Urban American Indian Children in Los Angeles County: An Investigation of Available Data

Prepared for the Los Angeles County American Indian Children's Council

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EXECUTIVE SUMMARY

Los Angeles County is home to the largest urban American Indian population in the United States. As of 1998, census projections put the number at 56,281, a 22% increase from 1990 census figures (Economics and Statistics Administration, 1999). Of this population 16,168 or 29% are between the ages of 0-19. This report attempts to gather together the data that are available on urban American Indian youth between the ages of 0-18 in Los Angeles County, assess that data, and, when possible, make recommendations.

Major Findings

Across county agencies, and in the federal census American Indians are greatly undercounted mostly as a result of misidentification and inadequate data gathering techniques. Data on urban American Indians in Los Angeles County are scarce. Several reasons have been identified: American Indians are often underrepresented in statistical analysis; there exists a discomfort in county agencies of ethnic breakdowns in sensitive areas (e.g. crime, domestic violence); and there is no consistent method of reporting data among county agencies.

Social and health services available to Indians in Los Angeles County are comprised of non-profit Indian directed services, county services and private services. Los Angeles urban American Indians face a variety of health and social issues (Champagne et al., 1996). Health data on urban American Indians are scarce, and even more so for urban American Indian children living in Los Angeles.

American Indian women in Los Angeles County who have live birth outcomes have high rates of initiation of prenatal care in the first trimester, more complications with pregnancy and delivery, and a relatively high percentage of live births with low birth weights. Furthermore, American Indian teenagers contribute a high portion of live births, which are heavily clustered within the 17-year-old age group.

Mortality and morbidity data as well as other health data specifically for Los Angeles American Indians are not easily available. In addition, data on number of American Indians who utilize the health care system is fragmented and often unavailable.

American Indian youth in the United States experience a variety of conditions related to mental health (Flynn et. al., 1998). These include alcohol and drug abuse, fetal alcohol syndrome, depression, anxiety, suicide, and dual axis diagnosis (Flynn et. al., 1998). However, data on rates for these conditions are not available for Los Angeles County, thus making it difficult to determine the actual situation for American Indian youth in Los Angeles.

The data on American Indian children in the foster care system are scattered across private and county agencies, and difficult to obtain. While there are a total of 418 children and families in the system, there are only 3 county licensed Indian foster care homes. The Southern California Indian Center's Indian Family Services program offers private foster care homes that are also utilized by the county. There are eight of these private licensed Indian homes in Los Angeles County. Identification is a major problem in the Department of Child and Family Services.

Education of American Indian youth appears to be an important issue among community members. Some data on education comes from the Los Angeles County

Office of Education's reports. This data however is problematic and stands in contrast to other figures that describe a much worse situation, giving a confusing picture of the status of American Indian youth in the educational system. The existing method of identifying American Indian children presents a major barrier to understanding the situation.

Crime and American Indian youth is another area of concern. The lack of data in this area is a result of faulty observational identification and a fear of releasing data that some consider sensitive. For example, while domestic violence is reported to be high among urban American Indians, county agencies do not keep and/or do not release this data because of its sensitive nature.

Childcare for urban American Indian children in Los Angeles County is simply non-existent.

Recommendations for Action

Improvements for data collection:

1. County agencies should develop a systematic and consistent method of identifying American Indians. This could be accomplished by creating one form used by all county agencies to record ethnicity.

2. County agencies should never combine American Indians into an "Other" category when collecting, analyzing and reporting data.

3. County agencies should always include data on American Indians in reports.

4. All researchers should over-sample the American Indian population when collecting data about the community. This will ensure results that are more representative of Los Angeles' Indian community.

5. County agencies should always collect and report data on sensitive issues, such as domestic violence and rape, within the American Indian community. All data on American Indians is crucial to community well being.

6. The development and implementation of a comprehensive computer tracking system between all county and Indian directed health and social agencies.

7. Organize frequent communication between health and social service agencies in Los Angeles County to facilitate tracking of clients and to avoid duplication and gaps in services.

Policy Changes:

1. The Board of Supervisors should mandate that all county agencies collect data on American Indians.

2. Approval by appropriate agencies of the county-wide ethnicity form.

3. The county should fund and support, in collaboration with Native community organizations, such as the Los Angeles City/County Native American Indian

Commission, a research and policy center with staff that will collect, analyze and report data on American Indians in Los Angeles County. This research team will serve as a liaison between county and Indian directed agencies and make informed recommendations for community programs and policy changes. In addition, this team will serve as the gatekeeper of any research conducted within the American Indian community in Los Angeles County and housed within the Los Angeles City/County Native American Indian Commission.

4. Integration and implementation of the 9th Service Planning Area, the American Indian Children's Council, as part of the county service delivery system. This could be accomplished by targeting money for funding of American Indian Request for Proposal's and by the county utilizing existing Indian service delivery systems currently offered by Indian directed community organizations.

5. The county should formally recognize that the unique Nation-to-Nation relationship between the federal government and tribes extends to tribal members living off reservations. As individual members of sovereign nations, urban American Indians in Los Angeles County should be treated as a political entity and Indian directed services in Los Angeles County should be better funded, supported and strengthened because of this unique political status.

6. Increase Indian Health Service funding for urban American Indian health care and social services to reflect the current population and growing need of valuable services in Los Angeles County.

7. State and/or county funding for Indian directed childcare services at both the Southern California Indian Center and United American Indian Involvement.

8. The state legislature should pass Senator Tom Hayden's version of SB 81 for the 2000 legislative session mandating that all school districts collect data disaggregated by ethnicity.

<u>Community Development</u>:
1. A community college should be developed for American Indian students in Los Angeles County. GED classes would facilitate college enrollment for a relatively high-risk segment of the community. The purpose of this college would be to increase the number of American Indian students pursuing higher education while providing a culturally sensitive setting.

INTRODUCTION

Los Angeles County is home to the largest urban American Indian population in the United States. As of 1998, census projections put the number at 56,281, a 22% increase from 1990 census figures (Economics and Statistics Administration, 1999). Of this population 16,168 or 29% are between the ages of 0-19. In 1998, 34% of American Indians in Los Angeles County aged 0-17 lived in poverty (United Way Children's Score Card, 1998-99). This is the second highest rate of poverty in the county and an increase from 31% from 1990 census figures.

High rates of poverty are linked to many social as well as health problems and this certainly seems to be true for the urban American Indian population in Los Angeles County. Scattered reports indicate that American Indians have high rates of suicide, maternal mortality, crime rates, as well among the highest school drop out rates of any group. Other reports contradict these numbers, giving lower or higher figures, and in many areas there is simply no data available to assess the situation.

