



CONNECTICUT ASSOCIATION FOR
Marriage & Family Therapy

ADVOCACY & LEGISLATIVE REPORT

2014 CTAMFT Advocacy & Legislative Report

Licensed Marriage and Family Therapy “Associate” (LMFTA)

CTAMFT is continuing to work hard to secure an Associate License for new graduates who have passed the National Exam and are working on their 1,000 hours under supervision.

The LMFTA was proposed by the co-chairs of Public Health Committee and testimony was provided in 2013, but the bill was then referred for the scope of practice review. Last summer (2013) CTAMFT submitted all the required information to the Department of Public Health (DPH) for a “scope of practice” committee review, which is now (as of 2011) required for any changes to state licenses. The initial process of the review took place, and the Connecticut Chapter of National Association of Social Workers (NASW/CT) wrote a letter of support. Their Executive Director, Steve Karp, also agreed to be on our committee, if it was formed. DPH had seven requests for committee review this year, and typically chooses three. Ours was not one of the requests chosen, as it was not a high priority for public health and safety.

Furthermore, the Public Health Committee Co-chairs and the Department of Public Health would also like to see the LMFTA proposal “funded,” as they believe that the administering of the LMFTA license will cost the Department administrative dollars to implement. We are looking for legislators from appropriations (budget committee) to support/identify this funding. Social workers were recently “funded” for their provisional license in 2013, though their bill, which passed in 2010, is still not implemented as of March 2014. Our clinical membership is about half the size of NASW/CT, and does not require the administration of a special state exam, so the cost that we would incur for the LMFTA would be miniscule. However, any cost is cause for concern when it comes to state budget discussions these days. Licensing fees all go into the budget “general fund,” meaning the funds collected from the LMFTA will not directly offset the costs of administering it.

We continue to press on, and will ask members to send emails to key legislators at important junctures. As of March 2014, our lobbyists at Murtha Cullina are attempting to include the LMFTA in a general administrative DPH bill so it has the possibility of passing during this short legislative session. Members who are constituents in the New Britain and Windham areas are currently key to this effort. Susan Boritz, our current Legislative Liaison, and/or our new incoming Legislative Liaison will organize member communication to be able respond quickly to LMFTA efforts, as well as other important issues that arise.

Medicaid Reimbursement for Student Interns at FQHCs

CTAMFT is working to help maintain the status that students placed at FQHCs (Federally Qualified Health Centers) remain Medicaid reimbursable.

CTAMFT issued a letter of support to the Department of Social Services (DSS) on behalf of the Community Health Center Associations of CT (CHCACT) who were advocating that students placed at FQHCs (or federally qualified health centers) remain Medicaid reimbursable. We received notification of this from one of our graduate program internship sites that was advocating for support around this. Many of our internship sites receive Medicaid reimbursement, and some qualify as FQHCs (Federally Qualified Health Centers). These agencies depend on reimbursement to pay staff supervisors who work with student interns (MSW, MFT and Counselors) and could not support interns delivering therapy if the hours were not reimbursable. This would be particularly difficult for MFT interns and new graduate placements, because MFTs do not get “credit” for hours that are not face-to-face therapy contact hours. Last month, we followed up with the CHCACT to build awareness about MFTs at community health centers, FQHCs and school-based health centers. This continues to be something CTAMFT advocating for.

COAMFTE Accreditation Standards

CTAMFT continues to oppose the proposal by the COAMFTE’s new version of the accreditation standards that MFTs should be referred to CMFPs (Couple, Marriage and Family Professionals).

Dr. Scott Johnson from Virginia Tech University communicated some concerns to CTAMFT and other Divisions that a number of former leaders in AAMFT, as well as AAMFTRB (the AAMFT regulatory Board that administers the National Exam) shared about referring to MFTs as CMFPs (Couple, Marriage and Family Professionals) in the new version of the accreditation standards.

Our Board has communicated with several Program Directors locally, as well as Dr. Johnson and COAMFTE Chair Kevin Lyness. CTAMFT has submitted a letter about the standards, voicing concern that mixing terms can create confusion between our accrediting body, regulatory Board and state licensing statutes that might result in unforeseen legislative difficulties. In February, we opened the call for comments on the COAMFTE accreditation standards to the membership with a link to our letter, in order for individual members to review the new accreditation standards of our field and comment as they chose.

COAMFTE has thanked everyone for their comments and will take them under advisement.

MFT in the Schools

Last year, CTAMFT followed up with statutory issues regarding the implementation of the MFT in the schools legislation, clarifying that MFTs are trained to work with individual “students” as part of their work with families. We continue to address the implementation process, which we see as creating pathways for employment of MFTs in the schools.

As part of this, we navigate the concerns that MFTs are not to “supplant” or “replace” school social workers, psychologists and counselors. The word “supplant” is often used in budgetary

guidelines, and if this is introduced as an issue it generally means that there has not been a specific budget “line” created for hiring an MFT.

CTAMFT has discussed strategies for building school collaborations and met this year with School Psychologists to ensure that there was an understanding of the training curriculum for School MFTs and again clarify that MFTs would not seek to overlap School Psychologist functions.

Future strategies include convening mental health and education leaders from School Psychologist, Social Worker and Counselor Associations with CTAMFT to discuss collaborative efforts. MFTs who are currently working with school systems, either from within, or as contractual consultants would be helpful to talk with as we plan for this meeting. Please contact us at manager@ctamft.org.

State Organizations, Mental Health Initiatives and MFT

The CTAMFT Board of Directors has been talking about strategies for developing an MFT awareness campaign among state organizations, potential employers and consumers. We have been gathering contact information about existing relationships that CTAMFT Board and members have with state organizations and will begin developing media kits and convening meetings to build relationships to talk about ways that MFTs can work with and help shape existing mental health structures.

We believe that MFTs have to create a mutually respectful relationship with other disciplines and to be aware of how MFT fits into the overall mental health “system.” In May 2014, we will begin discussing strategic planning initiatives around this project. We invite you to please send emails to manager@ctamft.org, with feedback or knowledge you have about existing partnerships that can be helpful.

We are also watching any initiatives that may change the shape of mental health licensing or system delivery, as there were many task forces that met as a result of the Sandy Hook crisis to identify ways to simplify access to mental health services for underserved groups (young adults) and provide trauma informed crisis intervention.

AAMFT Federal Initiatives

Division Leaders, including CTAMFT, met in DC to lobby for the following issues in March 2014

Medicare Reimbursement Legislators appear to be receptive to this, and AAMFT is engaging in a cost effectiveness study to identify incentives and barriers to moving in this direction. AAMFT reports that they are optimistic about the possibility of MFT eligibility for Medicare reimbursement in the next three to five years.

Veterans Administration and MFT Hires Currently the Veteran’s Administration will only accept MFTs trained in COAMFTE programs, which eliminates MFTs who were trained prior to COAMFTE’s existence. AAMFT is working to “grandfather” experienced MFTs, increase access to qualified mental health professionals and continue to increase awareness

about MFT roles in increasing family intervention/support for veterans in an effort to impact suicide prevention, medical/disabilities adjustment and to mitigate the effects of PTSD.

SAMSHA Minority Fellowship, National Service Corps, NIMH Research Funding for minority student scholarships, Federal loan forgiveness for work exchange programs and mental health research dollars are all vulnerable to cuts during the “sequestration” or ongoing across the board federal cuts to defense and domestic spending that were part of the “fiscal cliff” Federal budget reduction process begun in March 2013.