

AMENDMENT IN THE NATURE OF A SUBSTITUTE
TO H.R. 7716
OFFERED BY M S. _____ Dean

Strike all after the enacting clause and insert the following:

1 SECTION 1. SHORT TITLE.

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

4 SEC. 2. CONGRESSIONAL FINDINGS.

5 The Congress finds the following:

6 (1) The United States has a homelessness cri-
7 sis, with more than 580,000 people experiencing
8 homelessness on a single night according to the De-
9 partment of Housing and Urban Development’s
10 2020 Annual Homeless Assessment Report to Con-
11 gress.

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

17 (3) Research shows that people experiencing
18 homelessness have higher rates of substance use dis-

1 order than people with housing stability. Some peo-
2 ple who experience homelessness use substances to
3 cope with the trauma and deprivations of their cir-
4 cumstances, but substance use disorders frequently
5 make it more difficult for people experiencing home-
6 lessness to secure permanent housing.

7 (4) Many individuals with substance use dis-
8 order who experience homelessness have co-occurring
9 illnesses. The combined effect of physical illness,
10 mental illness, and lack of housing results in higher
11 mortality rates for individuals experiencing home-
12 lessness.

13 (5) Safely and securely housing individuals who
14 are experiencing both homelessness and behavioral
15 health issues, including substance use disorders,
16 often requires supportive services and close coordina-
17 tion between housing and social service providers, in
18 addition to low-barrier, affordable housing. Sub-
19 sidized housing is critical, but not enough—access to
20 additional voluntary person-centered supportive serv-
21 ices is needed.

22 (6) Nevertheless, it is imperative that when
23 people experiencing homelessness, including those
24 with a behavioral health condition such as substance
25 use disorder, choose to seek help that housing as

1 well as health care and person-centered supportive
2 services be coordinated, particularly given their
3 acute needs and the significant costs incurred by
4 communities for law enforcement, correctional, and
5 emergency department care for failing to do so.

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

10 (8) Integration of health and homelessness serv-
11 ices to achieve optimal outcomes for people experi-
12 encing homelessness, significant behavioral health
13 conditions such as substance use disorder, and other
14 health conditions can be challenging for State and
15 local governments, continuums of care, and commu-
16 nity-based organizations that administer both health
17 and homelessness services and providers of homeles-
18 ness services.

19 (9) Capacity-building is needed to create sys-
20 tems-level linkages between the two sets of services
21 to allow for smoother pathways and simpler naviga-
22 tion.

23 (10) Black, Hispanic, and Indigenous people
24 are disproportionately underserved by person-cen-
25 tered supportive services. In order to address critical

1 services deficits and affirmatively serve protected
2 classes of people with significant behavioral health
3 conditions, including substance use disorders, who
4 are experiencing homelessness, the grant program
5 established under this Act can be used to build the
6 capacities of homelessness services providers that
7 have demonstrated cultural competencies in service
8 provision and a record of serving Black, Hispanic,
9 and Indigenous people and other underserved popu-
10 lations experiencing homelessness that also suffer
11 from substance use disorders.

12 **SEC. 3. ESTABLISHMENT OF GRANT PROGRAM.**

13 (a) IN GENERAL.—The Secretary of Housing and
14 Urban Development (in this Act referred to as the “Sec-
15 retary”), in consultation with the working group estab-
16 lished pursuant to subsection (b), shall establish a grant
17 program to award competitive grants to eligible entities
18 to build or increase their capacities for the better coordi-
19 nation of health care and homelessness services for people
20 who are experiencing homelessness and significant behav-
21 ioral health issues, including substance use disorders, and
22 are voluntarily seeking assistance.

23 (b) WORKING GROUP.—

24 (1) ESTABLISHMENT.—The Secretary shall es-
25 tablish an interagency working group to provide ad-

1 vice to the Secretary in carrying out the program
2 under subsection (a). The working group shall in-
3 clude representatives from the Department of Hous-
4 ing and Urban Development, the United States
5 Interagency Council on Homelessness, Department
6 of Health and Human Services, Department of Agri-
7 culture, and Bureau of Indian Affairs, to be ap-
8 pointed by the heads of such agencies.

9 (2) DEVELOPMENT OF ASSISTANCE TOOLS.—

10 The working group shall, not later than 12 months
11 after the date of the enactment of this Act, develop
12 training, tools, and other technical assistance mate-
13 rials that simplify homelessness services for pro-
14 viders of health care and simplify health care serv-
15 ices for providers of homelessness services by identi-
16 fying the basic elements the health and homelessness
17 sectors need to understand about the other, and
18 shall circulate such materials to interested entities,
19 particularly those who apply for grants awarded pur-
20 suant to this Act.

21 (c) CAPACITY-BUILDING GRANTS.—

22 (1) IN GENERAL.—The Secretary shall award
23 5-year grants to eligible entities, which shall be used
24 only to build or increase their capacities to coordi-
25 nate health care and homelessness services.

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

6 (3) AMOUNT.—The amount awarded to an enti-
7 ty under a grant under this subsection shall not ex-
8 ceed \$500,000.

