

This program has brought me to realize how I got in the situation I am in. I really do have a problem with drugs and alcohol. I have also connected back with my higher power Thank God. I feel this has been a positive think in my life.

CASSANDRA JOHNSON

4-7-98

THANK you John and Gwen. I really appreciate having you guys in my life.

THANK you
Again

To whom it may concern.

April 7, 1999

The Books of the NA, A.P. program has helped me out alot, and I really do appreciate Mrs Kidd for helping me out with getting me some books.

The aftercare program helped me out for as good suggestions and my feelings, and with my steps.

Also I believe the aftercare program should continue on, I believe that it will help people deal with self and life, and to let them know that they will always have a helping hand.

I am very grateful for the aftercare program and it's a pleasure working with Mrs Kidd

From A Client
King M. Todd
4/10/99

I thank god for everyone who I encounter who is sober and who ever is resourceful far as keeping me on the right track, god knows that I'm doing my best the desire and determination is in me from the day I decided to turn my will and my life over to god. you and Ewen are a good source of strenght to me and I thank you me and Ewen have been through a lot and I want to acomplish the goals that she has done and I'm striving to be the best that I can be today and You or her haven't once told me anything wrong maybe pointed out something I didn't like so I thank you guys

from the bottom
of my heart stay
in close contact
with me because if
you want I will

miss J.

Jessica

4-7-99

This AODA group has helped me
w/ issues by being able to
open up and support each other
as a group & learning different
things about addiction & John
& Gwen being there for
support, I think its a
good program.

To whom it may concern:

The book of the NA, A.A. program has helped me a lot and I appreciate John for helping with getting books through his aftercare program. The aftercare program help me with suggestion on things I could do to better my life. And for that I am grateful.

From a Client,
Marie F.

Racine Council

on Alcohol and Other Drug Abuse, Inc.

818 - 6th Street • Racine, Wisconsin 53403

Phone: (414) 632-6200 • Fax: (414) 632-2141

To: Joint Finance Committee

From: Francie McGuire Winkler
Executive Director

Date: April 8, 1999

Re: Reduction in Community Aids Funding

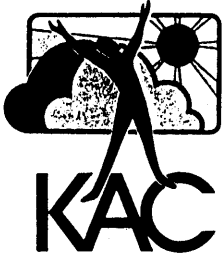
Earlier this year, Wisconsin communities were faced with cutting programs due to a 2.9% reduction in Community Aids Funding. Now we are looking at further reductions which will result in an even greater decrease in prevention programs and early intervention services, programs for persons with substance abuse problems, residential treatment, and a variety of community based alternatives.

This is a time to increase services for our most vulnerable populations—victims of substance abuse, abused and neglected children, the mentally ill, the physically and developmentally disabled, and the elderly—not decrease them.

Throughout the state, many community-based agencies such as the Racine Council on Alcohol and Other Drug Abuse are working collaboratively to bring research-based programs using best practices to support and assist those in need. Please make every effort to see that the Wisconsin Budget for 2000-01 includes an increase, not a decrease, in Community Aids Funding.

Thank you for your consideration.





KENOSHA ACHIEVEMENT CENTER, INC.

1218-79TH STREET / KENOSHA, WISCONSIN 53143-6199

PHONE: (414) 658-1687 FAX: (414) 658-1562

MISSION STATEMENT

The K.A.C., Inc. enables people with disabilities to achieve a way of life that includes work and community integration.

Public Hearing
Case High School
Racine, Wisconsin

April 8, 1999

Dear Wisconsin Political Leadership,

Your acceptance of budget cuts in community aids funding is a travesty. You are hiding behind political strategies that align with party rhetoric. Tax relief is always verbalized. It is at the expense of babies, children, persons with disabilities and other groups of persons too weak politically to be effective.

There is no **REAL** reason that the State of Wisconsin is even talking about less for its people. If a need is fulfilled, others arise. Ask any local United Way volunteer. The priority changes. **Responsibility** to the people does not.

Newspaper headlines during the last two years in Kenosha County included: "Toddler Killed in Home, Mother and Live In Arrested for the Offense". This child had to have the courage to face death. This may have been prevented if appropriate community aid allocations were in place. To allow reductions thereby reducing foster care allocations, etc. for that little bit of tax relief is not acceptable. The entrance fee is incredible courage, one by one, of human beings who do not have the means to make a change.

Another headline involved a cocaine addicted woman in the prenatal stage being arrested and tried for drug addiction of the fetus. These women subsequently give birth. Have you held a cocaine-addicted infant in your arms? Recently in Kenosha one was born deaf with other multiple neurological implications. The child is in Birth to 3 services. The child will need future adequate community aids funding. You need to use some of the courage you require of these innocent victims to prevent them from facing incredible consequences. Leadership is responsibility to all citizens. Reinstate community aids funding and increase it.

Long Term Care Redesign is buried in a 2,000 plus page document. I believe the process is driven to save the taxpayer money. Again, leadership for the people requires the courage to say adequate funding levels must be attached. This country is separating those that 'have' from those that 'have not' through its political process, hour by hour. You, our current leadership, are required to stop this.

Sincerely yours,

Paula Williams

Executive Director, Kenosha Achievement Center, Inc.
Past President, Council for Not for Profits of Kenosha County
Member Long Term Care Redesign Committee, Kenosha County
Vice President, The Arc of Kenosha County

ACCREDITED BY:
Commission on Accreditation of Rehabilitation Facilities

A financial statement of the Kenosha Achievement Center, Inc. will be provided upon request.

