

**The Illinois Standard  
For  
Board Registered  
Co-Occurring Substance Use and  
Mental Health Disorder  
Professional I or II**



**d/b/a Illinois Alcohol and Other Drug Abuse Professional Certification Association**

**Mission: To protect the public by providing competency-based credentialing of Human Service Professionals**

**217-698-8110**

**[WWW.IAODAPCA.ORG](http://WWW.IAODAPCA.ORG)    [INFO@IAODAPCA.ORG](mailto:INFO@IAODAPCA.ORG)**

**© Revised April 2023 Supersedes all previous requirements**

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## PREFACE

This document defines the role, purpose, functions and responsibilities of the board registered Co-Occurring (Substance Use and Mental Health) Disorder Professional (CODP), and establishes a fair methodology for evaluation of competency. The credential defines minimum acceptable standards for COD professional knowledge and skills to assure that the COD professional meets an acceptable standard of competency. The board registration system is

**Competency Based** - The minimum COD professional competencies are the knowledge base and skill base identified by a statewide task force of substance use and mental health professionals. The minimum COD professional competencies define the nature and scope of the unique profession of Co-Occurring Disorder (COD) counseling. The competencies are specific to counseling individuals with mental illness and substance use, thus distinguishing this profession from other helping/human service professions.

**Experience Based** - The board registration system realizes that a person may take a number of avenues to acquire the minimum CODP competencies. An essential avenue is work experience showing the professional actually practicing these competencies.

## PURPOSE

Mission – To protect the public by providing competency-based credentialing of Human Service Professionals.

- To establish standards and procedures for voluntary, professional credentials for individuals employed in the substance use and mental health field.
- To assure competent, professional services to persons suffering from substance use and mental health disorders.
- To provide professional standards required for program licensing, accreditation and third-party reimbursement.
- To provide a respected credential of professional competency.
- To provide a method for maintaining and updating appropriate professional standards.

## RATIONALE

ICB endorses the concept that the treatment of dually diagnosed substance use and mental health disorders is a specialty field requiring performance by competent professionals. The standards for board registration of these professionals are weighted on the side of proven experience and education.

## PHILOSOPHY STATEMENT

Mental illness and substance use both occur on a continuum of severity, and can vary independently and concurrently across individuals, within individuals, across time and between settings. The need to intervene in a problem is not limited to individuals having a DSM V diagnosable disorder. Many individuals in substance use treatment programs have significant psychiatric symptoms and DSM V diagnosable disorders, independent of their substance use.

The substance use continuum ranges from abstinence to non-problem use, to problem use resulting in significant impairment of functioning, to drug use that is at life threatening levels. It is important to recognize that the substance use continuum is based both on the pattern of drug use (amount of alcohol and other drugs consumed, frequency of use) and on the consequences of drug use. A pattern of use that is not problematic in an individual with mild or no psychiatric symptoms may be a problem in an individual with moderate or severe mental illness. Intervention in a drug use problem does not require meeting criteria for a substance use disorder. For example, having even one or two drinks may increase suicidal impulses in an individual with Major Depression, or may increase aggressive impulses in an individual with Borderline Personality Disorder.

When mental illness and substance use co-occur, both should be considered primary, meaning each are separate issues and both need to be addressed. A substance use disorder or psychiatric disorder should be considered secondary only if it resolves when the co-morbid condition is at baseline. Major mental illness and substance use disorder are examples of primary, chronic and biologic illnesses that fit into both disease and recovery models of treatment. For each individual, the proper treatment intervention depends on the phase of recovery, level of acuity, severity, disability and motivation for treatment of each condition.

Substance use treatment in psychiatric populations is basically similar to substance use treatment in non-psychiatric populations, with both needing the same types of interventions and processes. Specific substance use interventions may need to be modified for use with individuals with psychiatric disorders and disabilities. Modifications will need to address different skill levels, the presence of thought disorders or other cognitive impairment, psychiatric symptoms that may interfere with the ability to learn new skills or engage in the recovery process and differing levels of social support.

The misuse of alcohol and other drugs (AOD) in society is present at alarming rates. Loss of work proficiency, deteriorating functional relationships, arrested development and ultimately, death, mandate that care be available to those individuals where mental illness and substance use coexist. Mental illness and substance use disorders touch all elements of the human condition. Treatment must be comprehensive in nature and treat the whole person, not just the symptoms.

ICB recognizes the disease model of substance use disorders as well as the bio-psycho-social-spiritual approach and other philosophies effective in promoting recovery. It supports ongoing research and technology and remains open to new techniques as they are proven to be effective. ICB is committed to the professional growth of counselors and to openness and enthusiasm about new information that allows.

