American Indians with Disabilities Outreach Manual

Prepared by:
Disability Services & Legal Center (DSLC)
Native American Independent Living Services (NAILS) project
American Indians With Disabilities
Outreach Manual

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Purpose

The purpose of this manual is to assist California Independent Living Centers (ILCs) and other disability organizations with culturally appropriate outreach to American Indian Tribes and communities.

Many of the ILCs in CA have numerous Tribal communities within their service areas, both urban and rural. However, ILCs have been hesitant to reach out to the Tribes for many reasons; i.e. not knowing where to start, not understanding the various cultures, not having anyone from the Tribal community on staff, etc. We hope that this manual will help facilitate the ILCs' initial contact with the Tribes and their members with disabilities.

Disability Services & Legal Center (DSLC) has been providing Independent Living services to the Tribal communities in our service area since 1995. This manual was originally developed in 1997 by Jim Brown, III (Pomo, Elem Indian Colony), and Project Director of our previous Title VII C Native American Community Organizing Project (NACOP) grant.
History

California Native Tribal History

It is strongly recommended that prior to contacting a Tribal community that you research and learn about the Tribal history in your service areas.

Although American Indian Tribes share a similar historical perspective, there are many differences, and California American Indians have had a very different historical background from other Tribal groups in the United States.

California Tribes have survived more than 500 years of genocide perpetrated by European explorers, fur traders, missionaries, settlers, gold miners, industrialists and governments. The Mexican government’s policy to expropriate aboriginal tribal land claims was continued by the American government into the 1970s.

It wasn’t until 1852 that the U.S. government authorized agents to negotiate treaties with the tribal Chiefs of California. A total of eighteen treaties were signed and goods exchanged to corroborate the government’s obligation.

However, the California State Senate refused to ratify the treaties, due in large part to the anticipated loss of potential gold fields, fertile agricultural lands and other raw, natural resources that would be set aside under federal and tribal jurisdiction. The tribes were placed under the guardianship of the Bureau of Indian Affairs (BIA), which instituted various policies undermining tribal
sovereignty and implemented programs to extricate Tribal lands and natural resources. Programs were also set up to assimilate and acculturate Native people and federal programs were organized to relocate families.

Indian people suffered multiple losses, including displacement from their homelands, forcible removal of children from their families, obliteration of community and family roles for men, and loss of language. For many Indian people, the outcome of losing much of their traditional culture has been unresolved grief, anger, pain, loneliness, and substance abuse. All tribes have experienced poverty, ill health, poor education, unemployment, and racism, largely due to incompatibility of American Indian and Eurocentric world views.

Note: A lot of California tribal history has been excluded from the publications within the public school curriculum. Documented history, however, may be found in most resource libraries and websites of some of the many Tribal communities and agencies.


Two main barriers confronting some of the California tribes are:

1. The lack of economic self-sufficiency since the majority of tribal lands were reduced to small confined land bases suited only for housing and with little or no natural resources.
2. The tribal political disenfranchisement that resulted after the U.S. Government and tribal treaty negotiations were supplanted by ambiguous subcabinet department housing within the U.S. Dept.
of the Interior known as the Bureau of Indian Affairs (BIA).

The BIA compromised the dignity of tribal self-governance and instead created a total dependence upon federal assistance resulting in tribal subservience. In the past twenty years, tribal and BIA relationships have improved, due primarily to the commitment and dedication of Tribal leadership to promote autonomy and self-governance.

American Indians with Disabilities in California

It is difficult to get accurate data on the demographics of American Indians with disabilities in California. There are over 100 tribal governments and numerous organizations in the State. Data from the last census indicated that 32% of Native American populations, living on reservations, have a mobility or self-care limitation, or work related disability, nearly three times higher than the percentage for the general population. It is estimated that unemployment on existing Reservations has reached almost 80 percent. Independent living services and other social programs have historically been unavailable or virtually non-existent.

As a group, American Indians rank at the bottom of every social statistical indicator. They average one of the highest infant mortality rates, the highest rate of unemployment, the lowest level of educational achievement, the lowest per capita income and the poorest housing and transportation in the nation.

Data from the Indian Health Service provided an analysis of health-related conditions using inpatient hospitalization and mortality data. Young American Indians between the ages of 0-16 years are more than twice as likely to be hospitalized as children from the U.S. population as a whole. American Indians between the ages of 15-44 years are twice as likely to die as individuals from the
general population. Between 15-34 years of age, they are 11 times more likely to die due to alcoholism and/or drug use; between 25-64 years of age they are 3 times more likely to die due to accidents. Some of the disease categories for which American Indians are 2-4 times more likely to be hospitalized are: diabetes mellitus, alcohol and drug dependence, meningitis, quadriplegia, otitis media, hearing loss, complications of pregnancy (including hypertension, chromosomal anomalies and skull fractures).

**Barriers: Physical**

"The predominant pattern in American society has been for Indian people to be degraded, totally ignored, or celebrated as a romantic symbol of a past era. From a practical perspective, this disregard for living people, as opposed to the fascination with ancient ruins, may be evidence of very misplaced attention. . . The social and economic conditions of urban Indian communities indicate that something is lacking in urban planning and public policy." (Bryan Higgins, Geographers, 1982)

The end result of Relocation is that over one-half of today's Indian population now resides in urban areas. Unfortunately, in many cases, urban Indians have traded rural poverty on reservations for urban slums. Twenty-five years of Relocation has succeeded in increasing substantially the probability that young Indian families will live at least part of their lives in urban poverty and that Indian women will be raising their children in city slums.

Urban Indians often do not have family or cultural support systems in place and have no identified central agency with whom to communicate as well as the fact that living in an urban area results in greater financial need.
Location of Native Tribes – rural and isolated

The majority of Indian reservations are located in rural areas in the western states and Indians who reside on reservations experience the effects of geographical isolation. Some of the problems faced by a rural population are limited services as well as personnel, lack of training programs, limited access to technological advances, and overwhelming transportation issues. A large number of disabled Indians have less opportunity to make use of the wide range of services available in urban areas. When they do want services many have to leave their reservations in order to access them.

Note: California State Automobile Association (AAA) maps provide location of Indian Reservations. Also detailed accurate maps may be found at various BIA offices, Indian Health Service offices and Bureau of Land Management (BLM) offices.

Knowledge of ADA and Disability – In General

As is the case for many questions involving federal law and Indian tribes, there is no definitive answer to the question “Does the Americans with Disabilities Act (ADA) apply to Indian tribes?” To date only a handful of tribes throughout the nation have adopted the ADA or created a policy of “ADA” like guidelines. Indian nations were exempt from the law for sovereignty reasons and have so far made little effort to enact legislation on their own.

Also, many tribal governments are unaware of and don’t recognize a responsibility ensuring that the needs of their people with disabilities are being met. For example, some tribal organizations which could have a greater involvement in disability issues are Indian Housing Authorities, tribal health clinics, tribal
educational institutions and any other tribal organizations which serve the whole tribe.

It is imperative for the tribal governments to advocate and to protect the rights and well-being of their tribal members with disabilities. They can accomplish this by becoming actively involved on a national level in ensuring Native American representation in developing disability legislation and policy-making. Not only does the interest of the Native American with disability have to be demonstrated in disability issues and policy-making decisions, he/she also has to be present in issues of Native American legislation and policy-making decisions.

Independent living advocates will face both connections and conflicts in developing IL services on reservations. The most important step is to act in a way that does not leave another legacy of unfulfilled promises.

