**Heavy Caseload Management and Quality Documentation**

Presenter: Christina Dillahunt-Aspillaga, PhD, CRC, CVE, CLCP

Host: Cindy Cai

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**Title slide template:** Blue background with American Institutes for Research (AIR) on the bottom of the page, underneath AIR logo.

**Slide 1: Title**

**Heavy Caseload Management and Quality Documentation**

**Part 1 of Effective Caseload Management Webcast Series**

Presenter: Christina Dillahunt-Aspillaga, PhD, CRC, CVE, CLCP

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**Slide 2: Presenter**

Christina Dillahunt-Aspillaga, PhD, CRC, Assistant Professor, Department of Child and Family Studies, Rehabilitation and Mental Health Counseling program, University of South Florida, Tampa.

**Slide 3: Overview of the Presentation**

We will cover three sections:

Section One- Caseload Management: Recommendations for heavy caseloads

Section Two: Quality Documentation

Section Three: Promising Practices in Case Management

**Slide 4: Caseload Management**

Question: Which of the following tasks are associated with Case Management?

* Intake Interviewing
* Service Coordination
* Case Recording
* Case Reporting
* All of the Above

Answer- All of the above.

**Slide 5: Case Management Definition**

Case management has been described as a core and “pervasive professional service that must be provided by rehabilitation counselors” 1

According to the CRCC Scope of Practice Statement2,

**Case Management is**a systematic process merging counseling and managerial concepts and skills through the application of techniques derived from intuitive and researched methods, thereby advancing efficient and effective decision-making for functional control of self, client, setting, and other relevant factors for anchoring a proactive practice.

Reference

* Upton, T.D. & Beck, R. (2002). Case Management: Rehabilitation applications and administrative implications. Journal of Rehabilitation Administration, 26(1) 39-46.
* CRCC Scope of Practice Statement: Available: <https://www.crccertification.com/scope-of-practice>

**Slide 6: Caseload Management Roles**

In case management, the counselor's role is focused on interviewing, counseling, planning rehabilitation programs, coordinating services, interacting with significant others, placing clients and following up with them, monitoring progress, and solving problems. (2)

Reference

* CRCC Scope of Practice Statement: Available: https://www.crccertification.com/scope-of-practice

**Slide 7: Additional Job Tasks**

Often times vocational counselors have additional tasks which may include but are not limited to:

* vocational assessment
* vocational counseling
* job placement and related counseling
* job development
* job accommodation and modification
* referral to and collaboration with vendors
* case documentation & report writing (computer software)
* continuing education & training

**Slide 8: Effective Case Management?**

Rehabilitation Counselors are constantly being encouraged to adopt and pursue evidenced based practices.

Time is a limiting factor for counselors and is an important consideration.

Time management principles are key along with knowledge of best practice models of vocational rehabilitation.

Reference:

1. Fleming, A. R., Del Valle, R., Kim, M., & Leahy, M. J. (2012). Best practice models of effective vocational rehabilitation service delivery in the public rehabilitation program: A review and synthesis of the empirical literature. *Rehabilitation Counseling Bulletin*, 0034355212459661.

**Slide 9: Time Management Principles**

Some helpful time management principles that may be helpful for rehabilitation counselors include:

* Creation of a system that works for you and adhering to this system. If co-workers are doing a good job, ask them to tell you about their system. Research has shown that professionals who plan daily are able to realize more important work goals and a to-do list helps you get more accomplished. Plus it feels good to cross off to-do’s from your list.
* Analyze how much time is required in each task (e.g Intake Interview = 1 hour) Ask yourself if your estimate is realistic.
* Allow for the unexpected (30-45minutes daily)
* Assess the uncontrollable (if you have a client that calls multiple times a week, remind them that you have other clients and will not take their call again until they next scheduled appointment).
* Delegate and minimize the involvement of routine and repetitive tasks (Break it up) (Delegate scheduling tasks to clerical or technical staff when possible) Make sure to thank them for their time and work.
* Reference:
* Adcock, R. L., & Lee, J. W. (1972). Principles of time management. *A Practical Approach to Organization Development through MBO., Addison-Wesley, Publishing Company, Reading, Massachusetts*, 282-285.
* Fleming, A. R., Del Valle, R., Kim, M., & Leahy, M. J. (2012). Best practice models of effective vocational rehabilitation service delivery in the public rehabilitation program: A review and synthesis of the empirical literature.*Rehabilitation Counseling Bulletin*, 0034355212459661.