ICB acknowledges the use of psychotropic medication in the treatment of COD clients/patients is ethical when appropriately prescribed and supports the use of such medications. All COD professionals should deal in a clinical fashion with clients/patients who have been diagnosed as having mental illness or substance use disorders and who continue to use alcohol and other drugs when it is destructive.

## **INTRODUCTION**

Co-Occurring Substance Use and Mental Health Disorder professionals fill a unique role in the health and human service profession. They work in a variety of settings, use various treatment approaches and work with a wide range of client/patient populations. The CODP board registration was developed out of recognition of the need to assure quality care to clients/patients. The registration is a voluntary system that evaluates professional competency and grants registration to professionals who meet specified minimum standards.

The board registration system identifies the functions, responsibilities, and knowledge and skill bases required by COD professionals in the performance of their jobs, regardless of the treatment setting or professional training and orientation. As the COD profession continues to grow, ICB believes the levels included in this system will assist clients/patients, agencies and professionals in making a proper match of client/patient needs to competencies.

The *Illinois Standard for Board Registered Co-Occurring Substance Use and Mental Health Disorder Professional I/II* is designed to measure COD professionals' competency, define their role and function and identify a unique place for COD professionals among other health/human service providers. ICB recognizes that COD professionals are educated in a wide range of disciplines, therapeutic approaches and counseling techniques and have experience in the Mental Health and AOD field. The system is designed to accommodate and evaluate professionals who are academically and/or experientially trained.

Individuals are registered as having met specific predetermined criteria for working in mental health and substance use systems to assure that quality service is available to COD clients/patients. The system provides a professional registration that can guide employers in selecting competent COD professionals, provides COD professionals with recognition of their skills and competence and defines the unique role of COD professionals as health and human service providers.

## **DEFINITION AND SETTING**

COD professionals combine a distinct knowledge base with human services skills to deal with the unique attitudes and behaviors associated with mental illness and substance use disorders. The knowledge and skill base may be acquired through a combination of specialized training, education and supervised work experiences.

COD professionals help the clients/patients address physical, intellectual, emotional, social and spiritual needs to facilitate and maintain a recovery process. They assist clients/patients in becoming involved in the process so they may resolve problems relating to mental illness and substance use disorders. COD professionals assist and support COD clients/patients with the development and/or maintenance of a responsible and functional lifestyles through the provision of experienced educational counseling, and may provide experienced professional services to family members/significant others. They may recognize problems beyond their training, skill or competence and exhibit a willingness to refer to the appropriate professional service(s).

Board registration is intended to encompass a wide range of professions and positions operating within the mental health and substance use field. It includes, but is not limited to, the mental health worker, the clinical counselor, the clinical supervisor and the consultant. The system is designed for individuals whose primary professional identification and involvement is in the COD field.

Professionals seeking the distinction of CODP Board Registration must be proficient in the knowledge, skills and core functions necessary to provide quality care for dual diagnosed individuals seeking help. These elements of function, knowledge and skill may be learned in many settings, but must be present regardless of the method they were obtained. Professionals who provide COD services are eligible for board registration. Any professional, regardless of discipline, who meets the criteria defined in this process, has had academic training, or whose training has come through supervised work experience may apply.

## CODP BOARD REGISTRATION LEVELS

Recognizing that COD professionals perform different functions at different levels of accountability, the ICB registration system is designed to recognize the competency of two levels of COD professionals, CODP I and CODP II. The registration represents a wide range of experience and training and a range of job functions, experiences, knowledge and skills for the COD professional. This credentialing system incorporates all elements of a professional system and is based on accepted standards.

The CODP I is recognized as the professional with formal monitoring/support responsibilities for individuals meeting the COD symptomatology. COD professionals at this level are expected to have skills in mental health and comprehensive knowledge of the disease and the effects of alcohol and other drug use.

The CODP II is recognized as having the skills outlined in the CODP I level and may also have the ability to supervise or be the team leader in the delivery of COD services. The COD professional at this level may well provide the formal counseling, but could also be responsible for others' work.

COD professionals may transition to a more appropriate level when the requirements for that level are met. Registration indicates that COD professionals have met the minimum standards established for that level. Each registration assumes competence in the preceding level. COD professionals may initially apply for any registration for which they meet specific requirements. This does not have to be a stair-step process.

Nonresidents of Illinois are eligible for board registration by ICB, but must meet all standards and criteria, submit all fees and maintain their registration via the continuing education mechanism.

## REQUIREMENTS FOR BOARD REGISTRATION

Applicants must meet all requirements to obtain board registration, including, an approved application, passing the examination (when required) and payment of all appropriate fees.

