

Minnesota's Licensed Marriage and Family Therapist (LMFT) Workforce

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Office of Rural Health and Primary Care



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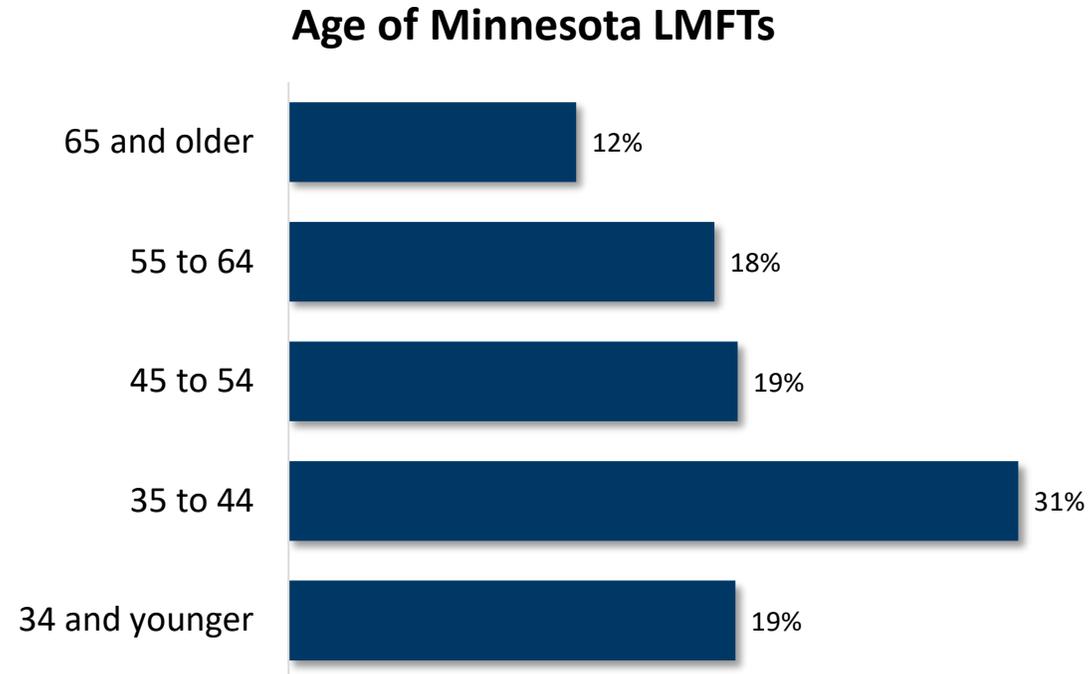
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Summary of Findings

- As of August 2019, there were **2,430** actively licensed marriage and family therapists (LMFTs) in Minnesota, the majority of whom work in the Twin Cities region.
- There is a relatively large cohort of young LMFTs entering the labor market—a hopeful sign. Of the few LMFTs planning to stop practicing in the next five years, the majority are retiring.
- The majority—90 percent—of Minnesota’s LMFTs are white, and roughly 93 percent speak only English in their practice without the help of an interpreter. However, most LMFTs report that on-the-job learning (as opposed to formal classroom or training) best prepared them to provide culturally competent care.
- There are only three universities in Minnesota with LMFT programs, and Saint Mary’s University in Winona educates the largest share of the graduates. The majority of degrees conferred were master’s degrees.
- Similar to many health care professions in general, most LMFTs are satisfied with their work, but they generally report higher levels of satisfaction with their career overall than they do with their work specifically in the last 12 months.
- As of now, as many as 80 percent of LMFTs report “never” using telemedicine equipment to consult with patients.
- Like all other health care provider types, there is a maldistribution of LMFTs in Minnesota, with the majority practicing in urban areas. Assuming the same *share* of people need marriage and family therapy in urban and rural areas, rurally-based LMFTs are facing a patient load approximately seven times greater (in sheer numbers) than urban LMFTs.
- Note that the data in this report come from two sources: (1) the Board of Marriage and Family Therapy (October, 2018) and the Minnesota Department of Health LMFT Workforce Survey (2017). For more information on methodology, please see [Slide 20](#) in this report.

