

## Enclosure

1. January 2023 letter about substance use in our community and JJC health team response to contraband
2. Town hall about substance use → July 24, 2023
  - a. Agenda and logistics
  - b. Youth questions
  - c. Youth survey (blank)
3. ACPD supervisors training about substance use → August 22, 2023
  - a. Agenda
  - b. Presenter biographies

Questions? Please email me: [Christine.gerchow@acgov.org](mailto:Christine.gerchow@acgov.org)

January 19, 2023

JJC colleagues and partners,

My name is Christine Gerchow and I work here at the JJC as the Health Services Director. As requested, I am sharing the health services response to contraband. The response is broken down into categories including emergency response, education, reporting, and treatment. Before sharing our efforts and correspondent progress, I want to thank those who collaborated toward these goals, especially Dr. Javay Ross, our Medical Director, Christine Aganon, our Nurse Manager, the Bridge Clinic team, the Guidance Clinic, Deputy Chief Ian Long, Superintendent James Rivers, and team members from Family Spring and La Familia. I also want to share thoughts about substance use, its distribution, impact, and treatment.

- Substance use and substance use disorder has been a public health concern throughout human history.<sup>1</sup>
- Science has confirmed that substance use disorder is a chronic brain disease that can happen to anyone<sup>2</sup>.
- One’s likelihood for substance use disorder depends on both their genes and their overall environment.<sup>3</sup> Nevertheless, there persists the belief that substance use disorder is the result of weakness or moral failing.<sup>4</sup>
- Prevention and treatment are the two main strategies commonly adopted to tackle the problem of substance abuse. They are in fact cross-disciplinary, and they relate to domains of heredity, biology, psychology, cognitive science, family, social development, and cultural structures.<sup>1</sup>
- We can’t engage in prevention, treatment, and management of substance use and substance use disorder without being responsive to [the social determinants of health \(SDOH\)](#), or the conditions where people are born, live, learn, work, play, worship, and age and how those things affect a wide range of health, functioning, and quality-of-life outcome risks.
  - SDOH examples include racism, violence, polluted air, language and literacy skills, and safe housing.
    - We all know that youth in the juvenile justice system represent a group for whom a) social determinants of health often have a detrimental impact and b) have a multitude of unmet health needs<sup>5</sup>
- Substance use disorder crushes the soul: Tony Hill, the former Senior Policy Advisor at the White House Office of National Drug Control Policy (ONDCP), [reminds us](#) that substance use disorder “is a disease that not only affects the physical body, but also crushes the soul. ‘Feeding the disease’ requires a preoccupation with obtaining and

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<sup>1</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7177685/>

<sup>2</sup> [What Does It Mean When We Call Substance use disorder a Brain Disorder? | National Institute on Drug Abuse \(NIDA\) \(nih.gov\)](#)

<sup>3</sup> [Genetics and Epigenetics of Substance use disorder DrugFacts | National Institute on Drug Abuse \(NIDA\) \(nih.gov\)](#)

<sup>4</sup> <https://www.mentalhealthfirstaid.org/external/2019/03/is-substance-use-disorder-a-choice/>

<sup>5</sup> [Addressing the unmet health needs of justice system-involved youth - The Lancet Public Health](#)

consuming substances. This is often accompanied by deceitful and irresponsible behavior, taking a toll on relationships, family commitments and work duties. It is easy to blame the individual for bad behavior – lying, cheating, and stealing, as well as angry outbursts – rather than putting the focus on the disease that creates those behaviors. The addicted person is generally not proud of those behaviors. Being shunned by family, friends and society only contributes to greater shame and self-blame.”<sup>6</sup>

