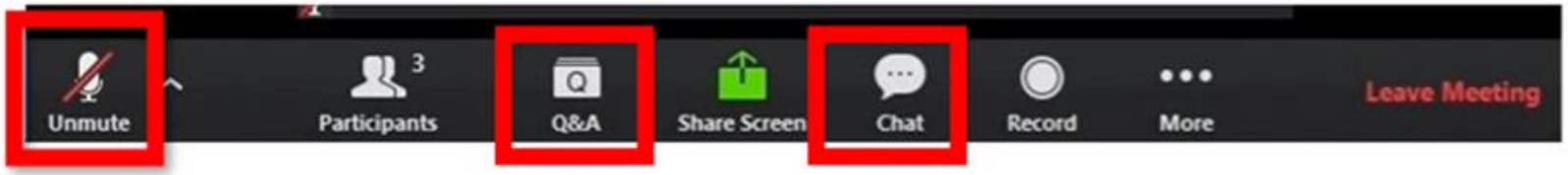
NATIONAL COUNCIL for Mental Wellbeing

July 2022: Implementing Data-informed Social Justice Change Within Organizations

In partnership with

AACP

How to Ask a Question



All functions are located at the bottom of your screen

- Ask questions by using the Q&A function (you will not be able to unmute)
- Use the chat for discussion & interactive activities

SJLA Community Norms

- Practice empathy: discussions around social justice and equity touch on sensitive topics that require us all to be understanding of each other's backgrounds and experiences.
- As you participate in today's webinar, please remember to stay committed to openness and learning.

Chat Norms:

- We may have differing opinions on ideas, but **those differences should always be discussed respectfully to facilitate education and growth.**
- Insulting, bullying, inflammatory, and offensive language will result in removal from the webinar.
- If you have any questions or concerns or are experiencing issues in the group, feel free to reach out to one of the moderators privately in the chat or by emailing SJLA@thenationalcouncil.org. We are here to help!

Frequently Asked Questions

- **All Learning Series events are recorded and will be made available to view on demand, along with a copy of these slides, on our SJLA webpage** within 48 hours following the event's conclusion.
- **The SJLA Workbook is not required to participate in the Learning Series**, however if you are interested in purchasing a copy it is available on our SJLA website.
- The SJLA Learning Series **is not CEU accredited**.
- **There will not be a certificate of completion for attending the SJLA Learning Series**. However, if you would like proof of attendance for your employer, please email SJLA@thenationalcouncil.org and we would be happy to provide you with an email verification.

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

MONDAY, JULY 18TH, 2022

SOCIAL JUSTICE LEADERSHIP ACADEMY LEARNING SERIES – STIGMA, SHAME AND DISCRIMINATION

AMERICAN ASSOCIATION FOR COMMUNITY PSYCHIATRY

PRESENTERS

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DISCLOSURE/ACKNOWLEDGEMENTS

Rachel Talley, MD has the following financial relationships to disclose: Medical Advisor, Vanna Health

Sosunmolu Shoyinka, MD, MBA has the following financial relationships to disclose: Owner, Centia Health LLC.

ACKNOWLEDGEMENT:

Ken Minkoff, MD

LEARNING OBJECTIVES

In this webinar, you will learn how to:

- Analyze how to implement the SMART tool within your organization
- Learn how to use data to facilitate dialogue and structure attainable organizational change goals
- Examine what you can do to champion a culture of ongoing, data-informed change within your organization

