

Minnesota's Licensed Alcohol and Drug Counselor (LADC) Workforce

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Office of Rural Health and Primary Care



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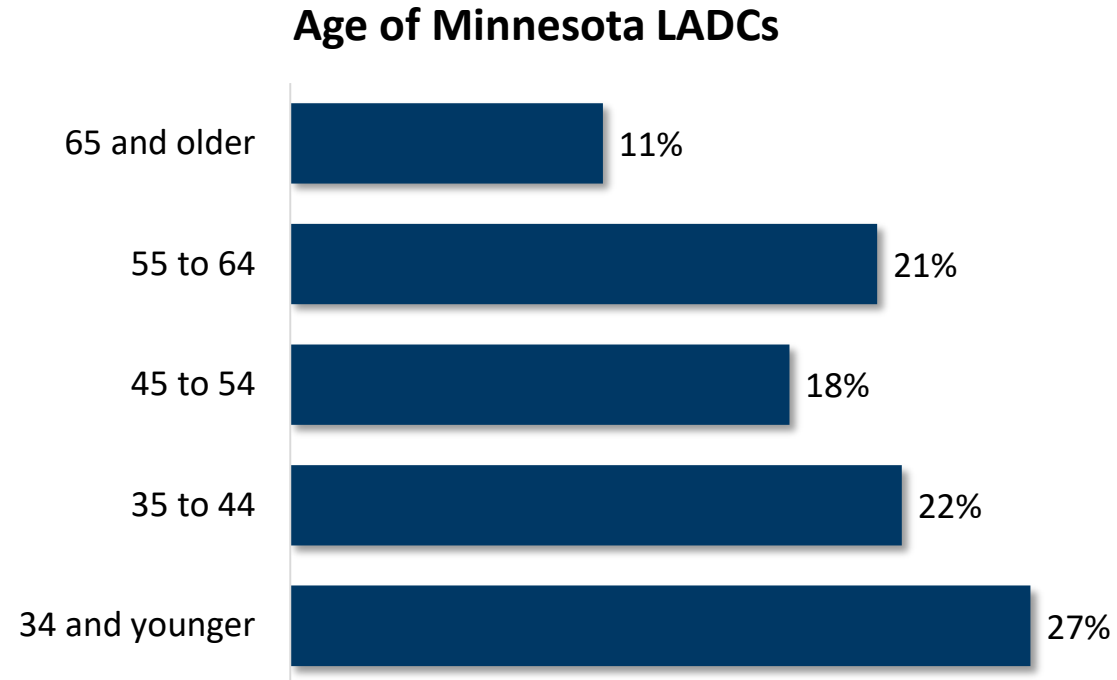
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Summary of Findings, 2018

- As of October 2018, there were **3,342** actively licensed alcohol and drug counselors (LADCs) in Minnesota, the majority of whom work in the Twin Cities region. This report references data from the Board of Behavioral Health and Therapy from October 2018, and from the Minnesota Department of Health LADC Workforce Survey from 2017-2018.
- There is a relatively large cohort of young LADCs entering the labor market—a hopeful sign, given the severe shortages of professionals who can diagnose and treat substance use disorders. However, it should be noted that roughly eight percent of actively licensed Minnesota LADCs are not working in a position that requires the license. This apparent underutilization of some of the potential workforce could reflect the difficult conditions and burnout that are common in this profession. It is also worth noting that there are some non-licensed positions that function in similar ways to alcohol and drug counselors, such as peer support specialists. Therefore, more people may be working in this field than are counted among license professionals.
- The majority of LADCs work full-time.
- The majority—87 percent—of Minnesota’s LADCs are white, and nearly 95 percent speak only English in their practice. Most LADCs report that on-the-job learning (as opposed to formal classroom or training) best prepared them to provide culturally competent care.
- The majority of LADCs have either a bachelor’s or a Master’s degree.
- Most LADCs are satisfied with their work, but LADCs report higher levels of satisfaction with their career overall than they do with their work specifically in the last 12 months.
- LADCs most commonly work in traditional health care settings, such as clinics or hospitals, but can also be found in community and faith-based organizations, and correctional facilities.
- As of now, more than three quarters of LADCs report “never” using telemedicine equipment to consult with patients.
- Like all other health care provider types, there is a maldistribution of LADCs around Minnesota, with the majority practicing in urban areas. Assuming the same *share* of people need chemical dependency treatment in urban and rural areas, rurally-based LADCs are facing a patient load approximately three times greater (in sheer numbers) than urban LADCs. Those prospective patients are also likely driving long distances and experiencing longer wait times for care.

