



Minnesota Board of Marriage and Family Therapy

Report to the Legislature in Compliance with Minnesota Statutes Section 3D.06 (Sunset Review)

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Pursuant to Minnesota Statute § 3.197, the estimated cost of preparing this report is \$1,100.00.

I. INTRODUCTION

This report was prepared by Jennifer Mohlenhoff, Executive Director of the Minnesota Board of Marriage and Family Therapy (BMFT), in compliance with Minnesota Statutes § 3D.06, which requires the chief administrative officer of a state agency that is subject to sunset review to report to the Sunset Commission:

- (1) Information regarding the application to the agency of the criteria in Minnesota Statutes § 3D.10;
- (2) A priority-based budget for the agency;
- (3) An inventory of all boards, commissions, committees, and other entities related to the agency; and
- (4) Any other information that the agency commissioner considers appropriate or that is requested by the commission.

EXECUTIVE SUMMARY

The Minnesota Board of Marriage and Family Therapy is statutorily charged with the protection of the public through the regulation of licensed marriage and family therapists and licensed associate marriage and family therapists. It is the Board's responsibility to ensure that only qualified practitioners are granted a license to practice and that anyone holding a license to practice continues to practice with reasonable skill and safety to patients. The Minnesota Board of Marriage and Family Therapy issues over 200 new licenses annually and regulates over 1,800 LMFTs and LAMFTs.

The operations of the Board of Marriage and Family Therapy are funded entirely by the fees collected from its licensing and regulatory operations. It is important to note that the Board receives no general fund appropriations and has raised fees only once in 20 years. The fees collected by the Board are sufficient to sustain the Board's operations. Excess fees deposited in the Board's special revenue fund have not been maintained to fund future Board activities, but instead have periodically been administratively "swept" to meet the expenditures of other state agencies.

Board staffing levels have remained essentially unchanged throughout the Board's existence (1.5 FTE from Board inception until 2010; 1.6 from 2010 – present), despite the increasing number of new applications and the number of regulated professionals growing annually. The number of licensees regulated by the Board has doubled in the past 10 years. The Board has been able to manage at this sustained staffing level primarily through streamlining of operations to focus solely on its primary duties of licensing, complaint investigation/disciplinary action, and oversight of continuing education course approval and CE compliance monitoring. Implementation of technology allowing for online license renewal by LMFTs beginning in 2004, and LAMFTs beginning in 2012, online license verifications by health care facilities and the public, and the creation and maintenance of the SBLM database system have all aided the Board in meeting the demands of licensees and the public.

A primary factor in the Board's ability to continue to provide prompt, responsive service to licensees and the public is the committed service of its Board members. The five licensed marriage and family therapists and two public members who make up this Board are highly-qualified and engaged professionals, dedicated to their role of protecting the citizens of Minnesota from substandard and unprofessional practices by MFTs. Each devotes substantial personal time to fulfillment of the Board's mission. Minnesotans are well-served by their efforts.

The effectiveness of Minnesota's Health Licensing Regulatory Board model is well regarded nationally by both citizen advocacy groups and contemporary state boards. The efficiencies gained through utilization of the collaborative model adopted by the boards are numerous and verifiable.

The Minnesota Board of Marriage and Family Therapy believes the Minnesota Sunset Commission will recognize the necessary role of the Board in ensuring public protection of its citizens. We invite your input as to methodologies for improving how the Board serves its constituencies. As Executive Director of the board, I offer my assistance in providing information or responding to any future inquiries the Commission may have.

Thank you for your time and consideration.

Jennifer Mohlenhoff
Executive Director
Minnesota Board of Marriage and Family Therapy

Section I. Key Functions, Powers, Duties, Mission

Criteria 2: The mission, goals, and objectives intended for the Board; the problem or need that the Board was intended to address; and the extent to which the mission, goals, and objectives have been achieved and the problem or need has been addressed.

Mission

The mission of the Board of Marriage and Family Therapy is to protect the public through effective licensure and enforcement of the statutes and rules governing the practice of marriage and family therapy to ensure a standard of competent and ethical practice. The Board of Marriage and Family Therapy is the licensing and regulatory agency for marriage and family therapists in Minnesota. Regulation and licensure of MFTs is essential for public protection of citizens utilizing the services of mental health professionals.

The Board’s strategies and values include:

- Ensuring that educational standards for license applicants and continuing education standards for licensees are maintained and updated.
- Licensing qualified individuals so that Minnesotans seeking to use the service of a licensed marriage and family therapist can identify a licensee as possessing the skills necessary to provide services in compliance with Minnesota statutes and rules.
- Implementing disciplinary or corrective action when licensees fail to meet standards of competent and ethical practice.
- Educating licensees and the public on marriage and family therapy practice and standards.

Board Creation:

In 1987, the Minnesota Legislature provided for the licensure of marriage and family therapists, social workers, and the oversight of unlicensed mental health practice under the “Office of Social Work and Mental Health.” In 1989, this office issued the first marriage and family therapist licenses.

In 1990, the Legislature created a task force under the Commissioner of Health to investigate the viability of the structure of this office. Based on the resulting report, the Legislature made social work and marriage and family therapy autonomous boards in 1991.

The authority of the Minnesota Board of Marriage and Family Therapy to regulate marriage and family therapists is found in the Marriage and Family Therapy Practice Act, codified at Minnesota Statute § 148B.01-148B.39.

“Marriage and family therapy,” as defined by the MFT Practice Act, is:

“...the process of providing professional marriage and family psychotherapy to individuals, married couples, and family groups, either singly or in groups. The practice of marriage and family therapy utilizes established principles that recognize the interrelated nature of the individual problems and dysfunctions in family members to assess, understand, and treat emotional and mental problems. Marriage and family therapy includes premarital, marital, divorce, and family therapy, and is a specialized mode of treatment for the purpose of resolving emotional problems and modifying intrapersonal and interpersonal dysfunction.

Under the Practice Act, the Board is specifically authorized to:

- (1) adopt and enforce rules for marriage and family therapy licensing, which shall be designed to protect the public;

(2) develop by rule appropriate techniques, including examinations and other methods, for determining whether applicants and licensees are qualified under sections 148B.29 to 148B.39;

(3) issue licenses to individuals who are qualified under sections 148B.29 to 148B.39;

(4) establish and implement procedures designed to assure that licensed marriage and family therapists will comply with the board's rules;

(5) study and investigate the practice of marriage and family therapy within the state in order to improve the standards imposed for the licensing of marriage and family therapists and to improve the procedures and methods used for enforcement of the board's standards;

(6) formulate and implement a code of ethics for all licensed marriage and family therapists; and

(7) establish continuing education requirements for marriage and family therapists.

See Minn. Stat. § 148B.31.

In addition, all health-related and non-health-related licensing boards, including the Board of Marriage and Family Therapy, are governed by provisions in Minn. Stat. § 214. This statute addresses governance topics such as:

- Board member terms, compensation and removal;
- Requirements as to fees charged by boards;
- Filing of biennial report to the Legislature in the fall of each even-numbered year
- Creation of the following programs and services:
 - Health-related licensing boards Administrative Services Unit (ASU)
 - Health Professionals Services Program (HPSP)
 - Council of Health Boards
 - Volunteer Health Care Provider Program
- Health-related licensing board requirements specific to:
 - Complaint, investigation and hearing process
 - Substantiated maltreatment complaints
 - Default on federal loans or services
 - Obligations regarding insurance fraud and federal loans

The past two decades have seen all 50 states implement licensure for marriage and family therapists. Minnesota ranks in the top 5 states for number of licensed marriage and family therapists, behind California and Texas, but with licensee numbers similar to Florida and Utah. The move toward independent licensure of marriage and family therapists gathered strength in the 1970s and 1980s as evidence grew supporting the efficacy of psychotherapy focused on the systemic interactions of family/relational groups, rather than the individual, and recognition that competent marriage and family therapists possessed skills that differed from other licensed mental health professionals.

