**Slide # 1: Scott**

Hello, this is Scott Herber, training specialist with VR&E Service and I am joined today by my colleagues Kris Kuehnle, Allison Bernheimer, Sharon Hirsch, CJ Riley and Gina Klaus, all here with VACO VRE in Headquarters. In just a few moments we will be starting our training today on Enhancing Positive Outcomes. I welcome everyone to today’s event, and it is certainly our goal to provide you the most positive experience.

You should of all saw the announcement for this training which had information on the actions you will need to take after the training. That is, after today’s training you will need to log into TMS and complete the end of course assessment to receive full credit for the course. You will also find a copy of the slides. In the coming days, there will be a recording available through TMS. The training should already be assigned to your learning plan. If not, please work with your local training manager to have this training assigned.

This training is anticipated to take about 90 minutes with pauses to ask questions during and after the training. The Q&A periods will be clearly identified.

The focus of the training is on how to enhance growth of your caseloads to enable more positive outcomes.

I will now turn it over to the Supervisor of Policy and Procedures, Kris Kuehnle to kick off the training.

**Slide #2: Kris**

Thank you, Scott. Good Morning/Afternoon. As Scott indicated, I am Kris Kuehnle the Supervisor of the Policy & Procedures Team in VR&E Service. We are excited to provide this training and discussion on enhancing positive outcomes. We hope you will find it beneficial.

Just to go over the overall objectives of this training: We will spend time looking at the different types of plans that lead to a positive outcome. In addition, we will discuss challenges we face that could delay plan development. We will also look at ways to identify services that can be provided to previous program participants. And finally, we will review ways to improve positive outcomes for both your individual and office performance.

**Slide #3: Kris**

Despite the steady influx of eligible and entitled applicants, there is still a decline in participants. In looking at some recent data, we found that in FY 2018, approximately 36% of claimants who applied and were found entitled to services, did not move towards plan development. Most recently, in FY 2019, 29% of those found entitled did not move towards a plan of services. One would say that we are moving in the right direction, and perhaps the expansion of Tele-counseling, cases being transferred to other stations, the push for a caseload ratio of 1:125, or even the Labor Day Challenge may have contributed to this improvement. However, this still accounts for more than a quarter of the pool of potential claims that could yield a positive outcome.

So, how can we bridge the gap between the evaluation and planning phase and plan development phase? Some questions we need to ask ourselves….When do claimants stop engaging? Do we know why they stop or are we aware of what impedes a claimant from staying engaged? Are there services that we might be able to provide to a claimant that we may not be offering?

**Slide # 4: Kris**

We are going to have a quick and simple refresher training on Duty to Assist

Duty to Assist is the Law. Therefore, the VA has an obligation to help claimants substantiate their claims. In 2000, Congress enacted the Veterans Claims Assistance Act or VCAA which put in place our obligation to help claimants substantiate their claims with evidence. This was further clarified in 2013, when Pub. L. 112-154 amended 38 U.S.C, sections 5103 and 5103A.

If we are considering a denial of benefits, we have a legal duty to notify and assist the claimant with developing evidence to support his/her claim for vocationalrehabilitation benefits andservices, especially when evidence of record is insufficient.

Duty to assist includes informing the claimant of the what information or medical evidence is needed to substantiate the claim. This includes a discussion of what is within their ability to provide, as well as what evidence the VA has access to, including relevant federal records. Remember, to access non-federal records, we would have the claimant sign an authorization and consent to release information.

An example of duty to assist: A claimant has applied for VR&E services with a 10% disability rating. They meet the criteria for an EH, but not an SEH. However, they have a claim pending for an increase in compensation. Our duty to assist is to ensure that all relevant medical records related to the pending claim are reviewed prior to the decision of SEH.

A best practice for these scenarios would be to staff these cases to ensure we have provided the duty to assist that is required under the law.

**Slide # 5: Kris**

Let’s shift our focus now to a few facts about the services we provide.

Currently only 2.8% of the Nation’s Workload is in the Rapid Access to Employment track….just 2,232 cases.

Currently, we have 586 Independent Living cases or less than 1% of our workload in this track. We know that the use of IL services has seen a steady decline in the last 5 years, an alarming 61% decrease.

To contrast, Employment through Long Term Services, typically RTE, boast a current workload of 75,163 cases or 96% of the nation’s workload.

Even less cases are in the Re-Employment and Self-Employment tracks.

