

# NYS System of Care and Wraparound Training Institute Monthly Update March 2023

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## Upcoming SOC Related Events

### March - PSYCKES Training

Please join us to learn more about the **PSYCKES** application, an online platform developed by the NYS Office of Mental Health that uses Medicaid billing data and information from other state health databases to assist with data-driven decision making, care planning, quality improvement, and population health management. Trainings will guide users to look-up/identify service eligibilities for individual clients and run cohort searches to identify populations of interest, all through the lens of childrens' providers. For your convenience, the webinar for Clinical Care and Care Coordination will be offered at two different dates/times and all trainings will be recorded. Please register in advance for any webinar you are interested in attending:

- Wednesday, 3/8 - **Using PSYCKES for Clinical Care and Care Coordination** (11AM – 12PM)
  - <https://meetny.webex.com/weblink/register/r38d3443dfcee3faabd60ad4d18a55a2c>
  - WebEx password: webex123
- Wednesday, 3/15 - **Using PSYCKES for Clinical Care and Care Coordination** (11AM – 12PM)
  - <https://meetny.webex.com/weblink/register/r2e7c13d418f00d68035a6ef783afb5fe>
  - WebEx password: webex123
- Wednesday, 3/22 - **Using PSYCKES for Population Health Management and Quality Improvement** (11AM – 12PM)
  - <https://meetny.webex.com/weblink/register/r0226f0d723a7a9d77973807d9fad6c8a>
  - WebEx password: webex123

After you register, you will receive a confirmation email from Webex with your unique link to join at the time of the webinar as well as the option to add the webinar to your calendar. For any questions related to PSYCKES, please contact [PSYCKES-Help@omh.ny.gov](mailto:PSYCKES-Help@omh.ny.gov). Thank you in advance for your time and we look forward to seeing you at the webinar!

### May 10-11, 2023 – FREE Systems of Care Virtual Summit

The National Center for Training and Technical Assistance on Child, Youth and Family Mental Health (NTTAC) has announced its **FREE** [Virtual Systems of Care Summit](#), entitled Building Together: Building Systems That Care. Stay tuned for registration information or [join the NTTAC email list](#).

### July 9-11, 2023 – Rural Schools Association Conference

To be held in Cooperstown, NY under the theme “Rebuilding the Rural Reality: From the Middle of Nowhere to the Heart of Everything”, [The Rural Schools Association](#) invites school or BOCES districts with unique and successful programs that focus on making rural schools more effective and efficient to submit program

proposals by Thursday, February 23, 2023. Mental health-related programs are included in the [request for proposals](#). [Check here for registration information](#) as it becomes available.

## Systems of Care Action Planning

Our team is available to assist county cross-system teams in exploring implementation of the SOC framework to better address the needs, gaps and barriers for children, youth, and their families. Whether your cross systems infrastructure has been in place for decades or you need to reimagine better collaboration, this workshop can assist. **Twenty-three counties have already completed planning and are working on exciting change initiatives.** Contact [Jessica Stanis](#) for more information.

## Wraparound Training and Implementation Institute

Learn about the benefits of the practice model within Health Homes from a variety of perspectives by watching an [informative video](#), or contact [Kimberly Heffner](#) for more support.

Visit the [High Fidelity Wraparound tab](#) on New York State's SOC website, and find the [New York High Fidelity Wraparound Availability Chart](#) available slots in counties across the State.

## Nathan Kline Institute Center for Research on Cultural and Structural Equity

### **A paradigm shift: from cultural competence to cultural and structural humility**

For more than three decades, governmental agencies, health care organizations, health-related professional associations, and medical schools have developed and implemented trainings in cultural competence (cc) as a way to decrease health inequities and ensure appropriate treatment of all service recipients, regardless of their cultural background. Although research evaluating these trainings has found that they do not improve the health of minoritized populations nor promote health equity, the health care field stubbornly continues to implement and even mandate such trainings. We propose that trainings in cultural competence have the potential to increase the power imbalance between health care providers and service recipients and, ultimately, exacerbate health inequities for the following reasons.

