Self-Assessment for Modification of Anti-Racism Tool (SMART):
Addressing Structural Racism in Community Mental Health

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AACP Statement on Police Brutality and Structural Racism

• 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.
Next Steps: AACP’s Goal

1. Provide metrics specific to disparity and inequity issues in community mental health

2. Extend beyond culture competency and linguistic appropriateness to incorporate structural inequity

3. Promote a stepwise, concrete quality improvement process than could be adapted for self-directed use in community mental health settings
AACP’s Process

- Membership Town Hall
- Advocacy + Products Subcommittee Discussion
- Identification of target inequity issues
  - Relevance to community mental health
  - Evidence-based
- Consideration of prior framework literature
Existing Frameworks

- Structural Competency
- The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS)
- Roadmap to Reduce Disparities
- Research to Equip Primary Care for Equity (EQUIP)
Quality Improvement and Anti-Racism in Community Behavioral Health Organizations

- **SERENITY PRAYER OF SYSTEM CHANGE:**
  - The serenity to accept what you cannot change, which is everyone else. The courage to change what you can: your own program.

- **FOCUS – PDCA:**
  - FIND a process to change (structural racism).
  - ORGANIZE a team (to use the tool).
  - CLARIFY the baseline (with the tool).
  - UNDERSTAND the variance (why is your baseline the way it is)
  - SELECT issues to address
  - Use PLAN-DO-CHECK-ACT (PDCA) change cycles.
SMART: Rationale for a structured tool

- Replace subjective impression with actionable information
- Look at organizational processes rather than individuals
- Generate data for the quality improvement process
- Identify areas where more data are needed
- Create a framework for diverse staff group discussions
- Provide “training by doing” for staff using the tool
- Use scoring to facilitate group consensus and prioritization
SMART Domains

Hiring, Recruitment, Retention and Promotion

Clinical Care

Workplace Culture

Community Advocacy

Population Health Outcomes/Evaluation
SMART Recommended Process

• Group conversation for self-assessment
• Diverse group of staff from all levels of organization
• Catalyst for broader conversation on inequity
• Consensus scoring
• Generate an action plan for improvement
• Reassess in 6-12 months
Domain 1: Hiring, Recruitment, Retention and Promotion

Promotion
Mentorship and Career Development
Recruitment
Hiring
Retention
Disciplinary Action
Domain 1: Sample Item

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
Domain 2: Clinical Care

Clozapine Access
Client Engagement
Social Determinants
Involuntary Treatment
Diagnostic Disparities
Access to Care
Treatment Disparities
Client Satisfaction
Domain 2: Sample Item

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
Domain 3: Workplace Culture

Intentional anti-racism
Facilitating staff-to-staff conversations
Facilitating staff-to-client conversations
Implicit bias training
Trauma-informed culture
Formal Reporting
Structural training
Domain 3: Sample Item

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.
Domain 4: Community Advocacy

Law enforcement/criminal justice
School-to-prison pipeline
Child protective services
Housing insecurity
Elder care
Domain 4: Sample Item

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
Domain 5: Outcomes/Program Evaluation

Health Outcomes

Functional Outcomes

SELF-ASSESSMENT FOR MODIFICATION OF ANTI-RACISM TOOL
Domain 5: Sample Item

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.
The Self-assessment for Modification of Anti-Racism Tool (SMART): Addressing Structural Racism in Community Behavioral Health

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Abstract
A national dialogue on systemic racism has been reinvigorated by the highly publicized deaths of several unarmed Black Americans, including George Floyd and Breonna Taylor. In response, the AACP Board considered how to promote concrete, meaningful action to support its membership in measurably addressing structures and policies that promote racism. In this article, literature on existing frameworks aimed at addressing health inequity on the organizational level are reviewed. We introduce the Self-assessment for Modification of Anti-Racism Tool (SMART), a quality improvement tool that aims to meet the AACP’s needs in facilitating organizational change in community behavioral healthcare. The AACP SMART’s development, components, use, and future directions are described. The AACP SMART builds on prior organizational tools supporting equity work in healthcare, providing a quality improvement tool that incorporates domains specific to structural racism and disparities issues in community behavioral healthcare.

Keywords Antiracism - Equity - Community mental health - Organizational change
Future Directions

• Now available at AACP website ➔ please consider piloting!
  – https://www.communitypsychiatry.org/resources/smart-tool
  – Structured feedback tool

• Piloting/Early Adopters
Questions/Comments?
References


