

# Development of Health Career Pathway for California

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## *Marriage Family Therapist*

# Current State

- As of June, 2013 there are 33,309 licensed MFTs and 15,974 registered interns (BBS)
- The “typical” MFT is a White, middle-age, English-only speaking female who works in private practice in LA County or the Greater Bay Area

# Current State

- There are a number of factors which call into question the numbers and demographics
  - There are persons who are licensed who do not provide direct services
  - Not all registered interns become licensed MFTs
  - “Private practice” can mean seeing 2 clients a month or 6 clients per day
  - As with similar professions, maintaining your license and seeing a few clients a month can provide supplemental income during retirement

# Current State

- It may be more important to consider who and where MFTs practice than number of licensed individuals
- Demographic reports by BBS in 2007 and CAMFT in 2012 show:
  - a decrease in the number of English-only speakers (from 86% to 74%)
  - An increase in Spanish speakers (8% to 14%)
  - However there was no change in the predominance of Non-Hispanic white MFTs (82 and 83%)

# Current State

- The geographic distribution of licensed mental health professionals does not correspond to the areas with greatest need (CA Healthcare Foundation Report)
  - The Bay Area has the greatest concentration of MFTs (123 per 100,000 population followed by the Central Coast, Northern and Sierra Regions, Orange County and Los Angeles County) San Joaquin Valley followed by the Inland Empire have the lowest concentration
  - The regions with the highest percentage of adults with SMI and children with SED are San Joaquin Valley and the Northern and Sierra Region. The lowest is the Greater Bay Area

# MFTs in Public Mental Health

- From The California Public Mental Health Needs Assessment, 2009
  - 2,316 MFTs employed in public mental health
  - MFTs made up 4% of total workforce, 15.7% of licensed direct service staff
  - 760 working in county operated programs
  - Estimated that an additional 878 positions were needed to meet the 2009 need
  - MFT 3<sup>rd</sup> hardest position to fill or hard to retain after Psychiatrist and LCSW

# MFTs in Public Mental Health

- In the CAMFT 2012 survey, 63% of pre-licensed MFTs reported their primary work setting as non/profit or government entities; 17% of Licensed MFTs reported these settings as primary
- Job duties for both licensed staff (primarily MFTs and LCSWs) and non-licensed direct service staff are more alike than different
- Community based organizations (CBOs) are more likely to hire licensed staff in supervisory roles although many report difficulty finding MFTs with the knowledge and skills to work in a public mental health setting
- Although CBOs often hire and provide supervision for MFTIs, they report that once licensed, staff leave for settings with higher pay and better benefits

# Scope of Practice

- The practice of marriage and family therapy shall mean that service performed with individuals, couples, or groups wherein interpersonal relationships are examined for the purpose of achieving more adequate, satisfying, and productive marriage and family adjustments. This practice includes relationship and premarriage counseling.
- The application of marriage and family therapy principles and methods includes, but is not limited to, the use of applied psychotherapeutic techniques, to enable individuals to mature and grow within marriage and the family, the provision of explanations and interpretations of the psychosexual and psychosocial aspects of relationships

# Education and Experience Requirements

- Education
  - There are 79 graduate programs that lead to a degree in Marriage Family Therapy or Counseling with an MFT emphasis
  - Programs are 60 semester units or 90 quarter units in length and include field experience
- Experience
  - A minimum of 104 weeks of supervision and 3,000 hours of experience in specific areas of practice
- Timelines
  - The average length of time from starting a graduate program to licensure is 6-7 years

