

Edward J. Markey
S.L.C.
Amendment 1

AMENDMENT NO. 1 Calendar No. _____

Purpose: 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.

IN THE SENATE OF THE UNITED STATES—118th Cong., 1st Sess.

S. 3393

To reauthorize the SUPPORT for Patients and Communities Act, and for other purposes.

Referred to the Committee on _____ and ordered to be printed

Ordered to lie on the table and to be printed

AMENDMENT intended to be proposed by Mr. Markey

Viz:

1 At the end, add the following:

2 **TITLE V—HOMELESSNESS AND**
3 **BEHAVIORAL HEALTH CARE**

4 **SEC. 501. SHORT TITLE.**

5 This title may be cited as the “Homelessness and Be-
6 havioral Health Care Coordination Act of 2023”.

7 **SEC. 502. FINDINGS.**

8 Congress finds the following:

1 (1) The United States has a homelessness cri-
2 sis, with more than 582,000 people experiencing
3 homelessness on a single night according to the De-
4 partment of Housing and Urban Development's
5 2022 Annual Homeless Assessment Report to Con-
6 gress.

7 (2) While the lack of affordable housing is the
8 primary driver of homelessness, behavioral health
9 conditions, including substance use disorder, can ex-
10 acerbate homelessness and can also be a con-
11 sequence of homelessness.

12 (3) Research shows that people experiencing
13 homelessness have higher rates of substance use dis-
14 order than people with housing stability. Some peo-
15 ple who experience homelessness use substances to
16 cope with the trauma and deprivations of their cir-
17 cumstances, but substance use disorder frequently
18 makes it more difficult for people experiencing
19 homelessness to secure permanent housing.

20 (4) Many individuals with substance use dis-
21 order who experience homelessness have co-occurring
22 illnesses. The combined effect of physical illness,
23 mental illness, and lack of housing results in higher
24 mortality rates for individuals experiencing home-
25 lessness.

1 (5) Safely and securely housing individuals who
2 are experiencing both homelessness and behavioral
3 health issues, including substance use disorder, often
4 requires supportive services and close coordination
5 between housing and social service providers, in ad-
6 dition to low-barrier, affordable housing. Subsidized
7 housing is critical, but not enough—access to addi-
8 tional voluntary person-centered supportive services
9 is needed.

10 (6) It is imperative that when people experi-
11 encing homelessness choose to seek help that hous-
12 ing as well as health care and person-centered sup-
13 portive services be coordinated, particularly given
14 their acute needs and the significant costs incurred
15 by communities for law enforcement, correctional,
16 and emergency department care for failing to do so.

17 (7) While participation in health care and per-
18 son-centered supportive services should not be a re-
19 quirement for people experiencing homelessness to
20 receive housing, access to such services can be bene-
21 ficial in securing and successfully maintaining stable
22 housing.

23 (8) Integration of health and homelessness serv-
24 ices to achieve optimal outcomes for people experi-
25 encing homelessness, significant behavioral health

1 conditions such as substance use disorder, and other
2 health conditions can be challenging for State and
3 local governments, continuums of care, and commu-
4 nity-based organizations that administer both health
5 and homelessness services and providers of homeles-
6 ness services.

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

10 (10) Black, Hispanic, and Indigenous people
11 are disproportionately underserved by person-cen-
12 tered supportive services. In order to address critical
13 services deficits and affirmatively serve protected
14 classes of people with significant behavioral health
15 conditions, including substance use disorder, who are
16 experiencing homelessness, the grant program estab-
17 lished under this title can be used to build the ca-
18 pacities of providers of homelessness services that
19 have demonstrated cultural competencies in service
20 provision and a record of serving Black, Hispanic,
21 and Indigenous people and other underserved popu-
22 lations experiencing homelessness that also suffer
23 from substance use disorder.

24 **SEC. 503. DEFINITIONS.**

25 In this title:

1 (1) BEHAVIORAL HEALTH.—The term “behav-
2 ioral health” includes mental health and substance
3 use.

4 (2) ELIGIBLE ENTITY.—The term “eligible enti-
5 ty” means an entity described in section 503(c)(4)
6 that is eligible for a competitive grant under section
7 504.

8 (3) INDIAN TRIBE.—The term “Indian Tribe”
9 has the meaning given the term in section 4 of the
10 Indian Self-Determination and Education Assistance
11 Act (25 U.S.C. 5304).

12 (4) PERSON EXPERIENCING HOMELESSNESS.—
13 The term “person experiencing homelessness” has
14 the same meaning as the terms “homeless”, “home-
15 less individual”, and “homeless person”, as defined
16 in section 103 of the McKinney-Vento Homeless As-
17 sistance Act (42 U.S.C. 11302).

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

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

24 (7) SUBSTANCE USE DISORDER.—The term
25 “substance use disorder” means the disorder that

1 occurs when the recurrent use of alcohol or drugs,
2 or both, causes clinically significant impairment, in-
3 cluding health problems, disability, and failure to
4 meet major responsibilities at work, school, or home.