The main deficit of most cc trainings is linked to their narrow, oversimplistic, and static definition of culture. The basic premise of cc trainings is that *culture* is associated primarily with race and/or ethnicity and, specifically, with membership in racially and/or ethnically minoritized groups. The assumption is that health care providers are white and unfamiliar with the "unusual" health beliefs and behaviors of their service recipients (henceforth patients) from "other," that is, non-white cultures. Therefore, cc trainings are designed to give providers information about how to increase their knowledge and understanding of different cultures and, in this way, improve their communication and relationship with racially/ethnically minoritized patients. Although, in theory, teaching providers about different cultures' orientations to health and wellbeing is commendable, the approach is implicitly racist because it is built on the premise that most, if not all, providers are white, and that they are not embedded in culture themselves. These assumptions undermine the patient-provider relationship in several ways.

First, by presenting being white as being a member of the normative, mainstream culture, and being non-white as deviating from the norm, cc trainings otherize and stigmatize the beliefs, values, and behaviors of racially/ethnically minoritized patients. This labeling of racially/ethnically minoritized patients as "different" creates an "us-versus-them" dynamic and can lead to providers discrediting patients' lived experience. A discrediting approach on the part of providers increases the patient's lack of power vis-à-vis the provider who already comes to the patient-provider relationship as the expert. Therefore, cc trainings can undermine instead of promoting more balance in terms of power patient-provider relationship.

Second, cc trainings tend to define culture as a static set of beliefs, values, and behaviors that remain unchanged over time. It is assumed that providers can attend a workshop and learn the main features of another culture. This definition of culture is highly problematic since cultures are constantly in flux. Patients' perspectives on how to take care of their health are bound to change as they interact with different people in various settings (e.g., neighborhoods, schools, and workplaces), access resources (e.g., technology, healthy food, community clinics), and have new experiences (e.g., getting a new job or making new friends). Seeing culture as fixed and claiming that patients from a specific culture embrace a specific set of beliefs and behave in set ways creates and reproduces stereotypes by lumping together different patients from the same culture and ignoring their uniqueness as persons. This approach to interacting with patients is the opposite of a patient-centered approach and clearly undermines the patient-provider relationship.

Third, cc trainings focus on culture at the expense of social structure. This is a reductionist approach to understanding what contributes to health beliefs, attitudes, and behaviors. The ways we look after our health are shaped by the

interactions between our place on the social ladder and our cultures. Neglecting to think about how one's social place gives or blocks patients' access to resources and opportunities assigns too much value to culture and causes what has been called a "cultural overshadowing" of structural forces. This can further the stereotyping of cultures and result in blaming patients for their beliefs and behaviors while disregarding the structural barriers they might be facing in caring for their health. Overemphasizing the role of culture can distort providers' understanding of their patients, contribute to misunderstandings between patients and providers, and undermine their communication and relationships.

Finally, cc trainings have minimized the significance of other identities patients have such as those related to their gender, age, sexual orientation, to name a few, and overlooked how these identities intersect with race/ethnicity to shape patients' health beliefs and behaviors. Even when trainings include a module on gender or sexually minoritized patients, typically they do not adopt an intersectional perspective and, therefore, do not consider how exposure to other forms of oppression (e.g., genderism, ageism, or heteronormativity) generate unique patient experiences of stigma and exclusion that undoubtedly influence the patient-provider relationship. The lack of an intersectional lens in cc trainings thus limits the providers' understanding of their patients, fosters miscommunication, and increases the power imbalance, jeopardizing the treatment alliance.

Following this critique of cc trainings, we suggest the development, implementation, and evaluation of trainings in cultural and structural humility (csh), such as the one developed by our [Center for Research on Structural and Cultural Equity in Behavioral Health](#) (CCASE). This training focuses on how providers interact with and establish relationships with patients instead of exposing them to information about other cultures. Trainings in csh aim to enhance provider openness, self-awareness, and humility through the process of self-reflection and critique with the goal of generating a more balanced patient-provider relationship. Provider openness to new ideas, worldviews, and ways of practicing supports their active and non-judgmental listening of the patient's perspective and engaging in a productive discussion of problem solving that includes the patient's input, and this collaborative approach can promote a more equitable relationship. The training also centers the role of structural determinants of health in influencing how patients approach their own health over time, based on the barriers and opportunities that were afforded to them and the choices they have made within these parameters.

