



AMERICAN ASSOCIATION FOR COMMUNITY PSYCHIATRY

SELF-ASSESSMENT FOR MODIFICATION OF ANTI-RACISM TOOL

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(AACCP)**



BACKGROUND

On June 3rd, 2020, the American Association for Community Psychiatry (AACP) released a Statement on Police Brutality and Structural Racism. In response to a reinvigorated national conversation around structural racism stemming from the widely publicized death of George Floyd at the hands of law enforcement, this statement strongly and unequivocally condemned all forms of state-sanctioned violence, and called on its membership to stand by four commitments:

We commit to creating safe spaces for patients and colleagues to give voice to their experiences of racial trauma and to approaching patient care through the lens of structural competency.

We commit to challenging our own implicit biases and confront discriminatory speech and acts in our colleagues and friends

We commit to identifying structural inequity in hiring, disciplinary and promotion practices within our own institutions, to speaking out against them, and to improving equity in these areas.

We commit to educating ourselves on laws and policies both local and national that sustain racist practices in our society, and to engaging with our local and national officials to dismantle these systems of oppression.

The AACP also convened an Emergency Town Hall: *The Leadership Role of Community Psychiatry in Combating Structural Racism*. The meeting provided a venue for AACP's membership to consider the role of community behavioral health providers in addressing structural racism, and to provide feedback on concrete action steps that the AACP should take to do so.

To further the work initiated by this statement and Town Hall, here we present:
The Self-Assessment for Modification of Anti-Racism Tool (SMART).

SMART is the first tool designed specifically to help community behavioral health organizations to assess the extent to which their organizational and clinical processes are affected by racism, and to use that information to create measurable progress in becoming anti-racist at all levels. The tool is intended to encourage behavioral health providers to implement concrete organizational change in multiple domains, challenging community behavioral health providers to be proactively and intentionally anti-racist in their operations.

Note that although SMART was designed specifically for community behavioral health organizations, in accordance with the mission of the AACP, we expect other types of human services organizations will find the tool to be useful – in whole or in part – for helping them to become proactively and intentionally anti-racist as well.



Self-Assessment for Modification of Anti-Racism Tool (SMART)

AACP Wants You to be *SMART*

SMART General instructions:

The SMART tool is intended to promote a team-based, consensus-building discussion to both open the conversation and to identify a baseline for ongoing improvement efforts. It is not intended to be a research tool; it is a framework for quality improvement.

SMART is organized into the following sections:

1. Hiring, Recruitment, Retention and Promotion
2. Clinical Care
3. Workplace Culture
4. Community Advocacy
5. Population Health Outcomes/Evaluation

Conducting the SMART Self-Assessment

It is recommended that your team/organization use the SMART tool to have a group conversation for self-assessment. Ideally, the self-assessment should be conducted by a diverse group of staff representing different identities, roles, levels of hierarchy, etc., drawn from across the organization. It is anticipated that this self-assessment conversation will provide the initial impetus to broader discussions around addressing disparities within the organization. For this reason, having individuals complete the tool without having a conversation is a missed opportunity to create wider participation in making change.

Consensus Scoring

The scoring for each item on the SMART tool should be done by consensus. Each participant in the group conversation should be given an opportunity to select a score and explain the rationale for the score. Then, the group should discuss the various perspectives to arrive at a consensus score for the item. When scoring, try to pick a whole number. Select 0.5 if your group cannot reach consensus otherwise (e.g., 3.5 if the group cannot reach consensus between a score of 3 vs. 4).

NOTE: If an item is definitely not applicable to your organization (e.g., you only treat children, you do not treat a population that uses clozapine), then mark N/A. Otherwise, assume that all items are applicable.



The SMART tool has specific recommended markers for scoring associated with each item. However, these items may not apply to every organization. Therefore, we are providing the following alternative scoring markers:

If your organization has looked at these issues and found that at baseline there are no disparities, give yourselves a round of applause and score a 5.

If you find that the markers provided do not fit you, rate yourselves from 1 to 5 using more general criteria, as follows: 1 – haven't started, 2 – a little progress, 3 – about midway in our journey, 4 – significant progress but not complete, 5 – complete or nearly complete success.