Road Conditions

The majority of reservations have reasonably accessible roads although often dirt, with only about 5% of roads inaccessible. In winter months some of the more remote reservations (i.e., Covelo, Hoopa, etc.) can be cut off for a short period of time. Tribal roads on the reservations are maintained by the BIA Road Department which suffers from a lack of funding for the upkeep of the tribal road system.

Accessible Transportation

Public transportation is rare on reservations. Given the unemployment and poverty rates, it is not surprising that many Native American lack vehicles. Public transportation accessible to people with disabilities is rare. Many reservation have dirt roads and
lack sidewalks, making wheelchair use problematic. Even tribal and Indian Health Service buildings are often inaccessible, and making them accessible for people with disabilities is considered a low priority.

**Housing Conditions**

In general tribes that belong to a Native American Housing Authority have modern homes that are required to comply with various Federal and State requirements. However, many Native American homes on reservations lack telephones, electricity and running water – let alone ramps for wheelchairs, automatic doors, and sophisticated assistive technology. People who do have wheelchairs, communication boards and similar devices often find it difficult or impossible to have them maintained or repaired locally.

**Barriers: Attitudinal & Cultural**

While it is academically possible to discuss several elements of Native American culture held in common between the many and various tribes, not every Indian tribe has the same culture. Further, the extent of cultural involvement and practice varies with each individual. A variety of factors influence tribal and individual practices, including: tribal membership, family cultural involvement, education, social practices, influence of general society, living on or off the reservation, and direct ties to the reservation.

This diversity, itself, is often a source of conflict between tribal members. It also suggests that no one model of IL services may be easily implemented across reservations – especially for those with more than one tribe. Rather, a process for educating tribal members and resolving conflicts on key issues may be needed before disseminating information on the availability of services to reservations.
Disability Services Awareness

Lack of service and the lack of awareness of services is another major barrier. Although American Indians have more disabilities than the general population, they are less likely to receive services. Many American Indians with disabilities are unaware of the existence of programs for which they are eligible and many service agencies do little outreach to reservations and rural areas. Outreach is made difficult by the other barriers, such as isolation, lack of transportation, language difference, and differences in values and lifestyles. Many public agencies are already overburdened with large caseloads, and have little incentive to do expensive and time consuming outreach to find new consumers in rural areas.

Mistrust of Government and Non-Native Programs

American Indians have a long history of mistrust of government and non-Native organizations that have in the past projected a stereotypical image of Native peoples and not been sensitive to the Native American culture.

For American Indian consumers, intake paperwork, rigid appointment schedules, and psychological assessments are barriers which should be minimized, and service providers should be trained in how to provide culturally appropriate services to Native Americans. It is important that services agencies hire Native Americans (with disabilities if possible) to provide services.
Language; Terms Defined Differently

Although the majority of tribes speak English, language may be a serious barrier. American Indian belief systems find power in everything, even inanimate objects such as the wind, water, stones, clay, dreams, thoughts and words. When someone creates something by thoughts and words, he has created a thing with power. Thus, the creation of limiting thoughts and words, he has created a thing with power. Thus, the creation of limiting thoughts and words might have the power to bring those limitations into reality.

Sarah Yellowflower’s severe heart problems were related to Down syndrome and statistics were not encouraging about her reaching her 10th birthday. Although the family knew this, no word was uttered about the fragility of neither Sarah’s health nor the possibility that any moment might be her last in this life. Had someone said that Sarah did not have long to live and had she died shortly thereafter, that person could have been charged with causing the death by giving power to that event when he spoke of it. Sarah Yellowflower may not ever be able to run and play, but she will be able to work with clay, look at books, enjoy arts and crafts and participate in other activities.

The same applies to other limiting phrases, although non-Indians often do not envision words as being either powerful or limiting. The term “mentally retarded” is, in fact, quite powerful and quite limiting. So are words such as “handicapped,” “disabled” and “mentally ill.” Studies of tribal languages have not revealed any tribal words that can be directly translated as “retarded” or “handicapped”. Instead, descriptive words were used, such as “slow”, “sick eyes,” “crooked arm,” and “he who walks with a limp.”

Those working with American Indians must be very careful about using such phrases as “will not ever be able to” or “is not
capable of” or “will not live.” Instead, words that make the best of a person’s potential should be used.
**Life Issue Differences**

Although American Indians are not a homogenous population, there are similarities in lifestyle. The following list gives comparisons of the life issue similarities among American Indian people and some of the differences exhibited in the dominant culture.

### NATIVE AMERICAN LEARNING STYLES

<table>
<thead>
<tr>
<th>Issue</th>
<th>Native American</th>
<th>Non-Native</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ownership</td>
<td>Material goods are not as important as being a good person. Holding a “give away” at which gifts, including money, are given away to honor others is common. Upward material growth is not actively sought.</td>
<td>Misunderstand Indian people’s lack of interest in material goods. Instead, they often see Indians as lazy or lacking ambition.</td>
</tr>
<tr>
<td>Delayed gratification (saving)</td>
<td>Traditionally, Indians do not save money or buy insurance policies. In the past, when nature provided all one’s needs, Indian sharing was a way of life. Saving for one’s self was counter cultural. In comparison, the white culture stresses delayed gratification.</td>
<td>Work concepts often conflict with Indian values such as sharing, work as needed and generosity.</td>
</tr>
<tr>
<td>Attitude toward punctuality and work</td>
<td>In the past, nature was more bountiful. There was little need to work. Work for the sake of working was unusual. Thus, punctuality is unfamiliar to the Indian</td>
<td>Reducing frustrations is just one of the benefits of regular training on punctuality.</td>
</tr>
<tr>
<td>Patience</td>
<td>Patience and waiting quietly</td>
<td>Non-Indians are sometimes</td>
</tr>
<tr>
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<td>-----------------------------------------------------------------------------------------------------------</td>
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<tr>
<td>Personal Freedom</td>
<td>Indians are taught not to interfere in the affairs of another. Indians generally practice non-interference and strongly support individual rights.</td>
<td>Indians strongly resist outsiders in personal or tribal affairs. They resent non-Indians who give advice. Contrast this with non-Indians who readily submit to laws.</td>
</tr>
<tr>
<td>Silence</td>
<td>Silence is comfortable for Indians. They frequently observe in silence while determining what is expected. Feelings of discomfort are covered up and difficult to see.</td>
<td>Misunderstanding this silence often results in non-Indians viewing Indians as unfriendly, backward, or academically limited.</td>
</tr>
<tr>
<td>Generosity</td>
<td>Tribal generosity</td>
<td>Educators often fail to capitalize on results in whites viewing Indians as</td>
</tr>
<tr>
<td>Cooperation</td>
<td>In the past, cooperation was critical for the survival of the tribe.</td>
<td>An Indian's concern that others do not lose face is often at odds with white society competitiveness.</td>
</tr>
<tr>
<td>Harmony</td>
<td>Personal, social and environmental harmony is important to Indians. The needs of the Tribe or family usually have priority over individual needs.</td>
<td>Internal conflicts can result when schools emphasize personal achievement. Indian children respond better working in groups.</td>
</tr>
<tr>
<td>Modesty</td>
<td>Modesty in dress and behavior is emphasized. Boasting is frowned on.</td>
<td>Indians often experience embarrassment when forced to undress in front of others, and often will resent insensitive boasters.</td>
</tr>
<tr>
<td>Family, Clan and Extended</td>
<td>Indian family importance</td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Family</th>
<th>cannot be overestimated. Aunts may assume roles of mothers, uncles as fathers. Cousins may be considered brothers and sisters. Additionally, grandparents, aunts or other relatives may actually raise the child.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cultural identity</td>
<td>Indians want to retain their cultural heritage. Indians do not put on costumes to play act Indians, they are Indians. They leave reservations to find job; not to stop being Indian. Most Indians prefer to live and socialize amongst Indians.</td>
</tr>
<tr>
<td>Eye Contact</td>
<td>Most Indians avoid direct eye contact. Usually, one stares only when angry. Avoiding direct eye contact can also be a sign of courtesy.</td>
</tr>
<tr>
<td></td>
<td>Frequently, non-Indians see Indians as suspicious or guilty when they do not make or keep eye contact. Teachers often become angry when students look down; not knowing that it may be done from respect.</td>
</tr>
<tr>
<td>Balance and Harmony for Health</td>
<td>Indians believe the whole person must be healed. Harmony and balance is health.</td>
</tr>
<tr>
<td></td>
<td>Many Indians will see both Indian medicine healers and M.D.s. Indian medicine for Indians must be accepted.</td>
</tr>
<tr>
<td>Living Naturally</td>
<td>Indians try to live in balance with nature. If sickness occurs, many Indians believe that balance or harmony has been altered. Indians live in harmony and respect for nature.</td>
</tr>
<tr>
<td>Spirituality</td>
<td>Religion enters into all areas of an Indian's life.</td>
</tr>
<tr>
<td></td>
<td>Spirituality is avoided in most schools, and government agencies, ignoring an...</td>
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</tbody>
</table>

