

115TH CONGRESS
2D SESSION

S. 2636

To require the Secretary of Health and Human Services to establish a community action opioid response grant program.

IN THE SENATE OF THE UNITED STATES

APRIL 10, 2018

Ms. COLLINS (for herself and Ms. KLOBUCHAR) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To require the Secretary of Health and Human Services to establish a community action opioid response grant program.

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 The Act may be cited as the “Community Action
5 Opioid Response Act of 2018”.

6 **SEC. 2. ESTABLISHMENT OF THE COMMUNITY ACTION**
7 **OPIOID RESPONSE GRANT PROGRAM.**

8 (a) **AUTHORIZATION OF GRANT PROGRAM.**—The
9 Secretary of Health and Human Services, acting through

1 the Office of Community Services established under sec-
2 tion 678 of the Community Services Block Grant Act (42
3 U.S.C. 9912), shall, subject to the subsequent provisions
4 of this section, establish a grant program to enable Com-
5 munity Action Agencies to respond to the needs of commu-
6 nities and low-income families and individuals in crisis re-
7 sulting from the opioid addiction epidemic.

8 (b) GOALS.—The goals of the grant program under
9 this section are to expand and support effective commu-
10 nity efforts to identify and respond to causes and con-
11 sequences of opioid misuse and addiction experienced by
12 low-income individuals, families, and communities.

13 (c) ELIGIBILITY.—Any Community Action Agency,
14 as defined in subsection (i), is eligible to apply for a grant
15 under this section by submitting an application in such
16 form and manner as specified by the Secretary, in accord-
17 ance with subsection (g)(1).

18 (d) ALLOWABLE USES OF FUNDS.—A grant awarded
19 to a Community Action Agency under this section may
20 be used to support one or more of the following activities,
21 which may be conducted in coordination or partnership
22 with other community organizations:

23 (1) Enhanced public education to improve indi-
24 vidual and community awareness, with respect to

1 opioid misuse or addiction, including for children
2 and youth.

3 (2) Outreach and identification of individuals at
4 risk of or experiencing opioid misuse or addiction,
5 and referral of such individuals to appropriate treat-
6 ment, recovery, or other resources in the community.

7 (3) Direct services to prevent, treat, or recover
8 from opioid addiction.

9 (4) Services to stabilize the education, employ-
10 ment, housing, transportation, or other needs of ad-
11 dicted or at-risk individuals and their family mem-
12 bers.

13 (5) Services to address and mitigate the impact
14 of opioid addiction on children in the household.

15 (6) Support and assistance to children, and
16 their caregivers, including grandparents and older
17 relative caregivers of children, who are in foster care
18 or at-risk of placement in foster care because of the
19 opioid addiction of their parents.

20 (7) Development of innovative community-based
21 projects and services using a two-generation ap-
22 proach that responds to the needs of parents and
23 children together who are at risk of or experiencing
24 opioid misuse or addiction.

1 (8) Development of partnerships with entities
2 such as local healthcare providers, substance abuse
3 treatment organizations, schools, child welfare agen-
4 cies, social service organizations, drug-free commu-
5 nities, police departments, prosecutors, courts, pris-
6 ons, local governments, businesses, and religious in-
7 stitutions, in order to coordinate or expand resources
8 available to addicted or at-risk individuals and their
9 family members.

10 (9) Training for agency personnel in issues re-
11 lated to opioid addiction, including early identifica-
12 tion of at-risk individuals and administration of
13 overdose prevention medications.

14 (e) GRANT FUNDING LIMITATIONS.—

15 (1) AMOUNT OF GRANT.—A grant awarded
16 under this section shall be in an amount that is not
17 more than \$1,000,000 per year and not less than
18 \$50,000 per year.

19 (2) DURATION.—A grant awarded under this
20 section shall be for not more than three years in du-
21 ration unless otherwise approved by the Secretary
22 based on outcome data or extenuating circum-
23 stances.

24 (f) REPORTING.—Each Community Action Agency
25 receiving a grant under this section shall submit an annual

1 report to the Secretary detailing goals, interventions, out-
2 comes, and expenditures, with respect to the program of
3 such agency that is funded by such grant, and make each
4 such report so submitted by the Community Action Agen-
5 cy available on the public website of the Community Ae-
6 tion Agency. The Secretary shall make each such report
7 public on the public website of the Department of Health
8 and Human Services. For each year of the grant program
9 under this section, the Secretary shall compile all of such
10 reports so submitted to the Secretary for such year and
11 submit to Congress the compilation with an annual sum-
12 mary.

