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THE LINCOLN FOUNDATION FOR PERFORMANCE EXCELLENCE
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March 4, 2010

Kathy Leuelling
Chief Operating Officer
United Cerebral Palsy Land of Lincoln
101 N. 16th Street
Springfield, IL 62703

Dear Kathy:

This letter is to confirm the receipt of your organization's *Intent to Apply* and to confirm the eligibility for the 2010 Lincoln Award for Performance Excellence at the *Silver* level. Attached is a summary of key dates relevant to the 2010 Award Cycle.

The full application package and final fee must be received (not postmarked) by June 1, 2010. Remember to deduct the Intent to Apply fee that you have already submitted. The total amount due with your application is: **\$3750.00**

Please carefully review the requirements for the Application Report, outlined in the *Application Instructions and Forms* document. The *Application Profile* section is particularly important. You may submit the same *Intent to Apply* profile with the final application so long as it meets the criteria and page limits described. The profile you submitted with the *Intent to Apply* form was used to determine eligibility for the Lincoln Award program. The *Profile* in your submitted application will be used to "set the stage" for your application's review by the examination team. Please remember to include this letter with your application.

Any pages beyond the page maximum will be excluded from the review process. To facilitate readability for the Examiners and Judges we require the use of **10-point, arial-type font, in a two column format, with even page margins.** A stapled or spiral bound document is preferred along with a *word* format copy of your application on CD which I will change to a pdf file before downloading your application into the examiner software.

ALL applicants are required to send in **14** hard copies of your application.

If you should have any questions, please contact me, Carol Fisher at (630) 637-1595 x3. Thank you for your participation and look forward to working with you and your organization.

Sincerely,

Carol L. Fisher
Program Manager, Recognition Cycle

enclosure



**2010 LINCOLN AWARDS APPLICATION PACKAGE
PART 1 – INTENT TO APPLY DOCUMENTS**

APPLICATION PACKAGE

STEP 1.1 - INTENT TO APPLY INSTRUCTIONS AND FORMS

GENERAL INSTRUCTIONS

Before an Application for The Lincoln Awards can be considered, an "Intent to Apply" package must be received by March 19, 2010. The forms may be downloaded from The Foundation's website (www.lincolnaward.org) or may be duplicated and submitted as single-sided pages.

INTENT TO APPLY CHECKLIST:

- The following items need to be included in your "Intent to Apply" packet:
- ✓ Completed Intent to Apply Form (below)
 - ✓ Site Listing and Description Form
 - ✓ Applicant Profile (five pages maximum)

INTENT TO APPLY FORM

<p><i>Item 1 - Applicant – Provide the official name and mailing address of the organization applying for the Award. The Site Listing and Description Form (page 12) must also be completed.</i></p>	<p>1. Applicant Organization Name <u>United Cerebral Palsy Land of Lincoln</u> <hr/> Address <u>101 N. 16th Street</u> <u>Springfield, IL 62703</u> <hr/> Federal Employer Identification No. (FEIN) <u>37-0902106</u></p>
<p><i>Item 2 - Official Inquiry Point – Give the name, address, and telephone number of the official with authority to provide additional information or to arrange a site visit. If this official contact point changes during the course of the application process, please inform the Award Office. Please provide a contact number for this designee during the months of JUNE – DECEMBER.</i></p>	<p>2. Official Inquiry Point Name <u>Kathy Leuelling</u> Title <u>Chief Operating Officer</u> Mailing Address <u>101 N. 16th St., Springfield, IL 62703</u> Overnight Mailing Address <u>same</u> Telephone No. <u>217-525-6522</u> Fax No. <u>217-525-9017</u> E-mail Address: <u>klevelling@ucp11.org</u></p>
<p><i>Item 3 Recognition Award levels determined by the panel of judges pages 3- 5</i></p>	<p>3. Recognition Awards:</p> <p><input type="checkbox"/> The Lincoln Bronze Award for Commitment to Excellence</p> <p><input checked="" type="checkbox"/> The Lincoln Silver Award for Progress Towards Excellence</p> <p><input type="checkbox"/> The Lincoln Gold Award for Achievement of Excellence</p>
<p><i>Item 4 – Criteria Information – Indicate which criteria you will be using to complete the application.</i></p>	<p>4. Check the Criteria booklet you are using (check one):</p> <p><input checked="" type="checkbox"/> Business <input type="checkbox"/> Education <input type="checkbox"/> Health Care</p>



**2010 LINCOLN AWARDS APPLICATION PACKAGE
PART 1 – INTENT TO APPLY DOCUMENTS**

<p><i>Item 5. - Award Category – Select the appropriate award category based on the Applicant's size and the sector in which it operates.</i></p>	<p>5. a. Award Category (check one):</p> <p><input type="checkbox"/> Industry <input type="checkbox"/> Service <input type="checkbox"/> Health Care</p> <p><input type="checkbox"/> Education <input checked="" type="checkbox"/> Nonprofit <input type="checkbox"/> Government</p>
<p><i>If the Applicant is an educational institution, also indicate the category that best describes the institution.</i></p>	<p>b. For Educational Institutions only, Type of Applicant</p> <p><input type="checkbox"/> K-12 School District <input type="checkbox"/> Elementary School <input type="checkbox"/> High School</p> <p><input type="checkbox"/> Middle School/Jr. High <input type="checkbox"/> Private K-12 <input type="checkbox"/> University</p> <p><input type="checkbox"/> Community College <input type="checkbox"/> Technical School <input type="checkbox"/> Pre-School</p> <p><input type="checkbox"/> Independent College <input type="checkbox"/> College/School in a University</p>
<p><i>Item 6. - Highest Ranking Official – Provide the name, title, mailing address, and telephone and fax numbers of the Applicant's highest ranking official.</i></p>	<p>6. Highest Ranking Official</p> <p>Name <u>Brenda L. Yarnell, Ph.D.</u></p> <p>Title <u>President/CEO</u></p> <p>Address <u>101 N. 16th St., Springfield, IL 62703</u></p> <p>Telephone No. <u>217-525-6522</u> Fax No. <u>217-525-9017</u></p>
<p><i>Item 7. - Size of Applicant – Give the estimated number of employees (and students, if applicable) of the applying unit as of the date the application is submitted.</i></p> <p><i>Check the appropriate sales/taxes/ budget range for the preceding fiscal year. (The Applicant is reminded that all information is confidential and a range is requested simply to provide an appropriate perspective for the examiners.)</i></p>	<p>7. Size of Applicant</p> <p>a. Total number of employees <u>237</u> No. of students _____</p> <p>b. Revenues (e.g., sales, taxes and/or fees collected, budget) for the preceding fiscal year (check one)</p> <p><input type="checkbox"/> 0 - \$1M <input type="checkbox"/> \$10M - \$100M <input type="checkbox"/> \$500M- \$1B</p> <p><input checked="" type="checkbox"/> \$1M - \$10M <input type="checkbox"/> \$100M - \$500M <input type="checkbox"/> Over \$1B</p>
<p><i>Item 8. - Suppliers - Summarize the number of suppliers of goods and services used by the Applicant. If the Applicant relies on external sales organizations, indicate the approximate number of each type.</i></p>	<p>8. Suppliers</p> <p>Total number of suppliers <u>300</u></p> <p>Number of external sales organizations (if applicable):</p> <p>Dealers _____ Distributors _____</p> <p>Franchises _____ Other (Type/Number) _____</p>



**2010 LINCOLN AWARDS APPLICATION PACKAGE
PART 1 – INTENT TO APPLY DOCUMENTS**

<p><i>Item 9. - Subsidiary Designation – If the applying organization is a component of a larger organization, information about the parent organization and its highest official must be supplied.</i></p>	<p>9. Subsidiary Designation (check one): Is Applicant a unit, division, or like component of the parent organization? <input checked="" type="checkbox"/> No (go to Item 10) <input type="checkbox"/> Yes (Continue) Parent Organization _____ Address _____ Highest Official of Parent Organization _____ Title _____ Telephone No. _____ Fax No. _____ Number of Employees _____ Website address _____</p>
<p><i>Also provide the number of employees in the parent organization and the percentage of business transactions (e.g., sales, budget, and employees) or, for educational institutions, the number of students, as compared to the parent organization.</i></p>	<p>Percent of Business Transactions (or, for educational institutions, the number of students) as compared to Parent Organization Transactions (or the number of students)</p>
<p><i>Provide documentation detailing the parent's relationship to the subsidiary.</i></p>	<p>Describe the parent's relationship to the subsidiary. <i>Use separate sheets, if necessary.</i></p>
<p><i>Item 10. - Description of Applicant's Business – Describe the types of products and services provided by the Applicant, an organizational chart, and an Applicant Profile. Requirements for the Profile are described on pages 16 through 18.</i></p>	<p>10. Description of Applicant's Business (Use separate sheets, if necessary.)</p> <p>UCP provides services that connect people with disabilities to their communities. Adult Services include residential and developmental training. Services for children include Lekotek toy lending library, assistive technology, camps, respite, Saddle Up horseback riding, and youth recreational activities.</p> <p>Employment and Business Services provide training on employment skills, assistance with job placement, ongoing job support, and case management. The Business Services department operates two businesses that employ people with disabilities: White Glove Professionals (custodial/housekeeping) and Gone For Good (document destruction).</p>



**2010 LINCOLN AWARDS APPLICATION PACKAGE
PART 1 – INTENT TO APPLY DOCUMENTS**

<p><i>Item 11. - Non-Refundable Fee – The Intent to Apply fee will be credited against the application fee. See the fee schedule on page 9.</i></p>	<p>11. Fee (see instructions) Enclosed is \$ <u>250</u> to cover the Intent to Apply Fee. Make check or money order payable to: <i>The Lincoln Foundation for Performance Excellence.</i></p>
<p><i>Item 12. - Release Statement – Please read this section carefully. A signed application indicates that the Applicant agrees to the stated terms and conditions.</i></p>	<p>12. Release Statement We understand that members of the Board of Examiners will review this application. If a Site Visit is required, we agree to host the Site Visit and to facilitate an open and unbiased evaluation. We understand that Site Visit expenses will be due one week after the site visit ends in accordance with the <i>Site Visit Expenses</i> section on page 9.</p>
<p><i>Item 13. - Authorizing Official – The signature of the Applicant's highest ranking management official or designee is required, and indicates the Applicant will comply with the terms and conditions stated in the document.</i></p>	<p>13. Signature of Authorizing Official Date <u>March 1, 2010</u> Name <u>Brenda L. Yarnell, Ph.D.</u> Title <u>President/CEO</u> Address <u>101 N. 16th St., Springfield, IL 62703</u> Telephone No. <u>217-525-6522</u> Fax No. <u>217-525-9017</u> Signature <u><i>Brenda L. Yarnell, Ph.D.</i></u> E-mail Address: <u>byarnell@ucpl1.org</u></p>
<p><i>Item 14. – Please give two weeks for potential site visit starting August 30-October 29, 2010 Please make sure that all top executives will be available during the site visit.</i></p>	<p>14. 1st Choice: 8/30/10 - 9/3/10 2nd Choice: 10/11/10 - 10/15/10</p>
<p><i>Item 15. - Eligibility Determination – The Award Office approves or disapproves eligibility and notifies the applicant by letter.</i></p>	<p>15. Eligibility Determination. For official use only.</p>

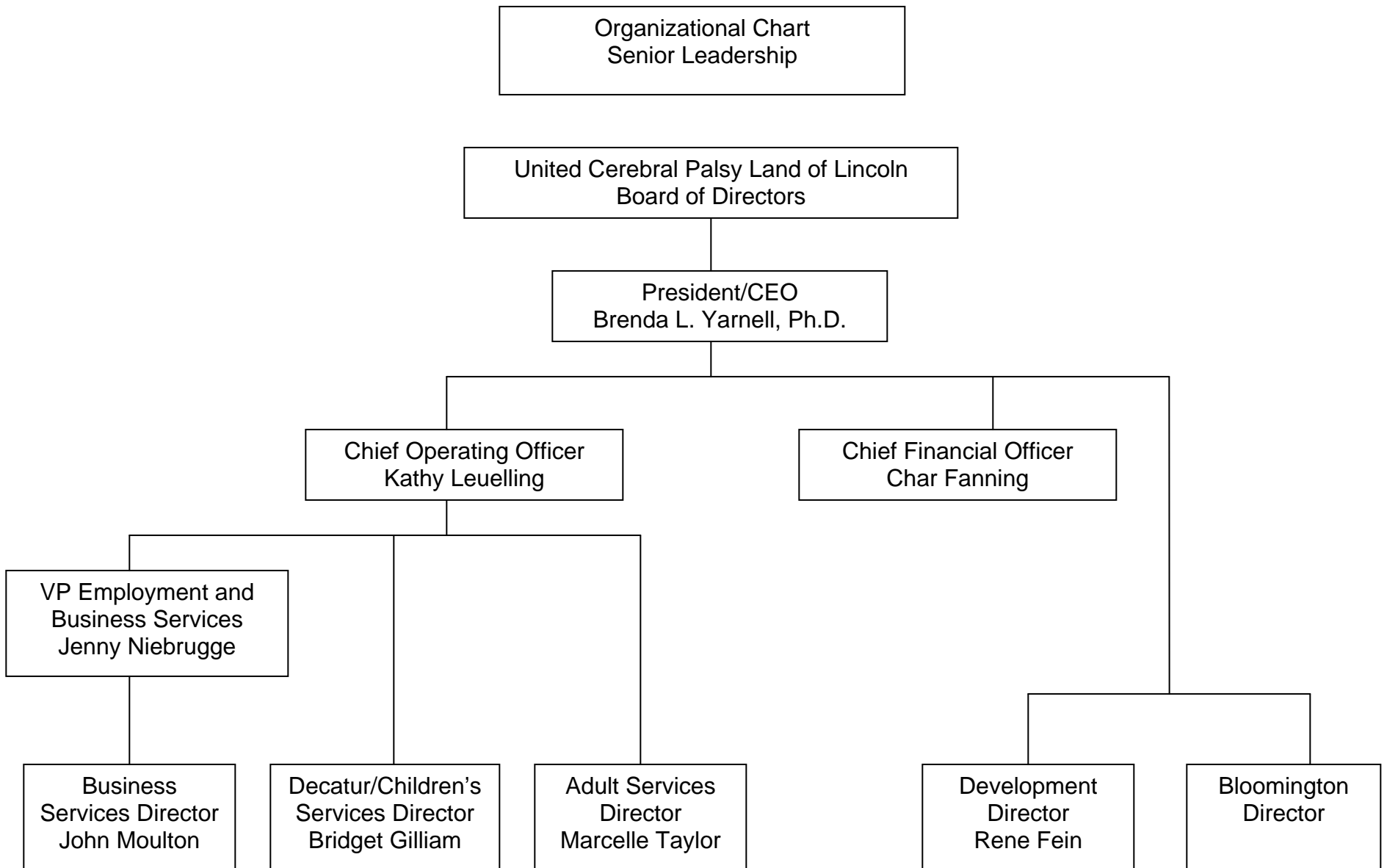


THE LINCOLN AWARDS FOR EXCELLENCE 2010

PART I – INTENT TO APPLY DOCUMENTS

SITE LISTING AND DESCRIPTION FORM

Address of Site	Size Relative to Applicant		Description of Programs, Products, or Services
	% of total # of employees, and for educational institutions the # of students	% of total operating budget	
Springfield locations: 101 N. 16th St. 130 N. 16th St. 1617 Groth St. 3 accessible homes owned by UCP and occupied as private residences by customers	84%	85%	Adult Services, Children's Services, Employment and Business Services, White Glove Professionals, and Gone For Good (1617 Groth St.)
Decatur location: 432 E. Prairie	3%	9%	Services for children and adults including skill development, respite, and employment
Bloomington location: 4 Yount Dr.	13%	6%	Adult residential services, employment, and White Glove Professionals.



Organizational Chart
Employment and Business Services

President/CEO
Brenda L. Yarnell, Ph.D.

Chief Operating Officer
Kathy Leuelling

Vice-President Employment and Business Services
Jenny Niebrugge

Business Services Director
John Moulton

Gone For Good
Operations Manager
Jerry Cline

Truck Driver

Job Coaches

Customer Workers
Document
Destruction

White Glove Professionals
Operations Manager
Robbie Robinson

Job Coaches

Customer Worker
Housekeeper

Customer Worker
Janitor

Maintenance

Supported Employment Managers
Paula McKay
Theresa McCarthy

Job Coaches

Vocational Skills
Instructor
Heather McGinnis

Job Coaches

Organizational Chart
Program Services

President/CEO
Brenda L. Yarnell, Ph.D.

Chief Operating Officer
Kathy Leuelling

Adult Services
Director
Marcelle Taylor

Decatur/Children's
Services Director
Bridget Gilliam

Adult Service Manager
Jessica Decker

House Management
Supervisor
Tabitha Ruggles

Night Supervisor
Joyce Keuchler

RN
Bethany Roy
Janet Moulton

Decatur Title
XX, Home
Based Services

Children's
Services

QMRP's, Case
Managers

House
Managers

LPN

Case
Managers

Lekotek,
Saddle Up!

Skills Trainers,
Hab Aides

Home Support
Staff

Skills
Trainers

Respite

Camps

Organizational Chart
Support Services

President/CEO
Brenda L. Yarnell, Ph.D.

Chief Financial Officer
Char Fanning

Finance
Lead Accountant
Sheryl Meyer

Information
Technology
(consultant)

Accountants
AR, AP, GL,
Payroll,
Residential
Finances

Human Resources
Manager
Karen Douglas

Human
Resources,
Training,
Clerical
Support

Development
Director
Rene Fein

Springfield
Events
Brenna
Coffman

Decatur
Events
Erica Diericx

Bloomington
Director

Supported
Employment
Deb Stanger

Job Coaches

CILA
Dave
Peterson

Home Support
Staff

GLOSSARY

Ability One/JWOD – Javits-Wagner-O’Day Act - Federal program authorized by Congress to set aside federal contracts for non-profit organizations that employ individuals with disabilities.

ANCOR – A national organization of disability service providers, developer of the Performance Excellence benchmark project.

AP – Action Plans

Assistive Technology (AT) – A device used by a person with a disability to learn, live, and work independently. Examples include adapted keyboard, screen reading software, and switches.

Business Services – UCP owned businesses that primarily employ individuals with disabilities.

CANTS – Child Abuse and Neglect Tracking System

CARF – Commission on the Accreditation of Rehabilitation Facilities

Case Management – Services provided by a professional to assist adults and children with disabilities and their families to access a variety of services.

CCO – Corporate Compliance Officer

CCP – Corporate Compliance Plan

CEO – Chief Executive Officer

CFO – Chief Financial Officer

CFC – Child and Family Connections – referral source for children with disabilities

CILA – Community Integrated Living Arrangements, residential group homes for adults with developmental disabilities.

CISA – Central Illinois Service Access – referral agency for individuals with developmental disabilities.

COO – Chief Operating Officer

CPR – Cardio Pulmonary Resuscitation

Customer Worker – an individual with a disability who receives services and is employed in a UCP business.

DCFS – Department of Child and Family Services

DDD – Division of Developmental Disabilities, funds services for individuals with developmental disabilities.

Developmental Disability – A disability that occurs before age 18 and affects the persons ability to learn.

Developmental Training – Daily training program for adults with developmental disabilities.

DHS – Department of Human Services

DSP – Direct Service Professional, provides direct support for individuals with disabilities

DT – Developmental Training

DRS – Department of Rehabilitation Services, funds employment programs for adults with disabilities.

Eblast – Mass email message sent to stakeholders, customers, and staff

Fee-for-service Contracts – The State of Illinois contracts with local agencies to provide a specific service (residential, developmental training) for a specific individual.

FEMA – Failure effect mode analysis

FY – Fiscal Year

GAAP – Generally Accepted Accounting Principles

GFG – Gone For Good, secure document destruction business

GTEM – Going The Extra Mile – recognition program for UCP staff

Home Based Services – DHS funded services that support individuals living at home with family

HR – Human Resources

HUD – U.S. Department of Housing and Urban Development

IARF – Illinois Association of Rehabilitation Facilities

IMA – Illinois Military Academy

IRS – Internal Revenue Service

IRS 990 – Internal Revenue Service form 990 filed annually for not-for-profit corporations.

IRA – Illinois Rehabilitation Association

ISP – Individual Service Plan, developed for each person receiving services.

IT – Information Technology

Lekotek – A nationally certified toy lending library with developmental and adapted toys for children with developmental disabilities and delay.

LT – Long-term targets

MVV – Mission, vision, values

NA – Not available or not applicable

NA Registry – Nursing assistant registry maintained by the State of Illinois

NAID – National Association of Information Destruction – Organization responsible for certification of document destruction standards

NISH – Non-profit organization that assists community agencies secure federal contracts under the Ability One program.

NCI – National Core Indicators – A project sponsors by state Developmental Disability Directors to collect customer data.

OFI – Opportunity for Improvement

Organizational Employment – Businesses operated by UCP to employ individuals with disabilities.

PDCA – Plan Do Check Act

PET – Performance Excellence Toolkit, data collection project for national benchmarking developed by ANCOR

QA – Quality Assurance

QSP – Qualified Service Professional, case manager for individuals with disabilities

Residential – Group homes for adults with disabilities funded by the CILA program.

Respite – Trained personnel give parents a break from the day-to-day care of a child with a disability.

Saddle Up! – Therapeutic horseback riding

SEP – Supported Employment

SDA – Secure Document Alliance – network of nonprofit businesses providing secure document destruction.

SL – Senior Leaders

SP – Strategic Plan

SPP – Strategic Planning Process

ST – Short-term targets

STEP – Secondary Transitional Experience Program, provides on-the-job work experience for high school students.

Supported Employment – Assistance with finding a job, learning job duties, and ongoing support to keep a job.

SWOT – Strength, Weaknesses, Opportunities, and Threats

TABE – Tests of Adult Basic Education, reading assessment required for DSP training.

Title XX – Donated Funds Initiative – DHS grant funding for community services

UCP – United Cerebral Palsy Land of Lincoln, a separate 501(c) 3 corporation

UCPA – United Cerebral Palsy Associations, the international organization of affiliates from throughout the United States and Australia.

Vocational Skills Training – High School students and recent graduates receive training on entry-level job skills. Job placement assistance is provided on completion.

W/C – Wheelchair

White Glove Professional – Janitorial and Housekeeping business

YTD – Year-to-Date

Organizational Profile

P.1 Organizational Description

Life Without Limits for People with Disabilities means that throughout the world disability is understood to be a common part of the human experience, neither defining nor limiting. This is the vision of the future for the 20 percent of individuals in the United States who have a disability. At United Cerebral Palsy Land of Lincoln (UCP) our responsibility is not only to assist individuals with disabilities to develop the skills needed to participate in their community, we must also prepare the community to accept people with disabilities.

UCP was founded in 1957 by a group of community leaders and parents of children with cerebral palsy. The group affiliated with United Cerebral Palsy Association (UCPA), a national organization, in 1968. The first program offered by UCP was a school for children with cerebral palsy who were not guaranteed an education in public schools. As these children grew, UCP services evolved to meet their changing needs and the needs of individuals with all types of disabilities and of all ages. Over the past 50 years, UCP has grown from a small school to a multi-million dollar organization providing services that span the lifetime to individuals with disabilities. UCP continues to develop services to address unmet needs for people with disabilities in central Illinois. Primary growth areas over the next three to five years include: 1) expansion of employment opportunities through business development, and 2) expansion of services for individuals/families in the Bloomington community.

P.1.a Organizational Environment

P.1.a.(1) Services and Service Delivery

UCP provides a range of services to children and adults with disabilities and their families with a goal of developing skills that increase independence. Services are designed and delivered based on the needs and desires of the individual and/or family. Programs fall into three major categories:

- Children's Services – Lekotek and Assistive Technology, Saddle Up! therapeutic horseback riding, Overnight and Day Camps, Respite and Case Management.
- Adult Services – Residential Services, Developmental Training, and Case Management.
- Vocational Services – Supported Employment, Vocational Skills Training, and Secondary Transitional Experience Program (STEP).

The UCP program service area includes 27 counties in central Illinois. The main office is located in Springfield with satellite offices in Decatur and Bloomington. The type of services provided in each location varies and is based on community needs and the availability of funding to support services. UCP staff provides service directly to individuals and families in the individual's home, at one of UCP's buildings, community job sites, or at other locations throughout the community. Individuals and families work with UCP staff to plan services, set individual goals, and arrange services at times and locations that best meet their needs.

In addition to program services, UCP operates two businesses that provide training and employment opportunities for people with disabilities.

- White Glove Professionals – Custodial and housekeeping for government and commercial businesses in Springfield, Bloomington, Marseilles, and Wilmington. Services are provided at the contractor's location by customer workers with supervision by UCP Job Coaches.
- Gone For Good – Secure document destruction for government and commercial businesses in Springfield, Decatur, Champaign, Bloomington, Peoria, Galesburg, Quincy, Effingham and Fairview Heights, Illinois and St. Louis and St. Charles, Missouri. UCP provides secure bins for collection of documents and weekly pick up services. Documents are destroyed at the Gone For Good warehouse in Springfield by customer workers.

P.1.a.(2) Organizational Culture

UCP is a mission driven organization with a customer focus. The MVV guide decisions regarding services for persons served, human resources, community involvement, and organizational structure.

Mission

UCP provides innovative strategies to connect people with disabilities to their communities.

Vision

Life Without Limits for People with Disabilities.

Values

welcoming **C**ommunities
developing **H**uman potential
limitless **O**pportunities
professional **I**ntegrity
personal **C**hoice
performance **E**xcellence
individual **S**elf-determination

UCP’s core competencies include:

- Individualized services
- Serving all disabilities across the lifespan
- Employment of people with disabilities
- Visionary leadership
- Advocacy
- Fund development

P.1.a.(3) Workforce Profile

The regular UCP workforce is divided into two segments:

- 131 Direct Program Staff (Home Support Staff, Skills Trainer, Hab Aide/Driver, Job Coach, Case Manager, Program Manager)
- 26 Administration and Support Staff (Finance, Human Resources, Development, Senior Leaders)

Table P1.1 outlines workforce diversity and educational backgrounds of regular staff.

Table P1.1 Workforce Profile

Education		Gender	
High School	71%	Female	84%
Associates	8%	Male	16%
Bachelors	16%	Race	
Masters	4%	Black	53%
Ph.D.	1%	White	46%
		Other	1%

In addition to regular staff, UCP employs 80 Customer Workers in Business Services. The profile for this segment is outlined in Table P1.2.

Table P1.2 Customer Worker Profile

Education		Gender	
Less than High School	79%	Female	28%
High School	21%	Male	72%
		Race	
Disability	100%	Black	33%
		White	55%
		Other	2%

UCP staff has identified our customers (being a part of their success and being valued) as the primary factor for engagement in the mission. Additional factors for engagement include support, respect, co-workers, and opportunity for growth.

To ensure the safety of our customers and staff, pre-employment screening includes: verification of education and credentials; review of driving record, criminal background, nurse aide registry, and CANTS; drug testing; and a pre-employment

physical. All Direct Program Staff are required to be certified in CPR and First Aid. Health and safety training requirements vary by position and may include blood borne pathogens, infection control, emergency and disaster preparedness, food safety, seizures, and signs and symptoms of illness. UCP has developed extensive health and safety procedures that include risk management and plans for business continuity in the event of a major disaster. Drills of emergency plans are conducted at least annually on all shifts.

P.1.a.(4) Facilities, Technology, Equipment

Facilities:

- 101 North Sixteenth Street, Springfield (owned): Administration, Children’s Services
- 130 North Sixteenth Street, Springfield (owned): Adult and Vocational Services
- 1617 Groth Street, Springfield (leased): Gone For Good
- 432 East Prairie, Decatur (leased): Children and Adult Programs
- 4 Yount Drive, Bloomington (leased): Adult and Vocational Services
- UCP owns 3 accessible houses in Springfield in which 24-hour residential support is provided. Residential services are also provided in 11 houses and apartments in Springfield and Bloomington that are leased by the individuals served.

Technology:

- Network server using the Windows 2000 professional package, SAGE MIP financial software, SAGE Donor software, Access, ROCS (State of Illinois billing software) and Time Center
- In FY2010, UCP began development of an Intranet using Microsoft SharePoint. When fully operational, the Intranet will enable UCP to provide access to policies and procedures, training materials and communication updates for staff regardless of location, convert to paperless customer records, and facilitate the collection of real time data. Expected completion date of the initial phase is June 30, 2010.
- Computers, adaptive equipment, and software are available for individuals served in the computer labs, vocational skills and assistive technology programs.

Equipment:

- 10 accessible vans and 4 cars for customer and staff transportation
- Gone For Good equipment: Shredder, Baler, Tippers, Conveyor System, Box Truck with

hydraulic lift, GPS system/internet tracking, video surveillance system, and forklift.