- Substance use and custody: It is difficult to have compassion for people when presumed poor character, or in our space, criminogenic intent, may be confused with the disease characteristics that undermine the substance use in the first place. This is not to say the youth have not made damaging, antisocial decisions. It is to say that we must be consider how to respond to substance use with attention to safety and security *and* the integration of rehabilitative and public health perspectives. **We believe our “health services response” meaningfully addresses these objectives.**
- Nationwide crisis: Provisional data show that drug overdoses have [accelerated](#) during the COVID-19 pandemic. More than 93,000 drug overdose deaths were estimated to have occurred in the United States in 2020<sup>7</sup>, the highest number of overdose deaths ever recorded in a 12-month period and a nearly 30% increase from 2019, according to recent [provisional data from the Centers for Disease Control and Prevention](#).<sup>8</sup>
  - The number of amphetamine-related emergency department visits increased nearly [50% between 2018 and 2020](#)<sup>9</sup>. The number of non-heroin-related opioid ED visits [more than doubled in the same period](#).<sup>10</sup>
  - Experts note that factors related to the pandemic—such as social isolation and stress, people using drugs alone, an overall increase in rates of drug use, and decreased access to substance use treatment, harm reduction services, and emergency services—likely exacerbated these trends, though more research is needed to better understand this relationship.
- And a crisis in CA and here in Alameda County
  - Fentanyl was responsible for a staggering [one-fifth of the nearly 4,000 deaths among Californians ages 15 to 24](#) in 2021, a sevenfold increase from 2018.<sup>11</sup>
  - In 2023, California lawmakers will return to several bills focused on youth and [the state’s mounting fentanyl epidemic](#).<sup>12</sup>
  - *In Alameda County, reports dated February-July 2022 indicate that age-adjusted death rates due to drug use are trending up due to heroin and due to prescription opioid overdose. Similarly, age adjusted ED visit rates are also trending up due to “all drug overdoses.”*<sup>13</sup>
  - Here at the JJC, providers report that they are increasingly treating youth who engage in substantial Percocet and/or lean (codeine) use. Further, they remind us that there is

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<sup>6</sup> [Is Substance use disorder a Choice? - Mental Health First Aid](#)

<sup>7</sup> [Overdose Deaths Accelerating During COVID-19 | CDC Online Newsroom | CDC](#)

<sup>8</sup> [Products - Vital Statistics Rapid Release - Provisional Drug Overdose Data \(cdc.gov\)](#)

<sup>9</sup> [2022 Edition — Substance Use in California - California Health Care Foundation \(chcf.org\)](#)

<sup>10</sup> [2022 Edition — Substance Use in California - California Health Care Foundation \(chcf.org\)](#)

<sup>11</sup> [Fentanyl is behind 1 out of 5 deaths of Californians ages 15-24 \(mercurynews.com\)](#)

<sup>12</sup> [California opioids: Overdose deaths plague state- CalMatters](#)

<sup>13</sup> [Healthy Alameda County :: Indicators :: All Data](#)

a difference between youth who smoke weed a few times a week and youth who use Percocet three times/day.

We are facing significant challenges and it's easy to lose hope, especially after the failure of our nation's five-decade war on drugs. [But maybe hope is on the horizon, even amidst the forthcoming lame-duck session of Congress](#): As some of you are aware, bipartisan support exists for the Medicaid Re-entry Act, the EQUAL (Eliminating a Quantifiably Unjust Application of the Law) Act, and the MAT (Mainstreaming Substance use disorder Treatment Act). And there's Rhode Island: the Rhode Island Department of Corrections reduced post-incarceration overdose fatalities by 60 percent by ensuring that inmates could access methadone and buprenorphine both during incarceration and after release, without interruption.

Thank you for taking the time to read this. *A special thank you and acknowledgement to those who live with substance use disorder or love someone who has been affected by substance use disorder.*

Sincerely,

Christine Gerchow, Ph.D.

Director of Juvenile Justice Health Services

**Agenda + Logistics**  
**Unit 5 Townhall on Substance Use**  
**July 24, 2023**  
**10:00am-12:00pm Program**  
**12:00-12:30pm Lunch**

- **10:00am-10:05am:** Introductions and Agenda (Christine G. and Unit 5 resident \*\*)
- **10:10-10:30am:** Round 1
- **10:35-10:55am:** Round 2
- **11:00-11:20am:** Round 3
- **11:25-11:45am:** Round 4
- **11:50-12:00pm:** Closing (Final Questions, Thoughts, Comments)
- **12:05/12:10pm:** Pizza for youth and presenters (ACPD)

