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PREFACE

The intent of this document, The Illinois Model for Mental Health Certified Recovery Support Specialist (CRSS), is to establish a valid, reliable, and defensible methodology for the evaluation of CRSS competency. To assure CRSS professionals meet an acceptable standard of competency, the credential itself defines, in terms of knowledge and skills, minimum acceptable standards of the CRSS profession.

The Illinois Certification Board (ICB) maintains competency based professional certification programs. The minimum CRSS competencies are the knowledge base and skill base which have been defined in the "Recovery Support Specialist, Role Delineation Study, and Final Report, for ICB, dated March 16, 2007 and completed by the Comprehensive Examination Services (CES). These minimum CRSS professional competencies (Domains), define the nature and scope of the unique function of mental health peer support services, provided by the professional CRSS. The competencies are specific to the effective utilization of unique insights gained through one's personal experience in recovery from mental illness or from dual diagnosis of mental illness and substance use disorder, and provided to support other individuals with such conditions.

Competency Based: This professional, voluntary certification system is competency based. This means that the minimum standards for CRSS are the knowledge and skill base identified for the profession. The competencies are specific to mental health or co-occurring mental illness and substance abuse thus distinguishing this profession from other behavioral health/human services professions.

Experience Based: This certification system recognizes the following avenues through which minimum CRSS competencies may be acquired: paid work experience, volunteer work, and/or supervised practicum/internship experience that is part of a process approved by ICB.

INTRODUCTION

CRSS professionals perform a unique function in the specialty of healthcare and human services, and can work in a variety of settings, using various approaches to provide supportive services with a wide range of populations. In recognition of the need to assure quality care for individuals receiving services, the ICB, the Department of Human Services (DHS)/Division of Mental Health (DMH), DHS/Division of Alcoholism and Substance Abuse (DASA) and the MISA Institute, collaboratively developed the CRSS Model (Model). This voluntary system evaluates professional competency for recovery support specialists, and grants certification only to persons who meet specified minimum professional standards. The Model identifies the functions, responsibilities, knowledge, and skill bases required by the professional CRSS in the performance of his/her job, regardless of the treatment setting in which the work is performed or through which previous professional training and orientation has been received.

The Model recognizes CRSS professionals may have received education and/or training in a wide range of disciplines, therapeutic approaches and counseling techniques and may have experience in a number of healthcare settings/fields, including mental health, rehabilitation or alcohol and other drug abuse treatment. Therefore, the certification for the CRSS is specifically designed to measure CRSS professionals' competency, to define their role and function and identify a unique place for CRSS professionals among other health/human service providers. The certification is uniquely designed to accommodate and evaluate professionals who have been previously academically and/or experientially trained.

The Model has defined a baseline criterion for CRSS professionals, as having met specific predetermined criteria, for working in mental health, rehabilitation and substance abuse fields. The purpose of certification is to assure that quality service are available to individuals receiving

services. In addition, the Model provides professional certification that can guide employers in selecting competent CRSS professionals, provides CRSS professionals with validation of and recognition for their skills and competencies, and defines the unique role of CRSS professionals as health and human service providers.

The Model is intended to be utilized by a wide range of individuals, operating within the mental health, rehabilitation and substance abuse fields. It is designed for individuals whose primary professional identification is professional peer-provided services for persons in recovery from mental illness or dual diagnosis of mental illness and substance use disorders. The Model is accountable to other professionals. The credentials are independent, private, freestanding and self-supporting. The profession determines, monitors and maintains its own standards.

MISSION

To protect Illinois residents receiving mental health recovery support services through the provision of competency-based credentialing of Certified Recovery Support Specialists (CRSS).

This Mission shall be achieved by:

- The establishment of standards, procedures and assessments for the voluntary and professional credentialing of individuals employed in the recovery support field of mental health, rehabilitation and co-occurring disorders.
- The assurance that professional recovery support services to persons with mental illnesses or persons dually diagnosed with mental illness and substance use disorders be provided by competent, credentialed individuals.
- The provision of a respected and recognized credential of professional competency in recovery support services in the fields of mental health, rehabilitation and co-occurring disorders (Mental Illness/Substance Abuse).
- The provision of a structure and protocol for maintaining and updating appropriate professional credentialing standards.

