

Case Management Strategies for Success: Utilizing Assessment

Purpose

This course focuses on incorporation of assessment results into all aspects of ongoing case management.

Learning Objectives

Upon completion of this course, you will be able to:

- Use assessment results from various assessment tools and sources in program plans and case management decisions.
 - Appraise W-2 participants' progress in their goals and program activities.
 - Support assessment utilization through documentation.
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W-2 Contact Information

Questions regarding this training material should be directed via your local agency process to the Partner Training Team,

Email: PTTTrainingSupp@wisconsin.gov

A contact person is available to answer e-mailed questions related to this training material, assist you in completing any activity that you are having difficulty with, and/or provide explanation of anything else about this training material.

Questions regarding W-2 production cases and systems should be directed via your local agency process to the BWF Work Programs Help Desk at:

Email: bwfworkprogramshd@wisconsin.gov

Telephone: (608) 422-7900.

W-2 Policy questions should be directed to your Regional Office staff.

DCF is an equal opportunity employer and service provider. If you have a disability and need information in an alternate format, or need it translated to another language, please contact (608) 535-3665 or the Wisconsin Relay Service (WRS) – 711.

For civil rights questions call (608) 422-6889 or the Wisconsin Relay Service (WRS) – 711.

Zoom

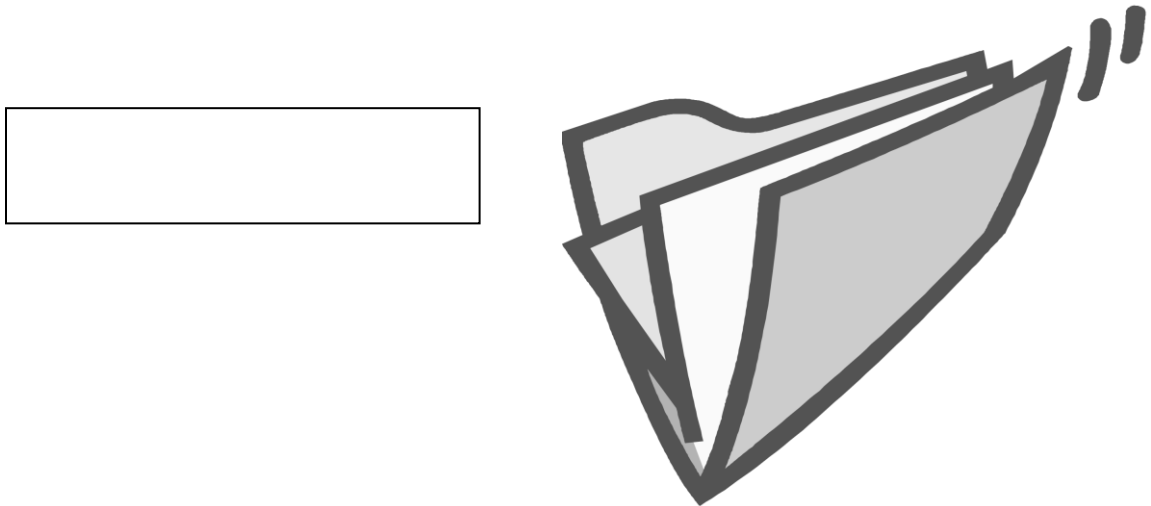
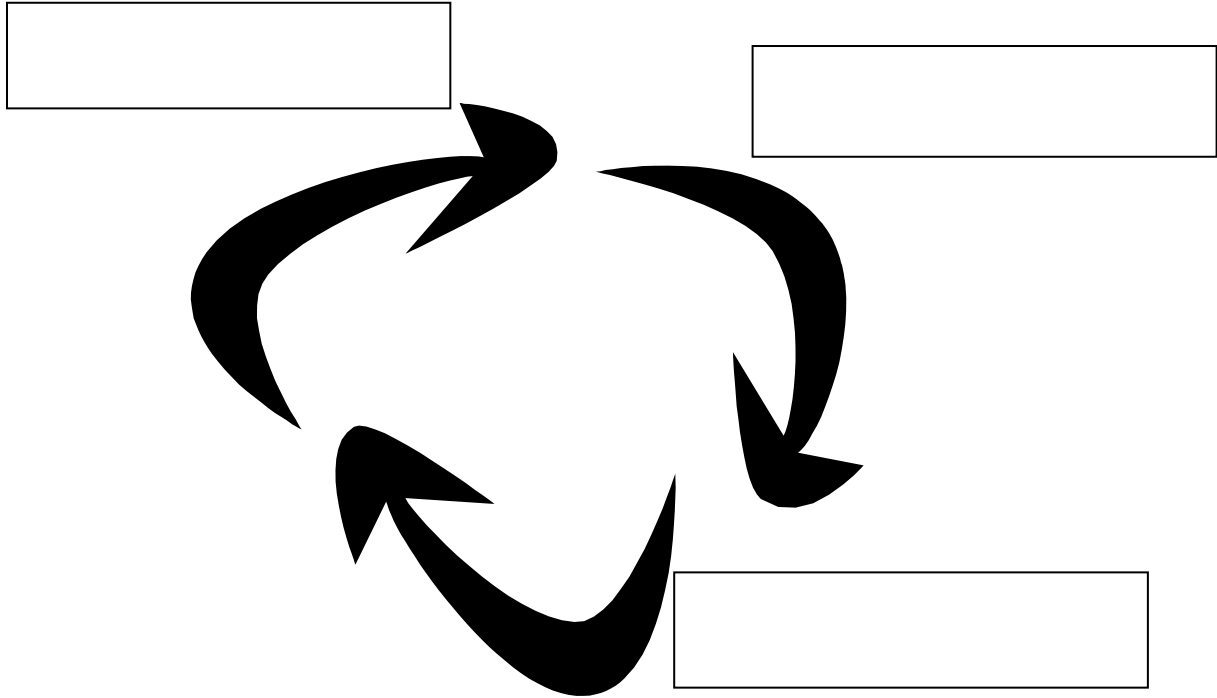
In order to understand a participant's story, we need to see the big picture and understand the details.



1. What parallels can you draw between this and working with W-2 participants?
2. How do you ensure you see the big picture when working with a participant?