**Slide 10: Time Management Principles**

-Consolidate similar tasks. For example, plan time ahead to answer email. Consistent with selecting certain times to respond to email, individuals may consider turning off email alerts every time a new email arrives due to the fact that it is distracting and can interrupt work flow. Also, schedule time to clean out and organize you mailbox.

-Use primetime for prime work

-Avoid procrastination and identify time wasters

* Provide a healthy reward your self for reaching your goal/completing your tasks
* Reference:
* Adcock, R. L., & Lee, J. W. (1972). Principles of time management. *A Practical Approach to Organization Development through MBO., Addison-Wesley, Publishing Company, Reading, Massachusetts*, 282-285.
* Fleming, A. R., Del Valle, R., Kim, M., & Leahy, M. J. (2012). Best practice models of effective vocational rehabilitation service delivery in the public rehabilitation program: A review and synthesis of the empirical literature. *Rehabilitation Counseling Bulletin*, 0034355212459661.

**Slide 11: Work Log/Time Map**

It is likely that most everyone attending this call uses some type of daily calendar or planner (Outlook, paper planner, or other reminder tools). How many of you actually budget time for unexpected events? Many people, myself included, may overbook or overschedule which can cause significant issues if unexpected tasks or events arise. It is important to encourage quiet “catch-up” time every day (30-45). This time is devoted to catch-up. It is a good idea to turn off cellphones and text alerts, new email dings/alerts during this time. Some counselors state that listening to soft baroque classical music in the background helps them relax and work more efficiently.

If policy permits, close your door and place a note stating you are working on X, Y, Z.

Finally, Allow for 5 minutes of quiet meditation per day. No music, phones, email, texts. Close your door, sit down and place your feet firmly on the ground (if possible). Close your eyes and breathe in for 1 breath, hold for one second, and breathe out for one second. Repeat up to ten (in for ten, hold ten and out for ten). Then count down using the same process back down to one. Focus on counting your breath. You will feel grounded, recharged and likely have improved focus. This also works well when you feel frazzled or overwhelmed. You can budget 5 minutes for quiet mediation in your day.

**Slide 12: Burnout**

Stress producing factors are inherent in Case management and rehabilitation counselor jobs. Examples include:

* Extensive client contact
* Caseload responsibilities
* Negative case outcomes
* Wide range of client emotions
* Cases may be open for along time without full resolution
* Quantity vs Quality dilemma

Research has indicated that the larger the caseload, the more exhausted the counselor feels and may negatively impact performance (Maslach & Floran; Wheaton & Breven)

References:

Maslach, C., & Florian, V. (1988). Burnout, job setting, and self-evaluation among rehabilitation counselors. *Rehabilitation Psychology*, *33*(2), 85.

Wheaton, J. E., & Berven, N. L. (1994). Education, experience, and caseload management practices of counselors in a state vocational rehabilitation agency. *Rehabilitation Counseling Bulletin*.

**Slide 13: Reducing Burnout**

Approaches to reducing burnout.

 - Leave the client and their case at the office. For example, use the time commuting from work home as the time to decompress and have closure for the day. Once you are in the garage, no more client work.

Try not to take it personally. Some clients will do very well, some will not.

Do your best in every situation. If you follow this practice, you know you have done your best.

Ask for clarification of work roles and realistic goals.

Seek advice from supervisors or –coworkers (when appropriate).

Do not get involved in office gossip. Refuse to get involved and state that it does not help you perform your job. Be consistent. You will be much happier.

Be positive! Co-workers and clients prefer to work with positive vs negative people. Be sure to thank co-workers and clients. Appreciation goes a long way. Be kind whenever possible. Remember, you never know what another person may be going through. Our clients often disclose but not always.

**Slide 14: Reducing Burnout**

Additional Approaches to reducing burnout.

