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NEW YORK STATE'S
WRAPAROUND TRAINING &
IMPLEMENTATION INSTITUTE



Wraparound Implementation Using the Innovation of Health Habitus



This training and all materials are products created via Cooperative Agreement #5H79SM063413-03.

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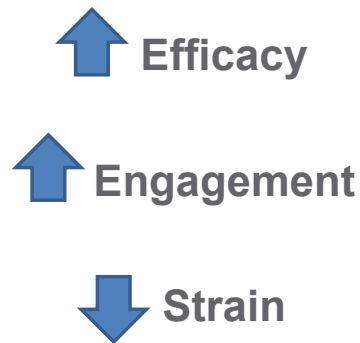
THE VALUE LIVED EXPERIENCE ADDS TO WRAPAROUND



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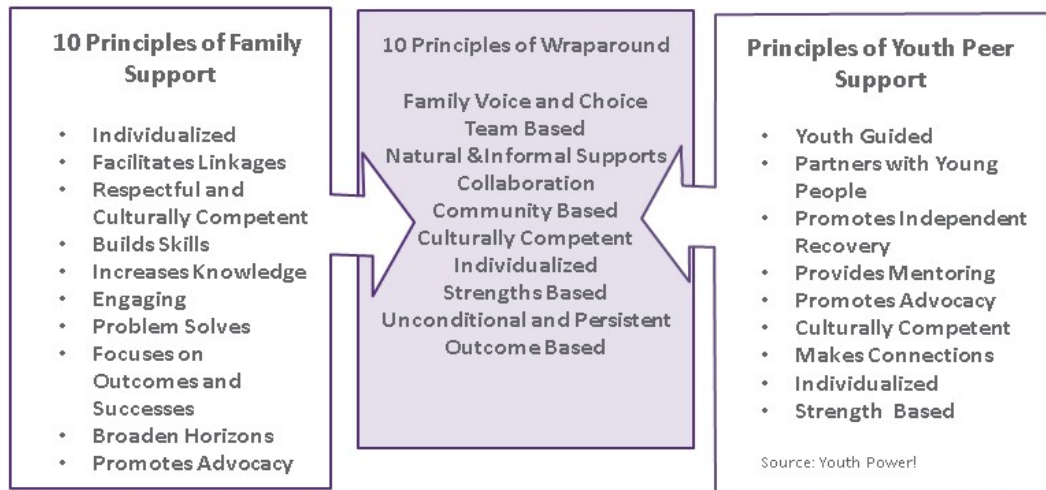
The Value of Personal Experience and Wraparound



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Principles of Peer Support & Wraparound



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Children and Family Treatment and Support Services – Medicaid State Plan Amendment

Service Definitions

YOUTH PEER SUPPORT & TRAINING

FAMILY PEER SUPPORT SERVICES



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Children and Family Treatment and Support Services – Medicaid State Plan Amendment

Service Components

YOUTH PEER SUPPORT & TRAINING

- Skill Building
- Coaching
- Engagement, Bridging, and Transition Support
- Self-Advocacy, Self-Efficacy, & Empowerment



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Children and Family Treatment and Support Services – Medicaid State Plan Amendment

Service Components

FAMILY PEER SUPPORT SERVICES

- Engaging, Bridging, and Transition Support
- Self-Advocacy, Self-Efficacy, and Empowerment
- Parent Skill Development
- Community Connections and Natural Supports



NYS SOC Training in Culturally and Linguistically Appropriate Services (CLAS): *approaching CLAS training through a social and structural lens*

How?

Integrating ***Health Habitus*** into Wraparound Services



What is Health Habitus?

- it is what *shapes* our behavior



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What shapes our behavior?

