



**National Indian Child Welfare Association  
U.S. DEPARTMENT OF HEALTH & HUMAN  
SERVICES 27th ANNUAL TRIBAL BUDGET &  
POLICY CONSULTATION**

**FY 2027 Recommendations for Child Welfare and  
Children's Mental Health Programs**

**April 22-23, 2025**

*If you have any questions about this testimony, please contact David Simmons, Government  
Affairs and Advocacy Director at [desimmons@nicwa.org](mailto:desimmons@nicwa.org).*



**NICWA**

National Indian Child Welfare Association  
*Protecting Our Children • Preserving Our Culture*

## Introduction

Tribal child welfare programs administer a range of child welfare services, including child abuse and neglect prevention, child protection, in-home services, case management, foster care, kinship care, guardianship, adoption, court hearings, coordination and collaboration with state or county partners, and referrals and coordination with other services, such as mental health, substance abuse treatment, health care, or housing. Tribal child welfare programs work tirelessly to successfully serve children and families through holistic, strengths-based, culturally responsive, and family-centered services. Tribal nations serve a critical role in providing these services not only for tribal citizens living within their tribal lands but also state agencies providing services to their tribal citizens living off tribal lands. The assistance tribes provide in this respect reduces state costs and administrative burden and helps ensure culturally appropriate and effective services are provided to Native families.<sup>1</sup>

While tribal nations make every effort to partner with their state counterparts when Native children are in state child welfare systems, Native children and families still experience more intrusive responses than other families and are often disproportionately represented in state foster care systems.<sup>2</sup> Additional challenges for tribal nations include child welfare workforce shortages, minimal access to funding for supportive family services that can reduce the need for out of home placement of children, training that reflects the unique aspects of tribal service delivery, and funding to support tribal court systems. NICWA conducted 11 listening sessions with tribal leaders and tribal human service directors from October of 2023 through June of 2024, where many of the participants shared concerns regarding tribal child welfare programs being severely understaffed, lacking appropriate training, and insufficient access to state and tribal preventive and rehabilitative family services being available. To successfully meet these challenges, tribal child welfare systems will need additional funding, federal policy support, and flexibility.

Investing in tribal services that can reach children and their families before, or shortly after, child abuse or neglect has occurred helps to curtail the pervasive effects of long-term trauma in children. This also can reduce the use of more costly services associated with removing children from their homes. Addressing trauma and related issues associated with child abuse and neglect early on can also significantly improve chances that trauma can be successfully addressed and avoid the “revolving door” in child welfare where children and families have repeated contacts with the child welfare system. This is a benefit not only for tribal governments, but also the federal government that funds tribal child welfare programs. The current federal investment in child welfare for both tribes and states has been heavily weighted towards crisis interventions that do not work well to prevent abuse and neglect from occurring or re-occurring. These crisis services also utilize some of the most expensive services in child welfare, such as out-of-home placement in foster care. After 40+ years of relying on this failed model of financing child welfare services, it is time to move to a model with more balance and investment in early intervention and prevention that can much more effectively reduce child maltreatment, reduce unnecessary removals of children, and promote child and family wellness overall.

Last year, the 118<sup>th</sup> Congress enacted bipartisan legislation that reauthorized Title IV-B of the Social Security Act, Supporting America’s Children and Families Act (P.L. 118-258). The legislation provided a number of benefits for tribal children and families, including requiring more accurate data collection on the experiences of Native children and families in state child welfare systems, technical assistance for tribes and states to improve implementation of the Indian Child Welfare Act, reducing administrative burdens for tribes and states under the Title IV-B programs, and providing small increases in Title IV-B funding for tribal child welfare and court systems. Policy reform like this can have significant value in increasing tribal and state child welfare services effectiveness and efficiency, but there is more to do to support and invest in tribal child welfare so every tribe can operate child welfare services in a manner that aligns with the federal trust responsibility and other legal obligations. Some principals that represent this type of support

---

<sup>1</sup> U.S. Government Accountability Office (2005). *Indian Child Welfare Act: Existing Information on Implementation Issues Could Be Used to Target Guidance and Assistance to States*. Washington, D.C.: Government Printing Office. <https://www.gao.gov/assets/gao-05-290.pdf>

<sup>2</sup> National Indian Child Welfare Association (2021). *Disproportionality in Child Welfare: Fact Sheet*. [https://www.nicwa.org/wp-content/uploads/2021/12/NICWA\\_11\\_2021-Disproportionality-Fact-Sheet.pdf](https://www.nicwa.org/wp-content/uploads/2021/12/NICWA_11_2021-Disproportionality-Fact-Sheet.pdf)

and investment include direct tribal access to all federal programs that fund or support child welfare services, the flexibility for tribal nations to provide culturally appropriate services that are more effective in their communities, and reasonable tribal program administrative requirements that reflect the economies of scale when compared to state requirements.

Congress has unequivocally recognized that there is nothing “more vital to the continued existence and integrity of Indian tribes than their children.”<sup>3</sup> Therefore, the Administration and Congress must enact a budget that empowers tribes to provide programs and services necessary to safeguard their children and strengthen their families within a structure that is both reasonable in terms of administrative requirements and meets the unique needs of Native communities. The recommendations below recommend funding increases that would provide tribes with more workable funding levels, after years of little or no increase, and improve outcomes for American Indian and Alaska Native (AI/AN) children and families, whether in tribal or state systems.

The recommendations contained in our testimony include funding increases that would provide tribes with sufficient child welfare funding and provide necessary support for tribal efforts to heal children and families. We note that the President’s official FY 2026 budget request has not been released yet, but reports indicate that HHS is proposing severe cuts to or elimination of several programs that serve tribal communities, some of which are addressed in this testimony. Furthermore, staff reductions in federal programs have impacted staff that either advised HHS agencies on tribal affairs, or were federal program leads for tribal grantees in the DC office, or in regional offices that have been closed. The impacts from these staff reductions are already being felt in many tribal communities and are producing serious concerns about a tribal nation’s ability to access federal funds, address program and administrative requirements effectively, and have access to federal technical assistance or training. Our request to the Department of Health and Human Services (HHS) is to reconsider cuts to federal programs under HHS that serve tribal communities and staff reductions for staff that have a key role with tribal grantees. With that said, we offer our testimony and assistance to HHS leadership in the continuation of the federal trust relationship with AI/AN people and tribal nations and the support of community-based services that enhance the well-being of AI/AN children and families.

