Mental Health, Substance Abuse, and Trauma: What Do You Do When Your Horses Are Dead

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• Almost three decades ago, a leader in our field determined that many of the children in contact with mental health professionals were *mad, sad, bad, and can’t add*.

• Over the past three decades researchers have documented numerous risk and protective factors and numerous evidence-based treatments related to the health and well-being of adolescents.

• Do these children and their families have significantly better lives now than they had in the 1980s?
• At Johns Hopkins we have the highest rated School of Public Health in the nation
• At Johns Hopkins our Hospital is rated third best in the nation
• At Johns Hopkins our School of Nursing is rated number 1 in the nation
• At Johns Hopkins our School of Medicine is ranked third in the nation
• Do people in Baltimore have better health mental health now than they did in the 1980’s?
Implementation Research calls for a multifaceted approach for changing health behaviors and outcomes

- Detect and define a problem through surveillance
- Determine the causes of the problem
- Develop and test interventions for preventing or remediating the problem
- Implement interventions
One of the goals of public health should be the improvement of the health and wellbeing of our children and their families.
Dakota tribal wisdom says that when you discover you are riding a dead horse, the best strategy is to dismount.
However, we of the public health persuasion often try other strategies with dead horses, including the following:
We can't get rid of our dead horses, that's what we are famous for.
We should appoint a committee of university faculty to study the dead horse problem.
Maybe if we raised more money that would increase the dead horse's performance.
Let's set up a research project to study the dead horse some more.
Let's create a course to increase our riding ability.
If we increased the standards to ride dead horses wouldn’t that lead to improvement?
Don't you know that a dead horse is “better, faster and cheaper.”
We professors can create an intervention and study sample that with creative analyses can find an impact of the dead horse at least that of a placebo.
We arrange to visit other communities to see how they ride dead horses.
We pay little attention to the world being very different when 13 years after development research interventions begin to be used in non-research settings.
“If we only had more funding, maybe our horses wouldn’t be so dead.”
We use our new resources to hire a researcher to study our dead horses.
Dakota tribal wisdom says that when you discover you are riding a dead horse, the best strategy is to dismount.

WE NEED TO DISMOUNT!!!!!
THANK YOU AND ENJOY THE REST OF THE DAY.
Theory of Change Strategy

Building Blocks of a “Theory of Change”

What populations should the service reach/impact?

What strategies do we think will help us accomplish this?

What do we want to accomplish?

What populations are being reached/Impacted?

What strategies are being provided?

What have we accomplished?

Tracking the Results of Implementation
If we actually wish to improve the outcomes for children and their families, we need to develop an alternative theory of change, one that actually focuses on outcomes.
Using a Theory of Change to Guide Service Planning and Delivery

How frequently do our current activities result in effective services being delivered in local communities?
Can We Do Better?

Services and Outcomes Experienced By Families

Our Conceptual Models

Services and Outcomes Experienced Models By Families
FATHER
ONE LUV
Mission

The Center for Adolescent Health (CAH) is committed to helping Baltimore’s youth to become healthy and productive adults. We collaborate with community partners and youth-serving organizations to conduct research and develop programs that are tested and proven to advance healthy adolescent development.
What We Do

• Partner to conduct and facilitate high-quality applied prevention research in partnership with community constituencies and adolescents, youth, and their families

• Apply and increase the knowledge and expertise of JHU and partners to address practical public health problems related to adolescents, youth, and their families

• Improve public health practice affecting adolescents, youth, and their families
What We Do

- Design, implement, evaluate, and disseminate cost-effective methods and strategies for promoting the health and well-being of adolescents, youth, and their families
- Shorten the time lag between the development of prevention and health promotion strategies and their widespread application
What We Do

• Showcase the application of effective prevention and intervention practices and policies by partnering with the Mayor’s Office, Baltimore City Health Department, Baltimore City Public Schools and other agencies and community constituencies
Projects with Student Opportunities
UChoose Evidence Based Programs

• About the Project
  ▫ **Goal:** Provide evidence based teen-pregnancy prevention in middle & high schools and Title X clinics
  ▫ **Sample:** Youth 13-19 years old

• Student Support Needed
  ▫ Data collection & analysis: observations, focus groups, fidelity logs, trainings

• Contact People
  ▫ Meghan Rimelspach – spach@jhu.edu (E4618)
  ▫ Beth Marshall – bmarsha2@jhu.edu (E4612)
Life Skills Training

• About the Project
  ▫ **Goal:** To assess the feasibility of implementing integrated health interventions (i.e. LST and LST+) for middle school students in Baltimore, MD
  ▫ **Sample:** 6th-8th graders from 6 middle schools

• Student Support Needed
  ▫ Data collection & entry: observations, fidelity logs

• Contact Person
  ▫ Terri Powell – terri.powell@jhu.edu (E4614)
Faith Leaders Involved in Prevention

• About the Project
  ▫ **Goal:** To identify and address the gaps in health services provision among Black residents in Baltimore
  ▫ **Sample:** Faith leaders across Baltimore

• Student Support Needed
  ▫ Data collection & entry: surveys

• Contact Person
  ▫ Terri Powell – terri.powell@jhu.edu (E4614)
Healthy Minds at Work