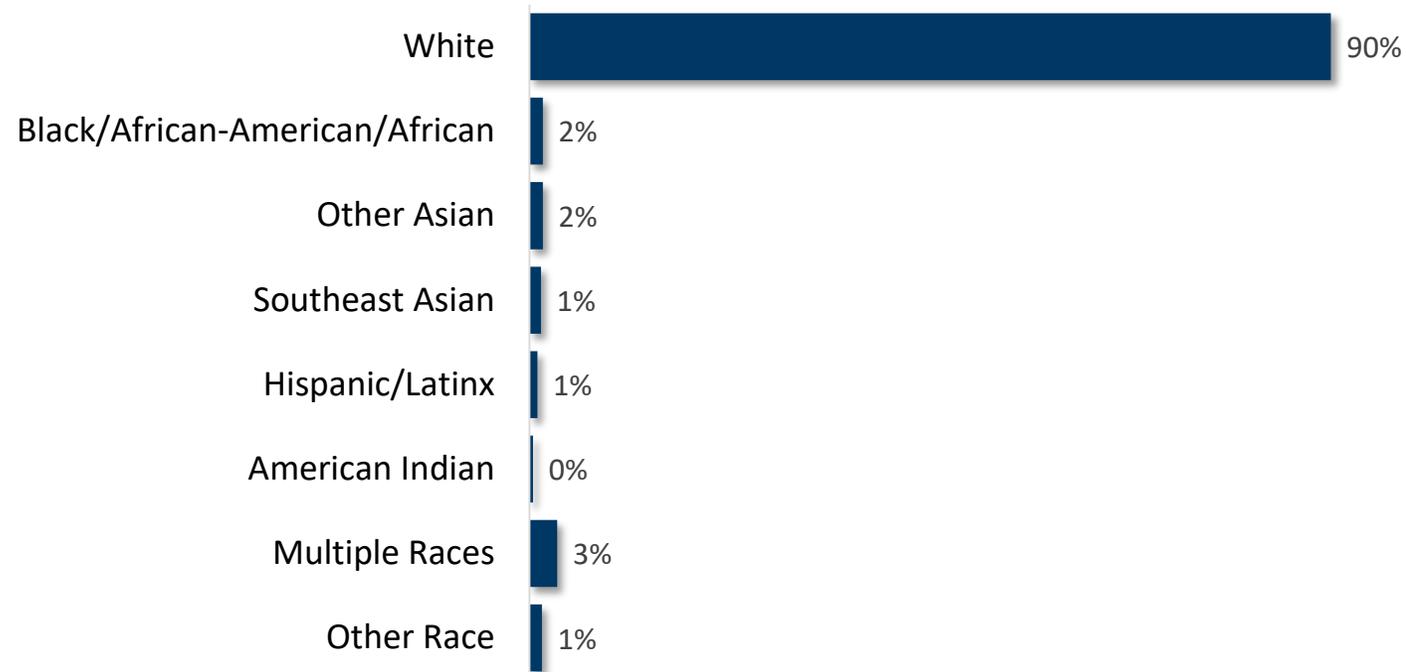
Demographics: Age and Sex



- Minnesota’s LMFT workforce is relatively young, compared to other behavioral health specialties. While 12 percent of actively licensed LMFTs are 65 and older—at or nearing retirement age—the youngest two cohorts are supplying an ample number of new therapists to the profession.
- Just over 80 percent of LMFTs are female. Further analyses show that the profession is becoming increasingly female. While LMFTs age 65+ are 70 percent female, those aged 44 and younger are 85 percent female (data not shown).

Demographics: Race and Ethnicity

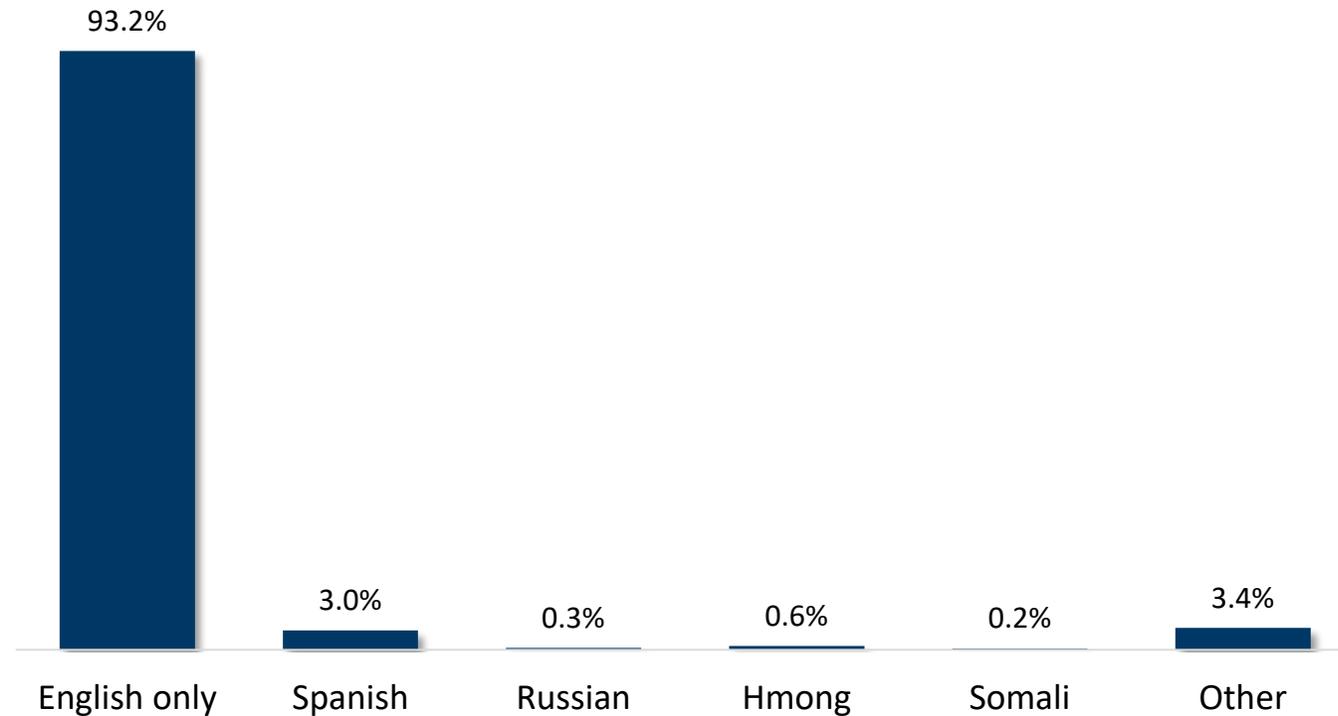
Race of Minnesota LMFTs



- Typical of racial patterns among health care professionals, the majority (90 percent) of LMFTs indicated they were white, with the second-highest share (3 percent) indicating they identified with multiple racial backgrounds.