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

11 (A) be—

12 (i) a governmental entity (at the coun-
13 ty, city, regional, or locality level);

14 (ii) an Indian tribe, a Tribally-des-
15 ignated housing entity, or a Tribal organi-
16 zation;

17 (iii) a public housing agency admin-
18 istering housing choice vouchers; or

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

22 (B) be responsible for homelessness serv-
23 ices;

24 (C) provide such assurances as the Sec-
25 retary shall require that, in carrying out activi-

1 ties with amounts from the grant, the entity
2 will ensure that services are culturally com-
3 petent, meet the needs of the people being
4 served, and follow trauma-informed best prac-
5 tices to address those needs using a harm re-
6 duction approach; and

7 (D) demonstrate how its capacity to co-
8 ordinate health care and homelessness services
9 to better serve people experiencing homelessness
10 and significant behavioral health issues, includ-
11 ing substance use disorders, can be increased
12 through—

13 (i) the designation of a governmental
14 official as a coordinator for making con-
15 nections between health and homelessness
16 services and developing a strategy for
17 using those services in a holistic way to
18 help people experiencing homelessness and
19 behavioral health conditions such as sub-
20 stance use disorders, including those with
21 cooccurring conditions;

22 (ii) improvements in infrastructure at
23 the systems level;

24 (iii) improvements in technology for
25 voluntary remote monitoring capabilities,

1 including internet and video, which can
2 allow for more home- and community-
3 based behavioral health care services and
4 ensure such improvements maintain effec-
5 tive communication requirements for per-
6 sons with disabilities and program access
7 for persons with limited English pro-
8 ficiency;

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

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

16 (vi) any additional activities identified
17 by the Secretary that will advance the co-
18 ordination of homelessness assistance,
19 housing, and substance use services and
20 other health care services.

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

24 (A) hiring system coordinators; and

1 (B) administrative costs, including staffing
2 costs, technology costs, and other such costs
3 identified by the Secretary.

4 (6) DISTRIBUTION OF FUNDS.—An eligible
5 grantee receiving a grant under this subsection may
6 distribute all or a portion of the grant amounts to
7 private nonprofit organizations, other government
8 entities, public housing agencies, tribally designated
9 housing entities, or other entities as determined by
10 the Secretary to carry out programs and activities in
11 accordance with this section.

12 (7) OVERSIGHT REQUIREMENTS.—

13 (A) ANNUAL REPORTS.—Not later than 6
14 years after the date on which grant amounts
15 are first received by an eligible entity, such en-
16 tity shall submit to the Secretary a report on
17 the activities carried out under the grant. Such
18 report shall include, with respect to activities
19 carried out with grant amounts in the commu-
20 nity served—

21 (i) measures of outcomes relating to
22 whether people experiencing homelessness
23 and significant behavioral health issues, in-
24 cluding substance use disorders, who

1 sought help from an entity that received a
2 grant—

3 (I) were housed and did not ex-
4 perience intermittent periods of home-
5 lessness;

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

8 (III) experienced improvements
9 in their health;

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

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

17 (ii) how grant funds were used; and

18 (iii) any other matters determined ap-
19 propriate by the Secretary.

20 (B) RULE OF CONSTRUCTION.—Nothing in
21 this subsection may be construed to condition
22 the receipt of future housing and other services
23 by individuals assisted with activities and serv-
24 ices provided with grant amounts on the out-

1 comes detailed in the reports submitted under
2 this subsection.

3 (8) DEFINITIONS.—In this section:

4 (A) INDIAN TRIBE; TRIBAL ORGANIZA-
5 TION.—The terms “Indian Tribe” and “Tribal
6 organization” have the meanings given such
7 terms in section 4 of the Indian Self-Deter-
8 mination and Education Assistance Act (25
9 U.S.C. 5304) and shall include tribally des-
10 ignated housing entities (as such term is de-
11 fined in section 4 of the Native American Hous-
12 ing Assistance and Self-Determination Act of
13 1996 (25 U.S.C. 4103)) and entities that serve
14 Native Hawaiians (as such term is defined in
15 section 338K(c) of the Public Health Service
16 Act (42 U.S.C. 254s(c))).

17 (B) PERSON EXPERIENCING HOMELESS-
18 NESS.—The term “person experiencing home-
19 lessness” has the same meaning as the terms
20 “homeless”, “homeless individual”, and “home-
21 less person” as those terms are defined in the
22 McKinney-Vento Act (42 U.S.C. 11302).

23 (C) SUBSTANCE USE DISORDER.—The
24 term “substance use disorder” means the dis-
25 order that occurs when the recurrent use of al-

1 cohol or drugs, or both, causes clinically signifi-
2 cant impairment, including health problems,
3 disability, and failure to meet major responsibil-
4 ities at work, school, or home.

5 (d) AUTHORIZATION OF APPROPRIATIONS.—There is
6 authorized to be appropriated to carry out this section,
7 \$20,000,000 for each of fiscal years 2022 through 2027,
8 of which not less than 5 percent of such funds shall be
9 awarded to Indian tribes and tribal organizations.

