CALIFORNIA DEPARTMENT OF REHABILITATION COUNSELORS' CULTURAL COMPETENCE FOR AMERICAN INDIANS/ALASKAN NATIVES

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CALIFORNIA DEPARTMENT OF REHABILITATION COUNSELORS' CULTURAL COMPETENCE FOR AMERICAN INDIANS/ALASKAN NATIVES

A Project

by

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Abstract

of

CALIFORNIA DEPARTMENT OF REHABILITATION COUNSELORS' CULTURAL COMPETENCE FOR AMERICAN INDIANS/ALASKAN NATIVES

by

Michael David Caesar

The objective of the project was to compile cultural, social, and demographic information for California Department of Rehabilitation [DOR] Counselors that would assist them to increase their cultural competency to work with American Indians/Alaskan Natives [AI/AN]. This information was entered into a handbook for use by DOR counselors. The handbook provides background awareness and knowledge of the present AI/AN population and culminates in specific strategies to help ensure successful employment outcomes for AI/AN, who have the highest rates of national and state of California disability.

The literature review found that minority populations did not gain the same equity of service in Vocational Rehabilitation. The AI/AN, statistically being a small population, are often not included in mainstream research studies or in data-gathering groups; thus, much information was found in groups funded to investigate the socio-economic status of AI/AN. In addition to the literature review, four interviews were conducted; two with program directors of the American Indian Vocational Rehabilitation [AIVR] programs in California, and two with DOR counselors.
The results of the information gathering indicate that AI/AN continue to be a population, although diverse in itself, that has maintained and/or is rejuvenating a culture that is distinct from that of the mainstream. AI/AN have a history with the federal government that has shaped the circumstance of the Native peoples today. The process of obtaining services in Vocational Rehabilitation can be impacted by culture and viewpoints of both the counselor and the consumer.

The handbook can add much to a counselor's body of skills. The American Indian/Native Alaskan consumer, who can perceive that the counselor is respectful, aware, and knowledgeable of his or her life, will be more likely to become a full participant in the consumer/counselor partnership that needs to exist in order to reach employment goals.

____________________________________, Committee Chair
Guy Deaner, Ph.D.

____________________________________
Date
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Chapter 1

INTRODUCTION

Background

The multicultural competency of Vocational Rehabilitation Counselors has gained attention in the last 20 years, as the ethnic composition of the United States has changed (Matrone & Leahy, 2005). Minority populations have grown, so that from 2000 to 2010, those who reported their race as something other than non-Hispanic White increased their number from 86.9 million to 111.9 million. This is a growth of 29%. California has the largest minority population of 22.3 million. In fact, California, along with Texas, the District of Columbia, Hawaii, and New Mexico has a “majority-minority” population (Humes, Jones, & Ramirez, 2011).

The American Indian population has also grown. In the United States, the population increased by 18.4%. In California, numbers increased from 333,346 to 362,801, or about 9%. These figures are for persons indicating only one race, American Indian or Alaskan Native [AI/AN]. AI/AN are 1% of the total United States population and about 0.8% of the California population (U. S.Census Bureau, 2010).

In the United States, in the working age group of ages 21-64 years, Native Americans report disability at a level of 18.0%, the highest of all minority groups. In descending order, Black/African Americans reported 14.1%, Whites reported 10.1%, and 4.5% of the Asian group reported disability. In the United States, for this age group, disability was reported at a prevalent rate of 10.4% (Erickson, Lee, & vonSchrader, 2011b). For California, in this same age group, Native Americans again have the highest rate with 16.1%. Black/African Americans have 14.2%, Whites have 10.1%, and Asians
report 4.8%. The disability prevalence rate for California for ages 21-64 is 8.4%. These statistics are based on the American Community Survey sampling method (Erickson et al., 2011a).

Unemployment for persons with disabilities is higher than for those with no disabilities. According to the Employment Development Department of California, reporting for 2009, the California unemployment rate was 11.9% but for persons with reported disabilities, it was 15.8% (Boyce, 2010a). These figures were derived from sampling done through the Current Population Survey, a monthly survey. Disability data derived from the American Community Survey for California 2009 states that 19.5% of persons with any disability were unemployed. Or, 32.3% of all persons with any disability were employed (Boyce, 2010b). Because of the small sampling size of the American Indian/Alaska Native population, the author found only one figure from on-line that broke out employment or unemployment rate for American Indians/Alaska Natives with disabilities. This was an employment rate of 29.1% for California Natives with disabilities. The base population was stated as 28,800 and the sample size was 312 persons.

In the general population, American Indians/Alaskan Natives fare worse than other races. The labor market information about Natives living on or near reservations reveals even higher rates of unemployment (Bureau of Indian Affairs [BIA], 2005). California’s unemployed Native population living on or near tribal lands was at 47%. Of those employed, 29% remained below poverty lines. The national average was 49% unemployment for Natives living on or near tribal lands. Some states reported even higher rates, such as Arizona with 57%, Idaho with 67% or, worst of all, South Dakota
with 83% (BIA, 2005). From the second half of 2007 through the first half of 2009, or during the economic recession in the United States, American Indians/Alaska Natives had nearly twice the unemployment rate as whites. For example, in 2008, Whites had a 5.6% unemployment rate compared to 10.5% for AI/AN (Austin, 2009). These figures are national averages. Austin (2009) points out that there are significant regional differences. Also, because of small sampling, American Community Survey over a 6-month period was used to obtain a large enough number for analysis (Austin, 2009).

Because American Indians and Alaska Natives are, at best, 1% of the total population, the understanding and image of American Indians have been molded by media to one that is not accurate and one that is characterized by harmful and misleading stereotypes (Lomay & Hinkebein, 2006). Some Indians recognized that school curricula about American Indians have changed in the last 30 years to provide a more accurate and balanced history, but it was also felt that much of the time information was superficial or relegated to elementary school level. Thus, non-Indians, and many American Indians as well, do not fully understand past history, legal status, treaty rights, or implications of sovereign nations status (Doble & Yarrow, 2007).

The purpose of this project is to provide a handbook for use by California Department of Rehabilitation counselors that will summarize information about American Indians and Alaskan Natives in California. The information will add to the historical and cultural knowledge of a counselor regarding American Indians in California who are not living on reservation lands. It is hoped that this project will benefit the American Indian/Alaskan Native who come into the VR system as hopeful
consumers and their counselors who will be ably informed and able to provide culturally sensitive services.

The questions that will be addressed in the following pages will be:

1. What role does culture have during the processes and interviews done before receiving Vocational Rehabilitation Services?

2. What counselor competencies must be specific for American Indian clients, or consumers, in order that American Indians/Alaskan Natives may most effectively access available services and resources successfully?

Statement of the Problem

The purpose of this project is to provide cultural and demographic information to California Department of Vocational Rehabilitation Counselors [VRCs] in a handbook. The focus of the handbook will be to assist counselor to successfully interact with American Indian/Alaskan Native [AI/AN] consumers during the close relationship that is developed between counselor and consumer during the process leading to successful employment outcomes. It is expected that as counselors gain understanding and knowledge of the AI/AN communities in California, counselors’ cultural competency in working with AI/AN will be become effective, thereby leading to higher rates of successful closures. California VRCs have few if any resources available to them on how to provide equitable access to Department of Rehabilitation [DOR] services and therefore assist in reducing employment disparities existing for AI/AN with disabilities. Literature suggests that rehabilitation counselors can improve rates of successful closures by providing service in ways that are sensitive and are considerate of Native American cultural protocols (Stromnes-Elias, 2007a). In other words, counselors need to know how
to be culturally competent in order to be best prepared to serve American Indian/Alaskan Natives.

In 2010, 941 consumers had cases closed in California with 24.9% closed with employment outcomes. This percentage is slightly better than the national employment outcome rate for AI/AN consumers with a 21.6% rate. However, in California, this rate is second from the worst rate, which is 21.9% for Black or African American. In contrast, Asians had a 31.9% employment outcome rate, Hispanic or Latino had a 28.6% rate, and Whites had a rate of 27.1%.

The employment rate for consumers exiting with employment outcomes are also lower than Asians, Hispanic or Latinos, and Whites, in that order. AI/AN have an employment rate of 42.09%. Lower than this are Native Hawaiian/Pacific Islanders with 41.67% and Black/African Americans with 36.12% (see Appendix, Table 4).

Of all cases in California, 61.83% were served and closed. AI/AN had the lowest rate with 59.09%. In contrast, 68.47% of Asians were served and closed. AI/AN consumers have the lowest rate of making it through to gain service so they can obtain employment.

Disability data derived from the American Community Survey for California 2009 states that 19.5% of persons with any disability were unemployed. Or, 32.3% of all persons with any disability were employed (Boyce, 2010b). The data suggest if AI/AN consumers can have closure with employment outcomes in the California DOR, they will have above average rate of employment, among AI/AN persons with disabilities.

Counselors need to know that Native peoples have been historically underserved in receiving employment opportunities and resources (California Consortium for Urban
Indian Health [CCUIH], 2009; Stromnes-Elias, 2007a), even though in urban areas AI/AN have a disability rate of 23.9% compared to 19.1% for the general service area population (CCUIH, 2009). American Indian/Alaska Natives make up only .08% of the total California population (U.S. Census Bureau, 2010a) and are a very small part of the California population, composed of 59.9% minority races or races other than White-Non-Hispanic (U.S. Census Bureau, 2010c). Further, data collection agencies are not designed to account for the urban Indian population, partly because of racial misclassification; thus, the size of the Native people population is not apparent (CCUIH, 2009).

In a study by Hein, Lustig, and Uruk (2005), it was found that consumers were most concerned about four things from a counselor. First, would the counselor treat them with respect, and communicate with them? Second, would the counselor be effective? Third, would the counselor manage their case in an active way that involved ongoing planning, management, and evaluation of the progress? Fourth, would the counselor provide appropriate education or employment? The counselor practices described here are best practices for all persons but culturally can look different to American Indian/Alaska Natives. For example, a DOR counselor and an American Indian Vocational Rehabilitation [AIVR] program director both state that respect for the culture should be a primary standard for a counselor. The AIVR program director goes further to say that the counselor should be aware of the specific culture of the consumer (see Appendix, Interview Two). American Indians/Alaskan Natives are often stereotyped because most people have little contact with them and much of their perceptions have been generated by media such as Hollywood movies (Doble & Yarrow, 2007). One DOR counselor states that correct tribal identification is very important to the Native American clients...
and she keeps a map of tribal areas on her wall that is “always a hit” (see Appendix, Interview Four). In another example, respect can be perceived by a Native person in how one conducts communication. For example, in the formal interview setting, it is recommended that one should not immediately begin questioning but should take the time to conduct a welcome, and then allow the person to tell his/her own story about what he/she wants at that time (California Department of Alcohol and Drug Programs [ADP], 2011). Counselors who are younger than the consumer need to understand that elders in Native societies are shown respect by how they are addressed. Feedback from a younger person who is perceived as being patronizing to the Native elder may, in turn, not be heeded (see Appendix, Interview Four). Respect is shown by the counselor’s awareness of the consumer’s possible circumstances, such as being aware that urban Indians generally are an itinerant population and that this characteristic is a barrier to persons receiving services for chronic health conditions (CCUIH, 2009). Thus, a counselor’s skills must include specific awareness and knowledge of the Native population if the counselor is to provide equitable access to DOR services. This project will provide specific knowledge about how to better work with American Indian or Alaskan Native consumers.

Definition of Terms

**Acculturation**

The process of change that an individual undergoes when he/she transitions between different cultures. This change is ongoing and is marked by changes in behavior and thinking.
**American Indian or Alaska Native**

A person who has blood degree from and is recognized as such by a federally recognized tribe or village (as an enrolled tribal member) and/or by the United States. In a legal sense, the rights, protections, and services provided by the United States to individual American Indians and Alaska Natives are there because he/she is a member of a federally recognized tribe (Bureau of Indian Affairs [BIA], 2011).

**Counselor multicultural competency**

Multicultural competency refers to the attitudes and beliefs, knowledge, and skills in working with individuals from diverse backgrounds (Matrone & Leahy, 2005).

**Enculturation**

The gradual acceptance of another culture.

**Federally recognized tribe**

An American Indian or Alaska Native tribal entity that is recognized as having a government-to-government relationship with the United States, with the responsibilities, powers, limitations, and obligations attached to that designation, and is eligible for funding and services from the Bureau of Indian Affairs (BIA, 2011).