#### Executive Summary—NICWA FY 2026 Budget Recommendations (highest priorities in BOLD)

Agency	Program	FY 2025 Continuing Resolution	FY 2027 NICWA Recommendation
HHS/ACF/CB	Promoting Safe and Stable Families, Title IV-B, Subpart 2 <u>mandatory</u> funds (3% tribal allocation reserved from mandatory funds) <sup>4</sup>	\$345 million	\$420 million (level funding after changes from P.L. 118-258)
HHS/ACF/CB	Tribal Court Improvement Project grants (authorized under Section 438 of the Social Security Act – requires change in authorizing language)	\$1 million	\$2 million
HHS/ACF/CB	<b>Promoting Safe and Stable Families, Title IV-B, Subpart 2 <u>discretionary</u> funds (3% tribal</b>	<b>\$72 million</b>	<b>\$120,000,000</b>

<sup>3</sup> 25 U. S. C. § 1901(3) (2006).

<sup>4</sup> Includes state/tribe formula funding for core Title IV-B, Subpart 2 purposes, Court Improvement Program grants (tribal and state), Regional Partnership Grants program, grants to improve the quality of caseworker visits with children in foster care, and a new grant program to support costs of legal services and representation for children and families involved in the child welfare system.

	<b>allocation reserved from discretionary funds)<sup>5</sup></b>		
HHS/ACF/CB	Community-Based Child Abuse Prevention (1% shared allocation reserved from total grant amount)	\$70.6 million (2-3 tribal grants funded under reserved amount)	\$90 million
HHS/ACF/CB	Child Abuse Discretionary Activities (tribes and states eligible to compete for these grant funds)	\$36 million	\$55 million
HHS/ACF/CB	Child Welfare Services, Title IV-B, Subpart 1 (tribal allocation reserved from this amount)	\$268.7 million	\$300 million
HHS/ACF/OFVPS	Family Violence Prevention and Services (10% tribal allocation reserved from overall funds)	\$240 million	\$300 million
HHS/AHA/MCHB (formerly HRSA)	Maternal Infant and Early Childhood Home Visiting Program (3% tribal allocation reserved from mandatory funds)	\$550 million	\$612.9 million
<b>HHS/AHA/CMHS (formerly SAMHSA)</b>	<b>Programs of Regional and National Significance, Child and Family Programs – Circles of Care Grants</b>	<b>\$6.0 million</b>	<b>\$6.0 million</b>
<b>HHS/AHA/CMHS and CSUP (formerly SAMHSA)</b>	<b>Tribal Behavioral Health Grants (mental health grants and substance abuse prevention grants)</b>	<b>\$46.4 million (\$22.7 million mental health and \$23.7 million substance abuse)</b>	<b>\$60 million (\$30 million for each program)</b>
HHS/AHA /CMHS (formerly SAMHSA)	Children’s Mental Health Services Program (tribes and states eligible to compete for these grant funds)	\$130 million	\$150 million

## Child Welfare

Congress has unequivocally recognized that there is nothing “more vital to the continued existence and integrity of Indian tribes than their children.”<sup>6</sup> Therefore, Congress must appropriate funding that empowers tribes to provide programs and services necessary to safeguard their children, strengthen their families, and uphold the federal trust relationship. The Administration’s role in providing budget recommendations that meet these principles and legal obligations is critical to sending Congress a message of the importance of funding tribal programs.

The funding recommendations in this section underscore the inequity in federal child welfare funding that tribal governments face as compared to state governments. Tribal governments receive approximately one-half of 1% of all federal child welfare funds while their children represent 1.4% of the United States population and almost 3% of children in out of home care.<sup>7</sup>

<sup>5</sup> Includes state/tribe formula funding for core Title IV-B, Subpart 2 purposes, Regional Partnership Grants (discretionary portion), Kinship Navigator Program grants, Title IV-E Prevention Services Clearinghouse, and Court Improvement Program grants (discretionary portion).

<sup>6</sup> 25 U.S.C. § 1901(3) (2006).

<sup>7</sup> U.S. Census Bureau. (2020 Decennial Census). DEC Redistricting Data (Public Law 94-171). Table P1: Race and Table P3: Race for the population 18 years and over.

[https://data.census.gov/cedsci/table?q=&y=2020&d=DEC%20Redistricting%20Data%20%28PL%2094-](https://data.census.gov/cedsci/table?q=&y=2020&d=DEC%20Redistricting%20Data%20%28PL%2094-171%29&_lang=en)

Throughout Indian Country, tribes implement innovative child welfare services such as Elders Circles (case planning and family decision-making), home visit prevention checks (risk assessment and family engagement), family wellness courts, Positive Indian Parenting classes, Circles of Care coordination (inter-agency collaboration), and customary adoptions to protect and support children while keeping them connected to their families and communities. These innovative and culturally based or adapted services have been able to dramatically reduce foster care rates in several tribal communities, improving the well-being of AI/AN children and strengthening families so children can exit the child welfare system without returning. In providing these community-based services, tribes work simultaneously in numerous jurisdictions across the country to improve coordination with state and private child welfare agencies and court systems.<sup>8</sup> Tribes' enduring service to children, families, and communities persist in the face of elevated risk factors for child abuse and neglect.<sup>9</sup>

## KEY RECOMMENDATIONS

### Child Welfare

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

##### Promoting Safe and Stable Families (Social Security Act Title IV-B, Subpart 2 - Mandatory Program)

- Support mandatory formula grant funding at \$420 million and an increase in the tribal set-aside to 4% to ensure all tribes are eligible to receive grants under the funding formula.

