



**CARF**  
**Survey Report**  
**for**

**United Cerebral Palsy**  
**Association of**  
**MetroBoston, Inc.**

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**Organization**

United Cerebral Palsy Association of MetroBoston, Inc. (UCP)  
71 Arsenal Street  
Watertown, MA 02472

**Organizational Leadership**

Todd R. Kates, Ph.D., Chief Executive Officer  
Roberta Jaro, Chief Operating Officer

**Survey Dates**

April 27-29, 2009

**Survey Team**

Thomas J. Shaheen, M.Ed., Administrative Surveyor  
Gerald R. Bernard, Ed.D., Program Surveyor

**Programs/Services Surveyed**

Community Services: Community Housing  
Community Services: Community Integration  
Community Services: Supported Living

**Previous Survey**

May 8-10, 2006  
Three-Year Accreditation

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**Survey Outcome**

**Three-Year Accreditation**  
**Expiration: May 2012**

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# SURVEY SUMMARY

**United Cerebral Palsy Association of MetroBoston, Inc. (UCP), has strengths in many areas.**

- UCP's physical settings are well integrated into the Watertown community. The Day Habilitation programs are located in the downtown area making it very easy for consumers to access community resources.
- People receiving services, their families, and referral sources exhibit an exceptionally high level of satisfaction with UCP's services.
- The organization has had great success with supporting people with serious physical challenges to live as independently as possible in their communities.
- UCP supports individuals in obtaining and utilizing state-of-the-art technology to assist with achieving optimal independence.
- The Day Program is commended for having on-site speech, occupational therapy (OT), and physical therapy (PT) specialists who are able to provide ongoing support to the special care needs of the individuals in the program.
- UCP serves individuals with multiple disabilities that are extremely complex in the least restrictive environment.
- Individuals who reside in the group homes and apartments are afforded the opportunity to fully engage and participate in an active life despite having significant limitations.
- Programs and services are provided in the least restrictive environment where supports are integrated to ensure that the complex physical needs are being met. Individuals who otherwise would be in a nursing home or other more restrictive environment are supported in their own apartments.

**In the following areas United Cerebral Palsy Association of MetroBoston demonstrates exemplary conformance to the standards.**

- The organization's leadership, including the organization's managers and CEO, has successfully brought UCP to its status as a very well-respected, highly competent, and stable service provider.
- The organization has been able to retain staff at a very high rate. A very effective staff-written satisfaction survey system is in place. A Connections Committee plans and executes activities to improve communication and appreciation of staff. UCP has a fine record of identifying people who can grow within the organization, and many, including the current CEO, have been promoted through the ranks. A "Pat on the Back" (POTB) system has been established where peers are encouraged to show appreciation for each others' efforts and accomplishments. UCP makes admirable efforts to respond to the diversity of its staff. A map in the reception area shows the different states and countries where the staff members come from. A staff diversity celebration event, where people display the culture of their home country, has been particularly effective. Staff members receive comprehensive ongoing training. Materials developed for site-based training are especially relevant and well crafted. Throughout the organization, people exhibit much pride in their work.

**United Cerebral Palsy Association of MetroBoston received no recommendations from this accreditation survey. Consultation given does not indicate nonconformance to standards but is offered as a suggestion for further quality improvement.**

On balance, UCP is a very skillfully managed organization, and it does extremely well with respect to conformance to the applicable CARF standards. UCP is in the process of relocating its headquarters, a project that, when completed, will further enhance its effectiveness. There are always opportunities for growth and improvement within an organization. UCP demonstrates a willingness and ability to continue its commitment to continuous quality improvement.

United Cerebral Palsy Association of MetroBoston, Inc., has earned a Three-Year Accreditation. The entire organization is sincerely complimented on this significant achievement. The Metro Boston area will, undoubtedly, continue to benefit from this fine organization's services for a long time.

## **SECTION 1. ASPIRE TO EXCELLENCE<sup>®</sup>**

### **A. Leadership**

#### **Principle Statement**

CARF-accredited organizations identify leadership that embraces the values of accountability and responsibility to the individual organization's stated mission. The leadership demonstrates corporate social responsibility.