PHILOSOPHY

The Final Report of the President's New Freedom Commission on Mental Health (The Commission) published in July 2003, clearly articulated the vision that all persons with mental illnesses can recover. Based on that vision, the Commission called for transformation of the current mental health system toward a system with supports and services designed to facilitate recovery and build resilience for persons with mental illnesses. This historic national pronouncement represents a significant shift from the long-held mindset that people with serious mental illnesses do not recover. The Commission published a definition of recovery in their Final Report, strongly emphasizing that it is a "process in which people are able to live, work, learn and participate fully in their communities." The National Consensus Statement on Mental Health Recovery, released in 2005, defines recovery as "a journey of healing and transformation" that enables a person "to live a meaningful life in communities of his or her choice while striving to achieve full human potential."

Although persons with mental illnesses must take personal responsibility to achieve success in this journey toward recovery multiple supports and systems can greatly assist them by promoting and/or facilitating this recovery. For this reason, the federal government's Substance Abuse and Mental Health Services Administration (SAMHSA) declared that its foundational mission is "to build resilience and facilitate recovery" for persons with mental health problems or substance use disorders. (For more information, see "About SAMHSA" at www.samhsa.gov). To effectively achieve this Mission, as stated in Recommendation 2.2 of the Commission's Final Report, we are called upon to "Involve consumers and families in fully orienting the mental health system toward recovery." The Report further emphasizes that "Recovery-oriented services and supports are often successfully provided by consumers through consumer-run organizations and by consumers who work as providers in a variety of settings, such as peer

support and psychosocial rehabilitation programs. Consumers who work as providers help expand the range of availability of service and support that professionals can offer. Studies show that consumer-run services and consumer-providers can broaden access to peer support, engage more individuals in traditional mental health services, and serve as a resource in the recovery of people with psychiatric diagnoses. Because of their experiences, consumer-providers bring different attitudes, motivations, insights and behavioral qualities to the treatment encounter” (New Freedom Commission, 2003, p.37).

The discussion of Recommendation 2.2 concludes with the following statement: “Consequently, consumers should be involved in a variety of appropriate service and support settings. In particular, consumer-operated services for which an evidence base is emerging should be promoted” (New Freedom Commission, 2003, p. 37).

CERTIFIED RECOVERY SUPPORT SPECIALIST (CRSS)

As the field of authentic peer support and assistance continues to expand, we believe in a fundamental need for CRSS professionals to assist individuals, agencies and professionals in making proper decisions concerning the correlating of CRSS professional competencies with the assessed needs of individuals receiving services.

The CRSS certification process recognizes a wide range of experience and training, and a full range of job functions, knowledge and skills for CRSS professionals. This Model incorporates all elements of a professional system and is based upon accepted and validated standards. The CRSS credentialing program includes:

- objective testing instruments
- a meaningful code of ethics
- a disciplinary review mechanism
- a continuing education requirement and
- a supervised work experience

The CRSS professionals are individuals trained to incorporate their unique personal experience in their own recovery with a distinct knowledge base and human service skills. This combination of experience and training allows the CRSS professional to facilitate the recovery and build the resilience of persons with mental illnesses or those dually diagnosed with mental illness and substance use disorder. The knowledge and skill base may be acquired through a combination of specialized training, education and supervised work experiences. CRSS professionals help individuals to address their physical, intellectual, emotional, social and spiritual needs to facilitate and maintain wellness throughout the mental health recovery process. Persons served by a CRSS include persons with mental illnesses, persons dually diagnosed with mental illness and substance use disorder, family members/significant others and/or staff of organizations seeking consultation on the mental health recovery model.

CRSS professionals assist individuals in becoming involved in their own mental health recovery process so they might develop personalized action plans for their own mental, emotional, physical and social health. They provide experience, education and professional services to assist and support individuals, in developing and/or maintaining recovery-oriented, wellness-focused lifestyles. In addition, CRSS professionals recognize problems beyond their training, skill or competence, and are carefully trained to refer to appropriate professional service(s).

APPLICATION CRITERIA

Applicants for CRSS must meet all requirements outlined by the Model. These requirements include completion of the application, successful completion of approved training and education, successful completion of the written examination with a passing score and payment of all appropriate fees. All applicants must also subscribe to the ICB, CRSS Professional Code of Ethics and to the jurisdiction of the ICB in enforcement of the Code.