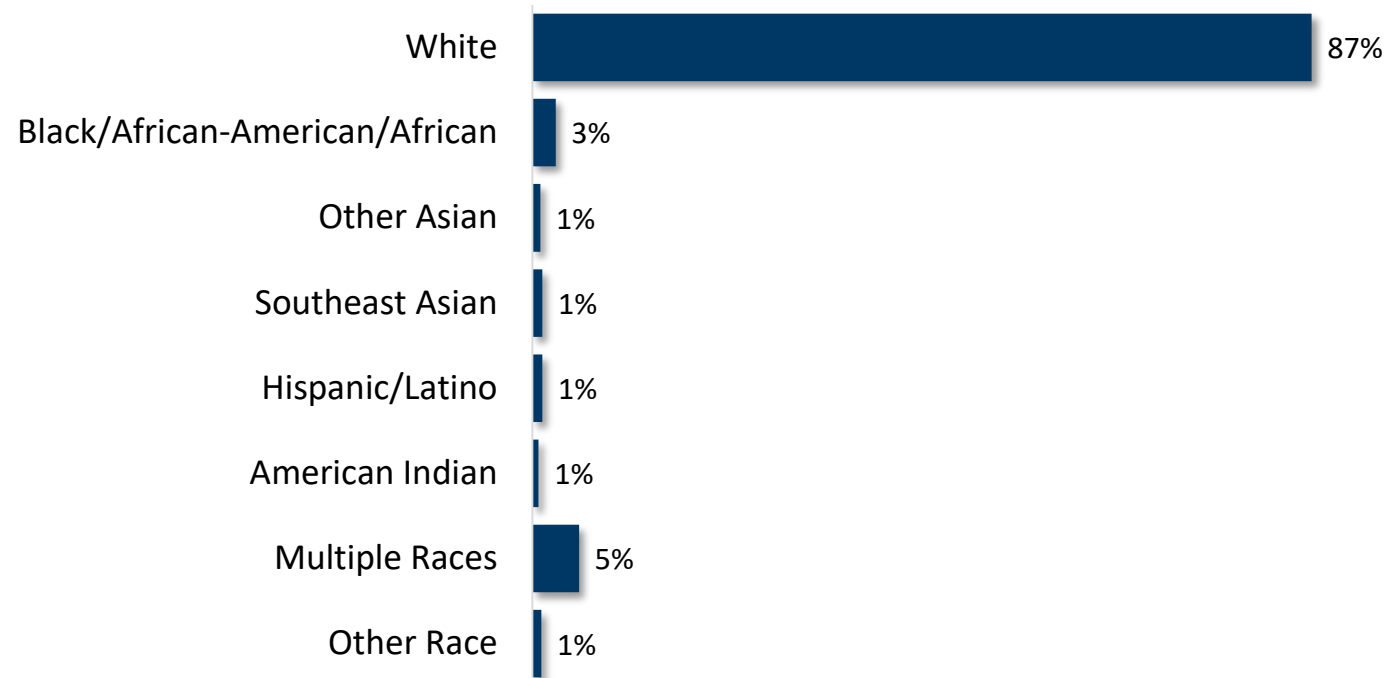
Demographics: Sex and Age



- Minnesota’s LADC workforce is relatively young, compared to other behavioral health specialties. The single largest share of actively licensed LADCs is age 34 and younger, suggesting a robust pipeline of new entrants into the profession. This is a welcome sign for an occupation that has been experiencing severe labor force shortages due to increased substance abuse problems in Minnesota and nationwide.
- (Not shown above): Just under 70 percent of LADCs are female. While this is a female-dominated profession, it has proportionately more men than other mental or behavioral health professions in Minnesota.

Demographics: Race and Ethnicity

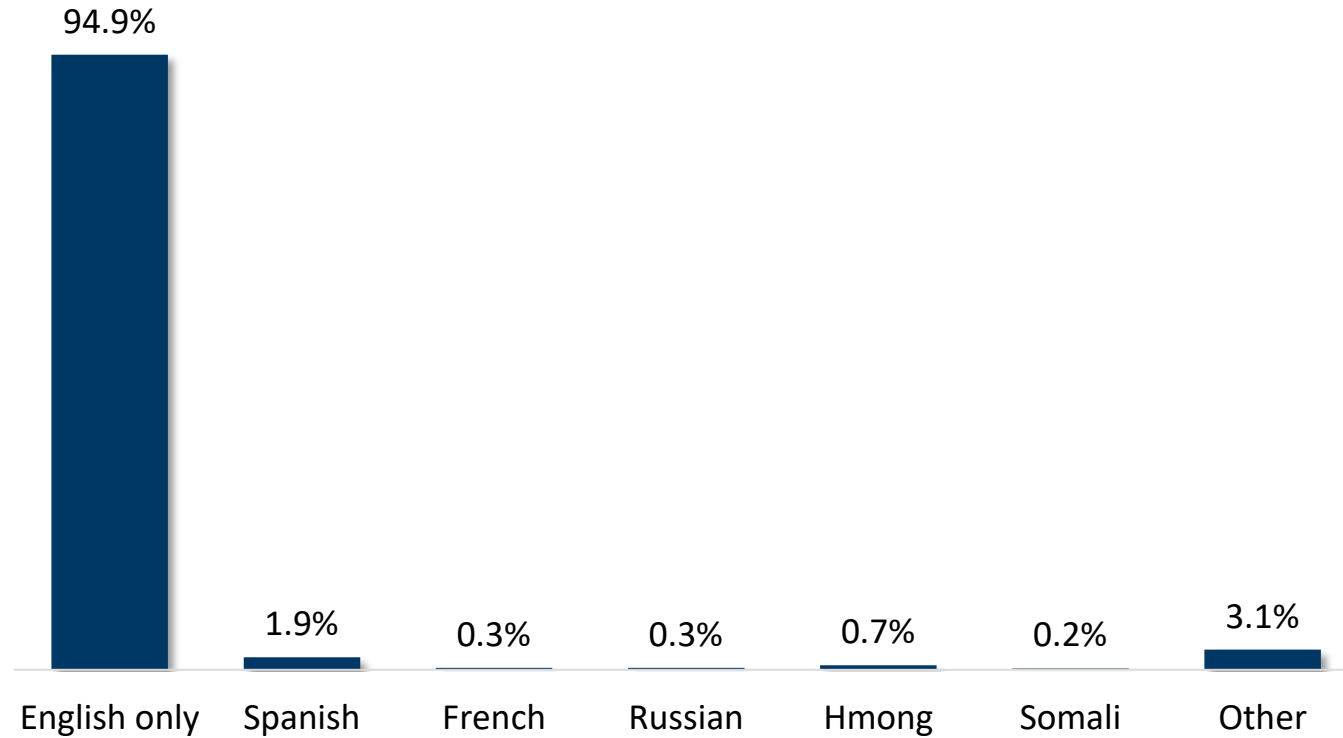
Race of Minnesota LADCs



- Typical of racial patterns among health care professionals, the majority (87 percent) of LADCs indicated they were white, with the second-highest share (5 percent) indicating they were multi-racial.

