DEPARTMENT OF HEALTH

Minnesota's Licensed Marriage & Family Therapist (LMFT) Workforce, 2017

HIGHLIGHTS FROM THE 2016 LMFT SURVEY

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Overall

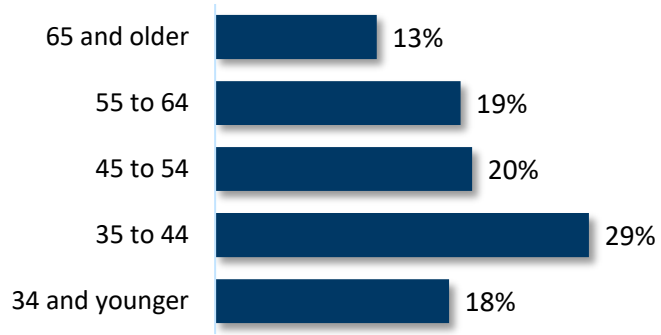
Licensed Marriage and Family Therapists (LMFTs) are one of four types of providers in Minnesota that provide clinical mental health services. (The others are psychologists; professional clinical counselors; and independent clinical social workers.) Legally, mental health professionals, including LMFTs, are qualified to provide clinical services in the treatment of mental illness. They do not prescribe medications. LMFTs must have a master's degree from an accredited marriage and family therapy program and at least two years of post-master's supervised experience providing mental health services. LMFTs' education and training prepares them to assess, diagnose, and treat mental and emotional disorders within the context of family systems. According to the Minnesota Board of Marriage and Family Therapy, there were **2,187** actively licensed LMFTs as of March 2017.[i]

Demographics

Sex. Marriage and family therapy is a female-dominated profession; overall, just over 79 percent of LMFTs are women. This is similar to the gender distribution in other mental health professions. Trends indicate that the field is becoming even more heavily female-dominated, similar to other mental health professions in general. Marriage and family therapists over the age of 55 are approximately 71 percent female, while those aged 35 and younger are 86 percent female.

Age. LMFTs are a demographically young group, with a median age of 46. The large cohort of LMFTs who are aged 35 to 44 suggests that an ample supply of new, younger professionals is entering the field to replace retiring older providers.

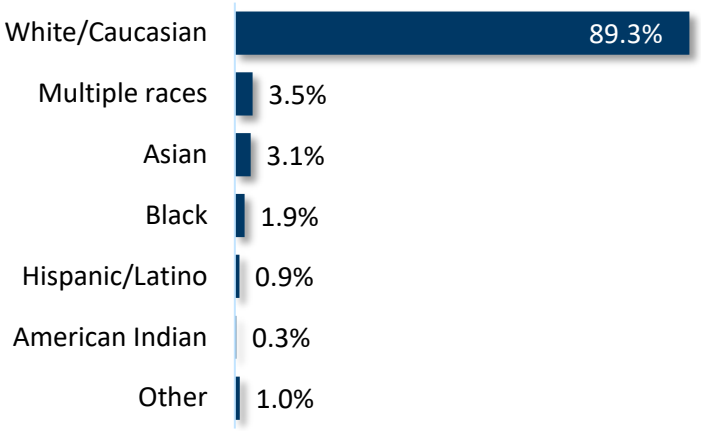
Age of Minnesota LMFTs



Source: Minnesota Board of Marriage and Family Therapy, March 2017. Analysis done by MDH. Percentages are based on 2,183 active licensees who provided their birthdates to the board.

Race. The vast majority (88.9 percent) of LMFTs indicated that they were white, which is typical of healthcare professionals (including mental health) in Minnesota.

