SENATE BILL SB-39

Introduced by Senator Shannon Grove (R-12)

An act relating to improving access to mental health services for young people in rural and underserved communities..

LEGISLATIVE COUNSEL'S DIGEST

SB-39, Shannon Grove (R-12). improving access to mental health services for young people in rural and underserved communities..

Existing California law provides for mental health services through state and local programs. However, rural and underserved communities continue to experience barriers to accessing affordable mental health care, including provider shortages, long wait times, transportation limitations, and lack of awareness of available resources.

This bill would establish the Statewide Rural and Underserved Mental Health Access Program, administered by the Department of Health Care Services, to expand access to mental health services for young people, with priority given to rural and underserved communities.

The bill would authorize grants to qualified community organizations, healthcare providers, county behavioral health departments, and other eligible organizations to expand affordable counseling, telehealth services, mental health education, and referral programs.

The bill would prioritize funding for communities with limited access to mental health providers and require the Department of Health Care Services to submit an annual report to the Legislature detailing program effectiveness, expenditures, and improvements in access to services.

The program would be funded through an annual allocation not to exceed $2 million, subject to appropriation by the Legislature.

Vote: Majority. **Appropriations/fiscal:** yes. **Local program:** yes.

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1.
This act shall be known and may be cited as the mental health access and support act.

SECTION 2.
The legislator finds and declares all of the following:
(a) Mental health is an important part of the overall health and well-being of Californians.
(b) For purposes of this bill, young people are defined as ages 12-24.
(c) Rural and underserved communities throughout California experience significant barriers to accessing mental health services, including shortages of qualified providers, financial limitations, transportation difficulties, and extended waiting periods.
(d) Young people may experience barriers to receiving mental healthcare, including cost, lack of awareness and limited availability of providers.

(e) Expanding access to community-based counseling, telehealth services, and qualified mental health providers can help individuals receive support before mental health concerns become more severe.
(f) Existing community organizations, schools, healthcare providers, and county behavioral health departments can play an important role in expanding access to mental health services.
(g) The state should prioritize responsible spending by strengthening existing programs and organizations rather than creating unnecessary government administration.
(h) California has an interest in ensuring that individuals in rural and underserved communities have access to affordable mental health resources regardless of their geographic location or financial circumstances.
(d) California should have access to information about available mental health resources, and services.

SECTION 3.
(a) The Department of Health Care Services shall establish and administer the Statewide Rural and Underserved Mental Health Access Program.
(b) The purpose of the program shall be to improve access to affordable mental health services, with priority given to rural, underserved, and Central Valley communities.
(c) The program shall focus on individuals between the ages of 12 and 22 while allowing participating organizations to provide educational resources and community outreach to parents, families, and other members of the community.
(d) The department shall utilize existing state resources and partnerships, when possible, to administer the program and minimize additional administrative expenses.

SECTION 4

The program shall support the following activities:

(a) Expansion of affordable and accessible mental health counseling services through qualified community-based providers.
(b) Increased access to telehealth counseling and other remote mental health services for individuals living in communities with limited access to in-person providers.
(c) Development of mental health education materials for schools, families, and communities, including information about warning signs, available treatment options, and local resources.
(d) Establishment of referral partnerships between schools, county behavioral health departments, healthcare providers, and community organizations.
(e) Assistance connecting individuals with affordable counseling, crisis resources, and other appropriate mental health services.

(f) Outreach programs designed to inform rural and underserved communities about available mental health services.
(g) Recruitment and expansion of qualified mental health providers serving communities experiencing provider shortages.

SECTION 5
(a) The Department of Health Care Services may award grants to eligible organizations to expand mental health services and outreach under this act.
(b) Grant funding shall prioritize:

1. Rural communities with limited access to qualified mental health providers.
2. Underserved communities experiencing shortages of affordable mental health services.
3. Communities throughout the Central Valley, particularly those experiencing significant barriers to accessing mental health care.
4. School districts and community organizations serving populations with limited access to counseling and support services.

