



NEWSLETTER

What's New



Recertification Tips

Generation Sober

And More!

Spring
2026

REPORT FROM THE FIELD: CADC WORKFORCE EXPANSION PROGRAM

The CADC Workforce Expansion Program, now in its third year, has expanded both in number of awardees and participating Accredited Training Programs (ATPs). Among CADC awardees, the CADC Workforce Expansion Program appears to have increased access to the credential among Black/African-American applicants, as this community represents over 25% of awardees, versus only 10.2% of current CADC credential holders. However, some patterns persist, such as the largest group of awardees holding a Master's degree or higher, a trend that is consistent with the overall CADC credential holder population.

The current CADC credential holder workforce in Illinois skews older, with a mean age of 51.3, while 44.2% of the participants in the CADC Workforce Expansion Program are 44 years or younger (note: 13.4% of participants' ages were not reported, so this percentage may be higher). Looking at gender, we have an opportunity to increase the number of men entering the profession, as women make up the majority of current CADC Workforce Expansion Program recipients.

Currently nine Accredited Training Programs (ATPs) participate in the institutional track of the CADC Workforce Expansion Program, offering wraparound services to students pursuing their CADC credential, including tuition payments, internship stipends, CADC application, examination and certification fees, laptop and textbook reimbursement and other applicable expenses. Participating ATP partners include Aurora University, Governors State University, University of St. Francis, College of Lake County, Loyola University Chicago, Chicago School of Professional Psychology, Lewis University, College of DuPage and Moraine Valley Community College.

ICB hopes to expand the number of participating ATPs in FY27 to ensure equitable geographic coverage accessibility for interested persons across the state of Illinois and to build on the success of the program so far. **The CADC Workforce Expansion Program is significantly diminishing barriers to study, credentialing, and practice for interested persons throughout the state, and it is our hope to continue growing this program to expand the workforce and meet the needs of Illinoisans now and in the future.**

RECERTIFICATION TIPS

- DO NOT CREATE YOUR OWN ACCOUNT IN CERTEMY; ICB ALREADY HAS ONE FOR YOU. EMAIL INFO@IAODAPCA.ORG FOR ASSISTANCE.
- *Sixty days prior to your renewal, you will receive instructions on how to open your account.*
- *All CEUs must be ICB approved.*
- *You cannot go over the 15 hours of home study CEU limit.*

INITIAL APPLICATION TIPS

- **Work Experience:** *include a job description on company letterhead signed by you and your supervisor.*
- **Education:** *when submitting college courses, submit each class one at a time on Certemy, include a detailed course description, and attach your transcript with each submission.*

IN THEIR OWN WORDS:

CADC WORKFORCE EXPANSION PROGRAM RECIPIENTS SHARE WHAT THE PROGRAM HAS MEANT TO THEM



"I am incredibly thankful for the support I received through the CADC Workforce Expansion Program and the conference registration scholarship.

"Every step of my schooling has required careful planning, sacrifice and determination. Receiving this scholarship eased a burden that I have carried for so long and has allowed me to focus more fully on my growth as a student and future professional.

"Being selected for this scholarship reinforced my commitment to pursuing CADC certification and affirmed that my efforts matter. It reminded me that there are organizations and individuals who believe in the importance of investing in people who are passionate about serving others. This support has helped remove barriers to education that once felt overwhelming and allowed me to take a significant step forward in furthering my education and career."

-Leslie Velazquez, student at Aurora University and CADC Workforce Expansion Program grantee



Participate in an NYU Study on Behavioral Health Workforce and Job Retention

The New York University School of Social Work seeks participants for a study on job retention in Certified Community Behavioral Health Clinics and community mental health centers.

Selected participants will be interviewed via Zoom and asked to complete a short online survey regarding their work experience and job satisfaction. The interview and survey will take approximately an hour and participants will receive a \$100 Amazon gift card upon completion.

If you are interested in participating in the study, please complete [this form](#) and the team will promptly follow up with you promptly. For any questions about the study, please email Victoria Stanhope at victoria.stanhope@nyu.edu.

