

ADDRESSING IMPLICIT BIAS

Equitable/Person-Centered Care



This session is presented by Health Management Associates. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, California Department of Health Care Services.



[Slide Image Description: This cover slide introduces the title and category of this training. It contains the logos for the California Department of Health Care Services and Health Management Associates.]

This training on addressing implicit bias provides an overview of implicit bias and examples of biases in different settings. We will also discuss strategies that behavioral health agencies can take to address bias in their work at individual and organizational levels and describe how different roles involved in the CARE process can intentionally take action to manage their bias in ways that provides better support for CARE participants.

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Presenters



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RAYSHELL CHAMBERS

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[Slide Image Description: This slide includes images of the presenters of this training on a light blue background.]

Dr. Karen Hill, from Health Management Associates (HMA), is a nurse practitioner with more than 15 years of experience with adverse childhood experiences (ACEs) and trauma-informed care (TIC) training, implementation, and evaluation as it relates to provider operations and billing, design, communications, health literacy, precepting, mentoring, training, TIC, and curriculum development. As a Principal at HMA Karen has worked to help organizations provide TIC and crisis prevention and de-escalation techniques-based training for county employees through an evidence-based, culturally responsive, and collaborative care management model. Prior to HMA Karen worked as an Interim Vice President of Programs at the University of California, San Francisco (UCSF)/Glide Health Services where she focused on patient care and safety, providing evidence-based and patient-centered care, work organization and clinic flow, health promotion activities, and developing interagency relationships and community alliances.

Deborah Rose, PsyD from Health Management Associates, is a licensed clinical psychologist with 20 years of experience in behavioral health services, including assisted outpatient services. She is certified in Diversity, Equity, and Inclusion, and has

extensive experience working with social service agencies, behavioral health centers, care coordination, supported housing, and services for unhoused populations. Dr. Rose has broad clinical experience with a variety of underserved populations in human services and has held executive leadership positions in community-based agencies and carceral settings. Earlier in her career, Dr. Rose oversaw Kendra’s Law, an Assisted Outpatient Treatment (AOT) program in NYC. She was also Deputy Director of Behavioral Health across the Rikers Island jail system. She has strived to improve access to and delivery of person-centered services for adults living with mental illness, substance use disorders, and cooccurring conditions.

Rayshell Chambers is the co-founder of Painted Brain, a mental health nonprofit based in Los Angeles, that **provides peer-based services and practice training** in technology and clinical mental health. She is also an independent consultant that provides capacity building support and grant writing for small nonprofits that serve communities of color. She has dedicated over 20 years of her personal and professional pursuits to designing and advocating for comprehensive health and human service programs that enhance the human condition of the most vulnerable populations. Rayshell holds a bachelor degree in Sociology and Masters of Public Policy & Administration and utilizes both her cultural experiences and lived mental health challenges as a peer to design culturally-responsive programs.

Agenda

Overview of Bias

- Definition and examples of biases in different settings

Strategies for Addressing Bias at the Individual Level

- Overview of strategies including being introspective, aware, and informed

Strategies for Addressing Bias at the Organizational Level

- Overview of strategies including promoting a culture of learning, building a welcoming environment, examining policies, and building a diverse team

Addressing Bias in the CARE Process

- Discussion of what these strategies for managing bias could look like in terms of the roles in the CARE process.

[Slide Image Description: This slide shows the major sections of this training on a light blue background.]

During today's session, we will cover the following:

- Overview of Bias
 - Definition and examples of biases in different settings
- Strategies for Addressing Bias at the Individual Level
 - Overview of strategies including being introspective, aware, and informed
- Strategies for Addressing Bias at the Organizational Level
 - Overview of strategies including promoting a culture of learning, building a welcoming environment, examining policies, and building a diverse team
- Addressing Bias in the CARE Process
 - Discussion of what these strategies for managing bias could look like in terms of the roles in the CARE process.

Objectives

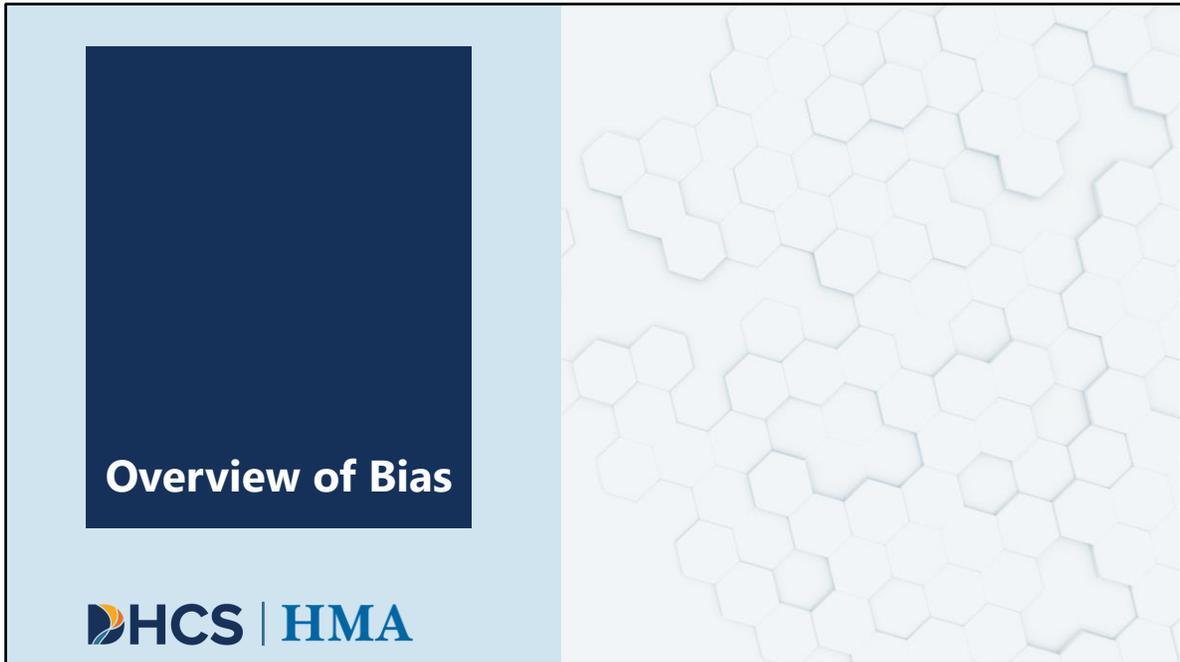
At the end of the session, participants will have an increased ability to:

- › Describe the impact that biases can have on ourselves and others.
- › List three action steps that an individual or organization can take to manage bias.

[Slide Image Description: This slide shows the learning objectives for this training with a light blue background.]

At the end of the session, participants will have an increased ability to:

- Describe the impact that biases can have on ourselves and others.
- List three action steps that an individual or organization can take to manage bias.



[Slide Image Description: This is a section divider slide to indicate a major section of this training.]

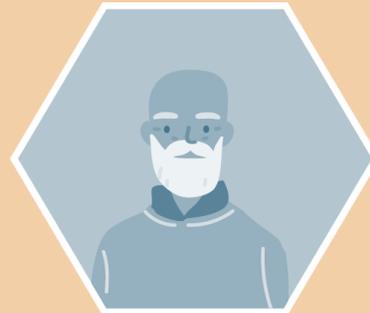
During this first section, we are going to talk about the implicit bias, the impact of implicit bias, how to identify your bias, and examples of biases in different settings.

What is Frank's situation?

- » 68-year-old, single man, immigrant and veteran
- » Living with schizophrenia and post-traumatic stress disorder (PTSD)
- » Currently unhoused, intermittently stays in shelters
- » Often hears voices and responds to them loudly, which has resulted in interactions with law enforcement and periodic arrests and as a result is wary of authority figures
- » Enjoys classical music and attending Catholic mass
- » Intermittent interaction with his sister
- » A homeless outreach worker filed a petition for CARE Act, and Frank was found to meet eligibility criteria
- » Frank has a volunteer supporter, Lisa



Case Example: Meet Frank



Disclaimer: This is a hypothetical case example. Any resemblance to an actual person is purely coincidental, including race, nationality, and gender.

[Slide Image Description: This slide shows an icon image of an individual representing Frank with a description of Frank's current situation.]

Before we jump into our discussion on implicit bias, we are going to introduce Frank. Frank is a fictional case for us to consider as we discuss implicit bias and the CARE Act. He is not real, but his situation may sound familiar to you. As we talk today about how implicit bias can impact individuals going through the CARE process and strategies that we can take to reduce our biases, think about how these concepts could impact Frank.

What is Frank's situation?

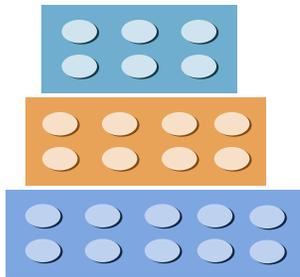
- 68-year-old, single man, immigrant from the Dominican Republic and was formerly in the military
- Living with schizophrenia and post-traumatic stress disorder (PTSD) with a history of trauma
- Currently unhoused, intermittently stays in shelters
- Often hears voices and makes public scenes, which have ended in multiple arrests

- Increasingly paranoid regarding authority figures, intensified by recent interactions with law enforcement
- Some of the things he enjoys include classical music and attending Catholic mass when he is able
- Frank has a sister, who he has stayed with from time to time, and she helps him with money when she's able
- A homeless outreach worker filed a petition for CARE, and Frank was found to meet eligibility criteria
- Frank has a volunteer supporter Lisa, who is considered a peer

Disclaimer: This is a hypothetical case example. Any resemblance to an actual person is purely coincidental, including race, nationality, and gender.

An Overview of Implicit Bias

Bias is a positive or negative tendency resulting in attitudes, decisions, behaviors, and actions that are prejudiced in favor of or against someone or a group.
Implicit bias is a form of bias that occurs without intentionally thinking about it.