The following charts detail the minimum requirements for board registration based on work experience, supervised practical experience, and training/education:

Board Registration Level	Degree Requirement	Required Work Experience	Hours of Supervised Practical Experience	Hours of Training/ Education	Required Examinations*
CODP I	High School/GED	1 year (2,000) hours of paid qualified work experience in the past four years  250 hours must be documented within the past year	120 Hours	190 clock hours <u>52 hours</u> AOD Specific  <u>52 hours</u> Mental Illness Specific  <u>6 hours</u> Professional Ethics and Responsibility  <u>80 hours</u> Knowledge and Skills	CADC Examination

\*Individuals applying for CODP I, who are Certified Alcohol and Other Drug Counselors, will not be required to take an examination.



Board Registration Level	Degree Requirement	Required Work Experience	Hours of Supervised Practical Experience	Hours of Training/ Education	Required Examinations
CODP II	High School/GED  Bachelor's Degree in Human Services or Behavioral Science	2 years (4,000) hours of paid qualified work experience in the past four years  250 hours must be documented within the past year	250 Hours	310 hours <u>75 hours</u> AOD Specific  <u>75 hours</u> Mental Illness Specific  <u>6 hours</u> Professional Ethics and Responsibility  <u>144 hours</u> Knowledge and Skills  <u>10 hours</u> Research Methods	Advanced Examination

### **Work Experience**

ICB defines qualified work experience as paid, supervised work experience in a position with a client/patient caseload/assignment of at least 50% meeting the COD symptomatology, using the defined knowledge and skills base to deal with the destructive behavior and thought patterns of that client/patient population. At least 50% of the time must be spent providing direct service in individual/group settings with COD clients/patients and/or their families/significant others. The work experience must be acquired in a setting where the primary mission is mental health counseling or specific AOD counseling. Applicants for CODP I are not required to carry a client/patient caseload. Volunteer work and personal life experience does not qualify as required work experience.

Applicants, who are current supervisors of direct service COD workers and have more than four years supervision experience, may use the time prior to the four years to substantiate direct service paid work experience.

**CODP I - A Bachelor degree or higher** in human services or behavioral sciences, with at least nine semester hours of AOD education and nine semester hours in mental illness education, may waive 500 hours of the required CODP work experience.

**CODP II - A Masters degree or higher** in human services or behavioral sciences, with at least nine semester hours of AOD education and nine semester hours in mental illness education, may waive 1000 hours of the required CODP work experience.

Applicants must supply an official transcript indicating completion of the course of study and the award of the degree. ICB reserves the right to disqualify any course of study that does not meet the degree requirement.

### **Supervision**

Clinical supervision is the process of assuring the COD professional is provided monitoring and feedback to ensure quality services are being delivered. Applicants must submit documentation of on-the-job clinical supervision in the CODP core skill areas. Supervision hours must be documented for each core skill area. Supervision is the hours the individual spends being observed, either directly or indirectly performing these services and the time spent in staff meetings or with a designated supervisor discussing the COD professional's work performance. Hours COD professionals spend providing services are NOT counted as supervision.

Realizing that supervision may take place in a variety of settings and have many faces, ICB determined not to place limiting criteria on qualifications of a supervisor. Rather, it was determined that supervision should be as broadly defined as in the Center for Substance Abuse Treatment/Substance Abuse and Mental Health Services Administration's Technical Assistance Publication Number 21. TAP 21 defines supervision/clinical supervision as: the administrative, clinical and evaluative process of monitoring, assessing and enhancing counselor performance.

## **Education**

- High School or GED.
- CODP II requires a Bachelor's degree.
- Documentation that applicant has obtained a diploma, or a degree or certificate of completion from an institution accredited by the US Department of Education's Office of Post Secondary Education.
- See Knowledge Base (Page 17) for AOD Specific Education, Mental Illness Specific Education, Knowledge and Skills Education, Ethics Education and Research Education
- Sources of education are college courses, seminars, conferences, in-services, lectures, etc.
  - One college semester hour equals 15 clock hours
  - One college quarter hour equals 10 clock hours
  - One college trimester hour equals 12 clock hours

## **EXAMINATION**

ICB offers the AOD counselor examination for CODP I board registration level and the AOD advanced examination for the CODP II level. Applicants for CODP I, who hold AOD counselor certification, will not be required to take an examination. CODP I board registered professionals who choose to transition to CODP II board registration will be required to take the test specific to that level.

The examinations are computer based and are set by appointment only. Registration forms are mailed to the applicant once they become eligible.

Applicants may take examinations prior to approval of their application. The minimum application requirements include:

- the first two pages of the application that include general information about the applicant
- a signed and dated Assurance and Release form
- a signed, dated and notarized CODP Code of Ethics
- payment of the application fee
- a letter from the applicant requesting to take the examination prior to application approval

This information must be received prior to the application deadline. The applicant will receive an examination letter and test code sheet. To be scheduled for the examination, the applicant must return a completed test code sheet with payment of the non-refundable examination fee. A deadline is set by which the payment and test code sheet must be received in the ICB office.