5 (8) TRIBAL ORGANIZATION.—The term “Tribal
6 organization”—

7 (A) has the meaning given the term in sec-
8 tion 4 of the Indian Self-Determination and
9 Education Assistance Act (25 U.S.C. 3504);
10 and

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

14 (9) TRIBALLY DESIGNATED HOUSING ENTI-
15 TY.—The term “tribally designated housing entity”
16 has the meaning given the term in section 4 of the
17 Native American Housing Assistance and Self-De-
18 termination Act of 1996 (25 U.S.C. 4103).

19 **SEC. 504. ESTABLISHMENT OF GRANT PROGRAM.**

20 (a) IN GENERAL.—The Secretary, in consultation
21 with the working group established under subsection (b),
22 shall establish a grant program to award competitive
23 grants to eligible entities in direct coordination with a con-
24 tinuum of care to build or increase capacity to coordinate

1 the delivery of health care and homelessness services with-
2 in the continuum of care.

3 (b) WORKING GROUP.—

4 (1) ESTABLISHMENT.—The Secretary shall es-
5 tablish an interagency working group to provide ad-
6 vice and coordinate along relevant existing working
7 groups to the Secretary in carrying out the program
8 established under subsection (a).

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

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

21 (A) develop training, tools, and other tech-
22 nical assistance materials that simplify home-
23 lessness services for providers of health care
24 and simplify health care services for providers
25 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 eligible entities that apply for grants
6 awarded pursuant to this title.

7 (c) CAPACITY-BUILDING GRANTS.—

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

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

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

19 (B) rent.

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

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

- 1 (A) be designated by a continuum of care
2 to ensure coordination across the continuum of
3 care geographic regions, and which may be—
- 4 (i) a governmental entity at the coun-
5 ty, city, regional, or locality level;
- 6 (ii) an Indian Tribe, a tribally des-
7 igned housing entity, a Tribal organiza-
8 tion, or an urban Indian organization;
- 9 (iii) a public housing agency admin-
10 istering housing choice vouchers; or
- 11 (iv) a nonprofit organization;
- 12 (B) be responsible for homelessness serv-
13 ices;
- 14 (C) provide such assurances as the Sec-
15 retary shall require that, in carrying out activi-
16 ties with amounts from the grant, the entity
17 will ensure that services are culturally com-
18 petent, meet the needs of the people being
19 served, and follow trauma-informed best prac-
20 tices to address those needs using a harm re-
21 duction approach; and
- 22 (D) demonstrate how the capacity of the
23 entity to coordinate health care and homeles-
24 sness services to better serve people experiencing
25 homelessness and significant behavioral health

1 issues, including substance use disorder, can be
2 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 disorder, 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 such 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 and training for the administration, of
5 opioid antagonists indicated for emergency
6 treatment of opioid overdose; and

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

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

15 (A) hiring system coordinators; and

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

19 (6) DISTRIBUTION OF FUNDS.—An eligible enti-
20 ty receiving a grant under this subsection may dis-
21 tribute all or a portion of the grant amounts to pri-
22 vate nonprofit organizations, other government enti-
23 ties, State, local, or Tribal public health depart-
24 ments, community health centers or organizations,
25 public housing agencies, tribally designated housing

1 entities, or other entities as determined by the Sec-
2 retary to carry out programs and activities in ac-
3 cordance with this section.

4 (7) OVERSIGHT REQUIREMENTS.—

5 (A) ANNUAL REPORTS.—Not later than 6
6 years after the date on which grant amounts
7 are first received by an eligible entity, the eligi-
8 ble entity shall submit to the Secretary a report
9 on the activities carried out under the grant,
10 which shall include, with respect to activities
11 carried out with grant amounts in the commu-
12 nity served—

13 (i) measures of outcomes relating to
14 whether people experiencing homelessness
15 and significant behavioral health issues, in-
16 cluding substance use disorder, who sought
17 help from an entity that received a grant—

18 (I) were housed and did not ex-
19 perience intermittent periods of home-
20 lessness;

21 (II) were voluntarily enrolled in
22 treatment and recovery programs;

23 (III) experienced improvements
24 in their health;

1 (IV) obtained access to specific
2 primary care providers; and

3 (V) have health care plans that
4 meet their individual needs, including
5 access to mental health and substance
6 use disorder treatment and recovery
7 services;

8 (ii) how grant funds were used; and

9 (iii) any other matters determined ap-
10 propriate by the Secretary.

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

18 (d) AUTHORIZATION OF APPROPRIATIONS.—There is
19 authorized to be appropriated to carry out this section
20 such sums as may be necessary for each of fiscal years
21 2024 through 2029, of which not less than 5 percent of
22 such funds shall be awarded to Indian Tribes, tribally des-
23 ignated housing entities, and Tribal organizations.