Opportunity Courtesy of National Council for Mental Wellbeing

NAMI RELEASES NEW SURVEY OF TRENDS IN MENTAL HEALTH AND CRIMINAL JUSTICE STATE POLICY

March 2026 - The National Alliance on Mental Illness (NAMI) has released [a survey of trends in Mental Health and Criminal Justice State Policy](#). In brief:

NAMI is focused on diverting people with mental illness from the criminal justice system and connecting them with mental health care at every opportunity, and its policy recommendations reflect this goal. When creating state policy, NAMI recommends that policymakers utilize the [Sequential Intercept Model \(SIM\)](#) as outlined by the Substance Abuse and Mental Health Services Administration (SAMHSA). This model details how individuals with mental and substance use disorders come into contact with and move through the criminal justice system, with the goal of helping communities identify resources and gaps in services at each intercept.

About two in five people who are incarcerated have a history of mental illness.¹

The latest report looked at more than 50 state mental health bills and refined the initial survey to 32 bills which are included in the final brief.

The report surveyed state legislation across the United States with example bills that states can use to achieve better outcomes. Read the [full report](#) for details.

Policy Recommendations

Diversion

- Invest in a variety of evidence-based pre-arrest and pre-trial diversion programs
- Provide funding and structures for state and local community collaboration programs

Diversion is possible and contributes to building safer communities.

Juvenile Justice

- Invest in community-based alternatives for those who are justice-involved
- Use current adolescent brain science to inform minimum age of criminal prosecution
- Increase accountability for conditions of juvenile correctional facilities

Conditions in Custody

- Provide access to needed medications
- Enhance oversight of health care services in jails and prisons

Re-entry

- Remove or reduce policies that prevent people with convictions from accessing employment or housing
- Leverage federal re-entry waiver opportunities to provide Medicaid coverage
- Increase services that help current and formerly incarcerated individuals connect to housing, food assistance, and other supportive services

Competency Restoration

- Expand access to community-based restoration
- Reform processes to reduce barriers and expand access to services
- Enhance oversight and data collection

Civil Commitment

- Ensure individuals subjected to potential civil commitment be afforded due process of law
- Expand access to intensive treatment options
- Enact policies that work to engage individuals at risk for commitment

INTERVIEW WITH A BOARD MEMBER: MICHAEL MORAN

BIOGRAPHY

Michael Moran has worked in the field of substance use disorder treatment and prevention in a variety of roles since 1981. Moran has a master's degree in clinical psychology from Roosevelt University and is a Certified Advanced Alcohol and Other Drug Counselor (CAADC) in the State of Illinois. Prior to his retirement in 2025, he was an Assistant Professor of Human Services at Waubensee Community College, where he served as the coordinator of the ICB accredited Alcohol and Other Drug Counselor Training Program, preparing students for careers as substance use disorder treatment professionals. Before his employment at the college, Moran served for 17 years as the Executive Director at Breaking Free, Inc., an outpatient treatment and prevention agency located in Aurora, IL. Since entering the profession in 1981, he has served in a variety of clinical, supervisory and staff development roles at a number of treatment settings in Illinois. He has served as a volunteer for numerous non-profit organizations, including Prevention First, the DuPage Prevention Partnership, DuPage MISA Consortium, PATH, and currently with Compañeros en Salud/Partners in Health, NFP and the Illinois Certification Board. Proud parents of two and grandparents of five, Moran and his wife currently reside in Wheaton, Illinois.

WHAT WAS OR IS YOUR SPECIALTY IN THE FIELD? WHICH CREDENTIAL(S) DO YOU HOLD?

I began working as a substance use disorder (SUD) counselor in 1981 in a long-term residential treatment facility on the northside of Chicago. Clinically, I specialized in working with adolescents and their families, working with them on a residential (ASAM 3.5), inpatient (ASAM 4.0), intensive outpatient (ASAM 2.1) and outpatient basis (ASAM 1.0). I moved into administration, becoming responsible for the clinical and operational oversight of the same levels of care noted above. Served as clinical director, program director, and ultimately as the Executive Director of a community-based SUD prevention and treatment agency in Aurora, Illinois.

My final step in my career as a Certified Advanced Alcohol and Other Drug Counselor was moving into the role of full-time instructor/assistant professor at Waubensee Community College in Sugar Grove, Illinois. Before retiring in 2025, I served for nine years as the coordinator of the ICB accredited CADC training program, helping students prepare to become certified SUD professionals here in Illinois.

WHEN YOU FIRST STARTED OUT, WHAT WAS ONE OF THE BIGGEST SURPRISES YOU ENCOUNTERED?

At the time I began working in the field in 1981 the treatment system in Illinois was segregated into programs that provided alcohol treatment services and programs that provided drug abuse treatment services. Despite the similarities between the process by which individuals developed drug and/or alcohol problems, treatment efforts focused on the user's substance of choice – so persons with primary alcohol problems were placed in alcohol treatment facilities and persons with primary drug problems were placed in drug treatment facilities.