**Native American**

A person having origins in any of the Native peoples of the United States and its trust territories, such as American Indians, Alaska Natives, Native Hawaiians, Chamorros, American Samoans, as well as persons from Canada first nations and Indigenous communities in Mexico and Central and South America who are U.S. residents. Native Hawaiians are eligible participants in many federal programs (BIA, 2011).
State Indian reservations

Lands held in trust by a state for an Indian tribe. Title is held by the state on behalf of the tribe. The lands are not subject to state property tax but they are subject to state law. State trust lands stem from treaties or other agreements between a tribal group and the state government or the colonial government(s) that preceded it (BIA, 2011).

Limitations of the Project

This project used resources from searches completed in the Fall and Winter semesters of 2011, and Spring 2012 semester. As newer studies are published, any figures are subject to change. New resources or organizations that serve American Indians and Alaska Natives may be formed. Websites for listed resources should be checked to receive updated information.

This project is limited to the state of California. The project paper and manual do not address American Indians or Alaska Natives on a national basis, except to offer statistics that can be compared to that of California. It does not address how each of the 143 California reservations and rancherias provides service to persons with disabilities. It is also limited by amount and kinds of data available for American Indian/Alaska Native populations.

The project is for use by state of California Department of Rehabilitation [DOR] counselors who work with American Indians and Alaska Natives who do not live on their tribal lands.

The author may be biased because he is an American Indian who is disabled and has experienced many of the barriers described in this project. He has studied American Indian history, education, health, and cultural concerns, and may assume knowledge or
understanding on the part of readers. This assumption may cause inadvertent omission of details or explanations.

Organization of the Project

In the introduction, an overview is provided of the basic health and disability status of American Indians/Alaska Natives. In Chapter 2, the literature review provides an historical overview of policies that have shaped the field of Vocational Rehabilitation as well as an overview of federal policies that have shaped the worldview and present circumstances of American Indians and Alaska Natives. The second area discussed in the literature review will be findings of how culturally-diverse groups differ in services received, and outcomes. In the third area of the literature review, counselor multicultural competence will be discussed specific to serving persons from American Indian communities. In Chapter 3, a discussion of the methodology used to gather information and how this information guided the plan of the DOR counselors handbook for working with American Indian and Alaska Native consumers of Vocational Rehabilitation services. In Chapter 4, a summary of the project is provided as well as recommendations for use of the handbook by DOR counselors. The Appendix contains the handbook that will also contain a resource list for use by counselors or other interested persons. A list of References will complete the project.
Chapter 2

REVIEW OF THE LITERATURE

Introduction

Although American Indians/Alaska Natives have the highest prevalence rate of disabilities in California and in the United States (Erickson et al., 2011), disability-related data is not plentiful. Small sampling sizes when American Indians/Alaska Natives are inserted into multi-racial studies sometimes preclude them from the data sets such as in California labor information at describing composition of disabled workers by race/ethnicity or employment status by race/ethnicity (California Labor Market Information, 2012). Racial misidentification of American Indians/Alaska Natives [AI/AN] is also a factor as shown in a study that illustrated undercounts of AI/AN in HIV/AIDS reporting systems from 1984-2002 (Bertolli, Lee, & Sullivan, 2007). The Urban Indian Health Commission [UIHC] (2008) also describes this lack of or poor quality of existing data, including racial misidentification. The following pages will bring together information on American Indians/Alaska Natives.

Policy Shapes Practice

Vocational Rehabilitation constantly changes to meet the current times, the current work force situations, and the current health care and public policies, but its basic purpose is to provide service to improve the employability of a disabled person (Elliott & Leung, 2004). Since the Rehabilitation Acts of 1973, attention has been paid to “traditionally underserved populations” (Sec. 21) in the United States to ensure that the service they receive is equitable (U.S. Department of Education [USDE], 1973).
Vocational Rehabilitation counselors are also guided to provide ethical and equitable treatment of all persons with disabilities by *The Code of Professional Ethics for Rehabilitation Counselors*, and, for minority clients, the ideas of justice, non-discrimination, and respect for culture are of importance (Kuzy, 2004). Out of these ideas, a counselor who has multicultural competency is someone who is self-aware of values and his/her own bias, has knowledge of different world views other than his/her own, and is someone who can communicate and act in a culturally-appropriate manner with clients from cultures other than his/her own (Cartwright & Fleming, 2010).

American Indians and Alaska Natives have undergone significant policy changes that impact present day life and current services for American Indians (Warne, 2007). These years are described by Warne (2007) in the following way.

1800-1840: This period is called the Period of Removal in which the Westward expansion began in earnest. The most well known of the governmental actions is known at the Trail of Tears, in which entire communities walked to the Indian Territory in Oklahoma. Over 4,000 people died on this long march.

1849-1920: This period is called the Period of Reservation and Assimilation. Several things happened at this time. First, tribes were forced onto reservations that were often far from the usual and accustomed places of travel and food obtainment. Second, boarding schools removed any children that government agents could catch and took them from by force from their families, thus most effectively severing children from learning their tribal language and cultural ways. Third, even the reservation lands that had been “set aside” forever were taken back as farmers, ranchers, miners, and homesteaders coveted those lands and pressured the U.S. government to release those
lands from trust. The General Allotment Act of 1887 broke up reservations, and individuals were allotted small pieces of land. Un-allotted land was opened to non-Indian development.

1930-1950: This period is called the Period of Indian Reorganization. In this time, several reforms happened under calls for changes to the way affairs were being handled for the Indians. In 1934, the Indian Reorganization Act implemented key recommendations. Among these were actions to restore Indian self-determination and tribes therefore began to establish their own governance structures and programs.

1950-1970: This period is called the period of Termination and Relocation. At this time the federal government decided that the final solution to the “Indian Problem” was to end all government relationships with tribes and terminate the reservations by dissolving the tribal governments. Indians were encouraged to relocate to the urban areas so they could obtain jobs and become assimilated into the general society.

1975 to Present: This period was called the Period of Self-Determination. President Richard Nixon, through executive proclamation, announced an end to the policy of termination and the beginning of Indian self-determination. PL 93-638, the Indian Self-Determination and Education Assistance Act was passed in 1975. This law allowed tribes to manage their own programs, such as healthcare and education and vocational rehabilitation programs.

American Indian Vocational Rehabilitation Programs

The U.S. Department of Education, through the Rehabilitation Act of 1973, established tribal vocational rehabilitation programs that are funded on a competitive basis. Grants average about $350,000 (National Council on Disability [NCD], 2003).
There are now 83 Section 121 American Indian Vocational Rehabilitation [AIVR] programs in the United States. California has four. Not all states and not all tribes have such programs (NCD, 2003). To qualify for service, individuals must have a Certificate of Degree Indian Blood [CDIB] card, have some impairment to employability, and live in the service area designated by the programs. Programs differ greatly from state to state or from tribe to tribe. Although tribal programs can only serve American Indians or Alaska Natives who have a CDIB, the AI/AN may seek service at any state Vocational Rehabilitation site (NCD, 2003).

According to the current application package for Vocational Rehabilitation Service Projects for American Indians with Disabilities, AIVR projects must, to an extent possible, provide services that are comparable to the quality provided by the state Vocational Rehabilitation [VR] and also must provide a broad variety of services (U.S. Department of Education [USDE], 2011). Furthermore, the application’s guidelines state that the AIVR has leeway to use services that are traditional to the tribe and to also provide usual or traditional VR services in a culturally-appropriate manner. The AIVR does not have to deliver every service that the state does, and the service that is delivered need not be identical to the state’s.

Again, the grant application describes that AIVRs must describe eligibility criteria, the order of selection for service if not all applicants for service cannot be served. Individuals must be provided with an Individualized Plan of Employment [IPE] and employment services. Another criterion that must be met is the applicant must show evidence of collaborative agreements with the state VR agency, per part 371.21(g). These cooperative arrangements for work cover interagency referral and information
sharing to determine eligibility and completion of an IEP, plan to ensure that American Indians living near a tribal service area be provided with VR services, and a plan to show how resources in such things as assessments, training, and other activities will be done to improve services to American Indians.

The process that an AIVR must plan for is as detailed as those at the state VR level, with seven areas described in the VR process. These areas are (a) First contact or the initial outreach to the population, (b) application process, (c) determination of eligibility, (d) the IPE, (e) VR service provision, (e) closure, and (f) post employment services (Martin, 2008).

There are several reasons why AIVR programs are as or more successful in serving American Indians living on or near reservation areas. These reasons include being continuously present and being part of the reservation; the projects observe tribal cultural customs, employ mostly native staff and, if possible, use the native language (Council of State Administrators of Vocational Rehabilitation, 2006). Tribal projects are able to fit employment opportunities to the local area by including in the definition of gainful employment, self-employment, telecommuting, or business owner (USDE, 2011). These employment strategies (page 14 of the application package) show recognition of low employment opportunities in the largely rural areas of tribal lands.

Steps in the Process of Service

The handbook for consumers from the California Department of Rehabilitation [DOR] lists in sequential order the process that a consumer will take to get services (DOR, 2008). The list begins with how to obtain and complete an application. Then, the steps of assessment, eligibility, receiving service according to the order of selection rule,
developing an IPE, and using employment services are described. In each step, as described in the introduction to the handbook, is that the consumer of the DOR will have a rehabilitation program “developed in collaboration between you and your counselor” (DOR, 2008, p. 2). The consumer and the counselor each have a page dedicated to a description of their responsibilities, but it is the counselor who is tasked with providing “counseling and guidance.”

These steps in the process have critical points or junctures for minorities, according to text from the Rehabilitation Act Amendments of 1973 (sec. 21, part 3). These junctures are at the point of acceptance, having closure without rehabilitation, provision of training with less money spent on training for minorities than for white consumers. Section 21 also contains a recommendation that larger numbers of minorities be recruited into the rehabilitation profession in order to provide counselors who have appropriate knowledge to meet the growing diverse populations in the United States. The Act acknowledges that disparities have existed for racial/ethnic populations.

Disparities in Service for Racial and Ethnic Minorities

The changing diversity of the United States population has created questions about whether current rehabilitation treatment that works with European-Americans will work for persons from racial and ethnic minority groups (Chan, Tarvydas, Blalock, Strauser, & Atkins, 2009). Chan et al. (2009) discuss the need for further research to investigate how racial bias and negative feelings towards people with disabilities on the counselor’s part can affect quality of services and outcomes. They conclude that client characteristics such as race, gender, age, sexual preference, or type of disability can affect counselor bias.
The steps that a prospective consumer makes when entering the Vocational Rehabilitation program, as described in the previous section, begin with application and ends with closure, hopefully a successful closure with employment lasting past 90 days. Whitfield (2008) discusses Section 121 of the Rehabilitation Act of 1973 as amended and describes four points in these steps where minorities have received unequal treatment. These points are (a) acceptance for services, (b) provision of training, (c) cost of services, and (d) closure with or without employment outcomes.

In California, the paper application form can be requested by mail, telephone, or in person at a DOR office. The application can also be downloaded, completed, and printed from the Department of Rehabilitation website, www.dor.ca.gov.

After application, the consumer’s eligibility for service is determined through an assessment. At all parts of this assessment, determining eligibility through gathering records, including medical, determining a Level of Significance of Disability [LSOD], and a vocational rehabilitation needs assessment, the counselor and the applicant must work closely together. The next step in a successful assessment process is acceptance for services.

Acceptance Rates

Some researchers have found that disparity exists in the rates of acceptance into Vocational Rehabilitation services between European Americans and minority populations. Considering the variables of race, gender, education, and age among a group of severely disabled persons, the only variable found to significantly influence rates of acceptance was race, and European Americans were 1.5 times more likely to be accepted for service than African Americans (Capella, 2002). In this same study, of
applicants with non-severe disabilities, Native Americans had the highest rate of non-acceptance, 60.9%, or the lowest rate of acceptance at 39.1%. Asian Americans and Pacific Islanders [AAPI] were found by Park, Kim-Rupnow, Stodden, and Starbuck (2005) to have lower levels of acceptance than White applicants, 21.4% compared to 17.0%. However, in another national study, American Indians and African Americans had higher rates of acceptance, and AAPI had a lower rate (Wilson, Alston, Harley, & Mitchell, 2002).