While all five tracks lead to the same end goal of a Positive Outcome, we tend to mainly focus in one area and can see that other tracks are under-utilized.

As part of our discussion, we will look at untapped resources to broaden our scope and engage more claimants in services…which will ultimately lead to additional plans being developed and more positive outcomes.

**Slide #6: Kris**

And finally, in order to enhance positive outcomes, we also need to have the workload available to produce these outcomes. Typically, a claimant participating in a training or education-oriented plan will take anywhere between 4 to 6 years to accomplish their vocational goal.

On the other hand, a claimant that is prepared or almost prepared to look for employment, will typically need less than 1 year, on average, to yield a positive outcome.

These are important aspects to keep in mind when managing your overall workload and doing a predictable analysis of your ability to make your performance targets each year. It makes sense that we need to keep our claimants engaged in the process to see the results in the end.

I will now hand it back over to Scott to continue with the training.

**Slide #7: Scott**

Topic Q&A Placeholder.

**Slide #8: Allison**

Thanks Scott

Hello Everyone, I am Allison Bernheimer, Policy Analyst with VR&E Services.

I am going to discuss one of our Untapped Resources, Rapid Access to Employment

Let’s start out by reviewing the following scenario:

Ms. Claimant applies for VR&E. She has a 60% service-connected disability rating (for orthopedic issues, back, knees and feet and depression). She possesses a bachelor’s degree in Business and a Master’s in Business Administration. Based on her RNI, her work history is sporadic at best, with very limited civilian work history. She has moved around with her family. Based on her interests, aptitudes, and abilities, while taking into account her limitations and restrictions, business would be a suitable occupational field.

On the surface, it might appear the claimant has overcome their employment handicap by way of Education. However, in reality, she could benefit from our services in the way of Rapid Access to Employment.

Let’s dig deeper to determine if Ms. Claimant is entitled to services.

**Slide # 9: Allison**

Taking into account this scenario, let’s determine whether the claimant has an EH.

Let’s assume Ms. Claimant was able to obtain employment but struggled to maintain employment. The VRC should ask about her previous positions and was there specific tasks she struggled to complete.

What factors contributed to her inability to maintain suitable stable employment?

Did Ms. Claimant take into account her limitations and restrictions caused by her SCD and non-SCD’s when applying and accepting positions?

Was she able to complete the essential job functions of her previous occupations with or without an accommodation? Often, claimants may not consider all of their functional limitations when applying or accepting positions.

Was she struggling to completing tasks but was reluctant to ask for assistance or clarification on an assigned task? Furthermore, Ms. Claimant may not be aware of all the resources available to assist her in maintaining a position.

**Slide # 10: Allison**

In analyzing the vocational impairment, these are some questions to consider:

Is the claimant currently suitably employed?

Is the claimant qualified for suitable employment based on current labor market information? Are there reasons beyond his or her control?

Is the claimant currently unemployed, if so, how long have they been unemployed? Or is the claimant not in suitable employment (we must take into account their interests, aptitudes, and abilities as well as their limitations and restrictions caused by their SCD andnon-SCD’s.

Are there medical and psychological limitations that can be identified based on their current job description?

**Slide # 11: Allison**

As a refresher, to determine an employment handicap the claimant must meet the following conditions:

1. Has a Vocational impairment
2. Has not overcome the Effects of the impairment and the
3. The service-connected disabilities contributes to the overall impairment.

So, let’s look @ employment unsuitable versus suitable employment. If the claimant is employed then the VRC must determine if the employment aggravates the disability(ies), is considered unstable, or is not consistent with the claimant’s abilities, aptitudes and interests, this would be considered unsuitable employment.

If the employment requires reasonably developed skills and does not aggravate the claimant’s disability(ies), AND is stable and continuing and is consistent with the claimant’s pattern of abilities, aptitudes and interests, this is considered suitable employment.

In the previous scenario Ms. claimant has not overcome the impairment to employment, therefore Rapid Access to Employment may be a suitable track to assist with obtaining and maintaining employment. This track is suitable for claimants who have education and/or training but need assistance to obtain and maintain suitable stable employment.

**Slide # 12: Allison**

When considering reasons beyond their control the VRC should ask the claimant the following questions, as a reminder we will review them today

Does the claimant have:

An acceptable resume for the industries they plan to seek employment?

Can they perform an independent job search?

An understanding current job market based on their transferrable skills?

The ability to translate their military skills into civilian skills?