Demographics: Languages Spoken in Practice

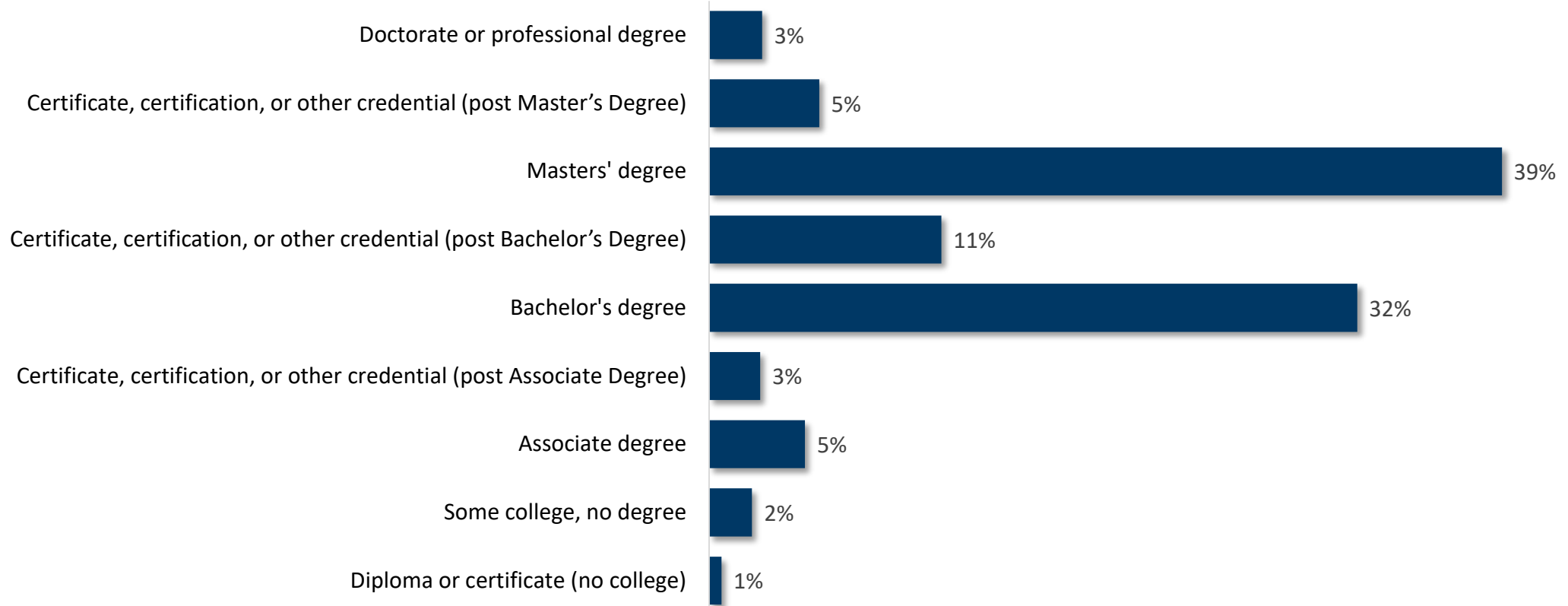
Languages Spoken by Minnesota LADCs in their Practices



- The majority of LADCs—approximately 95 percent—spoke only English in their practices. The second most commonly spoken language was Spanish. Very small shares of LADCs spoke other languages such as French, Vietnamese, Hmong or Somali with their patients.

Education: Educational Attainment

“What is the highest degree you have completed?”



- The single largest share of actively licensed LADCs have earned masters' degrees (39 percent). Another 32 percent have earned bachelor's degrees. Note that state law now requires new LADCs to have a minimum of a Bachelor's degree. It is also worth pointing out that some LADCs have a second license as a mental health provider, such as a licensed professional counselor, license marriage and family therapist, or a licensed social worker. This may partially account for the high share of Masters' degrees among LADCs.

Education: Minnesota Graduates by Institution

All Degrees Awarded from Minnesota Substance Abuse and Addiction Counseling Programs, by Year

| Substance Abuse and Addiction Counseling Graduates, by Institution and Year | | | | |
|---|--|------------|------------|------------|
| Region | Institution | 2015 | 2016 | 2017 |
| Central | Saint Cloud State University | 21 | 18 | 15 |
| | Hazelden Betty Ford Graduate School of Addiction Studies | 55 | 59 | 54 |
| Northeast | Fond du Lac Tribal and Community College | 6 | 8 | 11 |
| | Mesabi Range College | 7 | 7 | 10 |
| Northwest | Bemidji State University | 5 | 2 | 10 |
| | Oak Hills Christian College | | | 2 |
| Southeast | Winona State University | 4 | 7 | 14 |
| | Rochester Community and Technical College | 8 | 9 | 6 |
| Southwest | Minnesota State University, Mankato | 26 | 15 | 7 |
| | Ridgewater College | 11 | 7 | 10 |
| Twin Cities | University of Minnesota, Twin Cities | 13 | 11 | 14 |
| | Metropolitan State University | 39 | 47 | 44 |
| | Century College | 30 | 34 | 23 |
| | Minneapolis Community and Technical College | 38 | 30 | 37 |
| | Bethel University | | | 6 |
| | North Central University | 1 | 5 | 2 |
| | Saint Mary's University of Minnesota | 5 | 10 | 11 |
| Total | | 269 | 269 | 276 |

Education: Minnesota Graduates by Degree Type

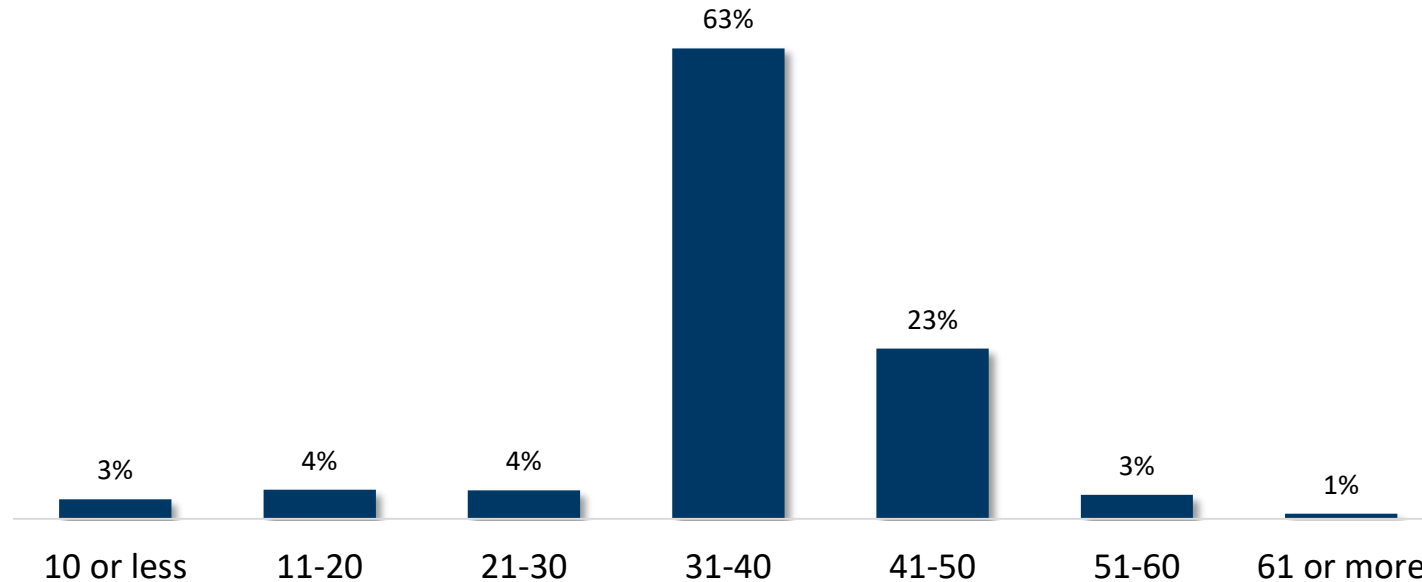
All Degrees Awarded from Minnesota Substance Abuse and Addiction Counseling Programs, by Degree Type