• About the Project
  ▫ **Goal:** To improve mental health status and outcomes for out-of-school youth in a setting that does not typically address health needs
  ▫ **Sample:** Youth 16-23 years old

• Student Support Needed
  ▫ Data analysis: surveys

• Contact Person
  ▫ Amanda Latimore – alatimo1@jhu.edu
How to Learn More

- Website: [http://www.jhsph.edu/research/centers-and-institutes/center-for-adolescent-health/](http://www.jhsph.edu/research/centers-and-institutes/center-for-adolescent-health/)
- Twitter: The JHCAH (@CAHvoices)
- Facebook: The JHCAH
- In person: Offices E4608-4618
Summary & Conclusions

- Overall, findings demonstrate that the perceptions about the physical and social environments within an urban environment are important to study among adolescents.

- Witnessing community violence was one of the most consistent community-level factors related to health: it was associated to smoking in New Delhi and Johannesburg, and was associated to victimization across all five sites.

- Although adolescents in Baltimore and Johannesburg shared more community-level characteristics compared to other sites, the way in which these factors influence health varies by outcome, gender, and site.
The UHI Mission

To serve as a catalyst that brings together the resources of Johns Hopkins Institutions with the City of Baltimore, and especially East Baltimore, to improve the community’s health and well-being, and in so doing serve as a model of community-university collaboration regionally and nationally.
Objectives

• Serve as a bridge between JHI and Baltimore, facilitating understanding and information sharing so as to improve health outcomes;

• Facilitate collaborations between JHI and the Baltimore community around research, community projects, program planning/implementation and evaluation.

• Improve the understanding of JHI as they relate to the health needs and aspirations of the community; and concurrently, to improve the understandings of the community as to the work that JHI does that has the promise of improving the health and well-being of the community.
Modified Objectives

• *Strengthen the capacity* of the Baltimore and Hopkins community by bringing the knowledge and skills available through JHI to community-identified needs and issues and vice versa.

• Prioritize activities that address the social determinants of health in Baltimore.

• *Strengthen the academic offerings* and opportunities within JHI and community development training as they relate to urban health and development;

• *Initiate and/or participate in sustainable, collaborative interventions* that will improve the health and well-being of Baltimore and the East Baltimore community.
Continue and Strengthen Our Core

• Small Grants program
  – Recommendations: open applications to other university (non-JHU)-community partnerships
  – Establish an expectation that research grants to generate a manuscript for publication
  – Track the medium and longer term outcomes from these supports (e.g. sustained projects, new grant applications, impacts on people served)
  – Explore a co-funding model with local donors
Continue and Strengthen Our Core

- Small Grants
- Bunting Neighborhood Leadership Program
- The community capacity-building workshops
  - Core offerings: grant writing, program evaluation, and financial management
Continue and Strengthen our Core

• The Social Determinants of Health (SDH) Symposia
  – Proposed theme for 2018: Growing up in Baltimore: Creating the Conditions for Success

• Baltimore Dialogues and the Baltimore Researchers’ Dinners
  – **Note:** For 2017-18 the theme of Children, Youth and Families has been proposed.
Continue and Strengthen Our Core

• **Baltimore Dialogues and the Baltimore Researchers’ Dinners**
  
  – Continue to offer each quarterly
  
  – Link with a local foundation to establish a small grants program to facilitate collaborations.
  
  – Thematically link these activities with the SDH symposium
  
  – **Note:** For 2017-18 the theme of Children, Youth and Families has been proposed.
A Week in the Life of Phil Leaf

• Meetings tomorrow and the last week
  – Meet with Mayor and Call to Action Community Workgroup
  – Meet with City School staff concerning promoting student resilience
  – Host two Ceasefire 365 events at Bloomberg School
  – Meet with group concerning working with prisoners to stop shootings
  – Attend meeting with Dr. Santelises about Blue Prints
A Week in the Life of Phil Leaf

• Meetings tomorrow and the last week
  – Meet with Minister from Bermuda concerning stopping the shootings
  – Meet with Re-Entry Advisory Board
  – Meet with research team looking at impact of school environment on student behaviors and performance
  – Phone meeting with staff from Niarchos Foundation concerning East Baltimore Trauma Response
  – Phone meeting concerning funding by Koch Brothers
A Week in the Life of Phil Leaf

• Meetings tomorrow and the last week
  – Baltimore City School Climate Collaborative
  – Meet with school system leaders concerning implementation on new Blue Print
  – Mathew Henson School Charrette
  – City Planning Group concerning students of incarcerated parents
  – Meet with School Police Chief
  – Talk with Chief Russell, BCPD
A Week in the Life of Phil Leaf

• Meetings tomorrow and the last week
  – Meeting concerning expansion of programs aimed at disengaged students
  – Attend Leaders of a Beautiful Struggle Monthly Malcolm X Talk
  – Consult with CASEL concerning implementation of Social Emotional Learning as backbone for City School Blueprint
  – Discuss expansion of services in Alternative Schools
A Week in the Life of Phil Leaf

• Meetings tomorrow and the last week
  – Work with mothers of murdered sons and daughters