Demographics: Languages Spoken in Practice

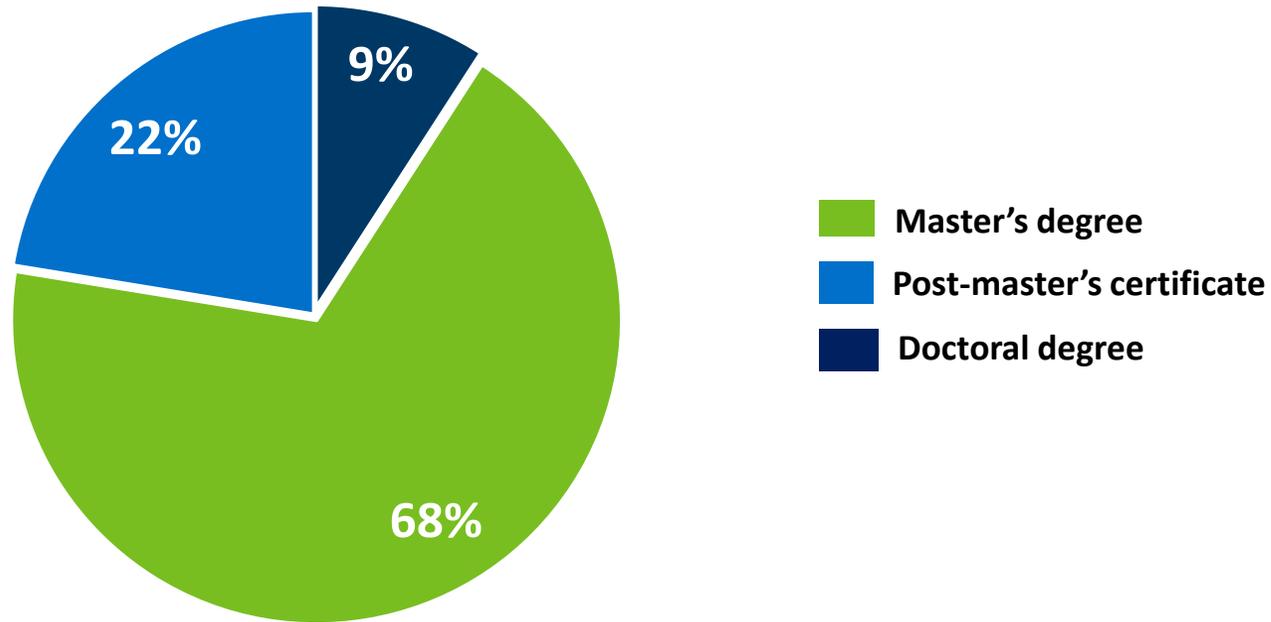
Languages Spoken by Minnesota LMFTs in their Practices



- The majority of LMFTs—approximately 93 percent—spoke only English in their practices. The second most commonly spoken language was Spanish. Very small shares of LMFTs spoke other languages such as Hmong, Russian, or Somali with their patients.

Education: Educational Attainment

“What is the highest degree you have completed?”



- The single largest share of actively licensed LMFTs have earned masters' degrees (68 percent).

Education: Minnesota Graduates by Institution

All Degrees Awarded from Minnesota Marriage and Family Therapy Programs, by Year

Marriage and Family Therapy Program Graduates, by Institution and Year				
Region	Institution	2015	2016	2017
Central	Saint Cloud State University	15	20	18
	Saint Mary's University of Minnesota	135	92	82
Twin Cities	Argosy University	45	37	28
Total		195	149	128

- There are only three universities in Minnesota offering a degree-granting LMFT program. The largest of these programs is at Saint Mary's University in Winona, Minnesota. This program has also had the most fluctuation in its number of graduates, reducing its graduated class by 50 LMFTs over 3 years.

Education: Minnesota Graduates by Degree Type

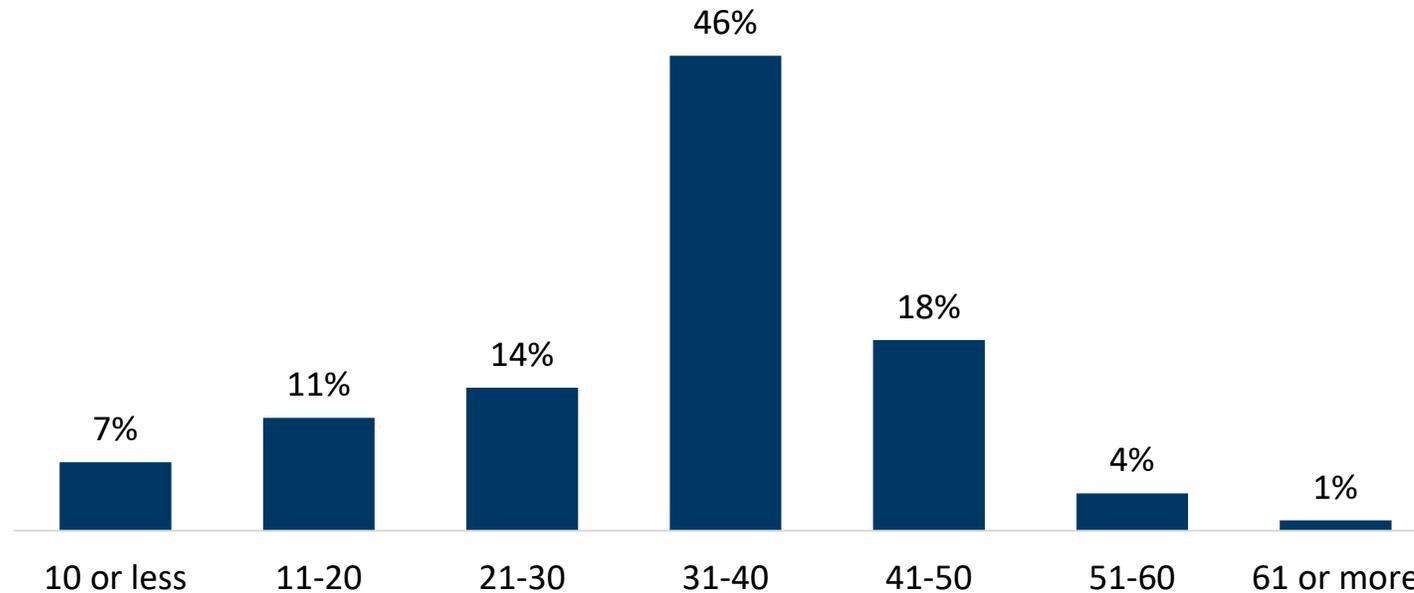
All Degrees Awarded from Minnesota Marriage and Family Therapy Programs, by Degree Type

Degree Type	2015	2016	2017	Total
Post-bachelor's certificate	2	3	0	5
Master's degree	117	147	175	439
Post-master's certificate	4	4	5	13
Doctorate	6	3	6	15

- The vast majority of the LMFT workforce in Minnesota is practicing with a Master's degree. In the past three years, 439 Master's degrees in marriage and family therapy were awarded. This is consistent with other licensed behavioral health professions, as most require a minimum of a Master's degree.