This report attempts to gather together the data that are available on urban American Indian youth between the ages of 0-18 in Los Angeles County, assess that data, and make recommendations.

BACKGROUND

Since the 1950s American Indians have migrated to urban areas in large numbers. The impetus for this was the U.S. government's Relocation Program for American Indians. Between 1952 and 1970 the Bureau of Indian Affairs (BIA) relocated about 100,000 Indians to cities in an effort to terminate Indian reservations and move Indian labor from rural areas. The BIA program was only part of the reason for migration. The push of poverty on the reservations warring with the pull of economic opportunity in urban areas was a powerful force (Champagne et al., 1996). Today, the urban American Indian population accounts for the majority of the Indian population (up to 2/3) in the United States.

Several characteristics are unique to the urban American Indian community. In Los Angeles County, the make up of the urban American Indian community is culturally diverse with more than 100 tribes represented (Champagne, 1996). Far from being a homogenous group, L.A. County's urban American Indian population represents a plethora of different cultures. Los Angeles County is also home to tribes indigenous to the area - the Gabrieleno/Tongva and the Fernandeño, who live in scattered communities throughout the county.

Another aspect unique to urban American Indians is their wide geographic dispersion. American Indians tend to live among other groups rather than cluster together in homogeneous neighborhoods. As a result of this geographic dispersion urban American Indians are often overlooked; this can render them virtually invisible within the county. The cities that tend to have the highest clusters of American Indians in Los Angeles are Bell Gardens, Cudahy, El Monte, Norwalk, Pomona, and Long Beach. An examination of service planning areas for Los Angeles County shows that 19 percent of the American Indian population resides in the San Fernando area, 18 percent in San

Gabriel and 16 percent in South Bay/Harbor (Los Angeles County Children's Planning Council, 1996). Unlike other groups, urban American Indians are not covered by one county Service Planning Area (SPA), but instead are dispersed throughout the 8 SPA's. This can clearly affect service delivery.

Perhaps the most unique aspect of American Indians is the Nation-to-Nation relationship that tribes share with the federal government. This relationship extends to urban American Indians as well. Each member of the urban American Indian population in Los Angeles County is a member of a sovereign nation and as such, they are entitled to be seen as a political entity, as opposed to an ethnic group. The State and Federal government, in deference to this relationship, have created special "set-aside" programs specific to American Indians. Los Angeles County has acknowledged this relationship in the past, as well. After the Board of Supervisors created the Los Angeles City/County Native American Indian Commission in 1976, the county then advocated for special "set asides" for Community Service Block Grants to the urban American Indian community in Los Angeles. Lack of knowledge about this Nation-to-Nation relationship by county agencies can be a significant barrier to a full understanding of the rights of urban American Indians.

DATA COLLECTION ISSUES

Misidentification

Perhaps the most significant barrier to understanding the needs of American Indians in Los Angeles County is the issue of identification. Across county agencies, and in the federal census American Indians are greatly undercounted. When calculating rates this gives a statistic that is at best a rough guide, and at worst meaningless. Often county employees are asked to identify ethnicity by "casual observation," which can result in a misidentification as Hispanic. Data gathering reports sometimes lump American Indians into an "other" category, because of a perception that the population is so small as to render them negligible. In almost every conversation to gather data for this report with agency workers and private community organizations, identification was mentioned as a key issue.

The 1990 census calculations on American Indians in Los Angeles County were widely criticized as an undercount. Some community members estimate that the actual number may be 10 to 19% higher than the official 1990 count. This basic lack of demographic data leads to problems that directly affect Los Angeles' urban American Indian community. Funding for Indian specific programs can be seriously eroded and an inaccurate picture of crucial health and social issues can be derived from the data.

Dearth of Data

Data on urban American Indians in Los Angeles County are scarce. There are numerous reasons for this. Lack of funding for programs that cover urban American Indians makes them underserved and therefore underrepresented in statistical analyses; miscalculations about the urban American Indian population creates a perception that they are statistically insignificant; and there is a discomfort in some county agencies of

ethnic break downs in sensitive areas (e.g. crime, domestic violence). The data that do exist in Los Angeles County are scattered across agencies. The recent study, *Findings and Recommendations of Los Angeles County's First Data Match* (1995) was the first attempt to compile data across county agencies. However, there is no consistent method of reporting data across agencies, which makes it difficult to accurately assess the current situation of urban American Indian children in Los Angeles County. Within the last five years there has been two reports that specifically address the needs of urban American Indian children in Los Angeles County. The report *Service Delivery Needs for Native American Children in Los Angeles County, 1996* highlighted the available data on these issues as well as lamented the lack of data; however, nothing has been done to rectify the situation. In 1998, the United American Indian Involvement, Inc published a report on the mental health status of American Indian and Alaska Native children in Los Angeles entitled *At Risk American Indian and Alaska Native Youth in Los Angeles County.* This report provided valuable data on mental health experiences of American Indian children in the Los Angeles.

ELIGIBILITY OF URBAN AMERICAN INDIANS FOR SERVICES

American Indians are eligible for many Indian specific services offered via the federal government's special trust relationship with tribes. The benefits of these services, such as the Indian Health Service (IHS), are often lost on the urban American Indian population because of a general misunderstanding or disagreement about how these services should apply. Whether or not the trust responsibility extends to urban American Indians has been debated in the past and continues to arouse controversy today. Over the past five years, this debate has been augmented by concern among the federal officials that benefits for urban American Indians violate federal constitutional norms of equality on the basis of race and ethnicity. This essentially means that increased services for urban American Indians are not likely in the future (Champagne et al., 1996).

Denial of services to urban American Indians is more often a function of agency policies than congressional mandate. By far, the largest source of funds for services to Indians is the Bureau of Indian Affairs within the Department of Interior. The broadest source of authority to dispense such services is the Snyder Act, enacted in 1921. General assistance, child welfare services, employment assistance, and higher education scholarships, among other benefits, are funded by appropriations to the Interior made under the authorization of this statute. Although the Snyder Act defines the class of eligible beneficiaries as "Indians throughout the United States," the Bureau has generally limited the class of Indians living "on or near reservations." In some instances, as with higher education scholarships, the Bureau has established priorities, such that urban American Indians may be awarded benefits only *after* Indians living on or near reservations have been served (Champagne et al., 1996).