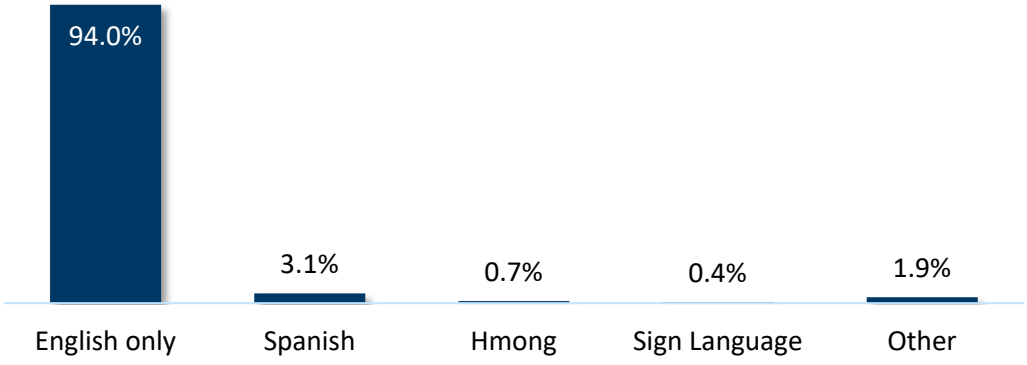
Race of Minnesota LMFTs



Source: MDH LMFT Workforce Questionnaire, 2016. Respondents could select as many races as applicable. Note that the race question was updated in the 2016 survey with input from the Minnesota State Demographer's office. Therefore, the 2016 and later responses should not be compared to responses from earlier surveys.

Languages Spoken in Practice. The vast majority of LMFTS—approximately 94 percent—spoke only English in their practices. The second most commonly spoken language was Spanish. Very small numbers of LMFTs spoke other languages such as French or Vietnamese with their patients. The most common "other" languages reported was German. No LMFTs reported speaking Amharic, Somali, Karen, Lao or Oromo in their practices.

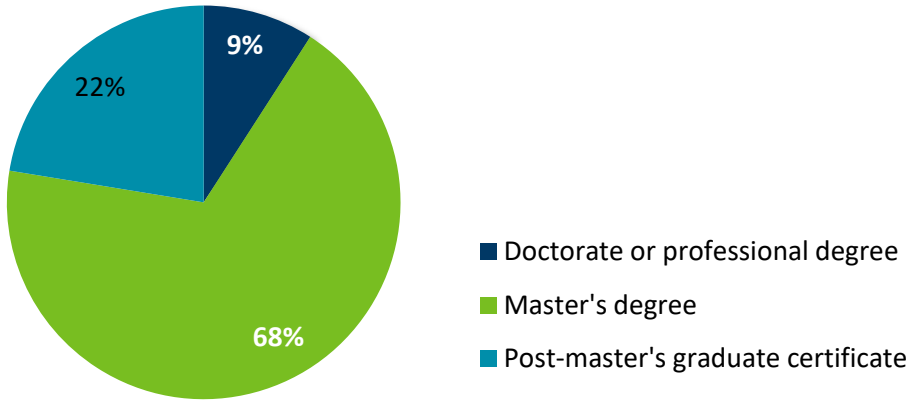
Languages Spoken by Minnesota LMFTs in their Practices



*Source: MDH LMFT Workforce Questionnaire, 2016. Respondents could select as many languages as applicable, but were instructed **not** to include languages spoken only through an interpreter.*

Education Level. The largest share of LMFTs (68 percent) have earned a master's degree, which is the minimum educational qualification for licensure. Another 22 percent have a post-master's graduate certificate in addition to a master's degree, and nine percent have a doctoral degree.

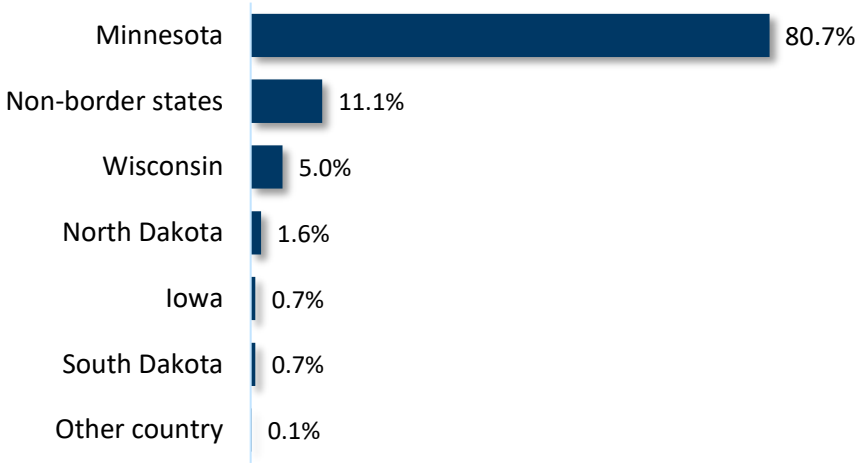
"What is the highest degree you have completed?"