| Degree Type | 2015 | 2016 | 2017 | Total |
|---------------------------------------|------|------|------|------------|
| Certificate less than 1 academic year | 35 | 47 | 41 | 123 |
| Certificate 1 to 2 academic years | 34 | 17 | 34 | 85 |
| Associate degree | 40 | 36 | 39 | 115 |
| Bachelor's degree | 84 | 84 | 73 | 241 |
| Post-bachelor's certificate | 111 | 104 | 89 | 304 |
| Master's degree | 65 | 78 | 83 | 226 |
| Post-master's certificate | 0 | 0 | 0 | 0 |
| Doctorate | 0 | 0 | 3 | 3 |

Note that the charts above and in Slide 8 show the number of degrees conferred in Minnesota, *not* the degrees held by LADC licensees. Some of the graduates from these programs may not go on to pursue licensure or employment as an LADC. The data in these charts helps us to understand the broader context on which Minnesota institutions are training Substance Abuse and Addiction Counseling program graduates, and the most common degrees awarded.

Employment: Employment & Hours Worked

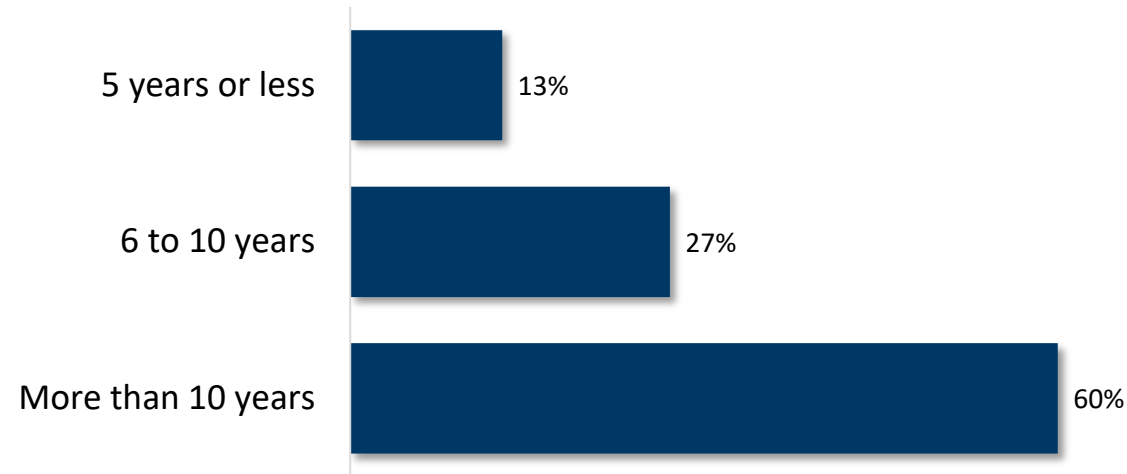
Hours Worked in a Typical Week



- (Not shown above): An estimated 91.6 percent of Minnesota LADCs reported on the MDH questionnaire that they were “working in a paid or unpaid position related to [their] license.” This is a lower share than nearly all other behavioral health professions, suggesting that there may be some profession-specific reason why nearly 10 percent of LADCs maintain an active license but do not practice in the field.
- The median work week for LADCs was 39.8 hours, with the majority (63 percent) of LADCs working between 31 and 40 hours per week.

Employment: Future Plans

“How long do you plan to continue practicing as an LADC in Minnesota?”



- Only a small share—13 percent—of all actively practicing LADCs indicated that they plan to leave the field within five years.
- (Not shown above): Among that 13 percent of LADCs planning to leave, a majority (62 percent) said they planned to retire. Another 14 percent said they planned to pursue a different career, and eight percent said that career dissatisfaction or burnout was causing them to want to leave the profession.