We all have implicit biases, and bias is a normal part of human functioning.



Accept that racial and other biases exist, and those biases can affect your day-to-day interactions, attitudes, and behaviors toward others.



We can take actions and steps to mitigate the negative impact of our biases.

For more information on bias and behavior, view the [Implicit Bias article](#).



[Slide Image Description: This slide shows the definition of implicit bias with icons of three building blocks that have arrows pointing towards key aspects of implicit bias.]

What is bias?

Bias is a positive or negative tendency resulting in attitudes, decisions, behaviors, and actions that are pre-judged in favor of or against something, behavior or someone, one person or a group compared to another. “**Implicit bias**” is one form of bias that occurs **unconsciously**. For example, let’s say I move to a new area and only seek out those who look like me to learn more about the area. I may not consciously be aware that the only strangers I speak to look like me, but if someone points it out to me, then I can reflect and recognize it. Biases (and the actions we take based on these biases) are developed through our life experiences, our cultural contexts, our learnings (parents, teachers, others in our environment), and the media.

We are hardwired to have bias-it is a protective factor that is a holdover from early man. Safety came from people and things we understood-danger was in the unknown

Biases can be good in some ways or harmful in others. For example, you may have a bias toward eating healthy foods. You may stay away from something that has knowingly

caused harm. But biases can be harmful when they cause us to react negatively to a person or idea or make assumptions that aren't accurate. On the individual level, this can look like not giving someone opportunity because of assumptions you're making about their background or skillset. On the societal level, it can look like underinvestment in certain communities or adopting policies that favor certain populations over others.

Over the course of this session, we are going to explore biases and stigma, and talk about how this can impact CARE participants. This can feel personal and uncomfortable, but the goal is to push past that feeling so that we address our biases and provide optimal care and support. Keep in mind three building blocks of addressing bias:

1. We all have implicit biases, and bias is a normal part of human functioning.
 - It's important to recognize that everybody has biases. Biases are what we have developed to make decisions more quickly. Having a bias doesn't make you a "good" or "bad" person. It can make you feel defensive to acknowledge a bias that you have. Instead, try to be curious about it so that you can address your bias.
2. Accept that racial and other biases exists, and those biases can affect your day-to-day interactions, attitudes, and behaviors toward others.
 - We use our biases to make assumptions about other people: what they represent, what they can or cannot do or achieve, what their motives are. These assumptions may be based on our conscious and unconscious biases rather than actual knowledge of an individual or their circumstances.
3. We can take actions and steps to mitigate the negative impact of our biases.
 - Even though we should accept that biases are natural and that they impact how we interact in the world, we can take active steps to mitigate the impact of bias.

For more information on bias and behavior, view the [Implicit Bias article](#).

Impact of Implicit Bias

- » Implicit biases can...
 - Influence our behaviors toward—and our response to—others.
 - Limit our ability to think about an individual’s unique situation, context, and path to recovery.
 - Impact client-provider relationships and treatment recommendations.
 - Impact hiring practices, employee evaluations, and workforce diversity.



**REMEMBER:
EVERYONE HAS
IMPLICIT BIASES**

For more information on implicit bias, view the UCLA Office of Equity, Diversity, and Inclusion [Implicit Bias Video Series](#), the National Institutes of Health (NIH) [Implicit Bias Course](#), the [Implicit Racial Bias and School Discipline Disparities article](#), the [Priorities and Directions for Research](#), and a [systematic review of implicit racial bias on health care outcomes](#).

[Slide Image Description: This slide shows the impact of implicit bias, including a blue box noting “Remember: Everyone Has Implicit Biases” with six blue icon individuals above it.]

Now let’s explore some ways in which biases can impact ourselves and others. As we look at this list (which is not all inclusive), you might have a natural reaction to either feel guilt or shame or excuse yourself from some of these actions. But remember, everyone has implicit biases! It doesn’t make someone good or bad, but we do have the responsibility to acknowledge the ways that our biases are impacting others. **We have a responsibility to be reflective and to critically examine our impressions and feelings.**

As service providers, we may have the best of intentions, yet our biases get in the way.

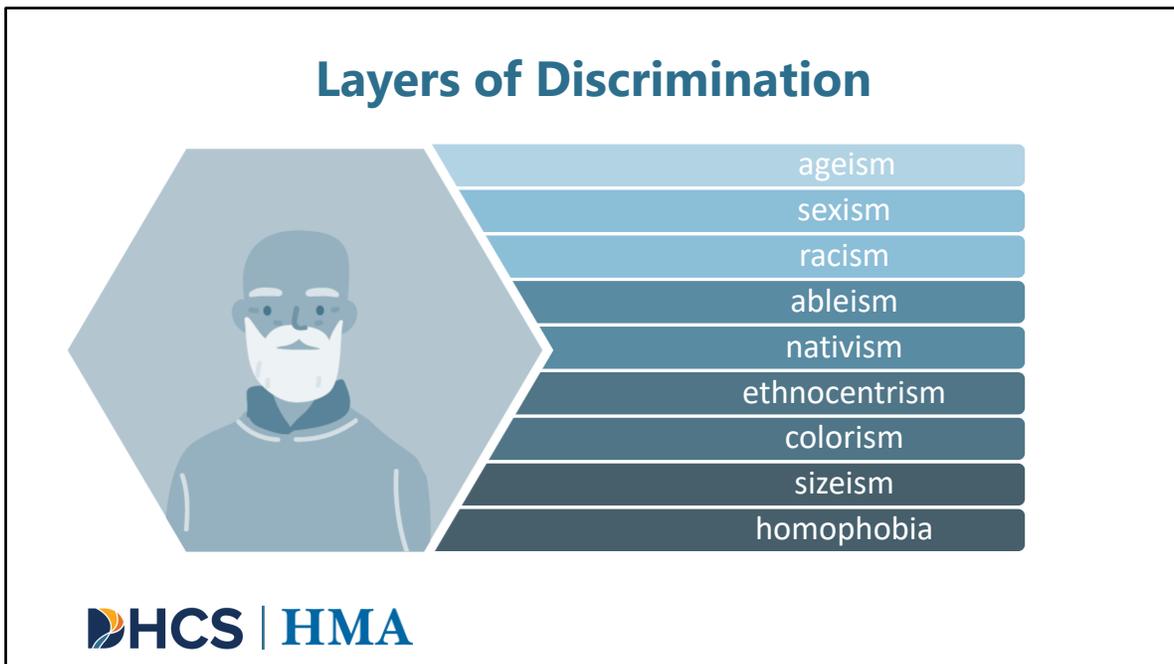
- Implicit biases influence our behaviors toward—and our response to—others.
 - Even casual encounters in which we react negatively to an individual because of our bias can cause harm, making that person feel stigmatized and building upon past feelings of harm. Say, giving someone a strange look at a grocery store or avoiding a neighbor that you don’t connect with because they have a different cultural background. Sustained biases that impact our assumptions of

people that we are supposed to provide support to for over a long period of time (think of family members, clients, etc.) can be especially harmful.

- Implicit biases limit our ability to think about an individual's unique situation, context, and path to recovery.
 - Living with schizophrenia and psychotic disorders have profound challenges in terms of communication, sense of self, awareness of symptoms, and ability to navigate the world. It is valuable for us to think about what beliefs or ideas we bring to the table and continue to try to see the individual humanity of each person we are trying to support.
 - Even when someone is experiencing psychosis and exhibiting erratic behavior, we need to challenge ourselves to consider their unique situation and context.
 - As BH practitioners, it can be very easy to lose sight of the individual's path to recovery and put on them the array of past experiences you have had. But our biases that we consciously or unconsciously bring to the table can prevent us (and them) from seeing a path to recovery.
- Implicit biases impact client-provider relationships and treatment recommendations.
 - Even those of us with the best intentions have biases that can negatively (or positively) influence the decisions we make when it comes to interacting with clients.
 - Researchers report that biases are likely to influence diagnosis and treatment decisions and levels of care in some circumstances and that implicit bias specifically related to racial/ethnic bias was significantly related to patient-provider interactions, treatment decisions, treatment adherence, and patient health outcomes.
 - Consider this example from a discussion on [implicit bias and mental health professionals](#):
 - A Black man who has grown up in a society where men and boys of color are disproportionately targeted by law enforcement.
 - His vigilance in everyday life might be perceived as a natural consequence of racial profiling by one provider, whereas that same behavior might be interpreted as paranoia related to schizophrenia by another.
 - This single difference in how a provider interprets symptom presentation can dramatically alter subsequent discussions surrounding the patient's psychiatric symptoms or screening for specific conditions.
 - A common concern among people in stigmatized groups is that they are not taken seriously or are made to feel uncomfortable, or their experience is minimized. When a person feels disrespected or experiences discomfort, they lose trust and disengage.
- Implicit biases impact hiring practices, employee evaluations, & workforce diversity.
 - It is natural to relate to individuals who are like you, who have a shared culture and worldview. When individuals are in the position to make hiring decisions or evaluate employees, they should consider how their implicit biases could be

impacting how they view people as being qualified. It's important to consider how your biases could negatively impact the variety of perspectives and cultures in the workplace.

For more information on implicit bias, view the UCLA Office of Equity, Diversity, and Inclusion [Implicit Bias Video Series](#), the National Institutes of Health (NIH) [Implicit Bias Course](#), the [Implicit Racial Bias and School Discipline Disparities article](#), the [Priorities and Directions for Research](#), and a [systematic review of implicit racial bias on health care outcomes](#).



[Slide Image Description: This slide shows Frank and layers of discrimination, which are displayed in a stack of blue colored boxes, including ageism, sexism, racism, ableism, nativism, ethnocentrism, colorism, sizeism, and homophobia.]