One of the clearest situations in which urban American Indians are not served by programs designated for Indians is that of the Indian Health Service. As a general matter, eligibility for IHS services is limited to members of federally recognized tribes who live in designated "Health Service Delivery Areas" (HSDA's). According to federal regulations, HSDA's normally consist of reservations and surrounding areas. In an

attempt to partially compensate for the exclusion of urban American Indians from general IHS benefits, federal law provides that the IHS may fund urban American Indian organizations to provide referral services, promote community health, and where necessary, provide health services. As of 1997, approximately 34 such urban American Indian health programs exist around the country, including one in Los Angeles County. These programs provide no more than primary care, however, compared with the more comprehensive care offered in HSDA's; and these programs are funded at only 1% of the total IHS budget (Champagne et al., 1996). While the IHS can be a major source of information on the health needs of American Indians, the lack of service provided by IHS to urban American Indians results in a complete dearth of data. (For a more in depth discussion of IHS in Los Angeles County see "Health" Section.)

Agencies other than the BIA have been far more disposed to service urban American Indians than the Bureau itself. For example, the Department of Health and Human Services (HHS) houses the Administration for Native Americans (ANA), which supports Indian organizations in urban as well as reservation areas; the Department of Housing and Urban Development (HUD) assists in financing the development of acquisition costs of low income housing for families who are members of any federally recognized tribe; and the Department of Education administers several programs authorized by the Indian Education Act (Title IX) (Champagne et al., 1996).

In the rare circumstances where the BIA does allow grants to fund programs for urban American Indians, such programs are not as well funded and offer fewer services to urban American Indians than comparable programs for reservation Indians. In the absence of available Indian specific federal programs, urban American Indians must turn to state, local or general federal services, which rarely function as adequate substitutes. The distinctive cultural needs of the urban American Indian community are simply not met by these programs, which can result in the underutilization of services (Champagne et al., 1996).

This situation is not a new one, but was reported as a major issue in the 1976 Task Force on Urban and Rural Non-reservation Indians of the American Indian Policy Review Commission [AIPRC Task Force] wrote in its final report to Congress:

> [U]rban Indians do not avail themselves of non-Indian programs and . . . have tended to remain an invisible minority, holding less power and receiving less in the way of assistance than their numbers would warrant. In spite of the mistaken belief that urban American Indians are an assimilated, undistinguishable group, many of them have retained their tribal identity and the need for programs that are specifically designed for Indians (AIPRC, 1976, pg.8).

A by-product of the general denial of Indian specific services to urban American Indians is a lack of data, which will be seen throughout this report.

SERVICES IN LOS ANGELES COUNTY

Social and health services available to Indians in Los Angeles County are comprised of non-profit Indian directed services, county services and private services. Indian directed services include the following:

- The Southern California Indian Center (SCIC), which offers Indian Child and Family Services, an Educational Component, Senior programs, JTPA/employment and training program, Mobile Wellness Van, legal assistance, and cultural programs.
- United American Indian Involvement (UAII) offers services related to Health and Wellness, Mental Health, Drug and Alcohol treatment programs, and a youth substance abuse prevention and after school program.
- The Gabrieleno/Tongva Tribal Council operates the American Indian One Stop Assistance Program, which provides emergency services in the areas of housing, education, food, community referrals and transportation.

County agencies that serve the Indian community include the following:

- The Indian Unit within the Department of Child and Family Services (DCFS), which provides foster care and family services for Indian children and families.
- The Department of Public Social Services (DPSS), which provides Aid to Families with Dependent Children, Food Stamps, Medi-Cal, and General Relief.
- The Department of Health Services (DHS), which provides health services offered directly from the county such as the Child Health and Disability Prevention Program (CHDP) and county run community health clinics.
- The American Indian Counseling Center within the Department of Mental Health (DMH), which provides adult, child and family mental health services to American Indians.

Private services in Los Angeles County include health care HMOs, fee for service health care, and private practice practitioners who provide a variety of physical, mental health and social services.

With only three service entities available to Los Angeles urban American Indians, it is not difficult to imagine how both access and utilization can become fragmented. Inadequate tracking of individual clients' use of services between these agencies leads to duplication and gaps in services. Furthermore, both obtaining and understanding the health and social service options available to Indians can become confusing, thus leading to fragmented use of services (Champagne et al., 1996).

Basic barriers exist that promote low use of health and social services for Los Angeles Indians. These barriers include: lack of cultural sensitivity within non-Indian services; language barriers for those who speak only their native language; lack of transportation to and from the various agencies; lack of money to pay for services; and lack of trust for county agencies (Champagne et al., 1996). Thus, the above factors illustrate the multidimensionality that combine to limit services to Los Angeles County Indians, as well as to prevent them from utilizing services.

Los Angeles urban American Indians face a variety of health and social issues (Champagne et al., 1996). For the purposes of this report, data in the form of reports, papers, and raw tables were requested from the above agencies. These data were then used to develop a comprehensive picture of the current health and social issues for Indians in Los Angeles.

Health Care

Health Issues

Health data on urban American Indians are scarce, and even more so for urban American Indian children living in Los Angeles. The health needs of Los Angeles urban American Indians ages 0-18 includes the following:

- Preventive care such as immunizations and prenatal, perinatal, and well-baby care
- Dental care
- Urgent/emergency care
- Childhood disease care

The top ten issues affecting the health care status of Indians in Los Angeles are the following:

1. Health Care Compliance
2. Hypertension
3. Diabetes
4. Obesity
5. Alcohol and Smoking use
6. Domestic Violence
7. Transportation
8. Infectious diseases such as HIV and Hepatitis B
9. Injury Prevention
10. Depression

Information regarding mortality rates and childhood diseases for American Indian children in Los Angeles is not readily available or accessible, while the opposite is true for data on prenatal, perinatal care and teenage pregnancies.

According to the *Family Health Outcomes Project* for Los Angeles County 1996 and 1997, American Indians accounted for .19% (313, 304) of the live births for the county. Although these data indicate that American Indian women had no neonatal deaths in 1996, they experienced high rates of complications with pregnancy (15%) and delivery (25%). In 1996, 81.5% of American Indian women who initiated prenatal care in the first trimester of pregnancy had live births--a higher rate than blacks and Hispanics. Of the total live births by American Indian women in 1996, 8.6% had low birth weights, which was the second highest rate after blacks. Similarly, in 1997, cesarean births comprised 23% of the total births for American Indian women, which was similar to the rates for the other ethnic groups.

American Indian adolescents contributed 3.5% to the total live births for American Indian women in 1996, of which the highest percentage was from girls 17 years old.

Thus, American Indian women in Los Angeles County who have live birth outcomes have high rates of initiation of prenatal care in the first trimester, more complications with pregnancy and delivery, and a relatively high percentage of live births with low birth weights. Furthermore, American Indian teenagers contribute a high portion of live births, which are heavily clustered within the 17-year-old age group.