Native American Independent Living Services
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<thead>
<tr>
<th>Discipline</th>
<th>Most Indians do not use corporal punishment. Instead, punishment may include withholding praise, ridiculing, shaming, or shunning. Frequently, withdrawal is a form of disapproval. With some, relatives are responsible for discipline.</th>
<th>Non-Indians frequently consider Indian parents &quot;unfit&quot; because they do not punish or &quot;control&quot; their children. Directly criticizing Indian students is viewed as rude and disrespectful.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Living in the Present</td>
<td>Indians are present oriented. Immediate gratification is common. Existential living is emphasized.</td>
<td>Indian students have difficulties foregoing present needs for future rewards.</td>
</tr>
<tr>
<td>Time concepts</td>
<td>Time is flowing and flexible, and things are done as needed. Time is different from that of non-Indians.</td>
<td>Non-Indians misinterpret Indians' casual attitude toward time as irresponsible.</td>
</tr>
<tr>
<td>Respect for Elders</td>
<td>Indians believe that wisdom comes from age and experience. Elders are respected. To be old is to be wise.</td>
<td>Old people are often shunned by non-Indians. Youthfulness is prized.</td>
</tr>
<tr>
<td>Silent Communication</td>
<td>Indians find small talk unimportant. Talking for the sake of talking avoided for the most part.</td>
<td>Non-Indians often think silent Indians are unsociable. They find silence uncomfortable.</td>
</tr>
<tr>
<td>Listening</td>
<td>Listening is a highly valued skill. Listening skills were developed because knowledge was passed on orally. Storytelling has always been an important way for Indians to teach and record history.</td>
<td>Indians frequently face conflicts because speaking skills are now emphasized over listening.</td>
</tr>
<tr>
<td>Skilled Observers</td>
<td>Most Indians have keen observational skills. Indians are skilled at reading non-verbal body messages, facial expressions, and tones of voice.</td>
<td>These differences can cause miscommunications and misunderstandings between Indians and non-Indians.</td>
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</tr>
<tr>
<td>Permissiveness</td>
<td>Indian child-rearing practices are often misunderstood as permissive by non-Indians. Independence is taught by allowing for early personal responsibility.</td>
<td>Having experienced much personal freedom at an early age, Indian youth have difficulties adjusting to rigid curfews, regulations, etc.</td>
</tr>
</tbody>
</table>
**Value System Differences**

No two cultures differ more in value systems than the Indian and the Anglo-dominant cultures. The following lists are not all-inclusive, but may be used as a starting point to explore ways to communicate more effectively and have a deeper understanding of Native American customs, beliefs and value systems.

<table>
<thead>
<tr>
<th><strong>ANGLO-DOMINANT SOCIETY</strong></th>
<th><strong>TRADITIONAL NATIVE AMERICAN</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Self (look out for #1)</td>
<td>Group (Tribal identity)</td>
</tr>
<tr>
<td>2. Time (linear -------- )</td>
<td>Time (circular)</td>
</tr>
<tr>
<td>3. Youth oriented</td>
<td>Respect Elders</td>
</tr>
<tr>
<td>4. Competitive</td>
<td>Cooperative</td>
</tr>
<tr>
<td>5. Aggressive</td>
<td>Patient</td>
</tr>
<tr>
<td>6. Conquer nature</td>
<td>Harmony with nature</td>
</tr>
<tr>
<td>7. Future oriented</td>
<td>Past, present, future</td>
</tr>
<tr>
<td>8. Religion part of life</td>
<td>Religion whole existence</td>
</tr>
<tr>
<td>(individualistic)</td>
<td>(Universe cannot be separated)</td>
</tr>
<tr>
<td>9. Success/security wealth</td>
<td>Happiness</td>
</tr>
<tr>
<td>10. Speak English! Melting</td>
<td>Cherish heritage, language, customs,</td>
</tr>
<tr>
<td>pot syndrome</td>
<td>Beliefs</td>
</tr>
<tr>
<td>11. Empirical</td>
<td>Intuitive</td>
</tr>
<tr>
<td>12. Land/nature exploited</td>
<td>Land/nature respected, cherished</td>
</tr>
<tr>
<td>13. Medicine - treats symptom,</td>
<td>Medicine - Mind, body, spirit, holistic</td>
</tr>
<tr>
<td>specialized</td>
<td>Strive for balance</td>
</tr>
<tr>
<td>14. Emphasis on nuclear family</td>
<td>Emphasis on extended family</td>
</tr>
</tbody>
</table>
Myths and Stereotypes

Cultural awareness and sensitivity are essential to support and respect California American Indians. Conscious efforts must be made to avoid the use of common stereotypes of Indians, frequently portrayed in the media, literature, and art. Otherwise, communication with American Indians will be less effective.

Avoid the following statements which are based on these stereotypes:

- Can I talk to the CHIEF?
- What is your Indian Name?
- Do you have a casino?
- Can you speak Indian/English?
- Do you know a Rain Dance?
- Does the Government send a check every month?
- Ask if they know an Indian person that you know?
- Tell them that you or one of your relatives is part Indian!
- Ask them to explain the reason for the dance.
- My child belongs to the boy/girl scouts.
- I’ve seen “Dances with Wolves”.


Communication with the Tribe

Each tribe can be located in the local phone book under the specific tribal name or organization. Ask to talk with the tribal administrator or office supervisor. You may request a formal meeting with the Tribal Council or an informal meeting with the Chairperson, or specific tribal employee.

Today several tribes have been successful in operating a very professionally organized tribal office, overseeing tribal affairs and providing services to its membership. However, some tribes have no base of operations and receive various services from Native American organizations such as Indian Health Services, Indian Child Welfare Program, etc. All tribes do not operate a tribal office. If this is the case, you must contact the elected official at home or at their place of employment.

Tribal representatives can be divided into three distinct groups and are normally identified in the following manner:

Elected Officials

a. Chairperson
b. Vice-Chairperson
c. Secretary
d. Treasurer
e. Members at Large (2 or 3 Board members)

Note: Council members also represent the tribe on various Tribal Service programs; i.e. Indian Health Service, Indian Child Welfare.
Tribal Employees

a. Tribal Administrator
b. Fiscal Officer/Accountant
c. Planner/Consultant
d. Secretary/Administrative Assistant
e. Community Health Representative

Note: Some Tribes are highly organized with an assortment of tribal service programs while others operate a single program or belong to a consortium which provides services to their tribe and community.