Providers' awareness of their own beliefs, values, and behaviors is critical for understanding how their own culture and place in the social structure and any privileges these afford shape their interactions with patients. This heightened realization of the role of culture and structure in the providers' own life (some called structural literacy) can increase their responsibility for establishing a fruitful interaction, decrease patient blaming for any communication challenges, and, therefore, improve the patient-provider relationship. Provider humility is based on a purposive effort to establish a power-balanced relationship with patients by recognizing the limits to their own expertise as health care providers and recognizing and honoring the patients' expertise of their own lived experiences within cultures and social structures.

Humility means being self-aware of the limits of one's training and capabilities, willing to recognize and admit one's mistakes and motivated to learn from one's patients. Provider self-reflection and critique, that is, engaging in introspection and realistically assessing one's own limitations, weaknesses and cultural and structural privileges is the process for cultivating openness, self-awareness, and humility. All of these qualities contribute to providers' recognition that improving their practice and establishing an equitable relationship with patients demands that they embrace lifelong training and ongoing cultivation of humility. We propose that the outcome of providers being culturally and structurally humble is the establishment of true person-centered care, a primary contributor to health equity. With these goals in mind, our team at CCASE has developed implemented and evaluated a csh training for peer advocates, case managers, and supervisors in the mental health workforce. For a brief description of this training and related peer reviewed literature we invite the reader to [access this article](#).

We also welcome any feedback on our training from the readers.

We conclude with a call to action and suggest that the time to effectively address health inequities is now and shifting from cc trainings to fostering among providers cultural and structural humility is one pathway to promoting this outcome. The COVID-19 epidemic in the US revealed how the systematic lack of access to health-related resources (e.g., healthcare coverage) in conjunction with racism and other interlocking forms of "-isms," that is, cultural and structural forces of exclusion from resources and opportunities to protect one's health, accounted for the high rates of preexisting illnesses and the higher rates of death among BIPOC communities compared to white non-Latinx communities. Three decades of cultural competence trainings have not decreased these systematic inequities, and this realization alone should motivate all of us who work in health-related professions to embrace humility.

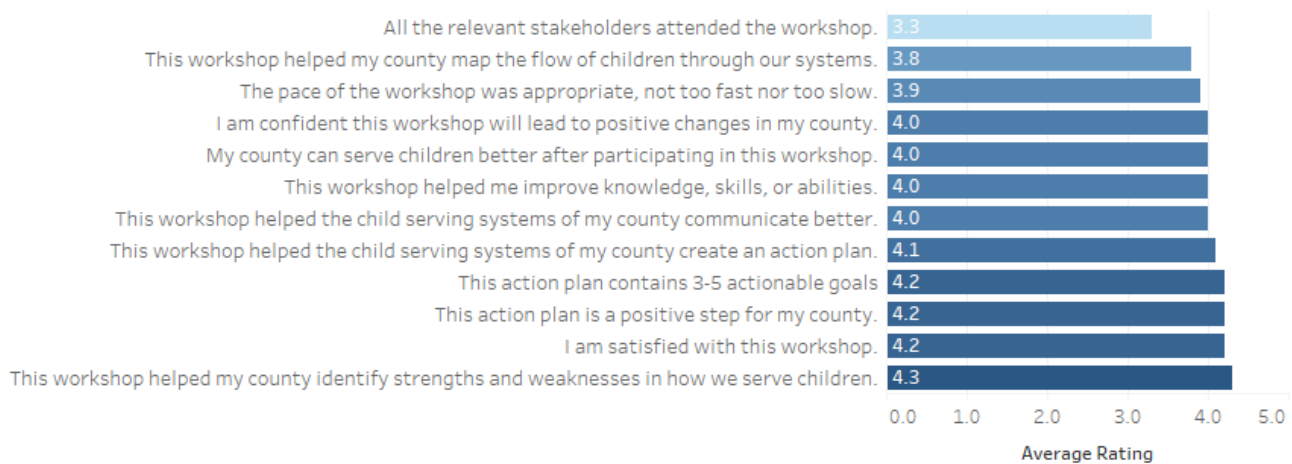
## New York State SOC Evaluation: Action Planning Workshop Feedback

