



California Council
on Youth Relations

To: MHSOAC Co-occurring Disorders Workgroup
From: California Council on Youth Relations
Patricia Johnson, Director, pjohnson@newamericamedia.org
Date: February 20, 2007
Re: Mental Health Services Act, Prevention and Early Intervention

Attached to this memo you'll find the full report CCYR submitted to the California Dept of Mental Health in 2007, outlining the findings of 8 focus groups with 110 youth ages 16-22 that CCYR conducted to learn what kinds of prevention and early intervention services they want and need. Their 50 recommendations fall into six categories (summarized on pages 26-27 of the report, but for this co-occurring disorders workgroup I would like to highlight the need for programs that:

- Improve access to therapeutic services by using PEI/MHSA funds to increase the number of counselors/therapists working in schools and juvenile halls who have time to talk with young people. The more available and accessible mental health services are, the less stigma they will carry. And adults will have more opportunities to detect emerging disorders or addictions.
- Innovate upon traditional models of therapy to create more flexible ways for young people to build trusting relationships with adults who have the skills to detect and treat mental disorders and addiction. PEI/MHSA funds could be used to fund sports and arts activities for young people who resist therapy, or activity budgets for individual therapists assigned to individual youth who resist traditional therapy.
- Formalize supports for caregivers and decision makers who work with stressed out young people so they can do their jobs well. PEI/MHSA funds should be used to offer ongoing/required trainings and free/subsidized therapy for parents, foster parents, judges, teachers, social workers and probation officers who impact at-risk youth.
- Facilitate parent-child relationship building when youth are in out of home placements (foster care, juvenile halls, rehab, etc.). Use PEI/MHSA funds to cover transportation costs, increase phone access and extend visiting hours so stressed families can stay in touch or heal divisions.

Finally, young people who fall into the co-occurring disorders group are most vulnerable to the issues our focus groups revealed about medication communication because of the ways psychotropic medication interplay with substance abuse and addiction. Young people want doctors to get better at talking about meds, and also provide more follow up services. The young people we talked to recommended PEI/MHSA funds be used to:

- Ensure doctors follow strict guidelines about youth dosages
- Provide follow up services after release from detention or placement, especially for youth who don't have health insurance
- Ensure every youth on meds should also be given adequate opportunity to feel, discuss and address their emotions
- Offer continuing education trainings for psychiatrists and therapists on how to talk to young people about medication
- Mandate processes that ensure the young person knows why they are prescribed medication



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- Provide special communication about meds for kids who come from families with drug abuse