The Ability to identify potential employers based on transferable skills and vocational interest?

An awareness regarding the competitive job markets or changes in the job market?

Knowledge of necessary skills to market themselves?

An understanding on how and when to discuss their disability(ies) to including how and when to disclose?

The ability to identify discriminating factors in the workplace and how to address them? Such as age discrimination, and how to address legal issues.

Does the claimant lack of work experience or lack current skills in the field they are trained?

Does the claimant need workplace accommodations?

If areas of deficit are identified, the VRC should consider services under the Rapid Access to Employment track.

**Slide # 13: Allison**

As we know, the purpose of a rapid access to employment is to provide the services necessary for the claimant to obtain and maintain employment as quickly as possible.

This slide highlights some of the services that could be provided in Rapid Access to Employment to include but not limited to: Vocational Counseling and Guidance, Job Development and Placement Services, Resume Development, Information on Special Hiring Authorities, Direct job leads, Transferable Skills Analysis, Certificate or Short-Term Training, and they can qualify for EAA payments for Improvement of Rehabilitation Potential as per Procedural Advisory-19-05.

As outlined on the slide- It is not uncommon for the claimant to require some short-term training or the opportunity to refresh his/her skills prior to the delivery of employment focused services.

Another example, a claimant applies for VR&E services, upon discharge from the military and completing a bachelor’s degree. The degree was granted after providing the claimant with Military Life Credits, so in essence the claimant only completed 15 classes towards the degree. The transcript shows zeros for the life credits earned. The claimant lacks transferable skills from military (Infantry) and no current skills in the current degree field. After numerous failed attempts to secure employment, they apply for VR&E services. The claimant was found not entitled for services. At the very least, the VRC should considered the lack of transferable skills. The claimant could have benefited from short-term training such as a NPWE experience and employment services to assist in finding employment.

**Slide #14: Allison**

Job seeking skills training do not need to be provided by an approved facility.

A VRC and/or EC could provide job seeking skills training.

Other resources to provide Job Seeking Skills training are the Department of Labor and a Contractor via the National Contract.

The VRC and EC should also utilize local community agencies and resources in their local area to provide job seeking skills training.

A best-case practice could for offices to identify cases that have been previously closed under RC 25-Further Education and reach out to determine whether the claimant could be reengaged for employment services upon completion of additional training.

**Slide #15: Scott**

Topic Q&A Placeholder.

**Slide #16: Sharon**

Hi, everyone. I’m Sharon Hirsch and I’m also a policy analyst here in VR&E Service. This is a refresher on accommodations. Providing accommodations can be a great source to get positive outcomes. As I’m sure everyone remembers, the definition of an accommodation as it relates to employment is “a modification or adjustment to a job, the work environment, or the steps involved in the hiring process”. The Americans With Disabilities Act supports this definition by requiring reasonable accommodations in three aspects of employment, which are: 1) ensuring equal opportunity in the application process; 2) enabling a qualified individual with a disability to perform the essential functions of a job; and 3) making it possible for an employee with a disability to enjoy equal benefits and privileges of employment.

Ultimately the goal of the accommodations is to enable an individual with a disability to have an equal opportunity not only to be hired for a job, but then successfully perform their job tasks to the same extent as people performing them without disabilities.

So, when you meet with your claimants and discuss possible accommodations in finding or maintaining employment, the first thing you can do is just ask them “Do you need accommodations?” Some claimants may already know what they need or want, and some may not even know accommodations are available or that they need them. You have to talk to the claimants about their job and how it affects them. You should ask things like, “Are you calling in sick or leaving early because of disabilities? Are you getting through their day because they just work through pain?”

**Slide #17: Sharon**

If the answer is yes, then here are some resources you can use to help identify what accommodations might be needed. We are not going to review all of these in detail because I know you are familiar with them, but we wanted to remind you of what resources are out there. Whatever resource you choose to use to determine what accommodations are needed, after they are determined, your next step is to ask the claimant if they know how to request an accommodation? Most of the time these requests are handled by the HR department, but you may need to help facilitate that discussion. Remember, many job accommodations cost very little and often involve minor changes to a work environment, maybe a work schedule, or work-related technologies, such as Dragon Speak, and employers are generally receptive to providing them. But keep in mind, you only want to request what is absolutely needed, because if you go to an employer with a huge list of requests, you might overwhelm them you might get a little bit of resistance. If you do get resistance, and the employer refuses to provide the recommended accommodation and has a valid reason for denying it, we can look to provide whatever items are needed.

