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CARES Act Funding: Opportunity for Trauma-Informed Programs in Indian Country

Why Tribes & LEAs Should Pay Attention and How to Implement

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There will be many demands on the funds that Tribes and Local Education Agencies (LEAs) receive from the \$2.2 trillion U.S. Coronavirus Aid, Relief, and Economic Security (CARES) Act, but allocating funds to implement trauma-informed programs to address the surge in mental health problems caused by COVID-19 should not be overlooked. As quarantines end, the trauma caused by COVID-19 will become apparent and tribal communities will be unprepared for the trauma tsunami that will hit their communities as the medical problems from COVID-19 diminish, unless they act now.

The Prevalent Problem

Numerous [scholarly journals](#), psychological [studies](#), and [neuroscientific](#) discoveries indicate that a natural disaster, such as a hurricane or flood, can cause a spike in trauma-triggered behavior including students acting out in school, increased substance abuse, criminal activity, domestic violence and child abuse. Studies have also found that these malignant behaviors hit historically traumatized, racially discriminated, and impoverished communities at a disproportionate rate. Many Native communities meet all of these criteria.

Scientifically, there are three components in the present pandemic circumstances that are related to trauma:

- 1) **There is a real threat.** COVID-19 is a respiratory illness that is easily spread and has serious, lethal consequences, especially for older adults and people who have severe and underlying medical conditions. COVID-19's devastating impact as it rips through vulnerable populations with high rates of underlying disease, including the Navajo Nation, has been well documented. COVID-19 presents a real-life, present-day threat to everyone's lives and livelihoods.
- 2) **There are abnormal circumstances.** It has been necessary for many individuals to drastically change how they function at work, home, school and socially. The absence of familiar routines generates internal nervous system distress that activates the "fight or flight" response in the body. This lack of normalcy creates a constant state of stress and anxiety.
- 3) **There is social isolation.** As the body's nervous system searches for new patterns and normalcy, it seeks security through relationships. Social isolation and physical distancing prevent people from fully accessing what is needed in order to establish equilibrium of the nervous system. Thus, the body is left in a state of chronic distress.

Chronic stress can lead to mental health problems and worsen existing underlying conditions. If a person cannot regulate their mental distress through relationships, they often resort to regulating their distress through other means, which frequently leads to drug and alcohol abuse. Thus, a surge in problems related to mental health and substance abuse has the potential to manifest itself in Indian Country.

CARES Act Trauma Care Funding for Tribes

The Federal guidelines for tribes and other governments provide that CARES Act money may be used to address the secondary effects of COVID-19. The trauma triggered by COVID-19 is clearly a secondary effect. The guidelines for LEAs specifically list social and emotional programs as a permitted use. Tribal leaders should encourage the Bureau of Indian Affairs (BIA), Bureau of Indian Education (BIE) and the Indian Health Service (IHS) to devote some of their CARES Act funds to address trauma in order to mitigate the inundation of trauma-triggered problems these agencies are likely to face in the near

future. In addition to the immediate need for these programs, spending money on trauma-informed programs will continue to benefit the tribe long after the COVID-19 pandemic has passed.

Trauma-Informed Suggested Approaches

Trauma-informed training for social services, law enforcement, and court systems can be a highly effective way to respond to social unrest and behavioral issues related to the fallout and resulting trauma brought on by COVID-19.

Additionally, one of the most impactful things a tribe can do is implement trauma-informed programs in schools. Trauma-informed programs in schools are an effective approach for promoting adolescent and familial mental health, while simultaneously addressing school-related problems such as poor performance, non-attendance and behavioral disruptions.

For example, over the past five years, the Menominee Tribe has put trauma-informed programs in place in all of their Tribal programs, including their schools, health care facilities, courts, law enforcement programs, and social services. Over the past five years, there has been a dramatic increase in high school graduation rates and a remarkable decrease in teen pregnancies.¹ In addition, the San Carlos Apache Public School District recently implemented a trauma-informed initiative and saw the percentage of students being suspended drop by 80% while overall academic performance rose.

FOR MORE INFORMATION

There are many more proven trauma-informed programs that tribes and LEAs can implement. Van Ness Feldman serves as counsel for both the Roundtable on Native American Trauma-Informed Initiatives and the Campaign for Trauma-Informed Policy and Practice. The firm is available to provide more information on this subject including a handbook entitled "Creating Comprehensive Integrated Trauma-Informed Native American Communities", along with information on technical resources to assist the setup of trauma-informed programs in tribal schools, governments, and communities.

For additional guidance, assistance, or to request a free copy of Creating Comprehensive Integrated Trauma-Informed Native American Communities, please contact [Dan Press](#)

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¹ See E.g. Stanford Social Innovation Review, *A Trauma Lens for Systems Change*, page 50.
https://www.napnappartners.org/sites/default/files/Trauma%20Lens%20for%20systems%20change_Stanford%20Social%20Innovation%20Review_2019.pdf