



Using Coronavirus Relief Funds to Support Indian Education and American Indian and Alaska Native Health

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INDIAN EDUCATION FUNDING

Schools and districts with significant American Indian and Alaska Native populations that are not part of the system of schools associated with the Bureau of Indian Education (BIE) should receive relief funding associated the Coronavirus pandemic. Those non-BIE schools and districts can use this funding to support Indian education.

The CARES Act (Coronavirus Aid, Relief, and Economic Security) was signed into law on March 27, 2020. It included \$13.5 billion for education in ESSER funds (Elementary and Secondary School Emergency Relief). The period of availability of ESSER funding extends until September 30, 2022. The Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA) was signed into law on December 27, 2020. It included \$54.3 billion for education in ESSER II. The period of availability of ESSER II funding extends until September 30, 2023. The American Rescue Plan (ARP) Act was signed into law on March 11, 2021. It included over \$122 billion for education in ESSER III funds. The period of availability of ESSER III funding extends until September 30, 2024. The amount allocated to the Secretary of the Interior for programs operated by the Bureau of Indian Education from the CARES Act ESSER funds is \$153,750,000; from the CRRSAA \$409,400,000; and the ARP Act \$850,000,000. Other funds are also made available for American Indian, Native Hawaiian, and Alaska Native Education (ESSA Title VI Programs).

ESSER, ESSER II, and ESSER III funds are distributed using the formula used to distribute Title I funds; however, it is essential to note that ESSER, ESSER II, and ESSER III are not Title I funds and are not subject to Title I restrictions. There is no supplement not supplant clause associated with ESSER, ESSER II, or ESSER III expenditures, which provides great flexibility in using these funds.

ESSER III funds has one restriction not found in ESSER nor ESSER II, which is that 20% of the funds that local education agencies (LEAs) receive must be used “to address learning loss through the implementation of evidence-based interventions, such as summer learning or summer enrichment, extended day, comprehensive afterschool programs, or extended school year programs, and ensure that such interventions respond to students’ academic, social, and emotional needs and address the disproportionate impact of the coronavirus on the student subgroups described in section 1111(b)(2)(B)(xi)” of the ESEA. American Indians and Alaska Natives, as well as English Learners and other subgroups are described in section 1111(b)(2)(B)(xi). Thus, LEAs must ensure that in using the 20% of ESSER III funds to address learning loss, the disproportionate impact of the coronavirus on American Indians and Alaska Natives is addressed.

All three ESSER funding pots included a list of allowable uses of funds. Included in the list of allowable uses of ESSER funds are the following (this is not an exhaustive list of allowable uses of funds but concentrates on the allowable activities that could be targeted to benefit Indian education):

1. Any activity authorized by the ESEA of 1965 (CARES ACT Section 18003(d)(1); CRRSAA Section 313(d)(1); ARP Act Section 2001(e)(2)(A))
2. Coordination of preparedness and response efforts of local education agencies with State, local, Tribal, and territorial public health department, and other relevant agencies, to improve coordinated responses among such entities to prevent, prepare for, and respond to coronavirus (CARES ACT Section 18003(d)(2); CRRSAA Section 313(d)(2); ARP Act Section 2001(e)(2)(E))
3. Activities to address the unique needs of low-income children or students, children with disabilities, English learners, racial and ethnic minorities, students experiencing homelessness, and foster care youth, including how outreach and service delivery will meet the needs of each population. (CARES Act Section 18003(d)(4); CRRSAA Section 313(d)(4); ARP Act Section 2001(e)(2)(F))

4. Training and professional development for staff of the local education agency on sanitation and minimizing the spread of infectious diseases (CARES Act Section 18003(d)(6); CRRSAA Section 313(d)(6); ARP Act Section 2001(e)(2)(H))
5. Purchasing supplies to sanitize and clean the facilities of a local educational agency, including buildings operated by such agency (CARES Act Section 18003(d)(7); CRRSAA Section 313(d)(7); ARP Act Section 2001(e)(2)(I))
6. Planning for and coordinating during long-term closures, including for how to provide meals to eligible students, how to provide technology for online learning to all students, how to provide guidance for carrying out requirements under the Individuals with Disabilities Education Act (20 U.S.C. 1401 et seq.) and how to ensure other educational services can continue to be provided consistent with all Federal, State, and local requirements. (CARES Act Section 18003(d)(8); CRRSAA Section 313(d)(8); ARP Act Section 2001(e)(2)(J))
7. Purchasing educational technology (including hardware, software, and connectivity) for students who are served by the local educational agency that aids in regular and substantive educational interaction between students and their classroom instructors, including low-income students and students with disabilities, which may include assistive technology or adaptive equipment. (CARES Act Section 18003(d)(9); CRRSAA Section 313(d)(9); ARP Act Section 2001(e)(2)(K))
8. Providing mental health services and supports, including through the implementation of evidence-based full-service community schools (CARES Act Section 18003(d)(10); CRRSAA Section 313(d)(10); ARP Act Section 2001(e)(2)(L))
9. Other activities that are necessary to maintain the operation of and continuity of services in local educational agencies and continuing to employ existing staff of the local educational agency. (CARES Act Section 18003(d)(12); CRRSAA Section 313(d)(15); ARP Act Section 2001(e)(2)(R))

While the above is not an exhaustive list of allowable uses of funds, it includes the relevant allowable uses of funds when considering how to use ESSER funds to support Indian education and the overlapping Indian health related concerns.