The professional CRSS is recognized as the direct support professional, with formal recovery support services responsibilities available to individuals. The professional CRSS at this level is expected to have knowledge of the principles of mental health recovery and peer support services. Following approved training, CRSS professionals at this level will be able to identify services and activities which promote recovery; articulate points of their own recovery story that are relevant to the obstacles faced by others; promote personal responsibility for recovery; and implement recovery practices in the broad arena of the mental health service delivery system.

The requirements for each level of ICB certification (CRSS) include:

- Training in the Illinois Certified Recovery Support Professional Performance Domains: **Advocacy, Professional Responsibility, Mentoring, Recovery Support**
- Successful mastery of the core functions and knowledge base required for CRSS certification, demonstrated by a passing score on the CRSS examination
- Agreement to disclose personal experience as a recipient of mental health or dual diagnosis services, demonstrated by signature of the CRSS Statement of Disclosure
- Ongoing continuing education
- Training/education specific to the certification level
- Supervision in CRSS functions
- Supervisory evaluations
- Payment of appropriate fees

MINIMUM REQUIREMENTS FOR CERTIFICATION

The following chart details the minimum requirements for board certification based on work experience, supervised practical experience, and training/education:

Board Certification Level	Degree	Hours of Training/ Education	Supervised Practical Experience	Work Experience	Required Examination	Statement of S Disclosure
		Application, p. 8	Application, p. 7	Application p. 4, 5, 6		Application, p.
CRSS	High School Or GED	100 clock hours <u>40 hours*</u> CRSS Specific <u>6 hours</u> Professional Ethics and Responsibility <u>54 hours</u> Core Functions	100 clock hours of supervision received in the CRSS Domains	2000 hours (One Year)	Successful score on the CRSS Written Examination	Signed statement

***Minimum of 10 hours in each of the domains**

Degree Requirement

- Must be documented to meet the criteria for board certification.
- The applicant for CRSS must have a High School Diploma, GED, or higher degree.

Training / Education

- The applicant for CRSS must document a minimum of 100 clock hours of education.
- Sources of education are the Illinois Recovery Support Specialist Training Program, Wellness Recovery Action Plan orientation/seminar/courses, PRCP college courses, seminars, conferences, in-service, lectures
- One college semester hour equals 15 clock hours
- One college quarter hour equals 10 clock hours

- One college trimester hour equals 12 clock hours.

Supervised Practical Experience

- In order to meet the experience requirements for the CRSS, the applicant must submit a completed Supervisor Evaluation Form from a work/volunteer/internship experience, which was maintained for at least one year.
- The supervision must be documented. The supervisor does not need to be ICB certified.
- Supervision is broadly defined as in the SAMHSA Technical Assistance Publication Number 21 (TAP 21). TAP 21 defines supervision/clinical supervision as the administrative, clinical and evaluative process of monitoring, assessing and enhancing counselor performance.
- The applicant must submit verified documentation of supervision covering the CRSS four Performance Domains.
- Supervision includes the hours the individual spends being observed, either directly or indirectly (audio/video tapes, chart review, etc.) performing these services, time spent discussing topics related to the CRSS role and responsibilities in staff meetings, or time spent with a designated supervisor discussing the CRSS professional's work performance.
- Realizing that supervision may take place in a variety of settings and have many faces, ICB has determined not to place limiting criteria on either the areas of supervision, or qualifications of a supervisor.

Supervised Work Experience

Work experience is defined as paid, supervised employment or volunteer work in a position where an applicant spends at least 51% of his or her time providing mental health recovery support services. A supervised/internship experience that is part of a process approved by ICB may also be utilized. Applicants minimally must have primary responsibility for providing recovery support services to an individual and/or group, preparing recovery plans, documenting client's progress and be clinically supervised by an individual who is knowledgeable in the Recovery Support Performance Domains.

A non-resident of Illinois pursuing a credential as a Mental Health CRSS is eligible for ICB Certification, if at least 51% of the applicant's work experience in the last 90 days prior to application was performed in an Illinois MH setting.

APPLICATION PROCESS

The application process is a series of steps leading to ICB certification. Payment of fees is required only as the individual completes each step. It is the applicant's responsibility to assure that all materials are present and completed as accurately as possible. Missing, incomplete or inadequate information will result in delays in the review process. To prevent delays in the review process, applicants must insure that the supervisor's form(s) have been forwarded in a timely manner.