In our trauma-informed care series, we talked about “intersectionality,” and socially imposed layers to our identity (including race, gender, socioeconomic status, health status, etc.). Individuals can experience bias related to many components of their identity, and **inequities related to each these social identities can pile up on an individual, increasing their toxic stress and adding up to trauma more than the sum of its parts.**

Intersectionality is NOT a negative concept and should be viewed as a celebration of how complex and multilayered people are. However, each cultural identity—especially cultures outside of the dominant culture—are subject to judgement, bias, stereotyping, stigma, and prejudice that result in the “ism’s” you see listed on the slide. It erodes trust and prompts disengagement when people do not feel valued and are attacked for their differences.

For example: Frank is an older adult, he has PTSD, he’s an immigrant, has non-white skin

tone, and he is living with schizophrenia.

Consider how all that layers on an individual, and how the judgement Frank has experienced during his lifetime can accumulate and be extremely hurtful.

Looking Biases In the Eye

- » Since biases affect our world view, our daily interactions, our decisions, and our behavior, our biases can get in the way of our good intentions.
- » Looking our biases directly in the eye can help us more effectively do our jobs.

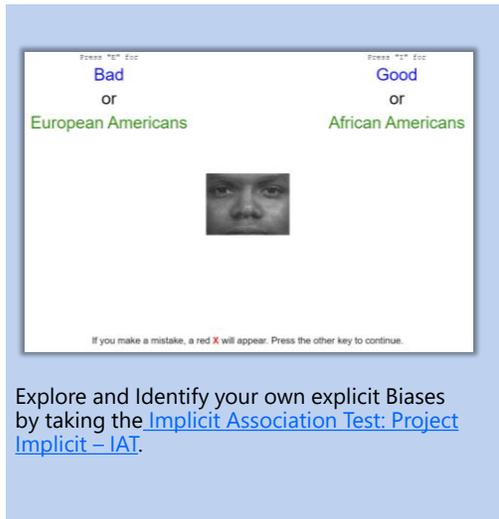


[Slide Image Description: This slide shows how to identify bias and includes an image of an eye with a rainbow cast over it.]

Since biases affect our world view, our daily interactions, our decisions, and our behavior, our biases can get in the way of our good intentions.

- **Who we hire:** we can gravitate toward people who are like us, regardless of their qualifications.
- **How we interact with patients, families, coworkers:** we may unintentionally make judgments on and treat people with different abilities, non-conforming gender, or other differences
- **Influence diagnosis and treatment decision-making:** our biases can get in the way of taking symptoms seriously or making culturally-appropriate treatment recommendations

Looking our biases directly in the eye can make us feel uncomfortable, but ultimately it can help us more effectively do our jobs.



Identify Your Bias

- » The Implicit Bias test asks you to sort images and words and helps identify implicit biases you have about various groups.
- » Available tests:
 - Religion
 - Gender
 - Specific ethnicities and racial groups
 - Skin-tone
 - Sexuality
 - Weight
 - Weapons

[Slide Image Description: This slide shows how to identify your bias and includes a screenshot of the Implicit Association Test on a blue background.]

One helpful tool that you can use to help identify some implicit biases you already have is the Implicit Association Test (IAT). The IAT measures the strength of associations between concepts (e.g., black people, gay people) and evaluations (e.g., good, bad) or stereotypes (e.g., athletic, clumsy). The test is online, and it is anonymous.

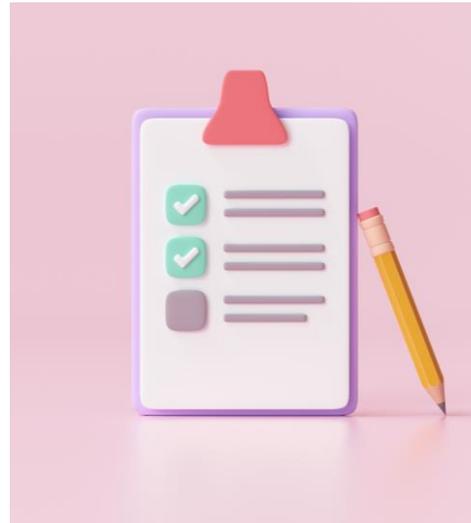
Some of the available tests to check your implicit bias include:

- Religion
- Gender
- Specific ethnicities and racial groups
- Skin-tone
- Sexuality
- Weight
- Weapons

Explore and Identify your own explicit Biases by taking the [Implicit Association Test: Project Implicit – IAT](#). See the [Frequently Asked Questions](#) for information about other

Why Take a Test?

- » People don't always say what's on their minds. One reason is that they are unwilling.
- » The Implicit Association Test (IAT) measures attitudes and beliefs that people may be unwilling or unable to report.
- » The IAT may be especially interesting if it shows that you have an implicit attitude that you did not know about.
- » By taking a one or more tests we hope you can take something of value from the experience and learn a bit about yourself.



Take the [Implicit Bias Test](#).



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[Slide Image Description: This slide shows a bulleted list describing why take a test, along with an image of a clipboard with a checklist on it and a pencil next to it.]

What is the value of taking the IAT test?

- People don't always say what's on their minds. One reason is that they are unwilling.
- The Implicit Association Test (IAT) measures attitudes and beliefs that people may be unwilling or unable to report.
- The IAT may be especially interesting if it shows that you have an implicit attitude that you did not know about.
- By taking a one or more tests we hope you can take something of value from the experience and learn a bit about yourself.

Take the [Implicit Bias Test](#).

Video Resources: Implicit Bias

Implicit Bias Video Series from BruinX, the R&D unit within UCLA's Office of Equity, Diversity and Inclusion

- » Lesson #1: Schemas <https://youtu.be/OQGIgohunVw>
- » Lesson #2: Attitudes & Stereotypes <https://youtu.be/7FgqGAXvLB8>
- » Lesson #3: Real World Consequences <https://youtu.be/8SIb97tZSpl>
- » Lesson #4: Implicit vs. Explicit Bias <https://youtu.be/5S7Je6kbGDY>
- » Lesson #5: The IAT <https://youtu.be/hr9xAcWv790>
- » Lesson #6: Countermeasures https://youtu.be/RIOGenWu_iA



[Slide Image Description: This slide shows a list of hyperlinked video resources from BruinX.]

Visit the Implicit Bias Video Series from BruinX, the R&D unit within UCLA's Office of Equity, Diversity and Inclusion:

Lesson #1: Schemas <https://youtu.be/OQGIgohunVw>

Lesson #2: Attitudes & Stereotypes <https://youtu.be/7FgqGAXvLB8>

Lesson #3: Real World Consequences <https://youtu.be/8SIb97tZSpl>

Lesson #4: Implicit vs. Explicit Bias <https://youtu.be/5S7Je6kbGDY>

Lesson #5: The IAT <https://youtu.be/hr9xAcWv790>

Lesson #6: Countermeasures https://youtu.be/RIOGenWu_iA

Experiencing Bias in Different Settings



What are biases that Frank could experience in different settings?

How do biases impair a person's ability to access to services and equity?

[Slide Image Description: This slide shows Frank in the middle of a circle surrounded by smaller circles listing different settings. It also includes two question boxes.]

Remember, everyone has biases. Having a bias does not imply that someone is a “bad person” or has malintent. There are individuals with biases that *do* intend harm. However, there are many individuals and organizations that have the intent to do good, but biases get in the way of being effective.

Consider ways in which biases in these different settings can impact an individual. Especially given the CARE population, and their diagnoses, think about how they may have experienced bias in these different settings.

- **Families** – There is a range of family support for this population. Some families are highly engaged but feel alienated from the individual or the system. Some families don't have the resources, emotional reserve, or time to be supportive. In any case, families—like the rest of us—carry with them implicit biases. These biases aren't necessarily *wrong* or *bad*, but they can impact the feelings of trust, inclusiveness, and comfort that the individual can feel.
- **Community services** – Many community services—including schools, religious

organizations, soup kitchens, or job services— are dedicated to helping others. But they are not immune from biases! Implicit biases in these settings can make it difficult for individuals to ask for the support they need. People who do not feel welcome or supported are not likely to come back.

- **Social services** – Frank and/or his care team may have low expectations for his quality of life; his providers might dismiss side effects of specific treatments or not involve him in treatment planning.
- **Clinical settings** – Healthcare professionals exhibit the same levels of implicit bias as the wider population. In one systematic review of bias in healthcare settings, out of the 42 articles that were identified as eligible, 35 found evidence of implicit bias in healthcare professionals. All the studies that investigated correlations found a significant positive relationship between level of implicit bias and lower quality of care. ([Implicit bias in healthcare professionals: a systematic review](#))
- **Media** – The media is rife with portrayals of people with psychosis as dangerous and disorganized. Portrayals of individuals living with schizophrenia and other psychotic disorders tend to focus on symptoms of their disease such as: strange behavior, hearing voices, disconnect from reality. These symptoms are often not wrong, but a hyperfocus on these symptoms and psychotic episodes can sensationalize and alienate individuals. Ultimately, biases in the media erode trust and build fear.
- **Public Settings** – Because individuals living with untreated schizophrenia may act differently, they are often excluded or avoided in public spaces. Consequently, they may not feel comfortable or welcome in many public settings.
- **Law Enforcement** – Interactions with law enforcement, come with an array of biases and these biases can be especially harmful given the nature of their intervention. Consider that one study showed that 82% of study respondents with mental health concerns had experienced a crisis event that involved coercive care that was very disturbing to them, including police transport to treatment, being placed in handcuffs, being involuntarily committed, secluded, restrained, and having forced medication. [SAMHSA’s Practical Guide to Psychiatric Advance Directives](#)
- **Work** – Individuals living with schizophrenia and other psychotic disorders may experience additional challenges in employment settings. Coworkers may treat them differently, and the individual may feel conflicted about keeping their diagnoses to themselves. It may be hard for some individuals experiencing psychosis to hold a job at all.
- **Education** – As noted in community services, schools are not immune to biases. Individuals living with schizophrenia and other psychotic disorders may experience bias and bullying early on in school, which could prevent them from pursuing additional education; they may even drop out of school all together if their classmates make them feel unwelcome or excluded.