* Learn how to handle stress more effectively (yoga, breathing, baths, walking, etc.)
* Use your vacation time for vacation! (not to catch-up on work)
* Create a calm office environment if possible (change lighting, free of clutter,
* Scented oils if allowed or use a salt lamp, soft relaxing Zen music, etc.)
* Eat lunch away from computer screen ( One idea is to sit in your car and listen to music or outside on a bench weather permitting)
* Create diversions from stressful aspects of the job that cannot be changed. For example, some clients may have progressive disabilities and you cannot provide services to improve the situation. You also may have access to limited resources for clients due to budgetary constraints. Do the best that you can with resources that are available at little or no cost and be creative. Also, be honest and sincere with your clients about budgetary constraints.

**Slide 15: Review and Learning Check**

* Planning, managing, and evaluating are keys to counselor success.
* Once plans are determined, consider allocation and management of time
* Time management principles covered in this section can help increase effectiveness and reduce burnout
* The next sections of this presentation will cover quality documentation and evidenced-based VR practices

**Slide 16: Quality Documentation**

Blue background with white text that reads “Quality Documentation”

**Slide 17: Case Recording and Case Documentation**

* Case recording & case documentation are terms that are frequently used interchangeably.
* Is it correct to use these terms interchangeably?

No. They consist of distinctly different meanings and functions. Some organizations may have their own definition of case recording and documentation.

**Slide 18: Case Recording**

Case Recording includes Individual counselor contributions to case folder/file development.

This can include:

* Factual information (Client work history)
* Subjective information (clients thoughts and beliefs about working)

**Slide 19: Case Documentation**

Case documentation includes -case folder/file contributions from the totality of resources that affect the clients’ rehabilitation efforts 1-3 (Austin& McClelland, 1996; Woodside &McClam, 2003). Case recording becomes documentation material once it is added to the case folder and made part of the official record.

Examples include:

* + Workers’ compensation records
	+ Academic records
	+ Medical reports
	+ Vocational reports

The primary purpose of combined case recording and documentation is to bring together all pertinent data that facilitate the relationship of all individuals involved in the rehabilitation process (Lundberg, 2001). Accurate and complete information supports provision of quality rehabilitation services (Client counselor and agency). (Grubbs et al, 2005).

References:

1. Austin, C. D., & McClelland, R. W. (1996). Case management in the human services. Reflections of public policy. *Journal of case management*, *6*(3), 119-126.

2. Grubbs, L. A. R., Cassell, J. L., & Mulkey, S. W. (2005). *Rehabilitation caseload management: Concepts and practice*. Springer Publishing Company.

3. Woodside, M., McClam, T., Diambra, J., & Kronick, R. F. (2003). So You Want to Major in Human Services: An Exploration of Students' Motivations.*Human Service Education*, *23*(1), 53-65.

Additional References:

Roessler, R. T., & Rubin, S. E. (2006). *Case management and rehabilitation counseling: Procedures and techniques*. PRO-ED, Inc. 8700 Shoal Creek Blvd, Austin, TX 78757.

Chan, F., Leahy, M. J., & Saunders, J. L. (Eds.). (2005). *Case Management for Rehabilitation Health Professionals*. Aspen Professional Services.

Lundberg, C. C., Rainsford, P., Shay, J. P., & Young, C. A. (2001). Case writing reconsidered. *Journal of Management Education*, *25*(4), 450-463.

**Slide 20: Client, Counselor and Company**

Case recording is used to facilitate the client-counselor relationship.

Appropriate case recording and review facilitate counselor understanding of the client and contributes to sound management of the case. Adequate case recording should demonstrate counselor problem solving and successful counseling activities.

Case recording & documentation are important for successful administration & supervision. Agencies are required to provide quality control, improve operations and adhere to legislations, polices, and regulations. Justification through case documentation may impact funding, provision of future services, and measure outcomes. 1

1. Grubbs, L. A. R., Cassell, J. L., & Mulkey, S. W. (2005). *Rehabilitation caseload management: Concepts and practice*. Springer Publishing Company.**Slide 21: Common Recording Styles**

Common recording styles

Counselor flexibility helps improve skills in case recording.

* Common styles of recording include:
* Recording on established forms
* Summary recording
* Process or verbatim recording
* Research recording
* Narrative recording.