Staff of ICB will screen the application for completeness. If documentation or verification is not present, the review will be delayed. The applicant will be notified of receipt of the application and the reason for any delays will be identified. **Applications not completed within one year of initiation will be destroyed.**

APPEAL PROCESS

When applicants are denied certification, question the results of the application review, question examination results, or are subject to an action by ICB that they deem unjustified, they have the right to inquire and appeal. If, after having been provided an explanation or clarification of the action of ICB, applicants (complainants) still think an action taken is unjustified, they may appeal. Complainants 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 written examination scores, they must submit a written request to ICB within 30 days of the postmark of the exam score report. Applicants will be required to pay a fee to re-score the examination. They should be aware that examination security and item banking procedures do not permit them to have access to examination questions, answer keys, or other secure materials.

ACCOUNTABILITY

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

EXAMINATION PROCESS

Applicants approved for the CRSS credential will be required to take an examination. CRSS professionals who choose to change their level of registration are required to meet the requirements for that level. (Currently there is only one level.) However, the written examination, once successfully passed, need not be taken for qualification to another level requiring the same examination.

The written examination is designed to assure that applicants applying for certification at each level have acquired the knowledge necessary to function in a competent manner. Maintenance of the test questions is ongoing and the model and exam may be updated periodically.

Applicant must pass a written examination that measures proficiency in recovery support service domains. Upon approval of the application for the level at which they were approved, applicants will receive notification of eligibility to take the examination. The applicant also will be informed of the locations, dates, times, fees and procedures for official examination registration.

Due to resource limitations, within 60 days prior to the scheduled test date applicants must notify ICB of the need for special arrangements/accommodations to complete the examination (i.e., test reader, Braille, large print, etc.).

ICB will make the written examination available no fewer than twice a year at locations geographically distributed across the state. Applicants are responsible for arriving at the testing location in a timely manner. ICB will notify the applicant of the examination results.

- **Pass:** Applicants will be notified that they have passed the examination and will be provided with the procedure to become officially certified.
- **Fail:** Applicants will be notified of their failure to pass the examination and will be provided with the policy for re-examination.

Applicants who fail the examination will be given additional opportunities to retake the examination. ICB will automatically notify applicants of the next examination date for which they will be eligible to test. Applicants must notify ICB in writing of their intent to be seated for that examination by completing a Test Code Sheet. All examination fees and forms must be received by ICB prior to the date of re-examination.

CERTIFICATION MAINTENANCE AND RECERTIFICATION

ICB believes that CRSS professionals must be committed to ongoing personal and professional growth. This commitment results from CRSS professionals' recognition of the necessity to offer the individual the best and widest range of currently accepted recovery support services. The ever-changing research findings, particularly in the areas of mental health recovery,

rehabilitation, addiction recovery and wellness management require ongoing attention and study.

CRSS professionals are responsible for maintaining their own certification, and they are responsible for completing the necessary work in regard to certification maintenance. Unless it is renewed, their certification shall expire annually on their certification anniversary date. CRSS professionals will be notified that their certification is about to expire no fewer than 30 days prior to the expiration date. To maintain certification, they will submit their annual certification fee and documentation of a total of 40 continuing education units (CEUs) every two years to ICB 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. Documentation of continuing education should not be submitted and will not be accepted or maintained by ICB until notification of expiration is received by the CRSS professional. **CEUs will not be accepted by fax. (Renewals are not prorated - late renewal will not incur a new anniversary date.)**

Continuing Education Policy

The purpose of continuing education is to promote ongoing professional development. It benefits the individual receiving services, the CRSS professional and the CRSS profession. Through the pursuit of continuing education, the CRSS professional will build upon his/her previously demonstrated competencies and demonstrate his/her professional development.

Forty (40) continuing education units (CEUs) are required to maintain board certification and must be earned within the two-year certification period. An average of 20 CEUs should be obtained each year. CEUs are not transferable to any other certification period. CEUs earned prior to initial certification are not eligible to be used for maintaining certification. The CRSS professional may receive CEU credit only once for a training event, even if repeated during different certification periods. A CEU is equivalent to one clock hour. Non-program hours, such as breaks, social hours, registration time, and meal times, are excluded. 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 CEU's required to maintain certification must be recognized by ICB or petitioned for ICB approval. Continuing education is broken down into two categories. Some continuing education may be recognized by the ICB for both categories.

