

REPORT TO THE LEGISLATURE

**The Washington State forensic mental health workforce:
Assessing the need and target areas for training, certification, and possible
degree programs**

Amended Joint Motion for Preliminary Approval of Settlement of Contempt Agreement Attachment A
E. Workforce Development, 2. f. and g. Pages 34-35

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Transforming Lives

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Executive summary

Introduction

In 2014, the Trueblood v. DSHS lawsuit challenged unconstitutional delays in competency evaluation and restoration services for people detained in jails. This lawsuit resulted in a [Settlement of Contempt Agreement](#). This agreement is an opportunity for DSHS to cure itself of its contempt status in federal court. Trueblood class members are people who are involved with the criminal court system and who may have a mental health condition. Contained in the Settlement Agreement, are five substantive elements designed to address components of the forensic mental health system in Washington. These include competency evaluation, competency restoration, crisis triage and diversion, education and training, and workforce development. Common forensic professions working with this population include mental health counseling, psychiatric nursing, psychiatry, psychology, social work, peer counselors, and law enforcement.

This one-time report for state fiscal year 2021, *The Washington state forensic mental health workforce: Assessing the need and target areas for training, certification, and possible degree programs*, addresses a requirement in the Settlement of Contempt Agreement Attachment (SCA) A., pursuant to the *Trueblood, et al., v. DSHS, et al., No. 14-cv-01178-MJP* litigation. This section requires the Washington Department of Social and Health Services to assess the need and target areas for training, certification and possible degree programs for the workforce in Washington serving the forensic population and to make recommendations for future

Excerpt from the Amended Joint Motion for Preliminary Approval of Settlement Agreement Attachment A., pursuant to the Trueblood, et al., v. DSHS, et al., No. 14-cv-01178-MJP litigation, section §§ III. E. 2 f and g:

f. The State will assess the need and target areas for training programs, certification programs, and possible degree programs. The State may collaborate with colleges, including community and technical colleges, and universities to accomplish this task, but shall also have discretion to accomplish this task through other means. This assessment shall include, but not be limited to, the following elements:

(1) Existing training, certifications, and degree programs in Washington for relevant professions; for example, nursing, psychiatry, psychology, counseling, law enforcement, or other professions determined at the discretion of the State.

(2) Programs for relevant professions in other states.

(3) Statewide staffing needs for all programs covered by this Agreement for a period of the subsequent ten years.

g. Upon completion of the assessment in § III.E.2.f. above, the State shall produce a report regarding that assessment that may be shared with appropriate committees of the Legislature. The report will include:

(1) High, medium, and low cost recommendations, and

(2) Long, medium, and short term recommendations for future action regarding training and certification programs.

action based on this assessment.

It has been compiled by the Behavioral Health Administration's Office of Forensic Mental Health Services (OFMHS) and is divided into two parts. The first part is an assessment of the educational pipeline which trains and prepares individuals to work in the forensic mental health field, and the statewide staffing needs to support programs which serve the forensic population. The second part of this report uses the information gained from the assessment and provides recommendations.

Approach

In evaluating the training, certification and degree programs, OFMHS first reviewed what was currently available in the state regarding professions relevant to forensic mental health. Next, research was conducted regarding similar programs which exist in other states. Lastly, OFMHS identified statewide staffing needs for all of the programs covered by the Settlement Agreement (Trueblood et al., 2018). Relevant programs and disciplines pertaining to forensic mental health were identified, and data were compiled to formulate staffing projections. The staffing estimates cover a 10-year period, from 2019 to 2029. The second part of this report uses the information gathered in part one in combination with additional data collection to generate recommendations for future action. These recommendations are categorized by high, medium, and low cost and by short, medium, and long timelines to implement.

Information for this report was drawn from surveys, an analysis of existing programs and reports, a workforce summit, and interviews. The workforce development and training needs summit, hosted by OFMHS in 2019, brought together system partners including community mental health providers, inpatient behavioral health staff, and post-secondary education. The interviews were conducted with behavioral health providers, post-secondary educational institutions, as well as corrections and law enforcement entities providing services to Trueblood class members and potential class members.

Summary of findings

Existing training, certifications, and degree programs

The first part of this report, which provides an overview of Washington's current educational training, certification and degree programs with a forensic emphasis and those which exist in other states, includes the following disciplines: mental health counseling, nursing, psychiatry, psychology, social work, and peer support. These are the primary professional disciplines that provide forensic mental health services to Trueblood class members. OFMHS found that for each of these disciplines there are a number of generalist programs throughout Washington state, of which some offer training and internship

opportunities specific to forensic mental health. Regarding certifications, or specific tracks or areas of concentration within degree programs, Washington state has relatively few with a forensic mental health emphasis when compared nationally. This finding echoes Groundswell's research compiled in their 2020 gap analysis of Washington's forensic workforce pertaining to programmatic emphasis in the state (Gowensmith et al., 2020, p. 4). Further exploration of collaborative training opportunities and educational specializations is needed.

Projection of staffing needs for Settlement Agreement programs

Continuing with our assessment OFMHS analyzed the statewide forensic mental health staffing needs for each of the programs in the Settlement Agreement. Needs were projected using future population estimates for Washington state, and data collected from interviews, surveys, reports, and a workforce development summit with stakeholders hosted by OFMHS. Using the phased implementation schedule within the Settlement Agreement, staffing needs for Phase 1 included programs in the Southwest, Spokane, and Pierce County regions. During Phase 1, it was observed that disciplines which presented staffing challenges included nurses and master's-level clinicians. This was accentuated in rural areas. Applying what was learned in Phase 1, in combination with research and state population data, allowed for a model on which to project staffing for Phase 2. Staffing needs for this phase pertain to the King County region. Anticipated challenges were found to also include nurses and master's-level clinicians.

Combining the staffing for these two phases and using state population data enabled statewide projections of forensic mental health staffing needs. This analysis indicated a projected shortage of psychiatrists, nurses, and master's-level clinicians. In addition to the identification of potential shortages, factors which impact workforce recruitment and retention were noted. These included a lack of awareness of the forensic mental health field, the need for expanded training regarding foundational knowledge in forensic mental health, and a lack of data sources specific to forensic mental health.

Recommendations

The recommendations for consideration derived from this research and analysis are categorized by low, medium, and high cost and by short-, medium-, and long-term implementation time frames. Each broad recommendation is accompanied by sub-recommendations which add detail to the overarching theme. A summary is presented below. For more detailed recommendations, see page 29.

Summary of Recommendations

Recommendation 1

Increase introductory knowledge of forensic mental health across disciplines

Build knowledge, awareness & interest

This addresses training and education designed to orient stakeholders to the Washington forensic system and to increase opportunities for outreach. The need to provide initial training regarding fundamental concepts and processes related to forensic mental health was identified in Groundswell's gap analysis (Gowensmith et al., 2020, p. 79-80), in The Washington State Behavioral Health Workforce Assessment (Gattman, 2017, p. 42), and through the interviews conducted as a part of this report.

Recommendation 2

Enhance discipline-specific training and certification

Enhance skills & retain

By working with post-secondary educational institutions and other system partners, internships and similar training opportunities would be explored as well as a forensic mental health certification. Groundswell similarly recommends expanding opportunities for students as, "Support and expand existing clinical practica, internships, and fellowships." (Gowensmith et al., 2020 p. 83-87).

Recommendation 3

Develop system-level enhancements to support the forensic mental health workforce

Recruit & prepare

This recommendation focuses on enhancements which are external to OFMHS but which play a significant role in developing clear pathways to ensure a robust and continuous flow of students moving into the forensic workforce and measures encouraging them to stay. It includes developing forensic tracks or forensic certification programs similar to those in other states and expanding the support for mid-level practitioners through certification or licensure options which quantify their specialized knowledge. This ties to Groundswell's recommendations to "Collaborate with Washington universities to develop forensic tracks or emphases in the relevant disciplines" and to "Collaborate with Washington universities to develop degree or certificate programs for disciplines of greatest need" (Gowensmith et al., 2020 p. 87-88).

Recommendation 4

Engage in further exploration of the forensic mental health workforce in Washington

Enhance data collection & analysis

The final recommendation is to engage in further exploration of the forensic mental health workforce in Washington through additional focused data collection and analysis. This recommendation stems from the recognition that very little uniform, quantifiable information currently exists specific to the forensic mental health workforce in Washington.

Introduction and overview

Forensic mental health services are services provided by mental health professionals to individuals who are involved with the criminal court system (e.g., jails, courts, evaluation and corrections) and who may have a mental health condition. Issues most often addressed include, competency to stand trial, and treatment for persons found not guilty by reason of insanity (NASMHPD, 2014, p. 2). The Office of Forensic Mental Health Services' Workforce Development program, nested in the Department of Social and Health Services', Behavioral Health Administration, focuses on education and training related to forensic mental health, and efforts directed towards creating, sustaining and retaining a viable forensic mental health workforce. To develop a foundational understanding of the existing landscape and to project future staffing and educational programmatic needs for Washington's forensic mental health workforce, the OFMHS Workforce Development team was directed to conduct a statewide assessment.

The Amended Joint Motion for Preliminary Approval of Settlement of Contempt Agreement Attachment A., pursuant to the Trueblood, et al., v. DSHS, et al., No. 14-cv-01178-MJP litigation, section § III. E. 2 f. and g. (pp. 34-35), detail this requirement. The relevant excerpt from the agreement is shown below in figure 1.

Excerpt from the Amended Joint Motion for Preliminary Approval of Settlement Agreement Attachment A., pursuant to the Trueblood, et al., v. DSHS, et al., No. 14-cv-01178-MJP litigation, section §§ III. E. 2 f and g:

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- (1) Existing training, certifications, and degree programs in Washington for relevant professions; for example, nursing, psychiatry, psychology, counseling, law enforcement, or other professions determined at the discretion of the State.*
- (2) Programs for relevant professions in other states.*
- (3) Statewide staffing needs for all programs covered by this Agreement for a period of the subsequent ten years.*

g. Upon completion of the assessment in § III.E.2.f. above, the State shall produce a report regarding that assessment that may be shared with appropriate committees of the Legislature. The report will include:

- (1) High, medium, and low cost recommendations, and*
- (2) Long, medium, and short term recommendations for future action regarding training and certification programs.*

Figure 1

Approach and methodology

This report is separated into two parts. The first part examines the existing training, certification and degree programs in Washington for relevant professions, analyzes the programs for relevant professions which exist in other states, and projects the statewide staffing needs for the programs covered in the Settlement of Contempt Agreement (SCA) for the subsequent 10 years. Using the information from the assessment, the second part of the report details recommendations for future action categorized by high, medium and low cost, and by time to implement. Both quantitative (e.g., numerical data sources) and qualitative (e.g., interviews subjected to thematic or content analysis) methods were used in this assessment.

Data collection and analysis

For this report OFMHS used publicly available data from the Employment Security Department, the Office of Financial Management, the U.S. Department of Health and Human Services, and the U.S. Bureau of Labor Statistics. Additional detailed data was collected regarding the adult population in Washington and employment supply and demand information to project future staffing needs for programs providing services to Trueblood class members and potential class members. Data regarding existing staffing for relevant professions was collected internally and from partners within the state. Qualitative data which allowed for a more in-depth understanding of the issue was gathered through survey and interview data.

Literature review and interviews

As part of this report, OFMHS reviewed reports from the Workforce Training and Education Coordinating Board, the Substance Abuse and Mental Health Services Administration (SAMSHA), and a joint report from the Washington Student Achievement Council, the State Board for Community and Technical Colleges, and the Workforce Training and Education Coordinating Board. These documents provided information regarding challenges and trends facing the behavioral health workforce and the current landscape regarding training, certification, and degree programs. In addition to the literature, information from a focus group was gathered via an OFMHS workforce summit. Additional surveys and semi-structured informational interviews were conducted with law enforcement and correctional entities, post-secondary educational institutions, inpatient facilities, and community organizations providing forensic mental health services. Interview and survey information from the Health Care Authority's mobile crisis response program report was also utilized (HCA, 2021). These interviews and surveys combined with the information gathered by Groundswell (Gowensmith et al., 2020) provided substantive qualitative data specific to the relevant population and programs within the

state which are the subject of this report. The survey and interview questions and list of respondents are provided in appendix 3.

Information extraction

The information derived from these interviews involved a thematic analysis in which common themes and issues were identified, and provided narrative descriptions from entities providing services for Trueblood programs under the Settlement Agreement (2018). Integrating this information and the programmatic and population data with the Groundswell gap analysis augmented the assessment and allowed for more focused recommendations (Gowensmith et al., 2020).

The necessity for qualitative data to inform this assessment relates to the specificity of the subject. The data and information compiled for this assessment is specific to the forensic mental health workforce, which is a subset of the overall behavioral health workforce. Much of the currently available information pertains to the behavioral workforce more generally, which includes substance use disorder and mental health, but often does not distinctly identify forensic mental health. Subsequently, the more narrow scope of data required for this assessment produced challenges in isolating information specific to forensic mental health. Throughout the research process this limitation impacted the assessment and accentuated the need for more targeted data.

Methodology

Part one, the assessment of the current landscape

A robust examination of current conditions was required in order to project the future education and training needs, and thereby develop recommendations categorized by cost and time to implement. To accomplish this, OFMHS held a Workforce Development virtual summit, developed and delivered surveys, conducted interviews, and engaged in research and data collection. Building on this preliminary work, OFMHS contracted with Groundswell to produce an initial gap analysis. Their analysis precipitated a broad series of semi-structured informational interviews with relevant external and internal partners to further explore the initial Groundswell findings and refine their recommendations. Concurrently, research regarding the existing training, certification, and degree programs was conducted which aligned with Groundswell's work in this area (Gowensmith et al., 2020).

To project statewide staffing needs for each of the programs in the Settlement of Contempt Agreement Washington state, population data from the Office of Financial Management (OFM, 2018) was utilized in conjunction with data collected from Trueblood program staff and estimates of forensic staffing needs by each profession identified in Groundswell's gap analysis (Gowensmith et al., 2020). The phased

implementation schedule outlined in the Trueblood Settlement of Contempt Agreement was used as an overlay to project future forensic mental health staffing needs. This schedule is comprised of three phases in which the programs and services outlined in the agreement will be implemented. Phase 1 includes the Southwest, Spokane and Pierce regions in Washington and runs parallel to the state 2019-2021 biennium. Phase 2 includes the King region in Washington and runs parallel to the state 2021-2023 biennium. The regions for Phase 3 will be determined based on a review of the progress during the state 2021-2023 biennium and may 1) expand or modify the programs in the first two phases, 2) identify new high-referral regions, or 3) initiate some combination of the two options (Trueblood et al., 2018, p. 36-37). Current staffing ratios for Trueblood programs in the Phase 1 implementation and the proposed staffing for Phase 2 implementation were used to estimate the statewide forensic mental health staffing needs based on percentages of the adult population in Washington for the counties in those two phases (OFM, 2021). Data from the Employment Security Department, the U.S. Department of Health and Human Services, and the U.S. Bureau of Labor Statistics, provided additional information regarding long-term occupational employment supply and demand (ESD, 2021).

Part two, recommendations based on the assessment

Through completion of the assessment component and subsequent analysis, potential recommendations were developed. To determine the low medium and high cost categories, budget data for Trueblood Phase 1 and 2 implementation were used.

Groundswell gap analysis

Our assessment of the forensic workforce in Washington began with a workforce development and training needs virtual summit held by OFMHS in October 2019. This event brought together system partners including community mental health providers, in-patient behavioral health staff, and a representative from post-secondary education. Facilitating these focused discussions on the forensic workforce and training gaps in Washington allowed us to capture the unique perspectives of stakeholders working with people with mental health conditions and criminal court involvement, and from entities involved in developing this workforce. It also provided an opportunity to introduce the OFMHS workforce development team and orient participants to the assessment outlined in the Settlement Agreement. This preliminary work set the stage for Groundswell to conduct interviews and gather information as part of their gap analysis of the forensic workforce in Washington.

Groundswell has substantial expertise related to forensic mental health services, particularly forensic evaluation, competency restoration services, forensic mental health systems, workforce development, and training.

They have served as consultants for Washington's forensic mental health system since 2014 and were the lead consultants and an expert witness in the Trueblood vs. Washington State Department of Social and Health Services federal class action lawsuit in 2015. Their work also includes consultation with the Los Angeles County Office of Diversion and Reentry regarding options for inmates with mental illness in the Los Angeles County Jail, assisting the state of Alabama's Department of Mental Health in improving their forensic mental health system, and current efforts in working with the state of Texas on issues regarding the forensic workforce, standards, and programming. Groundswell has also been appointed by a federal judge to serve as special masters overseeing and monitoring Colorado's competency-related services for the next several years. Their consultations have addressed forensic systems, including planning, developing forensic infrastructure (from staff development to creating formal state offices of forensic mental health), workforce projections, program development, data management, quality control, and policy change. Given the challenges most states face regarding competency to stand trial services, much of their work has focused on expediting and improving competency-related services (N. Gowensmith, personal communication, March 16, 2021).

Groundswell's 2020 report, *The Washington State Forensic Workforce: Overview and Recommendations for Training, Certification, and Degree Programs*, provided OFMHS Workforce Development with an initial point of departure for the current report and recommendations. It identified the baseline set of professions that provide forensic mental health services, completed a review of data to project the forensic population in Washington from 2019 to 2028, identified staffing needs across mental health professions, researched training, certification and degree programs in and out of state, and compiled an in-depth assessment of staffing strengths and challenges within the state forensic mental health system (Gowensmith et al., 2020).

Through their research, Groundswell highlighted key themes that influence the growth of a qualified workforce for providing services to the Trueblood population. Publicity and stigma, and insufficient skills and training specific to forensic contexts, were identified as contributors to recruiting challenges. Their report indicated that a lack of familiarity with people who have criminal court involvement and mental illness may deter some candidates from entering the career field. Education and outreach efforts were recommended to address this area of consideration. Scope of practice, location, and salaries and benefits, were cited as other potential issues affecting recruitment and retention. Their report emphasized staffing challenges in rural locations, a lack of clarity regarding the distinct skillsets in several disciplines, the disparity of pay within the state and private sectors, and the availability of student loan repayment programs.

These factors led to recommendations regarding enhancing existing forensic literacy training, developing internal discipline-specific training and certification, and collaboration with educational institutions for internships, practicum opportunities, and certificate and degree programs. An analysis of the findings and recommendations identified the need for additional outreach, data gathering, and further development of the recommendations. (Gowensmith et al., 2020, p. 4-9).

Building on Groundswell's report on the Washington state forensic workforce, the current assessment expands on the analysis in part by adding detailed information regarding the totality of programs covered in the Trueblood Settlement of Contempt Agreement with corresponding staffing projections, conducting outreach to educational entities, and by conducting a wider exploration of the staffing challenges faced by various programs. This additional refinement assisted in the formation of the resulting recommendations presented in the current report.

Part one, assessing the current landscape

Training, education, and staffing

The first component of this report describes the relevant forensic career fields which are addressed in this analysis. It then examines the existing training, certification and degree programs for those professions in Washington state and reviews programs which exist in other states. Lastly it projects the statewide staffing needs for the programs covered in the Trueblood Settlement Agreement for the subsequent 10 years.

Forensic mental health professions

Forensic mental health services support people living with mental illness who become involved with the criminal court system. Services include competency evaluations, care and treatment for competency restoration, forensic navigator services, and diversion work. To aid in preventing criminal court involvement, crisis response services are included in the Settlement Agreement. Combined, these efforts support both Trueblood class members and potential class members. There is a distinct group of forensic mental health professionals that provide these services and supports.

A delineation of the forensic mental health staffing categories was included as part of Groundswell's 2020 gap analysis of Washington's forensic workforce (Gowensmith et al.). This report concurs with the six distinct staffing categories identified in the Groundswell report and adds an "other" group to capture positions such as correctional staff and mental health technicians. Disciplines include nurses, mental health counselors, psychiatrists, peer support specialists, psychologists, social workers, and others. These are the primary professional disciplines that provide forensic mental health services to Trueblood class members. In estimating the

number of behavioral health providers needed to treat people living with severe mental illness, SAMHSA similarly identifies psychologists, social workers, psychiatrists, peer support specialists, nurses, psychiatry technicians or medical assistants, and counselors/case managers (2020). These categories are described in more detail in table one below.

Staffing Categories	
Bachelor's-level providers	This group includes staff who work at the state hospitals and various community sites, providing case management services, support to clients, and assisting in competency restoration. Job titles for these providers include institutional counselor, therapist, and care coordinator.
Master's-level clinicians	This group includes generalist social workers, psychiatric social workers, forensic social workers, mental health counselors, and master's-level licensed clinicians.
Nursing	This group includes a variety of titles, qualifications and skill sets (e.g., registered nurses, psychiatric mental health nurses, psychiatric mental health advanced practice registered nurses, clinical nurse specialists, and nurse practitioners). Licensed practical nurses also carry out certain nursing interventions within the Washington forensic workforce.
Peer Support Specialists	This group includes people with lived experience who work in programs which serve the Trueblood population.
Psychiatry	This group includes psychiatrists who are board certified and, more specifically, those who are board certified in forensic psychiatry.
Psychology	This group includes doctoral-level psychologists in treatment roles and forensic evaluators who conduct various evaluations pursuant to criminal court procedures.
Others	This group includes individuals not covered in the above mentioned categories such as correctional staff, psychiatric security assistants and mental health technicians.

Table 1

Existing training, certification and degree programs

A review of the existing educational programs that have a forensic emphasis, included the following disciplines: mental health counseling, nursing, psychiatry, psychology, social work, and peer support. Each of these disciplines includes a number of generalist programs throughout

Washington state. Research and interviews with post-secondary educational institutions identified no degrees with a specific forensic mental health concentration. The analysis also revealed few tracks or courses related to forensic mental health among degree programs for the relevant disciplines. When compared nationally, Washington has relatively few certifications or tracks within degree programs with a forensic mental health emphasis. This finding echoes Groundswell’s research in their 2020 gap analysis of Washington’s forensic workforce pertaining to programmatic emphasis in the state. In their report they noted that there are 27 mental health counseling programs nationwide that have a forensic emphasis and only one in Washington state (Gowensmith et al., 2020, p. 4). Regarding certification programs there are some recent offerings such as Shoreline Community College’s *Criminal Justice Advocacy Certificate* which focuses on advocacy for individuals with criminal court involvement (Belle, 2020).

Although few programs focus specifically on forensic mental health, training programs with a behavioral health emphasis are available in Washington. The University of Washington’s School of Nursing & Health Studies Behavioral Health Training Program, which provides education and skill-based training relevant to the interdisciplinary field of behavioral health is one example (University of Washington, 2021). Opportunities for professional development in areas pertaining to behavioral health are also available. For example, Shoreline Community College has established a professional development series targeting mental health professionals working in a co-responder role (Shoreline, 2020). Additionally, among the generalist programs some offer training and internship opportunities specific to forensic mental health.

The following tables provide a listing of schools in Washington with the corresponding degree programs for relevant professional disciplines

Mental Health Counseling	
Institution	Degree type
Antioch University Seattle	MA Clinical mental health counseling
Central Washington University	MS Clinical mental health counseling
City University of Seattle	MA Marriage, couple and family counseling MA Clinical mental health counseling
Eastern Washington University	MS Clinical mental health counseling MS School counseling
Gonzaga University	MA Marriage, couple and family counseling MA Clinical mental health counseling MA School counseling
Seattle Pacific University	M. Ed. School counseling
Seattle University	M. Ed Clinical mental health counseling MA School counseling
Western Washington University	MA Rehabilitation counseling

	MS Clinical mental health counseling M. Ed. School counseling
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Table 2 Source: (CACREP, 2021) Note: (CACREP accredited programs)

Nursing	
Institution	Degree type
Bates Technical College	LPN
Bellevue Community College	LPN, ADN-RN, ADN-RN to BSN
Bellingham Technical College	LPN, ADN-RN,
Big Bend Community College	ADN-RN
Centralia Community College	ADN-RN
Clark College	ADN-RN
Clover Park Technical College	LPN
Columbia Basin College	ADN-RN, ADN-RN to BSN
Edmonds Community College	LPN
Everett Community College	ADN-RN
Gonzaga University	BSN-RN, MSN, DNP
Grays Harbor Community College	ADN-RN
Green River Community College	LPN
Heritage University	BSN-RN
Highline Community College	ADN-RN
Lake WA Institute of Technology	ADN-RN
Lower Columbia College	ADN-RN
Northwest University	BSN-RN, MSN
Olympic College	LPN, ADN-RN, ADN-RN to BSN
Pacific Lutheran University	BSN-RN, MSN, DNP, Post grad ARNP Certificate
Peninsula College	ADN-RN
Pierce College (Puyallup)	ADN-RN
Renton Technical College	ADN-RN
Saint Martin's University	BSN-RN
Seattle Colleges (Seattle Central, North & South Seattle campuses)	ADN-RN
Seattle Pacific University	BSN-RN, DNP
Seattle University	BSN-RN, DNP, Post-Graduate Certificate
Shoreline Community College	ADN-RN
Skagit Valley College (Mt. Vernon, Whidbey Island)	ADN-RN
South Puget Sound Community College	ADN-RN
Spokane Community College	ADN-RN
Tacoma Community College	ADN-RN
University of Washington (Bothell)	BSN-RN, MN
University of Washington (Seattle)	BSN-RN, MS, DNP, Graduate Certificate, PhD
University of Washington (Tacoma)	BSN-RN, MN
Walla Walla Community College	ADN-RN
Walla Walla University	BSN-RN
Washington State University (Lower Columbia College Campus)	BSN-RN

Washington State University (Spokane)	BSN-RN, MN, DNP, Post Graduate Certificate, PhD
Washington State University (Tri Cities)	BSN-RN, MN, DNP
Washington State University (Vancouver)	BSN-RN, MN, DNP, Post-graduate certificate
Washington State University (Walla Walla)	BSN-RN, MN, Post-graduate certificate
Washington State University (Yakima)	BSN-RN, MN, Post-graduate certificate
Wenatchee Valley College	ADN-RN, ADN-RN to BSN
Western Governors University	ADN-RN to BSN, MSN
Western Washington University	ADN-RN to BSN
Whatcom Community College	ADN-RN
Yakima Valley Community College	LPN, ADN-RN

Table 3 Source: (DOH, Feb 2021)

Psychiatry	
Institution	Degree type
Pacific Northwest University of Health Sciences	DO
University of Washington	PA
Washington State University	MD
Residency and Fellowship Programs	-University of Washington -Providence Sacred Heart Medical Center

Table 4 Source: (LCME, 2021) (PNWU, 2019)

Psychology	
Institution	Degree type
Antioch University-Seattle	MA, Psy.D, PhD
Bastyr University	BA or BS, MA
Central Washington University	BA or BS, MA, MS
City University of Seattle	BA or BS, MA
Eastern Washington University	BA or BS, MA, MS
Gonzaga University	BA or BS
Heritage University	BA or BS
Northwest University	BA or BS, MA, Psy.D
Pacific Lutheran University	BA or BS, MA, Psy.D, PhD
Saint Martin's University	BA or BS
Seattle Pacific University	BA or BS, MA, MS, PhD
Seattle University	BA or BS, MA, MS
University of Puget Sound	BA or BS
University of Washington	BA or BS, MA, PhD
University of Washington Bothell	BA or BS
University of Washington Tacoma	BA or BS
Walla Walla University	BA or BS
Washington State University	BA or BS, MA, MS, EdD, PhD
Western Washington University	BA or BS, MA, MS, M. Ed.
Whitman College	BA or BS
Whitworth University	BA or BS

Table 5 Source: (Gowensmith et.al, 2020)

Social Work	
Institution	Degree type
Eastern Washington University	BASW, MSW
Heritage University	BSW
Pacific Lutheran University	BASW
Seattle University	BSW, MSW
St. Martin's University	BSW
University of Washington	BASW, MSW
Walla Walla University	BSW, MSW

Table 6 Source: (CSWE, 2021) Note: (CSWE accredited programs)

MA	Master of Arts	MS	Master of Science	M. Ed.	Master of Education
ADN	Associate Degree in Nursing	LPN	Licensed Practical Nurse	BSN	Bachelor of Science in Nursing
RN	Registered Nurse	DNP	Doctor of Nursing Practice	PhD	Doctor of Philosophy
DO	Doctor of Osteopathic Medicine	PA	Physician Assistant	MD	Doctor of Medicine
Psy D	Doctor of Psychology	BA	Bachelor of Arts	BS	Bachelor of Science
BASW	Bachelor of Arts in Social Work	MSW	Master of Social Work	Ed. D.	Doctor of Education

The preceding tables illustrate the varied degree programs in Washington. Each specialization, however, has a unique pathway which may include multiple avenues. For example, licensure as a mental health counselor could originate from a number of undergraduate and graduate degree options. The Washington Administrative Code addressing this states that, “an applicant must have a master's or doctoral degree in mental health counseling or a master's or doctoral degree in a behavioral science field relating to mental health counseling from an approved school.” Fields recognized as relating to mental health counseling include counseling, psychology, social work, nursing, education, pastoral counseling, rehabilitation counseling, or social sciences (WAC 246-809-220). Similarly, in Washington a licensed social worker must graduate from an accredited master's or doctorate-level social work educational program; however, their undergraduate degree might have been obtained in a related field (WAC 246-809-320).

Graduate-level psychology students may also have undergraduate degrees in areas other than psychology, although a substantial majority of all clinical and forensic graduate students will have an undergraduate psychology major. For psychiatry, a bachelor's-level education is specific only in that it must meet the requirements for medical school. These pathways are illustrated for each of the primary professional disciplines highlighted in appendix 1. In contrast to many forensic-specific disciplines, the field of nursing in general has a clear linear pathway, which provides certification or licensure at each step. For example, one could start as a certified nursing assistant (CNA), then become a licensed practical nurse (LPN), then a registered nurse, (RN), then an advanced registered nurse practitioner (ARNP), and then a doctor of nursing practice (DNP). Each level then becomes a career point or a step in a career pathway with graduated earning potential quantified by certification or licensure.

Trueblood Settlement Agreement of Contempt programs

The Trueblood Settlement of Contempt Agreement contains programs in which each of the disciplines is represented. These programs are categorized by five substantive elements: competency evaluation, competency restoration, crisis triage and diversion supports, education and training, and workforce development (Trueblood et, al., 2015). Programs that require a staffing element are addressed in this report. Competency evaluation includes forensic evaluation services. Competency restoration includes the outpatient competency restoration program (OCRP), the forensic navigator program, and inpatient competency restoration services. Crisis triage and diversion supports include the Forensic Housing and Recovery through Peer Services (F-HARPS) program; the co-responder program; the Mobile Crisis Response (MCR) program; the Forensic Projects for Assistance in Transitioning from Homelessness (F-PATH) program; crisis triage and diversion capacity; and crisis triage enhancements. Education and training includes Crisis Intervention Training (CIT) and the Jail Technical Assistance program. Workforce development includes the Enhanced Peer Support and Workforce Development programs. The table below illustrates the type of staff needed for each of the Settlement Agreement programs.

Program staffing needs by discipline

Discipline	Settlement of Contempt Agreement Programs
Bachelor's-level providers	OCRP, Enhanced Peer Support, forensic navigators, crisis triage enhancements, F-HARPS, MCR, F-PATH
Master's-level clinicians	Forensic navigators, OCRP, crisis triage enhancements, F-HARPS, MCR, F-PATH
Nursing	
ARNPs	Inpatient restoration, MCR, OCRP, crisis triage enhancements
RNs & LPNs	Inpatient restoration, crisis triage enhancements
Peer Support Specialists	OCRP, F-HARPs, F-PATH, MCR, Enhanced Peer Support, crisis triage enhancements
Psychology	
Forensic Evaluators	Forensic evaluation services
Treatment Psychologists	Inpatient restoration
Psychiatry	Inpatient restoration, crisis triage enhancements

Others	Mental health technicians and psychiatric security attendants for inpatient restoration, master’s-level staff for Jail Technical Assistance and Workforce Development and program administration, forensic navigators, and schedulers for CIT
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Table 7

Statewide staffing needs

In assessing the statewide staffing needs for all programs covered by the Trueblood Settlement of Contempt Agreement, the baseline set of professions that provide forensic mental health services was used to determine the educational pipeline to staff each of the programs covered by the agreement.

The review of the education and training offerings available in Washington that are specific to forensic mental health revealed few specific forensic tracks. However, factors such as increased use of virtual learning, increased travel options, and a greater willingness to move, may mean that students and potential hires will be learning or applying from outside of Washington state. Considerations such as this can make estimates about future needs challenging. This section of the report looks ahead to 2029 in examining staffing needs. Overall health care support occupations, community and social service occupations, and health care practitioners are projected to grow as illustrated by the U.S. Bureau of Labor Statistics projection in figure 2 below.

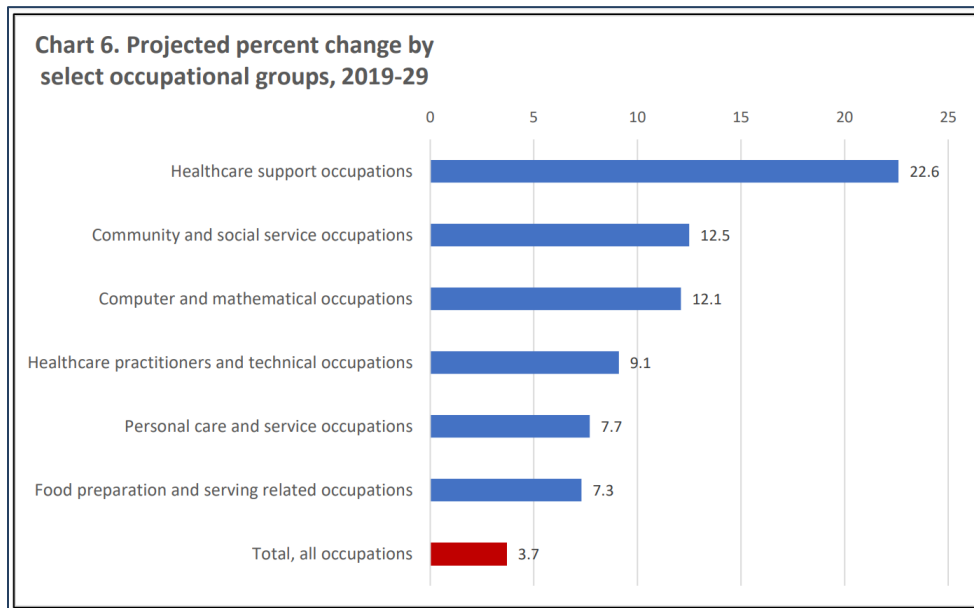


Figure 2 Source: (Bureau of Labor Statistics, 2020)

To provide further insight into hiring challenges for some of the relevant disciplines, qualitative data gathered from the interviews and surveys conducted as part of the current report was used. Combining this information with long-term occupational employment projections from the

Washington State Employment Security Department (ESD, 2019) resulted in the identification of likely areas of high need. For bachelor’s-level providers, the current pool of potential candidates will likely meet demand. This is due in large part to the broad array of options available. Examples of the types of degrees that are generally considered by hiring organizations include criminal justice, psychology, social work, counseling and other human service fields.

Master’s-level providers include both licensed clinicians and non-licensed staff. In this category potential shortages exist, particularly for licensed clinicians. Factors contributing to this issue appear to include the availability of clinical training sites, lack of tuition reimbursement programs, burnout, and competition from other health care providers and schools that can offer higher wages. One provider stated, “What most often comes up is that someone pays better.” Graduate degree data from the Education Research and Data Center in figure 3 shows a declining number of graduate degrees awarded in related programs in public colleges and universities statewide (ERDC, 2020). Although there are many educational options aside from public universities and colleges as well as out-of-state options, it is a trend worth noting. Master’s-level professionals make up a substantial segment of staffing within the Settlement Agreement programs, thus the impact could be significant.