#### **Key Areas Addressed**

- Leadership structure
- Leadership guidance
- Commitment to diversity
- Corporate responsibility
- Corporate compliance

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#### **Recommendations**

There are no recommendations in this area.

#### **Exemplary Conformance**

##### **A.2.a.**

The organization's leadership, including its managers and CEO, has successfully brought UCP to its status as a very well-respected, highly competent, and stable service provider.

## Consultation

- It is recognized that the governing board is in a period of transition and that efforts are being made to attract new members. As the board rebuilds, UCP is encouraged to use the CARF governance standards as a source of information regardless of any future decision about including this section in the survey. The section includes a wealth of information that UCP may find helpful at this time.
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## C. Strategic Integrated Planning

### Principle Statement

CARF-accredited organizations establish a foundation for success through strategic planning focused on taking advantage of strengths and opportunities and addressing weaknesses and threats.

### Key Areas Addressed

- Strategic planning considers stakeholder expectation and environmental impacts
  - Written strategic plan sets goals
  - Plan is implemented, shared, and kept relevant
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### Recommendations

There are no recommendations in this area.

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## D. Input from Persons Served and Other Stakeholders

### Principle Statement

CARF-accredited organizations continually focus on the expectations of the persons served and other stakeholders. The standards in this subsection direct the organization's focus to soliciting, collecting, analyzing, and using input from all stakeholders to create services that meet or exceed the expectations of the persons served, the community, and other stakeholders.

## **Key Areas Addressed**

- Ongoing collection of information from a variety of sources
  - Analysis and integration into business practices
  - Leadership response to information collected
- 

## **Recommendations**

There are no recommendations in this area.

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## **E. Legal Requirements**

### **Principle Statement**

CARF-accredited organizations comply with all the legal and regulatory requirements of federal, state, provincial, county, and city entities.

### **Key Areas Addressed**

- Compliance with all legal/regulatory requirements
- 

### **Recommendations**

There are no recommendations in this area.

### **Consultation**

- UCP might consider reviewing and possibly updating its bylaws regarding the length of terms for board officers (chairperson, for example) to ascertain if the bylaws reflect the current thinking on what type of term limit structure would most benefit the organization.
- 

## **F. Financial Planning and Management**

### **Principle Statement**

CARF-accredited organizations strive to be financially responsible and solvent, conducting fiscal management in a manner that supports their mission, values, and annual performance objectives. Fiscal practices adhere to established accounting principles and business practices. Fiscal management covers daily operational cost management and incorporates plans for long-term solvency.

## **Key Areas Addressed**

- Budget(s) prepared, shared, and reflective of strategic planning
  - Financial results reported/compared to budgeted performance
  - Organization review
  - Fiscal policies and procedures
  - Review of service billing records and fee structure
  - Financial review/audit
  - Safeguarding funds of persons served
- 

## **Recommendations**

There are no recommendations in this area.

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## **G. Risk Management**

### **Principle Statement**

CARF-accredited organizations engage in a coordinated set of activities designed to control threats to its people, property, income, goodwill, and ability to accomplish goals.

### **Key Areas Addressed**

- Written risk management plan
  - Adequate insurance coverage
- 

### **Recommendations**

There are no recommendations in this area.

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## **H. Health and Safety**

### **Principle Statement**

CARF-accredited organizations maintain healthy, safe, and clean environments that support quality services and minimize risk of harm to persons served, personnel, and other stakeholders.

## **Key Areas Addressed**

- Inspections
  - Emergency procedures
  - Access to emergency first-aid
  - Competency of personnel in safety procedures
  - Reporting/reviewing critical incidents
  - Infection control
- 

## **Recommendations**

There are no recommendations in this area.

## **Consultation**

- First aid equipment and supplies are on hand in ample amounts at day services and administrative sites. It is suggested that the location of the first aid kits in the administration building be clearly marked so as to make finding them easier in an emergency situation.
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# **I. Human Resources**

## **Principle Statement**

CARF-accredited organizations demonstrate that they value their human resources. It should be evident that personnel are involved and engaged in the success of the organization and the persons they serve.

## **Key Areas Addressed**

- Adequate staffing
  - Verification of background/credentials
  - Recruitment/retention efforts
  - Personnel skills/characteristics
  - Annual review of job description/performance
  - Policies regarding students/volunteers, if applicable
- 

## **Recommendations**

There are no recommendations in this area.