- **Category I** - Minimum 15 CEUs of education specific to knowledge and skills related to mental health recovery and the role of peer support in the recovery process
- Examples of Category I education are: Advocacy, Professional Responsibility, Mentoring and Recovery Support
- **Category II** - Minimum 25 CEUs of education specific to knowledge and skills related to the Core Functions of CRSS professionals, but do not have to be specific to mental health recovery and peer support. This education covers support services skills, competencies, and knowledge base.
- Examples of Category II education may include evidence-based practices, leadership skills, communication skills, trauma-informed care, alternative therapies, conflict resolution, confidentiality, legal systems, crisis intervention, health and safety, roles/boundaries, relapse prevention, cultural competency, and intervention.

Sources of Continuing Education Units

Recognized programs are training/education programs that 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, program number assigned by ICB, number of CEUs, and the category.

- Structured individual continuing education, such as ICB Bibliocredit Reading Program and other self-study programs, may be available to CRSS professionals for a maximum of 15 CEUs every two (2) years.
- The CRSS professional may receive up to 12 Category II CEUs every two years for volunteer time serving as a member of a Mental Health Board of Directors, or as a member of a Mental Health Board of Directors' committee.
- Teaching and/or Training other Mental Health, Rehabilitation, or MISA professionals in CRSS knowledge areas qualifies for up to 15 CEUs every two years. The number of CEUs awarded will equal the number of hours spent in actual training time. Patient education lectures and public education lectures are not eligible. Presentations, for which the CRSS 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 Mental Health, Rehabilitation, Alcohol or Other Drug Abuse field qualify for up to 15 CEUs every two years. The topic of the publication must pertain to mental health recovery or CRSS and address one of the Recovery Support Domains. The publication can be counted only once, even if it is published or 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 the ICB may be petitioned for CEUs.

Validation of Continuing Education

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

- Certificates or other proof of completion from ICB recognized or petitioned trainings.
- Transcripts or other official grade reports for college or university courses.
- Documentation on "Official" agency letterhead documenting participation on a Mental Health Board or related committee.
- Training Brochure with your name if you're applying for CEU's for a training you conducted
- Documentation on "Official" agency/university letterhead of a teaching experience.
- Copy of research and/or publication you're submitting for CEU's

Procedures to Petition for CEUs

Not all educational experiences available to CRSS professionals will have been awarded CEUs by ICB and may require a petition for such education/training to receive CEU credit. Requests are to be submitted to ICB using 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 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 CRSS professionals will be notified of the results. If recognized, they will be informed of the number of CEUs awarded.

Extension of Continuing Education Requirements

CRSS professionals unable to meet the continuing education requirements for certification maintenance may request an extension, in writing. The fee for application of extensions is \$5.00 per month, for up to six months from their expiration date. CRSS professionals who do not meet the CEU requirement after the six-month extension shall not be permitted to place their certification on inactive status and shall be terminated. Reinstatement shall be accomplished through completion of the full certification requirement.

NOTE: CRSS professionals should remember this process leaves only 18 months to obtain CEU credit for the current recertification period.

INACTIVE STATUS

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

Inactive status allows CRSS professionals to prevent expiration of their certification, thus avoiding the full reapplication process. Inactive status will not be granted for noncompliance with the continuing education requirement of the certification. CRSS professionals not meeting the continuing education requirement at renewal, or after the granted extensions provided for under the Illinois Model, will be terminated.

Inactive status will be made available to CRSS professionals who are in good standing with ICB, who expect to be inactive for more than two years, and who are unable to meet the requirements for certification maintenance.

CRSS professionals may petition for inactive status and petitions may be approved for persons who:

- Intend to remain active in the CRSS profession and leaves the state;
- Leave the CRSS profession field to retire;
- Leave the CRSS profession for purposes of academic achievement;
- Leave the CRSS profession for extended military active duty;
- Leave the CRSS profession for health reasons;
- Leave the CRSS profession because of extenuating personal reasons; or
- Leave the CRSS profession and elects not to maintain their certification via the continuing education mechanism.

CRSS professionals requesting inactive status for health or extenuating personal reasons may do so after a petition to ICB has been approved. Such petitions may be sought after a health or extenuating personal circumstance has occurred, but in determining approval, ICB will decide if the circumstance warranted the late petition.