(c) Eligible grant recipients may include:

1. County behavioral health departments.
2. Community mental health clinics.
3. Qualified nonprofit organizations.
4. Licensed mental health providers.
5. Healthcare organizations providing qualifying mental health services.
6. School-based organizations partnering with qualified mental health providers.

(d) Grant recipients shall demonstrate the ability to provide or expand accessible mental health services within the communities they serve.
(e) Priority shall be given to organizations that demonstrate a direct ability to increase access to affordable counseling, telehealth services, and qualified mental health providers.
(f) Grant funding shall be used primarily for direct services, provider access, community outreach, and program expansion rather than unnecessary administrative expenses.

SECTION 6
(a) The Department of Health Care Services shall coordinate with county behavioral health departments, local education agencies, community organizations, and qualified mental health providers to expand access to services.
(b) Participating organizations shall work together to identify gaps in local mental health services and improve connections between individuals seeking support and available providers.

(c) Schools may distribute educational materials and information about available mental health resources.
(d) County behavioral health departments may assist with local referrals and coordination of available services.
(e) Community organizations and qualified healthcare providers may assist with counseling, outreach, and the expansion of services.
(f) Nothing in this section shall require local educational agencies or county governments to establish new programs beyond the funding and responsibilities voluntarily accepted under this act.

SECTION 7
(a) All participating organizations and providers shall comply with applicable state and federal confidentiality and privacy laws.
(b) Personal mental health information obtained through the program shall not be disclosed except as authorized by applicable law.
(c) Individuals accessing referral services shall be informed of applicable confidentiality protections and their rights regarding personal information.
(d) Services provided under this act shall comply with existing laws governing parental rights, consent, and access to mental health services for minors.

SECTION 8
(a) The Legislature may appropriate up to $2 million annually to the Department of Health Care Services for the implementation and administration of this act.
(b) Funding shall be distributed according to the following proposed allocation:

1. $1,400,000 for grants to qualified community organizations and healthcare providers to expand direct mental health services.
2. $250,000 for telehealth expansion and improved access to qualified mental health providers in rural and underserved communities.
3. $150,000 for community outreach, school education materials, and public awareness.
4. $100,000 for the development and maintenance of statewide mental health referral resources.
5. $100,000 for program administration, evaluation, and annual reporting.

(c) The department shall prioritize the use of existing state resources and infrastructure to reduce administrative expenses.
(d) The department shall ensure that grant funding is distributed based on demonstrated community need and the ability to expand access to services.
(e) Total expenditures under this act shall not exceed the amount appropriated by the Legislature for the program.

SECTION 9

(a) The Department of Health Care Services shall submit an annual report to the Legislature evaluating the effectiveness of the program.

(b) The report shall include all of the following:

1. The total number of grants awarded and the organizations receiving funding.
2. The geographic distribution of grant funding, including funding directed toward the Central Valley, rural, and underserved communities.
3. The number of individuals reached through counseling, telehealth, referral, and educational services, as applicable.
4. The number of participating schools, healthcare providers, and community organizations.
5. An assessment of improvements in access to mental health services.
6. A breakdown of program expenditures and administrative costs.
7. Recommendations for improving program effectiveness and the responsible use of state funding.

(c) The department shall use the findings of the annual report to identify gaps in services and improve future funding decisions.

(d) The report shall be made publicly available on the department's website.

SECTION 10

(a) Nothing in this act shall be interpreted to require an individual to receive mental health treatment or counseling.

(b) Participation in services established under this act shall remain voluntary and subject to applicable state and federal laws.

SECTION 11

(a) The Department of Health Care Services shall implement this act using existing administrative resources whenever feasible.

(b) The department may adopt guidelines necessary to administer grant applications, funding distribution, and program oversight.

SECTION 12

This act shall take effect on January 1 following its enactment.