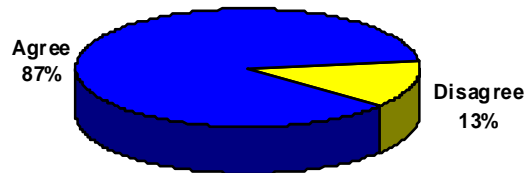
ALL GILEAD PROGRAMS



**19. I feel Gilead succeeds at increasing the awareness, understanding, and concepts that fuels a culturally competent employer.**

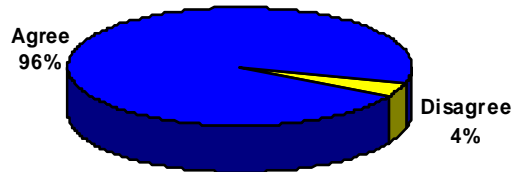
**THIS YEAR (FY-2010)**

ALL GILEAD PROGRAMS



**LAST YEAR (FY-2009)**

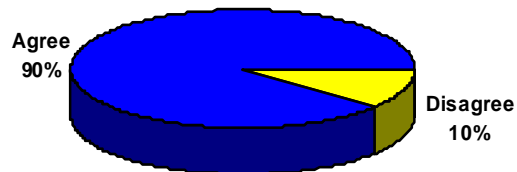
ALL GILEAD PROGRAMS



**20. My Director / Manager recognize and make use of my abilities and skills.**

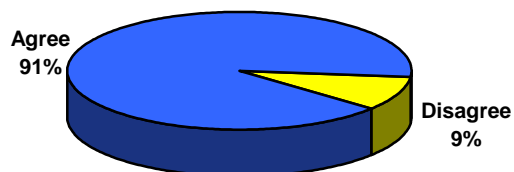
**THIS YEAR (FY-2010)**

ALL GILEAD PROGRAMS



**LAST YEAR (FY-2009)**

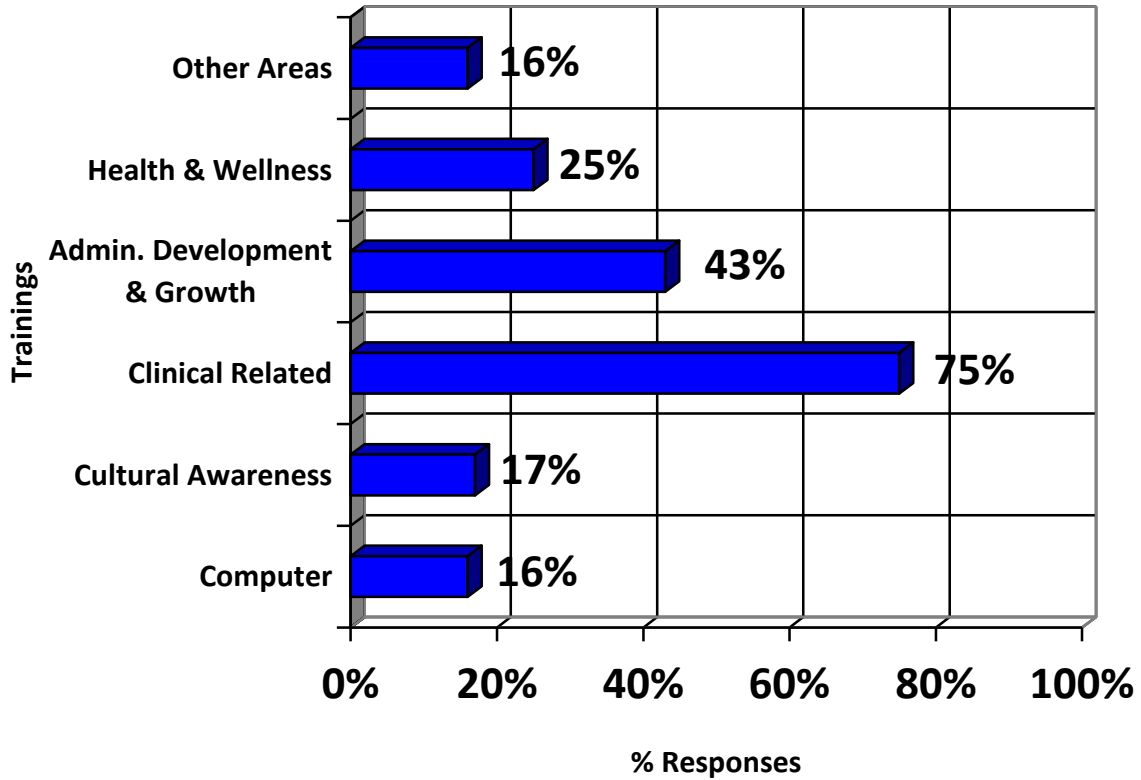
ALL GILEAD PROGRAMS



**21. Please indicate the top two training areas most important to your professional development over the next two years.**

**THIS YEAR (FY-2010)**

**ALL GILEAD PROGRAMS**



**LAST YEAR (FY-2009)**

**NOT APPLICABLE**