**Slide 22: Recording on Established Forms**

Rehabilitation agencies have basic standards for case recording & often use a casework manual and standardized forms.

This often include use of

* Cover or face sheets
* History intake forms
* And work history forms

**Slide 23: Other Types of Recording**

Other types of recordings

A Summary Recording – includes a condensed account of transaction between client, counselor, and company or agency.

Process or Verbatim recording- includes highly detailed accounts that cover actions, events, and reactions that occur during the interview. This is often useful for psychological evaluation or content analysis. Any direct client statement should be included in quotes. Provide the facts, not your opinion. Remember- What you record is public record. Write your notes in a style that would be appropriate if posted on the front page of the news.

Recording for Research Purposes- Most cases are closed to research studies. If not, request copies of the IRB approval and study purpose. Some studies may be approved in advance and may also be approved to gather new data and require completions of forms.

Narrative Recording-This is considered a standard form of recording. This includes factual data and summarizes the client situation holistically.

**Slide 24: Elements of Case Recording**

All recorded information must

Use accurate and reliable information

Not include contradictory or confusing information

Be concise and consistent with client behavior and disability

Include observations that state facts not opinions

Be written using professional language

Case recording is not always an easy process; it requires that the counselor be personally and professional secure. Further, counselors need to feel secure if their case records are reviewed. (1)

1. Grubbs, L. A. R., Cassell, J. L., & Mulkey, S. W. (2005). *Rehabilitation caseload management: Concepts and practice*. Springer Publishing Company.

**Slide 25: Approaches to Case Recording**

The information recorded in the case file should be adequate to support a clear understanding of the client situation.

**Figure one shows a stepwise illustration of quality case recording. Steps will be described in upcoming slides.**

**Reference:** . Grubbs, L. A. R., Cassell, J. L., & Mulkey, S. W. (2005). *Rehabilitation caseload management: Concepts and practice*. Springer Publishing Company.

**Slide 26: Steps**

Step 1: Record information immediately after the after session. Your sessions may run together and you may forget important details.

Step 2: Use a format or guide to organize and record data. Once you become proficient, you will be able to save time.

Step 3: Make your decision and accept responsibility. – Reasons for delays for case closure may be overlooked even though counselors may have good intentions to make decisions for your client. It is easy to defer situations where there are difficult dilemmas surrounding the case. Document decisions accurately and precisely. Don’t do it later, do it today!

**Reference:** Grubbs, L. A. R., Cassell, J. L., & Mulkey, S. W. (2005). *Rehabilitation caseload management: Concepts and practice*. Springer Publishing Company.

**Slide 27: Steps**

**Step 4:** Be able to differentiate Objective vs. Subjective data – Avoid creating a distorted view of the situation. It can cause problems and affect rehabilitation outcomes. Actions that are not based on accurate goal setting and decision making are also problematic.

**Step 5:** Record significant data only. –There is fine balance between too little or too much documentation. Professional judgment is necessary for selection of data to be recorded. Information being recorded needs to support a complete understanding of the client. Categorize, summarize and condense information. Use succinct labels and words that help clarify data in your case.

**Step 6:** Consult when necessary- Learn from others who have skills and expertise in case recording and documentation. Ask to see de-identified samples of case notes and records to use as a guide. Ask for feedback from supervisors and senior colleagues who are known for excellent case recording skills.

**Reference:** Grubbs, L. A. R., Cassell, J. L., & Mulkey, S. W. (2005). *Rehabilitation caseload management: Concepts and practice*. Springer Publishing Company.

**Slide 28: Case Development &Documentation**

Case development is individualized, client-centered and requires acquisition of appropriate data and records before it can be systematically managed. Figure 2 includes six areas that influence rehabilitation efforts. (Medical, Psychological, Educational, Situational, Social and Vocational).

Effective counselors

* Review previous case records and documents
* Review input from other community resources
* Have appropriate documentation before taking actions on any cases.

**Reference:** Grubbs, L. A. R., Cassell, J. L., & Mulkey, S. W. (2005). *Rehabilitation caseload management: Concepts and practice*. Springer Publishing Company.