P.1.a.(5) Regulatory Environment

Rules and regulations to which UCP programs and business services are subject include:

- Illinois Administrative Rules 115-CILA, 119-Developmental Training, 50-Abuse and Neglect, and 116-Medication Administration
- Title XX - Donated Funds Initiative
- NISH/Ability One compliance, Affirmative Action
- Secure Document Alliance (SDA) and National Association for Information Destruction (NAID) certification standards.
- Department of Labor and OSHA standards

UCP has been accredited through the Commission on Accreditation of Rehabilitation Facilities (CARF) since 1995.

P.1.b Organizational Relationships

P.1.b.(1) Structure and Governance

UCP is a 501(c)3 not-for-profit corporation with a voluntary Board of Directors. The Board has established a set of By-laws that include operating procedures and code of ethics. The Board meets every other month with the Executive Committee meeting on the alternate months. Committee chairpersons submit a report to the Board of Directors for approval at regular meetings. Minutes of all meetings are recorded and disseminated to all Board members either through e-mail or regular mail. An annual meeting of the Board of Directors is held each year. The annual independent audit is presented to the finance committee and to the full Board of Directors at the annual meeting. The President/CEO reports to the Board of Directors. A written report from the President/CEO is disseminated and discussed at Board meetings. Senior staff members report to the President/CEO. (See attached organizational charts)

P.1.b.(2) Customers and Stakeholders

UCP has two customer groups. Our primary customers are Individuals with disabilities and their families. All programs, services, and business opportunities must address the needs of our primary customer. As UCP has developed businesses to employ people with disabilities, a second customer group has evolved: Government agencies and businesses that contract for services from Gone For Good and White Glove Professionals. Table P1.3 outlines the requirements of each customer group.

Table P1.3 Customer Requirements

Customer Group	Requirements and Expectations
Individuals with disabilities and their families	<ul style="list-style-type: none"> • Individualized Services (choices, flexibility) • Outcomes • Respect • Reliability • Communication
Government agencies and businesses that contract with Gone for Good and White Glove Professionals	<ul style="list-style-type: none"> • Dependable, quality workforce • Competitive pricing • Quality service • Communication • Customer service

Stakeholders groups include funding sources, community employers, and volunteers. Tables P1.4 outlines stakeholders along with their expectations and requirements.

Table P1.4 Stakeholder Requirements

Funding and Referral Sources	<ul style="list-style-type: none"> • Accountability • Compliance • Outcomes • Communication • Responsiveness
Community Employers	<ul style="list-style-type: none"> • Dependable, quality workforce • Communication • Education/support
Volunteers	<ul style="list-style-type: none"> • Appreciation • Training • Communication • Support

P.1.b.(3) Suppliers and Partners

The key suppliers for UCP program services are referral sources. Many of the programs funded by the state of Illinois require individuals and families to be screened for eligibility by a service access agency (i.e. Central Illinois Service Access or Child and Family Connections). Additional referral sources include school district personnel, the Department of Rehabilitation Services, Illinois Department of Public Aid, and other social service agencies.

A key partner for UCP Business Services is NISH, a nonprofit organization responsible for developing and monitoring federal contracts through the Ability One program. Ability One is a federally legislated program that allows government agencies to set aside contracts for nonprofit organizations that employ

people with disabilities. With the assistance of NISH, UCP has secured contracts with the Internal Revenue Services, Department of Defense (Illinois National Guard and Illinois Air National Guard), Federal Aviation Administration, and Department of Agriculture (Midewin Tall Grass Prairie Center).

Our customers, individuals with disabilities and their families drive the innovation process. They expect services that meet their individual needs and are no longer willing to accept just what is offered. Individuals set their own goals and are involved in program planning and setting organizational goals through advisory committees, focus groups, and the Board of Directors.

Stakeholders, suppliers and partners also have a role in the innovation process. Representatives from each of these groups participate in the strategic planning process through focus groups. NISH has worked closely with UCP to develop businesses that provide competitive wages and benefits for people with disabilities. In addition, employers need employees who have skills that match their job requirements. UCP works with employers to determine future job skills and train individuals to meet those requirements.

UCP communicates with customers, stakeholders, and suppliers through various means including telephone, email, fax, letters, internal and external newsletters, annual report, website, flyers, newspaper advertisements, meetings, and fundraisers. Materials developed specifically for customers are available in alternative formats including audiotape, Braille, large print, and text at lower reading levels with pictures. UCP staff meets individually with customers to ensure that the individual and their family understand the information being presented. Many of the individuals served by UCP do not communicate verbally, however, they are able to express their wants and needs through signs and gestures, picture boards, or specialized communication devices. UCP staff receives training to ensure that they are able to communicate with the individuals served.

P.2 Organizational Challenges

P.2.a.(1) Competitive Position

UCP operates in a 27 county region of central Illinois with a budget of \$6,000,000 for fiscal year 2010. UCP competes with other nonprofit organizations for fundraising dollars and local grants. In addition to UCP, major providers of disability services in central Illinois include SPARC, Macon Resources, and

MARC First. Several smaller organizations also provide limited services in the area.

Growth in programs for individuals with disabilities has been relatively stagnant for the majority of providers for several years. This is due primarily to state budgets that have not included funding for cost-of-doing-business allowances or program expansion. UCP's revenue grew at a rate of 24% over the five-year period from FY04-FY08 (Figure 7.3-6) despite the trend for slow growth or decline experienced by competitors. In fiscal years 2010 and 2011, many organizations are facing significant reductions or elimination of grants from the Illinois General Revenue Fund.

P.2.a.(2) Success Factors

In addition to our core competencies [P1a(2)], factors that set UCP apart from competitors include a strategic planning process that has focused on changing customer requirements and addressing the challenges of the Illinois system for funding disability services. Unlike most providers in Illinois, UCP converted the majority of program funding from Illinois General Revenue Grants to purchase of service contracts within the Medicaid Home and Community Based Waiver. As a result, UCP did not face significant losses in state funding in FY10. In addition, the strategic plan includes objectives to diversify income and seek business opportunities that are both revenue generating and provide employment opportunities for people with disabilities.

UCP's agility and ability to respond quickly to opportunities has been enhanced by the development of work systems and processes (Figure 6.1-1) that can be easily replicated in locations throughout the service area and a Program/Business Development Process (Figure 2.2-1) that serves as a framework for decision-making. As an example, UCP was contacted by DRS in the last week of June 2009 and asked to begin supported employment services in Bloomington to fill a gap being created by another organization that planned to cease operations on July 1, 2009. Twenty individuals with disabilities faced losing their jobs if supports were not in place. Following the established processes, UCP was able to obtain Board approval, hire and train staff, and begin services on July 1st. UCP's defined processes for responding to program and business opportunities will continue to work to our advantage as demand for self designed, self directed, and cost efficient services continues.

P.2.a.(3) Comparative Data

UCP has identified and uses the following sources for comparative data:

- CARF - survey performance on business practice standards.
- Guidestar - financial data compiled from IRS 990's
- National Core Indicators – customer survey data
- ANCOR – customer and employee satisfaction, employee turnover and stability
- Individual benchmarking with local competitors and UCP affiliates providing similar services

UCP has joined with UCPA and several UCP affiliates in a data work group to enhance national benchmarking for organizations supporting individuals with disabilities. In 2009, the group entered into a partnership with ANCOR to expand the scope of data collected in the Performance Excellence Toolkit (PET).

P.2.b Strategic Context

During the 2007 planning cycle, UCP identified challenges including dependence on state funding, meeting the changing needs of the customer, and hiring and retaining qualified staff. Advantages identified were highly qualified and tenured senior leaders, commitment to quality, and willingness to change. These challenges and advantages were addressed in the strategic objectives, goals and action plans for FY2008-2010. UCP is in the middle of the planning cycle for FY2011-2013. Table P.2.2 outlines a more extensive list of challenges and advantages identified in the ongoing planning process that will be addressed in the new strategic plan.

P.2.c Performance Improvement System

Performance improvement is built into work processes with outcome, in process, and quality measures, monthly data collection, comparison to targets, and actions to address gaps. In-process measures track implementation and progress on individual goals and quality measures. Data is collected and reviewed monthly through agency and department scorecards. Actions are taken to address processes below the targeted performance. UCP's Outcome Measurement System for program services is divided into three components: efficiency, effectiveness and satisfaction. Information from the Outcome Measurement Report is used to improve existing programs, make changes to programs that reflect the needs and wishes of individuals and other stakeholders, and to set goals for the coming year.

UCP began implementation of the Baldrige Criteria for Excellence in 2004 with the development of an organizational profile that was used in the strategic planning process. Baldrige Work Teams made up of staff from throughout the agency completed a self-assessment using the full criteria in 2007. Action steps were developed and included in the 2007 Strategic Plan. UCP submitted an application for the Lincoln Award in 2008 and was the recipient of the Bronze Award. The feedback report from the Lincoln Foundation serves as a roadmap on UCP's Path to Excellence and has been used by Senior Leaders and Baldrige Teams to prioritize process improvements. Baldrige Teams are now an integral part of the performance improvement system. Teams use process mapping and the Plan-Do-Check-Act (PDCA) model as performance improvement tools.

Table P 2.2 Strategic Challenges and Advantages (2011-2013 Strategic Plan)

	Advantages	Challenges
Business/Operational	<ul style="list-style-type: none"> • Flexibility – willingness to try something new, take risks • Agility – processes can be rapidly deployed • Commitment to excellence • Reputation and relationships with stakeholders 	<ul style="list-style-type: none"> • Ability to capitalize growth • Changing customer requirements • Community attitude toward disability • Name recognition – consistent, core message
Human Resources	<ul style="list-style-type: none"> • Caring, compassionate staff committed to UCP's mission and customers • Highly qualified and tenured Senior Leaders 	<ul style="list-style-type: none"> • Recruiting/retaining staff • Capability & capacity for growth
Sustainability	<ul style="list-style-type: none"> • Financial position – financial practices, diversification of funds • Visionary leadership – strategic thinking 	<ul style="list-style-type: none"> • Illinois funding levels, payment cycle • Managed care • Economic Environment

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Category 1 Leadership

1.1 Senior Leadership

Table 1.1-1 outlines key Senior Leadership processes with a summary of approach, deployment,

evaluation and learning, integration, and effectiveness. Additional detail on processes is provided in the narrative section.

Table 1.1-1 Key Senior Leadership Processes

Item	Approach	Deployment	Evaluation/Learning	Integ.	Effective
1.1a(1)	Set, review, revise MVV in step 1 of SPP See Figure 1.1-1 deployment through leadership process	Communication, passports, newsletters, website. "Going the Extra Mile"	Evaluation in SPP; surveys; Baldrige self-assessment 2009-review of MVV to in step 1, revised MVV 2007- revised SP format to focus on vision 2004-values developed	2.1a(1) 2.2a(2) 3.1b(1) 3.2a(1) 4.1 5.1a(2) 5.1b(1) 5.2a(3) 6.1a(1)	Figure 7.4-2 Figure 7.4-3 Figure 7.4-4 Figure 7.2-5
1.1a(2)	SL model ethical behavior, risk management and Corporate compliance plans, Policies and procedures	Annual training, certification; Designated Compliance Officer	Annual review and revise-CARF standards & changing legal requirements; Baldrige self-assessment	1.2b 2.2a(1) 4.2a(1) 5.1b(1) 6.2a(1)	Figure 7.6-2 Figure 7.6-9
1.1a(3)	Sustainable: SPP with focus on vision of future, flexible & agile, financial & operational data, SP goals Develop Leaders: internal/external mgmt training, mentoring, conferences, succession planning	SL, board, staff, stakeholders participate in SP process; Financial plan developed by CFO and SL for new programs, businesses; training calendar	Evaluation in SPP; evaluation form completed for training; Baldrige self-assessment 2009-expanded supervisor training 2007-revised SP to focus on vision, plan for strategic growth, and diversification of funding	2.1a(1) & (2) 2.2a(3) 2.2b 3.2c 4.1c 4.2a(3) 5.1b(1) & (2) 6.2c	Figure 7.6-1 Figure 7.3-2 Figure 7.3-3 Figures 7.6-3 to 7.6-6 Figure 7.4-5 Figure 7.4-6 Figure 7.4-14 Figure 7.5-7
1.1b(1)	Communication: Quarterly all staff meetings; Minutes of SL meetings distributed; SL in each location; Open-door policy; Newsletter; communication preference Reward/Recognition: "Going the Extra Mile"; Thank you from President in newsletter; Employee of the Year	Staff meetings in each location and varied times; minutes distributed based on communication preference; "Going the Extra Mile" nominations available and posted at all locations	Staff evaluation of all staff meeting process; Employee survey; Baldrige self-assessment 2009-All staff meetings quarterly (rather than annually), include two-way question/answers; Distribute management minutes to staff; "Going the extra Mile"; Employee communication preference	3.1b(1) 4.2a(2) &(3) 5.1a(2) &(3) 3.2c	Figures 7.4-1 to 7.4-4 205 nominations for "Going the Extra Mile" Staff meeting evaluation, 98% agree meetings are effective communication
1.1b(2)	Objectives, goals and targets set in step 4 of SPP; SL owners for goals; review monthly; Develop/revise APs; Baldrige Work Teams; Balance needs during the SPP with focus groups/objectives	Performance data posted monthly; Diverse participation in focus groups	Evaluation in SPP; Baldrige self-assessment 2009-revised data points 2008-expanded data, develop/post charts 2003, 2006, 2009 added, expanded focus groups to include all locations	2.2(6) 3.2c 5.1c 4.1 6.2c	Figures 7.1-1 to 7.1-5 Figure 7.6-1 Figure 7.5-7

1.1(a)(1)

UCP's mission, vision, and values (MVV) are reviewed and revised in step 1 of the Strategic Planning Process (SPP). [See 2.1a(1)] Senior leaders and members of the UCP Board of Directors develop the mission, visions and values with input from customers and stakeholders. Questions considered in reviewing the MVV include:

- Does the mission answer the question: What does UCP want to accomplish?
- Does the vision convey the desired future of our customers?
- Do the values reflect and reinforce UCP's organizational culture?
- Are the mission, vision, and values easily understood? Remembered?

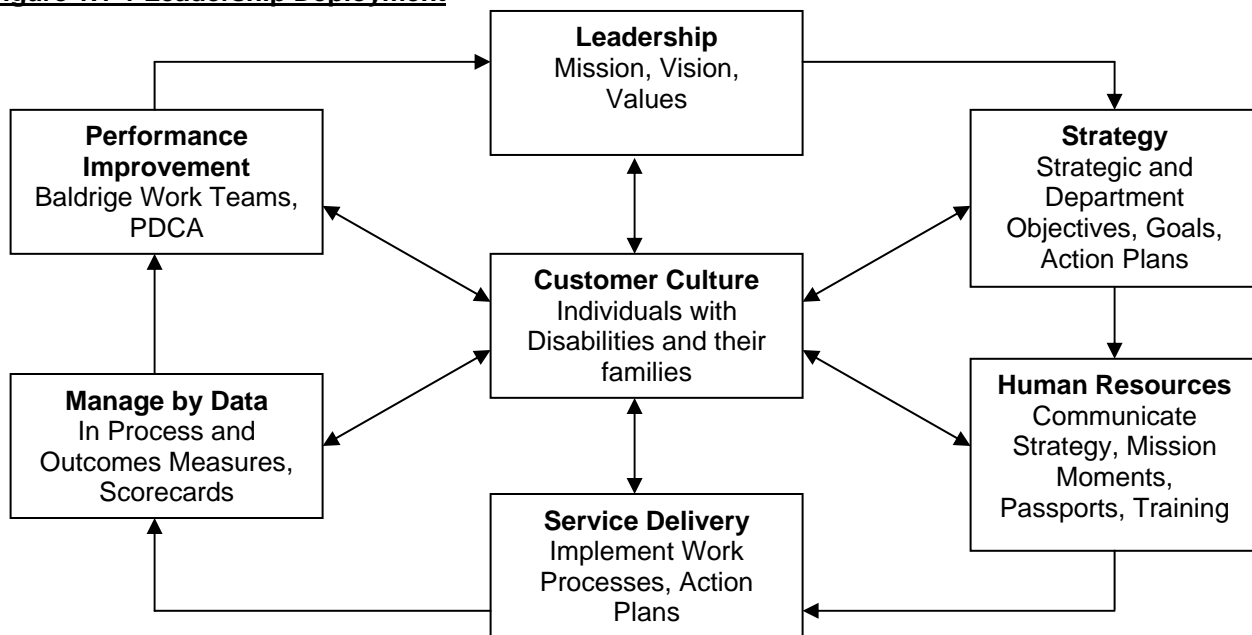
A series of Board and Senior Leadership Retreats has focused specifically on the development and refining of the mission, values and vision.

- FY2004 – Developed core values to guide decision-making on program development.
- FY2007 – Developed a vision to guide the organization through the rapidly changing environment of disability services.
- FY2010 – Moved the MVV review from the spring retreat to step 1 in the SPP to assure MVV was considered throughout the planning process.

- FY2010 – Revised the MVV to reflect UCP culture and to be more easily understood. (See P.1a(2) for revised MVV.)

Figure 1.1-1 demonstrates the process that senior leaders use to deploy the mission, vision, and values through the planning and service delivery cycle. Individuals with disabilities are the central focus throughout deployment. After review and/or revision of the MVV, objectives, goals and actions plans are developed based on input from customers, stakeholders, and staff. Senior leaders share the MVV and goals with the workforce through quarterly All Staff Meetings. Mission Moments, at the beginning of each meeting, give staff an opportunity to share personal actions that have contributed to the MVV. Goals for each member of the workforce are tied directly to the MVV, Strategic Plan and department goals through Passports. Management, training, and work processes guide the service delivery process. Progress is monitored monthly through the data collection system with results posted at each location. Action plans can be easily revised based on the needs of the customer, changing environment, and data collected regarding outcomes. Performance improvement is a function of the Baldrige Work Teams using the Baldrige Criteria self-assessment and PDCA process. The cycle is repeated to provide continuous quality improvement in services for individuals with disabilities and their families.

Figure 1.1-1 Leadership Deployment



UCP programs include intensive personal supports to assure individuals and their families achieve their desired outcomes. This is the primary method used to deploy the MVV to our customers. In addition, UCP utilizes the newsletter, website, and annual report to convey the MVV to customers and other stakeholders.

Senior Leaders personal actions reflect the MVV:

- CEO meets with new employees to review MVV,
- MVV are reviewed at quarterly All Staff Meetings and department meetings,
- Employee passports include the MVV,
- “Going the Extra Mile” recognizes staff for actions that further the UCP mission
- Senior Leaders emphasize and connect the MVV to duties and responsibilities during daily communication and interaction with employees,
- Senior leaders are actively involved in a network of activities that promote the mission, values, quality, and best practice both locally and nationally including CARF, NISH, and UCPA.

Evaluation of the process to set the MVV is conducted during the strategic plan evaluation. The strategic planning committee, senior leaders, and the Board of Directors review information, data, and feedback from the previous planning process, recommend process improvements, and approve the planning process and agenda. In FY2010, the process to set, review, and revise the MVV was improved with guidelines and questions to consider during the review process.

Leadership processes are evaluated by the senior leadership team using the Baldrige Criteria in conjunction with the Lincoln Award process. The Baldrige self-assessment is conducted bi-annually. Each item is assessed for approach, effectiveness, deployment, learning, and integration. Strengths and opportunities for improvement are identified. Information from the self-assessment, combined with the Feedback Report from the Lincoln Award is used to develop goals and action plans to build on strengths and address identified gaps. Goals may be included in the strategic plan or assigned to a Baldrige Work Team as a PDCA project.

1.1a(2)

Senior Leaders personally promote an environment that fosters legal and ethical behavior in all interactions with customers, workforce, and stakeholders. Senior Leaders have established and implemented:

- An annual risk management plan that assesses risk associated with legal or ethical violations, actions to reduce risk, and evaluate the results,
- A corporate compliance plan with no reprisal, annual training and certification for staff and Board of Directors, and a designated Corporate Compliance Officer
- Policies and procedures for ethical business practices, legal requirements, marketing, abuse/neglect, transactions with customers.
- Training on *Abuse, Neglect, and Exploitation Recognition, Reporting and Prevention* for all new employees is taught by the COO.

1.1a(3)

Senior Leaders create a sustainable organization with:

- A focus on the vision of future for individuals with disabilities through the strategic planning process that assesses changing customer requirements over the next 5, 10, 15, 20 years and analysis of trends [see 2.1a(1), (2)]
- Establishing a strategic objective to diversify funding sources and expand business opportunities that employ people with disabilities (Figure 2.1-2)
- A Program and Business Development process that assures UCP is flexible and agile to adapt to future needs and respond rapidly to opportunities (Figure 2.2-1)
- Sound financial practices including an annual budget, monthly review of financial statements, consideration of financial and operational data in decisions regarding both existing and new services, and financial targets in the strategic plan. (Figures 7.3-(2), (3), 7.6-3 to 7.7-6)
- Provide employees with the knowledge and tools they need to be successful. [5.1b(1), (2)]

Performance improvement processes are centered on the strategic plan and the Baldrige Criteria for Excellence/Lincoln Award. Progress on the goal is monitored monthly through the data collection system and scorecard. Department scorecards (Figures 7.5-7, 7.6-1) include both outcomes related to strategic goals and in-process measures. Passports link workforce goals to department goals and the MVV. Progress charts are posted and reviewed by the CEO at the quarterly meetings.

Five Baldrige Work Teams, first established 2007, assess UCP processes, recommend goals and action plans for performance improvement, and serve as PDCA teams. The Senior Leadership Team is responsible for performance improvement

in the Leadership and Strategic Planning categories in conjunction with the Board Executive and Planning Committees. In addition, each Senior Leader is a member of one other cross-functional Baldrige Work Team: Customers; Data and Technology; Human Resources; and Work Process.

Senior Leaders have created an environment for organizational and workforce learning with the establishment of three development programs: new employees, ongoing training, and leadership. (See 5.1b(1) and 5.1b(2) for additional detail) Senior Leaders serve as instructors in each of the development programs.

Personal leadership development plans are addressed in the evaluation and may include: Attendance at conferences and leadership training outside of the organization; Professional development activities including membership in career specific organizations, UCPA, CARF, NISH, Lincoln Foundation, IRA, etc.; Opportunities to develop leadership skills through project management or leadership of a Baldrige Work Team; and Mentoring for emerging leaders.

Development activities are based on the individual's long-term career goals, organizational succession plans, and anticipated future capabilities identified in the strategic planning process. The UCP succession plan is developed by the CEO and reviewed by the Executive Committee of the Board of Directors. Senior Leaders participate in succession planning by identifying and mentoring emerging leaders.

1.1b(1)

Senior leaders use a variety of processes to communicate with and engage the workforce. First and foremost, Senior Leaders are on-site and available to staff. At least one Senior Leader works in each of the three major locations (Springfield, Decatur, and Bloomington) and has the primary responsibility for assuring communication between the Senior Leadership Team and the workforce. All Senior Leaders follow an open-door policy and establish visible presence throughout the organization.

Quarterly mandatory all staff meetings are conducted by Senior Leaders with at least one meeting in each major location. The CEO provides an update on recent activities, challenges and successes. The format typically includes a section to seek input from staff on a specific topic such as workforce engagement, turnover, or strategic

planning. The meeting ends with an open discussion period in which staff has the opportunity to ask questions of the CEO.

In 2009, Senior Leaders established a process to determine each individual staff member's communication preference. Options include email, text messaging, telephone, written updates distributed with paychecks, newsletter, and postings in the worksite. Employees may select different options based on the time sensitivity or type of information. Information shared using the communication preference includes: Minutes of Senior Leaders meetings; Updates from Baldrige Teams; Policy changes; Program updates; Job openings; and emergency or weather closings.

Reward and recognition begins with the "Going The Extra Mile On The Path To Excellence" program. Senior Leaders, supervisors, staff, customers and visitors nominate staff for "going the extra mile", giving a specific example of the actions that demonstrate an exceptional attitude, dedication to the mission, unique contribution, or exceptional service experience. Nomination cards are posted on the bulletin board at the three major locations. Nominees are entered into a quarterly drawing for gas cards. Nominations are also recognized in the employee newsletter as a "Thank You From the President".

UCP staff is recognized at the Annual Meeting for service milestones beginning with the five-year anniversary and continuing in five-year increments. The Employee of the Year is announced at Annual Meeting. Selection is based on overall contribution to the MVV, service that exceeds job expectations, and input from the "Going the Extra Mile" program.

1.1b(2)

Attainment of the MVV is a central focus throughout the SPP and leadership deployment (Figure 1.1-1). Objectives, goals, action plans, and performance targets are set in step 4 of the SPP. Performance measures reviewed monthly at the Senior Leaders meeting from the agency and department scorecards include: program hours utilized, workforce turnover, missed days due to injury, revenue vs. expenses, non-state revenue, program outcomes, customer satisfaction, and welcoming communities. In addition, Senior Leaders review in-process measures for their department monthly.

Balance for customers and stakeholders is accomplished through inclusion of input from these groups during the SPP process. Performance

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targets for strategic goals, outcomes and in-process measures include both operational and customer focused goals.

1.2 Governance and Social Responsibility

Table 1.2-1 outlines key Governance processes with a summary of approach, deployment, evaluation and learning, integration, and effectiveness. Additional detail on processes is provided in the narrative section.

1.2a(1)

UCP is governed by a voluntary Board of Directors representing a cross section of the communities served. By-laws and/or the governance policy specify member selection and responsibilities,

election of officers, standing committees, frequency of meetings, conflict of interest and ethics. Detailed policies have been adopted by the Board of Directors for: Governance; Leadership, Development, and Compensation; Conflict of Interest; Legal and Ethical Practices; Outcome Performance; Health and Safety Practices; and Rights of Person Served. Board policies are reviewed annually and may be revised as needed. Meetings of the Board of Directors are held bi-monthly with the Executive Committee meeting on opposite months. The President/CEO presents a report at each meeting detailing major activities and issues requiring Board input or approval. Senior Leaders attend regular Board meetings and the committee(s) relevant to their department.

Table 1.2-1 Key Governance Processes

Item	Approach	Deployment	Evaluation/Learning	Integ.	Effective
1.2a(1)	Board of Directors: by-laws; committees; SL report actions to committees and Board; Finance committee reviews financials, budget, external audit, audit report; Board policies	Board meets bi-monthly; Quarterly committee meetings; reports and materials distributed in advance	Board evaluation; Baldrige self-assessment By-laws, Board policies and procedures revised as needed based on changes in CARF standards, regulations	2.1a(1) 2.2a 3.1a(1) & (3) 3.1b(3) 3.2c 4.1 5.1a(3) 5.2b(2)	Figure 7.3-2 Figure 7.3-3 Figure 7.6-2 to 7.6-6 Figure 7.6-1
1.2a(2)	Board Chair conducts CEO evaluation; CEO and/or COO evaluate SL's; Annual overall and self-evaluation of Board members	Board evaluations reviewed by Executive Committee	Board evaluation; Baldrige self-assessment 2009-Implemented Board evaluation process 2010-Revision of by-laws, governance structure	1.1a(3) 2.1b(1) 2.2 5.1a(3) 5.1b 5.2a(3)	Figure 7.4-5 Figure 7.4-7 Board evaluation, 96% effective
1.2b(1)	Annual assessment: risk level, impact, plan, and evaluation; see plan for measures Compliance: DHS, CARF requirements in work processes, QA	Training on safety, corporate compliance; Safety committee	Annual review of CARF standards; Baldrige self-assessment 2005-formal risk management assessment implemented	2.1a(1) 2.2a(1) 3.1a(1) 6.2a(1)	Figure 7.2-5 Figure 7.6-7 Figure 7.6-8 Figure 7.6-9 to 7.6-12 Figure 7.6-2
1.2b(2)	Board policy on legal/ethical behavior, CCP reviewed annually; external audit; process to review and resolve potential violations	Training and certification for staff and board annually; Board and finance committee review audit,	Annual review of CARF standards and legal requirements; Baldrige self-assessment Policies and procedures updated annually based on requirements	1.1a(2) 5.1b(1) 6.2a	Figure 7.6-2 to 7.6-6
1.2c(1) 1.2c(2)	SPP considers societal well being; Business plans review environment impact	Goal and AP for communities; Presentations; Advocacy with state legislators	Baldrige self-assessment 2009-document recycling 2007- SP objective 2005- HUD grant	2.1a(1) 3.1a(2)	Figure 7.2-5 Figure 7.6-10 to 7.6-12

Standing committees meet quarterly and report to the Board at regular meetings. Board members are expected to serve on at least one committee. Each committee has at least one Senior Leader liaison. Committees review major actions for related departments at the meeting. Committees assist with the planning process for the department by reviewing/revising performance targets and action plans between planning cycles. In addition, committee responsibilities may include specific duties related to key governance processes:

- Executive Committee: has authority to act on behalf of the Board of Directors between regular meetings, nomination of Board officers, Board evaluation and the annual review of executive compensation and succession plans.
- Finance Committee: reviews financial statements, budget, financial policies and procedures, selects and hires the external auditor and accepts audit report. Financial statements, budget, and audit are presented to the full Board for review and approval.
- Administration Committee: responsible for strategic planning, reviewing personnel policies and grievances, and making recommendations for Board and Trustee membership.