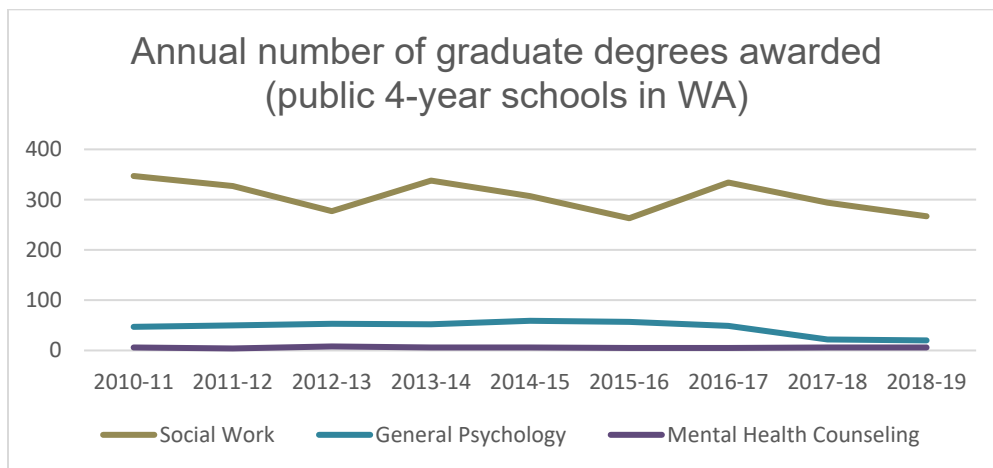


Figure 3

Nursing professionals are also utilized significantly within the Settlement Agreement programs and are a group that is currently identified as a “slower to fill” category by service provider organizations. Some providers reported that nursing positions, specifically registered nurses (RNs), either remain open longer than other forensic mental health positions or are more difficult positions for retaining staff. Projections from the U.S. Bureau of Labor Statistics predicts a faster than average growth rate of 7% for the career field for 2019 through 2029 (BLS, 2021). The American Association of the Colleges of Nursing states that, “a shortage of registered nurses is

projected to spread across the country between 2016 and 2030” and highlights that the shortage will be most acute in the southern and the western parts of the country (AACN, 2020).

Peer support specialists are likely to be able to keep pace with demand. In 2019, peer support services were included in both the mental health and substance use sections of the Medicaid State Plan, which allows for Medicaid billing (HCA, 2020). In 2019, OFMHS and the Health Care Authority collaborated on an enhanced peer curriculum to provide additional training to Certified Peer Counselors providing forensic mental health services. These changes support workforce growth within this field.

Psychiatry is another field that is experiencing a shortfall in the number of psychiatrists needed to meet the demand. Groundswell’s gap analysis reported that the number of medical students entering the field combined with the number of psychiatrists projected to retire; the estimated shortfall will be 12.5% of the psychiatrist workforce by 2025 (Gowensmith et al., 2020, p. 23). Although the demand for psychiatrists is projected to be significant, there are fewer needed within the programs included as part of this report.

Regarding licensed psychologists, the demand is expected to meet the supply for Washington. In California and Texas, shortages are projected by 2030 (1,160 FTEs and 2,690 FTEs respectively), which could impact Washington’s workforce by increasing competition for a limited pool of qualified professionals (APA, 2018). Additionally, students pursuing a doctoral degree in psychology have decreased over time (IPEDS, 2020).

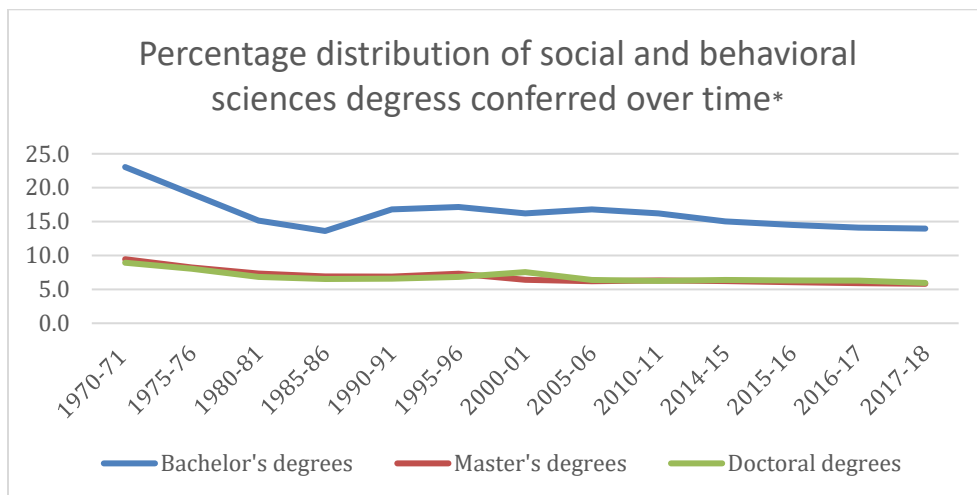


Figure 4

*Includes Psychology; Social sciences; and History

NOTE: Data are for postsecondary institutions participating in Title IV federal financial aid programs.

Source: U.S. Department of Education, National Center for Education Statistics, Higher Education General Information Survey (HEGIS), "Degrees and Other Formal Awards Conferred" surveys, 1970-71 through 1985-86; Integrated Postsecondary Education Data System (IPEDS), "Completions Survey" (IPEDS-C:91-96); and IPEDS Fall 2001 through Fall 2018, Completions component. (This table was prepared February 2020.)

The data in figure 4, however, applies generally to licensed psychologists. Within the forensic mental health system, licensed psychologists play various roles that require different types of training and expertise. The most basic distinction is between forensic evaluators and clinical treatment psychologists (although psychologists may also serve in other roles such as supervisors, program directors, quality assurance specialists, administrators, etc.). Both will have doctoral-level degrees, typically in clinical psychology, and therefore will have education, training and supervised experience in psychological assessment, diagnosis, and various forms of mental health treatment. Forensic evaluators will have further, more specific training and supervised experience in specialty areas of competency to stand trial, diminished capacity, not guilty by reason of insanity, and other forensic applications.

Current staffing

The current staffing for the Settlement Agreement programs in the table below illustrates the percentages of each discipline needed to support these services in Phase 1. The staff numbers equate to full-time equivalents (FTEs). Numbers less than one, for example 61.5 RNs, represent 61 full-time positions and a half-time staff, 3.75 master’s-level providers represents three staff and a three-quarter time position, etc. Staff may also work in more than one program, so fractions of an FTE occur as time is apportioned accordingly.

Current Staffing (Phase 1)	
Evaluation Services	Forensic Evaluation
	<ul style="list-style-type: none"> • 80 licensed psychologists (6 supervisors)
Restoration Services	OCRPs, Forensic Navigators, Added forensic beds at ESH & WSH, Ramp down of Maple Lane & Yakima RTFs
	<ul style="list-style-type: none"> • 18.5 bachelor’s-level providers, 12 licensed master’s-level clinicians • 5.5 peer support specialists, 2.55 ARNPs, 61.5 RNs, 23 LPNs • 5.75 psychiatrists, 7 licensed psychologists, 2.8 physicians • 18 master’s-level providers, 39 associate’s-level providers • 41 other providers (primarily psychiatric security attendants with NAC)
Crisis Triage & Diversion Services	Crisis triage bed capacity & enhancements, F-HARPS, co-responder program, Mobile Crisis Response, F-PATH
	<ul style="list-style-type: none"> • 31.45 bachelor’s-level providers, 49.5 licensed master’s-level clinicians • 52.45 peer support specialists, 3.75 master’s-level providers • 5.6 ARNPs, 26 RNs, 4 LPNs, 2 psychiatrists, 4 associates level providers • 13.5 other providers (primarily mental health technicians with NAR)
	Crisis Intervention Training, Jail Technical Assistance

Education & Training	<ul style="list-style-type: none"> • 2 bachelor's-level providers, 2 master's-level providers, • 1 associate's-level provider
Workforce Development	Enhanced Peer Support, Workforce Development
	<ul style="list-style-type: none"> • 1 peer support specialist, 3 master's-level providers

Table 8 Note: NAC- Nursing assistant certified, and NAR- Nursing assistant registered

Projected staffing Phase 2

To estimate statewide needs the phased implementation schedule from the Contempt Settlement Agreement was used to progressively build projections. The staffing from Phase 1 is combined with staffing estimates for Phase 2, by using information and documents gathered in preparation for Phase 2.

Entering Phase 2, the staffing levels for the substantive elements Evaluation Services, Education & Training, and Workforce Development remain unchanged as they are sufficient to support Phase 2 requirements. Restoration services drops slightly due to the closure of the Yakima Residential Treatment Facility in December of 2021. Crisis Triage & Diversion Services will increase by approximately 72.5% for expansion of these services into King County.

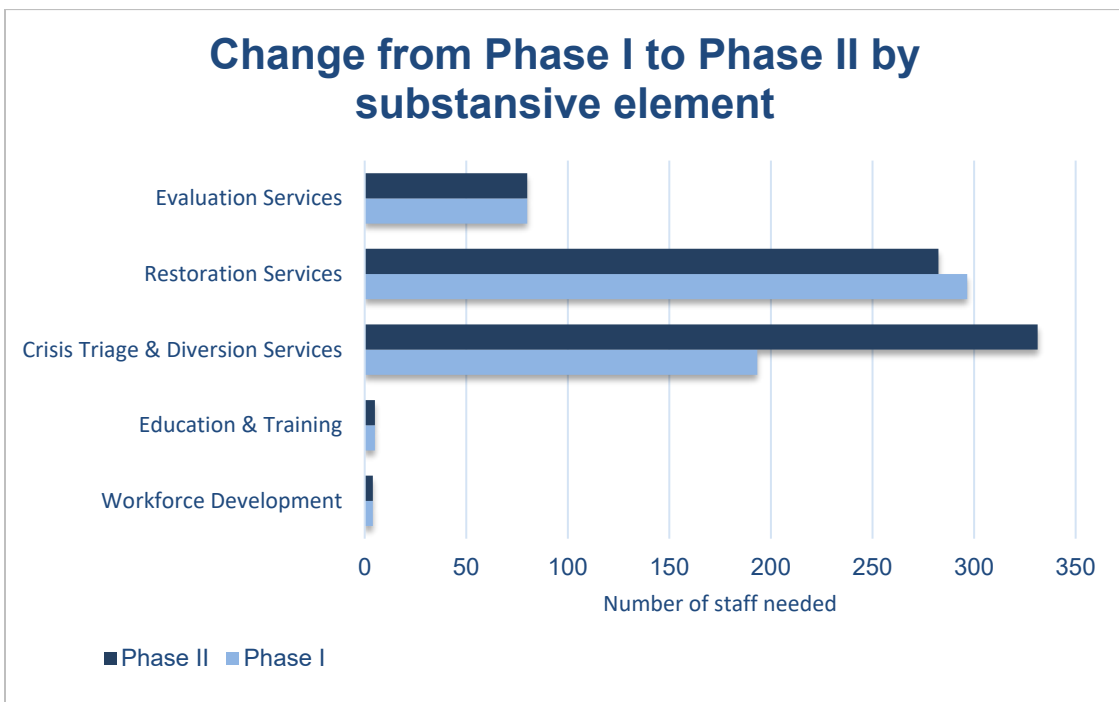


Figure 5

The table below illustrates the projected numbers of staff needed by discipline to support each of the Trueblood programs.

Projected Staffing (Phase 2)	
Evaluation Services	Forensic Evaluation
	<ul style="list-style-type: none"> • 80 licensed psychologists (6 supervisors)
Restoration Services	OCRP, Forensic Navigators, Added forensic beds at ESH & WSH, Ramp down of Maple Lane & Yakima RTFs
	<ul style="list-style-type: none"> • 29.5 bachelor's-level providers, 22 licensed master's-level clinicians • 9.5 peer support specialists, 2.5 ARNPs, 57.5 RNs, 19 LPNs • 4.75 psychiatrists, 6 licensed psychologists, 2.7 physicians • 16 master's-level providers, 39 associate's-level providers • 74 other providers (primarily psychiatric security attendants with NAC)
Crisis Triage & Diversion Services	Crisis triage bed capacity & enhancements, F-HARPS, Co- Responder program, Mobile Crisis Response, F-PATH
	<ul style="list-style-type: none"> • 79.45 bachelor's-level providers, 92.66 licensed master's-level clinicians • 73.55 peer support specialists, 4.33 master's-level providers • 9.8 ARNPs, 38 RNs, 8 LPNs, 3 psychiatrists, 6 associate's-level providers • 18.53 other providers (primarily mental health technicians with NAR)
Education & Training	Crisis Intervention Training, Jail Technical Assistance
	<ul style="list-style-type: none"> • 2 bachelor's-level providers, 2 master's-level providers • 1 associate's-level provider
Workforce Development	Enhanced Peer Support, Workforce Development
	<ul style="list-style-type: none"> • 1 peer support specialist, 3 master's-level providers

Table 9 Note: NAC- Nursing assistant certified, and NAR- Nursing assistant registered

Statewide Implementation

Statewide staffing projections were compiled by using the information shown in the table above and population projections from the Office of Financial Management (OFM, 2020). Needs were estimated to 2029. The chart in figure 6 below represents the numbers of each discipline needed for all programs in the agreement for each year from 2021 to 2029. Master's-level providers includes all master's-level staff; nursing includes LPNs, RNs, and ARNPs. The other category is made up largely of mental health technicians and psychiatric security attendants. The majority of these types of positions are utilized at the state hospitals and the restoration treatment facilities. The trend line, which represents "other" in the chart, reflects the closure of two residential treatment facilities, which equates to a combined total of 54 restoration beds (plans to open new beds are not in the Settlement Agreement and therefore not captured in the projections in this report). In looking at this data the greatest number of positions needed will be at the master's-level, followed by bachelor's-level providers, nurses, and peer specialists.

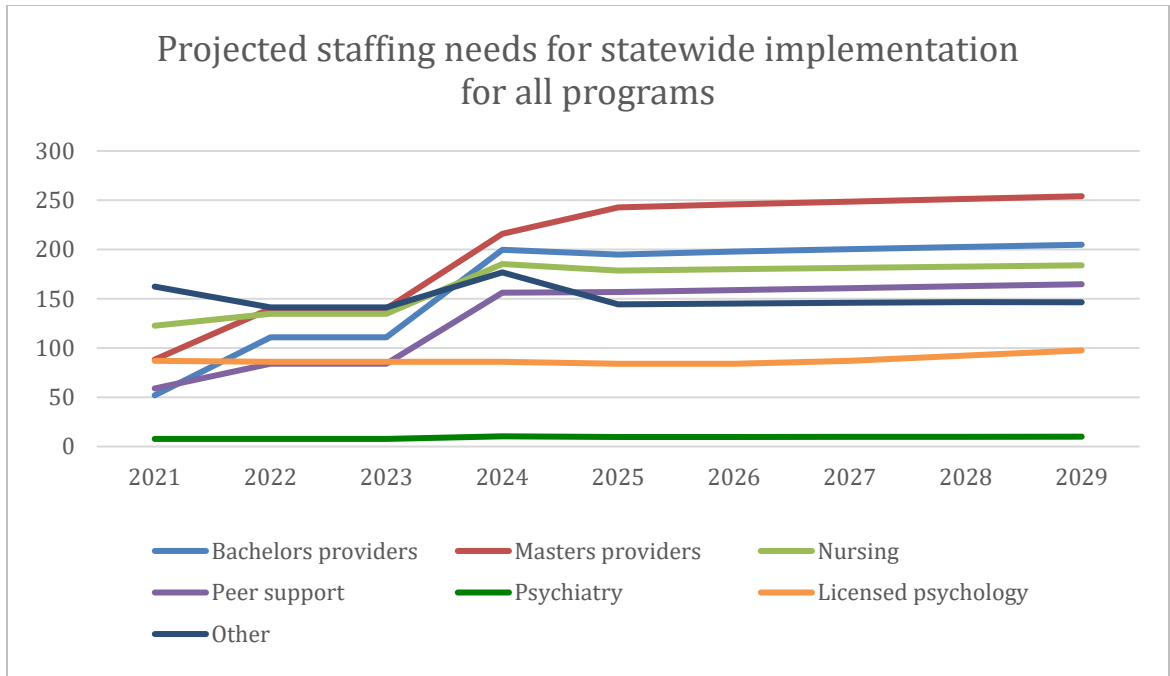


Figure 6

The chart below illustrates the projected statewide staffing categorized by the five substantive elements in the Settlement Agreement. Staffing numbers for each discipline are averaged over 2024-2029. This representation of future need shows specificity in terms of disciplines required by the varied categories.

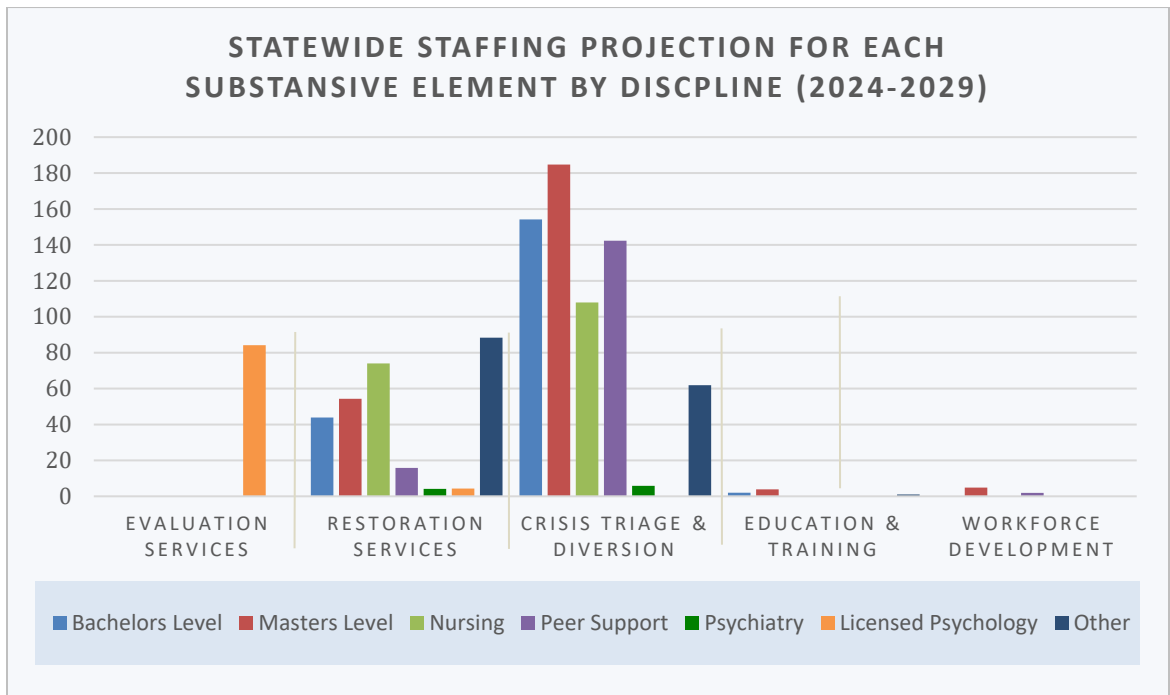


Figure 7

Summary and integration of findings

To achieve statewide implementation for all of the programs in the Settlement Agreement, substantial forensic mental health staffing is needed. The most significant growth will be among the master's- and bachelor's-level providers, nurses, and peer specialists. Areas that are likely to be in demand are master's-level providers, especially licensed clinicians, and nurses, specifically RNs and ARNPs. Need is also likely to be more prominent in rural areas. In an interview, one provider noted that, "In rural areas the challenges are master's-level clinicians and especially those with dual licensed credentials, behavioral health and SUD, we call them unicorns." For other disciplines, such as peer support and bachelor's-level providers, supply will likely meet demand. For licensed psychologists, the quality and stature of the Western State Hospital internship and post-doc programs has helped to attract qualified candidates. Overall challenges noted in interviews and surveys cite the need for more clinical training sites and tuition reimbursement or incentive programs, staff burnout, and competition from other providers who can offer higher wages.

Part two, recommendations

The following recommendations are organized by broad categories that correlate to thematic findings from our research. Each of these categories is then detailed with sub-recommendations, which clarify and operationalize each overall recommendation. The implementation time frame for each is delineated by short, medium, or long, which equates to a range of one to two years for short-term, a two- to five year range for medium-term, and five years or more for long-term. These are best estimates to aid in decision making as unexpected factors can influence timing. The estimates of cost to implement each recommendation are also provided in broad terms due to the variability of external factors that can influence cost. The categories, low, medium and high are used in this report to rate the financial impact of implementing the recommendation.

Recommendation One

Recommendation 1: Increase introductory knowledge of forensic mental health across forensic disciplines

Time	Sub-recommendations	Cost
Short Term	Develop a foundational forensic mental health training series by leveraging <i>The Intersection of Behavioral Health and the Law</i> curriculum co-developed by OFMHS and HCA	Low Cost
Short Term	Aid in recruitment/retention and generate interest in forensic work by developing outreach materials and events targeted to relevant disciplines	Medium Cost
Short Term	Expand opportunities to reach diverse audiences, and continue to develop active community partnerships in order to increase awareness of and knowledge about forensic mental health among those with a working connection to the forensic mental health populations	Low Cost
Medium Term	Work with post-secondary educational institutions to provide opportunities for OFMHS subject matter experts to deliver information such as guest lectures	Medium Cost

This recommendation is for OFMHS to provide training and education designed to orient stakeholders to the Washington forensic system and to increase opportunities for outreach. In their gap analysis, Groundswell identified a need to improve foundational-level knowledge regarding forensic mental health among those working in and with a connection to the system. They outlined a recommendation to “Enhance basic, introductory ‘Forensic Literacy’” across disciplines” (2020, p. 79-80). A similar recommendation was identified in the 2017 report, *The Washington State Behavioral Health Workforce Assessment*, which included a recommendation to “Improve behavioral health literacy as a foundation for healthcare careers” (Gattman, 2017, p. 42). In *Principles of Community-based Behavioral Health Services for Justice-involved Individuals: A Research-based Guide A bridge to the possible*, SAMHSA highlights the importance of building fundamental knowledge of criminal court procedures, terminology, and experiences that people have when involved with the system. They regard this knowledge as essential for serving people involved with the criminal court (SAMHSA, 2019 p. 13). Through the interviews conducted as a part of this report, the majority of employers noted the need to provide initial training regarding fundamental concepts of forensic mental health.

To further define this recommendation, four sub-recommendations have been developed. The first sub-recommendation is to develop a foundational forensic training by leveraging the *Intersection of Behavioral Health and the Law* curriculum co-developed by OFMHS and HCA. This material is currently being utilized to educate Certified Peer Counselors working in programs providing forensic mental health services and supports. Building on this model, it could be adapted as an online training series to accommodate a diverse audience. This educational series could be offered on an ‘a la carte’ basis so that individuals could access modules based on their knowledge level. A pilot is proposed to launch the initial training for DSHS staff through The Learning Center training portal, and concurrently hosting an online version available to King County Jail staff during Phase 2.

The second sub-recommendation is to create outreach materials and events to aid in recruitment and retention. Examples of these efforts could include; fact sheets, brochures targeting potential students for career fields which typically constitute the forensic workforce, online videos describing the field, formal talks with pre-college students, and conferences.

The third sub-recommendation calls for the wider dissemination of DSHS training materials to both internal and external customers. These targeted

efforts would be designed to reach diverse audiences such as new employees working in the state hospitals and treatment facilities, attorneys, and staff in partner organizations. Also included in this recommendation are efforts such as exploring the development of a broader reach for the forensic seminar program and associated CEUs at Western State Hospital. Expanding community partnerships is a key piece this effort.

The fourth sub-recommendation expands on the third by utilizing subject matter experts within OFMHS to engage and inform students already enrolled in programs which typically train the forensic mental health workforce. This could involve working with colleges and universities to develop opportunities for guest lectures or creation of specific course material.

Recommendation Two

Recommendation 2: Enhance discipline-specific training

Time	Sub-recommendations	Cost
Short Term	Collaborate with post-secondary educational institutions to expand internship or practicum opportunities	Low Cost
Short Term	Explore the development of an enhanced training program for forensic evaluators	Medium Cost

This recommendation is to increase discipline-specific training opportunities. It is further detailed through two sub-recommendations. Interest in the field could be amplified by expanding opportunities for students to gain hands-on experience through training periods or internships within OFMHS facilities. Similarly, developing additional practicum opportunities which fulfill supervised hours requirements for graduate students in disciplines, such as social work or mental health counseling, may draw candidates to the field and promote working for DSHS. Groundswell similarly recommends this as, “Support and expand existing clinical practica, internships, and fellowships.” (Gowensmith et al., 2020 p. 83-87). Currently Eastern and Western State Hospital work with

Clinical Placements Northwest to provide clinical educational placements for nursing students (CPNW, 2021). These efforts help introduce students to psychiatric settings and could be explored for other disciplines in order to aid in recruitment and retention.

Another recommendation that Groundswell advanced and with which we concur regards an evaluator training program. Currently, OFMHS is fully staffed with evaluators, but this may not always be the case. If and when new evaluators are brought on board, an enhanced training program would support the continued performance of best-practices regarding competency to stand trial evaluations (Gowensmith et. al., 2020, p. 81).

Western State Hospital has established nationally recognized and highly competitive programs for forensic psychology internship and post-doctoral training. These programs attract applications from among the most qualified students and recent doctoral graduates across the country. Many of these interns and post-docs go on to work within the Washington forensic mental health system, including as forensic evaluators. These programs currently provide four positions for each year-long internship training and three one-year post-doc positions. Consideration should be given to expanding the number of internship and post-doctoral training positions at Western State Hospital and incorporating Eastern State Hospital as a potential training site.

The University of Washington's recently established Center for Mental Health, Policy, and the Law (CMHPL) represents an opportunity to collaborate with post-secondary institutions to expand training opportunities. Part of their proposed mission is "to train and educate the next generation of scholars and practitioners in forensic mental health as well as people at the immediate intersection of law and mental illness, such as first responders." This aligns with the mission of the OFMHS Workforce Development team. Specific opportunities may include the development of forensic psychiatry training rotations at specific units of Western State Hospital. The Center's mission statement includes a section titled Workforce development through specialized training, that states, "There exists significant local (and national) need for specialized training in forensic mental health. With no current forensic psychiatry fellowship program in the state, psychiatry trainees leave the state to pursue this elsewhere. A goal of the CMHPL is to develop and house a forensic psychiatry fellowship and bolster forensic mental health training for other professionals with cross-discipline programming" (U of W, 2020).

Recommendation Three

**Recommendation 3: System-level
enhancements to support the forensic mental
health workforce**

Time	Sub-recommendations	Cost
Long Term	Consider the development of forensic tracks or certificate programs with a forensic focus	Medium Cost
Long Term	Expand opportunities for mid-level practitioners	Medium Cost
Medium Term	Expand and support professional development offerings for forensic mental health	Medium Cost
Medium Term	Expand the funding for tuition reimbursement programs	Medium Cost

This recommendation focuses on system-level enhancements to support the forensic mental health workforce. These are recommendations which are external to OFMHS but which play a significant role in a developing clear pathways to ensure a robust and continuous flow of students moving into the overall behavioral health workforce and measures to encourage them to stay. This recommendation has four sub-recommendations. In addressing the pipeline of students, one issue is the lack of awareness and knowledge regarding the field of forensic mental health. In our interviews with educational institutions, most had some knowledge in this area but conceded that more information would be beneficial. This response did not differ greatly among the disciplines spoken to. Many schools and programs interviewed asked about the availability of OFMHS resources. To ensure the future forensic workforce is well trained and prepared, OFMHS recommends the development of forensic tracks or forensic certification within academic programs. This aligns with Groundswell’s recommendations to “Collaborate with Washington universities to develop forensic tracks or emphases in the relevant disciplines” and to “Collaborate with Washington universities to develop degree or certificate programs for disciplines of greatest need” (Gowensmith et, al. 2020, p. 87-88).

A companion recommendation is to expand the support for mid-level practitioners. This relates to the spectrum of career options in forensic mental health. Through certification or licensure options that quantify their specialized knowledge, the opportunities for mid-level providers could be expanded. In recent years, opportunities for individuals with lived experience as peer counselors have expanded, and the need for licensed master’s-level clinicians continues to grow. For bachelor’s-level providers (with the exception of nursing), distinct roles are not as clear and the availability for formal specialized training is subsequently less.

Expanding and supporting professional development offerings specific to forensic mental health is the next sub-recommendation which contributes to ensuring the adequacy of the forensic workforce. Supporting the creation of targeted professional development such as the continuing education experiences needed to maintain licensure promotes continued specialization and learning and aids in retention. An example of this is Shoreline Community College’s professional development course for mental health professionals, such as social workers or mental health counselors working alongside first responders (Shoreline, 2020). The last sub- recommendation further supports the workforce through expanding funding for tuition reimbursement programs such as the Washington Health Corps Behavioral Health program. This program provides tuition reimbursements for licensed psychologists, independent clinical social workers, marriage and family therapists, and licensed mental health counselors working in rural and underserved areas (WA Student Achievement Council, 2021).

Recommendation Four

Recommendation 4: Engage in further exploration of the forensic mental health workforce in Washington

Time	Sub-recommendations	Cost
Short Term	Conduct additional focused data collection, and continued liaising with stakeholders	Low Cost
Short Term	Establish a workgroup to explore potential sources and methods to generate data pertaining to the forensic mental health workforce in Washington	Low Cost

Conducting the necessary research for this report revealed a lack of forensic mental health-specific data. For example, the Employment Security Department's Labor Market Supply/Demand Report provides a gap analysis for occupations using comparisons of online job postings and data on unemployment claimants. However, the report uses broad categories, that do not allow for the delineation of forensic mental health specific analysis. For instance forensic psychologists are captured under "*clinical, counseling, and school psychologist.*" The annual version of the report has value in that it takes into account not only college and university graduates entering the workforce but also utilizes an even more general category, "psychology" (ESD, 2021). This results in challenges in determining the occupational gap that exists for various disciplines specific to forensic mental health. Other sources of data and information exist under the comprehensive category of behavioral health. These sources have some parallels for the forensic workforce, but the aggregation of information creates difficulties in focused analysis for projecting needs within the field of forensic mental health. For example, many reports from organizations involved in the behavioral health field provide information regarding workforce insights, barriers, and recommendations, but they apply broadly to the behavioral health workforce. This situation leads to the sub-recommendation to conduct focused data collection in addition to that which was done for this report and in doing so, continue to liaison with stakeholders to keep pace with trends and patterns. To further address the data and information needs, the second sub-recommendation calls for establishing a workgroup to explore potential sources and methods for generating forensic specific data.

Summary

This report was the culmination of extensive research and exploration of intricate issues affecting the forensic mental health workforce and the staffing needed to support the Trueblood programs identified in the Settlement of Contempt Agreement. These programs provide vital services and supports to Trueblood class members and our community. Through our research, OFMHS identified challenges and potential issues. In considering these, four recommendations were offered. These addressed; increasing the foundational knowledge of forensic mental health among relevant professionals and partners, enhancing discipline-specific training, developing system-level enhancements to support the workforce, and to pursue additional focused data collection and analysis to continue to study and report on the forensic mental health workforce in Washington. As we progress in these efforts the OFMHS annual report will provide follow-up information on workforce development activities culminating from this and future assessments.

Appendix 1—OFMHS Workforce Development brochures

Brochures illustrating forensic career pathways

Pathway to Forensic Behavioral Health Mental Health Counselor

Examples of Work Environments


Typical work environments for Mental Health Counselors include community settings as Forensic Navigators, Mental Health Counselors in state facilities or private behavioral health hospitals, discharge planners in correctional settings, crisis outreach or diversion specialists as part of a co-responder team with law enforcement, designated crisis responders, or recovery liaisons/discharge coordinators with community behavioral health organizations.

Begin

Bachelor's Degree in Mental Health Counseling or a related behavioral science field

Master's degree in Mental Health Counseling or in a related behavioral science field

Supervised post-grad experience required: 36 months full-time counseling or 3,000 hours (degree from CACREP accredited school can reduce required hours, WAC 246-809-230)




Schools in Washington

Master's Counseling Programs (CACREP accredited)
CWU, City University of Seattle, EWU, Gonzaga University, WWU, Seattle University, Antioch University Seattle,


Additional Master's Counseling Programs
University of Puget Sound-seeking CACREP accreditation, St. Martins University, Northwest University

Education
Mental Health Counseling positions in Washington require a master's degree or above in Mental Health Counseling or a related behavioral health field and licensure. See WA Administrative Code 246-809-220 for more information.

CACREP-Council for Accreditation of Counseling and Related Educational Programs



Pass either of the National Board of Certified Counselors (NBCC) exams: National Counselor Exam (NCE) or National Clinical Mental Health Counselor Exam (NCMHCE)



New Opportunities

This document is for illustrative purposes only for detailed information see: RCW 18.225.090, Chapter 246-809-220 WAC

Pathway to Forensic Behavioral Health Nursing

Examples of Work Environments


Typical work environments for forensic nurses include community settings such as outpatient competency restoration facilities, or with behavioral health organizations. Nurses also often work in inpatient settings such state or private behavioral health hospitals, correctional settings, and residential treatment facilities.

Begin

Bachelor's degree from a board-approved registered nurse program

Associate's degree from a board approved registered nurse program (BSN)

Master's degree in nursing (MSN) or doctor of nursing practice (DNP) from a program accredited by the Accreditation Commission for Education in Nursing (ACEN) or Commission on Collegiate Nursing Education (CCNE)



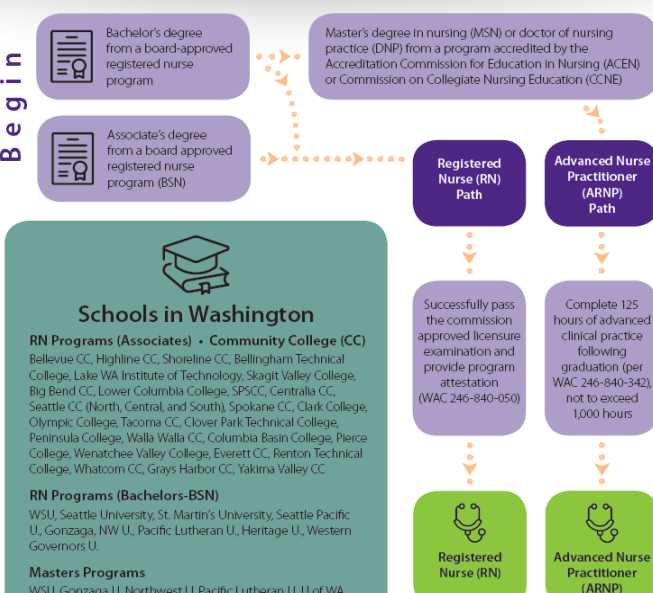
Schools in Washington


RN Programs (Associates) - Community College (CC)
Bellevue CC, Highline CC, Shoreline CC, Bellingham Technical College, Lake WA Institute of Technology, Skagit Valley College, Big Bend CC, Lower Columbia College, SPSCC, Centralia CC, Seattle CC (North, Central, and South), Spokane CC, Clark College, Olympic College, Tacoma CC, Clover Park Technical College, Peninsula College, Walla Walla CC, Columbia Basin College, Pierce College, Wenatchee Valley College, Everett CC, Renton Technical College, Whatcom CC, Grays Harbor CC, Yakima Valley CC

RN Programs (Bachelors-BSN)
WSU, Seattle University, St. Martin's University, Seattle Pacific U., Gonzaga, NW U., Pacific Lutheran U., Heritage U., Western Governors U.


Masters Programs
WSU, Gonzaga U, Northwest U, Pacific Lutheran U, U of WA, Western Governors U.

Resource-DOH WA State Nursing Commission





Registered Nurse (RN)



Advanced Nurse Practitioner (ARNP)

New Opportunities

This document is for illustrative purposes only. For detailed information see: Chapter 246-840 WAC

Pathway to Forensic Behavioral Health Certified Peer Counselor

Examples of Work Environments

Peer Counselors work in a variety of inpatient and community settings. They are often employed by community behavioral health organizations and can work in areas such as crisis response, jails, and hospitals. In the forensic field you can find peers working on Forensic PATH and HARPS teams and on OCRP teams.

This document is for illustrative purposes only for detailed information see: The HCA Peer Counselor webpage, RCW 18.19.095

Peer Counselor

OCRP

Peers on Outpatient Competency Restoration Program teams support people in a community-based setting, to achieve the ability to participate in one's own defense.

F-PATH

The Forensic Projects for Assistance in Transitioning from Homelessness (F-PATH) program provides enhanced engagement to people who are at higher risk of involvement with the criminal court system. Peer Counselors help connect people with supports, including housing, transportation, and health care services.