<b>Promoting Safe and Stable Families, Title IV-B Subpart 2 program base <u>mandatory</u> formula grant funds (tribes eligible for 3% allocation from total amount)</b>				
	<i>FY 2024 Enacted</i>	<i>FY 2025 Continuing Resolution</i>	<i>President's FY 2026 Request</i>	<i>FY 2027 Recommended</i>
Total	\$345 million	\$345 million <sup>10</sup>	N/A	\$420 million <sup>11</sup>
Tribal Set-Aside (estimated)	\$10.4 million	\$10.4 million	N/A	\$12.6 million (approximate)

[171%29&tid=DECENNIALPL2020.P1](https://data.census.gov/cedsci/table?q=&y=2020&d=DEC%20Redistricting%20Data%20%28PL%2094-171%29&tid=DECENNIALPL2020.P1)

<https://data.census.gov/cedsci/table?q=&y=2020&d=DEC%20Redistricting%20Data%20%28PL%2094-171%29&tid=DECENNIALPL2020.P3>

National Center for Juvenile Justice (2019). Disproportionality Rates for Children of Color in Foster Care Dashboard. [www.ncjj.org/AFCARS/Disproportionality\\_Dashboard.aspx](http://www.ncjj.org/AFCARS/Disproportionality_Dashboard.aspx)

Emily Stoltzfus. (2025). Child welfare: An overview of federal programs and their current funding. Congressional Research Service. Washington, D.C. <https://www.congress.gov/crs-product/IF10590>

Emily Stoltzfus. (2018). Child welfare: An overview of federal programs and their current funding. Congressional Research Service. Washington, D.C. <https://www.congress.gov/crs-product/R45270>

<sup>8</sup> National Child Welfare Resource Center for Tribes. (2011). *Findings from the national needs assessment of American Indian/Alaska Native child welfare programs* (p. 3).

[nrc4tribes.org/files/NRCT%20Needs%20Assessment%20Findings\\_APPROVED.pdf](http://nrc4tribes.org/files/NRCT%20Needs%20Assessment%20Findings_APPROVED.pdf)

<sup>9</sup> U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention. (2014). *Attorney General's Advisory Committee on American Indian/Alaska Native Children Exposed to Violence: Ending violence so children can thrive* (pp. 72–75).

[www.justice.gov/sites/default/files/defendingchildhood/pages/attachments/2014/11/18/finalaianreport.pdf](http://www.justice.gov/sites/default/files/defendingchildhood/pages/attachments/2014/11/18/finalaianreport.pdf)

<sup>10</sup> The FY 2025 Continuing Resolution (P.L. 119-4) provides an increase of \$40.011 million for Children and Families Programs under ACF which contains numerous programs. The CR does not specify how this increase will be allocated across these programs.

<sup>11</sup> P.L. 118-258 reauthorized Title IV-B of the Social Security Act, Subpart 2 and increased the mandatory funding to \$420 million starting in FY 2026.

Tribal Court Improvement Program	\$1.0 million	\$1.0 million	N/A	\$2.0 million <sup>12</sup>
Legislative Proposal				<i>If the mandatory funding cannot be increased, support an increase to the tribal set-aside to 4% which will allow all tribes to receive a grant from this program.<sup>13</sup></i>

The MaryLee Allen Promoting Safe and Stable Families Program (PSSF) provides funds to tribes for coordinated child welfare services that include family preservation, family support, family reunification, and adoption support services. This program has a mandatory capped entitlement appropriation as well as a discretionary appropriation. Besides the base funding for tribes and states, the mandatory program supports the following grant programs that have reserved amounts from the mandatory funds:

- Regional Partnership Grants addressing children and families affected by substance abuse
- Grants to strengthen relationships of children in the foster care system with incarcerated parents
- Grants to evaluate kinship navigator programs and prevention services authorized under Title IV-E of the Social Security Act.
- Grants to improve the frequency and quality of caseworker visits to children in foster care
- State and tribal court improvement programs that improve child welfare proceedings

There is a 3% set-aside for tribes under both the mandatory and discretionary formula grant programs. However, tribes are not eligible for all individual grant programs under the mandatory and discretionary categories, such as the caseworker visits grants. All tribes with approved plans are eligible for a portion of the set-aside that is equal to the proportion of their member children compared to the total number of member children for all tribes with approved plans. Based on this formula, tribes who would qualify for less than \$10,000 are not eligible to receive any funding. This means that many tribes, typically those tribes who are most in need, cannot access it because the overall appropriation is currently too low. While the Supporting America's Children and Families Act (P.L. 118-258) provided a small increase for eligible tribes under the mandatory funds that will allow for additional tribes to become eligible, there will still close to 200 tribal nations that will not be eligible to receive these funds even after these changes.<sup>14</sup>

A national assessment of tribal child welfare programs found that these programs are “deeply committed to keeping children with their families and in their tribal communities, as well as maintaining cultural connections.”<sup>15</sup>

This is in stark contrast with state child welfare systems where AI/AN children are three times more likely to be removed from their homes—as opposed to receiving family preservation services—than their non-Native counterparts.<sup>16</sup> Tribes are providing intensive family preservation and family reunification services

<sup>12</sup> P.L. 118-258 reauthorized Title IV-B of the Social Security Act, Subpart 2 and increased mandatory funding for the Tribal Court Improvement Program to \$2 million starting in FY 2026.

<sup>13</sup> For every tribal nation to receive a grant under the statutory funding formula the funds generated by the tribal set-aside must yield at least \$17 million each year.

<sup>14</sup> P.L. 118-258 made changes to how the tribal set-aside is reserved from the mandatory funds total and allows tribes to add their discretionary funding amount to increase their chances of qualifying for a grant under the statutory funding formula.

<sup>15</sup> National Child Welfare Resource Center for Tribes. (2011). *Findings from the national needs assessment of American Indian/Alaska Native child welfare programs* (p. 23). [nrc4tribes.org/files/NRCT%20Needs%20Assessment%20Findings\\_APPROVED.pdf](https://nrc4tribes.org/files/NRCT%20Needs%20Assessment%20Findings_APPROVED.pdf)

<sup>16</sup> National Indian Child Welfare Association (2021). *Disproportionality in Child Welfare: Fact Sheet*. [https://www.nicwa.org/wp-content/uploads/2021/12/NICWA\\_11\\_2021-Disproportionality-Fact-Sheet.pdf](https://www.nicwa.org/wp-content/uploads/2021/12/NICWA_11_2021-Disproportionality-Fact-Sheet.pdf)

in spite of inadequate funding and insufficient staffing, which is putting incredible strain on individual workers and programs.<sup>17</sup>

PSSF offers support for those culturally based services that tribes already have experience with such as parenting classes, home-visiting services, respite care for caregivers of children, and other services that safely preserve families but cannot expand based upon low levels of funding. This program is vital to the tribes and tribal consortia that depend on it to support their efforts to prevent the unnecessary removal of AI/AN children from their homes. Yet because of the funding levels, hundreds of tribes are ineligible for this formula grant. Increasing either the mandatory portion of this program to \$560 million, or increasing the tribal set-aside under the current funding level, would produce enough funding for all tribal nations to receive a grant award.