Notes:

Assessment Process Model



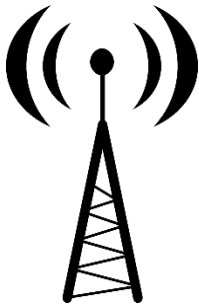
Why Assessments?

What do you get from assessments?

What do participants get from assessments?

From the Front Lines...

One and Done asks, “Why do we need to do so many different types of assessments?” While listening to the broadcast, think of other answers to One and Done’s question.



Notes:

Assessments

Assessment Matching

Draw a line to match the type of assessment to the description.

Type of Assessment	Description
Informal Assessment	Assesses a participant's capacity to become employed and remain employed, establish realistic vocational goals and develop a plan to achieve them
Formal Assessment	Determines the skills a participant already has
Vocational Evaluation	Assess a participant's work personality (attitude, ethic, etc.)
Career Assessment: Work Styles	Identifies careers that may fit a participant's interests
Career Assessment: Skills	Establishes the extent, severity, and effect of any disability along with the need for services/accommodations
Career Assessment: Interests	Gathers information regarding a participant and their family



Collective Knowledge

What information do you get from each of these assessments?

Informal Assessment:

Formal Assessment:

Vocational Evaluation:

Career Assessments:
Workstyles:

Skills:

Interests:

Utilizing Assessment Results

Why did we ask you to complete the Adult Learning Assessment?

How did you feel after completing it and setting it off to the side?

As a W-2 worker, where/how can I utilize assessment results?



Mini-Scenario Stations

Fred

List five next step action items that you may do with or offer to Fred.

-
-
-
-
-



Notes:

Darrin

List five topics that you would address with Darrin at his appointment today.

-
-
-
-
-



Notes:

Nicole

How do you cover the results of this assessment with her? List five key items to discuss with her.

-
-
-
-
-



Notes:

Cory

List five things to discuss with Cory.

-
-
-
-
-



Notes:

Gail

What are five questions or discussion topics you have with Gail, based on this assessment?

-

-

-

-

-



Notes:

Describe your comfort level with using each assessment.

Educational Needs Assessment (Fred)

Action Plan for Improvement:



Career Assessment: Interest (Darrin)

Action Plan for Improvement:



Vocational Evaluation (Nicole)

Action Plan for Improvement:



Physician's Assessment (Cory)

Action Plan for Improvement:

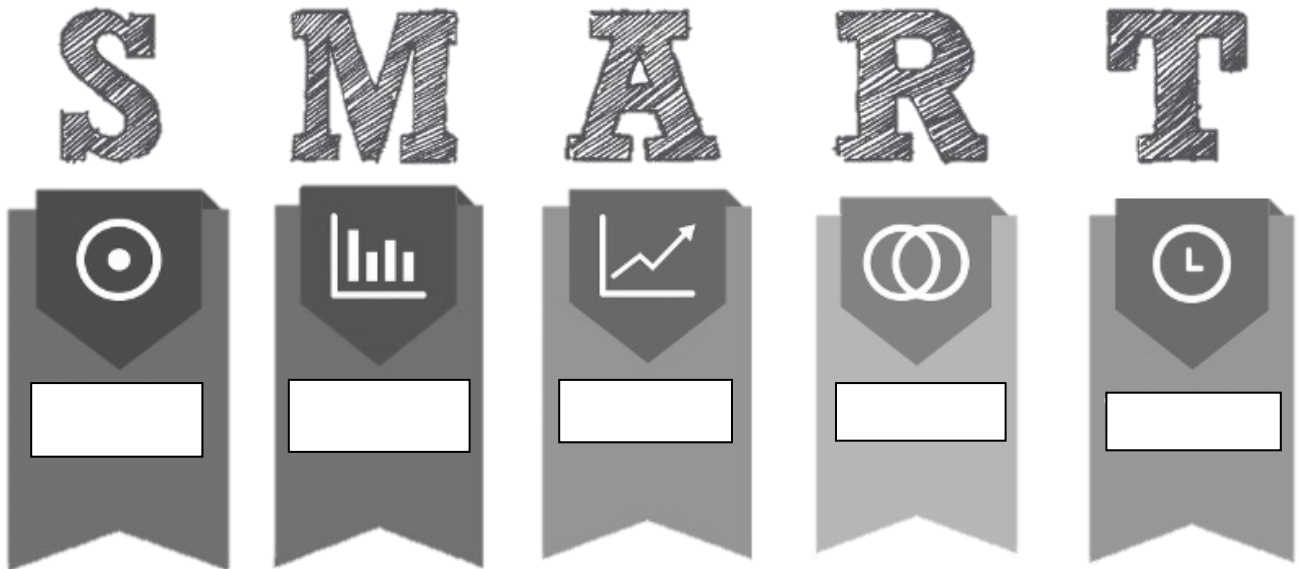


Mental Health Assessment (Gail)

Action Plan for Improvement:



SMART Goals



Achieve More by Setting SMART Goals can be found with the following link:

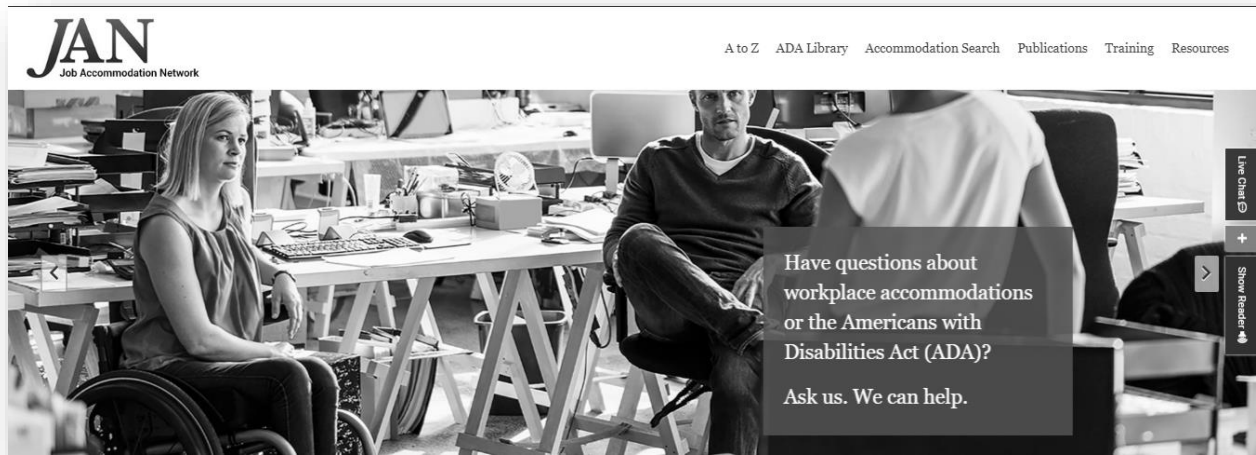
<https://www.youtube.com/watch?v=yA53yhiOe04>

Notes:

Accommodations

A Resource for Accommodations: askjan.org

JAN is the Job Accommodation Network. Their website, www.askjan.org, has information on the ADA, disabilities, and accommodation ideas for those disabilities.

