

118TH CONGRESS  
1ST SESSION

# H. R. 773

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.

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## IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 2, 2023

Ms. DEAN of Pennsylvania (for herself and Ms. GARCIA of Texas) introduced the following bill; which was referred to the Committee on Financial Services

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## 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 “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 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) 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 two sets of services  
18          to allow for smoother pathways and simpler naviga-  
19          tion.

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

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

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

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

20 (b) WORKING GROUP.—

21 (1) ESTABLISHMENT.—The Secretary shall es-  
22 tablish an interagency working group to provide ad-  
23 vice to the Secretary in carrying out the program  
24 under subsection (a). The working group shall in-  
25 clude representatives from the Department of Hous-

1       ing and Urban Development, the United States  
2       Interagency Council on Homelessness, Department  
3       of Health and Human Services, Department of Agri-  
4       culture, and Bureau of Indian Affairs, to be ap-  
5       pointed by the heads of such agencies.

6               (2) DEVELOPMENT OF ASSISTANCE TOOLS.—

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

18              (c) CAPACITY-BUILDING GRANTS.—

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

23              (2) PROHIBITION.—None of the proceeds from  
24      the grants awarded pursuant to this Act may be  
25      used to pay for health care, with the exception of ef-

1       forts to increase the availability of Naloxone and  
2       provide training for its administration, or rent.

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

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

8           (A) be—

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

11                   (ii) an Indian tribe, a Tribally des-  
12       ignated housing entity, a Tribal organiza-  
13       tion, or an urban Indian organization;

14                   (iii) a public housing agency admin-  
15       istering housing choice vouchers; or

16                   (iv) a continuum of care or nonprofit  
17       organization designated by the continuum  
18       of care;

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

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

1 served, and follow trauma-informed best prac-  
2 tices to address those needs using a harm re-  
3 duction approach; and

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

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

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

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



1 ensure such improvements maintain effective  
2 communication requirements for persons  
3 with disabilities and program access  
4 for persons with limited English proficiency;  
5

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

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

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

18 (5) ELIGIBLE ACTIVITIES.—An eligible grantee  
19 receiving a grant under this subsection may use the  
20 grant to cover costs related to—

21 (A) hiring system coordinators; and

22 (B) administrative costs, including staffing  
23 costs, technology costs, and other such costs  
24 identified by the Secretary.

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

9           (7) OVERSIGHT REQUIREMENTS.—

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

18                   (i) measures of outcomes relating to  
19 whether people experiencing homelessness  
20 and significant behavioral health issues, in-  
21 cluding substance use disorders, who  
22 sought help from an entity that received a  
23 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 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.

25 (8) DEFINITIONS.—In this section:

1           (A) BEHAVIORAL HEALTH.—The term  
2 “behavioral health” includes mental health and  
3 substance use.

4           (B) 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           (C) 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           (D) 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 2023 through 2028,  
8 of which not less than 5 percent of such funds shall be  
9 awarded to Indian tribes and tribal organizations.

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