Think about Frank’s experience. It’s possible that his experience in all these settings is fraught with feelings of judgement and isolation. His sister wants to help him, but she has implicit biases based on the way he looks or acts. He’s had a few negative experiences

with law enforcement, who interpret his symptoms as violent, aggressive, and dangerous. Although he enjoys going to mass, he may not feel comfortable in formal settings, where he doesn't feel like he may belong. The media is rife with portrayals of people with psychosis, like Frank, as dangerous and disorganized. Frank may be taken less seriously or not listened to by clinicians in emergency departments. His medical issues may be dismissed as symptoms and other co-morbidities may go untreated.

How do biases impair a person's access to services and equity?

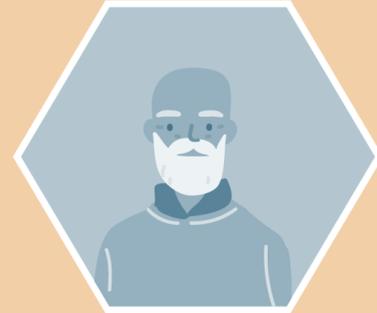
- Bias leads people away from treatment by leaving them feeling judged, ignored, or unwelcome
- This level of societal disconnect can lead to increased ostracization and a cycle of increasing isolation
- People needing help and support end up not trusting or feeling welcome in treatment settings, leading to poor outcomes.

What is Frank's Bias Experience?

- » 68-year-old, single man, immigrant and veteran
- » Living with schizophrenia and post-traumatic stress disorder (PTSD)
- » As Frank has aged and been out of care, his symptoms have worsened
- » He is **religious and his faith is often disparaged** due to others' perspectives and opinions of the Catholic church.
- » Often when **people know his age, that he is an immigrant and/or ex-military**, they assume he is violent or not educated and treat him differently.
- » Frank is also very **wary of anyone in power** due to his experience in the military.



Case Example



Disclaimer: This is a hypothetical case example. Any resemblance to an actual person is purely coincidental, including race, nationality, and gender.

[Slide Image Description: This slide shows an icon image of an individual representing Frank with a description of Frank's current situation.]

Now let's look at implicit bias through the lens of our case example, Frank. What is Frank's bias experience?

- 68-year-old, single man, immigrant from the Dominican Republic and formerly in the military
- Living with schizophrenia and post-traumatic stress disorder (PTSD) with a history of trauma
- As Frank has aged and been out of care, his symptoms have worsened
- He is religious and his faith is often disparaged due to others' perspectives and opinions of the Catholic church.
- Often when people know his age, that he is an immigrant and/or ex-military, they assume he is violent or not educated and treat him differently.
- Frank is also very wary of anyone in power due to his experience in the military.



Serious Mental Illness (SMI), Race & Ethnicity

- » Providers are more likely to over diagnose people from racial and ethnic minority groups.
- » Those in racial and ethnic minority groups experience more negative treatment outcomes, such as reduced symptom improvement, and fewer follow-ups after diagnosis.

For more information, see [A Closer Look at Equitable Mental Healthcare: Racial Disparities in Serious Mental Illness](#) and [Mental Health Disparities, Treatment Engagement, and Attrition Among Racial/Ethnic Minorities with Severe Mental Illness: A Review](#).

[Slide Image Description: This slide shows a picture of two individuals holding hands and statistics about SMI and race.]

Two of those layers we want to specifically call out is the intersection of serious mental illness and race.

Consider that as a result of provider bias:

- People from racial and ethnic minority groups are especially vulnerable to overdiagnosis and negative outcomes regarding SMI (especially Black Americans).
- Those in racial and ethnic minority groups experience more negative treatment outcomes, such as reduced symptom improvement, fewer follow-ups after diagnosis.

For example: Frank is living with schizophrenia and post-traumatic stress disorder (PTSD), is an immigrant from the Dominican Republic, and has non-white skin tone. Because of these factors, he is more likely to have negative outcomes.

For more information, see [A Closer Look at Equitable Mental Healthcare: Racial Disparities in Serious Mental Illness](#) and [Mental Health Disparities, Treatment](#)



[Engagement, and Attrition Among Racial/Ethnic Minorities with Severe Mental Illness: A Review.](#)

Ideas in Action

» How can understanding bias help you better fulfill your role?



The slide features a central question: '» How can understanding bias help you better fulfill your role?'. To the left of the question is a blue dashed line that starts from the top left, goes down to a square box containing a large orange checkmark, then goes right and then down to the DHCS | HMA logo. To the right of the question is a light blue hexagonal icon containing a stylized person with a beard and glasses. At the bottom right of the slide is the number '17'.

DHCS | HMA

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[Slide Image Description: This is an Ideas in Action slide that provides an opportunity for participants to practice using the information. It contains a checkbox and an arrow.]

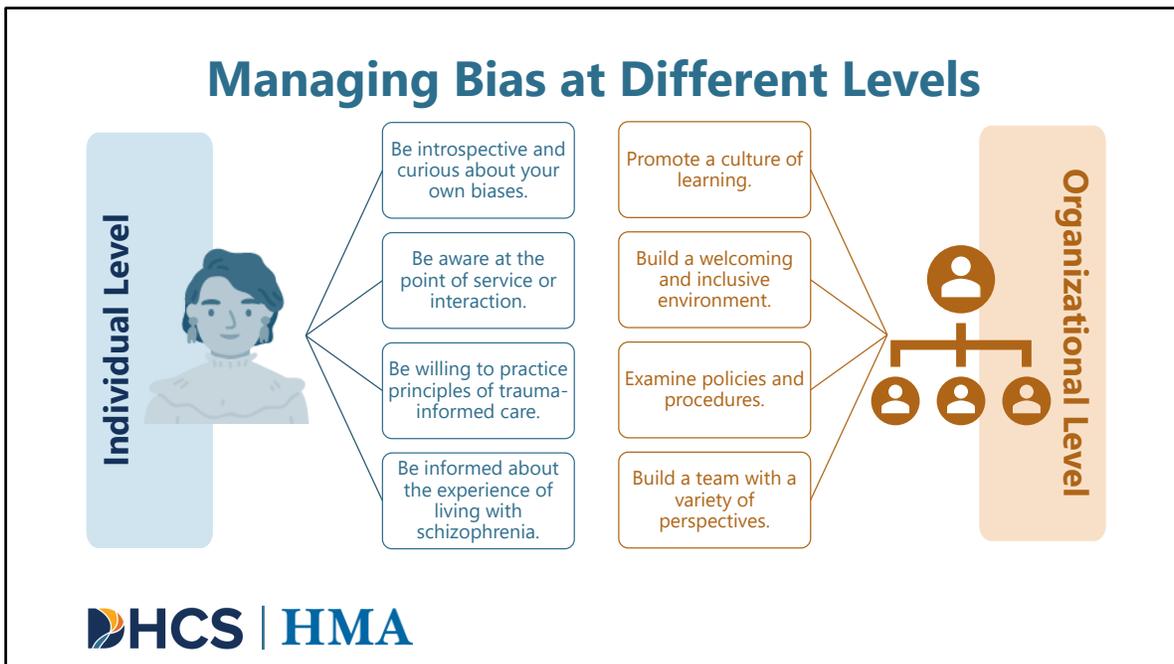
How can understanding bias help you better fulfill your role?

- Build compassion and empathy for CARE participants, like Frank
- Approach each person as a unique individual; consider what makes someone like Frank unique
- Make no assumptions; for example, don't make assumptions about Frank's background
- Do not impose what you THINK you know about an individual's culture or experience; consider listening and learning from Frank to understand how best to help
- Even when we are from the same culture, there are differences as we are all individual; someone that is also from the Dominican Republic can have vastly different experiences from Frank, for example



[Slide Image Description: This is a section divider slide to indicate a major section of this training.]

During this second section, we are going to talk about strategies for addressing bias at the individual level.



[Slide Image Description: This slide shows a blue box and a blue icon individual highlighting strategies at the individual level, as well as an orange box and orange hierarchy icon highlighting strategies at the organizational level.]

We spent the first section of this training discussing how implicit bias is both natural and can also get in the way of providing optimal outcomes. In the next two sections, we are going to talk about ways that we can manage bias both at the individual and organizational levels.

Keep in mind that the goal is not to *eliminate* bias, because it’s not possible. We will always have biases, and it doesn’t make us “bad” people to have them! But the goal is to acknowledge them; figure out how they are impacting our thoughts, behaviors, and actions towards others; and then implement strategies to manage our biases.

The following slides are going to discuss each of these strategies in greater depth, including action items that we can consider taking. As we go through these ideas, think about what you can start, stop, or continue doing to manage your bias.

Be introspective and curious about your own biases.

Assume you have biases and approach them with curiosity.

Action Steps

- ✓ Take the [Implicit Bias Test](#).
- ✓ List out your biases and reflect on how they can impact others.
- ✓ Broaden images of success.

Rely on people you trust to help you identify biases.

Action Steps

- ✓ Ask a trusted colleague to discuss your biases. Resist the temptation to be defensive!

[Slide Image Description: This slide shows blue arrows highlighting strategies, each with a list of action steps below.]

Like we've talked about, acknowledging implicit bias can be connected with either shame/guilt or feelings of defensiveness. An important step to managing our biases so that we can provide better support for others is to instead approach your biases with introspection and curiosity. Let's consider some action items.

1. Start from the assumption that you do have biases and approach them with curiosity. This doesn't make you a bad person. Instead of approaching with shame or defensiveness, approach your biases with curiosity.