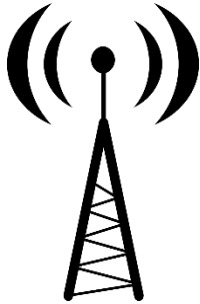


Notes:

Evaluation of Assessments

From the Front Lines...

Get to the Point asks, “Why do we need to even evaluate assessment results?” While listening to the broadcast, think of other answers to Get to the Point’s question.



Notes:

Evaluation

Evaluating results involves both the _____ and the _____.

Understanding assessment results allows participants to _____, _____, not _____.

Notes:

What do you gain by asking these questions?

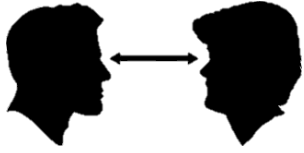
What does the result mean to the participant?

What actions need to be taken regarding our case management plan?

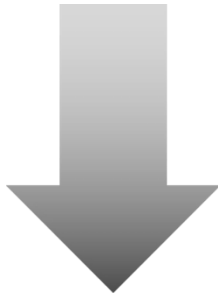
What further assessment is needed?

Documenting

Documentation means recording your comments and information received in the case record. Documentation records what happened regarding:



Proper documentation:



Notes:

Let's practice.

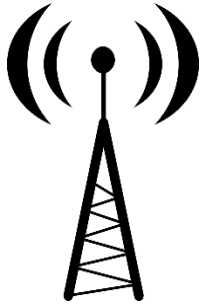
Example:

You are meeting with Shonda Quill to go over her career assessment results with her. Her interest inventory results show that she is Realistic and Social. Her current goals were to get a degree in computer science and become a computer programmer. You and Shonda discuss how these results may conflict with her current goals because she would not be able to be outdoors or work with many people. Shonda agrees that they do not align, and states she was pursuing that field because her mom said it would pay well. You and Shonda update her goals and activities to better align what she is interested in.

PIN Comment:

From the Front Lines...

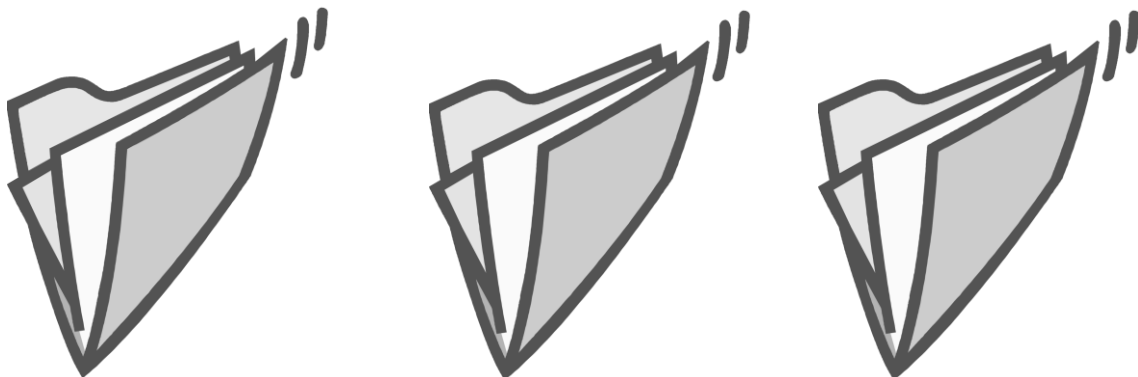
Commenting for Days asks, “Why do we need to be documenting our rationale for utilizing the assessment results?” While listening to the broadcast, think of other answers to Commenting for Days’ question.



Notes:

Documenting through PIN Comments

Notes:



Appraise Progress

The Three R's

Reassess:



Reengage:



Reevaluate:

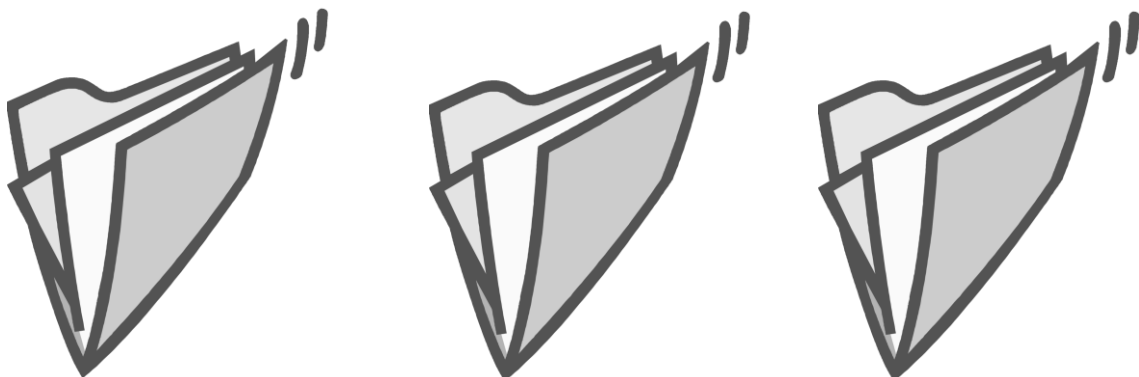


What would you do?

Notes:

Revisiting Documentation

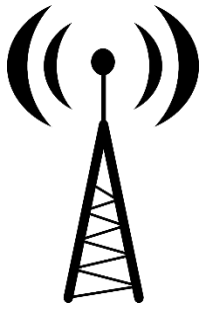
Looking at the response card you chose in the previous activity, document the actions that were taken like you would in PIN comments.



From the Front Lines...

