

[DISCUSSION DRAFT]117TH CONGRESS
2^D SESSION**H. R.** _____

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.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Helping People Experi-
5 encing Substance Use Disorder and Homelessness Act of
6 2022”.

7 **SEC. 2. FINDINGS.**

8 The Congress finds the following:

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

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

18 (3) Substance use disorder is a cause of home-
19 lessness, but it is also a consequence of homeless-
20 ness. Some people who experience homelessness turn
21 to alcohol and drugs to cope with the cruelties and
22 deprivations of their circumstances, but substance
23 use disorders frequently lock people experiencing
24 homelessness into their circumstances.

1 (4) Many individuals with substance use dis-
2 order who experience homelessness have co-occurring
3 illnesses. The combined effect of physical illness,
4 mental illness, and lack of housing results in higher
5 mortality rates for individuals experiencing home-
6 lessness.

7 (5) Safely and securely housing individuals who
8 are experiencing both homelessness and substance
9 use disorder often requires greater effort and ex-
10 pense. Subsidized housing is not enough—additional
11 person-centered supportive services are needed.

12 (6) Nevertheless, it is imperative that when
13 people experiencing homelessness and substance use
14 disorder choose to seek help that housing as well as
15 health care and person-centered supportive services
16 be coordinated, particularly given their acute needs
17 and the significant costs incurred by communities
18 for law enforcement, correctional, and emergency de-
19 partment care for failing to do so.

20 (7) A reasonable assurance that an applicant
21 for housing who has a substance use disorder will be
22 provided with health care and person-centered sup-
23 portive services can assuage concerns of public hous-
24 ing authorities and landlords alike, thus making it

1 more likely that people experiencing both homeless-
2 ness and substance use disorder will be housed.

3 (8) Medicaid can be used to pay for a wide
4 range of health care and person-centered supportive
5 services that address the critical needs of people ex-
6 perienceing both homelessness and substance use dis-
7 orders. Housing and tenancy supports include both
8 pre-tenancy services, which assist individuals to pre-
9 pare for and transition to housing, and tenancy sus-
10 taining supports, which are provided once an indi-
11 vidual is housed to help the person achieve and
12 maintain housing stability.

13 (9) Integration of health and homelessness serv-
14 ices to achieve optimal outcomes for people experi-
15 encing homelessness and substance use disorders can
16 be challenging for State and local governments, Con-
17 tinuums of Care (CoCs), and community-based orga-
18 nizations (CBOs) that administer both health and
19 homelessness services and providers of homelessness
20 services.

21 (10) Capacity-building is needed to create sys-
22 tems-level linkages between the two sets of services
23 to allow for smoother pathways and simpler naviga-
24 tion. For example, agencies offering health services
25 may have little experience addressing homelessness

1 or even significant behavioral needs. Moreover,
2 homelessness services providers usually have admin-
3 istrative structures built on grant funding, not on
4 Medicaid billing. To leverage the new resources, pro-
5 viders of health and homelessness services will need
6 to become better versed in government funding proc-
7 esses and various State and local players will need
8 to build their capacities for referral and collabora-
9 tion.

10 (11) Black, Brown, and Indigenous people are
11 disproportionately not provided with person-centered
12 supportive services. Using the grant program to
13 build the capacities of homelessness services pro-
14 viders which have broad cultural competencies and
15 are accustomed to serving Black, Brown, and Indig-
16 enous people, will be key to rectifying this critical
17 services deficit.

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

19 (a) IN GENERAL.—The Secretary of Housing and
20 Urban Development (in this Act referred to as the “Sec-
21 retary”), in consultation with the working group estab-
22 lished pursuant to subsection (b), shall establish a grant
23 program to award competitive grants to eligible entities
24 to build or increase their capacities for the better coordi-
25 nation of health care and homelessness services for people

1 who are experiencing homelessness and substance use dis-
2 order and are voluntarily seeking assistance.

3 (b) WORKING GROUP.—

4 (1) ESTABLISHMENT.—The Secretary shall es-
5 tablish an interagency working group to provide ad-
6 vice to the Secretary in carrying out the program
7 under subsection (a). The working group shall in-
8 clude representatives from the United States Inter-
9 agency Council on Homelessness, Department of
10 Health and Human Services, Department of Agri-
11 culture, and Bureau of Indian Affairs [appointed by
12 the heads of such agencies?].

