

**TESTIMONY OF LISA MINTON, EXECUTIVE DIRECTOR
CHRYSLIS HOUSE, INC.
FOR THE
HOUSING AND INSURANCE SUBCOMMITTEE FIELD HEARING
“THE ROLE OF FEDERAL HOUSING AND COMMUNITY DEVELOPMENT
PROGRAMS TO SUPPORT OPIOID AND SUBSTANCE USE DISORDER
TREATMENT AND RECOVERY”**

AUGUST 16, 2018

**COURTROOM A, U.S. DISTRICT COURT OF EASTERN DISTRICT
101 BARR ST. LEXINGTON, KENTUCKY**

Good morning Congressman Barr, Congressman Guthrie, Chairman Duffy, Ranking Member Cleaver, and other interested parties.

I am Lisa Minton, Executive Director of Chrysalis House, a 501(c)(3) nonprofit agency located in Lexington, Kentucky. Chrysalis House was established in 1978. We have been saving lives for 40 years. We are Kentucky's oldest and largest licensed treatment program for women with substance use disorders.

The Chrysalis is the protected stage just before the beautiful butterfly emerges. That is what we want for the 200 women and children we serve each year.

Our mission to support women and their families in recovery from alcohol and other drugs led to our family-centered approach to treatment. We serve women from across the state.

As reported in the Herald Leader on Sunday, the CDC report released on Friday cited, “Kentucky had one of the highest rates in the nation of pregnant women using opioids...another example of the state's struggle with abuse of painkilling drugs.”

We prioritize pregnant and parenting women on our waitlist, which has a daily census of approximately 120 women. We are one of the few programs that allow babies to accompany their mothers to treatment. We believe the opportunity for our clients to be with their babies and young children is a powerful incentive to recovery.

A brief snapshot of the women we are currently serving:

average age is 26-30;

41% are pregnant;

61% report their primary substance of abuse is heroin or other opioid;

85% have had one or more prior treatment episodes;

98% are unemployed; and,

60% meet the homeless criteria for transitional housing.

This population needs additional recovery supports. Housing and employment are imperative to long-term sobriety.

We received our first Department of Housing and Urban Development (HUD) Supportive Housing Program-Transitional Housing grant in 1990 and had received HUD Permanent Housing grants for over 20 years.

In 2016, our Transitional Housing renewal \$200,000 grant application for our Family Program and Serenity Place Apartments was not selected by our Continuum of Care (CoC). The funding ended June 30, 2017.

This came as a surprise because a few months earlier in March 2016, our Family Program and Permanent Housing Bonus Program data tables were accepted for use in the Annual Homeless Assessment Report (AHAR). The AHAR is a report to the U.S. Congress on the extent and nature of homelessness in America. The report is prepared by HUD and provides nationwide estimates of homelessness. To my knowledge, the Lexington CoC had never had any data tables accepted for use in the AHAR until then.

Our two permanent housing applications were selected for funding: \$93,000 for scattered site apartments, and \$60,000 for permanent housing bonus apartments.

In 2017, we lost both of those grants as well.

We have gone from about \$360,000 a year in HUD funding to support homeless families with histories of substance abuse to 0.

The loss of funding was due to a shift in HUD's funding priorities (FY17 NOFA):

*CoCs should use the reallocation process to create new projects that improve their overall performance and better respond to their needs.

Our CoC has done this; choosing new projects over existing projects.

*CoCs should use a Coordinated Entry process which measures average length of homeless episodes and rates of return to homelessness, prioritizing chronic homelessness. Each agency receiving HUD funding through the CoC must utilize a Coordinated Entry process which prioritizes chronic homelessness.

Having been in residential treatment, the women we serve would not meet that definition. We phased families from residential/transitional housing into permanent housing funded by HUD. HUD's policies prioritize the chronically homeless who could be actively using over those seeking a supportive community dedicated to their sobriety, income, and family reunification.

*CoCs should use a Housing First approach which does not have a service participation requirement or preconditions.

This policy is strictly looking at if people stay in housing. For women, particularly those with children, housing represents more than just shelter; it is safety, a crucial support for recovery. They need supportive services. Transitional Housing is a place to learn the skills necessary to manage a disease, a job, transportation, childcare, etc. prior to managing a household.

We did meet the HUD's old definition for transitional housing: having a lack of financial resources and support, efforts have been made to obtain housing, without assistance they would be living on the street or in a shelter or they have been discharged from an institution having lived there for a long time and no resources, no support, and no subsequent residence. All conditions that mitigate against sobriety.

Policymakers are seeing a link between homelessness and substance use disorders. But the policy at HUD ignores that link and actually enables non-sober housing.

Senate Majority Leader Mitch McConnell recognizes the needs for long-term success and we are grateful for his continued support and leadership. We are encouraged by the CAREER Act and the opportunity it provides for the women and families we serve as they work to rebuild their lives.

Additionally, we look forward to the passage of Congressman Andy Barr's THRIVE Act. The Bill will create a demonstration program that allocates a limited number of Section 8 Housing Vouchers to transitional housing nonprofits. 10,000 vouchers will be set aside, allowing nonprofits to directly report to HUD.

The Thrive Act will show how crucial supportive services are to support those seeking sobriety break the cycle of addiction, poverty, and homelessness. It is an important means to re-connect the link between addiction and homelessness in HUD policy.

Thank you for inviting me to share with you today. I am happy to take questions.