F-HARPS

Forensic Housing and Recovery through Peer Services, connects people with housing and residential supports. Services include peer support, subsidies, and short-term rent vouchers to help in finding more permanent housing support.

Qualifications

Becoming a CPC in Washington State requires lived experience with behavioral health challenges and to be living in recovery. See the Washington State Health Care Authority's Peer Support webpage for more information.

Source- HCA/Division of Behavioral Health and Recovery, Peer Support

Begin



Pathway to Forensic Behavioral Health Psychiatry



Examples of Work Environments

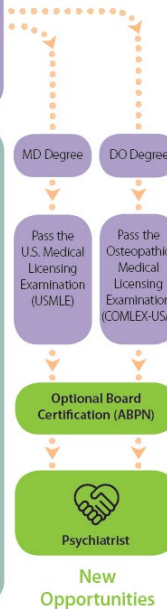
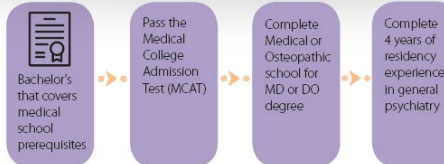
Psychiatrists in Washington typically work in inpatient settings in residential treatment facilities or state psychiatric facilities, in a treatment role. A Psychiatrist may also choose to work in an outpatient setting or as a Forensic Evaluator.

Education

To become a licensed Psychiatrist in Washington State, a Medical or Osteopathy degree and licensure is required. See the Washington State Medical Commission for more information on licensing requirements.

This document is for illustrative purposes only. For detailed information see: 246-919 WAC, 246-843 WAC, WA Osteopathic Medical Association, WA Medical Commission

Begin

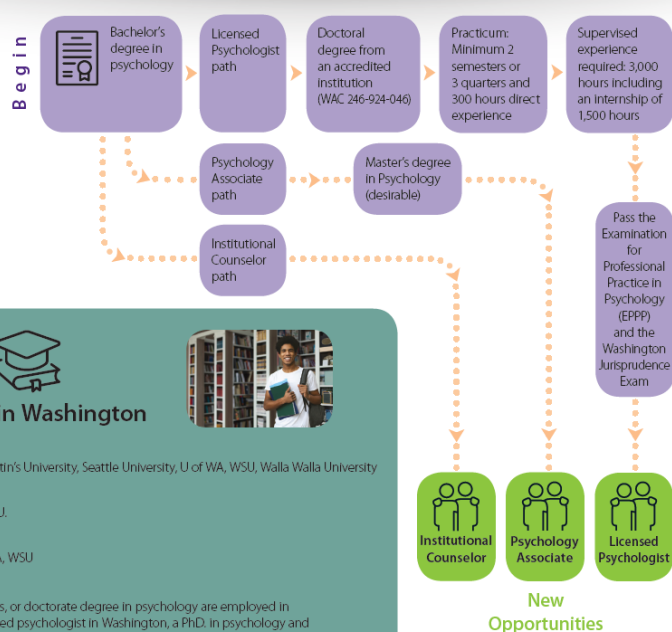


Pathway to Forensic Behavioral Health Psychology

Examples of Work Environments

With a bachelor's degree in psychology, an individual may work in inpatient settings in state psychiatric facilities as an Institutional Counselor. With a master's degree in psychology a graduate might work in the same setting as a Psychology Associate. Community behavioral health organizations also hire graduates of psychology programs in various roles. At the doctorate level, as a licensed psychologist, you may choose to work as a Forensic Evaluator or as a treating Psychologist.

This document is for illustrative purposes only. For detailed information on requirements, see: RCW 18.83, Chapter 246-924 WAC



Schools in Washington

Bachelors
EWU, Heritage University, Pacific Lutheran University, St. Martin's University, Seattle University, U of WA, WSU, Walla Walla University

Masters
EWU, Seattle University, U of WA, WSU, CWU, Seattle Pacific U.

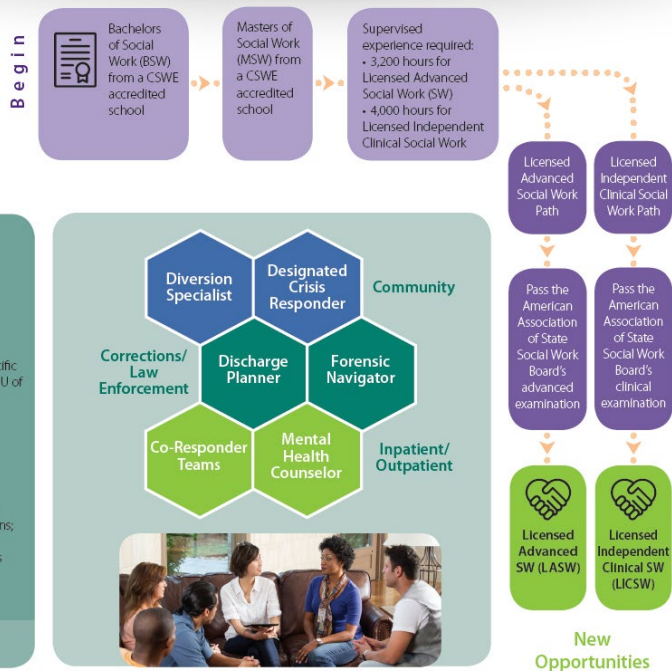
Doctorate
Seattle Pacific University, Antioch University, Seattle, U of WA, WSU

Education
Individuals at all three education levels, a bachelor's, master's, or doctorate degree in psychology are employed in different forensic careers in Washington. To become a licensed psychologist in Washington, a PhD in psychology and licensure is required. See the Washington State Department of Health for more information on licensing requirements.

Pathway to Forensic Behavioral Health Forensic Social Work

Examples of Work Environments

Typical work environments for forensic nurses include community settings such as outpatient competency restoration facilities, or with behavioral health organizations. Nurses also often work in inpatient settings such state or private behavioral health hospitals, correctional settings, and residential treatment facilities.



Schools in Washington

Bachelors
EWU - Spokane, Everett, Vancouver, Heritage University, Pacific Lutheran University, St. Martins University, Seattle University, U of W, Walla Walla University

Masters
EWU - Cheney, Everett, Spokane, Vancouver, online Seattle University, U of W, Walla Walla University

Education
Most forensic social work positions in Washington require a master's degree or above and licensure. There are two options; a Licensed Advanced Social Worker (LASW) or a Licensed Independent Clinical Social Worker (LICSW). An LICSW allows for practice in a private setting. See the Council on Social Work Education for more information.

CACREP-Council for Accreditation of Counseling and Related Educational Programs

Community

Diversion Specialist, Designated Crisis Responder, Forensic Navigator, Discharge Planner, Mental Health Counselor, Co-Responder Teams, Corrections/Law Enforcement, Inpatient/Outpatient

Appendix 2—Groundswell Services Inc. workforce report

The Washington State Forensic Workforce: Overview and Recommendations for Training, Certification and Degree Programs (2020)



Groundswell Services, Inc.

**The Washington State Forensic Workforce:
Overview and Recommendations for Training,
Certification, and Degree Programs**

Neil Gowensmith, PhD

Daniel Murrie, PhD

Ira Packer, PhD

With contributions from Patrick Fox, MD, and Kris A. McLoughlin, DNP, APRN, FAAN

We gratefully acknowledge the OFMHS Workforce Development Team and Jennifer Popchockhakim, MPA for providing data and assistance necessary to complete this report.

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INTRODUCTION AND OVERVIEW

This workforce analysis was initiated by the Amended Comprehensive Settlement Agreement, pursuant to the *Trueblood, et al., v. DSHS, et al., No. 14-cv-01178-MJP* litigation. In sections §§ III.E.2.f-g, the Settlement Agreement mandates Washington’s Department of Social and Health Services (DSHS) to “assess the need and target areas for training programs, certification programs, and possible degree programs” for Washington’s forensic population, and then to make subsequent recommendations to address gaps. The DSHS Office of Forensic Mental Health Services (OFMHS) has contracted with Groundswell Services Inc. to produce this workforce analysis. This workforce analysis contains four major components:

- Identifying Forensic Mental Health Professions (FMHPs) that provide direct care to Washington’s forensic population;
- Estimating staffing needs across FMHPs for the next ten years;
- Identifying training, certification, and degree programs for each FMHP, with an emphasis on local programs;
- Developing recommendations to enhance current FMHP training, certification, and degree program opportunities.

The data in this report are based on meetings with a number of relevant stakeholders, both in person and by telephone (see *Table 1: Interviews*), consultation with the OFMHS Workforce Development Team, as well as review of documents and data provided by OFMHS (see *Table 2: Source Documents*). These data included projections we received regarding estimated population growth, and estimated growth of the *Trueblood* population in Washington State. In addition, we researched existing programs in Washington State and nationally that train providers in the disciplines that provide services to the *Trueblood* population.

Key Considerations:

The State of Washington analyzed the broader behavioral health workforce needs, under the auspices of the Washington State Workforce Training and Education Coordinating Board, and the University of Washington’s Center for Health Workforce Studies.¹ That project was focused broadly on integrating behavioral and physical healthcare. Our mandate has been to focus specifically on the workforce serving the *Trueblood* population, particularly related to training and certification. We have identified several issues that are consistent with the broader analysis, but also have identified the following themes relevant to increasing the qualified

¹ Washington State Behavioral Health Workforce Assessment, December 2017.

workforce to provide services to the *Trueblood* population. Although these issues go beyond the specific questions that OFMHS asked us (see *Table 3: DSHS Task Order for Forensic Mental Health Workforce Analysis*), we believe these themes — which emerged repeatedly in our interviews and analysis — have influenced Washington’s current (and anticipated) forensic staffing needs. Thus, we consider them important to consider alongside the narrower analysis of staffing and training needs that OFMHS requested.

1. **Publicity and Stigma:** Although stigma has been identified as a general challenge in recruiting for behavioral health (e.g., Washington’s Behavioral Health Workforce Assessment, 2017), there are additional challenges related to recruiting for forensic contexts. Among candidates eligible for certain disciplines and Bachelor’s-level positions, a lack of familiarity with mental illness *and* with justice-involved individuals may leave them wary of working in the forensic system. But even among clinical disciplines that are far more familiar with mental illness, there may be strong misconceptions about people involved with the criminal justice system, perceiving them as exceedingly difficult to treat or uniformly violent. This wariness, or even stigma, may be exacerbated by bad publicity emphasizing assaults at Western State Hospital (several staff speculated this bad publicity was a barrier to recruiting hospital staff). Of course, DSHS should work to minimize assaults on staff for many reasons that span far beyond publicity, and these assaults may reflect other genuine institutional challenges that may influence recruiting and retention. These will require substantive efforts beyond the scope of our focus in this report. But to the extent that lack of understanding, wariness, and/or stigma around the forensic population is a barrier to encouraging qualified applicants to train and choose to work with the *Trueblood* population, this barrier may be addressed with further education and outreach efforts (described later in this report).
2. **Insufficient skills and training specific to forensic contexts:** Across almost all disciplines (other than Forensic Psychologists), candidates for positions in the hospitals, Residential Treatment Facilities for competency restoration, and community programs have little exposure or training involving forensic populations. Very few training programs in Washington State include a forensic focus. For example, although there are 27 Mental Health Counseling Programs nationwide that have a forensic emphasis, there is only one such program in Washington State. Some social work programs include rotations at the State Hospitals or correctional facilities, but there is not a more structured forensic concentration. Thus, many trainees are not prepared to work with a forensic population. They do not understand the forensic system, the laws that influence treatment and disposition,

the clinical conditions common to forensic settings (including severe mental illness, personality disorder, malingering), and the more stringent boundaries typically necessary in forensic settings. This is also true for Bachelor's-level staff and peer specialists. Health Care Authority in conjunction with OFMHS Workforce Development has developed a training for peer specialists, which will be accompanied by certification, and we applaud this initiative. We understand that it may become available to other groups as well, and this is an important first step. However, there is also a need to encourage both graduate and undergraduate programs in Washington to develop curricula specific to this population. In addition, opportunities for practicum, internship, residency, and fellowship experiences in both the inpatient forensic hospital and community settings, need to be enhanced. The Psychology Internship and Forensic Psychology Postdoctoral programs are a good example of how such opportunities can recruit qualified professionals.

3. ***Loss of certification at Western State Hospital (WSH):*** It is hard to overestimate the impact of lost certification on both recruitment and retention. One clear example is the relationship with the Psychiatry Department at the University of Washington (UW). In response to a legislative request, the University of Washington studied options for a Forensic Psychiatry Fellowship at Western State Hospital, as well as options for increasing their involvement with the Forensic Psychology Postdoctoral program. However, the loss of certification ended efforts to develop the psychiatry fellowship. Their loss of certification also may limit the ability of WSH to attract training programs to utilize the hospital as a training site. We understand that UW is still interested in pursuing collaborations, but this will require a concerted effort on the part of leadership of WSH.

4. ***Scope of Practice:*** Across several disciplines there is lack of clarity regarding scope of practice. Regarding the tasks that can fall either under Psychology (doctoral level), Psychology Associates (Master's-level), or Social Work, the *availability or proximity* of staff, rather than an optimal match with training and skills, seems to determine who is assigned. This is particularly true within the Master's-level clinicians, as we heard that on some units these disciplines are considered interchangeable, despite the significant difference in salaries between the disciplines. Better clarity would likely lead to more efficient use of appropriate skillsets, as well as improve recruitment and retention. To the extent that potential trainees perceive the state hospitals and other sites as an opportunity to gain experience commensurate with their discipline's scope of practice, they will more likely want to train there (and eventually stay on as employees).

This type of issue appears particularly relevant to nursing. Although there is interest among hospital leadership in improving the structure that would allow nurses to work to the full extent of their licenses and traditional scope of practice, that goal has not been met. Nurses may currently be asked to perform tasks outside the scope, such as monitoring patients or leading groups. This again can impact the desirability of these sites as venues for training.

In addition, there has not been a concerted effort to utilize “mid-level” providers for psychiatric care. This includes Advanced Registered Nurse Practitioners (ARNPs) and Physician Assistants (PAs). Although some nurses and PAs have been hired, they are more likely to be used for general medical care than psychiatric treatment and medication prescription. If there were more role models on site, performing these functions, the sites would become more attractive to trainees.

5. **Rural locations:** As in most states, programs in Washington’s rural areas are often more difficult to staff than those in urban areas. ESH is planning to add substantial forensic inpatient capacity in the coming years, but staffing those units may prove challenging without additional incentives. Additionally, a Yakima RTF administrator noted difficulties staffing their positions due to their rural location; although the facility is closing, this may be true for OCRP programs in more rural areas over time. This also impacts trainees, to the extent that potential training sites are geographically distant from the schools they attend.
6. **Salaries:** Although not directly relevant to the issue of training, compensation certainly impacts the ability of OFMHS and DSHS to recruit and retain providers. For some disciplines, the salaries offered in the public sector are lower than other settings. This includes Psychiatry, Nursing Supervisors, Mental Health Counselors, and treating Psychologists. For other disciplines, the state has responded to previous analyses by raising salaries, and these efforts appear to have directly improved recruitment among Forensic Psychologists, Social Workers, and RNs. Of course, even for those disciplines with currently competitive salaries, it will be important for DSHS and OFMHS to continue to monitor those salaries to ensure they remain competitive in the future.
7. **Benefits:** On the positive side, those who work for the state receive an excellent benefits package. For those who work for community providers, a very enticing benefit is loan repayment for educational debt. We understand that there is such a

program in place, but that there may be opportunities to expand it. Washington’s Behavioral Health Workforce Assessment (2017) made a similar recommendation, and also suggested other incentives (this could include a bonus payment for those who work in community settings for a set period of time). Implementation of such an expansion would require additional funding, to ensure that this is not a zero-sum game (that is, that some groups lose because others benefit). We do not have information on the amount of additional funding that this would require, but we have heard from several groups that this would be an incentive for hiring and retention — well beyond the training strategies that are the primary focus of this report.

Again, the above broad issues have influenced the current staffing in Washington’s forensic system, which we describe in greater detail throughout this report. Ultimately, however, our analysis of the current and anticipated staffing leads to the following training recommendations (summarized below, but detailed thoroughly in the *Recommendations* section).

Recommendations:

1. Enhance basic, introductory “Forensic Literacy” across disciplines.

- a. OFMHS took an important step in developing the *“Washington State Legal System Guide to Forensic Mental Health Services.”* We encourage them to work with their internal Workforce Development team to proceed much further in expanding this initiative to all disciplines, and considering other formats for disseminating this information (such as video and online formats) in much greater depth.
- b. In addition, we recommend discipline-specific mentoring to increase knowledge and skills for those working specifically with forensic populations.

2. Enhance internal discipline-specific training, certification, and licensure.

- a. *Psychology:* Further develop a formal training or certification program for forensic evaluators. This model has been successful in other states (e.g., Virginia and Massachusetts), improving the quality of forensic opinions and reports. It can also serve as an incentive for recruiting forensic psychologists to join OFMHS to obtain this training and certification.
- b. *Nursing:* Continue and expand current efforts to improve broader culture and certification. This includes the “Pathways to Excellence” and “Magnet Journeys.” In addition to enhancing quality of nursing services, this can also serve as a means of attracting trainees and practitioners.
- c. *Nursing:* Modify staffing such that PMH RNs are considered psychiatric clinicians, and not primarily medical clinicians; allow them to practice to the full extent of their

licenses. This has the potential to make WSH and ESH more attractive sites for both training and recruitment.

3. Collaborate with educational institutions to expand existing training programs.

- a. *Psychology*: Consider expanding the existing Psychology Internship at WSH, and explore developing a similar program at ESH. In addition, consider outreach to local universities and developing practicum placements for doctoral psychology students at the hospitals and other sites.
- b. *Social work*: Enhance the existing relationships between the hospitals and Social Work training programs. We recommend expanding these initiatives to include other sites (such as the RTFs) as well as reaching out to other schools.

4. Develop new practica, rotations, internships, or fellowships for disciplines that lack these.

- a. *Psychiatry*: Neither ESH or WSH have a current affiliation with any psychiatry residency training program, nor do either offer a forensic psychiatry fellowship. We recommend reaching out to University of Washington and Washington State University to explore options for becoming participating sites for resident education. [We recognize the current barriers posed by WSH losing accreditation. But, this is a long-term recommendation. There may sooner be opportunities at Fort Steilacoom Competency Restoration Program.]
- b. *Nursing*: Partner with a Washington university that has expert Psychiatric Nursing faculty to develop an RN residency program.
- c. *Mental Health Counseling*: We recommend outreach to local MHC training programs to consider practicum and internship placements. This may be especially fruitful given the number of Master’s-level counseling programs in Washington.

5. Collaborate with Washington universities to develop forensic “tracks” or emphases in the relevant disciplines.

We recommend outreach from OFHMS and the hospitals to all Washington MHC programs, MSW programs, and graduate psychology programs. To the extent that these programs learn of job opportunities for their students, they are more likely to invest in developing a forensic concentration. These forensic “tracks” are increasingly popular nationally, and collaboration with OFMHS to develop these may be attractive to some universities.

6. Collaborate with Washington universities to develop degree or certificate programs for disciplines of greatest need.

This recommendation is particularly relevant to nursing. We recommend considering collaborating with a local university to develop a post-master's Psychiatric Mental Health Nurse Practitioner certificate for non-Psychiatric nurse practitioners, an innovative strategy that other states have begun. Such a program would be a fairly brief and practical approach for trainees.

SOURCES OF INFORMATION

The following individuals were interviewed in the course of our analysis:

Table 1: Interviews

Interviews		
Name and Title	Organization	Date of Interview
Jennifer Popchockhakim, M.P.A. Tasha Fox, Ph.D. Tiffany DeMark, M.A. Kirsten Peebles, M.A. Erik Knudson, M.S. <i>Workforce Development and Technical Assistance</i>	OFMHS, Washington State Department of Social and Health Services	December 3-4, 2019
Jason Karpen, J.D. <i>Director, Forensic Navigator</i>	OFMHS	December 3, 2019
Tim Hunter, M. A. <i>Director, Liaison and Diversion Specialist</i>	OFMHS	December 3, 2019
Jacqueline Means, Ph.D. <i>Director, Forensic Evaluation Services</i>	OFMHS	December 3, 2019
Marilyn Ross, Ph.D. <i>Director, Outstation Service, Forensic Evaluation Services</i>	OFMHS	December 3, 2019
Bryan Zolnikov, Ph.D. <i>Quality Manager</i>	OFMHS	December 3, 2019
Susan Copeland, B.S.W. <i>Administrator, Residential Treatment Facilities</i>	OFMHS	December 3, 2019
Maureen Bailey, C.P.C. <i>Health Care Authority (Peer Support)</i>	Health Care Authority	December 4, 2019
Teesha Kirschbaum, M.S., C.P.C. <i>Health Care Authority (Peer Support)</i>	Health Care Authority	December 4, 2019
Monica Reeves, M.Ed. <i>Program Administrator, Outpatient Competency Restoration Program</i>	OFMHS	December 4, 2019

Darla Dawson, M. A. <i>Central Forensic Admissions Coordinator</i>	OFMHS	December 4, 2019
Jessica Alves <i>Project Manager, Outpatient Competency Restoration Program</i>	OFMHS	December 4, 2019
Dennis Wetzler, M.S.W. <i>Psychiatric Social Worker</i>	ESH	December 4, 2019
Shelli Huey, R.N., B.S.N. <i>Director of Nursing</i>	ESH	December 4, 2019
Melissa Hanson, M.A. <i>Director, Center of Forensic Services</i>	WSH	December 4, 2019
Sammy Statler, R.N. <i>Registered Nurse</i>	WSH	December 4, 2019
Angel G. Lugo Steidel, Ph.D. <i>Chief Clinical Officer</i>	WSH	December 4, 2019
Jan Tokumoto <i>Chief Operating Officer</i>	Frontier Behavioral Health (Spokane)	December 19, 2019
Molly Carlson <i>Human Resources Officer</i>	Frontier Behavioral Health (Spokane)	December 19, 2019
Sarah Kopelovich, Ph.D. <i>Assistant Professor, Department of Psychology and Behavioral Sciences</i>	University of Washington School of Medicine	January 9, 2020
Jennifer Piel, M.D., J.D. <i>Clinical and Forensic Psychiatrist, Associate Professor of Psychiatry, Associate Program Director, General Psychiatry Residency Training Program</i>	University of Washington School of Medicine	January 9, 2020
Mary Reidy, LICSW <i>Director of Social Work</i>	ESH	January 13, 2020
Tyra Villafan, LICSW <i>Division Director</i>	Yakima Competency Restoration Center	January 16, 2020
Ryan Quirk, Ph.D. <i>Psychiatric & Social Services Manager</i>	Jail Health Services Public Health - King County	January 22, 2020

Candice Yi, LICSW <i>Director of Social Work</i>	WSH	January 23, 2020
Jenise Gogan, M.A. <i>Director of Community Transition</i>	WSH	January 23, 2020
Diana Sampson, MA <i>Manager of Program Operations</i>	Integrative Care Training Program University of Washington School of Medicine	January 29, 2020
Paul Shin <i>Associate Director of Education</i>		January 29, 2020
Michele Peyton, LICSW <i>Manager of Forensic Social Work</i>	WSH	January 29, 2020
Melissa Bullock, LICSW <i>Manager of Forensic Social Work</i>	WSH	January 29, 2020
Jayne Skehan, M.S.N., D.N.P. <i>Chief Nursing Officer</i>	ESH	February 5, 2020
Angel G. Lugo Steidel, Ph.D. <i>Chief Clinical Officer</i>	WSH	February 6, 2020
Jennifer Brown, M.S.N. <i>Chief Nursing Officer</i>	WSH	February 11, 2020
Anna Lookingbill, M.A.C. <i>Jail Discharge Planner – Reentry Program</i>	Clark County Sheriff's Office	February 13, 2020
Kelly Anderson <i>Jail Discharge Planner – Reentry Program</i>	Clark County Sheriff's Office	February 13, 2020
Kimberly Beltran <i>Commander</i>	Clark County Sheriff's Office	February 13, 2020
Rick Bishop <i>Chief</i>	Clark County Sheriff's Office	February 13, 2020
Rob Henry, MD <i>Director of Psychiatry</i>	WSH	February 17, 2020
Katherine Raymer, MD <i>Chief Medical Officer</i>	WSH	February 18, 2020

The following collateral documents were reviewed in preparation of this analysis:

Table 2: Source Documents

Source Documents	
Title	Dated
Washington's Behavioral Health Workforce Assessment: Project Phase 1 Report	Fall 2016
Washington State Legal System Guide to Forensic Mental Health Services	October 2016
Washington's Behavioral Health Workforce Assessment: Input from Key Informants	November 2016
Washington's Behavioral Health Workforce Assessment: Summary of Recommendations and Actions	November 18, 2016
Community Outpatient Readiness Evaluation Instrument	September 2017
Washington State Department of Social and Health Services, Position Description Form: Institution Counselor 2 Days	February 2018
Washington State Department of Social and Health Services, Position Description Form: Psychiatric Social Worker 2 Days	February 2018
Washington State Department of Social and Health Services, Position Description Form: Psychology Associate Days	February 2018
Forensic Navigators Proposal	February 13, 2018
Amended Joint Motion for Preliminary Approval of Settle Agreement, Amendment A: Amended Comprehensive Settlement Agreement	October 25, 2018
Outpatient Competency Restoration Program Special Terms and Conditions	November 20, 2018
Washington State Department of Social and Health Services, Report to the Legislature: State Psychiatric Hospital Forensic and Civil Bed Need Models	November 30, 2018
Behavioral Health Administration, Hospital Budget and Planning Application, January through March 2019	March 2019
Washington State Department of Social and Health Services, Office of Forensic Mental Health Services: Forensic Evaluator Training and Mentorship Manual	June 24, 2019
Washington State Department of Social and Health Services: Trueblood Implementation Plan Final	June 27, 2019
Washington State Department of Health: Active Credentials Snapshot (on July 1 st each year)	2009 - 2019
Washington State Department of Social and Health Services, Report to the Legislature: Staffing Levels Compared to Allotments	July 1, 2019

Washington State Competency Referrals Trends	September 2019
Felony and Misdemeanor Competency Orders: Presented to the Washington State Senate Behavioral Health Subcommittee to the Health and Long Term Care Committee (PowerPoint)	September 23, 2019
Jail Workforce and Training Assistance Needs Assessment Form	October 9, 2019
Office of Forensic Mental Health Services Quality Review Report: Yakima Competency Restoration Center	October 14, 2019
Washington State Department of Social and Health Services, Report to the Legislature: State Psychiatric Hospital Forensic and Civil Bed Need Models (DRAFT)	October 15, 2019
Office of Forensic Mental Health Services Quality Review Report: Fort Steilacoom Competency Restoration Center	October 15, 2019
Office of Forensic Mental Health Services Quality Review Report: Eastern State Hospital Competency Restoration	October 29, 2019
Workforce Development and Training Needs Summit: For Healthcare Providers Who Serve Persons Involved in the Legal System	October 30, 2019
Behavioral Health Administration, Department of Social and Health Services: Strategic Plan Metrics	November 2019
Washington State Population 2009 – 2030 (from Washington State Office of Financial Management, Forecasting and Research Division)	November 2019
Office of Forensic Mental Health Services Quality Review Report: Western State Hospital Competency Restoration	November 20, 2019
State of Washington Forecast of the State Population	December 2019
Washington State Outpatient Competency Restoration Program Overview	December 2019
Staffing Info for Prosecutorial Diversion Team Email	December 4, 2019
Staffing Ratios Regarding Diversion	December 11, 2019
State of Washington Health Care Authority, Outpatient Competency Restoration Program Request for Proposals	January 2020
Behavioral Health Administration, Office of Forensic Mental Health Services Organization Chart	January 2020
Community Forensic Staffing	January 5, 2020
Evaluating Washington's Behavioral Health Workforce	undated
Washington State Department of Social and Health Services, Behavioral Health Administration: State Hospital Staffing Model and Staffing Model Category Decoder	undated
Forensic Positions Hired at Eastern State Hospital and Western State Hospital	undated

METHODS

We used multiple methods and sources to conduct this analysis. The project was discussed in its earliest stages throughout 2019 with DSHS and OFMHS administrators. They ultimately provided a task order with the following deliverables:

Table 3: DSHS Task Order for Forensic Mental Health Workforce Analysis

a. Contractor shall build upon the research and analysis performed in prior work for the OFMHS and shall conduct research and collect data to assist the OFMHS to:

- (1) Identify a baseline set of professions that provide Forensic Mental Health Services (the “FMHP categories”) including, but not limited to, nursing, advanced practice nursing, social work, psychiatry, psychology, and mental health counseling.
- (2) Identify statewide staffing needs, by FMHP category, in order to carry out all programs covered by the Trueblood Settlement Agreement, projected over a period of ten (10) years.
- (3) Identify the gaps in availability of FMHPs within each FMHP category to meet these statewide staffing needs.
- (4) Identify existing training, certification, and degree programs in Washington for the FMHP categories identified.
- (5) Identify training, certification, and degree programs in other states for the baseline set of FMHP categories identified.

b. Assessment and Report. Contractor shall work in consultation with OFMHS to assess the information collected in a., Research and Data Collection, above. OFMHS shall produce a report, in collaboration with Contractor, which may be shared with appropriate committees of the Washington Legislature and which may be submitted for publication by OFMHS with appropriate acknowledgement of Contractor’s contribution to the report. The report will include:

- (1) High, medium, and low-cost recommendations regarding:
 - a. Recommended enhancements to existing training, certification, and degree programs; and
 - b. Recommended new training, certification and degree programs that would help Washington recruit or retain individuals to become part of the FMHP work force to meet the projected need.
- (2) Long, medium and short-term recommendations for future initiatives regarding training and certification programs for FMHPs in the state of Washington.

We met with OFMHS' Workforce Development team for two days in December 2019, during which we interviewed the Workforce Development team and several other DSHS, OFHMS, and BSH leaders and administrators across a variety of programs. We then collected source documents regarding DSHS forensic programs, populations, settings, and professions. We interviewed more than 30 individuals familiar with the forensic population and workforce across Washington.

To project the number of forensic clients from 2019-2028, we primarily relied upon the October 2019 drafted DSHS "State Psychiatric Hospital Forensic and Civil Bed Need Models" report to the Washington State Legislature ("DSHS forensic bed need models report"). We used basic growth rates to predict population numbers in 2028, as the DSHS report estimated population through 2027. We then used these estimates to provide gross predictions of forensic staffing needs by Forensic Mental Health Professional ("FMHP") through 2028. Where possible, we have supplemented these basic numerical estimates with other sources of data specific to specific FMHPs. Discrepancies in current and forecasted numbers were common; that is, different sources provided different numbers. We have attempted to reconcile discrepancies where possible and highlight them otherwise. In general, we have opted to provide more liberal estimates of staffing need. That is, given the history of low staffing ratios as compared to forensic population demands, we chose to err on the estimating optimal (not bare minimum) staffing.

We retained additional subject matter experts in social work, psychiatry, and nursing for their expertise in those areas. For ease of readership, we present most of our information in this report by topic area rather than by FMHP. That is, the report section on staffing needs presents information regarding psychiatry, nursing, social work, and others consecutively within that section. We have also opted to switch the order of task order deliverables four and five, as we prefer to set the national context for existing training, certification, and degree programs before focusing more narrowly on those programs in Washington.

FORENSIC PROFESSIONS IN WASHINGTON

Section 1

Identify a baseline set of professions that provide Forensic Mental Health Services (the “FMHP categories”) including, but not limited to, nursing, advanced practice nursing, social work, psychiatry, psychology, and mental health counseling.

Forensic Mental Health Services generally refer to those professional disciplines that provide direct service to persons under some sort of order for services mandated by a criminal court. Most often, this refers to persons in the competency to stand trial (CST) system or persons who have adjudicated as Not Guilty by Reason of Insanity (NGRI), though this can be extended in some cases to persons under a criminal court order in the community (conditional release, pre-trial supervision, etc.).

In Washington, most forensic services occur in institutional facilities. The two primary facilities are Western State Hospital (near Tacoma) and Eastern State Hospital (near Spokane). In addition, DSHS operates three Residential Treatment Facilities (“RTFs”) that provide care in locked residential settings for persons found incompetent to stand trial (IST) and in need of competency restoration services. The Fort Steilacoom RTF is located on the grounds of WSH. The Yakima RTF and Maple Lane RTF are located in more central parts of the state, although most of their patients come from western Washington. The Yakima and Maple Lane RTFs are scheduled to close within the next few years (Yakima in 2021, and Maple Lane in 2024).

FMHPs staff professions are relatively similar across the facilities, although staffing ratios and job classification titles may vary. The primary forensic mental health professions include:

- Psychiatry (including forensic psychiatry)
- Nursing (including Advanced Registered Nurse Practitioners – “ARNPs”)
- Psychology (including forensic evaluators)
- Social Work
- Mental Health Counselors (including Psychology Associates)

Because Social Work and Mental Health Counselors both require Master’s degrees in their respective fields, we address them in one section under the heading “Master

's Level Clinicians." Moreover, in Washington, the two disciplines overlap significantly; we avoid redundancy by addressing them simultaneously. Of course, we discuss the unique issues for each specific discipline separately where necessary.

We also provide brief information on Bachelor's-level workers (classified as "Institutional Counselors") and Peer Support Specialists in a standalone section later in this report.

STAFFING NEEDS AND GAPS ACROSS FORENSIC MENTAL HEALTH PROFESSIONS

Sections 2 and 3

Identify statewide staffing needs, by FMHP category, in order to carry out all programs covered by the *Trueblood* Settlement Agreement, projected over a period of ten (10) years.

Identify the gaps in availability of FMHPs within each FMHP category to meet these statewide staffing needs.

Projected forensic population and corresponding staffing needs in Washington 2019-2028

We used a combination of documents to first project the number of forensic clients to be served in Washington during the next decade, and then estimated staffing needs based on those client estimates.

Methodology for estimating forensic population in Washington

Primarily, we relied upon the October 2019 drafted DSHS “State Psychiatric Hospital Forensic and Civil Bed Need Models” Report to the Washington State Legislature (“DSHS forensic bed need models report”) to project the number of forensic clients from 2019-2028.² That report provided an exhaustive review of several source documents, including bed capacity as of August 2019, forecasts of monthly inpatient evaluation and restoration referrals based on time series models applied to referral data through July 2019, estimates of length of stay by hospital (based on CY 2017 patient experience), estimates of 90% capacity utilization of inpatient beds, and the wait list for forensic beds as of August 2019.³

² Although the Settlement Agreement was entered in October 2018, we defined the first year as 2019. Therefore, we defined the Settlement Agreement’s time frame of “period of the subsequent ten years” as beginning at the start of 2019 and continuing for nine years after (2019-2028).

³ We also calculated the projected statewide population growth rates for persons between the ages of 18-85 from 2019-2028 using the 2019 State of Washington Forecast of the State Population. This growth rate was 13.53% over that ten-year period. This general population growth rate is substantially lower than the forensic population growth rate projected by DSHS in their 2018 forensic bed model estimate. We chose to rely upon the latter DSHS report for several reasons. Primarily, the DSHS statistics are more specific to the forensic population under study than larger, generic statewide population parameters. Forensic populations are not always accurately represented by broad population parameters. For example, the past ten years have shown an unprecedented increase in the forensic population, far outpacing overall WA state population growth rates (similar trends are evident in other states; the growth of the forensic population is *not* attributable solely to the growth of the overall population).