Indian Health Services in Los Angeles

Urban American Indians do not have the same access to health services as Indians residing on reservations. As stated above, IHS provides free health care to Indians "living on or near a reservation." For urban American Indians this presents a problem, specifically for Los Angeles since some reservations are more than 90 miles away. In an effort to cover the health needs of urban American Indians, the Indian Health Service established a limited number of projects in urban areas. As of 1997, there were 34 Indian operated urban projects across the US (Indian Health Service, 1997). These programs range from information, referrals, and community health services to comprehensive primary health care services (Indian Health Service, 1997). Previously in Los Angeles County, urban American Indian health care was provided by the Indian Free Clinic, which closed in 1997. The IHS grant for Indian Health Services was subsequently given to another nonprofit organization in Los Angeles, the United American Indian Involvement (UAII), which created the Los Angeles American Indian Health Project (LAAIHP). This organization currently oversees the health care of Los Angeles Indians for the 8 service planning areas of Los Angeles.

The Health Project provides access to health care and special services for American Indians in need. The program has established agreements with medical and dental clinics within Los Angeles to provide outpatient services. In addition to facilitating health care delivery at contracted sites, the team at the Health Project provides additional services at the Project office or in the clients' homes. These services include: direct linkage to primary health and dental care; immunizations and TB testing; assistance with linkage to Medi-Cal and Healthy Families; payment of the first three premiums for Healthy Families; weight management; health education and health promotion; medications; and injury prevention (United American Indian Involvement, 2000). UAII also incorporates traditional Indian medicine and spiritual practices into its health care delivery system.

As of January 2000, UAII was serving 896 Indian children ages 0-18, which represents 5.6% of all American Indian children in Los Angeles County (United American Indian Involvement, 2000). Disaggregate data for types of services and number of children served specifically from the Health Project is not available. A possible explanation for the above percentage rate may be due to the eligibility criteria that American Indians must meet in order to obtain services from the Health Project. In order to qualify, Indians in Los Angeles County must have an address in Los Angeles, must have proof of membership of a federally recognized Indian tribe or proof of being a descendent of an Indian who is on the California Judgment Roll of June 1, 1852 or proof that s/he is or an ancestor is listed on the roll for distribution of the assets of California

Rancherias and Reservations under the Act of August 18, 1958 (United American Indian Involvement, 2000). However, in 1988 the requirements for IHS eligibility were relaxed to allow some members of non-federally recognized tribes to access these services. Nonetheless, those Indians that do not meet the criteria will not be eligible for services, thus excluding those who identify as Indian, but who are not enrolled in a tribe (Champagne et al., 1996).

Possible reasons that Los Angeles Indians are not utilizing the services offered by the UAII or the Health Project include: lack of awareness of the project's existence; lack of knowledge about how to contact the health project; or an assumption that they will not qualify for services.

Despite existing barriers, the Health Project is structured toward minimizing common barriers by providing home visits and transportation, assistance in obtaining outside health resources for those services not provided by the Health Project, and providing culturally sensitive care by the Indian staff (United American Indian Involvement, 2000).

Another Indian operated health care provider in Los Angeles County is the Southern California Indian Center Mobile Wellness Van. This 38.5-foot mobile unit van, which is complete with exam room and front office, provides services to Indians at various locations throughout Los Angeles and Orange Counties. Patient records are maintained on a computerized record keeping system. Staffed by a physician, physician assistant, public health nurse/health educator, medical assistant and driver, the unit's main function is to screen the American Indian community for diseases of which they are most at risk. The screenings provided for children include infectious diseases such as Otitis Media and respiratory illnesses including asthma (Southern California Indian Center, 1998).

The Mobile Wellness Van does not provide immunizations for Indian children; however, the staff reported that they are in the process of developing a program that will allow them to provide these services.

Although the Wellness Van maintains computer records of client services, information on the number of Indian children served in Los Angeles County by the Wellness Van was not available for this report. Possible barriers to utilization of the Van's services include variability of Van location and convenience for the client, and limited health care services for children. Nevertheless, this service is a valuable resource to the Indian community.

As noted above, Los Angeles has the highest population of urban American Indians in the country, which, according to census projections, has increased over the last decade (Economics and Statistics Administration, 1999). Although over 60% of Indians live in urban settings, the Indian Health Service only devotes 1% of its funding to urban American Indian health programs (Indian Health Service, 1997; Champagne et al., 1996; Los Angeles Children's Planning Council, 1996). Thus, Los Angeles has both the need and the population density for increased funding to these IHS programs. The inadequacy of funding by the IHS for Los Angeles is evident in the relatively small number of Indian delivered programs available to serve such a large Indian population.

Non-Indian Health Services in Los Angeles

Medi-Cal and county run health services are available for Indians with low income who do not qualify for IHS funded health services. Oftentimes, Medi-Cal offers an HMO option, which allows the recipient to enroll with an HMO in the Los Angeles area for most or all health services. In this case, Indians may encounter cultural barriers such as different communication styles, different values, and differing viewpoints regarding health and illness (Champagne et al., 1996).

Other Indians may have employer provided insurance. In this case, the options are often HMO or PPO. The same type of situation may exist for this group if the services are not culturally sensitive to the needs of the Indians.

There are those that do not qualify for Medi-Cal or any insurance plan that may utilize county health and social service departments. According to the *First Data Match Project* (1995), 54% of American Indian children received county services in 1993-1994. However, current estimates on county service utilization for American Indian children in Los Angeles are difficult to obtain. Approximately half of the total number of county agencies that were asked to submit information for this report did so. Of those that did, many provided data that were incomplete or that lacked pertinent information crucial to this report. Many of the agencies did not have the information broken down by ethnicity, others did not have data gathered and compiled, while others were difficult to contact to request the information. This experience only served to confirm the disjointed data recording and reporting between and within agencies for Los Angeles County. Given the inconsistent data available for this report it is difficult to compare data across county agencies for utilization rates.

The Los Angeles County Department of Health Services (DHS) has a series of publications entitled *LA Health* that assess the health needs of county residents. Volume 1, Issue 1, published in 1998 describes insurance coverage for adults, while Issues 2 and 3 focus on assessment of child health issues.

Issue 2 of *LA Health* provides information on uninsured children in Los Angeles County. This issue reports that "an estimated 25% of all children under 18 years of age (696,000) in Los Angeles County have no health insurance" (pg. 8). When examining the breakdown of uninsured children by ethnicity, the ethnic groups do not include American Indians/Alaska Natives, but instead group them in the "Other" category. This information is helpful for determining rates of uninsured children in Los Angeles, but is virtually useless in assessing the insurance status of American Indians. This, in turn, contributes to the dearth of data available for American Indians residing in Los Angeles County.