Developing an Improvement Plan

It is very important when using the SMART tool to use the “notes” space after each section to document important aspects of the conversation, including what was learned and any identified priorities for action. Writing down only the numerical scores will make it harder to use the results for quality improvement planning.

The SMART tool will help an organization discover both strengths and improvement opportunities. The most important outcome of the discussion is to develop an actionable and achievable improvement plan. Therefore, following this initial assessment, we recommend selecting up to 3 areas for quality improvement. For each item, document specific goals, measurable improvement objectives, and responsible parties. This will permit accountability for the intended change.

The SMART self-assessment can be repeated every 6-12 months to document progress (or lack thereof) and to identify new priorities.



Hiring, Recruitment, Retention and Promotion

This section relates to improvement metrics that reflect the organization's ability to identify and address racial disparities in its workforce, and to ensure that all processes related to building its workforce reflect the pursuit of equity in employment opportunity.

H1. Promotion

To what extent does your organization track racial disparities in promotion practices (including time to promotion, percentage of employees receiving promotion in a given time period, etc.); and to what extent do you ensure that any disparities are addressed?

1. We don't track this and have not addressed it
2. We do track this, at least somewhat, have identified disparities, but have not made progress addressing them
3. We do track this fairly well, have identified disparities, and have made a small amount of progress in addressing them
4. We do track this consistently, have identified disparities, and have made significant progress
5. We do track this consistently, and we have processes in place to ensure that no disparities exist

H2. Mentorship and Career Development

To what extent does your organization work regularly to create initiatives promoting career advancement for individuals from racial/ethnic backgrounds that are traditionally underrepresented in the healthcare workforce, including formalized mentorship efforts and/or support for external career development opportunities?

1. We have just begun to think about this but have not taken any action.
2. We have acknowledged formally that this would be an important activity for our organization, but we have not taken any steps to make it happen
3. We have taken steps to start creating one or more initiatives of this kind. We have not yet considered a process for measuring the success of these initiatives.
4. We have fully developed and piloted one or more initiatives of this kind and are beginning to determine mechanisms by which we can sustain these initiatives and measure their success.
5. We have one or more established initiatives to promote targeted career development, with the structures needed to sustain these initiatives in the long term and established processes to measure the success of these initiatives.

H3. Recruitment

To what extent does your organization track racial disparities in the backgrounds of those who apply for open positions, and make targeted efforts to recruit candidates of diverse racial/ethnic backgrounds to open positions?

1. We don't track this and have not made any targeted efforts



2. We do track this, at least somewhat, and have identified disparities; we state an explicit interest in diversity in our job descriptions, but have not pursued targeted efforts to achieve equity/diversity in job recruitment
3. We do track this fairly well, have identified disparities, and have started to pursue some targeted recruitment efforts in addition to explicitly stating our interest in diverse candidates
4. We do track this consistently, have identified disparities, and have established, routine outreach efforts targeting candidates of diverse racial/ethnic backgrounds.
5. We do track this consistently and have well-established outreach efforts in place to ensure that no disparities in our job applicant pools exist.

H4. Hiring

To what extent does your organization track racial disparities in the backgrounds of individuals who are hired for open positions, and to what extent do you ensure that any disparities are addressed?

1. We don't track this and have not addressed it
2. We do track this, at least somewhat, have identified disparities, but have not made progress addressing them
3. We do track this fairly well, have identified disparities, and have made a small amount of progress in addressing them
4. We do track this consistently, have identified disparities, and have made significant progress
5. We do track this consistently, and we have processes in place to ensure that no disparities exist

H5. Retention

To what extent does your organization track racial disparities in retention of employees and ensure that any disparities are addressed, and to what extent does your organization have formal processes to examine the impact of racism and discrimination on employee retention (e.g. anonymous feedback, exit interviews, etc.)?