Source: MDH LMFT Workforce Questionnaire, 2016. The chart is based on 1,492 survey responses.

Where LMFTs Complete Their Education. The majority (80.7 percent) of marriage and family therapists who are licensed in Minnesota also earned their degrees here. Wisconsin produced the second-highest number of MFT graduates, at 5 percent.

"Where did you earn this degree?"



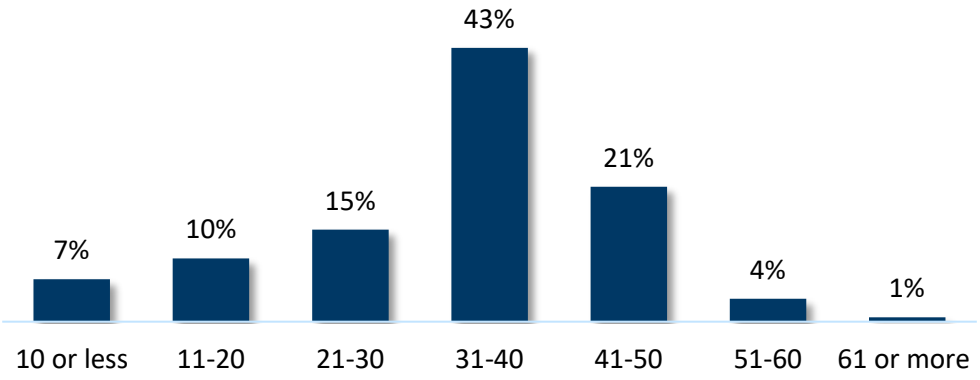
Source: MDH LMFT Workforce Questionnaire, 2016. The chart is based on 1,494 survey responses.

Employment, Hours and Future Plans

Share of LMFTs Employed. A total of **92.5 percent** of marriage and family therapists who are licensed with Minnesota's Board of Marriage and Family Therapy reported on the MDH survey that they were "working in a paid or unpaid position related to [their] license."

Hours Worked. LMFTs reported the number of hours they worked in a typical week. The median number of hours worked per week was 40. Only 26 percent of LMFTs reported working more than 41 hours per week.

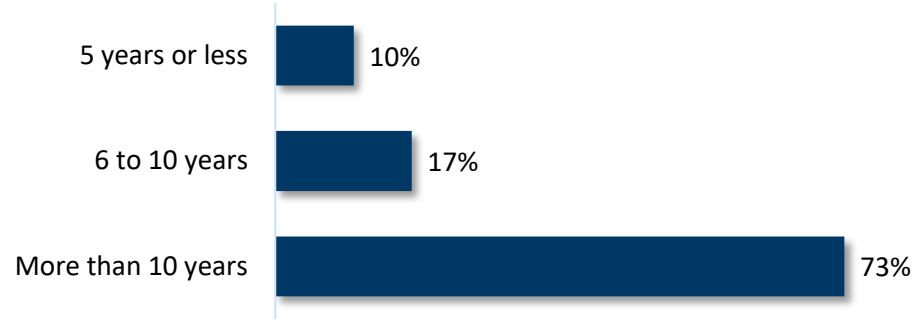
Hours Worked in a Typical Week



Source: MDH LMFT Workforce Questionnaire, 2016. The chart is based on 1,413 survey responses.

Future Plans. Only 10 percent of all LMFTs indicated that they planned to leave the field within five years or less, and 73 percent said they planned to remain in practice for more than ten years. This indicates that the field of marriage and family therapy should be thriving for years to come. Of those LMFTs who are planning to leave within five years, the vast majority (90 percent) indicated that they planned to retire. Only 1.4 percent indicated that they planned to leave the profession due to burnout or dissatisfaction.

"How long do you plan to continue practicing in your field?"



Source: MDH LMFT Workforce Questionnaire, 2016. The chart is based on 1,416 survey responses.