**Slide # 18: Sharon**

So, here’s an example of what might be provided to someone who needs accommodations.

the claimants is 28 years old and works for a company in a job that is mostly sedentary.

He has been employed in this position for 6 months.

He is rated 70% for the following SCDs: PTSD, Degenerative Arthritis of the spine, and carpal tunnel.

Claimant reports he enjoys his job. (keep in mind, just because they are working in a sedentary job and enjoying it, doesn’t mean it’s suitable they can’t benefit from accommodations).

This claimant reports increased PTSD issues at work (hypervigilance, heightened startle response), back pain while sitting too long, and nerve pain from using a keyboard too long.

I believe we would all come to the conclusion he can benefit from some workplace accommodations. Once you conclude that, then the case manager should use the resources we provided on the last slide to determine what the needs are. In this case, a workplace evaluation was conducted, and a list of accommodations were identified.

**Slide # 19: Sharon**

The plan was developed to provide the following accommodations:

Cubicle with low walls so the claimant can see out over the cubicle due to hypervigilance and the need to see the entire room.

A mirror so he can see people from all angles in his desk space due to hypervigilance and the need to see people coming and going at all angles.

Ergonomic chair to alleviate back pain.

Ergonomic keyboard to alleviate discomfort from the carpal tunnel

Dragon speak to assist with more expedient typing and lessen the effects of carpal tunnel.

Sit/Stand Desk to allow the claimant to sit and stand as needed throughout the work day.

This was not a difficult plan to write and get a positive outcome, but most importantly, the claimant has a much greater chance at being successful in his job, with a lot less pain and anxiousness, than he wouldhave been without the accommodations.

**Slide #20: Scott**

Topic Q&A Placeholder.

**Slide # 21: CJ**

Hello everyone. I’m CJ Riley, the Senior Policy Analyst for VR&E Service. I’ll be speaking to you about how to use the authority granted to VR&E under title 38 of the United States Code (U.S.C.) section 3117. Before we start, I would like to state that much of the guidance I will present here today will contradict the guidance in the M28R. VR&E Service recently worked with the Office of General Counsel to examine this authority more closely and ensure that we were administering it properly. We identified some errors in our current guidance, which we remedied recently with the publication of Procedural Advisory 20-01 on October 22, 2019.

38 U.S.C. 3117 allows VR&E to provide employment services to assist previous participants of a vocational rehabilitation program, either Chapter 31 or another VR program, such as State VR, who have at least a 10% service-connected disability to obtain employment.

Claimants do not have to meet the traditional Chapter 31 entitlement criteria to be served under this authority, nor does the 18-month limitation for employment service or the 12-year eligibility period apply to this authority. In fact, Claimants who are served under this authority will not meet Chapter 31 entitlement because they must be found to be employable. If the Claimant is not employable, then an entitlement determination is needed to see if services can be provided under a traditional Chapter 31 program.

To stress, the difference between 38 U.S.C. 3117 and the services VR&E generally provides are:

1. The claimant must be a previous participants of a vocational rehabilitation program, and

2. Have at least a 10% SCD, and

3. Be employable.

**Slide #22: CJ**

The services and assistance available under 38 U.S.C. 3117 are focused on assisting the Claimant in obtaining employment. The law is very broad when it discusses these services. It provides a few examples, as noted on this slide, such as referrals and direct placement into employment. However, as long as the service or assistance is needed to obtain employment, then VR&E may provide it. A recent example is a previous Chapter 31 participant was offered a job abroad but required a work Visa. The Claimant requested assistance from VR&E in paying for the work Visa. Once the VRC was able to document that the Visa was necessary and the employer would not provide it, VR&E was able to reimburse the Claimant for the cost of obtaining the Visa.

**Slide # 23: CJ**

This slide outlines the additional services that are available if the Claimant previously completed a self-employment program with VR&E or another VR program, such as State VR. In short, VR&E may provide additional self-employment services. These services include referral to the Small Business Administration for assistance with obtaining a loan and/or other assistance offered by SBA; and in limited situations, VR&E may provide equipment and initial stocks if those are not available through the State VR program.

Expect more information on how to better use 38 U.S.C. 3117 for self-employment plans. VR&E Service is currently working with General Counsel on this aspect of the law to determine if we have the authority to provide additional services and assistance other than those listed here and in M28R, Part IV, Section C, Chapter 8, the M28R chapter on self-employment.