No Talk, No Action asks, “Why should I bother commenting every time someone doesn’t answer my phone calls, or there is another appointment where no progress is made?”

While listening to the broadcast, think of other answers to No Talk, No Action’s question.



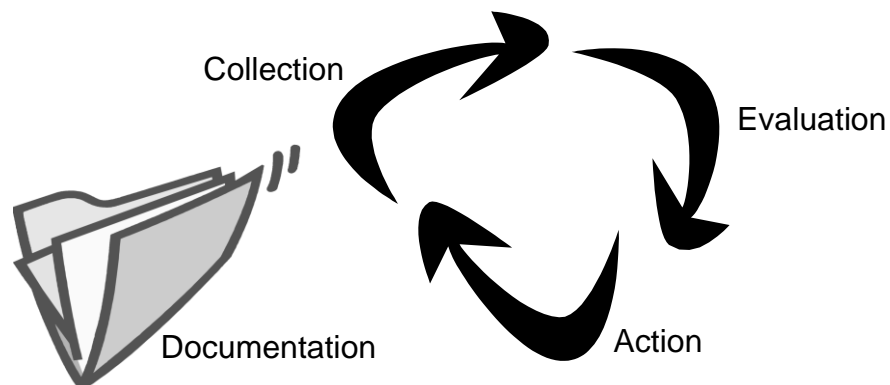
Notes:

Summary

Assessment is _____ throughout the time participants are in W-2.

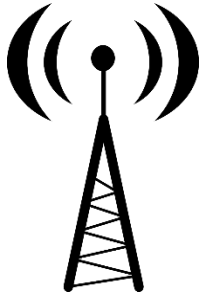
Results _____ to be _____ as part of ongoing case management.

As _____ takes place, goals and activities are updated to _____ the new information.



What's In It For Me (WIIFM)?

Create your own broadcast for participants telling them why using assessment results benefits **them**. First choose your key concept, then write your broadcast message.



Key Concept:

Broadcast Message:

Appendix

Appendix A: Fred

Individual Profile: Fred

Report Criteria						
ID:	00010	State:	Wisconsin	Test Scheduler:		
Test Name:	TABE 9 Complete Battery	District:	FVTC	Tonya Teacher		
Test Finish Date:	10-14-2019	School:	Downtown			
Report Date:	10-14-2019	Class:	Friday ABE			

Test Results						
Content Area	Level	Number of Questions			Scale Score	Grade Equivalency
		Total	Correct	Attempted		
Applied Mathematics	E	50	26	45	426	3.3
Language	E	50	17	40	407	2.8
Math Computation	E	40	17	32	419	3.5
Reading	E	50	29	42	430	3.0
Total Mathematics*					422	3.4
Total Battery**					419	3.1

Note:

Level

- This is the level he tested into with his locator test.

Scale Score

- The scale score is what is used to compare performance with average test takers in the same level and content area. These can be compared across subject areas and TABE levels.

Grade Equivalency

- The grade equivalency mirrors the typical structure seen in K-12 education, with the numbers representing a particular school year and month. These scores are not comparable across different test levels.

* Average Applied Mathematics and Math Computation

** Average of all scores

Appendix B: Darrin

Printed for: Darrin

O*NET Interest Profiler: Career List

Your interest results:

Realistic	29
Investigative	21
Artistic	16
Social	17
Enterprising	11
Conventional	3

Your Job Zone:

Job Zone Three
Medium Preparation Needed

Careers that fit your interests and preparation level:











 Best fit  Great fit

-   Medical Appliance Technicians
-   Veterinary Assistants & Laboratory Animal Caretakers
-   Commercial Divers
-  Forest & Conservation Technicians
-  Municipal Firefighters
-  Potters, Manufacturing
-  Precious Metal Workers
-   Radiologic Technologists
-  Robotics Technicians
-   Veterinary Technologists & Technicians

Other careers that fit your interests:


Job Zone One: Little or No Preparation Needed

 Best fit  Great fit

-  Agricultural Equipment Operators
-  Farmworkers & Laborers, Crop
-   Fishers & Related Fishing Workers
-   Hunters & Trappers
-  Meat, Poultry, & Fish Cutters & Trimmers
-   Roustabouts, Oil & Gas
- Fabric Menders
- Painting, Coating, & Decorating Workers
- Plasterers & Stucco Masons
-  Septic Tank Servicers & Sewer Pipe Cleaners

Job Zone Two: Some Preparation Needed

 Best fit  Great fit

-  Animal Breeders
-   Animal Trainers
-  Excavating & Loading Machine & Dragline Operators
-  Forest Firefighters
-  Mine Cutting & Channeling Machine Operators

- 🔧 Multiple Machine Tool Setters, Operators, & Tenders, Metal & Plastic
- 🔧 Nursery Workers
- 🔧 Rail Car Repairers
- 🔧 Sheet Metal Workers
- 🔧 Solderers & Brazers

Job Zone Four: High Preparation Needed


🔧 Best fit 🔧 Great fit

- 🔧 Fish & Game Wardens
- 🔧 Foresters
- 🔧 Aerospace Engineers
- 🔧 Agricultural Engineers
- 🔧 Automotive Engineers
- 🔧 Electronics Engineers
- 🔧 Energy Engineers
- 🔧 Mechanical Engineers
- 🔧 Museum Technicians & Conservators
- 🔧 Solar Energy Systems Engineers

Job Zone Five: Extensive Preparation Needed

🔧 Best fit 🔧 Great fit

- 🔧 Acupuncturists
- 🔧 Surgeons
- 🔧 Allergists & Immunologists
- 🔧 Anesthesiologist Assistants
- 🔧 Anesthesiologists
- 🔧 Athletic Trainers
- 🔧 Chemistry Teachers, Postsecondary
- 🔧 Chiropractors
- 🔧 Dentists, General
- 🔧 Dermatologists
- 🔧 Human Factors Engineers & Ergonomists
- 🔧 Medical Scientists
- 🔧 Nurse Anesthetists
- 🔧 Obstetricians & Gynecologists
- 🔧 Oral & Maxillofacial Surgeons
- 🔧 Orthodontists
- 🔧 Orthoptists
- 🔧 Orthotists & Prosthetists
- 🔧 Preventive Medicine Physicians
- 🔧 Prosthodontists
- 🔧 Radiologists

-  Soil & Plant Scientists
-  Sports Medicine Physicians
-  Urologists
-  Veterinarians

Special Notice: Proper Use of O*NET Interest Profiler Results

You **should use** your **O*NET Interest Profiler** results to explore the world of work and identify careers that may satisfy what is important to you in a job-your interests. You will be able to look at the interests satisfied by careers and compare them to your own interests. Talk to a vocational/employment counselor or teacher for more help on how to use your **O*NET Interest Profiler** results.