Employment: Employment & Hours Worked

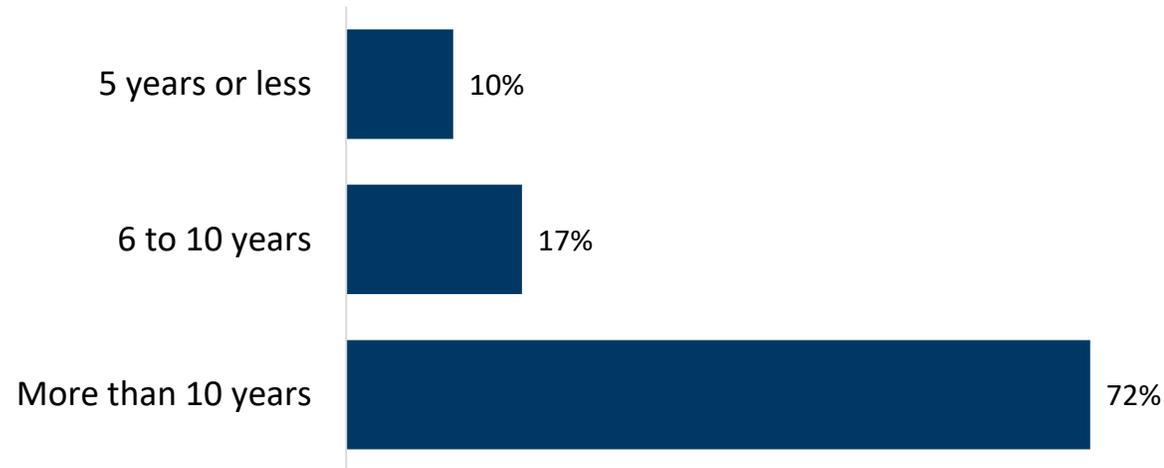
Hours Worked in a Typical Week



- (Not shown above): An estimated 94.6 percent of Minnesota LMFTs reported on the MDH questionnaire that they were “working in a paid or unpaid position related to [their] license.”
- The median work week for LADCs was 35 hours, with the majority (46 percent) of LMFTs working between 31 and 40 hours per week.

Employment: Future Plans

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



- Only a small share—10 percent—of all actively practicing LMFTs indicated that they plan to leave the field within five years. The vast majority plan to practice within the field for more than 10 years.
- (Not shown above): Among the 10 percent of LMFTs planning to leave, a majority (87 percent) said they planned to retire. Approximately three percent reported leaving this practice because of burnout or dissatisfaction. Only two percent said they planned to pursue a different career, and another two percent said that they were pursuing training to advance their career. The final six percent of respondents reported leaving the field for family or other reasons.

LMFTs at Work: Work Settings

LMFTs' Primary Work Settings

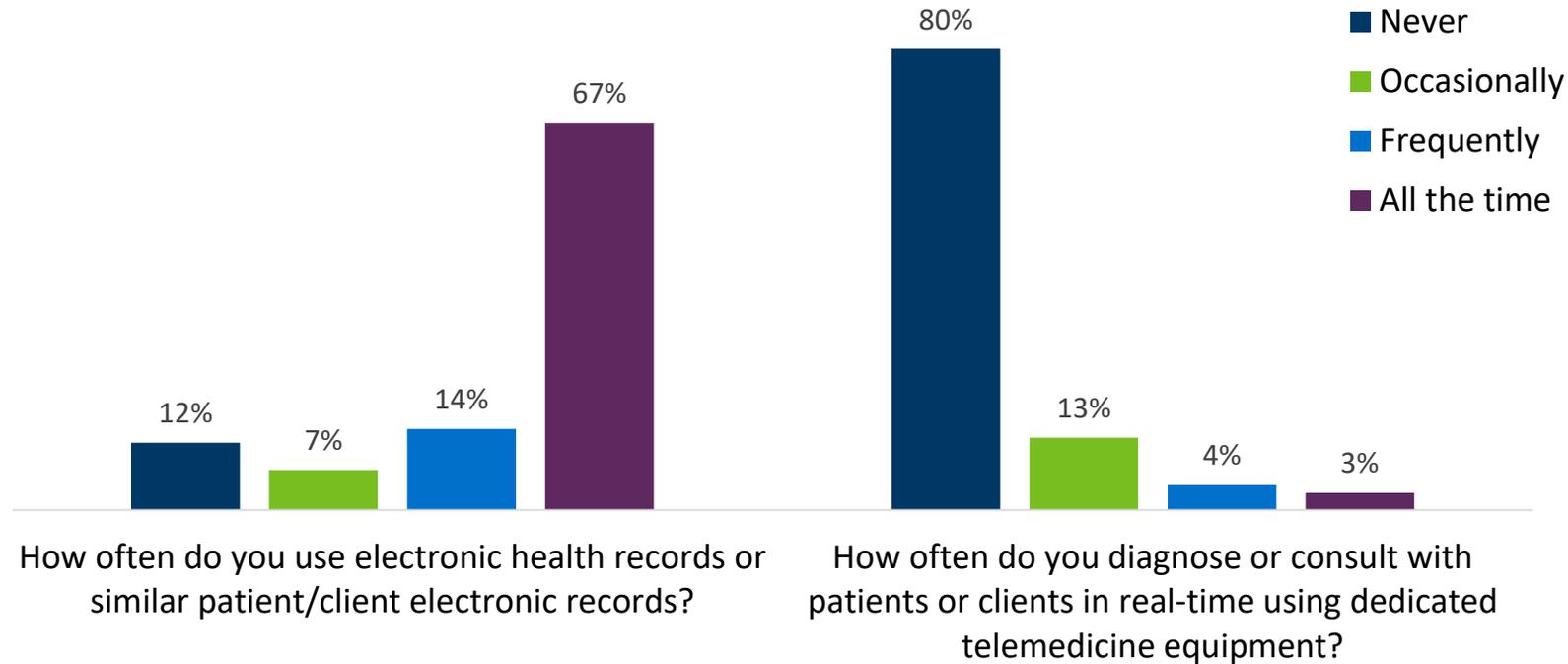
Setting	Share of LMFTs Working in this Setting
Clinic/Professional Office/Health Center/Ambulatory Care	72.3%
Community/Faith-Based Organization	7.4%
School (K-12)	3.2%
Insurance/Benefits Management Organization	3.2%
Academic (Teaching/Research)	3.1%
Hospital	2.7%
State, County, or City Agency	1.9%
Long-Term Care Facility	0.9%
Correctional Facility	0.7%
Home Health Care	0.4%
Public Health Agency	0.4%
Other	3.6%