There are several important caveats to our forensic population estimates:

- Total numbers are drawn from the DSHS forensic bed need models report and reflect the number of beds at each facility, not the number of patients served annually. We make no claims about efficiency of bed use, length of stay, etc. However, the DSHS projections found in that report do account for those data.
- The DSHS forensic bed need models report projects forensic populations through 2027. To calculate the projected forensic population in 2028, we used static rates of growth for eastern and western Washington forensic population estimates, calculated from estimates of future bed need in the DSHS forensic bed need models report. Using a broad array of detailed source data, the authors of that report calculated a rise in ESH forensic beds from 125 (2019) to 281 (2027). Analogously, they calculated a rise in WSH and RTF beds from 414 (2018) to 582 (2027). We used those basic annual rates of change (10.7% and 4.4%, respectively) to estimate forensic populations to 2028. Although our numbers do not perfectly match those found in the DSHS report, the differences are relatively small and should not impact staffing need projections substantially.
- Our estimates are therefore cruder and more inexact than those produced by DSHS. We do not have access to data that details nuanced and changing forensic population trends. Additionally, long-range predictions of population sizes are inevitably imprecise. Washington is in the midst of an unprecedented rise in its forensic patient population; it is impossible to predict how this trend will continue in the future. In summary, our forensic population estimates — and the forensic staffing projections that were derived from them — should best be viewed as informed-but-general estimates rather than exact predictions.
- The landscape of forensic services in Washington is changing, and it will continue to change. The Yakima and Maple Lane RTFs are scheduled to close within the next few years. WSH is currently facing a period of de-accreditation, but we anticipate that a new facility will be reaccredited within the next ten years. Also, a host of new community-based forensic programs have either begun or will begin within the next several years (diversion programs, outpatient competency restoration programs, and the like). As a result of this changing landscape, we have opted to focus on staffing projections for total forensic populations rather than apportioning them to different facilities or programs. In other words, we have used our broad forensic population estimates to

determine overall staffing needs, rather than attempt to predict staffing positions by specific program or setting, because certain programs and settings will inevitably change in the next few years.

- When presented with alternate prediction models, we chose the more liberal estimates. In other words, we chose to err on the side of overestimating the future forensic population size rather than underestimating it. Recent forensic referrals and mandates have risen at unprecedented rates. The ongoing litigation and current Settlement Agreement exist, to some degree, due to the lack of adequate workforce to manage the increasing demand for forensic services. We therefore chose more liberal estimates when we were presented with different projection models. We explain those decisions where necessary.

Estimated forensic population in Washington

Washington’s projected forensic populations, based exclusively on DSHS bed forecasts and according to the above methodology and caveats, are provided in *Table 4*:

Table 4: Projected Forensic Population in Washington

Projected Forensic Population in Washington			
	ESH*	WSH + RTF**	Total
2019	125	414	539
2027	281	582	863
2028	312	610	922

* ESH 2028 populations calculated with a 10.7% annual growth rate (see caveat 2, above)

** WSH + RTF populations calculated with a 4.4% annual growth rate (see caveat 2, above)

These numbers reflect an estimated 71.1% increase in the total number of persons mandated to Washington’s forensic system (an increase of approximately 383 people in total). In Western Washington, the percentage increase is predicted to be smaller than the overall total (47.3% increase, or about 196 people). Eastern Washington is predicted to have a larger increase (149.6% increase, or about 186 people total). Generally speaking, forensic staffing across all FMHP classifications should therefore expand in accordance to the estimated growth in the forensic population — about 47% in Western Washington and 150% in Eastern Washington.

Again, these predictions are broad approximations, largely based on the forecasts published by DSHS data analysts in the 2019 DSHS forensic bed need models report. These estimates must

continue to be refined and updated annually, as trends will undoubtedly change. Indeed, the estimates provided by DSHS within the two bed forecast documents showed substantial differences from one another; it is critical for DSHS data analysts to update their estimates to accurately predict future patient demand and subsequent staffing need.

Regardless of specific numbers, it is safe to say that based on the past ten years of referral rates, the forensic population in Washington will continue to climb substantially. Of course, with expanded community-based options arising in the next several years, some of the demand will be shifted away from inpatient settings and toward community settings and programs.

Estimated forensic staffing needs in Washington

In the absence of more specific, current data, we are only able to provide rough estimates of forensic staffing by 2028. Again, these estimates are based exclusively on the patient population projections provided by the DSHS forensic bed need models report. In short, given those estimated forensic population growth rates, we can simply assert that forensic staffing should be increased accordingly: approximately 47% in western Washington, and 150% in eastern Washington. Likewise, we estimate that numbers for competency evaluations could continue to increase at those differential rates as well, creating the need for additional forensic evaluator positions accordingly.⁴ *Fortunately, our recommendations for training do not require exact staffing figures; even if the exact staffing projection numbers were to change somewhat, our final recommendations would remain similar.*

Gaps within each FMHP that affect current and projected staffing needs

We next describe each FMHP consecutively, addressing their functions, strengths, and challenges in meeting current and projected staffing needs in Washington. We have combined Social Workers and Psychology Associates / Mental Health Counselors into one category called “Master’s Level Clinicians” due to their overlap and similarity, but will address unique issues for each profession as they arise.

Within each FMHP category, we adopt the following structure (as applicable):

1. Description of the profession: broadly and more specific to Washington’s forensic system
2. General trends in the profession across facilities

⁴ Given the unprecedented rise of competency evaluation court orders during the past ten years, it is especially difficult to predict with any reasonable certainty the numbers of forensic evaluator positions going forward. It seems unlikely that the rate will continue to climb at the exceptional rates seen within the past 3-5 years; however, we can only rely on past trends and the existing DSHS data analyses to inform these rough projections.

3. Specific characteristics of each profession that are unique to specific facilities
4. Strengths and challenges regarding current staffing
5. Strengths and challenges regarding future staffing

PSYCHIATRY

Description of Psychiatrists, including Forensic Psychiatrists

Psychiatry is a specialty of medicine that focuses on the treatment of mental health and substance use disorders. All psychiatrists are physicians, having completed a four-year graduate degree at a medical school (M.D.) or school of osteopathic medicine (D.O.), following an undergraduate degree. There is no national licensure for physicians. Following graduation from medical or osteopathic school, prospective psychiatrists enter a four-year internship and residency in General Psychiatry. Nationally, there are currently 236 ACGME-accredited programs in General Psychiatry offering a total of 1,495 residency spots per year.⁵

National trends in Psychiatry

For decades the demand for mental health services has grown, while the number of available mental health professionals has failed to keep pace to meet the demand. This is especially true for psychiatrists, who play a vital role in the mental health care continuum. There has been a 10% decrease in the number of psychiatrists per 100,000 of population in the past 15 years.⁶ Estimates suggest an additional 2,800 psychiatrists are needed to meet the current national demand. Factoring in disparities between the number of psychiatrists estimated to retire and the number of medical students entering the field of Psychiatry, the estimated shortfall will increase to 6,090, or 12.5% of the psychiatrist workforce, by 2025.⁷ Employing a slightly different methodology suggests the demand for psychiatrists will outstrip supply by 25%. The health provider recruitment market has also seen a sharp rise in the demand for psychiatrists and advanced practitioners. According to Merritt Hawkins, one of the nation's largest physician recruiting companies, the demand for psychiatrists is second highest of all medical specialties, second only to primary care physicians.⁸ Fewer medical students are pursuing a career in

⁵ National Resident Matching Program, Results and Data: 2017 Main Residency Match®. National Resident Matching Program, Washington, DC. 2017.

⁶ Bishop, T., Seirup, J. *Population Of US Practicing Psychiatrists Declined, 2003–13, Which May Help Explain Poor Access To Mental Health Care*, Health Affairs, Vol. 35, No. 7, July 2016.

⁷ Bishop, T., Seirup, J. *Population Of US Practicing Psychiatrists Declined, 2003–13, Which May Help Explain Poor Access To Mental Health Care*, Health Affairs, Vol. 35, No. 7, July 2016.

⁸ Miller, P., *Demand for Psychiatrists at All-Time High, New Report Shows*, AMN Healthcare, 2015.

Psychiatry than in the past.⁹ Contributors to the shortage of psychiatrists include low compensation rates comparable to other medical specialties and changes in the role of psychiatrists within health systems, from therapists to more exclusively prescribers.

Psychiatric hospitals (like ESH and WSH) have been disproportionately affected by the acute psychiatrist shortage. The US Bureau of Labor Statistics estimates that in 2018, 3,570 psychiatrists were employed in Psychiatric and Substance Use Hospitals in the U.S., comprising 1.8% of the psychiatrist workforce and earning an hourly mean wage of \$100 and an annual mean salary of \$209,080. In the Seattle-Tacoma-Bellevue region of Washington State there were a total of 350 psychiatrists, representing 0.18 psychiatrists per 100,000 jobs, with an hourly mean wage of \$137 and an annual mean salary of \$285,030, significantly greater than the national average. Although the Seattle area has a relatively high concentration of psychiatrists as compared to other regions of the country, competition from local mental health centers and hospitals who offer higher salaries creates significant competition when recruiting for state hospital psychiatrists. When salary and benefits are considered, the total compensation for psychiatrists to work at the Washington State Hospitals is comparable to what private hospitals pay, but many younger psychiatrists are less interested in pension plans and prefer higher salaries to benefits packages.

The Role of Physician Assistants and Advanced Registered Nurse Practitioners

Increasingly, health care systems have relied on other mental health professionals to meet the workforce demand created by the scarcity of psychiatrists. Currently, there are 13,815 psychiatric Advanced Registered Nurse Practitioners, 1,033 psychiatric Physicians Assistants, and 955 Board-Certified Psychiatric Pharmacists in the United States, and these numbers are expected to increase significantly in the coming decade. Although the scope of practice and autonomy for each of these mental health care disciplines varies by state, they can play a crucial role in addressing mental health care shortages and should be considered as a practical and viable solution to the shortage of psychiatrists.¹⁰

Psychiatry within Washington

Washington State is no exception to the mental health workforce shortage. In September 2019, the Department of Health and Human Services published data ranking states with respect

⁹ National Resident Matching Program, Results and Data: 2017 Main Residency Match®. National Resident Matching Program, Washington, DC. 2017.

¹⁰ *The Psychiatric Shortage Causes and Solutions*, The National Council Medical Director Institute, March 28, 2017.

to health professional workforce shortages. Washington State ranked 8th in the nation in having the greatest number of health workforce shortage areas, as determined by a population to provider ratio for mental health care of at least 30,000 to 1.¹¹ Although there does not appear to be a shortage of psychiatrists in Washington State (the number of psychiatrists per 100,000 is higher than in most parts of the country¹²), both Eastern and Western State Hospitals have struggled at times to recruit and retain psychiatrists. Psychiatrists at both facilities are state employees and members of the Union of Physicians of Washington, a collective bargaining unit. As state employees, they receive their salary as well as state benefits including state pension once vested. Salaries for psychiatrists employed by both Eastern and Western State Hospitals were not competitive with other employers in their markets. Legislation was passed to increase psychiatrist salaries at both facilities from \$222,000/year to \$265,000/year, with a \$10,000/year bonus for board-certification and a \$5,000/year education stipend. This has helped to narrow the gap between state hospital salaries and other health care facilities, but still falls below the national average of \$273,000/year and the salaries offered by competing health care facilities proximate to both facilities.¹³ The challenges to meet psychiatrist staffing demands at Eastern and Western State Hospitals are different, and reflect regional differences, differences in the facilities, and market pressures.

General trends regarding psychiatry across facilities

While some similarities in psychiatry exist across facilities in Washington, prominent differences exist at each facility.

Unique roles of psychiatry in specific facilities

Western State Hospital

Western State Hospital is an 857-bed facility comprising 527 civil beds and 330 forensic beds. There are 19 wards designated for civil patients and 11 wards for Forensic Services. The facility is not currently CMS-certified or accredited with The Joint Commission on the Accreditation of Healthcare Organizations (JCAHO). The census on each ward is between 25 and 32 patients, with one psychiatrist assigned to each civil ward, one psychiatrist on each long-term forensic ward, and two psychiatrists on each of the forensic admissions wards. The facility is currently

¹¹ Bean, M. *States ranked by shortage of mental health professionals*, Becker's Hospital Review, November 25, 2019.

¹² U.S. Bureau of Labor Statistics, Occupational Employment Statistics, *Occupational Employment and Wages, May 2018, 29-1066 Psychiatrists*, last updated March 29, 2019. Found at: <https://www.bls.gov/oes/current/oes291066.htm>

¹³ Medscape, *Psychiatrist Compensation Report*, 2018.

experiencing an acute psychiatrist shortage, with approximately 20 psychiatrist vacancies from the total allocation of 45 psychiatrist positions. Locum tenens psychiatrists are used to cover some of the vacancies, and staff psychiatrists volunteer to provide extra duties after hours for additional pay in order to meet the facility's treatment and documentation requirements. The use of locums psychiatrists hampers the continuity of care, but is a necessary compromise in order to meet the minimum psychiatrist staffing requirement. Occasionally staff psychiatrists are mandated to cover after-hours unanticipated psychiatrist vacancies. Additionally, as a result of the *Trueblood* decision and settlement agreement, there are increased pressures to admit and treat rapidly persons found incompetent to proceed. This increases the overall workload on the forensic admissions units and contributes to staff burnout.

Eastern State Hospital

Eastern State Hospital (ESH) is a 317-bed civil and forensic hospital comprised of three units, an Adult Psychiatric Unit of 91 beds, a Geropsychiatry Unit of 101 beds, and a Forensic Services Unit of 95 beds. There are between three to five wards per unit, totaling 11 wards. Each ward has between 26-40 patients. The facility is in the midst of expanding to include an additional 50 beds, with the two new Forensic Services wards anticipated in June 2020. For years the facility had struggled to hire psychiatrists to meet their demand. One year ago the facility had employed eight locum tenens psychiatrists to fill vacancies. Recently, ESH has been able to successfully fill its psychiatrist vacancies by hiring recent graduates from residency programs from across the country. Notably, only one psychiatrist was recruited from a psychiatry residency training program in Washington State. The recruitment effort at ESH was the collective result of vigorous efforts by the facility's Chief Medical Officer to interview and encourage young psychiatrists to work there, and physician recruitment agencies. Eastern State Hospital currently employs 11 full-time psychiatrists and one locum tenens psychiatrist. With the addition of the two-ward expansion later this year the total number of psychiatrists required to meet the demand will increase to 13, but they already have two additional psychiatrists who will on-board in late Spring 2020 and an additional psychiatrist who will be hired in September 2020, negating the need to rely on locum tenens psychiatrists. Recent hires cited the high cost of living and population density in Seattle as factors they considered when choosing to work in Spokane.

Alternative Restoration Programs

The Alternative Restoration Program in Yakima is a 24-bed, secure community restoration facility that currently staffs one psychiatrist and one ARNP. This facility has struggled to fill these two positions, and has relied on locum tenens or part-time professionals to meet the demand. The facility also relies heavily on telehealth. It is anticipated that this facility will close in 2021.

The Fort Steilacoom Competency Restoration Program (FSCR) is a 30 bed, all male facility on the grounds of WSH, designed to provide competency restoration services. Since it is a newer building, it does not suffer from the environmental issues of WSH. The staffing pattern calls for a Psychiatrist to serve as the Medical Director (filled), and a second position to be filled by a Psychiatrist or ARNP. However, they have had difficulty filling the latter position, so it is currently filled by a locum tenens.

Strengths and challenges regarding current psychiatry staffing

Strengths

Western State Hospital

The hospital has undertaken an initiative to recruit new physicians by posting for positions on national advertisement boards. This has resulted in several candidates who have expressed interest in the positions, but has not yet resulted in any new hires. They have also reached out to fourth year residents at the University of Washington for applicants. This effort has yielded one J1 visa applicant who, if approved, may begin employment on July 1, 2020. Western State Hospital attempted to secure emergency contracting through MedSource to secure outside psychiatrists but this, too, was unsuccessful. Fidelis Health Care Partners has also been retained in the hopes of securing clinical psychiatrist positions for WSH. When psychiatrists arrive, they often soon travel to Seattle to interview for and accept jobs there at hospitals or community health centers. Despite these strengths or efforts, the hospital has been unable to hire a new full-time clinical psychiatrist in the past two years.

Eastern State Hospital

There are discrepancies in the required psychiatrist staffing at Eastern State Hospital when compared with the staffing model included in the Report to the Legislature. The July 2019 report to the Legislature estimated the psychiatrist need at Eastern State Hospital to be 22 full-time psychiatrist FTEs.¹⁴ At that time, there were 11 psychiatrists hired and four vacancies. Based on the number of current and projected units, the facility should be able to meet its necessary staffing level with 14 full-time psychiatrists. This takes into account the two additional wards expected to be operational later this year. The facility also appears able to meet its current requirement for medical physicians through the use of physicians and physician assistants.

¹⁴ Washington State Department of Social and Health Services. *Transforming Lives: Report to the Legislature-Staffing Levels Compared to Allotments*, ESSB 6032, Section 204, (2)(n), July 1, 2019.

Challenges

Western State Hospital

Given the current shortfall in psychiatrist staffing, the primary foci of the psychiatry staff's work are maintaining minimum-required documentation for CMS and patient prescribing. At times the clinical leadership has to cover for emergent care on units, pulling them from their administrative duties.

The difficulty in recruiting psychiatrists to WSH is complex, and is partly the result of negative public image of the hospital based on adverse media coverage, its lack of CMS certification and TJC accreditation, the high cost of living relative to other regions of the state, and the current environment of care, with outdated buildings and infrastructure. A new hospital re-design may alleviate some of these challenges, but it will be another five to seven years before the new hospital is completed.

There is a dearth of medical staff administration at Western State Hospital. Presently, there are two Clinical Directors and one Chief Medical Officer for the facility. Until recently, there was only one Clinical Director. The salaries for medical leadership positions were not competitive with the local market, and so interest in these positions was low. In late 2019, after the salary was increased to the top of the range for leadership positions, the hospital was able to hire a Chief of Psychiatry who is board-certified in General and Forensic Psychiatry. This additional position has reduced the overall administrative and clinical burden at the hospital.

While many state psychiatric hospitals have resorted to mid-level providers to bridge the gap in professional coverage, WSH does not currently employ physician assistants (P.A.'s). They recently began employing Advanced Registered Nurse Practitioners (ARNP), and currently have four funded positions. Two of those positions are filled by ARNPs who provide medical care under the supervision of an internist, while the other two positions are reserved for ARNPs with specialization in mental health. Presently only one of those two positions is filled. We understand from hospital leadership that there is interest in expanding the ARNP and physician assistant positions to address psychiatrist vacancies, though there may be resistance from the Union of Physicians of Washington.

Of the current psychiatry staff at WSH, roughly one-third are board-certified by the ABPN for General Psychiatry. One psychiatrist is also board-certified on Forensic Psychiatry, and two psychiatrists have completed fellowship training at an ACGME-accredited forensic psychiatry training program but are not yet board-certified. There is little formal on-site training pertaining to the treatment of patients in a forensic setting. Hospital leadership has indicated that such training is welcomed, but that there would need to be sufficient resources, including

sufficient staffing to enable psychiatrists to attend the training during work hours, and specific training for the psychiatrists and other clinical staff who are assigned to work on units with a preponderance of patients with a known history of violence. Presently, WSH does not have an academic affiliation. It had been affiliated with the University of Washington, but this relationship ended once WSH was no longer CMS-certified or TJC-accredited. The medical staff welcomes the opportunity to resurrect its academic affiliation and serve as a training site for psychiatry residents.

Eastern State Hospital

Although ESH is able to fill its necessary complement of treating psychiatrists, there is a dearth of medical staff leadership. There is only one Chief Medical Officer for the 367-bed facility and no Service Medical Directors. In the past, there was an assigned Clinical Director for each of the three hospital units, but these positions have been phased out. As a result, there is little medical staff presence in hospital administration meetings or for other aspects of hospital functioning. Funding four Clinical Director positions who could dedicate 50% of their time to administrative and supervisory duties and the remainder of their time to providing clinical coverage on the wards (e.g., during times when acuity is high or unanticipated psychiatrist absences) would improve patient care and safety and should be considered.

While ESH presently employs four Physicians Assistants to provide medical care under the supervision of a physician, none specialize in mental health.

None of the psychiatrists currently employed at ESH are board-certified in Forensic Psychiatry by the American Board of Psychiatry and Neurology (ABPN). The facility had employed one board-certified forensic psychiatrist, but this psychiatrist transferred from ESH to the Office of Forensic Mental Health Services. Although the facility treats forensic patients, there is little formal training to ensure that current and new hires possess the necessary knowledge and expertise to address challenges unique to this population, such as involuntary medication for persons adjudicated incompetent to stand trial, violence risk assessment, or court proceedings that pertain to persons found not guilty by reason of insanity. The medical staff is quite receptive to receiving continuing medical education on such topics, as most of their knowledge is acquired through “on the job training.” Leadership at Eastern State Hospital was receptive to webinars, grand rounds, and a structured educational curriculum that the medical staff could access when time permits. They indicated that the hospital has attempted to foster a relationship with the Department of Psychiatry at the Elson S. Floyd, Washington State University Medical School and Providence Sacred Heart Medical Center that would enable residents in Psychiatry to train at ESH. The University has vacillated in its interest to use ESH as a residency training site, but their reasons are unclear.

Strengths and challenges regarding future psychiatry staffing

Strengths

There does not appear to be a shortage of psychiatrists in Washington State, as the number of psychiatrists per 100,000 is higher than in most parts of the country.¹⁵ Although there are currently shortages in Psychiatry at WSH, ESH does not experience this same issue. Furthermore, leadership at ESH does not foresee a psychiatry shortage there in the short term.

Challenges

Most importantly, and as detailed in an earlier section, the number of psychiatrists entering the workforce is expected to continue to dwindle. Even fewer psychiatrists are expected to specialize or seek board certification in forensic psychiatry. These shortages will affect both WSH and ESH.

Western State Hospital

A significant proportion of the psychiatrist staff is nearing the age of retirement eligibility. There will be a point within the next five years during which a disproportionate number of psychiatrists retire in rapid succession, creating even greater pressures on the hospital to fill the psychiatrist shortfall.

Eastern State Hospital

While Eastern State does not foresee a psychiatrist shortage in the near term, a fair number of psychiatrists on the medical staff are expected to retire in the next several years, creating anticipated vacancies. Physician recruitment was recently centralized with the Behavioral Health Administration.

There are no Advanced Registered Nurse Practitioners (ARNPs) currently employed at Eastern State Hospital, and no plans to hire them in the foreseeable future.

¹⁵ U.S. Bureau of Labor Statistics, Occupational Employment Statistics, *Occupational Employment and Wages, May 2018, 29-1066 Psychiatrists*, last updated March 29, 2019. Found at: <https://www.bls.gov/oes/current/oes291066.htm>

NURSING

Description of Nurses, including Advanced Registered Nurse Practitioners¹⁶

Psychiatric mental health (PMH) nursing is a specialty within nursing. Psychiatric mental health registered nurses work with individuals, families, groups, and communities, assessing their mental health needs. The PMH nurse develops a nursing diagnosis, problem list or focus of nursing care and treatment, develops a plan of care, implements the plan including counseling and education in individual and group settings, and evaluates the effectiveness of the nursing interventions. Psychiatric Mental Health Advanced Practice Registered Nurses (PMH-APRNs) offer primary care services to the psychiatric-mental health population. PMH-APRNs assess, diagnose, and treat individuals and families with psychiatric disorders or the potential for such disorders using their full scope of therapeutic skills, including prescribing medication and providing psychotherapy.

There are various educational routes for a person to qualify to sit for the general RN exam. A PMH-RN may have an earned two-year associate's degree (ADN), two-year Master's degree in nursing as a post Bachelor's, non-nursing major, or a four-year Bachelor's degree. Although not required to practice as a PMH-RN, the American Nurses Credentialing Center (ANCC) has a PMH certification exam that requires two years of full-time work in a PMH care setting to sit for the exam.

Advanced practice registered nurses (APRNs) earn Master's or doctoral degrees in psychiatric mental health nursing. APRNs apply the nursing process to assess, diagnose, and treat individuals or families with psychiatric disorders and identify risk factors for such disorders. APRNs practice as Clinical Nurse Specialists (CNSs) or Nurse Practitioners (NPs). The doctoral degree for the advanced clinical practice of psychiatric nursing is the Doctor of Nursing Practice (DNP). PMH-APRN practice authority varies by state. In most states, one must be Board Certified by the ANCC. Currently there are 21 states (including Washington) that allow Nurse

¹⁶ Information for this section drawn from the following sources:

American Association of Colleges of Nursing, <https://www.aacnnursing.org/news-information/fact-sheets/nursing-shortage>

American Nurses Association. (2014). Psychiatric-mental health nursing: Scope and standards of practice (2nd Edition)

American Psychiatric Nurses Association, <https://www.apna.org/i4a/pages/index.cfm?pageID=6070#Full>,

American Psychiatric Nurses Association, <https://www.apna.org/i4a/pages/index.cfm?pageid=3292>,

HRSA Workforce Projections, 2016-2030, p. 1 – 4

<https://bhw.hrsa.gov/sites/default/files/bhw/nchwa/projections/psychiatric-nurse-practitioners-physician-assistants-2018.pdf>

Practitioners (NPs) to have full practice authority, or “independent practice.” Full Practice for NPs include the evaluation, diagnosis, order and interpretation of diagnostic tests, initiation and management of treatments, including the prescription of medications under the exclusive licensure authority of the state board of nursing. Washington State is a full practice state with APRNs designated as ARNPs: Advanced Registered Nurse Practitioners.

Although there are “certificate” programs for forensic nursing, these programs tend to focus primarily on the victims of trauma, violence, and abuse. One such certification is a The Sexual Assault Nurse Examiners (SANE) certification. Generally, these certifications, though labeled “forensic” are not particularly relevant or helpful for RNs and APRNs who work in a State Forensic Services system like that of DMHS.

National Trends in Nursing

There is little national data addressing PMH-RNs. A direct inquiry to American Nurses Credentialing Center (ANCC) may identify Board Certified PMH-RNs. However, since at the Registered Nurse (RN) level, Board Certification is not required, there are many RNs practicing in PMH that are not certified. The American Association of Colleges of Nursing (AACN) estimates that there are more than 3.8 million RNs nationwide. However, even though nursing is becoming the fastest growing profession in the U.S., the Health Resource Services Administration, an agency within the U.S. Department of Health and Human Services, predicts the need for RNs will outpace the supply, and estimates there will be a deficit of 800,000 RNs by 2030. As the “pool” dwindles, strategies for making state hospital and community forensic work more inviting to RNs become more important.

The HRSA also specifically addressed PMH NPs in their most recent workforce projection report. As of 2016, the HRSA estimated that there were 10,250 PMH-NPs. As of 2030 they project there will be approximately 16,940 PMH-NPs with a projected demand of 14,500 PMH-NPs. This apparent good news should be interpreted cautiously; the HRSA readily admits that projected demand was calculated using *current* patterns of labor supply and service utilization and do not capture changes in care delivery patterns or regional mal-distributions that exist.

Additionally, further efforts are necessary to encourage more nurses pursuing advanced degrees to enter the mental health field. Of a workforce of 127,210, only 5.6% of nurse practitioners were providing care in a mental health setting, and the proportion of nurse practitioner graduates who enter the mental health field has declined in the past two decades.¹⁷

Nursing within the Washington Forensic System

Nurses function in a variety of roles within each hospital. There is a basic hierarchical structure with the Chief Nursing Officer as the lead RN, Nurse Directors / Managers for specific Units, Nursing Supervisors, Nurse Educators, Clinical Nurse Specialists (CNS), Quality and Magnet Directors, and Clinical Nurses (RNs). Additionally, the departments of nursing have Licensed Practical Nurses (LPNs), Psychiatric Practical Nurses and Mental Health Technicians (MHTs) who assist the RNs in their nursing care and treatment of the patients. LPNs and MHTs are not able to conduct nursing assessments, plan development, or evaluation of nursing care and treatment; however, they can carry out certain nursing interventions (under the supervision of an RN) and they are instrumental in other hospital functions.

APRNs (including CNSs and NPs): There are only a few Clinical Nurse Specialists at either hospital. These APRNs are within the Nursing Department and assist nursing with education, consultation and clinical supervision and 1:1 and group interventions with patients. It is difficult to find CNSs currently, as most MSN and DNP programs have changed into NP programs. In some states CNSs have independent practice and may prescribe medication and conduct therapy. In the state of Washington, while NPs have a full scope of practice, CNS practice is limited. Both ESH and WSH employ NPs (ARNPs) as part of their primary care health clinic staff. Only WSH employs PMH-NPs in “team leader” roles. These ARNPs report through medical staff. ESH does not employ PMH-ARNPs presently because there has not been a need related to sufficient Psychiatry staff.

Unique roles of nursing in specific facilities

There are more similarities than differences in nursing across facilities. Nevertheless, administrators at WSH, ESH, and the RTFs described some unique features for nursing staff.

¹⁷ U.S. Department of Health and Human Services (2014). Health Resources and Services Administration, National Center for Health Workforce Analysis. Highlights From the 2012 National Sample Survey of Nurse Practitioners. Rockville, Maryland.

Western State Hospital

At WSH, Nursing also oversees Infection Control and Central Supply Departments. This is not a responsibility of the nursing staff in other facilities.

Eastern State Hospital

At ESH, nurses report that they are more involved in the Treatment Mall program than their WSH counterparts. Treatment Mall roles include both Director / Manager positions and direct care, providing PMH clinical care and treatment.

Strengths and challenges regarding current nursing staffing

The following numerical estimates are inexact and at the time of writing based on partial data from DSHS. However, we provide them as good faith efforts given the data in hand and supplemented by information gathered during our interview process.

According to the “Washington Behavioral Health Administration Hospital Staffing Model Jan – Mar 2019,” nursing personnel are listed under Administration, Psychiatry, Social Work, Non-Direct Care Staff, Direct Care Staff and Treatment Mall. Because it is difficult to differentiate which positions are nursing and which are not, for the purposes of this report, we will focus on Non-Direct Care staff and Direct Care staff as it appears as though these positions are primarily RNs, LPNs, MHTs, and other staff (e.g., ward clerks that report through nursing).¹⁸

Using data from those sources, WSH currently allocates roughly 146 non-direct-care nurses and 1340 direct-care nurses. WSH nursing administrators report approximately 50 RN vacancies and 70 MHT vacancies. In comparison, ESH allocates 42 non-direct care nurses and 523 direct-care nurses. ESH nursing administrators report very few nursing vacancies: perhaps as few as ten more FTEs are needed to be fully staffed.

Strengths

- First, nursing salaries have increased, making recruitment and retention easier.
- Second, the hospitals are developing an “acuity system.” Nurses describe the acuity matrix as critical in determining an accurate daily staffing matrix, so that needs can shift flexibly and retain a minimal number of floor staff at all times.

¹⁸ In addition, at both ESH and WSH the Nursing department covers the whole hospital – both forensic and civil wards. Therefore, although this report focused on forensic services, staffing levels and needs on the civil wards will also affect nursing roles and staffing numbers.

- The Chief Nursing Officers at WSH and ESH are reportedly invested in working to improve patient care and treatment, such that all RNs work to the full extent of their licenses and scope of practice. For example, a standard of practice for PMH-RNs is to provide health teaching and health promotion (in individual and groups settings) related to the patient's needs, recovery goals, and current situation. These interventions include assisting the patient with treatment regimens and self-management, developing and practicing coping skills, relapse prevention, conflict management, problem-solving skills, and stress management and relaxation techniques.¹⁹
- WSH has begun reshaping the model of nursing care delivery so that some nursing supervisors can provide more direct patient care. Having senior RNs on the units rather than primarily conducting administrative tasks will assist less experienced nurses in both direct patient care and in developing leadership.
- At ESH, hospital administrators and nurses report that nursing staff has been actively involved in developing increased engagement and shared governance.

Challenges

- Nurses report that WSH has historically adhered to more of a 'corrections' model with regard to MMH-RNs, with PMH-RNs not working to full-extent of their traditional scope (e.g., the RN role in Treatment Malls was described as limited to 'monitoring' and providing urgent medical care if necessary). While MHTs are vital to the practice of nursing in psychiatric hospitals, increased RN presence on the units and increased RN-patient interaction has shown to decrease violence, seclusion and restraints.²⁰
- The loss of CMS certification at WSH makes recruitment of nursing positions especially difficult. CMS certification is much more difficult to restore than it is to maintain. This puts WSH in a Catch-22 situation in which more nursing resources (positions and expertise) will be needed to regain CMS certification, while the lack of CMS certification makes WSH a less attractive partner with universities who may provide that expertise.
- At WSH recruitment for RNs through Human Resources is not overseen by an RN, so those who do recruitment have little experience with RNs.
- At WSH, Education and Training is no longer under the Nursing Department, although most hospital staff are in the Nursing Department. This makes it more difficult to have

¹⁹ American Nurses Association (2014). *Psychiatric-mental health nursing: Scope and standards of practice* (2nd Edition).

²⁰ DeLacy, L. C. (2006). *The influence of nursing staff numbers and skill mix on seclusion and restraint use in public psychiatric hospitals*. Doctoral Dissertation. George Mason University. (<https://search.proquest.com/openview/9809840d0c75d9b9dbe401860a9964213/1?pq-origsite=gscholar&cbl=18750&diss=y>)

Nursing develop, implement, and evaluate adequate orientation and training methods to build a culture of nursing excellence.

- At ESH, staff reports that there are few (or no) recreational therapists on the units after patients return from the treatment malls. This leads to a great deal of programming left either to be led by nursing staff or to go unmet due to high levels of acuity on the ward.
- At both ESH and WSH, staff report that the hospital needs improved Human Resources tracking and reporting of vacancies, hiring, and recruitment. Onboarding of nurses is reportedly slow. Also, staff raised concerns that HR contains no specific retention measures or procedures, such that nurses are uninformed about how to improve their work and productivity.
- At both ESH and WSH, there have been pay increases (28%) for staff RNs. This is important because hospital salaries were significantly below the community standard. However, the supervising / leadership RNs who have broader responsibilities saw no increase. With just a few overtime shifts, the staff RN salaries exceed leadership RN salaries.

Strengths and challenges regarding future nursing staffing

Strengths

Additionally, both WSH and ESH are embarking on “Magnet Journeys,” starting with “Pathway to Excellence.”²¹ The American Nurses Credentialing Center, an arm of the American Nurses Association, has developed these two system designation programs. The Pathway to Excellence Program[®] is the premier designation for healthy work environments and recognizes health care organizations and Long-Term Care organizations for positive practice environments where nurses excel. Hospitals that achieve Magnet status are considered the best of the best. The Magnet Recognition Program[®] is a designation from the American Nurses Credentialing Center (ANCC) that recognizes nursing excellence. Hospitals achieve Magnet Recognition status for quality patient care and innovations in professional nursing practice. It is considered the highest recognition for a hospital Nursing department. According to the ANCC, both Pathways and Magnet programs:

- Improve nurse satisfaction
- Retain choice nursing staff & leaders
- Cultivate inter-professional teamwork

²¹ Pathways to Excellence, ANCC: <https://www.nursingworld.org/organizational-programs/pathway/overview/PathwayToExcellenceTeam/>
Magnet Program, ANCC: <https://www.nursingworld.org/organizational-programs/magnet/>

- Champion high-quality nursing practice

These two endeavors tend to retain nurses and increase the standard of care and treatment for patients. However, engagement and development of these programs will require dedicated RN staff time and a growth in RN leadership.

Challenges

The staffing reality — for both RNs and APRNs — is that there will soon be a staffing shortage as the “baby-boomer” generation begins to retire. Additionally, there will be increasing competition among specialty areas in Nursing. However, because of the way the licensing and certification tests are structured, university-based nursing programs do not currently have the latitude to add much to their curriculums. Therefore, much of the specialty education and training will likely have to be conducted by the State or the Hospitals themselves.

At WSH, future plans call for two new 20-bed wards to open within the next year, with another two 30-bed wards opening within a few years. Administrators predict that these wards will require approximately 300 new nursing positions (100 more RNs, 200 more LPNs / MHTs). Similarly, plans at ESH call for new wards within roughly one year. Two new forensic wards will be opening, requiring approximately 150 new nursing positions (50 more RNs, 100 more LPNs/MHTs).²² These numbers could stay consistent over the next 10 years only if census, programming and patient population stay steady.

²² Again, this is rough estimate, made without comprehensive current data. We took existing DSHS data and projections of increased census, and we then roughly projected a 5.5 HPPD with a 30% RN ratio with staff to fill in for vacations/sick time and a float pool. Like other estimates in this report, DSHS data analysts will need to consistently reevaluate these projections going forward.

PSYCHOLOGY

Description of Psychologists, including Forensic Psychologists

Psychologists, throughout this report, refer to those with a doctoral degree (Ph.D. or Psy.D.) in psychology, typically clinical or counseling psychology. In the United States, those with doctoral degrees tend to provide psychological testing and assessments, or they administer and oversee clinical services, often supervising Master's-level clinicians. Many doctoral-level psychologists also provide direct treatment services, including psychotherapy, but they are typically not the primary providers of therapy in most contexts.