As mentioned above, barriers to appropriate health care resources compound under-utilization of health services for American Indians in Los Angeles. Such barriers are important to identify in order to effectively meet the needs of the community. Issue 3 of *LA Health* examines barriers encountered in accessing medical services by families in Los Angeles County. Essentially this report found that families in Los Angeles experience barriers to health services similar to those reported for Indians in earlier reports, however, since the data reported in LA Health was not broken down by ethnicity it is difficult to generalize to the Indian community in Los Angeles.

The Child Health and Disability Program (CHDP) offers health exams and treatment for children under 19 in families with income under 200% Federal Poverty

Level (FPL) and to Medi-Cal participants in Los Angeles County. For the fiscal year 1997-1998 CHDP served 360 American Indian children. This was .04% of all children served and 2.2% of the total number of Indian children 0-19 in Los Angeles County. Out of 319 total Indian children receiving health assessments, 17% had a reduced risk by virtue of prompt diagnosis and initiation of treatment, further testing, and referrals to other physicians for care (DARE, 1999).

Healthy Families is a state funded insurance program that provides low cost health insurance to those families that do not qualify for free Medi-Cal services. This program was enacted to provide access to health care for families who work, but who do not receive health insurance benefits and who are 300% under the Federal Poverty Level (FPL) (Johnson et al., 1997). Data on the number of Indian clients enrolled in this plan is not available at the time of this report.

Mental Health

Current situation

American Indian youth experience a variety of conditions related to mental health (Flynn et. al., 1998). These include alcohol and drug abuse, depression, anxiety, suicide, and dual axis diagnosis (Flynn et. al., 1998). In large part, these issues stem from greater social, economic, and sociocultural problems among the community (Scott et. al., 1992).

Alcohol and drug abuse is a widespread problem among American Indians. American Indian youth are particularly at risk for alcohol and drug abuse; they have higher rates of alcohol and substance abuse than any other ethnic youth group. The rate of deaths resulting from alcoholism for Indian youth 17-24 is greater than the national rate. Indian youth drink heavily and experience a high rate of drunken blackouts and out-of-control behavior (Flynn et al., 1998).

According to a congressional hearing on Indian juvenile alcoholism and drug abuse in 1985, 53% of urban American Indian adolescents engaged in moderate to heavy alcohol or drug use compared to 23% of their urban, non-Indian counterparts (LaFromboise, 1988). Los Angeles urban American Indian youth also suffer from alcoholism and substance abuse. A study conducted by the United American Indian Involvement (UAII) of Los Angeles Indian youth ages 8-18 years old found that 13.3% of the youth acknowledged drinking behavior and 8.3% admitted using drugs (Flynn et al., 1998).

Fetal Alcohol Syndrome (FAS) is another condition that is high among Indians. Alcohol use among pregnant women causes this condition, which is characterized by prenatal or postnatal growth retardation, mental retardation or delayed development, and cranial and facial abnormalities. Although FAS rates differ among the tribes, nationally it is 33 times higher in American Indians than among Whites (Vazquez, 1995).

Alcohol related deaths account for over half of Indian deaths (Clark & Andrade, 1997). These include alcohol related suicide, homicide, liver disease, and auto accidents.

Suicide occurs much more frequently among American Indians than in the non-Indian population (Scott et al., 1992). The national rate of suicide, homicide, and "accidental" deaths among male American Indian youths is two to four times the National average (Scott et al., 1992).

American Indians, both adult and children, suffer from depression (Scott et al., 1992). In addition, anxiety disorders such as panic disorders are common among

American Indians (Scott et al., 1992). Also, dual diagnoses, which are characterized by more than one diagnosis simultaneously (i.e. alcoholism and depression) is a significant issue among American Indians.

Specific mental health data on Los Angeles County Indians 0-18 are suspiciously absent. Other than the report by UAII mentioned above, there is no current data for Indian youth on alcohol and drug abuse, depression, suicide and dual diagnosis rates for Los Angeles County. Again, this lack of data, which is recurrent throughout this report, makes it difficult to assess the actual rates of mental health disorder within the Indian community in Los Angeles.

General barriers to access of mental health services for urban American Indians are economic, geographical, institutional and cultural in nature. Similar to the barriers for physical health care, Indian mental health clients experience lack of money to pay for services, inadequate transportation due to the wide population dispersion of Indians in Los Angeles, and cultural barriers between client and practitioner.

Below is a summary of the mental health services available to Indians in Los Angeles County and the number of American Indian children who are served when possible, by these agencies.

Indian Mental Health Services in Los Angeles

The United American Indian Involvement (UAII), which was described previously, operates the IHS funded Robert Sundance Family Wellness Center (RSFWC) and the American Indian Mental Health Project. These programs address the emotional, mental, spiritual, cultural, social and physical needs of those American Indian individuals and families dealing with substance abuse and mental health issues. The RSFWC provides individual, conjoint, and group counseling, self-help groups, vocational rehabilitation, social services, access to medical and dental services, cultural and spiritual activities, traditional healing, access to residential treatment and medical detoxification, and access to sober living (United American Indian Involvement, 2000).

As discussed earlier, UAII serves a total of 896 Indian children in Los Angeles County, but specific numbers of children served for issues such as depression, and other mental health problems are not available. A possible barrier that may prevent Indians from accessing these valuable services may include limited capacity and space in the program, which creates long waiting lists for admission.

The County Department of Mental Health (DMH) facilitates the American Indian Counseling Center (AICC), which provides culturally competent, multigenerational, comprehensive outpatient mental health treatment to American Indian adults, children, youth and families living in and around Los Angeles County (County of Los Angeles Department of Mental Health, 1999). The children's program includes clinical assessment, psychiatric evaluation, individual and family therapy, group therapy, crisis intervention, and consultation and collaboration with schools and other community agencies. This center also provides comprehensive dual diagnosis treatment to Indian families and children.

For the fiscal year 1998-1999, 178 American Indian children and youth were clients of the DMH, which represents 1.1 % of the total population of Indian children ages 0-18 in Los Angeles County, and represents 0.1% of the total number of Indian

children and youth served for that year by DMH (County of Los Angeles Department of Mental Health, 1999).

The American Indian Counseling Center has identified some significant barriers to service delivery for the American Indian population. First, the counseling center is located in an area of Los Angeles with a low population of American Indians. This location makes access to treatment services a challenge for those who lack transportation and/or time to travel long distances. Second, the current staffing of the Children's Program is not adequate to serve the total Indian child and youth community, which results in unmet needs for these children (Gasco, 2000).