This Board issues two licenses:

LMFT – Licensed Marriage and Family Therapist; issued to an applicant who has successfully completed educational requirements, passed the national examination in marriage and family therapy, completed the required post-graduate supervised experience requirements, and passed the state (oral) examination.

LAMFT – Licensed Associate Marriage and Family Therapy; issued to an applicant who has successfully completed educational requirements, passed the national examination in marriage and family therapy, and is completing post-graduate supervised experience requirements under the supervision of a Board-approved marriage and family therapist.

The Board provides core public safety services through the regulatory oversight of marriage and family therapists. The Board serves the general public, consumers of therapy services, applicants for licensure, licensees, students and faculty of accredited MFT graduate programs, employers, credentialing agencies, other state and local agencies, and state and national professional MFT associations.

Board Members:

Board members are appointed by the Governor per Minnesota Statute § 148B.30. The Board is comprised of seven members; membership includes four licensed, practicing marriage and family therapists, each of whom shall for at least five years immediately preceding appointment, have been actively engaged as a marriage and family therapist; one member must be engaged in the professional teaching and research of marriage and family therapy; and two members represent the general public having no direct affiliation with the practice of marriage and family therapy. *See Minn. Stat. § 148B.30.*

<i>4 Licensed Marriage and Family Therapists</i>	<i>Term Expires</i>
• Herb Grant, Ph.D., LMFT -- Board Chair	1/6/14
• Mark Flaten, MS, LMFT – Board Vice Chair	1/2/12
• John Seymour, Ph.D. LMFT	1/6/14
• Bruce O’Leary, MA, LMFT	1/5/15
<i>1 Licensed Marriage and Family Therapist (engaged in the professional teaching and research of marriage and family therapy)</i>	
• Sara Wright, Ph.D. LMFT – Board Secretary/Treasurer	1/2/12
<i>2 Public Members</i>	
• Kay Ek	1/6/14
• Dennis Morrow	1/5/15

Board Committee Structure:

- 1. Applications** — Meets monthly to review applications for national examination and applications for state (oral) examination
- 2. Rules** – Meets periodically as needed; maintains current, effective rules to administer the statutes; reviews rules and engages in rule writing when necessary.
- 3. Continuing Education** – Meets monthly to review CE program applications from sponsors and licensees to ensure courses meet standards set forth in rule.
- 4. Complaints/Disciplinary Action** – Meets monthly to review complaints concerning the practice of licensees for violations of Board statute and rules; conducts educational and disciplinary conferences; recommends disciplinary action for licensees to the full Board.
- 5. Personnel** – Meets as needed to address hiring; conducts regular performance evaluations of executive director.

Board Compensation:

Pursuant to Minn. Stat. § 15.0575, subd. 3, Board members receive \$55 per diem, mileage payment, and reimbursement of Board-related expenses. Typically, the Board conducts two committee meetings, and administers oral exams to applicants, on the same day as the regularly-scheduled Board meeting. Historically, the Board has met 12 times a year. Beginning in 2012, the Board will move to bimonthly Board meetings. Application review and oral examinations will continue to occur on a monthly basis.

Board members serve as subject matter experts, utilizing their expertise in resolving complaints against licensees, evaluating applicants' MFT graduate programs, reviewing rules and ethical guidelines and crafting revisions when needed, and evaluating continuing education program proposals. Their dedication to the operation of this Board and their commitment to public safety far outweigh the remuneration received under statute. Annual per diem expenditures average approximately \$5000.00 to 6000.00.

Board Staff:

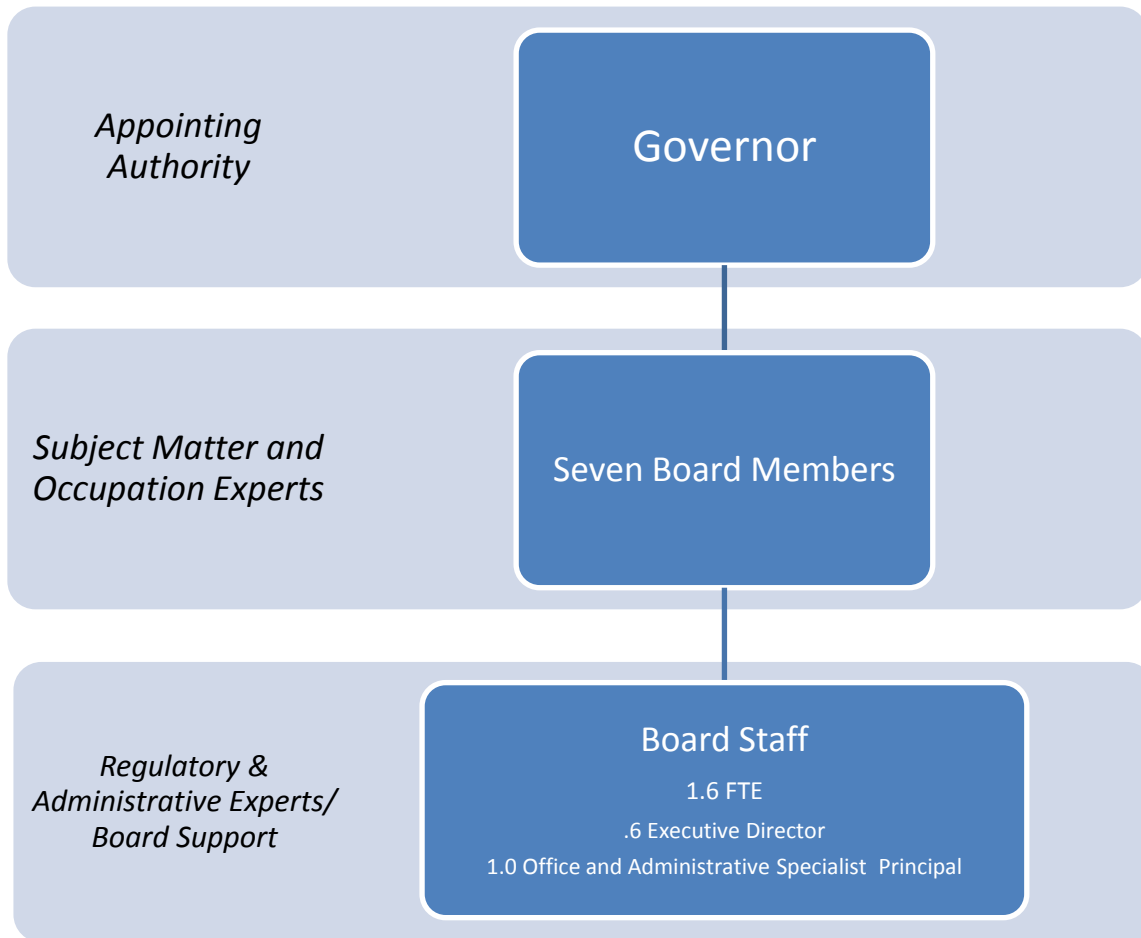
Jennifer Mohlenhoff, Executive Director

Nancy O'Brien, Office and Administrative Specialist Principal

The current staffing model is a .60 FTE Executive Director and a 1.0 FTE Office and Administrative Specialist Principal. From 1989 – 2010, the Board was staffed at 1.5 FTE (.50 FTE Executive Director; 1.0 FTE OASI). In October 2010, a new Executive Director was hired (only the second ED in Board history). At that time, the executive director position was increased to .60 FTE.