Individuals with disabilities and/or religious obligations that require modifications in examination administration must submit a written request for specific procedural changes to ICB no fewer than sixty days prior to the scheduled examination date. Official documentation of the disability or religious issue must be provided with the written request. With supportive documentation and proper notice for request, ICB will offer appropriate modifications.

The development of a valid examination for the certification process begins with a clear and concise definition of the knowledge, skills and abilities needed for competent job performance. Multiple sources were utilized in the development of questions for the examinations. The examinations are comprised of multiple-choice questions, and each question is linked to the performance domains as well as the knowledge and skills identified for each domain. Applicants are allowed two (2) hours to complete the CADC examination and three (3) hours to complete the advanced examination.

Official examination results are distributed upon immediate completion of the exam. ICB will email the individual within 7-10 business days with official instructions on the next steps in the registration process. Applicants failing the examination will be given opportunities to retest providing the application is in good standing. Applicants must notify ICB of their intent to be seated for that examination by completing a test code sheet and paying the appropriate examination fee. The test code sheet will be included with the exam scores.

An applicant's file will be closed if the applicant does not retest within one year of obtaining a failing score. In such a case the applicant will be required to submit a new application and fees.

A comprehensive study guide for the CADC examination and a candidate guide for the advanced examination are available. The study guide and candidate guide are tools to review the basic information required for the knowledge base covered on the examinations.

## **ACCOUNTABILITY**

This system is accountable to other professionals. The credentials are independent, private, freestanding and self-supporting, and the profession determines and maintains its own standards

## **HOW TO APPLY**

The application process is a series of steps leading to board registration. Payment of fees is required only as the individual completes each step. Applicants are responsible for completing and submitting all forms in the application, and missing, incomplete or inadequate information will result in delays in the review process.

Board Registration will be granted contingent upon documentation of eligibility, submission of all required application material, successful completion of the appropriate examinations (when required) and payment of all fees. The following outlines the application, review and approval process.

1. Read the entire Illinois Standard thoroughly.
2. Complete all parts of the application. Print legibly or type application, and be sure to include all required attachments.
3. Attach all required documentation to support employment and education (i.e. current job description, official transcripts, copies of training certificates, letters of attendance/participation).

4. A current job description is required. Job descriptions must be on agency letterhead, dated and signed by the applicant and supervisor and must reflect the applicant's actual job duties and responsibilities.
5. Sign, date and notarize the Code of Ethics.
6. Verify the completeness of the application by using the "Application Checklist" included with the application.
7. Completed application materials must be mailed to, ICB, 401 East Sangamon Avenue, Springfield, IL 62702. **Applications will not be accepted by email.**

### **Review of Materials**

Upon receipt, the application and materials will be screened by ICB for completeness and correctness. The results may be one of the following:

**Application Approved** – The application meets all board registrations standards, and the applicant must pass the examination, if he or she has not already done so, in order to meet the requirements for registration.

**Application Pending** – Some materials need clarification, submission or resubmission of any part of the application. The applicant will be notified in writing of the problem(s). **Within one year of the application date, corrected materials must be submitted to ICB or the applicant will need to restart the application process.**

**Application Denied** – Board registration standards were not met resulting in denial of application.

### **TRANSITION TO ANOTHER LEVEL**

A CODP I may transition to the CODP II level once the qualifications have been met. Qualifying work experience, supervision and education hours are cumulative. Application for transition does not suspend the CODP I requirement for the current renewal. The CODP I may transition to the CODP II registration by:

- Requesting a transition application packet from ICB.
- Paying the appropriate transition fee.
- Completing the application packet.
- Returning the transition application to ICB for review and approval.
- Documenting a BA/BS or higher degree in Human Services or Behavioral Sciences.
- Successfully passing the advanced AOD examination.

ICB will not review current files to verify an applicant's experience, supervision or education when the applicant is applying for a transition. The applicant is responsible for completing the application and providing the required information.

### **BOARD REGISTRATION TIME PERIOD**

Once the application receives approval and the applicant has passed the examination (when required), he or she will be invoiced for the biennial registration fee. Once payment is received board registration will be issued.

ICB board registration encompasses two calendar years starting on the date of successful completion of the board registration process. Two dates (date of issue and expiration) will appear on the certificate of registration along with a board registration number.

Board registered COD professionals must display their certificates at their primary work site. They are responsible for renewal of their registration.