- LMFTs can work in a variety of settings. As is common among behavioral health professionals, the majority – 72.3 percent – work in a clinic, professional office, health center or in ambulatory care. The second most popular setting for LMFTs is community or faith-based organizations, employing roughly seven percent of the LMFT workforce in Minnesota. Other settings host much smaller shares of the LMFT workforce.

Source: MDH LMFT Workforce Questionnaire, 2017. 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 LMFTs reported as their “primary” setting. The chart above is based on 2,031 valid responses.

LMFTs at Work: EHRs and Telemedicine

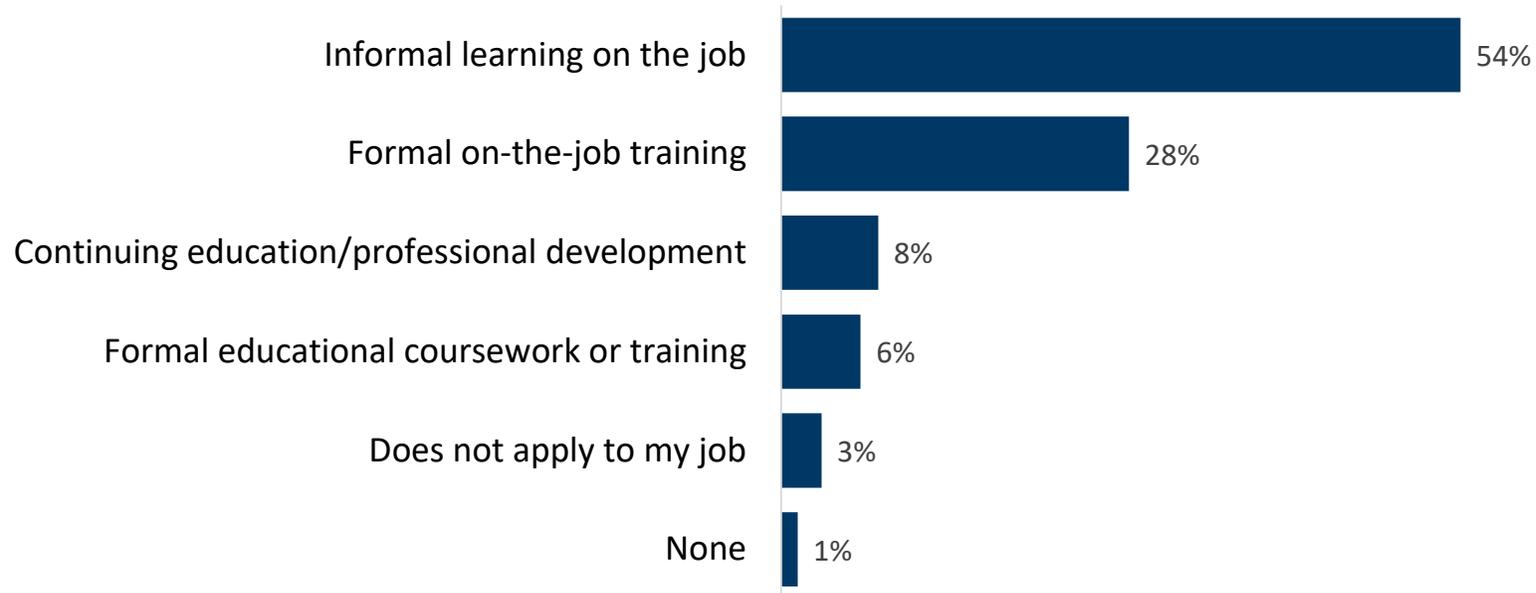
LMFTs' Use of Electronic Health Records and Telemedicine Equipment



- The MDH workforce survey includes questions on the use of technology in health care settings. Here, we show responses to questions about how often LMFTs use electronic health records (EHRs) and/or equipment that is dedicated to telemedicine. The results show that approximately two-thirds of LMFTs use EHRs “all the time,” but a large majority (80 percent) do not use telemedicine equipment regularly. Given the scope and growing need for behavioral health practitioners, telemedicine may be an effective and efficient way to meet that demand.

