## Glossary

**Age of majority:** The age children are legally considered to be adults. The age of majority is often, but not always 18 years in the U.S.

**Agency intake:** As part of the intake process, many agencies use a form to record background information when a person begins receiving services. At some agencies, the intake, or assessment, is updated annually.

**Assertive community treatment (ACT):** A multidisciplinary team approach with shared caseloads, frequent staff meetings, intensive community-based services, and a focus on assistance with daily living skills. ACT teams provide comprehensive, community-based psychiatric treatment, rehabilitation, and support to persons with serious mental illness. Services include case management, initial and ongoing assessments, psychiatric services, employment and housing assistance, family support and education, substance abuse services, and other services and supports critical to an individual's ability to live successfully in the community. Most ACT teams have eligibility criteria based on client need for intensive services.

**Benefits planning:** Refers to helping a person review all of her entitlements (e.g. Social Security benefits/disability benefits, medical benefits, food stamps, housing subsidies, Veterans Administration benefits, etc.) to determine the impact of earned income upon those benefits. Also called work incentives planning.

**Case manager (or care manager):** Person who assesses which services people may need and refers them for assistance. This person may also provide help directly with housing, family intervention and other needs.

**Career profile:** A document in which the employment specialist records work preferences, work history, education history, strengths, legal history and other information pertinent to a person’s employment and education goals. Formerly called a vocational profile.

**Co-occurring disorders:** Sometimes referred to as “dual diagnosis.” Most commonly refers to coexisting serious mental illness and substance abuse disorder. This term is also sometimes used for other co-occurring disorders (e.g., mental illness and intellectual disability).

**Competitive employment:** Part-time and full-time jobs that anyone can apply for rather than jobs set aside for people with disabilities, except when following federal guidelines to take affirmative action to hire a percentage of qualified people with disabilities. Competitive jobs pay at least minimum wage and people receive the same pay as others receive performing the same work. Employees in the work setting do not consist exclusively of people with disabilities. The jobs do not have artificial time limits imposed by the social service agency. Wages are paid directly from the employer to the employee.

**Disclosure:** Refers to disclosing information about one’s disability (or other personal information) in the workplace. Some people choose to share information about a disability so they can ask for accommodations (such as the support from an IPS specialist) or because they are proud of having overcome barriers to employment. Other people do not disclose a disability because they are concerned about stigma or do not believe that their disability is pertinent to working a job.

**Employment specialist or employment and education specialist (SEE):** See IPS specialist.

**Evidence-based practice:** Refers to a well-defined practice that has been validated by rigorous research conducted by at least two different research groups. The practice has been shown to be effective, safe and (ideally) cost-effective. The practice has guidelines that describe the critical components.

**Fidelity scale:** A fidelity scale is a tool to measure the level of implementation to the standards for an evidence-based practice. The Supported Employment Fidelity Scale defines the critical elements of IPS supported employment to differentiate between programs that follow the approach from those that do not use the evidence-based practice.

**Field mentoring:** Support and training to practitioners as they perform their work. For instance, a supervisor meets with a practitioner and young person as they complete the career profile to model or observe the practitioner’s listening skills. IPS supported employment supervisors also go with employment specialists to demonstrate employer relationship building, observe specialists making employer contacts and provide feedback.

**First episode psychosis programs**: Teams of mental health and IPS practitioners who provide intensive support to young people who are experiencing psychosis for the first time. Mental health practitioners provide education about psychosis and its treatment as IPS practitioners assist with education and employment. Peer recovery specialists are sometimes part of the teams. In the U.S. these programs are now often called “coordinated specialist care” programs.

**General Educational Development (GED):** GED refers to a series of tests used to certify that a person has earned the equivalent of a high school diploma. They are an alternative for young adults (and older adults) who have not completed high school and for whom return to high school is not practical. Students who pass four GED tests (language arts, math, science, and social studies) earn a certificate.

**Individual Education Program (IEP):** In the U.S., a federal law (the Individuals with Disabilities Education Act) requires that all students with special needs have plans to address their specific learning issues. The program includes supports and services to help the student reach his education goals.

**IPS specialist:** The position also known as employment specialist, job specialist, or supported employment and education specialist (SEE). The primary person responsible for helping people consider career options, explore school and training programs, conduct job searches, retain desired employment, and plan for career development.

**Job readiness groups:** These groups vary in content but typically focus on teaching people about the world of work; the importance of punctuality, proper grooming, managing symptoms in relationship to a job, etc. Job readiness groups are sometimes made a prerequisite for entering an employment program. Research has shown that job readiness groups do not help people gain employment and they are not part of the IPS supported employment approach.

**Mental health treatment team (or multidisciplinary team):** A group of mental health practitioners such as counselors, case managers, service coordinators, nurses, substance abuse counselors, medication prescribers, peer specialists, or others. May also include employment specialists, state vocational rehabilitation counselors, housing specialists or others.

