

Whiting Forensic Hospital
Physician Salary Review,
PA 22-45

January 1, 2023

The 2022 session of the Connecticut General Assembly passed PA 22-45, *AAC Connecticut Valley and Whiting Forensic Hospitals*. The Act is wide-reaching and addresses the facility structure, the operations of the oversight board and PSRB, and directs the Department of Mental Health and Addiction Services, in collaboration with DAS, to evaluate the state service classifications for physicians and senior level clinicians to determine if they are in the appropriate compensation plans needed to attract and retain employees. This report defines the term “senior level clinician” as a psychiatrist in a management position such as a medical director. The goal of this report is to provide a basic understanding of the challenges facing Whiting Forensic Hospital (WFH) and provide insights and suggestions for improved outcomes.

The healthcare worker shortage has been well documented, and, naturally, DMHAS and other state agencies have not been immune to its impact on employee recruitment and retention. While there is some indication of improvement for hospital staffing generally, long-term care settings like Whiting Forensic Hospital have not yet turned the corner. In fact, all indications are that the current healthcare worker shortage will stay with us for some time.

Psychiatrists have long been categorized as “hard to fill positions” amongst healthcare recruitment professionals. The agency has psychiatry positions on continuous postings and may go months at a time without a single application being submitted, even when supported with paid advertisements. So severe is the problem that the US Department of Health and Human Services estimates that in order to meet today’s demand for services the number of psychiatrists would have to increase by 2,800 a day. These conditions are exacerbated when recruiting for forensic specialties, which are needed at WFH.

Adding to the scarcity of psychiatrists, an astonishing 38% of them report feelings of burnout. These numbers do not bode well for the possibility of maintaining current level of services, or closing the gap. Compounding the problem is a simultaneous shortage of nurses and licensed social workers, all of whom play a critical part in treatment.

Forensic psychiatry is the interface between law and psychiatry. The American Academy of Psychiatry and the Law defines it as the sub-specialty of psychiatry in which scientific and clinical expertise is applied in legal contexts involving civil, criminal, correctional, regulatory or legislative matters, and in specialized clinical consultations in areas such as risk assessment or employments.

Whiting Forensic Hospital (WFH) provides treatment and evaluation services for patients with mental health conditions involved in the criminal justice system. These patients are not yet ready to be safely treated in less restrictive settings. WFH has 91 maximum-security beds and 138 enhanced security beds in two buildings on the Middletown campus.. Despite the fact that that facility’s mission is therapeutic, not correctional, many of WFH employees are categorized as “hazardous duty”, including doctors. Those who care for patients in a secure facility such as WFH must navigate the risk of violence by tending to patients who may have committed terrible crimes. This contributes to the difficulty in recruitment and retention efforts of staff.

For those with an interest in forensic psychiatry, WFH is a rich opportunity that offers the chance to work with complex diagnoses in an inpatient long-term clinical setting with the potential for life changing impact. On the other hand, for those professionals not already inclined toward a forensic environment, several of those same factors can make WFH an unattractive option. Career ladder incentives within the facility are limited, and loss of on-call pay discourages doctors from pursuing advancement into management positions. The physical environment is outdated and limits creative

clinical treatment. And, finally, the potential for violent outbursts from patients coupled with staffing shortages, frequently require excessive overtime, which, in turn, negatively impacts staff health and morale.

In order to recruit for the most nationally competitive positions, including forensic psychiatrists and forensic psychologists that garner salaries over the range paid in the state salary scale, DMHAS has a contract for staffing services with Yale University. This contract serves as a valuable tool for DMHAS. It allows psychiatrists and psychologist to work at the Department and receive competitive salaries as well as academic growth opportunities. Individuals hired for work at DMHAS via the Yale staffing contract are provided direction and supervision via DMHAS leadership, allowing state management and quality control.

Historically, three top medical leaders at Whiting, as well as the DMHAS Medical Director, have all been a part of the Yale contract. DMHAS Medical Director Dr. [Charles Dike](#), is the president elect for the American Academy of Psychiatry and the Law, Co-Editor of the Behavioral Sciences and the Law Journal, and former president of the Connecticut Psychiatric Society. [Dr. Michael Norko](#) is Director of Forensic Services. He is a former president of the American Academy of Psychiatry and the Law and has published and presented nationally and internationally on a variety of topics related to psychiatry and law, including his special interest in the use of the concepts of dangerousness and risk in psychiatric practice. [Dr. Rena Kapoor](#), Chief of Forensic Services, has lectured nationally and internationally on forensic psychiatry and holds leadership positions in several professional organizations. She is chair of the American Psychiatric Association's Committee on Judicial Action and president of the Association of Directors of Forensic Psychiatry Fellowships, as well as a past president of the Connecticut Psychiatric Society and the International Association for Forensic Psychotherapy.