LMFTs at Work: Teamwork

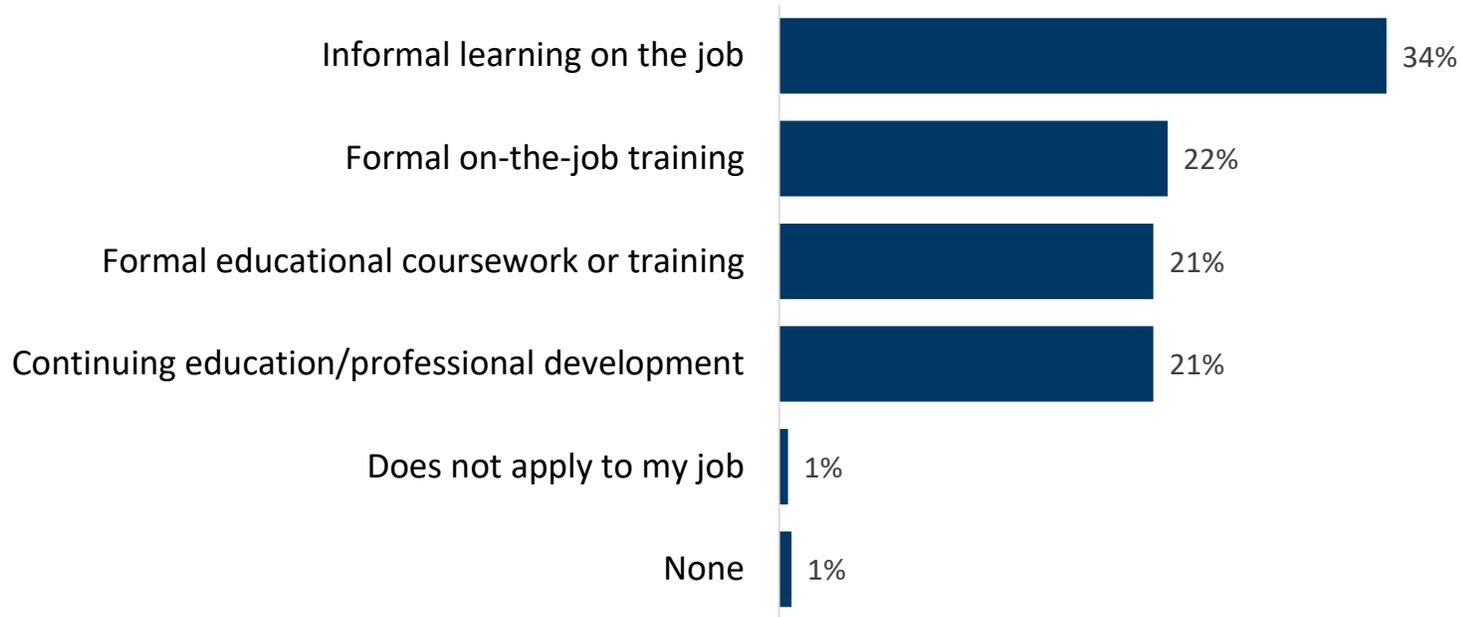
“Which of the following work or educational experiences best prepared you to work in a multidisciplinary team when providing care?”



- 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, a total of just over 80 percent of LMFTs reported that either informal (54 percent) or formal (28 percent) learning on the job *best* prepared them to work in multidisciplinary teams. A small share – roughly three percent – reported multidisciplinary team training not applying to their job.

LMFTs at Work: Cultural Competence

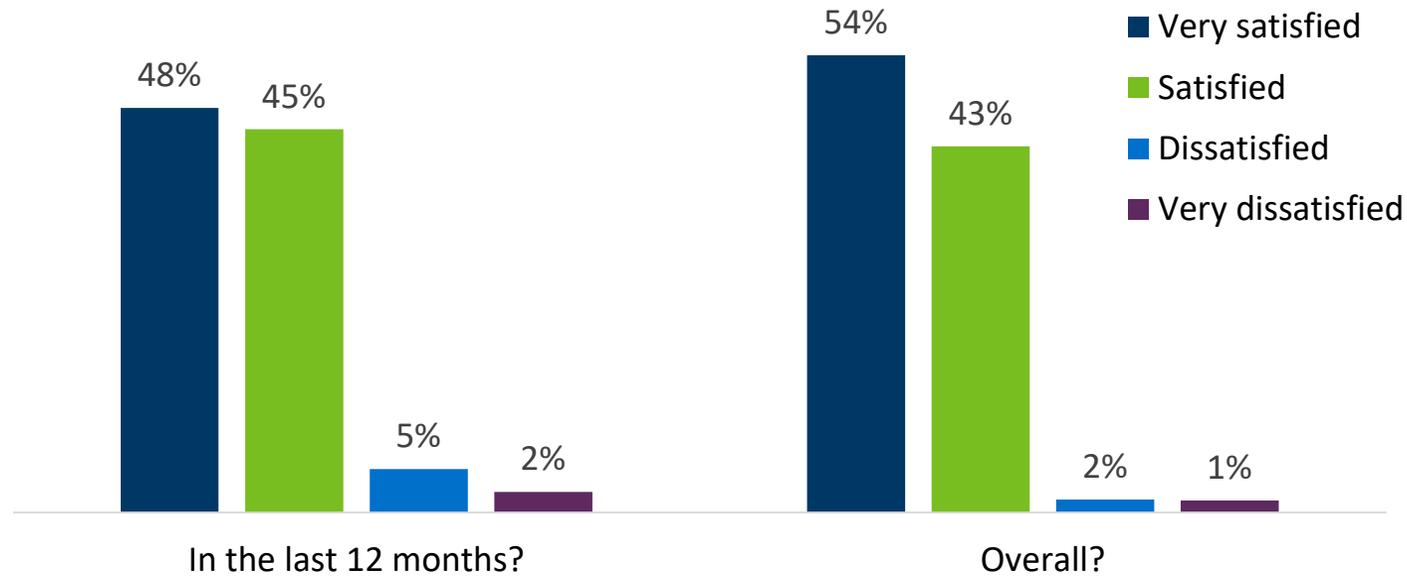
“Which of the following work or educational experiences best prepared you to provide culturally competent care?”