- social and structural forces



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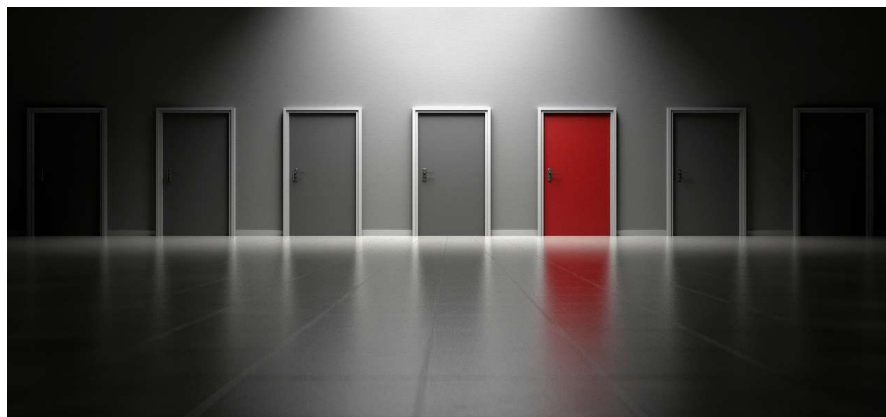
What shapes our behavior? - cultural forces



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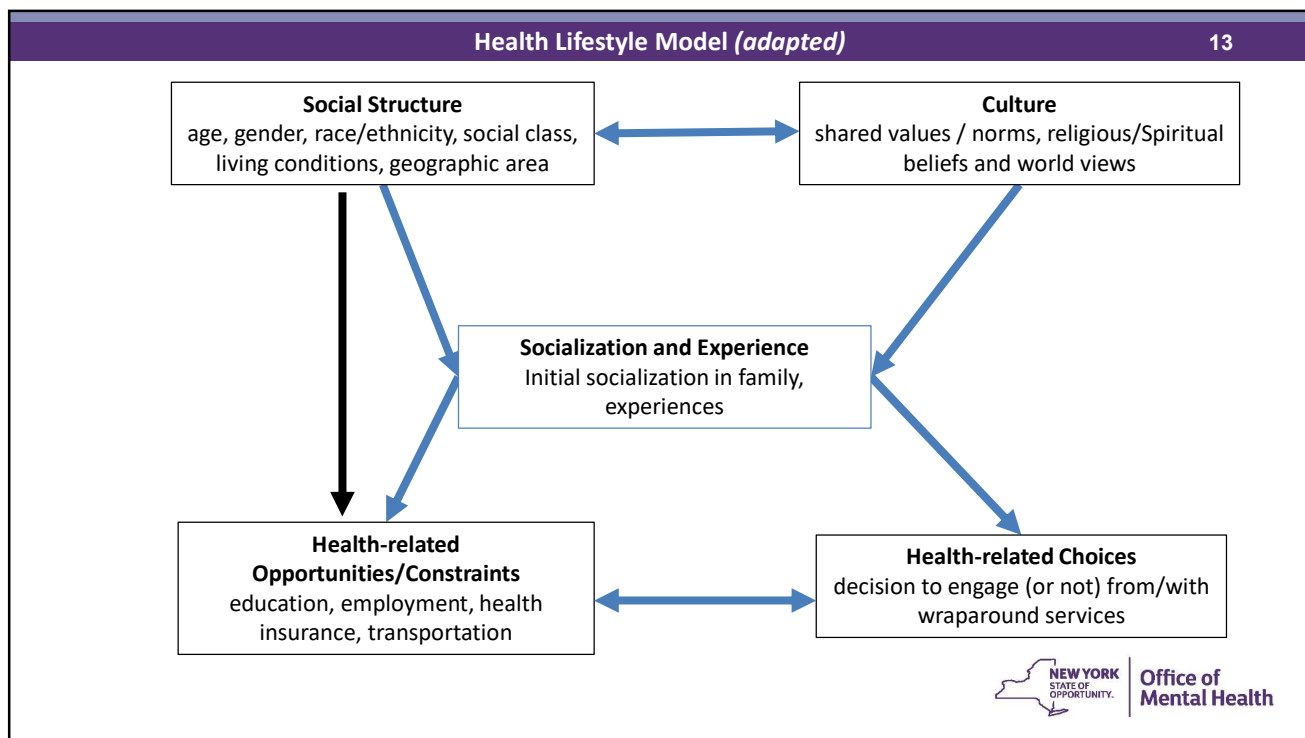
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What shapes our behavior? - our choices



