To help persons experiencing substance use disorders and homelessness in the United States 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 experiencing substance use disorders and homelessness in the United States 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 “Helping People Experi-
cencing Substance Use Disorder and Homelessness Act of
2022”.

SEC. 2. FINDINGS.

The Congress finds the following:

(1) Substance use disorder increases a person’s
risk of homelessness and research shows that people
experiencing homelessness have higher rates of sub-
stance use disorder than people with housing sta-
bility.

(2) Individuals with substance use disorder are
more likely to be homeless for a longer time and to
have become homeless at an earlier age, compared to
individuals without a substance use disorder.

(3) Substance use disorder is a cause of home-
lessness, but it is also a consequence of homeless-
ness. Some people who experience homelessness turn
to alcohol and drugs to cope with the cruelties and
deprivations of their circumstances, but substance
use disorders frequently lock people experiencing
homelessness into their circumstances.
(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 substance use disorder often requires greater effort and expense. Subsidized housing is not enough—additional person-centered supportive services are needed.

(6) Nevertheless, it is imperative that when people experiencing homelessness and 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) A reasonable assurance that an applicant for housing who has a substance use disorder will be provided with health care and person-centered supportive services can assuage concerns of public housing authorities and landlords alike, thus making it
more likely that people experiencing both homelessness and substance use disorder will be housed.

(8) Medicaid can be used to pay for a wide range of health care and person-centered supportive services that address the critical needs of people experiencing both homelessness and substance use disorders. Housing and tenancy supports include both pre-tenancy services, which assist individuals to prepare for and transition to housing, and tenancy sustaining supports, which are provided once an individual is housed to help the person achieve and maintain housing stability.

(9) Integration of health and homelessness services to achieve optimal outcomes for people experiencing homelessness and substance use disorders can be challenging for State and local governments, Continuums of Care (CoCs), and community-based organizations (CBOs) that administer both health and homelessness services and providers of homelessness services.

(10) Capacity-building is needed to create systems-level linkages between the two sets of services to allow for smoother pathways and simpler navigation. For example, agencies offering health services may have little experience addressing homelessness
or even significant behavioral needs. Moreover, homelessness services providers usually have administrative structures built on grant funding, not on Medicaid billing. To leverage the new resources, providers of health and homelessness services will need to become better versed in government funding processes and various State and local players will need to build their capacities for referral and collaboration.

(11) Black, Brown, and Indigenous people are disproportionately not provided with person-centered supportive services. Using the grant program to build the capacities of homelessness services providers which have broad cultural competencies and are accustomed to serving Black, Brown, and Indigenous people, will be key to rectifying this critical services deficit.

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 substance use disorder 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 United States Interagency Council on Homelessness, Department of Health and Human Services, Department of Agriculture, and Bureau of Indian Affairs [appointed by the heads of such agencies].

(2) Development of Assistance Tools.—

The working group shall, not later than 6 months after the date of the enactment of this Act, develop training, tools, and other technical assistance materials that simplify homelessness services for providers of health care and simplify health care services for providers of homelessness services by identifying 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 pursuant to this Act.

(c) Capacity-Building Grants.—
(1) IN GENERAL.—The Administrator shall award 2-year grants to eligible entities, which shall be used only to build or increase their capacities to coordinate 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 or rent.

(3) AMOUNT.—The amount awarded to an entity under a grant under this subsection shall not exceed $200,000.

(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, an Indian tribe, or a tribal organization; and

(ii) responsible for homelessness services; and

(B) 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; and
(C) demonstrate how its capacity to coordinate health care and homelessness services to better serve people experiencing homelessness and 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 substance use disorders;

(ii) improvements in infrastructure at the systems level, including interoperable data exchange between homelessness systems and health care systems to enhance coordinated care;

(iii) improvements in technology for remote monitoring capabilities, including internet and video, which can allow for more home-based behavioral health care services;

(iv) efforts to better access Medicaid and the services it covers, including helping homeless service providers, either sin-
gularly or regionally, to improve or build
their capacity to form partnerships with
Medicaid billing agencies to coordinate
health and homelessness services, buy Med-
icaid billing software, and be provided with
any related technical assistance;

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

(vi) any additional activities identified
by the Secretary.

(E) 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 agen-
cies, tribally designated housing entities, or
other entities as determined by the Secretary to
carry out programs and activities in accordance
with this section.

(5) USE OF FUNDS.—Not less than 15 percent
of each grant made under this subsection shall be
used for activities that benefit persons of low and
moderate income [as such term is defined in section
102(a) of the Housing and Community Development
Act of 1974 (42 U.S.C. 5302(a))? unless the Secretary—

(A) specifically finds that—

(i) there is compelling need to reduce the percentage for the grant; and

(ii) the needs of persons of low and moderate income persons are being addressed; and

(B) issues a waiver and alternative requirements pursuant to subsection (i) to lower the percentage.

(6) OVERSIGHT REQUIREMENTS.—

(A) ANNUAL REPORTS.—Not later than 2 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 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 physical and mental 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.
(7) DEFINITION.—In this section, 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(e))).

(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.