LADCs at Work: Work Settings

LADCs' Primary Work Settings

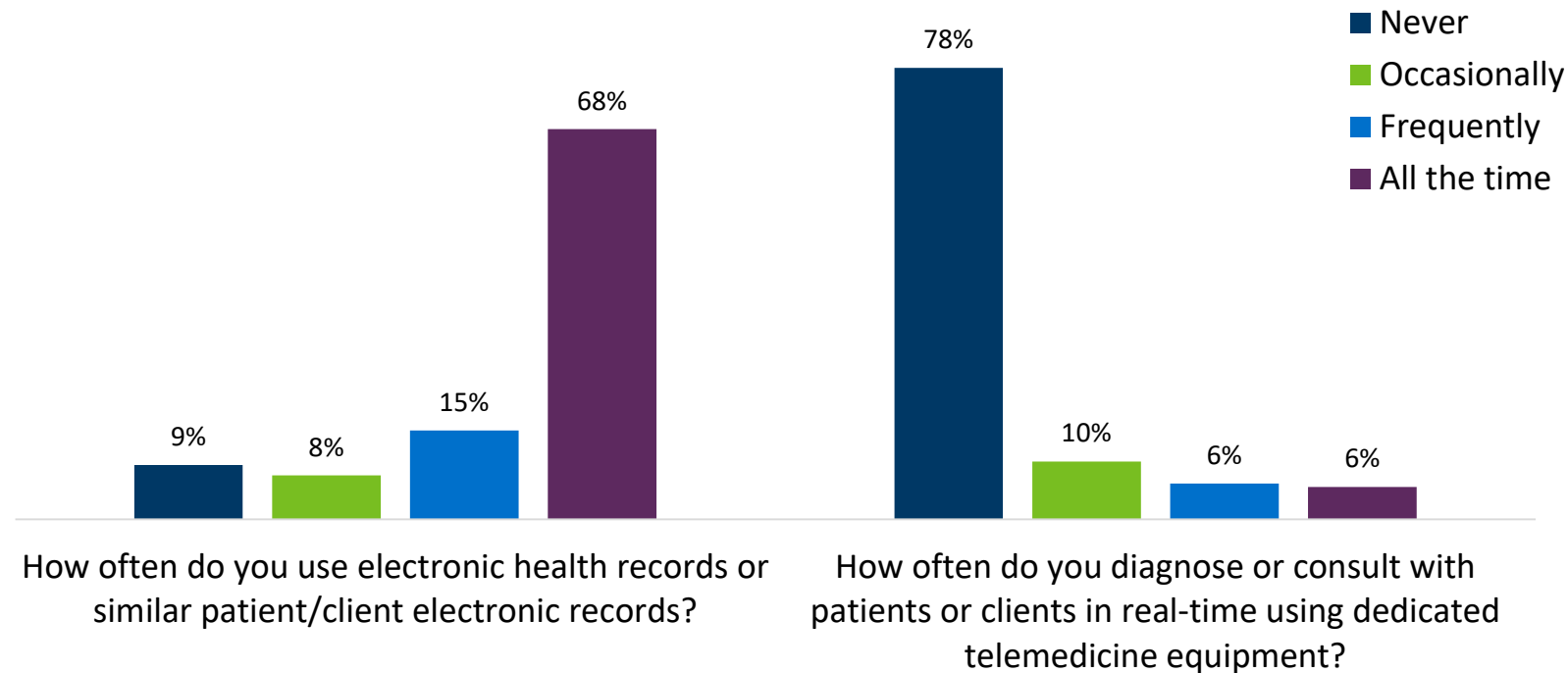
| Setting | Share of LADCs Working in this Setting |
|--|--|
| Clinic/Professional Office/Health Center/Ambulatory Care | 60.5% |
| Community/Faith-Based Organization | 7.4% |
| Hospital | 6.6% |
| Correctional Facility | 5.7% |
| Long-Term Care Facility | 4.7% |
| State, County, or City Agency | 3.6% |
| School (K-12) | 1.5% |
| Other | 10.0% |

- LADCs are employed in a wide variety of settings. Whereas physicians, nurses, and other primary care providers work almost exclusively in hospitals and clinics, just under 70 percent of LADCs work in traditional clinic (60.5 percent) or hospital (6.6 percent) settings. The remaining LADCs work for different sorts of establishments, such as community/faith-based organizations, correctional facilities, or long-term care facilities. One in ten LADCs report working in some “other” type of setting, which they report as outpatient chemical dependency centers, residential treatment centers, public health agencies, and others.

Source: MDH LADC Workforce Questionnaire, 2017-2018. The survey includes questions on both the “primary” and “secondary” settings in which providers work. For the purposes of the analysis in this section, we present data only on the setting LADCs reported as their “primary” setting. The chart above is based on 1,309 valid responses.

LADCs at Work: EHRs and Telemedicine

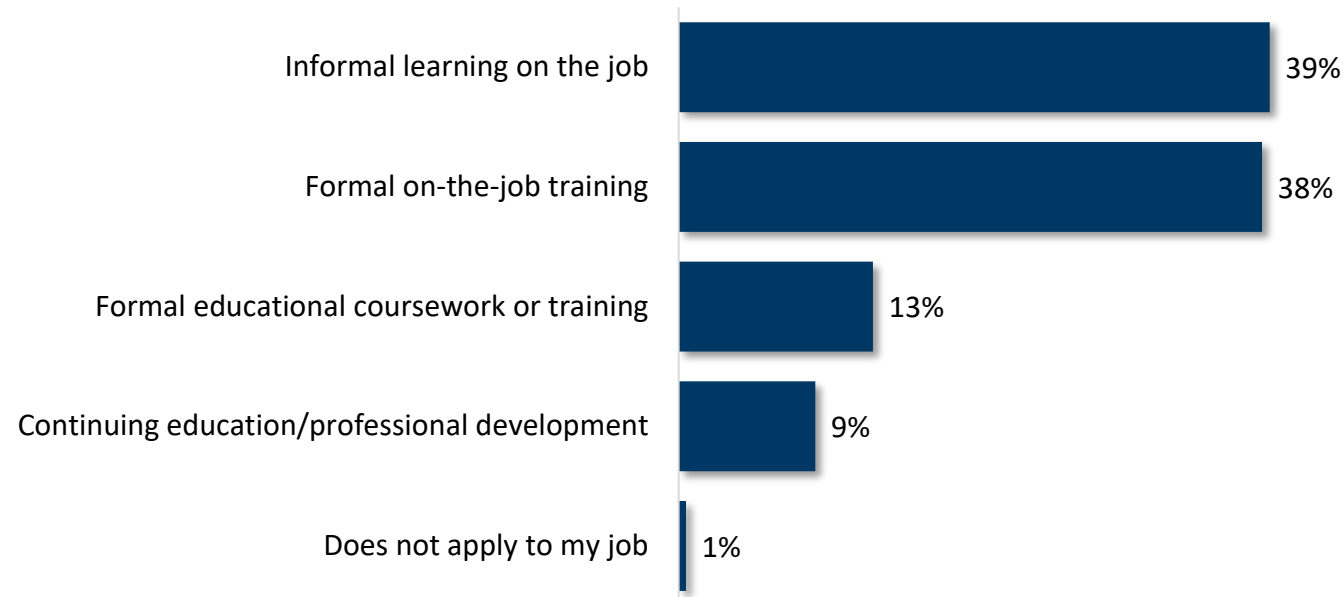
LADCs' Use of Electronic Health Records and Telemedicine Equipment



- The MDH workforce survey includes questions on the use of technology in health care settings. Here, we show responses to questions about how often LADCs use electronic health records (EHRs) and/or equipment that is dedicated to telemedicine. The results show that approximately two-thirds of LADCs use EHRs “all the time.”
- More than three-fourths (78 percent) do not use telemedicine equipment regularly. Given the high need for substance abuse counseling services, particularly in Greater Minnesota, telemedicine may provide a useful way to expand access. It will be important to watch these trends over time.