LMFTs at Work

Work Settings. Many mental health professionals practice in two or more locations. Among LMFTs, roughly 69 percent report that they practice in one location; 23 percent practice in two locations; and 9 percent practice in three or more locations.

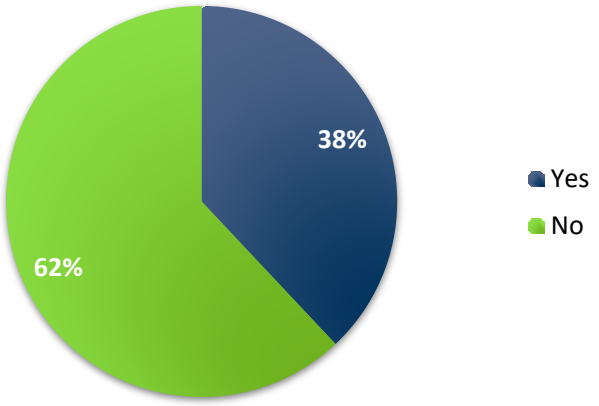
LMFTs also reported the settings in which they worked. As shown, by far the most common setting was a clinic or professional office, where 70.5 percent of LMFTs worked.

Setting	Share of LMFTs Working in this Setting
Clinic/Professional Office/Health Center	70.5%
Community/Faith-Based Organization	8.5%
Insurance/Benefits Management Organization	3.7%
School (K-12)	3.5%
Hospital	3.0%
Academic (Teaching/Research)	2.3%
State, County or City Agency	2.0%
Long-Term Care Facility	1.2%
Correctional Facility	0.8%
Home Health Care	0.5%
Public Health Agency	0.4%
Other	3.7%

Source: MDH LMFT Workforce Questionnaire, 2016. The chart is based on 1,383 valid survey responses.

Private Practice. LMFTs are licensed for private or independent practice. As shown below, more than one-third of LMFTs own or co-own a private practice.

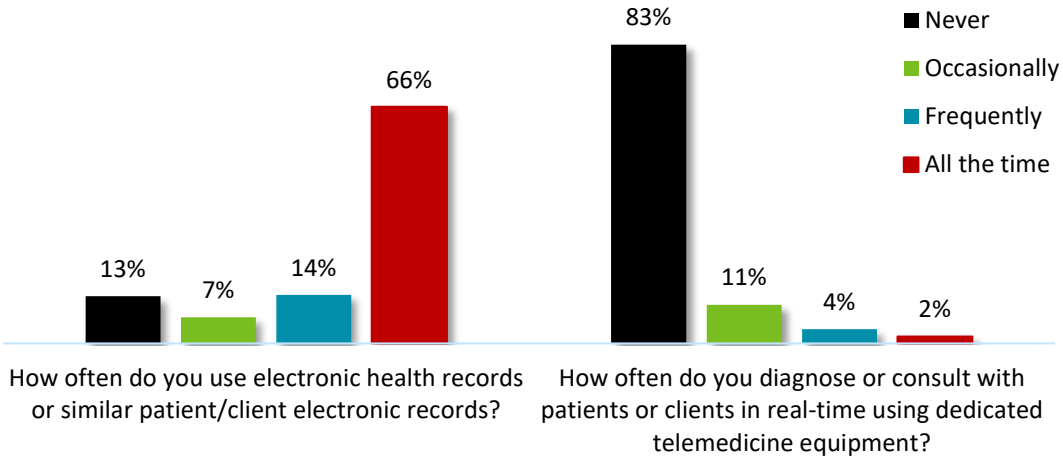
"Do you own (or co-own) an individual or group private practice?"



Source: MDH LMFT Workforce Questionnaire, 2016. The chart is based on 1,412 survey responses.

Technology at Work: The Use of EHRs and Telemedicine Equipment. LMFTs also reported about their use of electronic health records (EHRs) and dedicated telemedicine equipment. The majority—66 percent—of LMFTs report using electronic health records or similar patient/client records "all the time." On the other hand, very few LMFTs—just two percent—say they diagnose or treat clients via telemedicine equipment "all the time."