## **Exemplary Conformance**

### **I.3.b.**

The organization has been able to retain staff at a very high rate. A very effective staff-written satisfaction survey system is in place. A Connections Committee plans and executes activities to improve communication and appreciation of staff. UCP has a fine record of identifying people who can grow within the organization and many, including the current CEO, have been promoted through the ranks. A POTB system has been established where peers are encouraged to show appreciation for each others' efforts and accomplishments. UCP makes admirable efforts to respond to the diversity of its staff. A map in the reception area shows the different states and countries where the staff members come from. A staff diversity celebration event, where people display the culture of their home country, has been particularly effective. Staff members receive comprehensive ongoing training. Materials developed for site-based training are especially relevant and well crafted. Throughout the organization, people exhibit much pride in their work.

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## **J. Technology**

### **Principle Statement**

CARF-accredited organizations plan for the use of technology to support and advance effective and efficient service and business practices.

### **Key Areas Addressed**

- Written technology and system plan
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### **Recommendations**

There are no recommendations in this area.

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## **K. Rights of Persons Served**

### **Principle Statement**

CARF-accredited organizations protect and promote the rights of the persons served. This commitment guides the delivery of services and ongoing interactions with the persons served.

## **Key Areas Addressed**

- Communication of rights
  - Policies that promote rights
- 

## **Recommendations**

There are no recommendations in this area.

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## **L. Accessibility**

### **Principle Statement**

CARF-accredited organizations promote accessibility and the removal of barriers for the persons served and other stakeholders.

### **Key Areas Addressed**

- Written accessibility plan(s)
  - Status report regarding removal of identified barriers
  - Requests for reasonable accommodations
- 

### **Recommendations**

There are no recommendations in this area.

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## **M. Information Measurement and Management**

### **Principle Statement**

CARF-accredited organizations are committed to continually improving their organizations and service delivery to the persons served. Data are collected, and information is used to manage and improve service delivery.

### **Key Areas Addressed**

- Information collection, use, and management
  - Setting and measuring performance indicators
- 

### **Recommendations**

There are no recommendations in this area.

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## **N. Performance Improvement**

### **Principle Statement**

The dynamic nature of continuous improvement in a CARF-accredited organization sets it apart from other organizations providing similar services. CARF-accredited organizations share and provide the persons served and other interested stakeholders with ongoing information about their actual performance as a business entity and their ability to achieve optimal outcomes for the persons served through their programs and services.

### **Key Areas Addressed**

- Proactive performance improvement
  - Performance information shared with all stakeholders
- 

### **Recommendations**

There are no recommendations in this area.

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## **SECTION 2. QUALITY INDIVIDUALIZED SERVICES AND SUPPORTS**

### **A. Individual-Centered Service Planning, Design, and Delivery**

#### **Principle Statement**

Improvement of the quality of an individual's services requires a focus on the person and/or family served and their identified strengths, abilities, needs, and preferences. The organization's services are designed around the identified needs and desires of the persons served, are responsive to their expectations, and are relevant to their maximum participation in the environments of their choice.

The person served participates in decision making, directing, and planning that affects his or her life. Efforts to include the person served in the direction or delivery of those services are evident. The service environment reflects identified cultural needs, practices, and diversity. The person served is given information about the purposes of the organization.

### **Key Areas Addressed**

- Services are person-centered and individualized
  - Persons are given information about the organization's purposes and ability to address desired outcomes
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### **Recommendations**

There are no recommendations in this area.

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## **B. Records of the Persons Served**

### **Principle Statement**

The organization maintains complete records and treats all information related to persons served as confidential.

### **Key Areas Addressed**

- Complete, confidential records are maintained
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### **Recommendations**

There are no recommendations in this area.

### **Consultation**

- More and more disability agencies are moving toward an electronic records system to provide more effective record-keeping systems. As UCP continues to refine its information technology plan, it is encouraged to incorporate electronic records as part of its plan.
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## **C. Medication Monitoring and Management**

### **Principle Statement**

These standards apply only to programs that are responsible for monitoring and/or managing medications for the persons served.