LADCs at Work: Teamwork

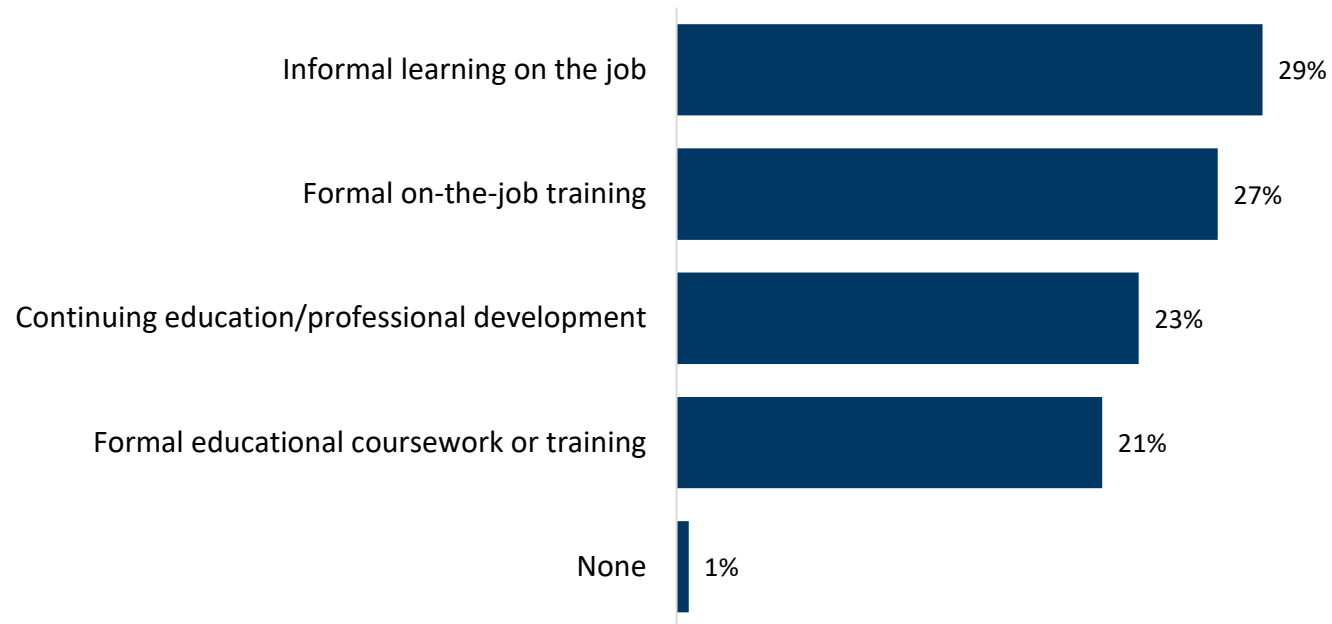
“Which of the following work or educational experiences best prepared you to work in a multidisciplinary team when providing care?”



- Health care providers increasingly work in multidisciplinary teams, prompting educators and health policymakers to ask how best to train providers to communicate and coordinate across professions. MDH included a question on its survey to shed light on these questions. As shown above, nearly 80 percent of LADCs reported that either informal (39 percent) or formal (38 percent) learning on the job *best* prepared them to work in multidisciplinary teams.

LADCs at Work: Cultural Competence

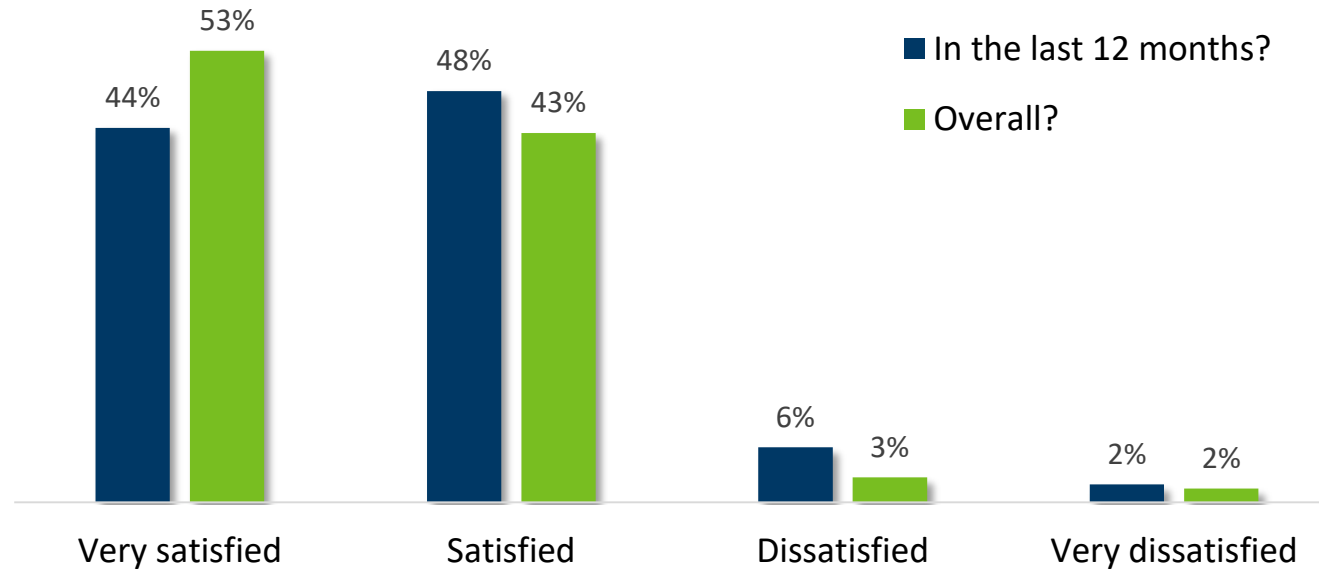
“Which of the following work or educational experiences best prepared you to provide culturally competent care?”



- Stakeholders are increasingly concerned about the extent to which providers deliver care that is culturally sensitive to all communities. The MDH survey includes a question to understand which experiences best prepare health care providers to provide culturally competent care. As shown above, nearly one in three report that they learn cultural competence *best* through informal, on-the-job learning. But the overall pattern of responses here indicate that LADCs learn cultural competence in a variety of ways.

