



Behavioral health recommendations

Rural Health Transformation Program

In July 2025, the Utah Behavioral Health Commission (Commission) finalized its first [update](#) to the Behavioral Health Master Plan, which included a review of behavioral health data, a five-year behavioral health strategic plan, and policy and budget recommendations for the Legislature. Based on analyses completed for that report, the Commission recommends the following priorities for the Rural Health Transformation Program, listed in order of priority.

Note: If funding may not be spent on renovation costs, one-time funding costs associated with Recommendation 1 may be excluded.

Recommendation 1: Two rural behavioral health receiving centers

In 2024, the Behavioral Health Crisis Response Committee calculated that the State of Utah needs two additional behavioral health receiving centers in rural regions. The Commission recommends funding both one-time and ongoing costs for two rural receiving centers in Uintah, Sevier and Tooele County (ongoing costs for Uintah, both one-time and ongoing costs for Sevier, and one-time costs only for Tooele).

Note: It may be possible to build one to two of these receiving centers by refurbishing an existing building. The Centers for Medicare and Medicaid Services (CMS) has stated that new construction is unallowable. Renovations and alterations are allowed as described: "Investing in existing rural health care facility buildings and infrastructure, including minor building alterations or renovations and equipment upgrades to ensure long-term overhead and upkeep costs are commensurate with patient volume."

The Commission is currently determining if remodeling existing buildings is feasible in Sevier or Tooele County. This proposal will be updated as additional information becomes available.

A receiving center is a 24/7 community center staffed by therapists, nursing staff, and peer counselors to provide treatment for individuals in a mental health or substance use crisis. Individuals are assessed, stabilized, and observed for up to 23 hours. Most individuals are stabilized within 23 hours and then connect with outpatient treatment upon discharge. Receiving centers are associated with reduced rates of inpatient psychiatric hospitalization, emergency department boarding, and arrest.

Budget implications: \$6,900,000 in one-time funding, \$2,400,000 ongoing (\$3,450,000 one-time and \$1,200,000 ongoing per receiving center).

Relevance to allowable activities:

- Assists rural communities in right sizing their health care delivery systems.
- Supports access to opioid use disorder treatment services, other substance use disorder treatment services, and mental health services, as receiving centers are a crucial access point and referral opportunity for individuals with behavioral health needs.

Recommendation 2: Pilot crisis transportation projects

The Commission recommends funding up to five pilot projects in rural areas to support innovative and more humane ways to transport people experiencing a behavioral health crisis to appropriate care.

People experiencing a behavioral health crisis often require transportation assistance, such as from an emergency department to a behavioral health center. In many rural areas of Utah, Sheriff's deputies often transport these individuals between locations, which can result in inhumane transport conditions and individuals refusing care to avoid these experiences. For example, individuals may be handcuffed during their transport for several hours, which further stigmatizes their experience and can also be traumatizing. This

recommendation would help rural areas pilot innovative ways to improve the transportation of people experiencing a behavioral health crisis.

Budget implications: \$600,000 one-time funding.

Relevance to allowable activities:

- Assists rural communities in right sizing their health care delivery systems by supporting ambulatory, pre-hospital, emergency, and acute inpatient care systems.
- Supports access to opioid use disorder treatment services, other substance use disorder treatment services, and mental health services.

Recommendation 3: Behavioral health workforce scholarships

The Commission recommends creating a five-year rural scholarship program for behavioral health master's-level programs. Rural behavioral health providers could apply for scholarships for individuals within their organization who are already working in the field and would like to pursue behavioral health master's and undergraduate programs. Recipients of the scholarships would be required to work a minimum of five years in a rural Utah area.

The program would be administered by the Department of Health and Human Services Office of Primary Care and Rural Health. Financial support could range from total awards of \$30,000 to \$60,000 per person, and support 20 to 30 individuals per year.

Budget implications: Program funding would ramp up over several years, as indicated by the table below.

2026	2027	2028	2029	2030
\$660,000	\$1,200,000	\$2,000,000	\$2,000,000	\$2,000,000

Relevance to allowable activities:

- Recruiting and retaining clinical workforce talent to rural areas, with commitments to serve rural communities for a minimum of 5 years.

Recommendation 4: Live On Utah suicide prevention campaign

Utahns who live in rural areas [die by suicide](#) at a rate significantly higher than Utahns who live in other regions. Live On Utah is the statewide suicide prevention campaign that promotes education, provides resources, and aims to change the culture around suicide and mental health. [Live On](#) Utah also has focused campaigns that are designed to meet the needs of rural communities.

The Commission recommends funding for suicide prevention campaign development, implementation, and evaluation. Ongoing funds will ensure the continuation of suicide prevention messaging reaching all Utahns, and allow for new creative content and further distribution, promotion, and evaluation of the campaign, particularly in rural areas.

Budget implications: \$850,000 per year. The Live On Utah campaign can adjust its scope and expenses based on changing budgetary resources, so funding efforts for a limited five-year period will not create administrative challenges that are associated with some ongoing funding activities.

Relevance to allowable activities:

- Promotes evidence-based, measurable interventions to improve prevention.