California Black Women's Health Project
Policy Summit 2003: Black Women's Health
Progressive Action in Tough Budget Times
February 7, 2003

The California Black Women's Health Project (*CABWHP*) held its Third Annual Policy Summit subtitled "*Progressive Action in Tough Budget Times"* as part of the organization's vision to connect and cultivate a cadre of informed Black women health advocates. Over thirty women convened at the Sierra Health Foundation in Sacramento to provide input on a Black women's health advocacy agenda. Community leaders, students, legislative advocates, policy makers, medical professionals, and mental health providers all gathered for the purpose of discussing the necessity of continued activism and creative planning in the midst of budget cuts, particularly the cuts in health and social services.

I. Welcome and Introduction of Summit Participants
Latonya Slack, JD, Executive Director

The commencement of the morning session was marked by a welcome from the *California Black Women's Health Project's* Executive Director, Latonya Slack. Ms. Slack informed the assemblage of women that the purpose of the Policy Summit was to galvanize the attention, creative energy, and action of community leaders, advocates, policymakers and medical providers for the development of a comprehensive health advocacy agenda that reflects the diverse needs of Black women. This year those gathered did so to address the necessity of progressive activism amidst an unparalleled fiscal crisis.

With the tone of action and progressive thought established, Ms. Slack went on to provide the Summit participants with an overview of the *California Black Women's Health Project's* numerous accomplishments over the course of the 2002 year.

- Innovatively, the California Black Women's Health Project successfully launched its *Black Women's Mental Health Initiative*. Based on the findings of the 2000-2001 *Unheard Voices* survey, reproductive health, violence, racism, and mental health were identified as primary concerns that affected the overall wellness of black women, and thus represented primary thematic foci for the *California Black Women's Health Project*. Mental health was unquestionably the thread by which concomitant issues of racism, violence, and reproductive health were bound. Ms. Slack likened the current state of Black women's mental health to a "drum beat" which warranted the unrestrained attention of healthcare providers and policy makers alike. In recognition of the epidemic of poor mental health that disproportionately plagues Black women, the *Black Women's Mental Health Initiative* seeks to give voice to those women who are not in the position to identify and address their own poor mental health. The initiative was launched with a press conference endorsed by the Honorable Congresswoman Maxine Waters.

- *The California Black Women's Health Project* hosted a series of four Town Hall meetings covering the intersection between mental health and issues of abuse, sexual violence, depression, and racism. The forums provided community members, health educators, legislative representatives and medical professionals an opportunity to talk about what was important to them and identify a series of possible resolutions. In 2003, CABWHP will host similar Town Hall meetings in Sacramento and the Bay Area, in addition to Los Angeles.

- In the spirit of progressive activism, the *California Black Women's Health Project* offered its first Policy Advocacy Training School in the fall of 2002, offering 13 women from diverse backgrounds the opportunity to participate in intensive sessions on issues related to public policy, media advocacy, community organizing and campaign strategizing. The purpose of the Advocate

Training Program is to encourage Black women to incorporate policy advocacy into their lives and professional work. The second year of the *CABWHP* Policy Advocacy Training School will commence in fall 2003.

- In an effort to cultivate a continued dialogue on public policy as it relates to the health of Black women, the California *Black Women's Health Project* sponsored four Policy Advisory Group meetings throughout the state of California in 2002. Garnering the support of community members, health professionals and health advocates alike, the Policy Advisory Group meetings were effective in generating ideas concerning ways to use policy advocacy to improve Black women's health.

- During 2002, the *California Black Women's Health Project* staff continued its publication and dissemination of the organization's distinctive newsletters and issue guides. CABWHP staff will continue to disseminate these publications and will continue to incorporate the concerns and input of the community.

Next, introductions were given by the Summit participants as an opportunity to recognize new, and reacquaint familiar Summit participants. Acknowledgements were given to those women in their third year of attendance, as their presence ensured the consistency of the Summits' purpose: to engender a heightened awareness of Black women's health needs at the policy level.

II. Introduction of Keynote Speaker
Latonya Slack, JD, Executive Director

In keeping with the 2003 Black Women's Health Summit Theme: *Progressive Action in Tough Budget Times*, Latonya Slack began her introduction by emphasizing the importance of continued advocacy and activism for the improvement of Black women's health on a state level. Ms. Slack then welcomed the keynote speaker, Diane Van Maren, to the podium to begin the rather arduous task of making sense of the current fiscal crisis and its effects on the provision of health and social services.