Social Services

Foster Care and the Indian Child Welfare Act

In an effort to rectify the disproportionate number of Indian children removed from Indian homes, Congress passed the Indian Children Welfare Act (ICWA) in 1978. Essentially, this act works to give preference to placement of Indian children with Indian relatives, tribal relations or in an Indian home. The act gives tribal courts exclusive jurisdiction over Indian child welfare cases and intends for tribes, not state courts, to determine who is Indian. ICWA's provision for Indian preference in placement has been seriously eroded by the "existing Indian family doctrine". Emerging out of California case law, the existing family doctrine dictates that the ICWA be triggered only when the children come from an existing Indian family, meaning that the family must be found to have significant social, cultural, or political relationship with the tribe. This is to be decided by state court. The use of this type of standard clearly undermines the purpose of the Indian Child Welfare Act and is a serious threat to urban American Indian children. To clarify the situation, in 1999 the California State Legislature passed Assembly Bill 65, which stated that when the tribe determines that the person is over 18 and eligible for membership this shall constitute significant political affiliation with the tribe. This returns the power of determining who is Indian to the tribes. It remains to be seen how successful this new law will be at eradicating the "existing Indian family doctrine."

As with many other service areas for American Indian children within Los Angeles County, the data on American Indian children in the foster care system are scattered across private and county agencies, and difficult to obtain. Data on Indian children in the Los Angeles County foster care system were obtained by telephone and fax correspondence with the American Indian Unit within the Department of Child and Family Services. Staff within the Department, taking time away from their normal duties, gathered some basic information for inclusion in this report. There are currently:

- 418 Indian children and families in the system
- 134 Indian children placed in the homes of Indian relatives (32%)
- 79 Indian children placed in the homes of non-Indian relatives (19%)
- 24 Indian children in Indian foster homes (6%)
- 123 in non-Indian foster homes or group homes (29%)
- 58 Indian children with their parents (14%)

There are only 3 county licensed Indian foster care homes. The Southern California Indian Center's Indian Family Services program offers private foster care homes that are also utilized by the county. There are eight of these private licensed Indian homes in Los Angeles County. In addition to the limited number of homes available, foster homes often have restrictions, i.e. specific age, and sex requirements.

Another issue that needs to be addressed within the foster care system is the complete lack of support for youth who transition out of the system. Upon turning 18, youth are often pushed out of the system with a nominal sum of money and no assistance. Data does not exist about this forgotten population.

As stated earlier, the data that exists may be false as a result of the problematic identification process that exists across county agencies. In the case of misidentification by DCFS, the reasons are particularly troubling. The identification of a child as American Indian within this department invokes a separate process for these children via ICWA. County employees will often discourage identification as American Indian to avoid what they perceive as a more complicated process. In addition, misunderstandings and lack of education on the part of county agency personnel about ICWA and the special legal status of Indian children add to apprehensions about identifying children and families as American Indian. While identification as American Indian is sometimes discouraged, children are also misidentified as Indian through the self-identification process.

ICWA sought to address the devastating effects of Indian children taken from their families and culture. Reports indicate youth in the foster care system are subject to many mental health issues including gang activity (Stanzell, 1997) and suicide (Johnson & Tomren, 1999). It appears that identification, lack of Indian foster homes, and lack of knowledge on the part of county workers often hampers implementation of ICWA.

Education

Education has long been, and continues to be, an important issue among American Indian communities. From the destructive image of Indian mascots and textbooks riddled with historical distortions to cultural differences in the learning process, American Indians have many obstacles to overcome in the public school system. While many reservation communities have taken more control over the schooling of their children via 638 contracts, American Indian parents in urban areas have had little opportunity to influence school policy or curriculum. In addition, the small number of American Indians in urban settings makes them relatively invisible to the process of school administration in large city and county school systems (Champagne et al., 1996).

Data on American Indian children in the Los Angeles County educational system provides an illustration of how information on this group can be misleading. Statistics are reported in the biennial "Condition of Public Education in Los Angeles County Report". However, identification is a major problem affecting the data. The system relies on a self-identification process that is flawed. At the time a child enrolls, parents fill out an enrollment form that contains choices for racial identification. American Indian is one of the choices but, reportedly, East Indians have been known to check this box. This process misses many American Indians. Reasons for this misidentification are not altogether clear and may be a topic for further study.

The poor state of data available on American Indians in the educational system is not unique to this group. A recent study on racial inequalities in the educational system in the United States found a lack of data throughout the U.S. The report's first recommendation was that, " . . . all school districts be required to keep and publish annually key statistics, disaggregated by age, sex and race -- to issue in effect, an annual Racial Equity Report" (Gordon et al., 1999, pg.6).

District wide counts in Los Angeles County are conducted annually. This is carried out by verbal teacher inquiry in the classroom. It has been reported by one district employee that teachers often act as the "gatekeeper" and will decide which children are to be identified as American Indian. Those with Hispanic last names are often identified as Hispanic, leaving out what may be a very large number of American Indian children. Identification forms are handed out only to those children deemed by the teacher to be "Indian". In addition, once numbers are reported the data that can then be derived is protected for fear of its use as an agent of negative stereotyping. Given these issues the following numbers should serve only as a rough guide to the actual situation in Los Angeles County.

There were 4,767 American Indian students reported to be enrolled in the K-12 public education system in Los Angeles County in 1997-1998, or approximately .3% of the student population. This number has remained relatively constant since the late 1970s. Los Angeles and Long Beach Unified School Districts have the largest number of American Indian students, numbering 1,850 and 343 respectively (Ingwerson, 1999).

According to the Los Angeles County Office of Education (LACOE) report, graduation rates for American Indian students have increased over the last four years. In 1993 the rate of graduation for American Indian students was at its highest at 73%. Over the next few years the rate leveled off at the mid 50s. As of 1997, the rate increased to 63% - an increase from 51% the previous year (Ingwerson, 1999). Methods for calculating graduation rates are suspect, however, and subject to the vagaries population mobility. Rates are calculated as a percentage of 9th grade enrollment of four years before. Therefore, the numbers do not reflect actual individual student graduations. Over the past five years the number of American Indians enrolled in K-12 increased 10%. While is it not clear at what grade level the increased enrollment happened, this raises questions about the method of using enrollment figures from four years earlier as a constant and using the number of graduates four years later as percentile.

