

Working with W-2 Participants with Multiple Barriers – Virtual Classroom

Purpose

Workers engage participants with multiple barriers to reach their goals and move toward self-sufficiency.

Objectives

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

- Summarize what case management means when working with W-2 participants with multiple barriers.
 - Use assessment results to help W-2 participants with multiple barriers reach their program goals.
 - Demonstrate engagement techniques that assist W-2 participants with multiple barriers to reach self-sufficiency.
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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.

Day One

Podcast Pop Quiz

True or False: Barriers can have a significant impact on participants' ability to work.

Why are some individuals with disabilities unable to work full-time?

- Lack of interest in working
- Inability to manage disability
- Lack of employer flexibility

Why is empathy important when working with participants facing multiple barriers?

- It allows you to sympathize with their challenges
- It helps build a trusting relationship
- It helps you provide immediate solutions

Working with W-2 Participants with Multiple Barriers Challenges

One challenge I have when working with W-2 participants with multiple barriers is:

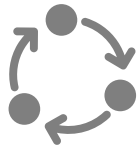
Potential solutions:

Assessment

You need information. Assessments provide that information.



Think about when ...

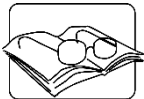


Is there a pattern?



What's worked in the past?

Informal Assessment



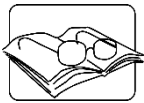
W-2 Policy Manual 5.2 and 4.3.3

Informal assessment provides us an overview of the participant's current situation. It shows you what is working for the participant in their daily life. Through informal assessment, you can identify strategies that help a participant navigate their barriers along with strategies that help identify accommodations to complete activities and move toward their goals.

Formal Assessment

A formal assessment helps establish the disability, its effects, and supportive assistance needed. This information also establishes the participant's capabilities.

Career Assessment



W-2 Policy Manual 5.2.2 and 5.4.3

Career assessments can guide a participant to a potential career path. You use the information to assign meaningful activities, highlight strengths, identify training needs, and match the individual to employment opportunities.

Seasonal Check-in:

How have you used assessment results to engage participants with multiple barriers?



Case Study: Assessment

Five strategies for using assessment results to engage participants:

1.

2.

3.

4.

5.

Day Two

Goal Setting

Using assessment results, you can work with participants to develop goals. Working with the participant on this can help them see what they can do and what is possible.



Help participants see what they can do



What is possible



Takes time

Why might a participant with multiple barriers be hesitant to set goals or struggle with setting goals?

How can you help the participant handle their hesitations or struggles and assist them in setting goals?

Goal Setting Tools

“You don’t have to see the whole staircase, just take the first step.” Dr. Martin Luther King, Jr.

SMART Goals



The SMART Goal method is advantageous when working with W-2 participants with multiple barriers because:

1.

2.

3.

Other reasons:

| Goal A | Goal B |
|---|---|
| <p>Michael wants to be the shop foreman of a farm equipment manufacturer within one year.</p> | <p>Michael wants to return to part-time work in the manufacturing industry to regain the skills he previously had, and to work on improving his physical endurance and attendance accountability.</p> |
| <p>Step 1: Create a resume within two weeks.</p> | <p>Step 1: Speak with primary physician within three weeks about a plan for returning to physical labor.</p> |
| <p>Step 2: Contact references.</p> | <p>Step 2: Work with Job Developer to set up a work site to practice accountability within one month.</p> |
| <p>Step 3: Apply to ABC Manufacturer within one month.</p> | <p>Step 3: Develop a skills-based resume based on past manufacturing experience within one month.</p> |
| | <p>Step 4: Identify three employers to start with within five weeks.</p> |
| | <p>Step 5: Complete job skills workshop to practice interviewing skills within six weeks.</p> |
| | <p>Step 6: Apply to the three identified employers within nine weeks.</p> |

Seasonal Check-in:

What is one goal strategy or tool that could be a solution to one of the challenges?