III. Keynote Address: Progressive Action in Tough Budget Times
Diane Van Maren, Senior Consultant, California Senate Budget Committee

Ms. Van Maren opened by stating that now more than ever community activism will be absolutely necessary. Our voices need to be heard "early and frequently" to effect pragmatic actions. Due to the fact that 2003 will be a "hellatious year,"' community activism must be persistent. Ms. Van Maren then went on to demystify the budget process in an attempt to make it more understandable to, and navigable by, the Summit participants and their constituencies. In addition, her goal was to demonstrate how the present fiscal crisis impacts health and social service programs.

A. Legislative Budget Process:

The budget is a bill that requires amendments and follows a process similar to other legislative bills. Although "elusive," the budget is accessible. The degree of accessibility, however, is

dependent upon one's level of participation in the process: direct participation translates into direct accessibility. Ms. Van Maren then went on to provide an overview of budget process.

1. The governor produces his budget
   - The budget is produced as a confidential document.
   - The California State Constitution requires that the gubernatorial budget be presented to the legislature by January 10th.

2. The Senate and Assembly modify the budget
   - The budget is put into bill form.
   - The Senate and Assembly remain cognizant of the Governor's perspective while modifying the budget.

3. The Senate and Assembly Budget Committees create subcommittees
   - In subcommittees, the budget bill is amended.
   - Subcommittees add those issues deemed important to their constituencies.
   - The process of amending the budget takes place within each of the four subcommittees.

4. The Senate produces one budget bill
   - All subcommittee (amended) bills are combined to produce a composite Senate bill.
   - The Senate bill goes to the Senate floor during the last week in May.

5. The Assembly produces one budget bill
   - All subcommittee (amended) bills are combined to produce a composite Assembly bill.
   - The Assembly bill goes to the Assembly floor during the last week in May.

6. A procedural vote is conducted
   - Two distinct bills: a Senate budget bill and an Assembly budget bill now exist.
   - Each house votes on their respective budget bill.

7. Both budget bills go to the budget conference committee
   - During budget conference committee the differences between the Senate budget bill and Assembly budget bill are prepared.
   - Final differences and negotiations are formalized.
   - The Department of Finance and Legislative Analysts Office are present during the conference committee.
   - Although they are public meetings, conference committee does not allow for public opinion.
   - The final budget bill is produced and signed as a conference report, which cannot be changed.

8. The conference report is voted on by the Senate/Assembly
   - A two-thirds vote is needed to appropriate money in the budget.

It is crucial that advocates use subcommittees to voice their concerns, as they represent one of the few opportunities for the public to participate in legislative hearings. Although legislative hearing participation requires a great deal of work, it is necessary and needs to be done to "put a face" on particular issues. Sending letters to conference committee members, as well as telephoning their offices, are viable alternatives to attending legislative hearings.

B. Methods of Tracking the Budget:

Van Maren underscored that the budget is a process and there are numerous ways to track information, many of which are accessible to the general public via the internet.

a) Governor's Budget Proposal
b) Senate Overview Analysis ("Red Book")
c) Legislative Analysts Office (LAO) document
d) Senate Subcommittee Agendas
e) Assembly Overview Analysis

C. Subcommittees:

There are four subcommittees that connected to the Senate Budget committee: The Health and Human Services subcommittee (subcommittee 3) addresses those budgetary issues related to the provision of health services. Members include:

(1)Senator Ortiz (D)
(2)Senator Cedillo (D)
(3)Senator Chesbro (D) (Chair)
(4)Senator McPherson (R)
(5)Senator McClintock (R)

Subcommittee meetings commence during the month of March and conclude during the month of May. Statutory change occurs within the subcommittees. The subcommittee process is the first opportunity for advocates to go before a government body to discuss the budget. The Senate website has information on senate committee and subcommittee meeting agendas, bills and legislation that could provide important information to advocates, as well as the general public. The subcommittee agendas are particularly useful as they enable individuals to testify before the subcommittee depending on the nature of the agenda.

In terms of primary functions, subcommittees amend the budget bills, take action, reduce money, increase money and take the placeholder of other bills. The process of amending takes place in each of the subcommittees: subcommittee 1 (education), subcommittee 2 (resources and general government), subcommittee 3 (health and human services), and subcommittee 4 (corrections and judiciary). Statutory change to the budget bill is referred to as a "trailer bill"

because it trails the budget bill. The trailer bill contains the changes that are needed to implement the budget bill.

D. Understanding Mid-Year Reductions:

Next, Ms. Van Maren discussed the significance of midyear reductions. Effective budgets are characterized by the absence of midyear reductions. The fact that midyear reductions are taking place this year is a reflection of the tumultuous condition of the state economy. Explanations for the necessity of midyear reductions for the 2003-2004 fiscal year are multitudinous and include the following:

- At the core is the volatility of the California economy marked by vulnerable and unreliable capital gains revenues. As a result of California's tendency to live off of the surge in capital gains revenues from the late 1990's, the state's economy is presently experiencing increased expenditures in the absence of sufficient revenue sources. While there is presently a dispute over the actual size of the state budget deficit, what remains undisputable is that the state margin has dissolved. In referring to the general fund, the governor suggests that there is a $34.6 billion deficit. A separate projection made by the Legislative Analysts Office suggests that there is a $26 billion deficit. The $8 billion difference in projected budget deficit results from what the Legislative Analysts' Office considers to be an unnecessary $5 billion expenditure excess and a $3 billion difference in projected return from capital gains.

