

Minnesota's Alcohol and Drug Counselor Workforce, 2014-2016

HIGHLIGHTS FROM THE 2014 LADC WORKFORCE SURVEYⁱ

Overall

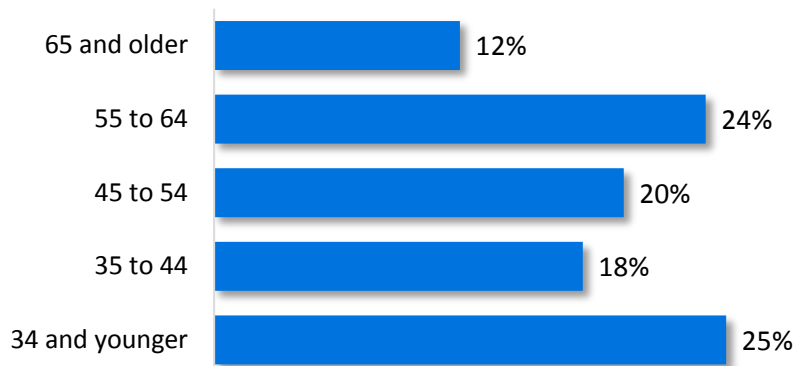
According to the Board of Behavioral Health and Therapy, as of March 2016 there were **2,919** actively licensed alcohol and drug counselors (LADCs).ⁱⁱ LADCs are mental health practitioners with a fairly limited scope of practice, focusing exclusively on recognizing and changing behaviors that are directly related to substance abuse. LADCs do not provide mental health services, but rather, consult with other mental health professions to provide these services.

Demographics

Sex. Based on the 2,339 licensed alcohol and drug counselors (LADCs) who reported their sex to the Minnesota Board of Behavioral Therapy, approximately 68 percent of LADCs are female. Though it is a majority female profession, this profession has a higher share of men than any other licensed mental health profession in Minnesota, with the exception of psychiatry.

Age. The median age of LADCs is 48, and they are distributed fairly evenly across the age spectrum, suggesting that new LADCs will be entering the market as fast (or even faster) than older workers leaving the profession due to retirement.

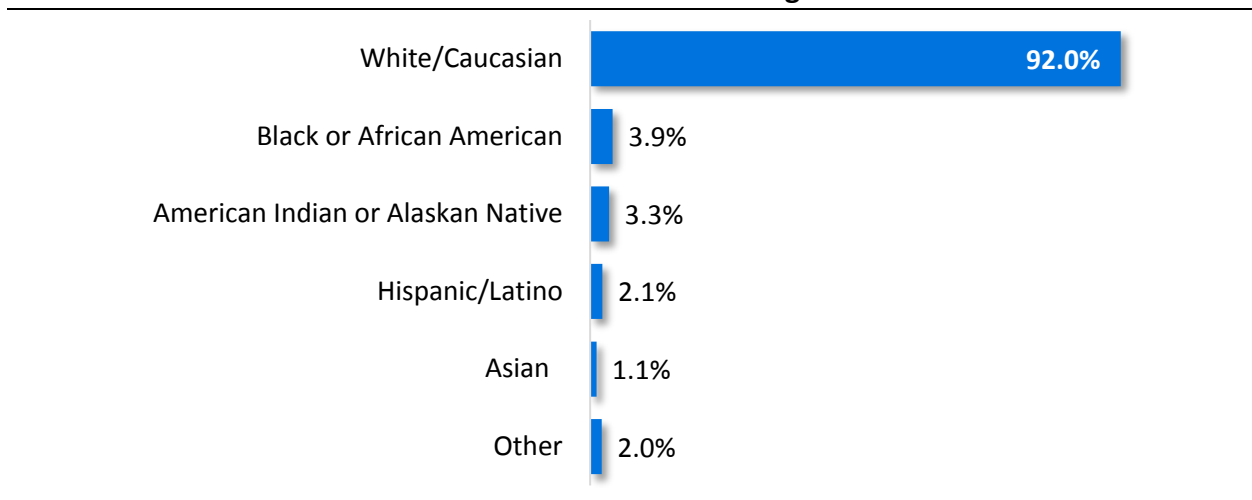
Age of Minnesota Alcohol and Drug Counselors



Source: Minnesota Board of Behavioral Health and Therapy, March 2016. Analysis done by MDH. Percentages are based on 2,915 Minnesota LADCs who provided valid birth dates to the Board.