Tribes are also eligible to apply for the Tribal Court Improvement Program, a competitive grant program authorized under PSSF. A \$1 million tribal set-aside was created in the 2011 Child and Family Services Improvement and Innovation Act, Pub. L. No. 112-34 (2011) and more recently, the Protecting America's Children and Families Act (P.L. 118-258) increased the funding to \$2 million per year. With the recent increase in funding under the Supporting America's Children and Families Act, the number of tribal court improve grantees is expected to increase to between 10-12 each grant cycle.

Current tribal grantees are using these funds to strengthen their family courts and better integrate the work of their court with the work of their child welfare system. It also supports tribal courts capacity to collaborate more effectively with state juvenile courts and improve outcomes for AI/AN children. Tribal judicial systems are developing new models of the juvenile court process that incorporate restorative justice and cultural, strength-based methods for reducing foster care rates and improving coordination among service providers, both traditional and western-based.

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Promoting Safe and Stable Families (Social Security Act Title IV-B, Subpart 2 - Discretionary Program)

- Increase base discretionary formula grant funding to \$120 million to ensure that all tribes are eligible to receive reasonably sized grants under the funding formula.

<b><i>Promoting Safe and Stable Families, Title IV-B Subpart 2 program base discretionary formula grant funds (tribes eligible for 3% allocation from total amount)</i></b>				
	<i>FY 2024 Enacted</i>	<i>FY 2025 Continuing Resolution</i>	<i>President's FY 2026 Request<sup>18</sup></i>	<i>FY 2027 Recommended</i>
Total	\$86.5 million	\$72.5 million	\$62.5 million	\$120 million
Tribal Set-Aside (estimated)	\$2.6 million	\$2.2 million	\$1.9 million	\$3.6 million

The MaryLee Allen Promoting Safe and Stable Families Program (PSSF) provides funds to tribes for coordinated child welfare services that include family preservation, family support, family reunification, and adoption support services. PSSF has a mandatory capped entitlement appropriation as well as a discretionary appropriation. Besides the base funding for tribes and states, the discretionary program includes the following grant programs:

- Kinship Navigator Grants to increase support for kinship resource families

<sup>17</sup> National Child Welfare Resource Center for Tribes. (2011). *Findings from the national needs assessment of American Indian/Alaska Native child welfare programs* (p. 23).

[nrc4tribes.org/files/NRCT%20Needs%20Assessment%20Findings\\_APPROVED.pdf](https://nrc4tribes.org/files/NRCT%20Needs%20Assessment%20Findings_APPROVED.pdf)

<sup>18</sup> Based upon HHS 2026 Discretionary Budget Passback dated April 10, 2025.

- Support for developing Title IV-E Prevention Services Clearinghouse eligible prevention services

There is a 3% set-aside for tribes under both the mandatory and discretionary formula grant programs. However, not all tribes are eligible for base funding under the mandatory and discretionary categories. Tribes with approved plans are eligible for a portion of the set-aside that is equal to the proportion of their member children compared to the total number of member children for all tribes with approved plans. Based on this formula, tribes who would qualify for less than \$10,000 are not eligible to receive either mandatory or discretionary funding. This means that many tribes, typically those tribes who are most in need, cannot access it because the overall appropriation is currently too low. An increase of at least \$20 million total in the tribal set-asides in the discretionary and mandatory funding would be needed for every tribe to be eligible to receive Title IV-B, Subpart 2 funding.

A national assessment of tribal child welfare programs found that these programs are “deeply committed to keeping children with their families and in their tribal communities, as well as maintaining cultural connections.”<sup>19</sup> This is in stark contrast with state child welfare systems where AI/AN children are three times more likely to be removed from their homes—as opposed to receiving family preservation services—than their non-Native counterparts.<sup>20</sup> Tribes are providing intensive family preservation and family reunification services in spite of inadequate funding and insufficient staffing, which is putting incredible strain on individual workers and programs.<sup>21</sup>

PSSF offers support for those culturally based services that tribes already have experience with such as parenting classes, home-visiting services, respite care for caregivers of children, and other services that safely preserve families, but cannot expand based upon low levels of funding. This program is vital to the just over 300 tribes (total number of tribes receiving funds directly or through a tribal consortia) that depend on it to support their efforts to prevent the unnecessary removal of AI/AN children from their homes. However, at least 200 federally recognized tribes are not able to access this funding based on the small amount of funding available and statutory funding formula.

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

#### Community-Based Child Abuse Prevention

- Increase funding to \$90 million, so that more tribes can develop community-based child abuse prevention programs.

<b>Community-Based Child Abuse Prevention</b>				
	<i>FY 2024 Enacted</i>	<i>FY 2025 Continuing Resolution</i>	<i>President's FY 2026 Request<sup>22</sup></i>	<i>FY 2027 Recommended</i>
Total	\$70.6 million	\$70.6 million	\$60.7 million	\$90 million
Tribal (amount shared with other populations)	\$706,000	\$706,000	\$607,000 (estimated)	\$900,000 (estimated)

<sup>19</sup> National Child Welfare Resource Center for Tribes. (2011). *Findings from the national needs assessment of American Indian/Alaska Native child welfare programs* (p. 23).

[nrc4tribes.org/files/NRCT%20Needs%20Assessment%20Findings\\_APPROVED.pdf](https://nrc4tribes.org/files/NRCT%20Needs%20Assessment%20Findings_APPROVED.pdf)

<sup>20</sup> Hill, R. B. (2008). *An analysis of racial/ethnic disproportionality and disparity at the national, state, and county levels* (p. 9). Seattle, WA: Casey Family Programs, Casey-CSSP Alliance for Racial Equity in Child Welfare, Race Matters Consortium Westat. <https://assets.aecf.org/m/resourcedoc/aecf-AnalysisofRacialEthnicDisproportionality-2007.pdf>

<sup>21</sup> National Child Welfare Resource Center for Tribes. (2011). *Findings from the national needs assessment of American Indian/Alaska Native child welfare programs* (p. 23).