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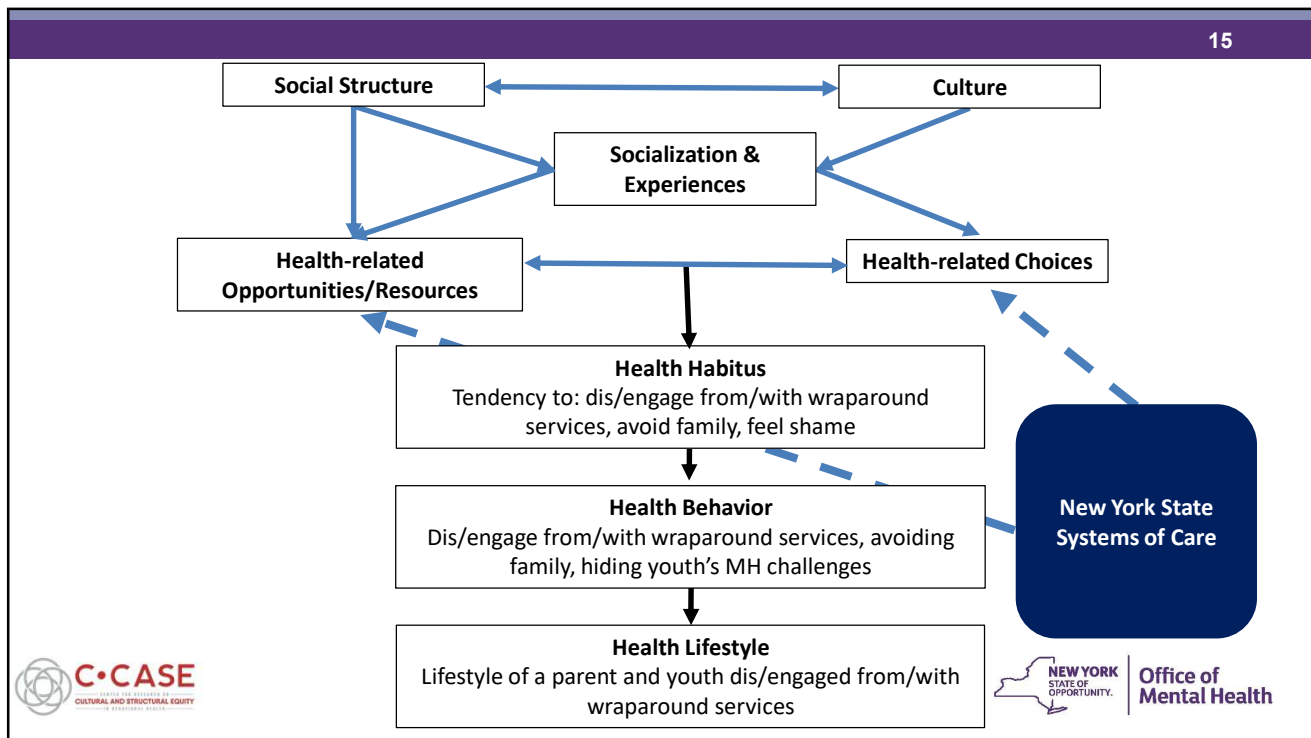
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Behavior: the intersection of agency & structural and cultural forces

- We have *agency*, but our *choices* may have limits
- The interplay between social/structural and cultural forces **influence** our socialization and the *opportunities/resources* available, but **does not erase our agency**, our ability to make choices
- In between *choices* and *opportunities* we find *Habitus*

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Health Habitus Integration (HHI)

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Health Habitus (HH) Training Components

