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To: Senator Jane Kitchel, Chair, and members of Senate Appropriations
Committee, and Representative Diane Lanpher, Chair, and members of
House Appropriations Committee
From: Kim Anetsberger, Lamoille Community House
Re: Testimony at Joint Hearing on Appropriations
Date: February 28, 2023

Good afternoon, my name is Kim Anetsberger and I'm the executive director of the Lamoille
Community House, a homeless shelter nestled in Hyde Park, and the co-chair of the Lamoille
Valley Housing and Homelessness Coalition. I started in this field doing direct service about 5
years ago while working at Good Samaritan Haven in Barre as their intake coordinator. I quickly
realized that this field was right for me because I saw so much potential and beauty in the people
we served and greatly enjoyed spending time with them, person to person, relating as humans
about the small things in life. These are real people, but it doesn't seem like our system treats
them as such. It feels like we've assigned them less value simply because of their housing status.
Entering this field, I felt a little fire brewing in me about the injustice these folks faced but didn't
quite know at the time how deep both the fire and the injustice went.

As I've grown over the years and moved into a leadership role right before the pandemic, I've
learned a lot about our systems of care and am seeing how we have created an oppressive
environment that doesn't allow people to escape poverty, let alone homelessness. I don't think
we can solve this issue unless we come to terms with that fact first. We did this, our systems did
this and are to blame for how many people are suffering without homes. We can't point our
fingers, label people "criminals" and "addicts" and then throw our hands in the air and blame
them for not doing enough to help themselves. We can't ask people to help themselves after
pushing them into a corner of despair for generations. It's unfair, and it's inhumane.

We have **severely** underfunded our systems of care for generations and the results are starting
to become so compoundingly overwhelming that it feels as though we are on the constant edge
of even deeper despair and disaster. I'm going to give a few examples of things I've seen over the
years to paint a picture of what people working in this field see on a daily basis. These are all
people I have personally encountered in shelter, GA hotels, or living outdoors:
- A woman believing that the moles on her skin were implanted on her as listening devices
  by the government who refused to do an intake and was dropped off and abandoned by
  the police at the shelter door. She eventually was escorted out with the mental health
  crisis team and brought back to the psych bed she was released from.

- A woman with a small dog who would go into screaming fits at no one in the middle of the night and would wake up the entire shelter.
- A man who speaks in many voices, talks to no one, sometimes seems aggressive, sometimes is the biggest sweetheart, but you never know which version you'll see today.
- A 76 year old man who was in shelter and then a hotel room when covid hit who could not care for himself. His room had squirrels visiting in the summer eating the crumbs off the floor. There was rotten food, urine, and feces found around his room. It took us nearly two years to build enough trust that he finally decided it would be okay to live somewhere with assistance.
- A woman who was asked to leave a psychiatric unit because of her behavior. She also had to leave the shelter due to violence and threats.
- A man who was discharged from an out-of-county hospital to a hotel room alone, without his much needed walker and diabetes medication. While we tried to figure out who he was and what his support network was during the first week of his arrival, he fell in his room, was discovered unconscious, and passed away later that evening at the hospital from the injuries of his fall.
- A woman who camped through the recent -40 degree temps in early February because she doesn't trust any system to help her after years and years of being invalidated every time she's asked for help.
- An amputee who was in GA housing who passed away from covid in the hospital.
- A man we've worked with for 5 years that comes to the shelter in winter and camps in the summer who has several medical, mental health, and substance issues, does not trust systems and is finally making progress now that he's built a relationship with us over the past 5 years. It's slow progress, but it's progress.
- A man in his late thirties with cancer and severe alcoholism who was in shelter for 2 winters, was housed, lost his services during covid and lost housing due to not having support. He took his life when he became homeless again.
- A veteran who died from heat exposure this past summer with nowhere to go after being asked to leave each place he tried to access for shade.

These are just a few examples of people who have suffered greatly from the lack of proper infrastructure in place to support their needs.