In forensic contexts, a psychologist may work as a forensic evaluator or forensic examiner, which "refers to a psychologist who examines the psychological condition of a person whose psychological condition is in controversy or at issue."²³ A primary example is the psychologists who perform forensic evaluations addressing competence to stand trial and criminal responsibility among criminal defendants, or assess risk of violence.

When psychologists perform evaluations specifically to address a legal question (e.g., competence to stand trial) their work is, by definition, forensic. However, when psychologists provide treatment in a forensic context, their work may or may *not* be explicitly forensic (e.g., general therapy or leading a treatment team for a patient who had been adjudicated not guilty by reason of insanity). In this report, we use the term *forensic evaluator* to describe those doctoral-level psychologists whose duties involve primarily forensic evaluations (such as evaluating competence to stand trial), and we use the term *treating psychologist* to describe the psychologists providing treatment, even when they do so in forensic contexts or for forensic purposes (e.g., restoration to competence). Of course, there are also many psychologists in upper-level administrative roles, but our focus in this report is the *clinical* workforce.

Psychology within Washington

Broadly, psychologists in the Washington forensic system tend to serve in one of two roles: forensic evaluator *or* treating psychologist. *Forensic evaluators* may be based in WSH, ESH, the Regional Offices for evaluators (i.e., Central, North), the Outstation Evaluation Service, or the Personal Recognizance Evaluation Service). The *treating psychologists* are based primarily at WSH and ESH on the wards providing services for competency restoration or services for those adjudicated not guilty by reason of insanity (NGRI). There are a few other treating psychologist positions in other settings, such as the Fort Steilacoom and Yakima restoration programs. In many of these settings, they supervise Master's-level clinicians.

²³ American Psychological Association (2013). *Specialty Guidelines for Forensic Psychology*.

Generally, OFMHS documents and staff describe the following types of duties among psychologists:

Treatment Psychologists:

On Competency Restoration wards of the ESH and WSH and in the Residential Treatment Facilities, they perform admission assessments to identify barriers to competence, oversee competency restoration services, monitor progress towards competence, and refer defendants for forensic evaluation as they improve. They also assist in ward programming and civil petition responsibilities.

On NGRI wards, they oversee completion of the policies related to the Ross Settlement and related Behavioral Health Administration (BHA) policies, such as documenting individualized treatment plans and documenting rationale related to decisions about conditional release.

Forensic Evaluators:

As their title implies, evaluator duties involve only conducting forensic evaluations (most often, competence to stand trial) and very closely related tasks to support the evaluations. Of the evaluators based in the hospitals, some primarily see defendants who are inpatient and some see defendants on an outpatient basis (usually in jail). The forensic evaluators in the Regional Offices primarily see defendants in nearby metropolitan jails. Evaluators in the Outstation Evaluation Services see defendants in the Vancouver and Olympia region, but also perform the post-restoration evaluations for defendants in the competency restoration programs at Yakima, Maple Lane, and Fort Steilacoom. Generally, evaluators are expected to complete around 12 evaluations per month, though staff and supervisors report that many typically exceed this expectation. For example, some WSH forensic evaluators complete approximately 15-16 a month even without additional compensation.

General trends regarding psychologists across facilities

Two broad trends will require substantially increasing the workforce of psychologists:

Additional treatment units will require additional treatment psychologists. Staff report that the new WSH and ESH units opening soon will require additional treating psychologists within the year, including one for each new treatment team. For every subsequent hospital unit or non-hospital restoration site, additional treating psychologists will be essential. More broadly, as the forensic population grows, the need for treating psychologists will increase. As detailed earlier, generally speaking, forensic staffing across all FMHP classifications should expand roughly in accordance to the estimated growth in the forensic population — about 50% in Western Washington and 150% in Eastern Washington.

Increased evaluation referrals will require additional psychologists as forensic evaluators:

Although Washington has drastically expanded the evaluator workforce over the past several years, referrals continue to increase. Since July 2019, 12 evaluators have been hired and as of the writing of this report, an additional four accepted offers to start in June (three staff) and September (one staff member). As detailed in the Methods section of this report, calculating the specific number of forensic evaluators needed is quite speculative, in that it requires firm estimates of the anticipated numbers of court orders for evaluations. But even the most optimistic estimates suggest at least a 50% increase in evaluators are necessary, with a much greater increase likely necessary in at least some regions of the state.

Unique roles of psychology in specific facilities

The forensic psychology evaluator roles are largely similar across the state; therefore, there are no significant differences among facilities or geographical areas in terms of roles and responsibilities.

Strengths and challenges regarding current psychologist staffing

Strengths

- Over the past several years, OFMHS has been remarkably successful in recruiting forensic evaluators to meet their expanding need, even as other states have struggled to do so.
- One strength in their approach is simple: Washington pays evaluators well (relative to other states) with salaries ranging from around \$100,000 to \$122,000 for this specialized niche.
- Washington also trains psychologists well for the specialized evaluator positions, with an on-boarding and mentoring process that spans 3 to 6 months.
- Similarly, Washington develops strong forensic evaluators through well-established educational training programs. In particular, the WSH internship and postdoctoral fellowship recruit strong candidates, train them further, and often recruit them to stay in evaluator positions. These are excellent strategies to develop a strong workforce of evaluators.

Challenges

- Despite remarkable success in recruiting evaluators, the increasing need for evaluators is likely to outpace the current workforce, as referrals for competence evaluations continue to rise. For example, even with hiring 16 staff in the last year, OFMHS still has several vacant evaluator positions. Graduating interns and fellows from WSH will

reportedly fill some of these, but they are insufficient to fill all of the current or anticipated openings.

- Recruiting treating psychologists appears even more challenging — particularly in less urban locations — because the positions are typically less specialized and less desirable. Furthermore, salary is lower and therefore some qualified psychologists transition into the better-paying evaluator position.
- New sites and programs — such as off-site restoration programs — will require more forensic psychology staff (e.g., to conduct post-restoration evaluations).
- Although (as noted above) there is a strong psychology internship and postdoctoral fellowship program at Western State Hospital, this is not true for Eastern State Hospital.

Strengths and challenges regarding future psychologist staffing

Regarding treatment psychologists, staff report difficulty filling treatment positions at the hospitals and the alternate sites. Particularly to the extent that some of these sites are less urban and more remote and with a salary difference between a treating psychologist versus an evaluator, they appear difficult to fill. Furthermore, the more general treatment psychologist positions in forensic contexts are often more difficult to fill than the specialized evaluator positions. This is not necessarily because there are more forensic evaluators in the field (rather, there are far more general clinical psychologists trained to provide treatment), but because the psychologists who are most eager to work in forensic contexts have become more specialized in order to perform forensic evaluations. To clinical psychologists interested in providing more general treatment services, positions in forensic contexts are sometimes considered less desirable. This is similar to the challenge OFMHS faces in recruiting nurses and other clinical professionals to their forensic facilities. Indeed, it may reflect broader trends in state hospitals; as they become more for specialized to forensic patients, they tend to be more appealing to the narrow group of clinicians with forensic interests and less appealing to the broader group of clinicians with general treatment interests (some of whom may be wary of forensic contexts).

Regarding forensic evaluators, OFMHS has demonstrated remarkable success in recruiting evaluators during their workforce expansion over recent years. Nevertheless, the increasing need for evaluators will inevitably outpace the current workforce, as referrals for competence evaluations continue to rise. *Without continued hiring, Washington will not have sufficient evaluator forensic evaluators to fill Washington's needs.* The doctoral psychology programs in Washington do not have a significant forensic emphasis, so it will be necessary to recruit potential forensic evaluators from out of state (a strategy that has been fairly successful thus far), but evaluators will be in higher demand across the country, because many other states are

struggling with a similar “competency crisis.”²⁴ Thus, it will also be important for Washington to “create their own” forensic evaluators by creating a rigorous training program.

²⁴ Gowensmith, W. N. (2019). Resolution or resignation: The role of forensic mental health professionals amidst the competency services crisis. *Psychology, Public Policy, and Law*, 25(1), 1-14.

MASTER'S-LEVEL CLINICIANS

Description of Social Workers and Mental Health Counselors / Psychology Associates

Social Workers

The National Organization of Forensic Social Work defines forensic social work as the application of social work to the law and legal systems. It includes work in clinics and psychiatric hospitals for criminal defendants being evaluated and treated on issues regarding competency and sanity. A broader definition includes social work practice which in any way is related to legal issues and litigation.

Forensic social workers possess specialized knowledge drawn from established social work principles, their application to the law, and experience gained in forensic mental health settings. They possess knowledge beyond generalist social workers, including familiarity with the adversarial process, the criminal justice system writ large, and the issues that lie at the intersection of mental health and criminal justice.

Forensic social work in Washington

Generally speaking, Forensic Social Workers (FSWs) in Washington go beyond the duties provided by generalist Social Workers (SWs) in other states. Historically, generalist SWs prioritize discharge planning, case management, resource and benefit acquisition, and transitions between levels of care. FSWs in Washington, however, carry a greater scope of responsibilities. In general, at WSH and ESH forensic social workers provide individual and group services on the competency restoration and NGRI wards, conduct intake and discharge assessments, coordinate services, and develop networks and resources for care during and after hospitalization (a Psychiatric Social Worker job description is found in *Appendix 1*).

Social work administrators noted that FSWs on the NGRI wards have more one-to-one therapeutic contact, as well as more paperwork and documentation, than on the competency restoration wards. The additional paperwork and documentation are required by conditions of the *Ross Settlement*.

Administrators did not describe significant differences between FSWs at WSH versus ESH; duties across hospitals are largely equivalent. WSH administrators reported that the loss of hospital accreditation has indirectly increased the workload for FSWs in that hiring psychologists has become more difficult and therefore psychology duties have fallen to FSWs.

In the Yakima and Maple Lane Residential Treatment Facilities, social work positions provide similar functions but also have greater emphasis on transition and discharge planning, given the

different populations at RTFs versus the state hospitals. At the Fort Steilacoom Competency Restoration Program, social workers conduct psychosocial assessments, coordinate visitation, conduct initial screenings, and work with families and community supports in coordination and therapeutic formats. The competency restoration groups are led by the Psychology Associates.

Forensic community settings include outpatient competency restoration (OCR) and persons acquitted as NGRI who have been released to the community on a conditional release. To our knowledge, social workers and mental health counselors play a limited role with persons under forensic commitment in the community. To date, only NGRIs on conditional release reside in the community; OCR has yet to launch. Social workers assigned to conditional release cases implement and monitor conditions of release through weekly meetings with the acquittees. It is likely that social workers will need to spend more time preparing for discharge, assisting transitions, providing case management, and monitoring progress of persons released to the community under forensic commitment as the conditional release process becomes more efficient and the OCR program launches.

Mental Health Counselors / Psychology Associates

Mental Health Counselors (MHCs) are trained in Master's-level psychology, counseling, or related disciplines. In the State system (ESH, WSH, Fort Steilacoom) these clinicians are called "Psychology Associates." Generally speaking, these MHCs / Psychology Associates provide individual and group therapy, administer and score psychological testing, and work with multidisciplinary teams to monitor patient response and help adjust treatment plans accordingly. A job description for the Psychology Associate position is provided in *Appendix 1*.

MHCs and Psychology Associates in Washington

There is substantial overlap between the roles of forensic social workers and MHCs and Psychological Associates. Hospital administrators from a variety of disciplines, as well as community providers, routinely described the functions of social workers and MHCs/Psychology Associates as almost interchangeable. Both categories are primary providers of individual and group treatment to forensic populations; they also both conduct various assessments, monitor patients and report observations to treatment teams, and assist with other clinical duties on the wards. For example, at the Yakima RTF, the two social work positions were filled by MHCs; at the Maple Lane RTF, four Social Work positions were allocated but then reduced to two, with many duties either filled by MHCs or Bachelor's-level positions. At the Fort Steilacoom Competency Restoration program there are six Psychology Associates, and two social workers, and there is a bit more differentiation of their roles. The Psychology Associates run the manualized groups for competency restoration (known as "CORE"), and the social workers are part of the treatment team, facilitate family involvement, and conduct psychosocial

assessments. Of course, RFPs in development for Outpatient Competency Restoration require that Master's-level clinicians have special responsibilities regarding competency restoration. Tentative job duties and expectations for these OCRP positions are found in *Appendix 1*.

Thus, these positions can be filled by either Social Workers or Mental Health Counselors. However, despite the overlap in responsibilities for these two disciplines in hospital, residential, and community forensic settings, some differences are important. Social workers have more training and responsibilities relative to discharge planning, coordinating care among services, securing community resources and benefits, managing finances, and providing case management services. Essentially, as one supervisor stated, "forensic social workers have dual roles: therapist *and* discharge agent." Most MHCs, in contrast, have been trained in assessment and testing, and thus are more suited to provide those services. Both disciplines are qualified to provide individual and group treatment, and can provide competency restoration services consistent with the Breaking Barriers model.

Structurally, CMS requirements mandate that each unit be staffed with at least one social worker. There are no such requirements for Psychology Associates, although there is a push at the current legislative session for statutory change that would require minimum staffing ratios for mental health counselors/psychology associates. Further, social workers at WSH and ESH successfully negotiated for higher salaries in 2014-15. Social work salaries now range between \$68,000 - \$92,000. Psychology Associate salaries are lower, ranging from \$59,000 - \$80,000.

Forensic Navigators

A new development that impacts the need for Master's-level Clinicians is the emergence of the Forensic Navigators who will play an integral role in developing Outpatient Competency Restoration (OCR) programs as alternatives to inpatient treatment. Although RCW 10.77.074 does not require Forensic Navigators to be clinicians, OFMHS reports that those recruited for these positions to date have been clinicians. We think this seems reasonable given that many of the duties fit well with knowledge and skill sets of those with clinical training at the Master's level. The specific statutory requirements of Forensic Navigators are included in *Appendix 1*, but in general these positions require a blend of consultation to the court regarding feasibility of outpatient restoration options and case management duties for persons ordered to OCR.

These positions require both clinical preparation and fluency with the criminal justice system. It is likely that initially many of the Forensic Navigators will be recruited from within the forensic system (social workers and mental health counselors). This will create openings in the other programs.

General trends regarding social work and mental health counselors / psychology associates across facilities

Three issues appear most salient for staffing projections for Master's-level clinicians, regardless of the number of positions needed.

- *Forensic Social Worker vs Mental Health Counselor/Psychology Associate:* The overlap between these two positions is striking. As discussed above, most of their duties are identical. It will be important to determine how many of each discipline will be required going forward, and what unique roles and duties each will have. CMS rules and pay differentials have positioned social work advantageously at the present time, making social workers easier to recruit and retain than mental health counselor positions. Philosophically, the crush of patient demand on the inpatient system has required social workers and mental health counselors to take on more responsibilities than ever before.
- *CMS mandated ratios:* CMS rules mandate that at least one social worker is hired for each unit at WSH and ESH. Administrators must adhere to this minimal staffing standard. Caseloads must also be maintained at reasonable levels.
- *Growing emphasis on community placement:* Social work and mental health counselor staffing ratios and duties must adjust to Washington's shift in prioritizing community settings and placements for their forensic population. This means that over time there will be increased need for Master's-level clinicians in the community settings, rather than hospitals. This is likely to occur particularly as the new OCRP programs launch. Outpatient competency restoration, diversion, and NGRI conditional release placements could all benefit from more Master's-level clinicians in the community. Moreover, some of the roles and responsibilities of social workers may shift as well to accommodate this systemic transition. Inpatient social workers may be best suited to shift more time to transition and discharge planning (in line with more traditional social work training), leaving more of the direct therapy and treatment to other inpatient disciplines. Social workers in the community may be most effective in case management, monitoring, and assessment roles — again, roles that are more commonly associated with traditional social work. Mental Health Counselors may take on more responsibility as OCRP Master Instructors and OCRP Subject Matter experts. These changes may distinguish the roles of the two disciplines more clearly. Some social workers may continue in current capacities on the forensic units (providing direct service), while increased opportunity will exist for other social workers to engage in

more traditional social work duties (transition and discharge planning, case management).

Unique roles of social work and psychology associates in specific facilities

There are more similarities than differences in forensic social work and psychology associates across facilities. Nevertheless, administrators at WSH, ESH, and the RTFs described some unique context for their social work staff.

Western State Hospital

Social work administrators at WSH highlighted that while their forensic social workers continue to engage in many traditional social work activities (treatment planning, discharge assessments, psychosocial assessments, discharge planning), they also engage in competency-related activities on the restoration units (conducting individual and group restoration). They also serve as individual therapists on the NGRI wards. These additional responsibilities are especially prevalent at WSH due to the loss of hospital accreditation, which has led to an overall loss in psychology staff. Those responsibilities typically designated for psychology (therapy, restoration, assessment) are now falling to the social workers and mental health counselors at WSH.

Eastern State Hospital

Again, there is more similarity in social work between WSH and ESH than there are differences. However, ESH social work administrators commented that the lack of community forensic options in eastern Washington requires that more forensic work is done on an inpatient basis. “Forensic flips” — persons found incompetent at their maximum restoration time frame and then civilly committed to a hospital — are pervasive at ESH, and the numbers continue to grow. Administrators remarked that they are harder to place in community settings due to their criminal histories and clinical acuity, making discharge and transition planning for social workers more difficult. ESH social workers vocalized the need for additional social work capacity, even at current patient population levels, given the demands and changing needs of the inpatient population at ESH.

Yakima RTF

Administrators at the Yakima RTF remarked that their Master’s-level providers have slightly different roles than their inpatient counterparts. Primarily, the Yakima RTF transitioned more than half of their social work positions to be filled by mental health counselors and Bachelor’s-level workers. All positions are hired by a contracted provider (Comprehensive Health Care) and their mental health counselors have different job descriptions than their state-employed counterparts. Master’s-level clinicians at Yakima reportedly engage in more one-to-one

therapy, treatment interventions, assessment, and group therapy than at inpatient counterparts. The Yakima administrators remarked that recruitment was difficult given their remote location, the challenging population and environment at the RTF, and similarly-paid positions in community settings. Of course, the planned closing of the facility in 2021 likely hampers hiring and retention for positions that are apparently time-limited.

Strengths and challenges regarding current staffing Master’s-Level Clinicians

There are very few vacancies at either WSH (3 out of 78 positions, including the RTFs) or ESH.²⁵ Social workers at WSH and ESH received a salary increase in 2014-15, which significantly raised starting and incremental pay for all DSHS social workers. There is no differential pay between civil and forensic unit social workers. All administrators identified the pay increase as the most effective intervention in filling social work vacancies. Both facilities report that retention has also improved due to the salary increase.

However, the pay for Mental Health Counselors continues to lag behind their social work colleagues. We were informed that this salary gap is one of the main obstacles to hiring and retaining more MHC’s.

Beyond the pay increase, administrators stated that the broad scope of duties on the forensic units is appealing to Master’s-level clinicians. Inpatient forensic units provide opportunities for individual therapy, treatment, and assessment that are unavailable to some social workers elsewhere. Administrators and staff all reported that diverse duties are a significant draw to working on the inpatient forensic units.

Social work supervisors commented on several challenges at both facilities as well, with little distinction across the two facilities. They describe challenges in training, job duties, and culture. Regarding training, supervisors mentioned that while applications for social work and psychology associate positions were frequent, many applicants lack the training or forensic literacy needed to be immediately effective upon hiring. This requires more effort and resources on behalf of supervisors, DSHS workforce development, and the hospitals at the “early hire” stage — providing good forensic training and skills to work effectively on the forensic units.²⁶

²⁵ We have requested the exact number of these openings at ESH, but we have not received this number at the time of this writing.

²⁶ Again, this lack of forensic knowledge or experience among otherwise qualified applicants underscores the need for broad state-wide training in “forensic literacy,” which we will address among the recommendations later in our report.

Additionally, on some units, the substantial clinical duties for social workers limit their efforts in discharge planning (historically a cornerstone of social work practice). Administrators stated that dedicated discharge planners are needed to more effectively move patients — especially NGRI patients petitioning for conditional release — out of the hospital as the department is focused on moving patients to the community related to the significant changes to the NGRI system after successfully exiting a settlement agreement. Dedicated discharge planners would have more time to devote to discharge planning, become familiar with community resources, and make connections with community networks and providers. Without such capacity, patients remain on the forensic units longer than clinically necessary (thereby contributing to census and waitlist challenges).

Finally, social work administrators commented on the culture of social work in forensic inpatient units. As emphasized earlier, forensic social workers at ESH and WSH tend to have many job duties beyond those typically assigned to social workers: treatment, intervention, therapy, and so on. While the social workers have generally welcomed this broadened scope of responsibility, we heard concerns from several forensic social workers that some of the more qualified social workers left DSHS when they felt that their full complement of skills were not consistently utilized.

Strengths and challenges regarding future staffing Master’s-Level Clinicians

Generally, anticipated challenges are similar across ESH and WSH. Future challenges to Master’s-level staffing include additional training and supervision opportunities, the closing of the RTFs, the shift towards community forensic mental health, and specific content-based skill building.

Master’s-level clinicians will likely need additional training and skill-building in a number of forensic mental health areas, if they are to continue providing direct service and treatment planning for forensic inpatients. Essentially, more training is needed to build skills specific to *forensic* work, rather than simply assigning generalist clinicians onto forensic units. This includes training in a variety of evidence-based practices, philosophical models (e.g., the Risk-Need-Responsivity models, strengths-based and therapeutic assessment, motivational interviewing).

Similarly, social work administrators conveyed the need for more time for supervision and pursuit of licensure. They emphasized the need for one-to-one supervision (a requirement for social work licensure), but said that paperwork requirements and other duties made such supervision difficult. In order to retain qualified and experienced FSWs — those that have

worked on the inpatient forensic units and who are seeking to advance to licensure — such supervision time is critical. This applies to MHCs as well.

The impending closure of the RTFs and the increased emphasis on community forensic mental health will require that additional forensic Master’s-level clinicians are hired, but also that some duties and responsibilities of those forensic Masters-level clinicians will shift. Hospital forensic social workers may need additional time and resources devoted to transition and discharge planning, while outpatient social workers may find time more frequently allotted to case management, monitoring, and reporting duties. Mental Health Counselors may be required to devote more time to competency restoration activities (as is the case currently at Fort Steilacoom Competency Restoration Program).

TRAINING AND EDUCATION FOR FORENSIC MENTAL HEALTH PROFESSIONALS

Identify training, certification, and degree programs in other states for the baseline set of FMHP categories identified.

Across the nation, there are hundreds of professional training and degree programs that provide the basic clinical training for the clinical professions we address (psychiatry, psychology, social work, etc.), but there are also programs that offer more specific forensic training, i.e., training in the clinical disciplines *as they apply to forensic populations and contexts*. In this section, we describe the typical course of training for each discipline, as well as programs to further specialize in forensic applications of the discipline.

PSYCHIATRY

All psychiatrists are physicians who completed a four-year graduate degree at a medical school (M.D.) or school of osteopathic medicine (D.O.). Following graduation from medical or osteopathic school, prospective psychiatrists enter a four-year internship and residency in General Psychiatry. Nationally, there are currently 236 ACGME-accredited programs in General Psychiatry offering a total of 1,495 residency spots per year.²⁷

If a physician wishes to practice medicine in a particular state, the physician must obtain licensure in that state (there is no national licensure for physicians). State licensure requirements vary by state, but require at least one year of post-graduate training (internship), with most requiring that this training occur at a training program accredited by the American Council for Graduate Medical Education. For international medical graduates, the post-doctoral training requirements are greater, with most requiring two or three years of training at a program in the U.S. Additionally, all states require licensure applicants to pass all three Steps of the United States Medical Licensing Examination (USMLE). The USMLE is a structured examination sponsored by the Federation of State Medical Boards and the National Board of Medical Examiners that assesses a physician's basic medical knowledge about health and disease, as well as patient-centered skills to ensure that the physician has the requisite knowledge and skill to provide safe and effective patient care.

²⁷ National Resident Matching Program, Results and Data: 2017 Main Residency Match®. National Resident Matching Program, Washington, DC.

Board-certification is an additional credential for which some physicians apply. Board-certification is specific to a physician's specialty or sub-specialty. While state licensure is required for a physician to practice medicine in a state, board-certification is voluntary, but encouraged, as it signifies additional qualifications and excellence in one's field of medicine. Psychiatrists are board-certified by the American Board of Psychiatry and Neurology, one of 24 specialty boards of the American Board of Medical Specialties. To be board-certified in General Psychiatry, applicants must have completed three to seven years of residency at an ACGME-accredited program, they must have a letter of endorsement from their residency program's Training Director, and must pass a written exam, an oral examination, and a clinical skills examination. Additionally, members of the ABPN must maintain their board certification status by taking maintenance of certification examinations every ten years and by demonstrating ongoing continuing medical education throughout their ten-year term. There are 15 sub-specialty board certifications for psychiatry, one of which is Forensic Psychiatry.

The sub-specialty of Forensic Psychiatry pertains to the interface between psychiatry and various forms of law (civil, criminal, administrative). To be board-certified in Forensic Psychiatry by the ABPN, applicants must have completed a one-year fellowship in Forensic Psychiatry at an ACGME-accredited Forensic Psychiatry Training Program. Applicants must also receive a passing grade on a written examination that tests the applicant's knowledge about mental health case law, principles of forensic psychiatry, ethics, the treatment of persons detained in carceral settings such as jails and state psychiatric hospitals, and the proper way to conduct forensic examinations.

Psychiatry residents are eligible to apply for a Forensic Psychiatry Fellowship after completion of a four-year General Psychiatry residency. There are currently 47 ACGME-accredited Forensic Psychiatry Training Programs in the U.S., which vary widely in the size of their fellowship class, the program's particular areas of strength, i.e., forensic assessment versus treatment in carceral settings, and size and qualifications of its participating faculty. A list of Forensic Psychiatry fellowships is available in *Table 5* and *Appendix 2*. All programs are required to periodically assess each fellow's aptitude with respect to a number of core competencies including, but not limited to: Procedural Skills, Patient Care, Knowledge of the Law and Ethical Principles as they relate to the Practice of Forensic Psychiatry, Knowledge of Clinical Psychiatry Especially Relevant to Forensic Psychiatry, Accountability, Resource Management, and Information Sharing and Record Keeping.²⁸ While completion of a fellowship in Forensic Psychiatry is not required to provide clinical care to patients in a state forensic hospital,

²⁸ Thomas, C. (2015) *The Forensic Psychiatry Milestone Project: A Joint Initiative of The Accreditation Council for Graduate Medical Education and The American Board of Psychiatry and Neurology*.

psychiatrists who have completed fellowship training are exceptionally well-equipped to address the myriad issues specific to justice-involved patients, such as the limits of confidentiality, mandated reporting requirements, testimonial privilege, and assessment of violent, sexual and criminal recidivism.

As the number of practicing forensic psychiatrists is vastly smaller than the number of general psychiatrists, it can be extremely challenging to recruit forensic psychiatrists to work in state forensic hospitals. States that have had success in recruiting and retaining board-certified forensic psychiatrists typically have an academic affiliation between the state forensic hospital and a forensic psychiatry training program. This approach has been effective in states like Connecticut, where the Connecticut Department of Mental Health and Addiction Services has an agreement to fund four of the Yale Forensic Fellowship Training Program’s six forensic fellow positions annually. Consequently, the majority of psychiatrists at its state forensic hospital were former forensic psychiatry fellows with the Yale School of Medicine.

It is not necessary for a psychiatrist to have completed a forensic fellowship to work with forensic patients in a clinical setting. As a psychiatrist on an inpatient forensic ward, the primary responsibilities are similar to those on civil wards, providing competent and safe patient care. While it may not be possible to staff all forensic wards with psychiatrists with subspecialty training in Forensic Psychiatry, hiring a forensic psychiatrist in a leadership position to provide supervision to staff psychiatrists, to consult on challenging cases, and to provide recommendations for the proper operation of forensic programs can significantly improve hospital operations.

Table 5: Forensic Psychiatry Fellowships in the United States

National List of Forensic Psychiatry Fellowships	
Site Name	Location
Albert Einstein College of Medicine	The Bronx, NY
Brown University	Providence, RI
Case Western Reserve University	Cleveland, OH
Columbia / Cornell	Ithaca, NY
Columbia Research Fellowship	New York, NY
Emory University	Atlanta, GA
Harvard Medical School	Boston, MA

Louisiana State University	New Orleans, LA
Louisiana State University	Shreveport, LA
Medical College of Georgia	Augusta, GA
Medical College of Wisconsin	Milwaukee, WI
Medical University of South Carolina	Charleston, SC
New York University Medical Center	New York, NY
Northwestern University	Evanston, IL
Ohio State University	Columbus, OH
Oregon Health and Science University	Portland, OR
Rutgers University - Robert Wood Johnson Medical	New Brunswick, NJ
Saint Elizabeths Hospital	Washington, DC
Saint Louis University	Saint Louis, MO
State University of New York	Buffalo, NY
SUNY Upstate Medical University	Syracuse, NY
The National Capital Consortium Military Forensic Psychiatry Program	Washington, DC
Tulane University School of Medicine	New Orleans, LA
University of Arizona Forensic Psychiatry Fellowship Program	Tucson, AZ
University of Arkansas for Medical Sciences	Little Rock, AK
University of California, Davis	Davis, CA
University of California, Los Angeles (UCLA)	Los Angeles, CA
University of California, San Francisco	San Francisco, CA
University of Cincinnati	Cincinnati, OH
University of Colorado	Boulder, CO
University of Florida	Gainesville, FL
University of Maryland School of Medicine	Baltimore, MD
University of Massachusetts	Amherst, MA
University of Miami	Miami, FL

University of Michigan, Center for Forensic Psychiatry	Ann Arbor, MI
University of Minnesota	Minneapolis, MN
University of Missouri	Columbia, MO
University of North Carolina	Chapel Hill, NC
University of Pennsylvania	Philadelphia, PA
University of Rochester	Rochester, NY
University of South Carolina	Columbia, SC
University of South Florida	Tampa, FL
University of Virginia	Charlottesville, VA
University Texas Southwestern Medical School	Dallas, TX
USC Institute of Psychiatry, Law & Behavioral Medicine	Los Angeles, CA
West Virginia University	Morgantown, WV
Yale University	New Haven, CT

NURSING

The most common path to sit for the RN licensing exam (NClex) is the BSN path, although there are many others. The MSN is the most common path (one must have BSN or BS with extra Nursing Courses and an RN license first) for an APRN. However, the DNP (Doctor of Nursing Practice) is becoming more common and is the goal in nursing for the terminal APRN degree, since the hours / credits for an MSN were equaling many other practice doctorates. For the most part, post-graduate experience and education in a PMH forensic setting is the way the field produces forensic PMH Nurses. Forensic Nursing programs and certifications generally focus on victims of violent crimes rather than those patients with psychiatric disorders and forensic involvement. Stated differently, the nursing profession (unlike psychology, psychiatry, and — to a lesser degree — social work and Master’s-level counseling) do *not* have specialized programs for forensic mental health expertise, so it may be more important for the state to develop these.

Some innovative approaches to developing a nursing workforce have appeared promising in other states. There are many types of nursing residency programs. These could be developed for both PMH-RNs and PMH-APRNs. Usually, this is most easily accomplished with a college or university in conjunction with the state system. For example, at the RN level, Parkland Health

and Hospital system has a Critical Care Residency program. New graduate RNs apply from all over the country. Their first year includes intensive classes as well as rotations through the different critical care areas. Preceptorship continues through the next year and these nurses are then required to work a minimum of 2 years at Parkland. Two examples of joint university and state programs come from the University of Hawai'i and the U.S. Veterans Health Administration (VHA). In the first, the University of Hawai'i received a multi-year HRSA grant. APRNs held joint appointments both teaching at UH and working as clinicians at Hawai'i State Hospital and developed the nurse led mental health clinics on the Island of Hawai'i. The second type of residency or joint program is one that the VHA has with multiple universities around the country to build their PMH APRN workforce. The University of California – San Francisco provides a good example. The general idea is that a university partners with a hospital to transition RNs / APRNs into a specialty field, and in return the recipients pledge a certain amount of time to the hospital post-training (measured in periods of years). Some have tuition reimbursement contingent on service years to the hospital. Another example of a VHA nursing residency program is found here:

<https://www.northerncalifornia.va.gov/careers/residency.asp>

PSYCHOLOGY

Generally, doctoral-level psychology²⁹ tends to involve a process of increasing specialization at each stage of training. Generally, these stages of training include:

- Several years (2-4) of formal coursework in a doctoral program
- Several years (2-5) of clinical practica (i.e., supervised clinical experiences) overlapping with the years of coursework as part of the doctoral program
- A full-time predoctoral clinical internship (1 year), typically in a clinical setting that is not affiliated with their doctoral program
- An optional postdoctoral fellowship (1-2 years) in a more focused clinical specialty (only a minority of psychologists complete this step, and typically do so only for specialized sub-disciplines such as neuropsychology or forensic evaluation).

Treatment Psychologists have usually completed a broad variety of coursework and practicum experiences. They may pursue more experiences in particular types of contexts (e.g., inpatient psychiatric facilities) to better prepare for a career in those contexts.

Forensic evaluators have usually followed a path towards increasing specialization for this work. As the *Specialty Guidelines for Forensic Psychology*³⁰ explains, “Training in forensic psychology is available in pre-doctoral, internship and post-doctoral settings, and the American Psychological Association recognized forensic psychology as a specialty in 2001.” The Education and Training Guidelines for Forensic Psychology state that: “Competence in performing forensic work requires training and experience at the postdoctoral level, after basic competencies required for general psychological practice have been obtained at the graduate and internship levels.”³¹ In short, most forensic evaluators (at least in the current era) have planned and trained specifically to secure a specialized job as a forensic evaluator.

²⁹ Doctoral-level psychology training should not be confused with master’s level psychology training. Master’s level training (typically two years long) usually ends with a terminal master’s degree in psychology, but state and professional rules and standards preclude master’s level graduates from performing many of the functions of doctoral level psychologists (e.g., providing clinical supervision and conducting most court-ordered forensic). Also, in practice master’s level graduates cannot legally be referred to as “psychologists” (in the Washington state system, they are referred to as “Psychology Associates”). Finally, while many master’s level psychology professionals become licensed and work independently, some will then enter psychology doctoral programs to further their qualifications.

³⁰ American Psychological Association (2013). *Specialty Guidelines for Forensic Psychology*.

³¹ Education and Training Guidelines for Forensic Psychology: <https://www.apadivisions.org/division-41/education/guidelines.pdf>

Though a broad background in clinical psychology is an appropriate starting point for many specialties, psychologists training to become forensic evaluators tend to select forensic (or correctional) practicum experiences in their doctoral programs, and they tend to self-select pre-doctoral internships that are based in forensic settings (or at least include forensic rotations). Furthermore, many who are most motivated to secure a forensic evaluator position will complete formal post-doctoral fellowships in *forensic* psychology, even after they graduate, in order to be optimally skilled and competitive for a position as a full-time forensic evaluator.