Provision and Cost of Services

After acceptance, an Individual Plan for Employment [IPE] is designed. Again, the DOR handbook describes a close collaborative manner in which a plan is made. Several factors influence the extent of services, including the client’s severity of disability, legal and psychosocial history, and availability of funding. The counselor must assess the client’s occupational interests and skills and overall work abilities (Elliott & Leung, 2005). Studies support the Rehabilitation Act of 1973 amendment statement that minorities receive inequitable treatment in the form of receiving less training. Kuzy (2004) states that African Americans are often recommended by European counselors for lower level training and educational opportunities than their White counterparts. AI/AN with traumatic brain injury were found to have received fewer funds for their treatment than non-AI/AN (Whitfield, 2008).

Closure

At the completion of the services, to obtain a successful outcome of rehabilitation, the client should have obtained employment and remained in that employment for 90 days. Differences appear in the rates that clients from different racial groups reach
successful closure. European Americans had higher odds for successful closure than African Americans or Native Americans (Capella, 2002). Of persons accepted for services, White Americans had higher successful closures, at 43.2%, than Asian Americans/Pacific Islanders at 35.2% (Park et al., 2005). Other studies show differences in provision of services and outcomes but conclude that differences between racial groups were statistically significant but usually small (Bellini, 2003). Park et al. (2005) found that AAPI were accepted for services but did not achieve employment closure (rehabilitated) at the same rate as White Americans, or 43.3% as compared to 39.8%. AAPI also had a lower rate of being accepted for services and achieving employment closure, 35.2% to 43.2% for White Americans. White Americans or European Americans were also found by Capella (2002) to achieve employment outcomes at higher rates than either African Americans or Native Americans.

Impact of Counselor Multicultural Competency

Multicultural competency is considered to be important to attain inclusive environments in today’s time of globalization and changing United States demographics (Cartwright & Fleming, 2010). But research into the impact of a counselor’s multicultural competency upon client outcomes seems to be in its infancy (Matrone & Leahy, 2005). However, there appears to be agreement that lack of multicultural competence may be the reason behind disparities in the way persons from diverse cultures access and benefit from rehabilitation services (Cartwright & Fleming, 2010). According to Cartwright and Fleming, multicultural competency can be described as being composed of awareness, knowledge, and skills. Awareness is defined as having an understanding of cultural factors such as race, gender, and class, and understanding of the impact of human
development and the counseling process. Knowledge is an understanding of the ways that cultural processes like social stratification, acculturation, immigration, historical factors, institutional structures, and individual meaning making affect different groups. Skills means being able to integrate the impact of cultural factors when sending and receiving communication (Cartwright & Fleming, 2010).

Bellini (2003) found that African American and Hispanic/Latino clients served by European American counselors who had greater multicultural competency were more likely to have favorable outcomes. However, they did not receive vocational training services from these counselors at the same rate as others. European American clients were somewhat more likely to receive vocational training services when their counselors were minority races with a high degree of multicultural competency. In another study that investigated the racial attitudes of 115 White practicing rehabilitation counselors, respondents using both the Multicultural Counseling Inventory [MCI] and the Oklahoma Racial Attitude Scale-Preliminary [ORAS-P], it was found that the relationship subscale of the MCI did predict a counselor’s personal multicultural relationships and experiences or racial attitudes (Cumming-McCann & Accordino, 2005).

Multicultural Competence with American Indians and Alaska Natives

In the three areas of multicultural competency--awareness, knowledge, skills--American Indians/Alaska Natives differ from other populations because of the historical events in which homelands were lost and social structures attacked. Health declined but many Indian belief systems have been kept and guarded from white destruction (Clay & Fugleberg, 2006).
Awareness

Awareness is defined as having an understanding that cultural factors such as race, language, gender, and class impact human development and the counseling process (Cartwright & Fleming, 2010). Awareness can also be the self-awareness of one’s own attitudes about race, culture, and ethnicity (Bellini, 2002).

Race

American Indian or Alaska Native is considered a race category by the U.S. Census Bureau. However, Native American identity is place-based, tied to what are considered ancestral homelands. For example, the American Community Survey asks a person who self-identifies as either an American Indian or Alaska Native. If the answer is affirmative, the person is then asked the name of his/her tribe or village (U.S. Census Bureau, 2009). Many Native Americans choose to identify themselves first by tribal identity, such as Navajo or Pomo. Many tribes themselves changed their name back to the traditional language name, to more accurately reflect who they are. For example, the Papago people from Arizona are now known as Tohono O’odham (Wilkinson, 2005).

Language

Although many native languages are no longer spoken, 14.8% of all persons identified as AI/AN alone speak a Native North American language (U.S. Census Bureau, 2011). Many Native people do not have proficiency in English to the same level as non-Native people. They may have been exposed to other languages than English in the home and community or may have learned English with an overlay of a native language. This results in omission of English sounds or sentence patterns that go back to
native language usage. Also, life experiences can affect how persons use language, such as level of education, rural or urban, or past place of employment (Locust, 2003).

Class

Social organization may look different as it is not based on definition of class but rather how one relates to the group. Some characteristics of traditional Native American values and expectations are opposed to contemporary or Anglo values and expectations. For example, cooperation is valued over competition, group needs are more important than personal needs, privacy and non-interference of others is contrasted with a need to control and affect others, and reliance on extended family versus reliance on experts (Garrett, 2000). Locust (2003) describes the behavior of self-advocacy and pride, that it is considered shameful or bad manners to ask for things for oneself. Family or extended family members traditionally helped or spoke for someone but many communities cannot do this anymore, so it is up to the service provider to be an advocate.

Acculturation Levels or Continuum

Just as vocational counselors should be aware of the role that race and culture have in clients from diverse backgrounds, they should understand that a person connects to cultures, both indigenous and mainstream, in ways that are individual. Factors that can influence degrees of acculturation are education, places of residence, and employment (Locust, 2003). Historical influences such boarding schools, adoption into non-tribal homes, and personal trauma can also influence world view and how one functions in different societies (California Department of Alcohol and Drug Programs [ADP], 2011).

The items described in the following list describe five levels of acculturation, with level 1 being traditional and level 5 being assimilated into the mainstream of

1. Traditional is a person who has maintained native language and customs and who has married within the tribe or according to tribal or clan custom.

2. Traditional-adaptive is a person who has maintained strong connections to the tribe and participates in tribal activities. But this person also may have married outside the tribe or with another race, and has had non-American Indian experiences that have provided some skills in interactions outside of the tribal community.

3. Contemporary is a person who has no firm identity with either American Indian or non-Indian worlds, likely to socialize with persons who are in contemporary cultural standing or in the adaptive group. This person is likely to have been educated according to non-Indian beliefs and standards.

4. Adaptive is a person who does not carry American Indian identity, usually multicultural and of mixed race, may practice Christian or other religion, has social contacts with non-Indian community, and may claim to be American Indian if it is of benefit for services, such as education, or instance where being an Indian would be beneficial.

5. Assimilated persons are found throughout mainstream non-Indian society; they are not usually recognized as American Indian, but as Latino/Mexican or “other.”

To understand that an American Indian or Alaska Native who enters a vocational rehabilitation program seeking services may be anywhere on a cultural continuum, in any or all domains, will help enable a counselor to not stereotype or inaccurately assume meanings or socioeconomic attributes (Garrett, 2000). Stereotyping and bias may be
avoided; stereotypes that are held by a counselor are activated under conditions of uncertainty, when limited information is given, such as when the client and counselor are presented to one another. These stereotypes can obscure a client’s individuality and may bias the assessment of a client’s problems, needs, and potential. After subsequent, favorable information is presented about a client, the initial stereotype persisted, (Rosenthal, 2004). Although this study was about European American counselors and African American clients, American Indians and Alaska Natives are “invisible” to most non-Indians (Doble & Yarrow, 2007) and have been the object of stereotyping, prejudice and discrimination, misunderstanding, and violence (Pichette, Berven, Menz, & LaFromboise, 1997).

Furthermore, counselors should understand that attitudes and mistrust of government programs can be understood from historical perspectives of Native Americans that involved broken treaties, loss of land, and forced assimilation into White culture (Stromnes-Elias, 2007a). This is especially true due to the extremely long periods of time children were kept in boarding schools for the sole purpose of assimilation. Captain Richard Henry Pratt, founder of the Carlisle Indian Industrial School in Pennsylvania, voiced the thinking behind the establishment of the boarding schools by saying, “Kill the Indian and save the man” (Wilkinson, 2005, p. 53). The government-to-government relationship that American Indians and Alaska Natives have is defined by treaties which are the highest law of the land according to the Constitution and is often not known or is misunderstood by non-Indians. A mistake made by those who are unaware of the history of the indigenous peoples of the United States is that the government “gives” things to the Indians. However, any services provided, such as for
healthcare, housing, and education, are in exchange for ceded lands and have nothing to do with “giving” (Warne, 2007).

A counselor who has a basic understanding of the cultural heritage of a client can better create the rapport necessary to carry out effective assessment and planning. Also acquiring a basic knowledge of historical and contemporary events, culture, and identity development can help develop culturally-competent services (Lomay & Hinkebein, 2006). Understanding social structures and cultural backgrounds of clients is part of multicultural competence understanding, but skills are necessary to integrate the impact of cultural factors when sending and receiving communication, according to Cartwright and Fleming (2010). In a study in which employed clients assessed the counselor’s skills, the most important skill was the counselor’s ability to listen to the client. Unemployed clients described this skill as being respectful (Hein et al., 2005). Anyone who works with American Indians or Alaska Natives can do much to build rapport by practicing respect and showing a desire to preserve cultural values (Stromnes-Elias, 2007a).

The cultural continuum already described also considers manners of speaking and communication that traditional persons employ, but manners of speaking or behavior may be found at any place on a continuum and may be observed in others who do not fit the description of a traditionally oriented person. Examples might include speaking softly at a slower rate, interjecting less and not interrupting, using less “encouraging signs” such as head nodding or saying “uh-huh” or “right,” and delaying response to a question (Garrett, 2000).

The definition of disability must also be seen from the perspective of the disabled person, how one sees oneself, and how others see and react to this person (Chan et al.,
The cultural definition of disabilities arises out of the relationship or the network of relationships within the tribe that serve to support the person with disabilities. Families may be reluctant to give over the care to an outside person. A person may be defined as disabled in the absence of strong relationships with others in the tribal community, and not simply having a physical or mental issue (Pichette et al., 1999). But the impact of historical events also means that American Indians hold a unique legal status as American Indians because of treaties. For vocational rehabilitation services, legal status means that American Indian consumers can access services that are specifically for enrolled members of federally recognized tribes and Alaskan Native Corporations. Overall, health is poorer for American Indians and Alaska Natives. The prevalence of the following conditions is much higher than in the general population: Alcoholism, 627%; tuberculosis, 533%; diabetes mellitus, 249%; accidents, 204%; suicide, 72%; pneumonia and influenza, 71%; and homicide, 63% (Lomay & Hinkebein, 2006). American Indians and Alaska Natives living in cities have poverty rates, unemployment, poor education, and rates of disabilities higher than the general population. For example, death rates from accidents is 33% higher, death from diabetes is 54% higher, and cardiovascular disease is now the leading cause of death (Urban Indian Health Commission [UIHC], 2007).

Knowledge

Knowledge is an understanding of the ways that cultural processes such as social stratification, acculturation, immigration, historical factors, institutional structures, and individual meaning making affect different groups (Cartwright & Fleming, 2010). To be aware of tribal identity is to also be aware that there are 565 federally recognized tribes in
the United States (BIA, 2005). In California, there are 115 federally recognized tribes and one state recognized tribe, the Juaneno Band of Mission Indians (National Conference of State Legislatures [NCSL], 2011). In another example, in Alaska, there are at least four different cultural groups: Eskimos, Aleuts and Alutiiq, Athasbascan Indians, and Northwest Coastal Indians. Each is a distinct cultural and political group (Caldwell, 2005).

But the impact of historical events also means that American Indians hold a unique legal status because of treaties. For vocational rehabilitation services, legal status means that American Indian consumers can access services that are specifically for enrolled members of federally recognized tribes and Alaskan Native Corporations.

Counselor Competency Skills and American Indians/Alaskan Natives

Skills that DOR counselors will find helpful are based on the idea that American Indians/Alaskan Natives are indigenous people, that is, people with origins in the North American continent as such, beliefs and value systems may be in direct conflict with those accepted in mainstream society such as the mainstream trait to “speak up” for oneself to get what you want and need. Self-advocacy and pride in traditional culture in that way would be rare. A person with pride would not ask for things for him/herself as this request might make someone else go without. Rather, someone else would advocate for someone in need (Locust, 2003). Persons might not access services if they are reluctant to voice what is needed. A counselor then should be aware that he/she could have different value systems than the American Indian/Alaskan Native consumer.

