

[West's Annotated California Codes](#)

[Welfare and Institutions Code \(Refs & Annos\)](#)

[Division 5. Community Mental Health Services \(Refs & Annos\)](#)

[Part 3.6. Prevention and Early Intervention Programs \(Refs & Annos\)](#)

[Chapter 2. Prevention and Early Intervention Program Planning \(Refs & Annos\)](#)

West's Ann.Cal.Welf. & Inst.Code § 5840.5

§ 5840.5. Legislature intent; chapter goals

Effective: January 1, 2019

[Currentness](#)

It is the intent of the Legislature that this chapter achieve all of the following:

- (a) Expand the provision of high quality Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) programs at the county level in California.
- (b) Increase the number of PEI programs and systems, including those utilizing community-defined practices, that focus on reducing disparities for unserved, underserved, and inappropriately served racial, ethnic, and cultural communities.
- (c) Reduce unnecessary hospitalizations, homelessness, suicides, and inpatient days by appropriately utilizing community-based services and improving timely access to prevention and early intervention services.
- (d) Increase participation in community activities, school attendance, social interactions, physical and primary health care services, personal bonding relationships, and rehabilitation, including employment and daily living function development for clients.
- (e) Increase collaboration and coordination among primary care, mental health, and aging service providers, and reduce hesitance to seek treatment and services due to mental health stigma.
- (f) Create a more focused approach for PEI requirements.
- (g) Increase programmatic and fiscal oversight of county MHSA-funded PEI programs.

(h) Encourage counties to coordinate and blend funding streams and initiatives to ensure services are integrated across systems.

(i) Encourage counties to leverage innovative technology platforms.

(j) Reflect the stated goals as outlined in the PEI component of the MHSA, as stated in [Section 5840](#).

### Credits

(Added by [Stats.2018, c. 843 \(S.B.1004\)](#), § 3, eff. Jan. 1, 2019.)

### Editors' Notes

#### Relevant Additional Resources

Additional Resources listed below contain your search terms.

## HISTORICAL AND STATUTORY NOTES

### 2018 Legislation

Sections 1, 4, and 5 of [Stats.2018, c. 843 \(S.B.1004\)](#), provide:

“SECTION 1. The Legislature finds and declares all of the following:

“(a) Mental illness affects one in four people in the United States and is the leading cause of disability worldwide.

“(b) Every year, 100,000 young adults in the United States **experience** their first psychotic episode, frequently involving debilitating hallucinations and delusions.

“(c) The average delay in receiving appropriate diagnosis and treatment is an astonishing 18.5 months after the illness takes root and the patient suffers their first psychotic break.

“(d) The longer a mental illness goes untreated, the more likely it is that a young person will spiral down a damaging course and find themselves unable to graduate, form relationships, or hold a job.

“(e) Fifty percent of all mental illness begins by 14 years of age and 75 percent by 24 years of age, yet young people are often reluctant and afraid to seek help.

“(f) One in 10 college students has considered suicide. Suicide is the second leading cause of death among college students, claiming more than 1,100 lives nationally every year.

“(g) The **Adverse Childhood Experiences** Study, an observational study of the relationship between trauma in early **childhood** and morbidity, disability, and mortality in the United States, demonstrated that trauma and other **adverse experiences** are associated with lifelong problems in mental health, addiction, and general health.

“(h) Toxic stress, which is the result of frequent or prolonged biological responses to **adversity**, can damage a developing brain and increase the likelihood of significant mental illness and problems that may emerge immediately or in years to come.

“(i) In California, nearly 1 in 7 children have **experienced** abuse or neglect.

“(j) In the United States, more than 6 in 10 young people have been exposed to violence within the past year, including witnessing violence, assault with a weapon, sexual victimization, child maltreatment, and dating violence. Nearly 1 in 10 was injured.

“(k) Early intervention in mental illness comes with a measurable cost benefit. A joint analysis by the National Academies of Sciences, Engineering, and Medicine determined that every \$1 invested in prevention and early intervention for mental illness and addiction programs yields \$2 to \$10 in savings related to health costs, criminal and juvenile justice costs, and low productivity.

“(l) A multiyear review by the National Institute of Mental Health found that patients with first episode psychosis who received early intervention, with coordinated specialty care, **experienced** greater improvement in their symptoms, relationships, and quality of life. They were also more involved in work or school compared with patients who did not receive these services.

“(m) A report conducted by the University of California at Los Angeles Center for Health Policy Research in 2015 states that more than 70 percent of behavioral health conditions are diagnosed and treated within the primary care setting, underscoring the critical role of primary care in linking clients to care across their lifespans.

“(n) As documented in “Mental Health: A Report of the Surgeon General” and its supplement, “Mental Health: Culture, Race, and Ethnicity,” racial and ethnic minorities have less access to mental health services, are less likely to receive needed care, and are more likely to receive poor quality care when treated.

“(o) A report, entitled “Mental Health Services for Older Adults: Creating a System that Tells the Story,” conducted by the University of California at Los Angeles Center for Health Policy Research in January 2018, states that services provided under the Mental Health Services Act are insufficient. The report identifies the need to further involve and include older adults in the Prevention and Early Intervention programs, including the planning process and outreach efforts, and improve the coordination and administration of the older adult system of care at the statewide level.

“(p) Older adults face a significant risk of mental health conditions due to failing health, isolation, economic insecurity, and vulnerability to exploitation, often leading to depression, anxiety, and psychological traumas.

“(q) The average age for onset of a major depressive disorder is 32.5 years.

“(r) Older adults consist of 13 percent of the population. However, this population has the highest suicide rate of any age group, and older adults account for 20 percent of the people who commit suicide.”

“SEC. 4. The Legislature finds and declares that this act furthers the intent of the Mental Health Services Act, enacted by Proposition 63 at the November 2, 2004, statewide general election.

“SEC. 5. If the Commission on State Mandates determines that this act contains costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made pursuant to [Part 7 \(commencing with Section 17500\) of Division 4 of Title 2 of the Government Code](#).”

West’s Ann. Cal. Welf. & Inst. Code § 5840.5, CA WEL & INST § 5840.5  
Current with all laws through Ch. 870 of 2019 Reg.Sess.

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