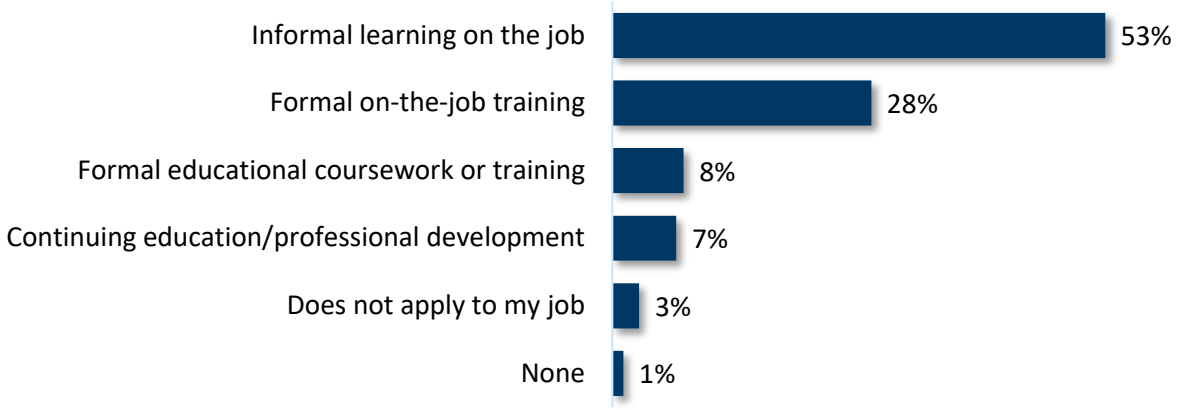
LMFTs' Use of Electronic Health Records and Telemedicine Equipment



Source: MDH LMFT Workforce Questionnaire, 2016. The charts are based on 1,346 survey responses.

Teamwork. Health care providers increasingly work in multidisciplinary teams, prompting educators and health policymakers to ask how best to train providers to work with other types of professionals to provide care. MDH included a question on its 2016 survey to shed light on these concerns. As shown below, over half of all LMFTs reported that learning on the job *best* prepared them to work in multidisciplinary teams.

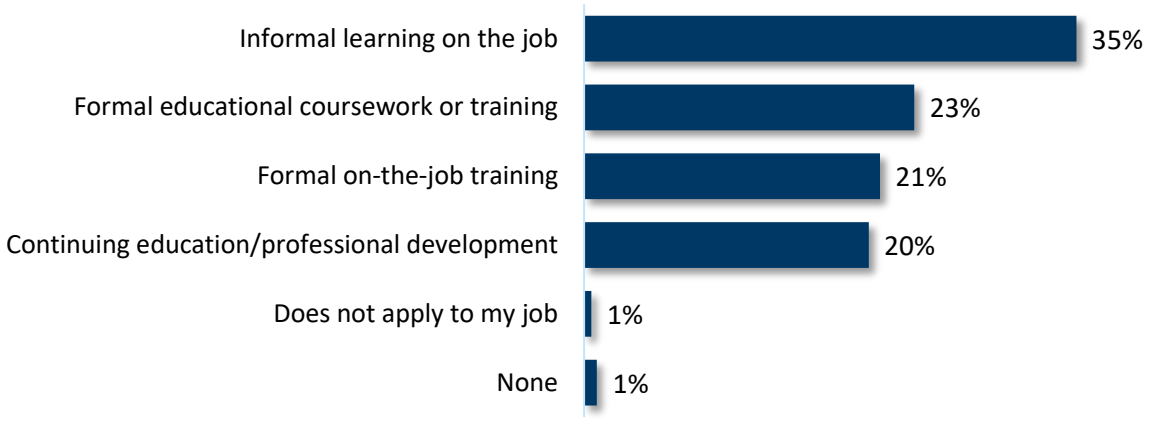
"Which of the following work or educational experiences best prepared you to work in a multidisciplinary team when providing care?"



Source: MDH LMFT Workforce Questionnaire, 2016. The chart is based on 1,498 survey responses.

Cultural Competence. Minnesota mental health professionals must navigate diverse racial, ethnic, and cultural norms in their work. This, too, raises questions about the best way to prepare the health care workforce to provide "culturally competent" care. As shown below, LMFTs again most commonly indicated that formal or informal learning *on the job* (as opposed to training or education) provided the best preparation for working with diverse groups of patients.