The meeting agenda, minutes from previous Board and committee meetings, financial statements, other relevant materials are distributed at least one week in advance via email.

The Board conducts an annual evaluation with a review of Board policies and procedures based on CARF standards, regulations, and best practice along with an annual evaluation of Board effectiveness (see 1.2a(2) below). In addition, all governance processes are evaluated through the Baldrige self-assessment process. [see 1.1a(1)]

1.2a(2)

Senior Leader evaluations are conducted annually. The Board Chair conducts the annual evaluation of CEO and reviews the evaluation with the Executive Committee. The immediate supervisor, typically the CEO and/or COO, evaluates other Senior Leaders. The evaluation format includes a review of the previous year goals and major accomplishments, setting new goals linked to the strategic plan, and ongoing leadership development. Senior Leaders assume ownership for at least one goal from the strategic plan. This goal and action plans to work with other Senior Leaders and Managers to accomplish the goal are incorporated into the evaluation. Goals may also focus on development of leadership skills and effectiveness by assuming

the leadership role for a specific project. Development activities not addressed as formal goals may include completion of training, attendance at conferences, and participation in professional activities outside the organization including CARF surveyor, NISH Board and committees, and Lincoln Foundation examiners.

Board members complete two evaluations annually. The governance evaluation assesses the overall Board effectiveness including: Mission, vision, values and strategic plan; Overall engagement in meetings and events; Relationship with the CEO; Member and officer selection; Financial oversight; Program quality; Conflict of interest; Focal points for the next year. Results of the assessment are reviewed by the Executive Committee and are an integral component of the evaluation of governance processes.

Each member of the Board is also asked to complete an annual self-evaluation. The evaluation assesses satisfaction, strengths, weaknesses, attendance, preparation for and participation in meetings, knowledge of UCP services, interest in officer positions, development needs, and concerns or issues. Self-evaluations are reviewed by the Board Chair and CEO. Information is used to identify development plans, determine continued member or assignment of additional responsibilities.

1.2b(1)

UCP assesses the adverse impact and public concern regarding services in the strategic planning and business development processes. Focus groups, conducted in step 2 of the SPP and comprised of community members, discuss current and future services and provide feedback. As a nonprofit organization serving people with disabilities, program services have a positive impact on society by assuring that people with disabilities are able to live, work, learn, and enjoy leisure activities in their community. In addition, community based serves provide a significant cost saving for taxpayers.

The business development process is used to evaluate potential new program and business opportunities. The process includes development of a business plan and work processes. Steps are taken to identify and minimize adverse impact during the planning process. Recommendations made have included use of green cleaning products in *White Glove Professionals* and sorting by paper type to capitalize on recycling efforts in *Gone For Good*.

Processes for compliance with legal and regulatory requirements are built into key work processes. Compliance is monitored within each key process through in-process measures, chart audits, site visits, safety drills, etc. Compliance measures are based on DHS rules [see P.1a(5)] and CARF standards. UCP compliance goals are to maintain 100% compliance with CARF standards and improve DHS compliance score to 100%.

Senior Leaders complete an annual risk assessment that includes level of risk, area of impact, action plans to reduce risk, and an evaluation of actions. Action plans are incorporated into standard operating processes and procedures including drills, site visits, corporate compliance, legal behavior, incident reporting, etc. Measures and goals are reported with results in Figures 7.5-2, 7.6-2, and 7.6-7.

1.2b(2)

The UCP by-laws and policies address conflict of interest, legal/ethical behavior, and corporate compliance. Staff and Board members receive annual training on corporate compliance, ethics, and conflict of interest. Annual certification with identification of any potential conflict of interest is required. Potential ethics violations are investigated by either the Executive Committee of the Board (board members) or the Corporate Compliance Officer (employees). The Board of Directors has specifically outlined requirements for members proposing business transactions with the agency including documentation on how the transaction benefits the organization. Measures for legal/ethical behavior and corporate compliance are included in the risk management plan results in Figure 7.6-7.

UCP policy requires an annual external audit with the auditor selected by Board Finance Committee. The auditor reviews both financial and regulatory requirements and reports findings directly to the Finance Committee and Board at the annual meeting of the Corporation.

1.2c(1)

UCP considers societal well being throughout the strategic planning and services delivery processes. As a mission based organization serving individuals with disabilities and their families, we believe that our communities are enriched when people with disabilities are welcomed and included. The Strategic Plan (Category 2) includes objectives, goals, and action steps to ensure that individuals with disabilities have the opportunity to participate

in community activities and to assist the community to welcome these individuals and families. Benefits for the community include:

- Supporting individuals with disabilities in the community provides a substantial savings to taxpayer over the cost of institutionalization (Figure 7.6-11).
- The unemployment rate for adults with disabilities is significantly higher than that of the general population. UCP employment programs provide jobs for people with disabilities (Figures 7.1-3 and 7.1-4).
- New businesses consider environmental impact both in service delivery and work process. Gone For Good is a secure document destruction business. Once destroyed, 100% of the paper is recycled (Figure 7/6-12).

1.2c(2)

Senior leaders and Board Members are actively involved in the planning and development of Southwind Park. UCP has worked with the planning committee to focus on making the park accessible for all citizens. A park that is accessible for an individual in a wheelchair is also accessible for a mother pushing a stroller. Visitability is another quality of life issue that UCP actively supports. The concept of Visitability goes beyond assuring that people with disabilities are integrated into the community. Visitability encourages communities, especially in new construction, to include ways for people with mobility challenges to visit their neighbors with wider doorways and no steps in at least one entrance.

Senior Leaders and employees encourage individuals with disabilities to contribute to the community by volunteering and supporting community projects. Individuals in the Developmental Training Program take an active role in Springfield Green and the Memorial Medical Center Festival of Trees. Springfield Green is an effort to keep the streets of Springfield free of litter. Four times each year, individuals volunteer to clean the streets, picking up trash and other debris. The annual Festival of Trees is a favorite event for individuals who devote several weeks in late fall to baking and decorating gingerbread houses for the Gingerbread Village. The project culminates with a visit to the Festival of Trees to see their work on display. Proceeds of the Festival of Trees are used by the Memorial Medical Center Foundation to support programs at affiliates of the Memorial Health System.

Category 2 – Strategic Planning
2.1 Strategy Development

Table 2.1-1 outlines key processes for strategy development with a summary of approach,

deployment, evaluation and learning, integration, and effectiveness. Additional detail on processes is provided in the narrative section.

Table 2.1-1 Key Strategy Development Processes

Item	Approach	Deployment	Evaluation/Learning	Integ.	Effective
2.1a(1)	3 Year Planning Cycle 1)Evaluation/review of SPP, MVV; (July/Aug) 2)Focus groups/input SWOT, challenges, advantages, core competencies, environmental scan (Sept-Jan) 3)Baldrige work teams develop goals/actions (Sept-Jan) 4)Develop objectives, goals, AP's; budget; Board review/approval (Feb-June) 5)Implement SP, action plans, measures (July) 6)Year 2 & 3 review; budgets (Apr-June)	Focus group are conducted in Springfield, Decatur, and Bloomington for from key communities; SP shared with stakeholders through committees, newsletter, website; staff goals aligned with SP goals	SPP evaluation at the beginning of the 3-year process by SL and Board assesses participation, information gathered, document development, and board process. 2009 added evaluation at focus groups; Baldrige self-assessment 2009-Review of MVV moved to step 1, expand external input and scope of environmental scan 2006-Revised SP document 2006, 2009-Expand focus groups	1.1a(1) & (3) 1.2b(1) 1.2c 2.2 3.1a(1) & (2) 3.2a,c 4.1b 5.1a, c 5.2a 6.1a 6.2c	Figure 7.6-1 100% of participants agree Focus Groups were effective way to obtain input from customers, stakeholders, and staff
2.1a(2)	Steps 2, 3, & 4 of SPP, annual budget process, technology plan Environmental Scan: demographic data, past performance, research trends, Map of Future	SP committee reviews input and research; SL's input budget technology plans; Develop SP document for approval	See 2.1a(1) for process 2009-Expand external data review through research 2006-Add environmental scan 2003-Add focus groups	1.1a(3) 1.2b(1) 1.2c 3.1a(1) 3.2a,c 4.2b(3) 4.15.2a	Figure 7.6-1
2.1b(1)	Four strategic objectives with 12 related goals (Table 2.1-2). Three-year timeframe for goals with yearly targets	Communicate staff meetings, newsletter; passports; report progress to Board	See 2.1a(1) for process 2006-Strategic objectives revised to focus on vision 2003-Development and operational outcome plan	1.1a(1) 2.2 4.1 5.1a(3) 6.2	Figure 7.6-1
2.1b(2)	See Table 2.1-2 for challenges and advantages related to objectives Step 2 of SPP: Focus groups include cross section of customers and stakeholders to balance input Step 3 of SPP: Internal self-assessment, strengths and OFIs, and inclusion in the SP as goals or AP's	Focus groups include staff, customers, and stakeholders. Questions sent in advance. Training conducted for staff on Baldrige teams re: criteria, conducting an assessment using ADLI	See 2.1a(1) for process 2009-Expanded and revised focus groups 2007-Expand focus groups, external data and information through environmental scan; Baldrige work teams conduct first self-assessment 2006-Conducted focus groups with customers, staff and stakeholders	1.1a(1) 2.2 4.1 5.1a(3) 6.1a 6.2	Figure 7.6-1

2.1a(1)

UCP conducts strategic planning on a three-year cycle using the six-step approach outlined in Table 2.1-1. The Board Strategic Planning Committee includes members representing customers, finance, development, business, and key communities to assure a balanced perspective in strategy development. The committee with the President/CEO and COO lead the development process. The process begins with an evaluation of the previous cycle that assesses participation in focus groups by stakeholder category, type and relevance of data and information gathered, board participation, document format and development, and approval process. Once the evaluation is completed, the plan process and calendar are finalized and approved by the Board of Directors.

Two major changes were made for the cycle that began in July 2009. First, a luncheon is held for potential planning participants including the Board of Directors, Senior Leaders, customers, employees, volunteers, representatives of referral and funding sources, community employers, partners and other stakeholders. Stephen Bennett, President of UCPA spoke on *Strategic Visioning for People With Disabilities*. Attendees receive an overview of UCP's planning process and are given the opportunity to sign up for focus groups. The goal of the event is to provide a visionary background to participants and assure full participation by customer and stakeholder groups to balance needs and avoid potential blind spots. Second, the review of the mission, vision, and values was moved to step one to assure MVV are considered throughout the process.

Input, data, and information are collected in steps two and three. Step two is outlined in detail in 2.1a(2). During step three, cross-functional Work Teams conduct a full self-assessment using the Baldrige Criteria for Excellence. Teams identify strengths and opportunities for improvement with potential goals and action plans.

In step four, a summary and analysis of information and data gathered in steps two and three is presented to the Board Strategic Planning Committee for review. The committee is responsible for assuring balance and identifying potential blind spots. Senior Leaders develop the draft strategic plan document with objectives, goals, and action plans that address challenges, advantages, core competencies, and balance for customers and stakeholders. The strategic plan document is reviewed by the committee and recommendations

incorporated before distribution to the Board of Directors. The Board reviews objectives, goals, and action plans during the April meeting. Targets for each year of the plan are established based on past performance and benchmarks. The final strategic plan is submitted to the Board for approval at the June meeting.

Implementation of the strategic plan in step five begins in July and continues for the next three years. Department goals, action plans, and targets are linked to strategic goals. Passports with individual goals linked to both department and strategic plan goals are developed with employees. Agency and department scorecards provide a snapshot of overall performance. Progress charts by department are printed and posted in each location. Department Directors analyze the data and make adjustments to action plans as needed to address performance gaps.

In step six, goals, action plans, and budgets are reviewed and may be revised for years two and three. Directors and Board committees review department goals and make recommendations for revisions to the overall strategic plan. The Board reviews and approves changes at the June meeting.

2.1a(2)

Step two of the SPP focuses on obtaining input, data and information to ensure key factors are addressed. Focus group participants provide employee and stakeholder level input on strengths, weaknesses, opportunities and threats (SWOT), core competencies, challenges, advantages, customer requirements and unmet needs in the present, expected changes in requirements 5, 10, 15, 20 years in the future, factors for workforce engagement and satisfaction, technology, and financial and human resources for sustainability and growth.

The environmental scan includes a review of both internal data and external trends in technology, markets, customers, competition, regulations and funding. Sources of data and information for the environmental scan include: HealthTech – Emerging Technologies and the Future of Independent Living; Philanthropy in 2010 – Challenges for the Nonprofit in the Next Decade; Research and Training Center on Community Living – University of Minnesota; UCPA Big Sky – Map of the Future; NISH; National Longitudinal Transition Study; Guidestar; and the National Council on Disabilities – Major Trends.

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The CFO with input from Senior Leaders develops the operating and capital budgets. The budget review considers human resources, technology, and capital required to execute the proposed objectives, goals, and action plans. The budget is submitted to the Finance Committee for review and recommendations. Final approval is scheduled for the June meeting.

2.1b(1)

UCP has established four strategic objectives with 12 related goals (Table 2.1-2). Strategic plans are developed for a three-year timeframe. Targets are set for each year of the plan. Targets in Table 2.1-2 are for FY10, the final year of the plan. Figure 7.6-1 Includes targets and actual performance for FY08 and FY09. The new plan will be available on-site.

Table 2.1-2 FY2008 – FY2010 Strategic Objectives, Goals, Targets, Action Plans

Objectives, Goals and Targets	Action Plans	Challenges, Advantages
Objective 1 – Finance and Infrastructure		
Sound Financial and operational process drive our resources including people, time and money.		
96% of available hours of service utilized	-Market to referral agencies, schools, funding sources (ST) -Complete intake screening within 14 days of referral (ST)	Challenges: -Dependence on state funding -Hiring and retaining staff Advantages: -Highly tenured senior leaders -Commitment to quality
Stable Workforce: -Decrease turnover 44% -84% Overall satisfaction -85% Employees would recommend	-Analyze turnover, develop reduction plan (ST) -Conduct wage, benefit, reward survey, develop recommendations for Board (ST) -Senior leaders participate in orientation/training (ST) -Senior leaders/Managers communicate and encourage high performance in All Staff and Department meetings, passports, and regular written communication. (ST)	
Safe environment -Decrease lost work days to less than 15 -1.25 WC experience	-Conduct mandatory safety meetings to increase awareness (ST) -Establish safety incentive program (ST) -Review/revise business continuity plan (ST)	
5% margin ratio	-Review, monitor financial statements, budget (ST)	
Objective 2 – Strategic Growth		
We leverage internal and external partnerships to engage in strategic growth that furthers our mission.		
Diversification of funding -Increase revenue from non-state funding sources to 25% -Increase total revenue 17% from FY08-FY10	-Analyze and act on identified growth opportunities (LT) -Conduct needs assessment of communities as part of strategic growth planning (LT)	Challenges: -Dependence on state funding -Changing needs of the customer Advantages: -Willing to change
Objective 3 – Quality Outcomes		
Our overriding commitment to the achievement of personal outcomes is reflected in the lives of those we support.		
92% of individuals receiving services achieve their individual outcomes	-Evaluate service processes for efficiency/innovation (ST) -Baldrige teams develop/implement improvements (ST) -Share performance data with staff to be responsive to individual needs (ST)	Challenges: -Changing needs of the customer Advantages: -Willing to change -Commitment to quality
96% of individuals and families are satisfied with services received	-Implement processes for immediate feedback and informal complaints (ST) -Analyze feedback, develop plans to address trends (ST)	
Objective 4 – Community		
Our communities are enriched when people with disabilities are welcomed and included.		
90% of individuals and families feel welcomed and included in the community	-Expand public education efforts (LT) -Advocate for new community development to include all citizens (LT) -Support the Southwind Park development (ST)	Challenges: -Changing needs of the customer Advantages: -Commitment to quality

2.1b(2)

Table 2.1-2 outlines the relationship between objectives, challenges and advantages. Step two of the SPP seeks input from customers, staff and stakeholders with questions regarding challenges, advantages, core competencies, needs of customers and stakeholders, expected changes in customer stakeholder needs, and ways to address those changing needs. Focus groups include cross section of customers and stakeholders to assure balance. Step three includes an internal self-assessment by cross-functional Baldrige teams to

identify strengths and opportunities for process improvement. Input from both steps is considered in development of objectives, goals and action plans.

2.2 Strategy Deployment

Table 2.2-1 outlines key processes for strategy deployment with a summary of approach, deployment, evaluation and learning, integration, and effectiveness. Additional detail on processes is provided in the narrative section.

Table 2.2-1 Key Strategy Deployment Processes

Item	Approach	Deployment	Evaluation/Learning	Integ.	Effective
2.2a(1)	See Table 2.1-2 for action plans	APs reviewed at staff meetings; progress reports to advisory committees and board	Evaluation in step 1 of SPP; Baldrige self-assessment 2007/2008-Added goals, targets, timeframes to SP 2003-Converted 1yr Plan of Work to 3yr SP	1.1b(2) 2.1 3.2c 4.1 5.1a(3) 5.2a(4) 6.1b 6.2	Figure 7.5-7 Figure 7.6-1
2.2a(2)	Develop APs-step 4, 5, 6 of SPP (Table 2.1-1); Deploy-SL's owners for each goal; department goals and APs, employees goals linked to SP and APs through evaluation, passport.	Communicate staff meetings, newsletter, linked to department goals, staff evaluations and passports	Evaluation in step 1 of SPP; Baldrige self-assessment 2009-owners, passport 2008-align staff goals 2007-Baldrige teams self-assessment	1.1b(2) 2.1 3.2c 4.1 5.1a(3) 5.2a(4) 6.1b 6.2	Figure 7.5-7 Figure 7.6-1
2.2a(3)	Annual budget process led by CFO with SLs, considers operating expenses, costs to meet objectives/APs	SL submit cost to CFO, budgets to Finance Comm. & Board	Evaluation in step 1 of SPP; Baldrige self-assessment	1.1b(2) 1.2a(1) 2.1	Figure 7.3-2 Figure 7.3-2 Figure 7.6-1 Figures 7.6-3 to 7.6-6
2.2a(4)	Business/program development process, comm./Board approval	SL identify new plans, submit to comm. & Board	Evaluation in step 1 of SPP; Baldrige self-assessment	1.1b(2) 2.1 3.2c	Figure 7.6.1
2.2a(5)	Incorporated into the agency SP and budget; See Table 2.1-2	HR, SL, and Baldrige Team develop and implement APs	Evaluation in step 1 of SPP; Employee surveys; Baldrige self-assessment	1.1b(2) 2.1 5.1a(3) 5.2a(4)	Figure 7.6.1
2.2a(6)	Measures are set for each goal in the SP; Table 2.1-2; Dept goals and APs aligned with SP goals; passports	In process measures (by department) reported, posted monthly	Evaluation in step 1 of SPP; Baldrige self-assessment	1.1b(2) 2.1 4.1 6.1b 6.2	Figure 7.5-7 Figure 7.6-1
2.2b	See Figure 7.6-1 for projections; set by SL, comm. & Board based on trends/benchmarks with local competitors, UCP affiliates, ANCOR	SL & Board review data in step 4 of SPP, set target, measure, share results	Evaluation in step 1 of SPP; Baldrige self-assessment	1.1b(2) 2.1 4.1 6.1b 6.2	Figure 7.6-1

2.2a(1)

Action plans related to objectives and goals are outlined in Table 2.1-2. FY2010 is the final year for the current plan. Action plans for FY2011-FY2013 will be available on-site. Short-term action plans (ST) address ongoing operations. Long-term plans (LT) focus on strategic growth to address changing customer requirements and ongoing public education efforts.

Major changes reflected in the FY2011-2013 plan include:

- Expand business enterprises-business plans developed with 3 year projection of revenue & expenses, sales targets, capital expenditures, operational resources, map processes, measure in-process and outcomes including financial performance.
- Expand services in Bloomington-partner with local funders to obtain revenue, develop program plans including activities (processes), resources, space needs, marketing plan for referral sources and partners, measure in-process and outcomes including financial performance.
- Expand use of technology through development and implementation of the Intranet for on-line paperless case records and real-time data collection.

2.2a(2)

Action plan development occurs in steps three and four of the SPP detailed in 2.1a(1). Baldrige teams determine strengths and opportunities for improvement with goals and action plans based on the self-assessment. Input from focus groups and Baldrige teams are using to develop objectives, goals, and action plans.

Senior Leaders are responsible for deployment of action plans. Each leader assumes ownership for at least one goal and related action plans. The owner monitors progress, reports results, and works with Directors and Managers to address performance gaps. Senior Leaders develop department goals and action plans linked to the Strategic Plan. Employee goals are also linked to the Strategic Plan and action plans through the performance evaluation and passport. Progress is monitored through the data collection process and reported on progress charts. Department progress charts are posted monthly in each location. In FY2010, UCP developed agency and department scorecards to provide an at-a-glance progress report for ongoing Senior Leadership and management review.

Outcomes are sustained by imbedding improvements into daily work processes. Senior Leaders and Baldrige Work Teams continue to review and improve processes using PDCA. As actions achieve results, in pilot projects or in a specific department, the improved process is replicated throughout the organization. In addition, UCP raises targets and develops new action plans to ensure progress is not only sustained but also continuously improved.

2.2a(3)

The annual budget process is incorporated into steps four and six of the strategic planning process. The process is led by the CFO with input and review by Senior Leaders, Board Finance Committee, and final approval by the Board of Directors. Budget development considers current operating expenses, resources to meet objectives, goals and action plans, and projected revenue. Senior Leaders prioritize action plans requiring additional resources based on impact for the customer, workforce, and other stakeholders. When projected revenue does not fully provide the resources for all action plans, those with the greatest impact or specifically attached revenue receive priority.

Monthly reviews to assess and manage financial risk include margin ratio, budget variance, balance sheet, income statement, current ratio, and debt to total asset ratio. The CFO prepares a Statement of Financial Position for the Finance Committee and Board of Directors that reviews outlying variances, investments, accounts receivable, cash, and loans.

2.2a(4)

The Business & Program Development Process, Figure 2.1-1, is used to address changes and facilitate rapid development of new plans. Changes to existing plans are developed by Senior Leaders and submitted to the appropriate Board Committee for review and approval.

2.2a(5)

Human Resource Plans are incorporated into the agency strategic plan (Table 2.1-2). Capability and capacity are assessed during the budget review and in the Business/Program Development Process (Figure 2.1-1). Plans are communicated to the workforce at All Staff Meetings, department meetings, and the employee newsletter.

2.2a(6)

Performance targets are set for each goal in the Strategic Plan (Table 2.1-2). Department targets

and in-process measures are established, reviewed, and reported at Senior Leader and Board Committee meetings. Progress charts are posted at all locations and reviewed with employees at the All Staff Meetings.

The strategic planning process is designed to facilitate alignment between agency, department, and employee goals. The process also facilitates balance between departments and stakeholders with broad participation from stakeholder groups throughout the planning cycle. Projections include all customer segments, human resources, finance, growth, and community. See 2.1a(1) & (2) for additional detail.

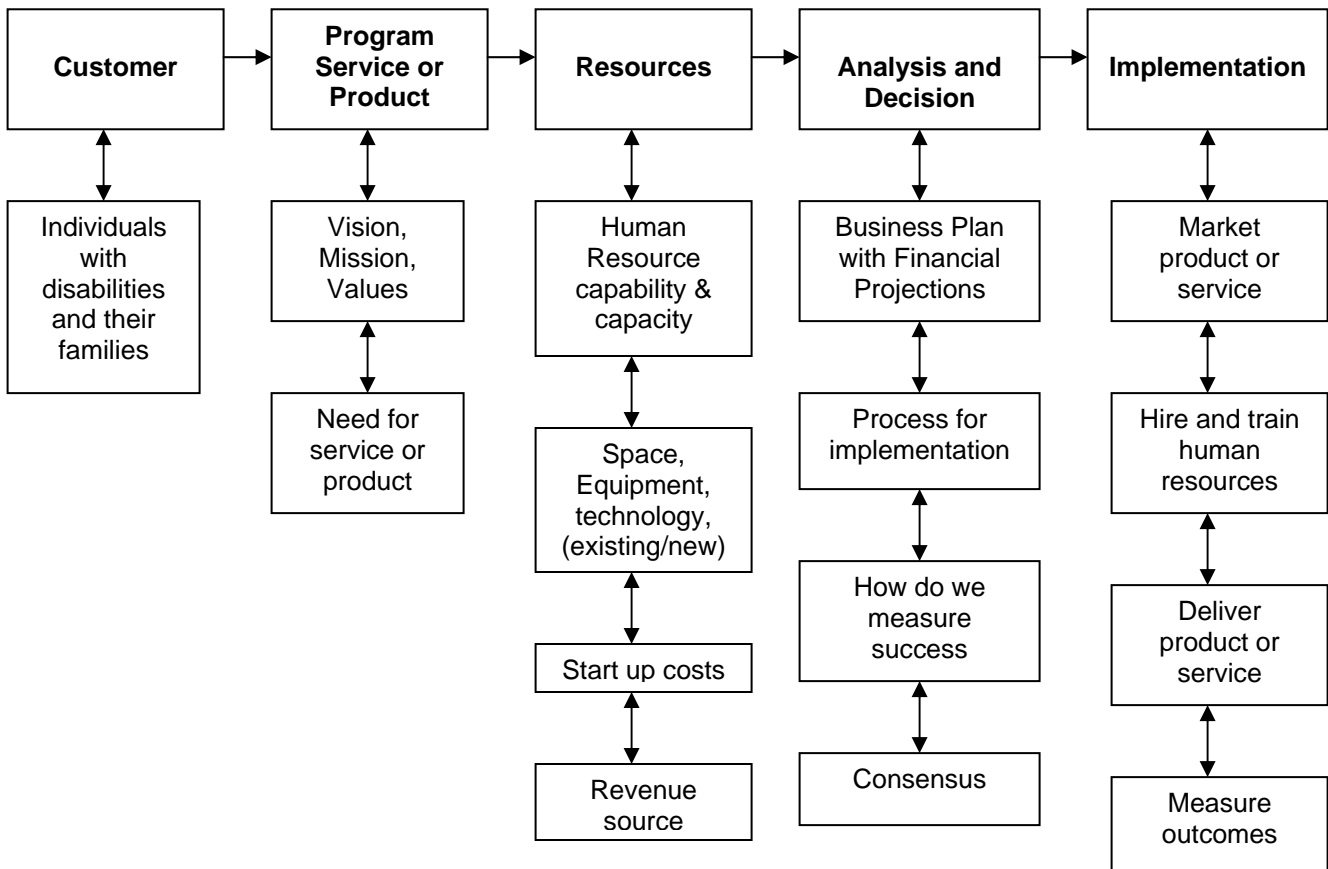
2.2b

Performance results for the first 2 years of the current strategic plan are included in Figure 7.6-1. Projections for FY2010 are outlined in Table 2.1-2. Projections for the FY2011 – FY2012 plan will be available on-site.

Overall agency and department performance projections are set through Board Committees and are based on past performance and external benchmarks where available. Performance targets are approved by the Board of Directors.

Comparative information has not been readily available for disability services. UCP began collecting and sharing performance information with local competitors and CARF accredited UCP affiliates in 2008 to address the gap in comparative data. In 2009, a group of eight UCP affiliates, along with UCPA, partnered with ANCOR on a national benchmarking project. The ANCOR Performance Excellence Toolkit (PET) is limited to Direct Service Professional (DSP) turnover, employee satisfaction, customer satisfaction, and medication errors. The UCP Benchmark Workgroup is partnering with ANCOR to expand the data points for comparison. Comparisons are included in Category 7.

Figure 2.2-1 Leadership Program/Business Development Process



3.1 Customer Engagement

Table 3.1-1 outlines key processes for customer engagement with a summary of approach,

deployment, evaluation and learning, integration, and effectiveness. Additional detail on processes is provided in the narrative section.