- Increased taxes and decreased services is one mechanism for rectifying the current budget crisis in California. The current budget proposes spending $65-70 billion; the near $36 billion deficit therefore represents a 20-30 % problem that Californians have to "cut and tax [their] way out of". The likely response will be reductions in funding for health and social services; thus, midyear reductions will result in a "cut" or reduction in government spending.

- An implicit hierarchy in state funding priorities affects midyear reductions. Some areas will experience a far greater reduction in government monies in comparison to other areas. For example, in December 2002 Governor Davis made midyear reduction projections of $10.5 billion, which included a $1.5 billion cut in Health and Human Services and no cut at all in Corrections.

- At the present moment, the legislature has not yet taken midyear reductions. What has commenced, however, has been a series of loan interest negotiations aimed at reducing California's current interest rate. State leaders have visited the New York Stock exchange with the intent to negotiate a lower interest rate for future loans the state hopes to receive from commercial banks.

E. The State Realignment Proposal:

The current budget proposal signifies an important shift in state responsibility *vis a vis* the state realignment proposal which seeks to shift a number of health services programs from state jurisdiction to county jurisdiction. Key components include the following:

(1) Shift $7.9 billion in programming to California counties.

(2) Provide California counties with an estimated revenue source of $8.3 billion for administering programs. Possible revenue sources include: an increase in sales tax by one

cent, an increase income tax for the upper bracket, or an increase in cigarette and tobacco surtax by $1-10.

One critique of the state's realignment proposal is the reliability of identified funding sources. Tax increases may prove to be insufficient sources of revenues should consumers cease to exercise their purchasing power. The issue therefore becomes whether or not it is advisable for the state to shift core responsibilities to the counties in the absence of reliable funding sources.

Conversely, the state of California has witnessed a relatively successful demonstration of program realignment as exemplified by the process of mental health services being appropriated by the counties at a lessened cost.

Some modicum of realignment is possible and will likely be developed and implanted in conjunction with the state's budget proposal.

F. Concluding Recommendations:

Diane Van Maren concluded her presentation with a list of recommendations for advocates to adopt in an effort to practice effective policy advocacy. The list is as follows:

a) Advocate early and often
b) Make it painful for the governor to veto
c) Choose your topics wisely (the reality is that budget cuts will have to be made)
d) Develop a strategy
e) See members in their district
f) Create informational packets on programs
g) Speak with editorial boards regarding publishing in local papers
a) Think about what might make sense
b) Put public face on health issues
c) Advocate on behalf of constituencies
d) Encourage programs to develop outcome-based reports with cover letters and submit them to your legislators
e) Encourage target population to vote

In closing, Ms. Van Maren encouraged Summit participants to remain visible, remain involved, and stay abreast of new developments concerning the state budget and mid-year reductions. The fact that the effects of the current fiscal crisis will be longstanding is a reality Californians must acknowledge. The dissipation of the California state budget was recognized as an issue with which successive generations of Californians will have to reckon. California currently has a debt service that our children and grandchildren will have to pay.

At the conclusion of keynote address, Ms. Slack asked all in attendance to participate in a "health and wellness break" before lunch. Those gathered made a personal commitment to participate in some form of physical activity that exceeded their regular routine, and take care of themselves in an effort to promote positive health within their homes, communities, state and country.

IV. Legislative Update 2003:

The afternoon began with introductions from the newly arrived participants and a second welcome from the *California Black Women's Health Project* Executive Director, Latonya Slack. As part of the Legislative Lunch, the Summit participants received three distinguished guests to share their unique perspective on the legislative process and perilous budget crisis: Angela Gilliard (former Senior Consultant to the Assembly Health Committee and current Legislative Advocate for the Western Center on Law and Poverty), Ana Matosantos (former consultant to the Senate Health Committee, and current consultant to the Senate Budget Committee), and Tamara Rasberry (Special Assistant to Assembly Speaker Herb Wesson).