The reason this information is provided in a training on how to enhance positive outcomes is because it provides a great opportunity to serve Claimants who may not otherwise meet entitlement criteria. For example, say a Claimant requested his/her VR&E claim to be closed because they wanted to transfer to Chapter 33. Once those Claimants complete their education with Chapter 33, they may return to VR&E for employment services. As this would be a new claim, it could be counted as another positive outcome if services and assistance were provided that assisted the Claimant in obtaining suitable employment. Another example is when Claimants reapply after completed a VR&E rehabilitation plan because they lost the job that led to the original determination of rehabilitation. If so, VR&E could serve this Claimant under the authority of 38 U.S.C. 3117; provide services and assistance to aid the Claimant in obtaining employment; and obtain another positive outcome.

Thank you for your attention. We can now take questions on this topic.

**Slide #24: Scott**

Topic Q&A Placeholder.

**Slide # 25: Gina**

Hi - I am Gina Klaus, the Independent Living Coordinator and I will discuss how developing a vital IL program of services will enhance positive outcomes and your program growth measures. Remember: in our Law – IL comes before employment.

Lets’ talk about when you determine that the claimant you are assisting is unable to go to work at this time - you have found a serious employment is present and the claimant has a service-connected disability rating is 20% or higher. You must evaluate for IL services. The first step - begin to ask the claimant open-ended questions about their typical day and then explore a time to complete the Preliminary IL Assessment or (PILA)

The assessment is designed to assist with determining if the Veteran experiences impairments to activities of daily living (ADL).

The results of the assessment will assist you in determining if the individual has potential IL needs and should be referred for a Comprehensive IL Assessment, or if the individual has no potential IL needs

The determination to send an individual for a Comprehensive IL Assessment is based on the results of the Preliminary IL Assessment.

**Slide #26: Gina**

During the preliminary IL assessment – you will explore how they carry out activities of daily living in their home:

• Ambulate around the home

• Move from room to room; within each room

• Get in and out of bed

Complete hygiene activities in the bathroom

Prepare meals and clean up in the kitchen

Enter and exit their home and automobile

Inquire about previous community involvement, social activities, and avocational activities, along with emotional, personal and spiritual needs.

Remember: The determination to send an individual for a Comprehensive IL Assessment is based on the results of the Preliminary IL Assessment. Ensure the CILA is completed in the claimant’s residence and explores all access barriers within the home and community.

**Slide #27: Gina**

Remember, we talked about IL evaluation and key to this process is working with our partners. A claimant may discuss working with VHA for their medical needs but VHA is able to provide a wide of services to assist in helping claimant to remain within their home and living independently. When develop your IL objectives explore using your partners to assist the claimant with gaining independence- our key partner is VHA – referrals can be made through a claimant’s primary care doctor to the prosthetics department – they provide a durable medical equipment such as vertical platform lifts or VPL, ramps, etc.

You may support and assist the claimant with one avocational goal that is medical feasible for participation with recommended modifications.

You have determined the claimant has IL needs – consider other resources that can assist in helping your claimant to live more independently – resources can be provided from VHA, other agencies and of course the VR&E program.

Some examples of items that could be provided that are not provided from Prosthetics: Anti-fatigue mat, wagon or cart to assist with carrying packages and groceries into their home, pedal stools for washer and dryer to allow for less bending. Also remember, cases can be rehabilitated in IL.

When needed, we partner with SAH when you might need a home adaptation such as widening of the doorways, accessible bathroom or whole house generator for more on the VR&E home adaptation grant please review the procedural advisory.

**Slide #28: Gina**

Let’s quickly look at the case scenario – our claimant is 52 years old and determined to have a serious employment handicap and infeasible for employment. He has degenerative arthritis, chronic back and knee impairments impacting his ability independently engage in self-care bathing activities. The comprehensive IL assessment noted the need to roll in shower. The case was referred through the VR&E home adaptation grant process.

**Slide #29: Gina**

Picture before Independent Living Construction

This is a photo of the small shower prior to the project.

**Slide #30: Gina** -IL Construction-Interior of new roll in shower

Here are after the photos from the newly designed roll in shower. Please remember, I am here to assist you with looking at possible IL needs and suggested services within the VR&E home adaptation grant. Most IL cases do not involve construction but may involve working with our partners to ensure the claimant is ability to achieve independence with daily activities. IL cases required excellent evaluation services initially and monthly contact during the plan phase – once the objectives are achieved your IL case can move to successful positive outcome.