LADCs at Work: Career Satisfaction

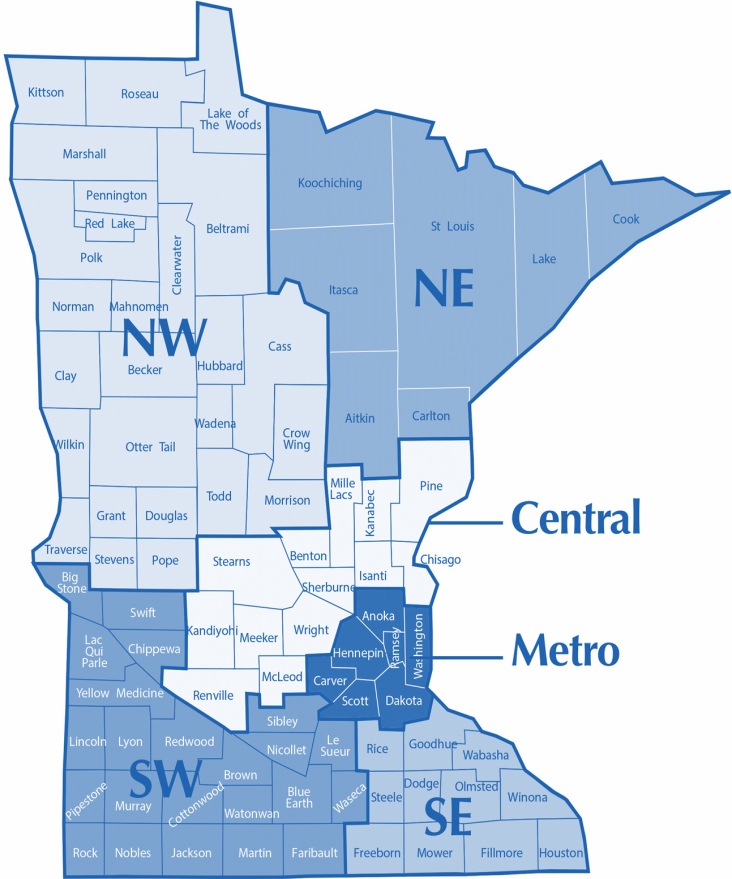
How satisfied have you been with your job....



- The 2017-2018 survey included questions on career satisfaction in the past 12 months and overall. As shown above, the majority of LADCs indicated that they were either “satisfied” or “very satisfied,” both in the past 12 months and overall. LADCs were 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.

Geographic Distribution: Two ways to present geography

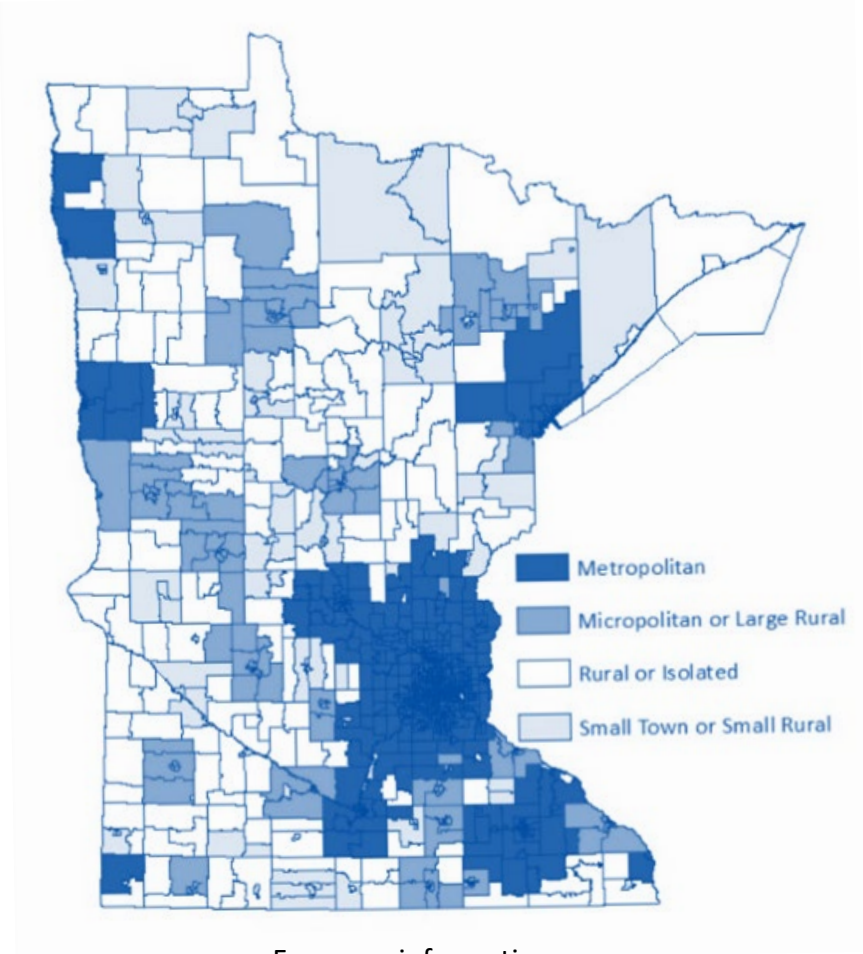
By state planning areas



For more information:

<https://apps.deed.state.mn.us/assets/lmi/areamap/plan.shtml>

By rural-urban commuting regions (RUCAs)

