

Continuous Improvement Framework

A resource of the Victorian Service Coordination Practice Manual



A STATEWIDE PRIMARY CARE PARTNERSHIPS INITIATIVE

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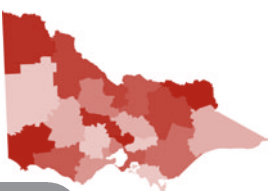
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1. Introduction

1.1 Service Coordination Implementation Tool

The Service Coordination *Continuous Improvement Framework* is a tool which can be used to assist agencies in Victoria implementing Service Coordination.

The *Service Coordination Continuous Improvement Framework* has been designed to:

- Support agencies to monitor and continuously improve their Service Coordination implementation and practice.
- Enable an agreed process for Primary Care Partnership (PCP) member agencies to monitor Service Coordination implementation for reporting and planning purposes.
- Assist new program areas to assess their Service Coordination readiness and identify infrastructure and practice changes that are required.
- Provide a mechanism for PCP Service Coordination groups to assess and improve compliance with Service Coordination practice standards if the need arises.

Use of the *Service Coordination Continuous Improvement Framework* is optional. However, it is envisaged that use of the Framework will complement quality and accreditation processes of each agency.

The *Service Coordination Continuous Improvement Framework* is based on:

- The continuous improvement cycle: Plan-Do-Study-Act (PDSA).
- The knowledge that agencies already have quality assurance systems in place and the Service Coordination Continuous Improvement Framework may complement but not replicate these.
- The assumption that all agencies will regularly undertake a self-assessment of their performance using the good practice indicators set out in the Victorian Service Coordination Practice Standards, which are contained in the Victorian Service Coordination Practice Manual. A copy of the Manual can be found at www.health.vic.gov.au/pcps/publications.
- Recognition that Service Coordination Continuous Improvement Criteria may change as the Service Coordination system evolves and develops.

At the time of writing, this Continuous Improvement Framework has not been cross-referenced to the range of Quality Frameworks currently in use by agencies (eg: EQUIP, QICSA, OSI, HACC National Service Standards) however this may occur in future. Alternatively, the information contained in this document may be integrated into those Quality Frameworks in the future.

1.2 How was the Continuous Improvement Framework developed?

The Continuous Improvement Framework was developed as part of the Statewide Service Coordination Practice Manual Project undertaken in 2006. The project was initiated by the Statewide Primary Care Partnership Chairs Working Group with funding from the Department of Human Services Primary Health Branch.

1.3 Terminology

Service Coordination embraces a range of DHS program areas and practitioners including Nurses, Allied Health Professionals, Case Managers, Counsellors, Welfare Workers, Community Care Workers, Front of House Staff etc. In addition, General Practitioners and Divisions of General Practice play an important part in Service Coordination and are partners within PCPs.

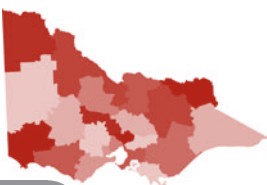
The terminology used by the various program areas and practitioners differs significantly, for example the terms consumer, client and patient can be used to describe an individual receiving care concurrently from a General Practitioner, Alcohol and Drug Counsellor, Social Worker, Podiatrist and Community Care Worker. For the purpose of this Framework when the following terms are used, they should be interpreted as encompassing the related terms.

Agency	Community service organisation, service provider, non government organisation, local government, primary care agency, member agencies of PCPs.
Consumer	Patient, Client, Carer, Family.
General Practitioner	General Practitioner (GP), Doctor.
Practitioner	Health Professional, Nurse, Allied Health Professional, Case Manager, Carer Support Coordinator, Counsellor, Welfare Worker, Community Care Worker, and Service Provider etc.

1.4 Acronyms

The following acronyms are used in this Framework

DHS	Department of Human Services
GP	General Practitioner
INI	Initial Needs Identification
PCP	Primary Care Partnership
SCTT	Service Coordination Tool Templates



2. How to use the Service Coordination Continuous Improvement Framework

2.1 Components of the Continuous Improvement Framework

The Victorian Service Coordination Continuous Improvement Framework is comprised of:

- A set of Coordination Continuous Improvement Criteria, based on the Department of Human Services *Better Access to Services: A Policy and Operational Framework* and the Service Coordination Practice Standards outlined in the Victorian Service Coordination Practice Manual.
- A list of sample evidence which can be used to show to what extent each of the criterion have been met.