### **Key Areas Addressed**

- Current, complete records of medications used by persons served
  - Written procedures for storage and safe handling of medications
  - Educational resources and advocacy for persons served in decision making
  - Physician review of medication use
  - Training and education for persons served regarding medications
- 

### **Recommendations**

There are no recommendations in this area.

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## **F. Community Services Principle Standards**

### **Principle Statement**

The standards in this subsection assert basic principles that should be demonstrated by any organization seeking accreditation in the area of community services.

### **Key Areas Addressed**

- Access to community resources and services
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### **Recommendations**

There are no recommendations in this area.

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## **SECTION 4. COMMUNITY SERVICES**

### **Principle Statement**

An organization seeking CARF accreditation in the area of community services assists the persons and/or families served in obtaining access to the resources and services of their choice. The persons and/or families served are included in their communities to the degree they desire. This may be accomplished by direct service provision or linkages to existing generic opportunities and natural supports in the community.

The organization obtains information from the persons and/or families served regarding resources and services they want or require that will meet their identified needs, and offers an array of services it arranges for or provides. The organization provides the persons and/or families served with information so that they may make informed choices and decisions.

The services and supports are changed as necessary to meet the identified needs of the persons and/or families served and other stakeholders. Service designs address identified individual, family, socioeconomic, and cultural needs.

Expected results from these services may include:

- Increased inclusion in community activities.
- Increased or maintained ability to perform activities of daily living.
- Increased self-direction, self-determination, self-reliance, and self-esteem.

## **E. Community Integration**

### **Principle Statement**

Community integration is designed to help persons to optimize their personal, social, and vocational competency to live successfully in the community. Persons served are active partners in determining the activities they desire to participate in. Therefore, the settings can be informal to reduce barriers between staff members and persons served. An activity center, a day program, a clubhouse, and a drop-in center are examples of community integration services. Consumer-run programs are also included.

Community integration provides opportunities for the community participation of the persons served. The organization defines the scope of these services based on the identified needs and desires of the persons served. This may include services for persons who without this option are at risk of receiving services full time in more restrictive environments with intensive levels of supports such as hospitalization or nursing home care. A person may participate in a variety of community life experiences or interactions that may include, but are not limited to:

- Leisure or recreational activities.
- Communication activities.
- Spiritual activities.
- Cultural activities.
- Vocational pursuits.
- Development of work attitudes.
- Employment activities.
- Volunteerism.
- Educational and training activities.
- Development of living skills.
- Health and wellness promotion.

- Orientation, mobility, and destination training.
- Access and utilization of public transportation.
- Interacting with volunteers from the community in program activities.
- Community collaborations and social connections developed by the program (partnerships with community entities such as senior centers, arts councils, etc.)

### **Key Areas Addressed**

- Opportunities for community participation
- 

### **Recommendations**

There are no recommendations in this area.

### **Consultation**

- UCP provides individualized supports at the Marquardt Day Program geared toward improving sensorimotor, physical, and communication skills for its residents. Although UCP has developed a partnership with the Fernald Development Center to provide these services, the physical space to provide these services is somewhat wanting. To that end, it is suggested that UCP continue its efforts to dialogue with the center to obtain additional space to provide the much-needed services. Currently, there is space available on the first floor and the ground floor that is underutilized and could be easily adapted to the Day Habilitation program.
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## **J. Community Housing**

### **Principle Statement**

Community housing addresses the desires, goals, strengths, abilities, needs, health, safety, and life span issues of the persons served, regardless of the home in which they live and/or the scope, duration, and intensity of the services they receive. The residences in which services/supports are provided are typically owned, rented, leased, or operated directly by the organization, or may be owned, rented, or leased by a third party, such as a governmental entity. Providers exercise control over these sites in terms of having direct or indirect responsibility for the physical conditions of the facility.

Community housing is provided in partnership with individuals. These services/supports are designed to assist the persons served to achieve success in and satisfaction with community living. They may be temporary or long-term in nature. The services/supports are focused on home and community integration and engagement in productive activities. Community housing enhances the independence, dignity, personal choice, and privacy of the persons served. For persons in alcohol and other drug programs, these services are focused on providing sober living environments to increase the likelihood of sobriety and abstinence and to decrease the potential for relapse.

