**Role of Riverview Psychiatric Center**

Riverview Psychiatric Center (RPC) operates under laws established by the Maine Legislature to provide care and treatment for both voluntary and court committed patients as well as outpatients. The hospital has its own Advisory Board with by-laws covering organization, purpose, duties, appointment process, committees and relationship to the Medical Staff. The Advisory Board is chaired by Commissioner Mary Mayhew.

RPC is part of a comprehensive mental health system of services in Maine which includes community mental health centers with multiple branch offices, private psychiatric and community hospitals and private providers. In addition to the inpatient services, RPC provides outpatient services for clients who require such support in order to transition to, or remain in, the community.

**Organization**

Riverview Psychiatric Center was built in 2003 and occupied in June 2004. Prior to Riverview, state inpatient psychiatric care for the southern part of the state was provided by the Augusta Mental Health Institute (AMHI). AMHI was established in 1840 as the Maine Insane Hospital and was the only public mental hospital in Maine until the second hospital was built in Bangor in 1901. The name was changed in 1913 from Maine Insane Hospital to Augusta Mental Health Institute and then Riverview Psychiatric Center in 2004.

The hospital received its first accreditation under the Joint Commission in 1958 and has continued to be accredited. It is fully licensed as a hospital of the Maine Department of Health and Human Services and is certified by the Centers for Medicare and Medicaid Services (CMS) to provide acute psychiatric care.

**Program**

RPC is a 92-bed psychiatric hospital and is organized into major clinical, administrative, and support service departments. RPC has four inpatient treatment units, admitting approximately 300 people per year. All four coed units provide an acute level of care. The Outpatient Program includes a Dental Clinic and a Psychiatric Medication Clinic for both the adult and geriatric population. RPC is also the State of Maine's only forensic psychiatric hospital providing psychiatric services to clients from the Maine criminal justice system and the Maine courts.

**Licensure**

Riverview Psychiatric Center is licensed and accredited by the Department of Health and Human Services Division of Licensing and Regulatory Services, the Centers for Medicare and Medicaid Services and The Joint Commission.

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**Mission**

Riverview Psychiatric Center provides state of the art care to individuals with serious and persistent mental illness in Maine.

**Vision**

The Riverview Psychiatric Center, in collaboration with the community, will be a center for best practice, treatment education and research for individuals with serious and persistent mental illness.

**Values**

R—Respect and Dignity
P—Patients First
C—Caring and Compassion
FY 2012 At a Glance
Admissions - 282
Discharges - 283
Inpatient Days - 30,015
Outpatient Services - 6,890
Average Length of Stay - 90 days
Average Daily Census - 82
Patient Age Range from 18 to 77

Inpatient Origins
24.5% from Cumberland County
21.3% from Kennebec
15.2% from York
15.6% from Androscoggin & Somerset
23.4% from other Maine Counties & away

Top Diagnosis
1. Schizoaffective Disorder, Unspecified
2. Bipolar Disorder, Unspecified
3. Psychosis NOS

Top Medical Diagnosis
1. Exogenous Obesity
2. Hyperlipidemia
3. Hypertension

Additional statistical information is published quarterly by the Riverview Psychiatric Center in the Performance Report. These reports can be accessed through the RPC website at:
Our Finances
Riverview Psychiatric Center

Fiscal year 2012

Expenditures

Total Expenditures
$30,789,483

All Other
$10,925,773
35%

Personal Services
$19,863,710
65%

All Other by Category
$10,925,773

PROFESSIONAL SERVICES NOT BY STATE

<table>
<thead>
<tr>
<th>Service</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEDICAL SERVICES</td>
<td>4,512,434</td>
</tr>
<tr>
<td>PHARMACY MANAGEMENT</td>
<td>493,566</td>
</tr>
<tr>
<td>PEER SUPPORT</td>
<td>444,602</td>
</tr>
<tr>
<td>NURSING SERVICES</td>
<td>400,434</td>
</tr>
<tr>
<td>SECURITY</td>
<td>327,973</td>
</tr>
<tr>
<td>COUNSELING SERVICES</td>
<td>195,044</td>
</tr>
<tr>
<td>ANALYST &amp; LABORATORY SERV</td>
<td>155,114</td>
</tr>
<tr>
<td>HOSPITAL SERVICES</td>
<td>128,245</td>
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<tr>
<td>LAUNDRY SERVICES</td>
<td>68,208</td>
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<tr>
<td>READER &amp; INTERPRETER SERV</td>
<td>60,393</td>
</tr>
<tr>
<td>TRANSCRIPTION</td>
<td>49,322</td>
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<tr>
<td>ACCOUNT &amp; AUDIT SERVICES</td>
<td>46,550</td>
</tr>
<tr>
<td>OCCUPATIONAL THERAPY</td>
<td>16,044</td>
</tr>
<tr>
<td>MISCELLANEOUS SERVICES</td>
<td>9,865</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>6,991,105</strong></td>
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Reimbursement Revenue

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>General Fund</td>
<td>12,645,903</td>
</tr>
<tr>
<td>Disproportionate Share</td>
<td>16,580,370</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>29,226,273</strong></td>
</tr>
</tbody>
</table>

Disproportionate Share is Medicaid funding available to hospitals which serve a disproportionate number of Medicaid eligible patients. Eligible hospitals are able to receive funding up to their level of uncompensated care. Inpatient psychiatry is not a Medicaid covered service for the adult population. Reimbursement from Medicaid claims for those under 21 or over 65 is included in the Reimbursement Revenue.