2.2 Performance Rating Scale

The suggested scale for rating performance in relation to each of the Criteria is:

Met	Partially Met	Not Met
Clear evidence that performance meets or exceeds the standard.	Clear evidence that performance meets some but not all of the standard.	Clear evidence that performance does not meet the standard.

Agencies and PCPs are welcome to use other rating scales to assess and measure their performance against each of the Criteria.

2.3 Agency Process

Agencies are encouraged to use the following process to self assess current performance and identify areas for improvement. It is recommended that agencies undertake this process regularly.

Step 1.	Review the Continuous Improvement Criteria and systematically consider your agency's performance in relation to each criterion.
Step 2.	Rate your current performance according to the rating scale provided: met, partially met, and not met. You may choose to do this with your team.
Step 3.	If your agency partially meets or does not meet the Continuous Improvement Criterion, determine the action required. Again your team may have ideas about how you can improve your performance.
Step 4.	Develop a Plan to make the changes required.
Step 5.	Reassess your performance annually.

2.4 PCP Process

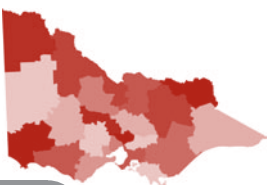
PCPs are able to monitor the level to which Service Coordination has been implemented in accordance with this *Continuous Improvement Framework* by using the format below.

PCP member agencies may wish to monitor all Criteria and all evidence, or they may wish to target specific Criteria and evidence each year.

Agreement as to which aspects of Service Coordination should be monitored across a PCP catchment for continual improvement purposes, should be made by member agencies.

Example

Criterion	Met	Partially met	Not met
Criterion four: There is substantial evidence that the Initial Needs Identification (INI) process has occurred with consumers according to the Victorian Service Coordination Practice Standards.			
Evidence			
The agency conducts INI within no more than 7 working days of Initial Contact.	10 agencies	2 agencies	0



3. Service Coordination Continuous Improvement Framework

3.1 The Continuous Improvement Framework

The following criteria have been developed to promote a consistent standard of Service Coordination practice across Victoria, and enable PCPs, agencies and practitioners implementing Service Coordination to assess and continually improve their performance.

By measuring performance against the criteria agencies can judge the quality of their Service Coordination implementation, at three levels: a systems level, an agency level and at practice level. This can occur through agency self-audits, audits of a sample of files by an independent person, cross referencing and links with agency quality assurance systems, and discussion and review at team meetings.

There are eight criteria:

- **Criterion one** relates to implementation of Service Coordination at a systems level, that is, across PCP member agencies.
- **Criterion two** relates to Service Coordination at an agency level, that is, across multiple programs within an agency.
- **Criterion three through to eight** relate to Service Coordination at a practice level, that is, implementation of Victorian Service Coordination Practice Standards. If your agency does not implement particular elements of Service Coordination, then you would not complete the relevant checklist.

Each individual criterion has an associated set of evidence to show to what extent the criteria was met.

In applying this continual improvement framework, agencies should ask the questions:

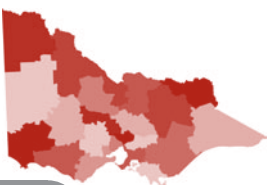
- How can our agency demonstrate that this occurred?
- What evidence is there to support this?
- How can we improve in this area?
- What action can we take to improve?

3.2 The Service Coordination Continuous Improvement Criteria

Systems level	
Criterion one:	There is substantial evidence of functional integration of Service Coordination across PCP member agencies.
Agency level	
Criterion two:	There is substantial evidence that Service Coordination has been integrated and accepted in all relevant program areas within an individual agency and embedded into usual agency practice.
Practice level	
Criterion three:	There is substantial evidence that the Initial Contact process has occurred with consumers according to the Victorian Service Coordination Practice Standards.
Criterion four:	There is substantial evidence that the INI process has occurred with consumers according to the Victorian Service Coordination Practice Standards.
Criterion five:	There is substantial evidence that the assessment process has occurred with consumers according to the Victorian Service Coordination Practice Standards and DHS program area guidelines and requirements.
Criterion six:	There is substantial evidence that service specific care plans, intra-agency care plans and/or inter-agency care planning has occurred according to the Victorian Service Coordination Practice Standards.
Criterion seven:	There is substantial evidence that the referral process has occurred according to the Victorian Service Coordination Practice Standards, and with consumer consent.
Criterion eight:	There is substantial evidence of compliance with privacy and consent requirements.