Your **O*NET Interest Profiler** results **should not be used** for employment or hiring decisions. Employers, education programs, or other job-related programs should not use your results as part of a screening process for jobs or training.

If you think that your **O*NET Interest Profiler** results are being used incorrectly, talk to your vocational/employment counselor, teacher, or program administrator. You also can contact the National Center for O*NET Development for assistance.

National Center for O*NET Development
Attention: Customer Service
P.O. Box 27625
Raleigh, NC 27611
Email: [O*NET Customer Service \(onet@onetcenter.org\)](mailto:onet@onetcenter.org)

Appendix C: Nicole

Vocational Evaluation Report

Name: Nicole

Length of Evaluation: 2 days

Reason for Referral: Nicole is being referred by the W-2 agency to ascertain her cognitive functioning. Reports from her workshop facilitator and worksite provider indicate difficulty understanding directions, focusing, and navigating social interactions through proper communication. Statement from Case Manager also reports that Nicole informed her that she “has trouble understanding things sometimes.” Due to all of these items, Case Manager suspects there may be cognitive deficits. No additional records provided, as she declined other formal assessments.

Background Information: Nicole is a 19-year-old female with a four-month-old child. She lived with her baby’s father for six months, but moved back home two weeks before her child was born due to breaking up with the father. Nicole graduated from West High School last year with a 2.5 GPA, by her report. She indicated her strongest core skills were in science, but preferred music and gym. She reports that she was diagnosed with ADHD in high school. She took part in a different classroom for homeroom and study hall where she received help with homework. Nicole reports that she received several detentions a semester for causing disruptions during class. She has experienced working in several different fast food restaurants, none of which lasted more than five months. Nicole was fired from her most recent position at Wendy’s. She states it was due to not getting along with co-workers.

Vocational History: (Employer/Job Title/Primary Duties)

December 2018 – January 2019: Wendys/Cook/wash, cook, and prepare food

February 2018 – July 2018: McDonalds/Crew Member/take orders, clean tables

Observations: Nicole arrived on time for her first appointment, and was 15 minutes late for her second appointment. She reports that she was late because it took longer than expected dropping her child off at daycare. During her initial interview, she appeared to be nervous. When asked about it, she stated that she doesn’t like to be judged. Evaluator explained that she would not judge her, but rather make recommendations to assist her. This appeared to ease some of Nicole’s nervousness. Her hygiene and grooming were within appropriate limits regarding her age. When asked about her current living situation, Nicole brought up the father of her child, citing him as a cheater. Evaluator redirected her to her current situation. Nicole brought up the father of her child 6-7 times over the period of the 2 days that she was being assessed. During her interactions with the Evaluator, she asked personal questions and asked for advice. Evaluator declined to answer each time, but she asked again at least once an hour. When provided a list of tasks to complete, Nicole repeatedly asked for instructions. She would work on the task for 15-30 minutes at a time and then appeared to get distracted.

Assessments Administered:

Wechsler Adult Intelligence Scale, fourth addition (WAIS-IV):

	Composite Score	Percentile Rank	Confidence Interval	Qualitative Descriptor
Verbal Comp.	85	16	80-91	Low Average
Perceptual Reasoning	82	15	80-91	Low Average
Working Memory	70	2	82-93	Low
Processing Speed	90	17	85-94	Low Average
Full Scale IQ	82	15	82-90	Low Average

The WAIS-IV was administered to Nicole to as a measure of her intellectual functioning and cognitive abilities. Results reflect that her Full Scale Intelligence Quotient (FSIQ) was measured to be in the Low Average range and at the 15th percentile. Her strongest area of performance was on the measure of Processing Speed. Nicole’s scores show that her cognitive abilities are below most others her age in the general population.

Recommendations:

1. *Further develop social skills* – Nicole’s interactions with Evaluator and comments submitted prior to evaluation indicate that she struggles with effectively socializing with others. A mentor or job coach is recommended to be at a work site and/or workshop setting to aid Nicole in navigating social relationships. Providing small rewards and feedback for positive interactions will help re-enforce appropriate behavior. It is not recommended that Nicole pursue unsubsidized employment until social skills are better developed.
2. *Continue W-2 participation* – Nicole will benefit from the support and assistance provided by the W-2 agency. Providing instructions and plans in multiple formats would help her participate to the best of her ability. An audio recorder and/or written instructions should be provided when she expected to complete more than two tasks over a period of more than 30 minutes. Nicole functions best in environments with limited distractions, such as a quiet environment.
3. *Consider follow-up with a medical and/or mental health provider* – Nicole demonstrated resentment regarding her baby’s father. Her insistence on bringing him up suggests that she is unable to move on and may benefit from speaking with a professional. Nicole also indicated that she performed better in school when she was taking medication. She has since stopped that medication and has regressed. Nicole may benefit from resuming a medication regimen.

Appendix D: Cory

MEDICAL EXAMINATION AND CAPACITY

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m), Wisconsin Statutes].

The provision of your Social Security Number (SSN) is mandatory under Wisconsin Statutes 49.145 (2)(k). Your SSN may be verified through computer matching programs and may be used to monitor compliance with program regulations and program management. Your SSN may be disclosed to other Federal and State Agencies for official examination. If you do not provide your social security number, your application for benefits will be denied.

Participant Name	Date of Birth	Social Security Number
Cory Pentel	08,01,1984	895-625-6296

Name of Professional Provider	Professional Title		
David Ford	MD		
Office Address	City	State	Zip Code
5585 Belknap St	Superior, WI	WI	54880

Dear Health Professional,

The individual named above is an applicant/participant in the **Wisconsin Works (W-2)** program. The purpose of this form is to gather information about this individual's current ability to participate in W-2 activities.

W-2 is a program designed to help individuals become self-sufficient through work and work readiness activities. In order to assign appropriate activities, it is important for us to have an idea of what tasks and assignments this individual is capable of. It is also important for us to know about accommodations and modifications that may assist this individual in participating in work readiness activities.