1. We don't track this and have not addressed it; we do not formally examine the impact of racism and discrimination on employee retention.
2. We do track this, at least somewhat, have identified disparities, but have not made progress addressing them; we have general mechanisms for collecting feedback at resignation/termination, but these mechanisms do not explicitly address racism or discrimination.
3. We do track this fairly well, have identified disparities, and have made a small amount of progress in addressing them; we have limited inclusion of queries that address racism/discrimination at resignation/termination.
4. We do track this consistently, have identified disparities, and have made significant progress in addressing them; we routinely ask about discrimination and racism as part of collecting feedback at resignation/termination.
5. We do track this consistently, and we have processes in place to ensure that no disparities exist; we have a well-established structure and process for eliciting feedback on discrimination and racism at resignation/termination and using this feedback to inform relevant workplace policies.



H6. Disciplinary Action

To what extent does your organization track racial disparities in employee disciplinary actions, and to what extent do you ensure that any disparities are addressed?

1. We don't track this and have not addressed it
2. We do track this, at least somewhat, have identified disparities, but have not made progress addressing them
3. We do track this fairly well, have identified disparities, and have made a small amount of progress in addressing them
4. We do track this consistently, have identified disparities, and have made significant progress
5. We do track this consistently, and we have processes in place to ensure that no disparities exist

Notes and Action Plan – Hiring, Recruitment, Retention and Promotion



Clinical Care

This section reviews improvement metrics that relate to specific measures that may reflect racial disparities in access to care, engagement in care, and quality of diagnosis and treatment.

C1. Access to clozapine for treatment resistant psychosis

To what extent does your organization track racial disparities in the degree to which individuals with treatment resistant psychosis are provided access to - and receive - clozapine, and to what extent do you ensure that any disparities are addressed?

1. We don't track this and have not addressed it
2. We do track this, at least somewhat, have identified disparities, but have not made progress addressing them
3. We do track this fairly well, have identified disparities, and have made a small amount of progress in addressing them
4. We do track this consistently, have identified disparities, and have made significant progress
5. We do track this consistently, and we have processes in place to ensure that no disparities exist

C2. Engagement of clients

To what extent does your organization track and address potential racial disparities in measures of engagement (examples include the percentage number of clients who attend their initial appointments and percentage of those who do not return after an initial visit OR percentage of no shows)?

1. We don't track this and have not addressed it
2. We do track this, at least somewhat, have identified disparities, but have not made progress addressing them
3. We do track this fairly well, have identified disparities, and have made a small amount of progress in addressing them
4. We do track this consistently, have identified disparities, and have made significant progress
5. We do track this consistently, and we have processes in place to ensure that no disparities exist

C3: Social Determinants and Engagement.

Disparities in engagement among racial minorities are often mediated by the impact of racism on social determinants. To what extent does your organization recognize that disparities in social determinants (such as housing, transportation, availability of childcare, employment in an essential capacity) are to some extent mediated by structural racism, and adjust treatment strategy/practices to facilitate access to care?

1. We have just begun to think about this but have not taken any action.
2. We have acknowledged that this would be an important goal for our organization, but we have not formalized that goal.



3. We have formalized the goal of better understanding social determinants and their impact on our population and adjusting our treatment/engagement process to accommodate impacted populations. However, we have not identified any accountable entities to coordinate action.
4. We have a formal goal, and an identified accountable individual or structure and have begun to take some steps to make progress.
5. We have a formal goal, and a well-established structure and process for making progress toward that goal.

C4. Involuntary treatment orders

To what extent does your organization track and address potential racial disparities in the imposition of involuntary commitment (either emergency commitments or assisted outpatient treatment, or both)?

1. We don't track this and have not addressed it
2. We do track this, at least somewhat, have identified disparities, but have not made progress addressing them
3. We do track this fairly well, have identified disparities, and have made a small amount of progress in addressing them
4. We do track this consistently, have identified disparities, and have made significant progress
5. We do track this consistently, and we have processes in place to ensure that no disparities exist

C5. Diagnostic disparities for Children

To what extent does your organization track and address potential racial disparities in diagnosing children (who may have experienced trauma related to racism and other factors) with Oppositional Defiant Disorder or Conduct Disorder?

1. We don't track this and have not addressed it
2. We do track this, at least somewhat, have identified disparities, but have not made progress addressing them
3. We do track this fairly well, have identified disparities, and have made a small amount of progress in addressing them
4. We do track this consistently, have identified disparities, and have made significant progress
5. We do track this consistently, and we have processes in place to ensure that no disparities exist

C6. Access to Care

To what extent does your organization track and address potential racial disparities in access to care, as measured by either penetration rates for various programs according to race and ethnicity, and/or ease of access (measured by wait lists, time to initial appointment, or transportation/telehealth barriers) for racially diverse populations?