LACOE further reports that in 1996-1997 American Indians dropped out of high school at a rate of 4.1%, almost twice that of white students (2.2%) (Ingwerson, 1999). Like drop out rates county-wide, American Indian rates have decreased over the last five years. A high of 9.5% for American Indians was reported in 1993. Curiously, this was the same year that American Indians experienced their highest graduation rate, raising even more doubt on the accuracy of the data. In addition, because drop out rate are calculated for grade 9-12, they don't account for those who drop out between grades 6-9.

The Los Angeles County Office of Education numbers stand in contrast to other reports on urban American Indians in Los Angeles County. In 1996, the American Indian Studies Center at UCLA compiled a report on service delivery for Native American children in Los Angeles County that used 1990 census data to calculate drop out rates. While the numbers may be slightly out-dated, they cannot be reconciled with the LACOE numbers by the passage of time. The study used actual numbers of American Indian

youth in the county as opposed to percentages of those enrolled in the public education system. The study found that 21.2% of American Indian youth were not enrolled in school and were not high school graduates. Over time this number averaged to be 25.6%, while rates for all other urban American Indian youths averaged 11.5% (Champagne et al., 1996). The UCLA calculations raise further doubt on the LA County Office of Education numbers and reveal a situation that is far worse than county reports would indicate.

Other data available was obtained from the Los Angeles Unified School District, Office of Indian Education. For the 1998-99 school year there were approximately 1500+ American Indian students in LAUSD, including:

- 6 homeless students
- 246 suspensions
- 15 dropouts
- 232 gifted and talented students
- 73 in advanced placement

As we can see, numbers from various sources show conflicting findings. This situation has not gone unnoticed by policy makers. In 1999, the California State Legislature passed Senate Bill 81, which mandated collection and publication of key data for the state's public schools. Unfortunately, Governor Davis vetoed this bill. State Senator Tom Hayden is reintroducing a new version of SB 81 for the 2000 legislative session (Gordon et al., 1999).

United American Indian Involvement (UAII), the Southern California Indian Center (SCIC) and the Gabrieleno/Tongva Nation offers services to American Indian students. The SCIC's education component is funded by the California State Department of Education and the Johnson O'Malley Program and is dedicated to improving the academic achievement, self-esteem, social interaction and cultural pride of American Indian students in Los Angeles and Orange Counties. The Education Component provides tutoring at the students' school, at home sites, at the public library and at four on site locations in the area. In addition, the program offers a reading club, intertribal cultural arts workshop, and intertribal dance workshops. The Education Coordinator estimates that up to 600-700 kids participate in the various programs to some degree each year. Youth usually learn of the program through word of mouth, and many children have been involved for many years.

United American Indian Involvement runs the Clubhouse, an after school program for American Indian students. The Clubhouse offers a variety of scheduled activities Monday through Thursday for American Indian youth aged 6-18. The activities include: a program for younger children that focuses on culturally relevant activities; a talking circle and academic advice for 11-18 years olds that is run by the American Indian Students Association at UCLA; a theatre group for all ages; a young men's group; and tutoring throughout the week. The Clubhouse has 150 enrolled students, and there are currently 32 members that utilize the program. One van is available to provide transportation Monday through Thursday.

The Gabrieleno/Tongva Tribal Council operates the American Indian One Stop Assistance Program. Among the services offered are counseling and guidance focused

on motivation and building self-esteem. The Tribal Council is currently expanding their services through a new youth center to accommodate the increasing demand for services.

Urban American Indian Youth and Crime

A recent study on American Indians released by the Justice Department found that while violent crime is declining for the nation as a whole, it is rising among American Indians (Greenfeld, 1999). The report, titled "American Indians and Crime," covered American Indians as a racial category and thus included both urban and reservation Indians**.** Some findings from this report are listed below:

- The average annual violent crime rate among American Indians is about 2.5 times the national rate
- American Indians aged 18-24 experienced the highest per capita rate of violence of any racial group considered by age - about 1 violent crime for every 4 persons of this age
- American Indians had a rate of prison incarceration about 38% higher than the national rate
- Of all the violent crimes committed against American Indians, 20.4% were committed against youth aged 12-17

This report caused widespread discussion and eventually led to the enactment of legislation for increased funding for tribal justice systems. While this increased funding is a positive step for justice in Indian Country, it leaves out the urban American Indian population, which accounts for the majority of the Indian population (up to 2/3) in the United States.

As with all areas of data on American Indians in the county, identification of American Indians is a major obstacle to understanding the current situation. The Los Angeles Police Department (LAPD) records ethnicity on the face of the arrest sheet filled out with each arrest. In a phone conversation, the LAPD reported that an officer would first rely on "casual observation" to determine ethnicity. If the person were obviously white, obviously black or obviously Hispanic then the officer would fill this in the blank. It is clear from this response that American Indians could potentially be lumped in the Hispanic category if casual observation were the primary means of identification. If ethnicity could not be discerned from "casual observation" the officer would then ask the arrestee. This is not a problem specific to Los Angeles County, but has been reported as a major barrier to understanding American Indian crime rates nationally (Nielson & Silverman, 1996). In a study on the subject, Robert Silverman found three major problems with regard to American Indian crime rates: 1) crime by American Indians is very much underreported; 2) it is not known the exact nature of the crimes that are missed in this underreporting; 3) there is a problem with identifying who is American Indian. Given the problems with the existing data, Silverman found that crime rates for American Indians are "not completely accurate and may in fact by quite flawed" (Silverman, 1996, pg.6).

Minimal data on juvenile crime in Los Angeles County was gathered from the California Department of Justice, Criminal Justice Statistics Center. In 1998 there were:

- 25 misdemeanor and status offenses committed by American Indian juveniles
- 14 felony arrests of American Indian juveniles

The Department of Probation reports that as of April 1999 there were 18 American Indians on probation in Los Angeles County, out of a total of 23, 983.

Violence has been associated with low self-esteem, substance abuse and life frustrations; thus many of its root causes can be found in mental health issues. Sharon Stanzell's (1997) recent dissertation on American Indian youth and gangs in Los Angeles County offers some promising suggestions to begin to address the problem. Stanzell focuses on the importance of an awareness of the cultural diversity among Los Angeles' Indian population. In addition, she suggested information and referral services provide the community with accurate information.

Domestic Violence

Clinical reports indicate domestic violence is a serious problem in Indian communities (Norton & Manson, 1995). One national survey conducted in 1992, found that 15.5% of American Indian couples (urban and reservation) reported violence in their marital relationship, with 7.2% reporting severe violence (quoted in Norton and Manson 1995:308). Another study found that spousal abuse is 36% higher in the American Indian population than among Euro-Americans (Vazquez, 1995). These numbers would indicate domestic violence to be an area of concern and further research in urban American Indian communities. Unfortunately, there is little information available on domestic violence among urban American Indians in Los Angeles County. In addition to the lack of funding to collect data and a perception that American Indians are statistically insignificant, there is a general apprehension for a breakdown by ethnicity in this area for fear of the data being used against groups for harmful purposes.