Traditional Council

a. Traditional Medicine person
b. Cultural Leader
c. Tribal Elder
d. Community Spokesperson

Note: Traditional persons may also be elected to the tribal council or work for the tribe and are active in community affairs.

American Indian Family Structure

The extended family system forms the normative base for American Indian society and may consist of three or more family units all closely related. Indians consider many more people to be their relatives than do members of other cultures. If the tribal group in question has a clan system, then members of the clan are considered relatives with the same influence on one’s life as parents, brothers and sisters.

It is mostly to respect and to recognize the American Indian family structure; a large extended family network normally runs by the head of the household – a male or female, which seeks advice and approval from the family elder (Grandparent, Mother, Father, Aunt or Uncle).
Since the early 1920's, Tribal people have endured a maze of government projects designed to assimilate and acculturate families through relocation and termination of their rights to their tribal land base. Not all families were relocated, not all families remained intact, some families were relocated near to their ancestral homes and others removed long distances, some families returned to their lands and others remained in the cities of their relocation. In other words, there are various degrees of experience of assimilation, acculturation and traditional values to be aware of when working with American Indians.

**Tips on Providing Services to American Indians**

It is estimated that 30% of California American Indians continue to teach tribal customs; less than 15% actively practice tribal customs and only 5% speak their tribal dialect.

The following are tips which may be helpful when providing services to American Indians:

- American Indians over the age of 60 have been exposed to more exploitation and prejudice and, are less educated because they were barred from attending the public school. When and if they attended a government boarding school they were severely punished for speaking their native language and subjected to behavior modification designed to assimilate and lower individual self-esteem. It is important to remember when working with the elder population of American Indians that their experiences may diff radically from the younger population, presenting issues which include; illiteracy, low self-esteem, unwillingness to ask for help, etc.

- The majority of California American Indians have English or Hispanic surnames and about 10% maintain traditional tribal names.
➢ It is important to understand that California American Indians have integrated with all ethnic groups (Mexican, Filipino, Italian, Hawaiian, etc). In other words, you will discover a wide variety of surnames among Native people and as many other variations as you would find in the dominate culture.

➢ In general American Indians are skeptical about services provided by government agencies and have a long history of negative encounters, broken commitments and experiences. Be certain of your ability to deliver before you offer services.

➢ Identify the person who makes the decisions for the family. Greet the eldest person first, (normally the female head of household) who must give approval. However, it is important to make contact with the eldest male and to meet with individual consumers to determine if their needs are the same as declared by the family representatives.

➢ Asking personal questions is considered impolite. You must try to establish acceptance within the family; their confidence will follow. If you are too persistent or personal you may find you are unable to communicate.

➢ Identify the consumer’s perception of receiving help. Many times help is perceived as disrespect to the male head of household and often leads to low self-esteem.

➢ It is common for American Indians to withhold their emotions - this is a tradition practiced to put other’s needs before their own. Observe the behavior and be aware they may be suppressing their pain or discomfort or illness.

➢ It is common for American Indians to avoid direct eye contact. Do not assume that he/she is resisting services. To make direct eye contact in most American Indian Cultures is considered a form of disrespect to elders and authority figures.
- Physical contact is not common practice, unless the person is a family member or relative. Shaking hands is acceptable if offered.

- Dignity is essential when addressing Native consumers. If you are invited into the house do not give the “white glove” test. If a family member offers you something to eat or drink, they may be offended if you refuse. Your acceptance demonstrates your trust.

- With many Native consumers, nodding of the head does not necessarily mean “YES”; they may be trying to be polite. It is wise to verify if they understood you. Normally, they will repeat what you said if they do understand.

- American Indians are offended when they have to prove that they are American citizens. Intake forms may need to be altered in order to accommodate American Indian issues around privacy, etc.

Traditionally the role models of service providers for Indians were their medicine men, who shared the crises of illness and death, provided psychological support, and were in positions of responsibility, power, and informal leadership. Indian people tend to expect service providers to be respectful, tolerant, family-oriented, generous, cooperative, flexible, and to have a sense of humor. As a rule, they do not respond well to authoritarian postures, aggressiveness, or overly intense affect.

Remember, as a group, American Indians rank at the bottom of virtually every social statistical indicator. They average one of the highest infant mortality rates, the highest rate of unemployment, the lowest level of educational achievement, the lowest per capita income and the poorest housing and transportation in the nation.

→ Learn what you can about the major Indian tribes in your area, including tribal organization, family structure, age and gender roles, traditional beliefs and values etc. This will be especially
helpful if you live near a reservation. However, if you live in a major urban area, your Indian consumers could come from any of hundreds of tribes (in and outside California).

→ If you find you have feelings of racism or prejudice toward Indian people, taking advantage of some cultural sensitivity training might be helpful.

→ Provide services in the consumer’s community, if possible. Some agencies actually have branch offices on reservations or near them.

→ Be flexible in scheduling sessions. Give the consumer a range of options, including a day or half-day when he or she could drop-in for a session. If possible, do not require consumers who live far away to have rigid appointment times.

→ Encourage the consumer to bring friends and/or family to the session.

→ Be careful not to be condescending or patronizing to Indian consumers (or anyone else for that matter).

→ Ask the consumer where he or she is from (this is a standard Indian greeting when meeting someone for the first time).

→ Allow a full session to get to know the consumer and to let the consumer get to know you. Be relaxed, casual, and non-threatening. Avoid questions. Most questions can be rephrased as statements. For examples, instead of asking “how long have you lived here?” you can say “I like it here – I’ve lived here five years.” This puts less pressure on the consumer than a question, but is likely to elicit the desired information.

→ Be patient; let the consumer control the timing of describing the problem. Allow plenty of time to think and respond to
what you say. Show the consumer you are comfortable with long silences, if necessary.

→ Figure out a way to demonstrate your trustworthiness to the consumer within the first session. Share an intimate feeling or belief which identifies you as a person with convictions and able to make commitments.

→ If the consumer appears to be very uncomfortable, do whatever is necessary (within reason) to make him or her comfortable. For example, you could talk while taking a walk, if the office setting is uncomfortable, or talk over lunch.

→ Do not take notes. This is intimidating to many people. If you must take notes, at least explain why you are doing it.

→ Greeting the consumer with a handshake is appropriate, but do not otherwise touch the consumer physically.

→ In general, the more similar your behavior is to the consumer’s, the more likely you are to build an empathic, trusting relationship.
Educating Native Tribes & Communities

Defining Disability

The 1978 amendments to the Rehabilitation Act of 1973 created a system of independent living centers (ILC) to serve individuals with severe disabilities. While this Act specified services available to a board range of disabling conditions, it nevertheless focused on physical features as the defining characteristics of disability. In the general American Indian view, disability, where recognized, focuses on individuals who are in disharmony or who fail to fulfill their role in the family and community.

Disabilities can result from developmental impairments, injury, mental disability and conditions associated with chronic disease and aging. Developmental disabilities typically occur at birth or during childhood and may result from many conditions including cerebral palsy, seizure disorders, mental retardation, sensory impairments, autism, birth defects, and social and intellectual deprivation during infancy and childhood.

Injuries cause the greatest proportion of disabilities among individuals who are under the age of 45, and rates of injury are highest among young adults. Disabilities associated with chronic disease and aging are increasing in the United States. Such conditions as diabetes, heart disease, cancer and arthritis affect approximately 80 percent of elderly individuals, half of whom have some disability associated with that condition. Such conditions often appear earlier in Indians than in the general population and increase the effect of diminished income on the disabled person and his/her dependents. Regardless of the cause, individuals with disabilities are at risk of developing secondary conditions such as decubitus ulcers, cardiopulmonary conditions, and depression which can further diminish health and quality of life.