**FEES**

CODP Application Fee .....	\$ 85.00
Examination ..... CODP I or CODP II .....	\$175.00
Biennial Registration Fee ..... CODP I.....	\$140.00
Biennial Registration Fee CODP I with ICB AOD Counselor Certification.....	\$ 30.00
Biennial Registration Fee ..... CODP II.....	\$160.00
Biennial Registration Fee CODP II with ICB AOD Counselor Certification.....	\$ 30.00
Transition Fee ..... CODP I to CODP II.....	\$ 40.00
Extension Fee ( <i>assessed monthly - maximum six months</i> ) .....	\$ 10.00

**BOARD REGISTRATION MAINTENANCE AND RENEWAL**

To maintain the high standards of the professional practice and to assure continuing awareness of new knowledge in the field, ICB requires all board registered COD professionals to maintain and renew their credential every two years. Any failure to act is the board registered COD professional's responsibility.

Board registered COD professionals will be notified their credential is about to expire no fewer than 30 days prior to the expiration date. They are required to pay a biennial registration fee and submit continuing education units (CEUs) by their expiration date. Forms for the documentation of CEUs will accompany the notification and must be completed, signed and submitted with proof of attendance. CEUs should not be submitted until notification of expiration.

Board registered COD professionals may arrange a payment plan for the biennial registration fee by selecting a payment option on the fee statement. Such requests must be received **PRIOR** to the expiration date. If 45 days have passed from the expiration date without payment of biennial registration fee and/or submission of continuing education units, the credential shall be terminated. A non-response to biennial notices will result in termination.

**Continuing Education Policy**

The purpose of continuing education is to promote ongoing professional development that benefits the client/patient, the COD professional and the COD profession. COD professionals will build upon their previously demonstrated competencies and demonstrate their professional development through pursuit of continuing education.

Forty (40) CEUs are required to maintain board registration, and must be earned within the two-year registration period. An average of 20 CEUs should be obtained each year. CEUs are not transferable to any other board registration period, and CEUs earned prior to initial board registration are not eligible to be used for maintaining registration. COD professionals may receive CEU credit only once for a training event, even if repeated during different board registration periods. A CEU is equivalent to one clock hour of instruction time. One college semester hour of credit is equivalent to 15 CEUs, one college trimester hour of credit is equivalent to 12 CEUs, and one college quarter hour of credit is equivalent to 10 CEUs.

All 40 CEUs required to maintain registration must be recognized or petitioned for ICB CEUs. Continuing education is broken down into two categories, and ICB may recognize some continuing education for both categories.

- **CATEGORY I** - Minimum 15 CEUs of education specific to knowledge and skills related to AOD or mental health.

Examples of Category I education are pharmacology, signs and symptoms of AOD, history of AOD, AOD modalities, AOD rules and regulations, AOD and mental illness special populations, signs and symptoms of mental illness, history of mental illness treatment, mental illness rules and regulations.

- **CATEGORY II** - Minimum 25 CEUs of education specific to knowledge and skills related to the Core Functions of COD professionals, but does not have to be AOD or mental health specific. This education covers counselor skills, competencies, and knowledge base.

Examples of Category II education are human behavior/development, dysfunctional behavior, human sexuality, family dynamics, domestic violence, cultural issues, special populations, social services, confidentiality, legal systems, crisis intervention, counseling approaches with COD clients, health and safety, attitudes toward COD population, roles, boundaries, and professional relationship dynamics, relapse prevention, therapy/dynamics of counseling/rehabilitation, research methods, intervention.

### **Sources of Continuing Education Units**

Recognized programs are training/education programs ICB has identified as fulfilling the criteria for CEU credit and have been awarded CEUs by ICB or are pre-recognized sources. The certificate of completion will contain the name of the participant, name of program, date of program, ICB program number, number of CEUs, and the category.

Structured individual continuing education, such as the ICB Bibliocredit Reading Program and other self-study programs, is available to COD professionals with a maximum of 15 CEUs every two (2) years.

COD professionals may receive up to 12 Category II CEUs every two years for volunteer time serving as a member of the Board of Directors, a member of a Board committee, or a member of an ICB committee.

Teaching and/or Training Other AOD, Mental Health, or COD professionals in AOD, Mental Health, or COD Knowledge Areas qualifies for up to 15 CEUs every two years. The number of CEUs awarded will be equal to the number of hours spent in actual training time. Patient education lectures and public education lectures are not eligible. Presentations for which the COD professional has previously received credit are also not eligible.

Research papers, accepted for publication, reading or discussion at a professional meeting or conference, and professional publications in the AOD, Mental Health or COD field qualify for up to 15 CEUs every two years. The topic must pertain to AOD, Mental Health, or COD and address one of the knowledge or skill areas. The work can be counted only once, even though presented in more than one format or location.

## **Agency In-service Education and Training Programs**

Of the 40 CEUs required biennially, 20 CEUs may be agency in-service training programs. In-services not previously awarded CEU recognition by ICB may be petitioned for CEUs

## **Validation of Continuing Education**

COD professionals must document they have obtained CEUs and submit the appropriate validation for each educational experience.