System of Care (SOC) Action Planning Workshops (APWs) were designed to assess and understand the current state of a county's SOC, identify opportunities for improving and expanding their SOC, to address community or population needs and gaps, and finally to identify priorities and develop a local SOC action plan. Policy Research Associates created curriculum for these workshops during the prior grant (NYS ACHIEVE, 2016-2020) based on the Sequential Intercept Model™, which was originally created to aid communities in mapping the flow of services and supports for children with mental health needs within the juvenile justice system. The NYS SOC project team partners with a local county coordinator (or team) to plan the Action Planning series, providing support for the step-by-step planning process, and preparing all series materials.

Following the final workshop session, participants receive a unique link to complete the NYS SOC APW Feedback Survey. This survey provides the opportunity for participants to provide reactions to the workshops, answering the question: Did participants find the workshops to be relevant/informative to their work in the community? Responses are measured on a scale from 1 (strongly disagree) to 5 (strongly agree).

Aggregate responses on feedback items for all counties who have completed APWs as part of the NYS SOC grant project are shown below. Data includes 217 responses from 19 counties across NYS. A consistently high-scoring item is that workshops help the county identify strengths and weaknesses in how children are served, with an average of 4.3 (between agree (4) and strongly agree (5)). The item with the lowest average score relates to all relevant stakeholders attending the workshops, with a score of 3.3 (between neutral (3) and agree (4)). The average overall rating for all workshop feedback items is a 4 (agree). Overall, survey responses illustrate that participants find good value, creation of applicable action steps, and benefit for their community in these workshops.

### NYS SOC Action Planning Workshops: Participant Reactions



## SHAPE Update

For districts that may have interest in [The SHAPE System](#) please register for an account to access the various assessments and resources available. For any questions related to SHAPE, please contact [SHAPE@omh.ny.gov](mailto:SHAPE@omh.ny.gov).

## Did You Know?

**The New York State Office of Mental Health (OMH) announces the availability of funds** (one \$5 million award) for infrastructure development for a [Statewide Structure and Network for YOUTH Support and Advocacy](#). The goal of the funding is to support a statewide effort to empower young people towards personal recovery and resiliency in their treatment, to know their rights, and to use their voice to influence youth-guided policy and practices. The awardee would promote and provide peer-to-peer mentoring for young people with social and emotional challenges and/or cross system experiences in the children's service system.

**The New York State Office of Mental Health announces the availability of funds** (one \$5 million award) for infrastructure development for a [Statewide Structure and Network for FAMILY Support and Advocacy](#). The goal of this funding is to create a statewide infrastructure that supports families, provider organizations, governmental units, family peer workforce, family-run organizations, and diversity, equity and inclusion initiatives.

**Naloxone Available to OMH Providers.** The New York State Office of Addiction Services and Supports (OASAS) has made the overdose reversal medication Naloxone (Narcan) and fentanyl test strips available to all OMH service providers. Access OASAS's new easy-to-use ordering system: [Harm Reduction | Office of Addiction Services and Supports \(ny.gov\)](#)

**Research Volunteers Needed – Culturally and Ethnically Diverse Parents of Children With Disabilities.** The Department of Educational and Counseling Psychology at SUNY Albany are conducting a study about parent perspectives and experiences supporting a child with a disability. They are seeking volunteers to participate in an online questionnaire and possible interview. [More information and participation instructions can be found here](#).

