To help persons in the United States experiencing homelessness and significant behavioral health issues, including substance use disorders, by authorizing a grant program within the Department of Housing and Urban Development to assist State and local governments, Continuums of Care, community-based organizations that administer both health and homelessness services, and providers of services to people experiencing homelessness, better coordinate health care and homelessness services, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

Ms. DEAN introduced the following bill; which was referred to the Committee on ______________________

A BILL

To help persons in the United States experiencing homelessness and significant behavioral health issues, including substance use disorders, by authorizing a grant program within the Department of Housing and Urban Development to assist State and local governments, Continuums of Care, community-based organizations that administer both health and homelessness services, and providers of services to people experiencing homelessness, better coordinate health care and homelessness services, and for other purposes.
Be it enacted by the Senate and House of Representa-
tives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Coordinating Sub-
stance Use and Homelessness Care Act of 2022”.

SEC. 2. FINDINGS.

Congress finds the following:

(1) The United States has a homelessness cri-
sis, with more than 580,000 people experiencing
homelessness on a single night according to the De-
partment of Housing and Urban Development’s
2020 Annual Homeless Assessment Report to Con-
gress.

(2) While the lack of affordable housing is the
primary driver of homelessness, behavioral health
conditions, including substance use disorders, can
exacerbate homelessness and can also be a con-
sequence of homelessness.

(3) Research shows that people experiencing
homelessness have higher rates of substance use dis-
order than people with housing stability. Some peo-
ple who experience homelessness use substances to
cope with the trauma and deprivations of their cir-
cumstances, but substance use disorders frequently
make it more difficult for people experiencing homelessness to secure permanent housing.

(4) Many individuals with substance use disorder who experience homelessness have co-occurring illnesses. The combined effect of physical illness, mental illness, and lack of housing results in higher mortality rates for individuals experiencing homelessness.

(5) Safely and securely housing individuals who are experiencing both homelessness and behavioral health issues, including substance use disorders, often requires supportive services and close coordination between housing and social service providers, in addition to low-barrier, affordable housing. Subsidized housing is critical, but not enough—access to additional voluntary person-centered supportive services is needed.

(6) Nevertheless, it is imperative that when people experiencing homelessness, including those with a behavioral health condition such as substance use disorder, choose to seek help that housing as well as health care and person-centered supportive services be coordinated, particularly given their acute needs and the significant costs incurred by
communities for law enforcement, correctional, and emergency department care for failing to do so.

(7) Providing access to health care and voluntary person-centered supportive services can be beneficial in securing and successfully maintaining stable housing.

(8) Integration of health and homelessness services to achieve optimal outcomes for people experiencing homelessness, significant behavioral health conditions such as substance use disorder, and other health conditions can be challenging for State and local governments, continuums of care, and community-based organizations that administer both health and homelessness services and providers of homelessness services.

(9) Capacity-building is needed to create systems-level linkages between the two sets of services to allow for smoother pathways and simpler navigation.

(10) Black, Hispanic, and Indigenous people are disproportionately underserved by person-centered supportive services. In order to address critical services deficits and affirmatively serve protected classes of people with significant behavioral health conditions, including substance use disorders, who
are experiencing homelessness, the grant program established under this Act can be used to build the capacities of homelessness services providers that have demonstrated cultural competencies in service provision and a record of serving Black, Hispanic, and Indigenous people and other underserved populations experiencing homelessness that also suffer from substance use disorders.

SEC. 3. ESTABLISHMENT OF GRANT PROGRAM.

(a) IN GENERAL.—The Secretary of Housing and Urban Development (in this Act referred to as the “Secretary”), in consultation with the working group established pursuant to subsection (b), shall establish a grant program to award competitive grants to eligible entities to build or increase their capacities for the better coordination of health care and homelessness services for people who are experiencing homelessness and significant behavioral health issues, including substance use disorders, and are voluntarily seeking assistance.

(b) WORKING GROUP.—

(1) ESTABLISHMENT.—The Secretary shall establish an interagency working group to provide advice to the Secretary in carrying out the program under subsection (a). The working group shall include representatives from the Department of Hous-
ing and Urban Development, the United States
Interagency Council on Homelessness, Department
of Health and Human Services, Department of Agri-
culture, and Bureau of Indian Affairs, to be ap-
pointed by the heads of such agencies.

(2) DEVELOPMENT OF ASSISTANCE TOOLS.—
The working group shall, not later than 12 months
after the date of the enactment of this Act, develop
training, tools, and other technical assistance mate-
rinals that simplify homelessness services for pro-
viders of health care and simplify health care serv-
ices for providers of homelessness services by identi-
fying the basic elements the health and homelessness
sectors need to understand about the other, and
shall circulate such materials to interested entities,
particularly those who apply for grants awarded pur-
suant to this Act.

