



On May 2, President Trump released his fiscal year (FY) 2026 [budget request](#) to Congress that outlines the Administration’s budgetary priorities and includes recommendations to Congress for funding cuts to several federal programs that tribal nations use to support the welfare of Native children and families in their communities. The following Department for Health and Human Services (HHS) and Bureau of Indian Affairs (BIA) human service programs are discussed:

#### Department of Health and Human Services

#### **Low-Income Home Energy Assistance Program (LIHEAP)**

This President’s FY 2026 budget request calls for elimination of LIHEAP, a program that assists with energy costs for low-income households. Tribes and tribal organizations are able to apply for LIHEAP block grants to assist low-income households in their communities, and as of FY 2025, 149 tribes and tribal organizations across 25 states receive LIHEAP funds and directly operate LIHEAP programs<sup>1</sup>. The FY 2024 enacted funding for LIHEAP was \$4 billion. The justification for this significant cut to LIHEAP can be found on page 9 of the discretionary budget request, where it is stated that the program is “unnecessary because States have policies preventing utility disconnection for low-income households.” While this is the case for many states, most tribes and tribal organizations do not have the capacity to provide assistance to the low-income households in their communities with energy needs. Tribal access to state energy assistance programs is uneven in most cases and any reduction in state assistance will likely push more low-income families into crisis as they cannot meet basic needs. Even where states may have some level of assistance for tribal citizens, state programs are often not as accessible to tribal citizens living on tribal lands and often don’t account for differences in community infrastructure like limited public transportation, lack of

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<sup>1</sup> *Tribal Programs*. The LIHEAP Clearinghouse, Administration for Children and Families.

broadband or even cellular service, and remote locations of tribal lands from state offices. Extreme heat and cold weather impacts households that cannot pay for air conditioning or heating, and in extreme and emergency cases can result in severe health risks, injury, or death. Extreme temperatures and their effects can also be linked to higher risk for child neglect, so the ability to provide appropriate heating or cooling assistance promotes family stability.

### **Community Services Block Grant (CSBG)**

This budget request proposes the elimination of the CSBG, a block of grants that provides funds for states and tribes for support services to alleviate causes and conditions of poverty. This includes programming related to housing, nutrition, transportation assistance, employment, education, and crisis and emergency services. CSBG allows tribal nations to receive funds directly from HHS instead of going through states, and over 100 tribes receive funding this way<sup>2</sup>. In FY 2024, CSBG was funded at \$770 million. These funds strengthen community capacity factors, such as building up educational, housing, transportation, family planning, pregnancy and parenting, and substance abuse services. All of these community factors are linked to promoting family well-being, and without these critical supports risk for child maltreatment can increase, thereby increasing the risk of additional family crisis.

### **Health Resources and Services Administration (HRSA) Consolidations**

The President is proposing a cut of \$274 million from HRSA. This federal agency administration covers several programs, including Maternal and Child Health programs, and although specific program cuts are not identified in the budget request, any loss of funding to these vital services negatively impacts the well-being of children and families. In FY 2024, the Maternal and Child Health Programs collectively, were funded at \$815.7 million. The Maternal and Child Health Bureau (MCHB) supports public health systems that address the needs of mothers, children, and families, including implementing guidelines for women's and children's checkups and newborn screenings, training the public health workforce to meet the specific needs of maternal and child health populations, and responding to maternal health crises through the National Maternal Mental Health Hotline. These programs are crucial to the health and well-being of expecting mothers, new parents, and children. The MCHB also supports the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program, which partners trained home visitors with pregnant women and new parents. Home visitors are able to support the health of mothers and

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<sup>2</sup> CSBG Brochure *The History and Structure of the CSBG Network: Fact Sheet*. Office of Community Services, Administration for Children and Families.

children and connect families to other resources available in their communities, as well as prevent child abuse and neglect through frequent contact with families. The Tribal MIECHV program specifically provides culturally relevant and evidence-based home visiting services to tribes across the nation. The program has lasting impacts on the tribal communities it serves, and research shows that in the long term, home visiting supports a community through savings in emergency room visits, reduced involvement with child protective services, and increased tax revenues from parents who are able to maintain employment<sup>3</sup>.

