



AIRRTC REPORT FACT SHEET

AMERICAN INDIAN REHABILITATION RESEARCH AND TRAINING CENTER

Institute for Human Development • Arizona University Affiliated Program

An Examination of the Vocational Rehabilitation Needs of American Indians with Behavioral Health Diagnoses in New York

Catherine Marshall, Ph.D., CRC,
 Susanne Bruyere, Ph.D., CRC,
 David Shern, Ph.D.,
 and Lois Jircitano, J.D.

“If an Indian person needs services, they need a family advocate or need to know the system. It is not a level playing field if Indian people do not assert themselves and present the same posture as majority culture when applying for services. The argument that ‘we don’t do outreach’ doesn’t make sense if cultural values preclude a person from applying/presenting as an agency would expect.”

—Key informant

Introduction

Rehabilitation research has not addressed the extent to which American Indians with severe and persistent mental illness have successfully accessed the public vocational rehabilitation (VR) system. The primary purpose of this research was to examine the level of VR and mental health services being provided in New York State to American Indians with behavioral health diagnoses, including those with dual diagnoses involving substance abuse.

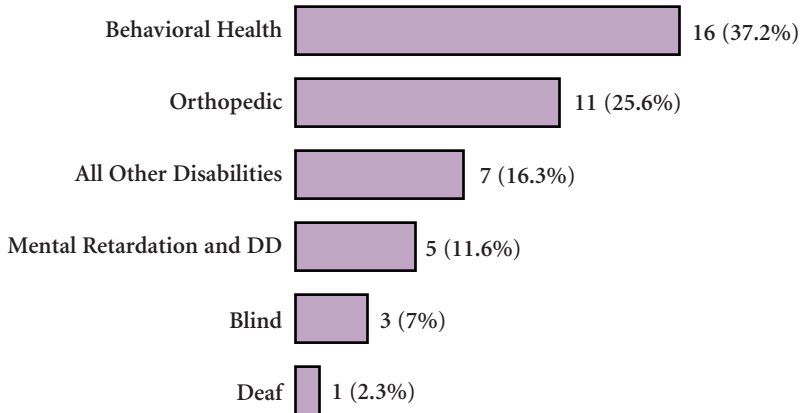
Results

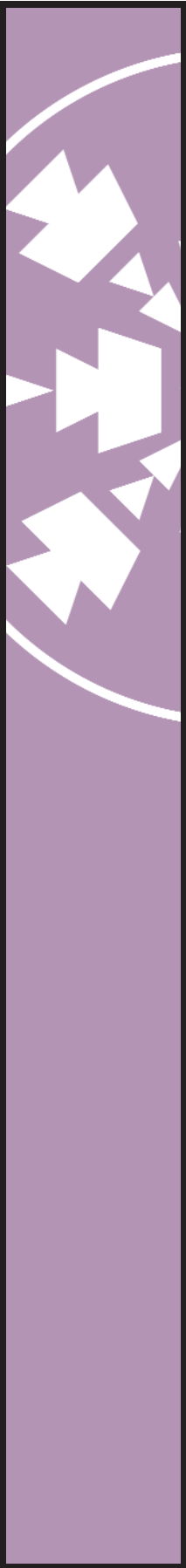
The Rehabilitation Services Administration (RSA) reported that in 1991, the Office of Vocational and Educational Services for Individuals with Disabilities (VESID) had 81 American Indian persons apply for services. Of the 81 American Indians who applied for services in 1991, 43 (51%) were accepted for services. Of these 43 individuals, 16 (37%) had a behavioral health diagnosis. Of these 16 individuals with behavioral health diagnosis, 8 (50%) were closed as rehabilitated.

In the same year, the New York Office of Mental Health data indicated that 179 American Indians of working age were served who had a severe and persistent mental illness—this is more than twice the number who applied for VESID services. Given the baseline information regarding American Indians with disabilities, specifically those with behavioral health diagnoses, it would appear that the level of public VR service delivery to American Indians falls well below the need.

The question is raised as to whether it is possible that American Indians with disabilities in New York State are not aware of VR services or are not aware that they may apply for VR services. One key informant explained to the principal investigator that he had no idea that self-referral to VESID was possible. Other reasons American Indians may not receive VR services include the possibility that they may not have feasible transportation to VR offices, may not have telephones to maintain necessary communication with VR personnel, may be receiving services from some other agencies, may not wish to be rehabilitated, may feel uncomfortable in the VR setting, or other unknown reasons.