Activities that can be a part of a W-2 placement include:

- o job readiness/life skills workshops;
- o education and job skills training;
- o on-the-job work experience;
- o recommended medical treatments; and
- o counseling and physical rehabilitation activities.

Please answer the following questions concerning this individual's medical condition(s):

1. How frequently is the patient scheduled to meet with you?
Every six months

Regarding current course of treatment, how long have you been meeting with this patient?
4 years

When is your next scheduled appointment with this patient?
2 weeks

2. Are you aware of any other health care professionals who are currently treating this person? If yes, please identify provider name and purpose of treatment:
Jamie Ener, Orthopedic Surgeon

3. Diagnosis/Condition: Carpal Tunnel in both wrists

4. Prognosis: (if the patient's condition is related to pregnancy, please enter the expected date of birth)
Surgery for right wrist scheduled for 1 week, left wrist scheduled for 3 weeks

5. When did your patient's symptoms begin (estimate date)?
Five years ago

Is it likely that your patient's symptoms will last 6 months or longer? Yes No

Is it likely that your patient's symptoms will last 12 months or longer? Yes No

6. What kind of treatment plan is the patient involved in? What is the expected outcome?
Was completing physical therapy, which was no longer working. Surgery scheduled for both wrists to take place within the month. Strength building post-surgery expected to take 6-8 weeks, but then should have full recovery.

If schedule for treatment plan is known, please include below or attach:

7. What type of environment or conditions could help this person function most effectively in a variety of daily activities? Unable to write, type, or complete any other manual manipulation immediately following surgery. Will be able to do more as strengthening progresses. Once back at full capacity, no special environments/conditions required.

8. This individual may have his/her vocational capacity assessed. What, if any, accommodations should be provided for the assessment? N/A

9. Is the patient attending scheduled appointments? Yes No

If no, please explain and list missed appointment dates:

Do you attribute the missed appointments to the impairment(s)?

Yes No

10. Identify any psychological conditions that you are aware of:

- Depression
- Anxiety
- Somatoform disorder
- Personality disorder
- Psychological factors affecting physical condition
- Other: _____

11. Physical Capacities

Maximum ability to lift and carry on an occasional basis (no more than 2 hours out of an 8 hour day).

No limitation 100 lbs. 50 lbs. 20 lbs. 10 lbs. Other None until strength rebuilt

Maximum ability to lift and carry on a frequent basis (no more than 6 hours out of an 8 hour day)

No limitation 100 lbs. 50 lbs. 20 lbs. 10 lbs. Other None until strength rebuilt

Maximum ability to stand and walk (with normal breaks) during an 8 hour day.

No limitation no more than 6 hours no more than 2 hours Other _____

How many city blocks can this individual walk without rest or severe pain? No restriction

Maximum ability to sit (with normal breaks) during an 8 hour day.

No limitation no more than 6 hours no more than 2 hours Other _____

For questions 12-14 below, "rarely" means 1%-5% of an eight-hour workday; "occasionally" means 6%-33% of an eight-hour workday; and "frequently" means 34%-66% of an eight-hour workday.

12. How often can this individual perform the following activities?

Activity	Never	Rarely	Occasionally	Frequently
Look down (sustained flexion of neck)				X
Turn head right or left				X
Look up				X
Hold head in static position				X
Twist				
Twist				X
Stoop (bend)				X
Crouch/squat				X
Climb ladders				X
Climb stairs				X

13. Does this patient have significant limitations with reaching, handling, or fingering? Yes No

If yes, please indicate the percentage of time during an 8-hour day that your patient can use hands/fingers/arms for the following activities:

Activity		Never	Rarely	Occasionally	Frequently
Hand: Grasp, turn twist objects	Right		X		
	Left		X		
Fingers: Fine finger manipulation	Right		X		
	Left		X		
Arm: Reaching (include overhead)	Right			X	
	Left			X	

14. If your patient's symptoms interfere with performance of simple work task, please estimate the frequency of interference?

- Never Rarely Occasionally Frequently

15. What is your assessment of this individual's ability to communicate and see?

No limitation

16. Is your patient making positive progress? Yes No

Please describe the progress or lack of progress.

Physical therapy no longer working, surgery scheduled

17. Are the patient's impairments likely to produce 'bad' days? Yes No

If yes, on the average, how often do you anticipate that your patient's impairments would become acute so that the patient would be absent from work and/or other W-2 activities?

- Once per month or less Over twice per month
 About twice per month More than 3 times per month

18. Does this person's medication(s) or treatment cause side affects that impact his/her ability to participate in a work/education environment (e.g., drowsiness, dizziness, nausea, etc.)?

- Yes No

If "Yes" specify: Unable to write, type, or complete any other manual manipulation for 3 weeks post-op

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19. Does this person require any adaptive devices or other accommodations to help him/her function effectively in a work/education environment (e.g., assistive device for ambulation, need to alternate positions frequently, limits on pushing and pulling, operating hand or foot controls, accommodations for bending and stooping, part-time or flexible work schedule, etc.)?

Yes No Unknown

If "Yes" describe what is needed:

Will need assistance with writing, typing, and other manual manipulation for at least 3 weeks post-op

20. Identify any of the following that your patient is likely to experience:

- | | |
|---|--|
| <input type="checkbox"/> Low tolerance for frustration | <input type="checkbox"/> Difficulty maintaining activities of daily living |
| <input type="checkbox"/> Difficulty communicating his/her needs | <input type="checkbox"/> Difficulty with decision making |
| <input type="checkbox"/> Difficulty following instructions | <input type="checkbox"/> Difficulty following through on agreed actions |
| <input type="checkbox"/> Inability to work with children | <input type="checkbox"/> Panic attacks |
| <input type="checkbox"/> Difficulty working around other people | <input type="checkbox"/> Difficulty with reality interpretation |
| <input type="checkbox"/> Difficulty controlling anger appropriately | <input type="checkbox"/> Difficulty being in unfamiliar environment |
| <input type="checkbox"/> Socially inappropriate responses to situations | <input type="checkbox"/> Difficulty with impulse control |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Difficulty maintaining concentration |
| <input type="checkbox"/> Difficulty engaging in complex tasks that require judgment | <input type="checkbox"/> Other: _____ |

21. Please recommend any other activities and services not included in your treatment plan that may help this individual further address his/her mental health impairment:

- | | |
|---|--|
| <input type="checkbox"/> Assessment (please specify type)
_____ | <input type="checkbox"/> Treatment and/or counseling (please specify)
_____ |
| <input type="checkbox"/> Advocacy for Social Security Income/Disability | <input type="checkbox"/> Other _____ |

22. Additional Recommendations or Restrictions: _____

23. Considering this patient's condition(s) and limitation(s) please indicate below what activities related to work and training you would recommend?