**County Community Needs Assessments:** Has your county public health department released their Community Needs Assessment? Explore and have a conversation about how your System of Care infrastructure can achieve goals together. Health goals are community goals, including strengthening mental health services and supports. [See highlights from Clinton and Essex in this recent article](#).

**Systems of Care Summit 2022 Survey Results:** Six months after the June 2022 NYS SOC Summit, a questionnaire was distributed to county leads as a check on progress, challenges, accomplishments and needs as they relate to local SOC development and expansion. Fourteen responses were received from various counties. [A synopsis of the results can be downloaded here](#).

**Youth Involvement and Engagement Assessment Tool:** To ensure that youth are actively engaged, programs should conduct regular assessments. This online tool can assist organizations and community partnerships to determine how well they involve youth in programs, and to test if certain strategies are working to retain youth. [Click here for more information](#), and [download the assessment tool here](#) (8-page PDF).

**The National Center for Training and Technical Assistance on Child, Youth and Family Mental Health (NTTAC)** held a webinar in January to highlight a Self-Assessment Tool used in Wisconsin to assist tribal nations and counties in identifying the strengths and needs of the System of Care infrastructure and principles. This tool is intended to be completed by a diverse team of people committed to moving toward the vision of the System of Care. Each area of the tool prompts the group to rate the current state of the tribal nation or county on a scale of 1-4 based on alignment with best practices. Following completion of the tool, counties are encouraged to develop an action plan to address the needs within their system. [Click here to view the tool](#).

**New York State Mentoring Dashboard:** Check out the launch of [this new dashboard](#) featuring youth mentoring programs in New York State during the National Mentoring Month! The dashboard is a collaborative effort between the [NYS Division of Criminal Justice Services](#) (DCJS) and the [NYS Youth Justice Institute](#) (YJI) and we hope that it is a tool that families, service providers, and community members can utilize to find targeted mentoring programs in their area.

**New C-SPOA Referral Applications:** Outlined in an email message on January 3, 2023, two new C-SPOA referral applications were unveiled in support of a more streamlined process. Applications include one for use in referring consumers to C-SPOA coordination, and a second for use in referring consumers to Youth ACT, CCR or RTF services. Please see the email message for additional information and direct any questions to **OMH Division of Integrated Community Services for Children and Families** at (518) 474-8394 or [DCFS@omh.ny.gov](mailto:DCFS@omh.ny.gov).

**A Great Resource For Care Managers:** [FindHelp.Com](#) offers a nationwide search for helping organizations, supports and services.

**MH Support for Employers & Employees:** [Headspace Health](#) has introduced its new [Unified Mental Health and Wellbeing Experience for Employers and Employees](#). Combining meditation and mindfulness with on-demand coaching, therapy and psychiatry services, this new approach has been developed in response to the increasing demand for employer support in the employee mental health arena.

**Social Marketing Toolkit:** The nine-language social marketing tool kit materials released in 2018 are still available on [www.msnavigator.org](http://www.msnavigator.org) under the tabs Health Homes Explained, System of Care Explained, Family Peer Advocate and Youth Peer Advocate. [The Multiple System Navigator](#) is an excellent location to find information on cross-systems news and events. The site was built for youth, parents, family members and caregivers that rely on supports from multiple child and family serving systems.

**System of Care Framework:** The System of Care **Framework** has been revised to better reflect the evolution of research and children's systems changes. [This article](#) is an important one to read and come back to, time and time again.

**University of Connecticut, Innovations Institute:** Beginning in the New Year, the TA Telegram - a publication of the TA Network - will be disseminated from our new home at the University of Connecticut School of Social Work under the name [Innovations Institute](#). We will continue to send the Telegram every two weeks with the same great curated content you have come to expect.

**Youth Engagement Tidbit:** When forming a youth or student advisory group, carefully and thoughtfully select representatives that have social capital with their peers and not just the young people that are involved in everything. Some examples include natural leaders – athletes, musicians, thespians, scholars, LGBTQA+, English Language Learners, students with 504 Plans or IEPs, gamers, writers, students who participate in CTE, etc. What an honor that an adult might recognize each of them as having social clout and something valuable to contribute. Imagine the eclectic group of perspectives from which your program, organization or school could benefit!