Table 3.1-1 Key Customer Engagement Processes

Item	Approach	Deployment	Evaluation/Learning	Integ.	Effective
3.1a(1)	SPP, development process, funding & referral sources Business customers: NISH, national affiliations, networking,	Annual ISP meetings; Advisory committees, report to Board	Survey evaluation; Baldrige self-assessment 2008-ISP revised 2006-research trends 2003-focus groups with customers	1.2a(1) 2.1a(1) 3.2	Figure 7.2-10 Figure 7.2-3 Figure 7.2-4
3.1a(2)	ISP, assessments; committees; surveys; newsletter, annual report, website, daily interaction	Daily contact, annual ISP, monthly progress notes	Survey; Baldrige self-assessment 2008-survey & ISP revised 2003/06/09-focus groups	1.2c 2.1 3.2 6.1	Figures 7.1-1 to 7.1-5 Figure 7.2-3 Figure 7.2-4
3.1a(3)	SPP step 2; NISH, UCPA, CARF for best practices; Surveys;	Focus groups, SWOT, and environ scan	Survey evaluation question; Baldrige self-assessment	2.1a(1) 6.2	Figure 7.2-8 to 7.2-9
3.1b(1)	ISP, work processes, modeling, training, advisory committee, daily interaction, passports, Mission Moments	CEO reviews MVV, customer focus in training;	Survey evaluation Baldrige self-assessment 2009-going the extra mile 2007/08-expanded training, passports 2003/06/09-focus groups	1.1a(1) 2.1a(1) 3.2 4.2 5.1b 6.2	Figures 7.2-1 to 7.2-4 Figure 7.2-10
3.1b(2)	SPP step 2; ISP, service delivery, surveys, focus groups, advisory committees;	Daily contact; ISP developed, implemented; surveys	Survey evaluation; Baldrige self-assessment 2009-survey distribution 2008-revised survey/ISP 2003/06/09-focus groups	2.1a(1) 3.2 5.1b 6.2	Figures 7.2-8 to 7.2-11
3.1b(3)	See 3.1a(3)				

3.1a(1)

Few organizations or businesses are founded by customers; however, UCP is one such organization. Initial services offered were the direct result of unmet needs of our primary customer: individuals with disabilities and their families. Throughout our history, customers have continued to drive the development and implementation of UCP services. The voice of the customer can be heard during informal daily interaction, individual service plan (ISP) meetings, focus groups, advisory committees, and the Board of Directors. The Program/Business Development (Figure 2.2-1) and Strategic Planning [2.1a(1)] processes include steps to determine customer requirements early in the planning phase. The Business Development and Strategic Planning processes facilitate the identification and innovation of services for the business customer; however, the service must first meet the requirements of our primary customer. Business customer requirements

are identified through partnership with NISH, national affiliations, networking, and focus groups.

While ISP meetings are directly focused on developing a service plan for one individual, they also identify the need for services not provided by UCP or its competitors. As customers express the need for a particular service or support, UCP works to develop a plan to provide the required service using the program development process.

In addition to developing their individual plans, customers participate in the overall planning process through advisory committees, focus groups, and the Board of Directors. Focus groups and committees provide information and feedback regarding customer needs, complaints, and gaps in services on an ongoing basis. Advisory committees respond to opportunities for program development and address identified gaps in services between planning cycles using the Program/Business

Development Process. This allows UCP to respond rapidly to changes in customer needs. Participation by customers helps to ensure that the voice of the customer is heard in the decision making process.

Evaluation of the process to identify and innovate service offerings is conducted through the evaluation of the strategic planning process [2.1a(1)], the Baldrige self-assessment [1.1a(1)], and the annual update of the ISP.

3.1a(2)

Customer services and supports are determined by the annual ISP and service delivery processes. Assessments of individual strengths and needs are completed with the individual/family before the ISP meeting. ISPs are developed with each person receiving services. The individual, family members, UCP staff, and any other person the individual wishes to invite participate in the planning meeting. Meetings are held when the person enters services and at least annually thereafter. During the meeting the individual is asked about their hopes and dreams for the future, support they need to attain their dreams, and obstacles to achieving their dreams. The individual will then develop goals to build on their strengths and work toward specific outcomes. Plans are implemented with the assistance of the support team. Progress is tracked through daily notes, task analysis, and monthly reports. Progress reports are reviewed with the customer. Goals and services can be revised based on individual progress or changes in customer needs.

Processes to determine general customer support requirements and changing expectations include: focus groups, advisory committees, and surveys.

UCP communicates with customers through the ISP meeting, visits to the home/job site, telephone, email, newsletter, annual report, and website. Staff, managers, and senior leaders are available to talk informally with individuals and families on a daily basis. The needs of individuals with disabilities are very personal. No two people want exactly the same service. By being open to new ideas and available to the customer, UCP has been able to respond to the changing needs of our customer group.

3.1a(3)

The strategic planning process [2.1a(1) & (2)] considers future customer service and support needs with focus groups, a SWOT analysis, and environmental scan. Questions discussed at the November 2009 focus group meetings included:

- Primary Customers: What are their key requirements and expectations for services?
- Business Customers: What are their key requirements and expectations for services?
- What are the unmet needs in this community for our customers?
- How are customer requirements expected to change over the next 5, 10, 20 years?
- What do we need to do to address unmet needs and changing customer expectations?

In addition to the planning process, UCP remains current with customer service and support through networking with national organizations (NISH, UCPA, CARF) for best practices, surveys of customers, and researching trends in technology.

3.1b(1)

Customer culture begins with the mission, vision, and values [P.1.a.2] and is integrated throughout the leadership [Figure 1.1-1], strategic planning [Table 2.1-1], and service delivery [Figure 6.1-1] processes. Each process includes a customer listening mechanism, either individually or as a group, and opportunities to be actively engaged.

On an individual basis, the ISP development and implementation ensure a positive customer experience and engagement. The ISP addresses hopes and dreams for the future with supports needed to achieve desired outcomes. Plans are typically written with a one-year timeframe; however, the plan can be revised throughout the year if the customer's needs or desires change.

UCP's workforce performance management [see 5.1a(3)] and development systems [see 5.1b] reinforce the culture with emphasis on customers and outcomes in the passport and training. Mission Moments from staff are included at the beginning of the All Staff Meetings and in the newsletter.

3.1b(2)

UCP's mission, vision, and values guide the organization in the development and provision of high quality services that meet the needs of the individual and family. This focus on the customer as an individual is key to acquiring new customers and building life-long relationships.

Individuals with disabilities and their families have a choice of service providers and are often referred to UCP by a stakeholder. Referral sources include service access agencies, school district personnel, physician's offices, state agencies, and current or former customers. The process for developing relationships with referral sources begins with

providing information about UCP, the mission, visions, and values, scope of services available, and staff qualifications. Relationships with referral sources are further developed by responding to inquiries, completing intake, and beginning services within timeframes that meet the needs of the customer. In addition to working with referral sources, UCP acquires new customers through partnerships with family support groups, representation at community events including health fairs, and attending transition planning meetings.

Referral sources play an important role in the process for acquiring customers; however, UCP must build relationships with the individual customer in order to develop customer loyalty. The process for meeting customer needs and building relationships is actually very simple:

- Ask the customer what they want
- Work with the individual/family to develop a service plan and goals
- Provide the needed services and assess progress
- Continuously ask the customer if services are meeting their needs
- Change services based on the customer's needs

The goal of this process is to ensure that individuals with disabilities and their families have a consistently positive experience with UCP services. This positive experience translates to customer loyalty as well as referral of new customers.

3.1b(3)

The strategic planning process is the primary method used to keep current with customer culture and relationships through review of the mission, vision, and values and customer input at focus groups. Advisory committees, with customer participation, continually review changing customer requirements and relationships. Committees report to the Board of Directors and can recommend changes between planning cycles.

In addition to the planning process, UCP remains current with customer culture and building relationships through participation in support groups, networking with national organizations (NISH, UCPA, CARF) for best practices, and customer surveys.

3.2 Voice of the Customer

Table 3.2-1 outlines key processes for voice of the customer with a summary of approach, deployment, evaluation and learning, integration, and

effectiveness. Additional detail on processes is provided in the narrative section.

3.2a(1)

Listening mechanisms for individuals with disabilities and their families include personal contact by telephone, email, fax, or in person, individual service plan meetings, written surveys, immediate feedback and complaint forms, and participation on committees and focus groups. Listening method for business customers include personal contact, email, telephone, surveys, and focus groups.

An important aspect of the listening process within UCP is to determine the type of communication used by the individual customer and the individual/family communication preferences. The customer communication preference form is completed at the start of services. The form identifies the preferred method for personal contact. Preferences are reviewed at the annual ISP meeting. Changes can also be made throughout the year. During the intake process and while developing individual service plans, communication methods are assessed. The individual plan includes specific communication methods such as picture or word boards, sign language, large print, or gestures. In addition, the plan assesses the need for assistive technology and training to ensure that the customer can communicate his/her wants, needs, thoughts, and feedback. In order to deploy communication plans, UCP staff receives training on communication methods. The training starts with a 4-hour presentation on various communication methods and devices. Classroom training is followed by on-the-job training activities specific to individuals with whom the staff will interact.

Customers have the opportunity to provide immediate feedback regarding services received. Feedback forms are available at all locations and distributed by staff providing services in the community. Customers rate the service provided by staff and provide comments and suggestions. The immediate feedback form offers customers the option to provide their name if they would like a follow-up contact. Feedback is reviewed by Directors and entered into the database. The Baldrige Customer Team reviews feedback for trends and develops actions as needed.

3.2a(2)

Individuals often move in and out of services throughout the life cycle. UCP staff conducts a

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discharge meeting and completes an exit summary

at close of services. At the time of this meeting,

Table 3.2-1 Key Voice of the Customer Processes

Item	Approach	Deployment	Evaluation/Learning	Integ.	Effective
3.2a(1)	daily interaction, immediate feedback, annual surveys, ISP, committees, focus groups; Businesses - personal contact, email, telephone,	Staff training, surveys, feedback forms available; committees meet quarterly	Analysis of data, survey evaluation question; Baldrige self-assessment 2009-survey revised 2008- complaint process 2003,07,09-Focus groups	1.1a(1) 2.1a(1) 3.1 5.1b(1) 5.2a(3) 6.1b(2) 6.2b(1)	Figures 7.2-1 to 7.2-7 Figure 7.1-5
3.2a(3)	Informal complaint process; database tracking; monitors trends; grievance procedure	Form available at offices & homes; Staff trained	Baldrige self-assessment 2008- complaint & feedback processes	1.1b(2) 3.1 4.1 5.1b(1) 5.2a(3)	Figure 7.2-6
3.2b(1)	Annual satisfaction surveys; Immediate feedback form; database tracking; Daily interaction	Surveys at ISP; Forms available at offices and homes	Survey questions, Baldrige self-assessment 2009-survey distribution 2008-Revised survey	1.1b(2) 2.1b(1) 3.1 4.1 6.2b(2)	Figures 7.2-1 to 7.2-10
3.2b(2)	UCP initiated collection with local competitors, UCP affiliates; ANCOR	COO collects & submits, reviews data	2009 –ANCOR project 2008 – local competitors	2.2b 4.1	Beginning process, too early to assess validity
3.2c(1)	Use data from focus groups/surveys to determine customer segments and potential new markets, set goals; Business plan process, Figure 2.2-1	SP process every 3 years; Monthly review & data posted	Baldrige self-assessment 2006 & 2009 - data incorporated into SPP 2008- Business Plan process	1.1b(2) 2.1b(1) 3.1 4.1 6.2b(2)	Figure 7.1-5 Figure 7.2-8 Figure 7.2-9 Figure 7.6-1
3.2c(2)	Use information in program and business planning process Figure 2.2-1; Changing requirements identified through SP process	SP process every 3 years, Business development implemented for opportunities	Baldrige self-assessment 2008-developed the program and business development process	1.1b(2) 2.1b(1) 3.1 4.1 6.2b(2)	Figure 7.2-3 Figure 7.2-4 Figures 7.2-8 to 7.2-10
3.2c(3)	See 3.2c(2) Customer data in annual report, e blasts, newsletter, website, brochures, facebook	Development staff include customer information in marketing	2008-Facebook, e blasts	3.1 4.1	

information about reinstating services and other services that may be of interest later in the life cycle are provided to the individual and family. Former customers may continue to participate on advisory committees and focus group meetings.

3.2a(3)

UCP has a formal grievance procedure that is reviewed with customers upon entry into services and at annual service plan meetings. The procedure includes levels of review and timelines for responding to the complaint. Customer

handbooks also encourage individuals and families to attempt informal resolution of problems before making a formal complaint. In 2009, UCP implemented a new process to track informal complaints. The tracking system includes a written form to be completed by the staff person receiving the complaint, contact information, description of the complaint, and actions taken. Completed informal complaint forms are forwarded to the department manager or director for review. The director is responsible for ensuring that the complaint was resolved by the initial contact or

taking further actions to resolve the issue. A summary of the complaint is entered into the informal complaint spreadsheet. The Baldrige Customer Team reviews information in the database to identify trends and further develop processes to respond to customer needs.

3.2b(1)

Customer satisfaction and engagement are determined through processes for the annual satisfaction survey and immediate feedback. The survey format was revised in 2008 by the Baldrige Customer Team to solicit consistent information across service areas. The annual survey rates satisfaction/engagement on a scale of one (strongly disagree) to four (strongly agree) in the following categories: Availability of service and supports; Service design and delivery; Interaction and communication; Community participation; and Provider of choice. The survey includes two voice of the customer questions and an evaluation question:

- What can we do to improve service delivery and help you reach your goals?
- Please provide any additional information about your experience as a customer that would help us to exceed your expectations.
- Are there any questions that you feel should be added to this survey in order to determine customer satisfaction?

In 2009, the distribution process was revised to obtain customer feedback throughout the year. Surveys are distributed at the time of the annual ISP meeting. Individuals and families may complete the survey after the meeting and deliver the survey in a sealed envelope to the receptionist. Customers also have the option to return the survey in a postage paid envelope.

Surveys are entered into a spreadsheet with customer ratings and responses to voice of the customer questions. Ratings are totaled monthly for the organization as a whole and segmented into Adult Services, Employment, Decatur and Children's Services. Customer satisfaction percentages are included in department and agency scorecards for review and analysis. Scorecards include an aggregate of all questions; however, Department Directors have access to the spreadsheet and can further analyze satisfaction by question.

Immediate satisfaction feedback can be provided at any time throughout the year. Forms are available at all UCP offices and in homes. See 3.2a(1) for additional detail.

3.2b(2)

Benchmarking is a relatively new concept in the field of disability services. Two national projects are in early stages of development: National Core Indicators (NCI) and ANCOR Performance Excellence Toolkit (PET). Both include assessments of customer satisfaction and aggregate data on a national basis. Neither project provides data for local markets. In 2009, UCP contacted local competitors and CARF accredited UCP affiliates to begin a process for sharing performance data. UCP uses data from NCI, PET, and that obtained voluntarily from competitors as benchmarks for setting performance improvement targets during the strategic planning [2.1a(1)] and business development [Figure 2.2-1] processes.

3.2b(3)

See 3.2a(3) complaints and 3.2b(1) satisfaction.

3.2c(1), 3.2c(2)

Customer and market information is both collected and used in the strategic planning process [2.1a(1) and (2)] to identify market segments and services. UCP customer satisfaction data along with information from focus groups, competitors and the environmental scan identify unmet needs, gaps in services, and changing customer requirements. The information is used to set goals and develop action plans. The Program/Business Development process (Figure 2.2-1) uses customer data in the planning process to identify the customer group (step 1) and determine the need for a product or service and assessment of competition (step 2). Through these processes UCP expanded employment services to Bloomington in July 2009 to address an unmet need in the community. In October 2009, UCP Business Services expanded into secure document destruction partnering with NISH to fulfill a national contract with the Internal Revenue Service.

3.2c(3)

Customer data and information is incorporated into marketing materials including the annual report, newsletter, website, e blasts, and brochures by the development staff.

3.2c(4)

See 3.1a(3) and 3.1b(3) for approaches for listening, satisfaction and use of data current.

4.1 Measurement, Analysis, and Improvement of Organizational Performance

Table 4.1-1 outlines key processes for measurement, analysis, and improvement with a

summary of approach, deployment, evaluation and learning, integration, and effectiveness. Additional detail on processes is provided in the narrative section.

Table 4.1-1 Key Measurement, Analysis, and Improvement Processes

Item	Approach	Deployment	Evaluation/Learning	Integ.	Effective
4.1a(1)	Select based on SP, regulatory, grants, contract; spreadsheets, surveys, evaluations; Align & integrate in work processes	Training by program, one-on-one training on data input, monitor monthly	Baldrige self-assessment feedback from users 2010-Intranet 2009-data points revised 2008-Excel spreadsheets	2.1a(1) 2.1b 3.2c 4.2a(1) 5.1c 6.1, 6.2	Figure 7.5-7 Figures 7.1-1 to 7.1-5 Figure 7.3-1 Figure 7.6-1
4.1a(2)	Select comparative data (internal and external) based on strategic and improvement goals;	SL, Board review internal and external comparisons during SPP	Baldrige self-assessment 2009-ANCOR PET project, UCPA, NCI 2009- UCP affiliates and local competitors	2.1a(1) 3.2c	Increased availability of comparative data in SPP and results
4.1a(3)	Review of SP annually; Baldrige team assessment; UCP data work group, ANCOR, CARF	Baldrige teams assess process for selecting, collecting at least annually	Baldrige self-assessment UCP data workgroup 2009-ANCOR, NCI 2007-Baldrige teams	2.1a(1) 3.2c 4.2a(1) 5.1c 6.1, 6.2	Trends throughout category 7 results
4.1b	Scorecard, APs to address goals; Compare to targets; root cause analysis; FEMA; Pareto charts,	reviewed at management meeting and quarterly all staff meetings	Baldrige self-assessment 2009-satisfaction, analysis charts 2008- data review/posted 2007-in-process review	2.1a(1) 4.2a(1) 5.1c 6.1 6.2	Figure 7.5-7 Trends throughout category 7 results
4.1c	Set targets; PDCA projects, Deployed at SL, team leaders, department and all staff meetings; newsletter, passports	SL review data monthly, APs to address gaps; Baldrige teams identify PDCA projects;	Baldrige self-assessment PDCA 2008-set targets using data, benchmarks 2007-revise data used for improvement	2.1a(1) 3.2c 4.2a(1) 5.1c 6.1 6.2	Figure 7.6-1 Trends throughout category 7 results

4.1a(1)

Data and information for tracking daily operations and organizational performance are selected based on strategic plan and department goals, and key process, regulatory, grants, and contract requirements. Measures are selected annually; however, Baldrige/PDCA teams may select additional data throughout the year to monitor projects. Operational data for program services is collected through task analysis sheets, daily notes, and attendance. Case Managers tally information from the task analysis and daily notes monthly to determine goal progress. Case Managers enter monthly goal implementation and progress into the data collection spreadsheet. Standard codes are used to provide additional information on goals not implemented or not on track to be met. Data and information from customer surveys, complaints, immediate feedback, training evaluations, pre/post tests, turnover, incidents, and medication errors are also collected in spreadsheets. Spreadsheets

calculate monthly performance and summarize data into progress charts by department.

In early 2010, UCP began development of an Intranet and electronic case management system. The new system will allow for collection of real time data and replace the written task analysis, daily notes, and monthly progress reports. In addition, Case Managers will no longer input hours, goal implementation and progress into spreadsheets. The Intranet communication phase has been completed. The electronic case management phase is in development with implementation expected to begin July 1, 2010.

Performance measures for strategic plan goals, including financial measures, are outlined in Table 2.1-2 with results in Figure 7.6-1. In process and outcome measures are outlined in Table 4.1-2 with corresponding result references.

Table 4.1-2 Performance Measures

	Type	Targets/ Results
Efficiency		
Hours utilized	Outcome	Figure 7.3-1 Figure 7.6-1
Effectiveness		
Individual goals implemented	Process	Figure 7.5-7
Individual goals on track	Process	Figure 7.5-7
Medication errors	Process	Figure 7.5-6
IRS docs destroyed 1 day	Process	Figure 7.5-7
IRS certificate 3 days	Process	Figure 7.5-7
Overall janitorial quality	Process	Figure 7.5-7
Improve overall cleanliness	Process	Figure 7.5-7
Individual goals achieved	Outcome	Figure 7.1-1 Figure 7.1-2 Figure 7.6-1
Individuals find employment	Outcome	Figure 7.6-3 Figure 7.6-5
Satisfaction		
Customer satisfaction	Outcome	Figure 7.2-1 to 7.5-6
Employer Satisfaction	Outcome	Figure 7.2-7
Service Access		
Days to start of service	Outcome	Figure 7.2-11

4.1a(2)

Comparative data and information is selected and used for decision-making and setting targets during the strategic planning [2.1a(1) and (2)] and business development [Figure 2.2-1] processes. Sources of comparative data include: IARF salary/benefit surveys; local competitor data voluntarily shared; UCP affiliates; ANCOR PET project; UCP data workgroup; National Core Indicators; CARF; and Guidestar.

4.1a(3)

Strategic planning and Baldrige Work Teams are the primary processes for keeping the performance management system current with business needs. The measurement system, targets, comparative benchmarks, and types of data to be collected are reviewed and revised annually by the Baldrige Data Team with input from other teams regarding data needed to track PDCA projects. The new Intranet [4.1a(1)] is an example of an improvement project recommended by the Baldrige Teams based on the

self-assessment and research into data collection options.

UCP's is actively involved in the UCPA data work group to develop and expand benchmarking efforts with other UCP affiliates and national organizations providing disability services. In 2009, the group partnered with ANCOR on the PET project. Additionally, UCP networks with other organizations and partners at conferences, training, and through visits to other similar organizations as CARF surveyors.

4.1b

Senior Leaders and Managers review monthly data and information for in-process goals, outcomes, turnover, training, finance, customer satisfaction, medication errors, and business results. Data is compared to regulatory requirements and targets set for strategic plan and department goals. Analysis of the data is further facilitated using root cause analysis, failure effect mode analysis, Pareto charts and histograms, and sample size. Actions plans can be developed or revised based on the analysis to address goals not on target.

Data collection spreadsheets are available to managers, directors and staff completing input. Performance charts are posted monthly in all location and reviewed with staff at quarterly meetings. Staff may also be asked to provide input into data analysis at the quarterly meetings. During the September 2009 meetings, Pareto charts for turnover were discussed and staff participated in a failure effect mode analysis to help determine actionable causes of turnover. The Human Resource Baldrige Team has used the analysis to revise hiring and training processes.

4.1c

Performance information is an integral component of ongoing continuous improvement built into all key work processes and in Baldrige Work Teams using the Plan-Do-Check-Act model. Data is continuously reviewed throughout the year by senior leaders, managers and work teams to ensure action plans are on target. Reviews are used to set new targets, revise action plans if needed, and develop future plans to address changing needs of the customer or business. Performance information is also used in the Program/Business Development Process (Figure 2.2-1) as a basis for projections, setting initial targets, and refining business plans during the early phase of implementation.

Monthly performance information is used primarily by department staff and work groups to assess progress toward goals and revise action plans to meet those goals. Annual performance information is incorporated into the strategic planning process (Table 2.1-1) and is used by focus groups, advisory committees, senior leaders, and the Board of Directors to develop plans that continuously seek to improve the quality of services for individuals with disabilities. Suppliers, partners, and collaborators are included in the planning process to ensure that all groups are involved in setting and achieving performance aligned with organizational goals. Annual performance information is also shared with

customers, staff, and stakeholders through the UCP newsletter and annual report.

4.2 Management of Information, Knowledge, and information Technology

Table 4.2-1 outlines key processes for information, knowledge and technology with a summary of approach, deployment, evaluation and learning, integration, and effectiveness. Additional detail on processes is provided in the narrative section.

Table 4.2-1 Key Information, Knowledge, Technology Processes

Item	Approach	Deployment	Evaluation/Learning	Integ.	Effective
4.2a(1)	Internal audits; secure network, daily backup, passwords, CARF standards	Training, network administrator, locked file room	Baldrige self-assessment PDCA 2008-training manuals for data collection	4.1 6.1 6.2	Figures 7.5-2 to 7.5-6 Figure 7.6-7 and 7.6-8
4.2a(2)	Intranet, electronic and written documents, accessible based on job function; alternative formats	Computers with network access; manuals; Intranet, Website	Baldrige self-assessment Evaluation questions 2010-developing Intranet 2009-revised data 2008-post data charts	1.1b(1) 3.2c 4.1 5.1 6.1, 6.2	Staff meeting evaluation-98% effective Figure 7.4-4 Figure 7.3-4
4.2a(3)	written & electronic manuals; procedures; training, website; newsletters; email, telephone; SP focus groups, data collection	Trainings schedules, Manuals at all locations;	Baldrige self-assessment Evaluation questions 2009-leadership/ongoing training 2007-update to website, process mapping, eblasts	1.1b(1) 3.2c 4.1 5.1 6.1 6.2	Figure 7.4-1 to 7.4-6 Figure 7.3-4
4.2b(1)	Technology Plan; Access restricted, passwords, Intranet	Training; manuals; Computers and software	Baldrige self-assessment IT consultant; CARF 2010-UCP Intranet 2007/2009-updates to technology plan	4.1 6.1 6.2	CFO checks running status 2 times daily;
4.2b(2)	Multiple battery backup (Uninterrupted Power Supplies), line conditioning devices; Business Continuity	BCP training Table top drill with major contacts in BCP	Baldrige self-assessment IT consultant; CARF standards 2005/6-Business Continuity Plan	4.1 6.1 6.2	Decrease in loss of technology due to lightening. No significant down time
4.2b(3)	Technology plan; SPP process; IT consultant; Baldrige work teams	Baldrige teams; annually review new CARF standards	Baldrige self-assessment IT consultant; CARF 2006- technology in SPP 2007-Baldrige teams	2.1a(2) 6.1 6.2	Updates on results of technology plan

4.2a(1)

Accuracy, integrity, reliability, and timeliness of data and information are ensured through internal quality assurance reviews. Directors or Program Managers review a sample of records quarterly for accuracy and timely completion of documentation. Data from individual files is compared to that entered into the

data collection spreadsheet. Incomplete or inaccurate documentation is noted on the quality assurance form. The staff person responsible for the record reviewed submits a plan for correction followed by documentation that the error has been corrected.

Security and confidentiality of electronic information is ensured with password protection. File folders on the network may have limited access based on the type of information maintained in the folder. The network administrator, with input from the President/CEO and COO, is responsible for determining access by folder for individual staff. Access is granted by user name. This ensures that confidential and protected health information is accessible only to staff with an operational need for access. Written confidential or protected health information is kept in locked cabinets or file rooms with limited access requiring sign-in/sign-out of files. All files removed from the locked rooms must be returned by the end of the business day. Confidential information may only be released with written authorization of the individual/guardian. Confidential documents are destroyed by Gone For Good when purged.

4.2a(2)

Data and information are available to staff in written format and/or electronically on the computer network and Intranet. Written data and information include policy/procedure and training manuals, customer files, data charts and communications posted on bulletin boards, memos, newsletters, and management meeting minutes.

Electronic Information that is not confidential can be accessed by all staff using agency computers. Confidential information may be accessed through password protected files [see 4.2a(1)]. The newly developed Intranet has expanded the type of information available to all staff regardless of location. Accessed through the UCP website, policies and procedures, training materials, and daily communication are now available. All staff is assigned an Intranet password and receives training on accessing the site. Beginning July 1, 2010, UCP will convert written customer case files to electronic files accessible via the Intranet.

Information is available to customers and stakeholders through the website, newsletters, advisory committee and focus group meetings, press releases, and the annual report.

4.2a(3)

UCP manages organizational knowledge through staff training, process mapping, written policies and procedures, mentoring, department/program staff meetings, Baldrige work teams, and quarterly all staff meetings. In addition, knowledge and information is shared in written format and electronically through the UCP computer network.

New direct service employees must complete a 40-hour classroom program and 80 hours of on-the-job training. In subsequent years, staff is required to complete six hours of ongoing training in addition to annual CPR. A leadership track provides an opportunity to learn supervisory skills. [See 5.1b(1) & (2) for detail.] Staff involved in the collection and management of data receives training on analysis, and use data and information. Staff training may also include use of software programs used in tracking data. Training may be conducted with individual staff members or during staff meetings. UCP encourages staff to further develop skills and explore best practices outside of UCP through conferences, continuing education, and benchmarking visits with similar organizations.

Baldrige work teams give staff from throughout the organization the opportunity to develop new skills, learn to collect and analyze information, and put information to use in improving work processes. Through the process of completing an assessment of Baldrige criteria for their category, recommending action plans, and conducting ongoing reviews of processes, team members gain extensive knowledge of UCP operations and develop new skills. Participation is voluntary and open to all UCP staff. Baldrige work teams are a part of the strategic planning and continuous improvement processes. Team members contribute their knowledge in developing process maps, outlining procedures, and selecting/implementing PDCA projects.

