

118TH CONGRESS  
1ST SESSION

**S.** \_\_\_\_\_

To help persons in the United States experiencing homelessness and significant behavioral health issues, including substance use disorder, by authorizing a grant program within the Department of Health and Human Services 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.

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IN THE SENATE OF THE UNITED STATES

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Mr. PADILLA introduced the following bill; which was read twice and referred to the Committee on \_\_\_\_\_

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**A BILL**

To help persons in the United States experiencing homelessness and significant behavioral health issues, including substance use disorder, by authorizing a grant program within the Department of Health and Human Services 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 “Homelessness and Be-  
5 havioral Health Care Coordination Act of 2023”.

6 **SEC. 2. FINDINGS.**

7        Congress finds the following:

8            (1) The United States has a homelessness cri-  
9            sis, with more than 582,000 people experiencing  
10            homelessness on a single night according to the De-  
11            partment of Housing and Urban Development’s  
12            2022 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 disorder, can ex-  
17            acerbate 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 disorder frequently

1 makes it more difficult for people experiencing  
2 homelessness 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 disorder, often  
12 requires supportive services and close coordination  
13 between housing and social service providers, in ad-  
14 dition to low-barrier, affordable housing. Subsidized  
15 housing is critical, but not enough—access to addi-  
16 tional voluntary person-centered supportive services  
17 is needed.

18 (6) It is imperative that when people experi-  
19 encing homelessness choose to seek help that hous-  
20 ing as well as health care and person-centered sup-  
21 portive services be coordinated, particularly given  
22 their acute needs and the significant costs incurred  
23 by communities for law enforcement, correctional,  
24 and emergency department care for failing to do so.

1           (7) While participation in health care and per-  
2           son-centered supportive services should not be a re-  
3           quirement for people experiencing homelessness to  
4           receive housing, access to such services can be bene-  
5           ficial in securing and successfully maintaining stable  
6           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 disorder, who are  
25          experiencing homelessness, the grant program estab-

1 lished under this Act can be used to build the capac-  
2 ities of providers of homelessness services that have  
3 demonstrated cultural competencies in service provi-  
4 sion and a record of serving Black, Hispanic, and  
5 Indigenous people and other underserved populations  
6 experiencing homelessness that also suffer from sub-  
7 stance use disorder.

8 **SEC. 3. DEFINITIONS.**

9 In this Act:

10 (1) **BEHAVIORAL HEALTH.**—The term “behav-  
11 ioral health” includes mental health and substance  
12 use.

13 (2) **ELIGIBLE ENTITY.**—The term “eligible enti-  
14 ty” means an entity described in section 3(c)(4) that  
15 is eligible for a competitive grant under section 4.

16 (3) **INDIAN TRIBE.**—The term “Indian Tribe”  
17 has the meaning given the term in section 4 of the  
18 Indian Self-Determination and Education Assistance  
19 Act (25 U.S.C. 5304).

20 (4) **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 defined  
24 in section 103 of the McKinney-Vento Homeless As-  
25 sistance Act (42 U.S.C. 11302).

1           (5) PUBLIC HOUSING AGENCY.—The term  
2           “public housing agency” has the meaning given the  
3           term in section 3(b)(6) of the United States Hous-  
4           ing Act of 1937 (42 U.S.C. 1437a(b)(6)).

5           (6) SECRETARY.—The term “Secretary” means  
6           the Secretary of Health and Human Services.

7           (7) 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          (8) TRIBAL ORGANIZATION.—The term “Tribal  
14          organization”—

15                 (A) has the meaning given the term in sec-  
16                 tion 4 of the Indian Self-Determination and  
17                 Education Assistance Act (25 U.S.C. 3504);  
18                 and

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

22          (9) TRIBALLY DESIGNATED HOUSING ENTI-  
23          TY.—The term “tribally designated housing entity”  
24          has the meaning given the term in section 4 of the

1 Native American Housing Assistance and Self-De-  
2 termination Act of 1996 (25 U.S.C. 4103).

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

4 (a) IN GENERAL.—The Secretary, in consultation  
5 with the working group established under subsection (b),  
6 shall establish a grant program to award competitive  
7 grants to eligible entities in direct coordination with a con-  
8 tinuum of care to build or increase capacity to coordinate  
9 the delivery of health care and homelessness services with-  
10 in the continuum of care.

11 (b) WORKING GROUP.—

12 (1) ESTABLISHMENT.—The Secretary shall es-  
13 tablish an interagency working group to provide ad-  
14 vice and coordinate along relevant existing working  
15 groups to the Secretary in carrying out the program  
16 established under subsection (a).