Physical disabilities: Trauma resulting from motor vehicle accidents is a leading cause of physical disability or death among
American Indians. Injuries can be exacerbated by the delays and difficulties associated with the need to travel long distances to reach hospital care. Morbidity, mortality, and risk of injury are linked to many different sources such as motor vehicle accidents, substance abuse, lack of parental supervision, and domestic violence. Trauma is also a major cause of childhood death and disability, the primary cause of which is motor vehicle crashes.

Sensory disabilities: Sensory difficulties occur at significantly higher rates among Indians than among non-Indians. The difficulties include fetal alcohol syndrome (FAS, congenital anomalies, bacterial meningitis, otitis media, diabetes, injuries, alcohol and drug abuse, and mental and emotional disorders. Major disabilities include seizure disorder, developmental delay, language and speech delay, mental retardation, pulmonary disorders, vision problems, hearing loss, trauma, diabetes related to disabilities, alcoholism, and possibly congenital heart disease.

Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Effect (FAE): the leading cause of disabilities among newborn American Indians results from prenatal exposure to alcohol. This exposure can result in FAS or FAE, a pattern of malformation found in children whose mothers consumed alcohol during pregnancy. Common features include mental retardation and central nervous system dysfunction, growth deficiencies and joint abnormalities. FAS and FAE children have certain long-term deficits in neuropsychological and intellectual abilities, with deficits in language skills, coordination and motor skill, perception and strength.

Learning disabilities: American Indian teenagers drop out of high school in proportions greater than 50 percent, greatly exceeding dropout rates in the general population. Cognitive abilities and educational achievement can be impaired by external factors such as FAS and FAE, otitis media, asymptomatic lead poisoning, and nutritional deprivations. Diagnosis of learning disabilities can be complicated by cultural biases in cognitive testing.
Acquired Immune Deficiency Syndrome (AIDS): the prevalence of Human Immunodeficiency Virus (HIV) infected American Indians is increasing and can be expected to increase for some time.

**Typical Problems for American Indians with Disabilities**

Most Tribal languages do not have a word for "handicap" or "disability". As discussed, some tribes define "disability" on the basis of the concept of social relationships. If a service agency advertises itself as serving people with disabilities, it may not reach the American Indian consumers it wants to reach at first.

Difficulty attracting consumers with disabilities may be frustrating to service providers and funding agencies. Understanding the Tribal structure, directing outreach to the appropriate Tribal Administrator or Tribal representative (or appropriate Tribal Health Program) or developing an advisory group will facilitate reaching American Indians with disabilities. The more sensitive a program is to its service population and its community, the more successful it will be.
Developing and/or Enhancing Services

Organizing an American Indian Disability Council

It is most important that the person or persons designated as the leader for the project, Project Director, or assistants, be persons who are American Indian. For all intents and purposes, it is virtually impossible to make any significant headway toward organizing and/or enhancing services and service delivery without the direct involvement of American Indians.

“Community” has been defined in the following way: We can think of a social category as a class of persons who share a set of specified personal attributes and interests. We can think of a community, on the other hand, as the people of a particular place who not only have shared attributes and interests, but who also jointly participate in furthering their collective interests. It is one thing to have something in common with others; it is another thing altogether to have something to do with people with whom one shares things in common. If American Indians with disabilities are to experience improvement in their access to services and in the quality of the services they receive, it is important for them to identify as a community.

In an effort to improve services and service delivery to American Indian communities, a community-level needs assessment becomes a top priority. Community-based research should be done by persons who have the commitment and capacity to seek out cordial, reciprocal relationships. It is also strongly recommended that members of a working group (Advisory Board) charged with developing the survey instrument, participating in the survey and making recommendations, be identified by American Indian Tribal leaders who know persons with disabilities. In California, with the ever-changing political climates, it is sometimes more efficient to solicit the support of a community member with a disability and assemble the group through the community at large. These designated representatives should be invited formally, by letter, and informally by phone (if available), to attend a lunch or dinner
meeting, in line with American Indian customs, where the project leaders and project would be introduced to them.

To ensure consumer involvement:

- Help American Indians with disabilities to openly and unabashedly acknowledge their needs.
- Teach American Indians with disabilities how to influence the decision making process in public and private organizations.
- Guide American Indians with disabilities in identifying allies with whom they can make common cause.

Common Problems

Many Indian people with disabilities, even in urban areas, are simply unaware of the service agencies which exist, or their experience with economic dependency, psychological depression and poverty results in passive resistance at best and helplessness at worst. However, cultural differences are most frequently barriers unless agencies make a concerted effort to understand the cultural difference and put into context their outreach and education efforts. Also the historical dependence on federal programs by Indian people can be a disincentive to participate in other programs.
Educating the Council/Board

Independent Living Philosophy

Introducing the Council or Board members to the concept of “independent living” draws attention to some of the similarities and parallels as well as differences in the American Indian community and provides some common ground upon which to begin your dialogue.

The basic idea behind independent living is that the ones who know best what services people with disabilities need in order to live independently are disabled people themselves.

Independent living has to do with self-determination. It is having the right and the opportunity to pursue a course of action. And, it is having the freedom to fail and to learn from one’s failures.

Independent living isn’t easy, and it can be risky. But millions of people with disabilities rate it higher, than a life of dependency and narrow opportunities and unfilled expectations.

◆ Elements of empowerment
◆ Choice
◆ Significant participation in society
◆ Authoritative influence and a role in decision-making
◆ The right to take risks
◆ Having personal control over life choices, services and activities
◆ Exercise of power
ADA and Other Disability Related Laws

Federal legislation affecting the disabled is the Americans with Disabilities Act (ADA). This legislation expands Federal civil rights laws to specifically include person with disabilities and to provide the means for bringing disabled person into the mainstream of American life through employment opportunities, access to public service facilities, and the full and equal enjoyment of goods, services, facilities, privileges, advantages, or accommodations. The law applies expressly to federal, state and local governments and certain classes of private enterprise.

The question is: Does it apply to Indian tribal governments? The courts have yet to decide whether or not the ADA is binding to tribal governments. The BIA role in serving disabled children is addressed in the Individuals with Disabilities Education Act (IDEA) of 1975 and its amendments. Beyond this the responsibility of various state and federal agencies to provide for American Indians with disabilities is not well defined.

American Indian Programs and Services

Looking at the present philosophy of independent living, the goal is for the person with a disability to have as many options as possible in order to become a contributing member of society. For a person living on a reservation, there are not that many options developed or from which to chose. For example, on some reservations more than 90% of housing units are without complete plumbing facilities. Currently, tribal governments are having problems offering adequate services with limited resources. If one asked the tribal government about expanding services to address specific problems of American Indians with disabilities (e.g., accessible housing, rehabilitation services, accessible transportation, etc.) the response might be that these problems are recognized, but resources are inadequate for the whole community, much less specialized resources for people with disabilities.
While there are conflicts between the philosophy of independent living and tribal culture and government, they might be merged to develop a model for meeting the needs of American Indians with disabilities. For example, the independent living philosophy as defined by the National Council on Disability states "control over one's life based on the choice of acceptable options that minimize reliance on others in making decisions and in performing everyday activities" (National Policy for Persons with Disabilities, 1983). This definition may have to be redefined when looking at the cultural and environmental factors influencing the American Indian culture, especially those who chose to live on the reservation. The IL philosophy and service programs may have to recognize tribal and group decision-making, rather than individual choice, as the pinnacle of tribal life.
Assessing American Indians Needs

Any assessment process to determine the needs of American Indians with disabilities in a specific community must include the active involvement of Indian people with disabilities throughout the research process.