The Board is supported by the staff of the Administrative Services Unit discussed later in this report and by the legal and investigative services of the Office of the Attorney General (Minn. Stat. § 214.103).

Board Organizational Chart:



Board six-year FTE summary:

Fiscal Year	2007	2008	2009	2010	2011	2012
FTE	1.5	1.5	1.5	1.5	1.6	1.6

Board Strategic Planning and Goals:

The Board conducts regular discussions of its regulatory role, responsibilities, and efficacy in meeting statutory mandates. Meetings with stakeholders to discuss goals and objectives are common, as such individuals routinely attend Board meetings or are in regular communication with Board members and staff. The Board’s executive director is a member of an ad hoc coalition known informally as the “Collaborative.” The Collaborative consists of representatives from each Minnesota graduate MFT program (masters and doctoral level), both student and licensed therapist representatives from the Minnesota Association of Marriage and Family Therapists (the state’s MFT professional association), and this regulatory board. The Collaborative exists to facilitate information sharing, collaboration, and to support and strengthen the marriage and family therapy structure in Minnesota.

Board Chair Herb Grant serves as the Board's delegate to the Association of Marital and Family Therapy Regulatory Boards (AMFTRB) and was recently elected President-Elect of this national coalition of regulatory boards. The AMFTRB facilitates communication among its member boards concerning the regulation of MFTs and sponsors collaboration in developing compatible standards for fulfilling statutory, professional, and ethical obligations. It also creates and oversees administration of the national examination in marriage and family therapy, utilized in Minnesota and 48 other states. The Board's regular collaboration with AMFTRB is a key component in the Board's efforts to remain current on issues impacting MFT licensing at the national level.

The Board has tentatively scheduled a strategic planning process to begin in 2012, following the conclusion of this sunset review and any related legislative action.

Health-Related Licensing Boards – Collaborative Governance Model

The health-related licensing boards function autonomously in the regulation of each, specific profession. However, the boards also operate cohesively and collaboratively in the protection of public safety and numerous other areas.

Public Safety:

The Minnesota Health-related Licensing Boards (HLBs) protect the public by:

- Enforcing standards of safe practice and ethical conduct;
- Investigating and resolving complaints against licensed health professionals;
- Providing public information to consumers of health care services;
- Assuring an ethical and competent healthcare workforce

Cooperative Activities:

- Administrative Services Unit (discussed more fully below)
- Council of Health Boards

Minnesota Statute § 214.025 provides that “health-related licensing boards may establish a Council of Health Boards consisting of representatives of the health-related licensing boards and the Emergency Medical Services Regulatory Board. When reviewing legislation or legislative proposals relating to the regulation of health occupations, the council shall include the commissioner of health or a designee.” The Council is frequently called upon by the legislature to provide input on issues involving new, expanded, or modified regulation of an occupation.

Recent legislative requests made to the Council to review proposed legislation and issue reports include:

- Body Artists
- Laboratory Technicians

- Massage Therapists
 - Genetic Counselors
 - Review of criminal sexual conduct convictions for consideration in denial or revocation of professional license
 - Review of Minnesota Chapter 214 for process improvement
- Health Professionals Services Program (HPSP)

At present, all Health Licensing Boards, the Emergency Medical Services Regulatory Board, and additional professions regulated by the Department of Health, participate in the Health Professionals Services Program (HPSP), authorized under Minn. Stat. § 214.31-214.37. HPSP provides monitoring and coordination of illness management for health professionals.

- Voluntary Health Care Provider Program

Effective July 1, 2002, Minn. Stat. § 214.40 required the Administrative Services Unit to create procedures to allow volunteer dentists, dental hygienists, physicians, physician assistants, and nurses to apply for medical professional liability insurance while volunteering at community charitable organizations.

Section II. Operations – Effectiveness and Collaboration

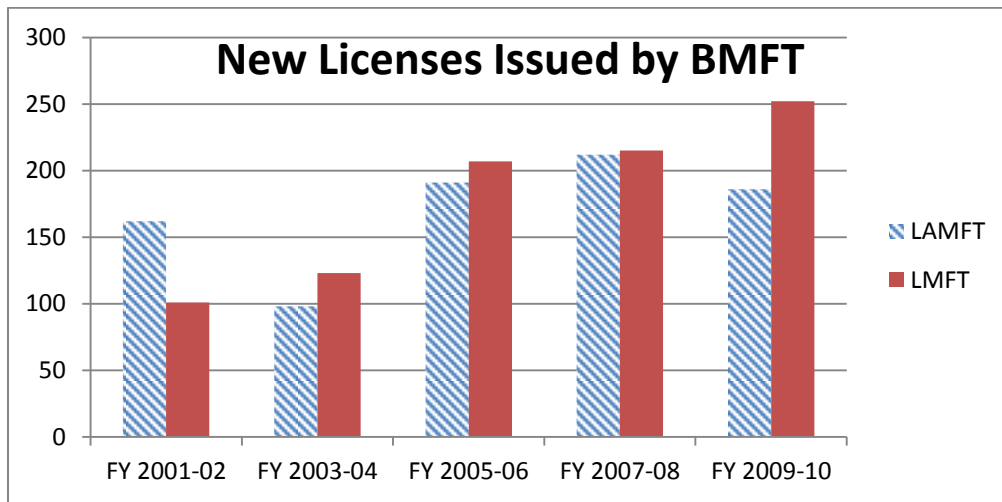
Criteria 1: The efficiency and effectiveness with which the Board operates.

Board Operations

The Board of Marriage and Family Therapy is an independent, non-cabinet state agency and part of the Executive Branch. The Board is staffed by a 0.60 FTE Executive Director and a 1.0 Office and Administrative Specialist Principal. Board staff has remained virtually unchanged since an independent board was created in 1991 (the ED position changed from 0.50 FTE to 0.60 FTE in October 2010). Staff carry out duties proscribed by statute and delegated by the Board. Board staff provides services to over 1,800 licensees, the general public, license applicants, students and faculty of MFT graduate programs, employers, continuing education providers, credentialing agencies, other state agencies, and state and national professional MFT associations. The staff ratio to licensees served is 1 staff to 1,140 licensees. Inclusion of the 370 license applicants also currently served by staff increases this ratio to 1 staff to 1,371 licensees/applicants served.

Licensing Data:

For the past ten years, the Board has seen a steady increase in license applications and renewals. In the ten years from FY 2000 to FY 2010, the number of licensees increased from 866 to 1,675. New LAMFT and LMFT licenses continue to average over 200 per fiscal year for the past three biennium, a trend that continues into FYs 2011-2012. The following chart shows the number of new licenses issued for the past ten years.



Complaint Data:

Along with licensure, complaint review and investigation remain the Board’s primary duty. The number of complaints filed with the Board increased from 34 in FY 2000-02 to 64 in FY 2009-10. As Board staffing levels remain constant, the Board has implemented standard tracking and calendaring processes for complaint handling and has increased its reliance on the efficient services of the Office of the Attorney General to aid in the timely investigation of complaints and resulting disciplinary or corrective action.

Fee Structure:

Licensure fees imposed by the Board were last increased in FY 2002, the only fee increase in the Board’s 20+ year history. Fees are deposited into a special revenue fund from which the Board draws its annual budget appropriation. As staffing and appropriation levels have remained relatively unchanged over the past several biennium, while license application and renewal numbers continue to increase, the Board currently collects fees well in excess of its annual budget appropriation and expenditures. Excess fee deposits have been subject to administrative fund sweeps in recent years, depriving the Board of future use of any fund balance. Should staffing levels and budget appropriations continue unchanged, a fee decrease may be proposed in a future legislative session.