**Slide 29: Legal Considerations**

It is important for counselors to be aware of potential legal action. Adequate and reliable documentation free of subjective and false information is key to protecting the Counselor.

Florida began its tradition of openness back in 1909 with the passage of Chapter 119 of the Florida Statutes or the “Public Records Law.” This law provides that any records made or received by any public agency in the course of its official business are available for inspection, unless specifically exempted by the Florida Legislature. Over the years, the definition of what constitutes “public records” has come to include not just traditional written documents such as papers, maps and books, but also tapes, photographs, film, sound recordings and records stored in computers.

**References:**

Grubbs, L. A. R., Cassell, J. L., & Mulkey, S. W. (2005). *Rehabilitation caseload management: Concepts and practice*. Springer Publishing Company.

Sunshine Law: http://myfloridalegal.com/pages.nsf/Main/DC0B20B7DC22B7418525791B006A54E4

Chapter 286: <http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&URL=0200-0299/0286/0286ContentsIndex.html&StatuteYear=2012&Title=-%3E2012-%3EChapter%20286>

**Slide 30: Evidence-Based Practices Case Management**

This section covers Evidence-Based Practices in Case Management.

**Slide 31: Evidence-Based Practices**

Rehabilitation Counselors and practitioners are encouraged to adopt and use evidenced-based practices.

The EBP model requires that counselors pose important and relevant questions based on sound research prior to making decisions and providing services to their clients.

This can be a challenge due to research training, different practice environments, clients, and varying counselor roles. 1

References:

* Fleming, A. R., Del Valle, R., Kim, M., & Leahy, M. J. (2012). Best practice models of effective vocational rehabilitation service delivery in the public rehabilitation program: A review and synthesis of the empirical literature. *Rehabilitation Counseling Bulletin*, 0034355212459661.
* Chan, F., Rosenthal, D. A., & Pruett, S. R. (2008). Evidence-based practice in the provision of rehabilitation services. *The Journal of Rehabilitation*, *74*(2), 3.
* Chronister, J. A., Chan, F., da Silva Cardoso, E., Lynch, R. T., & Rosenthal, D. A. (2008). The evidence-based practice movement in healthcare: Implications for rehabilitation. *Journal of Rehabilitation*, *74*(2), 6.

**Slide 32: EBP**

The effectiveness of VR counseling has been demonstrated but there is a lack of EBPs that accurately define what interventions and VR services affect employment outcomes.

Limited research is available on the types of services that might contribute to employment rates of disability subpopulations.

Determining the appropriate approaches for each client and client situation can be challenging.

References:

1. Fleming, A. R., Del Valle, R., Kim, M., & Leahy, M. J. (2012). Best practice models of effective vocational rehabilitation service delivery in the public rehabilitation program: A review and synthesis of the empirical literature. *Rehabilitation Counseling Bulletin*, 0034355212459661.

2. Pruett, S. R., Swett, E. A., Chan, F., Rosenthal, D. A., & Lee, G. K. (2008). Empirical evidence supporting the effectiveness of vocational rehabilitation. *Journal of Rehabilitation*, *74*(2), 56.

**Slide 33: Literature Review**

In 2012 Fleming and Colleagues 1 conducted a literature review to examine 25 years of rehabilitation research focusing on active employment interventions and best practices.

Service categories were based on content reviews.

Fleming, A. R., Del Valle, R., Kim, M., & Leahy, M. J. (2012). Best practice models of effective vocational rehabilitation service delivery in the public rehabilitation program: A review and synthesis of the empirical literature. *Rehabilitation Counseling Bulletin*, 0034355212459661.

**Slide 34: Service Categories**

Fleming and her research team reviewed 561 articles and 35 articles matched selection criteria. These 35 were identified as “active service” best practices in State VR agencies.

Through thematic analyzation, the following literature categories emerged.

* Interagency Collaboration
* Counselor Education and Consumer Outcomes
* Services to a “targeted disability group”
* Supported Employment and EBP
* Empowerment and customer self-concept
* Essential elements of service delivery
* Misc. VR services and outcomes.