Developing a Plan – Selecting the Methodology

A variety of methodologies have been tried with more or less success. The two most tried and proven successful are; 1) face-to-face, individual interviews conducted on the reservation or in an individual’s home; and 2) focus groups organized in local areas with assistance from Tribal organizations. An organized public meeting can be held to introduce the Project Coordinator and/or group facilitator or interviewers to the American Indian community as well as sharing the desired outcomes from the assessment.

There are several reasons why a group interview may be advantageous over a series of individual in-depth interviews. In a focus group interview:

✓ The interaction among respondents may lead to a more relaxed atmosphere since individuals are not expected to respond to every question or issue.
✓ The group interaction may allow for issues to be generated and concerns voiced that would not have come up during an individual interview.
✓ Group pressure may inhibit individuals from providing misleading information.
✓ The turnaround time for focus group interviews to be completed can be shorter than that for individual interviews, and they can be more economical.

However, locating an environment conducive to conversation, achieving a representative sample of the population to be surveyed
and having confidence in the group moderator are issues for concern.

The development of an Advisory Council/Committee comprised of American Indians, a majority of whom have a disability, is a key component before beginning the assessment process. This Council will be responsible for reviewing and confirming the proposed methodology of the research.

Conducting the Assessment

The Project Coordinator and/or research consultants will work with the Council to develop focus group questions/topics. It is recommended that along with a professional reporting firm the proceedings should also be recorded.

The Project Coordinator and/or research consultants will share the responsibilities of local coordination including:

a) Suggest and identify participants for the focus groups
b) Confirm locations for focus group interviews
c) Assist in arranging for meals to be provided to participants
d) Arrange with selected individuals their participation in focus group
e) Arrange for transportation if necessary as well as needed accommodations, such as sign language or Native language interpretation.
f) Facilitate meetings
g) Serve as co-moderators

Developing the Report; Analyzing the Results

The data generated from focus group discussions are the words spoken by the participants and all of the behaviors associated with those words. It is suggested that the interviewer’s impressions of the group and group process be included in the summary report.
The analysis process involves consideration of words, tone, content, non-verbal’s, internal consistency, specificity of responses, and big ideas. This process takes approximately two weeks to complete. Summary statements along with direct quotes which exemplify participant responds are presented for each of the topic discussed in the focus groups.

Establishing and Implementing Priorities

The Advisory Council would be responsible, with assistance from the Project Coordinator and the Research Consultants, for reviewing the summarized data and prioritizing identified needs.

The Advisory Council along with staff would offer recommendations regarding the information they reviewed. Possible objectives might include:

- Form a self-help/peer group among American Indian persons with disabilities
- For a task force to continually look at the issues facing American Indians with disabilities; for example, on an on-going basis, work with a consumer group to establish a “town hall” forum at which Indian people with disabilities can communicate with service providers.
- Develop a central clearinghouse in the Indian community for services that are available to people with disabilities.
- Aggressively support interested service providers and consumers in developing funds that would target meeting the indentified needs of American Indians with disabilities.
- Become educated regarding issues of concern to persons with disabilities such as the Americans with Disabilities Act (ADA).
- Request technical assistance to organize a leadership workshop. Participants at this workshop could focus on developing skills in leadership, grant writing, networking, advocacy, or needs identified by the community.
APPENDIX A

California Tribal Groups
APPENDIX B

California Counties
APPENDIX C

California
Independent Living Centers

There are 29 Independent Living Centers (ILCs) in CA. Many ILCs have satellite offices throughout their service areas.
California Independent Living Centers

Auburn – Placer Independent Resource Services (PIRS)
11768 Atwood Road, Suite 29, Auburn, CA 95603
Phone: (530) 885-6100    TTY: (530) 885-0326
Fax: (530) 885-3032
Tink Miller, Executive Director
Serving: Placer, El Dorado & Alpine Counties
Website: www.pirs.org

Bakersfield – Independent Living Center of Kern County (ILCKC)
1631 30th Street, Bakersfield, CA 93301
Phone: (661) 325-1063    VP: (661) 369-8966
Fax: (661) 325-6702
Jimmie Soto, Executive Director
Serving: Kern County
Website: www.ilckerncounty.org

Berkeley - Center for Independent Living (CIL)
Ed Roberts Building
3075 Adaline Street, Ste. 100, Berkeley, CA 94703
Phone: (510) 841-4776    TTY: (510) 848-3101
Fax: (510) 841-6168    VP (510) 356-2662
Yomi Wrong, Executive Director
Serving: Northern Alameda County
Website: www.cilberkeley.org

Satellite Centers:

**Oakland** – Center for Independent Living (CIL),
Oakland satellite
1904 Franklin St. #320
Oakland, Ca 94612
Phone: (510) 763-9999
Fax: (510) 763-4910

Fruitvale Office - Center for Independent Living (CIL),
1470 Fruitvale Avenue, Oakland, CA 94601
Phone: (510) 536-2271
Fax: (510) 261-2968

**Chico:** Independent Living Services of Northern CA (ILSNC)
The Jennifer Roberts Building
1161 East Avenue
Chico, CA 95926
Phone / TTY: (530) 893-8527  
Fax: (530) 983-8574  
**Evan LeVang, Executive Director**  
**Serving: Butte, Glenn, Tehama and Plumas Counties**  
**Website: www.ilsnc.org**

**Satellite Center:**

Redding: Independent Living Services of Northern CA (ILSNC)  
169 Hartnell Ave, Suite 128  
Redding, CA 96002  
Phone / TTY: (530) 242-8550  
Fax: (530) 241-1454  
**Serving: Siskiyou, Shasta, Lassen and Modoc Counties**

**Claremont: Service Center for Independent Living (SCIL)**  
107 South Spring Street, Claremont, CA 91711-4930  
Phone: (909) 621-6722  
VP/TTY: (909) 445-0726  
Fax: (909) 445-0727  
**Lee Nattress, Executive Director**  
**Serving: parts of Los Angeles County**  
**Website: www.scil-ilc.org**

**Satellite Center:**

Services Center for Independent Living (SCIL)  
1520 W. Cameron Avenue, Suite 160  
West Covina, California 91790  
Phone: (626) 337-8868  
Fax: (626) 337-1835  
Call for appointment.

**Concord – Independent Living Resources of Solano and Contra Costa Counties (ILR)**  
1850 Gateway Blvd., Suite 120, Concord, CA 94520  
Phone / TTY: (925) 363-7293  
Fax: (925) 363-7296  
**Susan Rotchy, Executive Director**  
**Serving: Contra Costa & Solano Counties**  
**Website: www.ilrscc.org**

**Satellite Center:**

**Fairfield – Independent Living Resources (ILR)**  
1545 Webster Street, Suite C, Fairfield, CA 94533  
Phone/TTY: (707) 435-8174  
Fax: (707) 435-8177
Eureka – Tri-County Independent Living, Inc.
2822 Harris Street
Eureka, CA 95503
Phone: (707) 445-8404 TTY: (707) 445-8405
Fax: (707) 445-9751
Chris Jones, Executive Director
Serving: Humboldt, Del Norte, Trinity Counties
Website: www.tilinet.org

Downey – Southern California Rehabilitation Services (SCRS)
7830 Quill Drive, Suite D, Downey, CA 90242
Phone: (562) 862-6531
Fax: (562) 923-5274
James Baker, Executive Director
Serving: parts of Los Angeles County