Race. The majority of alcohol and drug counselors are white, with small shares of respondents identifying as American Indian, African American, or Hispanic. Although it is heavily white profession, alcohol and drug counselors have a higher share of people of color than all other mental health professions.

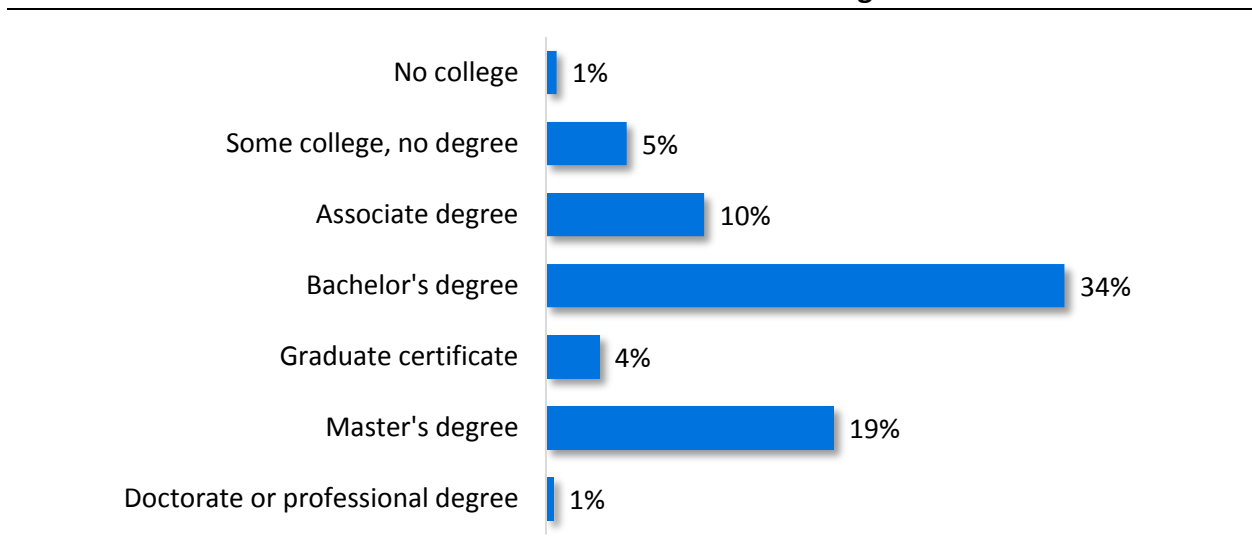
Race of Minnesota Alcohol and Drug Counselors



Source: MDH LADC Workforce Questionnaire, 2014-2015. Respondents could select as many races as applicable.

Education Level. Since 2008, LADCs have been required to have at least a Bachelor’s degree; before that, they were required to have an Associate degree or equivalent. This group is quite varied in terms of educational background. Just over one-third of LADCs have a bachelor’s degree; approximately one in four have some post-baccalaureate preparation; and 16 percent have an associate degree or less.

Education Level of Minnesota Alcohol and Drug Counselors



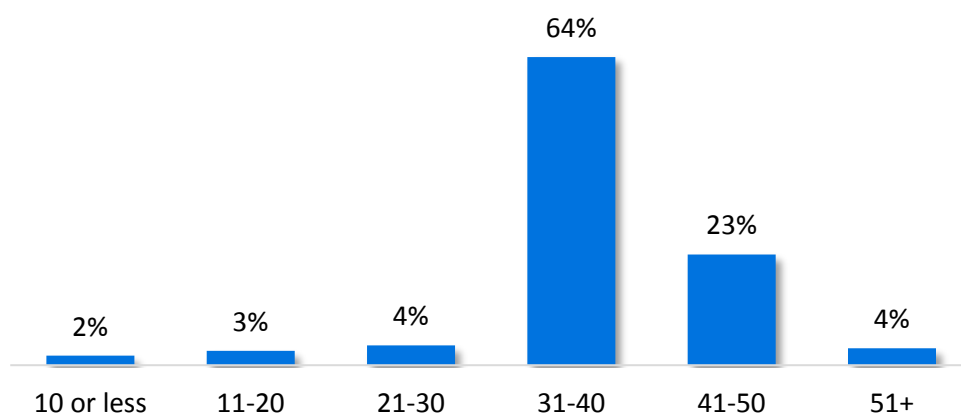
Source: MDH LADC Workforce Questionnaire, 2014-2015. The chart is based on 2,144 valid survey responses.