Terminology: What is substantial evidence?

The word *substantial* should be taken as the normal meaning of the word, that is, considerable, large, sizeable, extensive.



3.3 Service Coordination Systems Criterion

CRITERION ONE: There is substantial evidence of functional integration of service Coordination across PCP member agencies.

What this means – Functional integration means agencies and services continue to operate as independent entities but agree to undertake particular functions (for example: Initial Contact, INI) in a common, integrated manner. Under functional integration, agencies continue to operate within their existing organisational and structural arrangements and simultaneously work within the virtual organisation of a Primary Care Partnership.

PCP member agencies have a key role in supporting and monitoring functional integration.

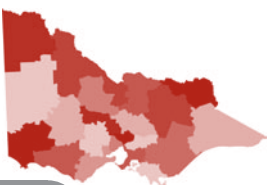
Criterion one: There is substantial evidence of functional integration of Service Coordination across PCP member agencies.		Met	Partially met	Not met
Look for the points of evidence listed below.				
1.1	PCP member agencies have a documented Service Coordination Policy, which reflects the requirements of the Victorian Service Coordination Practice Manual.		✓	
1.2	PCP member agencies participate in a PCP wide regular review of Service Coordination implementation.			
1.3	The outcomes of the PCP wide regular review of Service Coordination implementation are used to inform PCP Service Coordination priorities.			
1.4	There are structures in place, such as PCP Service Coordination Committees, to continually discuss and improve Service Coordination implementation at a strategic level.			
1.5	There are structures in place, such as PCP Service Coordination practitioner working groups, to continually discuss and improve Service Coordination implementation at an operational level.			
1.6	There are agreed benchmarks by agencies as to a target level of electronic referral.			
1.7	There are procedures and systems in place to facilitate access to Initial Contact, INI, Assessment, Care Planning, Referral and Service Delivery within and between agencies.			

3.4 Service Coordination Agency Criterion

CRITERION TWO: There is substantial evidence that Service Coordination has been integrated and accepted in all relevant program areas within an individual agency, and is embedded into usual agency practice.

What this means – Individual agencies are implementing Service Coordination in as many program areas as possible and Service Coordination is accepted as the usual way of doing business.

Criterion two: There is substantial evidence that the Service Coordination framework and practices have been integrated and accepted throughout all relevant program areas within an individual agency.		Met	Partially met	Not met
Look for the points of evidence listed below.				
2.1	Access and intake structures facilitate streamlined and integrated access to information and services.			✓
2.2	The agency has integrated Service Coordination roles, responsibilities and requirements into Position Descriptions.			
2.3	The agency has integrated Service Coordination roles, responsibilities and requirements into Performance Appraisal Systems.			
2.4	The agency Training Plan includes professional development and training activities related to Service Coordination.			
2.5	The agency has integrated Service Coordination roles, responsibilities and requirements into meeting agendas.			
2.6	The agency has made available to workers documented procedures/work instructions covering: <ul style="list-style-type: none"> • Initial Contact. • Initial Needs Identification. • Assessment. • Care Planning. • Referral. 			
2.7	The agency promotes the use of the Human Services Directory and/or other relevant service directories.			
2.8	The agency provides training for practitioners to complete the Service Coordination Tool Templates (SCTT) in accordance with the DHS <i>Service Coordination Tool Templates 2006 user guide</i> and <i>Service Coordination Tool Templates 2006 reference guide</i> .			
2.9	The agency promotes and has established targets for the use of electronic referral.			
2.10	Service Coordination data is regularly analysed and used by the agency in planning processes.			
2.11	The agency has integrated Service Coordination performance into consumer feedback systems, such as: <ul style="list-style-type: none"> • Consumer Satisfaction surveys. • Complaints procedures. 			
2.12	The agency has integrated Service Coordination requirements into its policies and plans.			
2.13	The agency maintains up-to-date information about its services, eligibility criteria, priority of access requirements and waiting times in service directories such as the Human Services Directory.			