Procedures

The process for placing certification on inactive status includes:

- Requesting inactive status in writing to ICB, including documentation/petition for the status change.
- Receiving a letter from ICB acknowledging the retention of his/her certification number and his/her inactive status.
- Surrendering documentation of certification provided by ICB

During the period of inactive status, CRSS professionals will, for the purposes of professional use and designation, be deemed to be without the certification.

Process for reactivating certification from inactive status:

- CRSS professionals who are on inactive status and have surrendered their certification but find that they are ready to reinstate their certification prior to the lapse of two years time, will submit a written request and the required certification fee, reapplication fee and verification of the resumption of CRSS employment/volunteer work.
- CRSS professionals, who have been on inactive status for more than two years, will submit a written request for reinstatement to ICB, the required certification fee, application fee, examination fee and proof of renewed employment/volunteer activity in the CRSS profession. They will successfully complete the CRSS examination. They must submit a current job description, on agency letterhead, signed and dated by their current supervisor, and include the amount of time spent in direct service.

TERMINATION OF CERTIFICATION

Reasons for Termination

- Failure to apply for a fee extension beyond the expiration date for renewal of certification, without a request for extension
- Failure to comply with the conditions of an extension by the deadline
- Failure to document appropriate continuing education as required in this model
- Failure to submit annual fees, and without a request for an extension or payment plan
- Ethical violation substantiated by ICB.

Notification Procedure

The ICB will give CRSS professionals a written notice at least 30 days prior to expiration of CRSS certification, pending documentation of renewal. At the time of renewal, if certification is not maintained, it will be considered terminated and CRSS professionals will be notified of termination by ICB. All requests for re-instatement must be in writing to the attention of the Executive Director, 401 East Sangamon Avenue, Springfield, IL, 62702. A written response will be sent to the member.

Due Process Appeals

CRSS professionals who are not awarded certification and who disagree with the certification decision, may appeal following the Appeals Process.

FEE SCHEDULE

CRSS Application Fee	\$ 75.00
Examination CRSS	\$125.00
Annual Certification Fee CRSS	\$ 60.00
CEU Extension Fee (per month - maximum six months)	\$ 5.00
CEU Petition Fee	\$ 10.00

For a comprehensive listing of fees (appeals, petitions, etc.), go to <http://www.iaodapca.org/fac/> or contact ICB at (217) 698-8110.

For special considerations or to develop a payment plan, contact ICB at (217) 698-8110.

PERFORMANCE DOMAINS

ICB measures competency through the four Performance Domains, as defined by, the Recovery Support Specialist, Role Delineation Study, Final Report, March 2007, prepared by Comprehensive Examination Services (CES). CRSS professionals perform the tasks outlined in the Performance Domains through knowledge of the Core Functions various degrees. CRSS professionals are not required to be knowledge experts in all areas of the Core Functions. However, are expected to increase knowledge in these functions as they advance in their careers.

ICB certification focuses on the evaluation and demonstration of professional competency. Competency is defined as the ability to perform the job and to perform the required tasks. The professional competencies increase as individuals move through their professional development.

Advocacy

- Serve as the individual's advocate.
- Educate individuals on how to self-advocate.
- Advocate for integration within and across systems of care to promote person-centered recovery support services.
- Assure that the individual's choices define and drive the recovery planning process.
- Promote person-driven recovery plans by serving on the individual's treatment team.
- Promote shared decision making.
- Promote the principles of individual choice and self-determination.
- Assist the individual in identifying his/her natural supports.
- Promote expansion of recovery support services.
- Advocate for employment and education as pathways to recovery.
- Advocate for self-determination and choice-driven recovery.

Professional Responsibility

- Respond appropriately to risk indicators to assure the individual's welfare and physical safety.
- Immediately report suspicions if abuse or neglect are suspected.
- Maintain confidentiality.
- Communicate personal issues that negatively impact one's ability to perform job duties.
- Assure that relationships, services and supports, reflect individual differences and cultural diversity.
- Document service provision as required by the employer.
- Communicate information regarding the individual's satisfaction with his/her progress toward personal recovery goals.
- Promote a wellness-focused approach to recovery.
- Model acceptance and cultural humility.
- Utilize de-escalation techniques.
- Educate individual on suicide prevention concepts and techniques.
- Utilize supervision and consultation regarding harm to self and others.
- Respond appropriately to personal stressors, triggers and indicators.
- Utilize trauma-informed care approaches.
- Utilize supervision and consultation regarding dual/complex relationships.