Challenges and Solutions

Notes:



Goals Setting Worksheet

Primary Employment Goal

Goal Description:

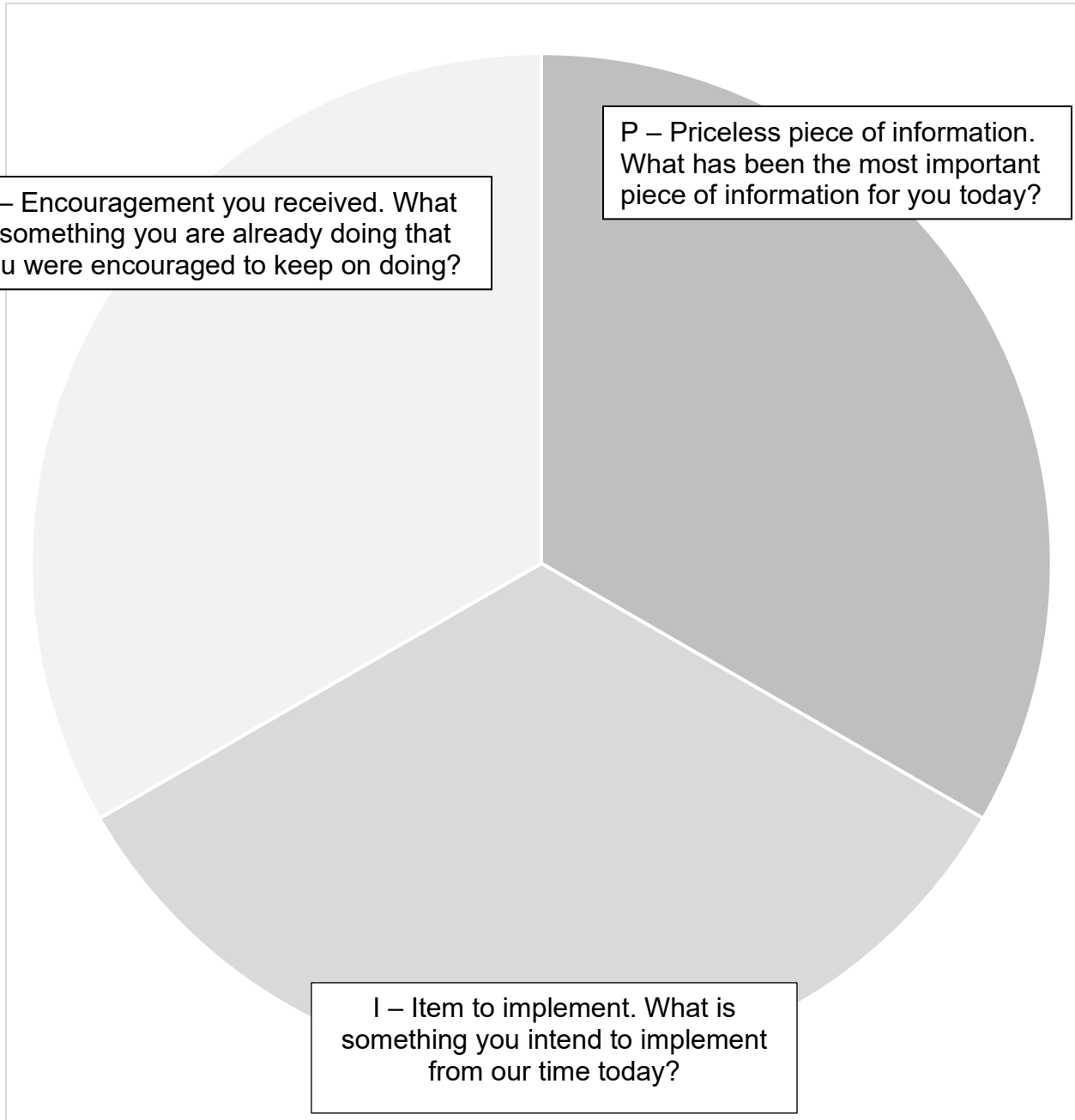
Goal Steps:

Goal of Your Choosing

Goal Description:

Goal Steps:

Piece of PIE



Engagement

You are not alone.

Overcoming barriers takes time.

You are responsible for the process. The participant is responsible for the outcome.

Ongoing assessment and support are needed.

Adjust the process and activities as the situation changes.

Activities



Program allows for flexibility



40 hours with accommodations

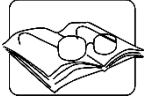


Think outside the box

Seasonal Check-in:
How have you used *creativity* in activity assignment?



Community Partners & Resources



W-2/DVR Technical Assistance Guide

What benefits can you think of for partnering with other agencies?

For Yourself

For Participants

Employment Search

What else can employment search involve?