3.5 Service Coordination Implementation Criteria

CRITERION THREE: There is substantial evidence that the Initial Contact process has occurred with consumers according to the Victorian Service Coordination Practice Standards.

What this means – Initial Contact is the point at which a person makes his or her first contact with the service system and will most commonly include:

- The provision of service information e.g. services available, eligibility criteria and intake processes.
- The provision of other information such as health promotion literature.
- Direct access to services via an INI.

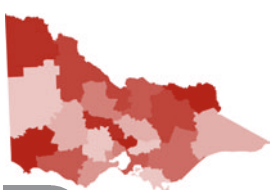
Criterion three: There is substantial evidence that the Initial Contact process has occurred with consumers according to the Victorian Service Coordination Practice Standards.		Met	Partially met	Not met
Look for the points of evidence listed below.				
3.1	Consumers have been provided with information about services provided by the agency, such as verbal information and/or written information within 1 working day of making contact.	✓		
3.2	Consumers have been provided with information about specific services provided by the agency in response to their inquiry, such as when and where the service is provided, any eligibility or access criteria, and how to get an appointment.			
3.3	Information about other external services has been provided in response to their inquiry, for example through the use of the Human Services Directory and/or other relevant service directories.			
3.4	Consumers have been asked if there was any other information or assistance they required.			
3.5	Where English is not the language of choice for consumers, or they have special communication requirements, information has been provided in an appropriate language or format, or an interpreter has been used.			
3.6	The Initial Contact process has resulted in decisions as to proceeding to INI or referral.			
3.7	Where appropriate SCTT documentation requirements have been met and basic information recorded with consumer consent.			
3.8	Where appropriate consumers have been provided with privacy information, such as a brochure.			
3.9	Where appropriate action arising from the Initial Contact process has occurred and been documented.			
3.10	Should consumers be experiencing a crisis or emergency, appropriate action has been taken to resolve the immediate issues.			
3.11	Practitioners undertaking Initial Contact have attended Service Coordination training, completed the self paced training module <i>Service Coordination What? Why? How?</i> or relevant agency training.			
3.12	Practitioners undertaking Initial Contact have been assessed by the agency as competent with the ability to communicate effectively about services internal and external to the agency.			

CRITERION FOUR: There is substantial evidence that the Initial Needs Identification process has occurred with consumers according to the Victorian Service Coordination Practice Standards.

What this means –Initial Needs Identification is an initial screening process where the underlying issues as well as presenting issues are uncovered to the extent possible. It is not a diagnostic process but is a determination of the consumer’s risk, eligibility and priority for service and a balancing of the service capacity and the consumer’s needs. The practitioner undertaking INI looks beyond the presenting issues to what underlying issues may exist.

Initial Needs Identification allows for the consumer’s health and wellbeing needs and health promotion opportunities to be broadly identified, early in their contact with the service system. Consumers can be subsequently informed about the range of service options available to meet their needs and consideration can be given to the wider range of service supports and resources.

Criterion four: There is substantial evidence that the Initial Needs Identification process has occurred with consumers according to the Victorian Service Coordination Practice Standards.		Met	Partially met	Not met
Look for the points of evidence listed below.				
4.1	The INI process has been explained to consumers. This includes the reason for the process and what will be covered.		✓	
4.2	The agency conducts INI within no more than 7 working days of Initial Contact.			
4.3	Consumers have been provided with the opportunity to partake in a broad based discussion regarding their health and wellbeing.			
4.4	The practitioner is satisfied that the screening process has maximised the opportunity for the issues and needs of consumers to be identified.			
4.5	Where consumers have indicated that they do not wish to participate in a broad based discussion regarding their health and wellbeing, or the practitioner has not been able to discuss particular issues, this is documented.			
4.6	The screening process has resulted in decisions as to further referrals and assessments required.			
4.7	The screening process has resulted in opportunities for health promotion, early intervention or illness prevention.			
4.8	SCTT templates have been used in accordance with agency policy, the <i>Service Coordination Tool Templates 2006 user guide</i> and the <i>Service Coordination Tool Templates 2006 reference guide</i> .			
4.9	Where appropriate, action arising from the INI process has occurred and been documented.			
4.10	Consent has been gained for referrals arising from the INI process.			
4.11	Practitioners undertaking INI have attended Service Coordination training, completed the self paced training module <i>Service Coordination What? Why? How?</i> or agency specific training.			
4.12	Practitioners undertaking INI have been assessed by the agency as competent skilled health practitioners with advanced interviewing skills.			