- Certificates or other proof of completion for ICB recognized or petitioned trainings.
- Transcripts or other official grade reports for college or university courses.

## **Procedures to Petition for CEUs**

Not all available educational experiences are awarded CEUs by ICB, requiring the COD professional to petition such education/training for CEU credit. Requests are to be submitted to ICB on the petition form with the following information:

- Documentation of attendance
- Goals and objectives of the program
- Date/length of program in clock hours
- Brochure or other document describing program content
- Sponsor, location, instructor, and target population
- Definition of the training type (publication, workshop, seminar)
- Identification of the AOD and/or Mental Health specific content and/or knowledge/skill related to the Core Functions
- Non-refundable petition fee (\$10.00)

Requests will be reviewed within 30 days, and the COD professional will be notified of the results. If recognized, the COD professional will be informed of the number of CEUs awarded.

## **Extension of Continuing Education Requirements**

A COD professional unable to meet the continuing education requirements for board registration maintenance may request an extension, in writing. Extensions are \$10.00 per month for up to six months from the expiration date. COD professionals not meeting the CEU requirement after the six-month extension shall not be permitted to place their board registration on inactive status and shall be terminated. Reinstatement shall be through completing the full board registration requirement.

**NOTE:** The COD professional should remember this process leaves only 18 months to obtain CEU credit for the current registration period.

## **INACTIVE STATUS**

ICB has established an Inactive Status to allow board registered COD professionals, who are experiencing extenuating circumstances, a means to prevent their credential from expiring. It has been established for board registered professionals who expect to be inactive for more than two years. This category allows them to avoid the full reapplication process.

Board registered COD professionals in good standing unable to meet the continuing education requirements for registration maintenance due to health or extenuating personal reasons may place their board registration on inactive status if they meet the requirements. The process for reactivation from inactive status will then be followed when they wish to activate their board registration.

### **Eligibility for Inactive Status for board registered COD professionals who are:**

- In good standing, i.e., current with fees and continuing education units
- Moving to another state but remaining active in the COD field
- Retired
- Pursuing academic coursework and not active in COD work for the duration of such course work
- On extended military active duty
- Experiencing health problems
- Experiencing extenuating personal circumstances
- Leaving the COD field and choosing not to maintain certification

Insufficient hours of continuing education will not be accepted as rationale for requesting inactive status.

### **Procedure for obtaining Inactive Status**

- Request Inactive Status in writing from ICB stating the specific reason(s)
- Include documentation for eligibility in your request
- Surrender your current original board registration to ICB. A letter will be sent from ICB acknowledging the credential is on inactive status
- Pay a \$20.00 biennial fee.

During the period of inactive status, COD professionals are considered to be without ICB board registration. They cannot refer to themselves in writing or verbally as board registered COD professionals.

### **Procedure for reactivating a board registration from Inactive Status**

#### **COD professionals who have left the state and continued in the COD field**

- Submit a written request for reactivation to ICB
- Document fulfillment of requirements for board registration under the laws/rules of the jurisdiction in which the work experience is occurring
- Submit payment of appropriate fees based on level of board registration

#### **COD professionals who have left the COD field but wish to reactivate their certification before two years have lapsed:**

- Submit a written request for reactivation to ICB
- Submit payment of appropriate fees based on level of board registration
- Submit payment of reapplication fee
- Provide documentation of current COD employment
- Provide documentation of current CEU experience

#### **COD professionals who wish to reactivate their board registration and have been on inactive status for more than two years:**



- Submit a written request for reactivation to ICB
- Submit payment of appropriate fees based on level of board registration
- Submit payment of reapplication fee
- Submit payment of examination fee
- Successfully complete the examination required for board registration
- Submit current job description on agency letterhead, signed and dated by applicant and his or her current supervisor and include the amount of time spent in COD direct service

## **TERMINATED BOARD REGISTRATION**

### **Reasons for Termination**

- Failure to apply for a fee extension beyond the expiration date for renewal of board registration and have not requested an extension
- Failure to comply with the conditions of an extension by the deadline
- Failure to document 40 CEUs over the two-year period of board registration, and no request for extension or payment plan
- Ethical violation

### **Notification Procedure**

ICB will give COD professionals written notice at least 30 days prior to expiration of board registration. ICB will notify the COD professionals seeking inactive status or renewal extension, of action on their respective requests within 30 days of the request. At the time of renewal, if registration is not maintained, it will be considered terminated and the COD professional will be so notified.