Fresno – Resources for Independence, Central Valley (RICV)
3008 North Fresno Street, Fresno, CA 93703
Phone: (559) 221-2330 TTY: (559) 221-2342
Fax: (559) 221-2340
Bob Hand, Executive Director
Serving: Fresno, King, Madera, Merced & Tulare Counties
Website: www.scrs-ilc.org

Satellite Centers:

Merced - Center for Independent Living (CIL), Fresno
710 West 18th Street, Suite 11, Merced, CA 95340
Phone: (209) 383-1683
Fax: (209) 725-9153

Visalia - Center for Independent Living (CIL), Fresno
2606 Valley Oak Drive, Visalia, CA 93291
Phone: (559) 622-9276
Fax: (559) 622-9638

Madera - Center for Independent Living (CIL), Fresno
1225 Gill Avenue, Madera, CA 93637
Phone: (559) 718-8933
Fax: (559) 673-32230

Garden Grove – Dayle McIntosh Center (DMC)
13272 Garden Grove Blvd., Garden Grove, CA 92843
Phone: (714) 621-3300  (714) 663-2087
Fax: (714) 663-2094

**Dolores Kollmer, Executive Director**

**Serving:** Orange County

**Website:** [www.daylemc.org](http://www.daylemc.org)

**Satellite Center:**

**Laguna Niguel** – Dayle McIntosh Center (DMC),
Laguna Niguel Satellite
24012 Calle de la Plata, Suite 210, Laguna Niguel, CA 92653
Phone: (949) 460-7784  TTY: (949) 855-6749
Fax: (949) 855-8742

**Hayward** – Community Resources for Independent Living (CRIL)
439 A Street, Hayward, CA 94541
Phone: (510) 881-5743  TTY: (510) 881-0218
Fax: (510) 881-1593

**Sheri Burns, Executive Director**

**Serving:** Southern Alameda County

**Website:** [www.cril-online.org](http://www.cril-online.org)

**Satellite Centers:**

Community Resources for Independent Living (CRIL),
Tri-Valley Office
3311 Pacific Avenue, Livermore, CA 94550
Phone: (925) 371-1531  TTY: (925) 371-1532

Community Resources for Independent Living (CRIL),
Tri-Cities Office
39155 Liberty St., Suite A100, Fremont, CA 94538
Phone: (510) 794-573

**Long Beach** – Disability Resource Center (DRC)
2750 East Spring Street, #100, Long Beach, CA 90806-2249
Phone: (562) 427-1000  TTY: (562) 427-1366
Fax: (562) 427-2027

**Dolores Nason, Executive Director**

**Serving:** parts of Los Angeles County

**Website:** [www.drcinc.org](http://www.drcinc.org)

**Los Angeles** – Communities Actively Living Independent & Free (CALIF)
634 S. Spring Street #200 Los Angeles, CA 90014
Phone: (213) 627-0477  TDD: (213) 623-9502
Fax: (213) 627-0535
Lillibeth Navarro, Executive Director  
Serving: Central Los Angeles  
Website: www.calif.wordpress.com

East Los Angeles – Community Rehabilitation Services (CRS)  
4716 Cesar E. Chavez Avenue  
Los Angeles, CA 90022-1210  
Phone: (213) 266-0453 TDD: (213) 266-3016  
Fax: (323) 266-7992  
Francis DeFontenelle-Garcia, Executive Director  
Serving: East Los Angeles  
Website: www.crs-ilc.org

West Los Angeles – Westside Center for Independent Living (WCIL)  
12901 Venice Boulevard, Los Angeles, CA 90066  
Phone: (310) 390-3611 TTY: (310) 398-9204  
Fax: (310) 390-4906  
Aliza Barzilay, Executive Director  
Serving: West Los Angeles County  
Website: www.wcil.org

Marin – Marin Center for Independent Living (MCIL)  
710 Fourth Street, San Rafael, CA 94901  
Phone: (415) 459-6245 TTY: (415) 459-7027  
Fax: (415) 459-7047  
Eli Gelardin, Executive Director  
Serving: Marin county  
Website: www.mcil.org

Modesto – Disability Resource Agency for Independent Living (DRAIL)  
920 12th Street  
Modesto, CA 95354  
Phone: (209) 521-7260 TTY: (209) 576-2409  
Fax: (209) 521-4763  
Barry Smith, Interim-Executive Director  
Serving: Amador, Calaveras, Mariposa, San Joaquin, Stanislaus and Tuolumne Counties  
Website: www.drail.org

Satellite Centers:

Stockton – Disability Resource Agency for Independent Living (DRAIL)  
501 W. Weber Ave., Suite 200 – A  
Stockton, CA 95203  
Phone: (209) 477-8103 TTY: (209) 465-4653  
Fax: (209) 477-7730 VP: (888) 398-5907
Serving: San Joaquin County

Sonora – Disability Resource Agency for Independent Living (DRAIL)
67 Linoberg Street, Suite A
Sonora, CA 95370
Phone: (209) 532-0963       TTY: (209) 288-3309
Fax: (209) 532-1591         VP: (888) 398-5907
Serving: Amador, Calaveras, Mariposa and Tuolomne Counties

Nevada City – FREED Center for Independent Living (FREED)
117 New Mohawk Road, Suite A
Nevada City, CA 95959
Phone: (530) 265-4444       TTY: (530) 256-4944
Fax: (530) 265-4644
Ann Guerra, Executive Director
Serving: Colusa, Nevada, Sierra, Sutter & Yuba Counties
Website: www.freed.org

Satellite Center:

Marysville – FREED Center for Independent Living (FREED)
508 J Street, Marysville, CA 95901
Phone / TTY: (530) 742-4474
Fax: (530) 742-4476
Claudia Hidek, Branch Manager

Riverside – Community Access Center (CAC)
6848 Magnolia Avenue, Suite 150, Riverside, CA 92506
Phone: (951) 274-0358       TTY: (951) 274-0834
Fax: (951) 274-0833
Paul VanDoren, Executive Director
Serving: Riverside County
Website: www.ilcac.org

Satellite Centers:

Palm Desert – Community Access Center (CAC)
74-390 Highway 111, Ste. A, Palm Desert, CA 92260
Phone: (760) 568-9301       TTY: (760) 568-9320
Fax: (760) 568-9319

Banning/Beaumont – Community Access Center (CAC), Beaumont Senior Services
1310 Oak Valley Parkway, Beaumont, CA 92223
Phone/TTY: (951) 769-8539
Desert Hot Springs – Community Access Center (CAC),
14-201 Palm Desert, Ste. 108, Desert Hot Springs, CA 92204
Phone: (760) 288-3313 TTY: (760) 568-9319
Fax: (760) 288-2854

Sacramento – Resources for Independent Living (RIL)

Ping Yueng Senior Apartments
420 I Street, level B: Suite 3
Sacramento, CA 95814
Phone: (916) 446-3074 Fax: (916) 446-2443

Frances Gracechild, Executive Director
Serving: Sacramento and Yolo Counties

Salinas – Central Coast Center for Independent Living (CCCIL)
318 Cayuga St. Suite 208
Salinas, CA 93901
Phone: (831) 757-2968 TTY: (831) 757-3949
Fax: (831) 757-5549

Elsa Quezada, Executive Director
Serving: Monterey, San Benito and Santa Cruz Counties
Website: www.cccil.org

Satellite Centers:

Capitola – Central Coast Center for Independent Living (CCCIL),
Santa Cruz County
1350 41st Ave., Ste. 101, Capitola, CA 95010
Phone: (831) 462-8720 TTY: (831) 462-8729
Fax: (831) 462-8727

