

117TH CONGRESS
2D SESSION

S. _____

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 SENATE OF THE UNITED STATES

Mr. PADILLA introduced the following bill; which was read twice and 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.

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 “Coordinating Sub-
5 stance Use and Homelessness Care Act of 2022”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

8 (1) The United States has a homelessness cri-
9 sis, with more than 580,000 people experiencing
10 homelessness on a single night according to the De-
11 partment of Housing and Urban Development’s
12 2020 Annual Homeless Assessment Report to Con-
13 gress.

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

19 (3) Research shows that people experiencing
20 homelessness have higher rates of substance use dis-
21 order than people with housing stability. Some peo-
22 ple who experience homelessness use substances to
23 cope with the trauma and deprivations of their cir-
24 cumstances, but substance use disorders frequently

1 make it more difficult for people experiencing home-
2 lessness to secure permanent housing.

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

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

18 (6) Nevertheless, it is imperative that when
19 people experiencing homelessness, including those
20 with a behavioral health condition such as substance
21 use disorder, choose to seek help that housing as
22 well as health care and person-centered supportive
23 services be coordinated, particularly given their
24 acute needs and the significant costs incurred by

1 communities for law enforcement, correctional, and
2 emergency department care for failing to do so.

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

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

16 (9) Capacity-building is needed to create sys-
17 tems-level linkages between the 2 sets of services to
18 allow for smoother pathways and simpler navigation.

19 (10) Black, Hispanic, and Indigenous people
20 are disproportionately underserved by person-cen-
21 tered supportive services. In order to address critical
22 services deficits and affirmatively serve protected
23 classes of people with significant behavioral health
24 conditions, including substance use disorders, who
25 are experiencing homelessness, the grant program

1 established under this Act can be used to build the
2 capacities of homelessness services providers that
3 have demonstrated cultural competencies in service
4 provision and a record of serving Black, Hispanic,
5 and Indigenous people and other underserved popu-
6 lations experiencing homelessness that also suffer
7 from substance use disorders.

8 **SEC. 3. DEFINITIONS.**

9 In this Act:

10 (1) INDIAN TRIBE; TRIBAL ORGANIZATION.—

11 The terms “Indian Tribe” and “Tribal organiza-
12 tion”—

13 (A) have the meanings given those terms
14 in section 4 of the Indian Self-Determination
15 and Education Assistance Act (25 U.S.C.
16 5304); and

17 (B) include entities that serve Native Ha-
18 waiians, as defined in section 338K(c) of the
19 Public Health Service Act (42 U.S.C. 254s(c)).

20 (2) PERSON EXPERIENCING HOMELESSNESS.—

21 The term “person experiencing homelessness” has
22 the same meaning as the terms “homeless”, “home-
23 less individual”, and “homeless person”, as those
24 terms are defined in the McKinney-Vento Homeless
25 Assistance Act (42 U.S.C. 11302).

1 (3) PUBLIC HOUSING AGENCY.—The term
2 “public housing agency” has the meaning given the
3 term in section 3(b) of the United States Housing
4 Act of 1937 (42 U.S.C. 1437a(b)).

5 (4) SECRETARY.—The term “Secretary” means
6 the Secretary of Housing and Urban Development.

7 (5) SUBSTANCE USE DISORDER.—The term
8 “substance use disorder” means the disorder that
9 occurs when the recurrent use of alcohol or drugs,
10 or both, causes clinically significant impairment, in-
11 cluding health problems, disability, and failure to
12 meet major responsibilities at work, school, or home.

13 (6) TRIBALLY DESIGNATED HOUSING ENTI-
14 TY.—The term “tribally designated housing entity”
15 has the meaning given the term in section 4 of the
16 Native American Housing Assistance and Self-De-
17 termination Act of 1996.

18 **SEC. 4. ESTABLISHMENT OF GRANT PROGRAM.**

19 (a) IN GENERAL.—The Secretary, in consultation
20 with the working group established pursuant to subsection
21 (b), shall establish a grant program to award competitive
22 grants to eligible entities described in subsection (c)(4) to
23 build or increase their capacities for the better coordina-
24 tion of health care and homelessness services for people
25 who are experiencing homelessness and significant behav-

1 ioral health issues, including substance use disorders, and
2 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).

8 (2) COMPOSITION.—The working group estab-
9 lished under paragraph (1) shall include representa-
10 tives from the Department of Housing and Urban
11 Development, the United States Interagency Council
12 on Homelessness, the Department of Health and
13 Human Services, the Department of Agriculture,
14 and the Bureau of Indian Affairs, to be appointed
15 by the heads of those agencies.

16 (3) DEVELOPMENT OF ASSISTANCE TOOLS.—
17 Not later than 1 year after the date of enactment
18 of this Act, the working group established under
19 paragraph (1) shall—

20 (A) develop training, tools, and other tech-
21 nical assistance materials that simplify home-
22 lessness services for providers of health care
23 and simplify health care services for providers
24 of homelessness services by identifying the basic

1 elements the health and homelessness sectors
2 need to understand about the other; and

3 (B) circulate the materials described in
4 subparagraph (A) to interested entities, particu-
5 larly those that apply for grants awarded under
6 this section.

