

 <b>County of Sacramento Department of Health Services Behavioral Health Services Policy and Procedure</b>		Policy Issuer (Unit/Program)	Mental Health Services
		Policy Number	01-10
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Title:  <b>Intentional Anti-Racism Workplace Culture (IARWC)</b>		Functional Area:  <b>Administration</b>	
Approved By: <i>Signed version available upon request</i>  Ryan Quist, Ph.D., Behavioral Health Director  Kelli Weaver, LCSW, Deputy Director			

### **Background/Context:**

The Sacramento County Board of Supervisors declared racism as a public health crisis in November 2020. Sacramento County Behavioral Health Services (BHS) is committed to developing and providing a safe environment for all employees and volunteers to be able to work and thrive.

An IARWC actively commits to dismantling racism and promoting racial equity rather than merely avoiding discriminatory behaviors. This involves understanding and addressing both overt and covert forms of racism and ensuring that all racial groups have equal opportunities and representation.

Following a Self-Assessment for Modification of Anti-Racism Tool (Attachment 1), BHS recognized the need for a workplace culture fostering open, honest, and constructive conversations about race and equity. This policy aims to promote understanding, addresses biases, and fosters an inclusive work environment.

### **Definitions:**

**Anti-Racism** – Active, intentional efforts to confront and dismantle racial injustices and inequities, promoting equity, inclusion, and justice for all racial and ethnic groups.

**Cultural Competence** – a set of congruent practice skills, knowledge, behaviors, attitudes, and policies that enable individuals and systems to work across diverse cultural contexts.

**Cultural Humility** - a lifelong process of self-reflection and discovery to build

equitable and trustworthy relationships, acknowledging biases, and addressing power imbalances. It involves recognizing one's own limitations to avoid making assumptions about other cultures. It allows one to develop mutually beneficial partnerships with communities on behalf of individuals and defined populations.

**Safe Space** – an environment where employees can discuss race and equity without fear of judgment, retaliation, or discrimination, fostering mutual respect, active listening, and openness to diverse perspectives. It should be a space of mutual respect, active listening, and openness to diverse perspectives.

### **Purpose:**

To affirm BHS's commitment to providing a safe inclusive workplace and eliminating racial disparities. This policy outlines strategies for training, tracking, oversight and implementation of an IARWC. By integrating cultural competence, BHS aims to enhance employee engagement, retention, and overall success.

### **Details:**

#### 1. Safe Workplace:

- a. Establish guidelines for safe spaces that promote active listening and respect.
- b. Identify accountable individuals or structures to ensure positive workplace changes.
- c. Recognize the impact of racial issues that affect employees and the populations that we serve.
- d. Facilitate regular conversations to refine initiatives, solicit employee feedback and adapt policies.
- e. Enable transparent opportunities for dialogue to address equity and improve workplace safety.

#### 2. Training and Support:

- a. Provide anti-racism, cultural awareness and competence training to equip employees with the skills for diverse work environments.
- b. Support affinity or employee resource groups for underrepresented racial and ethnic groups.
- c. Inform employees about support services, such as counseling or employee assistance programs, for those needing additional help.

- d. Develop a trauma-informed organizational culture through trainings and workshops.
- e. Empower employees to address racism and microaggressions actively.

3. Incident Reporting:

- a. Establish a safe, anonymous process for reporting incidents of race or ethnicity-based discrimination.
- b. Create an independent body or committee to investigate incidents.
- c. Enforce consequences for discriminatory or retaliatory behavior.

4. Implementation and Tracking:

- a. Establish a tracking mechanism and process to sustain a trauma-informed anti-racist culture, with regular assessments of workplace inclusivity.
- b. Use employee insights to inform actionable steps, such as policy updates or diversity initiatives.
- c. Hold supervisors accountable for promoting and effectively implementing this policy, ensuring tangible changes are made in a timely manner.

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**ATTACHMENT:**

Attachment 1 - Self-Assessment for Modification of Anti-Racism Tool

**RELATED POLICY:**

[Implementation of Cultural Competence](#)

**Contact Information:**

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# SMART Assessment (Organization)

American Association for Community Psychiatry (AACCP)

## Contents

Community Engagement/Co-Production.....	3
Workplace Culture .....	6
Hiring, Recruitment, Retention and Promotion.....	9
Community Advocacy .....	13
Outcomes/Program Evaluation.....	16
Clinical Care.....	18

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Adapted for California behavioral health organizations by Ebony Chambers McClinton. Also,  
adapted by Keris Myrick under contract with the California Institute of Behavioral Health  
Solutions.

