



# Expanding Access to Marriage and Family Therapy in Rhode Island

## H7064/S3026

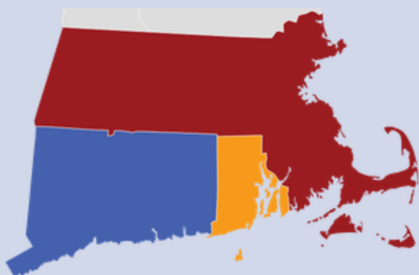


### Rhode Island's Mental Health Crisis

- 216,000 adults in Rhode Island have a mental health condition
- 55,000 Rhode Island adults have a serious mental illness.
- Over 390,000 people in Rhode Island live in a community without enough mental health professionals.
- Ranked 40th in frequency of mental health and substance use issues
- 24th in overall prevalence of mental illness and access to mental healthcare
- 28th in mental healthcare access and prevalence for adults

### Regional Parity

- Connecticut has passed and implemented the enhanced portability model.
- Massachusetts has proposed rules to enhance portability
- Updating the MFT statute in Rhode Island will maintain regional parity and make the state more attractive to quality professionals.



Data from AAMFT, Mental Health America, & NAMI

### Why is H7064/S3026 Important?

The need for mental health care services today is incredibly high. Americans deserve access to qualified mental health providers such as Marriage and Family Therapists (MFTs). Reducing barriers to licensure portability and supporting MFTs in their ability to work is a pivotal way to provide support and care.

As a small state with population centers close to state borders, portability is essential in Rhode Island. Many residents and families commute across state lines on a daily basis. Advancing portability policy is an asset to the community and culture. This strategy aims to rapidly advance the MFT profession, addressing areas where MFTs are working and want to work as a priority.

**H7064/S3026 addresses regional and professional parity concerns to help Rhode Island build and maintain quality MFTs.**

### Why Not a Compact?

- Marriage and family therapists are the smallest of the master's-level mental health professions
- Over half of all marriage and family therapists live in states that have enacted no compacts
- A compact is not a sustainable option to enhance portability due to start-up and maintenance costs
- Enhancing the existing licensure by endorsement pathway is a sustainable route for marriage and family therapists, and increases access to quality mental healthcare

### Access MFTs Portability Model

- Maintains state control
- All licensure fees go to Rhode Island
- **No associated cost with implementation**
- Proven success in active Access MFTs States
- No wait time for other states to pass and enact
- Flexible model to account for state culture and values



## Important Definitions

**Reciprocity:** An agreement between two states to accept applications for licensure.

**Endorsement:** Policy to allow applications that meet standard requirements to obtain licensure in the state of the policy's origin.

**Portability:** The ability for a licensed MFT to add a license in another state without any significant barriers.

**Direct Client Contact Hours:** Hours that are counted towards supervision requirements that are only counted during face-to-face sessions with clients

**Indirect Client Contact Hours:** Hours that are counted towards supervision requirements that do not directly involve meeting clients face-to-face. These are other hours spent in the office or completing tasks essential to practicing as a marriage and family therapist.

**Substantially Equivalent:** Language often found within endorsement statutes that leaves applications for licensure by endorsement open to individual interpretation of credentials.

## Licensure Requirements Comparison Chart

State	Initial Licensure	Licensure by Endorsement
<b>Rhode Island (current)</b>	2,000 hours of direct client contact  No specification for family or other relational hours  Minimum of 2 years under supervision	Zero years of experience  Degree and supervision experience must be equivalent to Rhode Island standards
<b>Rhode Island (proposed)</b>	1,500 hours of direct client contact, including 300 hours with families, couples, or 2 or more individuals.	1 year of experience post-obtaining a full license  No substantially equivalent language
<b>Massachusetts (proposed)</b>	3,360 of total supervision hours  1,000 hours of direct client contact, including 500 hours of direct client contact with families or couples  Minimum of 2 years full-time or the part-time equivalent	Zero years of experience for AAMFT Clinical Fellows  3 years of experience for non-AAMFT clinical fellows  No substantially equivalent language
<b>Connecticut (current)</b>	1,000 hours of direct client contact  Minimum of 2 years under supervision	Zero years of experience  No substantially equivalent language