[nrc4tribes.org/files/NRCT%20Needs%20Assessment%20Findings\\_APPROVED.pdf](https://nrc4tribes.org/files/NRCT%20Needs%20Assessment%20Findings_APPROVED.pdf)

<sup>22</sup> Based upon HHS 2026 Discretionary Budget Passback dated April 10, 2025.

The Community Based Child Abuse Prevention (CBCAP) line-item funds programs that develop and enhance community-based, prevention-focused services that curb child maltreatment by strengthening families. Tribes have access to CBCAP, but they share a 1% set-aside of the total funding with migrant populations through a competitive grants program. The current funding level only funds two tribal grantees each three-year grant cycle.

Tribal child welfare programs are uniquely situated to provide effective community-based child abuse prevention programs. “The close-knit structure of many tribal communities [makes] it possible for workers to informally track families that might be experiencing stressors or risk factors that could lead children to becoming unsafe. Tribal workers’ embedded place in the community and their status as fellow community members also [permits] them to check in on these families regularly and provide informal support without stigmatizing them as having problems or being involved with social services.”<sup>23</sup>

CBCAP is the only appropriated funding that specifically targets the design and implementation of prevention programs in tribal communities. It empowers tribes to create programs that will be truly effective at preventing child maltreatment—programs that are community-based and tailored to the needs of the local community. Tribes that have accessed this funding in the past have been able to combine this funding with other child welfare dollars to create programs that increase family stability, increase child safety, and reduce the number of children that enter foster care. An increase would allow a much-needed increase in the number of tribes that can operate this program and would also support state efforts to prevent child abuse and neglect.

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

#### Child Abuse Discretionary Activities

- **Increase overall appropriations to \$55 million to account for tribes’ eligibility for these funds through a competitive grant process and establish a policy change to reserve a portion of the funding for Native prevention-focused grants.**

<b>Child Abuse Discretionary Activities</b>				
	<i>FY 2024 Enacted</i>	<i>FY 2025 Continuing Resolution</i>	<i>President’s FY 2026 Request<sup>24</sup></i>	<i>FY 2027 Recommended</i>
Total	\$36 million	\$36 million	\$36 million	\$55 million
Tribal	0	0	N/A	<i>Increase will fund new tribal grantees</i>
Legislative Proposal				<i>Reserve funding for projects that partner with tribes/Indian organizations and focus on Native community prevention programming</i>

Child Abuse Discretionary Activities support a variety of activities including research and demonstration projects on the causes, prevention, identification, assessment, and treatment of child abuse and neglect, and the development and implementation of evidence-based training programs. Tribes have access to this program through a competitive grant process that includes states and other entities. The majority of entities that have historically received funding are non-Native universities and research hospitals.

<sup>23</sup> National Child Welfare Resource Center for Tribes. (2011). *Findings from the national needs assessment of American Indian/Alaska Native child welfare programs* (p. 23).

[nrc4tribes.org/files/NRCT%20Needs%20Assessment%20Findings\\_APPROVED.pdf](https://nrc4tribes.org/files/NRCT%20Needs%20Assessment%20Findings_APPROVED.pdf)

<sup>24</sup> Based upon HHS 2026 Discretionary Budget Passback dated April 10, 2025.

An accurate understanding of successful child abuse and neglect interventions for AI/AN families allows child abuse prevention programs to target the correct issues, provide the most effective services, and allocate resources wisely. Although promising practices for child safety, child abuse prevention, and trauma-informed child welfare services exist throughout Indian Country, not enough information is available on the implementation and effectiveness of these programs to make them easily replicable.<sup>25</sup>

In a 2014 report, the Attorney General's Advisory Committee on American Indian/Alaska Native Children Exposed to Violence provided the following recommendation: "The Administration of Children and Families in the Department of Health and Human Services, Bureau of Indian Affairs in the Department of Interior, and tribes should collectively identify child welfare best practices and produce an annual report on child welfare best practices in AI/AN communities that is easily accessible to tribal communities."<sup>26</sup> The Child Abuse Discretionary Activities program is the only funding available to help tribes engage in the research necessary to test treatment and interventions. The surest way to effectuate this recommendation is to provide funding under the Child Abuse Discretionary Activities program that supports tribal access to these funds.

The CAPTA Reauthorization Act of 2010, Pub. L. No. 111-320 provided tribal access to this program, but appropriation levels did not increase to account for the expanded pool of grant applicants and outreach to tribal nations and organizations has not been sufficient. For this reason, the Child Abuse Discretionary Activities should be increased to \$55 million, and a policy change should be enacted to ensure that tribes and Indian organizations are able to access these funds.

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

#### Child Welfare Services (Social Security Act Title IV-B, Subpart 1)

- Increase funding to \$300 million to continue tribal access and explore increases to the tribal grant formula in the regulations.

<b>Child Welfare Services Program (Social Security Act Title IV-B, Subpart 1)</b>				
	<i>FY 2024 Enacted</i>	<i>FY 2025 Continuing Resolution</i>	<i>Presidents FY 2026 Request</i>	<i>FY 2026 Recommended</i>
Total	\$268.7 million	\$268.7 million	\$268.7 million	\$300 million
Tribal	\$6.6 million	\$6.6 million	\$8.1 million <sup>27</sup>	\$9.0 million

The Stephanie Tubbs Jones Child Welfare Services (CWS) program provides funds that support child welfare program flexibility in the provision of community-based child welfare services. Tribes are eligible for this funding based on a formula grant. Tribes receive an allocation based upon a population-based formula described in the regulations with the tribal allocation being deducted from the state's allocation. This tribal grant formula has not been updated since the 1990s and has frozen tribal allocations for almost 30 years. While increasing the overall appropriation does not change the amount that individual tribes are eligible for, if state allocations increase, it will likely be easier to secure changes to the regulations that could increase the amount tribes receive under the funding formula.

<sup>25</sup> U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention. (2014). *Attorney General's Advisory Committee on American Indian/Alaska Native Children Exposed to Violence: Ending violence so children can thrive* (p. 81).