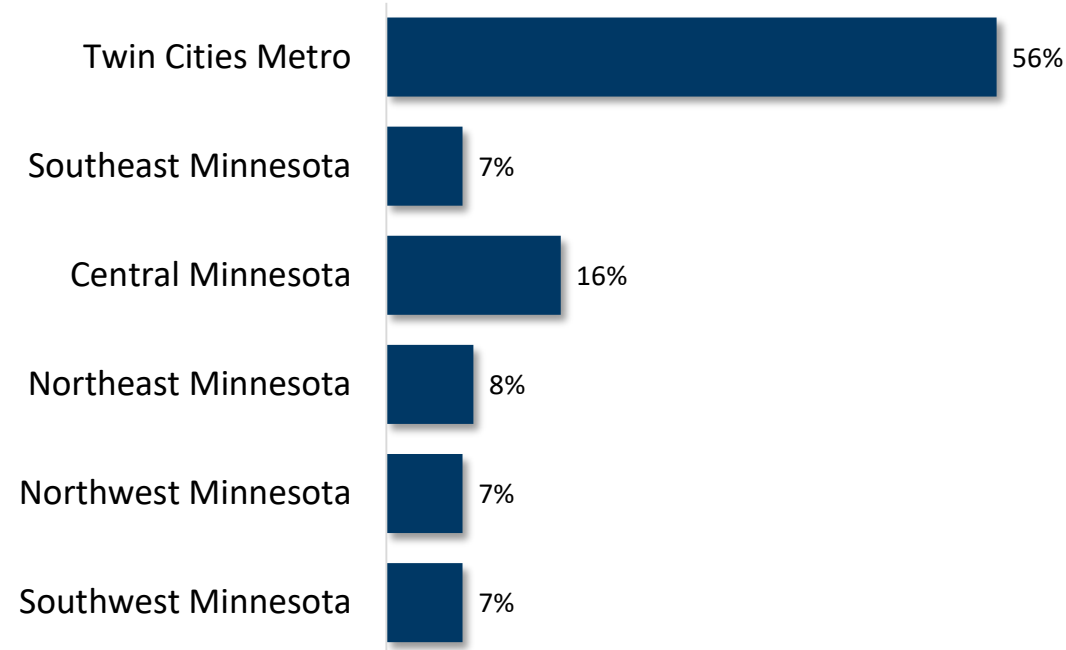


For more information:

<https://www.health.state.mn.us/data/workforce/method.html#ruca>

Geographic Distribution: by State Region

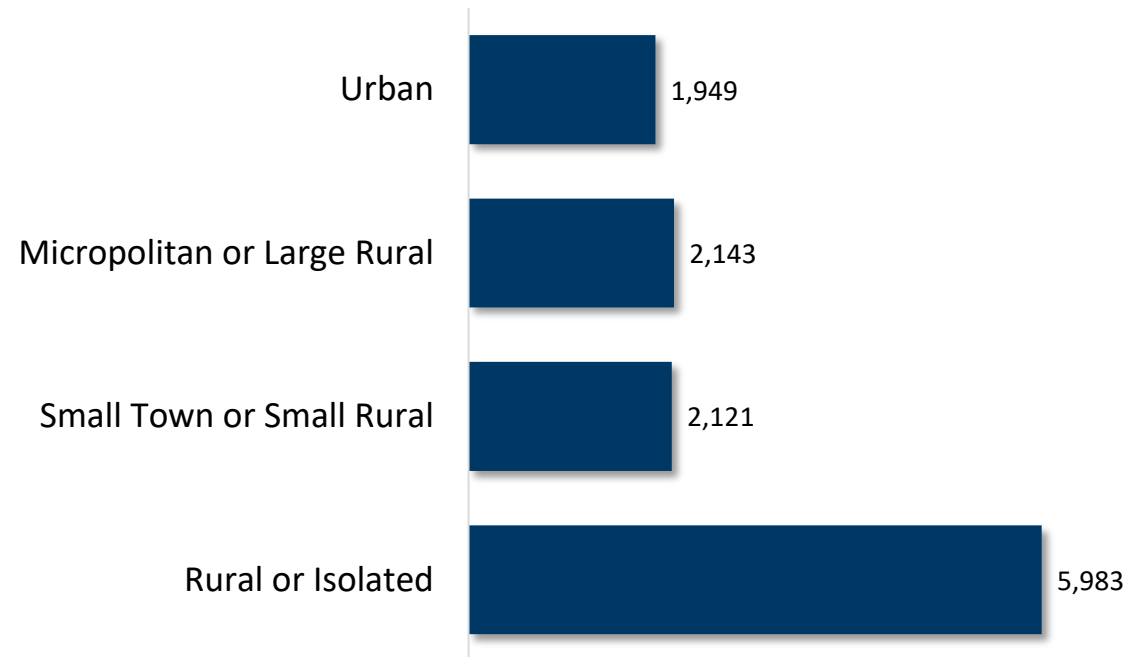
Share of LADCs by State Planning Area



- Slightly over half of all LADCs work in the Twin Cities metro area, with another 16 percent in the central region of the state. This distribution is common among other Minnesota health care providers, with the majority of providers employed in the heavily populated Twin Cities metro area. The second-most common practice location for LADCs is in central Minnesota, where Center City is home to a large Betty Ford Foundation Hazelden treatment center.

Geographic Distribution: by Rurality

Minnesota Population-to-LADC Ratio, by Level of Rurality



- The chart above shows another way to understand how the geographic distribution of providers may affect access to care. This chart shows the share of people per every one LADC in urban, large rural, small rural, and isolated rural areas. As shown, there are 1,949 people to every one LADC in urban areas of Minnesota, compared to nearly triple that (5,983) in in the rural/isolated areas of the state. This pattern is typical of other health care professions, and reflects the relative inaccessibility of care in sparsely populated areas of Minnesota.

Methodology

The data in this report come from two sources:

- The **Minnesota Board of Behavioral Health and Therapy (BBHT)** provides data on the entire population of LADCs who have active licenses in the state of Minnesota. The BBHT maintains this database primarily for administrative and legal purposes. BBHT provides the data to the Minnesota Department of Health, Office of Rural Health and Primary Care (MDH-ORHPC). This report uses data current as of October, 2018. At that time, there were a total of **3,342** LADCs with active Minnesota licenses, approximately 82 percent of whom indicated that their primary business address was in Minnesota. (Note that the analyses exclude LADCs whose licenses were active/restricted or active/conditional.) Analysts at the Minnesota Department of Health-Office of Rural Health and Primary Care clean organize, clean, and geocode addresses that come from the board, which is how we can identify practice locations (shown in Slides 19 and 20).
- The **2017-2018 Minnesota Department of Health-Office of Rural Health and Primary Care (MDH-ORHPC) LADC survey** collects additional demographic and workforce data from LADCs. MDH-ORHPC administered the survey to all LADCs who renewed their Minnesota license in the calendar years of 2017-2018. The response rate for this survey cycle was approximately 45 percent.

Notes

Visit our website at

<https://www.health.state.mn.us/data/workforce/index.html>
to learn more about the Minnesota health care workforce.

County-level data for this profession is available at

<https://www.health.state.mn.us/data/workforce/database/index.html>

Minnesota Department of Health
Office of Rural Health and Primary Care
85 East 7th Place, Suite 220
Saint Paul, MN 55117
(651) 201-3838
health.orhpc@state.mn.us

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