Step 1: HH Qualitative Interview

Step 2: HH Note

Step 3: HH Integration into Practice

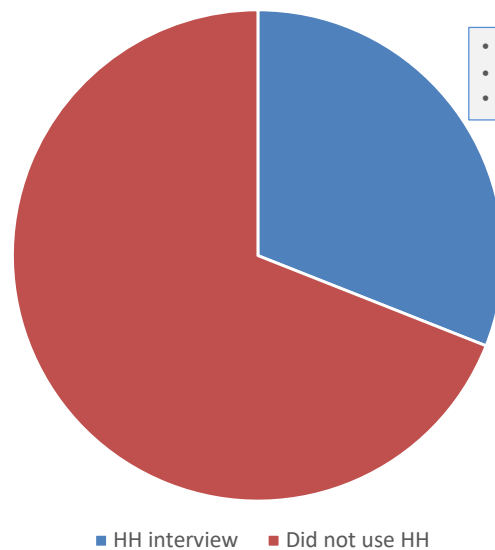


Step 3: HH – Practice Integration

Preliminary data from the
NYS SOC HHI Training Evaluations



HH Practice Integration



- n=44 trainees (Albany, NY and Syracuse, NY)
- 1/3 conducted HH interview
- 100% wrote an HH note when HH was practiced



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Objective of HH Training Evaluation

To characterize training participants':

- level of knowledge
- attitudes toward the usability of the HH component
- application of HH in the field
- utilization of HH tools



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Implementation data on feasibility, buy-in, and uptake

Data Collection

- 27 in-depth qualitative interviews (2017 – 2018)
- 2 post-training surveys (August 2018, December 2018)
- 1 follow-up electronic survey (February 2019)

Geographic Location

- Syracuse, NY and Albany, NY

Study sample description (to date)

- care coordinators/supervisors
- family peer advocates
- youth peers



How HH integration can help in practice *(n=27 in-depth interviews)*

Most felt HH was a tool that **can facilitate engagement, understanding, and empowering clients/families** to develop their own goals.

“HH can help me during the intake and subsequent contacts to learn the family story and engage them.” *(Female, Family Advocate)*

“It gives you more perspective, more questions to ask, helps you get goals in the frontline.” *(Female, Youth Advocate)*

“The role playing (in practicing the HH interview) helped to recognize the perspective and to use skill building in helping families with their choices.” *(Female, Care Coordinator)*



How HH integration can help in practice

Most also perceived HH as **instrumental for gathering information, establishing rapport, and linking participants to services.**

“I see myself using HH for gathering information, using it to inform assessments, identifying needs, and plan for the family.” *(Female, Care Coordinator)*

“The HH would help me having a more in depth look at the families’ relationships and experiences with services and support, informs the provider approach, identify underlying needs, and build rapport.” *(Female, Family Advocate)*



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How HH training can enhance humility and empathy

Many felt HH was a tool that can **enhance their self awareness, empathy and humility** by revealing the families’ point of view and experiences.

“Writing my own health habits was very helpful in looking at my own barriers and influences. It helps me empathize with barriers others come up against.” *(Female, Family Advocate)*

“Gives the opportunity to look at the family in a non-judgmental way by looking at choices and opportunities.” *(Female, Family Advocate)*

“Being able to see things from a client’s perspective enables partners and care managers to help them more efficiently and empathetically.” *(Female, Family Advocate)*



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Conclusion

- Early training evaluation data highlight feasibility of training service providers in Health Habitus and is resonating with family and youth peer advocates (e.g., enhancing self-awareness).
- Majority have positive attitudes about Health Habitus and its integration, but knowledge seems to wane overtime suggesting need for “refresher training sessions”.
- While application of Health Habitus is modest, interest is high, and tools are being used.



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Next Steps

- HHI trainings throughout New York State are underway
- Virtual follow-up “booster” HHI trainings have been added (2018)
- Mixed methods evaluations via surveys and in-depth interviews continue through project end (Fall 2020)



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