- **Action Step.** Take the Implicit Bias Test at <https://implicit.harvard.edu/implicit/takeatest.html>
 - The Implicit Association Test (IAT) measures the strength of associations between concepts and evaluations or stereotypes to reveal an individual's hidden or subconscious biases.
 - Not a one-time endeavor; our biases change over time and according to our experiences.
- **Action Step.** Write a list of your beliefs that can lead to biased thoughts and

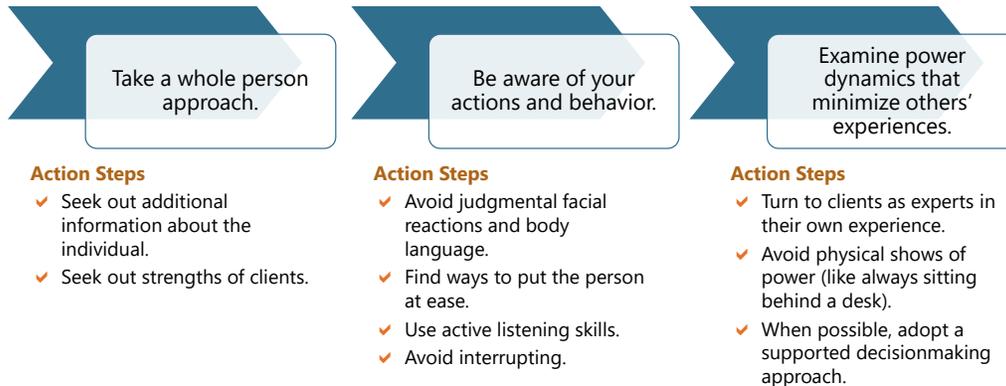
behaviors toward others. Reflect on whether and how your beliefs negatively impact relationships with clients and their families.

- **Action Step.** Broaden images of success. What do successful people look like in your mind? Is your vision of successful people as diverse as the communities we serve? Are you wanting individuals to achieve your vision of success rather than theirs?
- **Action Step.** Learn more about your areas of bias

2. Rely on people you know and trust to help you identify biases. Some of you may know the “trusted colleague” as a “best friend at work.” Someone who can provide you with honest feedback, immediate (as possible) and from whom you can hear honest feedback. This is someone who is aware of your biases, who has your permission to challenge your assumptions, and who will let you know when you’re exhibiting them. This one person who you confide in at work can be enlisted to let you know when you’re exhibiting your biases. In connection with other action steps in which you take an active role in assessing your own biases, trust colleagues can help you see your blind spots.

- **Action Step.** Ask one or more colleagues, with whom you have a relationship of trust, to share their views about what they see as biased beliefs or behaviors that you demonstrate. Resist the temptation to be defensive. Truly listen. However, avoid putting the responsibility of addressing your bias on others and consider the limitations of colleagues to fully understand the experience of others. These colleagues should be helping you to see your blind spots, not speaking on behalf of others.

Be aware at the point of service or interaction.



[Slide Image Description: This slide shows blue arrows highlighting strategies, each with a list of action steps below.]

In addition to a broad awareness of your biases, another important strategy is to be aware of your biases in the moment when you're interacting with individuals. While in an ideal world we would completely do away with biases, we must recognize we are only human. While we are doing the work to identify and address our biases, we must still work to control our biases and reduce their impact on the individuals around us. It takes skill, patience, and self-control to control your reactions in the moment, and you should give yourself grace as you practice these skills and become better at them.

1. Take a whole person approach. Often, biases arise when we rely on stereotypes based on something we can see, their race, gender, a disability. Taking a whole person approach challenges you to consider their own unique situation rather than rely on stereotypes.

- **Action Step.** Seek out additional information about the individual.
- **Action Step.** Seek out strengths of clients.
- **Action Step.** Use active listening skills by maintaining an open and curious approach, providing validation, positive reinforcement, and reflecting on the

clients' thoughts, which can foster trust and encourage open communication.

- **Action Step.** Avoid interrupting them.

2. Be aware of your actions and behavior. Self-awareness allows individuals to recognize their biases, assumptions, and potential barriers to understanding and empathizing with individuals. By being aware of our facial expressions, reactions, and body language, we can communicate respectfully and inclusively, avoiding unintentional displays of discomfort or judgment. This heightened self-awareness enables allies to approach interactions with sensitivity, openness, and empathy, fostering a safe and welcoming environment.

- **Action Step.** Avoid judgmental facial reactions and body language.
- **Action Step.** Find ways to put the person at ease.

3. Examine power dynamics that minimize others' experiences. There are inherent power dynamics throughout our culture, but especially in the types of relationships inherent in the CARE process: patient/clinician, respondent/judge, participant/counsel. It can be easy to rely on your own expertise in a way that minimizes the experience of the other person.

- **Action Step.** Turn to clients as experts in their own experience.
- **Action Step.** Avoid physical shows of power (like always sitting behind a desk).
- **Action Step.** When possible, adopt a supported decisionmaking approach to help build their autonomy and honor their preferences.

Be willing to practice principles of trauma-informed care.

Learn about other cultural backgrounds and life experiences.

Action Steps

- ✓ Admit when you don't know the culture or social context.
- ✓ Broaden understanding of cultures in the communities you serve.
- ✓ Ask clients to share their own experiences, knowledge, and resources.

Approach individuals with empathy, compassion, and respect.

Action Steps

- ✓ Instead of thinking, "What is wrong with you?" think: "What happened to you?"
- ✓ Welcome clients with genuine curiosity and ensure their voices are heard.

[Slide Image Description: This slide shows blue arrows highlighting strategies, each with a list of action steps below.]

In the series on trauma-informed care, we talked about **cultural humility**, or the ability to center and empower someone else's experience and culture. No matter how long we've been in the field, or how much expertise we've acquired along the way, there is always more to learn, and sometimes the strongest lessons come from blind spots in our practice. Being willing to openly address these and move forward can repair a therapeutic relationship.

1. Learn about other cultural backgrounds and life experiences. Being "competent" in another person's culture may not be completely attainable, but you can seek to understand other cultures so that you can let go of some of your biases.

- **Action Step.** Admit when you don't know the culture or social context of a CARE respondent.
- **Action Step.** Use resources that broaden understanding of cultures in the communities you serve.
- **Action Step.** Ask them to share their own experiences, knowledge, and resources so that you can support their health and well-being.

2. Approach individuals with empathy, compassion, and respect. You will never quite understand all the layers of discrimination someone has faced and the trauma they have experienced. Even if you share similar cultural backgrounds, you may not understand their experience living with schizophrenia or with law enforcement. Mental and behavioral health providers should be open, kind, consistent, empathize, and establish rapport to develop a trusting relationship.

- **Action Step.** Instead of thinking, “What is wrong with you?” think: “What happened to you?”
- **Action Step.** Welcome clients with genuine curiosity and ensure their voices are heard.

Consider how approaching Frank with cultural humility would impact his experience in the CARE process. Not only would you be aware of his racial, ethnic, and linguistic groups, but you would also be aware of other characteristics and treatment history that have shaped his needs, preferences, and beliefs. As you communicate a positive attitude toward his culture(s), you can build trust and rapport. Cultural humility helps you to acknowledge your own limitations and better enables you to understand Frank’s experience. This isn’t just about being a “better” person, but this type of environment can mean that you are more effective in the services you provide.

Be informed about the experience of living with schizophrenia and other psychotic disorders.

Seek out education on schizophrenia and other psychotic disorders.

Action Steps

- ✓ Better understand the symptoms and features.
- ✓ Avoid “othering” the individual by focusing on erratic or weird behavior.
- ✓ Learn communication strategies to better engage.
- ✓ Consider systemic and structural barriers.

Be aware of how media informs and reinforces implicit bias.

Action Steps

- ✓ Identify negative biases portrayed in media.
- ✓ Counteract these biases with education.

Allow for different models of support and recovery.

Action Steps

- ✓ Individualize the support that each person needs and involve the person in decisions.
- ✓ Have different models of success of individuals living with schizophrenia in recovery.

[Slide Image Description: This slide shows blue arrows highlighting strategies, each with a list of action steps below.]

The action steps we’ve discussed on the prior slides can help manage bias in a wide array of categories in which people are stigmatized. We want to talk specifically about biases about the experience of living with schizophrenia and other psychotic disorders. Think about all the levels of stigma that relate to persons living with schizophrenia and other psychotic disorders, and how a better understanding of these can counteract a response of judgment, fear and/or discrimination. Consider the ways in which structural barriers make it difficult for individuals living with such disorders (or their support systems) to navigate. Often, forms need to be filled out, rules need to be parsed out, hoops need to be jumped through to be connected to services. This is especially difficult for someone with active symptoms. Let’s consider some action items related to better understanding schizophrenia and other psychotic disorders and how that can help us reduce our biases.

1. Seek out education on schizophrenia and other psychotic disorders.

Psychoeducation about mental illness - specifically psychotic disorders such as schizophrenia - is key to addressing implicit bias. Some of the aspects of psychotic

disorders can trigger a reaction of fear, judgement, or alienation, if not understood.

