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**MEMORANDUM FOR:**

Senator Allen M. Christiansen  
Representative Paul Ray  
Representative Edward H. Redd

**FROM:** Stephen Jardine, Office of the Legislative Fiscal Analyst

**DATE:** September 30, 2016

**SUBJECT:** Coordination of mental health services with emergency room services

With regard to study priorities for the 2016 interim, the Senate President and the Speaker of the House requested the Social Services Appropriations Subcommittee also study the topic: "Coordination of mental health services with emergency room services: where do indigent individuals with mental health issues go after receiving emergency medical services?"

Although the topic was on the agenda for the June 16, 2016 subcommittee meeting, the question was not directly answered and no formal response was provided. Staff subsequently requested a formal answer from state agencies and received the following response from Dr. Joseph Miner, Utah Department of Health:

*"Most emergency departments will have a crisis worker present or on call available 24/7 to do an assessment of patients who appear to have significant mental illness. If they are believed to present an imminent danger to themselves or others, arrangements are made to have them admitted to a secure inpatient mental health treatment service. These inpatient services are available at larger hospitals across the State. This is done regardless of their economic status or ability to pay.*

*If it is believed they are not an imminent danger but do need further assessment and treatment for mental illness, arrangement is made for them to have a follow up appointment at an outpatient clinic. Indigents covered by Medicaid will be scheduled for this treatment with the Medicaid-covered community mental health center (CMHC) covering the jurisdiction in which the individual resides.*

*If the indigent is not covered by Medicaid they will be scheduled for a follow up appointment with a primary care clinic which commonly is a federally-qualified community health center (CHC) in their area where they can be seen for a sliding-scale fee according to their ability to pay. These CHCs usually employ clinical psychologists or psychiatric nurse*

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*practitioners who will see them for the mental health assessment and treatment. The primary care physicians at the CHC will prescribe psychiatric medications for patients seen by mental health therapists who cannot prescribe medications.*

*Sometimes these patients will have another primary care physician they have seen before who will see them and prescribe medications as needed. Patients with significant mental illness will usually require a family member or friend to make sure they keep follow up appointments. Or in the case of a Medicaid-covered patient at a CMHC they will usually also have a case worker assigned to them to help them keep follow up appointments.*

*Obviously all of these scenarios are under ideal circumstances. Individuals with mental illness can frequently have difficulty following up with care and unless they are court-committed there is little that can be done to require them to follow through. If they are court-committed a pick-up order can be given to have law enforcement pick them up and take them to a hospital emergency department for further assessment and possible in-patient treatment.”*

Staff suggests Dr. Miner’s response be included in “other business” for your scheduled October 20, 2016 appropriations subcommittee meeting.