- 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, the largest share of LMFTs (just over one in three) report that they learn cultural competence *best* through informal, on-the-job learning, and other learning modalities are found most beneficial by nearly equal shares.

LMFTs at Work: Career Satisfaction

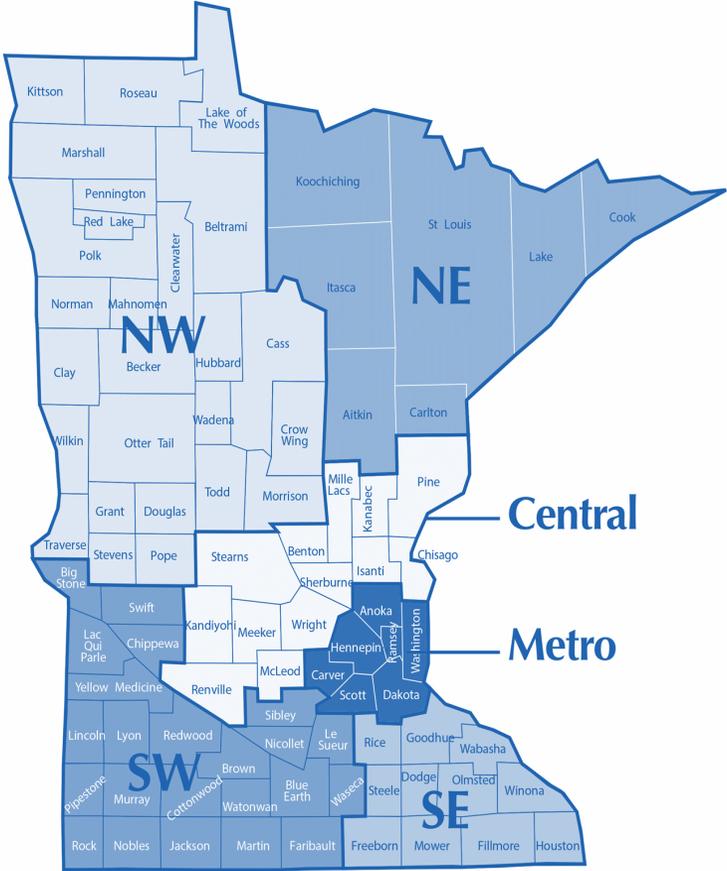
How satisfied have you been with your job....



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

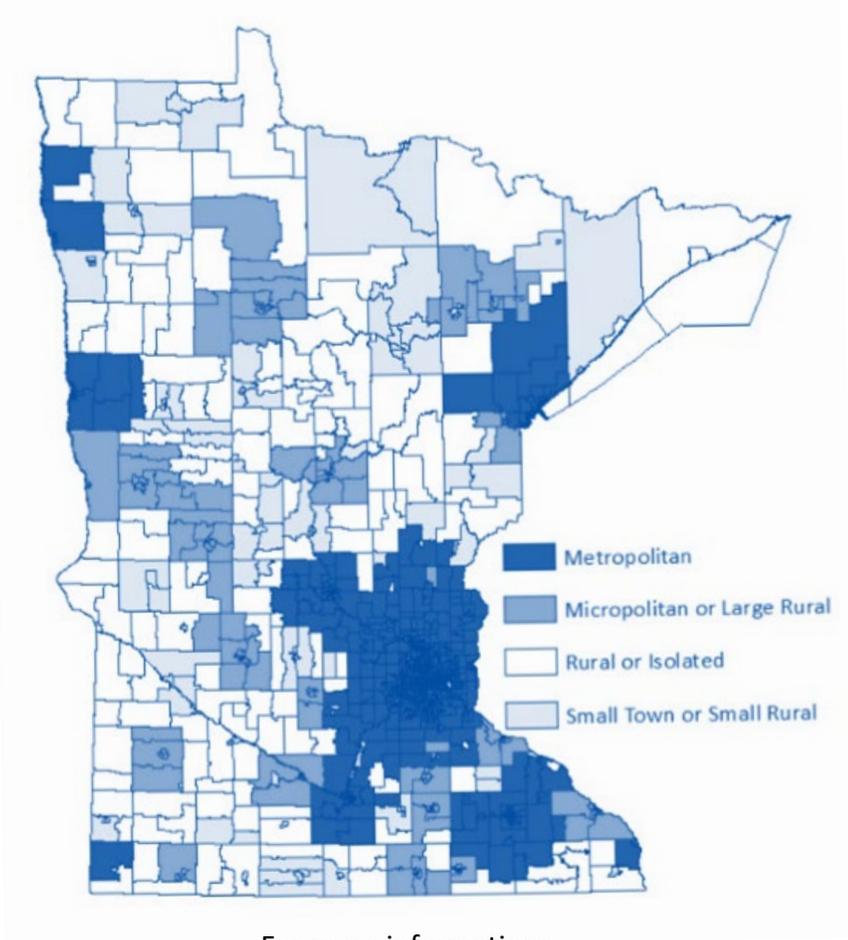
Geographic Distribution: Two ways to present geography