Our current crisis will not go away and it will not be solved by the small steps towards what we need. What we are doing simply isn't enough. And to the service providers on the front lines who are doing the work for the state, it feels insulting. Extending GA for a limited amount of folks for a limited time isn't enough. Funding shelters at less than full funding isn't enough. It's like trying to dig yourself out of an avalanche with a couple of shovels when what we really need is a

few large plow trucks. **The size of the funding for the programs that keep people alive does not match the size of the crisis.** The crisis will continue to grow as we try to dig our way out, but the small dents we make will not last long and at the rate we're going, we'll soon all be swallowed up. This is what it feels like for people doing this work. Their lives are being swallowed up by it. It is all consuming and feels hopeless.
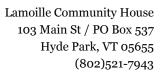
We know that we need to fund VHCB fully so they can fund more housing projects. We know that we need subsidies and vouchers to support people in housing. But we can't forget about supporting the people **now**, while they are without homes, and while the longer term plans are being made and carried out.

I'm asking that you support the Bridges to Housing proposal, and I am specifically asking that you consider **the $20 million increase in ongoing base funding for OEO to administer the HOP grant as proposed.** In contracting with nonprofits to do the state's work, you're already saving a considerate amount of money by not having to pay state salaries and benefits to every person working in this field. The proposal includes increasing shelter beds across the state by 120, which can be done with funding through VHCB if monies are allocated for that purpose. But we cannot have an extra 120 beds if existing or especially new shelters do not have the proper funding to run their facilities. As an ED of a small and young shelter, I have spent about 60% of my time on fundraising since starting in this position 3 years ago. I have had to build a donor database from scratch and although the community support is important because it shows that our community wants us here and cares about their neighbors, it also means that our shelter resources aren't being efficiently used. Nonprofits providing life saving services that the state contracts us to provide on their behalf should not have to fundraise in order to pay their staff, and keep the lights on. Administrative expenses are just as important as direct service expenses because without them, there's no organization to provide the services to begin with.

We can't continue this patchwork of programs and 2-3 year initiatives. We need a 20 year plan with a commitment to invest financially in the work for 20 years. We need to start this now before it's too late. **The longer we wait, the more expensive it's going to be to get ourselves out of it.**

I'd like to shed some light on how the current funding mechanisms are impacting the work and the people we serve. Right now, this is what's happening:

Service providers have too many people on their caseloads and are being underpaid and overworked, and shelters/hotels are full. More people with severe disabilities are entering the homelessness system of care because other underfunded systems (mental health/medical especially) are not equipped to handle the people they are responsible to serve. More people end

up homeless because of wage shortages, lack of transportation, lack of support for their respective needs, lack of affordable housing, increase in development of luxury housing and short term rentals, gentrification of their neighborhoods, etc. People are becoming homeless for longer periods of time due to lack of housing and support to help them exit homelessness. As people are stuck in crisis for longer periods of time, the symptoms of their challenges become more severe making it harder for them to cope and help themselves, creating a higher reliance on support systems to help them, but those systems are inadequate and lack capacity, which creates less than adequate services and a lack of trust in the system while the person's ability to to manage their behaviors and challenges worsens, which makes escaping homelessness harder, in turn making their time in crisis longer, restarting at the top of the cycle. This means that building trust with people takes even longer, continuing to extend the cycle. This is a cycle that we used to see in a few chronically homeless folks, but we are starting to see in more people as the crisis worsens, more people enter homelessness, and less exit it. When we underfund the providers that can keep people stable and meet their needs, all of these symptoms worsen because people don't have access to things that make them feel safe. When people feel unsafe, they make unsafe choices. When they make unsafe choices, they sometimes harm other people, like the recent stabbing in Montpelier. When harm is caused, we see people leave the field and retreat from caring for these folks, which in turn will make people feel less safe, causing more unsafe choices. When I heard about the incident in Montpelier last week, the first thing I wondered was what systems of care must have failed that 18 year old who felt his only choice in that moment was to harm someone, and what the rest of his life is going to look like now. This incident is a symptom of a system that does not support people in need. If we keep oppressing people and backing them into corners, they're going to do what they can to survive and won't have the capacity to make safe choices. This will make more people afraid to work in this field, and will result in less funding for these support services and more money being spent on more expensive resources like correctional facilities, hospitals, policing, etc.

In the end, if we care for people right away, before things get really bad, we save money in the long run. We end up with less hospital ER visits and less incarcerated people. Please consider significantly increasing funding for service providers because without it, we are only chipping away at a growing crisis without the proper tools and resources to make a real difference.

Warmly,

Kim Anetsberger
Executive Director
Lamoille Community House