Community housing programs may be referred to as group homes, halfway houses, three-quarter way houses, recovery residences, sober housing, domestic violence or homeless shelters, and safe houses. These programs may be located in rural or urban settings and in houses, apartments, townhouses, or other residential settings owned, rented, leased, or operated by the organization. They may include congregate living facilities and clustered homes/apartments in multiple-unit settings. These residences are often physically integrated into the community, and every effort is made to ensure that they approximate other homes in their neighborhoods in terms of size and number of individuals.

Community housing may include either or both of the following:

- Transitional living that provides interim supports and services for persons who are at risk of institutional placement, persons transitioning from institutional settings, or persons who are homeless. Transitional living is typically provided for six to twelve months and can be offered in congregate settings that may be larger than residences typically found in the community.
- Long-term housing that provides stable, supported community living or assists the persons served to obtain and maintain safe, affordable, accessible, and stable housing.

The residences in which community housing services are provided must be identified in the Intent to Survey. These sites will be visited during the survey process and identified in the survey report and accreditation outcome as a site at which the organization provides a community housing program.

### **Key Areas Addressed**

- Safe, secure, private location
- In-home safety needs
- Options to make changes in living arrangements
- Support to persons as they explore alternatives
- Access as desired to community activities
- System for on-call availability of personnel

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### **Recommendations**

There are no recommendations in this area.

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## **K. Supported Living**

### **Principle Statement**

Supported living addresses the desires, goals, strengths, abilities, needs, health, safety, and life span issues of persons usually living in their own homes (apartments, townhouses, or other residential settings). Supported living services are generally long-term in nature but may change in scope, duration, intensity, or location as the needs and preferences of individuals change over time.

Supported living refers to the support services provided to the person served, not the residence in which these services are provided. A sampling of persons served in these sites will be visited as part of the interview process. Although the residence will generally be owned, rented, or leased by the person who lives there, the organization may occasionally rent or lease an apartment when the person served is unable to do so. Typically, in this situation the organization would co-sign or in other ways guarantee the lease or rental agreement; however, the person served would be identified as the tenant.

Supported living programs may be referred to as supported living services, independent living, supportive living, semi-independent living, and apartment living; and services may include home health aide and personal care attendant services. Typically there would not be more than two or three persons served living in a residence, no house rules or structure would be applied to the living situation by the organization, and persons served can come and go as they please. Service planning often identifies the number of hours and types of support services provided.

The home or individual apartment of the person served, even when the organization holds the lease or rental agreement on behalf of the person served, is not included in the Intent to Survey or identified as a site on the accreditation outcome.

### **Key Areas Addressed**

- Safe, affordable, accessible housing chosen by the individual
- In-home safety needs
- Support personnel available based on needs
- Supports available based on needs and desires
- Persons have opportunities to access community activities

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### **Recommendations**

There are no recommendations in this area.

## Consultation

- UCP has been successful in placing a number individuals with complex medical and physical needs in a variety of apartments. As the organization continues to expand these services, it is encouraged to market these skills to other funders and providers that are having challenges supporting individuals with similar needs. This may include looking within the state and as well as out of state.
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# PROGRAMS/SERVICES BY LOCATION

## **United Cerebral Palsy Association of MetroBoston, Inc.**

71 Arsenal Street  
Watertown, MA 02472

Community Services: Supported Living

### **Day Habilitation**

164R Main Street  
Watertown, MA 02472

Community Services: Community Integration

### **Community Experience**

122 Main Street  
Watertown, MA 02472

Community Services: Community Integration

### **Green Street**

40 Green Street  
Jamaica Plain, MA 02130

Community Services: Community Housing

### **Greenwich Street**

55 Greenwich Street  
Dorchester, MA 02122

Community Services: Community Housing

### **Staffed Apartment Program**

57 Greenwich Street, Apartments 2, 5, and 6  
Dorchester, MA 02122

Community Services: Community Housing

### **Standish Village**

1190 Adams Street  
Dorchester, MA 02124

Community Services: Community Housing

### **Marquardt**

200 Trapelo Road  
Waltham, MA 02452

Community Services: Community Integration

## Addendum for reporting Massachusetts Department of Mental Retardation (DMR) outcomes and indicators

CARF supplies this checklist as part of this organization's survey process to meet Massachusetts DMR requirements. The composite ratings for each identified outcome in the tables below are based on survey observations and ratings of related CARF standards. Individual indicators (identified by bullets) have been rated either Yes (present) or No (not present) and factored into outcome scores for each individual and then weighted to generate composite and summary ratings for the residential/work services being provided.