AACP STATEMENT ON POLICE BRUTALITY AND STRUCTURAL RACISM, 2020

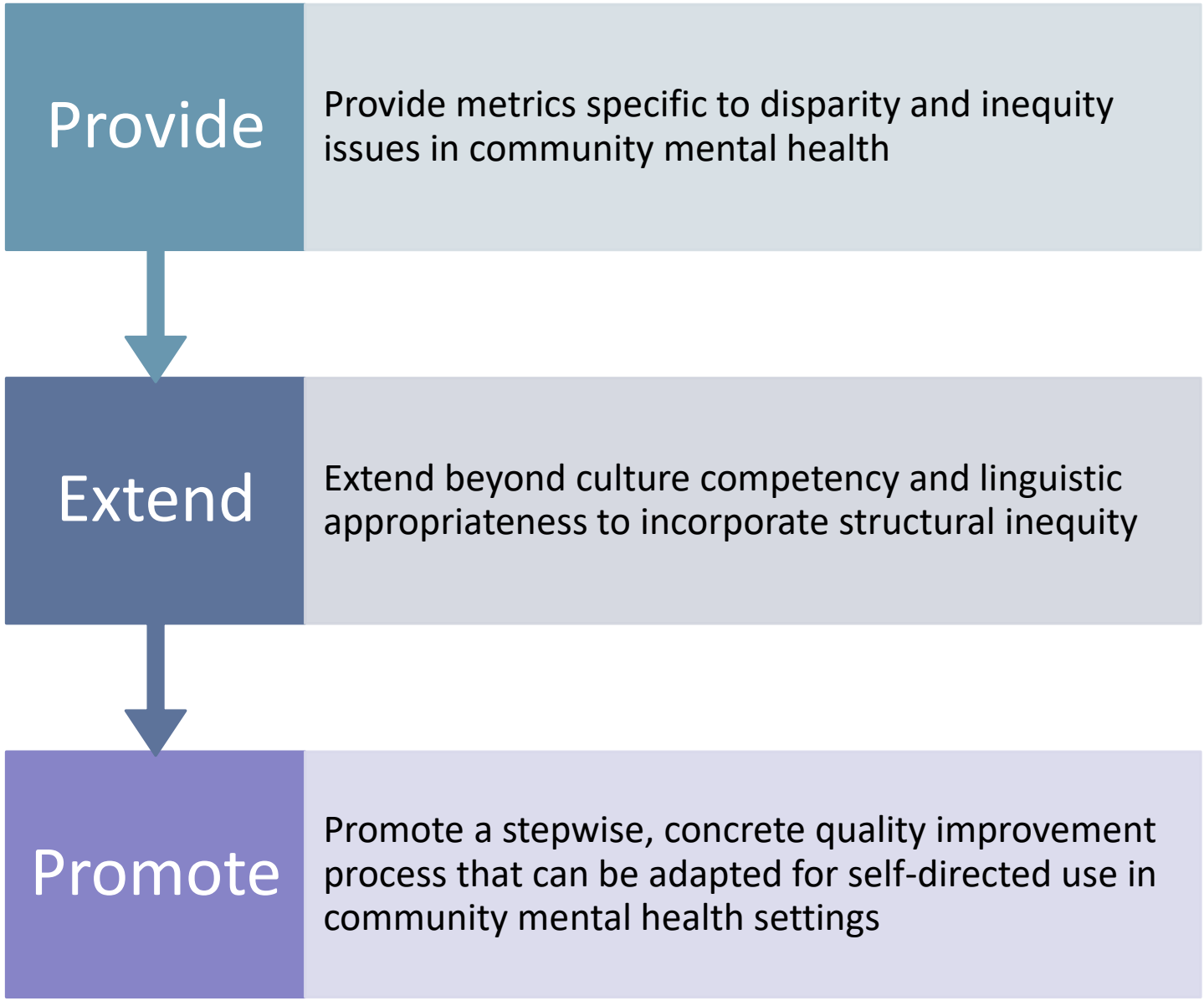
We commit to creating safe spaces for patients and colleagues to give voice to their experiences of racial trauma and to approaching patient care through the lens of structural competency.