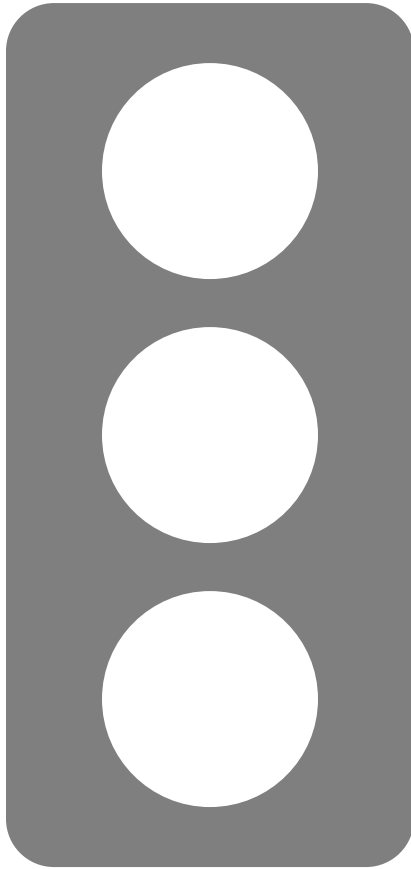
Accommodations

Accommodations make the opportunity to participate viable for all participants to reach their individual goals, no matter the extent of their barriers. Allowing all participants, regardless of any barriers, the chance to participate and take advantage of all that W-2 has to offer is critical to the success of the program and the success of each participant.

Engagement Strategies Worksheet

| | |
|-----------------------|--|
| Activities | |
| Additional Assessment | |
| Community Connections | |
| Other Strategies | |

Case Study: Engagement and Accommodations



What do you want to **stop** doing?

What do you want to **improve** or **be aware** of?

What do you want to **start** doing?

Challenges and Solutions

Notes:

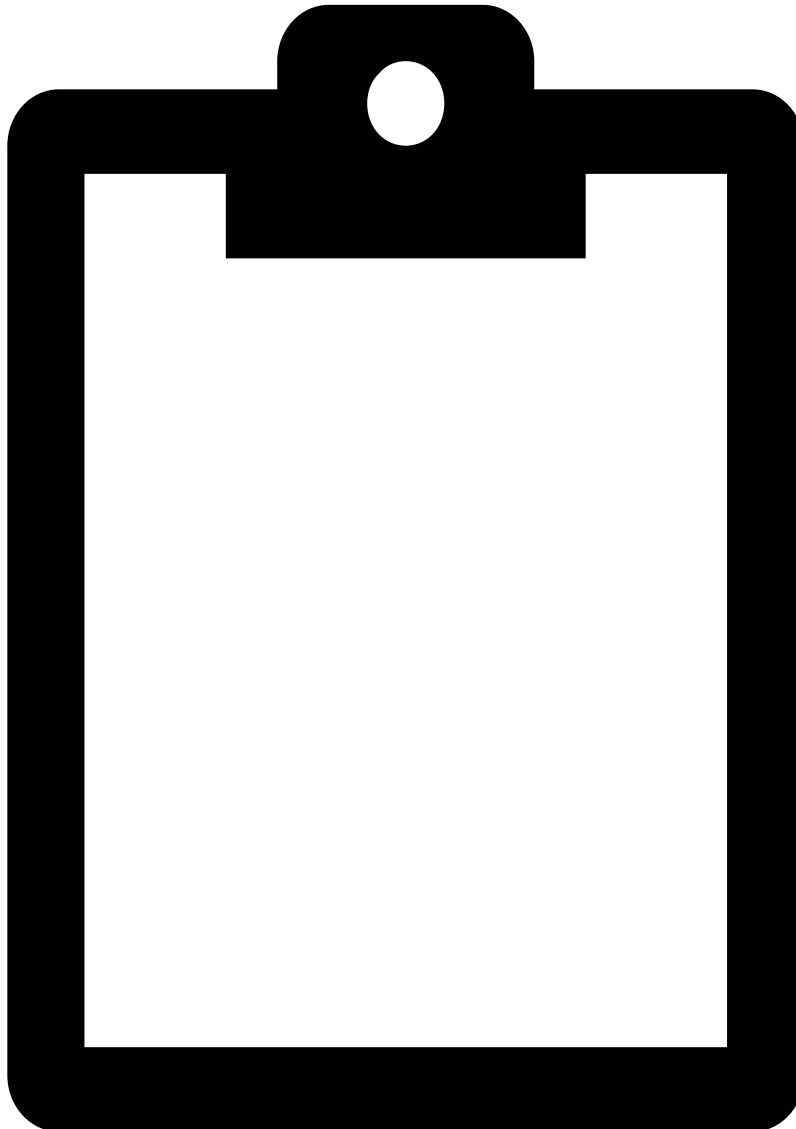


What stood out to you?