A. Angela Gilliard, Legislative Analysis, Western Center on Law & Poverty

Angela Gilliard decisively set the tone for a discussion on personal advocacy with a story of her difficulty in navigating through the healthcare system as a health advocate. As a single parent of an adolescent, Ms. Gilliard hastily selected a primary care provider that did not provide medical services to adolescents. When her child became sick, and was in need of medical attention, she realized her error as her physician was unable to provide services to her child. In spite of having health insurance and being knowledgeable of the healthcare system, she too found herself in a situation where her daughter was unable to receive immediate medical attention. Her narrative spoke volumes to the reality of numerous Californians being unable to receive expedient health services either with (or in the absence of) health insurance. As a result of her experience, she encouraged advocates to teach lay community members them how to effectively navigate the healthcare system.

The current state budget crisis impacts everyone, especially the poor. Ms. Gilliard indicated there are presently proposals pending that will cause many individuals to lose their healthcare coverage and others to lose important medical benefits. While the government maintains that those eighteen medical benefits slated for elimination are "optional" benefits, Gilliard underscored the irony of dental care and prosthetic devices being categorized as optional. The consequences of these eliminations are numerous. First, there will be an increase in self-diagnosis because of inability to afford medical services. Second, there will be a decrease in services received by children who parents are not covered by medical insurance.

Ms. Gilliard provided some concrete examples of progressive action that advocates can employ to further their cause at the State level:

1. Write a letter to a legislator informing them that healthcare is important to your community because African-American communities experience higher rates of morbidity and mortality for preventable diseases including diabetes, hypertension and HIV.
2. Galvanize the support of community groups, churches and civic organizations to implement a letter writing and education campaign.
3. Learn to leverage your collective voice and personalize the experience of community members.

In closing, Ms Gilliard impressed upon the audience the need to personalize health issues because, as advocates, they could not afford to separate themselves and their experiences from the reality of those they work for and with. While policymakers admittedly have to make tough choices, she acknowledged that advocates too must make difficult decisions by identifying those few programs they will demand that the state government spare.

B. Ana Matosantos, Consultant, Senate Budget & Fiscal Review Committee

Ms. Matosantos began by telling the group about her attendance at a recent State Senate hearing on the budget cuts and the Governor's proposal to reduce grants to CalWorks. . While there was admittedly short notice of the meeting, no community members were present to voice their opposition to the reductions. When the community is absent, it becomes increasingly difficult to make evident to the Legislature the manner in which real cuts affect real people. If legislators do not hear from those affected by their decisions; their policies will not reflect our concerns. The state government is concerned with saving money in the short-term, although long-term institutional costs may eventually exceed the present costs of proposed health and social service program cuts. If the policymakers do not see representation from the people who these cuts directly affect, it becomes easier to make such cuts.

Ms. Matosantos explicitly stated that it was the responsibility of citizens to present a case to their legislative members.

In terms of key pieces of legislation, as was the case last year, the budget will remain a paramount issue this year as well. The second most important issue at the state level is the realignment proposal that seeks to realign such programs as adoptive services, child protective services and other programs to county jurisdiction. The aforementioned programs are programs that are presently experiencing significant programatical issues accompanied by high growth in terms of caseload. At the local level, County supervisors are faced with the difficult task of monetary allocation. Law enforcement, fire departments and garbage collection often receive first priority. What is allocated to the remaining programs is based upon where such programs fall in the "pecking order".

It remains unquestionable that the community will be affected in one way or another by the budget deficit. It therefore becomes imperative that community members become involved. If people do not make the choice to get involved, people that we care about are going to get hurt. Commitment must be made at every level to minimize the pain experienced by the disadvantaged as a result of the inevitable cuts in health and social programs.

C. Tamara Rasberry, Special Assistant, Office of Speaker Herb Wesson Jr.

Ms. Rasberry began by discussing the necessity of community members making not only their voices audible, but also their presence felt. She gave a testimony concerning a group of mothers, childcare advocates, and patrons of subsidized childcare programs who attended a public hearing to show their opposition to particular piece of legislation. They came in such large numbers that bodies poured out into the hallways. Although the group was allowed only one speaker, all those gathered brought with them a purple paper cut-out of a child, which they held up as the representative spoke. The act had the effect of conveying to those policymakers present the fact that cutting the programs would affect a large number of parents and children. The essence of the story was that community presence does make a difference.

Ms. Rasberry provided a number of legislative advocacy suggestions including the following:

(1) When approaching legislators as an advocate, be prepared to offer solutions. Because budget cuts are inevitable, it is important that you offer reasonable alternatives to cutting programs.

(2) While advocating salvaging a program, be prepared to offer reasonable downsizing options. For example, if a fifty percent cut is too much, perhaps you can make a recommendation for a ten percent cut. The reality is that it is going to be difficult to walk into someone's office and request that programs not are cut because most programs are going to be cut in some way as a result of the budget crisis.

(3) If at all possible, advocate for a legislative bill that is void of an appropriation. When its time for legislation, if a bill costs money, it is not getting out of committee. It has been said that if an initiative costs an excess of $100,000 (which is half of the State Assembly appropriation for bill), it will be held in committee and will not leave the Assembly appropriations committee to be voted on.