## Deputy Commissioners' Corner

This month the Deputy Commissioner's Corner is pleased to provide an update on the expansion of Child Health Plus (CHPlus) benefits that occurred on January 1, 2023, and/or will occur later this year.

CHPlus provides comprehensive health insurance coverage to NYS children under the age of 19 who are uninsured, not eligible for Medicaid and do not have access to State Health Benefits (NYSHIP). Depending on the household size and income of the child, the cost of coverage maybe fully or partially subsidized. Children in households over the income limit can pay the full premium, which varies by plan. Children are eligible regardless of their immigration status. CHPlus is a managed care product and all CHPlus providers also participate in Medicaid Managed Care. To find Child Health Plus plans available in each county please visit:

[https://www.health.ny.gov/health\\_care/child\\_health\\_plus/where\\_do\\_i\\_apply.htm](https://www.health.ny.gov/health_care/child_health_plus/where_do_i_apply.htm)

On January 1, 2023, the following services became part of the CHPlus benefits package; Children Family Treatment and Support Services (CFTSS), Assertive Community Treatment (ACT) and expansion of medical supplies provided in an Article 29-I Facility/Voluntary Foster Care Agency (VFCA), orthodontia and medical transportation (air ambulance and transportation between hospitals. Information on CFTSS Services can be found here: [CFTSS Manual Updated June 2022 \(ny.gov\)](#), information on ACT can be found here [Assertive Community Treatment \(ACT\) \(ny.gov\)](#) and information on 29-I can be found here [Article 29-I | Bureau of Children's Medicaid Management | OCFS \(ny.gov\)](#). Both CFTSS services and ACT will be billable at the established government rates.

On April 1, 2023, the CHPlus benefit package will be enhanced to include Residential Rehabilitation Services for Youth (RRSY) certified by the Office of Addiction Services and Supports (OASAS). This will allow increased access to inpatient/residential services for youth with substance use disorders. To find addiction treatment in NYS please go to <https://findaddictiontreatment.ny.gov>. These services will also be billable at the established government rate.

On July 1, 2023, Children's Home and Community Based Services are scheduled to become part of the CHPlus benefit package. For additional information on Children's HCBS please go to [Children's HCBS Waiver Provider Information \(ny.gov\)](#). These services will be billable at the established government rate. Additional guidance regarding the eligibility determination process for HCBS will be provided prior to July 1, 2023.

It is our sincere hope that coverage of these services by CHPlus will increase access to services children in NYS. To enroll in CHPlus please go to [New York State of Health | Health Plan Marketplace for Individual and Small Business Health Insurance \(ny.gov\)](https://www.health.ny.gov/marketplace/).

**Deputy Commissioners Workgroup Membership:** CCF (Vanessa Threatte, Elana Marton, Chris Tosado), DDPC (Vicky Hiffa), DOH (April Hamilton, Ann-Margret Foley, Myla Harrison, Suzanne Swan, Colette Poulin, Kirsten Siegenthaler), DOL (Chris White), Justice Center (Davin Robinson), OASAS (Pat Lincourt, Maria Morris Groves), OCFS (Lisa Gharthey-Ogundimu, Gail Geohagen-Pratt, Katherine Sena, Nina Aledort, Galen Gomes, Kristin Gleeson, Kathleen Hoskins), OMH (Bonnie Catlin, Angela Keller, Meredith Ray-LaBatt, Sarah Kuriakose, Nancy Pepe), OPWDD (Jill Pettinger, Abiba Kindo, Josh Olsen), SED (Kathleen DiCataldo, Suzanne Bolling), SOFA (Alana Stelline, Michael Gunn), Governor's Office (Emily Badalamente, Kim Hill)