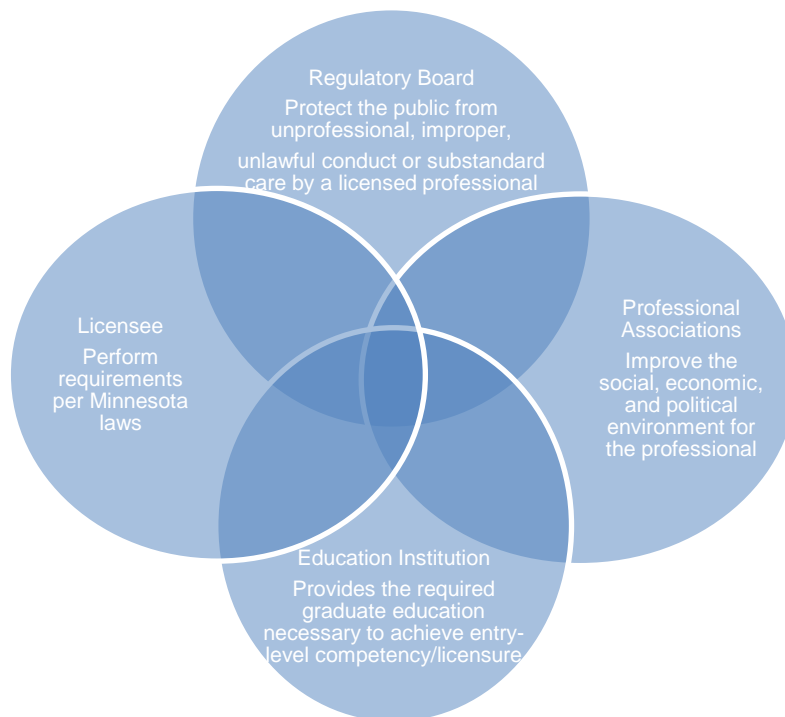
ITEM	FEE
Application for written examination	\$220
Application for licensure (LMFT)	\$110
Annual renewal (LMFT)	\$125
Application for licensure (LAMFT)	\$75
Annual renewal (LAMFT)	\$75
Licensure by reciprocity	\$340
CE program sponsor application	\$60

Fiscal Year	Receipts	Disbursements
2009-2010	\$515,954	\$278,433
2007-2008	\$458,510	\$249,149
2005-2006	\$388,992	\$237,829
2003-2004	\$324,440	\$223,590
2001-2002	\$265,271	\$205,819

Health-Related Licensing Boards Collaborations

The Board of Marriage and Family Therapy operates as a regulatory entity using a collaborative model to interact with the other Health-Related Licensing Board. The BMFT regularly and consistently interacts with the Health-Related Licensing Boards to promote efficiency and collaboration.

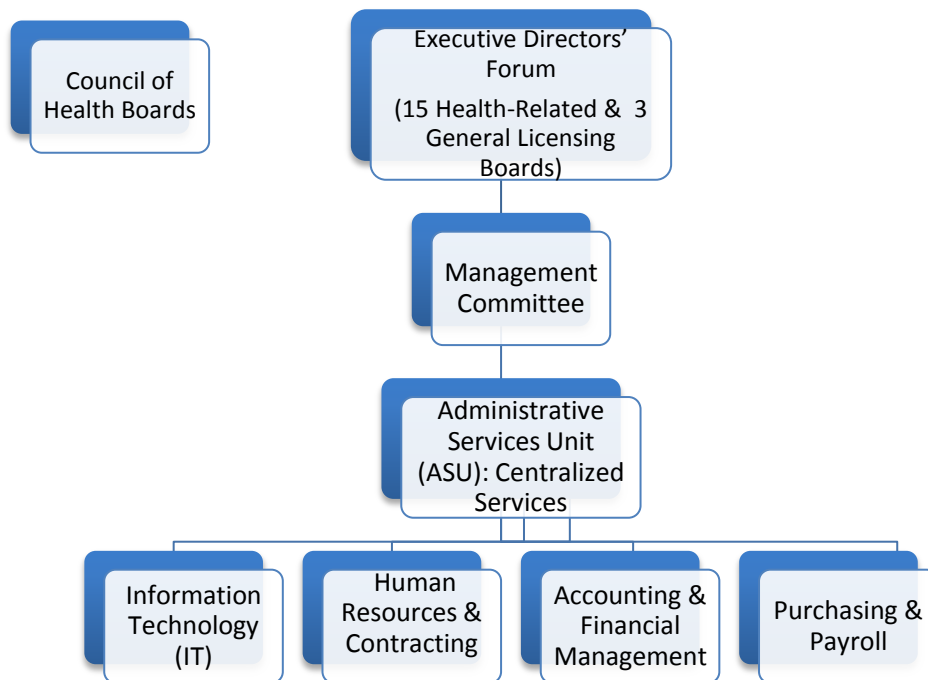
Health-Related Licensing Boards/Organizational Relationships



Each Health-Related Licensing Board oversees the regulation of health-related professions in Minnesota. Board members are appointed by the Governor. Board members provide subject-matter expertise and bring a non-government perspective to their Board roles. In collaboration with Board staff, Board members are entrusted with the protection of public health and safety through licensing of health-related professionals, handling of complaints involving these professionals, and continuing oversight of the regulatory role entrusted to the Boards.

Public safety is achieved most effectively if primary staff is assigned to focus on a specific health profession. To ensure fiscal efficiency, the Health-Related Licensing Boards review general objectives and promote cooperation among the boards through utilization of the Administrative

Services Unit (ASU) and the Executive Directors Forum in an effort to eliminate duplication of similar effort. The following chart illustrates the governance model utilizing ASU.



Administrative Services Unit

The Administrative Services Unit (ASU) (*see* Minn. Stat. § 214.07) is funded by 15 health-related licensing boards and 3 general licensing board, and consists of 7.12 FTE staff members who perform shared administrative and business services for all the boards. ASU provides shared service to the boards in the areas of finance, budgeting, accounting, purchasing, reporting, banking, human resources, professional and technical contracts, information technology, policy development and payroll. ASU also oversees and manages the boards’ shared conference room facilities and shared hardware including copiers, and technology hardware and software.

ASU facilitates the boards’ cooperative policy and planning efforts, and coordinates the Voluntary Health Care Provider Program (which provides malpractice coverage for physicians, physician assistants, dentists, dental hygienists, and nurses serving in a voluntary capacity at a charitable organization). ASU’s annual budget is determined by the Executive Directors Forum, and the oversight of ASU is assigned on a rotating basis to one of the health-related boards; the current ASU oversight board is the Minnesota Board of Examiners for Nursing Home Administrators. ASU is managed through the Executive Directors Forum’s Management Committee.

Executive Directors Forum

The Executive Directors Forum consists of the executive directors of each independent board. The forum meets at least once a month to discuss issues and concerns affecting all boards and is

governed by bylaws. The forum was created with a goal of working together on matters of common concern, thus increasing the efficiency and effectiveness of each individual board.

The forum established the Policy Committee and the Management Committee to review issues and develop recommendations for consideration by the forum. The Management Committee makes recommendations to the Executive Directors Forum on issues relating to the internal management of the boards' cooperative activities. The Policy Committee monitors state and national policy issues and health care regulation legislation that may affect the boards.

Information Technology Workgroup

Under the auspices of the Executive Director Forum, an Information Technology Work group has been in operation for several years, and this group is responsible for coordination of HLB technological projects and implementation of technological improvements. The Health-Related Licensing Boards have developed cooperative IT capabilities. This collaborative structure will now become part of the state's IT enterprise as all IT functions are consolidated within the Office of Enterprise Technology.