17 (2) COMPOSITION.—The working group estab-  
18 lished under paragraph (1) shall include representa-  
19 tives from the Department of Health and Human  
20 Services, the Department of Housing and Urban De-  
21 velopment, the United States Interagency Council on  
22 Homelessness, the Department of Agriculture, and  
23 the Bureau of Indian Affairs, to be appointed by the  
24 heads of such agencies.

1           (3) DEVELOPMENT OF ASSISTANCE TOOLS.—

2           Not later than 1 year after the date of enactment  
3           of this Act, the working group established under  
4           paragraph (1) shall—

5                   (A) develop training, tools, and other tech-  
6                   nical assistance materials that simplify home-  
7                   lessness services for providers of health care  
8                   and simplify health care services for providers  
9                   of homelessness services by identifying the basic  
10                  elements the health and homelessness sectors  
11                  need to understand about the other; and

12                   (B) circulate the materials described in  
13                   subparagraph (A) to interested entities, particu-  
14                   larly eligible entities that apply for grants  
15                   awarded pursuant to this Act.

16           (c) CAPACITY-BUILDING GRANTS.—

17                   (1) IN GENERAL.—The Secretary shall award  
18                   5-year grants to eligible entities, which shall be used  
19                   only to build or increase capacities to coordinate  
20                   health care and homelessness services.

21                   (2) PROHIBITION.—None of the proceeds from  
22                   the grants awarded pursuant to this Act may be  
23                   used to pay for—

24                           (A) health care, with the exception of ef-  
25                           forts to increase the availability of Naloxone



1 and provide training for the administration of  
2 Naloxone; or

3 (B) rent.

4 (3) AMOUNT.—The amount awarded to an eligi-  
5 ble entity under a grant under this subsection shall  
6 not exceed \$500,000.

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

9 (A) be designated by a continuum of care  
10 to ensure coordination across the continuum of  
11 care geographic regions, and which may 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 igned housing entity, a Tribal organiza-  
16 tion, or an urban Indian organization;

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

19 (iv) a nonprofit organization;

20 (B) be responsible for homelessness serv-  
21 ices;

22 (C) provide such assurances as the Sec-  
23 retary shall require that, in carrying out activi-  
24 ties with amounts from the grant, the entity  
25 will ensure that services are culturally com-

1           petent, meet the needs of the people being  
2           served, and follow trauma-informed best prac-  
3           tices to address those needs using a harm re-  
4           duction approach; and

5           (D) demonstrate how the capacity of the  
6           entity to coordinate health care and homeless-  
7           ness services to better serve people experiencing  
8           homelessness and significant behavioral health  
9           issues, including substance use disorder, can be  
10          increased through—

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

20           (ii) improvements in infrastructure at  
21           the systems level;

22           (iii) improvements in technology for  
23           voluntary remote monitoring capabilities,  
24           including internet and video, which can  
25           allow for more home- and community-

1 based behavioral health care services and  
2 ensure such improvements maintain effective  
3 communication requirements for persons  
4 with disabilities and program access  
5 for persons with limited English proficiency;  
6

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

11 (v) efforts to increase the availability,  
12 and training for the administration, of  
13 opioid antagonists indicated for emergency  
14 treatment of opioid overdose; and

15 (vi) any additional activities identified  
16 by the Secretary that will advance the coordination  
17 of homelessness assistance,  
18 housing, and behavioral health care services  
19 and other health care services.

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

23 (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 enti-  
5 ty receiving a grant under this subsection may dis-  
6 tribute all or a portion of the grant amounts to pri-  
7 vate nonprofit organizations, other government enti-  
8 ties, State, local, or Tribal public health depart-  
9 ments, community health centers or organizations,  
10 public housing agencies, tribally designated housing  
11 entities, or other entities as determined by the Sec-  
12 retary to carry out programs and activities in ac-  
13 cordance with this section.

14 (7) OVERSIGHT REQUIREMENTS.—

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

23 (i) measures of outcomes relating to  
24 whether people experiencing homelessness  
25 and significant behavioral health issues, in-

1 cluding substance use disorder, who sought  
2 help from an entity that received a 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           (d) AUTHORIZATION OF APPROPRIATIONS.—There is  
4 authorized to be appropriated to carry out this section  
5 \$20,000,000 for each of fiscal years 2023 through 2028,  
6 of which not less than 5 percent of such funds shall be  
7 awarded to Indian Tribes, tribally designated housing en-  
8 tities, and Tribal organizations.