The concept of recovery was not necessarily the goal of treatment; the focus was on abstinence from one's drug of choice. By extension, the majority of alcohol treatment facilities did not assess or address drug use, and the majority of drug treatment facilities did not assess or address alcohol use. Recovery — as we view it today — was hard to come by with that understanding! The evolution of our understanding of substance use disorders was reflected in the combining of the original Alcohol Counselor Certification Board (IACCB) with the Substance Abuse Counselor Certification Board (ISACCB), resulting in the creation of the Illinois Alcohol and Other Drug Abuse Counselor Certification Board (IAODAPCA d/b/a Illinois Certification Board (ICB)).

INTERVIEW WITH A BOARD MEMBER: MICHAEL MORAN (CONTINUED)

WHAT DID YOU FIND MOST REWARDING IN YOUR DAY-TO-DAY PRACTICE?

I learned a lot about change — that change is not easy, that it takes time, that it is unpredictable with a lot of stops and starts. I also learned about the importance of the counseling relationship and the importance of taking a long view of our work and staying with our client as they worked their way through their recovery.

What was most rewarding to me were the light bulb moments — times when clients were struggling with change, with feeling stuck and unable to move forward, were resistant and feeling defensive when their perspective changed, their understanding changed, when they developed a “new” insight into themselves and their life. When that light bulb went on and they were able to see things, experience things, understand things, and feel differently, they were able to do things differently as a result. Their work, their persistence, their struggle paid off and their life changed for the better as a result. Clients really were challenged and struggled at times — but to see them hang in there and work through these challenges was extremely rewarding.

WHO WAS A GREAT A MENTOR TO YOU? WHAT DID YOU LEARN FROM THEM?

After 44 years it is impossible to identify only one person who mentored and influenced me. I learned so many things from so many people that to list or identify only one or a few would leave too many people out.

My most important learning was from my clients: individuals in treatment who were willing to share their life and their experiences with me. Seeing the humanity in the clients I was fortunate to work with greatly influenced who I became as a counselor and how I worked with people.

I also learned from my co-workers, allowing me to both borrow from their work and also identify things that I would not do in my work. Important learning here included acceptance, being non-judgmental, collaboration, respect, self-determination, and the primacy of the counseling relationship. I also learned the importance of self-care from many co-workers and learned that keeping a healthy self-perspective and maintaining a sense of humor were essential.

As I moved into a training and education role, I was fortunate to work with other CADIC training program professionals who shared lessons learned and kept me from self-inflicted mistakes. I have been fortunate that throughout my years in the profession the people I have encountered have been supportive and generous with me as I tried to learn from them.



INTERVIEW WITH A BOARD MEMBER: MICHAEL MORAN (CONTINUED)

WHAT ADVICE DO YOU HAVE FOR BEHAVIORAL MENTAL HEALTH & SUBSTANCE USE PROFESSIONALS WHO FEEL BURNED OUT?

There is no doubt that the work we do is hard and demanding, and that we can only help our clients get healthy if we are healthy ourselves. I have been struck by the selflessness of the people who become SUD counselors — we all bring a sincere passion for helping our clients find recovery. I have also been struck by how many times we talk the talk but do not walk the walk. We are quick to help our clients learn how to establish healthy boundaries, change unhealthy patterns and habits, establish healthy relationships, BUT we do not follow those practices ourselves. When educating counselors in training, I often talked about maintaining balance in our lives. Being a SUD counselor is important, but it is only one part of who we are. Have a life outside of your job — friends, romantic/intimate relationships, hobbies and interests, physical outlets and interests, recovery activities, vacation spots, spiritual or religious roots, cultural connections, sleeping, etc. — and keep track of how you are spending your time.

If the majority of our time is spent “being a counselor” and sleeping, our lives can get out of balance and we should look at rebalancing how we spend our time. As a counselor, clinical supervision is essential. Seek and obtain clinical supervision to avoid wrestling without support. Clinical supervision can also help minimize blind spots. Isolation is a warning sign — when we feel isolated, we have cutoff our access to the support we need to keep ourselves healthy.

“We are not “professional friends” — we are professional helpers, ready to provide encouragement, support, assistance, reinforcement, confrontation and reality testing when required.”

WHAT DO YOU WISH YOU COULD TEACH THE NEXT GENERATION OF BEHAVIORAL MENTAL HEALTH & SUBSTANCE USE PROFESSIONALS?