7 (c) CAPACITY-BUILDING GRANTS.—

8 (1) IN GENERAL.—The Secretary shall award
9 5-year grants to eligible entities described in para-
10 graph (4), which shall be used only to build or in-
11 crease their capacities to coordinate health care and
12 homelessness services.

13 (2) PROHIBITION.—None of the proceeds from
14 the grants awarded pursuant to this Act may be
15 used to pay for—

16 (A) health care, with the exception of ef-
17 forts to increase the availability of Naloxone
18 and provide training for its administration; or

19 (B) rent.

20 (3) AMOUNT.—The amount awarded to an enti-
21 ty under a grant under this section shall not exceed
22 \$500,000.

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

25 (A) be—

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

3 (ii) an Indian Tribe, a tribally des-
4 igned housing entity, or a Tribal organi-
5 zation;

6 (iii) a public housing agency admin-
7 istering housing choice vouchers; or

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

11 (B) be responsible for homelessness serv-
12 ices;

13 (C) provide such assurances as the Sec-
14 retary shall require that, in carrying out activi-
15 ties with amounts from the grant, the entity
16 will ensure that services are culturally com-
17 petent, meet the needs of the people being
18 served, and follow trauma-informed best prac-
19 tices to address those needs using a harm re-
20 duction approach; and

21 (D) demonstrate how the capacity of the
22 entity to coordinate health care and homeless-
23 ness services to better serve people experiencing
24 homelessness and significant behavioral health

1 issues, including substance use disorders, can
2 be increased through—

3 (i) the designation of a governmental
4 official as a coordinator for making con-
5 nections between health and homelessness
6 services and developing a strategy for
7 using those services in a holistic way to
8 help people experiencing homelessness and
9 behavioral health conditions such as sub-
10 stance use disorders, including those with
11 cooccurring conditions;

12 (ii) improvements in infrastructure at
13 the systems level;

14 (iii) improvements in technology for
15 voluntary remote monitoring capabilities,
16 including internet and video, which can
17 allow for more home- and community-
18 based behavioral health care services and
19 ensure those improvements maintain effec-
20 tive communication requirements for per-
21 sons with disabilities and program access
22 for persons with limited English pro-
23 ficiency;

24 (iv) improvements in connections to
25 health care services delivered by providers

1 experienced in behavioral health care and
2 people experiencing homelessness;

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

6 (vi) any additional activities identified
7 by the Secretary that will advance the co-
8 ordination of homelessness assistance,
9 housing, and substance use services and
10 other health care services.

11 (5) ELIGIBLE ACTIVITIES.—An eligible entity
12 receiving a grant under this section may use the
13 grant to cover costs related to—

14 (A) hiring system coordinators; and

15 (B) administrative costs, including staffing
16 costs, technology costs, and other such costs
17 identified by the Secretary.

18 (6) DISTRIBUTION OF FUNDS.—An eligible enti-
19 ty receiving a grant under this section may dis-
20 tribute all or a portion of the grant amounts to pri-
21 vate nonprofit organizations, other government enti-
22 ties, public housing agencies, tribally designated
23 housing entities, or other entities as determined by
24 the Secretary to carry out programs and activities in
25 accordance with this section.

1 (7) OVERSIGHT REQUIREMENTS.—

2 (A) ANNUAL REPORTS.—Not later than 6
3 years after the date on which grant amounts
4 are first received by an eligible entity under this
5 section, the entity shall submit to the Secretary
6 a report on the activities carried out under the
7 grant, which shall include, with respect to ac-
8 tivities carried out with grant amounts in the
9 community served—

10 (i) measures of outcomes relating to
11 whether people experiencing homelessness
12 and significant behavioral health issues, in-
13 cluding substance use disorders, who
14 sought help from the entity—

15 (I) were housed and did not ex-
16 perience intermittent periods of home-
17 lessness;

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

20 (III) experienced improvements
21 in their health;

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

24 (V) have health care plans that
25 meet their individual needs, including

1 access to mental health and substance
2 use disorder treatment and recovery
3 services;

4 (ii) how grant funds were used; and

5 (iii) any other matters determined ap-
6 propriate by the Secretary.

7 (B) RULE OF CONSTRUCTION.—Nothing in
8 this subsection may be construed to condition
9 the receipt of future housing and other services
10 by individuals assisted with activities and serv-
11 ices provided with grant amounts on the out-
12 comes detailed in the reports submitted under
13 this paragraph.

14 (d) AUTHORIZATION OF APPROPRIATIONS.—There is
15 authorized to be appropriated to carry out this section
16 \$20,000,000 for each of fiscal years 2022 through 2027,
17 of which not less than 5 percent of such funds shall be
18 awarded to Indian Tribes, tribally designated housing en-
19 tities, and Tribal organizations.