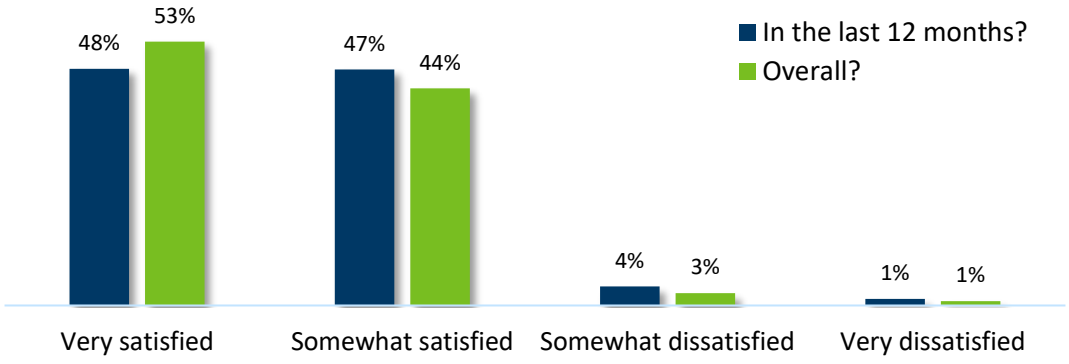
"Which of the following work or educational experiences best prepared you to provide culturally competent care?



Source: MDH LMFT Workforce Questionnaire, 2016. The chart is based on 1,498 survey responses.

Work and Career Satisfaction. The 2016 survey included questions on career satisfaction in the past 12 months and overall. As shown below, the vast majority of LMFTs indicated that they were either "very satisfied" or "somewhat satisfied," both in the past 12 months and overall. LMFTs were slightly more likely to report being very satisfied with their career overall compared to the last 12 months—a trend typical among health care professionals for which work satisfaction data is available. This is consistent with national findings which suggest that the increase in administrative work—such as dealing with billing, insurance, and electronic medical records—has dampened work satisfaction among health care providers.

"How satisfied have you been with your career…"



Source: LMFT Workforce Questionnaire, 2016. The chart is based on 1,412 responses.

The survey also asked LMFTs to describe their greatest specific *sources* of professional satisfaction and dissatisfaction. With roughly 850 responses to each question, the reported sources of satisfaction and dissatisfaction were remarkably uniform.

Sources of Satisfaction. The vast majority of LMFTs who responded to this question indicated that the greatest source of their work satisfaction came from their relationships and direct work with their patients and clients. There were a number of common themes that arose in these responses. LMFTs reported feeling gratified to be able to make a difference and to help people; and to see clients grow and experience positive change as the result of their work together. A number of LMFTs noted that they felt privileged or honored to be able to work with clients during difficult times in their lives. Some reported that they enjoyed working with or helping a specific population, such as children or underserved groups. Some mentioned their satisfaction at being able to use a specific evidence-based, effective therapeutic technique while working with their clients. Other LMFTs noted that they enjoyed being able to provide supervision or mentoring for younger professionals or students.

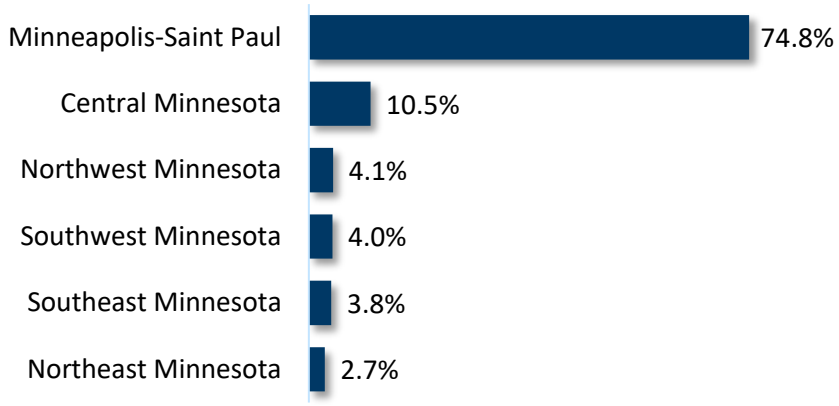
Sources of Dissatisfaction. The reported sources of dissatisfaction were also very clear and uniform. The single biggest source of dissatisfaction mentioned was paperwork and administrative duties, particularly those involved with working with insurance companies for reimbursement. Many said that the amount of paperwork, including case notes and other documentation, was overwhelming and did not count as reimbursable time. Time spent on administrative work also reduced the amount of time they were able to spend with clients. LMFTs also commonly voiced the problem that reimbursement rates are too low relative to the level of preparation and training they completed. A few reported dismay that Medicaid did not cover LMFT services, and therefore, the clients or patients who needed their services most could not access them.

