



Connecticut's Statewide AIDS Coalition

**Testimony of John P. Merz  
Appropriations Committee  
8 March 2012**

Senator Harp, Representative Walker, members of the committee. I'm John Merz the Executive Director with the CT AIDS Resource Coalition; the only statewide organization in Connecticut whose sole focus is the needs of people living with HIV/AIDS.

We are happy to see that no cuts were proposed to the AIDS Housing line in the DSS budget. Clearly, the administration appreciates the role that Connecticut's 25 AIDS housing providers play in addressing the dual epidemics of homelessness and HIV.

Housing continues to be the single most unmet need among persons living with HIV/AIDS. The Connecticut AIDS Resource Coalition (CARC) has been collecting statistics on the demand for and utilization of AIDS housing since 1992. In 2010, over 1,300 men, women and children were housed among the 25 supportive AIDS housing programs located across the state. During the same time period, 91% of those requesting housing were turned away due to a lack of available space. And, the vast majority (55%) of those newly admitted into the programs were homeless and living on the streets, living in shelters or were precariously housed with family or friends. In fact, over 100 newly admitted residents came directly from homeless shelters, which was a 50% increase from 2009.

Rachel Bostic, HUD's Assistant Secretary of Policy and Research, was recently quoted as saying, "One of the most sobering statistics I heard at our conference ... was that for people with HIV/AIDS, if you had 100 people and didn't get them quality housing, only 25 were still alive five years later. If you got them housing, 95 of them were still alive three to five years later. Talk about an 'aha' moment."

With that as an illustrative backdrop, we applaud the Governor's proposed initiative to increase the number of affordable, supportive housing slots. While not HIV specific, when people with HIV can move into their own apartment, it opens space up for someone to enter into an AIDS housing program and receive the intensive supportive services this population of medically and socially fragile people desperately need.

We also want to address the Governor's plan to move all the housing program funds to DECD. We agree with the Governor that it makes sense to have housing under one roof and in a place where housing is the primary focus. Our only concerns center on the details of the move. The services that the AIDS housing providers offer are much greater than housing itself. There are case managers who are trained and well versed in the complexities of HIV disease which is often accompanied by multiple co-morbidities such as Hepatitis C, substance use and mental health histories, and the myriad of HIV-related issues. They assist clients in developing care plans as they strive towards greater independence or better health outcomes. And, at times, they sit with their clients during illness and death.

Over the years, we have developed a strong, collaborative relationship with our partners at DSS and would want to make sure that we have the same mutually beneficial relationship with our new partners at DECD as we move forward.

That said, as others will no doubt say, the coalitions who know the programs intimately from both the policy and funding side, will be integral to this transition. And, we hold the institutional history like no one else. We hope that DECD knows that they can count on us to be the resident experts not only on HIV/AIDS housing, but on the programs, research and policy, and trends. Like our other sister coalitions, we stand ready at the helm to assist so that the transition happens as smoothly as possible.

Thank you for your time. I'd be happy to answer any questions you might have.