(4) If a bill you are particularly fond of has an appropriation, develop a mechanism by which it can be implemented without money or restructure it all together.

(5) Do not be offended if you cannot speak with Senate or Assembly members directly. Legislative staffers are often more effective.

(6) Know the issues: (1) that you are advocating for; and (2) those salient issues being debated within the Senate and Assembly. It is important that you stay abreast of developments in key pieces of legislation by following committee and subcommittee hearings.

(7) Let your voice be heard. It is important that as an advocate, you put a face on the issues for which you are advocating. Galvanize the support of community members and organize a trip to the State Capitol to meet with some legislative staff members to discuss the state of Black women's health.

(8) Write letters to legislators, and if possible, include issue papers that offer unique perspectives and information on the issue for which you are advocating.

(9) Participate in different committees and councils because they provide an opportunity to stay abreast of relevant political issues. Assemblymember Mervyn Dymally has formed a Select Committee on the Urban Child, which focuses on issues related to children living within the urban milieu of California. Obtain information on committees, including their primary objectives and the meeting dates and locations so that you can attend.

Following the conclusion of Ms. Rasberry's presentation, Latonya Slack welcomed questions from the Summit participants.

Question 1: *How can community members effectively participate in Senate hearings when the rooms within which the meetings are held are too small to accommodate even the smallest group of community advocates?*

Panelist Response:

- The Senate Health Committees, beginning this year, are going to be held in a larger room in an effort to accommodate greater public participation. The primary conflict, however, is one of scheduling. Standing committees usually utilize the same rooms for their meetings and have priority over sub-committees when it comes to room utilization. It should be noted that members are in fact aware of the spatial constraint and are committed to resolving the dilemma.

Question 2: *If the elimination of health disparities within the Black community is truly a priority, why is there not a focus on Black women at the state level?*

Panelist Response:

- One of the reasons may stem from the absence of black female representation. At present, there are no Black women serving as legislators at the state level. Consequently, those issues pertinent to Black women seldom resonate within the State Senate and Assembly. While there are Black men serving in the California Legislature who are married to Black women, their efforts are frequently focused on the needs of the collective Black community, as well as their other district constituents. It is important that Black women make policymakers aware of the salient issues that affect their lives.

Question 3: *What accounts for the absence of a holistic approach to health and wellness?*

Panelist Response:

- One of the primary obstacles is conceiving the issues while simultaneously acting on the issues. Legislators attend informational hearings that focus on overall big system issues, and then receive legislative bills with budget initiatives that focus on a miniscule piece of the larger issue. At that particular moment, it becomes difficult to consider how the smaller piece fits into the larger configuration. Because the system is incredibly complex, it becomes difficult to manage the system, and even more difficult to provide holistic care.

Question 4: *What are ways that we can heighten the level of community activism in the Black community?*

Panelist Response:

Community activists in the Los Angeles area would be remiss if they failed to galvanize the support of African-American church congregations. In Los Angeles, there are at least three to four churches with congregations in the thousands. The church represents a powerful force and voting constituency that, if used effectively, could assist community activists in their efforts to articulate the needs of the Black community. A strong coalition translates into effective action.

At the conclusion of the question and answer period, Mrs. Slack encouraged the Summit participants to refer to their Summit notebooks, which were intended to serve as a resource for further discussions on the aforementioned issues. In particular, the programs contained important information on *California's Economy and Budget In Perspective* as well as *Summaries of the 2000-2001 Senate Committee on Health & Human Services Bills*. She then went on to recognize the work of those CABWHP staff members responsible for planning and coordinating the 2003 Policy Summit: Crystal Crawford Esq., (Director of Pubic Policy) and Erica Robbins (Program Coordinator).

Next, Summit participants prepared to gather in working groups to brainstorm and further develop various policy solutions related to Black women's mental health.

V. Working Groups: Shaping a Health Policy Agenda

The purpose of the working groups was to provide Summit participants the opportunity to help shape a health policy agenda to actualize the primary objectives of the CABWHP Mental Health Initiative. The Summit participants were asked to divide themselves into four groups and brainstorm for approximately two hours about four separate policy ideas.

Working Group A:
Facilitators: Julie Hadnot and Gina Raymond-Embry

Policy Idea: Create a loan forgiveness and/or loan repayment assistance program for licensed mental health providers who serve low-income, communities of color.

Goal: To increase the number of culturally competent mental health providers (especially Black women providers).

Rationale: As we increase the demand among Black women for counseling services as a result of our community advocacy, education and outreach work, we must increase the supply of culturally competent providers.

a. Program Components

- Requisites for admission to the program:

  (1) Available to certified professionals who have received a degree or certificate from an accredited institution.