Now What?

What action ideas has this activity triggered for you? How can you use this Challenges and Solutions activity, or something similar, at your agency to support yourself, your colleagues, and W-2 participants with multiple barriers?

My Action Ideas:



Handy Information

Closing

You've come a long way.....

The work you do matters!



Appendix

Appendix A – Camila

Camila's Story

Camila enrolled in W-2 two months ago and is in a W-2 T placement. She is 27 years old and has a 5-year-old daughter, Luna. They live in Milwaukee.

Basic Information

- Knows English and Spanish
- Stable housing
- Uses public transportation

Work Experience

- Five years ago – waitress at Red Lobster for two months
- No other work experience

Work Programs

- FEP referred her to DVR and ARDC
 - Declined referral; states she is not interested

Education

- High school diploma
- Gale Course certifications:
 - Music Therapy and Sound Healing
 - Speed Spanish
 - Spanish for Medical Professionals

Barriers

- Asthma, bi-polar disorder, anxiety, depression
- Counselor doesn't recommend work
- Reports Luna has mental health barriers, but won't disclose more information
 - Shuts down or changes subject every time FEP brings it up

Other

- Wants to work as a Spanish medical interpreter to help people
 - Would need medical terminology classes
- Feels strengths are caring character, bravery, artistic skills, and compassion and patience with people
- Wants to improve on time management and organization
- Working with attorney to obtain SSDI
 - Submitted application, awaiting decision

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

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

Camila attend all her scheduled appointments and actively participates in treatment.

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

If yes, please list:

Prescribed by other doctors not at this clinic.

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

N/A

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

About 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:

N/A

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 | | | | |
|-----------------------|--|-----------------------------------|------------------------------------|---|---|--|
| 1. | Restriction of activities of daily living | None <input type="checkbox"/> | Slight <input type="checkbox"/> | Moderate <input type="checkbox"/> | Marked* <input type="checkbox"/> | Extreme <input checked="" type="checkbox"/> |
| 2. | Difficulties in maintaining social functioning | None <input type="checkbox"/> | Slight <input type="checkbox"/> | Moderate <input type="checkbox"/> | Marked* <input type="checkbox"/> | Extreme <input checked="" type="checkbox"/> |
| 3. | Deficiencies of concentration, persistence or pace resulting in failure to complete tasks in a timely manner (in work settings or elsewhere) ** | Never <input type="checkbox"/> | Seldom <input type="checkbox"/> | Often <input type="checkbox"/> | Frequent <input type="checkbox"/> | Constant <input checked="" 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) | Never <input type="checkbox"/> | | Once or Twice <input type="checkbox"/> | Repeated*** <input type="checkbox"/> | Continual <input checked="" 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: N/A

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:
No

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?

Mental Health counseling one time per week

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

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? _____

20. Considering this patient's mental health condition and limitations 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 checked="" type="checkbox"/> other _____ |

If no recommendations, please explain:

Should be on disability

21. Estimate the hours a day (5 days a week) this individual can participate in work/work readiness activities within these recommendations? 0 hours

22. Given your patient's current mental impairments, please specify a date when the recommendations that you have provided should be reviewed: N/A

| | | |
|--|---------------|----------------------------------|
| Name of Professional Provider Angela Garcia | Title LMHC | Telephone Number 414-233-5555 |
| Signature of Professional Provider <i>Angela Garcia, LMHC</i> | | Date Signed 11/30/xxxx |

Return completed form to:

| | | | | |
|-------------------------------|-------|----------|------------------|------------|
| Name of Agency Representative | | Address | | Date Sent |
| City | State | Zip Code | Telephone Number | Fax Number |

Camila's Career Assessment

Career Cluster Interest Inventory

Arts, A/V Technology & Communication: Use creativity and talents on the job

Interests

- Drawing, sketching, or painting pictures
- Performance arts
- Creating original video
- Taking photographs
- Making jewelry, sculpture, or ceramics