Hollister – Central Coast Center for Independent Living (CCCIL),
San Benito County
1111 San Felipe Road, Suite 107, Hollister, CA 95023
Phone: (831) 636-5196
TTY: (831) 638-0826

San Bernardino – Rolling Start, Inc. (RSI)
570 West 4th Street, Suite 107, San Bernardino, CA 92401
Phone: (909) 884-2129 TDD: (909) 884-7396
Fax: (909) 386-7446
Fran Bates, Executive Director
Serving: Inyo, Mono & San Bernardino Counties
Website: www.rollingstart.com

Satellite Centers:
Victorville – Rolling Start, Inc. (RSI)
15400 Chalome Road, no. B, Victorville, CA 92392
Phone: (760) 843-7959    TDD: (760) 951-8639
Fax: (760) 241-8787
1-800-220-0975 (Mono and Inyo)

San Diego – Access to Independence (A2iSD)
8885 Rio San Diego Drive, Ste. 131 San Diego, CA 92108
Phone: (619) 293-3500    TTY: (619) 293-7757
Fax: (619) 704-2054
Louis Frick, Executive Director
Serving: Imperial & San Diego Counties
Website: www.accesstoIndependence.org

Satellite Centers:

Imperial – Access to Independence (A2I),
Imperial Valley ILC
400 Mary Ave., Ste. D Calexico, CA 92231
Phone: (760) 768-2044
Fax: (760) 768-4977

Vista – Access to Independence (A2I),
North County Branch Satellite
209 East Broadway, Suite A, Vista, CA 92084
Phone: (760) 643-0447
Fax: (760) 643-0453

San Francisco – Independent Living Resource Center San Francisco (ILRC-SF)
649 Mission Street, 3rd Floor, San Francisco, CA 94105
Phone: (415) 543-6222    TTY: (415) 543-6698
Fax: (415) 543-6318
Jessie Lorenz, Executive Director
Serving: San Francisco County
Website: www.ilrcsf.org

San Jose – Silicon Valley Independent Living Center (SVILC)
2202 N. First Street, San Jose, CA 95131
Phone: (408) 894-9041    TDD: (408) 894-9012
Fax: (408) 894-9050
Sarah Triano, Executive Director
Serving: Santa Clara County
Website: www.svilc.org

Satellite Center
Gilroy – Silicon Valley Independent Living Center (SVILC)
7800 Arroyo Circle, Suite A, Gilroy, CA 95020
Phone: (408) 846-1480    TDD: (408) 842-2591
Fax: (408) 842-2321

San Mateo – Center for Independence of Individuals with Disabilities (CID)
1515 South El Camino, Suite 400, San Mateo, CA 94402
Phone: (650) 645-1780    TTY: (650) 522-9313
Fax: (650) 645-1785
David DeNola, Executive Director
Serving: San Mateo County
Website: www.cidsanmateo.org

Satellite Center:

Daly City – Center for Independence of Individuals with Disabilities (CID),
North Branch satellite
355 Gellert Boulevard, Suite 256, Daly City, CA 94015
Phone: (650) 991-5122    (650) 991-5122
Fax: (650) 757-2075

Santa Barbara – Independent Living Resource Center (ILRC)
423 West Victoria Street, Santa Barbara, CA 93101
Phone/Text: (805) 963-0595    VP-200 (866) 758-9565
Fax: (805) 963-1350
Jo Black, Executive Director
Serving: Santa Barbara County
Website: www.ilrc-trico.org

Satellite Centers:

San Luis Obispo – Independent Living Resource Center (ILRC)
7425 El Camino Real, Suite R
Atascadero, CA 93422
Phone/TTY: (805) 462-1162    Fax: (805) 462-1166
VP200 (805) 464-3203

Santa Maria – Independent Living Resource Center (ILRC)
327 East Plaza Drive #3a, Santa Maria, CA 93454
Phone: (805) 925-0015    VP-200 (866) 923-7568
Fax: (805) 349-2416

Ventura – Independent Living Resource Center (ILRC)
1802 Eastman Avenue #112, Ventura, CA 93003
Phone / TTY: (805) 650-5993    VP-200 (805) 256-1036
Fax: (805) 650-9278
Santa Rosa – Disability Services & Legal Center (DSLC)
521 Mendocino Ave, Santa Rosa, CA 95401
Phone: (707) 528-2745        TTY: (707) 528-2151
Fax: (707) 528-9477          VP-200 (866) 765-6218
Adam Brown, Esq., Executive Director
Serving: Mendocino, Lake, Napa & Sonoma Counties
Website: www.disabilityserviceandlegal.org

Satellite Centers:

Ukiah – Disability Services & Legal Center (DSLC),
Mendocino/Lake Branch
415 Talmage Road, Suite B, Ukiah CA 95482
Phone: (707) 463-8875        TTY: (707) 462-4498
Fax: (707) 463-8878

Napa – Disability Services & Legal Center (DSLC),
1040 Main St., Ste. 208, Napa, CA 94559
Phone: (707) 258-0270        TTY: (707) 258-0274
Fax: (707) 258-0275

Van Nuys – Independent Living Center of Southern California (ILCSC)
14407 Gilmore Street, Suite 101
Van Nuys, CA 91401
Phone: (818) 785-6934        TTY: (818) 785-7097
Norma Jean Vescovo, Executive Director
Serving: San Fernando and Lancaster areas
Website: www.ilcsc.org

Satellite centers:

Van Nuys – Independent Living Center of Southern CA (ILCSC)
Darrell McDaniel Service office
14354 Haynes Street
Van Nuys, CA 91401
Phone: (818) 988-9525        TTY: (818) 998-3533

Lancaster – Independent Living Center of Southern CA (ILCSC)
1505 West Avenue, J #102
Lancaster, CA 93534
Phone: (661) 942-9726        TTY: (661) 723-3509
APPENDIX D

U.S. Dept of the Interior
Bureau of Indian Affairs offices
Bureau of Indian Affairs offices in CA
Pacific Region

California Area office Bureau of Indian Affairs
2800 Cottage Way
Sacramento, CA 95825
(916) 979-2600 Phone
(916) 978-6099 Fax

Amy Dutschke – Regional Director
Dale Risling – Deputy Regional Director, Indian Services

Northern California
Pacific Region office
1900 Churn Creek Road, Suite 300
Redding, CA 96002-0292
(530) 246-5414 Phone
(530) 246-5167 Fax

Central California
Central California Agency
650 Capitol Mall, Suite 8-500
Sacramento, CA 96002-0292
(916) 930-3680 Phone
(916) 930-3780 Fax

Southern California
Southern CA Agency
2038 Iowa Avenue, Suite 101
Riverside, CA 92507
(951) 276-6624 Phone

Palm Springs
3700 Tachevah Dr, Ste 201
Palm Springs, CA 92262
(760) 416-2133 Phone
(760) 416-2687 Fax

Mailing Address:
P.O. Box 2245
Palm Springs, CA 92263
DSLC serves the counties of: Sonoma, Mendocino, Lake and Napa

Santa Rosa Main office:
521 Mendocino Avenue
Santa Rosa, CA 95401
707-528-2745 Voice
707-528-2151 TDD
707-528-9477 Fax
800-528-7703 (toll free)

Ukiah Branch office:
415 Talmage Rd, Suite B
Ukiah, CA 95482
707-463-8875 Voice
707-463-4498 TDD
707-463-8878 Fax
800-528-7704 (toll free)

Napa Branch office:
1040 Main Street, Suite 208
Napa, CA 94559
707-258-0270 Voice
707-258-0274 TDD
707-258-0275 Fax