I’ve tried to keep it simple and would encourage them to do the same. Our work as counselors relies on our ability to establish meaningful relationships with our clients. Our ability to be there both with them and for them opens up the possibility of change. We have to understand who our clients are as people, and not let clinical terms like DSM 5 and ASAM PPC get in the way of meeting them as individuals. They should expect us to be professionally prepared and competent, and we should meet these expectations. We know how the small things lead up to big things, and should be intentional in all that we do with our clients. We should know the difference between interrogation and questioning for understanding and clarity, and we should know the importance of feedback. We are not “professional friends” — we are professional helpers, ready to provide encouragement, support, assistance, reinforcement, confrontation and reality testing when required. Our actions should be taken for the benefit of our clients, to help them in their struggles to move into a life of getting better — of recovery.

INTERVIEW WITH A BOARD MEMBER: MICHAEL MORAN (CONTINUED)

WHAT ARE YOU MOST HOPEFUL FOR IN THIS FIELD?

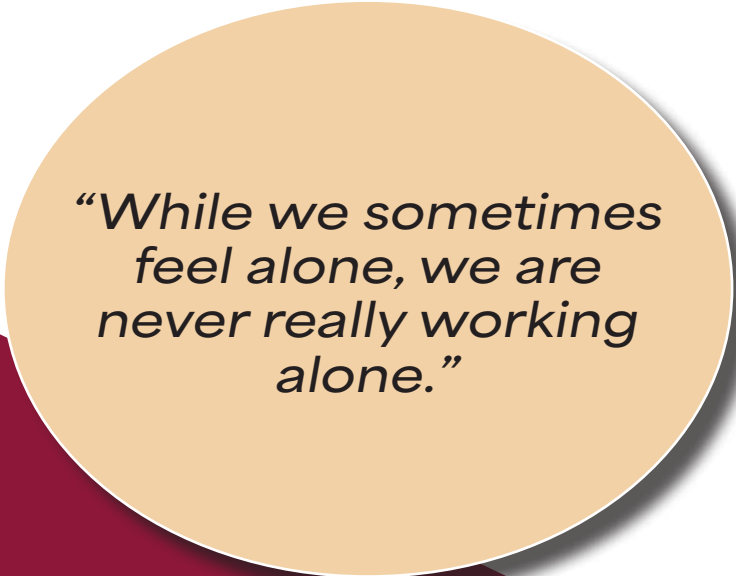
Everything we do as counselors relies on our ability to instill hope. The people we work with know the feeling of hopelessness, and we know the power of going from hopeless to hopeful. I think good counselors are always hopeful — and I am hopeful for a number of reasons.

One is the continuing growth of our understanding. Our understanding of substance use disorder has increased tremendously in the short time I've worked in this field, and we continue to learn more about the interaction between the use of psychoactive substances and ourselves. Increases in the understanding of biological and neurobiological factors and substance use lead to new treatment approaches. The impact of adverse childhood experiences, of trauma experiences, of physical and psychological disease and substance use open up areas for additional exploration and advancement in treatment approaches, as does our knowledge of medication and the development of new medications. I expect our knowledge and understanding to continue to grow exponentially, and our practice will continue to evolve as we learn and grow.

Another reason to be hopeful is our clients. Like many counselors, I was constantly inspired by their ability to overcome both challenges in life and the challenges to their recovery that, at times, seemed insurmountable. Their stories showed me what was possible. And, in recovery, their stories were an inspiration to others who were just like them.

And finally, I am hopeful because of the countless dedicated professionals that I had the opportunity to work with. While we sometimes feel alone, we are never really working alone. I saw in my colleagues the power of the work that we do and the opportunities that we have to walk alongside our clients in their journey to recovery.

We are fortunate to work in a supportive community of practice. And I saw how one person, working within that community, can make a difference in the lives of countless others. I often talked with other counselors about planting seeds. When those seeds take root beautiful things can happen. I believe that our ability to help others find hope will continue to grow as we gain a greater understanding of substance use disorder and how to help others move from hopelessness to being hopeful.



*“While we sometimes
feel alone, we are
never really working
alone.”*



ICB RESPONSE TIMELINES

Applications

ICB aims to review and respond to initial certification submissions within 30 days of the date of submission. Each time a new component is submitted, it resets the date of submission to the most recent date received.

Recertifications

ICB reviews recertification submissions on a rolling basis, 30 days prior to recertification date.