CRITERION FIVE: There is substantial evidence that the assessment process has occurred with consumers according to the Victorian Service Coordination Practice Standards and the specific requirements of DHS program areas.

What this means – Assessment is a decision-making methodology that collects, weighs and interprets relevant information about the consumer. Assessment is not an end in itself but part of a process of delivering care and treatment. It is an investigative process using professional and interpersonal skills to uncover relevant issues and to develop a care plan.

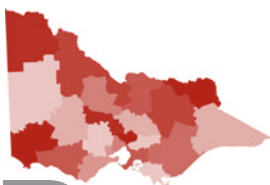
Assessment is a process by which a skilled practitioner investigates in detail the specific needs of a consumer. A consumer may require more than one assessment as specific disciplines collect and interpret particular information to inform the recommended treatment or care plan for the consumer.

Criterion five: There is substantial evidence that the assessment process has occurred with consumers according to the Victorian Service Coordination Practice Standards and, where relevant, the specific requirements of DHS program areas.		Met	Partially met	Not met
Look for the points of evidence listed below.				
5.1	The INI process links to service specific, specialist or comprehensive assessment.		✓	
5.2	Assessment is recognised by the agency as a highly skilled function and practitioners are competent and supported to undertake the assessment role.			
5.3	Assessment activity is integrated and the potential for duplication of assessment has been reduced through the sharing of consumer information (with consumer consent).			
5.4	Where a waiting period between the referral and assessment occurs, the health and wellbeing of consumers has been monitored as appropriate according to risk.			
5.5	The practitioner is satisfied that the assessment process has occurred in accordance with the current accepted practice standards for the particular discipline or program area.			
5.6	The outcomes of the assessment have been clearly documented and support the care plan.			
5.7	The need for re-assessment has been considered and if appropriate, review dates noted.			
5.8	Consumers have been given the opportunity to discuss the findings of the assessment with the assessing practitioner.			
5.9	Consumers have been given the opportunity to discuss treatment options and their care plan with the assessing practitioner.			
5.10	Consumers have been given information about complaints and grievance processes.			

CRITERION SIX: There is substantial evidence that service specific care plans, intra-agency care plans and/or inter-agency care planning has occurred according to the Victorian Service Coordination Practice Standards.

What this means – Care Planning is a process of deliberation that incorporates a range of existing activities such as care coordination, case management, referral, feedback, review, re-assessment, monitoring and exiting. Care planning involves the judgement/determination of relative need as well as competing needs, and assists consumers to come to decisions that are appropriate to their needs, wishes, values and circumstances. Care Planning also provides a means of synthesising assessment information and agreed strategies and is particularly important in facilitating appropriate care for consumers with multiple or complex needs.

Criterion six: There is substantial evidence that service specific care plans, intra-agency care plans and/or inter-agency care planning has occurred according to the Victorian Service Coordination Practice Standards.		Met	Partially met	Not met
Look for the points of evidence listed below.				
6.1	Care planning has occurred following assessment according to agency and program requirements.		✓	
6.2	Consumers have been engaged in the development of a service specific care plan.			
6.3	The Service Coordination Plan has been based on all available information and takes into account the expressed wishes of the consumer.			
6.4	The nominated key worker has been agreed to, and their contact details are listed on the Service Coordination Plan, in accordance with agreed policy and procedures.			
6.5	Consumers are supported to self-manage their care as appropriate.			
6.6	Clear goals and review dates have been documented in the Service Coordination Plan.			
6.7	Generally speaking, care plan reviews have occurred in accordance with, or close to the specified review dates.			
6.8	Service Coordination Plans have been documented for consumers with complex or multiple needs, receiving services from more than one agency. The Service Coordination Plan provides an overarching summary care plan and links the service specific care plan and intra-agency care plan.			
6.9	Consumers' GPs are involved in care planning through Team Care Arrangements (TCA) or the development of Management Plans (when appropriate).			
6.10	All relevant agencies involved in the provision of care for a consumer with complex or multiple needs and the consumer's GP have a copy of the agreed Service Coordination Plan.			
6.11	Consumers have been provided with a copy of their Service Coordination Plan.			
6.12	Individual practitioners have provided feedback to the Key Worker in relation to the progress and outcome of the care.			
6.13	Following implementation of the Service Coordination Plan, consumer exit/discharge processes have been recorded including the reason for exit/discharge.			
6.14	Consumers are clear about processes for re-entry should such be required.			
6.15	Regular meetings are held to support and monitor implementation of the Service Coordination Plan.			



