

## Questions & Answers

### DHCS Webinar Series: Eliminating Inequities in Behavioral Health Care Webinar 3: Recognizing Its Harmful Impact and Taking Actions to Counter Unconscious Bias September 3, 2020

#	Question Asked	Answer
1	As a white clinician and ally, how should I proceed if a person of color denies racism and barriers due to color?	Respecting an individual's response to these questions is advisable.
2	Do you have any suggestions for how to address when executive leadership and board don't see this issue through same lens as the programmatic/direct service staff?	As able, continued suggesting the inclusion of analysis and improvements on BH and Health care inequities. Eliciting feedback from consumers and stakeholders to bolster the case. Leading by example calling out one's own implicit bias in behavior, policy or language as a start. Identify that you are doing this and encourage others.
3	What would you say instead of the words "clean or dirty" to describe active use or non-active use?	Positive for.... Negative for substance of misuse
4	Do you have recommendations for those in management/leadership positions who have employees and/or upper management who refuse to acknowledge inequities or educate themselves in the topic?	See above #3.
5	I do think that All Lives matter especially as a non-African American minority. It feels discounting to say that All Lives don't matter.	Of course, but when I hear Black Lives Matter, I don't hear somehow that that actually means All Lives Don't Matter. As we are increasingly exposed to the disproportionate violence against Black Lives, in the context of time, the call is for collective focus and action that starts with the most basic of equalizers - that Black Lives Matter - to respond with "...well, all lives matter," is akin to telling someone who just lost a loved one, "...Yes, but all lives matter...not just your dead relative." It is just so terribly discounting.
6	What is the correct term to use in addressing people of color? Can you suggest books or handouts that help coach us in arguing against reverse racism? Or recommend any email tools. Something that can be emailed to others so they can use it to look up history of each point. URL links for example.	See Links and handouts provided as a part of the program.

## Questions & Answers

### DHCS Webinar Series: Eliminating Inequities in Behavioral Health Care Webinar 3: Recognizing Its Harmful Impact and Taking Actions to Counter Unconscious Bias September 3, 2020

7	MH stigma explains much of the disparity in who receives treatment; many families of color prefer to keep MH problems "in the family" and deal with it themselves. That isn't a racial issue, but a cultural one.	It can be easy to define a groups' mistrust of "systems" including those designed to help, as a cultural quality. This however misses the historical nature of multi-generational trauma, from racism as a driver to block and maintain inequity of health and behavioral health care access and quality.
8	How do you "see" unconscious bias?	By observing, eliciting and listening to those that suffer it.
9	When discussing systemic inequities is it fair to examine how a market-driven culture such as a capitalist one perpetuates the under-service of vulnerable populations and POCs?	Yes, that is fair.
10	So how do we create a safe space where we can gently call each other out and respond with an open heart to feedback?	Guidelines are included in the program handouts and corresponding links. Oddly, therapists can be very resistant to put these vulnerabilities on the table. We see this in practicing Motivational Interviewing, for example. The way you create safe space to discuss and learn improvements in one's clinical work in group settings apply as well here.
11	How do you have a conversation when your leadership says Black people do not stay in treatment or keep appointments?	Quality treatment is timely, accessible, relevant and engaging. When a population responds to your products through no shows, it is incumbent upon the program to improve one or all of the areas above. In other markets when customers do not use their products, they go out of business.
12	How do I as a line service provider and see a need to have our teams implicit biases addressed do so?	As able, continued suggesting the Inclusion of analysis and improvements on BH and Health care inequities. Eliciting feedback from consumers and stakeholders to bolster the case. Leading by example and calling out one's own implicit bias in behavior, policy or language as a start. Identify that you are doing this and encourage others.
13	What can Allies do as action steps on how to support people who are marginalized?	See links and handouts from program.