A counselor, as previously stated, must be self-aware of his/her own beliefs and stereotypes regarding the racial group AI/AN. Perhaps the greatest stereotype is that all
Alaskan Native's unique place in American society has molded the present legal status, but how it has molded the perceptions of Indians toward mainstream institutions. There may be a level of mistrust on the part of the consumer about the intentions of interviewers, the reasons for questions into matters considered private, or they may fear loss of existing benefits (Stromnes-Elias, 2007a).

In considering the role of culture and historical events, there are some common guidelines that Locust (2003) considers to be generalized to large groups of people and not specific to one tribe or individual.

Regarding rapport and trust, Locust (2003) provides a picture of how the first meeting between a counselor and consumer might look. A counselor should take the time to build rapport and a relationship in the very beginning. This includes setting a relaxed tone by offering refreshment and using breaking-the-ice comments, such as comments about the weather, the traffic, or big events in the area. A custom still practiced in formal situations is the self-introduction. A native person will say his/her name, his/her tribal affiliation, and who his/her clan and family are. A non-native counselor would follow the same pattern of self-introduction by stating his/her name, title, perhaps the city in which he/she lives, and a brief description of his/her position’s
role with consumers. This shows that the counselor trusts client with personal information. Paperwork should be delayed, and the counselor can invite the person to talk about the situation and reasons for the visit. This should include interest in finding out about the role of culture in the person’s life (Thomason, 2011). Culture also means the values the consumer has that can impact a rehabilitation plan. One value is how the person views the concept of family, which for American Indian cultures means extended family. This means that extended family can be a source of support for those with disability (Lomay & Hinkebein, 2006). The consumer can be asked on whom he/she depends for help and care, and this person can be included in the rehabilitation plan (Locust, 2003). Several researchers have discussed that there are differences in how disability is viewed in the Indigenous communities. There is no word in the indigenous language for disability but rather there is a description of the functioning of the body parts (Locust, 2003). A disability can be explained in terms of spiritual beliefs that a taboo was broken or somehow a person came into contact with harmful things. An indigenous person can utilize traditional healing in the same manner as a referral to a western healing methodology.

As noted, American Indians/Alaska Natives must have a Certificate of Degree of Indian Blood [CDIB] to qualify for services at an American Indian Vocational Rehabilitation Program but anyone can be served at a state DOR. However, a person without a CDIB can be a fully accepted member of the Indian community and be a person who lives by indigenous or traditional values and practices. Inquiries about “blood quantum” can be a sensitive topic, as some ancestors refused to put their name on any list, and therefore they and their descendents are now not on tribal enrollments. Many
people are fair-haired and fair-skinned and can be enrolled in a tribe or can be fully active in their local communities, culture, and lifestyle (Locust, 2003). In discussing tribal affiliations, counselors are cautioned against sharing stories of distant American Indian relatives unless one has maintained contact with the relatives and the tribal community (ADP, 2011) as this is looked at as mostly pandering. The other common refrain/mistake is that they always have a female relative who is a “Cherokee Princess.”

Counselors should strive to be very clear in presenting information, and not presuming that everything is understood if no question is asked. Ask for feedback after explanation to make sure that the person understands the particular point. Explain why information is being requested. Counselors should fully explain confidentiality guidelines and who will be authorized to see the information being taken. The loss of existing benefits is worrisome, and counselors should be aware of that. A counselor can build rapport and a good relationship by always following through on what he/she has promised to do. And, lastly, it is recommended to have a back-up communication plan. If paperwork is being sent, follow through with a phone call to make sure it is received, and have an alternate phone contact (Stromnes-Elias, 2007a).

A counselor should have a basic knowledge of the surrounding community. This includes tribes, resources that serve American Indians/Alaska Native, and who the leaders are of these organizations. Knowledge can be acquired by attending local events (Stromnes-Elias, 2007a) such as pow-wows and other events aimed at all people.
Chapter 3

METHODOLOGY

The author began work on a Master’s Project in his second year as a student at the Vocational Rehabilitation Program at California State University, Sacramento. At first, the author started as a co-author with another program student, with the subject being Job Placement Circle. Organizing and evaluating a Job Placement Circle had been the interest of a possible project. However, because of ill health, it was not possible to be a full partner in this cooperative effort and an individual subject was needed. The author began an internship at the California Department of Rehabilitation [DOR] at the Laguna Creek unit in South Sacramento from September 15, 2010 to October 15, 2011.

The author, an enrolled member of the Pawnee tribe, had earned a Master’s in Education from San Francisco State University with a thesis title of *Teaching the Teacher for American Indian Students*. This very personal area of study was re-awakened by a conversation with Mark Frayser, the author’s internship supervisor. At that time, Frayser indicated that the DOR was undergoing some changes. These changes included the updating of data collection and management of client information through the agency’s purchase of AWARE but also how the DOR would meet service challenges to the changing California population. The population in California has been changing to a more multi-ethnic or diverse population. As the author’s previous academic work and personal background is American Indian, the conversation turned to whether a project featuring multicultural competence service to the American Indian/Alaska Native population in California would be of any practical use to California DOR counselors. It was agreed that it would.
Dr. Guy Deaner, the author’s project advisor, agreed to speak with Mark Frayser about the feasibility of the project subject, which was subsequently approved.

Initial interest in the research was that it should feature material authored by American Indian/Alaska Natives. However, aside from older work, little was found. So all authors who discussed multicultural competence for all groups were included and special interest was given to those who included American Indian/Alaska Natives in the research study. Resources reviewed included periodicals, websites, journals, and books. A large amount of material about culturally competent service was found in resources discussing health services.

A second part of the information for the project was gathered through interviews. The first interview was conducted by the author with David Tripp, Director of the Hoopa Reservation, American Indian Vocational Rehabilitation Program [AIVRP], who was able to provide information about how a tribe works with Native clients in a culturally-competent manner and how the Native Vocational Rehabilitation counselors collaborate and coordinate services with the California State Department of Rehabilitation (see Appendix, Interview One).

Subsequent to the informational interview with Tripp, questions regarding data, policy, and cultural competency were formulated and developed by the author. The resulting questions were directed back to Tripp (see Appendix, Interview Two); to Cheryl Bear, QRP, at the Laguna DOR unit in Sacramento (see Appendix, Interview Three); and to Cimeron Yee, QRP, at the Oakland district DOR office (see Appendix, Interview Four). All interviews were conducted via telephone.
All interviewees are American Indians who have the life experience and professional training to provide the necessary information regarding cultural competence for American Indian/Alaskan Native clients. The author's intent is that information given in the interviews will provide non-Indian VR counselors with the cultural awareness to help ensure successful closure by implementing culturally-appropriate services and interactions.
Chapter 4
SUMMARY AND RECOMMENDATIONS

Summary

The purpose of this project was to produce a handbook that would be of use to California Department of Rehabilitation [DOR] counselors in their work with American Indian/Alaska Native [AI/AN] consumers. The handbook was to provide the counselor with information that would strengthen ability to provide culturally competent service to AI/AN consumers. The handbook would provide an overview of the population, offer some proven ways of communication and interaction, and also provide a list of resources available to American Indians and Alaskan Natives.

The purpose of the literature review was to provide information that forms the base for multicultural competency for counselors who are working with persons from cultures not their own. The review is organized from general findings to a focus on AI/AN persons. This base was formed on the definition extracted from the Code of Professional Ethics for Rehabilitation Counselors and it rests on awareness, knowledge, and skills. The review concludes with specific information about effectively interacting and communicating with AI/AN consumers.

AI/AN persons continue to be faced with the legal, social, and cultural concerns described in this project. It is hoped that it will create awareness, provide knowledge, and assist in the continuous process of improving equitable service to all persons who look for it at the Department of Rehabilitation.
Recommendations

The author recommends that this Master’s Project be included as a resource to assist the Vocational Rehabilitation Counselors [VRCs] in the California Department of Vocational Rehabilitation. If it is proven useful, it could be used in any unit in California. This will help produce more positive outcomes for American Indian/Alaska Native consumers. In particular, the author recommends that in the in-service training, a speaker’s list should include persons from either American Indian Vocational Programs or organizations listed in the Resource section.

In addition, it is recommended that this handbook be used as a baseline in the training of VRCs in California. At present, the United States educational system, overall, provides little information about its Native peoples and therefore professionals in the various counseling fields cannot provide culturally competent services. If nothing else, awareness and some knowledge may be provided.

Another recommendation is that future researchers consider American Indians, Alaskan Natives, and Native Hawaiians with disabilities who live in a major urban area. In particular:

1. What are the specific types of disabilities?
2. How do AI/AN and Native Hawaiians obtain vocational rehabilitation services, and to what extent?
3. What service provisions are offered and to what extent?
4. How could the state DOR better serve these historically underserved populations?
APPENDIX

Equitable Services in the State Department of Rehabilitation for American Indians/Alaska Natives: A Handbook
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Introduction and Need

American Indians and Alaska Natives [AI/AN] comprise a very small part of the total United States population. As of 2010, they are 0.9%. Although California is one of the states that has the largest number of AI/AN, they are 0.8% of the total population (U.S. Census Bureau, 2010c). Throughout the history of the United States, the image of the American Indian has been one molded by media. The imagery has been molded by harmful and misleading stereotypes. Progress has been made over the last 30 years in presenting a more accurate and balanced inclusion into textbooks, but many feel that the presented information is superficial or concentrated in the elementary grades. Therefore, in the present day, many non-Indians know little about American Indians and Alaska Natives, although many express a desire to know more. Many non-Indians do not have any social contact with American Indians or Alaska Natives (Doble & Yarrow, 2007).

However, Department of Rehabilitation [DOR] Counselors and others who are at the front of the process of admitting and helping individuals access rehabilitation services and achieving successful outcomes are gatekeepers. It will be their judgments that will, in effect, have the power to change a person’s life. If done in the best possible manner, a person with disabilities will gain the right to participate fully in this society. Research has indicated that persons from different racial and ethnic cultures may not have received equitable treatment and therefore not had equal opportunity for quality employment (National Council on Disability, 2003).
Overview of Contents

The changing demographics of the United States have heightened the focus on serving an increasingly diverse population. The “minority” population in the United States grew from 30.9% in the year 2000 to 36.3% in 2010. California has the largest minority population with over 50% of the population being majority-minority or non-Hispanic White. The American Indian/Alaska Native population grew numerically but not percentage wise, at 0.9%. The non-Hispanic White population, although the largest numerically in the United States, is growing at the slowest rate, indicating that the percentages of minority or diverse racial and ethnic populations will continue to become larger (United States Census Bureau, 2010a).

The information chosen for this handbook uses the guidelines in the Commission on Rehabilitation Counselor Certification [CRCC] New *Code of Professional Ethics for Rehabilitation Counselors*, effective January 1, 2010. The New Code emphasizes the new standard and requirement for cultural competence and/or diversity. The principle of inclusion in diversity encompasses “age, color, race, national origin, culture, disability, ethnicity, gender, gender identity, religion/spirituality, sexual orientation, marital status/partnership, language preference, socioeconomic status, or any basis prescribed by law” (Commission on Rehabilitation Counselor Certification, 2009, n.p.).

Literature suggests that one of the reasons for disparity in why persons from racially, ethnically, linguistically, and culturally diverse groups underutilize rehabilitation counseling or who receive different services, have less cost expended for them or who do not realize the rate and quality of employment that non-minority persons may receive (National Council on Disability [NCD], 2003).
The purpose of this handbook is to provide information to DOR counselors that will enable them to be more effective with American Indians and Alaska Natives. Geographically, the focus is on Northern California, and more closely on the Sacramento area.

Historical Knowledge

American Indians and Alaska Natives have a unique place in relation to the United States of America. By the time the first Europeans arrived onto the continent, the tribal peoples had been long established in their accustomed places and had established societies that were self-subsisting, self-governing, and provided for growth and stability, partly through a network of trade and alliances. The U.S. government recognized the peoples as nations, thus began the nation to nation relationship that exists today.

Basis of Federal Relationship

Sovereignty: Federally recognized tribes are recognized as possessing certain inherent rights and authority of self-government. Tribal sovereignty is protected by the federal government against encroachment by other sovereigns, including the states. Sovereignty means that tribes can exercise legislative, judicial, and regulatory powers. Tribes form governments; determine membership; maintain law and order; tax and regulate property, domestic relations, commerce, and trade. Tribal sovereignty is not granted by the U.S. government but it is an inherent right retained through treaties.