**Slide #31: Scott**

Topic Q&A Placeholder.

**Slide # 32: Allison**

There are two types of maximum rehabilitation gain (MRG) closures and I will be discussing both of them with you today.

If a claimant meets all of the following criteria, then the use of an MRG-1 closure is appropriate:

• The claimant is employed.

• The VR&E services provided contributed to the claimant obtaining or maintaining the current employment.

• The claimant’s current employment is beneficial, but it does not meet the criteria for rehabilitation as detailed in title 38 CFR 21.283.

**Slide #33: Allison**

The use of an MRG-2 closure is appropriate when:

• The claimant completed all or some of the services outlined on the rehabilitation plan leading towards a vocational goal and he or she is employable in a suitable job.

• Additionally, the VR&E services provided must have enabled the claimant to qualify for suitable employment.

Essentially, the main difference between MRG-1 and MRG-2 is that for an MRG-1 closure the claimant must be employed while for an MRG-2 closure the claimant is not employed but is employable due to the services provided.

An example of MRG-1, RC-35 closure, The claimant completed a bachelor’s degree in Business Administration, after being found entitled due to orthopedic issues in back and knees. The claimant accepted employment as Distribution Process Worker, which required standing for long periods of time and heavy lifting. He was satisfied with his employment and did not desire to continue with services to seek suitable employment and our services contributed to him obtaining employment as he needed a degree to qualify for this type of employment.

**Slide #34: Allison**

How do you determine when the use of MRG-2 is appropriate?

Let’s review the following questions, if the answer is yes to each question, then the use of MRG-2.

• Is the claimant currently qualified and capable of obtaining suitable employment? This is defined as employment that is consistent with his or her interests, aptitudes, and abilities that does not aggravate his or her disabilities.

• Did the VRE services provided contribute to the claimant’s employability?

• Has the claimant overcome the impairments to employment which were noted during the initial evaluation?

• Have the claimant’s circumstances in the period following his or her application for VR&E services improved?

• And finally, did the services provided contribute to the improvement of the claimant’s circumstance?

**Slide #35: Allison**

These are some examples of services that could help a claimant in becoming employable. The exact services that were provided must be documented in the closure statement in order to justify the MRG closure. Some examples of services that could assist in becoming employable but not limited to: Vocational Counseling and Guidance, Reduction of barriers to employment , Services provided towards education or training, Tools and equipment to assist in obtaining employment, Referrals to resources such as VAMC, DOL, Career Services, Resume development, internship resources, and development of job seeking skills.

An example of an MRG-2, RC-34, The claimant completed all but 2 courses towards a degree in Accounting. He stopped attending classes to take a position as a Contract Specialist. The claimant intended on resuming classes the following fall semester. He failed to resume training. Based on contact with Human Resources, the claimant remained employed as a Contract Specialist and attempts to reengage the claimant in services were unsuccessful.

**Slide #36: Allison**

Let’s recap, you should now be able to identify the different plan types that all can lead to positive outcomes, recognize challenges that could delay plan development, identify services to previous program participants, and implement techniques to improve positive outcomes.

I will now turn it over to Scott but before I do, I would like to thank all the presenters and also Scott for his collaboration and support in developing and executing this training.

**Slide #37: Scott**

Thank you for your time and attention. This concludes the lecture portion of the training. We have a few minutes left for questions and feedback. You may also want to ask a question about our last topic which was on MRGs. We have plenty of resident experts on the line eager to discuss and respond to your questions. The lines are open, or you can ask in the IM window. We will respond to as many questions as possible given the time remaining. We will take any additional questions for the record and release those responses after we complete all the training sessions.

Topic Q&A Placeholder.

Thanks for the great information provided today. You should of all saw the announcement for this training which had information on the actions you will need to take after the training. That is, you should now take a few moments to log into TMS and complete the end of course assessment to receive full credit for the course. You will also find a copy of the slides. In the coming days, there will be a recording available through TMS. The training should already be assigned to your learning plan. If not, please work with your local training manager to have this training assigned.

I want a special thanks to Allison for preparing all these slides and training for us today. On behalf of myself, Kris Kuehnle, Allison Bernheimer, Sharon Hirsch, CJ Riley, Gina Klaus and the entire VRE Service Office we thank you for attending and participating in today’s training on Enhancing Positive Outcomes. This concludes today’s training.