Ruth Arnold, CEO. Colorado Recovery

My main input is that I strongly believe there needs to be a list of multiple possible types of certification and not just one chosen for all providers, regardless of the population they specialize in or the system they work in. There are reasons why some practitioners have already chosen to get CRP or CSE or IPS certification or training. Different models work better with different populations.

Some evidence based practices (EBP) are quite expensive to deliver, because of the low staff:client ratio required to be an EBP. For example, when I supervised a strict IPS model being implemented under a SAMHSA grant, alongside of a hybrid model we had practiced at Mental Health Partners for a number of years, I was not impressed with the employment outcomes being any better with the strict EBP. And it required much lower staff:client ratios to be in compliance, as well as onerous tracking requirements. IPS was not developed for the DD/IDD population either.

Limiting everyone to one certification type would negate all the work that some practitioners have gone through already to get certified in various models/curriculums. I don't think they are all that different as far as outcomes. It really depends upon the practitioner. I believe the best practitioners are those with good skills, good supervisors, and efficient practices, regardless of the specific model they have been trained in or any certification they have earned, and they get good outcomes because of those qualities. But I realize the legislation is going to require certification regardless.

That is my input, after years of supervising employment services in a community mental health center setting.