Knowledge transfer to customers (see category 3.2 for additional detail), partners, etc. is facilitated through individual contact, regular correspondence, ISP meetings, the communication preference form, website, eblasts, newsletters, and annual report. Rapid sharing of information can be accomplished via email, memo, telephone based on preferred communication. Knowledge for SPP is gathered and shared through focus groups, data collection system, outcome analysis, and the environmental scan. [See 2.1a(1) & (2)] for additional detail.

4.2b(1)

Computers are a significant support system within UCP. Computers are used for the production of work as well as in the program functions. UCP has developed a Technology Plan that outlines existing hardware and software, plans for annual updates, and purchases of new hardware. Information Technology (IT) systems are updated, analyzed, repaired and replaced as outlined in the technology plan. Access to data is restricted based on job function using administrator assigned

accounts/passwords and through limitation of physical access to protected systems. Application and processes are evaluated by both users and administrative staff to identify areas of improvement and to ensure ease of use. In cases where additional software and/or hardware are required, funds are allocated as necessary through the annual budget process. A firewall protects the network from outside access. UCP contracts with an IT consultant to maintain the technology system. UCP uses several types of software depending on the application. Microsoft Office is available on all computers for use by staff. Additional software packages include SAGE FR50 (donor based software), a finance system supported through SAGE MIP (Micro Information Products), and Timecenter (automated timekeeping system). UCP purchases annual technical assistance agreements with upgrades included in the maintenance contracts. The newly developed Intranet is being designed with input from staff throughout the agency to ensure the system is user-friendly.

UCP uses assistive technology throughout the organization for both staff and customers. Staff can request and have access to assistive technology to perform their job duties.

4.2b(2)

UCP has developed and implemented a Business Continuity Plan that includes procedures for continued operation of services in the event of emergency as well as a plan for availability of hardware and software needed to continue essential functions. Table 4.2-2 is a section from the Business Continuity Plan that specifically addresses administrative operations. The full plan is available on site. The Business Continuity Plan is reviewed and a tabletop drill completed by senior leaders and key staff.

Table 4.2-2 Business Continuity Plan

Business Interruption	Impact	Possible Responses
Cannot get to or use facility due to damage to the building or restricted access by emergency personnel. 101 N. 16 th St. (Administration)	No Operation	Temporary: relocate to the Decatur site or work at home. Agreement with UCP of Greater St. Louis, to provide site to continue administrative operations outside of Central Illinois.

To avoid intermittent system outages, UCP employs the use of multiple battery backup systems (Uninterrupted Power Supplies) and line conditioning devices. Critical data is backed up both nightly onsite and weekly offsite in the case of system failure. The main backup computer is located at 101 North Sixteenth Street in Springfield. Each night the computer file system is automatically backed up on a hard drive only computer located at 130 North Sixteenth Street in Springfield. In addition, each Sunday evening, a removable external hard drive is used to back up the entire system. The CFO takes the hard drive offsite during the week and reconnects for the Sunday backup on Friday. Financial information is backed up in a separate “g” drive on the network. It is then backed up in the same manner as all other data. The information is stored on the agency external drive. The backup system log is viewed daily by the CFO to determine that the backup was successful. This data can either be used to restore data to be fixed, rebuilt, or replaced hardware on site or in the case of a broader localized disaster, data could be restored within an offsite or affiliate facility.

4.2b(3)

UCP utilizes both industry standard (e.g., Microsoft Office) and specialized IT systems to meet business needs and requirements. A technology review is incorporated into the strategic planning process through focus groups and the environmental scan [See 2.1a(1) & (2)]. Questions discussed in the most recent focus group meetings include: How can we use advances in technology to support our program and administrative operations? and What types of technology will we need to address the challenges associated with geographic expansion? Employees participate in focus groups and are encouraged to offer suggestions and make requests to help prompt changes and new system implementations so that the IT infrastructure is relevant to their needs. The IT consultant and Baldrige Teams are actively involved in the technology phase of the strategic planning process.

Additionally, UCP annually keeps current with technology advances at UCP and NISH conferences, networking with partners, and conducting CARF surveys.

5.1 Workforce Engagement

Table 5.1-1 outlines key processes for workforce engagement with a summary of approach,

deployment, evaluation and learning, integration, and effectiveness. Additional detail on processes is provided in the narrative section.

Table 5.1-1 Key Workforce Engagement Processes

Item	Approach	Deployment	Evaluation/Learning	Integ.	Effective
5.1a(1)	SPP - Input from staff, focus groups; research	SPP step 2; Qtr staff meetings	Evaluation of focus groups, all staff meetings	1.1a(1) 2.1a(1)	Figure 7.4-3 Figure 7.4-4
5.1a(2)	Communication written, verbal, and electronic; passports, post results; MVV modeled by SL's, mission moments	Agency wide distribution of materials; mandatory meetings; Intranet	Evaluation on surveys, Baldrige self-assessment 2009-Distribute minutes, all staff quarterly, employee communication preference, "GTEM"	1.1b 2.1b 2.1a(1) 3.1b(1) 4.1, 4.2 6.2b(2)	Figures 7.4-1 to 7.4-4
5.1a(3)	Evaluate competency & goals aligned MVV& SP; Going the Extra Mile (GTEM), Employee of the Year,	Evaluation annually, "GTEM" at offices; IARF survey annually	Evaluation on surveys, Baldrige self-assessment 2009-"GTEM", revised evaluation format 2008-goals aligned SP	1.1b 2.1b 2.1a(1) 3.1b(1)	Figure 7.4-10 Figures 7.4-1 to 7.4-4 205 GTEM nominations
5.1b(1)	training programs; quarterly all staff meetings; Baldrige team; annual training on CCP, ethics, abuse	Training calendars, newsletter, postings, email; database	Evaluation on surveys, Baldrige self-assessment 2009- quarterly all staff 2008-ongoing and leadership training	1.1a(3) 2.1a(5) 3.1b(1) 4.2a 5.2, 6.2	Figures 7.4-5 to 7.4-9
5.1b(2)	Ongoing plan: 6 hours; Leadership plan: 9 modules; Process mapping; outside training; staff meetings	Training calendar in newsletter,; Baldrige process teams	Evaluation on surveys, Baldrige self-assessment 2009-minutes distributed 2008-ongoing/leadership training, Process maps	1.1a(3) 2.1a(5) 3.1b(1) 4.2a 5.2, 6.2	Figures 7.4-5 to 7.4-9
5.1b(3)	pre and post tests; competency assessment	Evaluations after each training session	Baldrige self-assessment 2008 – implemented pre and post tests	5.1b(1) 5.1b(2) 4.1	Figures 7.4-5 to 7.4-9
5.1b(4)	development goals; Succession plan; mentor new leaders	Exec. Comm. reviews succession	Baldrige self-assessment 2009-ongoing training supervision training	1.1a(3) 4.2a(3)	Figure 7.4-14
5.1c(1)	Employee survey; Participation on Baldrige teams	Annual survey, cross-functional participation	Evaluation question on surveys, Baldrige self-assessment	1.1 2.1 4.1	Figure 7.4-1 to 7.4-4 Figure 7.4-10
5.1c(2)	Compare engagement results to business outcomes; Develop action plans	targets address areas of lowest performance; Baldrige teams	2008-engagement questions on survey 2007-hiring practices, advancement	1.1 2.1 4.1	Compare data to past year results Figure 7.6-1

5.1a(1)

Senior leaders believe that the best way to determine factors for workforce engagement and satisfaction is to seek input from employees. UCP conducts quarterly All Staff Meetings and focus groups with staff to seek input on issues of importance to the workforce. In addition, senior leaders have consulted research materials specific to workforce issues in providing direct services for individuals with disabilities. The most important engagement factor, derived from employee input, is our customers: being part of their success and

being valued by the individuals and their families. Additional factors identified by employees include: support from supervisors and co-workers, respect, relationships with co-workers, and opportunity for growth. Factors contributing to satisfaction include: wages and benefits, communication, recognition, and training.

Research regarding recruitment and retention of direct care staff has been conducted by the University of Minnesota University Research and Training Center on Community Living. The research

suggests that while turnover is high in the direct service field, workforce engagement and satisfaction is as important to retention efforts as wages and benefits. University of Minnesota research validates the input from UCP's workforce, identifying relationships with co-workers, and belief in the mission of the organization as primary factors for engagement.

5.1a(2)

UCP's organizational culture is an extension of the mission, vision, and values. Communication, high quality performance and engagement are essential to meeting our mission. Introduction to the mission and culture begins during the hiring process [5.1a(2)]. UCP's President/CEO provides an orientation to the mission, vision, and values of the organization for new employees. The training program that follows promotes high performance and engagement with a focus on the customer [5.1b(1)]. Individual employee performance is directly linked to UCP's strategic objectives through the workforce evaluation of competencies and alignment of goals in the passport [5.1a(3)].

Quarterly All Staff Meetings, conducted by Senior Leaders, continually reinforce the organizational culture by providing an opportunity for open two-way communication, participation in the planning process, and providing feedback for continuous improvement. Meetings include a question and answer period with the President/CEO. The All Staff Meeting process was revised in January 2009 from an annual meeting, with all staff together in one location, to quarterly meetings that are smaller in size and offered at varied times and locations. The process was revised based on the Baldrige self-assessment, staff surveys, and Lincoln Award feedback. Response to the change has been overwhelmingly positive. In completing evaluations, 98% of staff like the quarterly meeting format and appreciate the opportunity to meet with Senior Leaders on a regular basis. The meeting size is also considered a positive change as staff indicates they feel more comfortable providing input and asking questions in a smaller group. Between quarterly meetings, Senior Leaders share information with staff by distributing minutes from management meetings.

Mission moments provide an opportunity for staff to share personal stories of their engagement in the mission. Mission moments are shared at the beginning of each All Staff Meeting and in the employee newsletter.

For ongoing, regular communication, employees complete a communication preference sheet that identifies their preferred method of receiving information. UCP shares information throughout the organization through staff meetings, focus groups, work groups, written documents, newsletter, email, and the website. Information sharing includes organization and department goals, performance target, and actual results. In early 2010, UCP began development of an Intranet to provide consistent, regular communication with the workforce. The first phase, implemented in May/June 2010, includes mission moments, agency calendars, updates and announcements, and policies/procedures. The Intranet can be accessed through the UCP website with a password protected portal for staff.

Participation on focus groups and work teams is voluntary, however, staff is paid for their time and more importantly, have the opportunity to share their thoughts and ideas. The UCP workforce is diverse. Participation of staff from throughout the organization ensures that diversity of thought is included in decision-making.

5.1a(3)

Workforce performance management includes a six-month evaluation for new employees followed by annual evaluations. The evaluation format for direct service staff is based on competencies for working with individuals with developmental disabilities, human rights, abuse and neglect, human interaction, service plan implementation, and basic health and safety. In 2008, goals aligned with department and agency goals were added to the evaluation. The evaluation format for case managers, supervisors, and directors includes review of the previous year goals, assessment of strengths and opportunities for improvement, development activities for the next evaluation period, and new goals aligned with strategic objectives and department goals.

In 2009 employee passports were added to the process for all employees as a reinforcement of performance goals and alignment with strategic objectives, mission, vision, and values. An example of alignment in the evaluation and passport for a direct service staff would be:

- Strategic objective 3 – 92% of individuals receiving services achieve their outcomes.
- Adult Services department goal – 90% of individuals in CILA achieve their outcomes.
- Employee goal – 95% of individual program goals are implemented as written.

The alignment of goals ensures each employee understands the impact of their daily performance on the success of individuals served and achievement of organizational objectives.

Senior leaders and managers recognize employees informally for efforts that exemplify the mission, vision and values of UCP; however, we can only recognize those efforts that we know about. Going the Extra Mile on the Path to Excellence, a formal recognition program for employees was implemented in 2009. Nomination cards are available at all location for staff and customers to recognize an employee for: exceptional attitude, dedication to the mission, unique contribution, or exceptional service. Nomination cards are posted on the bulletin boards and listed in the employee newsletters with a thank-you from the President. A quarterly drawing is held with the winner receiving a gas card. Nominees are considered for the Employee of the Year award presented at the UCP Annual Meeting.

UCP participates in the annual IARF wage and benefit survey to remain competitive with the local market. The compensation goal established by the Board Personnel Committee is to be within 90% of average wage in our service area and to provide a comparable benefit package. Wage increases are approved by the Board based on funding during the annual budget process. In 2008 and 2009, bonuses based on financial and organizational outcomes were approved by the Board of Directors despite the lack of cost-of-living increases and threats of funding cuts from the state of Illinois.

5.1b(1)

The UCP workforce development system is a comprehensive program in which employees develop the competencies necessary for their job and to contribute to the achievement of organizational objectives. Development program components include:

- Direct Service Professionals (DSP): 40 hours of classroom training followed by an 80-hour competency based on-the-job program.
- Qualified Support Professionals (QSP): 40-hour classroom program for Case Managers.
- Annual requirements, depending on job classification, may include: CPR/First Aid, Abuse/Neglect, Blood borne Pathogens, Ethics, and Van Operations.
- Ongoing Staff Development: Six hours of elective training required annually in addition to annual requirements.

- Leadership: Nine modules required for all new supervisors and employees interested in advancement to supervisory positions.
- Quarterly All Staff Meetings: Training is provided annually on the Corporate Compliance Plan and the Strategic Plan objectives, goals and action plans.
- Baldrige Work Teams: Employees complete the agency self-assessment, develop performance improvement plans, monitor results, and re-assess.

Training calendars are distributed to employees with the newsletter. The Human Resource department maintains spreadsheets to track completion of training requirements, pre/post tests, and evaluations.

Individual development goals may incorporate learning from outside sources. New and developing leaders are encouraged to take advantages of training opportunities through DHS, DRS, and NISH. Each of these organizations provides coursework to develop skills specifically for not-for-profit organizations or leaders in the disability field.

An important component of the leadership development system is mentorship. Senior and experienced leaders mentor new and developing leaders as an extension of formal training. Senior leaders are available to answer questions, listen to idea or plans, and offer feedback. New and developing leaders have the opportunity to work through ideas and decisions with support while they gain skills and confidence. Emerging leaders participate in work groups, advisory committee meetings, and the UCP strategic planning process. As skills develop, employees are given the opportunity to assume the leadership role on the work groups and committees.

5.1b(2)

The workforce development system outlined in 5.1b(1) addresses self/supervisor identified needs, transfer of knowledge and reinforcement of new knowledge and skills. Employees receive the training calendar and select courses of greatest interest for their professional development. In addition, the supervisor may recommend or require attendance at a specific course to address an identified skill gap. The curriculum for ongoing and leadership development components are reviewed at least annually by Senior Leaders and the Human Resource Baldrige Team to address changing skill requirements and identified skill gaps. The Baldrige Team solicits input from employees through a survey of ongoing training needs. The team

considers recommendations from the surveys, capabilities to meet strategic objectives, and annual regulatory requirements when developing the curriculum.

Key work processes are designed through mapping [6.2a(1)] with detailed procedures to ensure that no one employee has sole knowledge of a process. Whenever possible, processes are standardized across programs to ensure consistency, quality, and the availability of a trained workforce to support our customers.

5.1b(3)

Effectiveness of the workforce and leadership development system is determined through written tests, competency assessments, and evaluation by trainees. The workforce development curriculum includes use of a pre-test and post-test. The same questions are included on both tests to enable the instructor to evaluate effectiveness by comparing scores. Competency assessments are completed by supervisors with deficiencies noted, additional training provided, and re-assessment until skills are mastered. Evaluation forms are used by the instructor to obtain input from training participants. Evaluations are completed at the end of training. The evaluation is used by the instructor for continuous improvement of the curriculum and their personal training effectiveness.

5.1b(4)

Career progression and planning is conducted individually with UCP staff. The performance evaluation process includes an annual discussion between the supervisor and staff member of career plans. UCP encourages staff to consider their long-term opportunities within the organization in order to facilitate a smooth transition as leaders are promoted or retire. The individual development plan in the performance evaluation includes steps to take in preparation for advancement. Goals may include additional education, participation in leadership development training, and assuming additional responsibilities that offer new challenges.

A formal succession plan is developed by the President/CEO and reviewed by Executive Committee of the Board of Directors. Development of the succession plan includes a review of leadership positions, education and skill requirements, and sample plans from similar organizations. The plan addresses scenarios that would require succession including planned

retirement, temporary leave of absence, and emergency circumstances.

5.1c(1)

UCP staff complete an annual employee survey that assesses engagement and satisfaction. The survey was revised in 2010 to facilitate national benchmarking; however, questions are similar to those asked in previous years. For assessment purposes, UCP tallies responses that agree or strongly agree. Survey questions by category with results are outlined in 7.4a(1). All regular employees complete the same survey. Customer workers complete the customer satisfaction survey. Additional assessments include turnover, department outcomes, and customer satisfaction.

5.1c(2)

Senior Leaders and Baldrige Teams annually review the assessments, compare engagement results to strategic goals, and develop new targets and action plans to address the areas of lowest performance. Employee turnover has historically been a challenge for UCP and similar organizations. Through the survey process and feedback at Focus Group and All Staff Meetings, processes for hiring, training, advancement, and communication have been revised.

5.2 Workforce Environment

Table 5.2-1 outlines key processes for workforce environment with a summary of approach, deployment, evaluation and learning, integration, and effectiveness. Additional detail on processes is provided in the narrative section.

5.2a(1)

The Human Resource department is responsible for coordinating the development and review of job descriptions that include requirement for education, essential functions, skills and competencies. The job description includes the availability of training to meet competencies as appropriate. Senior leaders, managers, and staff assist human resources with the assessment of capabilities and skills for each position within the organization. The UCP regulatory environment also includes guidelines for hiring that must be included as minimum standards.

Staffing plans, including capacity and capability, are reviewed at least annually in the strategic planning and budget processes. The Program/Business Development Process [Figure 2.2-1] includes an assessment of capability and capacity for each new opportunity under consideration.

Table 5.2-1 Key Workforce Environment Processes

Item	Approach	Deployment	Evaluation/Learning	Integ.	Effective
5.2a(1)	Review regulatory requirements, job descriptions, staffing plans in SPP, budget, business development	Annual review with staff, SL, Managers and Board	Baldrige self-assessment 2008-program and business plan process including review of capability and capacity	1.1a(3) 2.1a(1) 2.2a(5) 6.2	Figure 7.4-10 to 7.4-14 Figure 7.4-18
5.2a(2)	Hire: analyze needs, screen, interviews, Hogan Express, orientation, MVV, training; Retain: ongoing training, advancement	HR leads hiring; SL & Managers teach sections of orientation and training	Baldrige self-assessment Staff feedback, 2009 –tour, cross training 2008-insurance eligibility, realistic job preview 2007-customer interview	3.1b(1) 4.2b(3) 5.1b 6.2	Figures 7.4-10 to 7.4-16
5.2a(3)	Organizational chart and work systems; Policies, processes, job descriptions, training, expectations & goals, communication	Training, Newsletter, staff meetings, Policy manuals, Site visits, passports	Evaluation questions Baldrige self assessment 2009-revised org chart, 2008-expanded training, 2007- house manager position, process maps	1.1a(3) 2.1a(1) 3.1b(1) 4.2b(3) 5.1b 6.1, 6.2	Figures 7.4-1 to 7.4-10 All results in 7.1 and 7.2 Figure 7.6-1
5.2a(4)	SP process, focus groups, Program & business development process; communicate process, transfer	managers review job descriptions, Training calendar	Baldrige self-assessment CARF standards 2010-computer training 2008-business plan process	1.1a(3) 2.1a(1) 2.2a(5) 6.2	Figure 7.4-5 to 7.4-9 Figure 7.4-14 Figure 7.4-18
5.2b(1)	Inspections, safety committee, drills, background checks, drug testing Measures-Figures 7.4-18, 7.5-2, 7.5-3	Written procedures, training, drills, action plans implemented	Baldrige self assessment Trends report, outcomes 2009-revised medication and med error training, employee ID 2007-behavior training	1.2b(1) 2.2a(6) 4.2b(2) 5.1b 6.1c 6.2	Figure 7.4-18 Figure 7.5-3
5.2b(2)	Personnel Policies, health, life, & dental, paid time off, 403b compensation surveys, prevailing wage	Training on policies for new staff, copy in all work locations, handbook	Baldrige self assessment Employee surveys, Wage & benefit comparison 2009-Policies, benefits reviewed and updated	1.1b(1) 5.1 3.1b(1) 4.2b(3) 5.1b	Figures 7.4-1 to 7.4-4 Figure 7.4-17

5.2a(2)

Human Resources with Senior Leaders and Managers analyze hiring needs. Vacancies are posted internally, advertised in local newspapers, and posted on the Internet. Through the workforce engagement assessment and feedback from staff, UCP identified the need to develop a more in-depth screening process. Research conducted by the University of Minnesota suggested a realistic job preview could potentially identify individuals who were not candidates before hire. In addition, the inclusion of customers was recommended as a best practice. UCP implemented the realistic job preview and customer interview in 2007. Applicants must view the realistic job preview video and complete the TABE reading assessment before scheduling an interview. Customer interviewers are trained by the human resource manager before joining the

interview team. During the interview process, candidates tour the Developmental Training program for an additional realistic job preview. This gives the applicant the opportunity to withdraw their application if they are no longer interested in the position.

Background checks include verification of education and credentials; Hogan Express personality inventory, review of driving record, criminal history, nurse aide registry, and CANTS; drug testing; and a pre-employment physical. After hire, employees complete the required training program and on-the-job training with their immediate supervisor.

Workforce retention processes include the ongoing training and leadership development programs, engagement in planning through focus groups and

Baldrige Teams, competitive wages and benefits, and opportunities for advancement.

5.2a(3)

Management of the workforce is based on the organizational chart, work systems and processes [Figure 6.1-1]. Senior Leaders, Managers, and Supervisors organize work and provide daily supervision of staff. Work processes and procedures serve as a framework to assist managers in organizing the workforce and ensuring quality service delivery. Procedures are a further extension of work processes and include a detailed outline of tasks, instructions for completing tasks, timelines, frequencies, documentation, and expected results. Senior Leaders meetings assure processes for accomplishing the work are consistent throughout the organization.

A job description is developed for each position and includes qualifications, training required, essential functions, and major responsibilities. New employee and ongoing training [5.1b] is provided to ensure staff has the competencies to meet expectations and contribute to the achievement of customer and organizational objectives. Communication [5.1a(2)] and performance management [5.1a(3)] processes are integral components of workforce management.

5.2a(4)

Changes in capability and capacity are identified in the strategic planning [2.1a(1)] and business development [Figure 2.2-1] processes. UCP addresses changing capability through recruitment of staff with specialized skills and in-house training for current staff. The ongoing training curriculum [5.1b] is reviewed annually and revised to address capabilities. For example, employees responsible for data collection and input receive training on spreadsheets. In 2010, all employees will receive training on use of the Intranet. Workforce reductions are rare; however, when necessary the process is communicated to staff in one-to-one meetings and in writing. Employees are given the option to transfer to positions for which they are qualified.

5.2b(1)

UCP policies and procedures for safe work practices include emergency procedures for disasters (fire, weather, etc.), business continuity, use of safety equipment, safe lifting, vehicle operation, behavior intervention, and workplace violence. Safety is incorporated into new employee training programs and reviewed with staff on an ongoing basis by immediate supervisors through competency based assessments and drills.

The safety committee is responsible for reviewing and revising safety procedures, developing safety training, conducting internal inspections, and scheduling external inspections. Drills of emergency plans are conducted quarterly on each shift. Employees supporting customers at community worksites receive training and follow safety and emergency plans established by the business in which the individual is employed. Performance measures include drills under three minutes, incidents, medication errors, and days missed due to work related injury.

5.2b(2)

Personnel policies are developed by Senior Leaders and the Human Resources Manager. Policy revisions are reviewed by the Board Administration Committee before final approval. Personnel policies address: hours; employee classification; hiring procedures; leaves; compensation and benefits; grievances; evaluation; termination; progressive discipline; standard operating procedures; harassment; workplace violence; drug and alcohol free workplace and testing; non-discrimination; transactions with customers; employee development; electronic mail; light duty; corporate compliance and ethics; public information; financial practices; health and safety; rights and confidentiality; and program specific policies.

Policies are summarized in the employee handbook and reviewed during orientation. New employees have the opportunity to ask questions and sign a statement of understanding. Program specific policies are reviewed during classroom and on-the-job training. Copies of the full policy manual are available in all UCP locations and on the Intranet.

UCP offers a benefit package that has been developed with staff input to ensure the needs of the diverse workforce are met. Benefits include: Health, dental and life insurance; paid time off for vacation, holiday, sick, and disability; premium pay for holidays worked; 403(b) with employer matching contribution; discount health club membership.

The wage and benefit package is reviewed annually as part of the budget process. The Administration Committee compares wages and benefits offered by UCP to similar organizations throughout the state using survey data from IARF. Wage increases and changes to the benefit plan are approved by the Board of Directors.

6.1 Work Systems

Table 6.1-1 outlines key processes for work systems with a summary of approach, deployment,

evaluation and learning, integration, and effectiveness. Additional detail on processes is provided in the narrative section.

Table 6.1-1 Key Work System Processes

Item	Approach	Deployment	Evaluation/Learning	Integ.	Effective
6.1a(1)	Work systems design based on org chart with horizontal (manage) and vertical (service delivery/support) flow	SL annual review in SP focus groups and Board Advisory Committees.	Baldrige self-assessment 2006/2007-charting systems & processes, Baldrige teams 2003-formalized design, review work systems	1.1a(3) 2.1a(1) 3.1a 4.1, 4.2 5.2a, 6.2	Figure 7.5-7 Figure 7.1-1 to 7.1-5
6.1a(2)	Figure 6.1-1 for systems & processes related to core competencies	Baldrige Work Teams, SPP review,	Baldrige self-assessment 2007/08-map processes, Strategic objectives based on competencies	1.1a(3) 2.1a(1) 6.2	Figure 7.5-1 Figure 7.5-7 Figures 7.1-1 to 7.1-5
6.1b(1)	Built into key processes through success measures, results, scorecard, financial review	Baldrige work teams, training for staff, communication, data posted	Baldrige self-assessment time studies 2009-processes revised 2007-business/program development process	1.1a(3) 2.1a(1) 3.2c 4.1, 4.2 6.2	All results in category 7
6.1b(2)	Board, SLs in SPP with input at focus groups; Baldrige teams review; Requirements: safety, individualized services, quality, flexibility,	Baldrige work teams cross-functional; staff training; safety committee	Baldrige self assessment evaluation of SPP 2009/2006-focus groups 2006-Baldrige teams 2003-SPP include focus groups/requirements	1.1a(3) 2.1a(1) 3.2c 4.1, 4.2 5.2a 6.2	Figure 7.5-4 Figure 7.5-2 Figure 7.5-3 Figures 7.1-1 to 7.1-5
6.1c	Emergency procedure; Quarterly drills & self-inspections; Incident reporting with quarterly trend report; Safety committee; Business continuity plan	Baldrige work teams & safety committee are cross-functional, training for staff and customers	Safety committee, Baldrige self-assessment 2009-procedures reviewed annually 2004-business continuity plan, revised 2007, 2009	1.1a(3) 2.1a(1) 3.1a 3.2c 4.1 4.2 6.2	Figure 7.5-2 Figure 7.5-3 Figure 7.6-2 Figure 7.6-9

6.1a(1)

UCP work systems are design based on the organizational chart with both horizontal and vertical flow. UCP has three work systems: Leadership, service delivery, and support. The leadership system operates both horizontally and vertically with processes that are cross-functional. Service delivery and support systems follow a vertical flow. Figure 6.1-1 outlines work systems, relationship to the organizational chart, key processes (internal and external) and related core competencies. Senior Leaders, with input from Baldrige Teams, customers, suppliers, stakeholders in focus groups and Board Advisory Committees, annually review the organizational chart, work systems, and related processes. The review includes opportunities for expansion of program or business services, process innovation, core competencies, and community needs assessments from the strategic planning process. Recommendations for revisions

to the organizational chart, work systems, and key processes including new staff capability or capacity requirements are reviewed with Board committees as part of the strategic planning and budget processes.

Senior Leaders determine which process will be internal versus external during the annual review. Decisions are based on core competencies and cost effectiveness. All processes involving core competencies are internal. Processes not related to core competencies are kept internal when it is more cost effective than outsourcing.

6.1a(2)

The relationship between core competencies, work systems, and key work processes is outlined in Figure 6.1-1.