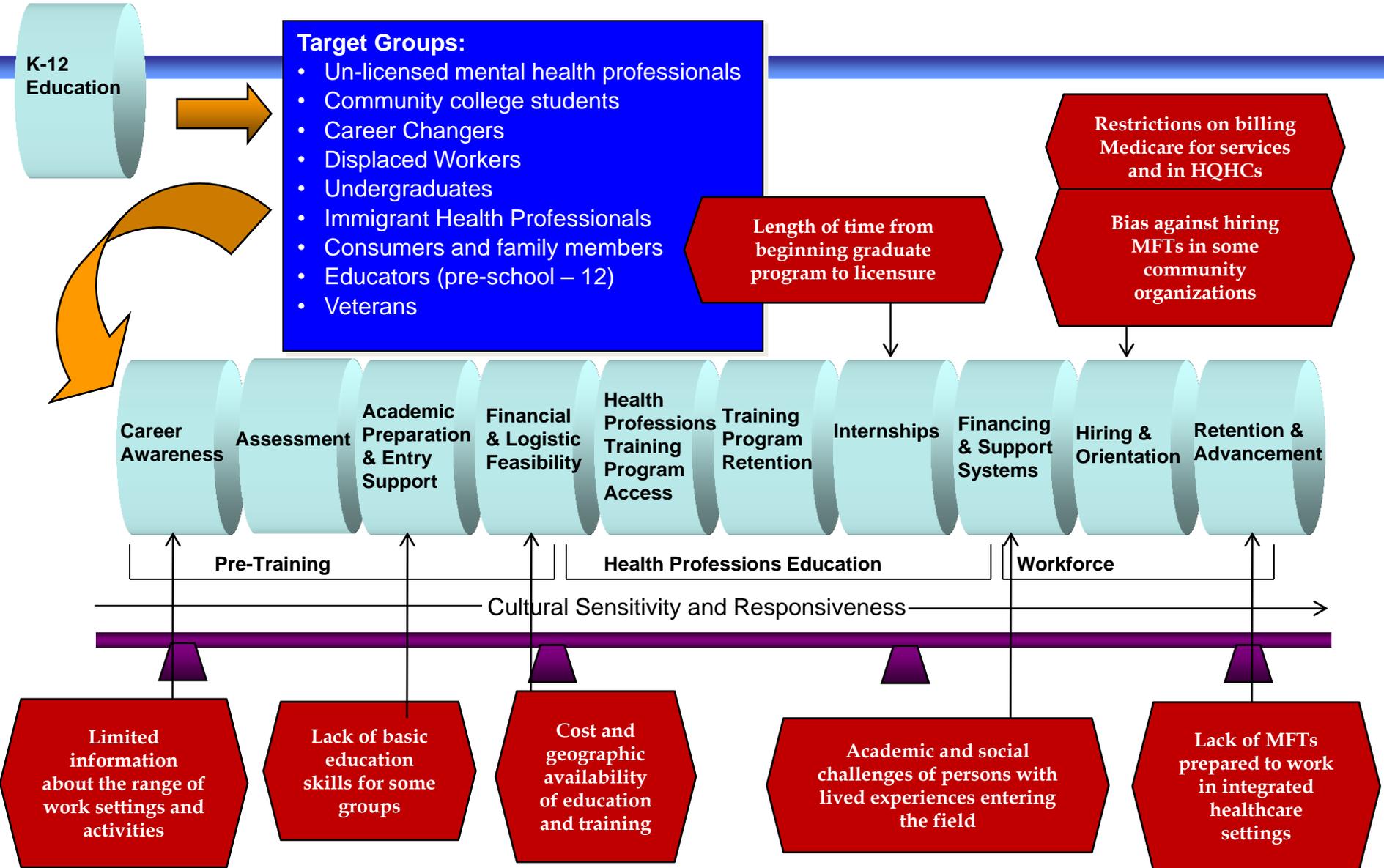
# Future Need

- Department of Labor Statistics projects an increase of 41% of MFTs by 2020
- There is a need for greater gender and ethnic diversity and language capability in the workforce
- Better geographic distribution of practitioners to areas with greatest need
- Licensed mental health professionals with the knowledge and skills to work in integrated healthcare settings

# Sources Consulted

- Board of Behavioral Sciences (BBS)
- California Association of Marriage and Family Therapists (CAMFT)
- American Association of Marriage and Family Therapists – California Chapter (AAMFT-CA)
- MFT Educators Consortium
- Office of Statewide Health Planning and Development (OSHPD)
- UCSF Center for the Health Professions
- California Healthcare Foundation
- Department of Labor
- The California Public Mental Health Needs Assessment, 2009
- Regional Partnership (Central Region)

# MFT Workforce Pathway



# Recommendations to Address Identified Barriers

Barrier	Recommendation
<p>Lack of basic education skills for some groups needed to succeed in a graduate program</p>	<p>Greater target efforts in community colleges and CSUs where there is more diversity among students and remedial courses are available</p>
<p>Limited information about the range of work settings and activities for MFTs may contribute to lack of diversity</p>	<p>Provide information as part of orientation and/or initial coursework for beginning students</p> <p>Include this information in marketing materials</p> <p>Targeted marketing to high school academies, guidance counselors, community colleges CSU programs</p>

# Recommendations to Address Identified Barriers

Barrier	Recommendation
Cost and geographic availability of graduate programs, internship opportunities and supervision	<p>Continue/expand loan forgiveness and stipend programs</p> <p>Encourage universities to develop creative payment plans</p> <p>Develop distance learning and/or hybrid programs (combination on-site and on-line)</p> <p>Consider web-based technology for supervision</p> <p>Develop “roving supervisor” program</p>
	<p>DRAFT</p> <p>14</p>

# Recommendations to Address Identified Barriers

Barrier	Recommendation
Length of time from beginning graduate program to licensure	Create incentives for organizations to provide paid internships BBS review procedure for counting hours
Bias against hiring MFTs in some community organizations and county mental health programs	Provide ongoing (CEU) training opportunities on principles and practices of recovery-oriented practice Provide opportunities for communication between employers and professional organizations (CAMFT, AAMFT-CA)

# Recommendations to Address Identified Barriers

Barrier	Recommendation
Academic and social challenges for persons with lived experience entering the field	Develop regional mentoring programs of MFTIs and MFTs with lived experience to provide support and guidance to current students
Restrictions on billing Medicare for services and in Federally Qualified and in some other Health Centers	Obtain state support for federal changes Explore Planned Parenthood model where MFTs provide services

# Recommendations to Address Identified Barriers

Barrier	Recommendation
Lack of MFTs (and other mental health professionals) prepared to work in integrated healthcare settings	Develop post-licensure certificate program or CEU courses (see Center for Integrated Primary Care, University of Massachusetts Medical School)
Need for mental health services exceeds availability of licensed mental health professionals	Utilize non-licensed professionals for mental health services that do not require a license

# Existing Education and Training Capacity

- 79 graduate level programs
- Capacity ?
- Distance learning availability ?
- Limited availability of paid internships
- **Recommendations:** Determine if the CSU, Chico School of Social Work Distributed Learning Program is a model to attract MFT students from rural geographic areas

# Key Target Groups

- Many CBOs hire non-licensed staff including consumers and family members as direct service providers. This is typically a younger, more culturally diverse group who are interested in working in mental health
  - The 2009 needs assessment reports 61% of county and contractor non-licensed public mental health staff are from diverse racial/ethnic backgrounds
- Community College and CSU undergraduate students are also younger and more culturally diverse. Some programs are offered in rural areas and/or provide distance learning opportunities