Expenditures by Fund Type

<table>
<thead>
<tr>
<th>Fund Type</th>
<th>Amount</th>
</tr>
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<tbody>
<tr>
<td>Reimbursement Revenue</td>
<td>1,563,210</td>
</tr>
<tr>
<td>General Fund</td>
<td>12,645,903</td>
</tr>
<tr>
<td>Disproportionate Share</td>
<td>16,580,370</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>29,226,273</strong></td>
</tr>
</tbody>
</table>

History of Reimbursement Revenues

<table>
<thead>
<tr>
<th>Year</th>
<th>Cost Allocation Transfer</th>
<th>Medicaid Reimbursement</th>
<th>Medicare Reimbursement</th>
<th>Third Party Reimbursement</th>
<th>Miscellaneous Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>43,285</td>
<td>1,009</td>
<td>898,369</td>
<td>(228,587)</td>
<td></td>
</tr>
<tr>
<td>2009</td>
<td>1,272,582</td>
<td>1,647,291</td>
<td>1,072,692</td>
<td>(597,067)</td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td>1,810,520</td>
<td>937,097</td>
<td>839,097</td>
<td>(502,481)</td>
<td></td>
</tr>
<tr>
<td>2011</td>
<td>25,391</td>
<td>686,066</td>
<td>1,339,540</td>
<td>(421,242)</td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td>29,405</td>
<td>1,419,628</td>
<td>723,179</td>
<td>(453,034)</td>
<td></td>
</tr>
</tbody>
</table>

Independent Audit

Annual audits of the State of Maine are performed by the Department of Audit. Audit reports can be found online at [http://www.maine.gov/audit/reports.htm](http://www.maine.gov/audit/reports.htm).

The Riverview Psychiatric Center also submits an annual Medicare Cost Report to the Centers for Medicare and Medicaid Services.
We want to hear from you.
Do you like this report?

Would you like to see other information?

Please let us know by contacting Jenny Boyden at Jenny.Boyden@maine.gov. For more information on our services, visit our website at: http://www.maine.gov/dhhs/

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Future Challenges

Riverview and Dorothea Dix Psychiatric Centers are licensed and accredited hospitals. Both hospitals will undergo accreditation surveys in 2013. DDPC will undergo their survey by June 2013. The survey at RPC is due by November 2013. The hospitals will spend this fiscal year preparing for their surveys.

Staffing at both hospitals pose a challenge. Acuity on the units requiring 1 to 1 or 2 to 1 staffing, call-outs, vacancies and use Family Medical Leave drives not only overtime but mandated overtime. The hospitals are actively recruiting nursing staff to fill vacancies and have instituted a per diem pool in hopes of alleviating some of the pressure on staff. As outliers in all of State government, the Department of Health and Human Services is undertaking a review of their practices around the Family Medical Leave Act.

A review of the Average Daily Census information included on page 2 demonstrates one of Riverview Psychiatric Center’s concerns; the increase in the forensic population is crowding out civil patients. Forensic patients may arrive at RPC directly from jail for stabilization, as a result of court order for competency evaluations or restoration of competency or as a result of criminal proceedings where the patient was found Not Criminally Responsible. During the spring of 2012, RPC closed to civil admissions due to the length of our forensic wait list. Although the hospital was designed with 2 wings, one forensic and one civil, we now regularly place forensic clients in what were previously considered civil beds. This is creating additional pressures in the statewide mental health system.

Hospital and Department administration continue to monitor the implementation of the Affordable Care Act. Disproportionate Share Hospital funding is a component of Medicaid used to cover a portion of costs associated with uncompensated care experienced by hospitals due to uninsured patients. The ACA expands coverage options and reduces the amount of DSH funding available beginning in 2014 without expanding coverage requirements for inpatient psychiatric care resulting in a potential funding gap.

Future Opportunities

RPC and DDPC continue to work collaboratively to turn challenges into opportunities. The hospitals are working with others in the Department of Health and Human Services and the Department of Corrections on alternative ways to serve the mental health needs of the forensic population. Talks will begin soon to explore options for competency evaluations and restoration to competency in settings other than Riverview.

Currently, those adjudicated by the courts as Not Criminally Responsible are sentenced to Riverview Psychiatric Center. Upon their release, strict monitoring and therapy requirements are outlined by the court necessitating that the clients often remain in the Augusta area. The Department is currently exploring alternatives that would allow for the creation of a State operated Assertive Community Treatment team in Bangor which would enable clients with ties to that area and relieve some of the saturation in the Augusta area.

The Department is working with the network of community providers to improve our current gate-keeping system. We hope this will create the opportunity to partner with the community stake holders and redesign the mental health system to accommodate the safe flow of people with acute symptoms through community and crisis programs to the appropriate level of inpatient care.