13 (g) EXPEDITED GRANT APPLICATION, REVIEW, AND
14 AWARD PROCESS.—

15 (1) APPLICATION PROCESS AND CRITERIA.—

16 Not later than 60 days after the date of the enact-
17 ment of this section, the Secretary shall publish in
18 the Federal Register the application process and cri-
19 teria for grants under this section. Such criteria
20 shall require each application submitted for a grant
21 under this section to include—

22 (A) a description of the objectives of the
23 program and activities to be funded by the
24 grant and how the grant will be used to achieve
25 these objectives, including specific activities and

1 services to be conducted, and specific popu-
2 lations or areas to be served;

3 (B) a description of innovative approaches
4 to be used and evidence of likely success;

5 (C) a plan for measuring progress in
6 achieving such objectives specified in subpara-
7 graph (A), including a strategy to collect data
8 that can be used to measure the project's effec-
9 tiveness;

10 (D) identification of relevant community or
11 other organizations with which the applicant
12 will coordinate or partner and a description of
13 the proposed coordination or partnership;

14 (E) assurances satisfactory to the Sec-
15 retary that the applicant has conducted an as-
16 sessment of community needs related to opioid
17 misuse and addiction among low-income individ-
18 uals and families, and that the proposed uses of
19 the grant funds will address unmet needs iden-
20 tified by the assessment;

21 (F) assurances satisfactory to the Sec-
22 retary that funds awarded through the grant
23 will not supplant other programs or resources
24 in the community with similar objectives; and

1 (G) assurances satisfactory to the Sec-
2 retary that evidence-based approaches will be
3 used to the maximum extent practicable.

4 (2) COMMUNITY ACTION OPIOID RESPONSE
5 GRANT APPLICATION REVIEW PANEL.—

6 (A) IN GENERAL.—Not later than 90 days
7 after the date of the enactment of this section,
8 the Secretary shall establish a Community Ac-
9 tion Opioid Response Grant Application Review
10 Panel of not less than 15 individuals, including
11 not more than 5 employees from the Depart-
12 ment of Health and Human Services and other
13 Federal agencies, with expert knowledge of the
14 opioid epidemic, drug treatment, community re-
15 sponses to poverty prevention, child protection,
16 or post-recovery employment and training.

17 (B) DUTIES.—Such review panel shall re-
18 view and evaluate applications for grants under
19 this section and recommend to the Secretary
20 which of such applications should be awarded a
21 grant under this section.

22 (C) GRANT SELECTION PRIORITIES.—In
23 reviewing and recommending applications for a
24 grant, such review panel shall consider and give

1 priority to applications that demonstrate one or
2 more of the following:

3 (i) Evidence of coordination and part-
4 nership with agencies or entities with expe-
5 rience or expertise in addressing opioid-re-
6 lated issues.

7 (ii) Evidence of leveraging non-Fed-
8 eral funds or in-kind resources to extend
9 the reach or duration (or both) of the pro-
10 gram proposed by the application.

11 (iii) Quality of methodology proposed
12 to monitor the outcomes of the program
13 proposed by the application and effective-
14 ness in achieving goals of the program and
15 mitigating the harmful health and socio-
16 economic impacts of opioid addiction.

17 (iv) Evidence of capacity-building and
18 strengthening of community responses to
19 the opioid crisis.

20 (v) Efforts to minimize the trauma
21 and negative impact of foster care on chil-
22 dren of addicted individuals.

23 (vi) Efforts to support grandparents
24 and other older relative caregivers raising

1 children in their care who are impacted by
2 opioid addiction.

3 (vii) The applicant has a dem-
4 onstrated knowledge of opioid-related
5 needs in the target community.

6 (viii) Use of innovative or evidence-
7 based approaches to address unmet opioid-
8 related needs, including to promote self-
9 sufficiency and well-being for families with
10 children impacted by opioid addiction.

11 (ix) Use of innovative two-generation
12 approaches that create opportunities for,
13 and address the needs of, parents and chil-
14 dren together who are impacted by opioid
15 addiction.

16 (D) FUNDING.—The Secretary may use
17 amounts appropriated to the Office of the Sec-
18 retary of Health and Human Services to pay
19 for all expenses associated with the Community
20 Action Opioid Response Grant Application Re-
21 view Panel.

22 (3) TIMING FOR AWARDING GRANTS.—With re-
23 spect to a year for which amounts are appropriated
24 to carry out this section pursuant to subsection (h),
25 not later than 120 days after such amounts are

1 made available for such year, the Secretary shall
2 award all such amounts for grants under this section
3 for such year.

4 (4) GEOGRAPHIC DISTRIBUTION.—In making
5 grants to carry out the program under this section,
6 the Secretary shall take into consideration the geo-
7 graphic distribution of funding among States and
8 the relative proportion of funding among rural and
9 urban areas.

10 (h) AUTHORIZATION OF APPROPRIATIONS.—

11 (1) IN GENERAL.—There is authorized to be
12 appropriated for grants under this section
13 \$50,000,000 for each of fiscal years 2018 through
14 2022.

15 (2) TRIBAL SET ASIDE.—Of the amount appro-
16 priated for a year pursuant to paragraph (1) to
17 carry out this section, not more than 7 percent shall
18 be designated for such year for grants to Indian
19 tribes or tribal organizations that receive direct pay-
20 ments under section 677 of the Community Services
21 Block Grant Act (42 U.S.C. 9911).

22 (i) DEFINITIONS.—As used in this section:

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

1 (2) COMMUNITY ACTION AGENCY.—The term
2 “Community Action Agency” has the same meaning
3 given the term “eligible entity” under section
4 673(1)(A) of the Community Services Block Grant
5 Act (42 U.S.C. 9902).

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