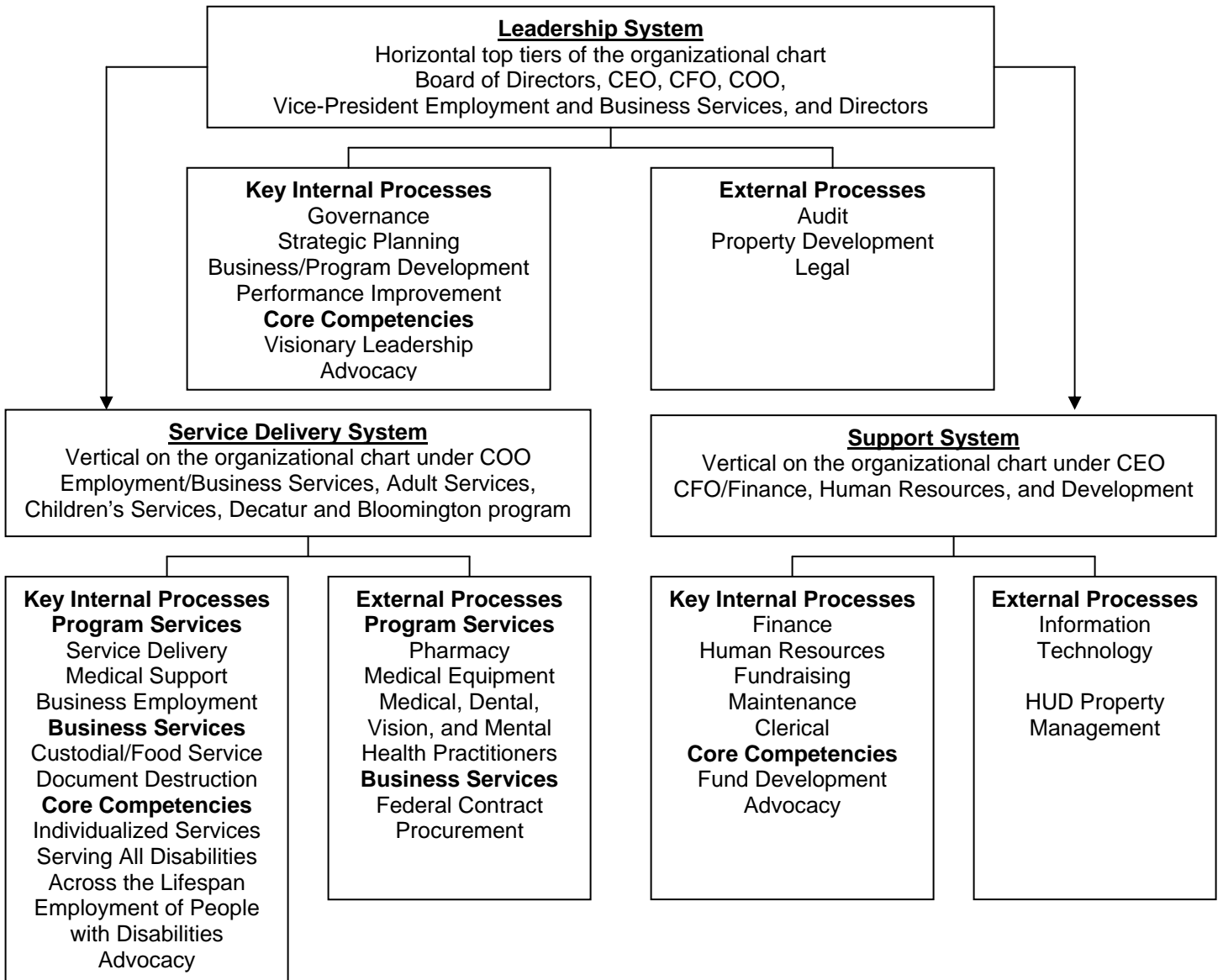
6.1b(1)

Key processes are aligned with UCP’s visions, objectives and action plans to build on strategic advantages and core competencies [Figure 6.1-1]. Customer value, financial return, and success are built into key processes through success measures, scorecard and financial reviews, and feedback from staff and customers. The strategic plan includes measures to diversify funding and maintain operating margins to ensure sustainability. Table 2.1-1 outlines actions including steps to address infrastructure and review/revision of processes to continue delivery of value to the customer, build on success, and sustain the organization.

6.1b(2)

Process requirements are determined by Senior Leaders and the Board of Directors during the strategic planning process [2.1a(1)]. Input from customers and stakeholders regarding current and future requirements are obtained during focus groups. Baldrige teams review processes and provide additional input on process requirements from an internal staff perspective. The PDCA process, within Baldrige Teams, ensures process requirements are incorporated into process design and continuous improvement. Requirements for key service delivery processes include individualized services, quality, flexibility, and safety. Leadership and support processes require accuracy, accountability, and communication.

Figure 6.1-1: Work Systems and Key Work Processes



6.1c

UCP has established procedures, built into work systems and processes, that address disasters (fire, weather), violent situations, and medical emergencies [5.1b(1)]. Quarterly evacuation drills for fire/bomb threat and safe zone drills for tornado and threatening situations are performed at UCP offices in Springfield, Decatur and Bloomington. Drills are conducted monthly on all shifts at all homes in which UCP provides 24-hour support. Evacuation routes and safe zones are posted in classrooms, break rooms, and homes.

Incidents are reported, addressed, and recorded in the safety database. The Safety Committee reviews incident trends quarterly, develops and monitors actions to address trends. The committee conducts quarterly self-inspections with maintenance staff and ensures safety violations are addressed. Quarterly inspections in the homes of customers are conducted by the Case Manager/QSP.

UCP has developed a business continuity plan to address emergencies that could potentially limit our ability to continue operations at current locations. The plan addresses both temporary and longer-term interruptions. Senior leaders identified potential causes of business interruption, impact on operations, and possible responses for each program, administrative function, and location. The

plan includes identification of role and contact numbers for key staff and essential personnel, emergency contact with local authorities, insurance information, and checklists with tasks for implementation. A list of customers and staff is kept with the plan in a fireproof cabinet. Members of the business continuity team keep a copy of the plan off-site for use after business hours.

The business continuity plan has been implemented on one occasion, March 12, 2006 when tornados and severe thunderstorms struck Springfield. UCP staff implemented emergency plans with no injury to customers or staff. Property damage and power outages were widespread requiring some individuals to be moved to temporary locations. Plans were implemented smoothly. The final written report recommended one amendment to the plan, securing land-based telephones that do not require electricity for all residential homes. Phones were secured and in the homes within one week.

6.2 Work Processes

Table 6.2-1 outlines key processes for design, management, and improvement of work processes with a summary of approach, deployment, evaluation and learning, integration, and effectiveness. Additional detail on processes is provided in the narrative section.

Table 6.2-1 Key Work Processes

Item	Approach	Deployment	Evaluation/Learning	Integ.	Effective
6.2a	Design - 5x5 process mapping by Baldrige teams and managers; Service delivery and business processes	Baldrige teams cross functional, Communication and training	Baldrige self-assessment 2008-business process 2007-process map, PDCA 2006-Baldrige teams	1.1a(3) 2.1a(1) 4.1, 4.2 5.2a 6.1	Figure 7.5-7 Rapid, successful expansion in Bloomington
6.2b(1)	Manage by dept, Training, identify measures, daily documentation Measures: in process and outcomes	Org chart with management of operations, Training on new, revised process	Baldrige self-assessment PDCA 2009-Business services 2008-AS restructured 2008, 2009 expanded process measures	1.1a(3) 2.1a(1) 4.1 4.2 5.2a 6.1	Figure 7.5-7 Figures 7.1-1 to 7.1-5
6.2b(2)	Control cost-mapping, time study, revise inefficient or no value; Prevent errors (injury, medication) training, safety & medication procedures	PDCA/Baldrige teams map process, use data/information to assess value, re-design, test, implement	Baldrige self-assessment PDCA 2009-residential finances 2006-2007-process mapping to analyze processes and costs, PDCA formalized	1.1a(3) 2.1a(1) 3.1a 3.2c 4.1, 4.2 5.2a 6.1	Figure 7.5-5 Figure 7.5-6
6.2c	PDCA/Baldrige teams; Continuous cycles of improvement built into processes; SPP incorporate targets	Baldrige teams & SPP include stakeholders, review measures	Baldrige self-assessment 2008-2009 expanded data collected 2007-Baldrige teams, PDCA formalized	1.1a(3) 2.1a(1) 4.1, 4.2 5.2a 6.1	Figure 7.6-1 Results of specific PDCA projects

6.2a

Baldrige work teams reviewed work processes in 2007 as part of the self-assessment. The teams provided feedback on existing processes, identified opportunities for improvement, and recommended action steps to improve processes. Senior leaders and managers participated in a series of meetings to build on the work of the Baldrige teams. The teams use a 5 by 5 format for the design and review of processes. Five major steps in the process are identified and listed on the top level of the chart. Within each step, an additional five steps may be identified. Figure 6.2-1 is an example of the process developed for service delivery. Detailed instructions for completion of each step are further defined in UCP procedures. Work teams continue to review and refine processes using data collected and input from staff and customers.

Key processes have been tested and improved on a continuous basis by management and Baldrige teams using the PDCA model to incorporate best practices, knowledge, technology, and ensure agility. As a result, key processes are easily replicated in new programs or businesses and in expanded locations. In July 2009, UCP expanded the Supported Employment Program to Bloomington following the Program/Business Development and Service Delivery processes. The expansion required rapid implementation due to the unexpected closing of the existing service provider. UCP established employment services within one week after being contacted by the Illinois Division of Rehabilitation Services.

Through review of work processes and the self-assessment, Baldrige Teams recommended expanding use of technology in service delivery to improve efficiency, cycle time, reliability of information, and communication. These recommendations are being addressed with the UCP Intranet to facilitate communication and access to policies and procedures regardless of location, and provide a system for electronic case files, documentation, and data collection. All Baldrige Teams provided input in the development of the Intranet and included process improvements based on expanded connectivity in action plans.

6.2b(1)

Work is organized by program or department with the manager or director responsible implementing processes. Service delivery processes are implemented with a focus on supporting individuals with disabilities. The Intake/Service Delivery Process in Figure 6.2-1 is a general process

followed by all program services. More detailed and specific procedures supplement the steps in work processes and may vary greatly among programs or individuals served. Through the work process, individual service plans are developed to meet the person's specific needs. Program managers, supervisors and case managers are responsible for ensuring that the individualized service plans are implemented including:

- Training on work process, requirements, and documentation
- Identifying performance measures,
- Personal contact with customers and stakeholders to ensure satisfaction
- Review of daily/weekly/monthly documentation to ensure process meets requirements,
- Collection and analysis of performance data
- Ensuring revision of service plans based on the changing needs of the customer

Table 4.1-2 outlines performance measures for program services. The data is collected and reviewed monthly. Individual processes can then be immediately improved or adjusted to ensure personal outcomes.

6.2b(2)

Process mapping and the Baldrige Team/PDCA process are used to control costs. Through the PDCA process, teams map and analyze work processes using observation, time studies with associated costs, elimination of steps that provide no customer value or are not regulatory, and revision of steps that are inefficient. Teams may pilot test a proposed process improvement before full implementation. Teams continue to monitor the process after implementation and may recommend further changes for continuous improvement.

Costs associated with monitoring processes and conducting quality reviews are minimal. UCP does not have a department or staff person with primary responsibility for quality or work process monitoring. These duties are divided among senior leaders, managers, and supervisors as a part of their regular management responsibilities.

The two primary errors associated with service delivery include injury or medication error. The UCP safety committee tracks and analyzes trends. Process changes, safety equipment, training or other actions are made based on identified trends. The nursing department tracks medication errors and provides follow-up to prevent further error through re-training or clarification of medication procedures.

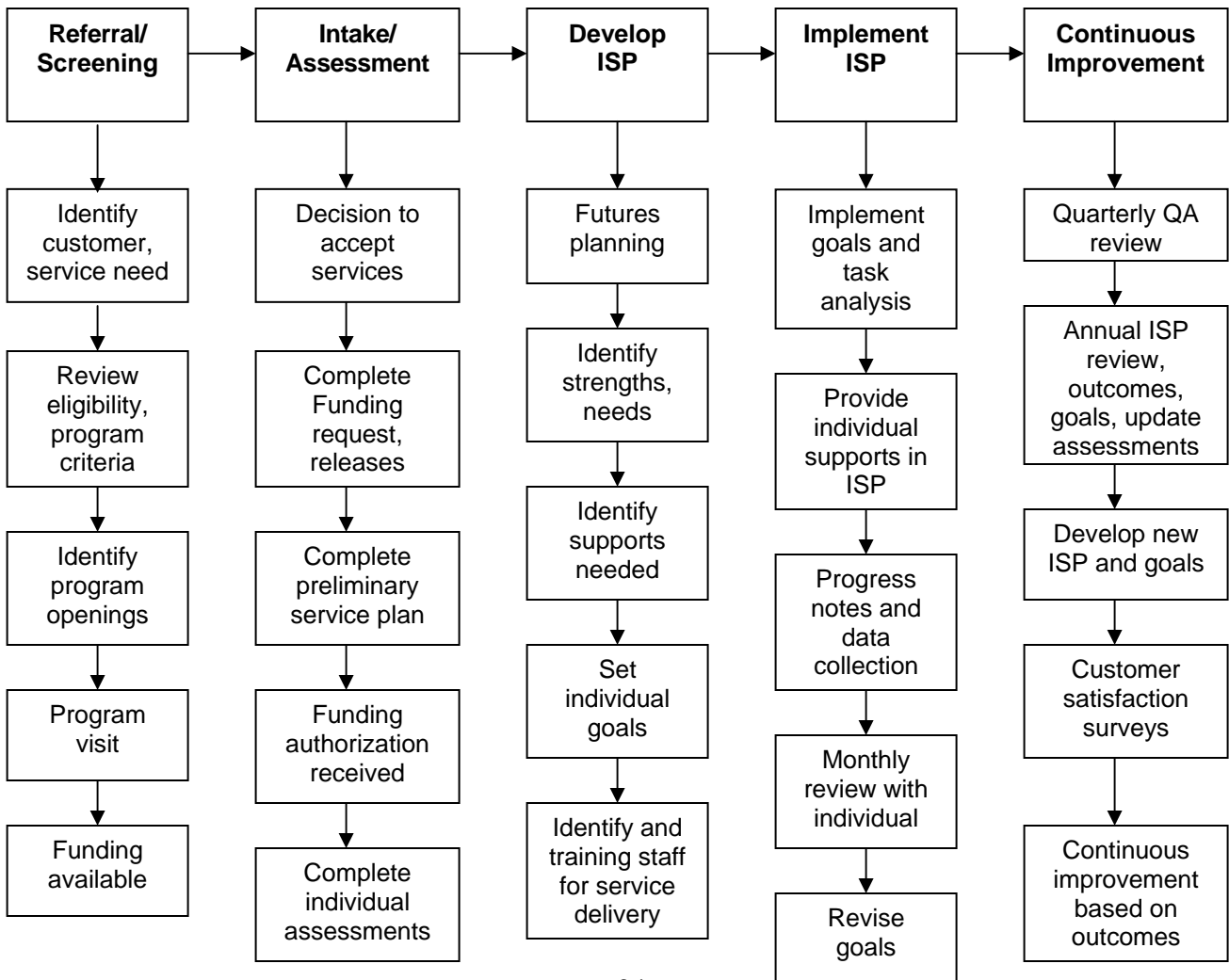
6.2c

UCP has been accredited by CARF since 1995. Policies, procedures and processes are updated annually as CARF standards are revised. CARF has provided a basic set of quality standards that have and continue to provide a value to the organization. After three consecutive surveys with no recommendations (Figure 7.6-8), Senior Leaders and the Board of Directors made a decision to seek another quality framework to guide the organization in the pursuit of excellence. In 2004, UCP introduced the Baldrige Criteria for Excellence to staff, customers, and stakeholders. The first organizational profile was developed with input from stakeholders and became a guide for developing the strategic plan, business development, human resource, and work processes. Baldrige Work Teams, consisting of staff from throughout the organization, conducted a full assessment using the criteria in 2007. Strengths and opportunities for improvement were identified and incorporated into the strategic plan.

Baldrige Work Teams continue to be an integral component in the continuous improvement process. Since 2007, teams have lead UCP’s performance improvement using the Plan-Do-Check-Act model and self-assessment of the Criteria for Excellence. Baldrige teams evaluate processes, recommend process improvements, test through pilot projects if needed, implement the process program or agency wide, measure in process (Table 4.1-2), analyze results, and improve on a continuous cycle. Figure 6.2-1 illustrates the inclusion of continuous improvement in work processes.

Information on in process and outcomes measures, and process improvements is shared throughout the organization through Senior Leader meetings, Baldrige Work Teams, dissemination of written processes and procedures, newsletters, training and All Staff Meetings.

Figure 6.2-1 Intake/Service Delivery Process



Category 7 Results

7.1 Product (Service) Outcomes

Service outcomes are determined by the percentage of individuals meeting the goals developed in their ISP. Goals address skills for education, fine/gross motor function, daily living, economic self-sufficiency, community integration, self-medication, and employment. Overall agency outcomes with performance projections, national (NCI, UCP Boston) and local (Macon Resources, SPARC) comparative data are illustrated in Figure 7.1-1. Outcomes segmented by program are outlined in Figure 7.1-2. UCP has experienced positive trends in overall performance and in most program outcomes over the three-year period. UCP compares favorably to both national and local benchmarks. In Figure 7.1-2 NA is an indication that the competitor does not offer a similar service or did not provide results for their service. UCP's results are reflective of our core competencies for individualized services and serving all disabilities throughout the lifespan.

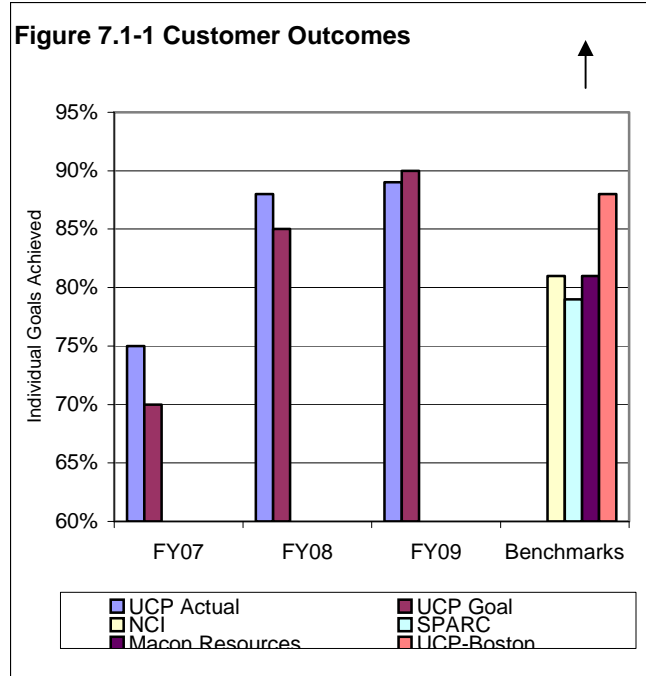


Figure 7.1-2 Customer Outcomes by Program

Outcomes by Program	FY07	FY08	FY09	FY09	National		Local	
	Actual	Actual	Actual	Goal	NCI	Boston	Macon	SPARC
Adult Residential	76%	82%	86%	83%	81%	85%	74%	70%
Adult Developmental Training	68%	92%	88%	90%	81%	92%	67%	NA
Organizational Employment	83%	100%	100%	86%	81%	NA	100%	NA
Supported Employment	65%	87%	88%	70%	81%	NA	82%	88%
Vocational Skills	82%	90%	93%	90%	81%	NA	78%	NA
Children's Respite	98%	99%	93%	98%	81%	NA	100%	NA
Children's Lekotek/AT	29%	76%	83%	80%	81%	NA	NA	NA
Children's Camp/Saddle Up	92%	90%	91%	95%	81%	NA	NA	NA
Decatur Youth Development	83%	82%	79%	90%	81%	88%	67%	NA
Decatur Medical Support	89%	88%	89%	90%	81%	88%	67%	NA
Agency Averages	75%	88%	89%	90%	81%	88%	81%	79%

In addition to achievement of individual goals, an area of importance to persons served in the employment programs is finding a job with competitive wages. UCP provides supported employment in local communities and in UCP owned businesses. Figure 7.1-3 demonstrates growth in the number of individuals who have been successfully placed in jobs since 2003.

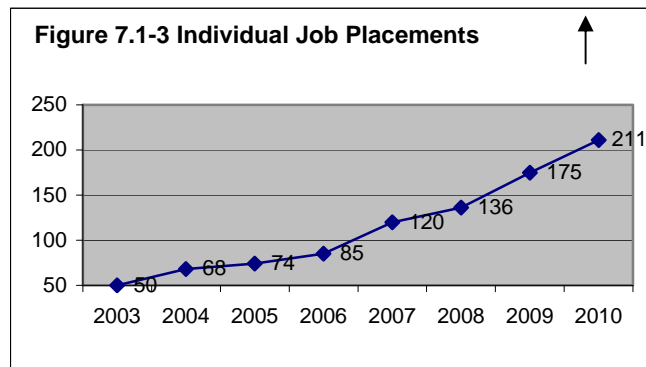


Figure 7.1-4 shows the growth in average wages of individuals supported in UCP employment programs. The average wage for individuals supported by UCP significantly exceeds comparisons from NCI. The average wage for individuals with disabilities in Illinois is \$7.52 and \$6.80 nationally.

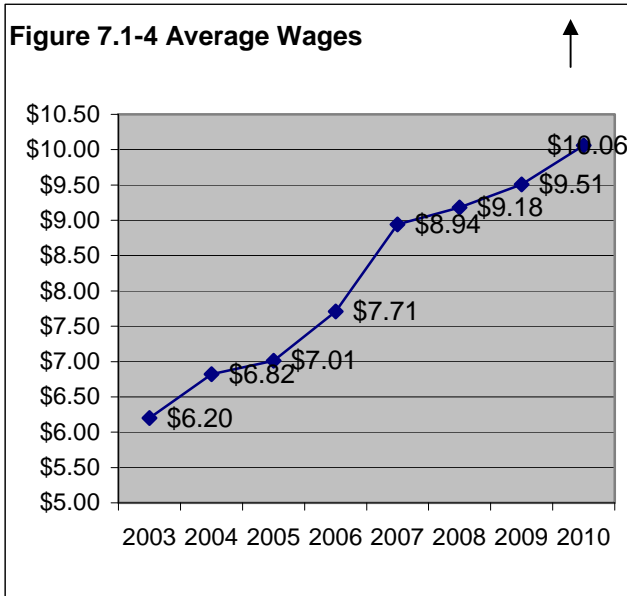
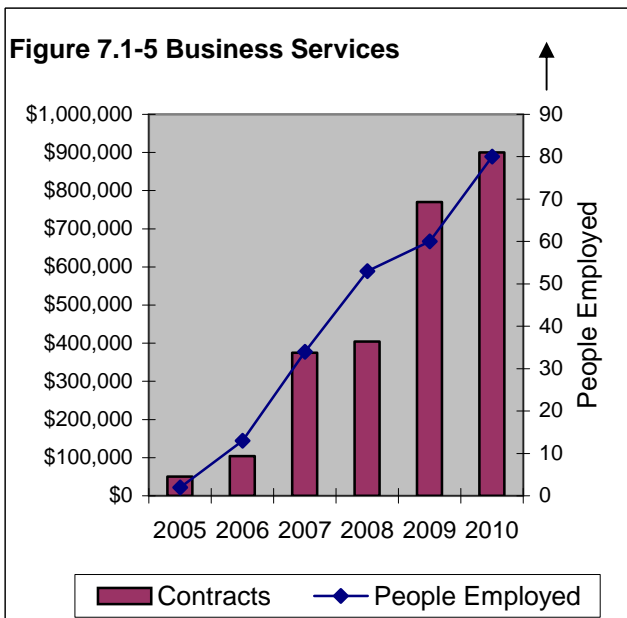


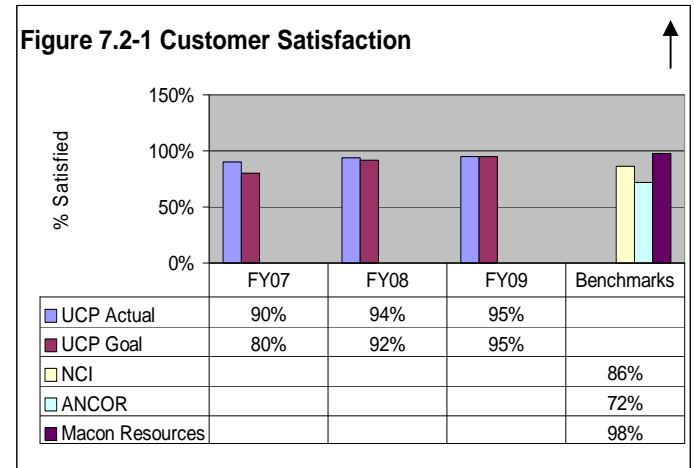
Figure 7.1-5 illustrates contract growth in UCP Business Services and associated growth in the number of individuals employed in Gone For Good and White Glove Professionals. Wages for these individuals are included in Figure 7.1-4.



7.2 Customer-Focused Outcomes

7.2a(1)

UCP solicits feedback from customers at the time of the annual ISP meeting. Satisfaction results are outlined in Figure 7.2-1 with local and national (NCI, ANCOR) comparisons. Overall satisfaction has increased since FY07 and compares favorably to national benchmarks.

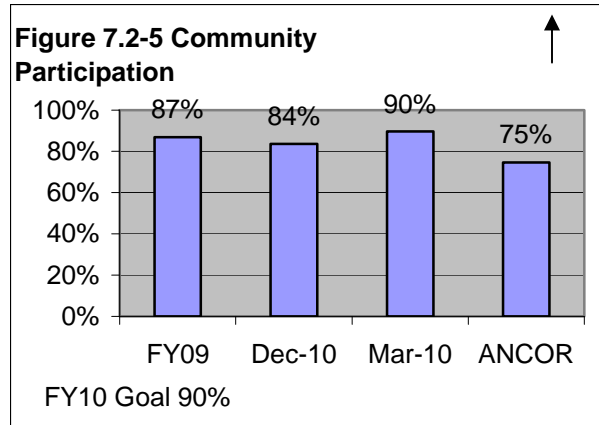
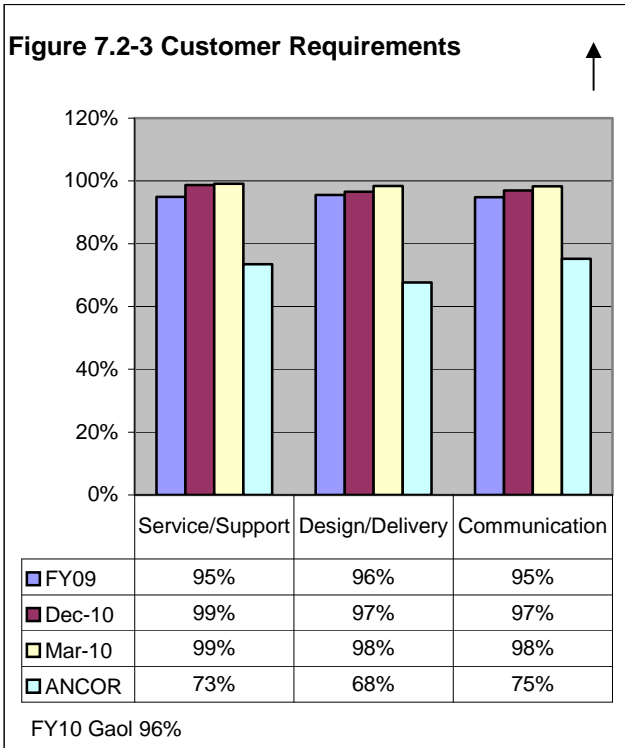


Segmented results for overall satisfaction by program are outlined in Figure 7.2-2. Most programs have experienced positive trends over the three-year period and exceed the national benchmarks.

Figure 7.2-2 Customer Satisfaction - Program

Program/Goal	FY07	FY08	FY09	NCI	ANCOR
Adult - 90%	83%	87%	92%	86%	72%
Children - 95%	94%	97%	98%	86%	72%
Employment - 95%	89%	93%	95%	86%	72%
Decatur - 95%	98%	98%	92%	86%	72%

The survey was revised in FY09 with questions divided into categories that assess satisfaction with UCP services in meeting identified customer requirements [P.1b(2)]. Availability of service and support (individualized services, flexibility), service design and delivery (choice, outcomes, reliability), interaction and communication (respect, communication) are indicators of customer satisfaction with UCP services. Figure 7.2-3 (Agency) and 7.2-4 (Program) provide a breakdown of results for satisfaction with customer requirements for FY09 and year-to-date for FY10 with national results from ANCOR.