By state planning areas



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

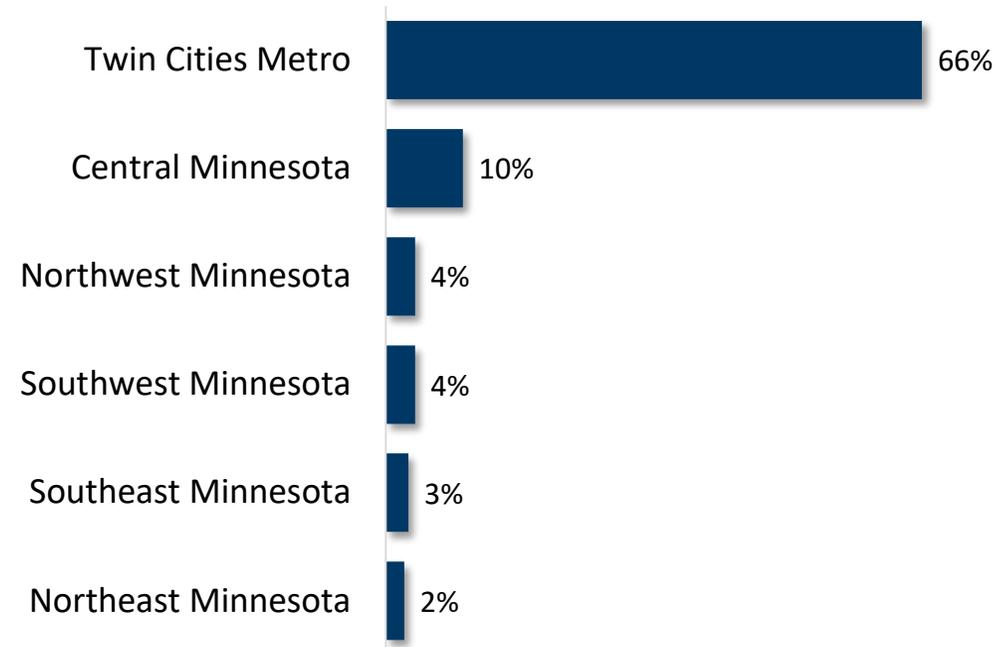
By rural-urban commuting regions (RUCAs)



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

Geographic Distribution: by Planning Area

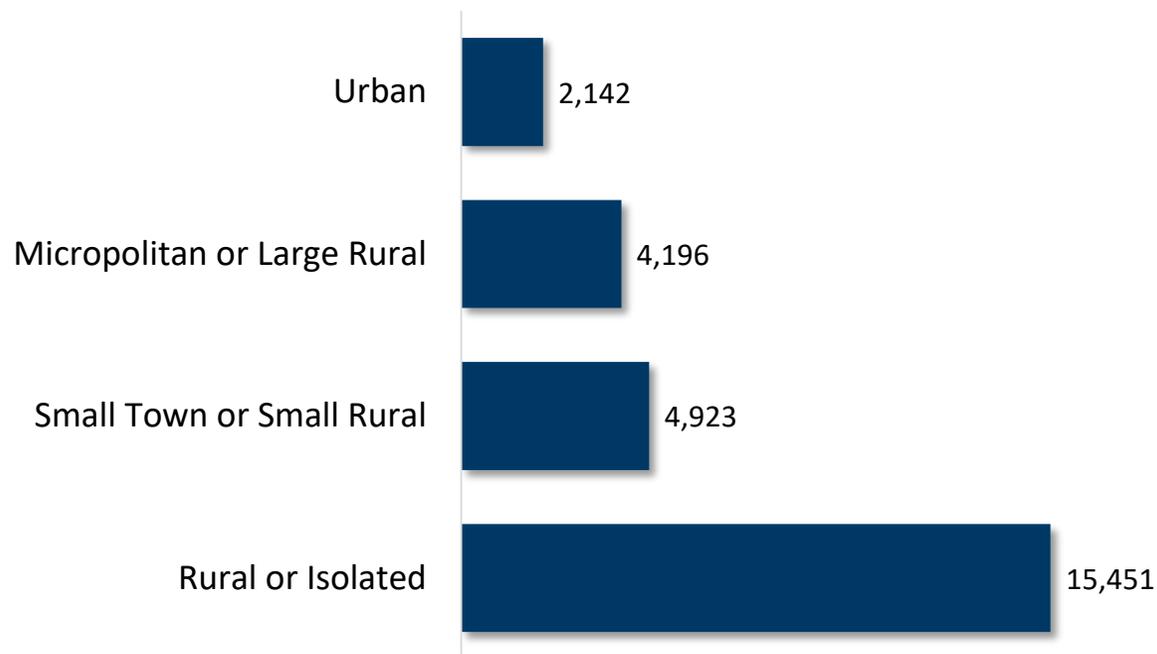
Share of LMFTs by State Planning Area



- Two-thirds of all LMFTs work in the Twin Cities metro area, with another 10 percent in the central region of the state. The other regions of Minnesota have access to less than five percent of Minnesota’s licensed LMFTs within their region. This distribution is common among Minnesota health care providers across most professions, with the majority of providers being employed in the Twin Cities metro area.
- Of Minnesota LMFTs renewing their license this year, 301 LMFTs were unable to be connected to a region of the state because of either not providing an address or practicing outside of Minnesota.

Geographic Distribution: by Rurality

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



- The chart above provides another way to understand how the geographic distribution of providers may affect access to care. This chart shows the population per every one LMFT in urban, large rural, small rural, and isolated rural areas. As shown, there are 2,142 people to every one LMFT in urban areas of Minnesota, compared to between seven and eight times that (15,451) in in the rural or 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 Marriage and Family Therapy (BMFT)** provides data on the entire population of LMFTs who have active licenses in the state of Minnesota. The BMFT maintains this database primarily for administrative and legal purposes. BMFT 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 **2,430** LMFTs with active Minnesota licenses, approximately 88 percent of whom indicated that their primary business address was in Minnesota. (Note that the analyses exclude LMFTs 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 Minnesota Department of Health-Office of Rural Health and Primary Care (MDH-ORHPC) LMFT survey** collects additional demographic and workforce data from LMFTs. MDH-ORHPC administered the survey to all LMFTs who renewed their Minnesota license in the calendar year of 2017. The response rate for this survey cycle was approximately 91 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>

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