## **APPEAL PROCESS**

When an applicant is denied registration, questions the results of the application review, questions the examination results or is subject to an action by ICB that the applicant deems unjustified, he or she has the right to inquire and appeal. If, after having been provided an explanation or clarification of the action of ICB, the applicant (complainant) still thinks an action taken is unjustified, he or she may request an appeal. The complainant may appeal the decision within 30 days of receipt of the notice of denial or any other action deemed unjustified, by sending a certified letter to the Executive Director of ICB.

If applicants wish to appeal their examination score, they must submit a written request and fee within 30 days of the postmark on the test score report. Applicants should be aware that test security and item banking procedures do not permit access to test questions, answer keys or other secure materials by applicants.

## **DISCIPLINARY REVIEW PROCESS**

Board registered COD professionals hold a unique position of trust and responsibility and must be aware at all times, of the ethical requirements imposed on them as a result of this special position.

ICB has established a disciplinary review process that provides an avenue through which complaints can be filed about the ethical conduct of ICB board registered COD professionals or applicants to the ICB board registration system.

If it is suspected that a breach of the Code of Ethics has occurred, it is suggested that this be brought to the COD professional's attention first. If this does not result in a satisfactory outcome, the COD professional's supervisor should be informed. If this action still does not result in a satisfactory outcome, an ethics complaint should be made to ICB.

The complainant will submit a request for an ethics complaint packet to ICB, 401 East Sangamon Avenue, Springfield, IL 62702.

The complainant will complete the packet and submit it to ICB. Once the ethics complaint packet is received by ICB the complaint will be investigated resulting in one of three findings:

- Dismissal of the complaint
- Return of the complaint to the Executive Director for further investigation; or
- Imposition of disciplinary action.

The complainant may appeal any decision within 30 days of receipt of the results of the complaint by sending a certified letter to the Executive Director of ICB.

## CODP CORE FUNCTIONS

ICB measures competency through Core Functions, as defined by the Illinois CODP Task Force. The Core Functions are performed by COD Professionals to various degrees. COD professionals are not required to be experts in the Core Functions, but are expected to gain proficiency in these functions as they advance in their careers.

Board Registration focuses on the evaluation and demonstration of professional competency, the ability to do the job and to perform the required tasks. The professional competencies are cumulative as one moves from the CODP I to the CODP II level.

**Admissions Screening** - The process by which a client/patient is determined appropriate and eligible for admission to a particular program.

**Intake** - The administrative and initial assessment procedures for admission to a COD program area. The result of this assessment should suggest the focus for treatment.

**Orientation** - The process of describing the following to the client/patient:

- General nature and goals of the program
- Rules governing client/patient conduct and infractions that can lead to disciplinary action or discharge from the program
- The methods/hours during which services are available in a nonresidential program and provisions for emergency contact during hours in which services/emergency services are not available
- Treatment costs to be borne by the client/patient, if any
- Client's/patient's rights

**Assessment** - The procedures by which COD professionals identify and evaluate an individual's strengths, weaknesses, problems and needs for the development of the treatment plan.

**Treatment Planning** - The process by which the COD professional and the client/patient:

- Identify and rank problems needing resolution.
- Establish agreed-upon immediate and long-term goals.
- Decide on a treatment process and the resources to be used.

**Counseling (Individual, Group and Family/Significant Others)** - The utilization of special skills to assist individuals, families or groups in achieving objectives through:

- Exploration of a problem and its ramifications.
- Examination of attitudes and feelings.
- Consideration of alternative solutions.
- Decision making.

**COD Case Management** - Activities that bring services, agencies, resources or people together within a planned framework of action toward the achievement of established goals. It may involve liaison activities and collateral contacts.

**Crisis Intervention** - Provision of services that respond to a COD client's/patient's needs during acute emotional and/or physical distress.

**Client/Patient Education** - Provision of information to individuals and groups concerning COD clients/patients and the availability of services and resources within each community.

**Referral** - Identifying the needs of clients/patients that cannot be met by COD professionals or agencies and assisting clients/patients in using available support systems and community resources.

**Reports and Record Keeping** - Charting the results of the assessment and treatment plan and writing reports, progress notes, discharge summaries and other data related to clients/patients.

**Consultation with Other Professionals** - In regard to client/patient treatment/services, communicating with professionals to assure comprehensive, quality care for the client/patient.

**Intervention** - The formalized process of attempting to interrupt the progression of mental illness and substance use as indicated by high-risk behaviors. COD professionals must be familiar with, and when appropriate, involved in partnerships/relationships with the systems through which the intervention takes place.

**Employee Assistance Program**: Familiarity with the concepts of employee assistance programs and the appropriate roles each party plays in the intervention process.

**Legal System**: Familiarity with the legal system and the ramifications of mental illness and substance use on the legal aspects of the individual's life. COD professionals must be able to understand legal complications for clients/patients they are serving and their appropriate role in serving the client/patient.