Table 6: National Master’s and Doctoral Programs with Emphasis in Forensic Psychology

Institution	MA/MS	PsyD/PhD/JD
Adler School of Professional Psychology	MA: Counseling Psychology, <i>with forensic emphasis</i>	
Alliant International University		PhD and PsyD: Fresno PhD and PsyD: San Diego
American International College	MA: Forensic Psychology	
Arizona State University	MS: Forensic Psychology	PhD: Law and Psychology
California State University	MS: Forensic Psychology	
The Chicago School of Professional Psychology	MA: Forensic Psychology	
College of Saint Elizabeth	MA: Forensic Psychology MA: Counseling Psychology	
Cornell University		PhD/JD: Psychology/Law
Drexel University	MA: Psychology	PhD: Clinical Psychology PhD/JD: Clinical Psychology/Law
Fairleigh Dickinson University	MA: Forensic Psychology	PhD: Clinical Psychology
Florida International University		PhD: Legal Psychology
Florida Institute of Technology		PsyD: Clinical Psychology
Fordham University		PhD: Clinical Psychology
George Washington University	MA: Forensic Psychology	
Holy Names University	MA: Forensic Psychology	

	MA: Counseling Psychology	
John Jay College of Criminal Justice	MA: Forensic Psychology MA: Forensic Mental Health Counseling	PhD: Clinical Psychology PhD: Psychology and Law
Kean University	MA: Forensic Psychology	
Kentucky State University	MA: Interdisciplinary Behavioral Science	
Marymount University	MA: Forensic and Legal Psychology	
Montclair State University	MA: Clinical Psychology, <i>with forensic emphasis</i>	PhD: Clinical Psychology,
Nova Southeastern University	MS: Forensic Psychology	PhD: Clinical Psychology PsyD: Clinical Psychology
Pacific University School of Professional Psychology		PsyD: Clinical Psychology
Palo Alto University		PhD: Clinical Psychology PhD/JD: Clinical Psychology/Law
Roger Williams University	MA: Forensic and Legal Psychology MA: Forensic Mental Health Counseling	
Saint Mary's University	MA: Applied Psychology, <i>with forensic emphasis</i>	
Simon Fraser University	MA: Legal Psychology MA: Forensic Psychology	PhD: Legal Psychology Forensic Psychology PhD/JD: Clinical Psychology/Law PhD/JD: Experimental Psychology/Law
Spalding University		PsyD: Clinical Psychology
Texas A&M University		PhD: Clinical Psychology
Texas Tech University		PhD: Counseling Psychology

The Sage Colleges	MA: Counseling and Community Psychology, <i>with forensic emphasis</i>	
University of Alabama		PhD: Clinical Psychology
University of Arizona		PhD: Clinical Psychology
University of California, Irvine	MA: Legal and Forensic Psychology	PhD: Psychology and Social Behavior PhD: Criminology, Law, and Society PhD/JD: Psychology and Social Behavior and Law
University of Denver	MA: Forensic Psychology	PsyD: Clinical Psychology
University of Florida		PhD/JD: Criminology, Law, and Society
University of Houston-Victoria	MA: Forensic Psychology	
University of Nebraska-Lincoln		PhD/JD: Psychology and Law PhD/MLS: Psychology and Legal Science
University of Nevada, Reno	MA: Criminal Justice	PhD: Interdisciplinary Social Psychology
University of North Dakota	MS: Forensic Psychology MA: Forensic Psychology (online)	
University of North Texas		PhD: Clinical Psychology
University of Texas, El Paso		PhD: Legal Psychology
University of Wyoming		PhD: Clinical Psychology
University of Southern Mississippi		PhD: Counseling Psychology
Westfield State University	MA: Mental Health Counseling, <i>with forensic emphasis</i>	
Widener University		PsyD: Clinical Psychology

William James College	MA: Clinical Mental Health Counseling with concentration in Forensic and Correctional Psychology	PsyD: Clinical Psychology
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Table 7: National List of Forensic Postdoctoral Fellowships

Site Name	Location
4th District Forensic Psychological Services, Hennepin County Government	Minneapolis, MN
Alpert Medical School of Brown University	Providence, RI
Arkansas State Hospital	Little Rock, AR
The Audrey Hepburn Children’s House (AHCH) at Hackensack University Medical Center	Hackensack, NJ
Augusta University/East Central Regional Hospital	Augusta, GA
AVS Consulting, LLC, DBA Stone, McElroy & Associates	Atlanta, GA
Bridgewater State Hospital	Bridgewater, MA
Central Region Hospital	Butner, NC
Central State Hospital	Petersburg, VA
Colorado Mental Health Institute at Pueblo	Pueblo, CO
Colorado Mental Health Institute at Fort Logan	Denver, CO
Denver FIRST (University of Denver’s Forensic Institute for Research, Service and Training)	Denver, CO
Department of Forensic Services at Center for Behavioral Medicine	Kansas City, MO
Eastern State Hospital	Williamsburg, VA
Emory University School of Medicine, Department of Psychiatry and Behavioral Sciences	Atlanta, GA
Forum Ohio Postdoctoral Fellowship in Forensic Psychology	Columbus, Ohio
Institute on Violence, Abuse, and Trauma	San Diego, CA
Joliet Treatment Center	Joliet, IL
Larned State Hospital	Larned, KS
Illinois Department of Health and Human Services	Rushville, IL

Logan Correctional Center	Lincoln, IL
Mecklenburg County Forensic Evaluations Unit	Charlotte, NC
Medical University of South Carolina	Charleston, SC
Mendota Mental Health Institute & Sand Ridge Secure Treatment Center	Madison, WI
Minnesota Direct Care and Treatment - Forensic Services	St. Peter, MN
Mississippi State Hospital	Whitfield, MS
Northwest Forensic Institute	Portland, OR
Patton State Hospital	Patton, CA
Pontiac Correctional Center	Pontiac, IL
Saint Elizabeth's Hospital	Washington, DC
South Carolina Department of Mental Health	Columbia, SC
Spring Grove Hospital Center	Catonsville, MD
Summit Behavioral Healthcare	Cincinnati, OH
Taylor Hardin Secure Medical Facility	Tuscaloosa, AL
Treasure Coast Forensic Treatment Center	Indiantown, FL
Tulane University at Eastern Louisiana Mental Health System (ELMHS)	New Orleans, LA
University of Massachusetts Medical School Forensic Psychology Residency	Worcester, MA
University of New Mexico Health Sciences Center	Albuquerque, NM
UVA Institute of Law, Psychiatry, and Public Policy and Western State Hospital	Charlottesville, VA
USC Institute of Psychiatry, Law, and Behavioral Science	Los Angeles, CA
University of Washington Child Study and Treatment Center	Lakewood, WA
University of Washington School of Medicine	Steilacoom, WA
Walter Reed National Military Medical Center - Graduate Medical Education	Bethesda, MD
West Central Georgia Regional Hospital	Columbus, GA
Western State Hospital	Lakewood, WA

MASTER'S-LEVEL CLINICIANS

Master's-level social workers attend a graduate Master's program in social work. Indeed, minimum hiring qualifications for social workers at ESH and WSH require a Master's degree in social work (MSW). Post-graduation, MSWs apply for licensure, though these processes can

differ by state. Although some forensic social work intensives or tracks exist in certain programs around the nation, most forensic social workers have received their forensic training through placements in forensic settings (or after hiring in those forensic settings). This appears to be the typical pathway in Washington, as hospital social work administrators stated that few applicants apply with much focused forensic experience (unless they have previously participated in a WSH or WSH forensic social work internship placement).

Nationally, there are more than 150 Master's of Social Work graduate programs around the country, including online programs. Space prohibits listing them in this report, and they are readily found online (a list of programs in and around the State of Washington appears later in this report, however). The National Organization of Forensic Social Work (NOFSW) is a good resource for training opportunities, standards, and resources (<http://nofsw.org/>). Further, NOFSW hosts an annual one-day intensive training that culminates in the conferring of a forensic social work certification; this appears to be a good opportunity for training generalist social workers and also marketing the job opportunities in Washington.

Mental Health Counselors also attend a graduate Master's program, typically in Psychology departments, but can be in related disciplines (such as Education). They also require post-degree supervision, and indeed the supervision they receive in the public sector is an advantage for them. Although individuals who have generalist training in Mental Health Counseling can be recruited for forensic positions, most students in those generalist programs are not familiar with forensic populations or patients, and may be wary of the population. So orientation training or on-the-job training specific to forensic issues is usually necessary for Master's-level clinicians who trained in more generalist programs.

Recruiting from MHC programs with a specialized forensic emphasis would be ideal, as these graduates have experience working with the forensic population, and a better understanding of the issues relevant for those with criminal justice involvement. There are at least 27 Master's-Level Counseling programs nationally that provide an emphasis on forensic or correctional populations (see the *Table 6* in the previous section). These programs prepare their graduates to work with individuals who are involved in the criminal justice system. In addition to gaining exposure to individuals with severe mental illness and personality disorders, who are commonly seen in forensic settings, these graduates are likely to be well-equipped to provide competency to stand trial restoration services, and aid in assessing progress towards restoration. There is only one Forensic Mental Health Counseling program in Washington State (Seattle University), but there are several such programs in nearby states, particularly California.

WASHINGTON TRAINING, CERTIFICATION, AND DEGREE PROGRAMS FOR FORENSIC MENTAL HEALTH PROFESSIONALS

Identify existing training, certification, and degree programs in Washington for the FMHP categories identified.

Across disciplines, Washington has relatively few forensic-emphasis training programs (like the national programs described in the prior section). Washington does, however, have many strong generalist programs across all clinical disciplines, i.e., Master's and doctoral programs that provide strong forensic training. From these programs, further forensic training or emphasis is certainly possible.

PSYCHIATRY

The most proximate residency training programs in General Psychiatry are at the University of Washington and Washington State University. BHA could certainly pursue meetings with the appropriate Department of Psychiatry staff at both the University of Washington and Washington State University to explore designating both ESH and WSH as participating sites for resident education. Though the loss of accreditation at WSH is certainly an obstacle to training collaborations, the ACGME does not require that a participating training site be either CMS-certified or TJC-accredited. Rather, the Resident Review Committee of the Sponsoring Institution (training program) determines whether the site is appropriate based on requirements enumerated in the ACGME's Program Director's Guide, Section I.B.1 and I.B.2a and I.B.3.³² As such, the lack of CMS certification or TJC accreditation at WSH is not an absolute bar to academic affiliation.

³² Accreditation Council for Graduate Medical Education *The Program Directors' Guide to the Common Program Requirements (Residency)*, Version 1.0 June 20, 2019.

Table 8: Existing Programs In or Around Washington (Medicine / Psychiatry)

Washington			
Institution	PA	DO	MD
Heritage University	PA		
Pacific Northwest University of Health Sciences		DO	
University of Washington	PA		
Washington State University			MD
Psychiatry Residency and Fellowship Programs			
Residency Programs	University of Washington Program Providence Sacred Heart Medical Center Program		

(Programs \leq 100 mi from Washington)

Oregon			
Institution	PA	DO	MD
George Fox University	PA		
Oregon Health & Science University	PA		MD
Pacific University	PA		
Psychiatry Residency and Fellowship Programs			
Residency Programs	Samaritan Health Services - Corvallis Program Oregon Health & Science University Program		
Forensic Fellowships	Oregon Health and Science University		

Montana			
Institution	PA	DO	MD
University of Montana	PA	DO	

NURSING

The table below presents a list of nursing training, certification, and degree programs in and near Washington. (Unlike other tables in this report, we have chosen to provide the specific nursing degree to acknowledge the specific roles and qualifications that the various degrees may possess.)

Table 9: Existing Programs In or Around Washington (Nursing)

Washington							
Institution	PN	ADN	BSN	MSN	DNP	PhD	Post Grad Cert
Bates Technical College	Y						
Bellevue College*		Y	Y				
Bellingham Technical College**	Y	Y					
Big Bend Community College**		Y					
Centralia College		Y					
Clark College**		Y					
Clover Park Technical College	Y						
Columbia Basin College*		Y	Y				
Edmonds Community College	Y						
Everett Community College**		Y					
Gonzaga University*			Y	Y	FNP PMHNP		
Grays Harbor College**		Y					
Green River College	Y						
Heritage University*			Y				
Highline College**		Y	Y				
Lake Washington Institute of Technology**		Y					
Lower Columbia College**		Y					
North Seattle College		Y					
Northwest University*			Y	Y			
Olympic College**		Y	Y				
Pacific Lutheran University*			Y	Y	FNP PMHNP		Y
Peninsula College		Y					
Pierce College at Puyallup**		Y					
Renton Technical College		Y					
Saint Martin's University*			Y				

Seattle Central College**		Y					
Seattle Pacific University*			Y	Y	FNP AGNP Clinical Nurse Specialist		
Seattle University*			Y	Y	FNP AGNP FPMHNP		
Shoreline Community College**		Y					
Skagit Valley College**		Y					
South Puget Sound Community College		Y					
Spokane Community College**		Y					
Tacoma Community College**		Y					
University of Washington*			Y	Y	AGNP FNP Pediatric Clinical Nurse Specialist Pediatric NP Population Health Nursing Women's Health NP PMHNP	Nursing Science	Y
University of Washington Tacoma*			Y	Y			
Walla Walla Community College**		Y					
Walla Walla University*			Y				
Washington State University*			Y	Y	FNP PMHNP Population Health	Nursing	Y
Wenatchee Valley College**		Y					
Western Washington University*			Y				
Whatcom Community College**		Y					
Yakima Valley College**		Y					

Oregon							
Institution	LPN	ADN	BSN	MSN	DNP	PhD	Post Grad Cert
Blue Mountain Community		ADN					

College							
Chemeketa Community College**	LPN	ADN					
Clackamas Community College		ADN					
Clatsop Community College		ADN					
Columbia Gorge Community College		ADN					
George Fox University*			BSN				
Linfield College*			BSN				
Linn-Benton Community College		ADN					
Mt. Hood Community College	LPN	ADN					
Oregon Health & Science University*			BSN	MSN	FNP Nurse Anesthesia AGNP PMHNP Pediatric	Research	
Oregon Institute of Technology			BSN				
Portland Community College**		ADN					
Sumner College	LPN	ADN					
University of Portland*			BSN		FNP only		
Warner Pacific University			BSN				

*Accredited by the Commission on Collegiate Nursing Education (CCNE)

**Accredited by the Accreditation Commission for Education in Nursing (ACEN)

Idaho							
Institution	LPN	ADN	BSN	MSN	DNP	PhD	Post Grad Cert
Lewis-Clark State College*	LPN	ADN	BSN				
North Idaho College**	LPN	ADN					

*Accredited by the Commission on Collegiate Nursing Education (CCNE)

**Accredited by the Accreditation Commission for Education in Nursing (ACEN)

Montana							
Institution	LPN	ADN	BSN	MSN	DNP	PhD	Post Grad Cert
Flathead Valley Community College	LPN	ADN					
Salish Kootenai College**		ADN					

*Accredited by the Commission on Collegiate Nursing Education (CCNE)

**Accredited by the Accreditation Commission for Education in Nursing (ACEN)

PSYCHOLOGY

Washington offers four APA-Accredited doctoral programs in clinical psychology, based in both public and private universities. In this regard, Washington seems roughly similar to most states of equivalent size. But perhaps more so than other disciplines, psychologists in the Washington system are not necessarily drawn from Washington universities. In particular, many in the current cadre of forensic evaluators has moved to Washington for other areas, often specifically to take a position as a forensic evaluator (or as an intern or postdoctoral fellow at WSH, and then stay for an evaluator position). In our view, this reflects the specialized nature of forensic evaluation; forensic psychologists often relocate specifically to take a specialized position as an evaluator. This suggests that OFMHS need not (and indeed cannot) rely primarily on Washington universities to provide the system with doctoral-level psychologists, particularly forensic psychologists.

Many of the current cadre of forensic evaluators come from specialized, forensic-focused doctoral training programs across the country (e.g., several are from a Texas doctoral program); no such programs exist in Washington. However, a strength in Washington is the availability of forensic training at the later stages of doctoral training (i.e., Internship) and postdoctoral training, at Western State Hospital only. Specifically, Washington offers an APA-accredited one-year predoctoral internship (4 positions currently) at Western State Hospital, and this internship tends to draw primarily candidates with strong forensic interests. WSH also offers a postdoctoral fellowship specific to forensic evaluation, from which graduates typically transition to positions as forensic evaluators with OFMHS.

Table 10: Existing Programs In or Around Washington (Psychology)

Washington			
Institution	BA/BS	MA/MS/MEd	PsyD/EdD/PhD
Antioch University Seattle		MA: Couple and Family Counseling Clinical Mental Health Counseling CFT with Art Therapy CFT with Drama Therapy CMHC with Art therapy CMHC with Drama Therapy	PsyD: Clinical Psychology PhD: Counselor Education & Supervision
Bastyr University	Y	MA: Counseling Psychology Nutrition and Clinical Psychology	
Central Washington University	Y	MA: Mental Health Counseling School Psychology MS: Clinical Psychology Counseling Psychology Experimental Psychology	
City University of Seattle	Y	MA: Counseling	
Eastern Washington University	Y	MA: Behavioral Health MS: School Counseling Clinical Mental Health Counseling	
Gonzaga University	Y		
Heritage University	Y		
Northwest University	Y	MA: Clinical Mental Health Counseling	PsyD: Counseling Psychology
Pacific Lutheran University	Y	MA: Applied Psychology	PsyD: Clinical Psychology PhD: Clinical Psychology
Saint Martin's University	Y		
Seattle Pacific University	Y	MA: I/O Psychology MS: Marriage and Family Therapy	PhD: Clinical Psychology I/O Psychology
Seattle University	Y	MA: Psychology MS: Child & Adolescent Development I/O Psychology	
University of Puget Sound	Y		
University of Washington	Y	MA: Applied Child and Adolescent	PhD: Clinical Psychology Educational Psychology

University of Washington Bothell	Y		
University of Washington Tacoma	Y		
Walla Walla University	Y		
Washington State University	Y	MA: Forensic Psychology I/O Psychology Sport-Exercise Psychology MS: Human Services	EdD: Counseling Psychology Pastoral Community Counseling PhD: Clinical Psychology
Western Washington University	Y	MA: I/O Psychology MS: Psychology MEd: Psychology	
Whitman College	Y		
Whitworth University	Y		
Internship and Fellowship Sites			
Internships (APA Accredited)		Spokane VAMC Psychology Internship/Behavioral Health Central Washington University/Student Medical and Counseling Clinic Columbia Valley Community Health /Behavioral Medicine Department Madigan Army Medical Center/Department of Behavioral Health National Psychology Training Consortium/Cascades Region University of Puget Sound/Counseling, Health and Wellness Services UW Counseling Center/Student Life UW School of Medicine/Dept of Psychiatry & Behavioral Sciences VA Puget Sound, American Lake Division/Psychology Service (A-116-B) VA Puget Sound, Seattle/Mental Health Service Washington State University/Counseling and Psychological Services Western State Hospital/Psychology Department	
Forensic Fellowships		University of Washington Child Study and Treatment Center University of Washington School of Medicine Western State Hospital	

(< 100 mi from Washington)

Oregon			
Institution	BA/BS	MA/MS/MEd	PsyD/EdD/PhD
Corban University	Y	MA: Clinical Mental Health Counseling	
Eastern Oregon University	Y		
George Fox University	Y		PsyD: Psychology
Lewis & Clark College	Y	MA: Marriage, Couple, and Family Therapy Professional Mental Health Counseling MEd: School Counseling	
Linfield College	Y		
Multnomah University	Y	MA: Counseling	
Oregon Institute of Technology	Y		
Oregon State University	Y		
Pacific University	Y	MA: Counseling Psychology MS: Psychological Science General Psychology Clinical Psychology	PhD: Clinical Psychology
Portland State University	Y	MA: Psychology MS: Psychology Clinical Psychology Experimental Psychology	PhD: Applied Psychology
Reed College	Y		
Southern Oregon University	Y		
University of Portland	Y		
Warner Pacific University	Y		
Western Oregon University	Y		
Willamette University	Y		
Internship and Fellowship Sites			
Internships (APA Accredited)	George Fox University/George Fox Integrated Care Internship Morrison Child and Family Services/Community Mental Health Center Oregon Health & Science University - Univ. Center for Excellence on Developmental Disabilities/Child Development and Rehabilitation Center Oregon State Hospital/Psychology Internship Program Oregon State University/Counseling and Psychological Services		

	Pacific Psychology and Comprehensive Health Clinics/Psychology Training Program Portland VA Medical Center/Marilyn Huckans, PhD Samaritan Health Services/Samaritan Family Medicine
Forensic Fellowships	Northwest Forensic Institute

Idaho			
Institution	BA/BS	MA/MS/MEd	PsyD/EdD/PhD
Lewis-Clark State College	Y		
University of Idaho	Y	MS: Psychology: Human Factors	PhD: Experimental Psychology
Internship and Fellowship Sites			
Internships (APA Accredited)	University of Idaho / Counseling & Testing Center		

Montana			
Institution	BA/BS	MA/MS/MEd	PsyD/EdD/PhD
Salish Kootenai College	Y		
University of Montana	Y	MA: Clinical Mental Health Counseling Criminology MS: Neuroscience	EdD: Counselor Education and Supervision PhD: Clinical Psychology Counselor Education and Supervision School Psychology Experimental Psychology Neuroscience

MASTER’S-LEVEL CLINICIANS

Social work professional qualifications

Generally speaking, a Master’s degree in social work (MSW) is the basic requirement for most DSHS level social work positions, and is the prevailing national standard for social work practice. In Washington, two professional classifications exist: the LICSW (Licensed Independent Clinical Social Worker) and LACSW (Licensed Advanced Clinical Social Worker). Essentially, the LICSW has had 4000 hours of supervision from another LICSW and is therefore approved for independent practice and supervision of LACSWs. Both classifications require the MSW degree. In Washington, LICSWs are the “managers” in the social work system, given their ability to provide supervision. Line staff are classified as “Psychiatric Social Work 3” positions and either have an LACSW or an agency-affiliated license.

Social work supervisors in Washington are required to be licensed, but line staff are not. Nevertheless, many are licensed; a total of 28 of the 74 WSH social workers are licensed at the time of this report. Minimum social worker hiring requirements are a) the MSW degree and b) 1-2 years of professional mental health experience. Current staffing patterns in Washington show a 1:5.5 ratio of supervisors to line staff, but our understanding in talking with social work staff at both hospitals is that some line staff possess the LISCW designation (even though they are not yet in supervisory positions). It is crucial to maintain the kind of supervision and advancement opportunities that allow social workers to progress towards greater qualifications. Indeed, the availability of no-cost supervision is an attractive benefit of inpatient social work practice in Washington.

Examples of education and/or training programs in social work

The table below lists social work programs within (or near) Washington. Beyond these programs, administrators from ESH and WSH provided additional details about particular programs, schools, and initiatives.

At ESH, social workers mentioned Eastern Washington University as a “pipeline” for social workers. They mentioned that the internship program with the ESU social work school as especially fruitful for recruiting, because ESH trains four to five interns at any one time.³³ ESH social workers also highlighted Walla Walla University and Boise State (online) as sources for new social work hires.

At WSH, social work administrators mentioned the University of Washington, its satellite campus in Tacoma, and Walla Walla University as especially robust in terms of recruiting and training agreements. A strong internship program with UW is active and provides more applicants than WSH can accommodate, allowing for higher selectivity among interns. Approximately eight social work interns work at WSH. Although there is not capacity to hire all interns afterward, administrators report that one or two interns are often hired after they complete their degrees.

³³ This observation underscores the value of hospital internships in recruiting staff, particularly staff who (via these internships) develop some forensic literacy even before they are hired. We further discuss internships later in this report, as a recommendation for recruiting.

Table 11: Existing Programs In or Around Washington (Social Work)

Washington	
Institution	Degree
Eastern Washington University	MSW
University of Washington	MSW
University of Washington Tacoma	MSW
Walla Walla University	MSW

(< 100 mi from Washington)

Oregon	
Institution	Degree
George Fox University	MSW
Pacific University	MSW
Portland State University	MSW

Montana	
Institution	Degree
University of Montana	MSW

Mental Health Counselors

There are several Mental Health Counseling programs (not including online programs) in Washington State (see *Table 10*). Of these, only Seattle University’s program has a focus on forensic or correctional populations. However, as noted above there are a total of 27 programs nationally with such a focus, including several in nearby California.

Mental Health Counselors require supervision post-degree in order to be licensed. In some settings they have to pay for such supervision. An advantage of public sector positions is that this training is provided at no cost to the trainee, although we have been told that many leave for the private sector once they are licensed. This is due to higher wages in the private sector, as well as the need to pay off tuition loans. In addition, we were informed that ESH has had more trouble recruiting Mental Health Counselors due in part to lower salaries. It does not appear that there are significant opportunities for MHC trainees to intern at the hospital.

OTHER STAFF

Bachelor's-Level Providers and Peer Support Professionals

In addition to the professional clinical disciplines, the system also employs individuals without professional degrees. These include Bachelor's-level staff that work at the state hospitals and community sites. The range of duties varies, from providing case management services, providing support to clients, and assisting in the competency restoration process. The titles for these positions vary by setting (e.g., Institutional Counselors at the hospitals, RRCs at Maple Lane, or "Therapist I" or "Bachelor's-level Clinician"). The issues for this group are somewhat different than what we have discussed for the professional disciplines. Nevertheless, there are ways to assist in recruiting and training a more qualified workforce for this group as well.

As an example, the State Hospitals employ Institutional Counselors (ICs). The description for an IC 2 includes a preference for a Bachelor's-level degree, and the typical duties identified in the job description include:

- Counsels with and advises patients, residents, or students to assist in improving personal outlook, institutional and social adjustment
- Interviews patients, residents, or students to secure and compile personal data and social history
- Contacts friends, relatives, teachers and public and private agencies to secure information on client's background, personality and social adjustment
- Assists in contacting other agencies and organizations to arrange for employment, post-institutional care, pensions, and similar services
- Compiles and prepares reports on individual's progress, reactions, and overall adjustment; makes or assists in making recommendations on treatment, training and release of individual
- Follows up on post-institutional adjustment of those released.

The knowledge and ability domains include: "Knowledge of: principles and practices of interviewing; individual and group behavior; social and economic factors; laws and rules related to institutional care, custody, and treatment. Ability to: interview effectively, evaluate persons or situations and adopt a proper course of action; speak and write effectively; establish and maintain successful personal relationships with others."

Another example is the Prosecutorial Diversion Program, which also employs both Bachelor's-level staff, called "Care Coordinators." The job duties for these positions include assisting the participant with connecting with natural and formal supports to address their behavioral health

needs, assisting with transportation. The bulk of their time is spent in the field meeting the client “where they are at” and assisting with transportation needs.

We were told that although there are sufficient applicants for these positions, many applicants are unsuitable for working with the forensic population. To address this issue, there are some attempts to develop Bachelor’s-level courses, and encourage colleges and universities to offer tracks and practicum experiences for their students. We recommend that OFMHS and DSHS collaborate with local colleges and universities on these types of initiatives.

In addition, community programs in particular employ Peer Support Specialists. These positions are a requirement of the OCRPs, and are employed in a number of community-based programs that serve the *Trueblood* population, such as HARPS (Housing and Recovery through Peer Services (HARPS)), PATH (Projects for Assistance in Transition from Homelessness), and the Prosecution Diversion program. There is a training program in place that is targeting Peer Support Specialists, and the OCRPs and other programs require certification for these individuals, which is being coordinated by the HCA with support from OFHMS Workforce Development. This is an excellent model that can be scaled up to target other groups as well, beginning with the Bachelor’s-level providers. Fine-tuning and expanding this process would assist in assuring that these groups have adequate knowledge and preparation for the jobs they are asked to perform.

RECOMMENDATIONS

OFMHS has requested the following:

1. High, medium and low-cost recommendations regarding:
 - a. Recommended enhancements to existing training, certification, and degree programs; and
 - b. Recommended new training, certification and degree programs that would help Washington recruit or retain individuals to become part of the FMHP work force to meet the projected need.
2. Long, medium and short-term recommendations for future initiatives regarding training and certification programs for FMHPs in the state of Washington

We present our recommendations organized by broad categories and themes, because many broad strategies apply across disciplines. But we also detail the ways in which these strategies may differ by discipline, based on the differences in the disciplines themselves and the availability of existing training, certification, and degree programs. Generally, we have ordered these recommendations beginning with the simplest, and progressing towards the more difficult, in each category. We rank estimated cost (low, medium and high, denoted by \$, \$\$, \$\$\$) and time frames (short, medium, and long). Generally, we define short as 1-2 years, medium as 2-5 years, and long as 5+ years. Of course, these are only broad descriptors because cost and timing can vary greatly based on many factors, including factors over which OFMHS may be able to exert little influence (such as the priorities and resources of nearby educational institutions).

RECOMMENDATIONS

	COST	TIMING
OFMHS-Only Education and Training Initiatives		
Broad Recommendation: Enhance basic, introductory “Forensic Literacy” across disciplines		
<p>1. Further develop the OFMHS guide “Washington State Legal System Guide to Forensic Mental Health Services.”</p> <p><i>Comment:</i> OFMHS took an important step with this document, because it reflects a first step in the effort to orient clinicians and stakeholders to the Washington forensic system. We encourage them to proceed much further in developing this document into a series of at least two types of documents that orient clinicians to work in forensic contexts:</p> <ul style="list-style-type: none"> a. “Outreach” documents, suitable to sharing with trainees and applicants in relevant disciplines, that provide a brief orientation to the forensic context and forensic work in order to dispel misconceptions, enhance understanding of system goals, and increase interest in forensic work. b. Comprehensive manuals and curricula describing the forensic system and forensic issues in greater depth, more suitable for orienting new (or potential) hires to the forensic system. 	\$	Short

- 2. Develop comprehensive introductory “forensic literacy” training for new clinicians that orients them to the Washington forensic system, basic legal knowledge, clinical issues common in forensic contexts, and the broader goals and values of the forensic service system.**

\$\$ Medium

Comment: One challenge identified across almost every discipline was a lack of familiarity with forensic populations and forensic services. Enhanced *forensic literacy* is crucial for a workforce to understand the unique challenges and mission of their context. This literacy can begin with documents, but is ultimately best developed through a curriculum that includes reading, lecture (live, video-recorded, or online), and even exercises and skill-building. Substantial portions of a *forensic literacy* curriculum could be used across disciplines, while other modules should be discipline-specific. In addition, OFMHS should consider developing a video presentation about the Forensic and Legal systems that can be accessed online (e.g., Massachusetts DMH has developed a module called “Navigating the Intersection of Mental Illness and the Justice System in Massachusetts,” which is geared towards all level of new providers.

- 3. Consider discipline-specific mentoring programs.**

\$ Medium

Comment: Beyond the initial orientation to forensic knowledge and contexts, much of the workforce (all disciplines we addressed) could benefit from ongoing mentoring and support. Done well, mentoring programs can enhance job performance and job satisfaction; they may ultimately improve retention. Of course, good mentoring programs require identifying excellent mentors and providing them the time and compensation to mentor well.

Broad Recommendation: Enhance internal discipline-specific training, certification, and licensure

4. Psychology: Develop a training and/or certification program for forensic evaluators.

\$\$

Medium

Comment: Although OFMHS has been generally successful in recruiting forensic evaluators in recent history, the anticipated gaps in staffing underscore the need for well-trained forensic evaluators throughout the next decade. Recruiting evaluators may become more difficult because Washington universities have no forensic-focused doctoral psychology programs, and other states are struggling with their own “competency crises,” which will reduce that national pool of evaluators. Thus, Washington should consider developing the kind of rigorous state-specific training and/or certification programs for forensic evaluators that some other states (the university-affiliated programs in Massachusetts and Virginia are primary examples) have developed.³⁴ Though less rigorous than a formal postdoctoral fellowship, these trainings are generally adequate to train qualified psychologists and psychiatrists to perform best-practice evaluations of trial competence. If Washington resumes their prior strategy of using contracted “panel evaluators” to perform competency evaluations, a rigorous evaluator training process becomes more urgent.

³⁴ See:

Frost, L. E., de Camara, R. L., & Earl, T. R. (2006). Training, certification, and regulation of forensic evaluators. *Journal of Forensic Psychology Practice, 6*, 77–91.

Gowensmith, W.N., Pinals, D. & Karas, A. (2015). States’ standards for training and certifying evaluators of competency to stand trial, *Journal of Forensic Psychology Practice, 15*, 295-317.

5. Nursing: Continue and expand current efforts to improve broader culture and certification.

\$\$

Medium

Comment: As detailed earlier, WSH and ESH initiated “Magnet Journeys,” starting with Pathways to Excellence.³⁵ The American Nurses Credentialing Center (ANCC), developed the designations for healthy work environments and positive practice environments where nurses excel. We recommend both facilities continue on Pathways to Excellence and Magnet journeys. This also brings in shared governance, performance improvement and a system of indicator monitoring for quality. In other hospitals, it has substantially improved the level of nursing care and treatment. Pathways to Excellence is Medium cost/medium term.

Pursuing the Magnet status is much lengthier and more expensive, and it requires full administrative participation. Although full resources for this approach may not be available, experiences from other hospitals suggest it is still worth beginning this process, because doing so improves recruitment, retention, patient safety and treatment quality.

\$\$\$

Long

6. Nursing: Develop internal programs to assist nurses in further training and certification.

\$

Short to
Medium

Comment: Several new or enhanced internal strategies may enhance training, qualifications, and retention among nursing staff. We recommend developing internal programs to assist all RNs in becoming Certified PMH RNs. These programs could include necessary release time, PMH clinical education and supervision, and reimbursement for the ANCC certification test.

³⁵ See:

Pathways to Excellence: <https://www.nursingworld.org/organizational-programs/pathway/overview/>

Magnet Program: <https://www.nursingworld.org/organizational-programs/magnet/>

<p>We also encourage considering the American Psychiatric Nurses Association’s Transition to Practice Program (ATP) with clinical supervision. ATP is a web-based program that allows each participant to earn continuing education credits. Originally designed for RNs who were transferring into PMH from other areas of nursing, this program reviews basic psychiatric nursing care and treatment. It is best completed as a group (individuals watch the modules on their own time and then every two weeks meet as a group with a PMH CNS and translate what they have learned to their specific areas of work).</p>	\$	Short
<p>7. Nursing: Modify roles such that PMH RNs are seen as PMH clinicians, and not primarily medical clinicians and allow them to practice to the full extent of their licenses.</p>	\$	Medium
<p><i>Comment:</i> Ensuring that PMH RNs can practice to the full extent of their licenses will not only contribute to recruitment and retention, but also will make WSH and ESH more attractive as training sites.</p>		
<p>Collaborations with Educational Institutions³⁶</p>		
<p><i>Overview:</i> Broadly speaking, one of the best ways to enhance a clinical workforce is to develop internships that correspond with the training requirements for clinical disciplines. These are generally described as field placements, practica, residencies, or internships, and the meaning of each term may vary by discipline. But generally, clinical disciplines all require periods of closely supervised clinical work “in the field” to gain exposure to their selected discipline (or specialty) and begin practicing</p>		

³⁶ We arrange these recommendations in roughly the order of collaboration required. For example, Washington facilities can develop and offer internships primarily through their own efforts; university collaboration is required primarily to ensure the internship meets training requirements and to recruit interns. At the other end of the spectrum, subsequent recommendations such as developing specific training or degree programs in universities, require far more from the universities than from OFMHS or Washington facilities. The universities must offer the programs, and OFMHS can contribute only through advising or offering instruction.

clinical skills under supervision. For a workforce development perspective, internships and similar arrangements³⁷ allow an agency (e.g., OFMHS) to screen for promising candidates at early stages of their training, orient them to the agency’s culture and mission, and even train them in some of the clinical skills necessary for employment. Internship-like arrangements also bring several intangible benefits to current clinical staff. For example, many staff enjoy providing training and supervision and find that university collaboration and/or training foster their own continuing education.

The Washington forensic system already has several internship-like arrangements, each of which already contributes to the workforce of their respective disciplines. Thus, we encourage vigorous efforts to expand existing internship-like arrangements and develop similar arrangements in disciplines that do not already have them.

1. Support and expand existing clinical practica, internships, and fellowships. \$ to \$\$ Short

Psychology: WSH offers a pre-doctoral internship in clinical psychology and a postdoctoral fellowship in forensic psychology, each with several positions. Graduates of these programs often go on to work in the Washington forensic system, already well-trained and well-oriented to the system. Assuming that these programs maintain or improve their quality, adding additional positions to each program will almost certainly contribute to the workforce of psychologists. Also, although developing an additional postdoctoral fellowship beyond the one at WSH is probably not feasible, it may be worth studying the feasibility of developing an APA-accredited predoctoral internship in psychology at ESH, much like the one at WSH. The annual

³⁷ We use the term “internship” to broadly to apply to any of the many clinical placements required by an educational or degree program, even though we recognize that different disciplines assign different meaning to “internship” and related terms. For example, in clinical psychology “internship” is a one-year, full-time placement that serves as the culmination of doctoral coursework and clinical training; completion of the internship is the last stage of the doctoral degree, and also counts towards licensure requirements as well. In other disciplines, “internship” may describe a briefer period of training, earlier in the academic process.

full-time salary for each intern is roughly \$44,000, but their contributions (even as trainees) are significant.

