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Health Care Barriers for Rural and Suburban Youth and Young Adults Experiencing Homelessness in Utah

Findings from needs assessment of youth and young adult homelessness in Utah's Mountainland and Balance of State Continuums of Care (CoCs)

Youth and young adults experiencing homelessness in rural and suburban Utah face distinct barriers to physical and behavioral health care driven by distance, limited-service infrastructure, and transportation constraints. Outside the Wasatch Front, low population density shapes both the availability of services and the pathways through which young people access care—often relying on informal, relationship-based systems rather than formalized providers. These structural conditions compound existing health vulnerabilities and create uneven access across regions of the state. These communities may also have transportation challenges, with limited or nonexistent public transit available to support individuals who do not have personal transportation options.

Distance and Transportation as Barriers to Care

Providers described geographic distance and rural terrain as foundational barriers not only to accessing shelter, but also to obtaining timely medical and mental health care.

“The logistics of being like a 17-year-old kid to get out to the shelter would be

hitchhiking, because there's no way you're going to walk there. It's three hours away, about 180 miles, you know, and it's just rural terrain. So mountain passes through there, and so in the wintertime, those mountain passes get pretty hairy. And so travel is limited and is kind of the challenge coming from living in a rural area, as far as resources, access to medical care, access to like psychiatric inpatient, all of our inpatient psychiatric hospitals are going to be on the Wasatch Front . . . And so I think that is unique to our area, whereas, like, if you were urban, homeless youth, there's just so many more resources there that you could potentially access.”

- Service Provider – Uintah County

This distance, combined with centralized service systems along the Wasatch Front, physically places essential medical and behavioral healthcare out of reach for many rural youth and young adults. Even when services are available, transit infrastructure often constrains access for those who lack a personal vehicle or reliable transit options.

“We do have good transportation in the middle of the county, but in the outward areas, we don't have great transportation. There's not a lot of services in those

areas either - a lot of the hub is in that Provo-Orem region. [There aren't] a lot of services, like in Eagle Mountain or Spanish Fork." - Service Provider – Utah County

Throughout the state, multiple service providers expressed sentiments regarding the need for improved transit infrastructure to increase service accessibility and utilization.

Age-based Consent Laws as Barriers to Youth and Young Adult Health Care Access

In addition to structural and geographic barriers, service providers identified policy-level obstacles – particularly the inconsistent interpretation of age-based consent laws – as a significant barrier to young people accessing medical and mental health services.

"The State law right now on the books is that a 15-year-old or older can consent to their own health care, or mental health services. So, it would be behavioral health and medical, but providers will not honor that." - Service Provider – Iron County

As providers noted, this inconsistency effectively nullifies legal protections intended to support youth autonomy in accessing care.

These consent-related barriers were also evident in young people's impeded access to necessary reproductive and sexual healthcare services.

"Another thing that I absolutely cannot help my kids with, even in my position, is I have girls who need help with birth control, and I can't do a thing about it. That's one thing that I cannot do . . . nobody will let me sign to help them. They cannot get any type of birth control until they're 18, or they have their full legal guardian by name,

whatever. I can't get any kind of services, even at Planned Parenthood. So nobody will help these girls get birth control. So that's something that's really frustrating for me and for them, yeah, all I do is supply endless condoms for the kids, yeah, which doesn't seem like a help to me."
- Service Provider – Davis County

Even with insurance coverage, unaccompanied minors were frequently unable to obtain timely sexual health care due to consent requirements and provider refusals.

"I've got an unaccompanied 16 year old that needs to go in for STD testing, and there's not a Planned Parenthood in Cedar [City] and St. George is about to close down, so trying to find them a provider that will STD test them, even with Medicaid or commercial insurance, is an argument and a signature, and my team can't sign for them." - Service Provider – Iron County

Staffing Shortages and Regional Inequities in Health Access

Service providers further explained that these access challenges are compounded by workforce shortages and uneven service availability across rural regions.