Customer complaints are an indicator of customer dissatisfaction. UCP has a formal grievance procedure for customers and families. The policy encourages customers and staff to resolve complaints immediately to avoid the need for a formal grievance. No formal grievances were filed in the past three fiscal years. In 2009, UCP began collecting information on informal complaints. Figure 7.2-6 shows the number of informal complaints received. The goal is to resolve 90% of informal complaints within one day.

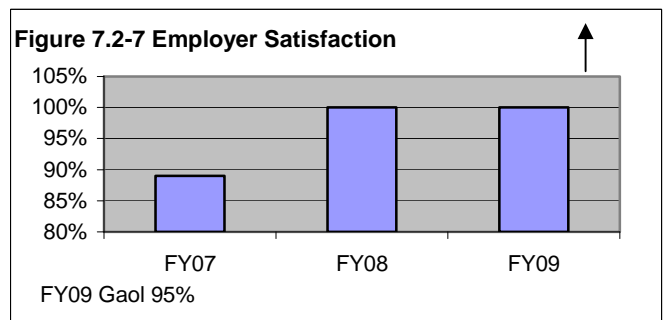
Figure 7.2-4 Customer Requirements - Program

Program/Goal	FY09	Dec-10	Mar-10	ANCOR
Service/Support:				
Adult – 95%	92%	95%	96%	73%
Children – 95%	98%	100%	100%	73%
Vocational – 97%	97%	100%	100%	73%
Decatur – 95%	91%	100%	100%	73%
Design/Delivery:				
Adult – 95%	93%	87%	94%	68%
Children – 95%	95%	100%	100%	68%
Vocational – 97%	98%	100%	100%	68%
Decatur – 95%	96%	100%	100%	68%
Communication:				
Adult – 95%	91%	89%	94%	75%
Children – 95%	100%	100%	100%	75%
Vocational – 97%	96%	100%	99%	75%
Decatur – 95%	93%	100%	100%	75%

Figure 7.2-6 Customer Complaints

	FY08	FY09	FY10 YTD
Formal Grievances	0	0	0
Informal Complaints	New FY09	7	7
Resolved to Satisfaction	New FY09	86%	86%

UCP assesses business customer and employer satisfaction with UCP services for placement of qualified dependable workers, training, quality and communication [P.1b(2)] through the annual employer survey. Figure 7.2-7 indicates that employers responding to the survey have been overwhelmingly satisfied with UCP services.



UCP's mission is to provide innovative services that connect people with disabilities to their community. All results provided for service outcomes are a reflection of the mission. In addition, the customer survey asks individual and families to provide feedback on their community connection. Results of this section of the customer survey are detailed in Figure 7.2-5 with the benchmark from ANCOR.

7.2a(2)

Customer engagement is assessed through the survey process with a category for Provider of Choice. Customers respond to three questions: would recommend, provider of choice, and services exceed expectations. Results are detailed in Figures 7.2-8 (Agency-wide) and 7.2-9 (Program) with national benchmark data from ANCOR.

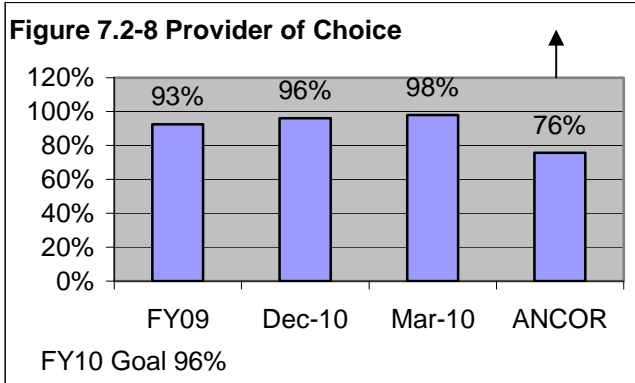


Figure 7.2-9 Provider of Choice - Program

Program/Goal	FY09	Dec-10	Mar-10	ANCOR
Adult – 95%	93%	91%	95%	76%
Children – 95%	99%	100%	100%	76%
Vocational – 97%	87%	100%	97%	76%
Decatur – 95%	84%	100%	100%	76%

UCP provides services throughout the lifespan; however, customers may enter and leave services several times throughout their lifetime. Length of service will vary by program type as outlined in Figure 7.2-10. The longest service times are in the Adult Residential and Developmental Training programs. Decatur and Children’s Services provide less intensive or intermittent services. Individuals may enter and exit services as individual needs dictate. Employment services are intended to support the individual for a shorter time to find a job and learn the job duties.

Figure 7.2-10 Customer Average Years of Service

Program	FY07	FY08	FY09
Adult Services	9.72	10.40	11.56
Children’s Services	2.25	3.42	3.75
Decatur Services	2.5	2.6	2.6
Employment	0.85	0.83	0.83

An important requirement in building relationships with new customers and referral sources is the

timeliness of service access. UCP program have a goal to begin the intake/service delivery process within 14 days of referral. For most programs, services begin on the day of intake. The Adult Services program requires funding approval from the Illinois Department of Developmental Disabilities before services can begin. For these individuals, an additional 30 to 60 day may elapse before actual services begin. Figure 7.2-11 shows actual service access timeframes for the past three years. Customer surveys, Figures 7.2-3 and 7.2-4, also provide an assessment of customer relationships.

Figure 7.2-11 Service Access

Program	FY07	FY08	FY09	Goal
Adult Services	30	40	7	14
Decatur Services	13	24	36	14
Employment	30	30	10	14
Children’s Services	10	11	10	14

UCP’s success in building relationships with business customers is evident in the growth of business contracts. Figure 7.1-5 illustrates the growth in contracts in Gone For Good and White Glove Professionals from 2005 through 2010.

7.3 Financial and Market Outcomes

7.3a(1)

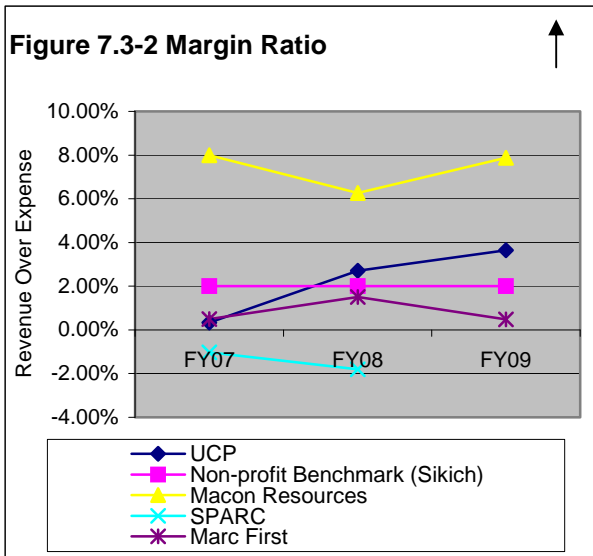
Financial performance results include utilization of available hours (Figure 7.3-1), margin ratio (Figure 7.3-2), current ratio (Figure 7.3-3), and fundraising (Figure 7.3-4). Comparative data for financial performance is taken from the IRS non-profit 990’s available on Guidestar. UCP also assesses our performance against benchmarks provided by our external auditor.

Figure 7.3-1 Utilization of Service Hours

Utilization of Hours	FY07	FY08	FY09
UCP Overall	94%	93%	95%
UCP Goal	90%	92%	94%
Residential	100%	94%	96%
Developmental Training	82%	82%	87%
Vocational Skills	128%	106%	100%
Supported Employment	100%	106%	101%
Organizational Employment	78%	68%	88%
Decatur-Title XX	100%	100%	106%
Respite	110%	122%	93%
Lekotek/AT	73%	82%	83%
Saddle Up	93%	96%	100%
Camp	94%	92%	96%

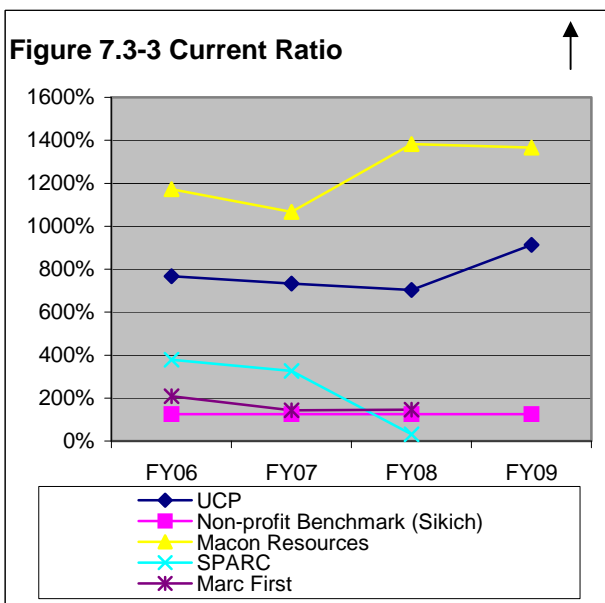
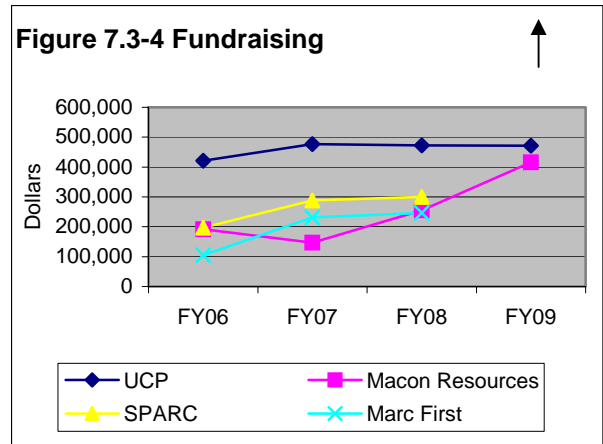
Utilization of service hours is an important measure of financial performance. Many programs bill hourly up to a specified number of contract hours. Billing at 100% allows UCP to fully access contracted funds. It is possible for some programs to exceed 100% of the projected service hours. This typically occurs when hourly rates vary (Respite) or when the contract does not limit hours (Vocational Skills).

Margin ratio is an indicator of financial viability and ability to sustain the operation. The benchmark for non-profit organizations is 2% annually. UCP has exceeded the benchmark for the past two years.



Current ratio indicates the ability to pay obligations due within the next year. The benchmark is 125%. UCP exceeds this benchmark.

Fundraising is an important financial measure for UCP. Many of the services offered, particularly for children, are not funded through state contracts or grants. Our ability to continue to meet the individualized needs of our customers is dependent on the ability to raise funds. UCP fundraising consistently exceeds that of our competitors.



7.3a(2)

Market share data is taken from the IRS non-profit 990's on Guidestar. UCP is a mid-sized organization when comparing total revenue with that of other similar organizations (Figure 7.3-5). Organizations provide vastly different services and it is possible for an individual to receive services from more than one agency. Service availability is limited by state funding that does not guarantee supports for adults with disabilities. The statewide waiting list includes over 10,000 people currently in need of services for which no funding is available.

Figure 7.3-6 illustrates the overall percentage change in revenue for UCP and our primary competitors from FY04 to FY08 (the last year with revenue totals for all organizations). UCP experienced a 24% increase in total revenue over this period compared to slow growth or losses experienced by our competitors. UCP's growth is attributable to the expansion of businesses that employ people with disabilities. Growth for business services contracts is shown in Figure 7.3-7.

Figure 7.3-5 Market Share-Total Revenue

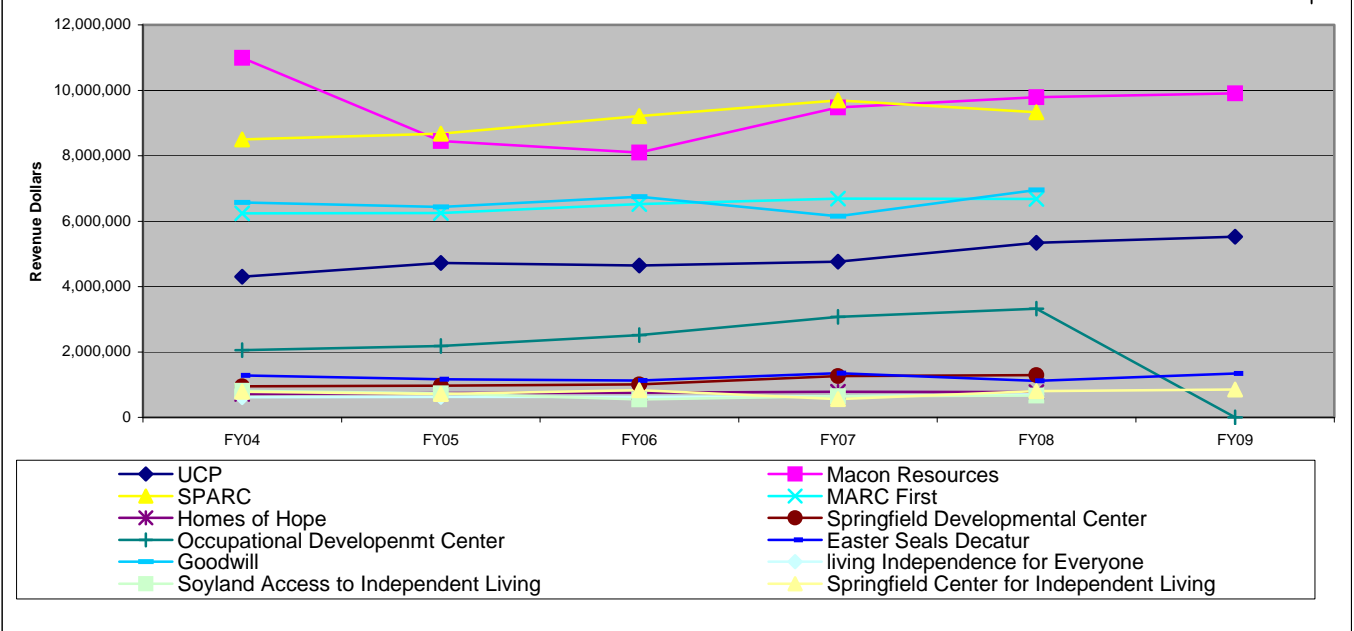


Figure 7.3-6 Revenue Growth FY04 to FY08

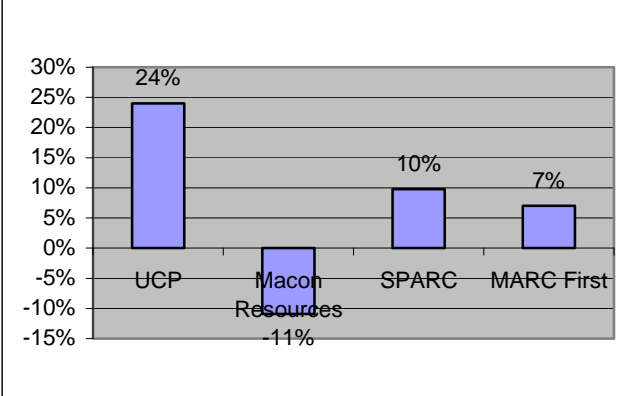
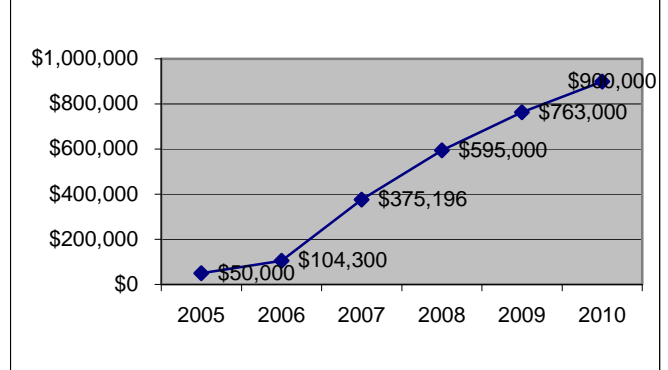


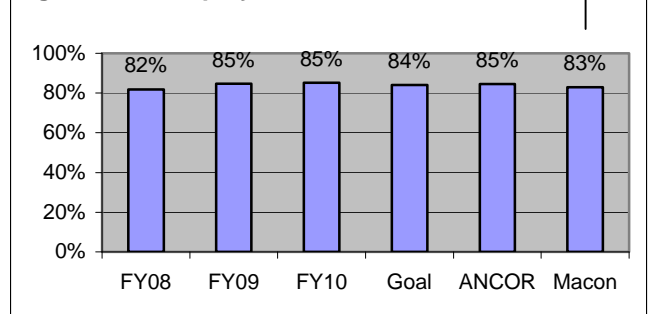
Figure 7.3-7 Business Services Contracts



7.4 Workforce Focuses Outcomes
7.4a(1)

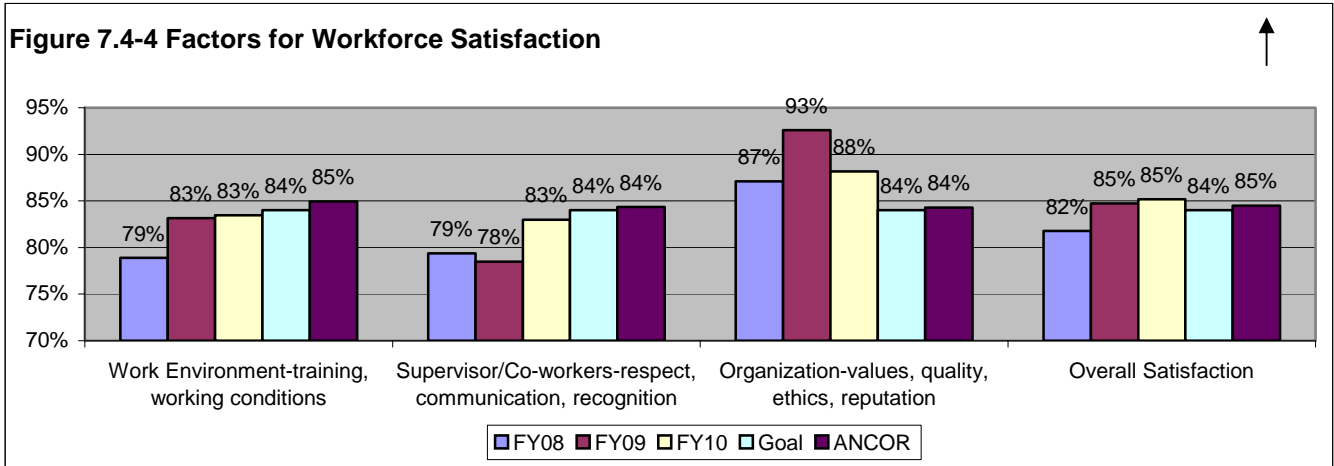
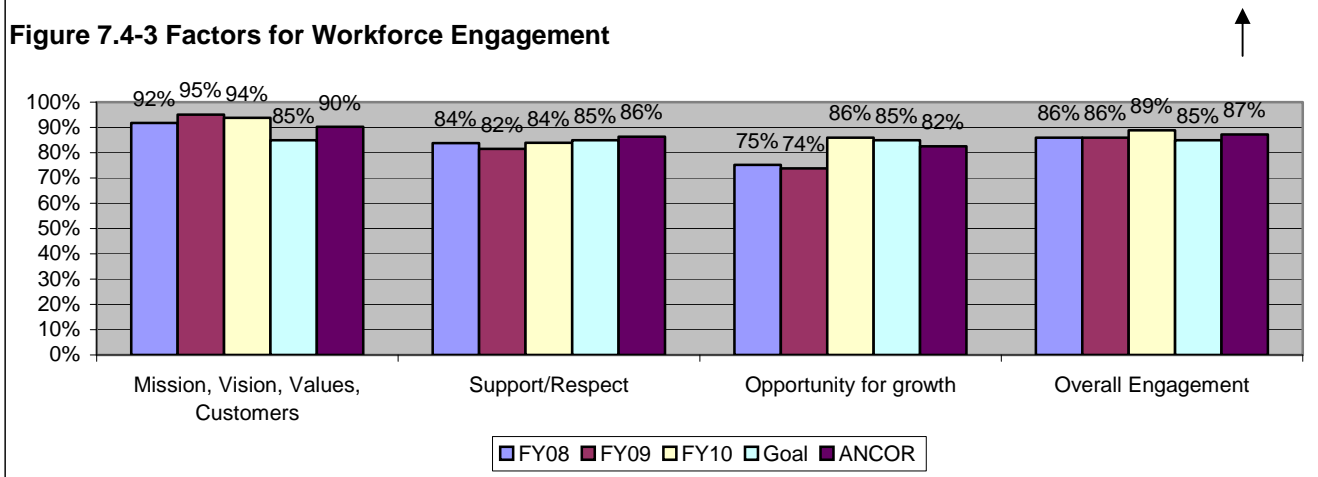
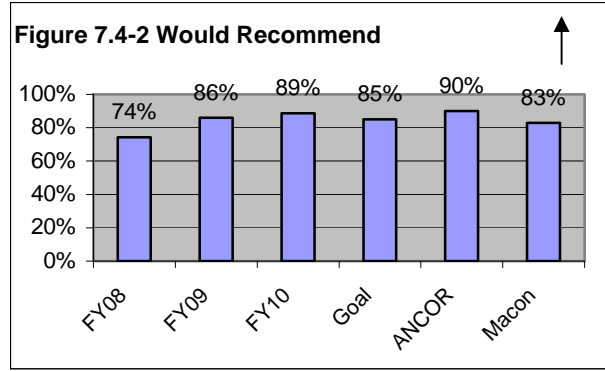
The primary measure of employee satisfaction and engagement comes from the annual survey. The survey includes regular employees only. Customer workers are surveyed as customers (category 7.2). Figure 7.4-1 includes overall survey results compared to benchmarks from ANCOR and Macon Resources. Results show positive trends with favorable comparisons to benchmarks.

Figure 7.4-1 Employee Satisfaction



Employees who are satisfied and engaged are more likely than those who are not to recommend UCP as a place of employment to friends and family. Figure 7.4-2 shows results to responses from the survey that ask about referral and likelihood that the employee would work for UCP again.

Results are further segmented into categories that address factors identified by UCP staff for engagement (Figure 7.4-4) and satisfaction (Figure 7.4-5).



7.4a(2)

UCP offers three training programs for workforce development. Employees participating in the training are tested at the end of training to assure they have learned the required skills. In FY09, pre-tests were added to assess the effectiveness of training in teaching new skills. The goal is to show improvement between pre and post tests.

Participants in new employee and some ongoing training must also demonstrate skills with 100% competency before being added to the DSP registry or receive certification. Figure 7.4-5 details test results for each of the three training programs. Employees in attendance at training events also complete an overall evaluation of the course content and presentation. Evaluations were added

in FY09 as a process improvement. The goal is 95% favorable responses. Results of evaluations are detailed in Figure 7.4-6.

Figure 7.4-5 Training Effectiveness

Program	Pre-test	Post-test	Change	Competency
Supervision/Leadership				
FY10 YTD	75%	97%	22%	NA
FY09	67%	98%	32%	NA
FY08	NA	96%	NA	NA
Ongoing Training				
FY10 YTD	84%	97%	12%	100%
FY09	72%	95%	21%	100%
FY08	NA	94%	NA	100%
New Employee				
FY10 YTD	72%	96%	24%	100%
FY09	71%	96%	24%	100%
FY08	76%	92%	15%	100%

Figure 7.4-6 Training Evaluations

Program	Content	Presentation
Supervision/Leadership		
FY10 YTD	95.87%	96.57%
FY09	97.44%	97.44%
Ongoing Training		
FY10 YTD	99.31%	98.26%
FY09	98.60%	96.55%
New Employee		
FY10 YTD	98.97%	98.91%
FY09	96.96%	96.64%

Training hours by program for FY08, FY09, and FY10 year-to-date are detailed in Figures 7.4-7, 7.4-8, and 7.4-9. Training hours for leadership were high in FY08 due to the restructuring of the residential program. House Managers were added to each house to provide better supervision and offer an opportunity for advancement. All new House Managers attended a 40-hour course in supervision. In FY09, the training program was revised to include nine modules ranging from 2 to 4 hours each.

Ongoing training has been expanded to ensure staff has the skills necessary to meet job expectations. In addition to annual certification, each employee must complete six hours of training in self-selected or supervisor selected courses. The increase in training is reflected in Figure 7.4-8.

Training for new direct care staff is extensive. New hires must complete 40 hours of classroom and 80 hours of on-the-job training for DSP certification. New hires that are already certified complete a more limited program focused on UCP specific topics. The decrease in new employee training hours in figure 7.4-9 is a reflection of decreasing turnover.

Figure 7.4-7 Supervision/Leadership Training Hours

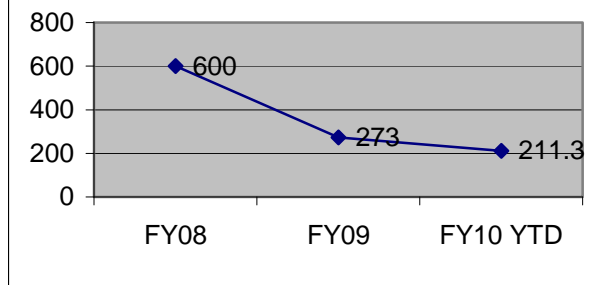


Figure 7.4-8 Ongoing Training Hours

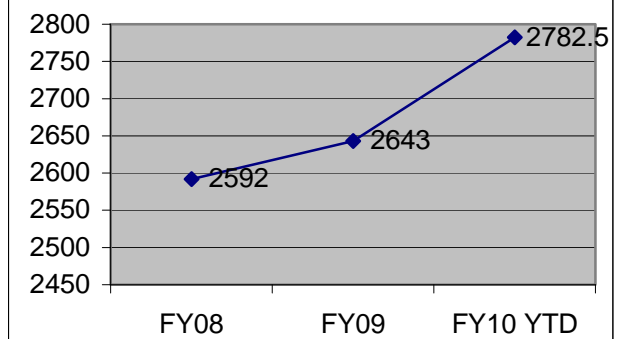
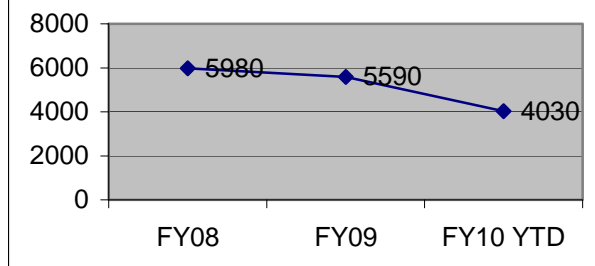
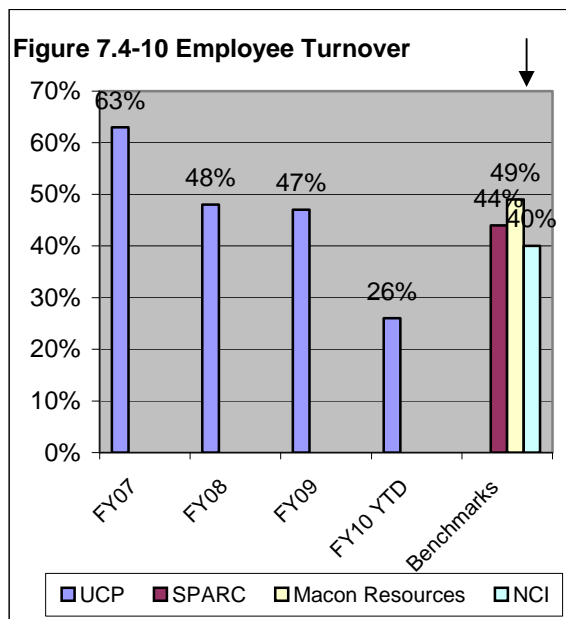


Figure 7.4-9 New Employee Training Hours



7.4a(3)

Measures of workforce capability and capacity include employee turnover, vacancy, overtime, promotions, and affirmative action. Historically, employee turnover in disability organization has been high. UCP has focused on decreasing turnover through improvements in recruiting and training. Figure 7.4-10 illustrates the turnover rates for all employees with benchmarks of local competitors and national benchmark. The FY10 goal is less than 44% turnover.



Turnover is further segmented by direct service, administration, and customer workers in Figure 7.4-11. Highest turnover levels are for direct service staff. This category has been the focus of retention efforts over the past 2 years.

