**R523. Health and Human Services, Substance Use and Mental Health.**

**R523-21. Behavioral Health Receiving Centers Standards.**

**R523-21-1. Authority and Purpose.**

(1) Subsection 26B-5-114(8) authorizes this rule.

(2) This rule:

(a) creates standards of care and practice for behavioral health receiving centers;

(b) outlines the responsibilities of behavioral health receiving centers, including interactions with individuals in community mental health centers that have been civilly committed or court ordered to receive assisted outpatient treatment; and

(c) creates standards that local mental health authorities must implement to receive grants as directed by Section 26B-5-114.

**R523-21-2. Definitions.**

(1) "Behavioral health receiving center" means a behavior health receiving center as defined in Section 26B-5-114 that was developed using a grant awarded under Section 26B-5-114.

(2) "Crisis assessment" means a discreet assessment provided during triage that focuses on risk formulation and immediate crisis need.

(3) "General Provision" means the general provisions described in Section R523-18-4.

(4) "Risk corridor funding structure" means the same as in Rule R523-18.

**R523-21-3. Minimum Guidelines and Standards of Care.**

(1) A behavioral health receiving center shall:

(a) abide by the requirements found in the general provisions as described in Section R523-18-4;

(b) have a community referral diversion plan that ensures law enforcement referrals are accepted any time, even when full capacity has been reached;

(c) submit the community referral diversion plan to the Office of Substance Use and Mental Health for approval;

(d) accept each referral, offer walk-in and first responder drop-off options, and provide both a medical and targeted crisis assessment and a biopsychosocial assessment for each individual who walks in or is dropped off for services;

(e) not require medical clearance requirements before admission;

(f) assess and support individuals for medical stability while in the program;

(g) design services to address mental health and substance use crisis issues; and

(h) employ enough staff to be able to assess an individual's physical health needs and deliver care for most minor physical health challenges with an identified path to transfer the individual to additional medically staffed services if needed.

(2) A behavioral health receiving center shall:

(a) be staffed 24 hours each day, seven days each week, with at least two staff members comprising a multidisciplinary team capable of meeting the needs of individuals experiencing any level of behavioral health crisis in the community; and

(b) maintain staffing ratios as follows:

(i) between the hours of 7 a.m. and 10 p.m., six staff to 16 clients if there are more than eight clients, or four staff to eight clients; and

(ii) between the hours of 10 p.m. to 7 a.m., five staff to 16 clients if there are more than eight clients, or four staff to eight clients.

(3) A behavioral health receiving center shall ensure that each multidisciplinary team includes:

(a) a psychiatrist or psychiatric mental health nurse practitioner as defined in Section 58-1-111, which may satisfy the center's staffing requirement through the use of telehealth;

(b) an individual engaged in the practice of registered nursing or the practice of practical nursing as defined in Section 58-31b-102;

(c) a licensed clinical mental health counselor as described in Section 58-60-405, who may be off-site during non-business hours if the counselor can physically respond on-site within an average response time of 30 minutes; and

(d) a certified peer support specialist, as described in Rule R523-5, with lived behavioral health experience similar to the experience of the population served.

(4) Based on historical and observed need, a behavioral health receiving center shall ensure that enough recliners are available to serve each client for up to 23 hours for assessment, observation, stabilization, crisis management, and support.

(5) A behavioral health receiving center shall screen each client for:

(a) suicide risk; and

(b) violence risk.

(6) When clinically indicated, each client shall receive a comprehensive crisis assessment for:

(a) suicide risk and suicide prevention planning; and

(b) violence risk and violence risk management planning.

(7) A behavioral health receiving center shall provide each client with access to an appropriate level of care by providing physical and behavioral health services or coordinating with the broader health and behavioral health treatment and recovery system, which includes:

(a) for-profit and nonprofit medical and hospital providers;

(b) for-profit and nonprofit mental health and substance use treatment providers; and

(c) the local mental health authorities.

(8) To provide an appropriate level of care, each provider shall:

(a) immediately place individuals into an indicated service such as:

(i) a medical detoxification unit;

(ii) a social detoxification unit;

(iii) withdrawal management;

(iv) medication management;

(v) residential treatment;

(vi) intensive outpatient treatment for a mental illness or substance use disorder; or

(b) a warm hand off or referral to ongoing, long term services such as the following:

(i) case management;

(ii) peer support;

(iii) psychotherapy;

(iv) medication management;

(v) medication assisted treatment;

(vi) substance use treatment;

(vii) housing; or

(viii) employment.

(9) A behavioral health receiving center may submit a written application to the Office of Substance Use and Mental Health to be granted an exception to a requirement of this rule.

(10) The director of the Office of Substance Use and Mental Health or designee may grant an exception to a requirement of this rule for a behavioral health receiving center if the director or designee finds that the exception is not reasonably likely to impact client well-being.

**R523-21-4. Receiving Center Funding Structure.**

(1) Table 1 describes a county's portion of funding risk with the state based on a county's classification.

(2) Table 2 describes how a county's portion of funding risk with the state will increase over time. A county shall leverage Medicaid and private payer reimbursements and other funding to cover its portion of the funding risk.

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| TABLE 1  Funding Coverage | | |
| County Classification | State Responsible Share of Total Operational Cost | Risk Corridor |
| 1st | 60% | 40% |
| 2nd a\* | 70% | 30% |
| 2nd b\*\* | 75% | 25% |
| 3rd-6th | 80% | 20% |
| A county's classification is determined in accordance with Section 17-50-501. Second class has been divided into two subcategories for this rule:  a\* class counties are Utah County and Davis County  b\*\* class counties are Weber County and Washington County | | |

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| TABLE 2  Risk Corridor Coverage | | |
| Year of Program Operation | State Responsible Share of Risk Corridor | County Responsible Share of Risk Corridor |
| 1 | 75% | 25% |
| 2 | 50 % | 50% |
| 3 | 25% | 75% |
| 4 | 0% | 100% |

**KEY: behavioral health receiving center standards, behavioral health crisis centers, crisis receiving centers, crisis centers**

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**Authorizing, and Implemented or Interpreted Law: 26B-5-114(8)**