Reference:

1. Fleming, A. R., Del Valle, R., Kim, M., & Leahy, M. J. (2012). Best practice models of effective vocational rehabilitation service delivery in the public rehabilitation program: A review and synthesis of the empirical literature. *Rehabilitation Counseling Bulletin*, 0034355212459661.

**Slide 35: Results - Interagency Collaboration**

Interagency collaboration-

On the practitioner level interagency collaborations provide access to resources and services that might not otherwise be available.

This was the most common service category in the studies included in the literature

review.

**Slide 36: Services to Target Group**

What services are most important to the target group?

Services for specific populations are related to successful outcomes

For example, with the TBI population one study found that adjustment and vocational counseling increased customer awareness of deficits, and tailored assessment, placement, and vocational guidance counseling affected employment outcomes.

References: Johnstone, B., Mount, D., Gaines, T., Goldfader, P., Bounds, T., & Pitts, Jr, O. (2003). Race differences in a sample of vocational rehabilitation clients with traumatic brain injury. *Brain Injury*, *17*(2), 95-104.

**Slide 37: Supported Employment**

Many studies have researched SE approaches.

e.g. Individual Placement and Support Model (IPS)

Overall, research suggests that SE and EBPs for clients with severe disabilities lead to improved employment outcomes by providing a varying range of intense and individualized support services. 1

Reference:

1. Fleming, A. R., Del Valle, R., Kim, M., & Leahy, M. J. (2012). Best practice models of effective vocational rehabilitation service delivery in the public rehabilitation program: A review and synthesis of the empirical literature. *Rehabilitation Counseling Bulletin*, 0034355212459661

**Slide 38: Empowerment and Customer Self-Concept**

Studies have found positive relationships between empowerment, self-concept, consumer involvement, satisfaction, quality of life, and community reintegration and employment outcomes. 1

VR services that include/address empowerment and self-concept may increase involvement, service satisfaction and improve employment outcomes.

Reference:

1. Fleming, A. R., Del Valle, R., Kim, M., & Leahy, M. J. (2012). Best practice models of effective vocational rehabilitation service delivery in the public rehabilitation program: A review and synthesis of the empirical literature. *Rehabilitation Counseling Bulletin*, 0034355212459661

**Slide 39: Essential Elements of Service Delivery**

Essential Elements of Service Delivery

Research indicates important information for service provision

* Make clients feel welcome and connected (It may take a lot for them to pursue services)
* Target interventions (improving life and social skills and functioning)
* Consider the way services are provided (teamwork= higher placement, customer service, and staff collaboration and making connections)

Reference:

1. Fleming, A. R., Del Valle, R., Kim, M., & Leahy, M. J. (2012). Best practice models of effective vocational rehabilitation service delivery in the public rehabilitation program: A review and synthesis of the empirical literature. *Rehabilitation Counseling Bulletin*, 0034355212459661

**Slide 40: Misc. VR Outcomes**

Several studies found relationships between aspects of service and improved VR Outcomes. 1

* Not surprising, a better working alliance is equated with improved employment outcomes.
* Assistive technology -(Counselors can benefit from additional training and ongoing training to keep up with emerging technologies)
* Family-focused services( Research shows that including the family in planning can lead to better outcomes)
* Labor market analysis (labor market surveys are useful tools and can improve employment outcomes)

1. Fleming, A. R., Del Valle, R., Kim, M., & Leahy, M. J. (2012). Best practice models of effective vocational rehabilitation service delivery in the public rehabilitation program: A review and synthesis of the empirical literature. *Rehabilitation Counseling Bulletin*, 0034355212459661

**Slide 41: Summary**

EBP is valued and is here to stay.

Take opportunities to stay up-to-date on EBPs and related research.

-Ask for disability specific trainings.

-Attend conferences when possible.

Being knowledgeable of effective VR service delivery practice can help promote outcomes.

**Slides 42-44: References**

**Slide 45: Wrapping up**

We invite you to:

–Provide your input on today’s webcast

–Share your thoughts on future webcasts topics

–Participate in the Community of Practice to continue the dialogue

•PLEASE CONTACT US:

•ktdrr@air.org

Please fill out the brief evaluation form:

http://bit.ly/2gBRBDq

**Slide 46: Disclaimer**

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