Careers

- Graphic Artist
- Journalist/Reporter
- Photojournalist
- Musician
- Agents of artists, performers, and athletes
- Commercial and industrial designers
- Desktop publishers

Education and Training: Guide and train people

Interests

- Helping others draw, write, or read
- Playing games with spelling, reading, or math
- Tutoring others
- Coaching local sports team
- Volunteering at a literacy program
- Literacy Specialist
- Working in social organizations such as Big Brothers/Big Sisters

Careers

- School counselor or school psychologist
- Teacher or Teacher's aide
- College advisor
- Day care center director
- Librarian
- Vice Principal or Principal
- Adapted Physical Education Specialist
- Fitness and wellness coordinators

Human Services: Help individuals and families meet their personal needs

Interests

- Listening and helping friends with problems
- Delivering food and clothes to people in need
- Planning and making healthy meals and snacks
- Volunteering in a soup kitchen or food shelf
- Providing childcare
- Volunteering in a hospital or nursing home
- Interning at a nonprofit agency

Careers

- Childcare worker
- Deaf Interpreter
- Nutrition counselor
- Costume attendants
- Epidemiologist
- Massage therapist
- Mental Health counselors
- Music directors and composers
- Substance abuse and behavioral disorder counselors

Appendix B – Monica

Monica's Story

Monica has been in W-2 for almost six years. She has two teenage children and lives in rural southern Wisconsin.

Basic Information

- Knows English
- Owns her home, but struggles to pay property taxes
- Uses personal vehicle and has valid license

Work Experience

- Six years ago – Ran own cleaning business for five years
 - Cannot do any more due to limitations
- Reports no other experience

Work Programs

- Currently working with DVR

Education

- High school diploma
- Associate degree in photography

Barriers

- Cannot bend, lift, carry, or push things
- Complications from surgery left her in hospital/nursing home for a period of time
- Developed mental health issues due to unemployment and stress
- Daughter currently seeing school counselor due to mental health issues
- Can work with accommodations

Other

- Wants to find office work
 - Has no professional experience

Monica's Formal Assessment

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Family and Economic Security

WME

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 Monica Johnson | | Date of Birth 06, 20, XXXX | Social Security Number 144-66-5555 | |
| Name of Professional Provider Dr. Aaron Levon | | Professional Title Medical Doctor | | |
| Office Address 2817 New Pinery Road | City Portage | State WI | Zip Code 53901 | |

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? 7 times in last year - this is variable

Regarding current course of treatment, how long have you been meeting with this patient? 8/8/2017

When is your next scheduled appointment with this patient? today + 3 months

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:

Dr. A. Hanseon - physical medicine, Dr. B. Carver - OB/Gyn, D. M. Miller - psychology, J. Carson, PAC - Neurology, Dr. T. Graham - GI, Dr. F. Giamati - Rheumatology

3. Diagnosis/Condition:
Borderline personality disorder, chronic sinusitis, lumbar radiculopathy, obstructive sleep apnea, asthma, GERD, panic disorder, polyarthralgia, IBS, Anxiety + Depression

4. Prognosis: (if the patient's condition is related to pregnancy, please enter the expected date of birth)

Guarded

DCF-F-DWSP2012 (R. 10/2018)

5. When did your patient's symptoms begin (estimate date)? 3 years

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?
See multiple specialties

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? Minimal stress, flexible schedule due to complex medical needs with frequent flares.

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

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 She attends appointments keep calendar

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

| | |
|---|--|
| <input checked="" type="checkbox"/> Depression | <input checked="" type="checkbox"/> Anxiety |
| <input type="checkbox"/> Somatoform disorder | <input checked="" type="checkbox"/> Personality disorder |
| <input type="checkbox"/> Psychological factors affecting physical condition | <input type="checkbox"/> 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 5 pounds

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 5 pounds

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 15 minutes

How many city blocks can this individual walk without rest or severe pain? 1/4 block

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 1/2 hour

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%-86% 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 | | 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?