CRITERION SEVEN: There is substantial evidence that the referral process has occurred according to Victorian Service Coordination Practice Standards and with consumer consent.

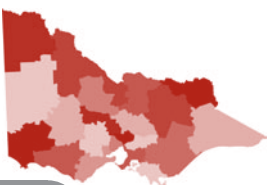
What this means – Referral describes the transmission of personal and/or health information relating to an individual from one agency to another agency with the individual’s consent and for the purpose of further assessment, care or treatment.

Criterion seven: There is substantial evidence that the Referral process has occurred with consumers according to the Victorian Service Coordination Practice Standards and with consumer consent.		Met	Partially met	Not met
Look for the points of evidence listed below.				
7.1	The Referral process has occurred within the specified time frame following INI, Assessment or Care Plan review.	✓		
7.2	Consumer consent to disclose personal information for referral purposes has been documented.			
7.3	Consumers are provided with a copy of referral and consent documentation if requested.			
7.4	SCTT requirements as specified in the <i>Service Coordination Tool Templates 2006 user guide</i> and the <i>Service Coordination Tool Templates 2006 reference guide</i> have been met.			
7.5	The agency sends referrals (prioritised as ‘urgent’) within no more than 1 working day of obtaining consumer consent.			
7.6	The agency sends referrals (prioritised as ‘low’ or ‘routine’) within no more than 7 working days of obtaining consent.			
7.7	Where appropriate the Confidential Referral Cover Sheet has been used and fully completed.			
7.8	The receiving agency will respond to ‘urgent referrals’ within no more than 2 working days or receipt.			
7.9	The receiving agency will respond to ‘low’ or ‘routine’ referrals within no more than 7 working days of receipt.			
7.10	The receiving agency transmits a Referral Acknowledgement (to the agency which initiated the referral) within 7 working days of receiving the referral.			
7.11	The receiving agency completes and transmits the Referral Outcome information (to the agency which initiated the referral and the consumer’s GP) within no more than 14 working days of the consumer being assessed.			
7.12	Where there was a waiting period between referral and service access, alternative options and choices have been discussed with consumers.			
7.13	Where there is a waiting period between the referral and subsequent action, the health and wellbeing of consumers have been monitored.			

CRITERION EIGHT: There is substantial evidence of compliance with privacy and consent requirements.

What this means – Privacy legislation requires the protection of an individual’s personal information and their right to how the information is used or disclosed (shared) with others. Due to the transfer of consumers’ information as part of referral practice, it is necessary to obtain the consent of consumers prior to disclosure of information for any secondary purpose. The primary purpose is the purpose for which the information was originally provided, and the secondary purpose is any additional reason, such as suggestions by the practitioner about referral to services additional to that originally requested by consumers.

Criterion eight: There is substantial evidence of compliance with privacy and consent requirements.		Met	Partially met	Not met
Look for the points of evidence listed below.				
8.1	Consumers have been provided with a copy of the agency privacy brochure, such as <i>Your Information – It’s Private</i> .			✓
8.2	The consent form has been completed for all referrals requiring the disclosure of personal information.			
8.3	Completion of the consent form includes practitioner acknowledgment that consumer consent has been given in an informed manner.			
8.4	Where consent has not been given, this is clearly documented along with any action arising and confirmation that consumers are aware of any implications as a result of not providing consent.			
8.5	Agency policies and procedures have documented the requirements for situations in which consumer consent may be overruled or provided by another person.			
8.6	Agency information management systems, policies and procedures comply with privacy requirements in relation to the collection, use, disclosure, storage and disposal of consumer personal information.			
8.7	There is information available for consumers who feel that a breach of their privacy may have occurred.			