**School**: Familiarity with how local school systems function, the formalized programs that could result in intervention for students and the appropriate role of all parties in the intervention, treatment and aftercare process.

**Attitudes Towards COD Populations** - The process of interacting with clients/patients meeting the COD symptomatology. Given the distinct problems associated with this population, COD professionals must take into consideration the following: client/patient orientation, stigma of having a dual diagnosis of AOD and mental illness, cultural sensitivity and ethical awareness.

**Roles, Boundaries and Professional Relationship Dynamics** - The nature of relationships between COD Professionals and clients/patients. Constantly assessing their role with clients/patients, COD professionals must realize biases towards the issues of mental illness and/or substance use and must understand the dynamics of transference and counter transference to avoid entering into dual relationships.

**Health & Safety** - The process of identifying environmental characteristics that could adversely affect the well being of COD clients/patients. COD professionals must have a basic understanding of first aid, nursing procedures, infection control, universal precautions, sanitation, basic principles of nutrition, and rules and regulations relating to the safety of clients/patients.

## KNOWLEDGE BASE

### Alcohol and Other Drug Specific

**Pharmacology/Psychopharmacology Interactions** - Define and recognize the actions of psychoactive drugs as they affect the human mind and body. This knowledge is necessary to perform assessments and make appropriate treatment referrals.

**Signs and Symptoms of Alcohol and Other Drug Use** - Recognize and know the signs and symptoms associated with the different classifications of psychoactive chemicals.

**Historical Perspectives of Alcohol and Other Drug Use and Treatment** - The historical development of alcohol and other drug use treatment.

**Modalities of Alcohol and Other Drug Treatment Services/Abstinence/Harm Reduction** - Eligibility requirements and criteria for specific modalities of service, what services are offered in each modality with applicable regulations and limits and when it is appropriate to make referrals.

**Rules and Regulations Pertaining to Alcohol and Other Drug Treatment** - Practical knowledge of applicable federal, state, local and agency laws and rules and regulations pertaining to the delivery of alcohol and other drug treatment/counseling.

**Special Populations Issues Pertaining to Alcohol and Other Drug Use and Treatment** - Familiarity with the differences in attitude and behavior patterns of significant cultures and special needs groups within Illinois' population in order to provide meaningful quality care. An understanding of how the beliefs, values and lifestyles of the various special populations relate to the client's/patient's alcohol and other drug use, relapse risk and recovery.

### Mental Illness Specific

**Attitudes Towards COD Populations** - The process of interacting with clients/patients meeting the COD symptomatology. Given the distinct problems associated with this population, COD professionals must take into consideration the following: client/patient orientation, stigma of having a dual diagnosis of AOD and mental illness, cultural sensitivity and ethical awareness.

**Roles, Boundaries and Professional Relationship Dynamics** - The nature of relationships between COD Professionals and clients/patients. Constantly assessing their role with clients/patients, COD professionals must realize biases towards the issues of mental illness and/or substance use and must understand the dynamics of transference and counter transference to avoid entering into dual relationships.

**Counseling Approaches With COD Clients/Patients** - Practical knowledge of applicable counseling approaches with COD clients/patients.

**History of Mental Illness Treatment** - Historical development of Mental Illness treatment including how, when and why various treatment modalities were developed and the relationship of the mental health field to legal, fiscal, educational fields and the community at large.

**Mental Illness Rules and Regulations** - Practical knowledge of applicable federal, state, local and agency laws and rules and regulations pertaining to the delivery of Mental Health Services.

**Relapse Prevention** - Ability to do a relapse risk assessment and implement relapse prevention techniques.

**Signs and Symptoms of Mental Illness** - Recognize and know the signs and symptoms associated with mental illness.

### **Knowledge and Skills**

**Case Management** - Practical knowledge of how to coordinate a multiple service plan in order to assure that all client/patient needs are addressed.

**Crisis Intervention** - Provision of services that respond to a COD client's/patient's needs during acute emotional and/or physical distress.

**Health & Safety** - The process of identifying environmental characteristics that could adversely affect the well being of COD clients/patients. COD professionals must have a basic understanding of first aid, nursing procedures, infection control, universal precautions, sanitation, basic principles of nutrition, and rules and regulations relating to the safety of clients/patients.

**Human Development** - Principles and processes of human physical, mental, emotional, spiritual and social development.

**Therapy and Dynamics Of Counseling and Rehabilitation** - Practical knowledge of rehabilitation, counseling approaches, philosophies, methods and objectives.

### **Ethics**

**Professional Ethics** – Know the requirements of ICB Code of Ethics and be able to apply this Code of Ethics to the Core Functions. It shall include code of conduct, disciplinary procedures appeals procedure and counselor assistance program.

### **Research**

**Research Methods** - Able to access the latest research findings and information on new treatment approaches.