The Domestic Violence Council of Los Angeles has collected data but due to under staffing and lack of automation, compiling the data has not been a priority. The Criminal Justice Statistics Center reports that in Los Angeles County in 1998 there were 29 American Indians arrested for domestic violence. This data, of course, falls prey to the same limitations as other criminal statistics data. In addition, it includes only arrests. County-wide in 1998, there were 62,278 calls received to law enforcement related to domestic violence. There is no information on complaints of domestic violence broken down by ethnicity. Further complicating the matter, some claim that a large number of incidents of domestic violence among American Indians go unreported.

The Southern California Indian Center has an Indian Child and Family Services program that offers help in the area of domestic violence. The program offers domestic counseling, parenting classes as well as abuse counseling. At any given time the Indian Child and Family Services has about 125 families utilizing their services. ICFS offers a variety of services and many families find themselves with needs for multiple services. Thus, as one worker explained, "the numbers don't tell the story".

Childcare

Childcare is an issue county-wide. In 1998, out of the total of 760,907 children 0-4 there were 176,527 licensed childcare spaces in Los Angeles County (United Way, 1999). This amounts to over 4 children to every 1 space. As of 1998, there were 3,033

American Indian children in Los Angeles County between the ages of 0-4. As we have seen, American Indian families suffer from high rates of poverty. In addition, with higher than average rates of female heads of households, many children are forced to live in economically and educationally disadvantaged situations. This creates a great need for childcare to alleviate the burden of high-cost day care programs and to provide day care for those can't afford it. While the Southern California Indian Center used to provide childcare, there is currently no Indian run program to serve the community. In addition to day care needs of children 0-4, children 5-10 years old often require after school care.

Non-Indian services include county funded childcare, head start programs, and sliding scale fee for those who are low income. In order to be eligible families must fall below the federal poverty level. Urban American Indian families, however, underutilize county services. One reason may be cultural -- Indian parents may want to send their children to more culturally consistent environment, especially during the early years. Community oriented programs would better serve the urban American Indian population in Los Angeles County.

The status of childcare for urban American Indians in Los Angeles County is emblematic of the status of information about urban American Indian children. This report has repeatedly exposed a multitude of serious gaps in the collection, analysis and reporting of data on American Indian children. These gaps in information create a false impression that the American Indian community is numerically insignificant in Los Angeles County. This creates a dangerous situation wherein community needs are left unmet. By taking the following recommendations, county agencies, policy makers, and community organizations can begin to rectify the situation.

RECOMMENDATIONS

Improvements for data collection:

1. County agencies should develop a systematic and consistent method of identifying American Indians. This could be accomplished by creating one form used by all county agencies to record ethnicity.

2. County agencies should never combine American Indians into an "Other" category when collecting, analyzing and reporting data.

3. County agencies should always include data on American Indians in reports.

4. All researchers should over-sample the American Indian population when collecting data about the community. This will ensure results that are more representative of Los Angeles' Indian community.

5. County agencies should always collect and report data on sensitive issues, such as domestic violence and rape, within the American Indian community. All data on American Indians is crucial to community well being.

6. The development and implementation of a comprehensive computer tracking system between all county and Indian directed health and social agencies.

7. Organize frequent communication between health and social service agencies in Los Angeles County to facilitate tracking of clients and to avoid duplication and gaps in services.

Policy Changes:
1. The Board of Supervisors should mandate that all county agencies collect data on American Indians.

2. Approval by appropriate agencies of the county-wide ethnicity form.

3. The county should fund and support, in collaboration with Native community organizations, such as the Los Angeles City/County Native American Indian Commission, a research and policy center with staff that will collect, analyze and report data on American Indians in Los Angeles County. This research team will serve as a liaison between county and Indian directed agencies and make informed recommendations for community programs and policy changes. In addition, this team will serve as the gatekeeper of any research conducted within the American Indian community in Los Angeles County and will be housed with the Los Angeles City/County Native American Indian Commission.

4. Integration and implementation of the 9th Service Planning Area, the American Indian Children's Council, as part of the county service delivery system. This could be accomplished by targeting money for funding of American Indian Request for Proposal's and by the county utilizing existing Indian service delivery systems currently offered by Indian directed community organizations.

5. The county should formally recognize that the unique Nation-to-Nation relationship between the federal government and tribes extends to tribal members living off reservations. As individual members of sovereign nations, urban American Indians in Los Angeles County should be treated as a political entity and Indian directed services in Los Angeles County should be better funded, supported and strengthened because of this unique political status.

6. Increase Indian Health Service funding for urban American Indian health care and social services to reflect the current population and growing need of valuable services in Los Angeles County.

7. State and/or county funding for Indian directed childcare services at both the Southern California Indian Center and United American Indian Involvement.

8. The state legislature should pass Senator Tom Hayden's version of SB 81 for the 2000 legislative session mandating that all school districts collect data disaggregated by ethnicity.

Community Development:

1. A community college should be developed for American Indian students in Los Angeles County. GED classes would facilitate college enrollment for a relatively high-risk segment of the community. The purpose of this college would be to increase the number of American Indian students pursuing higher education while providing a culturally sensitive setting.

CONCLUSION

Urban American Indian children in Los Angeles County face many health, mental and social problems. First and foremost, data on this group is scarce. The data that are available are often tainted by incorrect identification methods across county agencies. The resulting misidentification presents serious problems since it tends to underestimate Indian clients served by these agencies, often leading to decreased funding for Indian specific programs. In addition, eligibility for Indian health services is a complicated issue for urban American Indians. In Los Angeles County, there are too few agencies that offer Indian directed health services. This is in part due to the disproportionate amount of funding allocated to urban American Indian health programs. Data on health and mental health issues are inadequate because of lack of current research specific to Los Angeles County Indian children. Numbers for social services to urban American Indians are scattered and often inconsistent, giving a confusing picture of the status of urban American Indian children in Los Angeles County.

Given that this situation has existed for several years and the fact that previous reports have elucidated similar results, it is surprising that no action has been taken by the county to rectify the lack of data on American Indians. The above recommendations provide a framework for change that should be utilized by the county to improve data collection methods and service policies for American Indians in Los Angeles County. As we enter the new millennium we have a unique opportunity to consider and implement these changes that will create a better future for American Indians and their children.

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