Treaty Rights: The sovereign status of American Indian tribes is the basis for government-to-government actions, such as treaty making. A common misconception is that the U.S. government granted special rights to the American Indian tribes. The tribes relinquished some inherent rights while retaining others. The rights retained by the tribes
are known as reserved rights. Treaties described what land would be relinquished or ceded, the compensation for lands and which lands would be retained by the different tribes. American Indians retained the right to use the treaty land for subsistence. Thus, fishing, hunting, and gathering rights were also retained.

Trust Responsibility: This is a legal responsibility that the United States has towards tribes. It encompasses legal and moral obligations to fulfill understandings and expectations that have arisen over the history of the relationship between tribes and the U.S. government.

Tribal Communities

National: As of 2011, there are 565 Federally Recognized Tribes in the United States. A Federally Recognized Tribe is an American Indian or Alaska Native tribal entity that is recognized as having a government-to-government relationship with the United States, with the responsibilities, powers, limitations, and obligations attached to that designation, and is eligible for funding and services from the Bureau of Indian Affairs [BIA].

Not every tribe has a reservation, or land reserved for a tribe or tribes under treaty or other agreement with the United States, executive order or federal statute or administrative action as permanent tribal homelands. The federal government holds title to the land in trust on behalf of the tribe. There are approximately 326 Indian land areas in the United States administered as federal Indian reservations (i.e., reservations, pueblos, Rancherias, missions, villages, communities, etc.). Federal Indian reservations are generally exempt from state jurisdiction, including taxation, except when Congress specifically authorizes such jurisdiction.
State Indian Reservations: Lands held in trust by a state for an Indian tribe and the lands are not subject to state property taxes. They are subject to state laws.

Alaskan Natives: Alaskan Natives differ in the description of their aboriginal land base. Even though Alaska Natives, including Indians, Eskimos, and Aleuts occupied Alaska for centuries, there had been no clarification of the extent or nature of Alaska Native land rights. These rights were based on the Natives’ historic or aboriginal use and occupancy of Alaska lands, not on treaties between Alaska Natives and the United States. The Alaska Native Claims Settlement Act [ANCSA] of 1971 was an attempt to settle conflict between the newly formed state of Alaska in 1958 and the Native peoples. The discovery of oil reserves on the North Slope of Alaska lent urgency to the issue. Under ANCSA, Alaska Natives gained legal title to about 44 million acres of Alaskan land. An Alaskan Native Fund of $962.5 million was established to compensate for lands taken away from Alaskan Natives but it also extinguished “all aboriginal titles, if any, and claims of aboriginal title in Alaska based on use and occupancy.” The Act revoked all reservations in the state, except for the Annette Island Reserve for the Metlakatla Indian community. Alaskan Native land is not held in trust like it is for the Reservations in the 48 states but instead there are 13 regional and over 200 village corporations. The corporations own the land and may use them as they see fit, and may sell them. However, the lands are not fully self-governed by the Alaskan Natives but instead are governed by state and federal laws (Gunn, 2006). Alaskan Natives are eligible for programs under the BIA and other federal programs so designated, such as Indian Health Service or Education programs, including Vocational Rehabilitation.
California: California has 115 Federally Recognized Tribes and one State Recognized Tribe, the Juaneno Band of Mission Indians (National Conference of State Legislatures [NCSL], 2011). California has the most non-recognized tribal groups of all states, numbering about 50.

Urban Communities

About 67% of all American Indians and Alaska Natives in the United States now live in urban areas. Many are descendents of people who relocated to major cities in the 1950s under the Federal Termination and Relocation Act. At that time, the federal government sought to end or close the reservations and pay individuals some amount of money as compensation. In addition, individuals were urged to leave their reservation homes and relocate into a city where job training and employment, housing, and other benefits were promised. Although the promises made to the Indian peoples who did travel to the urban areas were not fulfilled for many, people continue to relocate to join family, seek employment, or enter educational institutions. Unemployment is very high on most reservations so many must seek opportunity off the reservation (Urban Indian Health Commission [UIHC], 2007).

California has one of the largest American Indian populations in the country, including terminated or non-federally recognized tribes. Currently, 76% of all American Indians and Alaska Natives in California live in the cities. Besides the tribes indigenous to California, tribal groups from all parts of the United States are represented in the state. Urban American Indians and Alaska Natives, although eligible for Indian Health Services, may not live near an urban Indian Health organization. Further, urban Indian Health organizations nationwide only receive about 1% of the federal funding for
Indian health. These urban health centers must leverage Indian Health funds to obtain other federal, state, county, local, and private funding. Without access to an urban Indian Health organization, many people will go without necessary care (California Consortium for Urban Indian Health [CCUIH], 2009).

Demographics

Tables 1 and 2 illustrate the numbers and percentages of the American Indian population by one race or in combination with one or more other races.

Table 1

Demographics: United States Population American Indian or Alaska Native – One Race

<table>
<thead>
<tr>
<th>Year 2000</th>
<th>Year 2010</th>
<th>Change, 2000 to 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>Percentage of total population</td>
<td>Number</td>
</tr>
<tr>
<td>2,475,956</td>
<td>0.9 %</td>
<td>2,932,248</td>
</tr>
</tbody>
</table>

*Note. Adapted from “Overview of Race and Hispanic Origin:2010, Table 1,” by U.S. Census Bureau, 2010c.*
Table 2

Demographics: American Indian Alone or in Combination with One or More Other Races

<table>
<thead>
<tr>
<th>Population</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian alone – one specified tribe</td>
<td>215,932</td>
</tr>
<tr>
<td>American Indian in combination with one or more races</td>
<td>207,503</td>
</tr>
<tr>
<td>Unspecified American Indian and Alaska Native in combination with one or more other races</td>
<td>150,501</td>
</tr>
<tr>
<td>Unspecified American Indian and Alaska Native alone</td>
<td>144,465</td>
</tr>
<tr>
<td>Alaska Native alone</td>
<td>2,329</td>
</tr>
<tr>
<td>Alaska Native in combination with one or more races</td>
<td>2,321</td>
</tr>
<tr>
<td>American Indian and Alaska Native in combination with one or more other races</td>
<td>99</td>
</tr>
<tr>
<td>American Indian and Alaska Native alone</td>
<td>75</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>723,225</strong></td>
</tr>
</tbody>
</table>

*Note. Adapted from “Race Alone or in Combination: 2010 Census,” Summary File 1, by U.S. Census Bureau, 2010c.*
Social Disparities

Social disparities continue to be present in both rural and urban communities. Data about American Indians and Alaska Natives continues to be incomplete and/or outdated. However, existing statistics show that many communities are beset with problems that negatively affect the health and welfare of individuals, families, and communities. Many of these problems began at the first contacts with Europeans.

Poverty: American Indians and Alaska Natives have poverty rates that are double that of the general population. More than a quarter or 28.4% were in poverty in 2010, compared to 15.3% of all others. Of families with children younger than 5 years of age, 32% live in poverty. In urban areas, it is estimated that half of all non-elderly American Indians and Alaska Natives are poor or near-poor with family incomes below 200% of the federal poverty level. Some tribal communities have even higher rates, up to 66%. The daily hardships of poverty affect all facets of life (Sarche & Spicer, 2008).

Education: American Indians and Alaska Natives continue to lag behind the general population in all measures of educational attainment. American Indian and Alaska Native children demonstrate low math and reading achievement as early as kindergarten and fewer gain a high school diploma or GED. According to the U.S. Census, 77% of American Indians and Alaska Natives earned a high school diploma, GED, or other alternative credential, compared to 86% of the general population. Only 11.5% earn a 4-year degree versus 24.4% in the general population; 13% earned a Bachelor degree or higher, compared to 28% of others (Sarche & Spicer, 2008).

Employment and Unemployment: Family unemployment rates range from 14.4% overall to as high as 35% in some reservation communities. American Indians and
Alaska Natives are not included in the 2010 Bureau of Labor Statistics reporting because of their small sampling size. This population is included under “Other.” American Community Survey [ACS], using sampling surveys for the population 16 years old and over, reports that the United States 3-year Estimates for American Indians and Alaska Natives of Employment Rates is 51% and the Unemployment rate is 14.9%, compared to an overall rate of 58.8% and 9.9%, respectively (Sarche & Spicer, 2008).

For California, 3-year estimates show a 50.8% employment rate and a 16.5% unemployment rate for American Indians and Alaska Natives. The overall California rate of employment is 57.6% and 10.5% unemployment (U.S. Census Bureau, 2010b).

Employment rates for persons with disabilities are lower. In the United States, the ACS reports that the employment rate for persons with any disability is 36.1%. The rate in California is 34.3%. The Centers for Disease Control and Prevention [CDCP] reported in 2009 that the number of persons with disabilities living below the poverty line was twice the number of people without disabilities. In addition, the percentage of persons with disabilities who did not complete high school was twice that of persons without disabilities.

Health: Minority populations suffer higher rates of chronic health conditions. The Indian Health Service [HIS] reports that deaths due to diabetes, chronic liver disease and cirrhosis, and accidents occur at least three times the national rate. Deaths due to tuberculosis, pneumonia, influenza, suicide, homicide, and heart disease also exceed the national rate. Health disparities begin at infancy, with death rates at infancy two to three times higher for American Indian and Alaska Native babies than for White babies. Urban Indians have the same health problems. The Urban Indian Health Commission [UIHC]
states that cardiovascular disease is the leading cause of death among American Indians and Alaska Natives age 45 and older and in fact causes more deaths than cancer, diabetes, and unintentional injuries. Often, diabetes and heart disease are present together, making treatment difficult and expensive. The prevalence of diabetes in American Indian communities exceeds that of the U.S. population, 15% to 9.6%.

Depression is a little recognized health problem but affects American Indians and Alaska Natives at a greater rate than the general population. Depression is linked with alcohol and substance abuse. IHS reports that more than one-third of patients had issues related to mental health, alcoholism, or substance abuse (UIHC, 2007).

Disabilities: In the United States in 2008, Native Americans had the highest rate of disabilities, 18.8%, in the age group 21-64. Other race group rate examples were 14.3% for Black/African Americans, and 10.2% for Whites. For California, Native Americans had a 17.5% rate, Black/African Americans had a 14.1%, and Whites had a 8.8% rate (Erickson & vonSchrader, 2010).

American Indian Vocational Rehabilitation Program

Through the Rehabilitation Act of 1973, the U.S. Department of Education funds tribal Vocational Rehabilitation, or Section 121, programs through a competitive grant process. Tribal programs provide service to American Indians and Alaska Natives with disabilities who live on the reservation or in the designated service area. Many tribes are remote and have few opportunities for employment. The sizes of the grants are not large, averaging $350,000, and pay 90% of the program costs. The uncertainty of steady funding from year to year poses problems in sustaining a program, as well as building capacity. Tribal programs differ, depending on the tribe’s cultural and geographical
environment. Applicants for services undergo a detailed process for acceptance and services, just as in the state DORs. The AIVR programs must be comparable to those provided by state VR programs. However, the tribal process provides this process in a culturally knowledgeable environment that in turn helps to ensure maximum success for the client. Success of tribal VR programs is because they are a continuous presence on the reservations, observe tribal customs, employ native staff, use non-traditional native employment, and, as much as possible, provide access to the native language.

Not all tribes have programs. A 2010 list shows 25 states with a combined total of 81 programs. Some states may have only one. Alaska has the largest number, 11; California has 4. The Consortia of Administrators for Native American Rehabilitation [CANAR] functions as a national platform for advocating the needs for effective rehabilitation service delivery for American Indians and Alaska Natives with disabilities. CANAR provides assistance to grantees, newsletters, and an annual national conference (Council of State Administrators of Vocational Rehabilitation, 2006).

Collaboration between State DOR and AIVR

There are legal requirements for the state and tribal VR to collaborate in providing services to eligible American Indian and Alaska Natives. There must be a formal cooperative agreement that describes the strategies for collaboration and coordination. The strategies are in three main areas: (a). Interagency referral and information sharing to assist in eligibility and the development of individualized plans; (b) procedures that ensure that American Indians who are individuals with disabilities and are living near a reservation or tribal service area are provided vocational rehabilitation services; and (c) provisions for sharing resources in cooperative studies and assessments,
joint training activities, and other collaborative activities designed to improve the provision of services to American Indians who are individuals with disabilities. However, it is the state that is responsible to ensure that all American Indians with disabilities who reside within the state receive services to the same extent as other populations (Center for Continuing Education in Rehabilitation, 2011).