Importantly, Washington's well-established training opportunities are limited to WSH and limited to the later stage of psychology training (i.e., the internship that falls near the end of the doctoral program and a forensic *post*-doctoral fellowship). Thus, there is much room to add training experiences at sites other than WSH and the earlier stages of psychology training (these are typically known as practica, and typically comprise 2 to 3 days per week). Both ESH and WSH could reach out to nearby universities to explore developing practica. Even some of the OFMHS regional offices for forensic evaluators are near strong universities with doctoral psychology students who would be eager for training in forensic evaluation.

Social Work: Staff reported several internship arrangements for social work trainees. For example, ESH hosts several interns from Eastern Washington University (EWU) at any given time, and often recruits these interns into jobs upon graduation. WSH hosts even more social work interns, most with forensic interests, and routinely receives more applications for interns than they can accept. WSH routinely hires these interns when social work positions open. Though there are more graduating social work interns than there are social work job openings at WSH each year, OFMHS could probably recruit from this intern pool into social work positions at other OFMHS facilities or community positions (e.g., forensic navigators).

\$ Short

Note that there are many ways to expand upon the existing internships. Consider not only increasing the number of available positions, but reaching out to additional universities, even in adjoining states, to explore their training needs and potential contributions.

2. Develop new practica, rotations, internships, or fellowships for disciplines that lack these.

Psychiatry: Neither ESH or WSH have a current affiliation with any psychiatry residency training program, nor do either offer a forensic psychiatry fellowship. But establishing these could create a pipeline of prospective psychiatrists who become familiar with the facilities and open to long-term employment there.

Regarding *residency programs in General Psychiatry*, the nearest are at the University of Washington and Washington State University. Both ESH and WSH could pursue these programs to become participating sites for resident education. Practically speaking, WSH's lack of accreditation has compromised their options with University of Washington,³⁸ but certainly DSHS should nevertheless explore *any* possible psychiatry-training relationships with both universities. In addition, there may be opportunities at Fort Steilacoom Competency Restoration Program.

\$ Short to Medium

Regarding *Forensic Psychiatry Fellowships* (a one-year post-doctoral specialized training in forensic psychiatry) none exist in Washington state. Rather, the nearest program is at the Oregon Health and Science University in Portland, Oregon. DSHS should at least consider developing a forensic psychiatry fellowship, though we acknowledge that the returns on this investment are less certain than for other training programs. On the one hand, this approach has been effective in states like Connecticut, where most of the psychiatrists in their state forensic hospital were former forensic psychiatry fellows with the Yale School of Medicine, with whom Connecticut's Department of Mental Health and Addiction Services had an agreement to fund four of the program's six forensic fellow positions annually. On the other hand, most forensic psychiatry fellowships have had difficulty filling their funded positions. There are presently 47 ACGME-accredited Forensic Psychiatry Training Programs in the U.S. Of those, for the academic year beginning July 1, 2020, there are 25 programs that continue to have open positions as of February 18, 2020.³⁹

\$\$ Medium to Long

<p>Nursing: Partner with a Washington university that has expert Psychiatric Nursing faculty to develop an RN residency program (e.g., a two-year commitment to ESH or WSH for tuition reimbursement or other such mutually beneficial arrangements).</p>	<p>\$\$</p>	<p>Medium to Long</p>
<p>Mental Health Counseling: In contrast to social work, and to doctoral-level psychology trainees, there seem to be fewer training opportunities for MHCs-in-training at ESH, WSH, or OFMHS services. Increasing internship opportunities for this discipline would almost certainly improve recruitment and address workforce gaps. This may be especially important, considering the number of MHC positions, and it may be especially fruitful, given the number of relevant Master’s-level programs in Washington (listed earlier in this report).</p>	<p>\$</p>	<p>Short to Medium</p>
<p>3. Collaborate with Washington universities to develop forensic “tracks” or emphases in the relevant disciplines.</p>	<p>\$ to \$\$</p>	<p>Medium to Long</p>
<p><i>Overview:</i> Nationally, the past two decades have witnessed a proliferation in forensic-specialty programs, particularly in university psychology departments. Specifically, many universities have developed Master’s-level or doctoral-level programs in forensic psychology, and many more have created a forensic “track” or forensic emphasis in Master’s-level or doctoral-level programs in psychology (detailed earlier in this report).⁴⁰ Virtually none of these programs exist</p>		

³⁸ Our understanding is that the ACGME does not require that a participating training site be either CMS-certified or TJC-accredited. Rather, the Resident Review Committee of the Sponsoring Institution (training program) determines whether the site is appropriate based on requirements enumerated in the ACGME’s Program Director’s Guide, Section I.B.1 and I.B.2a and I.B.3. Thus, perhaps technically, the lack of CMS certification or TJC accreditation at Western State Hospital is not an absolute bar to academic affiliation, but it has certainly been a practical bar.

³⁹ <https://www.aapl.org/fellowships-print>, accessed February 18, 2020.

⁴⁰ Many graduates from these programs have applied to the WSH psychology internship and postdoctoral fellowship in forensic psychology. Other graduates of these programs moved to Washington to take forensic evaluator positions. All of these anecdotes suggest that the Washington forensic system is a desirable workplace for trainees interested in forensic evaluation.

in Washington (University of Seattle is the only one), but developing some would certainly enhance the workforce available to ESH, WSH, and OFMHS.

We recommend outreach from OFHMS and the hospitals to all Washington MHC programs, MSW programs, and graduate psychology programs. To the extent that these programs learn of job opportunities for their students, they are more likely to invest in developing a forensic concentration.

Note that BHA/university collaboration could vary greatly in these efforts. At one end of the spectrum, BHA could simply commit to internships that provide forensic experience, and universities would handle all other coursework and program components. Towards the other end of the spectrum, BHA could even refer qualified forensic staff as adjunct faculty, and provide release time sufficient for staff to teach in these programs. Such state/university partnerships (though administratively challenging) have many benefits; for example, they are often attractive enough to help states recruit more and more-qualified staff

4. Collaborate with Washington universities to develop degree or certificate programs for disciplines of greatest need.

\$ to \$\$ Medium

Nursing: Regarding the needs for APRNs, consider collaborating with a Washington university to develop a post-master's Psychiatric Mental Health Nurse Practitioner certificate for non-Psychiatric nurse practitioners, an innovative strategy that other states have begun.⁴¹ Such a program would be a fairly brief and practical approach for trainees.

⁴¹ See, for example: <https://www.ucsf.edu/news/2020/01/416596/training-nurse-practitioners-fill-gap-mental-health-care>

APPENDIX 1

Job Descriptions for Professions Providing Direct Service to Washington's Forensic Population

DSHS WSH Psychiatrist

SALARY: \$265,404.00 Annually

OPENING DATE: 01/02/20

CLOSING DATE: 02/29/20 11:59 PM

DESCRIPTION:

DSHS Psychiatrist

Application review begins immediately.

Western State Hospital (WSH) in Lakewood, Washington is in immediate need of Psychiatrists to guide multi-disciplinary inpatient treatment teams on wards dedicated to general adult, geriatric and forensic populations. Strong psychopharmacology skills and the ability to work collaboratively with other professionals are essential. WSH is one of the largest psychiatric hospitals west of the Mississippi River with over 800 beds and about 2500 full-time staff.

Western State Hospital is a psychiatric hospital serving western Washington that provides evaluation and inpatient treatment for adults with serious or long-term behavioral health issues. Psychiatrists provide specialized care to patients on wards in the Center for Forensic Services, on civil admission wards and on longer-term civil wards for non-geriatric and geriatric adults.

Basic duties include certifying medical necessity of hospital level of care, prescribing and reviewing appropriate medication and treatment, performing ongoing assessments of the patient's response to treatments and developing and reviewing a release plan or justification for continued inpatient status.

We are most interested in applicants who meet the following desirable qualifications:

- A valid license to practice medicine and surgery in Washington State and successful completion of ACGME approved residency in Psychiatry.
- Strong psychopharmacology skills and the ability to work collaboratively with other professionals are essential.
- H1B/J1 Visa candidates are encouraged to apply.

As an employer, the Department of Social and Health Services (DSHS) offers the following to medical professionals:

- Relocation assistance
- \$10,000 for Board Certification
- \$10,000 incentive for psychiatrists newly hired to DSHS
- Loan forgiveness program available up to \$25,000 for qualifying employees
- Comprehensive medical, dental, vision and pharmacy plans
- \$5,000 annual allowance for CME courses
- Paid malpractice insurance
- Eligible for benefits immediately
- Deferred compensation program
- Five-year retirement vestment
- Career advancement
- Optimal work/life balance
- No mandatory call; 1.25 time's regular pay for voluntary on-call
- Opportunity to work on complex cases

Application Process:

Applicants may confidentially apply for this opening by attaching a resume or CV and a letter of interest, or email all documents to Anthony Distefano at distear@dshs.wa.gov or contact me at (360) 725-5825. Please refer to #2020-00052

SUPPLEMENTAL INFORMATION:

Prior to a new hire, a background check including criminal record history may be conducted. Information from the background check will not necessarily preclude employment but will be considered in determining the applicant's suitability and competence to perform in the job. This announcement may be used to fill multiple vacancies. Employees driving on state business must have a valid driver's license. Employees driving a privately owned vehicle on state business must have liability insurance on the privately owned vehicle.

DSHS WSH Registered Nurse 2

SALARY: \$31.63 - \$51.84 Hourly
\$5,503.62 - \$9,020.16 Monthly

OPENING DATE: 02/05/20

CLOSING DATE: 03/01/20 11:59 PM

DESCRIPTION:

Join us in [Transforming Lives!](#)

At [Western State Hospital](#) the work of our nurses is best described as remarkable. Our clients are individuals with serious or long-term mental illness who count on us as they work toward healing and growth. From the tiniest of interactions to the countless efforts to promote recovery, we matter, we are needed, and we make a difference in our client's lives.

We value our nursing staff and understand how important they are to our patients, their families and our facility. If you want to explore inpatient psychiatric nursing and seek to use both your mind and heart to support your patients on their road to recovery, come join our team. We offer great challenges, a rewarding career and opportunities for advancement.

Some of what you'll do:

In this role, you'll develop, lead, document, and direct the clinical care carried out by professional and paraprofessional nursing personnel in compliance with applicable nursing standards of care and practice. This involves assessment, diagnosis, planning, implementation, and evaluation of patient's medical and psychiatry needs with a focus on providing the highest patient-focused quality care possible. The RN's are the liaison between the patients and their families to educate them in regards to the treatment plan. Our new team member should be a great communicator, developing long-term therapeutic relationships with our patients and therapeutically de-escalate a potentially tense situation.

What we're looking for?

- Professionals with a valid Washington State license to practice as a Registered Nurse or is the ability to obtain a valid Washington State license by start of employment.
- Bachelor of Science in Nursing (BSN) preferred.

If you have questions about job number 01210 contact Anu Rao at (360) 972-6206 or via email at raoa@dshs.wa.gov.

SUPPLEMENTAL INFORMATION:

Prior to a new hire, a background check including criminal record history may be conducted. Information from the background check will not necessarily preclude employment but will be considered in determining the applicant's suitability and competence to perform in the job. This announcement may be used to fill multiple vacancies. Employees driving on state business must have a valid driver's license.

DSHS BHA Forensic Evaluator

SALARY: \$90,000.00 - \$115,200.00 Annually

OPENING DATE: 02/03/20

CLOSING DATE: 02/29/20 11:59 PM

DESCRIPTION:

DSHS Forensic Evaluator

With openings currently in Lakewood, Seattle, Yakima or Kent, the Department of Social and Health Services (DSHS), Behavioral Health Administration (BHA), Office of Forensic Mental Health Services (OFMHS) is seeking experienced and motivated professionals to serve as a **Psychologist- Forensic Evaluators** in Washington State. These positions conduct forensic psychological evaluations, provides expert testimony for the courts, conducts psychological testing of patients and provides reports to the court.

There are at least five reasons why a well-qualified candidate should look at a job like this. They include, but are certainly not limited to: the diversity offered by a cutting edge field where psychology and the legal system intersect, working in the public sector where there is a plethora of interesting psychological cases, state of the art practices based on empirically supported systems, working with stakeholders within the criminal justice field and high job satisfaction. A sixth reason – and maybe the most important – is that Washington State is a great place to live.

DSHS BHA improves the health status of multiple vulnerable populations by supporting sustainable recovery, independence and wellness. BHA is organized into the Division of Behavioral Health and Recovery, the Budget and Finance Division, the Office of Forensic Mental Health Services and the three state psychiatric hospitals.

The Office of Forensic Mental Health Services is responsible for the leadership and management of Washington's forensic mental health care system, and is addressing the increase in demand for mental health services for adults and youth in the criminal justice system. OFMHS provides forensic evaluations, competency restoration, develops and assesses Not Guilty by Reason of Insanity (NGRI) treatment services, and provides liaison services to effectively coordinate efforts with system partners to meet shared goals. OFMHS additionally provides ongoing training and technical assistance to improve quality and timeliness of forensic mental health services, data management and resource allocation, training and certification of evaluators and quality monitoring and reporting. OFMHS works in collaboration with the Governor's Office to lead and implement robust diversion efforts to prevent citizens with behavioral health illnesses from entering the criminal justice system. Significant public resources have been invested in providing the high quality and empirically supported services of OFMHS.

What you will be doing

The most important duties performed by someone in this job include, but are not limited to:

- Conducting forensic competency to stand trial and mental state at the time of the offense evaluations for the courts of Washington State.
- Interviewing pretrial defendants in custody and in the community and collaterals.
- Collecting data such as treatment, education, criminal and social histories; objectively synthesize and weigh all historical information available.
- Performing relative case specific psychological, medical and legal research as necessary.
- Administering, scoring, interpreting and reporting the results of psychological testing.
- Submitting forensic evaluations to the court.
- Analyzing relevant data and facts to formulate opinions to questions posed in a court order.
- Preparing for and providing expert witness testimony regarding forensic evaluations or as requested or subpoenaed by the courts.

What we're is looking for

- Knowledge of forensic mental health services, including competency restoration services.
- Demonstrated competency in working with people from diverse backgrounds and cultural groups.
- Experience and demonstrated competency with assessing or screening patients for admission into a psychiatric hospital and other residential mental health setting.
- Ability to effectively communicate with management peers, patients and others in a psychiatric hospital or other residential settings.
- Forensic fellowship training or experience as a forensic evaluator and expert witness.

Who should apply

Professionals with a doctoral degree in psychology from an accredited school or department of psychology and an active license to practice as a psychologist in the State of Washington.

Successful completion of a pre-doctoral internship accredited by the American Psychological Association.

Preference may be given for either forensic fellowship training or one year as a forensic evaluator and expert witness.

Preference may be given for ABPP certifications.

Application Information

When applying for this position, please attach an up-to-date resume and a letter of interest that specifically addresses items mentioned in this announcement. Note in your letter which geographic area you have the most interest in - Lakewood, Seattle, Yakima or Kent. If you are willing to work at more than one location, please state this as well.

Be advised that the hiring manager will be interviewing well qualified applicants as they apply and reserves the right to extend an offer of employment before the position closes. It is to the applicants' advantage to apply for this position as early as possible.

If you have questions about 00041, please feel free to contact Joshua Shawhan by e-mail at Joshua.Shawhan@dshs.wa.gov

DSHS BHA Psychologist

SALARY: \$81,936.00 - \$107,532.00 Annually

OPENING DATE: 02/06/20

CLOSING DATE: 02/29/20 11:59 PM

DESCRIPTION:

DSHS BHA Psychologist

What inspired you to be a Psychologist? Make a difference. Work that matters.

Work in a collegial environment and become an integral member of a dedicated team committed to competency restoration and serving people in need of competency restoration services in a safe, therapeutic environment.

It is an ideal atmosphere to use and further develop your psychological expertise. You'll begin your role by establishing a thorough understanding of the process of competency restoration and the importance of how the behavioral health treatment system and the criminal justice system overlap.

You and your team will receive tremendous support from The [Behavioral Health Administration \(BHA\)](#), [Office of Forensic Mental Health Services \(OFMHS\)](#). You will be a leader in innovative work and standing up a newly licensed [Residential Treatment Facility \(RTF\)](#), the [Fort Steilacoom Competency Restoration Program \(FSCRCP\)](#), a collaborative project with [DSHS](#) and the Office of the Court Monitor.

We are nonprofit and motivated by desire to serve our patients. Cases are frequently complex, requiring staff collaboration in a collegial team environment. Patient population diversity and variety of job assignments makes work interesting.

Receive a comprehensive medical benefits package, pension plan and opportunities to grow and advance. Serve with a leader who stands up for you and all her employees. Much more offered, let's talk.

Some of what you will do

- Meet with patients regularly monitoring for barriers to competency
- Communicate with the treatment team regarding competency restoration progress and assign groups to patients
- Contribute to clarifying and improving Social Learning and Breaking Barriers Programming

We are looking for

- A Doctor of Psychology (PsyD) or Doctor of Philosophy in Psychology (PhD)
 - Licensed or eligible to obtain a license in Washington to practice psychology
 - Experience with Psychosocial Rehabilitation Model and application to inpatient psychiatric patients
 - Post-doctoral psychology experience; supervising other professional psychologists is preferred
 - Strong clinical and preferably forensic skills
-

- Experience with psychometric testing, instruments used to assess feigning and response to psychosocial treatment
 - Demonstrated ability forming therapeutic relationships with people
 - Provide evidence-based psychosocial programming, conduct evidence-based group and individual therapies
 - Apply principles of behavioral health recovery, develop effective treatment/behavioral plans, provide expert testimony
 - Establish collegial relationships with multidisciplinary treatment team members
 - Cardiopulmonary Resuscitation (CPR) / Basic Life Support (BLS) Course Certification
-

PSYCHIATRIC SOCIAL WORKER 3

352K

[Salary Range: 68](#)

Category: Social Services

Definition

This is the supervisory or senior/specialist level of the series. Positions at this level are responsible for one or more of the following:

- Supervising lower level Psychiatric Social Workers and performs professional psychiatric social work in an institution or clinic;
- Providing professional psychiatric social work to one or more assigned units or wards consisting of 70 to 150 residents;
- Providing professional psychiatric social work to assist incarcerated individuals in adjusting to the institution and reentry into the community;
- Providing professional psychiatric social work services to assist individuals transitioning from state hospitals into home and community based settings;
- Serving as the designated psychiatric social worker member of an inter or multi disciplinary treatment team.

Typical Work

Plans, organizes, directs and coordinates work of professional and clerical assistants engaged in psychiatric social work at a mental hospital, juvenile training school, child guidance center, alcoholism treatment clinic, or unit within a Division of Developmental Disabilities residential facility;

Supervises, trains and evaluates work of subordinate psychiatric social workers;

Obtains socio psychiatric histories of patients, residents or students; interprets findings;

Consults with supervisor, psychiatrists, physicians, nursing supervisors and other staff members in cooperative planning of case treatment; formulates diagnosis and treatment plans for alcoholics;

Meets with incarcerated individuals for purposes of adjustment to the institution due to incarceration;

Meets with incarcerated individuals for purposes of transition to the community, to ensure the continuity of medical, mental health and dental services;

Undertakes brief or long term counseling with patients, residents and others to effect needed social adjustments and improved emotional outlook;

Coordinates needs of hospital, school center, clinic or program unit with those of other agencies and community and promotes services;

Performs specialized psychiatric casework; conducts investigations; prepares reports, summaries and case recommendations; does research work;

Makes referrals to agencies in the community, to include establishing appointments for individuals;

May serve as leadworker to other Psychiatric Social Workers within a program of a mental health hospital.

Performs other related work as required.

Knowledge and Abilities

Knowledge of: theory, principles and techniques of social casework as related to emotional or mental illness; social work program administration; principles and characteristics of mental and emotional illness; current social and economic problems, trends and research; interviewing techniques; individual and group behavior.

Ability to: plan and direct the work of others; teach and train staff; interview effectively; analyze case records and other data for consistency and quality of work; draw conclusions from data; speak and write clearly and effectively.

Legal Requirement(s)

There may be instances where individual positions must have additional licenses or certification. It is the employer's responsibility to ensure the appropriate licenses/certifications are obtained for each position.

Desirable Qualifications

A Master's degree from approved school of social work.

AND

Two years of experience in counseling mentally or emotionally disturbed individuals.

Note: A degree in Social Work must be from an educational program accredited by the Council on Social Work Education.

PSYCHOLOGY ASSOCIATE

362B

[Salary Range: 60](#)

Category: Social Services

Class Series Concept

See 362A.

Definition

This is the journey, working or occupational level of the series. Subject to supervision or general review and consultation of a licensed psychologist has responsibility for a program, project or system within an institution; or subject to the supervision of a licensed psychologist, serves as the psychology specialist for an institutional training, reception/admissions, pre-vocational/vocational, violent geriatric behavior modification program, or to a multidisciplinary team within a Division of Developmental Disabilities (DDD) facility Program Area Team (PAT).

Positions in this class are distinguished from lower level psychologists by unit wide or cross unit responsibility. Incumbents may provide direct psychological services to clients in addition to coordinating, monitoring and managing the assigned program, project or system.

Specialist positions may report to other than psychology staff, but clinical supervision by a licensed psychologist must be available.

Positions in this class may lead or supervise the work of lower level professional and other staff.

Typical Work

Performs research on causation factors in mental illness, retardation, effectiveness of therapy and therapeutic technique improvements;

As a diagnostic/admissions specialist: tests, evaluates, diagnoses and determines mental level and emotional adjustment of newly committed inmates and residents; writes reports; provides consultation to treatment and custody staff;

As a training unit specialist: instructs staff in psychological treatment and training methods for entire population of institution; monitors performance of direct care staff and determines training needs; evaluates and modifies training programs; supervises students;

As head of an institution-wide program/project: plans, monitors and evaluates implementation of program/project; provides management and supervisory staff with necessary information and training in use of system or implementation of project; consults with superintendent, department heads and professional staff to achieve coordination and integration into institution program;

In Labor and Industries Rehabilitation Center, directs, administers and coordinates Emotional Impact Area Program; conducts psychological testing; counsels and teaches family and individual clients in program principles and behavioral methods and procedures;

Administers psychological tests covering academic achievement, social maturity, skills and interests;

Appraises personality of client from interviews, projective techniques, playroom observations and play group participation;

Provides all manner of psychosocial intervention to individuals and groups of patients and residents;

Consults staff members regarding treatment recommendations, precautions, test results, program planning, release planning and handling specific behavior disturbances;

Administers resocialization program for chronic patients;

Plans and implements milieu programs; participates in planning ward and unit programs; assists in developing individual treatment plans;

Performs complicated research; evaluates existing programs and individual clients;

May serve as member of reception, admissions/diagnostic team or classification committee in corrections institution;

May plan curriculum and provide training or consultation to community based agencies;

May supervise lower level staff.

Legal Requirement(s)

There may be instances where individual positions must have additional licenses or certification. It is the employer's responsibility to ensure the appropriate licenses/certifications are obtained for each position.

Desirable Qualifications

A Doctoral degree in psychology from an accredited school or department of psychology.

INSTITUTION COUNSELOR 2

348J

[Salary Range: 44](#)

Category: Social Services

Definition

Interviews institution residents and their relatives to secure information; counsels and assists them to improve adjustment to institution and to effect rehabilitation and recovery.

Typical Work

Counsels with and advises patients, residents, or students to assist in improving personal outlook, institutional and social adjustment;

Interviews patients, residents, or students to secure and compile personal data and social history;

Contacts friends, relatives, teachers and public and private agencies to secure information on client's background, personality and social adjustment;

Contacts and assists persons and their families in contacting other agencies and organizations to arrange for employment, post-institutional care, pensions, and similar services;

Compiles and prepares reports on individual's progress, reactions, and overall adjustment; makes or assists in making recommendations on treatment, training and release of individuals;

Follows up on post-institutional adjustment of those released;

Performs other work as required.

Knowledge and Abilities

Knowledge of: of: principles and practices of interviewing; individual and group behavior; social and economic factors; laws and rules related to institutional care, custody and treatment.

Ability to: interview effectively, evaluate persons or situations and adopt a proper course of action; speak and write effectively; establish and maintain successful personal relationships with others.

Legal Requirement(s)

There may be instances where individual positions must have additional licenses or certification. It is the employer's responsibility to ensure the appropriate licenses/certifications are obtained for each position.

Desirable Qualifications

One year as an Institution Counselor 1.

OR

A Bachelor's degree preferably involving major study in sociology or other social science; or satisfactory completion of two years of college, preferably with emphasis in one of the social sciences and two years' experience in mental health, mental retardation or social casework.

AND

One year of social service experience.

Graduate training in behavioral social science may be substituted for experience.

Forensic Navigator



Washington Management Service (WMS) DSHS Position Description

Instructions: A current WMS position description is required for all positions. The supervisor reviews or creates a position description when: establishing a new position; prior to filling a vacant position; when transitioning a position from Washington General Service to Washington Management Service; when there is a significant change in duties or responsibilities, or when the duties assigned to the position change due to program need. Each PDF must reflect the primary duties, responsibilities, essential functions, skills and abilities, and other job-related requirements of a position.

For additional assistance / instructions on completing this form, please [click here](#).

I. Position Information			
1. HRMS 8-DIGIT POSITION NUMBER		2. 4-DIGIT LEGACY NUMBER	3. ORGANIZATIONAL CHART(S) ATTACHED <input type="checkbox"/> Current <input checked="" type="checkbox"/> Proposed
4. ACTION <input checked="" type="checkbox"/> Establish <input type="checkbox"/> Inclusion of existing WGS position <input type="checkbox"/> Update <input type="checkbox"/> Re-evaluation of existing WMS position			
5. SUB-AGENCY / DIVISION / UNIT BHA / OFMHS		6. POSITION LOCATION (ADDRESS) 800 NE 136th Ave, Vancouver, WA 98684	
7. CURRENT BAND N/A		8. CURRENT WORKING TITLE N/A	
9. PROPOSED BAND WMS1		10. PROPOSED WORKING TITLE Forensic Navigator	
11. JVAC CODE	12. MARKET SEGMENT	13. Is the position designated emergent per DSHS Emergent Ops Plan? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
14. INCUMBENT NAME IF FILLED N/A		15. DATE OF LAST REVIEW N/A	16. SUPERVISOR'S POSITION NUMBER (8-DIGIT AND LEGACY) 71067621 AC88
17. HR REPRESENTATIVE'S NAME N/A		18. IS BACKGROUND CHECK REQUIRED PER DSHS AP 18.63? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	19. PROJECT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No HR ASSIGNED PROJECT NUMBER:
II. WMS Coordinator (only)			
1. Banding Committee Evaluation (JVAC and Points) _____			
2. Assigned Market segment _____			
3. JVAC Chart Used: <input type="checkbox"/> Traditional Manager <input type="checkbox"/> Individual Contributor			
4. Inclusion Criteria: Primary (check one): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Secondary (check one): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5			
5. FLSA status _____			
6. Management Type: <input type="checkbox"/> Manager <input type="checkbox"/> Policy/Advisor <input type="checkbox"/> Consultant/Technical Expert			
7. Committee members:			
First name: _____			
Second name: _____			
Third name: _____			
8. WMS Coordinator initials _____			
9. Date Position Evaluated _____			

III. Organizational Structure

Summarize the functions of the position's division/unit and how this position fits into the agency structure (attach an organizational chart).

Per attached organizational chart, Forensic Navigators report to the Forensic Navigator Program Administrator, who reports to the Director of the Office of Forensic Mental Health Services, who reports to the Assistant Secretary for the Behavioral Health Administration.

IV. Position Objective

Describe the position's main purpose, include what the position is required to accomplish and major outcomes produced. Summarize the scope of impact, responsibilities, and how the position supports/contributes to the mission of the organization.

RCW 10.77.074 allows courts to appoint a forensic navigator to assist individuals who have been referred for competency evaluation.

This position is responsible for supporting the development and implementation of the new Forensic Navigator program. Under the direction of the Forensic Navigator Program Administrator, coordinate with courts, defense attorneys, prosecuting attorneys, forensic evaluator staff, and behavioral health providers in the Pierce, Southwest, and Spokane regions to design and develop the infrastructure that is needed for Forensic Navigators to integrate this new service into existing systems. Once performing Forensic Navigator duties, continue to coordinate with those entities to refine and enhance the infrastructure to achieve maximum efficiency and effectiveness.

Effective July 1, 2020, serve as a Forensic Navigator in the Southwest Region with a caseload of ideally no more than 25 persons. This position makes non-clinical recommendations to, and serves as an officer of, the court; responsible for collecting relevant information to assist the court in determining the appropriate placement for competency restoration services.

Forensic Navigators are also responsible for coordinating a "warm hand-off" of clients exiting Forensic Navigator services and receiving continued care in the community. The Forensic Navigator arranges a meeting between the client exiting Forensic Navigator services and a case management provider in the community. The Forensic Navigator must also follow up with the client at least once a month, for 60 days, in order to attempt to confirm that the meeting took place. During these 60 days, the client does not count toward the Forensic Navigators total caseload.

Forensic navigators may also submit nonclinical recommendations to the court regarding treatment and restoration options for the individual, which the court may consider and weigh in conjunction with the recommendations of all of the parties.

V. Assigned Work Activities (Duties and Tasks)

Describe the duties and tasks. Functions listed in this section are primary duties and are fundamental to why the position exists. The Percentage of time under "Percentage" below must equal 100%. Underline the essential function of the position. For more guidance, see Essential Functions Guide (DOP).

15 % Development & Implementation

	<ul style="list-style-type: none"> • <u>Work across systems, with both internal and external partners and stakeholders, to implement and manage policy and procedure of the Forensic Navigator program</u> • <u>Create detailed workflow materials to guide program development work</u> • <u>Act as primary contact for Outreach and Education purposes to courts, prosecutors, defense counsel, jails, and community mental health providers</u> • <u>Schedule and execute meetings with judges, prosecutors and defense counsel in order to establish policy and procedure for new Navigator program to operate effectively in each of the service regions</u> • <u>Schedule and execute meetings with service providers in each of the service regions in order to create and implement the policies and protocols necessary for coordinate service delivery to clients</u>
70 %	<p>Caseload Management</p> <ul style="list-style-type: none"> • <u>Gather information on clients; Meet with clients at initial Order and as needed throughout clients' time on caseload; Advise courts on client suitability for community-based services, and assist courts in tailoring conditional release orders; Connect clients with High Utilizer services, if appropriate; Coordinate client access to housing, mental health treatment, substance use treatment, and other services as appropriate; Assist clients in obtaining and adhering to prescribed medications; Assist clients in attending restoration classes as needed; Advise courts on client progress through regular reporting and, when required, testimony in open court; complete "Warm Hand-Off" to community-based case manager as clients exit Forensic Navigator program services</u> • Manage caseload of, ideally, no more than 25 individuals • Participate in weekly internal team meetings • Participate in meetings with external service providers, as needed to maintain continuum of care for clients • <u>Meet one-on-one with each client as needed to ensure client success in Outpatient Competency Restoration and community-based services</u> • <u>As Officer of the Court under RCW 10.77.074, inform judges, prosecutors and defense counsel about each client's needs, history of involvement in the criminal legal system, and options available to the client for purposes of meeting legal requirements while addressing the underlying conditions that cause clients to become criminally-involved</u> • <u>Provide detailed status reporting to courts on client progress, up to and including giving testimony in open court</u> • <u>Provide ongoing technical assistance and training to external partners and stakeholders</u> • <u>Maintain adherence to the Forensic Navigator program, as outlined in Trueblood Amended Settlement Agreement, Implementation Plan, and RCW 10.77.074</u>
10 %	<p>Evaluation & Continual Program Improvement</p> <ul style="list-style-type: none"> • <u>Analyze data produced by internal database and case management systems, and produce required reports</u>

	<ul style="list-style-type: none"> • <u>Assist Forensic Navigator Program Administrator to establish key metrics by which to evaluate program performance</u> • <u>Assist Forensic Navigator Program Administrator to establish key metrics by which to evaluate performance of individual Forensic Navigators</u> • Utilize LEAN and other innovative approaches to engage all staff in striving for best practice and continuous improvement • <u>Establish connection with others engaged in similar programs (whether in Washington or other states) to exchange ideas, utilize resources, and always strive for best practice</u>
5 %	Other Duties, as Assigned
%	
%	

VI. Accountability – Scope of Control and Influence

Accountability

Describe the scope of accountability.

Forensic Navigators are responsible for the successful implementation of a highly visible and integral part of the Trueblood Settlement Agreement. Forensic Navigators are accountable to all parties involved in that Agreement.

Equally important, Forensic Navigators are accountable to internal chain-of-command, as well as external entities.

Navigators are deemed officers of the court under RCW 10.77.074(2)(5) and must meet standards of conduct and accountability as such. Navigators reflect directly on DSHS, its Secretary, Assistant Secretary, and the entire Office of Forensic Mental Health Services in the execution of their duties.

Forensic Navigators are accountable to the citizens of the State of Washington.

Perhaps most important, Navigators are accountable to the clients they serve. Ultimately, the charge of a Navigator is to transform the life of each client they serve by helping them navigate the criminal-legal system in such a way that allows the client to receive the treatment s/he needs in community-based settings as opposed to jails and institutions.

Provide examples of the resources and/or policies that are controlled and/or influenced.

Forensic Navigators will adhere to all OFMHS policies, as well as those being developed specifically for the Navigator program.

As integral staff to OFMHS, Forensic Navigators may contribute to the ongoing revision of OFMHS policy. As part of the Navigator program, Forensic Navigators will be active in establishing program policy, as well as the ongoing updating/revising of those policies.

Navigators will maintain control over their office equipment, located in their respective office spaces, as well as the laptop and hot-spot enabled cell phone while in the field. Navigators may also use state motor

pool vehicles. Navigators will have access to, and control over, a new case management software tool, as well as other internal information sources (shared files, databases, etc.) a hardware necessary to access said sources of information.

Describe the potential impact of error or consequence of error (impacts unit, division, agency, state).

As stated above, Forensic Navigators are accountable to the requirements placed upon DSHS by the Trueblood Settlement Agreement. This high-profile case brings with it the scrutiny of the Federal Court, in a civil action that has cost DSHS tens of millions of dollars in contempt fines already.

Failure to successfully implement the terms of the Settlement Agreement could spell disaster for DSHS; Receivership has been threatened. This would effectively dissolve the Office of Forensic Mental Health Services.

Financial Dimensions

Describe the type and annual amount of all monies that the position directly controls. Identify other revenue sources managed by the position and what type of influence/impact it has over those sources.

Operating budget controlled:

All program financials are controlled by the Forensic Navigator Program Administrator who manages the budget allocated from OFMHS.

Other financial influences/impacts:

Forensic Navigators will travel extensively throughout their respective regions. They may incur mileage and per diem costs to be reimbursed through TEMS and/or CBS. Conferencing and continuing education costs may also be considered.

VII. Position Responsibilities

a. Supervisory Position: Yes No

If yes, list total full time equivalents (FTE's) managed and highest position title.

N/A

b. Individual contributor: Yes No

If yes, what is the area of specialty or expertise?

Forensic Navigators will most-often be Master's level clinicians. There may be opportunity for Bachelor's or Doctorate level clinicians to be employed by the program as well. This clinical expertise is absolutely essential to the success of the program and the clients served therein. This clinical expertise, coupled with the Navigators expertise as officers of the courts are indispensable components of the Forensic Navigator program.

VIII. Decision Making and Policy Impact

Explain the position's policy impact (applying, developing or determining how the agency will implement).

As integral staff to OFMHS, Forensic Navigators may contribute to the ongoing revision of OFMHS policy. As part of the Navigator program, Forensic Navigators will be active in establishing program policy, as well as the ongoing updating/revising of those policies.

Forensic Navigators are also liaisons for court staff and behavioral health providers in their region. As such, they are responsible for working with regional partners to develop new policies or adjust existing policies where necessary to ensure successful program implementation. Each Forensic Navigator will bring their regional partners' needs to the table to work collaboratively with the rest of the team in making necessary policy decisions.

Is the position responsible for making significant recommendations due to expertise or knowledge? If yes, provide examples of the types of recommendations made and to whom.

Forensic Navigators, as officers of the courts, are charged with making recommendations to the courts with regard to suitability for outpatient restoration and community services, as well as other diversion and community-based resources. While recommendations to the court are non-clinical, Navigators draw heavily on their clinical training in order to discern what may be recommended to the courts. Navigators may also make recommendations to community providers of competency restoration as well as other therapeutic service providers. Navigators may also interact with jail staff and law enforcement, at times necessitating recommendations on where to take certain individuals and how to do so.

