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Mental Health & Substance Use Care for Rural Youth 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)

About Youth and Young Adult Homelessness in Utah

Youth and young adults experiencing homelessness are disproportionately affected by mental health and substance use challenges. Compared to their stably housed peers, these youth and young adults experience higher rates of mental health challenges, including depression and mood disorders,¹ are more likely to contemplate and attempt suicide,² and are more likely to use substances to cope with the stressors associated with homelessness.³ More unique to Utah is the high rate of homelessness that follows exits from residential treatment programs.

In rural Utah, these challenges are compounded by limited access to care. Low population density outside of the Wasatch Front often results in fewer service providers, inconsistent service availability, and long travel distances for care. Many rural communities rely on informal or overlapping service roles, such as neighbors, educators, religious members, and healthcare providers, placing strain on local capacity and limiting access to youth-centered care. Transportation barriers further restrict access, particularly for youth and young adults without stable housing or personal vehicles.

Key Findings on Mental Health and Substance Use

- **Youth and young adults experiencing homelessness face high levels of trauma and risk**, including substance use disorders, trafficking, and elevated adverse childhood experiences.
- Youth and young adults from the Mountainland CoC reported **higher rates of family mental health challenges (14.3%) and substance use disorders (9.6%)** than those from the Salt Lake County or Balance of State CoCs.
- Youth and young adults **aging out of residential treatment centers are at increased risk of homelessness**, particularly in this area due to the high prevalence of these centers in Southwestern Utah.
- **Stigma related to homelessness, addiction, and mental illness discourages youth and young adults from seeking services** and contributes to the perception that homelessness does not occur in rural Utah.
- Youth- and young adult-specific **behavioral health resources are limited** outside of the Salt Lake Valley, and most services are designed for adults rather than youth and

young adults.

- **Long waitlists, limited transportation, and challenges navigating available services** further restrict access to care.

“There’s a huge stigma around homelessness in our community . . . People in our community think that you should be able to pull yourself up by your bootstraps, do it on your own, and that’s not always possible. . . And so [stigmas come from a] lack of education or a lack of the awareness that we do have a problem.”

- Utah County Service Provider

Policy Needs

1. Expand Youth-Centered Housing and Support Services

- Multiple participants noted a lack of youth-specific behavioral resources in rural areas with most services designed for adults rather than youth or young adults.
- Increase availability of mental health and substance use services tailored to youth, including outpatient care and recovery-focused programs connected to shelters or transitional housing.
- Increase coordination between homelessness service system and public/private mental health systems
- Prioritize programs that are accessible despite transportation or housing instability.

2. Support Transitions from Child Welfare, Juvenile Justice, and Residential Care

- Participants highlighted that youth and young adults exiting child welfare, juvenile

justice, or residential treatment programs are at an elevated risk of homelessness and unmet behavioral health needs.

- Ensure transition planning includes mental health and substance use supports, connecting youth to appropriate services before and after discharge.
- Foster connection between providers, schools, and community programs to maintain continuity of care during these transitions.

3. Collect State-Level Data Representing On-The-Ground Experiences

- Participants specifically noted that existing metrics (UHMIS and PIT) do not accurately capture the experiences of youth and young adults experiencing homelessness, including behavioral health needs
- Accurate, representative data is critical for guiding investments in mental health and substance use programs.

The Bottom Line

Utah must invest in accessible, youth-focused mental health and substance use services and strengthen programs that connect youth and young adults experiencing homelessness to care. Without immediate action, gaps in services will leave these youth without the support they need.

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2. Slesnick N, Zhang J, Feng X, Wu Q, Walsh L, Granello DH. Cognitive therapy for suicide prevention: A randomized pilot with suicidal youth experiencing homelessness. *Cogn Ther Res.* 2020;44(2):402-411. doi:10.1007/s10608-019-10068-1
3. Burke CW, Firmin ES, Wilens TE. Systematic review: Rates of psychopathology, substance misuse, and neuropsychological dysfunction among transitional age youth experiencing homelessness. *Am J Addict.* 2022;31(6):523-534. doi:10.1111/ajad.13340