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



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

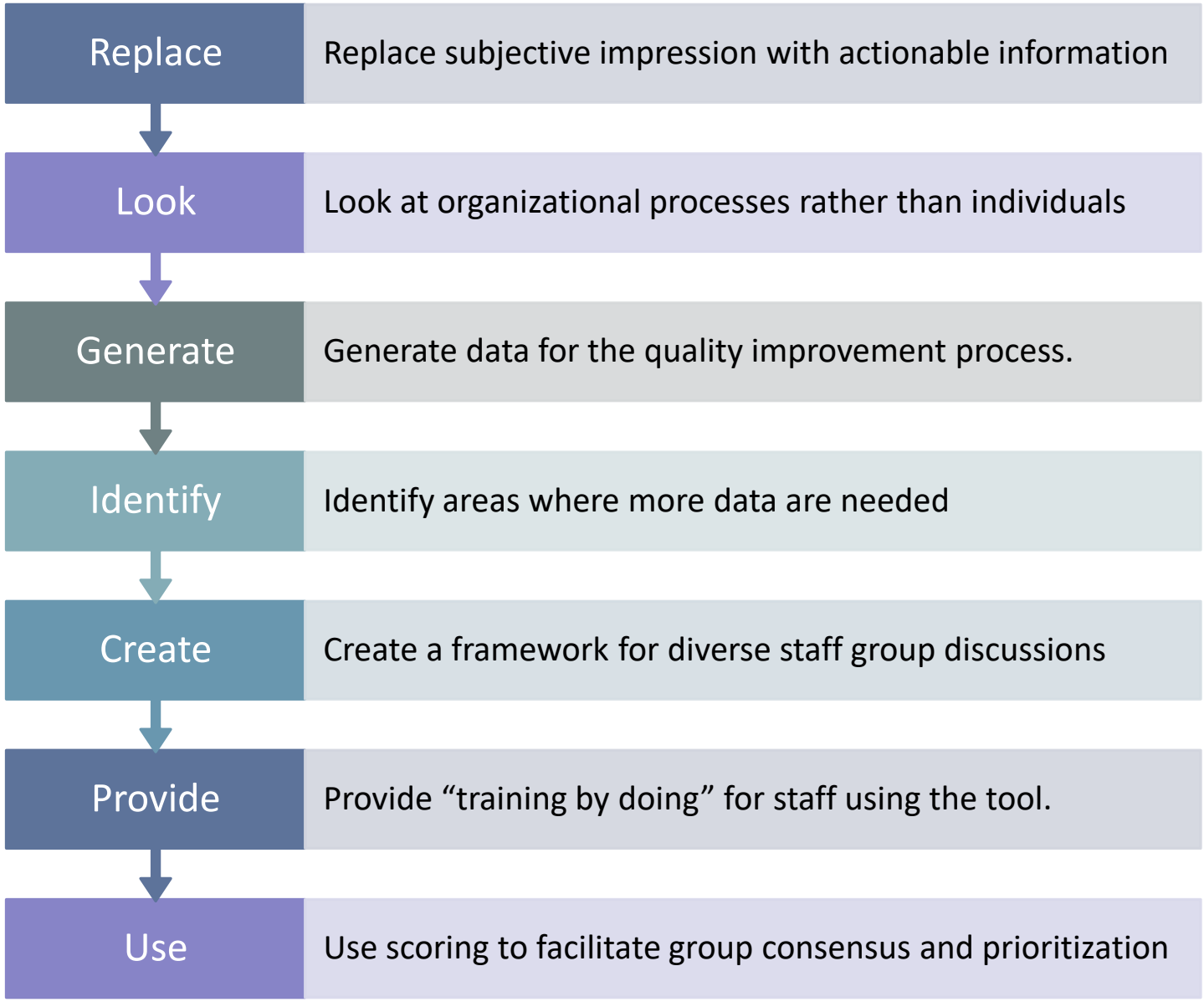
MOTTO OF SYSTEM CHANGE:

- 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



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/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