Acculturation: Traditionalism to Assimilation

Levels of Acculturation: Cultures are constantly changing or adapting. The cultures of American Indians and Alaska Natives are no different and have undergone historical events for over 500 years that have been destructive to ancient ways of life. Among these events, removal from traditional land bases, the destruction of families and tribes by war and disease, and governmental policies meant to break the solidity and resistance of tribes reduced the population of Native peoples and left the remainder in great poverty (Lomay & Hinkebein, 2006). However, many tribes and individuals are retrieving languages, cultural practices, spiritual ways, and land and thus have largely maintained distinct culture that is in many ways opposite that of the present mainstream and dominant culture (Pichette, Garrett, Kosciulek, & Rosenthal, 1999). Tribes have the right to self-determine how services are provided to their people.

Because of the centuries of changes impacting tribal cultures, it is difficult to make generalizations about American Indian or Alaska Native populations. Some American Indians and Alaska Natives may have lost all contact with their traditions and culture or land base. Others have retained and/or relearned cultural ways and completely self-identify as a traditional person (Lomay & Hinkebein, 2006). Most persons would place themselves on a continuum of culture, a continuum labeled “traditional” at one end
and “assimilated” on the other. The continuum can represent outward activities but, most importantly, it represents worldviews, or ways of thinking about the world and one's place in it.

Acculturation, or cultural change that happens when two cultures come into persistent contact, happens to varying degrees as reported by Pichette et al. (1999). These authors describe the varying degrees by describing five general areas, as can be seen in Table 3.

It can be seen that conflict may arise within an individual, as a person must make decisions for education and training or to seek employment opportunities away from family and home.

As an American Indian or Alaska Native presents oneself to Vocational Rehabilitation offices, it is important to not make assumptions about the cultural identity of Native American clients. But a counselor who understands that the acculturation continuum is derived from historical background as well as personal events and circumstance can best understand their clients and will best help fulfill what the client needs and desires (Pichette et al., 1999). Service providers should be aware of their own beliefs and possible stereotypes they may hold about American Indians and Alaska Natives, and be aware of how their own thinking may affect the service they provide (Lomay & Hinkebein, 2006).
<table>
<thead>
<tr>
<th>Degree of acculturation</th>
<th>Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditional</td>
<td>Generally speak and think in their native language, may or may not speak English. Hold only traditional values and beliefs and practice only traditional tribal customs and spiritual practice.</td>
</tr>
<tr>
<td>Marginal</td>
<td>May speak both native language and English but may not fully accept the cultural heritage and practices of their tribal group, nor fully identify with mainstream cultural values and behaviors.</td>
</tr>
<tr>
<td>Bicultural</td>
<td>Generally accepted by dominant society and tribal society or nation. Able to simultaneously know, accept, and practice both mainstream values/behaviors and the traditional values and beliefs of their cultural heritage.</td>
</tr>
<tr>
<td>Assimilated</td>
<td>Accepted by dominant society, embrace only mainstream cultural values, behaviors, and expectations.</td>
</tr>
<tr>
<td>Pan traditional</td>
<td>Assimilated native Americans who have made conscious choice to learn and return to the &quot;old ways.&quot; They are generally accepted by dominant society but seek to embrace previously lost traditional cultural values, beliefs, and practices of their tribal heritage. They may speak both English and their native language.</td>
</tr>
</tbody>
</table>

Effects on Communication in the Counselor Interviews

The historical and personal circumstances of an American Indian or Alaska Native may have instilled feelings of mistrust or disbelief in institutions and government sponsored programs. Therefore, it is critical that a counselor will have an understanding of the backgrounds that a client will bring to the intake process. A counselor must be aware of the assumptions and beliefs that one may have for persons who have different cultures than one’s own. There are some guidelines that may assist in establishing effective communication with American Indians and Alaskan Natives.

1. American Indians and Alaska Natives often, to varying degrees, use language that is different from the dominant, mainstream society. In broad terms, this use is characterized by being less verbal and more indirect. Listening is valued, and being thoughtful before responding to questions will often engender impatience with those not used to this style of language use. Interrupting someone is considered extremely rude, particularly to those older than one.

2. Opening a meeting generally should take more time. Before beginning the interview, take time to greet the person and offer to shake hands, but do not squeeze the hand. Offer the chair or chairs. Offer some refreshment, even if it is only water or coffee. Thank them for coming. General comments about weather or traffic can help break the ice.

3. Always take the time to fully explain what and why you are doing. Tell them what you are recording or writing and explain how this information will be used and who else will see the information. Avoid jargon or assume the person knows what you are talking about.
4. Invite the persons to tell their own story before you ask questions.

5. Presenting information about disabilities can be done indirectly as many tribal persons are uncomfortable speaking about illness or possible future complications. Saying “some persons with this condition have found it helpful to . . .” rather than “If you do this, then this will happen.”

6. Family, including an extensive range of extended family members, should be included in as much of the planning as possible. Family members may often feel responsible for helping, so their roles in rehabilitation should be considered.

7. It is not required that counselors know everything about American Indian or Alaska Natives. However, it is helpful to understand basic history from the indigenous peoples' view. It is very important to know the local community, including the service providers such as the Indian Health Service [HIS], Temporary Aid to Needy Families (TANF) that serves Native populations, Workforce Investment Act (WIA) programs. Collaborating to provide support service to clients embarking on rehabilitation programs increases chance for success. Social networks are also important. Local events and powwows are informative as well as enjoyable and provide opportunities to become more comfortable with the community. Outreach activities can be done at these events to increase awareness of Department of Rehabilitation services. American Indians and Alaska Natives are often under-represented in obtaining services for which they are eligible (Stromnes-Elias, 2007b).
From Intake to Desired Closure: Tips for Success
for American Indian/Alaska Native Consumers

The following section provides ideas to assist the VR counselor to practice in more multicultural competent ways when working with AI/AN populations. By doing so, AI/AN persons will have better chances to complete the process and exit with satisfactory closure. This section looks at each step of the process and identifies “stumbling blocks” that arise out of an applicant’s life experiences, which may include the presence of a Native language, substandard educational experiences, little or poor work history, a narrow life style due to poverty as well as circumstances due to living with a disabilities, or multiple disabilities.

Application: The application itself can offer the counselor some initial assessment of a person’s reading and writing skills. Application completion is an initial barrier, as some may give up. The best situation for those persons uncertain or somewhat undecided about entering into the Vocational Rehabilitation process is if the person comes into the office and someone is able to take some time to explain the purpose of the requested information and to explain the next steps. The applicant can be seated with the application and an overview of the application be given. The person then can be asked to fill out what he/she can, and when finished with that, then someone can assist with any questions not completed. In this way, the personal contact begins to engender trust and hope, and the prospective consumer will have a good start to the process.

A second critical point in the process is the time elapsed between when the application is turned in and when the applicant is notified of the next step, the time for the group intake. The counselor should make sure that the applicant understands that a time
lapse is usual and will last for a certain length of time. The counselor should check for understanding about how the applicant will go about getting to the Initial Intake. They must understand that they must come early enough to sign up to be one of the 12 slots at the intake. The applicant must also be reassured that as the meetings are on a recurring basis, missing one should not be a deterrent. Applicants who have had a poor education and work history can be easily discouraged from completing a long process because they feel they have failed and it is no use to go on.

Initial Intake: The first formal meeting is the group intake meeting that is limited to 12. Some persons come to the meeting without having filled out an application. American Indian values or ways of doing things often reflect an action-oriented, hands-on way and so it is likely that some will enter the process at these group intake meetings. Some who come first to this meeting will want to see for oneself if the DOR will be a good and useful place to acquire job skills or get help with job placement.

Thus, this meeting is another critical juncture in the process. First, prospective consumers will make some initial judgment. This judgment could be unfavorable. The result being that someone might not continue with the process. The prospective consumer will need to trust the expertise of the presenter and also need to feel respected and valued. This is done by:

1. Taking the time to inform the audience why information is needed.
2. Taking the time to fully explain confidentiality of information and how it is used. Make sure that it is understood that they can designate a person who will be helping them, and who can be a participant in the process.
3. Taking the time to fully explain that participation in the DOR program will not result in loss of other government benefits.

4. Reassure them that the counselor will obtain all the records needed at no cost to the consumer. One, explain to the person why we need releases. Two, explain why we need medical, educational and any mental health diagnoses and a list of all current medications and why these help establish eligibility.

5. If people are completing the application at this meeting, take the time to make a personal contact, ensure a complete application by reviewing it before accepting it and offer opportunity to ask questions.

Initial Interview: This time spent with the consumer can be the most valuable to ensure success in the vocational rehabilitation process, as it is the time when the counselor and the consumer will definitely “work closely together.” In working with American Indians/Alaskan Natives, probably the biggest barrier to success is the pressure of time. The literature states that it takes time to establish trust and rapport while also taking into account the more deliberate and slower communication styles of the more traditionally oriented Natives. However, there are some ways the time can best be used.

1. Call the person to follow up on the scheduled interview time. This shows caring but also provides an opportunity to make sure that the contact information you have is current. Barriers that American Indians/Alaskan Natives may have are generated by poverty, including telephone cut-offs because of non-payment of bills, homelessness, or substance abuse problems. People may be staying with relatives or friends but would not label themselves as homeless, yet such residences are not usually stable or extended.
2. Be very organized and knowledgeable about the file. Part of establishing trust is that the consumer perceives the counselor as an expert and have trust that the counselor will give them opportunity to speak and will invite them to participate and exercise informed consent. Don’t waste time by asking questions for which answers are already in the case file but do have the person have an opportunity to talk about or clarify items in the case file.

3. When the person arrives, show traditional ways of offering hospitality. Offer water or coffee. Inquire about the drive, if they had difficulty finding the office. In other words, show a friendly, welcoming attitude.

4. Begin by doing a self-introduction. This is also a traditional custom that shows politeness and self-reveals some things about oneself. The counselor reveals or entrusts information to the other because the consumer will be asked to do the same. The conversation can go something like this:

   Mr. Jones, I am glad you were able to get here. And I am glad you are here, Ms. Jones, to be part of this process. As I said, my name is Alex Winters. You can call me Alex, or you can call me Mr. Winters, which ever you want. I am a Certified Vocational Rehabilitation Counselor. I am certified to work with you all through the process until you are placed into employment and for at least 90 days thereafter. It is my job to make sure you get all the things you need to reach your goal of employment. I live in Elk Grove and I have worked in this office for 2 years. I am married with two high school age children. I want you to know that I like my work very much and I am very happy when I see the person I have worked with become happily employed. I hope you will feel comfortable to work with me, that you will understand I am here to be your ally, your
advocate. So, I hope to get to know you better as we go on. So let’s get started. I wish we had more time today, we have until 2:15 but I hope we can get enough covered to keep ourselves moving forward.

5. Review some of the major things that the DOR can do in its services. In listing the major activities, list that in preparing persons for the workplace, DOR can assist with background checks, in certain cases, expunge criminal records after stringent standards are met. Inform the client about what kinds of employment could be available and what kinds of training are available, including training in higher education. Again stress confidentiality guidelines.

6. Give an opportunity for the consumer to speak about his/her own history, including the disability and how he/she has worked with this disability. Be aware of the different communication style that a Native person may have, especially one who is more traditionally inclined. They may use a narrative or “story” form to provide information which may sound very roundabout to Western ears and not to the point. They may seem to take a long time to begin talking but this way of response shows respect for the situation and question and does not mean that the person does not understand or does not want to answer. During this time, the counselor will get clues as to how the consumer refers to the disability. It may not be called a disability, but be “a condition,” a functional statement such “cannot hear everything,” or “can read newspapers with big letters,” or “have trouble getting around.”

7. By allowing time for the consumer to talk first, the counselor can gain information about the acculturation of the Native person. The person may reference “being home,” or “at Hoopa.”
Does the person live part time at the land base or does the person plan on living there at some time in the future? Or, has the person lived all or most of his/her life in the urban areas, and is therefore very knowledgeable about the area. This gathering of knowledge will be part of the process from this point on, because job placement, securing further services, and the development of the IPE can be deeply influenced by personal world view and ways of life.

8. Sometimes American Indians/Alaskan Natives, because of cultural behaviors or because of negative school or work experiences do not, by habit, ask questions or engage in commentary with someone viewed as an authority, as a VR counselor would be. If the person is accompanied by the helper, one tactic is to step out of the room on some errand and say, “I will leave you for a minute and while I am gone, maybe you will think of something that I need to better explain. You can ask me about it.” In this way, the person gets the time to respond and be thoughtful. An Interviewee at an American Indian Vocational Rehabilitation Program points out that persons who are not in the habit of making decisions on their own may agree with a counselor in order to please the counselor (see Interview Two).