Certified and Diversified IT Administrators	Award Winning Security Model	Advanced Hardware Standards
<ul style="list-style-type: none"> • Collaborative financial resources to achieve a combination of developers, data base experts, and security credentialed staff members, including two Certified Information Systems Security Professionals (CISSIP) IT Administrators. 	<ul style="list-style-type: none"> • HLBs received National Association of State Chief Information Officers (NASCIO) award for its Continuity of Operations Plan (COOP) • HLBs received national awards for work performed in IT security and emergency preparedness 	<ul style="list-style-type: none"> • Advanced technology infrastructure that integrates storage area network (SAN) devices to centralized secure data storage • Segmented internal network traffic and utilization of an active industry-leading firewall • Advanced technology typically utilized in larger agencies including: server virtualization and clustering, automated computer patching/updating, and vulnerability scanning

Online Services

The Board actively supports utilization of technology to support an efficient licensing process for Board licensees. Since 2004, the Board has provided electronic license renewal for all licensed marriage and family therapists (LMFTs) and will implement online license renewal for licensed associate marriage and family therapists (LAMFTs) in January 2012. Approximately 75% of LMFTs utilized online license renewal in 2010. The Board's IT support staff utilizes advanced technology to provide interactive usable websites for public access to Board information.

The Board continues its move toward electronic notification to licensees and applicants of all Board-related information to further save on postage and mailing expenses.

Online Services: Applicants, Licensees, Public, Employers

- | | | |
|---|---|---|
| <ul style="list-style-type: none">• Downloadable forms and applications• Examination site authorization• Examination retake authorizations• Address changes• Secure credit card transactions• CE approved course information | <ul style="list-style-type: none">• Online license renewal• Approved CE course tracking• License verification• Links to statutes and other resources• Email updates regarding practice standard updates• Board meeting agendas and minutes | <ul style="list-style-type: none">• Public orders and compliance history• Board disciplinary and adverse action reports• Data requests• Automated licensure data with other state agencies |
|---|---|---|

Small Board Collaborative

The seven “small” health-related licensing boards¹ achieve additional collaborative efficiencies through ongoing cooperation and shared services. Historically, the small boards have maximized efficiencies by sharing staff through interagency agreements to accomplish specific projects, providing independent, neutral review of complaint cases, and shared development of the SBLM (Small Board License Management) database and online services. The boards meet as needed to cooperate on mutual, back office functions while maintaining independent, subject matter expertise to address licensing and disciplinary functions specific to each occupation. This collaborative and supportive structure aids in efficient board operation, but is also a significant factor in creating a supportive and engaging work atmosphere for board employees.

¹ The small health-related licensing boards are the Board of Dietetics and Nutrition Practice, Board of Marriage and Family Therapy, Board of Nursing Home Administrators, Board of Optometry, Board of Physical Therapy, Board of Podiatric Medicine, and Board of Veterinary Medicine.

Section III: Authority for Additional Activities Not Specific in Statute

Criteria 3: Identification of any activities of the Board in addition to those granted by statute and of the authority for those activities and the extent to which those activities are needed

The Board of Marriage and Family Therapy participates in limited activities that, although not specifically defined in statute or rule, are deemed important functions by the Board and directly related to the regulatory activity of the Board.

The Board's Executive Director and Board members participate in occasional educational forums aimed at informing and educating the public, students, and licensees as to the Board's operations. Such educational outreach serves to better communicate Board policies, practices, and licensing standards to a broad audience and helps better prepare future applicants and licensees for interaction with the Board.

The Board is an active participant in the Collaborative discussed in detail on page 9 of this report and a Board member Grant participates as the state's delegate to the AAMFTRB, discussed on page 10. Both activities provide a vital connection with state and national stakeholders in the marriage and family therapy regulatory arena.

The Board's director participates in the Executive Directors Forum described on page 15. The ED Forum meets monthly to address issues of shared concern including policy development, legislative initiative, and technological improvements.

Some of the tasks accomplished through the action of the Executive Directors Forum include:

- Virtualization of servers, resulting in substantial savings and greater storage capacity. On behalf of the Executive Directors Forum, a submission was made to the National Association of State Chief Information Officers (NASCIO) for Disaster Recovery Planning, regarding the Health Licensing Boards' project of virtualizing its servers arising from its development and application of its Continuation of Operations Plan (COOP).
- Further technological advances include addition of a Shared Storage Area Network, tripling storage capacity of the Boards, and advances toward using technology at Board meetings to reduce reliance on paper documents.
- Participation in cooperative efforts with the Department of Health and among the Boards to share information regarding licensee / registrant investigations in full compliance with Data Practices Act requirements, including coordinating Department of Health investigations and Health Board investigations, and exchange of information under §214.10, subd. 8 (c). This has included development with the Office of the Attorney General of a data sharing memo that permits joint investigations to be conducted among health licensing boards, and provides for sharing of investigative data.
- Reviewing requirements and limitations pertaining to criminal background checks of applicants, and receiving updates on proposed legislation from law enforcement entities.

- Response to surveys regarding IT capacity, security and functionality.
- Enactment and approval of the Boards' first AWAIR plan, in compliance with federal and state requirements.
- Policy committee regularly met to provide coordinated response for Boards regarding legislative initiatives.
- A joint workforce planning report was completed, to prepare for ensuring qualified, competent workforce.
- The ED Forum worked collaboratively in providing information to MN Responds! to ensure that credentials of licensed health professionals are quickly available in case of a major emergency, as well as arranging for regular transfer of data between Department of Health and health licensing databases.
- Electronic governmental services were increased and improved, and include expanded information available online and greater interactivity, as well as heavy use by licensees of online renewal services.

Support of Other State Agencies

The Board consistently works with other state agencies to provide information and to comply with other state mandated initiatives including:

- Partnering with the Office of Rural Health and Primary Care by participating in a state-wide workforce survey. Survey data is currently being collected for the Department of Health, under the authority of Minn. Stat. § 144.052, and Minn. Rules 4695.0300. This data will help to support health care workforce planning efforts and in directing Minnesota resources to resolve identified workforce shortages.
- Participating in the Health Professional Services Program (HPSP) Program Committee.
- Educational presenter to Cultural and Ethnic Minority Infrastructure Grant recipients in cooperation with the Children's Mental Health division of the Minnesota Department of Health.

Section IV: Authority related to Fees, Inspections, Enforcement

Criteria 4: An assessment of authority of the Board relating to fees, inspections, enforcement, and penalties

Fees

The Board of Marriage and Family Therapy's licensure and application fees are codified in Minn. Stat. § 148B.17, subd 2, which provides:

Nonrefundable licensure and application fees charged by the board are as follows:

- (1) application fee for national examination is \$220;
- (2) application fee for Licensed Marriage and Family Therapist (LMFT) state examination is \$110;
- (3) initial LMFT license fee is prorated, but cannot exceed \$125;

- (4) annual renewal fee for LMFT license is \$125;
- (5) late fee for initial Licensed Associate Marriage and Family Therapist LAMFT license renewal is \$50;
- (6) application fee for LMFT licensure by reciprocity is \$340;
- (7) fee for initial Licensed Associate Marriage and Family Therapist (LAMFT) license is \$75;
- (8) annual renewal fee for LAMFT license is \$75;
- (9) late fee for LAMFT renewal is \$50;
- (10) fee for reinstatement of license is \$150; and
- (11) fee for emeritus status is \$125.