AMERICAN ASSOCIATION FOR COMMUNITY PSYCHIATRY

SELF-ASSESSMENT FOR MODIFICATION OF ANTI-RACISM TOOL

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

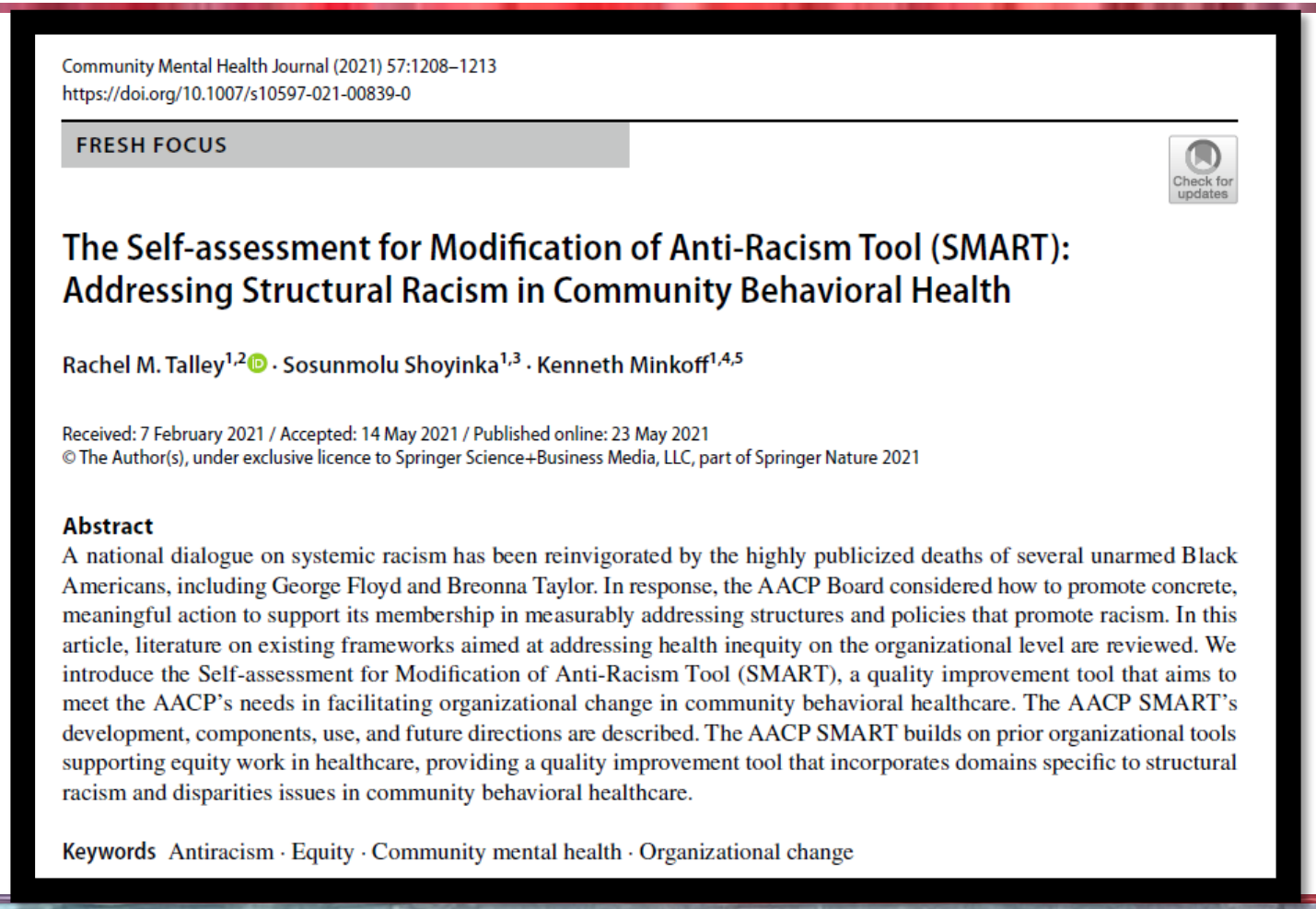
Domain 5: Sample Item

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.

FURTHER READING



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FRESH FOCUS

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

Rachel M. Talley[1,2] · Sosunmolu Shoyinka[1,3] · Kenneth Minkoff[1,4,5]

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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
  - Office hours
- Piloting/Early Adopter Feedback

Evaluation

- Please provide your feedback on this SJLA Learning Series webinar event at the link below.
- Scan the QR code or type the URL into your browser.

https://redcap.link/9miru3hy

Social Justice Leadership Academy Learning Series: Upcoming Events

Learning Series Event 5: *Trauma (Historical & Intergenerational) and Resiliency* – August 29th 12 – 1:30 p.m. EST

Register Here: https://thenationalcouncil-org.zoom.us/webinar/register/WN_vI2PjkxmTWG7NDxK3GtF3g

*Registration information will be emailed to all attendees from today's event and will be posted on our SJLA 'Events' Webpage: https://www.thenationalcouncil.org/program/the-social-justice-leadership-academy/events/

SJLA Leadership Ambassador Community

- **This site is a space for interactive discussion and networking between participants in the Social Justice Leadership Academy Learning Series.** Following Learning Series events, we will post discussion prompts, SJLA Workbook exercises, or other interactive learning activities on this page.

- We will continue to use the Social Justice Leadership Academy's **main website** as the library of previous Learning Series Event recordings and slides.

- We will be sending out a form in our follow up email where you can sign up, or feel free to opt in on our August registration page.
  - If you have already signed up, keep an eye out for an email from the SJLA team with further instructions on how to activate your account within the next week!

Thank you!

References

American Association for Community Psychiatry (2020, June 3). *AACP Statement on Police Brutality and Structural Racism*. https://drive.google.com/file/d/1l4FM14xy6AXn6CknSjuo1LUrqIDB5zrW/view

Browne, A.J., Varcoe, C., Ford-Gilboe, M., Wathen, C.N. on behalf of the EQUIP Research Team (2015). EQUIP Healthcare: An overview of a multi-component intervention to enhance equity-oriented care in primary health care settings. *International Journal for Health Equity*, 14: 152

Metzl J.M. & Hansen, H. (2014). Structural competency: theorizing a new medical engagement with stigma and inequality. *Social Science & Medicine*, 103, 126-33.

Office of Minority Health, U.S. Department of Health and Human Services. (2013, April). *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice.* Available at https://thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedCLASStandardsBlueprint.pdf.

Advancing Health Equity (n.d.). Robert Wood Johnson Foundation. https://www.solvingdisparities.org/about

American Medical Association (2020, Nov 16). New AMA policy recognizes racism as a public health threat. https://www.ama-assn.org/press-center/press-releases/new-ama-policy-recognizes-racism-public-health-threat

Talley RM, Shoyinka S, Minkoff K. The Self-assessment for Modification of Anti-Racism Tool (SMART): Addressing Structural Racism in Community Behavioral Health. Community Ment Health J. 2021 Aug;57(6):1208-1213. doi: 10.1007/s10597-021-00839-0. Epub 2021 May 23. PMID: 34023974.