Employment

Share of Alcohol and Drug Counselors Employed. An estimated **85.4 percent** of Minnesota alcohol and drug counselors reported on the MDH questionnaire that they were “employed or self-employed in a paid position requiring a license as an alcohol and drug counselor.” Of the small number of those *not* in an LADC position, the largest share indicated that they were employed in another field and *not* seeking work in this capacity (5.8 percent of all LADCs), or working in another field and *seeking* work in this capacity (3.1 percent).

Hours Worked. For alcohol and drug counselors, the median work week was 40 hours, and the majority—64 percent—worked between 31-40 hours per week.

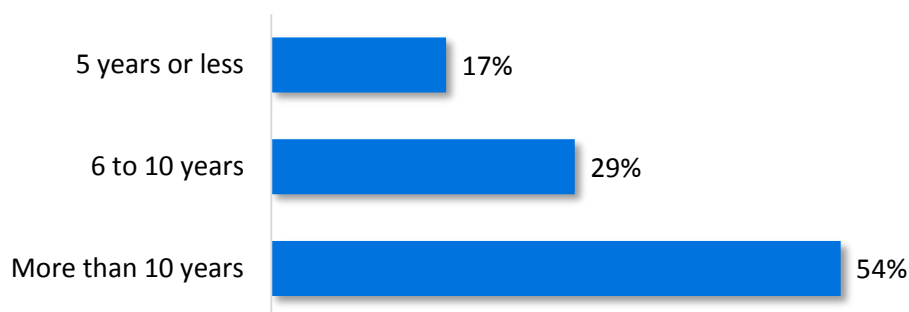
Hours Worked in a Typical Week



Source: MDH LADC Workforce Questionnaire, 2014-2015. The chart is based on 1,948 valid survey responses.

Future Plans. A small majority of LADCs—54 percent—reported that they planned to practice in Minnesota for more than 10 years.

“How long do you plan to continue practicing as an alcohol and drug counselor in Minnesota?”



Source: MDH LADC Workforce Questionnaire, 2014-2015. The chart is based on 1,819 valid responses.

Work Setting. The questionnaire asked alcohol and drug counselors to identify their primary work setting. Results indicate that LADCs are employed across a wide variety of facility types. The most commonly reported setting was an in-patient or out-patient treatment center (43.4 percent); but beyond that, small shares of LADCs work across a wide variety of settings, including hospitals, correctional facilities, private treatment facilities, and methadone clinics, among many others.

Alcohol and Drug Counselors' Work Settings

Setting	Share of LADCs Working in this Setting
In/Outpatient Treatment Center	43.4%
Hospital	7.6%
Correctional Facility	7.3%
Private Treatment Facility	6.3%
Methadone Clinic	5.7%
Group Home/Residential Facility	5.2%
City, County or State Agency	4.9%
Mental Health Center	4.3%
Private Group Practice	3.2%
Schools (K-12)	2.2%
Private Individual Practice	1.7%
Federally Qualified Health Center or non-profit clinic	1.3%
College/University	1.2%
Rehabilitation	0.7%
Other	5.2%

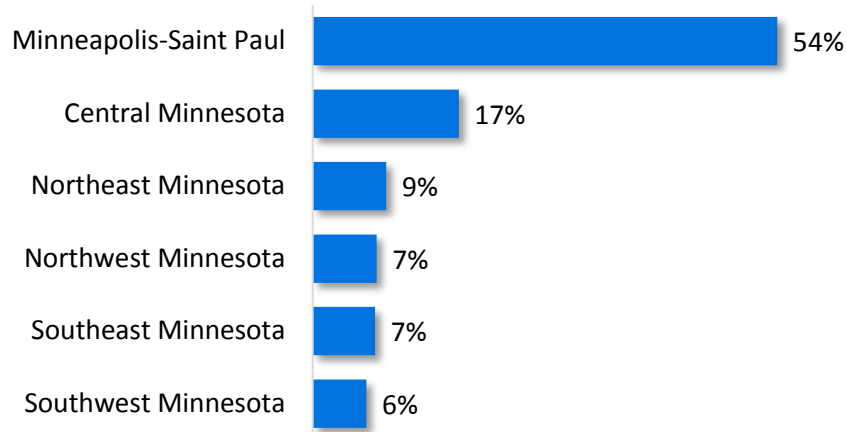
Source: MDH LADC Workforce Questionnaire, 2014-2015. The chart is based on 1,802 valid survey responses.