Determining the Significance of the Disability: A counselor, being aware that American Indians/Alaskan Natives have greater incidence of disabilities and overall have poorer health, will be thorough in the examination of records and knowledge gained from the personal history to make sure that the person will not be placed on an incorrect or too low of a level. Also, the counselor, being aware that American Indians/Alaskan Natives often are underserved in provision of services, will make sure the person is fully assessed so that he/she will have access to full accommodations to have the best employment.
In other words, the more severely disabled, the better the chance to get service, and the better chance to get all the things needed to be satisfactorily employed.

Vocational Exploration: The counselor will seek to gain more knowledge about the consumer’s interests and experiences and the long-term plans for the future. The counselor will be aware that the value of work may be viewed differently in some ways. Dignity and self-sufficiency of course remain important. Some may voice goals in slightly different terms. For example, entrepreneurship may already be a practice but now the person with disabilities sees that he/she needs help to continue or become competitive with the business. Artistic or traditional arts may be something already being done but perhaps assistive technology is now needed. Secondly, sometimes persons want to work with Indian people. Again, the counselor will need to know where the person wants to live when doing the work. Perhaps the person wants to gain skills to work on the reservation, or maybe wants to work in one of the Native controlled organizations. The counselor will work with the job developer to help establish the links to the community organizations that could be the training partner and/or the employer. In some cases, the nearest American Indian Vocational Program can be contacted to share knowledge and resources.

Individual Plan of Employment: The counselor will want the Plan to be fully what the consumer understands and desires. This means that the counselor and the consumer will go step by step through the document and the counselor will check for approval at each point. Again, by now the counselor will understand the communication style, so perhaps the approval sign will be a slight nod, and an absence of a nod will mean a pause to explain the point in some other way. This is called working for a fully
informed consent about the training, materials being provided, supportive services, and length of the plan.

Job Placement: The counselor should attempt to create a good fit between the consumer and the Job Developer to provide an optimum working team. Readiness to work skills need to be considered. Does the consumer have the job skills and soft skills to be successful in the work place?

Interviews

The author conducted four interviews. A preliminary one was with David Tripp, Director of the Hoopa Reservation, American Indian Vocational Rehabilitation Program [AIVRP]. He related information about how a tribe works with Native clients in a culturally-sensitive manner and how the Native Vocational Rehabilitation Counselors collaborate and coordinate services with the California DOR (Interview One).

Subsequent to the informational interview with Tripp, questions regarding data, policy, and cultural competency were formulated and developed by the author. The resulting questions were directed back to Tripp (Interview Two); to Cheryl Bear, QRP, at the Laguna DOR unit in Sacramento (Interview Three); and to Cimeron Yee, QRP, at the Oakland district DOR office (Interview Four). Interviews were conducted via telephone.

All interviewees are American Indians who have the life experience and professional training to provide the necessary information regarding cultural competence for American Indian/Alaskan Native clients. The author's intent is that information given in the interviews will provide non-Indian VR counselors with the cultural awareness to help ensure successful closure by implementing culturally-appropriate services and interactions.
Interview One

Interviewee:  David Tripp, AIVR Program Director, Hoopa, CA  
(telephone communication, March 24, 2010)

Describe the program:

The (AIVR) was funded for operation in the fall of 1998. The program is at  
capacity, serving 75 tribal members but has a waiting list. The consumers are  
mostly tribal members but there are a number of persons from other tribes; non-tribal members cannot be served. The program service area includes the  
reservation and two counties. The AIVR does continuous outreach to inform  
people of available services at tribal council meetings, community events and by  
Tribal Radio. The website at publishes a community calendar, listing of Public  
Service Announcements and job openings.

Describe the staffing:

The present staff consists of 4 persons: a director-manager, 2 counselors and  
1 database specialist who uses DATOPS case management software. The  
manager and data base person are American Indian. The non-Indian counselors  
completed a certification program but basically have had to learn on the job about  
how to gain accurate information during the interview process.

What is the highest prevalence of disabilities?

They are (1) substance abuse, (2) Diabetes, (3) Anxiety, (4) Physical disabilities  
caused by automobile accidents, (5) Learning disabilities that result in persons  
who cannot read, write or do basic mathematics.
What are some major barriers faced by clients?

Tribal peoples are not able to access non-Indians services because of cultural competency issues. Frequently, people will leave the office in which initial interviews are taking place and not return because of mistrust or apprehension. Men who have been incarcerated have no independent living skills and poor employment skills. Overall, many parents do not have sound parenting skills, causing children to develop poor opportunities for academic and personal success.

What is the state of employment/unemployment in your service area?

There is high employment on the reservation. 70 percent of healthy people are unemployed and 100 percent of disabled persons are unemployed. There are no employment and training programs on the reservation. City programs do not provide services. Good success has been seen in the self-employment plan, in which persons are assisted to start and conduct their own business. One example has been a small business run by a tribal person that assists people to gain skills and knowledge they need to carry on self-subsistence activities such as fishing and food gathering. However, there are no services to support people in learning basics of business, including writing a business plan or gaining start-up capital.

Do the state DOR and the AIVR program collaborate for services?

It is critical that the AIVR collaborate with the State Department of Rehabilitation [DOR] because the AIVR funding is small and not adequate to provide needed resources, such as with testing and assistive technology. At the present time, the AIVR is working to develop several Memoranda of Understanding [MOU] with nearby State DORs to share cases and resources. More persons are needed to
liaison between the AIVRs and State DORs to resolve issues of service, including eligibility. Many State personnel and AIVR personnel are unaware of the extent to which American Indians may be served by both systems.

What are some other needs in your service area persons with disabilities?

Program needs include Independent Living services and Teen Transitional Program services for high school students who have an Individual Learning Plan [IEP] and who after graduation will transfer to the AIVR program.

What is a barrier to gaining resources and improving AIVR programs?

Because the populations are small, the lack of data about American Indians, service cannot be accurately described to the state and federal agencies. Tribes have no funds to expend for research studies to gain data.

What do counselors need to know in order to provide effective vocational rehabilitation services?

Counselors who work with American Indian clients need to know all rules and regulations and what services are available for them.
Interview Two

Interviewee: David Tripp, AIVR Program Director, Hoopa, CA
(telephone communication, April 14, 2012)

Data Questions

1. In the last reported year, how many or what percentage of your accepted consumers exited with successful closure, that is, with employment lasting at least 90 days?
   
   12 exited successful

2. What percentage of your consumers would be considered with severe disabilities?
   
   none

3. What is the overall rate of unemployment in your service area?
   
   In Hoopa it is in the range of 75 to 80 percent

4. Do you assist consumers into self-employment? Is that group successful in remaining self-employed?
   
   YES and yes but with challenges that self employment itself presents.

5. What percentage of your consumers is enrolled in your designated funded tribe?
   
   95 percent

Policy Questions

1. Do you have a clearly worded Agreement with the State DOR that describes the level and kind of collaborative work that you will do?
   
   YES

2. If so, to what level has that work been accomplished?
   
   Highest level in that the terms are relative. Work as needed…has been accomplished
3. If so, what two ways has collaboration been most valuable to your consumers?

   Sharing of the IPE is that most common collaboration

   Next co-training experiences are offered.

4. In what area is more collaboration and coordination needed?

   There is always more needed. I think that the actual number of Native peoples
   being served by DOR and the ILCs in CA.

Cultural Competency:

The American Indian Vocational Rehabilitation Programs are meant to deliver services in
the most effective way. One of the ways this can be done is by providing services in the
cultural environment that exists in the service area.

1. What specific things would a culturally sensitive counselor do as they work with a
   consumer, from application to a successful closure?

   Be aware of the specific culture that the individual is coming from. That issue is
   a difficult to accomplish as there are many unique cultural areas and nested
   cultures within each cultural area in CA.

   The main issue is to be efficient, as Vocational Rehabilitation professionals, the
   consumer is coming to you for your expertise. In a word, do your job.

A common, yet essential theme is RESPECT. It takes a sincere and humble demeanor to
accomplish this theme.
2. Have you gathered feedback from consumers about their experiences in the vocational rehabilitation office? If so, can you describe any negative feedback that seemed to be a result of perceived insensitivity to a consumer?

When there has been negative feedback, it is usually centered around lack of service, a feeling that the consumer has been left on the back burner, so to speak. This misunderstanding is generally a result of expectations not being met. The scope of services was not explained in a manner that the consumer had a clear understanding. This takes some practice, in the actual cultural landscape, the community that the VR service will be provided.

3. Have you provided training, either to your staff, or to the State DOR about working with American Indian/Alaska Native persons in a culturally competent way?

Just to my staff. I do this by meeting on a daily basis with them as individual IPE’s are developed. I provide a sounding board for any potential problems that they see. I often caution our vocational rehabilitation counselors to be aware of how they are being perceived. An example, Native people are often unpracticed in making their own decisions, often deciding in ways that will make them look good in the eyes of the VR. I have other examples, but it is essential that the VRC is competent, and there is respect, mutual respect in the counselor/consumer relationship.

4. Would you like to add anything about the needs or successes of your program?

If you cannot find Native personnel, then it is essential that cultural sensitivity training be a part of the service provision.
Interview Three

Interviewee: Cheryl Bear, QRP, Laguna DOR unit, Sacramento, CA (telephone communication, April 18, 2012)

Data Questions

1. In the last reported year, how many or what percentage of your accepted consumers exited with successful closure, that is, with employment lasting at least 90 days?

   I have a total caseload of 96 consumers, and seven of those consumers are American Indian consumers. Three of those consumers achieved a successful closure, 7%, and the remaining four consumers are in job placement services.

2. What percentage of your consumers would be considered with severe disabilities?

   I currently carry a Supported Employment caseload and 72% of those consumers, who are also regional center consumers, are most significantly disabled. 18% of the remaining consumers are significantly disabled, and 6% are American Indian or Alaskan who are significantly disabled.

3. What is the overall rate of unemployment in your service area?

   The unemployment rate was 11.2% in Sacramento County in February 2012.

4. Do you assist consumers into self-employment? Is that group successful in remaining self-employed?

   I have not written any self-employment plans this last year. Consumers with self-employment plans need to be highly motivated, and able to work independently.

5. What percentage of your consumers is enrolled in your designated funded tribe?

   100% enrolled with their tribes.
Policy Questions

1. Do you have a clearly worded Agreement with the State DOR that describes the level and kind of collaborative work that you will do?

   No; however, I have done outreach to several Sacramento American Indian agencies doing presentations about the Department of Rehabilitation and the services that DOR provides. I currently collaborate with a local Native American Health Center and a Workforce Development Staff Person receiving appropriate referrals to provide vocational rehabilitation services to American Indian consumers with a disability.

2. If so, to what level has that work been accomplished? Highest level, medium level, low-level?

   Highest level. The American Indian consumers are highly motivated to work and have good follow-through.

3. If so, what two ways has collaboration been most valuable to your consumers?

   Very valuable because both agencies collaborating together provide resources and work together to help the consumer with training services and job placement.

4. In what area is more collaboration and coordination needed?

   Provide outreach on a more regular basis to the American Indian communities, and agencies that serve them.

Cultural Competency:

The American Indian Vocational Rehabilitation Programs are meant to deliver services in the most effective way. One of the ways this can be done is by providing services in the cultural environment that exists in the service area.
1. What specific things would a culturally sensitive counselor do as they work with a consumer, from application to a successful closure?

   In the initial intake, the counselor should communicate sincerity and respect for the consumer's culture and how it relates to his disability. Be non-judgmental and display a willingness to help the consumer through the vocational rehabilitation process, even if it means helping the consumer with the paperwork.

2. Have you gathered feedback from consumers about their experiences in the vocational rehabilitation office? If so, can you describe any negative feedback that seemed to be a result of perceived insensitivity to a consumer?

   My consumers have provided me with positive feedback, and maintain contact even after their case is successfully closed to let me know how they are doing.

3. Have you provided training, either to your staff, or to the State DOR about working with American Indian/Alaska Native persons in a culturally competent way?

   No. The training is provided by the staff development unit with the Department of Rehabilitation and not by individual Rehabilitation Counselors.