**Unit 5 Youth Facilitators: \*<sup>14</sup>**

Youth Initials	Table #
***	1
***	2
***	3
***	4

Agency Presenter/Facilitator Names	Agency	Name on Agenda
Dr. Ullal	Bridge Clinic/ MAT	<b>Bridge</b>
Dr. Burrough, Dr. Ross, Christine Aganon, Charge Nurse(s)	UCSF/ Medical	<b>Medical</b>
Dr. Himelstein	Family Spring	<b>Family Spring</b>
Leroy Watts + John Yahya Johnson	GC + JohnEarl LTD, JJC Volunteer	<b>GC + JohnEarl LTD</b>

Schedule	Round 1	Round 2	Round 3	Round 4
<b>Table 1</b>	<b>Bridge</b>	<b>GC + JohnEarl LTD</b>	<b>Family Spring</b>	<b>Medical</b>
<b>Table 2</b>	<b>Medical</b>	<b>Bridge</b>	<b>GC + JohnEarl LTD</b>	<b>Family Spring</b>
<b>Table 3</b>	<b>Family Spring</b>	<b>Medical</b>	<b>Bridge</b>	<b>GC + JohnEarl LTD</b>
<b>Table 4</b>	<b>GC + JohnEarl LTD</b>	<b>Family Spring</b>	<b>Medical</b>	<b>Bridge</b>

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<sup>14</sup> Facilitator list is subject to change if youth are released

Questions? Ask Christine Gerchow, [Christine.gerchow@acgov.org](mailto:Christine.gerchow@acgov.org)

## YOUTH QUESTIONS

### Bridge:

1. What would make someone a patient for medication assisted treatment?
2. What are the side effects of medication assisted treatment? Is it harmful?
3. How long would I be on MAT treatment? Is it just short-term?
4. Why do some people say medication assisted treatment is bad or dangerous?
5. Does Medi-Cal cover it? What about Kaiser?
6. What if I don't think I am addicted to something - do I need MAT?
7. Why do some people get addicted but others don't?

### Medical

1. When you check vital signs like heart rate and blood pressure, what does that mean? What are you looking for?
2. What signs or experiences should we report right away in ourselves? Or others?
3. What does Narcan do? Can we be trained to use it?
4. Can we get Narcan when we leave?
5. Does marijuana really affect the brain? Or is that just trying to scare people?
6. Why do you think there is more substance use in the community since COVID?
7. Is addiction something I am born with from my family?
8. What happens in a medical code?

### Family Spring

1. If I stop feeling angry, will I stop wanting to smoke?
2. What if smoking is the only thing that helps me feel relaxed?
3. What are other things I can do to feel relaxed?
4. How often do we need drugs (meds) with therapy?
5. What if I have done therapy before but it did not work?
6. I like talking to one person. I don't want to talk about my stuff in groups. Do I have to do a group?
7. What do I do if my parent uses drugs but won't stop?
8. What do you talk about in groups?
9. What if I am too afraid to stop? I've tried so many times and it never works.

## **GC + JohnEarl LTD**

- 1.** Have you had someone in your family or your life that was addicted? How did you go through that?
- 2.** Did you know anyone who got clean after a long time? How did they do it? And did they go through real stuff in their lives that made it hard?
- 3.** If I have a problem with drugs, do I talk to Family Spring? Or the Guidance people?
- 4.** Will knowing the long-term effects of drugs change your mind?
- 5.** Can you live a good life if you smoke a lot but still have a job?
- 6.** If I am around stuff all the time, how am I supposed to not want to smoke or pop a Percocet?
- 7.** Nothing works besides smoking for me. I kind of feel like I lost hope and my life is better if I can take some edge off... (What is your advice?)
- 8.** What is the difference between Guidance Clinic and Family Spring?

Unit 5 Town Hall  
Survey

1. I learned \_\_\_\_\_ at today's event

- a. Nothing
- b. A little
- c. A good amount
- d. A lot

2. What did you like most about today's event?

3. Circle one: The town hall was \_\_\_\_\_.

Too short    Too long    Just right

4. What, if anything, did you not like about today's event?

5. What would you change if we were to do something like this again?



6. Please list any other questions you still have about drugs, substance use disorder, or anything related.

7. Please list any other comments or feedback.

Thank you!