[www.justice.gov/sites/default/files/defendingchildhood/pages/attachments/2014/11/18/finalaianreport.pdf](http://www.justice.gov/sites/default/files/defendingchildhood/pages/attachments/2014/11/18/finalaianreport.pdf)

<sup>26</sup> U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention. (2014). *Attorney General's Advisory Committee on American Indian/Alaska Native Children Exposed to Violence: Ending violence so children can thrive* (p. 81).

[www.justice.gov/sites/default/files/defendingchildhood/pages/attachments/2014/11/18/finalaianreport.pdf](http://www.justice.gov/sites/default/files/defendingchildhood/pages/attachments/2014/11/18/finalaianreport.pdf)

<sup>27</sup> P.L 118-258 made changes to how tribal funding is reserved from the mandatory funds total, which will increase the amount of funding allocated to eligible tribes.

The vast majority of tribal child welfare programs operate from a cultural worldview—meaning the ways that culture affects tribal child welfare practice go far beyond incorporating traditional practices into case plans or using cultural services. Culture is infused throughout tribal child welfare programs: It guides the focus, promotes the most effective responses, and improves community support and participation in these programs.

Studies show that culturally tailored programs, resources, and case management result in better outcomes for AI/AN children and families involved in the child welfare system.<sup>28</sup> The flexibility of the CWS program allows tribes to provide culturally appropriate services to families along a continuum, from child protection to out-of-home placement. CWS funding is typically used by tribes for in-home services, support services for children in foster care, case management, and training and professional development. Tribes use this important funding to tailor their child welfare services to best fit their communities' needs.

Of the 574 federally recognized tribes, less than 400 have been able to access this funding. The median tribal grant is about \$13,300, an insufficient amount to support the administrative requirements, much less provide the services this program is meant to support. The low level of funding has been one of the primary reasons more eligible tribes are not participating.

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

#### Family Violence Prevention and Services

- Increase funding to \$300 million to build capacity to serve family violence victims in tribal communities.

<b>Family Violence Prevention and Services</b>				
	<i>FY 2024 Enacted</i>	<i>FY 2025 Continuing Resolution</i>	<i>Presidents FY 2026 Request<sup>29</sup></i>	<i>FY 2027 Recommended</i>
Total	\$240 million	\$240 million	\$240 million	\$300 million
Tribal	\$24 million	\$24 million	\$24 million	\$30 million (estimated)

The Family Violence Prevention and Services Act (FVPSA) program provides formula grants to prevent incidents of family violence, domestic violence, dating violence, and to provide youth and adult survivors with immediate shelter and support services. FVPSA requires tribes and tribal organizations to receive a 10% set aside to support tribes in their efforts to increase public awareness and prevention around family violence, domestic violence, and dating violence, and provide immediate shelter and support services for survivors and their dependents.

FVPSA's support of tribally based services continues to provide meaningful resources to survivors of domestic violence and their children. As the only federal funding source dedicated to domestic violence shelters and programs, continued investments in the FVPSA program are critical to strengthening the capacity of tribal nations and tribal organizations to provide critical shelter and supportive services to AI/AN survivors and their children. Increasing funding builds capacity in tribal communities and states to develop critical services to support families and children.

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

<sup>28</sup> Red Horse, J. G., Martinez, C. & Day, P. (2001). *Family preservation: A case study of Indian tribal policy*. Seattle, WA: Casey Family Programs.

<sup>29</sup> Based upon HHS 2026 Discretionary Budget Passback dated April 10, 2025.

**Administration for a Healthy America (formerly the Health Resources and Service Administration)**  
**Maternal and Child Health**  
**Maternal, Infant and Early Childhood Home Visiting Program**

- Support the President's FY 2026 request to increase funding to \$612.9 million to guarantee additional tribal grantees access to this program.

<b>Maternal, Infant and Early Childhood Home Visiting Program</b>				
	<i>FY 2024 Enacted</i>	<i>FY 2025 Continuing Resolution</i>	<i>President's FY 2026 Request<sup>30</sup></i>	<i>FY 2027 Recommended</i>
Total	\$550 million	\$550 million	\$612.9 million	\$612.9 million
Tribal Set-Aside (estimated)	\$16.5 million	\$16.5 million	\$18.4 million	\$18.4 million

The Patient Care and Affordable Care Act (2010) set aside funds to support five-year grants for the Maternal, Infant, and Early Childhood Home Visiting Program. This innovative program included tribes at its inception with a 3% tribal set-aside and currently funds over 20 tribal grantees. Tribal grants under this line item fund programs that provide voluntary home-visiting services during pregnancy and to families with young children up to five years old. In-home services and visits funded by this program use models that have been found to be “promising practices” when working with AI/AN families. Tribal programs can now choose from a tribally developed and evidenced-based model (Family Spirits) or culturally adapt an existing mainstream evidence-based home visiting model. By using models that have been shown to improve maternal and child health, prevent child maltreatment, encourage positive parenting, and promote child development, this program does much to strengthen families and prevent involvement with the child welfare system. These programs are invaluable to the tribal communities who are funded communities that often face increased risk factors for child maltreatment.<sup>31</sup> We support the President's FY 2026 request as reflected in the HHS Passback document and recommend this funding level for FY 2027 too.

### **Children's Mental Health**

AI/AN children and communities grapple with complex behavioral health issues at higher rates than any other population. Historical trauma from generations of failed policies like the boarding school and Indian Adoption Project, and abuses visited upon tribal families from public and private child welfare systems, have often gone unaddressed and unresolved for many AI/AN families and their children. The current opioid epidemic is another example of challenges that stress tribal behavioral health systems in immeasurable ways. Tribal governments have often struggled to address challenges to their citizens like mental health, especially when only provided limited flexibility to shape programs in a manner that reflects community values and can utilize proven methods for addressing complex issues. Unaddressed trauma that has occurred within families is an example of the type of challenge tribal governments have that require resources that are tailored to the specific community factors that will support healing from complex trauma and reduce the risk for further involvement in other human services systems.<sup>32</sup> Where tribal reclamation of these systems has been possible it has led to the design and implementation of effective service systems by and for AI/AN people to promote cultural strength and healing. These tribal systems have already begun to resolve the trauma in their communities.

The most assured way to transform these systems is to support tribal children's mental and behavioral health programs with funding that reflects the need. Funding must also account for the understanding that

<sup>30</sup> Based upon HHS 2026 Discretionary Budget Passback dated April 10, 2025.