1. We don't track this and have not addressed it
2. We do track this, at least somewhat, have identified disparities, but have not made progress addressing them



3. We do track this fairly well, have identified disparities, and have made a small amount of progress in addressing them
4. We do track this consistently, have identified disparities, and have made significant progress
5. We do track this consistently, and we have processes in place to ensure that no disparities exist

C7. Diagnostic Disparities for Adults

To what extent does your organization track and address potential racial disparities in diagnosis among adult patients (e.g., disproportionate diagnosis of Schizophrenia vs mood disorders among certain racial groups)?

1. We don't track this and have not addressed it
2. We do track this, at least somewhat, have identified disparities, but have not made progress addressing them
3. We do track this fairly well, have identified disparities, and have made a small amount of progress in addressing them
4. We do track this consistently, have identified disparities, and have made significant progress
5. We do track this consistently, and we have made processes in place to ensure that no disparities exist

C8. Disparities in Treatment Approach

To what extent does your organization track and address potential racial disparities in treatment approach, including choice of medication, use of chemical/physical restraints, choice of psychotherapy intervention, etc.?

1. We don't track this and have not addressed it
2. We do track this, at least somewhat, have identified disparities, but have not made progress addressing them
3. We do track this fairly well, have identified disparities, and have made a small amount of progress in addressing them
4. We do track this consistently, have identified disparities, and have made significant progress
5. We do track this consistently, and we have made processes in place to ensure that no disparities exist

C9. Client satisfaction

To what extent does your organization track and address potential racial disparities in client-reported satisfaction with treatment by clinicians and frontline staff?

1. We don't track this and have not addressed it
2. We do track this, at least somewhat, have identified disparities, but have not made progress addressing them
3. We do track this fairly well, have identified disparities, and have made a small amount of progress in addressing them



4. We do track this consistently, have identified disparities, and have made significant progress
5. We do track this consistently, and we have made processes in place to ensure that no disparities exist

Notes and Action Plan – Clinical Care



Workplace Culture

This section relates to improvement metrics that reflect the organization's ability to create a safe space inside the organization for staff at all levels, as well as clients and families, to identify racism and racial disparities as important issues, and to have open dialogue about how staff and clients are affected by those issues.

W1. Intentional anti-racism workplace culture

To what extent has your organization explicitly identified the goal of creating a "safe space" in the workplace for staff and clients to be able to identify and discuss racism and its effects, as well as establishing formal processes (accountable individuals, structures, processes, etc.) to achieve that goal.

1. We have just begun to think about this but have not taken any action.
2. We have acknowledged that this would be an important goal for our organization, but we have not formalized that goal.
3. We have formalized the goal of creating a safe space but have not identified any accountable entities to coordinate action.
4. We have a formal goal, and an identified accountable individual or structure and have begun to take some steps to make progress.
5. We have a formal goal, and a well-established structure and process for making progress toward that goal.

W2. Facilitating conversations about racism among staff

To what extent does your organization work regularly to create structured, protected opportunities for dialogue among staff regarding experiences of racism, including at the workplace, and how to address and improve safety and equity?

1. We have just begun to think about this but have not taken any action.
2. We have acknowledged formally that this would be an important activity for our organization, but we have not taken any steps to make it happen
3. We have taken steps to open dialogue and begun to have some conversations. We do not yet have a process in place to continue this regularly and to make progress.
4. We have regular opportunities for staff dialogue and have begun to experience some progress in the experience of safety for all staff.
5. We have a well-established structure and process for continuing safe dialogue about racism, and staff feel comfortable engaging in those discussions, reporting considerable progress.

W3. Facilitating conversations about racism between staff and clients/families

To what extent does your organization work regularly to create structured opportunities for dialogue between clients/families and staff regarding experiences of racism, including while receiving services at the agency, and how to address and improve safety and equity?