Explain the major decision-making responsibilities this position has full authority to make.

Forensic Navigators have full decision-making authority over the management of their caseloads. Navigators also have discretionary decision-making authority to remove a client from outpatient services, to notify courts of the need to convene a hearing to determine long-term solutions. Navigators have full decision-making authority over the therapeutic interventions they may choose to employ in serving their clients as well.

Describe whether decisions are of a tactical or strategic nature and how decisions are made. For example, is there known precedent, is it somewhat unfamiliar, or unknown and unexplored?

As the Forensic Navigator program is a brand new program, Navigators will engage in both tactical and strategic decisions, in consultation with the Forensic Navigator Program Administrator and the Director of the Office of Forensic Mental Health Services. Forensic Navigator will help Senior and Executive staff determine the best tactical and strategic paths required for successful implementation and administration of this new program.

What are the risks or consequences of the recommendations or decisions?

As stated above, Forensic Navigators are accountable to the requirements placed upon DSHS by the Trueblood Settlement Agreement. This high-profile case brings with it the scrutiny of the Federal Court, in a civil action that has cost DSHS tens of millions of dollars in contempt fines already.

The outcomes required for DSHS to remove itself from the scrutiny of the Federal Court cannot be achieved without the high-level, high-quality decision-making and recommendations offered by the Forensic Navigators.

IX. Qualification – Knowledge, Skills and Abilities

List the education, experience, licenses, certifications, and competencies.

WASHINGTON MANAGEMENT SERVICES (WMS) POSITION DESCRIPTION
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Required education, experience, and competencies:

Minimum of a Bachelors level education in criminal justice, social work, human services, or closely-related field required AND one year professional experience working in community mental health and related social services.

Preferred / desired education, experience and competencies:

An understanding of processes related to the criminal court system desired.

A Master's degree, from an accredited school of Social Work (MSW), preferred.

X. Special Requirements / Conditions of Employment

List special requirements or conditions of employment beyond the qualifications above.

N/A

XI. Working Conditions

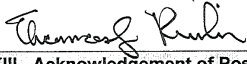
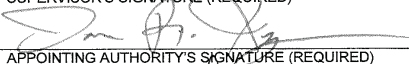
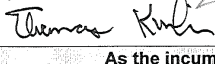
Work setting, including hazards:	Office cubicle; State or personal vehicle for travel throughout assigned region; use of remote cell phone and laptop technology; meeting clients in jails and/or courts; assisting clients into and out of various settings related to service delivery needs of each client
Work schedule:	8:00AM - 5:00PM, M-F
Travel requirements:	Extensive travel throughout assigned region
Tools and equipment:	Standard office cubicle, plus hot-spot enabled cell phone and laptop for work in the field
Other:	Extensive contact with vulnerable population

XII. Management Definition

- Formulates statewide policy or directs the work of an agency or agency subdivision
- Administers one or more statewide policies or programs of an agency or agency subdivision
- Manages, administers and controls a local branch office of an agency subdivision, including the physical, financial or personnel resources.
- Has substantial responsibility in personnel administration, legislative relations, public information, or the preparation and administration of budgets.
- Functions above the first level of supervision and exercises authority that is not merely routine or clerical in nature and requires the consistent use of independent judgment.

Explain how the position meets the above definition(s) you checked. Provide examples:

Forensic Navigators engage in roles of officer of the court, case manager, and community liaison. Independent judgment is required for each role, at all times. Though the program is not yet statewide, it is intended to become statewide, through a phased approach. Forensic Navigators play a key role in the development and administration of the policies and protocols of the Navigator program, in coordination with the Forensic Navigator Program Administrator and the Director of the Office of Forensic Mental Health Services.

Assistant Secretary / Designee Acknowledgement		
<input type="checkbox"/> Approved for review by the WMS Committee. Comments:		
<input type="checkbox"/> Not approved for review by the WMS Committee. Indicate reasons:		
SUPERVISOR'S SIGNATURE (REQUIRED) 	DATE 02/20/2020	SUPERVISOR'S PRINTED NAME AND TITLE Thomas Kinlen, Director of OFMHS (for Sean Murphy Assistant Secretary for BHA)
XIII. Acknowledgement of Position Description		
The signatures below indicate that the job duties as defined above are an accurate reflection of the work performed by this position.		
SUPERVISOR'S SIGNATURE (REQUIRED) 	DATE 02/20/2020	SUPERVISOR'S PRINTED NAME AND TITLE Jason Karpen, Forensic Navigator Program Administrator
APPOINTING AUTHORITY'S SIGNATURE (REQUIRED) 	DATE 02/20/2020	APPOINTING AUTHORITY'S PRINTED NAME AND TITLE Thomas Kinlen, Director of OFMHS
As the incumbent in this position, I have received a copy of this position description.		
EMPLOYEE'S SIGNATURE	DATE	
For ERM Use Only: Risk Code		
ERM SIGNATURE	ERM TITLE	
RISK CODE		
<input type="checkbox"/> 4902-0068 <input type="checkbox"/> 5307-0141 <input type="checkbox"/> 5307-01-0167 <input type="checkbox"/> 5300-0448 <input type="checkbox"/> 7204-0341 <input type="checkbox"/> 7200-0312 <input type="checkbox"/> 7201-0304 <input type="checkbox"/> 7203-0311 <input type="checkbox"/> 6901-0220 <input type="checkbox"/> Other:		

Outpatient Competency Restoration Program Instructors and Subject Matter Experts

The soon-to-be-released RFPs for Outpatient Competency Restoration program require Master's-Level Education or higher (encompassing both Social Workers and Mental Health Counselors) to serve as Master's-Level Instructors for the Breaking Barriers program, with duties including:

- Conduct an intake/admission assessment including an assessment of the client's barriers to competency;
- Ensure that the client's treatment plan contains the client's barriers to competency and the treatment interventions that are appropriate to address those barriers;
- Provide clinical oversight to OCRP Subject Matter Expert (SME) for Breaking Barriers;
- Participate in monthly OCRP staffing meetings with system partners and Forensic Navigators and in other meetings with HCA and DSHS program leads, as requested.

Similarly, Master's-level education is listed as the criterion for Subject Matter Experts, whose duties include:

- Develop and maintain an individualized treatment plan which must include the client's barriers to competency and assigned interventions;
- Facilitate psychosocial treatment services consisting of group activities or individual treatment sessions to address specific barriers to competency and to assist the client with the following: Courtroom Knowledge and Understanding, Optimal Symptom Management, Relaxation and Coping Skills, and Effective Communication (with attorneys and others in the court system), through utilization of the CORE modules and other treatment modules embedded within the Breaking Barriers Competency Restoration Program;
- Collaborate with system partners to include FHARPS, FPATH and the Forensic Navigators;
- Refer client to SUD services, if needed;
- Ensure regular drug screening occurs for clients with a current substance use disorder diagnosis;
- Communicate, coordinate with, and provide reports to the assigned Forensic Navigator at least every-other-week, and incidents within 24 hours;
- Collect and report monthly data to the HCA OCRP Administrator;
- Participate in monthly OCRP staffing meetings with system partners and Forensic Navigators and in other meetings with HCA and DSHS program leads, as requested

APPENDIX 2

Training, Certification, and Degree Programs for Forensic Mental Health Positions

Forensic Mental Health Professions Workforce: Existing Programs (Psychology)

Washington			
Institution	BA/BS	MA/MS/MEd	PsyD/EdD/PhD
Antioch University Seattle		MA: Couple and Family Counseling Clinical Mental Health Counseling CFT with Art Therapy CFT with Drama Therapy CMHC with Art therapy CMHC with Drama Therapy	PsyD: Clinical Psychology PhD: Counselor Education & Supervision
Bastyr University	Y	MA: Counseling Psychology Nutrition and Clinical Psychology	
Central Washington University	Y	MA: Mental Health Counseling School Psychology MS: Clinical Psychology Counseling Psychology Experimental Psychology	
City University of Seattle	Y	MA: Counseling	
Eastern Washington University	Y	MA: Behavioral Health MS: School Counseling Clinical Mental Health Counseling	
Gonzaga University	Y		
Heritage University	Y		
Northwest University	Y	MA: Clinical Mental Health Counseling	PsyD: Counseling Psychology
Pacific Lutheran University	Y	MA: Applied Psychology	PsyD: Clinical Psychology PhD: Clinical Psychology
Saint Martin's University	Y		
Seattle Pacific University	Y	MA: I/O Psychology MS: Marriage and Family Therapy	PhD: Clinical Psychology I/O Psychology
Seattle University	Y	MA: Psychology	

		MS: Child & Adolescent Development I/O Psychology	
University of Puget Sound	Y		
University of Washington	Y	MA: Applied Child and Adolescent	PhD: Clinical Psychology Educational Psychology
University of Washington Bothell	Y		
University of Washington Tacoma	Y		
Walla Walla University	Y		
Washington State University	Y	MA: Forensic Psychology I/O Psychology Sport-Exercise Psychology MS: Human Services	EdD: Counseling Psychology Pastoral Community Counseling PhD: Clinical Psychology
Western Washington University	Y	MA: I/O Psychology MS: Psychology MEd: Psychology	
Whitman College	Y		
Whitworth University	Y		
Internship and Fellowship Sites			
Internships (APA Accredited)		Spokane VAMC Psychology Internship/Behavioral Health Central Washington University/Student Medical and Counseling Clinic Columbia Valley Community Health /Behavioral Medicine Department Madigan Army Medical Center/Department of Behavioral Health National Psychology Training Consortium/Cascades Region University of Puget Sound/Counseling, Health and Wellness Services UW Counseling Center/Student Life UW School of Medicine/Dept of Psychiatry & Behavioral Sciences VA Puget Sound, American Lake Division/Psychology Service (A-116-B) VA Puget Sound, Seattle/Mental Health Service Washington State University/Counseling and Psychological Services Western State Hospital/Psychology Department	
Forensic Fellowships		University of Washington Child Study and Treatment Center University of Washington School of Medicine Western State Hospital	

(<100 mi from Washington)

Oregon			
Institution	BA/BS	MA/MS/MEd	PsyD/EdD/PhD
Corban University	BA/BS	MA: Clinical Mental Health Counseling	
Eastern Oregon University	BA/BS		
George Fox University	BA/BS		PsyD: Psychology
Lewis & Clark College	BA/BS	MA: Marriage, Couple, and Family Therapy Professional Mental Health Counseling MEd: School Counseling	
Linfield College	BA/BS		
Multnomah University	BA/BS	MA: Counseling	
Oregon Institute of Technology	BA/BS		
Oregon State University	BA/BS		
Pacific University	BA/BS	MA: Counseling Psychology MS: Psychological Science MS: General Psychology MS: Clinical Psychology	PhD: Clinical Psychology
Portland State University	BA/BS	MA: Psychology MS: Psychology MS: Clinical Psychology MS: Experimental Psychology	PhD: Applied Psychology
Reed College	BA/BS		
Southern Oregon University	BA/BS		
University of Portland	BA/BS		
Warner Pacific University	BA/BS		
Western Oregon University	BA/BS		
Willamette University	BA/BS		
Internship and Fellowship Sites			
Internships (APA Accredited)	George Fox University/George Fox Integrated Care Internship Morrison Child and Family Services/Community Mental Health Center Oregon Health & Science University - Univ. Center for Excellence on Developmental Disabilities/Child Development and Rehabilitation Center Oregon State Hospital/Psychology Internship Program Oregon State University/Counseling and Psychological Services Pacific Psychology and Comprehensive Health Clinics/Psychology Training Program Portland VA Medical Center/Marilyn Huckans, PhD Samaritan Health Services/Samaritan Family Medicine		
Forensic Fellowships	Northwest Forensic Institute		

Idaho			
Institution	BA/BS	MA/MS/MEd	PsyD/EdD/PhD
Lewis-Clark State College	BA/BS		
University of Idaho	BA/BS	MS: Psychology: Human Factors	PhD: Experimental Psychology
Internship and Fellowship Sites			
Internships (APA Accredited)	University of Idaho / Counseling & Testing Center		

Montana			
Institution	BA/BS	MA/MS/MEd	PsyD/EdD/PhD
Salish Kootenai College	BA/BS		
University of Montana	BA/BS	MA: Clinical Mental Health Counseling MA: Criminology MS: Neuroscience	EdD: Counselor Education and Supervision PhD: Clinical Psychology PhD: Counselor Education and Supervision PhD: School Psychology PhD: Experimental Psychology PhD: Neuroscience

National Master's and Doctoral Programs with Emphasis in Forensic Psychology

Institution	MA/MS	PsyD/PhD/JD
Adler School of Professional Psychology	MA: Counseling Psychology, <i>with forensic emphasis</i>	
Alliant International University		PhD and PsyD: Fresno PhD and PsyD: San Diego
American International College	MA: Forensic Psychology	
Arizona State University	MS: Forensic Psychology	PhD: Law and Psychology
California State University	MS: Forensic Psychology	
The Chicago School of Professional Psychology	MA: Forensic Psychology	
College of Saint Elizabeth	MA: Forensic Psychology MA: Counseling Psychology	
Cornell University		PhD/JD: Psychology/Law

Drexel University	MA: Psychology	PhD: Clinical Psychology PhD/JD: Clinical Psychology/Law
Fairleigh Dickinson University	MA: Forensic Psychology	PhD: Clinical Psychology
Florida International University		PhD: Legal Psychology
Florida Institute of Technology		PsyD: Clinical Psychology
Fordham University		PhD: Clinical Psychology
George Washington University	MA: Forensic Psychology	
Holy Names University	MA: Forensic Psychology MA: Counseling Psychology	
John Jay College of Criminal Justice	MA: Forensic Psychology MA: Forensic Mental Health Counseling	PhD: Clinical Psychology PhD: Psychology and Law
Kean University	MA: Forensic Psychology	
Kentucky State University	MA: Interdisciplinary Behavioral Science	
Marymount University	MA: Forensic and Legal Psychology	
Montclair State University	MA: Clinical Psychology, <i>with forensic emphasis</i>	PhD: Clinical Psychology,
Nova Southeastern University	MS: Forensic Psychology	PhD: Clinical Psychology PsyD: Clinical Psychology
Pacific University School of Professional Psychology		PsyD: Clinical Psychology
Palo Alto University		PhD: Clinical Psychology PhD/JD: Clinical Psychology/Law
Roger Williams University	MA: Forensic and Legal Psychology MA: Forensic Mental Health Counseling	
Saint Mary's University	MA: Applied Psychology, <i>with forensic emphasis</i>	

Simon Fraser University	MA: Legal Psychology MA: Forensic Psychology	PhD: Legal Psychology Forensic Psychology PhD/JD: Clinical Psychology/Law PhD/JD: Experimental Psychology/Law
Spalding University		PsyD: Clinical Psychology
Texas A&M University		PhD: Clinical Psychology
Texas Tech University		PhD: Counseling Psychology
The Sage Colleges	MA: Counseling and Community Psychology, <i>with forensic emphasis</i>	
University of Alabama		PhD: Clinical Psychology
University of Arizona		PhD: Clinical Psychology
University of California, Irvine	MA: Legal and Forensic Psychology	PhD: Psychology and Social Behavior PhD: Criminology, Law, and Society PhD/JD: Psychology and Social Behavior and Law
University of Denver	MA: Forensic Psychology	PsyD: Clinical Psychology
University of Florida		PhD/JD: Criminology, Law, and Society
University of Houston-Victoria	MA: Forensic Psychology	
University of Nebraska-Lincoln		PhD/JD: Psychology and Law PhD/MLS: Psychology and Legal Science
University of Nevada, Reno	MA: Criminal Justice	PhD: Interdisciplinary Social Psychology
University of North Dakota	MS: Forensic Psychology	

	MA: Forensic Psychology (online)	
University of North Texas		PhD: Clinical Psychology
University of Texas, El Paso		PhD: Legal Psychology
University of Wyoming		PhD: Clinical Psychology
University of Southern Mississippi		PhD: Counseling Psychology
Westfield State University	MA: Mental Health Counseling, <i>with forensic emphasis</i>	
Widener University		PsyD: Clinical Psychology
William James College	MA: Clinical Mental Health Counseling with concentration in Forensic and Correctional Psychology	PsyD: Clinical Psychology

National List of Forensic Postdoctoral Fellowships

Site Name	Location
4th District Forensic Psychological Services, Hennepin County Government	Minneapolis, MN
Alpert Medical School of Brown University	Providence, RI
Arkansas State Hospital	Little Rock, AR
The Audrey Hepburn Children's House (AHCH) at Hackensack University Medical Center	Hackensack, NJ
Augusta University/East Central Regional Hospital	Augusta, GA
AVS Consulting, LLC, DBA Stone, McElroy & Associates	Atlanta, GA
Bridgewater State Hospital	Bridgewater, MA
Central Region Hospital	Butner, NC
Central State Hospital	Petersburg, VA
Colorado Mental Health Institute at Pueblo	Pueblo, CO
Colorado Mental Health Institute at Fort Logan	Denver, CO
Denver FIRST (University of Denver's Forensic Institute for Research, Service and Training)	Denver, CO

Department of Forensic Services at Center for Behavioral Medicine	Kansas City, MO
Eastern State Hospital	Williamsburg, VA
Emory University School of Medicine, Department of Psychiatry and Behavioral Sciences	Atlanta, GA
Forum Ohio Postdoctoral Fellowship in Forensic Psychology	Columbus, Ohio
Institute on Violence, Abuse, and Trauma	San Diego, CA
Joliet Treatment Center	Joliet, IL
Larned State Hospital	Larned, KS
Illinois Department of Health and Human Services	Rushville, IL
Logan Correctional Center	Lincoln, IL
Mecklenburg County Forensic Evaluations Unit	Charlotte, NC
Medical University of South Carolina	Charleston, SC
Mendota Mental Health Institute & Sand Ridge Secure Treatment Center	Madison, WI
Minnesota Direct Care and Treatment - Forensic Services	St. Peter, MN
Mississippi State Hospital	Whitfield, MS
Northwest Forensic Institute	Portland, OR
Patton State Hospital	Patton, CA
Pontiac Correctional Center	Pontiac, IL
Saint Elizabeth's Hospital	Washington, DC
South Carolina Department of Mental Health	Columbia, SC
Spring Grove Hospital Center	Catonsville, MD
Summit Behavioral Healthcare	Cincinnati, OH
Taylor Hardin Secure Medical Facility	Tuscaloosa, AL
Treasure Coast Forensic Treatment Center	Indiantown, FL
Tulane University at Eastern Louisiana Mental Health System (ELMHS)	New Orleans, LA
University of Massachusetts Medical School Forensic Psychology Residency	Worcester, MA
University of New Mexico Health Sciences Center	Albuquerque, NM
UVA Institute of Law, Psychiatry, and Public Policy and Western State Hospital	Charlottesville, VA
USC Institute of Psychiatry, Law, and Behavioral Science	Los Angeles, CA
University of Washington Child Study and Treatment Center	Lakewood, WA

University of Washington School of Medicine	Steilacoom, WA
Walter Reed National Military Medical Center - Graduate Medical Education	Bethesda, MD
West Central Georgia Regional Hospital	Columbus, GA
Western State Hospital	Lakewood, WA

Forensic Mental Health Professions Workforce: Existing Programs (Social Work)

Washington	
Institution	Degree
Eastern Washington University	MSW
University of Washington	MSW
University of Washington Tacoma	MSW
Walla Walla University	MSW

(< 100 mi from Washington)

Oregon	
Institution	Degree
George Fox University	MSW
Pacific University	MSW
Portland State University	MSW

Montana	
Institution	Degree
University of Montana	MSW

Forensic Mental Health Professions Workforce: Existing Programs (Nursing)

Washington							
Institution	PN	ADN	BSN	MSN	DNP	PhD	Post Grad Cert
Bates Technical College	Y						
Bellevue College*		Y	Y				
Bellingham Technical College**	Y	Y					
Big Bend Community College**		Y					
Centralia College		Y					
Clark College**		Y					
Clover Park Technical College	Y						
Columbia Basin College*		Y	Y				
Edmonds Community College	Y						
Everett Community College**		Y					
Gonzaga University*			Y	Y	FNP PMHNP		
Grays Harbor College**		Y					
Green River College	Y						
Heritage University*			Y				
Highline College**		Y	Y				
Lake Washington Institute of Technology**		Y					
Lower Columbia College**		Y					
North Seattle College		Y					
Northwest University*			Y	Y			
Olympic College**		Y	Y				
Pacific Lutheran University*			Y	Y	FNP PMHNP		Y
Peninsula College		Y					
Pierce College at Puyallup**		Y					
Renton Technical College		Y					
Saint Martin's University*			Y				
Seattle Central College**		Y					
Seattle Pacific University*			Y	Y	FNP AGNP Clinical Nurse Specialist		
Seattle University*			Y	Y	FNP AGNP FPMHNP		

Shoreline Community College**		Y					
Skagit Valley College**		Y					
South Puget Sound Community College		Y					
Spokane Community College**		Y					
Tacoma Community College**		Y					
University of Washington*			Y	Y	AGNP FNP Pediatric Clinical Nurse Specialist Pediatric NP Population Health Nursing Women's Health NP PMHNP	Nursing Science	Y
University of Washington Tacoma*			Y	Y			
Walla Walla Community College**		Y					
Walla Walla University*			Y				
Washington State University*			Y	Y	FNP PMHNP Population Health	Nursing	Y
Wenatchee Valley College**		Y					
Western Washington University*			Y				
Whatcom Community College**		Y					
Yakima Valley College**		Y					

(≤100 mi from Washington)

Oregon							
Institution	LPN	RN	BSN	MSN	DNP	PhD	Post Grad Cert
Blue Mountain Community College		RN					
Chemeketa Community College**	LPN	RN					
Clackamas Community College		RN					
Clatsop Community College		RN					
Columbia Gorge Community College		RN					
George Fox University*			BSN		DPT		
Linfield College*			BSN				
Linn-Benton Community College		RN					
Mt. Hood Community College	LPN	RN					
Oregon Health & Science University*			BSN	MSN	FNP Nurse Anesthesia AGNP PMHNP Pediatric	Research	
Oregon Institute of Technology			BSN				
Portland Community College**		RN					
Sumner College	LPN	RN					
University of Portland			BSN		FNP		
Warner Pacific University			BSN				

*Accredited by the Commission on Collegiate Nursing Education (CCNE)

**Accredited by the Accreditation Commission for Education in Nursing (ACEN)

Idaho							
Institution	LPN	RN	BSN	MSN	DNP	PhD	Post Grad Cert
Lewis-Clark State College*	LPN	RN	BSN				
North Idaho College**	LPN	RN					

*Accredited by the Commission on Collegiate Nursing Education (CCNE)

**Accredited by the Accreditation Commission for Education in Nursing (ACEN)

Montana							
Institution	LPN	RN	BSN	MSN	DNP	PhD	Post Grad Cert
Flathead Valley Community College	LPN	RN					
Salish Kootenai College**		RN					

*Accredited by the Commission on Collegiate Nursing Education (CCNE)

**Accredited by the Accreditation Commission for Education in Nursing (ACEN)

Forensic Mental Health Professions Workforce: Existing Programs (Psychiatry)

Washington			
Institution	PA	DO	MD
Heritage University	PA		
Pacific Northwest University of Health Sciences		DO	
University of Washington	PA		
Washington State University			MD
Psychiatry Residency and Fellowship Programs			
Residency Programs	University of Washington Program Providence Sacred Heart Medical Center Program		

(< 100 mi from Washington)

Oregon			
Institution	PA	DO	MD
George Fox University	PA		
Oregon Health & Science University	PA		MD
Pacific University	PA		
Psychiatry Residency and Fellowship Programs			
Residency Programs	Samaritan Health Services - Corvallis Program Oregon Health & Science University Program		
Forensic Fellowships	Oregon Health and Science University		

Montana			
Institution	PA	DO	MD
University of Montana	PA	DO	

National List of Forensic Psychiatry Fellowships	
Site Name	Location
Albert Einstein College of Medicine	The Bronx, NY
Brown University	Providence, RI
Case Western Reserve University	Cleveland, OH
Columbia / Cornell	Ithaca, NY
Columbia Research Fellowship	New York, NY
Emory University	Atlanta, GA
Harvard Medical School	Boston, MA
Louisiana State University	New Orleans, LA
Louisiana State University	Shreveport, LA
Medical College of Georgia	Augusta, GA
Medical College of Wisconsin	Milwaukee, WI
Medical University of South Carolina	Charleston, SC

New York University Medical Center	New York, NY
Northwestern University	Evanston, IL
Ohio State University	Columbus, OH
Oregon Health and Science University	Portland, OR
Rutgers University - Robert Wood Johnson Medical	New Brunswick, NJ
Saint Elizabeths Hospital	Washington, DC
Saint Louis University	Saint Louis, MO
State University of New York	Buffalo, NY
SUNY Upstate Medical University	Syracuse, NY
The National Capital Consortium Military Forensic Psychiatry Program	Washington, DC
Tulane University School of Medicine	New Orleans, LA
University of Arizona Forensic Psychiatry Fellowship Program	Tucson, AZ
University of Arkansas for Medical Sciences	Little Rock, AK
University of California, Davis	Davis, CA
University of California, Los Angeles (UCLA)	Los Angeles, CA
University of California, San Francisco	San Francisco, CA
University of Cincinnati	Cincinnati, OH
University of Colorado	Boulder, CO
University of Florida	Gainesville, FL
University of Maryland School of Medicine	Baltimore, MD
University of Massachusetts	Amherst, MA
University of Miami	Miami, FL
University of Michigan, Center for Forensic Psychiatry	Ann Arbor, MI
University of Minnesota	Minneapolis, MN
University of Missouri	Columbia, MO
University of North Carolina	Chapel Hill, NC
University of Pennsylvania	Philadelphia, PA
University of Rochester	Rochester, NY
University of South Carolina	Columbia, SC
University of South Florida	Tampa, FL
University of Virginia	Charlottesville, VA
University Texas Southwestern Medical School	Dallas, TX
USC Institute of Psychiatry, Law & Behavioral Medicine	Los Angeles, CA
West Virginia University	Morgantown, WV
Yale University	New Haven, CT

Appendix 3— OFMHS Workforce Development interview and survey information

OFMHS Workforce Development interview and survey information

This document provides a list of respondents and questions asked during surveys and interviews conducted by OFMHS workforce development to inform the Washington forensic mental health workforce training challenges and needs. These interviews and surveys were conducted between September 2019 and April 2021 and included forensic mental health service providers in community and inpatient settings, representatives from educational institutions, and law enforcement and corrections entities.

Interview participants

Interviews	
Name	Organization
Kelly Anderson, M.A., Discharge Planner	Sheriff's Office, Clark County
Reggie Bartowski, Chief of Police	Goldendale, Washington
Renee Balodis-Cox, MA, LMHC	Neighborhood Resource MHP with Kirkland Police Dept.
Commander Kimberly Beltran	Sheriff's Office, Clark County
Laurel Brink, BA, RN, MSN, Clinical Placement Coordinator	Eastern State Hospital
Erica Hunt, Psy. D, Behavioral Health Program Manager	SeaMar Community Health Centers
Mary Burroughs, MSN, RN, CNE, Dean of Health Occupations & Nursing	Shoreline Community College
Tammy Baker, MSW, Clinical Director LINC Program	Community House Mental Health Agency
Mandy Edwards, BS, LINC Program	Community House Mental Health Agency
Lieutenant Ren Emerson-Beckman	Olympia Police Dept. Corrections Division
Lieutenant Jeff Gepner	South County Corrections Entity (SCORE)
Vicki Guse, Administrator Health Care Services	Adams County Integrated Health Care Services
District Court Judge Rick Hansen	Klickitat County
Timothy Hilton, PhD., MSW Program Director	Eastern Washington University
Jim Jensen, MAC	Southwest Washington Accountable Community of Health (SWACH)
Justin Johnson, MSW, LICSW, MHP, Assistant Director	Spokane County Regional Behavioral Health Administrative Service Organization (ASO)
Jennifer Johnston, SCORE peer support	Healthcare professions, Highline Comm. College
Lieutenant Jaymey Holmes	Olympia Police Dept. Corrections Division
Alice Kreiger, RN3, Nursing Education Liaison	Western State Hospital
Chief Carmen Knopes	Klickitat Jail, Klickitat County

Anne Larsen, MPA, OPD Outreach Services Coordinator	Olympia Police Department
Lieutenant Darren Lehman	Spokane County Jail
Keith Lewis, MA, LMFT, MHP, Medical Program Specialist	HCA Division of Behavioral Health and Recovery
Anna Lookingbill, LICSW, MAC, Discharge Planner	Sheriff's Office, Clark County
Mary McDonald, RN, MN, Chief of Operations	Clinical Placements Northwest
Jacqueline Means, Psy.D., Director, OFMHS Postdoctoral Fellowship	Office of Forensic Mental Health Services
Brittany Jo Meek, LMHC, MHP, Clinical Programs Entry Services Manager	Downtown Emergency Center (DESC)
John Moren, MS, RN, Executive Director	Community Services Northwest, a division of Sea Mar Community Health Centers
Kathleen Murphy, MSW, LSWAA, CPC, Behavioral Health Recovery Specialist	King Co. Behavioral Health & Recovery Division
Khalfani Mwamba, MSW, Assistant Teaching Professor, Office of Field Education School of Social Work	University of Washington, Seattle
Meaghan Nolte, Ph.D., Director of Mental Health Counseling Program	Central WA University
Pierce County Mental Health Dept. staff member	Pierce Co. Detention Center
Kristina Ray, LMHC	Spokane County Jail
Kirby Richards, LICSW, Director	Skamania Community Health
Silvia Riley, BASW, Manager Crisis Services	Multicare Behavioral Health
Marcia Roi, Ph.D., Addiction Counseling Education Dept.	Clark Community College
Marilyn Ronnei, Ph.D., Co-Director, Western State Hospital Psychology Doctoral Internship Program	Office of Forensic Mental Health Services
Roger Schaefer, Ph.D., Graduate Director Law and Justice Dept.	Central WA University
Anura Shah, LICSW, MHA, Associate Faculty Criminal Justice & Sociology Departments	Shoreline Community College
Dan Sigler, MBA, MSW, Regional Director	Pioneer Human Services, Spokane
Diane Somerday, MSW, Director of Social Work Field Education	Eastern Washington University
Bob Songer, Klickitat County Sheriff	Klickitat County
Melissa Sorger, RN	Multnomah County
Jan Tokumoto, MEd, DCR, Chief Operating Officer	Frontier Behavioral Health
Ash Warren, MSW, Assisted Outpatient Treatment Coordinator	King Co. Behavioral Health & Recovery Division
Chief Deputy Waymire	Skamania County

Richard W. Yocum, Ph.D., Inpatient Forensic Evaluation Services, Co-Director of the OFMHS Internship Program	Office of Forensic Mental Health Services
Melisa Ziegler, Ph. D., Associate Director, Workforce programs	WA Student Achievement Council
Amanda Zupeta, LMHC, Mental Health Clinical Director	Adams County Integrated Health Care Services

**Interview questions:
Forensic mental health service providers**

1. Regarding mental health positions, especially any working with clients involved in the criminal court system, can you tell me about your experiences in staffing?
2. What were the most important challenges or barriers to meeting your staffing goals?
3. What is your experience between the different job types or classes? (Such as clinical, community health worker, peer specialist, FN, licensed personnel / certification...)
4. When staff are hired, they may have a degree but lack critical skills needed to perform the work. What skills or knowledge gaps do you have to address before new hires interact with patients? (certifications, forensics...).

What about existing staff?

5. What do you see as the biggest training needs for staff working with forensic mental health clients?
6. Did you make any changes to your staffing process to address those challenges? Did you have to shift any roles & responsibilities? What worked or didn't work?
7. What positions do you currently or anticipate needing more of and where do you see those coming from? What barriers keep you from getting those filled? What training or professional development do new hires need?
8. What regulations or policies create barriers to planning and/or workforce development? Is there a particular rule, regulation, licensure, certification, billing/reimbursement/funding, or reciprocity issue that you would cite?
9. Has your facility experienced exceptionally long vacancies for any open positions? If yes, for which occupation(s) and what are possible reasons why.
10. Has there been a particular position in which retention/turnover been a problem? Which occupations? What do you feel are the likely reasons?

Comments

Do you have any other observations or clarifications that you would like to share about changes in health workforce demand occurring at your organization/facility?

Interview questions:

Law enforcement and corrections

1. What positions do you have that interact with Trueblood or potential Trueblood Class Members?
2. What barriers have you experienced in engaging mental health services? (some examples might include funding, service availability, rural location)
3. Do you have access to crisis intervention training and/or de-escalation training?
4. Are there other training or experiences which would be beneficial to you in working with class members or potential class members which you do not have access to now?
5. What barriers do you see to accessing that or other training?
6. What regulations or policies create barriers to accessing mental health resources?

Comments

Do you have any other observations or clarifications that you would like to share about the changes in forensic mental health in your organization or in general?

(An additional question, “*What are your workforce challenges?*” was posed to jails in which an in-person interview occurred. These included county jails in Clark, Klickitat, Skamania, and Spokane counties.)

Interview questions:

Educational institutions

(These questions were also sent in survey form to entities unable to accommodate an interview)

1. How many people do you graduate from your program each year? Do you track where they work after graduation? Who are the primary employers?
2. Does your program include courses (or topic areas within courses) on forensic behavioral health or the court system? Are these part of the core curriculum or electives?
3. Do you have forensic behavioral health tracks or certifications for this program?
4. Have you considered adding or increasing forensic behavioral health courses/tracks in your programs? If so what made you consider this?
5. If you are or were to consider adding or expanding forensic behavioral health courses/tracks what resources or information have you or would you seek out or identify

as needed to institute or maintain these education and training elements? What do you see as potential barriers to moving in this direction?

6. What placement or internship opportunities do you have which expose students to the forensic behavioral health population?
7. Does this degree program engage with forensic behavioral health entities at the state or local hospitals?
8. In gaging interest in this program, what metrics (i.e. enrollment, waitlists, etc.) do you use? Based on those, how would you rate the interest in the program?

Comments

Do you have any other observations or clarifications that you would like to share about changes in forensic mental health education at your institution?

Entities which answered this question set in written form

Name	Organization
Nakisha Castillo, D.M.F.T.	Brandman University
Julie A. Benson MHA, MN, CNE Associate Dean of Nursing	Tacoma Comm. College
Susan Liden, BS, Director of Risk Services	Pacific Lutheran University
Jenny Capelo, DNP, MAE, RN Director of Nursing	Wenatchee Valley College
Alana Murphy, DNP, ARNP, RN, Director of Nursing	Peninsula College
Tiffany Smith-Fromm RN, MN, Nursing Program Director	Pierce College
William Swarens, RN, MSN, Ed. Interim Director Practical Nursing and NAC	Bates Technical College
Michael P. Butler, Ph.D., Professor of Psychology, Chair, Department of Psychology Director, Applied Psychology Internships	Saint Martin’s University
Marriya Wright, MSN, RN Dean of Allied Health & Nursing	South Puget Sound Community College

Workforce and Training Needs survey questions

This survey was sent prior to the interviews and was structured to allow for free text answering for questions 4-8 and 10-13. There were 81 surveys sent, and 46 participants responded.

1. Have you visited the DSHS OFMHS Workforce Development website?
2. Which best describes your workforce?
3. Are you or your staff interested in participating in trainings offered by DSHS/Office of Forensic Mental Health Services?
4. What do you see as your number one training need?
5. What other training topics would be helpful?
6. Did you bring in external trainers? If so, who did you contract with?
7. Are there trainings you have received in the past you have found were not helpful? If yes, which training topics were not helpful and why?
8. Does your organization provide internal training? If yes, what training is provided?
9. What format of training would be most useful to your workforce?
10. What are your primary training challenges or barriers? Select all that apply. (Difficulty scheduling, Staffing levels do not permit, Lack of interest, Resources/funding, or Other-please specify)
11. What are your biggest workforce challenges? Select all that apply. (Recruitment (finding the right people to fill positions), Not having funding/needed positions allocated, Retention, or Other-please specify)
12. What professions are the most difficult for your organization to fill?
13. If you have other comments you'd like to make about your training or workforce needs, please make them here: (free text option)

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