General Inquiries

ICB aims to respond to general inquiries by phone or to info@iaodapca.org within 3-5 business days.

Please note: response and review times may be impacted by volume, staff travel, illness, holiday closures, or other circumstances. 30 days is a guideline, not a guarantee. Submit early!

HAPPENINGS AT ICB

Since our last Newsletter was released, we've been busy! Here are just a few of our most recent activities:

- *Monthly and weekly meetings with stakeholders like the Behavioral Health Workforce Center (BHC) and the Division of Behavioral Health & Recovery (DBHR)*
- *Prepared for and held Fall Conference (October 2025)*
- *Prepared for and held Spring Conference (March 2026)*
- *Implemented CADC Workforce Expansion Grant, including service to recipients and participating Accredited Training Programs (ATPs)*
- *Updated Models and Maintaining Your Certification (MYC) instructions for each credential*
- *Board Meetings (Sept., Dec., March)*
- *Ethical complaint review and processing on behalf of members*
- *Deputy Director attended the NCWE Conference in Norfolk, VA*
- *Executive Director attended the IC&RC meeting in October*
- *Associate Director of Certifications, Testing and Operations presented at BHC Recovery Support Specialist in-person events*
- *Lobbied at the Capitol to improve state support for behavioral health and funding for SUD treatment*
- *Interviewed, hired, and onboarded a new Grant Manager, new Marketing and Communications Manager*
- *Implemented Zendesk*
- *Assisted members with certification and recertification*
- *Developing three new certificates*

A NOTE ON BURNOUT

In 1974, Freudenberger used the term “burn-out” to describe the combination of stress and high ideals that result in staff feeling exhausted with no clear path to recovery. In 1993, Maslach and Schaufeli developed a questionnaire to identify if you have burnout, the Maslach Burnout Inventory (MBI). Takers indicate how often a statement applies to them, with the frequency ranging from 0=Never to 6=Everyday. The first statement is: I feel emotionally exhausted because of my work.

While such researchers were some of the first to quantify burnout as a phenomenon, it is a feeling that many people are familiar with, whether because they have experienced it themselves, or have watched a colleague succumb after a brutal daily grind. The helping professions, and behavioral health professionals in particular, are highly susceptible to burnout because of the high standards that professionals hold themselves to, while also managing overwhelming caseloads. People's needs are so great that it can feel as if you are a single person keeping the world from falling apart.

James Baldwin said “The world is held together, really it is held together, by the love and the passion of a very few people.” And while you may be one of those people (and thank goodness you are)—so is your colleague, your supervisor, and quite possibly, your friend.

The answer to burnout is not to avoid taking a break, or to continue adding more to your plate. The answer is to grow the community who helps: through increased staff, more resources, and investing (outside of work) in a supportive network of friends and family. [Community resilience is correlated with lower levels of burnout](#), and early findings indicate that work context is also extremely important to professionals' mental health. A “[climate of authenticity](#)” can keep workers from the resource loss spiral that leads to worse outcomes. Stop burnout before burnout stops you.

ICB is growing! Here are some interesting facts from a recent look at our membership and operations:

20%
**MEMBERSHIP GROWTH
BETWEEN FY24-FY26**



79%
**OF CURRENT MEMBERS HOLD A
CADC CREDENTIAL**

ORGANIZATIONAL GROWTH

1,012
**TOTAL APPLICATIONS
RECEIVED**



FY24

1,328
**TOTAL APPLICATIONS
RECEIVED**



FY25

Generation Sober

With their approach to alcohol heavily shaped by anxiety around their own health and the material costs of drinking, Gen Z is choosing more [alcohol-optional socializing](#) or going “California sober” (which means swearing off alcohol, but permitting cannabis consumption in different forms). While it might seem like we could call Gen Z “Generation Sober,” the fact is that young people are grappling with a host of other behavioral health difficulties, such as gambling and gaming addictions. [34% of Gen Z placed bets in 2025](#), and [fifty percent of kids by the age of 17](#) say they’ve gambled in the last year. Adolescents whose basic social needs are not met and whose perceived social support is low [exhibit high levels of gaming addiction](#). Globally, 17.9% of youth under 18 have gambled in the past 12 months and an estimated 10.3% of youth under 18 gambled online. Among youth under 18, online gambling is the second most prevalent form of gambling activity. An estimated 159.6 million youth under 18 have gambled on commercial forms of gambling (which are largely age-restricted), in the past 12 months.