Allowable uses of ESSER funds for ESSA Activities (point 1)

The first allowable use of funds listed above makes it allowable to use ESSER for any activities included in the ESEA as amended by the Every Student Succeeds Act (ESSA). The reauthorization of the ESEA by ESSA includes Title VI – Indian, Native Hawaiian, and Alaska Native Education. The purpose of Title VI as described in Section 6111 is as follows:

It is the purpose of this subpart to support the efforts of local educational agencies, Indian tribes and organizations, and other entities in developing elementary school and secondary school programs for Indian students that are designed to—

1. meet the unique cultural, language, and educational needs of such students; and
2. ensure that all students meet the challenging State academic standards.

Using ESSER Funds to address connectivity issues (access to devices and the Internet) can help alleviate connectivity concerns related to virtual health care provided by Indian health services.

Activities that are allowable uses of funds under Title VI of ESSA are found in Section 6115(a) & (b) and include general requirements and particular activities.

(a) GENERAL REQUIREMENTS.—Each local educational agency that receives a grant under this subpart shall use the grant funds, in a manner consistent with the purpose specified in section 6111, for services and activities that—

1. are designed to carry out the comprehensive program of the local educational agency for Indian students, and described in the application of the local educational agency submitted to the Secretary under section 6114(a) solely for the services and activities described in such application;
2. are designed to be responsive to the language and cultural needs of the Indian students; and
3. supplement and enrich the regular school program of such agency.

(b) PARTICULAR ACTIVITIES.—The services and activities referred to in subsection (a) may include—

1. activities that support Native American language programs and Native American language restoration programs, which may be taught by traditional leaders;
2. culturally related activities that support the program described in the application submitted by the local educational agency;
3. early childhood and family programs that emphasize school readiness;
4. enrichment programs that focus on problem solving and cognitive skills development and directly support the attainment of challenging State academic standards;
5. integrated educational services in combination with other programs that meet the needs of Indian children and their families, including programs that promote parental involvement in school activities and increase student achievement;

6. career preparation activities to enable Indian students to participate in programs such as the programs supported by the Carl D. Perkins Career and Technical Education Act of 2006 (20 U.S.C. 2301 et seq.), including programs for tech-prep education, mentoring, and apprenticeship;
7. activities to educate individuals so as to prevent violence, suicide, and substance abuse;
8. the acquisition of equipment, but only if the acquisition of the equipment is essential to achieve the purpose described in section 6111;
9. activities that promote the incorporation of culturally responsive teaching and learning strategies into the educational program of the local educational agency;
10. family literacy services;
11. (activities that recognize and support the unique cultural and educational needs of Indian children, and incorporate appropriately qualified tribal elders and seniors;
12. dropout prevention strategies for Indian students; and
13. strategies to meet the educational needs of at-risk Indian students in correctional facilities, including such strategies that support Indian students who are transitioning from such facilities to schools served by local educational agencies.

ESSER funding can be used for any of these activities.

Other Allowable uses of ESSER and ESSER II funds targeted to meet the unique needs of American Indian, Alaska Native, and Native Hawaiian Students (points 2-9)

What is allowable here in addition to activities under ESSA is very open-ended. It is important to remember that these funds are provided to address issues and concerns due to the COVID-19 pandemic. Priority should be given to identifying and addressing concerns related to the pandemic, especially inequities exacerbated due to the

pandemic. Some ideas on how to use ESSER to address the unique needs of American Indian, Alaska Native, and Native Hawaiian students are:

- Purchase devices (tablets, computers, etc.) for students that don't have access to these items at home
- Provide internet access for students that don't have it by:
 - Purchasing WIFI hotspots for students, or
 - Installing mobile WIFI hotspots on busses and parking them for specific hours during the day so that students can access the internet,
- Hire translators and interpreters or purchase translation and interpretation services to provide communications to parents (and students) in a language they can understand
- Purchase instructional materials for students, including materials in the student's first language if appropriate
- Hire bilingual staff to help with communication with parents to ensure parents can make meaningful decisions regarding their child's education
- Hire bilingual teachers and tutors to help ensure that students have meaningful access to academic content
- Purchase professional development that targets teachers of American Indian, Alaska Native, and Native Hawaiian students so that all teachers have training in how to provide effective educational services to these students, especially if that professional development has a remote learning focus or component

The needs of American Indian, Alaska Native, and Native Hawaiian students are not limited to these items above. It is allowable to use to address other identified needs. The three pots of ESSER funds are one-time pots of money and any purchases with recurring costs will need to be funded from other sources once the period of availability expires for ESSER (September 30, 2022), and ESSER II (September 30, 2023), and ESSER III (September 30, 2024).