### **Substance Abuse and Mental Health Services Administration (SAMHSA) Eliminations**

The President's budget request calls for the elimination of a number of SAMHSA public health programs focused on behavioral health, including prevention and treatment of substance abuse disorders and mental health. Although specific programs are not identified, the reduction or elimination of this program that supports community efforts to prevent or treat substance abuse will have significant impacts for children and their families. The prevention and treatment of substance abuse disorders is vital to the health and welfare of every member of a community. Substance abuse affects not only those who suffer from abuse or misuse disorders, but also their children, partners, family members, and peers in their communities. The budget request would also potentially eliminate SAMHSA programs that support mental health programs. One of the programs that earlier was reported to be targeted is the Circles of Care grant program, a three-year grant program for tribes, tribal organizations, and urban Indian programs that is the only funding for tribes to plan for and develop local children's mental health services. Many of the Circles of Care alumni have gone on to develop self-sustaining children's mental health systems that were previously unavailable in their community. In FY 2024, the Circles of Care program under Programs of Regional and National Significance, was funded at \$6 million.

Other programs at risk of being defunded are the Tribal Behavioral Health Grants and Project LAUNCH. Earlier reports have surfaced that indicated that these have been proposed for elimination. Tribal Behavioral Health Grants support the prevention and reduction of suicidal behavior and substance misuse for Native youth. Funding under these grants builds networks of systems and partnerships to support youth struggling with mental health challenges, including substance use disorders, in tribes across the nation. Project LAUNCH focuses on the well-being of children under the age of 8. The funding in this program goes to screening and assessing children and their caregivers, providing mental health consultation in early care and education programs, and promoting home

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<sup>3</sup> *An Introduction to the Tribal Home Visiting Program*. About Tribal Home Visiting, Administration for Children and Families.

visiting. Tribes across the country receive funds from Project LAUNCH, and it significantly supports children and families who are at high risk of experiencing trauma or who have already experienced trauma<sup>4</sup>. These programs are crucial to developing long-term solutions to the challenging impacts of mental health for young Native people, and are some of the only SAMHSA programs that tribes do not have to compete with states or other local governments to receive funding. In FY 2024, the Tribal Behavioral Health Programs were funded at \$22.7 million for the mental health component and \$23.7 for substance abuse prevention and treatment component. The Project Launch program in FY 2024 was funded at \$24.6 million.

### **Violence Against Women Act (VAWA)**

The budget request calls for a cut of \$1.019 billion to “reduce duplicative and unnecessary state and local grant programs,” which could impact many grant programs that promote the health and welfare of Native children and families. One of the programs, mentioned in the discretionary budget request on page 18, is the Violence Against Women Act. This act strengthens community-based services and legal responses to domestic violence, dating violence, sexual assault, and stalking. VAWA funds have supported core programs and services for many tribes in the last 25 years, and more recently, Congress reauthorized the law to increase protections and services for Native victims in Indian Country. Domestic violence and violence against Native women are interlinked in communities to violence against families and children. Implementation and full funding of VAWA is a vital component of protecting Native women and children from domestic violence<sup>5</sup>. In FY 2024, Congress provided \$810 million for VAWA programming broadly, of which tribes are eligible to receive \$81 million.

### Bureau of Indian Affairs

#### **Bureau of Indian Affairs (BIA) Social Service Programs**

The budget request calls for \$617 million in cuts to BIA programs that support tribal communities and tribal self-governance efforts. This figure includes the reduction of funding for programs that “directly fund tribal operations” including roads, housing, and social services. The reduction of funding to already underfunded social service programs in

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<sup>4</sup> *Cooperative Agreements for Project LAUNCH (Linking Actions for Unmet Needs in Children’s Health) State Tribal Expansion*. Substance Abuse and Mental Health Services Administration.

<sup>5</sup> *Violence Against Women Act (VAWA)*. National Indigenous Women’s Resource Center.

tribal communities directly affects the welfare of Native children and families. Many Native families rely on a variety of tribally administered, BIA-funded social services for the safety and health of their children. These include Indian Child Welfare Act programs, housing programs, the Social Services Tiwahe Initiative, General Assistance, Child Assistance, and Emergency Assistance; all programs that support safety and basic needs of Native families and children. Although this discretionary budget request doesn't specify the amount any of these programs would be reduced, decreasing funding to these social service programs in any way impacts already understaffed programs and basic supports in tribal communities. In FY 2024, \$167 million was appropriated for BIA tribal human services programs like the ones described above.