1. We have just begun to think about this but have not taken any action.
2. We have acknowledged formally that this would be an important activity for our organization, but we have not taken any steps to make it happen
3. We have taken steps to open dialogue with clients and begun to have some conversations. We do not yet have a process in place to continue this regularly and to make progress.
4. We have regular opportunities for clients to share their experiences and have begun to experience some progress in addressing and improving the disparities experienced by people in service.
5. We have a well-established structure and process for continuing safe dialogue about racism with all clients, and staff feel comfortable engaging in those discussions, and contributing to progress for both clients and for the organization.

W4. Implicit Bias self-assessment and other tools

To what extent does your organization utilize formal self-assessments for staff and/or teams/programs to identify, discuss, and subsequently measure improvement in implicit bias, ideally as a regular part of the agency's quality improvement activities.

1. We have just begun to think about this but have not taken any action.
2. We have acknowledged formally that this would be an important activity for our organization, but we have not taken any steps to make it happen
3. We have taken steps to identify an appropriate tool and piloted its use.
4. We have begun to use one or more tools regularly and have identified some improvement opportunities based on that activity.
5. We have a well-established structure and process for using individual and/or team self-assessments for routine quality improvement.

W5. Addressing racism within a trauma-informed culture

To what extent does your organization have a formal mechanism in place to develop a trauma-informed organizational culture for staff and clients, to empower staff to be safe participants in organizational change, and to explicitly identify racism and associated microaggressions as a form of trauma to be addressed?

1. We have just begun to think about this but have not taken any action.
2. We have acknowledged formally that should be explicitly addressed within our current trauma-informed efforts but have not made progress doing so.
3. We have taken steps to establish a trauma-informed organizational culture, and to include racism within that process
4. We have a well-organized approach to training and improvement for the whole organization to become trauma-informed, including addressing racism, and have made measurable progress.
5. We have a well-established structure and process for sustaining a trauma-informed anti-racist culture that is regularly measured and reinforced at all levels of the organization.



W6. Formal reporting of racism in the workplace

To what extent does your organization have a formal process by which staff can safely and anonymously report incidents of race or ethnicity-based discrimination in the workplace, and a subsequent formal process by which the organization responds to such reports?

1. We have just begun to think about this but have not taken any action.
2. We have acknowledged formally that this would be an important activity for our organization, but we have not taken any steps to make it happen
3. We have taken steps to identify an appropriate tool and piloted its use.
4. We have begun to use one or more tools regularly and have identified some improvement opportunities based on that activity.
5. We have a well-established structure and process for using individual and/or team self-assessments for routine quality improvement.

W7. Formal staff training in structural factors that promote systemic racism

To what extent does your organization utilize formal training for staff and/or teams/programs to understand and identify structural, society-level factors (e.g. housing inequality, educational disparities, income inequality, etc.) that contribute to racial disparities in mental health?

1. We have just begun to think about this but have not taken any action.
2. We have acknowledged formally that this would be important training content for our organization, but we have not taken any steps to make it happen
3. We have taken steps to identify or created appropriate trainings and piloted their use.
4. We have begun to use one or more trainings regularly and have identified some improvement opportunities based on that activity.
5. We have a well-established structure and process for high quality, continuing training in these topics for all staff/teams/programs.

Notes and Action Plan – Workplace Culture



Community Advocacy

This section relates to improvement metrics that relate to the performance of the community service system in preventing racial disparities in outcomes. This section is termed community advocacy because these metrics are generally not within the full control of the community BH organization, but rather have to be addressed through collaboration with system partners (justice, child/adult protection, housing, education, etc.)

A1. Involvement with law enforcement and the criminal justice system

To what extent does your organization work in partnership with law enforcement and the local criminal justice system to eliminate potential racial disparities in arrest, incarceration and diversion of people of color who have mental health and/or substance use conditions?

1. We don't participate in a collaboration that tracks this information and have not addressed it
2. We do work with community partners on this issue, and have begun to track this and recognize disparities, but have not made progress addressing them
3. We do have a collaboration that has identified this as an issue, and we have data indicating that we have made a small amount of progress in addressing this issue.
4. We participate in a partnership that tracks this consistently, has identified disparities, and has made significant progress
5. We work as a community to track this consistently, and we have processes in place to ensure that no disparities exist

A2. Addressing the “school-to-prison” pipeline

To what extent does your organization work in partnership with schools and juvenile justice to eliminate potential racial disparities in disciplinary practices that are associated with the school to prison pipeline?