4. Would you like to add anything about the needs or successes of your program?

   The Department of Rehabilitation needs to provide more outreach to the American Indian communities and agencies that serve them. Also, collaboration with the Section 121 programs in the state would be beneficial to those American Indian Consumers that are tribal members but now residing in an urban community. I have noted that quite a few of my consumers have returned to their tribal communities to work.
Interview Four

Interviewee: Cimeron Yee, QRP, Oakland district DOR office, Oakland, CA
(telephone communication, April 22, 2012)

Data Questions

1. In the last reported year, how many or what percentage of your accepted consumers exited with successful closure, that is, with employment lasting at least 90 days?
   
   No successful closures in the past year

2. What percentage of your consumers would be considered with severe disabilities?

   15 percent are developmentally disabled

3. What is the overall rate of unemployment in your service area?

   8.5%

4. Do you assist consumers into self-employment? Is that group successful in remaining self-employed?

   To receive assistance with self-employment, client has to submit a business plan and my Native clients usually lack the knowledge and are disinclined to seek out the services, such as legal assistance and the small business program to complete a business plan.

5. What percentage of your consumers is enrolled in your designated funded tribe?

   We do not have a designated funded tribe and serve all Native American applicants regardless of Tribal affiliation.

Policy Questions

1. Do you have a clearly worded Agreement with the State DOR that describes the level and kind of collaborative work that you will do?
My expertise is not in the contract section so I cannot answer this with any certainty.

2. If so, to what level has that work been accomplished? NA

3. If so, what two ways has collaboration been most valuable to your consumers? NA

4. In what area is more collaboration and coordination needed?

   From my personal experience I have concluded that the most significant improvement in both services collaboration and coordination could be achieved by the increase of outreach activities. The fastest way to reach the largest number of Native American clients is to attend the regularly scheduled powwows in the service area. Unfortunately, most are held on the weekend and presently the State does not provide comp time or expense reimbursement to the counselor taking part in these activities.

Cultural Competency:

The American Indian Vocational Rehabilitation Programs are meant to deliver services in the most effective way. One of the ways this can be done is by providing services in the cultural environment that exists in the service area.

1. What specific things would a culturally sensitive counselor do as they work with a consumer, from application to a successful closure?

   I believe that the first and foremost requirement for a successful relationship with a Native American client is flexibility. The counselor should keep in mind that many Native clients do not have a car (especially recent arrivals to the area) and often depend on friends to transport them to appointments. Providing them
with an open timeline (what day would work for you and do you prefer mornings or afternoon) will go a long way toward establishing a positive relationship.

Next, lose all stereotypes that may dwell in your mind. Native Americans are really individuals that belong to specific tribes (it may be more than one) and it is important to a lot of these men and women to be correctly identified as such. It would be beneficial for the counselor to have some base knowledge as to where individual tribes are located (I have a relevant map on display in my office - always a hit) and also know a bit about their history, origins and belief systems.

I find it works best if the counselor fills out the paperwork with knowledge gained from courteous conversational questions and, at the same time, explains why this information is needed and to what use it will be put. Also, assure client of total confidentiality of disclosed information and provide and atmosphere of welcoming interest in client’s input and future plans for himself/herself.

If tests are needed to determine client's disabilities, make very sure to explain in detail what needs to be done, why it is essential to determine the exact disability and degree of impairment and again assure client of confidentiality regarding his relatives and future employers. Also, spend some time in destigmatizing testing and the suspected disability.

When creating a vocational plan, make sure that the client understands in full the rules and regulations governing the provision of services. While carefully considering the client's background and expressed interests in a certain vocational field, it is the counselor's job to assist client with researching his selected field, explain the possible impediment to being successful in certain occupations if they
are contra-indicated to the presenting disabilities and assuring client that his/her choice will be taken into account most seriously.

In supporting training and providing other services, I found that clients prefer verbal contact and actual meetings to sending them forms to fill out. Many clients are in temporary living arrangements with either friends or family that can change without warning. Written documents are often not forwarded and get lost. The counselor should always make sure to have several contact numbers for client and impress upon client that it is important to stay in touch.

Lastly, when referring client to a job developer or agency providing these services, counselor should make sure to elicit feedback from client on services provided early on since client may be hesitant to report negative behavior to the counselor since he/she sees the job developer as an agent of DOR.

2. Have you gathered feedback from consumers about their experiences in the vocational rehabilitation office? If so, can you describe any negative feedback that seemed to be a result of perceived insensitivity to a consumer?

Client's main complaints have centered on feeling patronized (e.g., discouraged from pursuing certain vocational and especially academic goals). Also, they felt that the counselor lacked flexibility in providing meeting times and was too quick to close a case when a certain form was not returned in the time allocated without follow-up to see if the client had actually received it. Also, older Native American clients complained that a much younger counselor was not according them respect and basically dismissed their feedback.
3. Have you provided training, either to your staff, or to the State DOR about working with American Indian/Alaska Native persons in a culturally competent way?

   I have provided informal training to High School teachers on dealing with Native American children, especially those having been raised in the reservation where the behavioral rules may differ from the mainstream American school system.

4. Would you like to add anything about the needs or successes of your program?

   As stated before, the focus should be on outreach and on extra efforts to retain Native American clients with the services suggested previously. Also, there should be a concerted effort in recruiting Native American students to pursue a degree in rehabilitation counseling through school outreach and mentoring services to be provided by rehabilitation counselors.
Selected Statistics for California Department of Rehabilitation

Table 4 illustrates the race/ethnicity breakdown for individuals served by the Department of Vocational Rehabilitation Counselors in California for fiscal year 2010. Information was provided the U.S. Department of Education, Rehabilitation Services Administration via email received April 18, 2010.

Data in the table illustrates how the California Department of Rehabilitation tracks client population and explains how many cases were opened for each population as well as closure outcomes in employment.
Table 4

Race/Ethnicity* Breakdown for Individuals Served for California-C, FY 2010

<table>
<thead>
<tr>
<th>Individuals served by VR</th>
<th>All individuals</th>
<th>American Indian or Alaska Native</th>
<th>Black or African American</th>
<th>Asian</th>
<th>Native Hawaiian or other Pacific Islander</th>
<th>Hispanic or Latino</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total VR cases closed</td>
<td>41,131</td>
<td>941</td>
<td>30,060</td>
<td>8,026</td>
<td>1,703</td>
<td>472</td>
</tr>
<tr>
<td>Percentage of total cases closed</td>
<td>100.0%</td>
<td>2.3%</td>
<td>73.1%</td>
<td>19.5%</td>
<td>4.1%</td>
<td>11.1%</td>
</tr>
<tr>
<td>Total individuals served</td>
<td>25,430</td>
<td>556</td>
<td>18,798</td>
<td>4,873</td>
<td>1,166</td>
<td>300</td>
</tr>
<tr>
<td>Percentage of cases closed</td>
<td>61.83%</td>
<td>59.09%</td>
<td>62.53%</td>
<td>60.72%</td>
<td>68.47%</td>
<td>63.56%</td>
</tr>
<tr>
<td>Total individuals with employment outcomes</td>
<td>10,719</td>
<td>234</td>
<td>8,159</td>
<td>1,760</td>
<td>543</td>
<td>125</td>
</tr>
<tr>
<td>Percentage of individuals served</td>
<td>42.15%</td>
<td>42.09%</td>
<td>43.40%</td>
<td>36.12%</td>
<td>46.57%</td>
<td>41.67%</td>
</tr>
<tr>
<td>Total individuals with competitive employment outcomes</td>
<td>9,228</td>
<td>199</td>
<td>6,971</td>
<td>1,556</td>
<td>485</td>
<td>103</td>
</tr>
<tr>
<td>Percentage of employment outcomes</td>
<td>86.09%</td>
<td>85.04%</td>
<td>85.44%</td>
<td>88.41%</td>
<td>89.32%</td>
<td>82.40%</td>
</tr>
<tr>
<td>Employment rate</td>
<td>42.15%</td>
<td>42.09%</td>
<td>43.40%</td>
<td>36.12%</td>
<td>46.57%</td>
<td>41.67%</td>
</tr>
</tbody>
</table>

*Individuals can select more than one race or ethnicity.
Resources

California Indian Legal Services [CILS]

CILS provides free or low-cost legal services to California tribes, tribal organizations, and Native individuals throughout California. They have four offices (Sacramento office listed here). Each office serves a distinct geographical area. Services range from protection of tribal government issues to assisting families with issues such as child protection, housing rights, and tax filing. See website or call for initial advice.

California Indian Legal Services
3814 Auburn Boulevard, Suite 172
Sacramento, CA  95821
916-978-0960 telephone
1-800-829-0284 toll free telephone
916-978-0964 FAX
Website:  www.calindian.org

California Manpower Indian Consortium [CIMC]

CIMC provides employment and training programs for eligible American Indian/Alaskan Natives in its service areas in Sacramento and tribal areas.

738 North Market Boulevard
Sacramento, CA  95834
916-920-0285 telephone
1-800-640-2462 toll free telephone
1-800-748-5259 TTY (hearing impaired)
916-641-6338 FAX
Website:  www.cimcinc.org
**California Rural Indian Health Board [CRIHB]**

CRIHB provides technical service to rural tribes in California but is a source of information about health services. They have a statewide program for treatment and recovery from substance abuse called California American Indian Recovery Services [CAIRS].

4400 Auburn Boulevard, 2nd Floor  
Sacramento, CA 95841  
916-929-9761 telephone  
916-929-7246 FAX  
Website: www.crihb.org  

**Center for American Indian Resources [CAIR]**

CAIR is a state Indian Education Center. It provides direct academic and cultural services to American Indian children in the school districts it serves but also can provide other information and resources about education matters. It can provide advocacy for families within the school system. Look at the California Department of Education website for a list of all Centers in the State.

3423 Arden Way  
Sacramento, CA 95825  
916-971-9190 telephone  
916-971-0480 FAX  
Website: www.cair.us  
Website for list of all Centers: www.cde.ca.gov/sp/ai/re/aidirectory.asp
**Friendship House Association of American Indians of San Francisco [FH]**

The Friendship House provides culturally-centered residential programs for the treatment and recovery from substance abuse for eligible American Indians/Alaska Natives. There is a Sacramento Area intake office. See number below.

56 Julian Avenue  
San Francisco, CA 94103-3547  
415-865-0964 telephone  
415-865-5428 FAX  
Website: www.friendshiphousesf.org  
Sacramento Area Intake/Outreach Program - Carlos: 916-341-0575

**Northern California Indian Development Center [NCIDC]**

NCIDC provides employment and training services to Humboldt, Del Norte, Siskiyou, and Trinity counties, as well as supportive and emergency services. They administer Community Service Block Grants to various subcontractors that assist persons in employment and training activities.

241 F Street  
Eureka, CA 95501  
707-445-8451 telephone  
707-445-8479 FAX  
Website: www.ncidc.org
Sacramento Native American Health Center [SNAHC]

SNAHC has medical and dental services open to everyone, not just Native peoples. They have some community services that target the Native population such as substance abuse prevention and home visitations for vulnerable persons, such as children and elderly. SNAHC is one of 10 organizations serving American Indians/Alaskan Natives living in urban areas. Other organizations can be found at the California Consortium of Urban Indian Health organizations, www.ccuih.org

2020 J Street
Sacramento, CA  95811
916-341-0575 telephone
916-341-0574 FAX
Website:  www.snahc.org

Sacramento Self-Help Housing

Individuals can phone to schedule a meeting with housing staff or go to the website to search the on-line housing base.

916-341-0593

Website:  www.sacselfhelp.org

The Sacramento Resource Directory

This is an extensive on-line data base of all kinds of resources for individuals and families who need assistance with anything from clothing and food, employment training, housing, medical, mental health, and disability issues.

www.onefatherslove.com
**Tribal Temporary Assistance for Needy Families [Tribal TANF]**

Tribal TANF, administrated by the Washoe Tribe of Nevada and California, operates through several field offices, including one in Sacramento. They provide cash assistance and supportive services to enrolled members or descendents of Federally recognized tribes. They provide assistance for those in employment and training programs.

Administrative Offices
1246 Waterloo Lane
Gardnerville, Nevada  89410
775-782-6320 telephone
775-782-6970 FAX
Website:  www.washoetribe.us

The Shingle Springs Tribal TANF serves Sacramento, El Dorado, and Placer counties. Their general phone line is 1-888-688-6816.

Sacramento County Area Office
2030 J Street
Sacramento, CA  95811
916-760-1660 telephone
916-760-1661 FAX
Website:  www.shinglespringsrancheria.com

**2-1-1 Community Resources**

Links to emergency meals and shelter, housing, assistance with utilities.

Call 2-1-1 or go to

Website:  www.211california.org
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