(c) CAPACITY-BUILDING GRANTS.—

(1) IN GENERAL.—The Secretary shall award
5-year grants to eligible entities, which shall be used
only to build or increase their capacities to coordi-
nate health care and homelessness services.

(2) PROHIBITION.—None of the proceeds from
the grants awarded pursuant to this Act may be
used to pay for health care, with the exception of ef-
forts to increase the availability of Naloxone and provide training for its administration, or rent.

(3) AMOUNT.—The amount awarded to an entity under a grant under this subsection shall not exceed $500,000.

(4) ELIGIBILITY.—To be eligible to receive a grant under this subsection an entity shall—

(A) be—

(i) a governmental entity (at the county, city, regional, or locality level);

(ii) an Indian tribe, a Tribally-designated housing entity, or a Tribal organization;

(iii) a public housing agency administering housing choice vouchers; or

(iv) a continuum of care or nonprofit organization designated by the continuum of care;

(B) be responsible for homelessness services;

(C) provide such assurances as the Secretary shall require that, in carrying out activities with amounts from the grant, the entity will ensure that services are culturally competent, meet the needs of the people being
served, and follow trauma-informed best practices to address those needs using a harm reduction approach; and

(D) demonstrate how its capacity to coordinate health care and homelessness services to better serve people experiencing homelessness and significant behavioral health issues, including substance use disorders, can be increased through—

(i) the designation of a governmental official as a coordinator for making connections between health and homelessness services and developing a strategy for using those services in a holistic way to help people experiencing homelessness and behavioral health conditions such as substance use disorders, including those with cooccurring conditions;

(ii) improvements in infrastructure at the systems level;

(iii) improvements in technology for voluntary remote monitoring capabilities, including internet and video, which can allow for more home- and community-based behavioral health care services and
ensure such improvements maintain effective communication requirements for persons with disabilities and program access for persons with limited English proficiency;

(iv) improvements in connections to health care services delivered by providers experienced in behavioral health care and people experiencing homelessness;

(v) efforts to increase the availability of Naloxone and provide training for its administration; and

(vi) any additional activities identified by the Secretary that will advance the coordination of homelessness assistance, housing, and substance use services and other health care services.

(5) ELIGIBLE ACTIVITIES.—An eligible grantee receiving a grant under this subsection may use the grant to cover costs related to—

(A) hiring system coordinators; and

(B) administrative costs, including staffing costs, technology costs, and other such costs identified by the Secretary.
(6) DISTRIBUTION OF FUNDS.—An eligible grantee receiving a grant under this subsection may distribute all or a portion of the grant amounts to private nonprofit organizations, other government entities, public housing agencies, tribally designated housing entities, or other entities as determined by the Secretary to carry out programs and activities in accordance with this section.

(7) OVERSIGHT REQUIREMENTS.—

(A) ANNUAL REPORTS.—Not later than 6 years after the date on which grant amounts are first received by an eligible entity, such entity shall submit to the Secretary a report on the activities carried out under the grant. Such report shall include, with respect to activities carried out with grant amounts in the community served—

(i) measures of outcomes relating to whether people experiencing homelessness and significant behavioral health issues, including substance use disorders, who sought help from an entity that received a grant—
(I) were housed and did not experience intermittent periods of homelessness;

(II) were voluntarily enrolled in treatment and recovery programs;

(III) experienced improvements in their health;

(IV) obtained access to specific primary care providers; and

(V) have health care plans that meet their individual needs, including access to mental health and substance use disorder treatment and recovery services;

(ii) how grant funds were used; and

(iii) any other matters determined appropriate by the Secretary.

(B) RULE OF CONSTRUCTION.—Nothing in this subsection may be construed to condition the receipt of future housing and other services by individuals assisted with activities and services provided with grant amounts on the outcomes detailed in the reports submitted under this subsection.

(8) DEFINITIONS.—In this section:
(A) Indian Tribe; Tribal Organization.—The terms “Indian Tribe” and “Tribal organization” have the meanings given such terms in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304) and shall include tribally designated housing entities (as such term is defined in section 4 of the Native American Housing Assistance and Self-Determination Act of 1996 (25 U.S.C. 4103)) and entities that serve Native Hawaiians (as such term is defined in section 338K(c) of the Public Health Service Act (42 U.S.C. 254s(c))).

(B) Person Experiencing Homelessness.—The term “person experiencing homelessness” has the same meaning as the terms “homeless”, “homeless individual”, and “homeless person” as those terms are defined in the McKinney-Vento Act (42 U.S.C. 11302).

(C) Substance Use Disorder.—The term “substance use disorder” means the disorder that occurs when the recurrent use of alcohol or drugs, or both, causes clinically significant impairment, including health problems,
disability, and failure to meet major responsibilities at work, school, or home.

(d) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, $20,000,000 for each of fiscal years 2022 through 2027, of which not less than 5 percent of such funds shall be awarded to Indian tribes and tribal organizations.