AMERICAN INDIAN AND ALASKA NATIVE HEALTH FUNDING

Currently, American Indian and Alaska Natives are the only racial or ethnic group federally designated as a medically underserved population. This designation comes, in part, from the chronic underfunding of Indian Health Service, which is the federal agency tasked with fulfilling the trust obligation of providing health care services for Indigenous people into perpetuity. Typically, the federal budget for direct care service (federally provided), Tribal or Urban Indian health services operated under federal contracts receive about 60% of their demonstrated need annually. Additionally, the Social Determinants of Health (SDOH) outlines challenges outside access to care that many rural, remote, and reservation communities face. SDOH includes personal, social, economic, and environmental factors that contribute to individual and population health within communities.

The impact of the Coronavirus pandemic has exacerbated the inequities of American Indian and Alaska Native health care. The most recognizable impact has been the widening of the digital divide – communities with affordable broadband access and those without access. While most Americans transitioned to telehealth services for both primary and behavioral health, people and communities without access to affordable broadband have had little to no access to health care for over a year. Alaska Native people in particular, whose rural clinics are often staffed with an itinerant workforce, also experienced lessened levels of care during this pandemic due to travel restrictions for both patients and clinicians.

The CARES Act, CRRSAA, and the American Rescue Plan (ARP) Act all include one-time pots of funding for Indian Health Services that are in addition to the annual appropriations for these services. The CARES Act included \$1,032,000,000 for Indian Health Services; the CRRSAA included \$4,301,391,000; and the ARP Act included \$6,094,000,000. This funding, over \$11 billion overall, is provided to carry out the requirements of several Indian health related laws and services.

The CARES Act’s \$1.032 billion is provided as additional support for the Indian Health Service (IHS), including for medical services, equipment, supplies and public health education at IHS direct service, tribally operated, and urban Indian health care facilities; more funding for purchased/referred care; and resources for telehealth services, electronic health records improvement, and disease surveillance by tribal epidemiology centers. The IHS has struggled to meet the healthcare needs of its patient population due to lack of adequate funding, staffing shortages, and remote locations, all of which are problems exacerbated by COVID-19. The surge of funding provided by the CARES Act will help the IHS manage the challenges of COVID-19 in facilities serving Indian country.

To help tribes address these problems directly, the CARES Act include \$125 million in grants from the Centers for Disease Control and Prevention is allocated to tribes to prevent, prepare for and respond to the coronavirus.

A further \$15 million is available to tribes, tribal organizations, urban Indian health organizations or tribal health or behavioral health service providers to respond to the coronavirus.

Another \$15 million is allocated under the Public Health and Social Services Emergency Fund to tribes for COVID-19 response.

Finally, the Distance Learning and Telemedicine (DLT) Program will receive \$25 million, which will go toward initial capital assets for equipment (e.g., video conferencing equipment, computers) that operate via telecommunications to rural end-users of telemedicine and distance learning. Broadband facilities (if owned by the applicant) are also eligible. Federally recognized tribes are eligible to apply for DLT grants.

The CRRSA Act included \$4.3 billion for additional support for the Indian Health Service (IHS) with similar provisions to the CARES ACT. Additional funding was also provided in the CRRSA Act for other health related programs, with funding distributed similarly to what is described in the ARP Act below.

The ARP Act included \$6.094 billion for additional support for the Indian Health Service (IHS) with similar provisions to the CARES ACT. Additional funding was also provided in the ARP Act for other health related programs. An article from the National Council of Urban Indian Health provides the following breakdown:

AREAS OF FUNDING	FUNDING
Lost revenue	\$2 billion
Purchased/Referred Care	\$500 million
Information technologies, telehealth, and electronic health records infrastructure	\$140 million
Urban Indian health programs	\$84 million
Vaccine-related activities	\$600 million
Testing, tracing, and mitigating COVID-19	\$1.5 billion
Public health workforce	\$240 million
Mental and behavioral health prevention and treatment services among Indian tribes, tribal organizations, and urban Indian organizations	\$420 million
Funding support of tribal health care facilities and infrastructure	\$600 million
Potable water delivery	\$10 million

Using Indian health related Coronavirus relief funds in coordination with the ESSER funds mentioned above can help to alleviate some of the outstanding concerns related to Indian health services that overlap with outstanding concerns related to Indian education. This is especially true for issues related to a lack of access to devices and the internet. Leveraging the ESSER funds to ensure that as many students as possible not only have devices which can be used to access the internet, but also using those funds to provide that internet access can help address the inequities that have been exacerbated by the pandemic.

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