

**AMENDMENT TO THE AMENDMENT  
IN THE NATURE OF A SUBSTITUTE TO THE  
COMMITTEE PRINT RELATING TO PUBLIC  
HEALTH  
OFFERED BY M. \_\_\_\_\_**

Page 33, after line 4, insert the following:

1 **SEC. 3056A. FAMILY SUPPORT SERVICES FOR INDIVIDUALS**  
2 **STRUGGLING WITH SUBSTANCE USE DIS-**  
3 **ORDER.**

4 (a) DEFINITIONS.—In this section—

5 (1) the term “family community organization”  
6 means an independent nonprofit organization that—

7 (A) mobilizes resources within and outside  
8 of the community of families with individuals  
9 living with addiction, to provide a support net-  
10 work, education, and evidence-informed tools  
11 for families and loved ones of individuals strug-  
12 gling with substance use disorders; and

13 (B) is governed by experts in the field of  
14 addiction, which may include—

15 (i) experts in evidence-informed inter-  
16 ventions for family members;

1 (ii) experts in the impact of addiction  
2 on family systems;

3 (iii) families who have experience with  
4 substance use disorders and addiction; and

5 (iv) other experts in the field of addic-  
6 tion; and

7 (2) the term “family support services” means  
8 resources or programs that support families that in-  
9 clude an individual with substance use disorder.

10 (b) GRANTS AUTHORIZED.—In addition to the uses  
11 of funds specified in section 3056, the Secretary shall use  
12 funds appropriated by section 3056 to award grants to  
13 family community organizations to enable such organiza-  
14 tions to develop, expand, and enhance evidence-informed  
15 family support services.

16 (c) FEDERAL SHARE.—The Federal share of the  
17 costs of a program funded by a grant under this section  
18 may not exceed 85 percent.

19 (d) USE OF FUNDS.—Grants awarded under sub-  
20 section (b)—

21 (1) shall be used to develop, expand, and en-  
22 hance community and statewide evidence-informed  
23 family support services; and

24 (2) may be used to—

1 (A) build connections between family sup-  
2 port networks, including providing technical as-  
3 sistance between family community organiza-  
4 tions and peer support networks, and with  
5 other family support services, focused on en-  
6 hancing knowledge of evidence-informed inter-  
7 ventions for family members and loved ones of  
8 individuals living with substance use disorders  
9 and reducing harm by educating service pro-  
10 viders on current evidence regarding addiction  
11 and the family, including—

12 (i) behavioral health providers, includ-  
13 ing such providers focused specifically on  
14 family and couples therapy in the context  
15 of addiction;

16 (ii) primary care providers;

17 (iii) providers of foster care services  
18 or support services for grandparents,  
19 guardians, and other extended family im-  
20 pacted by addiction; and

21 (iv) other family support services that  
22 connect to community resources for indi-  
23 viduals with substance use disorders, in-  
24 cluding non-clinical community services;

1 (B) reduce stigma associated with the fam-  
2 ily of individuals with substance use disorders  
3 by improving knowledge about addiction and its  
4 treatment, providing compassionate support,  
5 and dispelling myths that perpetuate such stig-  
6 ma;

7 (C) conduct outreach on issues relating to  
8 substance use disorders and family support,  
9 which may include education, training, and re-  
10 sources with respect to—

11 (i) building a resilience- and  
12 strengths-based approach to prevention of,  
13 and living with, addiction in the family;

14 (ii) identifying the signs of substance  
15 use disorder;

16 (iii) adopting an approach that mini-  
17 mizes harm to all family members; and

18 (iv) families of individuals with a sub-  
19 stance use disorder, including with respect  
20 to—

21 (I) navigating the treatment and  
22 recovery systems;

23 (II) paying for addiction treat-  
24 ment;

1 (III) education about substance  
2 use disorder; and

3 (IV) avoiding predatory treat-  
4 ment programs; and

5 (D) connect families to evidence-informed  
6 peer support programs.

7 (e) DATA REPORTING AND PROGRAM OVERSIGHT.—

8 With respect to a grant awarded under subsection (a), not  
9 later than 90 days after the end of the first year of the  
10 grant period, and annually thereafter for the duration of  
11 the grant period, the entity shall submit data, as appro-  
12 priate and to the extent practicable, to the Secretary re-  
13 garding—

14 (1) the programs and activities funded by the  
15 grant;

16 (2) health outcomes of the population of indi-  
17 viduals with a substance use disorder who received  
18 services through programs supported by the grant,  
19 as evaluated by an independent program evaluator  
20 through the use of outcomes measures, as deter-  
21 mined by the Secretary; and

22 (3) any other information that the secretary  
23 may require for the purpose of ensuring that the

1 grant recipient is complying with all the require-  
2 ments of the grant.