  (2) Applicants must serve a minimum of 3 years in a defined area of need.

  (3) Cultural Competence Certificate must be obtained.

- Minority Health Professions Education Foundation should be contacted to determine what they are doing currently and explore the extent to their involvement in the program

- Provide a vision for youth, parents and the public to become involved in the program

- Introduce the importance of this vision to junior and senior high school students early enough so that it encourages more interest in mental health careers (using the model of Drew Medical Magnet Program/School)

- Create an effective framework for getting more Black women to enter the field of mental health to better serve and address the issues of the community.

- Emphasize: (1) the importance of mental health services and (2) career opportunities for mental health professionals

- Outreach to individuals who are already working in the field of mental health to encourage them to become licensed providers. Present the loan forgiveness program as an opportunity to go back to school and obtain a professional degree in mental health.

- Prepare prospective mental health professionals to deal with the difficulty of the screening processes, lack of exposure and other barriers.

- Increase the prestige, position and salaries of mental health providers

- Ensure that cultural competence is a key element of the loan forgiveness program

- Ask psychologists to include an optional fee with renewal of licenses and certificates to support the loan forgiveness program

- Ensure that the program is specifically serving the needs of the Black community as opposed to other communities in need (e.g., rural communities)

- Develop an evaluation component that includes the following information:

    (1) Black female representation in mental health
    (2) Current services provided to meet the needs of Black women
    (3) Mental health providers that meet the needs of Black women

- Develop partnerships with organizations and/or providers committed to:
    (1) Increasing mental health issues available to Black women
    (2) Providing culturally competent mental health services to Black women

b. Stakeholders

- Elected officials

- Individuals in need of mental health services

- Families

- Health Associations

- Mental health organizations

- Counties

- Police departments

- Faith based organizations

- Professional organizations

- Black women's organizations

c. Costs/Benefits

- Healthy Black women lead to healthy Black communities

- The benefits of mental health are priceless
- Financial costs of a loan forgiveness program

d. Adversaries

- People providing services may feel their jobs threatened by this new influx of culturally competent providers

e. Obstacles to Success

- Securing funding to effectively develop and implement the program

f. Goals

- Develop a model program that van be implemented in other regions
- Re-examine the "self-help model"
- Develop a report on both the current and historical models of excellence in mental health service provision
- Increase the number of African-American women mental health providers
- Increasing the availability of culturally competent mental health care services available in the community

Working Group B
Facilitators: Karin E. Brown, Ph.D. and Diane Henry

Policy Idea: Organize a corps of licensed mental health providers who would commit to partner with (and serve) faith-based institutions and their members.

Goal: To increase access to (and utilization of) mental health services by Black women

Rationale: In light of the centrality of religious faith and spirituality in the lives of Black women, faith-based institutions are uniquely positioned to provide access to licensed mental health providers for their members.

a. Program Components

- Endorsement by faith-based leadership
- Instruction of faith-based community/ awareness and education classes conducted by mental health providers who are knowledgeable about the community
- Ministries will recruit other ministries to help expand the program

- Use appropriate language/mechanism(s) to communicate with clients (faith-based community members)
- Appropriate sanctioning by the faith based community and mental health provider
- Develop a method for teaching the faith-based community how to use the mental health care system
- Ensure that resources (training, data, education) are provided to the churches
- Educate ministers in a manner that respects the leadership position of the pastor
- Link resources in the community with the church and its members (referral and resources that are faith-based)
- Empower natural church helpers and community helpers
- Translate education information and methods for navigating the system so that both are accessible to community members
- Sponsor a forum which allows ministers, church staff, and mental health providers to come together and "self-define" mental and emotional health
- Provide referral information and resources to the churches
- Define the range of mental health needs and develop an appropriate target
- Identify providers who are invested in and supportive of the community
- Establish a healthy respect for faith-based mental health intervention
- Connect and address the physical, mental, and spiritual needs of the clients (faith-based community members)
- Maintain the endorsement of the (faith-based) leadership

b. Key Stakeholders

- Various religious institutions and places of worship
- Mental health providers who are culturally competent
- Leadership of various congregations
- Gatekeepers to the church congregation
- Women's mission members
- Auxiliary members

- The First Lady of the church

c. Cost/Benefits

- Access to underserved populations
- Minority status of California
- Receipt of a cultural competence certification (for mental health providers)
- Access to client base
- Ability to serve their own family members
- Support services
- Financial remuneration to mental health professionals both employed and referred

d. Allies

- Black organizations
- Association of Black Psychologists
- Association of Black Social Workers
- Association of Black Women Physicians
- Association of Black Nurses
- Nurse Practitioners
- Organizations that represent children
- Black media and print publishers

e. Obstacles to Success

- Identifying and approaching individuals within the church with expertise
- Lack of trust amongst community members
- The stigma associated with mental health conditions and services
- Lack of consistency in the manner in which mental health conditions are defined and communicated