- | | |
|--|--|
| <input type="checkbox"/> work/work experience activities | <input type="checkbox"/> job skills training |
| <input type="checkbox"/> adult basic education/literacy | <input type="checkbox"/> supported job search activities |
| <input type="checkbox"/> job readiness/life skills workshops | <input type="checkbox"/> other |

If no recommendations, please explain:

Do not recommend any work related activities for at least 1 week post-op and light work duties until follow-up appointment in 8 weeks

24. Estimate the number of hours a day (5 days a week) this individual can participate in work/work readiness activities within these recommendations : 0-20 depending on patient comfort level

25. If you have indicated anywhere on this form that this patient is unable to participate in W-2 activities, please explain: All activity to be limited immediately following post-op

26. Given your patient's current medical condition(s), please specify a date when the recommendations that you have provided should be reviewed: 8 weeks

Case Management Strategies for Success: Utilizing Assessment

Name of Professional Provider David Ford	Title MD	Telephone Number 715-889-6548
Signature of Professional Provider <i>David Ford</i>		Date Signed 08/07/2019

Return completed form to:

Name of Agency Representative Lucy Miller		Address 856 E 2nd St		Date Sent 08/01/2019
City Superior	State WI	Zip Code 54880	Telephone Number 715-894-6326	Fax Number 715-894-6666

Appendix E: Gail

MENTAL HEALTH REPORT

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m), Wisconsin Statutes].

The provision of your Social Security Number (SSN) is mandatory under Wisconsin Statutes 49.145 (2)(k). Your SSN may be verified through computer matching programs and may be used to monitor compliance with program regulations and program management. Your SSN may be disclosed to other Federal and State Agencies for official examination. If you do not provide your social security number, your application for benefits will be denied.

Participant Name Gail Nash	Date of Birth 02/02/1995	Social Security Number 815-475-4454
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Name of Professional Provider Carole King		Professional Title Licensed Professional Counselor	
Office Address 221 W. 16th Ave, Room 201	City Milwaukee	State WI	Zip Code 53527

Dear Mental Health Professional,

The individual named above is an applicant/participant in the **Wisconsin Works (W-2)** program. The purpose of this form is to gather information about this individual's current ability to participate in W-2 activities.

W-2 is a program designed to help individuals become self-sufficient through work and work readiness activities. In order to assign appropriate activities, it is important for us to have an idea of what tasks and assignments this individual is capable of. It is also important for us to know about accommodations and modifications that may assist this individual in participating in work readiness activities.

Activities that can be a part of a W-2 placement include:

- job readiness/life skills workshops;
- education and job skills training;
- on-the-job work experience;
- recommended medical treatments; and
- counseling and physical rehabilitation activities.

Please answer the following questions concerning this individual's impairments:

1. How frequently is the patient scheduled to meet with you?
Weekly (45 minutes)

Regarding current course of treatment, how long have you been meeting with this patient?
2 years, since birth of second daughter

When is your next scheduled appointment with this patient? Next Tuesday at 3:15pm

2. Are you aware of any other health care professionals who are currently treating this person? If yes, please identify provider name and purpose of treatment: Medical doctor for anxiety prescription

3. DSM-IV-TR Multiaxial Evaluation:

- include code and diagnosis for each axis
- in addition to mental health, please include any diagnosis related to alcohol or other substance abuse

Axis I: _____ Axis IV: _____

Axis II: _____ Axis V: Current GAF: _____

Axis III: _____ Highest GAF Past Year: _____

4. Identify your patient's signs and symptoms associated with this diagnosis:

<input type="checkbox"/>	Poor Memory	<input type="checkbox"/>	Time or place disorientation
<input type="checkbox"/>	Appetite disturbance with weight loss	<input type="checkbox"/>	Decreased energy
<input checked="" type="checkbox"/>	Sleep disturbance	<input checked="" type="checkbox"/>	Social withdrawal or isolation
<input type="checkbox"/>	Personality changes	<input type="checkbox"/>	Blunt, flat or inappropriate affect
<input type="checkbox"/>	Mood disturbance or lability	<input type="checkbox"/>	Illogical thinking or loosening of association
<input type="checkbox"/>	Pathological dependence or passivity	<input type="checkbox"/>	Anhedonia or pervasive loss of interests
<input type="checkbox"/>	Delusions or hallucinations	<input type="checkbox"/>	Manic syndrome
<input checked="" type="checkbox"/>	Recurrent panic attacks	<input type="checkbox"/>	Obsessions or compulsions
<input type="checkbox"/>	Somatization unexplained by organic disturbance	<input type="checkbox"/>	Intrusive recollections of a traumatic experience
<input type="checkbox"/>	Psychomotor agitation or retardation	<input type="checkbox"/>	Persistent irrational fears
<input type="checkbox"/>	Paranoia or inappropriate suspiciousness	<input checked="" type="checkbox"/>	Generalized persistent anxiety
<input checked="" type="checkbox"/>	Feelings of guilt/worthlessness	<input type="checkbox"/>	Catatonia or grossly disorganized behavior
<input checked="" type="checkbox"/>	Difficulty thinking or concentrating	<input type="checkbox"/>	Hostility and irritability
<input type="checkbox"/>	Suicidal ideation or attempts	<input type="checkbox"/>	Other:

5. If your patient experiences symptoms which interfere with attention and concentration needed to perform even simple work tasks, during a typical workday, please estimate the frequency of interference. *For this question, "rarely" means 1% to 5% of an eight-hour working day; "occasionally" means 6% to 33% of an eight-hour working day; "frequently" means 34% to 66% of an eight-hour working day; and "constantly" means more than 66% of an eight-hour working day.*

- rarely occasionally frequently constantly

Is your patient making positive progress? Yes No

Please describe the progress or lack of progress.