<sup>31</sup> Bigfoot, D. S., Crofoot, T., Cross, T. L., Fox, K., Hicks, S., Jones, L., Trope, J. (2005). Impacts of child maltreatment in Indian Country: Preserving the seventh generation through policies, programs, and funding streams: A report for BIA. Portland, OR: National Indian Child Welfare Association.

<sup>32</sup> Yellow Horse Brave Heart, M. & DeBruyn, L. M. (1998). The American Indian holocaust: Healing historical unresolved grief. *American Indian Mental Health Research*, 8(2), 56–78.

effective mental and behavioral health care requires an entire tribal system dedicated to treatment. In order to effectively serve AI/AN children and communities, funding must provide flexible opportunities that allow tribes to integrate mental and behavioral health interventions throughout government services.

It is with this understanding that the following appropriations are suggested. The numbers provided below will help dozens of additional tribes access the funding necessary to improve their mental health services.

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for a Healthy America (formerly Substance Abuse and Mental Health Services Administration)

#### Programs of Regional and National Significance

#### Children and Family Programs (includes Circles of Care)

- Continue funding at FY 2024 levels of \$6.0 million to ensure additional tribal communities can participate in the Circles of Care program and develop community based children's mental health programs.

<b>Circles of Care Program under the Children and Families section of Programs of Regional and National Significance*</b>				
	<i>FY 2024 Enacted</i>	<i>FY 2025 Continuing Resolution</i>	<i>President's FY 2026 Request<sup>33</sup></i>	<i>FY 2027 Recommended</i>
Total	\$6.0 million	\$6.0 million (estimated)	\$0	\$6.0 million
*Circle of Care funding is one of three programs funded under this funding category. The funding levels reflected are determined by the agency under the larger budget category of Programs of Regional and National Significance.				

The Children and Family Programs section in the Administration for a Healthy America (AHA) budget category of Children and Family Programs includes funds allocated to tribal nations to support the Circles of Care program. Circles of Care is a competitive grant program exclusively for tribal communities. It is the cornerstone of tribal children's mental health programming.

Circles of Care is a three-year planning grant that helps communities design programs to serve children with serious behavioral health issues. The goal of this program is to help children access services and find wellness. Specifically, Circles of Care funds the development of the tribal capacity and infrastructure necessary to support a coordinated network of holistic, community-based, mental and behavioral health interventions in tribal communities.

The Circles of Care program is the *only* AHA grant program with a holistic focus on AI/AN children's mental health. It is one of only two AHA programs that allows tribes and tribal organizations to apply for funding without competing with other governmental entities (states, counties, or cities). There are currently eight communities receiving Circles of Care funding (Cohort 9: 2023-2026) and 83 previous tribal community alumni who operated a Circles of Care grant.

AI/AN children and youth face a "disproportionate burden" of mental health issues while simultaneously facing more barriers to quality mental health care.<sup>34</sup> Programs like Circles of Care, which provide communities with the funding needed to plan and build responsive, community-based services and design integrated supports to meet the needs of their youth with behavioral health challenges, are essential. Since its inception in 1998, the Circles of Care program has positively impacted 90 different tribal and urban Indian communities. These programs have been incredibly successful. The majority of

<sup>33</sup> Based upon HHS 2026 Discretionary Budget Passback dated April 10, 2025.

<sup>34</sup> American Psychiatric Association. (2017). *Mental Health Disparities: American Indians and Alaska Natives* (p. 2-3). <https://www.psychiatry.org/getmedia/d008fb53-3566-4a0a-adac-ba1f3b88528c/Mental-Health-Facts-for-American-Indian-Alaska-Natives.pdf>

tribes who have received these grants have created long-term, sustainable systems of care for their children where no children's mental health system existed before.

Of the 83 graduated Circles of Care grantees, over 25% have obtained direct funding to implement their system change efforts through the Children's Mental Health Initiative (CMHI) program (which funds system of care grants) and several others have partnered with other CMHI-system of care grantees to implement their models. Many of the former grantees have also developed additional self-sufficiency strategies to operationalize and sustain their children's mental health systems, such as developing tribal-state agreements on Medicaid and partnering with tribal behavioral health clinics and other child serving programs. To effectively address trauma that children face in Indian Country, tribal and urban Indian organizations need additional support to plan and develop culturally appropriate children's mental health systems that can effectively address trauma experienced by AI/AN children. We recommend continuation of this funding at the FY 2024 level to reach additional tribal and urban Indian organizations that need these resources to develop children's mental health systems in their communities.

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for a Healthy America (formerly Substance Abuse Mental Health Services Administration)

#### Programs of Regional and National Significance

##### Tribal Behavioral Health Program

- Continue funding for each of the Tribal Behavioral Health Programs and increase to \$60 million total (\$30 million each).

<b>Tribal Behavioral Health Program</b>				
	<i>FY 2024 Enacted</i>	<i>FY 2025 Continuing Resolution</i>	<i>President's FY 2026 Request<sup>35</sup></i>	<i>FY 2027 Recommended</i>
<b>Mental Health Appropriation</b>				
<i>Tribal Behavioral Health Grants</i>	<i>\$22.7 million</i>	<i>\$22.7 million</i>	<i>\$0</i>	<i>\$30 million</i>
<b>Substance Abuse Prevention Appropriation</b>				
<i>Tribal Behavioral Health Grants</i>	<i>\$23.7 million</i>	<i>\$23.7 million</i>	<i>\$0</i>	<i>\$30 million</i>

While there have been modest increases in funding levels since the inception of these programs in the FY 2016 Consolidated Appropriations Act (\$15 million for each program), the need for these services has also increased. These grants serve tribal communities with the highest rates of suicide focused on strategies to reduce suicide among AI/AN youth up to the age of 24. NICWA recommends continuation of the programs with a budget request of \$30 million for each program. In FY 2024 there were 127 tribal grantees with continuation grants and 44 new tribal grantees that began receiving the funds.

These are competitive grants designed to target tribal communities with the highest rates of suicide per capita over the last 10 years. These funds must be used for effective and promising strategies to address the problems of substance abuse and suicide and promote mental health among AI/AN young people. Suicide is a leading cause of death among AI/AN youth ages ten to 14 years.<sup>36</sup> For AI/AN Youth aged 10-19, the unadjusted suicide rate is more than twice the rate for the nation as a whole.<sup>37</sup>

<sup>35</sup> Based upon HHS 2026 Discretionary Budget Passback dated April 10, 2025.

