



HIV/AIDS Service Providers of Vermont

Budget – Client-based Support Services

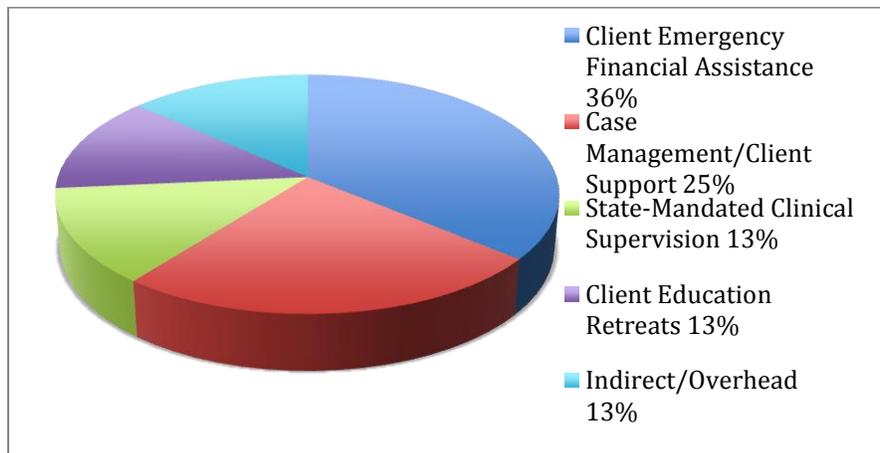
We oppose the proposed cut of \$135,000 - over a 28% cut - to **client-based support services**. This would eliminate all of our GF appropriation. State general funds have provided the flexibility of needed services not supported by Federal dollars.

We have had an 11% increase in clients who receive case management services since 2009 – more than 11% including the additional short-term services provided to individuals, such as HIV education, referrals for medical care, and other HIV prevention.

Impact on Clients

These cuts will significantly impact medical case management services, including:

- Direct Services – treatment adherence, transportation to medical appointments, home visits, and nutrition counseling
- Financial Assistance – housing, food, gas, phone, medical care, and mental health and substance abuse services
- Peer support services – groups, navigating health care systems, gender-specific health needs
- Needle/Syringe exchange programs



Impact on Public Health

Underfunding client-based support services poses **a public health risk**. When people do not receive needed services, they are less likely to comply with medication regimens - jeopardizing their own health and the health of others through transmission. In Vermont, **due in large part to the past support of state funding, our latest health care statistics are almost twice as high as the national statistics** - 78% engaged in care (with 61% retaining care). The U.S. Department of Health and Human Services statistics show that only 37% of those living with HIV/AIDS are retained in care.

The bottom line is: Treatment is prevention and prevention is treatment. Without support for one or the other, our model of care will collapse.