4. Where to learn about Service Coordination

In addition to this resource, there are a number of other resources that can assist you to learn about Service Coordination (see chart below). Copies of these resources can be found at www.health.vic.gov.au/pcps/coordination.

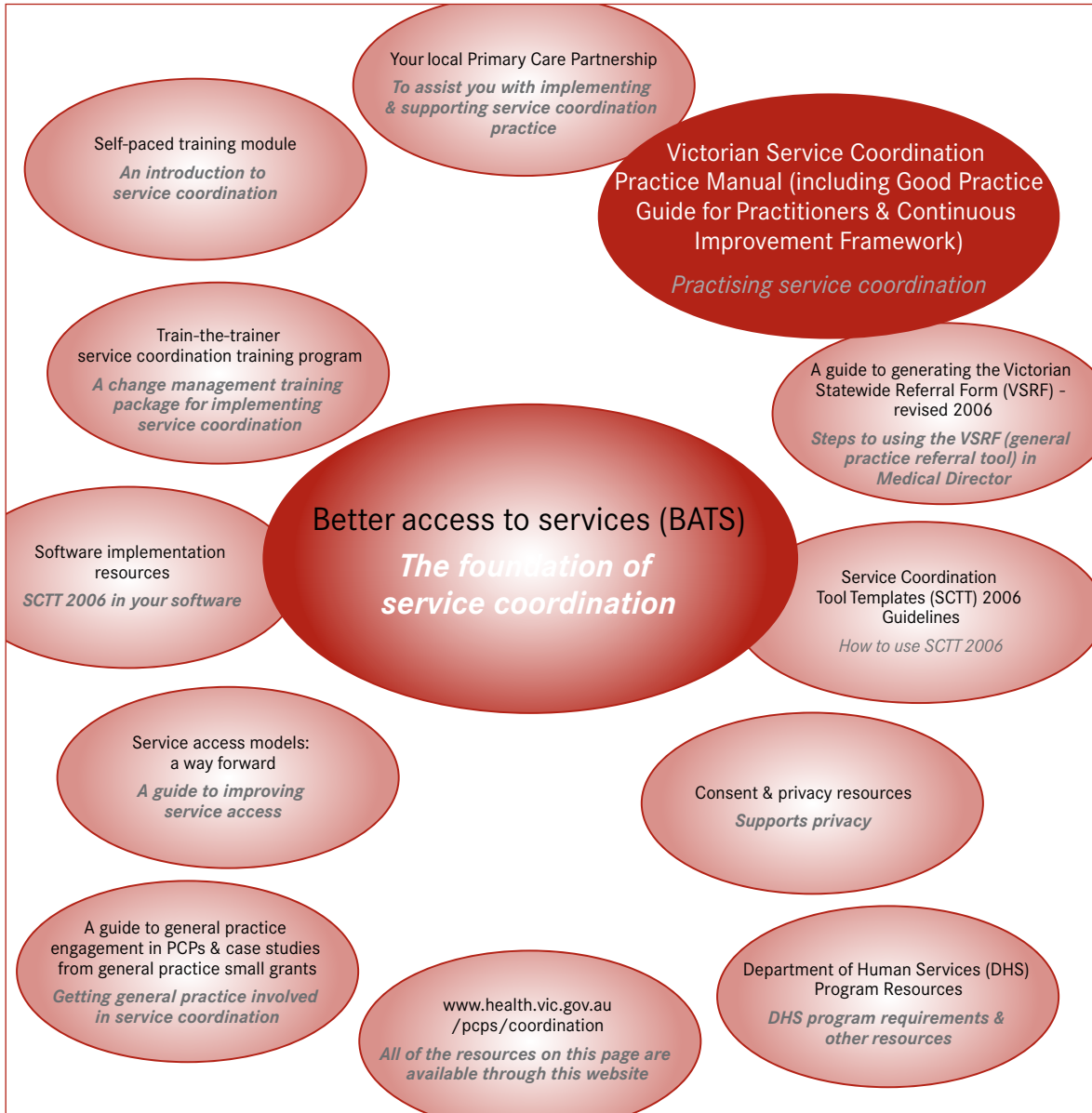


Diagram Source: Department of Human Services