Geographic Distribution

To get a sense of the accessibility of alcohol and drug counseling services around the state, the next two charts provide two different views of the geographic distribution of LADCs. These analyses are based on addresses that are supplied to the Board of Behavioral Health and Therapy at the time of license renewal.ⁱⁱⁱ

Distribution by Region. The first chart shows the distribution of alcohol and drug counselors across the six planning areas around Minnesota. As shown, a majority are employed in the Twin Cities metro area, with another 17 percent working in Central Minnesota. The remaining regions are home to a small share of alcohol and drug counselors.

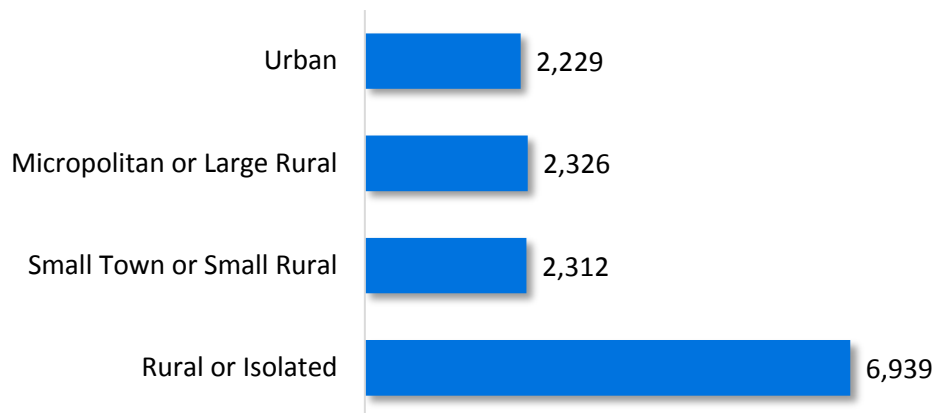
Alcohol and Drug Counselors by Minnesota Region



Source: Minnesota Department of Health (MDH) geocoding and analysis of March, 2016 Minnesota Board of Behavioral Health and Therapy address data. Percentages above are based on 2,229 valid geocoded addresses.

Distribution across urban and rural areas. The chart below provides another view of the geographic distribution of alcohol and drug counselors, showing the size of the population for every one LADC in urban, micropolitan, small town, and rural areas. As shown, there are just over 2,200 Minnesotans for every one counselor in urban areas, compared to nearly 7,000 in the most rural areas of the state. Though the urban-rural discrepancy reflects the common challenge of accessing mental health services in rural areas, it is worth noting that LADCs are far more evenly distributed across rural and urban areas than are other mental health providers. In other professions, such as psychology, psychiatry, and marriage and family therapy, the population-to provider ratio in rural areas is as much as ten times higher than it is in urban areas.

Minnesota Population-to-LADC Ratio



Source: Minnesota Department of Health (MDH) geocoding and analysis of March, 2016 Minnesota Board of Behavioral Health and Therapy address data. Percentages above are based on 2,229 valid geocoded 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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ⁱ The Minnesota Department of Health (MDH), in cooperation with the Minnesota Board of Behavioral Health and Therapy, collected information on demographics, education, career and future plans of LADCs during a workforce questionnaire in 2014-2015. Unless noted, all data are based on information collected from that survey. The response rate for the survey was 74.6 percent.

ⁱⁱ Of the total 2,919 actively licensed LADCs, 76 listed a practice address outside of Minnesota and 617 did not provide a practice address. Additionally, based on survey responses, 14.6 percent of the total licensees are not currently practicing as an LADC. Thus, not all actively licensed alcohol and drug counselors are part of the Minnesota mental health workforce.

ⁱⁱⁱ Addresses are generally practice locations, but a small number of LADCs who are not working report home addresses. Additionally, approximately 2.6 percent reported an out-of-state address to the Board; these professionals may or may not be providing services in Minnesota, but in any case, they could not be geocoded.