"In Ogden, we have a lot more resources and access. We have a memorandum of understanding with Family Health Care, and so they'll prioritize our youth. They work with them, with or without insurance, and it is one of our first go-tos and immediate providers for our kids up there. We have Family Health Care in Cedar City, and it's not a strong relationship; waiting timelines are different. They push sliding scale versus [asking] "what can we do to help first?" and St. George is pretty much

nothing. They recently, I think last year, opened a mental health crisis response in St. George. We've tried to utilize it, but it hasn't been as responsive or productive for our kids. It's really like a one-hour visit and then turn away. Same with [Behavioral Medicine], it's an assessment, they scrutinize and turn away. So yeah, mental health is a huge gap for our kids." Service Provider – Balance of State

While some urban-adjacent areas benefit from established provider partnerships, many rural communities lack the necessary staffing capacity to meet the healthcare needs of youth and young adults. These staffing shortages not only reduce the availability of resources but also create competition for access among those seeking care.

"Smaller communities [have] less resources, less capacity, and more needs than there are resources, even though we know that's a nationwide thing, but in those smaller communities, you have less folks available to you that have the skills and experience to do this work. And when you get close in a rural area to finding somebody, you're in competition with a local hospital, a local mental health facility, and they can pay more than a small nonprofit, and so you're competing for what little skilled folks there are."
- Service Provider – Iron County

These workforce constraints and limited access to competitive services both reduce the availability and responsiveness of services, thereby reinforcing regional disparities in care. As a result of these layered barriers - distance, transportation, policy constraints, and workforce shortages - providers described persistent gaps in essential health services.

Dental Care as a Critical and Under-Resourced Need

Dental care, a requirement for school attendance, was identified as a critical and under-resourced need, often addressed only when conditions reached crisis levels.

We find it quite difficult to find providers to help with dental care when we have some extreme dental needs. We often find vouchers for vision screenings or donations through alliance clubs or other groups that support vision care. We can often find agencies that can help with low-income or sliding scales for medical or other mental health [services]. One that is very difficult to find is supports for dental health and hygiene. We had an experience of a student with extreme infections and other problems with dental, and we used, you know, McKinney-Vento funds authorized [for] a dentist to do some work so this student could attend school. That is an area that I think is very under-supported for individuals, is the dental hygiene and health." - Service Provider – Cache County

Service providers noted that limited access to dental care can directly interfere with school engagement and overall well-being for youth experiencing homelessness.

Challenges in Accessing Behavioral Health Services

Similar challenges were evident in access to mental health services, particularly in maintaining continuity of care amid housing instability.

"We know there are mental health concerns also. Because of that underserved population. Just medication. For example, if someone needs medication, how do they

get their medication? If you don't have a stable household? You know, a place to go? Do you have insurance? All of those things become a big concern . . . We're seeing more mental health issues arising in our youth, right? We know that consistently, stats are showing that. And we're seeing that on a regular basis up here. And how do we manage that if you don't have a place to go? Again, you don't have housing. You don't have all that in place. Send them back to their vehicle to sleep."

- Service Provider – Cache County

Without stable housing or reliable access to providers, mental health needs often remain untreated or inadequately managed.

Reproductive Health Care as Preventive Intervention

Some service providers reflected on the broader consequences of restricted reproductive health access, particularly abortion services, for young people.

"Honestly, we need, we need, we need better access to abortion services. . . I wish people saw what the cost of an unwanted pregnancy is, because it's not just about money. It is often a lifetime of suffering for everyone involved . . . Problems that often come with those unwanted pregnancies are long-lasting, far-reaching, and incredibly expensive. . . When there are unwanted pregnancies in Utah, often they end up in

adoptive services . . . A lot of kids in Utah, when they get pregnant, want an abortion, but because it's difficult to attain in Utah, and of course, there's the whole national thing about it, it [often feels] like forced birth. For them, they can't handle the kids. . . They barely have the ability to manage themselves. And so, of course, we end up seeing these infants being abused or neglected, and they end up in the foster care system. . . I wish policymakers really recognize how much suffering comes from a lack of options."

- Service Provider – Weber County

Service providers framed these barriers not only as individual hardships, but as contributors to long-term trauma, child welfare involvement, and intergenerational harm.