Figure 7.4-11 Turnover by Job Category

Turnover/Goal	FY07	FY08	FY09	FY10 YTD
Direct Service-DSP, Case Manager – 50%	71%	78%	59%	33%
Administration – 10%	17%	21%	13%	27%
Customer Workers – 39%	NA	23%	39%	18%

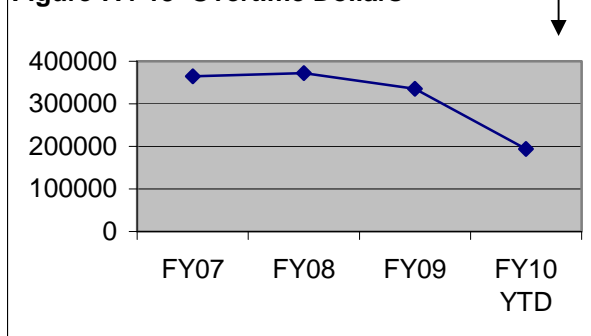
UCP measures vacancy rates in direct service positions within the Adult Services and Employment programs. Vacancies must be covered by another staff member, typically resulting in overtime (Figure 7.4-13). Figure 7.4-12 shows the average vacancy rates for these positions with the national benchmark from ANCOR. The FY10 goals are less

than 10% vacancy in Adult Services and less than 5% in Employment.

Figure 7.4-12 Average Vacancy

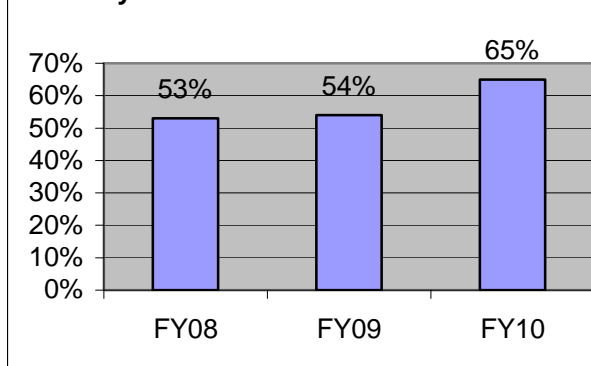
Program	FY08	FY09	FY10 YTD	ANCOR
Adult Services	16.38%	12.17%	7.90%	9.60%
Employment	7.00%	5.15%	2.50%	9.60%

Figure 7.4-13 Overtime Dollars



The UCP training programs build capacity within the existing workforce to prepare them for advancement. Vacancies are posted internally before advertising in external media. Figure 7.4-14 shows the percentage of incumbents in non-entry level positions who were promoted internally. UCP's goal is to fill at least 50% of non-entry level positions internally.

Figure 7.4-14 Incumbents Promoted Internally



UCP seeks to employ a workforce that is reflective of the communities we serve. Results of affirmative action efforts to hire females and minorities are outlined in Figures 7.4-15 and 7.4-16. Two positions, administrative support and craft worker, fall below area availability for either female or minority. UCP has only two or three positions in

Life Without Limits for People with Disabilities

each category with low turnover. Affirmative action goals are to meet or exceed availability.

Figure 7.4-15 Affirmative Action-Female

Job Category	FY08	FY09	FY10	Availability
Senior Level/Directors	100%	100%	88%	73%
First/Mid Level Managers	88%	83%	78%	59%
Professionals	74%	78%	80%	58%
Technicians	100%	100%	100%	42%
Administrative Support	100%	100%	67%	76%
Craft Workers	0%	0%	0%	11%
Service Workers	56%	60%	60%	60%

Figure 7.4-16 Affirmative Action-Minority

Job Category	FY08	FY09	FY10	Availability
Senior Level/Directors	14%	14%	13%	14%
First/Mid Level Managers	65%	83%	61%	38%
Professionals	11%	11%	20%	10%
Technicians	17%	60%	71%	5%
Administrative Support	0%	0%	0%	10%
Craft Workers	0%	0%	0%	4%
Service Workers	48%	52%	32%	17%

7.4a(4)

Employee turnover is the primary measure of workforce climate. Results for turnover are detailed in Figure 7.4-10 and Figure 7.4-11. Additional measures of workforce climate include wages comparisons, workforce reductions, incidents, and lost work days due to injury.

Figure 7.4-17 IARF Wage Comparison

Job Title	FY08	FY09	FY10
Skills Trainer/DT Aide	103%	100%	97%
Home Support	102%	99%	95%
House Manager	NA	91%	90%
Job Coach	89%	87%	95%
QSP/Case Manager	100%	103%	103%
Manager	91%	121%	117%

UCP's must provide wages that are comparable to other similar organization's in our geographic area in order to recruit and retain qualified employees. IARF conducts an annual wage survey in Illinois.

UCP's goal is to keep salaries within 90% of the average for the South Central region of Illinois. Figure 7.4-17 details the percentage of average for major job titles.

Figure 7.4-18 Workforce Reductions, Safety

Workforce Climate/Goal	FY07	FY08	FY09	FY10 YTD
Workforce Reductions - 0	0	1	1	0
Staff Incidents - >5	20	17	9	3
Lost Work Days - 15	70	24	17	0

Figure 7.4-18 details additional measures of workforce climate. Reductions are rare. UCP has eliminated 2 positions during the past three years. The Human Resource Department and Safety Committee have worked to reduce staff injuries and lost work days. Results indicate both have decreased significantly over the past three years. Results for organizational safety and emergency drills and inspections are detailed in Figures 7.5-2.

7.5 Process Effectiveness Outcomes

7.5a(1)

UCP work systems have been developed and innovated to build on core competencies. All results shown are a reflection of visionary leadership and advocacy on behalf on individuals with disabilities. Figure 7.5-1 illustrates UCP's core competency for providing services for all disabilities across the lifespan. No other local provider provides this breadth of service.

Figure 7.5-1 All Disabilities Across the Lifespan

Demographics	FY07	FY08	FY09
Service Across Lifespan			
age 0-5	48	65	67
age 6-17	162	132	108
age 18-40	172	230	243
age 41-65	45	47	42
age 66-85	9	11	9
Service All Disabilities			
Developmental	376	383	328
Physical	145	153	117
Mental Illness	46	60	38
Visual	31	28	26
Hearing	10	11	7
TBI	11	4	4
Learning	0	0	29
ADD	0	0	3
Other	0	28	27

Precisely reported results for core competencies are as follows:

- Individualized Services: Customer outcomes in Figures 7.1-1, 7.1-2; Utilization of service hours, Figure 7.3-1; and Service access timeframes, Figure 7.2-10.
- Employment of People with Disabilities: Total Jobs Figure 7.1-3, Wages Figure 7.1-4, and Business Services Figure 7.1-5
- Fund Development: Fundraising Figure 7.3-4; Revenue growth Figure 7.3-6; and Business Services contracts Figure 7.3-7

The UCP Risk Management Plan assesses risk from emergencies and disaster. Figure 7.5-2 includes a summary of emergency and disaster related results from the three previous fiscal years.

Figure 7.5-2 Emergency/Disaster Measures

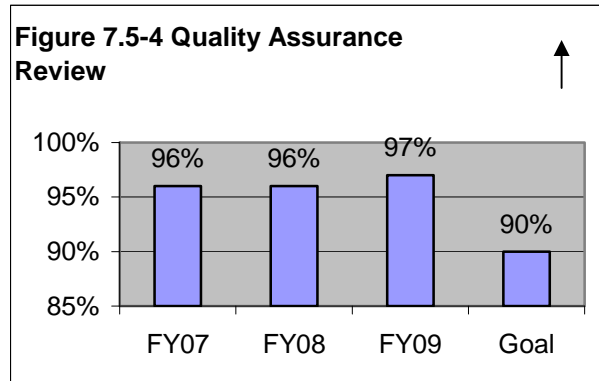
Area of Exposure/Goal	FY07	FY08	FY09
Van/car Accidents - 0	0	1	2
Missing person - 0	0	0	0
Deaths of persons served (other than natural causes)-0	0	0	0
Work related injury - > 5	20	17	9
Infection Control - 0	0	0	0
Fire - 0	0	0	0
Tornado - 0	0	0	0
Violent or threatening situations - 0	0	0	0
Loss of technology, phones, computer system - 0	0	0	0

Emergency drills are conducted quarterly. The goal is evacuation or relocation to a safe zone within three minutes as required by the State Fire Marshal for UCP programs. The safety committee conducts internal inspections and schedules external inspections. Results of drills and inspections are in Figure 7.5-3.

Figure 7.5-3 Emergency Drills/Inspections

Emergency Procedures	FY07	FY08	FY09	Goal
Evacuation drills	99%	100%	100%	100%
Safe zone drills	100%	100%	100%	100%
Safety Inspections				
Internal	90%	92%	89%	90%
External	100%	100%	100%	100%

Supervisors conduct a quality assurance review in each residential home. UCP's goal is 90%. Results from QA reviews are in Figure 7.5-5.



7.5a(2)

Customer safety is an important component of work processes. UCP staff report all incidents involving customers regardless of injury. The safety committee tracks incidents for trends and identifies action plans for improvement. Figure 7.5-5 summarizes incidents for the past three years by the level of treatment required.

Figure 7.5-5 Customer Incidents

Level of Injury/Goal	FY07	FY08	FY09
No Injury/Nurse - > 200	208	213	174
ER Evaluated - > 10	7	17	20
ER Treated - 0	3	3	4

Nurses and authorized direct care staff administer medications for individuals in the Adult Services program who are unable to take medication independently. UCP's goal for medication errors is 0%. Results for medication administration are outlined in Figure 7.5-6.

Figure 7.5-6 Medication Errors

Medication Errors	FY09	Sep-09	Dec-09	Mar-10	ANCOR
External Treatment Required	0	0	0	0	0.01%
No Treatment Required	0.09%	0.08%	0.06%	0.06%	NA

In process measures have been established and are tracked through data collection spreadsheets. Measures are based on process steps that must be accomplished in order to achieve outcome goals.

Year-to-date in process results are detailed in Figure 7.5-7.

Figure 7.5-7 In Process Measures FY10

Adult Services	Target	Sep-10	Dec-10	Mar-10
Goals implemented - CILA	95%	92%	84%	72%
Goals implemented - DT	95%	94%	92%	97%
Goals on track - CILA	90%	81%	75%	61%
Goals on track - DT	90%	86%	76%	81%
Employment				
Goals implemented – SEP	95%	100%	93%	92%
Goals on track – SEP	90%	90%	77%	82%
Goals implemented – Voc	95%	99%	99%	100%
Goals on track– Voc Skills	90%	94%	89%	91%
Children				
Goals implemented – Lek/AT	95%	100%	100%	100%
Goals on track– Lekotek/AT	95%	100%	100%	100%
Education skills-Camp	95%	100%	100%	100%
Incr. skills-SU	95%	95%	95%	95%
Decatur				
Goals implemented	90%	79%	82%	82%
Goals on track	90%	78%	90%	86%
Business Services				
IRS docs destroyed 1 day	100%	NA	100%	100%
IRS certificate 3 days	100%	NA	100%	100%
Overall janitorial quality	90%	NA	NA	94%
Improve overall cleanliness	90%	NA	NA	94%

7.6 Leadership Outcomes

7.6a(1)

UCP conducts strategic planning on a three-year cycle. The current plan was developed in 2007 for fiscal years 2008-2010. Target and results for 2008 and 2009 with the target for 2010 and year-to-date results (where available) are outlined in Figure 7.6-1. Final results will be available on site. The indication of favorable results for most goals would be to meet or exceed the target. Favorable results

for targets preceded by “>” should be equal to or less than the target.

7.6a(2)

UCP is required to and conducts an annual audit in accordance with GAAP. The Board Finance Committee selects an external auditor and receives the audit report. UCP has had no audit findings for the past three years. The audit firm presents the audit report at the annual meeting of the corporation. As an integral component of the governance process, the auditor also presents and reviews financial performance information and data:

- Figure 7.6-3 Comparison of Cash, Investments, Net Fixed Assets, Total Assets
- Figure 7.6-4 Total Expenses
- Figure 7.6-5 Fundraising Revenue and Direct Fundraising Expenses
- Figure 7.6-6 Non-DHS Revenue

Beginning in fiscal year 2010 UCP will be required to have a Single Circular A-133. The audit firm has indicated that they already perform most of the testing required for the new audit. At the end of the audit for FY2009, auditors presented suggestions for measures UCP should take to prepare for the new audit format.

The governance process includes monthly reviews of financial statements and ratios (Figure 7.3-2 and 7.3-3) at regular Board and Executive Committee meetings. Additional measure of governance and fiscal accountability are included in the risk management plan with actions to minimize risks. Fiscal and governance accountability results are detailed in Figure 7.6-2.

Figure 7.6-2 Fiscal/Governance Accountability

External Audit/Goal	FY07	FY08	FY09
Audit findings - 0	0	0	0
Fiscal Risk			
Not meeting contract goals - 0	0	0	0
Fiscal mismanagement - 0	0	0	0
Budget shortfall - 0	0	0	0
State budget cuts - 0	0	0	1
Long term program loss - 0	1	0	0
Problem with fundraising event - 0	1	0	0

Life Without Limits for People with Disabilities

Figure 7.6-1 Strategic Plan Results

Strategic Objective/ Goals	FY08 Target	FY08 Results	FY09 Target	FY09 Results	FY10 YTD Results	Long Term Target (FY10)
Objective 1						
Sound financial and operational processes drive our resources including people, time, and money.						
Available hours of service in UCP programs are utilized.	92%	93%	94%	95%	96%	96%
Stable Workforce – Decrease turnover	>60%	47%	>44%	47%	26%	>44%
Employees are satisfied with UCP as an employer	65%	78%	81%	81%	85%	84%
Employees would recommend UCP as a good place to work	63%	74%	77%	82%	89%	85%
Safe working environment – Decrease lost work days	>58 days	24 days	>35 days	17 days	0 days	>15 days
Decrease workmen's compensation rate	>1.3	1.25	>1.3	1.35	NA	>1.25
Revenue exceeds expenses	1.5%	2.7%	1.5%	3.65%	.54%	5%
Objective 2						
We leverage internal and external partnerships to engage in strategic growth that furthers our mission.						
Increase revenue from non grant funding sources	18%	19%	22%	23%	24%	25%
Increase total revenue	3%	11.4%	3% (14% FY08-09)	3.37% (14.77% FY08-09)	NA	17% (total FY08-10)
Objective 3						
Our overriding commitment to the achievement of personal outcomes is reflected in the lives of those we support.						
Individuals receiving services achieve their individual outcomes	85%	88%	90%	89%	93%	92%
Individuals and families are satisfied with services received	92%	94%	95%	95%	95%	96%
Objective 4						
Our communities are enriched when people with disabilities are welcomed and included.						
Individuals/Families feel welcomed and included in the community (baseline survey)	NA	NA	85%	87%	90%	90%

Figure 7.6-3 Comparison of Cash, Investments, Net Fixed Assets, and Total Net Assets

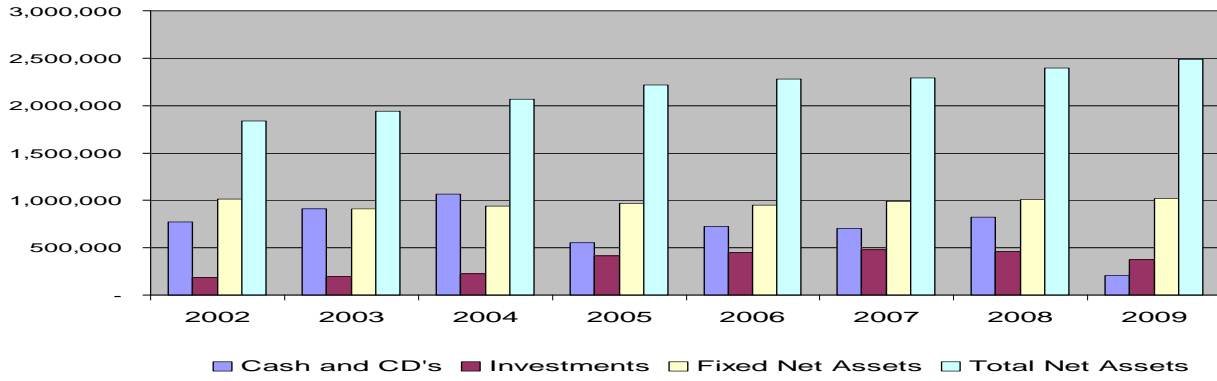


Figure 7.6-4 Total Expenses

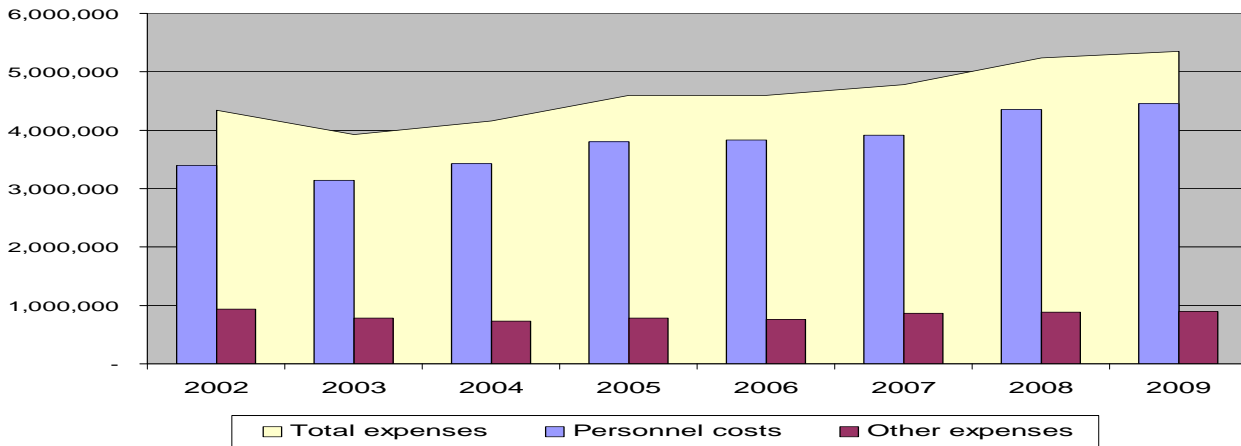


Figure 7.6-5 Total Fundraising Revenue and Direct Fundraising Expense

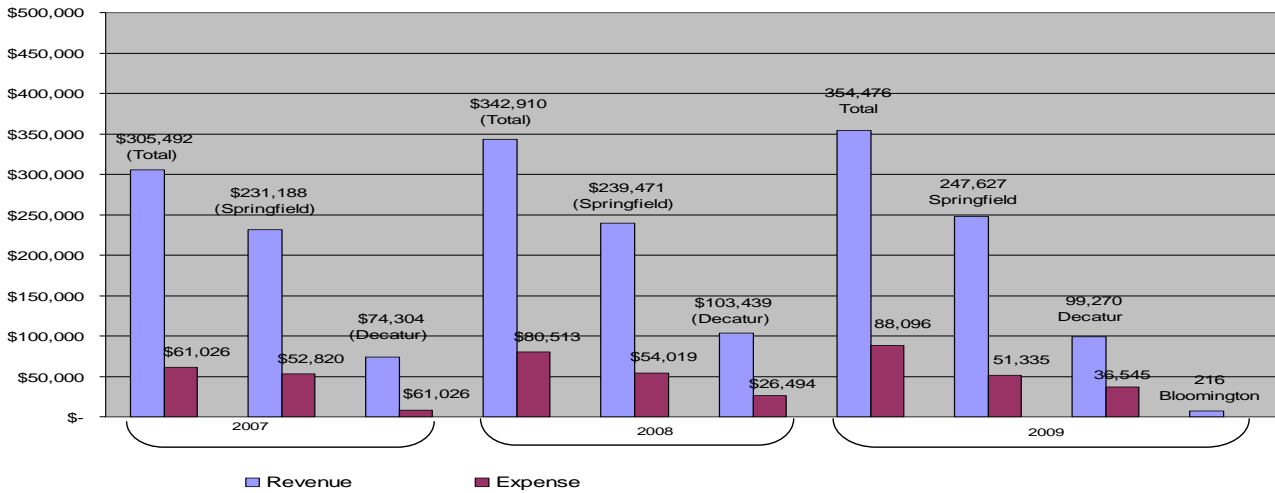
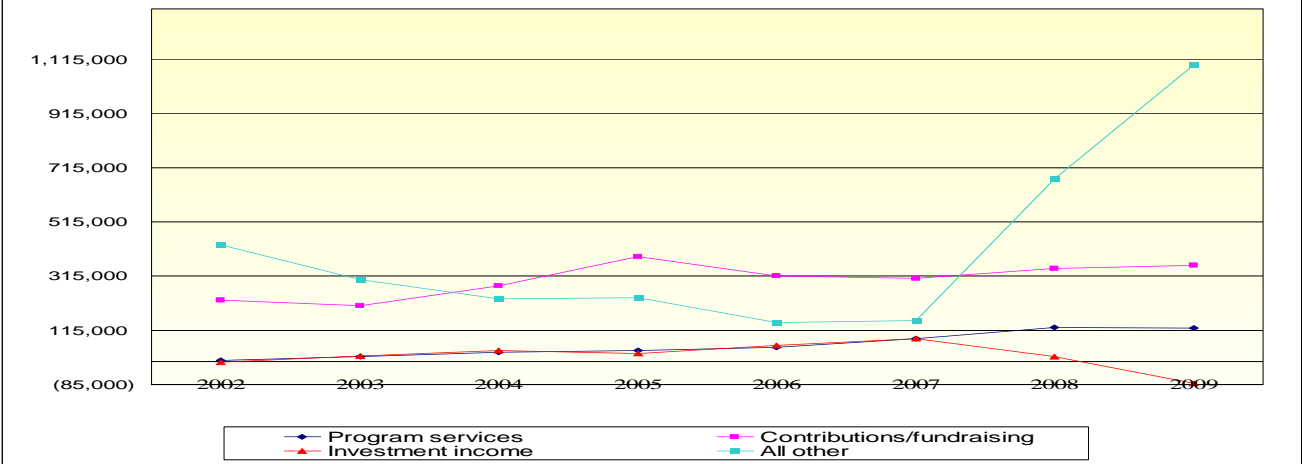


Figure 7.6-6 Non-DHS Revenues



7.6a(3)

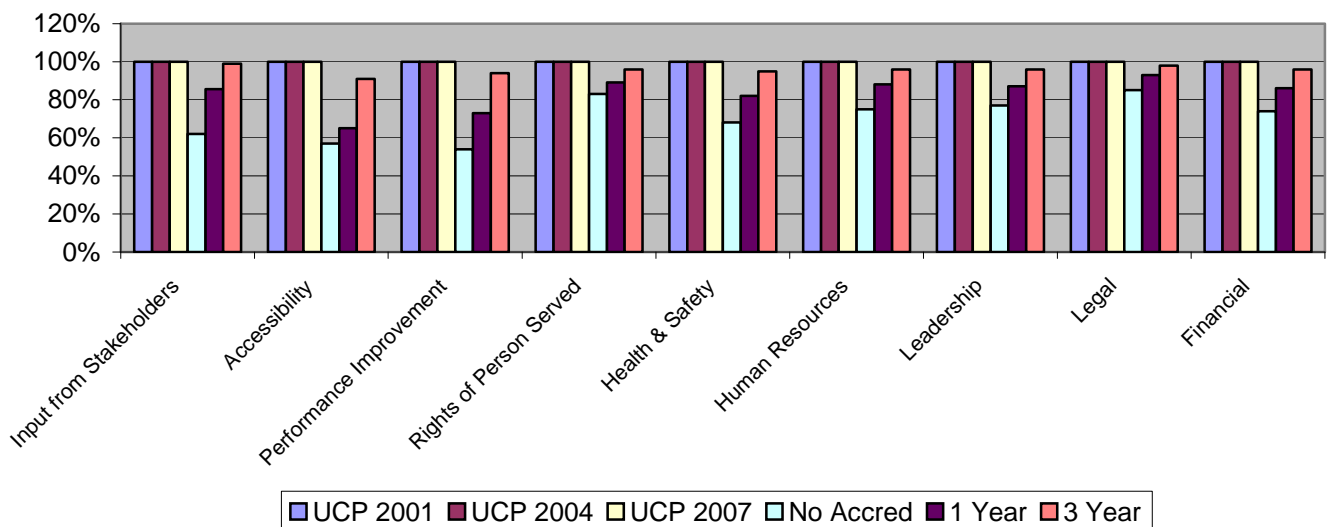
The Illinois Department of Human Services conducts an annual survey of programs funded by the Division of Developmental Disabilities. Results from the past three surveys are included in Figure 7.6-7 with comparisons from Macon Resources.

The Department of Rehabilitation Services does not conduct a compliance survey. Instead, organizations are required to seek accreditation from an independent accreditation body. UCP voluntarily seek accreditation from CARF for all programs offered by the organization. UCP has achieved 100% conformance for the past three surveys. Figure 7.6-8 compares UCP results to organization's receiving no, 1-year, and 3-year accreditations.

Figure 7.6-7 DHS Survey

Program/Goal	FY07	FY08	FY09	Macon Resources
Residential – 100%	NA	87%	93%	91%
Developmental Training – 100%	98%	86%	94%	94%

Figure 7.6-8 CARF Accreditation



7.6a(4)

UCP has had no breaches in ethical behavior by senior leaders or the Board of Directors. Results from the risk management plan are outlined in Figure 7.6-9. In addition, UCP staff assesses organizational values and ethics in the employee survey. Results are found in Figure 7.4-4.

Figure 7.6-9 Legal/Ethical Risk Management

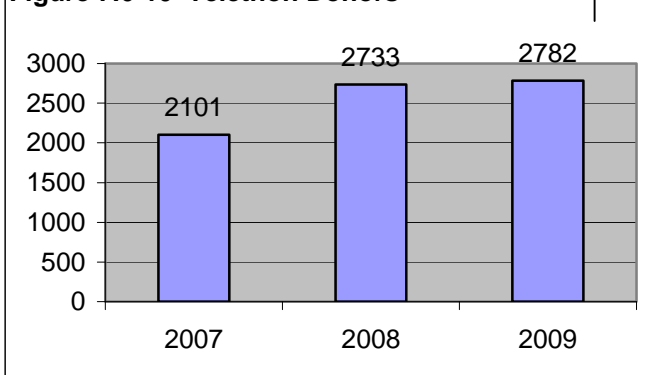
Area of Exposure/Goal	FY07	FY08	FY09	Macon Resources
Litigation - 0	0	0	0	NA
Ethics violation - 0	0	0	0	NA
Substantiated Abuse/neglect - 0	1	0	0	2

7.6a(5)

UCP addresses social responsibility and supports key communities through the provision of services for individuals with disabilities and their families. UCP's mission to provide innovative services that connect people with disabilities to their communities is reflected in results for service outcome (results in 7.1) and community participation (Figure 7.2-5).

UCP produces an annual six-hour Telethon that provides public education regarding disability and services offered by UCP. The event raises funds to provide services that are not funded through state contracts or grants. UCP assesses the impact of public awareness efforts through the number of donors (Figure 7.6-10).

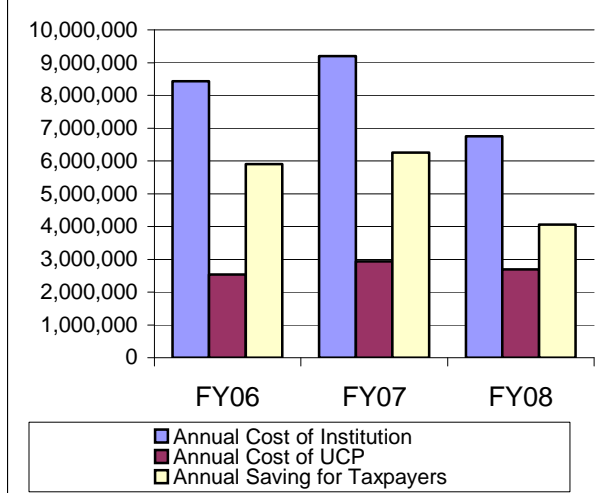
Figure 7.6-10 Telethon Donors



Services provided by UCP offer a significant saving to Illinois taxpayers. The average annual cost of institutionalization ranged from \$165,000 in FY06 to \$127,000 in FY08. UCP contract rates for 24-hour residential supports average \$50,000. UCP services have saved between \$4,000,000 and

\$6,000,000 taxpayer dollars annually over the past three years (Figure 7.6-11).

Figure 7.6-11 Return on Taxpayer Investment



The UCP Business Services division considers the environment in planning and implementing services. White Glove Professionals assures environmental and customer worker safety with 100% of agency purchased cleaning products meeting green standards. UCP works with business customers who supply their own cleaning supplies to purchase green products: 90% of products purchased by the 183rd Air National Guard and 95% of products purchased by Camp Lincoln meet green standards.

Gone For Good (GFG) is a secure document destruction business. In addition to providing employment for individuals with disabilities, GFG addresses social responsibility through the recycling of shredded paper. GFG began operations in October 2009. Figure 7.6-12 shows the pounds of paper recycled since that time.

Figure 7.6-12 Recycled Paper