16. Is your patient making positive progress? Yes No

Please describe the progress or lack of progress. **Multiple medical conditions make this difficult**

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: _____

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:

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Low tolerance for frustration | <input checked="" type="checkbox"/> Difficulty maintaining activities of daily living |
| <input type="checkbox"/> Difficulty communicating his/her needs | <input checked="" type="checkbox"/> Difficulty with decision making |
| <input checked="" type="checkbox"/> Difficulty following instructions | <input type="checkbox"/> Difficulty following through on agreed actions |
| <input checked="" type="checkbox"/> Inability to work with children | <input checked="" type="checkbox"/> Panic attacks |
| <input checked="" type="checkbox"/> Difficulty working around other people | <input type="checkbox"/> Difficulty with reality interpretation |
| <input checked="" type="checkbox"/> Difficulty controlling anger appropriately due to pain + disorder | <input checked="" 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 checked="" type="checkbox"/> Difficulty maintaining concentration |
| <input checked="" 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: Monica is doing everything asked and is limited due to multiple and complex medical conditions.

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:

3 hour 4 day training and could not concentrate and stay focused

24. Estimate the number of hours a day (5 days a week) this individual can participate in work/work readiness activities within these recommendations : 1-2 hours at most, depends on day

25. If you have indicated anywhere on this form that this patient is unable to participate in W-2 activities, please explain:

26. Given your patient's current medical condition(s), please specify a date when the recommendations that you have provided should be reviewed: 6 months

| | | |
|--|-------------------------|----------------------------------|
| Name of Professional Provider Dr. Aaron Levon | Title Medical Doctor | Telephone Number 715-425-5555 |
| Signature of Professional Provider <i>Dr. Aaron Levon</i> | | Date Signed 11/23/XXXX |

Return completed form to:

| | | | | |
|-------------------------------|-------|----------|------------------|------------|
| Name of Agency Representative | | Address | | Date Sent |
| City | State | Zip Code | Telephone Number | Fax Number |

Monica's Career Assessment

WOWI Career Assessment Results

Aptitudes: Verbal, Abstractions

Work Styles: Isolative

Career Interest Areas:

Arts, Design, Entertainment, Sports, and Media: Integrating personal expression and art concepts, techniques, and processes to develop works that elicit an emotional or aesthetic response.

- Actors; Art Directors; Coaches; Craft Artists; Editors; Floral Designers; Interior Designers; Interpreters and Translators; Media Programming Directors; Photographers; Technical Writers

Office and Administrative Support: Compiling, recording, communicating, computing, copying, and otherwise organizing information for others.

- Bill and Account Collectors; Bookkeeping, Accounting, and Auditing Clerks; Court, Municipal, and License Clerks; Customer Service Representatives; File Clerks; Freight Forwarders; Hotel, Motel, and Resort Desk Clerks; Library Assistants; Office Clerks; Postal Service Clerks; Public Safety Telecommunicators; Receptionists and Information Clerks; Tellers

Farming, Fishing, and Forestry: Working out-of-doors, which may include contact with plant or animal life.

- Agricultural Workers; Animal Breeders; Farmworkers and Laborers; Fishing and Hunting workers; Forest and Conservation Workers; Logging Equipment Operators

Appendix C – Ramona

Ramona's Story

Ramona enrolled in W-2 eight months ago and is in a W-2 T placement. She is 36 years old and has a 16-year-old son, Todd. They live in a metro community.

Basic Information

- Knows English
- Stable housing
- Uses personal vehicle or bus and has valid license
 - Can drive only during daylight hours

Work Experience

- One year ago – worked in a call center for a year
 - Ended due to barriers
- Other prior experience in call centers and office/reception positions

Work Programs

- Currently working with DVR and Comprehensive Community Services (CCS)

Education

- High school diploma
- Lapsed certificate in patient advocacy

Barriers

- Anxiety due to PTSD and past traumatic experiences
- Psychologist states it is difficult for her to participate in W-2
- Reports chronic medical condition and learning/cognitive issues
 - Refuses formal assessment

Other

- Determined to get SSDI
 - Applied and awaiting decision
 - Has refused prior attempts to develop a plan B
- Would like to find part-time work in patient advocacy after SSDI approval
- Has not made much progress since enrollment

Ramona's Formal Assessment

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Family and Economic Security

WPM

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 Ramona Barker | Date of Birth 10 / 20 /XXXX | Social Security Number 320-44-8740 |
|-----------------------------------|--------------------------------|---------------------------------------|

| | |
|--|------------------------------------|
| Name of Professional Provider Belinda Williams, PhD | Professional Title Psychologist |
|--|------------------------------------|

| | | | |
|-----------------------------------|-----------------|-------------|-------------------|
| Office Address 2110 Elm Street | City Madison | State WI | Zip Code 53953 |
|-----------------------------------|-----------------|-------------|-------------------|