1. We don't participate in a collaboration that tracks this information and have not addressed it
2. We do work with community partners on this issue, and have begun to track this and recognize disparities, but have not made progress addressing them
3. We do have a collaboration that has identified this as an issue, and we have data indicating that we have made a small amount of progress in addressing this issue.



4. We participate in a partnership that tracks this consistently, has identified disparities, and has made significant progress
5. We work as a community to track this consistently, and we have processes in place to ensure that no disparities exist

A3. Addressing disparities in the child protection system

To what extent does your organization work in partnership with child protective services and other children's system partners to eliminate potential racial disparities in child protective services intervention that relate to family preservation and supportive, resource-oriented responses vs. punitive responses and/or placement in foster care?

1. We don't participate in a collaboration that tracks this information and have not addressed it
2. We do work with community partners on this issue, and have begun to track this and recognize disparities, but have not made progress addressing them
3. We do have a collaboration that has identified this as an issue, and we have data indicating that we have made a small amount of progress in addressing this issue.
4. We participate in a partnership that tracks this consistently, has identified disparities, and has made significant progress
5. We work as a community to track this consistently, and we have processes in place to ensure that no disparities exist

A4. Addressing disparities in serving individuals and families experiencing homelessness

To what extent does your organization work in partnership with housing agencies and homeless services providers to eliminate potential racial disparities in access to homeless services and to both temporary and permanent supported housing?

1. We don't participate in a collaboration that tracks this information and have not addressed it
2. We do work with community partners on this issue, and have begun to track this and recognize disparities, but have not made progress addressing them
3. We do have a collaboration that has identified this as an issue, and we have data indicating that we have made a small amount of progress in addressing this issue.
4. We participate in a partnership that tracks this consistently, has identified disparities, and has made significant progress
5. We work as a community to track this consistently, and we have processes in place to ensure that no disparities exist

A5. Access to home-based services for people who here elderly and/or disabled

To what extent does your organization work in partnership with area agencies on aging and home care providers to eliminate potential racial disparities in access to supports to maintain community living, maximize self-sufficiency, and avoid unnecessary institutional placement?

1. We don't participate in a collaboration that tracks this information and have not addressed it



2. We do work with community partners on this issue, and have begun to track this and recognize disparities, but have not made progress addressing them
3. We do have a collaboration that has identified this as an issue, and we have data indicating that we have made a small amount of progress in addressing this issue.
4. We participate in a partnership that tracks this consistently, has identified disparities, and has made significant progress
5. We work as a community to track this consistently, and we have processes in place to ensure that no disparities exist

Notes and Action Plan – Community Advocacy

Outcomes/Program Evaluation

This section relates to measures that assess the impact of racism on functional and clinical outcomes of treatment at the individual and population levels.

PE1. Health Outcomes

To what extent does your organization track disparities in health outcomes (death, medical comorbidity, avoidable readmissions, disease remission) outcomes and work to eliminate such disparities?



1. We have just begun to think about this but have not taken any action.
2. We have acknowledged that this would be an important goal for our organization, but we have not formalized that goal.
3. We have formalized the goal of tracking and eliminating disparities in population health outcomes but have not identified any accountable entities to coordinate action.
4. We have a formal goal, and an identified accountable individual or structure and have begun to take some steps to make progress.
5. We have a formal goal, and a well-established structure and process for making progress toward that goal.

PE2. Functional Outcomes

To what extent does your organization track disparities in functional outcomes (employment, homelessness, graduation, recidivism) and work to eliminate such disparities?

1. We have just begun to think about this but have not taken any action.
2. We have acknowledged that this would be an important goal for our organization, but we have not formalized that goal.
3. We have formalized the goal of tracking and eliminating disparities in population health outcomes but have not identified any accountable entities to coordinate action.
4. We have a formal goal, and an identified accountable individual or structure and have begun to take some steps to make progress.
5. We have a formal goal, and a well-established structure and process for making progress toward that goal.

Notes and Action Plan – Outcomes/Program Evaluation