Geographic Distribution

To get a sense of the accessibility of LMFTs' services around the state, the next two charts provide two different views of their geographic distribution. These analyses are based on geocoded public addresses that are supplied to the Board of Marriage and Family Therapy at the time of license renewal.[ii]

Distribution by Region. The first chart shows the distribution of LMFTs across the six planning areas around Minnesota. As shown, the vast majority of LMFTs (74.8 percent) are practicing in the Twin Cities metro area, with significantly smaller shares practicing everywhere else in the state. For reference, the Twin Cities metro area houses approximately 54 percent of the state's population, and the remainder of the state regions are home to between 6 and 13 percent of the state's population. This suggests that the location of LMFTs—and therefore the accessibility of their services—is heavily concentrated in the Twin Cities metro area, even relative to the large population there. There is a dearth of LMFTs in most other areas of the state.

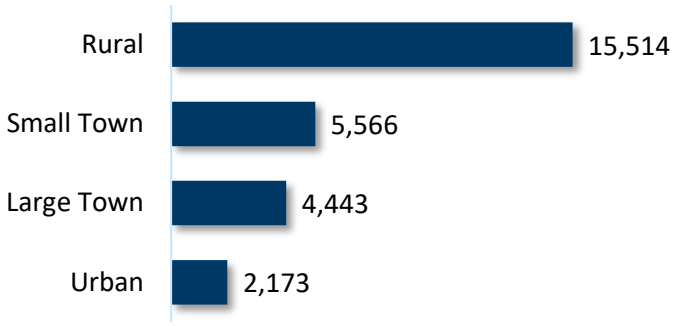
LMFTs by Minnesota Region



Source: Minnesota Department of Health (MDH) geocoding and analysis of March, 2017 Minnesota Board of Marriage and Family Therapy address data. Percentages above are based on 1,877 valid Minnesota addresses.

Distribution across urban and rural areas. The chart below provides another view of the geographic distribution of LMFTs, showing the size of the population for every one LMFT in urban, micropolitan, small town, and rural areas. As shown, there are just over 2,000 people for every one LMFT in urban areas of Minnesota, compared to roughly seven times that many in the most rural areas of the state. This general pattern is typical of other healthcare professions, and reflects the relative inaccessibility of care in sparsely populated areas of Minnesota.

Minnesota Population-to-LMFT Ratio



Source: Minnesota Department of Health (MDH) analysis of March, 2017 Minnesota Board of Marriage and Family Therapy address data. Ratios above are based on 1,877 valid Minnesota addresses.

Visit our website at http://www.health.state.mn.us/data/workforce/index.html to learn about the Minnesota healthcare workforce. County-level data for this profession is available at http://www.health.state.mn.us/data/workforce/database/index.html

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DEPARTMENT OF HEALTH
OFFICE OF RURAL HEALTH AND PRIMARY CARE

[i] Of the total licensed professionals, 130 listed a practice address outside of Minnesota; 6 did not provide a practice address, and based on survey responses, 7.5 percent of the total licensees are not currently practicing as a marriage and family therapist. Thus, not all actively licensed marriage and family therapists are a part of the Minnesota workforce.

[ii] Addresses are generally practice locations, but a small number of LMFTs reported organization headquarters and/or home addresses. Additionally, approximately 6.2 percent of LMFTs reported either an out-of-state address or no address to the Board; these professionals may or may not be providing services in Minnesota, but could not be geocoded.