**Alameda County Probation Department**  
**Juvenile Justice Center (JJC) Supervisors Training**

August 22, 2023

12:00-2:00pm

Room A2044

<b>Activity</b>	<b>Presenter</b>	<b>Time</b>	<b>Hour</b>
Welcome and Introductions	Christine Gerchow, Ph.D.	10 minutes	12:00-12:10pm
Signs and Symptoms of SUD, Including Withdrawal	Monish Ullal, MD; Javay Ross, MD; William (Billy) Burrough, MD; Christine Aganon, RN, MSN	20 minutes	12:10-12:30pm
Role of Therapy/Counseling in SUD Treatment	Sam Himelstein, Ph.D.	15 minutes	12:30-12:45pm
Break	x	15 minutes	12:45-1:00pm
When to Call a Medical Code – Emergency	Monish Ullal, MD; Javay Ross, MD; William (Billy) Burrough, MD; Christine Aganon, RN, MSN	10 minutes	1:00-1:10pm
When to Refer to Medical – Non-Emergency Consult	Monish Ullal, MD; Javay Ross, MD; William (Billy) Burrough, MD; Christine Aganon, RN, MSN	10 minutes	1:10-1:20pm
Crisis and Mental Health Observation @ the JJC	Kimberle Konover, LCSW	15 minutes	1:20-1:35pm
Question & Answer	Christine Gerchow, Ph.D.	25 minutes	1:35-2:00pm

Questions?

Please contact Christine Gerchow - Director, Juvenile Justice Health Service,  
[Christine.gerchow@acgov.org](mailto:Christine.gerchow@acgov.org)

## Presenter Biographies

**William B. Burrough, MD, MPH:** Dr. Burrough is a primary care physician who cares for children, adolescents, and young adults in clinics across Oakland and is one of the staff physicians in our Medical Unit. He is an Assistant Clinical Professor of Pediatrics at the UCSF School of Medicine and serves as the Residency Clinic Director for the UCSF Benioff Children's Hospital Oakland Pediatrics Residency program where he helps educate medical students and resident physicians. His interests lie in early child behavioral health, adolescent substance use disorders, and using technology to improve healthcare practices. #A163624

**Dr. Sam Himmelstein, Ph.D.:** Dr. Himmelstein is a Licensed Psychologist in the State of California and the cofounder and CEO of Family Spring, a mental health and substance use disorder treatment organization specializing in working with teens, young adults, and adults in California who struggle with substance use disorder, trauma, and other related mental health challenges. Dr. Himmelstein is also the founder and lead trainer of the Center for Adolescent Studies, an interdisciplinary training institute that specializes in training therapists, educators, mentors, juvenile justice professionals, and other related professionals in trauma-informed care, substance use disorder policy and treatment, and building authentic relationships. #PSY 25229

**Kimberle Konover, LCSW:** Kimberle Konover is a licensed clinical social worker, currently serving as the manager of the Guidance Clinic, the mental health component at the JJC. She has 10+ years working in the Juvenile Justice arena, and additional years of work in the Crisis system of care. #LCSW 28102

**Javay Ross, MD:** Dr. Ross is the Medical Director for the Alameda County Juvenile Justice Center and an Attending Physician for Primary Care & Adolescent Health at UCSF Benioff Children's Hospital, Oakland. Dr. Ross is also an Associate Professor of Pediatrics and the Associate Program Director for UCSF Benioff's Children's Hospital of Oakland Pediatric Residency Program. #A114353

**Monish Ullal, MD:** Dr. Ullal is an Internal Medicine and Addiction Medicine Physician at Highland Hospital in Oakland. He helps run the Alameda Health System Bridge Clinic, which provides harm-reduction focused treatment to people in our community who use drugs or drink alcohol. He helps train medical students, residents and fellows in hospital medicine and addiction medicine, and he is involved in clinical research at Highland. #A144996

## Facilitator Biography

**Christine Gerchow, Ph.D.:** Dr. Gerchow is a licensed psychologist (California), credentialed school psychologist (California Commission on Teacher Credentialing), Qualified Medical Evaluator (California Division of Workers' Compensation), and the Director of Juvenile Justice

Health Services in Alameda County. In private practice, Christine serves as the Supervising Psychologist for a Bay Area Trauma Recovery Center (TRC) and as an expert in youthful offender parole hearings. #PSY29762