These behavioral trends in Gen Z present a legislative opportunity for our federal and state policymakers to prioritize process addictions and make their treatment reimbursable by Medicaid or state funding. At present, gambling disorder, for example, is often only treatable as a secondary diagnosis to a primary substance use disorder when billing Medicaid.

Fortunately, in the state of Illinois, DHS specifies that gambling screening [can be billed for 15 minutes at the assessment rate to the DBHR grant using the L tag](#). While this is better than nothing, there is a need for policymakers to make process addictions like problem gambling, reimbursable. At a minimum, policymakers should recognize existing credentials in Rule. This would directly incentivize behavioral health services to offer counseling for process addictions, and encourage the hiring of professionals who hold the Certified Problem and Compulsive Gambling Counselor (PCGC) credential.



ICB and the Illinois Council on Problem Gambling (ICPG) are uniquely positioned to provide resources to Illinoisans struggling with problem gambling and the credentialed professionals who serve them.

Other Gen Z Facts

[Who is Gen Z?](#)

- Gen Z includes people born between 1997 and 2012
- 70.79m people, 20.81% of the U.S. Population

[Online Behavior](#)

- Gen Z are digital natives, but they aren’t necessarily computer literate. Their experience of technology is through user-friendly apps, not file trees and coding.

[Views on Mental Health](#)

- 60% say that mental health is important to everyday life

Alcohol-free bars? You betcha.

Americans are hungry for [third-spaces](#) that don't revolve around alcohol, and with more people choosing sobriety, some entrepreneurs see a business opportunity. Alcohol-free bars like [Listen Bar](#) in New York City are part of a growing trend nationwide: all the vibes of a bar, but none of the hangover. In the midwest, [Verbena Shoppe, Cafe & Dry Bar](#) in Cleveland, Ohio is leading the way, but Chicago has some options as well. Check out [Prazbar](#) in the West Town neighborhood or [In Good Spruits](#), a non-alcoholic bottle shop. Dry Spokes, a non-alcoholic bar in Omaha, Nebraska recently closed its downtown location, citing an out-of-state military assignment for one of its co-owners. Fingers crossed it comes back.

Keeping up with the trend, some regular bars are expanding their non-alcoholic offerings with extensive "mocktail" menus. In Chicago this includes M Lounge, Osito's Tap, Daisies, Kumiko, Billy Sunday, The Drifter, Cantina Rosa, Three Dots and a Dash, The Loyalist, Bokeh, Nobody's Darling and The Whistler all offering quality spirit-free beverages. Closer to ICB's headquarters in Springfield, Illinois, [The Wakery](#) offers a mobile-only mocktail bar and cafe that can be booked for events, while Clique, Obed & Isaac's, Friar Tuck and Bloom Wine & Bar all offer non-alcoholic and/or mocktail drink choices.

Search online for alcohol-free bars or mocktail options near you!

Not all mocktails are made equally.

*Try these recipes
and compare:*

[Listen Bar's She Pretty](#)

[Salty Grapefruit Refresher](#)

[Smoked Honeycrisp Rosemary](#)

Looking for Work?

Check out our [Job Board!](#)

ACTIVE JOBS

Job	Description	City	Published	
Substance Use Disorder Counselor	Family Guidance Centers, Inc. (FGC), a non-for-profit	Chicago	4/17/2026	VIEW DETAILS
Substance Use Disorder Counselor	Family Guidance Centers, Inc. (FGC), a non-for-profit	Chicago	4/17/2026	VIEW DETAILS
Substance Use Disorder Counselor	Family Guidance Centers, Inc. (FGC), a non-for-profit	Springfield	4/17/2026	VIEW DETAILS

Looking for the
right certified
professional
for your
organization?

[Post a job!](#)

Reach credentialed
professionals in Illinois
directly by posting open
positions on our website.



Advertise with Us

We would love to advertise your services in our quarterly newsletter, which reaches over 7,000 Human Services Professionals across Illinois. Your support not only benefits the Illinois Certification Board, it also promotes your business to a diverse audience that shares your commitment to providing quality resources to people whose lives have been affected by behavioral health issues (substance use and/or mental health).

Your ad will be included in every subsequent newsletter we release in 2026.

Rates

Full page	\$900
1/2 page	\$450
1/4 page horizontal	\$300
1/4 page vertical	\$300
1/8 page	\$150

To reserve your space and arrange payment, contact:
info@iaodapca.org

We look forward to promoting your business.