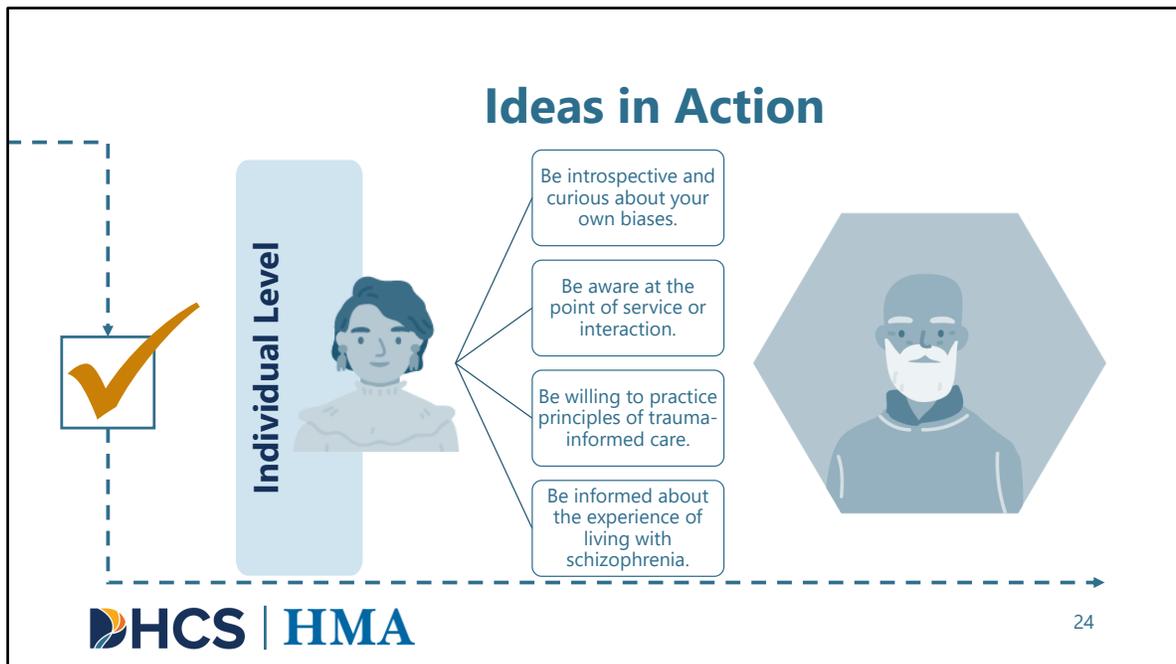
- **Action Step.** Better understand the symptoms and features of schizophrenia and other psychotic disorders. Not just more well-known features, like hallucinations or delusions, but also diminished emotional expressions, reduced motivation, or impaired cognition & judgement.
- **Action Step.** Avoid “othering” individuals living with psychotic disorders by focusing on erratic or weird behavior.
- **Action Step.** Learn communication strategies to better engage. Avoid hostility.
- **Action Step.** Consider systemic and structural barriers for individuals living with psychotic disorders to access support.

2. Be aware of how media informs and reinforces implicit bias. Media can reinforce many kinds of bias, such as racial bias, for example. If you watch shows that support stereotypes, or negative portrayals of certain groups of people, your implicit bias is likely to be stronger. This can be true for any bias, but especially true for psychotic disorders, including schizophrenia. Think of the insane asylum trope or how individuals living with serious mental disorders can be portrayed in the media as violent, erratic individuals to be feared. Consider what biases you have formed based on media and contextualize it based off of what you know about the disorder and individuals.

- **Action Step.** Identify negative biases portrayed in media.
- **Action Step.** Counteract these biases with education.

3. Allow for different models of support and recovery. Not everyone’s situation will be the same, and an individual’s experience living with a psychotic disorder such as schizophrenia will be unique. So too, will what services and supports they will need and what recovery looks like for them.

- **Action Step.** Individualize the support that each person needs and involve the person in decisions.
- **Action Step.** Have different models of success of individuals living with psychotic disorders in recovery.



[Slide Image Description: This is an Ideas in Action slide that provides an opportunity for participants to practice using the information. It contains a checkbox and an arrow.]

We have been discussing strategies to manage bias that can be taken at the individual level. Before we move on to talk about strategies to manage bias at the organizational level, we wanted to spend some time talking about what this would look like in Frank’s situation.

Let’s imagine that Maria is a case worker with the BH agency, and she has been assigned to work with Frank. Maria is not new to BH, but she hasn’t been working with this specific population, and she realizes she has some implicit biases and assumptions about Frank. What action steps could she take?

Be introspective and curious about your own biases.

- Write a list of her beliefs are leading to biased thoughts and behaviors toward Frank. Reflect on whether and how those beliefs negatively impact her relationship with Frank.
- Discuss with another team member (maybe a supervisor) to share their views about her biased beliefs or behaviors that she demonstrates, recognizing that this doesn’t

make her a “bad” person.

Be aware at the point of service or interaction.

- She could seek out additional information about Frank, including his strengths.
- She could avoid judgmental facial reactions and body language.
- She could find ways to put Frank at ease, including listening to classical music or talking about the Dominican Republic.

Be willing to practice cultural humility.

- She could ask Frank to share his own experiences, knowledge, and resources so that she can support his health and well-being.
- She could welcome clients with genuine curiosity and ensure their voices are heard, approaching Frank with empathy and compassion.

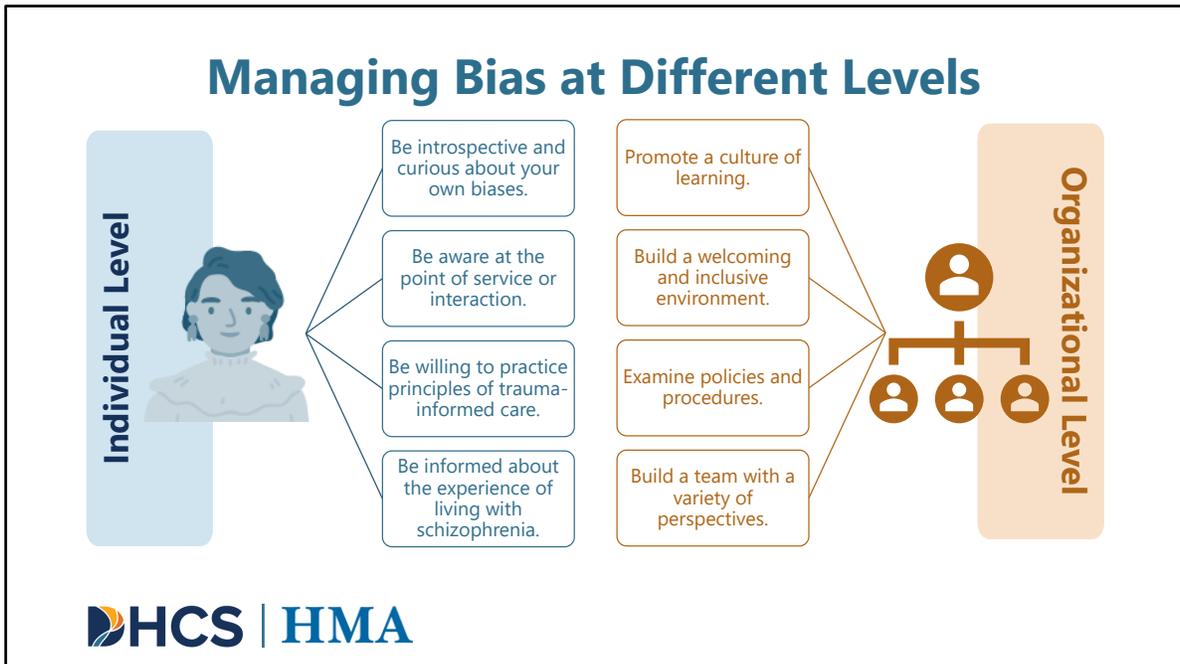
Be informed about the experience of living with schizophrenia and other psychotic disorders.

- She could seek out training and education on the experience of living with schizophrenia, especially communication strategies that can help her connect with Frank.
- She could look for different examples of support and recovery by seeking out the perspective of a Peer Support Specialist to help her understand a variety of experiences of those living with schizophrenia and what recovery can look like for them.



[Slide Image Description: This is a section divider slide to indicate a major section of this training.]

During this third section, we are going to talk about strategies for addressing bias at the organizational level.



[Slide Image Description: This slide shows a blue box and a blue icon individual highlighting strategies at the individual level, as well as an orange box and orange hierarchy icon highlighting strategies at the organizational level.]

In the last section, we focused on strategies that can be taken on the individual level to address bias. Let’s dive deeper into strategies that can be enacted at the organizational level to manage bias.

Again, as we go through these ideas, think about what you can start, stop, or continue doing to manage bias.

Promote a culture of learning.

Support training and education.

Action Steps

- ✓ Ensure trainings are provided within the organization.
- ✓ Provide opportunities for staff to attend external trainings.
- ✓ Incentivize staff furthering their education.

Encourage staff to learn from others, including colleagues and clients.

Action Steps

- ✓ Provide opportunities for staff to share learnings and provide feedback across the organization.
- ✓ Catalogue staff expertise and connect staff to relevant individuals.

[Slide Image Description: This slide shows orange arrows highlighting strategies, each with a list of action steps below.]

Organizations must create structures and systems to support a culture of learning and acceptance. In addition to supporting training and education, consider encouraging staff to learn from each other.

1. Support training and education. Staff can benefit from trainings and education, regardless of if it comes directly from within the organization. Consider promoting opportunities for staff to train and learn.

- **Action Step.** Ensure trainings provided within the organization are accessible to all staff.
- **Action Step.** Provide opportunities for staff to attend external trainings.
- **Action Step.** Incentivize staff looking to further their education.

2. Encourage staff to learn from others, including colleagues and clients. Staff can have a lot to learn from their fellow colleagues, as well as the people they serve. Ensure staff are well-positioned to engage in these learning opportunities.

- **Action Step.** Provide opportunities for staff to share learnings and provide

feedback across the organization.

- **Action Step.** Catalogue staff expertise and connect staff to relevant individuals.
- **Action Step. Leadership Must Model Behaviors**

Consider how promoting a culture of learning would support employees in managing their own biases:

- A culture of learning could encourage staff to feel better-supported overall by the organization.
- It could also inspire staff to continue additional personal learnings around biases separate from their role at the organization.

Build a welcoming and inclusive environment.

Foster the practice of cultural humility.

Action Steps

- ✓ Provide resources that broaden understanding of cultures in the communities served.
- ✓ Support opportunities for staff and community members to share their own experiences, knowledge, and resources.

Don't place pressure on individuals to "speak for the group."

Action Steps

- ✓ Acknowledge unique experiences.
- ✓ Encourage staff to share their experiences without requiring it.