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?
Twice weekly

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

 When is your next scheduled appointment with this patient? Next week

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: Dr. M. Randy, MD; Dr. L. Miller, OD; A. Johnson, RT

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: Anxiety Disorder NOS Axis IV: _____
 Axis II: _____ Axis V: Current GAF: 45
 Axis III: _____ Highest GAF Past Year: 45

DCF-F-126 (R. 10/2018)

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

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

Ramona continues to process trauma and improve her understanding of how her mental health symptoms impact functioning. Ramona has also demonstrated improvements in interoception and emotional granularity.

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

If yes, please list:

Ketoconazole, meloxicam, quercetin, irbesartan, fluticasone, montelukast, acetaminophen, melatonin, diphenhydramine, quanafacine, flovent, certerizine, albuteraol

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

Stomach upset, nausea, dizziness, diarrhea, incontinence, lightheadedness, headach, fever, earache, drowsiness, tremors, restlessness, insomnia

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

In childhood; first major trauma experienced at age 6

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:

Anxiety causes muscle tension that exacerbates pain, causes sleep disturbances, and reduces the body's ability to heal

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 | | | | |
|-----------------------|--|-----------------------------------|------------------------------------|---|---|--|
| 1. | Restriction of activities of daily living | None <input type="checkbox"/> | Slight <input type="checkbox"/> | Moderate <input type="checkbox"/> | Marked* <input type="checkbox"/> | Extreme <input checked="" type="checkbox"/> |
| 2. | Difficulties in maintaining social functioning | None <input type="checkbox"/> | Slight <input type="checkbox"/> | Moderate <input type="checkbox"/> | Marked* <input type="checkbox"/> | Extreme <input checked="" type="checkbox"/> |
| 3. | Deficiencies of concentration, persistence or pace resulting in failure to complete tasks in a timely manner (in work settings or elsewhere) ** | Never <input type="checkbox"/> | Seldom <input type="checkbox"/> | Often <input type="checkbox"/> | Frequent <input checked="" type="checkbox"/> | Constant <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) | Never <input type="checkbox"/> | | Once or Twice <input type="checkbox"/> | Repeated*** <input type="checkbox"/> | Continual <input checked="" 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: In addition to her mental health symptoms, patient experiences physical limitations due to chronic illness.

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:
Ramona recently experienced dysregulation due to a triggering of trauma symptoms during an appointment with providers, which resulted in significant dissociation and a loss of ability to function.

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?
Patient is engaged in relational psychotherapy to process trauma and develop skills to assist with self-regulation and stress reduction. Patient will increase her ability to function and experience a reduction in symptoms.

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

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? A calm and flexible environment free of potential triggers of patient's trauma, with support available for many tasks.

20. Considering this patient's mental health condition and limitations 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:
Patient is not able to effectively participate in any of the above activities.

21. Estimate the hours a day (5 days a week) this individual can participate in work/work readiness activities within these recommendations? Less than one hour daily

22. Given your patient's current mental impairments, please specify a date when the recommendations that you have provided should be reviewed: 6 months

| | | |
|--|-----------------------|----------------------------------|
| Name of Professional Provider Belinda Williams, PhD | Title Psychologist | Telephone Number 608-232-5555 |
| Signature of Professional Provider <i>Belinda Williams, PhD</i> | | Date Signed 02/03/XXXX |

Return completed form to:

| | | | | |
|-------------------------------|-------|----------|------------------|------------|
| Name of Agency Representative | | Address | | Date Sent |
| City | State | Zip Code | Telephone Number | Fax Number |

Ramona's Career Assessment

O*NET – My Next Move Career Assessment Results

Interests

Artistic – creating, designing, and making your own rules

- Art Therapists; Education Teachers; Nannies; Training & Development Specialists

Social – helping people, teaching, and talking

- Acute Care Nurses; Art Therapists; Crossing Guards; Customer Service Representatives; Exercise Trainers; Hosts & Hostesses; Nannies; Occupational Therapy Aides; Recreation Workers; Tour Guides & Escorts; Ushers, Lobby Attendants, & Ticket Takers