## Community Engagement/Co-Production

### (CE1) Strengthened Partnerships and Alliances

*To what extent does your organization work in partnership with the community and give constant consideration of the representation and inclusion of lived experiences?*

- ☐ 1 - We don't participate in a collaboration with community that tracks this information and have not addressed it.
- ☐ 2 - We do minimally partner with community and have begun to consider the representation and inclusion of lived experience.
- ☐ 3 - We partner with community, and in system planning, implementation and evaluation, perspectives reflect the composition of the community, are based on the culture of the community, and reflect multidisciplinary expertise from the community.  
*Acknowledgment, visibility, and recognition* reflect how community participants are seen and recognized as contributors, experts, and leaders and can benefit from their participation.
- ☐ 4 - We partner as indicated above and *maintain sustained relationships* with community and relevant disciplines and continuous and ongoing conversations that are not time-limited or transactional. The community is engaged at the beginning of an effort and normalized as an essential stakeholder.
- ☐ 5 - We partner as indicated above and provide operational elements for engagement such as established and mutually agreed-upon financial compensation for community partners, requirements for equitable governing board composition, protocols to ensure integration of community partners into grant writing and management, and equitable arrangements for data sharing and ownership agreements.

### (CE2) Expanded Knowledge

*To what extent does your organization work to understand new insights, stories, resources, and evidence, as well as the formalization of respect for existing legacies and culturally embedded ways of knowing that are unrecognized outside of their communities of origin?*

- ☐ 1 - We don't participate in a collaboration with community that tracks this information and have not addressed it.
- ☐ 2 - We do work with the community on this need, and have begun to track this and recognize disparities, but have not made progress addressing them.
- ☐ 3 - We do have a collaboration with community, and we have data indicating that *new curricula, strategies, and tools* are formal products of community engagement that encapsulate new knowledge and evidence in ways that allow it to be disseminated, accessed, replicated, and scaled.

- ☐ 4 - We participate in a partnership as indicated above that tracks this consistently, and community and partners collaboratively generate new knowledge, stories, and evidence that reframe how community is described and appreciated. Representation of community are asset- and resiliency-based, there is improved cultural knowledge and practices among partners, and there is broader cultural proficiency and respect for community differences across the partnership.
- ☐ 5 - We work with community as indicated above to track this consistently, and we have processes to support the creation of actionable findings and recommendations that are returned to the community in ways they understand, value, and can use.

### **(CE3) Community defined solutions**

*To what extent does your organization work to understand and speak to the priorities of the community? This includes community-defined problems, shared decision making, and cooperatively defined metrics. It also ensures that care models, communication, and solutions are tailored to the community setting and needs.*

- ☐ 1 - We don't participate in a collaboration that tracks this information and have not addressed it.
- ☐ 2 - We do work with the community on this issue, and have begun to track this and recognize disparities, but have not made progress addressing them.
- ☐ 3 - We participate in a partnership with community, and collaboratively work to explore community-defined problems, implementation of shared decision making, and cooperatively defined metrics.
- ☐ 4 - We do have a partnership as indicated above that has identified this as a need and have co-produced solutions that are recognized and endorsed by community members and leverage the assets in the community and the partnerships that produced them; these are referenced publicly and/or within literature.
- ☐ 5 - We work within the community as indicated above and ensure there are sustainable solutions for new interventions, programs, and policies that extend past their initial period of support.

## Notes and Action Plan - Community Engagement/Co-Production

## Workplace Culture

### (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) 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.

## (W5) 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 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.

## Notes and Action Plan - Workplace Culture

## Hiring, Recruitment, Retention and Promotion

### (H1) Promotion

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

- ☐ 1 - We do not track this and have not addressed.
- ☐ 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 and linguistic backgrounds to open positions?*

- ☐ 1 - We do not 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 do not 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 do not 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, and 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 do not 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.

SMART Assessment (Organization)  
*Hiring, Recruitment, Retention and Promotion*

## Notes and Action Plan - Hiring, Recruitment, Retention, and Promotion

## Community Advocacy

### (A1) Addressing the “school-to-prison” pipeline and re-entry

*To what extent does your organization work in partnership with schools, juvenile justice and community members to eliminate potential racial disparities in disciplinary practices that are associated with the school to prison pipeline and adult re-entry?*

- ☐ 1 - We do not 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 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 do not 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 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 do not 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) Access to Home-Based Services for People Who Are 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 do not 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

### (PE1) Health Outcomes

*To what extent does your organization track disparities in health outcomes (death, medical comorbidity, avoidable readmissions, disease remission) 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

## Clinical Care

### (C1) 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 do not 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) 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.

**(C3) 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 do not 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.

**(C4) 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 do not 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) 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 do not 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) 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 do not 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 do not 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.

## (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 do not 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 - Clinical Care

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***Congratulations! You have completed your organizational SMART assessment.***

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