Has been progressing with occasional set backs. Displays willingness to try new strategies for anxiety and improve sleep.

6. To the best of your knowledge, is the patient on prescribed medications? Yes No

If yes, please list:

Xanax for anxiety and panic attacks, journal kept to record when medication is needed and circumstances of why needed

Describe any side affects of prescribed medications which may have implications for working, e.g., dizziness, drowsiness, fatigue, lethargy, stomach upset, etc.:

Anxiety medication can help with better sleep if taken prior to bed, but can lead to inability to focus or complete tasks if taken during day

7. When did your patient's symptoms begin (estimate date)?

As a teenager, not diagnosed until two years ago

8. Is it likely that your patient's symptoms will last 6 months or longer? Yes No

9. Is it likely that your patient's symptoms will last 12 months or longer? Yes No

10. Does the psychiatric condition exacerbate your patient's experience of pain or any other physical symptoms? Yes No

If so, please explain:

11. When completing the chart below:

*A "Marked" degree of limitation may arise when several activities or functions are impaired or even when only one is impaired, so long as the degree of limitation is such as to seriously interfere with the ability to function independently, appropriately and effectively.

***"Concentration, persistence and pace" refers to ability to sustain focused attention sufficiently long to permit the timely completion of tasks commonly found in work settings. This is often evaluated in terms of frequency of errors, assistance required and/or time necessary to complete simple tasks.

*** "Repeated" refers to repeated failure to adopt to stressful circumstances such as decisions, attendance, schedules, completing tasks, interactions with others, etc., causing withdrawal from the stress or to experience decompensation or exacerbation of signs and symptoms.

FUNCTIONAL LIMITATION		DEGREE OF LIMITATION				
		None	Slight	Moderate	Marked*	Extreme
1.	Restriction of activities of daily living	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Difficulties in maintaining social functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Deficiencies of concentration, persistence or pace resulting in failure to complete tasks in a timely manner (in work settings or elsewhere) **	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.	Episodes of deterioration or decompensation in work or work-like settings which cause the individual to withdraw from that situation or to experience exacerbation of signs and symptoms (which may include deterioration of adaptive behaviors)	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Please describe any additional functional limitations not covered above that would affect your patient's ability to work in a job on a sustained basis: _____

13. On the average, how often do you anticipate that your patient's impairments would become acute so that the patient would be absent from work and other W-2 activities?

- Once a month or less Over twice a month
 About twice a month More than 3 times a month

14. Has there been any recent acute episodes? If yes, please explain and give dates:

15. To determine your patient's ability to do work-related activities on a day-to-day basis in a regular work setting, please give us your opinion – based on your examination – of how your patient's mental/emotional capabilities are affected by the impairment(s). Consider the medical history, the chronicity of findings (or lack thereof) and the expected duration of any work-related limitations, but not your patient's age, sex or work experience.

For each activity shown below, describe your patient's ability to perform the activity according to the following items:

Unlimited to Very Good:	Ability to function in this area is more than satisfactory.
Good:	Ability to function in this area is limited but satisfactory.
Fair:	Ability to function in this area is seriously limited, but not precluded.
Poor or None:	No useful ability to function in this area.

	MENTAL ABILITIES AND APTITUDE NEEDED TO WORK	UNLIMITED TO VERY GOOD	GOOD	FAIR	POOR OR NONE
1.	Interact appropriately with general public		X		
2.	Understand, remember and carry out very short and simple instructions		X		
3.	Maintain attention for two-hour segment		X		
4.	Maintain regular attendance and be punctual with customary, usually strict tolerances		X		
5.	Sustain an ordinary routine without special supervision		X		
6.	Work in coordination with or proximity to others without being unduly distracted		X		
7.	Complete a normal workday and work week without interruptions from psychologically based symptoms		X		
8.	Perform at a consistent pace without an unreasonable number and length of rest			X	
9.	Accept instructions and respond appropriately to criticism from supervisors		X		
10.	Get along with co-workers or peers without unduly distracting them or exhibiting behavioral extremes		X		
11.	Respond appropriately to changes in a routine work setting			X	
12.	Deal with normal work stress		X		
13.	Be aware of normal hazards and take appropriate precautions		X		
14.	Deal with stress of semi-skilled and skilled work			X	
15.	Perform detailed or complicated tasks			X	
16.	Perform fast paced tasks (e.g., production line)			X	

16. Is the patient attending scheduled appointments? Yes No

If no, please explain and list missed appointment dates:

Do you attribute the missed appointments to the mental health impairment? Yes No

17. What kind of treatment plan is the patient involved in? What is the expected outcome?
Ongoing weekly counseling, medication as needed/documenting when needed
Outcome: maintain safety, care, and stability of children, development of self
care/self management of anxiety triggers

If schedule for treatment plan is known, please include below or attach:
See above

18. Please recommend any other activities and services not included in your treatment plan that may help this individual further address his/her mental health impairment:

- Assessment (please specify type) _____ Treatment and counseling (please specify) _____
- Advocacy for Social Security Income/Disability _____ Other _____

19. What type of environment or conditions could help this person function most effectively in a variety of daily activities?
Provide clear directions, be friendly and approachable, pair with
professionals with working knowledge of anxiety

20. Considering this patient's mental health condition and limitations please indicate below what activities related to work and training you would recommend?

<input checked="" type="checkbox"/> work/work experience activities	<input checked="" type="checkbox"/> job skills training
<input checked="" type="checkbox"/> adult basic education/literacy	<input checked="" type="checkbox"/> supported job search activities
<input checked="" type="checkbox"/> job readiness/life skills workshops	<input type="checkbox"/> other _____

If no recommendations, please explain:

21. Estimate the hours a day (5 days a week) this individual can participate in work/work readiness activities within these recommendations?
5-8 per day with flexibility to leave and regroup, low stress

22. Given your patient's current mental impairments, please specify a date when the recommendations that you have provided should be reviewed:
Reassessed at each counseling session

Name of Professional Provider Carole King, LPC	Title Counselor	Telephone Number 414-529-4258
Signature of Professional Provider <i>Carole King</i>		Date Signed 03/01/2019

Return completed form to:

Name of Agency Representative Cary Sorenson		Address 552 E Southland Ct.		Date Sent 03/01/2019
City Milwaukee	State WI	Zip Code 53527	Telephone Number 414-858-6454	Fax Number 414-858-6453