Mentoring

- Serve as a role model for individuals in recovery.
- Maintain one's own personal wellness in order to model wellness for individuals in recovery.
- Establish and maintain relationships based on mutuality

- Promote social learning through shared experiences.
- Support individuals to acquire life skills.
- Encourage individuals to make their own choices rather than letting others decide for them.
- Assure that individuals know their rights and responsibilities.
- Demonstrate for individuals how to self-advocate.
- Promote the development of recovery plans.
- Demonstrate non-judgmental behavior.
- Demonstrate consistent support to individuals during times of wellness and/or during challenging times.
- Use active listening skills.
- Use empathic listening skills.
- Use adult learning techniques to support individuals in acquiring life skills.

Recovery Support

- Participate as an active member of the individual's treatment team(s).
- Assure that all recovery-oriented tasks and activities build upon the individual's strengths and resiliencies.
- Support the individual to identify options and participate in all decisions related to establishing and achieving recovery goals.
- Assist the individual to develop problem-solving skills
- Partner with the individual to access the services and supports that will help them attain their personal recovery goals.
- Promote the individual's use of self-determination in recovery.
- Apply Motivational Interviewing skills to assist individuals in various stages of change.
- Support the individual in identifying their current stage of change.
- Partner with individuals to assist them in identifying their strengths, resiliencies, and challenges to recovery.
- Inform individuals of their options in regard to decisions that affect their recovery.
- Support the individual in defining spirituality on their own terms.

CORE FUNCTIONS

Advocacy

- Define system-level advocacy.
- Define self-advocacy.
- Define shared decision making.
- Explain why self-advocacy is the foundation of recovery.
- (moved to domain) Explain how and why individuals can develop recovery plans.
- Explain how to advocate within the mental health system.
- Define person-driven recovery.
- Use "person-centered" language that focuses on the individual, not the diagnosis.
- Demonstrate non-judgmental behavior.
- Demonstrate clear and calm communication.
- Use effective communication methods for workplace relationships.

Professional Responsibility

- Explain the ten guiding principles of recovery as defined by the federal Substance Abuse and Mental Health Services Administration (SAMHSA).
- Define the concept of a wellness-focused approach to recovery.
- Understand the concepts of integrated physical and behavioral healthcare.
- Explain the fundamental concepts related to cultural competency and cultural humility.
- Understand the concept of accountability.

- Explain basic federal, state, employer regulations regarding confidentiality.
- Explain what, where, when and how to accurately complete all required documentation activities.
- (DELETE – this is not in line with the recovery model)Identify the risk indicators that impact the individual’s welfare and physical safety
- Explain basic de-escalation techniques.
- Explain basic suicide prevention concepts and techniques.
- Identify indicators that the individual may be experiencing abuse and/or neglect.
- Identify and respond appropriately to personal stressors, triggers and indicators.
- Understand the principles of trauma-informed care.
- Understand the concept of dual/complex relationships.

Mentoring

- Explain the concept of mentoring.
 - Understand the concept of role-modeling.
 - Define social learning.
 - Define self-advocacy.
 - Understand the concept of life skills.
 - Understand adult learning principles and techniques.
 - (moved to domain)Explain the concept of healthy, interdependent relationships.
 - (moved to domain)Define active listening skills.
 - (moved to domain)
 - Define empathic listening skills.
- (moved to domain) (edited and moved to domain) (edited and moved to domain)

Recovery Support

- Explain the ten guiding principles of recovery as defined by the federal Substance Abuse and Mental Health Services Administration (SAMHSA).
- Explain the concept of a strength-based approach to recovery.
- Differentiate between the medical model and the wellness-focused approach to recovery.
- (moved to domain) (edited and moved to domain) (edited and moved to domain)State the stages of change.
- (DELETE – no one uses this model) (edited and moved to domain) (edited and moved to domain)Identify circumstances when it is appropriate to request specialized assistance from other professionals to help individuals meet the their recovery goals.
- (edited and moved to domain) (edited and moved to domain)
- Explain the concept of Motivational Interviewing.