**Minimum wage:** In the US, employers must pay most employees a minimum hourly wage, as set (and periodically adjusted) by Congress and as regulated by the U.S. Department of Labor. Excluded classes of workers include farm workers and waiters and waitresses. Certain businesses (sheltered workshops) can obtain a waiver to pay subminimum wage.

**Peer specialist**: Peer specialists are practitioners who have similar experiences to those served. For example, a peer specialist in a transition-age youth program may be a person who was in foster care when she was young. Peers share how they accomplished goals in spite of mental illnesses, substance abuse disorders, legal histories or other problems.  Peers are not part of every IPS team because research has not demonstrated their effectiveness related to people working in competitive jobs. However, a growing number of IPS programs include peer specialists because of their unique ability to engage and inspire young IPS participants.

**Piece-rate wage:** Worker wages based on units of work produced instead of hours worked. Aside from farm work, only a small number of employers in the United States are exempt from paying minimum wage and pay workers piece rate instead. Sheltered workshop typically pay piece-rate wages.

**Rehabilitation agency:** An agency or center that provides employment services and other types of non-treatment services such as social activities or housing assistance.

**Service coordinator:** Another term for care coordinator or case worker.Position to assess what services people need or want and refer them for assistance. May also provide help directly with housing, family intervention and other areas.

**Sheltered employment:** Sheltered workshops hire people with disabilities to complete contracts for other businesses. For example, people with disabilities may be paid a piece-rate wage to assemble garden hose spigots for a company that makes garden hoses. Typically sheltered workshops are segregated settings in which all employees (except supervisory-level staff) are people with disabilities. In the U.S., sheltered workshops are regulated by the U.S. Department of Labor and typically pay subminimum wage rates. Sheltered workshops are not consistent with IPS supported employment.

**Situational assessments:** Short-term work assignments to evaluate work behaviors such as attendance, ability to persist at task, social skills and so forth. These assessments may also evaluate a person’s ability to perform a particular type of work. Situational assessments are sometimes paid positions (for example, subsidized through the state office of vocational rehabilitation), but can also be unpaid positions. Situational assessments are not consistent with IPS supported employment.

**Steering committees:** Sometimes referred to as advisory committees or leadership teams. A group of stakeholders for IPS supported employment that meets to discuss implementation efforts and develop goals for better implementation and program sustainment. Steering committees typically include a variety of stakeholders, including several of the following: the IPS supervisor, young people, family members, state vocational rehabilitation counselors and supervisors, agency executive director, quality assurance director, clinical director or other administrators, area chamber of commerce representatives, and local college and high school equivalency program staff.

**Strengths-based approach:** Practitioners focus on a person’s skills, interests, values, experiences, and abilities working a job as well as their needs. Youth are discussed in a respectful manner. Practitioners focus on what is most important for each young person and conveys hope for reaching goals. The strength-based approach is in contrast with the deficits-based approach used in many community mental health settings, in many cases to document “medical necessity” for Medicaid billing.

**Temporary staffing agency:** An agency that contracts with businesses to fill positions with qualified people on a short-term basis, and sometimes with an option for the business to hire people permanently.

**Transition-age youth:** People between the ages of 16 and 24 years who may be at risk of not completing school and may need support to transition to living and working independently. Programs for transition-age youth may include housing, assistance applying for welfare or disability benefits, counseling, and help with education and employment. Some programs serve only transition-age youth who have disabilities and other programs serve a broad group of young people.

**Vocational evaluation:** Usually refers to a battery of tests and work samples that measure academic levels, manual dexterity, short and long-term recall, range of motion, vocational interests, ability to sort items, etc. Using vocational evaluations to determine job readiness is not consistent with IPS supported employment. Sometimes job seekers or IPS specialists ask to complete vocational evaluations to help identify possible career directions, but if used in this fashion, they should be used sparingly and for special cases.

**Vocational profile:** The document referred to as the career profile. See above.

**Vocational rehabilitation (VR):** Each state, as well as the District of Columbia and U.S. Territories, supports a division of vocational rehabilitation that has offices throughout the state to provide vocational rehabilitation services for individuals with disabilities. vocational rehabilitation counselors help people find gainful employment related to each person’s “strengths, resources, priorities**,** concerns, abilities, capacities, interests, and informed choice.” Vocational rehabilitation counselors work collaboratively with IPS programs. They provide expertise about disabilities and jobs, and sometimes help with costs related to work clothing, transportation, or education when those are related to the person’s employment goal. The specific name for the state vocational rehabilitation agency differs from state to state (e.g., Department of Rehabilitation Services (DORS), Bureau of Vocational Rehabilitation (BVR).

**Vocational unit**: IPS specialists and their supervisor form the IPS team. They participate in group supervision to discuss how to help people on their caseloads with school and work goals, and share employer contacts. They provide back up and support for each other.

**Work incentives**: Special rules that make it possible for people with disabilities receiving Social Security or Supplemental Security Income (SSI) to work and still receive monthly payments and Medicare or Medicaid. For more information go to www.socialsecurity.gov and search for Red Book.