- Cultural caregiving responsibility must be considered
- Ability to obtain necessary resources
- Identifying mental health advocates
- Cultural competency issues with regards to educating the ministers
- Non-Black service providers who are not culturally competent
- Separate health departments that are not comprehensive
- False separation between mental health and physical health issues
- Need to explicitly define what constitutes a mental health professional
- Linking competent professionals with spiritual/mental health counselors
- Multiple target populations
- Confidentiality of mental health issues exists as a gray area within the church

f. Goals/Objectives

- Create formal and informal networks for assistance, referrals, and education
- Create a continuum of care for mental health providers
- Establish a referral system which directs members to existing services
- Create a directory ("Black Pages") which lists mental health resources within the church

Working Group C
Facilitators: Robin Huff-Musgrove, Ph.D. and Erica Browne

Policy Idea: Create a *voluntary* Certification of Cultural Competence that can be earned by (and conferred upon) health providers.

Goals: (1) To increase the number of culturally competent providers serving Black women; and (2) to create a mechanism for Black women to identify providers who are culturally competent.

Rationale: Adoption of cultural competence will require extensive continuing education and revisions in professional education. A voluntary certification "pilot program" is a workable small-scale model that begins to formalize the widespread changes needed in the training and certification of providers.

a. Program Components

- Identify associations to serve as members of a collaborative sponsoring organization responsible for the following activities:

  (1) Developing a selection criteria for cultural competency trainers

  (2) Lending credibility to the organization

  (3) Pooling resources and expertise

- Develop a curriculum inclusive of *The Culturally and Linguistically Appropriate Services (CLAS) standards*, *The 5 Essential Elements of Cultural Competence*, and relevant existent curricula.

- Selection of the initial trainers would be based on the volume of services each provides to the target population (Black women)

- Sponsoring organizations would be responsible for helping to identify trainers who are culturally competent and have worked with the population

- Recruitment of first pilot group to be trained would be focused on individuals extremely accessible to Black women

- Incentives for participation by mental health professionals would include the following:

  (1) Stand-alone cultural competence certification received after training

  (2) Continuing education units administered by one of the collaborative members or allies

  (3) Affiliation with professional organizations who would develop listings of mental health providers by geographic area

- Incentives for Black women clients would include:

  (1) Social marketing campaign impacts

  (2) Give-aways

  (3) Increased access to quality care

  (4) Patient satisfaction

b. Key Stakeholders

- Mental health providers

- Members of Black professional organizations

- California Black Women's Health Project

c. Costs/Benefits

- Evaluation of services could potentially lead to increased funding
- Creation of a cultural competence program as a *Best Practices* model
- Collaborative group members could apply for funding to provide technical assistance for evaluations
- Primary costs include the costs of program implementation and evaluation which could be offset by grant monies

d. Allies

- Mental health plans
- Mental health institutions
- Mental health providers
- Legislators
- Medical providers
- Mental health directors

e. Adversaries

- Opposition from mainstream community of providers who are satisfied with business as usual

f. Obstacles to Success

- Changing demographics
- Increased responsibility for collaboration members who are already busy
- Securing adequate funding

g. Goals

- After five years of successful implementation, take the program to the Board of Consumer Affairs for Licensure and Renewal
- Create compliance on a larger scale to ensure that providers are educated on the issues of cultural competence, quality care and ethics

Working Group D
Facilitators: Shikana Porter, Ph.D. and LeConte Dill

Policy Idea: Create and disseminate "*The 12 Commandments of Good Mental Health.*"

Goal: To outline the parameters for mental and emotional well-being in user-friendly, Black women focused manner

Rationale: To eliminate the stigma associated with the issues of mental and emotional health, we must create an engaging public education campaign that heightens Black women's awareness and understanding of mental and emotional health.

a. Program Components

- The 12 Commandments of Good Mental Health:

  1. Mental Health Is A Sense of Your Well-Being
  2. Self Care Is Not Selfish- Take Care of You So You Can Take Care of Others
  3. It Is Okay To Break Cycles- This Too Shall Pass
  4. Recognize Something Is Wrong- You Deserve To Feel Well
  5. Ask For Help, It Is Not A Secret, It Is Okay To Tell Someone You Trust
  6. Set Boundaries, Walk Away, Just Say No and Go Underground
  7. Mental Health Affects Physical Well-Being: Breath Deep And Take The Meds Because Medication is Okay
  8. Acknowledge Your Feelings and Assaults Immediately Then Forgive & Remember
  9. Chronicle Your Monthly Cycles and Moods -- Symptomatic Signs Help You Recognize Depression
  10. Your Environment is Not You. Nurture and Protect Your Spirit
  11. Work Through the Pain, Trust the Process, and Get Out of Bed
  12. Plan Your Personal Fun and Use a Pen!