## Other News

### NORC Rural NY Listening Tour Report

The nonpartisan and objective research organization NORC at the University of Chicago recently delivered a [report on findings from their Rural NY Mental Health Listening Tour](#), with input from both residents and professionals. The report outlines the mental health experiences of community leaders, residents and mental health professionals in 16 rural NY counties around availability, access and utilization of mental health services, resources and supports. Findings consider social isolation, the impact of close-knit communities, deep-rooted issues that impact mental health, service access barriers, service delivery barriers, lack of knowledge or understanding of available mental health services, and rural culture. The report includes a list of assets and strengths for rural counties and highlights successful program models. Recommendations touch on areas such as increasing community connectedness, expanding access to transportation and broadband, increasing access to mental health and suicide prevention programs, expanding opportunities for nonclinical peer support, increasing awareness and availability of services, improving and sustaining workforce capacity, and state- and county-specific recommendations.

### Learn To Support The LGBTQ+ Community

The Center of Excellence LGBTQ+ Behavioral Health Equity (CoE LGBTQ+ BHE) has created a two-module, self-paced course for non-clinical staff on supporting LGBTQ+ people in social services and healthcare settings. The course will help non-clinical staff to learn about the unique experiences of LGBTQ+ individuals and gain a deeper understanding of their crucial role in creating a supportive environment. [Click here for more information.](#)

### Building Effective Children's Systems of Care

The New York State (NYS) [Conference of Local Mental Hygiene Directors, Inc.](#) (CLMHD), in collaboration with the Office of the Mental Health, launched the "[Building Effective Children's Systems Webinar Series](#)" in October 2021. The intent of this eight-part series is to foster peer-to-peer interaction and cross-site learning to support local development, enhancement, and expansion of cross-system efforts to better serve children, youth, and young adults with emotional, social, and behavioral needs, and their families across NYS. In addition, CLMHD and OPWDD presented a 6-part webinar series [Working With Individuals With Mental Health and I/DD](#) which is available on-line.

### Trans 101: Creating a Safe and Affirming Environment for Transgender Consumers

The New York State Office of Mental Health's Office of Diversity and Inclusion is excited to partner with Christian Huygen, Ph.D. and Parker Jordan, LMSW from Rainbow Heights Club to make their training webinar - **Trans 101: Creating a Safe and Affirming Environment for Transgender Consumers** available to behavioral health providers outside New York City. This engaging presentation will **focus on how to affirm, support and work with mental health consumers who identify as transgender or gender nonconforming and will also highlight the mental health concerns that disproportionately impact this community due to stigma and marginalization.**

Attendees will come away with a greater sense of comfort and confidence about interacting with transgender and gender-nonconforming people in a respectful and affirming manner. Please see below for available training dates and registration instructions.

**If you're located in New York City**, please email [parkerjordan@rainbowheights.org](mailto:parkerjordan@rainbowheights.org) to request NYC-specific training dates and registration links.

If you're located outside New York City, please register through one of the following links:

Tuesday, March 14<sup>th</sup> from 10-11:30 am [Click Here to Register!](#)

Thursday, March 23<sup>rd</sup> from 3-4:30 pm [Click Here to Register!](#)

Tuesday, April 11<sup>th</sup> from 10-11:30 am [Click Here to Register!](#)

Thursday, April 20<sup>th</sup> from 3-4:30 pm [Click Here to Register!](#)

Wednesday, April 26<sup>th</sup> from 10-11:30 am [Click Here to Register!](#)

\*Please note, registration for each webinar is limited to the first 300 registrants. These interactive sessions are only being offered live and will not be recorded or shared afterwards.

If you're located outside New York City and have 20+ staff interested in participating, please email [parkerjordan@rainbowheights.org](mailto:parkerjordan@rainbowheights.org) to coordinate registration to ensure all staff are able to attend the desired date.

The State of New York Office of Mental Health (OMH) is recognized by the New York State Education Department's State Board for Social Work as an approved provider of continuing education for licensed social workers #SW-0227. Licensed Master Social Workers and Licensed Clinical Social Workers who attend this class in its entirety will receive 1.5 contact hour toward renewal of their social work license.

Subscribe to (or unsubscribe from) the NYS Systems of Care Listserv by emailing [Angela Keller](#).