<sup>36</sup> Centers for Disease Control and Prevention. (n.d.). Fatal injury data, 2018-2021. <https://wisqars.cdc.gov/>.

<sup>37</sup> Centers for Disease Control and Prevention. (n.d.). Fatal injury data, 2018-2021. <https://wisqars.cdc.gov/>.

AI/AN young people are more likely than other youth to have an alcohol use disorder. In 2007, 8.5% of all AI/AN youth struggled with alcohol use disorders compared to 5.8% of the general youth population.<sup>38</sup> Although these statistics are troubling, with adequate resources tribes are best able to serve these young people and help them heal before they reach adulthood.

There is growing evidence that Native youth who are culturally and spiritually engaged are more resilient than their peers. Research has revealed that 34% of Native adolescents preferred to seek mental or substance abuse services from a cultural or religious oriented service provider. In other research, American Indian caregivers preferred cultural treatments (e.g., sweat lodge, prayer) for their children and found the traditional-based ceremonies more effective than standard or typical behavioral health treatment.<sup>39</sup>

This funding provides flexible opportunities allowing tribes to tailor their mental and behavior health interventions to the unique needs of AI/AN children families and communities. This program is currently the only source of federal substance abuse prevention funding exclusively available to tribes.

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for a Healthy America (formerly Substance Abuse Mental Health Services Administration)

#### Children's Mental Health Initiative (Systems of Care)

- Increase funding to \$150 million to allow for the continued support of the current cohorts of Children's Mental Health Initiative System of Care Grants and allow for new tribal grantees in the next funded cohort.

<b>Children's Mental Health Services Grant Program</b>				
	<i>FY 2024 Enacted</i>	<i>FY 2025 Continuing Resolution</i>	<i>President's FY 2026 Request<sup>40</sup></i>	<i>FY 2027 Recommended</i>
Total	\$130 million*	\$130 million*	\$130 million	\$150 million
*Tribal System of Care grantees are funded under this program with state and local grantees.				

The children's mental health services line item supports the development of comprehensive, community-based "systems of care" for children and youth with serious emotional disorders. This includes funding for Children's Mental Health Initiative System of Care Grants. AI/AN communities are eligible for, and recipients of, each of these grants, but must compete with non-tribal applicants to receive these funds.

Children's Mental Health Initiative System of Care Grants support a community's efforts to plan and implement strategic approaches to mental health services. These approaches are based on important principles, they must be family-driven; youth-guided; strengths-based; culturally and linguistically responsive; and meet the intellectual, emotional, cultural, and social needs of children and youth. Since 1993, over 200 total projects have been funded, dozens of which have been in tribal communities. Currently, two tribal communities are funded in the cohort that started in FY 2021 for the Children's Mental Health Services grant program.

<sup>38</sup> U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention. (2014). *Attorney General's Advisory Committee on American Indian/Alaska Native Children Exposed to Violence: Ending violence so children can thrive* (p. 81).

[www.justice.gov/sites/default/files/defendingchildhood/pages/attachments/2014/11/18/finalaianreport.pdf](https://www.justice.gov/sites/default/files/defendingchildhood/pages/attachments/2014/11/18/finalaianreport.pdf)

<sup>39</sup> Novins, D. K., & Bess, G. (2011). 10. Systems of mental health care for American Indian and Alaska Native children and adolescents. In P. Spicer, P. Farrell, M. C. Sarche, & H. E. Fitzgerald (Eds.), *American Indian and Alaska Native children and mental health: Development, context, prevention, and treatment*. Santa Barbara, CA: SABC-CLIO, LLC.

<sup>40</sup> Based upon HHS 2026 Discretionary Budget Passback dated April 10, 2025.

The system of care model of mental health service provision has been found to be more in line with the AI/AN worldview and traditional tribal ways of helping than any other service system.<sup>41</sup> Further, its emphasis on culturally tailored services has “opened the door to the demonstration and acceptance of cultural resources as important and viable community-based approaches” to mental health treatment.<sup>42</sup> Therefore, this program has been both well-received and particularly effective with tribal communities.

Evaluation studies of system of care programs have indicated a return on investment from cost-savings in reduced use of in-patient psychiatric care, emergency room care, and residential treatment even when other community or home-based care is provided. There are also cost savings from decreased involvement in juvenile justice systems, fewer school failures, and improved family stability.<sup>43</sup> There are also benefits related to improved functioning and reduction of symptoms of anxiety and depression in children involved in Systems of Care, improved educational outcomes, reduction in law enforcement contact, reductions in caregiver strain, and reduction in suicidal thought and suicide attempts.<sup>44</sup>

Due to this program’s efficacy in tribal communities, it is of the utmost importance that funding for current grantee cohorts be made available so that they may finish the important work they have begun. In addition, the well-being of AI/AN children is dependent on the ability of more tribes to access these funds and create real systems of change. For these reasons, we support the President’s FY 2025 request and recommend this funding level for FY 2026.

*For more information on this budget information and recommendations, please contact David Simmons, NICWA Government Affairs and Advocacy Director at [desimmons@nicwa.org](mailto:desimmons@nicwa.org).*

---

<sup>41</sup> Cross, T. L., Earle, K., Solie, H. E., & Manness, K. (2000). Cultural strengths and challenges in implementing a systems of care model in American Indian communities. *Systems of Care: Promising Practices in Children’s Mental Health, 2000 Series, Volume I*, (p. 9). Washington, DC: Center for Effective Collaborations and Practice, American Institutes of Research.

<sup>42</sup> Centers for Disease Control and Prevention. (2011). “Disability and Health”.

<sup>43</sup> Stroul, B. (2015). *Return on Investment on System of Care for Children with Behavioral Health Challenges: A Look at Wraparound*. The TA Telescope, 1(2), pp. 1-2.

<sup>44</sup> Center for Mental Health Services. (2015). Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances Program. Substance Abuse and Mental Health Services. Washington, D.C. [https://www.samhsa.gov/sites/default/files/programs\\_campaigns/nitt-ta/2015-report-to-congress.pdf](https://www.samhsa.gov/sites/default/files/programs_campaigns/nitt-ta/2015-report-to-congress.pdf).