- Dissemination and utilization of the 12 Commandments of Good Mental Health

  - Integrate services for healthier families
  - Social marketing for broad exposure through all media outlets
  - Printed materials
  - Slogans

- Songs ("12 Days of Wellness")
- Sermons
- Dances

b. Key Stakeholders

- Selected progressive faith-based groups
- Mental health professionals (culturally competent)
- Association of Black Social Workers
- Association of Black Physicians
- Teachers
- Department of Parks & Recreation
- Sororities
- Eastern Star
- National Council of Negro Women
- 100 Black Men of Los Angeles

c. Costs/Benefits

- Low to no cost mental health care services
- Equal distribution of services
- Prevention of overall abuse
- Helping to meet organizational requirements
- Partnerships/collaborations
- Development of more "African Queens"

d. Allies

- Faith-based communities
- Families
- Government agencies

e. Adversaries

- Racists
- Internalized oppressors
- Faith-based communities
- Families
- Government agencies

VI. Summit Participants' Comments and Questions

The Executive Director opened the floor for questions for various working groups. What ensued was an open discussion.

Question 1: *Who is eligible for participation in the loan certification?*

Response:

- If you are going to be in a loan forgiveness program you have to have incurred debt from your training at an accredited institution. The loan forgiveness program would be modeled after the teacher loan forgiveness program:

  (1) You have to apply to get into the program

  (2) You have to complete cultural competency certification

  (3)You have to complete a minimum of three years of service in that underserved area

Question 2: *How will the service areas be defined?*

Response:

- Generally, you have the federal or state determines what constitutes underserved areas. The program coordinators have to define what that is when they are looking at the state of California based on where the target population resides (i.e., Black women). Additional consideration is made for those areas where Black women do not receive culturally competent mental health care.

Question 3: *Which action steps will be taken after the adjournment of the Summit?*

Response:

- We are going to work to begin to implement one or more of the policy ideas worked on today. In addition, we will be actively involved in budget advocacy.

VII. Summit Proceedings: Where Do We Go From Here?
Crystal Crawford, Esq., Director of Public Policy

According to a representative from the Western Center on Law and Poverty (the key advocacy group deals with low-income issues at the state level) budget advocacy will be the primary focus of the current fiscal year. While the Western Center on Law and Poverty will provide commentary on existent political issues, it will not, however, sponsor any new legislative bills as it has done in the past. Budget advocacy is a critical issue for numerous organizations including the *California Black Women's Health Project*. Part of the purpose in inviting Dianne Van Maren to speak this morning was to begin a collaboration that will enable Black women's health advocates to become aware of (and remain actively involved in) key state budgetary issues. We simply cannot afford to not be a part of this historical moment.

With regard to the various mental health policy issues discussed today, the vision was to gather the input of Summit participant as a means of enhancing those policy issues that emerged from the 2000-2001 *Unheard Voices* survey, focus groups, individual conversations with Black women, as well as the Policy Advisory meetings. Our goal is to incorporate the ideas generated this afternoon into the 2003 *CABWHP* agenda of initiatives.

Moving forward, the implementation of the *12 Commandments of Good Mental Health,* which was envisioned as the first step in creating a demand for mental health services in our community, will be a primary focus of the *California Black Women's Health Project*. The objective is to normalize mental health and thus remove the stigma associated with both mental and emotional health. Because we recognize the irresponsibility of implementing such a program without simultaneously planning for the appropriate provision of mental health services once the demand has been created, we are also presently planning for increased service provision within our community.

In an effort to preserve the ideas and information shared, today's Summit proceedings will be made available on the *CABWHP* website. Summit participants will be mailed a hard copy of the proceedings.

Beginning in 2003, the *California Black Women's Health Project* staff, along with the Advocate Training Program graduates, Policy Advisory Group members, and all of today's participants will move forward on the aforementioned agenda items. The order in which those items will be addressed is currently being determined. The *CABWHP* staff welcomes your suggestions as we strive to become more efficient in our work, maximize our capabilities, and remain progressive and proactive in these challenging times.

VIII. Closing Remarks
Latonya Slack, JD, Executive Director

With the objective of gathering an assemblage of intellect and experience to discuss the ways in which we can move our agenda forward in spite of the California budget crisis, the 3rd Annual Policy Summit came to a successful end. Ms. Slacked closed the afternoon proceedings by thanking the participants for their commitment and support, and encouraging them to remain involved by offering their suggestions and input.

Summit Proceedings Prepared By:
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