Analytical Study

FINAL REPORT

Riverview Psychiatric Center — an Analysis of Requests for Admission

Report No. FU-RPC-06

a report to the
Government Oversight Committee
from the
Office of Program Evaluation & Government Accountability
of the Maine State Legislature

August
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Mailing Address:
82 State House Station
Augusta, ME 04333-0082
Phone: (207) 287-1901
Fax: (207) 287-1906
Web: http://www.maine.gov/legis/opega/
Email: etta.begin@legislature.maine.gov

ABOUT OPEGA & THE GOVERNMENT OVERSIGHT COMMITTEE

The Office of Program Evaluation and Government Accountability (OPEGA) was created by statute in 2003 to assist the Legislature in its oversight role by providing independent reviews of the agencies and programs of State Government. The Office began operation in January 2005. Oversight is an essential function because legislators need to know if current laws and appropriations are achieving intended results.

Although the Maine Legislature has always conducted budget reviews and legislative studies, until OPEGA, the Legislature had no independent staff unit with sufficient resources and authority to evaluate the efficiency and effectiveness of Maine government. The joint legislative Government Oversight Committee (GOC) was established as a bipartisan committee to oversee OPEGA's activities.

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Table of Contents

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EXECUTIVE SUMMARY

Riverview Psychiatric Center — an Analysis of Requests for Admission

Introduction

The Maine State Legislature's Office of Program Evaluation and Government Accountability (OPEGA) has completed an analytical study of Requests for Admission to Riverview Psychiatric Center (RPC) at the direction of the joint legislative Government Oversight Committee. OPEGA conducted this study in accordance with MRSA Title 3, Chapter 37, §991-997.

The purpose of this analytical study was to produce credible, objective information about requests for admission that would be useful to the Legislature in considering capacity concerns at RPC and within the State's mental health system as a whole. Specifically, OPEGA sought to answer the following questions:

This study's purpose was to produce objective, credible and useful information about requests for admission to RPC.

1. How many requests do not result in immediate admission[1] due to lack of capacity?
2. How many appropriate individuals[2] (civil or forensic) are not immediately admitted to RPC due to lack of capacity?
3. Where are requests for admission originating from?
4. Are there multiple admission requests for the same individual(s)?
5. What are the major reasons for admission requests?
6. What happens to individuals who are denied immediate admission to RPC?

While the answers to these questions are presented in the remainder of this report, many other questions might be answered by OPEGA's data analysis. Additional analyses performed by OPEGA are presented in Appendix B.

[1] Immediate admission means individuals were either admitted or scheduled for admission upon initial contact with RPC. Those put on the wait list were not considered immediately admitted.

[2] Appropriate individuals are those that met the criteria for admission to RPC. For example, mental retardation, substance abuse or medical issues would result in an individual being ineligible for admission.

Summary of Analysis

From May-Sept 2006, RPC received 437 admission requests for 353 different individuals. 14% of the individuals had multiple requests accounting for about 30% of the requests.

During the period May-September 2006, Riverview Psychiatric Center received 437 admission requests[3] related to 353 different individuals. The majority of these individuals (304 or 86%) had just one request in this period. The rest of them (49 or 14%) had multiple requests accounting for approximately 30% of all requests.

The majority of the 437 requests (82%) came from either emergency rooms (48%) or community and specialty hospitals (34%). Those requests were primarily for civil beds. Another 16% of the requests originated from jails or prisons; primarily for forensic beds. Most of the requests from emergency rooms appeared to come from the Lewiston area, followed by Augusta/Waterville, Portland and then Bangor. Forty-one percent of the community or specialty hospital requests came from the two specialty hospitals (Acadia and Spring Harbor) with another 25% of those requests coming from Maine General Medical Center. Androscoggin County, Cumberland County and Kennebec County were the top sources of requests from jails and prisons.

85% of the individuals were not immediately admitted to RPC due to a lack of capacity. Nonetheless, the data suggests that most received the care they needed in a timely manner through other services and facilities as admission to RPC was not repeatedly sought.

Thirty-nine percent of the 437 requests were made because the individual had a high acuity level[4] or violent/aggressive behavior. For another 31% of the requests, the reason for requesting admission was given as "Other". The most common "Other" reasons given were that the individual was suicidal or was experiencing a particular type of mental illness (i.e. psychotic, paranoid schizophrenic, delusional bi-polar).

Eighty-five percent of the individuals (299) seeking admission to RPC were not immediately admitted due to a lack of capacity at the facility[5]. Nonetheless, the data collected suggests that most of the 353 individuals requesting admission to RPC (323 or 92%) received the care they needed in a timely fashion through other facilities and services as per the current design of Maine's adult mental health system.[6] It seems the remainder, however, (30 individuals or 8%) were not served as satisfactorily since they appeared to have extended stays in emergency rooms, lengthy episodes while in jail or made multiple trips to ERs and hospitals during the same mental health episode.

A smaller group of individuals with particular characteristics appeared harder to place in community hospitals. OPEGA identified 30 of these individuals that did not appear to have been satisfactorily served in the time period reviewed.

OPEGA also noted 43 of the total 353 individuals (12%) seeking admission to RPC appeared to be particularly hard to place and were at higher risk of not being satisfactorily served. Nearly all of these individuals apparently had a high acuity level or violent/aggressive behavior, or were suicidal, homicidal, psychotic or delusional. It appears other hospitals, even if they did have beds available, were not willing or able to take individuals that may have been harder to manage.

[3] This total does not include 70 repeat requests made by the same requestor (institution) for the same individual during the same mental health crisis. Except where specifically stated in the report, all figures and analyses relate to these 437 non-repeat requests.

[4] The individual could not be safely and appropriately cared for in another hospital setting.

[5] These individuals represented 87% of the 437 requests.

[6] Follow-up on specific individuals would be required to ascertain the full details of their experiences in order to assess whether they actually received satisfactory care.