Investigative – ideas, thinking, and figuring things out

- Animal Scientists; Clinical & Counseling Psychologists; Industrial Engineers; Respiratory Therapists; Web Developers

Work Values

Good Working Conditions – Job security and good working conditions

- Landscaping and Groundskeeping Workers; Food Preparation Workers; Locksmiths and Safe Repairers; Floor Layers; Hearing Aid Specialists

Independence and Recognition – Work on own and make decisions

- Fishing and Hunting Workers; Baristas; Cooks, Fast Food; Maids and Housekeeping Cleaners; Food Service Managers; Nannies; Spa Managers; Farm Labor Contractors; Chefs and Head Cooks; Chemical Engineers; Lawyers

Achievement – Results oriented, use strongest abilities, give feeling of accomplishment

- Door-to-Door Sales Workers; Pressers, Textile, Garment, and Related Materials; Bakers; Fashion Designers; Photonics Technicians; Accountants and Auditors

Work Styles

Interpersonal Orientation – Pleasant, cooperative, sensitive to others, easy to get along with, and prefers associating with other organization members

- Art Therapists; Tutors; Skincare Specialist; Substance Abuse and Behavior Disorder Counselors, Lodging Managers

Social Influence – Has impact on others and displays energy and leadership

- Social and Community Service Managers; First-Line Supervisors of Retail Sales Workers; Medical and Health Services Managers; Food Service Managers; Chefs and Head Cooks

Achievement Orientation – Personal goal setting, tries to succeed at those goals, and strives to be competent in own work

- Library Science Teachers, Actors; Special Education Teachers; Film and Video Editors

Appendix D – Other Engagement Considerations

Beyond just assigning activities, there are other engagement strategy considerations.

Trial Employment Match Program (TEMP)

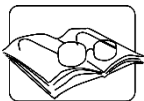
The Trial Employment Match Program (TEMP) may be a viable option for some participants with multiple barriers. TEMP is a W-2 employment position that provides subsidized work for applicants or ongoing W-2 participants. An individual working in a TEMP job earns at least minimum wage, and the W-2 agency subsidizes all or a portion of the hourly wages paid to the individual by the employer.

TEMP is appropriate for W-2 participants with the following characteristics:

- Capable of working and has a willing attitude;
- Requires a flexible schedule or other reasonable accommodations;
- Has basic skills and/or education;
- Lacks sufficient work skills;
- Has little or no recent work experience or a poor work history; and
- Nearing a time limit.

For the participant, this can be a good transition to unsubsidized employment. They are not using time on a W-2 placement clock while in TEMP.

SSI/SSDI Considerations



An SSI/SSDI Overview
W-2 Policy Manual 7.4.3.1 and 7.4.3.2

Some participants with multiple barriers may be in the process of applying for SSI/SSDI. It's important to find out where they are in the process, so we know best how to assist them. Review SSA's Disability Starter Kit with the participant. Items in that kit may be used as Employability Plan goal steps or activities. Regardless of where the participant is at in the SSI/SSDI application process, record in PIN Comments what you and the agency are doing to provide SSI/SSDI advocacy.

Often, participants who are applying for SSI/SSDI are worried that work may make them ineligible for SSI/SSDI. However, employment doesn't preclude someone from receiving SSI/SSDI. Special rules make it possible for people receiving SSI/SSDI to work and still receive monthly payments.

Work incentives include:

- Cash benefits that continue, for a time, while they work.
- Medicare or Medicaid benefits that continue while they work.
- Help with education, training, and rehabilitation to start a new line of work.

The Ticket to Work program also may help participants who would like to work. They can receive:

- Free vocational rehabilitation.
- Training.
- Job referrals.
- Other employment support.

For more information, you can visit choosework.ssa.gov or read the following publications at www.ssa.gov/pubs:

- *Your Ticket to Work* (Publication No. 05-10061)
- *The Red Book*, a guide to SSA's employment support programs (Publication No. 64-030). You also can visit *The Red Book* online at www.ssa.gov/redbook/eng/resources-supports.htm.

SSI/SSDI Outreach, Access, and Recovery (SOAR) increases access to Social Security disability benefits for people experience or at risk of homelessness. Visit the Substance Abuse and Mental Health Services Administration – SOAR Technical Assistance (TA) Center at <https://www.samhsa.gov/soar>.

Appendix E - Energizer