Other fees authorized by Minn. Stat. § 148B.17, subd. 3 are:

- (1) sponsor application fee for approval of a continuing education course is \$60;
- (2) fee for license verification by mail is \$10;
- (3) duplicate license fee is \$25;
- (4) duplicate renewal card fee is \$10;
- (5) fee for licensee mailing list is \$60;
- (6) fee for a rule book is \$10; and
- (7) fees as authorized by section 148B.175, subdivision 6, clause (7).

These fees support the operation of the Board and are necessary because the Board receives no direct appropriation from the State's general fund. All Board operations must be supported by fees.

Inspections

The Board of Marriage and Family Therapy has no authority to conduct inspections and this is not a part of its regulatory operations.

Enforcement

The Minnesota Marriage and Family Practice Act specifies that when grounds for disciplinary action exist under Minn. Stat. § 214.10, or any statute or rule enforced by this Board, the Board may take one or more of the following disciplinary actions:

- (1) deny the right to practice;
- (2) revoke the right to practice;
- (3) suspend the right to practice;
- (4) impose limitations on the practice of the licensee;
- (5) impose conditions on the practice of the licensee;
- (6) impose a civil penalty not exceeding \$10,000 for each separate violation, the amount of the civil penalty to be fixed so as to deprive the licensee of any economic advantage gained by reason of the violation charged, or to discourage repeated violations;
- (7) impose a fee to reimburse the board for all or part of the cost of the proceedings resulting in disciplinary action including, but not limited to, the amount paid by the board

for services from the Office of Administrative Hearings, attorney fees, court reporters, witnesses, reproduction of records, board members' per diem compensation, board staff time, and expense incurred by board members and staff;
(8) censure or reprimand the licensee; or
(9) take any other action justified by the facts of the case.

See Minn. Stat. §148B.175, subd. 6.

The Board also has the authority to enter into a non-disciplinary Agreement for Corrective Action with a licensee to remediate identified educational deficiencies in a case where no patient harm has occurred. The authority for the Board to utilize Agreements for Corrective Action is found in Minn. Stat. § 214.013, subd. 6 (2).

Disciplinary or corrective action is necessary to protect the public from those practitioners who have demonstrated an inability to meet the standard of care required in practice or who, because of a physical, mental, or chemical impairment, are unsafe to continue in practice without some level of Board intervention. Other enforcement-related statutes can be found in Minn. Stat. Chapter 214.

Penalties

The Board's only authority to collect penalties is found in Minn. Stat. § 148B.175, subd. 6 (6) cited above.

Section V: Regulation and Public Protection

Criteria 5: Whether less restrictive or alternative methods of performing any function that the agency performs could adequately protect or provide service to the public

Regulatory Authority. Licensure is the most restrictive form of credentialing. Only those individuals who meet educational, training, and examination requirements set forth in statute and rule may be licensed. All 50 states now license marriage and family therapists. The Board believes this is the appropriate level of regulation for MFTs. LMFTs and LAMFTs work directly with all segments of our citizenry, including the young, the aged, and the vulnerable. Incompetent or unethical practitioners pose a significant risk of harm to the public.

Alternatives to Disciplinary Action. The Board already engages in alternatives to formal discipline that serve to address deficiencies while assuring public protection. Such alternatives include agreements for corrective action – a public, non-disciplinary agreement between a licensee and the Board's complaint panel in which the licensee agrees to undertake specific education, referral to the Health Professional Services Program (HPSP) for confidential, non-disciplinary monitoring of a health condition that may impact a licensee's ability to competently practice, and voluntary consultation by licensees for the purpose of peer consultation and education.

Fiduciary Obligation. Minnesota Statutes § 214.06 requires the Board to collect fees sufficient to cover expenditures. Fees collected are deposited to the Special Government Revenue Fund and appropriated by the legislature. An alternative and less burdensome method would be for the Board to have fiscal authority without this legislative appropriation. Fees established by the legislature and oversight by the Minnesota Management and Budget would provide external and internal audit control mechanisms as assurance to the public of compliance with Minnesota law and best accounting practices while deleting a layer of bureaucracy.

Legal Services. Minnesota Statutes § 214.04, subd. 1 requires legal and investigative services be provided by the Attorney General's Office (AGO). The Boards of Dentistry, Medical Practice and Nursing have implemented a system in which Board staff draft legal documents rather than the AGO. The AGO reviews the documents for accuracy and compliance with the law. This practice has resulted in a significant decrease in the time from receipt of a complaint to review by the Board's complaint panel or by the full Board. There was no change in the cost to the Board. As a smaller Board, the current AAGs are essential and the cost sustainable. However, a logical expansion of the practice by the aforementioned boards would be for the health-licensing boards to retain their own legal counsel and investigative staff rather than contracting with the AGO; thus, eliminating a layer of involvement. Legal and investigative services would be shared among the health-related licensing boards on a fee-for-use basis. As a smaller Board, it is uncertain whether a cost-benefit analysis of such a switch would be sufficient to independently propose such a change. The Board's partnership with the AGO is strong and its AAG provides excellent service to the Board.

Section VI: Agency Structure and Program Administration

Criteria 6: The extent to which the jurisdiction of the Board and the programs administered by the Board overlap or duplicate those of other agencies; the extent to which the Board coordinates with those agencies, and the extent to which the programs administered by the Board can be consolidated with the programs of other state agencies

There are no other state entities responsible for licensure and disciplining of licensed marriage and family therapists or licensed associate marriage and family therapists. This Board is the sole state entity interacting with the various educational, professional, and employment stakeholders in the marriage and family therapy field. No other state entity deals directly with MFT standards of care and ethical practices, nor utilizes the service of LMFTs as subject-matter experts in regulating the practice of LMFTs and LAMFTs. In cases where a health professional may hold more than one state license, a board's investigative complaint data may, where applicable, be shared with another board or state agency. *See* Minn. Stat. § 214.10, subd. 8 (d).

Several studies are available to the Commission that address the issue of health licensing board consolidation. In creating the Minnesota Board of Behavioral Health and Therapy in 2004, the Minnesota Legislature included a requirement that BBHT, in conjunction with BMFT, provide a report to the Legislature specifically addressing the recommendation that the two boards merge. The study reported that while many states have moved to consolidate their boards or board functions, motivated by the expectation of cost savings and the ability to share otherwise redundant administrative services, there is little convincing evidence that one board governance

structure is qualitatively more effective or efficient than another. *See* Recommendations of Merging the Minnesota Boards of Behavioral Health and Therapy and Marriage and Family Therapy, June 15, 2004 (<http://archive.leg.state.mn.us/docs/2004/mandated/040342.pdf>). Following review of the report, the Legislature did not merge BBHT and BMFT.

A February 1999 program evaluation report on occupational regulation, prepared by the Office of the Legislative Auditor, is available on the Commission’s website. The report notes “We found no convincing evidence that any particular organizational arrangement or process provides an assured solution to any given problem associated with occupational regulation.” The OLA report goes on to state: “. . . we do not think Minnesota has a crisis in occupational regulation. In our view, Minnesota today simply has many of the same occupational regulation issues that have persisted here and in most other states for decades.”

The OLA report further states (emphasis added):

‘Previous studies of occupational regulation have focused on the efficiency with which the boards are administered and envisioned that large state agencies could provide administrative services more efficiently than many small boards. The merit of this idea has been called into question by the fact that over the years the health boards have distanced themselves from the Department of Health *and set up a joint administrative services unit, an arrangement that **appears to be working well** in providing a limited number of services.* There are undoubtedly further opportunities for more collaboration among the boards and improvements in efficiency, but *our analysis does not conclude that administrative efficiency is the primary problem with occupational regulation*”.