13 (2) DEVELOPMENT OF ASSISTANCE TOOLS.—
14 The working group shall, not later than 6 months
15 after the date of the enactment of this Act, develop
16 training, tools, and other technical assistance mate-
17 rials that simplify homelessness services for pro-
18 viders of health care and simplify health care serv-
19 ices for providers of homelessness services by identi-
20 fying the basic elements the health and homelessness
21 sectors need to understand about the other, and
22 shall circulate such materials to interested entities,
23 particularly those who apply for grants awarded pur-
24 suant to this Act.

25 (c) CAPACITY-BUILDING GRANTS.—

1 (1) IN GENERAL.—The Administrator shall
2 award 2-year grants to eligible entities, which shall
3 be used only to build or increase their capacities to
4 coordinate health care and homelessness services.

5 (2) PROHIBITION.—None of the proceeds from
6 the grants awarded pursuant to this Act may be
7 used to pay for health care or rent.

8 (3) AMOUNT.—The amount awarded to an enti-
9 ty under a grant under this subsection shall not ex-
10 ceed \$200,000.

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

13 (A) be—

14 (i) a governmental entity at the coun-
15 ty, city, regional, or locality level, an In-
16 dian tribe, or a tribal organization; and

17 (ii) responsible for homelessness serv-
18 ices; and

19 (B) provide such assurances as the Sec-
20 retary shall require that, in carrying out activi-
21 ties with amounts from the grant, the entity
22 will ensure that services are culturally com-
23 petent, meet the needs of the people being
24 served, and follow trauma-informed best prac-
25 tices to address those needs; and

1 (C) demonstrate how its capacity to coordi-
2 nate health care and homelessness services to
3 better serve people experiencing homelessness
4 and substance use disorders can be increased
5 through—

6 (i) the designation of a governmental
7 official as a coordinator for making con-
8 nections between health and homelessness
9 services and developing a strategy for
10 using those services in a holistic way to
11 help people experiencing homelessness and
12 substance use disorders;

13 (ii) improvements in infrastructure at
14 the systems level, including interoperable
15 data exchange between homelessness sys-
16 tems and health care systems to enhance
17 coordinated care;

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

23 (iv) efforts to better access Medicaid
24 and the services it covers, including help-
25 ing homeless service providers, either sin-

1 gularly or regionally, to improve or build
2 their capacity to form partnerships with
3 Medicaid billing agencies to coordinate
4 health and homelessness services, buy Med-
5 icaid billing software, and be provided with
6 any related technical assistance;

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

10 (vi) any additional activities identified
11 by the Secretary.

12 (E) DISTRIBUTION OF FUNDS.—An eligible
13 grantee receiving a grant under this subsection
14 may distribute all or a portion of the grant
15 amounts to private nonprofit organizations,
16 other government entities, public housing agen-
17 cies, tribally designated housing entities, or
18 other entities as determined by the Secretary to
19 carry out programs and activities in accordance
20 with this section.

21 (5) USE OF FUNDS.—Not less than 15 percent
22 of each grant made under this subsection shall be
23 used for activities that benefit persons of low and
24 moderate income [as such term is defined in section
25 102(a) of the Housing and Community Development

1 Act of 1974 (42 U.S.C. 5302(a))?】 unless the Sec-
2 retary—

3 (A) specifically finds that—

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

6 (ii) the needs of persons of low and
7 moderate income persons are being ad-
8 dressed; and

9 (B) issues a waiver and alternative require-
10 ments pursuant to subsection (i) to lower the
11 percentage.

12 (6) OVERSIGHT REQUIREMENTS.—

13 (A) ANNUAL REPORTS.—Not later than 2
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 substance use disorders who sought
24 help from an entity that received a grant—

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

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

6 (III) experienced improvements
7 in their physical and mental health;

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

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

15 (ii) how grant funds were used; and

16 (iii) any other matters determined ap-
17 propriate by the Secretary.

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

1 (7) DEFINITION.—In this section, the terms
2 “Indian tribe” and “tribal organization” have the
3 meanings given such terms in section 4 of the In-
4 dian Self-Determination and Education Assistance
5 Act (25 U.S.C. 5304) and shall include tribally des-
6 ignated housing entities (as such term is defined in
7 section 4 of the Native American Housing Assist-
8 ance and Self-Determination Act of 1996 (25 U.S.C.
9 4103)) and entities that serve Native Hawaiians (as
10 such term is defined in section 338K(c) of the Pub-
11 lic Health Service Act (42 U.S.C. 254s(c))).

12 (d) AUTHORIZATION OF APPROPRIATIONS.—There is
13 authorized to be appropriated to carry out this section,
14 \$20,000,000 for each of fiscal years 2022 through 2027,
15 of which not less than 5 percent of such funds shall be
16 awarded to Indian tribes and tribal organizations.