Outcomes (with indicators listed)	Composite rating - residential	Composite rating - work
People are understood <ul style="list-style-type: none"> <li>• Supporters understand what people are expressing</li> <li>• Supporters use people's primary means of communication</li> <li>• Supporters assist people to communicate with and be understood by others</li> </ul>	3	3
People make choices in their everyday lives <ul style="list-style-type: none"> <li>• People make choices about their routines and schedules</li> <li>• People make choices about the work and household tasks for which they are responsible</li> <li>• People spend their leisure time in personally satisfying ways</li> </ul>	3	Indicator #3 unrated for work 3
People are the primary decision makers in their lives <ul style="list-style-type: none"> <li>• People develop their personal goals</li> <li>• People influence decisions about individuals who provide their support</li> <li>• People control important decisions about their home and home life</li> <li>• People choose where they work, or if they choose not to work, people have other options that are meaningful to them</li> </ul>	Indicator #4 unrated for residential 3	Indicator #3 unrated for work 3
Summary: The outcomes above are included within the Quality of Life Area: Individual Control	3	3

Outcomes (with indicators listed)	Composite rating - residential	Composite rating - work
<p>People are integrated into their community</p> <ul style="list-style-type: none"> <li>• People live and work in communities with resources they want and need</li> <li>• People use the same resources as others on a frequent and ongoing basis</li> </ul>	3	3
<p>People are connected with their community</p> <ul style="list-style-type: none"> <li>• People are supported to explore their personal interests and options for community involvement</li> <li>• People are involved in activities that connect them to other people in the community</li> </ul>	3	Not rated for work 3
<p>People have relationships</p> <ul style="list-style-type: none"> <li>• People are supported to maintain and enhance relationships with family, friends, and coworkers</li> <li>• People are supported to develop new friendships</li> <li>• People are supported to explore, define, and express their need for intimacy</li> </ul>	3	3
<p>Summary: The outcomes above are included within the Quality of Life Area: Community and Social Connections</p>	3	3

Outcomes (with indicators listed)	Composite rating - residential	Composite rating - work
<p>People accomplish their goals</p> <ul style="list-style-type: none"> <li>• People's goals are the basis for actions and supports</li> <li>• There is a match between what people are doing now and what they want to do in the future</li> <li>• People have access to needed resources in order to accomplish their goals</li> <li>• There are supports to get a job that people like</li> <li>• There are supports to succeed in the job</li> <li>• People are supported to advance in their job</li> </ul>	<p>Indicators #4, 5, and 6 not rated for residential</p> <p>3</p>	3

People have autonomy <ul style="list-style-type: none"> <li>• People complete day-to-day activities, tasks, and chores as independently as possible</li> <li>• People have access within their home and workplace</li> </ul>	3	3
People grow through their life experiences <ul style="list-style-type: none"> <li>• Supporters are sensitive and attuned to both small and large events in people’s lives</li> <li>• People are encouraged to understand experiences in their lives</li> <li>• People are supported to grow from events in their lives that affect them</li> </ul>	3	3
Summary: The outcomes listed above are included within Quality of Life Area: Personal Growth and Accomplishments	3	3

This final area of rating relates to organizational outcomes as identified in the following DMR rating scale: E (exceeds), A (achieved), P (partially achieved), N (not achieved).

Organizational outcomes (with indicators listed)	Composite rating
Staff has the skills and knowledge to support the quality of life of individuals <ul style="list-style-type: none"> <li>• The agency recruits and maintains a competent workforce</li> <li>• The agency has ways to support staff knowledge, effectiveness, and creativity</li> </ul>	E
The organization supports growth and change to continually improve its services to individuals <ul style="list-style-type: none"> <li>• The organization has processes to evaluate the quality of its supports</li> <li>• The organization improves services as a result of these analyses</li> </ul>	E