As described herein, the health licensing boards already work together in a variety of ways that have increased efficiencies and reduced costs, while avoiding duplication of services. Absent evidence that a different governance model would further increase efficiencies or reduce costs, the Board of Marriage and Family Therapy supports continuation of the current, independent board governance model.

Section VII: Complaint Resolution Process

Criteria 7: The promptness and effectiveness with which the board addresses complaints concerning entities or other persons affected by the board, including an assessment of the board’s administrative hearings process.

The Board’s Complaint Panel is comprised of a licensed LMFT and a public member. The panel meets monthly or more frequently if required to ensure timely handling of complaints. The Board receives a comparatively large number of complaints compared to certain other small licensing boards, but the ratio of complaints received to number of licensees has remained consistent over time. It is often the case that licensees are involved with clients dealing with highly-emotional situations such as divorce, infidelity, and child welfare/custody; often, the courts are also involved. Such situations frequently result in complaint filings by patients

frustrated with legal processes or outcomes in which the therapist may have been involved. A large number of such complaints are dismissed following review by panel members.

The Board was without an active Executive Director for much of 2009 and 2010, resulting in a slower than normal complaint handling process. With tracking systems again now in place, the panel is on track toward its goal of handling the majority of complaints in a 6-9 month timeframe.

Year	# of Licensees	Complaints Filed	Complaints Closed	Open Cases
FY 2009-10	1,675	64	60	49
FY 2007-08	1,301	60	44	45
FY 2005-06	1,145	46	47	29
FY 2003-04	957	36	26	30
FY 2001-02	866	34	23	20

Section VIII: Rules, Policy, Legislation Enactment/Development and Stakeholder Participation

Criteria 8: An assessment of the Board’s rulemaking process and the extent to which the Board has encouraged participation by the public in making its rules and decisions and the extent to which the public participation has resulted in rules that benefit the public

The Board of Marriage and Family Therapy last promulgated rules in 1999. The Board currently is nearing completion of a rule review and revision process intended to result in revised rules being adopted in 2012. A Rules Committee undertook a thorough review of Board rules and reported to the Board as to proposed changes. The Board, as a whole, has been systematically discussing and adopting or revising these proposed changes during monthly Board meetings. As such, the entire process has been conducted in full and open hearings before the public.

The Board has consciously chosen not to engage in the rule writing process on a regular basis due to concerns regarding the significant expense involved in promulgating new or revised rules. Traditional, routine rule writing carries a recommended proposed budget of \$40,000; the entire annual budget of the Board is \$167,000.

Primary communication with the public occurs via the Board’s website where statutes, rules, proposed rule drafts, Board meeting schedules and agendas are regularly posted. The Board has also communicated directly with interested stakeholders (e.g. academic institutions, professional associations) throughout the rule review and revision process.

Section IX: Compliance with Federal and State Laws Related to Employment, Data Privacy, Purchasing

Criteria 9: The extent to which the Board has complied with federal and state laws and applicable rules regarding equality of employment opportunity and the rights and privacy of individuals, and state law and applicable rules of any state agency regarding purchasing guidelines and programs for historically underutilized businesses.

Employment

The Board complies fully with federal and state laws regarding equality of employment opportunity, and the rights and privacy of individuals. The Executive Director is entrusted with responsibility for fully complying with federal and state equal employment opportunity laws. This is achieved with assistance of the Board's designated affirmative action officer, located in the Administrative Services Unit, which provides shared services to each Board.

The Board maintains and updates an affirmative action plan on a biannual basis. Criteria for affirmative action plans are established by Minn. Stat. § 43A.19 and 43A.191, and MMB Administrative Procedure 19.1. The Executive Director prepares and implements the Plan and signs the Plan's Statement of Commitment. The current Affirmative Action Plan is on the Board's website.

Likewise, the Board fully complies with the Minnesota Human Rights Act and applicable federal equal opportunity laws. The Board works cooperatively with the Administrative Services Unit, which provides expertise on equal opportunity issues.

This Board has received no complaints of violation of equal employment opportunity laws. All new employees are informed of equal employment opportunity policies and laws upon orientation, and a copy of the Board's affirmative action plan is reviewed with them, including equal opportunity provisions and the Board's complaint process. This Affirmative Action Plan is provided to all new employees and is posted. Training on equal opportunity / affirmative action requirements is periodically provided to staff through in-person training sessions and online training. Equal opportunity / affirmative action matters are regularly reviewed at Executive Director meetings and Office Manager meetings.

The Board conducts its hiring processes in accordance with all applicable collective agreements, and state and federal law. This is accomplished through consultation with the Board's affirmative action designee. The Board uses the State's resume-base, skill-matching process. Resumes are evaluated against established minimum qualifications. Hiring processes are closely reviewed to insure compliance with equal employment opportunity. Interview questions are established based on knowledge, skills, and abilities required to perform the responsibilities of each position.

The Board's home webpage links to the affirmative action statement, lists the phone number for hearing/speech relay, and provides an email address for comments on the web page.

The Board responds to all applicable State surveys regarding equal opportunity / affirmative action, including an Annual ADA Survey.

Applicants and the general population are becoming increasingly diverse, including cultural and language diversity. The licensing boards continue to examine matters pertaining to possible barriers in licensure, as well as issues surrounding working with clients and patients from diverse populations. The Board of Marriage and Family Therapy has focused particularly effort in the past two years to encouraging racially and ethnically diverse licensees to consider applying for appointment to the Board.

Purchasing and Contracting

The Board complies with all purchasing requirements, including the State's Targeted Group / Economically Disadvantaged small business program. Contractual guidance is provided by the Administrative Services Unit. The Administrative Services Unit also provides the services of a Buyer who has been trained in all State purchasing requirements, including Targeted Group / Economically Disadvantaged preferences in purchasing. The Board is also strongly supportive of Minncor purchasing.

The Board is aware of State contracting requirements regarding accessibility for IT services over \$25,000; assistance in these matters is provided by ASU's IT personnel and ASU staff with contract expertise. Training on these matters has been provided by the Department of Administration, Materials Management Division.

In making direct purchases, the Board must follow all applicable policies, procedures and instructions dictated by the State, as well as all applicable laws and rules, including but not limited to:

- Minnesota Statutes Chapters 13, 16A, 16B, and 16C,
- Minn. Stat. §§ 10A.07, 15.43, 43A.38, 609.43, and 609.456,
- Minnesota Rules Chapter 1230, and
- Uniform Commercial Code (UCC) as adopted by Minnesota (see Minnesota Statutes Chapter 336).

Section X: Potential Conflicts of Interest

Criteria 10: The extent to which the Board issues and enforces rules relating to potential conflicts of interest of its employees.

Minnesota Statute § 214 clearly addresses conflict of interest issues regarding board members, licensee interaction and licensee complaint and investigation. All board members review this statute at time of member orientation.

The Executive Director of the Board is responsible for enforcing rules relating to potential conflicts of interest of its employees.

The Executive Directors of all Health-Related Licensing Boards agreed to have each incumbent employee review the State Code of Conduct provisions and to be recertified in the employee's core knowledge of the code annually. All new Board employees are also informed of the Code at employment orientation, and are instructed to certify understanding of their responsibilities under the Code. The State Code of Conduct outlines the standard and expectations regarding employee honesty, integrity, and ethical behavior.

The Code of Ethics for State Employees [Executive Branch] with the State of Minnesota (Minn. Stat. § 43A.38) is reviewed at new employee orientation and is also discussed periodically at office manager and executive director meetings. Questions regarding conflict of interest are directed to ASU staff, who seek additional guidance as required from Minnesota Management and Budget.

Provisions regarding potential conflict of interest in regard to contracting are heavily regulated by Minnesota statutes. Provisions regarding institutional conflict of interest have been reviewed at past office manager and executive director meetings.