Major Disabling Conditions of VESID American Indian Consumers in 1991 (N=43)





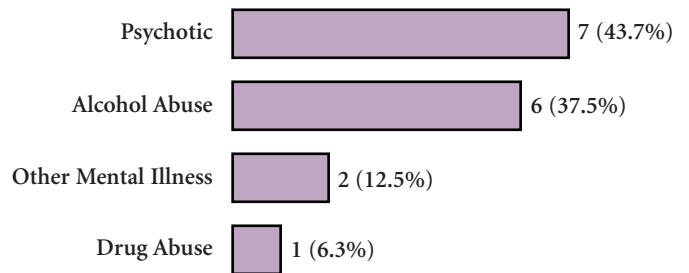
Following the completion of this research project, steps were taken to initiate action outcomes. A two-day training symposium was held November 9-10, 1995, in Syracuse, New York, hosted by Cornell University and the American Indian Rehabilitation Research and Training Center (AIRRTC) at Northern Arizona University. It provided extensive information to representatives from several of the New York State Indian nations, VR, and other health and human service providers in New York State. Discussions during the symposium by both state VR agency and American Indian representatives reflected concerns from American Indian representatives that the difficulty in accessing VR services is not from any dearth of need for services by the American Indian population but in the approach through which the services are being provided. A segment of attendees felt strongly that for services to be effective, they must be provided in an environment in which American Indians would be comfortable, such as in local communities or on reservations.

As a result of this training symposium, it was suggested that there is a need for cultural sensitivity training for non-American Indians who are in the service delivery system. It was also suggested that it would be beneficial to have more American Indians trained as service providers. This led to a discussion about the possibility of applying for a grant from RSA to provide VR services on the reservation in New York State. A grant writing workshop by Cornell University, in collaboration with the AIRRTC, "Section 130 Vocational Rehabilitation Program Development," was held June 13-14, 1996 in Syracuse, New York.

Conclusions and Recommendations

It would appear that while a comprehensive and integrated service delivery system exists on paper to meet the needs of American Indians with behavioral health diagnoses in New York State, the service system fails, in reality, to reach the service population. Recommendations from this research effort include the need to ensure VR agency responsiveness to the diverse needs of Native people, aggressive outreach within American Indian communities, reduction of barriers to timely access of public VR data regarding service delivery, a comprehensive study of the meaning(s) of "refused services," demonstrated VR intervention to American Indians in proportion to their numbers in the population, demonstrated cultural competency among VR administrators and counselors, opportunities for electronic networking among VR counselors working with American Indians, and community focused research.

Behavioral Health Diagnoses of VESID American Indian Applicants Accepted for Services in 1991 (N=16)



Funding for AIRRTC projects and dissemination materials are awarded by the National Institute on Disability and Rehabilitation Research (NIDRR), Office of Special Education and Rehabilitative Services (OSERS), U.S. Department of Education (DOE), grant number H133B3006.

The contents of this publication are the sole responsibility of the grantee, and opinions expressed herein do not necessarily reflect the position or policy of NIDRR, OSERS, or DOE.

Fact sheet no. 2 compiled and edited by Priscilla Lansing Sanderson, Julie Anna Clay, James Stephens, and Libby Reeg. The full technical report, *An Examination of the Vocational Rehabilitation Needs of American Indians with Behavioral Health Diagnoses in New York*, is available from the American Indian Rehabilitation Research and Training Center. To request AIRRTC reports, and AIRRTC publication catalog, contact the AIRRTC Training and Dissemination Secretary at (520) 523-7054, FAX (520) 523-9127, or TTY (520) 523-1695.

This document is available in alternate formats upon request by contacting the AIRRTC Training and Dissemination Secretary at (520) 523-7054, FAX (520) 523-9127, or TTY (520) 523-1695. AIRRTC is located at the Institute for Human Development, an Arizona University Affiliated Program at Northern Arizona University.



ISBN: 1-930563-02-7

NAU is an Equal Opportunity / Affirmative Action Institute NAU Creative Communications/G39840/1M/03-01