In recent months the position of Chief Medical Officer of Whiting Forensic Hospital became vacant and the agency was able to fill the position with a state employee. To do that, DMHAS had to first secure a "hiring rate" above the state salary range. Fortunately for the agency, and in a rather unusual circumstance, the individual being recruited was already a per diem at the facility. Given his employment with DMHAS in the per diem capacity, the Department had the luxury of time to negotiate salary with and receive the approval of OPM and DAS. So, while the Department is always looking for opportunities to hire state staff, the scarcity of some healthcare professionals paired with the specialty tracks at Yale with desirable academic affiliation, have made this contracting mechanism a valuable recruitment tool. When DMHAS is in fierce competition with other prospective employers, it has often been the Yale staffing contract that has made the margin of difference.

DMHAS' relationship with Yale has also provided a feeder for DMHAS forensic clinicians. The university forensic track within the Department of Psychiatry generates forensic fellows and serves as a talent pipeline for permanent employees. Currently, there are 4 Yale fellows at Whiting Forensic Hospital.

The table below reflects the existing physician staffing at Whiting Forensic Hospital. As you can see, the current facility depends on the availability of per diems to fill out the staff, a practice consistent with health care providers generally. However, because of the difficulty in recruiting state employee psychiatrists at the facility, the agency is forced to rely on per diems with increased frequency. This not only drives up costs, it arguably creates a disincentive for per diems to be recruited into staff positions that might otherwise have been a talent pipeline for permanent hires.

Title	Filled	Vacant
Hospital Medical Director	1	
Physician	0	0
Part Time Physician	0	2
Principal Physician	1	1
Per Diem Physician	2	1
Principal Psychiatrist	6	3
Staff Psychiatrist	1	0
Per Diem Psychiatrist	4	1
APRN	1	1
Assistant Medical Director	2	1

The current psychiatrist and physician job titles used at Whiting Forensic Hospital and their salary scales are as follows:

Hospital Medical Director	\$259,000 - 344,000
Staff Physician	\$200,000-\$260,000
Principal Physician	\$230,000-\$300,000
Per Diem Physician	\$191/hr
Principal Psychiatrist	\$230,000-\$300,000
Staff Psychiatrist	\$200,000-\$260,000
Per Diem Psychiatrist	\$225/hr
Assistant Medical Director	\$230,000 - \$306,000

As the only facility of its kind in the state, an “apples to apples” comparison of salary data is difficult. Nonetheless, DMHAS consulted the Forensic Division of the National Association of State Mental Health Program Directors (NASMHPD) and the American Academy of Psychiatry and the Law (AAPL) for comparable data. A salary survey by NASMHPD yielded the following information about other states.

State	Salary Range	Notes
NJ	\$237,795 – 271,182	Range includes Board Eligible and Post Board Certified Physicians
TN	\$152,496- \$292,420	
MN	\$191,010 - \$340,052	Range includes Board Eligible and Board Certified Physicians. This does not include on-call earnings.
NC	\$154,385 - \$308,770	
MO	\$232,308 - \$261,448	
WA	\$199,776 - \$268,656	
CA	\$285,948 - \$333,912	Range includes Board Eligible and Board Certified Physicians.

Naturally, information about compensation in the private sector is closely guarded. However, searches of popular job sites and recruitment firms consistently yielded advertisements for psychiatrists with salary ranges that start in the mid-200’s and top off at the mid-300’s, with additional sign-on bonuses. This is consistent with the 2022 Medscape report on physician compensation published in Becker’s Hospital Review that reported the average salary for psychiatry is \$287,000, a 4% increase over the 2021 average. It also reports that the average incentive bonus for psychiatry is \$33,000. It is important to keep in mind, however, that these are only advertised salaries. It has been the agency’s experience that competition with other employers in recruitment quickly drives up the salary negotiations, and ultimately leaves DMHAS empty handed. The competition is so strong that some people may use the

interest of another employer as a strategy to get an increase in salary at their current place of employment.

Recruiters search beyond the borders of Connecticut, and even beyond New England. Often these positions are advertised in national journals and specialty job sites, but attracting out of state talent inevitably intensifies the negotiation process. Understandably, uprooting one's life and moving to a new state requires some serious incentives, especially in a region with a reputation for a high cost of living.

While WFH starting rates are consistent with this comparable data, the numbers of applicants tell a different story. Despite the agency's constant active recruitment for psychiatrists, it receives no applications for months at a time. When applicants do pursue psychiatry positions, they frequently end up declining offers for reason of salary and/or incentives that they are able to find elsewhere. Adding more room at the top of the salary scale and more possibilities of incentives (financial or otherwise) would allow for DMHAS to "stay in the game" during negotiations.