ASU staff receive training from the Department of Administration, Materials Management Division, regarding appropriate contracting procedures, including conflict of interest. Adherence to state contracting statutes and regulations minimizes the risk that a conflict will occur.

Section XI: Compliance with Chapter 13-Data Practices and Requests for Information

Criteria 11: The extent to which the Board complies with Chapter 13 and follows records management practices that enable the agency to respond efficiently to requests for public information.

Record Retention Schedules

The Board follows record retention policies and had no issues identified in past audits by the Office of the Legislative Auditor.

Tennessee Warnings

Appropriate Tennessee warnings, reviewed and approved by the Office of the Attorney General, are included when required in correspondence with licensees and non-licensees involved in a complaint investigation.

The Board of Marriage and Family Therapy complies with all data privacy laws defined in Minn. Stat. § 13 and regularly consults with Attorney General staff for clarification of the application and interpretation of chapter 13. Requests for public information are responded to promptly following Attorney General consultation when required. Public discipline documents are available upon request. All open meeting laws are observed and followed.

Section XII: Effect of Federal Intervention and Funding

Criteria 12: The effect of federal intervention or loss of federal funds if the Board is abolished.

There is no direct relationship with the Board of Marriage and Family Therapy and federal intervention or loss of federal funds. Absent a state licensure and regulatory system, Medicare, Medicaid, and private insurers would likely cease payments for services provided by marriage and family therapists operating in government owned or operated facilities.

Section XIII: Additional Services and Collaboration

Criteria 13: Additional activities not previously discussed.

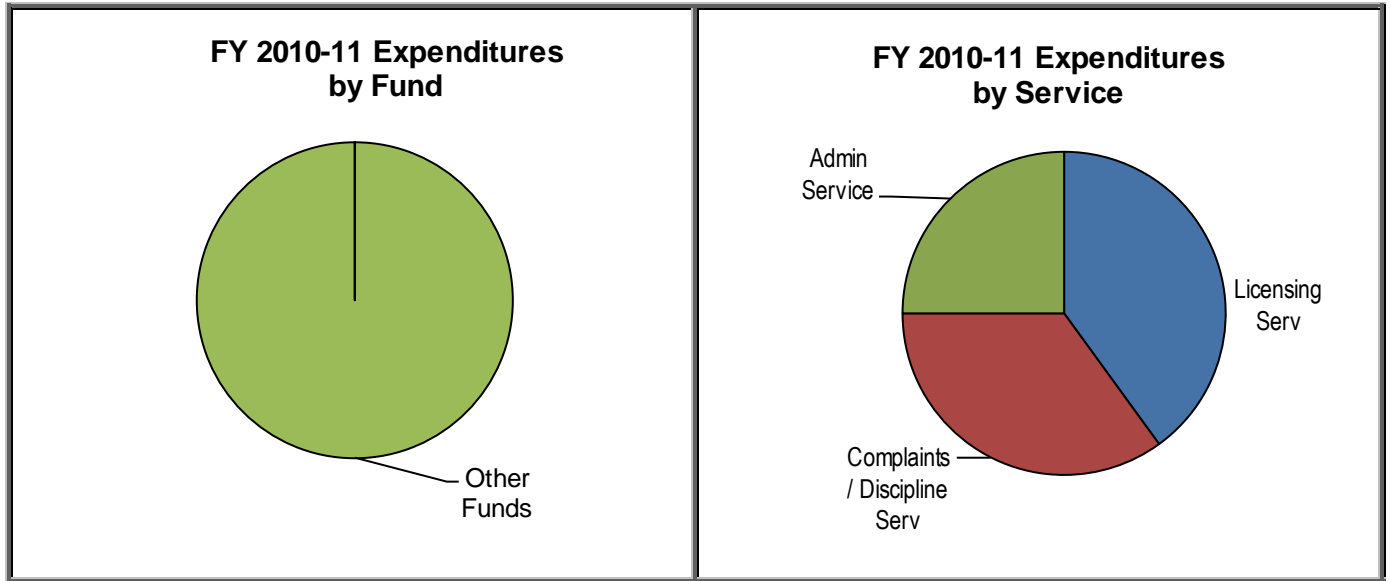
The Board participates in outreach and collaborative endeavors detailed throughout this report. Such activities include:

- Outreach and public education
- Interaction with various departments/divisions of the Minnesota Department of Health
- Health Professionals Services Program (HPSP)
- Volunteer Health Care Provider Program
- Council of Health Boards
- Executive Directors Forum (including Management and Policy Committees)
- The MFT Collaborative
- Association of Marital and Family Therapy Regulatory Boards (AMFTRB)

Section XIV. Priority Based Budget

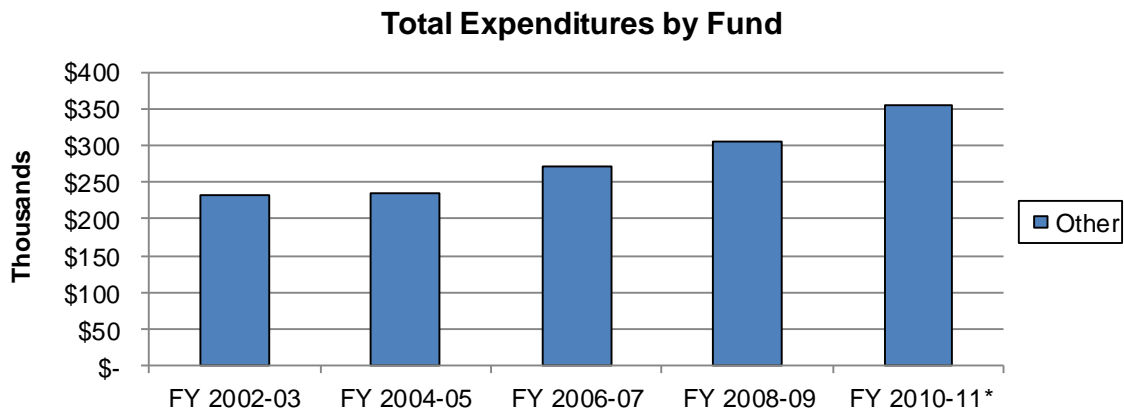
The Board of Marriage and Family Therapy has served well the citizens of Minnesota for over 20 years. In the past ten years, license applications and renewals continue to increase at a steady pace. Despite the near-doubling in number of licensees in the past decade, Board staffing has remained constant. To serve applicants, licensees, and the public, the Board has streamlined operations to a point that further reduction would risk sub-standard service. Primary statutory responsibilities of licensure, complaint investigation, and continuing education monitoring are the Board's sole focus. There is little room to engage in additional activities outside of this "lean" model.

The BMFT collected \$277,000 in fees in FY 2011 and is estimated to collect nearly \$300,000 in FY 2012. From this special revenue fund, the Board receives a direct appropriation to pay for Board activities such as salaries, rent, costs for disciplinary/contested cases and general operating expenses. It also pays statewide indirect costs through an open appropriation. In FY 2010-11, total expenditures for these purposes are reported at \$383,000.



Source: Consolidated Fund Statement.

Source: Board expenses allocated to the services provided by the board.



Board members are supportive of new models of efficiency if combined with quality outcomes. It has prudently managed its appropriation, while depositing significant excess funds into the non-dedicated special revenue fund; funds later used to meet state financial needs in other agencies. The Board believes that efficiencies can be realized without compromising the independent operation of the Board and its reliance on Board members who are subject-matter experts in the field of marriage and family therapy. The Board further supports a structure whereby fees generated from Board licensees are retained to benefit the regulatory system under which these licensees operate.