Disrupt traditional power relationships and model disruption of bias.

Action Steps

- ✓ Intentionally empower front line staff.
- ✓ Create venues for all staff to provide feedback.
- ✓ Disclose the steps the organization is taking to mitigate bias.

[Slide Image Description: This slide shows orange arrows highlighting strategies, each with a list of action steps below.]

Organizations must foster a welcoming and inclusive environment in order to address bias among staff and structures. Consider opportunities to include staff in dismantling existing structures that promote bias.

1. Foster the practice of cultural humility. As a reminder, cultural humility is the ability to center and empower someone else's experience and culture. Leadership can foster this practice within their organization.

- **Action Step.** Provide resources that broaden understanding of cultures in the communities served by the organization.
- **Action Step.** Support opportunities for staff and community members to share their own experiences, knowledge, and resources.

2. Don't place pressure on individuals to "speak for the group." Staff have their own unique experiences that distinguish them from cultural groups they belong to; while shared learning is encouraged, staff should not feel obligated to speak on behalf of any groups they are a part of.

- **Action Step.** Acknowledge unique experiences.
- **Action Step.** Encourage staff to share their experiences without requiring it.

3. Disrupt traditional power relationships and model disruption of bias. Beyond modeling disruption of bias, the organization should support staff in doing the same.

- **Action Step.** Intentionally empower front line staff to weigh in on policies, procedures, environment, etc.
- **Action Step.** Create venues for all staff to provide feedback.
- **Action Step.** Disclose the steps the organization is taking to mitigate bias.

Consider how building a welcoming and inclusive environment would support employees in managing their own biases:

- A welcoming and inclusive environment would allow staff to feel comfortable in identifying and addressing their own biases without feeling judgement.
- Such an environment would also promote staff retention.

Examine policies and procedures.

Examine existing policies and procedures.

Action Steps

- ✓ Schedule regular reviews for policies and procedures.
- ✓ Involve staff and clients in amending policies and procedures.

Develop new policies and procedures.

Action Steps

- ✓ Dedicate staff and time to identifying policies and procedures.
- ✓ Involve staff in the co-creation of new policies and procedures.

[Slide Image Description: This slide shows orange arrows highlighting strategies, each with a list of action steps below.]

To continue dismantling existing structures that promote bias, organizations will need to reflect on and adapt policies and procedures. For example, organizations whose policies and procedures do not protect certain minority groups will inherently bolster biases towards these groups. Leadership can once again invite staff to share this work.

Consider these examples of how policies and procedures can inadvertently perpetuate bias:

- **No show and late appointment policies:** Strict "no show" policies can introduce bias against unhoused individuals who may have issues with keeping track of time, transportation, performing activities of daily living, and getting food in time for early appointments. An alternative is to hold open space on certain days for drop-ins, particularly for those who have missed appointments and have had difficulty rescheduling.
- **Availability only between 8am – 5pm:** This policy can introduce bias against those with inflexible work or caregiving responsibilities, making it difficult (or burdensome) for them to attend. An alternative would be offering availability on

some evenings or weekends.

- **Policies with cultural implications:** University of California, San Francisco (UCSF) changed their “No Tobacco” policy after learning that tobacco has religious implications for Native American groups. UCSF also changed hospital visitation policies to allow Romani gypsy individuals to visit their leader and high-ranking officials in the hospital after learning they must all come and pay respects. UCSF worked with the members to develop a visitation policy that would honor their culture and abide by infection control standards.

Within your own organization, consider the following strategies to examine policies and procedures:

1. Examine existing policies and procedures. Some policies and procedures can prevent addressing biases, and others still can even encourage biases. Identify opportunities to update policies and procedures to allow staff to mitigate their biases.

- **Action Step.** Schedule regular reviews for policies and procedures.
- **Action Step.** Involve staff and clients in amending policies and procedures.

2. Develop new policies and procedures. Identify additional policies and procedures that can be set in place to allow staff to mitigate their biases.

- **Action Step.** Dedicate staff and time to identifying policies and procedures.
- **Action Step.** Involve staff in the co-creation of new policies and procedures.

Consider how examining policies and procedures would support employees in managing their own biases:

- Updating and adopting policies could encourage staff to work on their ability to support clients from various cultures.
- Demonstrating a willingness to improve and adapt would demonstrate an inclusive environment for staff.
- Co-creating new policies and procedures would staff would instill ownership in the work to address bias.

Build a team with a variety of perspectives.

Encourage staff to voice unique perspectives.

Action Steps

- ✓ Provide opportunities for staff to share their perspectives.
- ✓ Ensure leadership and management are welcoming of unique perspectives.

Incorporate diversity, equity, and inclusion principles into hiring and promotion practices.

Action Steps

- ✓ Identify new partners and opportunities to increase the pipeline of diverse hires.
- ✓ Provide inclusive benefits and flexible policies to attract a wider variety of candidates.
- ✓ Promote holistic requirements for promotion among staff.

[Slide Image Description: This slide shows orange arrows highlighting strategies, each with a list of action steps below.]

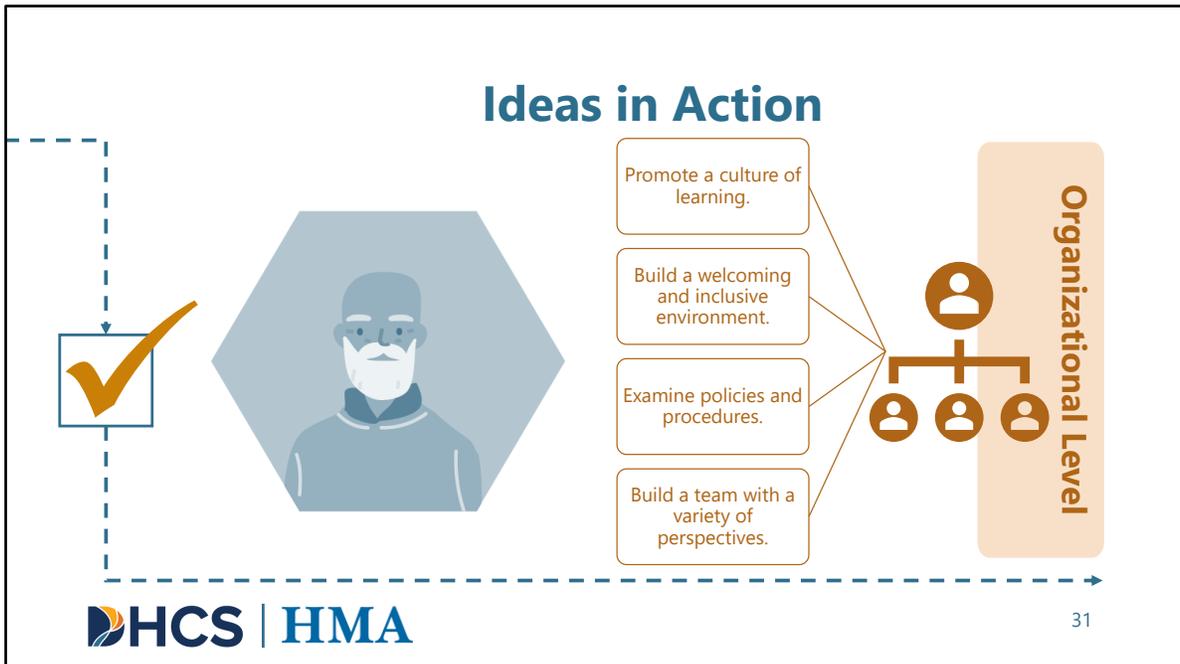
In addition to improving upon hiring and promotion practices, fostering an effective staff with diverse voices goes along with the previous strategy of building a welcoming and inclusive environment. Staff should feel that their voices and perspectives are heard and valued. This will in turn improve recruitment and retention efforts as well.

- 1. Encourage staff with unique perspectives.** Staff should feel comfortable to share their perspectives and experiences; this will strengthen teams within the organization.
 - **Action Step.** Provide opportunities for staff to share their perspectives.
 - **Action Step.** Ensure leadership and management are welcoming of unique perspectives.
- 2. Incorporate diversity, equity, and inclusion into hiring and promotion practices.** Actively seek to bring on new staff with diverse perspectives and backgrounds, as well as promote and support existing staff with diverse perspectives and backgrounds. Staff with diverse perspectives and backgrounds can better support a wider range of clients as well as help to address bias within the organization itself.

- **Action Step.** Identify new partners and opportunities to increase the pipeline of diverse hires. Consider connecting with local schools and programs and learning about their scholarship and advancement opportunities.
- **Action Step.** Provide inclusive benefits and flexible policies to attract a wider variety of candidates.
- **Action Step.** Promote holistic requirements for promotion among staff. Balancing leadership to ensure diversity, equity, and inclusion can also help to mitigate bias.

Consider how building a team with a variety of perspectives would support employees in managing their own biases.

- More individuals from different cultures could better understand the cultural contexts of your clients.
- Promoting a more inclusive environment could help current team members better address their limitations and improve.
- Providing equal access to leadership opportunities can enrich decision-making processes.



[Slide Image Description: This is an Ideas in Action slide that provides an opportunity for participants to practice using the information. It contains a checkbox and an arrow.]

We have been discussing strategies to manage bias that can be taken at the organizational level. Before we move on to examine bias in the CARE process, we wanted to spend some time talking about what this would look like in Frank’s situation.

Let’s imagine that a housing services organization is providing services to Frank. The organization wants to ensure that the staff working with Frank are mitigating their implicit biases and assumptions. What action steps could the housing services organization take?

Consider the potential steps below:

Promote a culture of learning.

- Identify and provide existing trainings within the organization that are relevant to Frank’s needs.
- Assign a staff member to identify external trainings and information from DHCS that could support learning about the CARE population, such as Frank.

Build a welcoming and inclusive environment.

- Encourage the team assigned to work with Frank to share learnings with the organization's staff. Staff should feel supported to share their experiences, knowledge, and resources.

Examine policies and procedures.

- Ask the team assigned to work with Frank if there are any existing policies that are creating barriers to serve Frank.
- Ask the team assigned to work with Frank if there are any new policies that could be implemented to allow them to better serve Frank.

Build a team with a variety of perspectives.

- Build a team that has experience with individuals like Frank.
- If there aren't many staff that can relate to the CARE population, like Frank, discuss how hiring practices can prioritize bringing on individuals with lived experience or relevant perspectives.



[Slide Image Description: This is a section divider slide to indicate a major section of this training.]

During this fourth section, we are going to talk about strategies for addressing bias within the CARE process.

CARE Act Roles



[Slide Image Description: This slide shows colorful boxes listing the roles included in the CARE Act process.]

In other trainings, we've talked about the different roles in the CARE process. Let's take some time to consider how these roles could intentionally take action to manage their bias in ways that provides better support for CARE participants.

Managing Implicit Bias in the CARE Process

Individual Level

- Be introspective and curious about your own biases.
- Be aware at the point of service or interaction.
- Be willing to practice principles of trauma-informed care.
- Be informed about the experience of schizophrenia.

Organizational Level

- Promote a culture of learning.
- Build a welcoming and inclusive environment.
- Examine policies and procedures.
- Build a team with a variety of perspectives.



**Client/
Respondent**



Petitioner



**Volunteer
Supporter**



34

[Slide Image Description: This slide shows a list of the individual and organizational level strategies next to colorful boxes listing the roles of the client/respondent, petitioner, and volunteer supporter.]

We just talked a lot about strategies to manage bias and how those strategies could impact bias. We want to spend a few minutes thinking about how different roles in the CARE process could use these strategies.

1. Client/Respondent
 - Seeking psychoeducation on their illness can help them have self-compassion and manage internalized biases against themselves.

2. Petitioner
 - Seeking psychoeducation on the client’s illness can help them understand symptoms and affectations specific to living with schizophrenia and other psychotic disorders and help reduce fear, judgement, and feelings of alienation.
 - Broadening the image of what “success” and “recovery” looks like can bring hope, compassion, and space for the individual’s own path.

3. Volunteer Supporter

- Adopting a supported decisionmaking approach can help the volunteer supporter fulfill their role in the CARE process in ways that supports the autonomy of the individual.
- Seeking out the individual's strengths can help them to establish and reinforce adaptive coping mechanisms that can contribute to a more positive sense of self.
- Avoiding judgmental facial reactions and body language can help the volunteer supporter reserve judgement when the individual is exhibiting behavior that feels "odd" or "strange."

Managing Implicit Bias in the CARE Process

Individual Level

- Be introspective and curious about your own biases.
- Be aware at the point of service or interaction.
- Be willing to practice principles of trauma-informed care.
- Be informed about the experience of schizophrenia.

Organizational Level

- Promote a culture of learning.
- Build a welcoming and inclusive environment.
- Examine policies and procedures.
- Build a team with a variety of perspectives.



County Behavioral Health Agency

Ideas for managing bias include:

- Listing out biases and reflecting on how they can impact others can help individuals at a BH agency pre-emptively consider their biases so that they can manage them proactively.
- Approaching individuals with empathy, compassion, and respect can help members of the BH team build trust and deepen engagement.
- Building a team with a variety of perspectives can help clients feel comfortable and welcomed.

[Slide Image Description: This slide shows a list of the individual and organizational level strategies next to a colorful boxes listing the role of the county behavioral health agency.]

Let's take some additional time on what actions to address bias could look like at the BH agency:

- Listing out biases and reflecting on how they can impact others can help individuals at a BH agency pre-emptively consider their biases so that they can manage them proactively.
- Approaching individuals with empathy, compassion, and respect can help members of the BH team build trust and deepen engagement.
- Building a team with a variety of perspectives can help clients feel comfortable and welcomed.

Make note of any of the other individual and organizational level ideas that could help BH agencies better manage their bias.

Managing Implicit Bias in the CARE Process

Individual Level

- Be introspective and curious about your own biases.
- Be aware at the point of service or interaction.
- Be willing to practice principles of trauma-informed care.
- Be informed about the experience of schizophrenia.

Organizational Level

- Promote a culture of learning.
- Build a welcoming and inclusive environment.
- Examine policies and procedures.
- Build a team with a variety of perspectives.



Housing & Community Supports Providers

Ideas for managing bias include:

- Turn to clients as experts in their own experience can help providers best match available supports to the needs and preferences of the client.
- Be honest and ask for support when you cannot address your own bias, or you know you have blind spots.
- Create a warm and welcoming environment can help providers increase the possibilities that the CARE participant will engage in services.

[Slide Image Description: This slide shows a list of the individual and organizational level strategies next to a colorful box listing the roles of the housing and community supports providers.]

Now let's talk about what housing and community support providers can do.

- Turn to clients as experts in their own experience can help providers best match available supports to the needs and preferences of the client.
- Be honest and ask for support when you cannot address your own bias, or you know you have blind spots.
- Create a warm and welcoming environment can help providers increase the possibilities that the CARE participant will engage in services.

Managing Implicit Bias in the CARE Process

Individual Level

- Be introspective and curious about your own biases.
- Be aware at the point of service or interaction.
- Be willing to practice principles of trauma-informed care.
- Be informed about the experience of schizophrenia.

Organizational Level

- Promote a culture of learning.
- Build a welcoming and inclusive environment.
- Examine policies and procedures.
- Build a team with a variety of perspectives.



Court

Ideas for managing bias include:

- Examine power dynamics that minimize others' experiences.
- By being informed about the experience of living with schizophrenia and other psychotic disorders, counsel can help ensure that their client's voices are heard and that they receive the support they need.
- Courts could seek ways to build welcoming and inclusive environments.

[Slide Image Description: This slide shows a list of the individual and organizational level strategies next to a colorful box listing the role of the court.]

Let's talk about what these strategies might look like in the context of the court:

- Examine power dynamics that minimize others' experiences can help counsel and court staff recognize power imbalances and adjust to make the client feel more comfortable. In some courts, the judges choose not to wear the black robe and dress more casually. In addition, some courts have also chosen to have proceedings or discussions around round tables rather than in a court, as examples.
- By being informed about the experience of living with schizophrenia and other psychotic disorders, including symptoms and different paths to recovery, counsel can help ensure that their client's voices are heard and that they receive the support they need.
- Courts could seek ways to build welcoming and inclusive environments to foster a collaborative court model and help clients feel at ease.

Ideas in Action

✓



What are you currently doing that you will **STOP** because it isn't working?



What haven't you done that you will **START** because it may work?



What are you already doing that you will **CONTINUE** because it works well?

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[Slide Image Description: This is an Ideas in Action slide that provides an opportunity for participants to practice using the information. It contains a checkbox and an arrow.]

Ideas in Action:

- What are you currently doing that you will STOP because it isn't working?
- What haven't you done that you will START because it may work?
- What are you already doing that you will CONTINUE because it works well?

Objectives

At the end of the session, participants will have an increased ability to:

- › Describe the impact that biases can have on ourselves and others.
- › List three action steps that an individual or organization can take to manage bias.

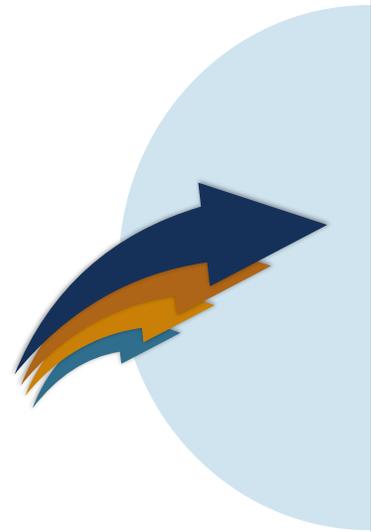
[Slide Image Description: This slide shows the learning objectives for this training with a light blue background.]

At the end of the session, participants will have an increased ability to:

- Describe the impact that biases can have on ourselves and others.
- List three action steps that an individual or organization can take to manage bias.

Next Steps

- » Visit [CARE-Act.org](https://www.care-act.org) for resources (including recordings of past trainings) and to submit questions/TA requests.
- » Review additional topics in the related training series:
 - [Part 1: Trauma-Informed Care & Organizational Considerations](#)
 - [Part 2: Incorporating Trauma-Informed Care into the CARE Process](#)
 - [Part 3: Workforce & Sustainability with Trauma-Informed Care](#)



[Slide Image Description: This slide shows bullets with next steps. It contains decorative arrows.]

Please let us know how we can best support your teams. Contact info@CARE-Act.org with questions, join the communications listserv, and submit requests and feedback for CARE Act TTA. Please also visit the CARE Act Resource Center website for training decks and recordings, which will be added two weeks after each training.

You can also review additional topics in the related training series:

- [Part 1: Trauma-Informed Care & Organizational Considerations](#)
- [Part 2: Incorporating Trauma-Informed Care into the CARE Process](#)
- [Part 3: Workforce & Sustainability with Trauma-Informed Care](#)

Resources

- » UCLA Office of Equity, Diversity, and Inclusion [Implicit Bias Video Series](#).
- » National Institutes of Health (NIH) [Implicit Bias Course](#).
- » Harvard's Project Implicit - [Implicit Bias Test](#).

[Slide Image Description: This slide shows a list of resources.]

Additional Resources:

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Questions?

[CARE-Act.org](https://www.care-act.org) | info@CARE-Act.org

[Slide Image Description: This slide shows the CARE-act website and the email address.]

We are here to support you and provide you with those opportunities to connect and hear about implementing the CARE Act. The website is [CARE-Act.org](https://www.care-act.org) and our email address is info@CARE-Act.org.