**TAYLOR COUNTY
HUMAN SERVICES DEPARTMENT**

To: Members of the Joint Finance Committee

From: Susan Hady, Director *SH*
Taylor County Human Services Department

Date: April 13, 1999

RE: TESTIMONY ON 1999-2001 BIENNIAL BUDGET REQUEST

Greetings from Taylor County. The Human Services Board would like to take this opportunity to convey concerns regarding the Department of Health and Family Services (DHFS) 1999-2001 State Biennial Budget Proposal. The so-called state and county partnership between DHFS and the counties is languishing and our efforts to provide input to DHFS have met with indifference. We no longer have a voice in matters which are vitally important to county boards, taxpayers, and constituents. The budget proposal submitted by DHFS reflects a lack of responsiveness in spite of repeated attempts by counties to communicate the consequences of state fiscal policies. Three major areas of concern for us include Community Aids, Youth Aids, and Long-Term Care Redesign (also known as Family Care).

COMMUNITY AIDS

Our largest source of general purpose state revenue for human services is the Community Aids allocation. This funding is particularly important because it is not earmarked, which permits county agencies the flexibility to use these funds as dictated by local needs. Community Aids provides funding for state-mandated and court-ordered services. Examples include foster care, child abuse and neglect services, and programs which serve the developmentally disabled and mentally ill. While the demand for these services increases year after year, the Community Aids allocation has either remained flat over the past three state budget cycles or has been reduced. This has forced counties to raise property taxes in order to make up the shortfall.

Recommendation

We are requesting that the DHFS proposed cuts in Community Aids be restored, and that an annual increase in Community Aids should be implemented commensurate with the rate of inflation. We cannot overemphasize the importance of the Community Aids allocation since it is the foundation upon which we build our agency budget.

YOUTH AIDS

The Youth Aids allocation provides funding for juvenile delinquency services including placements at Lincoln Hills, other out-of-home placements, community services and delinquency prevention efforts. This program was established in 1979 and the allocation to counties has been based on the funding formula that was developed two decades ago. This formula is now outdated and needs to be revised. Additionally, state funding for juvenile delinquency services has been outstripped by growing caseloads and expanding needs. In Taylor County, for instance, we needed an additional \$78,000 in Youth Aids revenue in order to pay our bills in 1998. This shortfall in state funding will have to be made up by local property tax dollars. This is a substantial amount of money for a small county with limited resources.

Recommendation

We endorse the proposal of the Wisconsin Counties Association that the state provide an additional fifteen million dollars through an updated Youth Aids formula as well as an additional ten million dollars to the Community Intervention Program which funds prevention efforts. We also believe there needs to be an annual inflationary increase to keep up with rising costs of purchased services and juvenile correctional facility charges.

FAMILY CARE

The Department of Health and Family Services have been working on a redesign of the long-term community care system including the Community Options Program. County concerns regarding the redesign effort have not been well received by DHFS. We are very frustrated over portions of the proposal which are unrealistic and unworkable, reflecting a lack of understanding on the state's part as to how all the components fit together to enable the system to be viable. We are fairly certain that DHFS lacks an appreciation for some of the consequences of their proposed changes.

Three of our most serious concerns include the lack of adequate funding for the new system, the new earmarking of 22% of Community Aids dollars for resource centers, and the proposal to privatize the care management portion of the system. The state's goal to create a privatized managed care system has been opposed by our citizens who have voiced their opposition at our annual public hearing.

Recommendation

We are strongly advocating that the Family Care Program be deleted from the Biennial Budget Proposal except for the portion concerning pilot projects. We recommend that all pilots be given adequate time to be thoroughly tested and evaluated by all stakeholders.

Members of the Joint Finance Committee

April 13, 1999

Page 3

Additionally, a thorough analysis of the results of the pilot counties needs to be completed by an objective, unbiased, and independent organization other than DHFS. We also strongly recommend that the Alternative Model proposed by the Coalition of Wisconsin Counties and Advocacy Groups should be included as a pilot. The Alternative model builds upon and enhances rather than destroys the current system. Upon completion of the pilots and prior to the passage of legislation which would propose a statewide implementation of Family Care, public hearings should be conducted throughout the state to allow all parties to bring concerns to the attention of the state legislature.

The plethora of unfunded state mandates such as the recent requirement for caregiver background checks, administrative hearings for substantiated perpetrators of children and the elderly, and the need to establish rehabilitation review panels, has created a fiscal crisis in counties throughout the state. Unfunded mandates and rising costs of juvenile corrections and other human services are placing tremendous burdens upon the resources of counties. We need additional dollars in Community Aids and Youth Aids in order to meet these demands.

pc-file

Dear Joint Finance Committee Members:

I've come to ask for your support on two issues. The first issue is to increase funding for community based services for people with mental illness and developmental disabilities. Direct service providers can live with zero-increase budgets when everyone else is also tightening their belts to create deficit reduction, but we can only sacrifice so long. Now that there is a positive revenue picture at both the State and Federal level, Congress needs to authorize increases for disability services and restore cuts.

When community based services are cut this not only affects the individuals with disabilities, it also affects the staff hours and benefits who support them.

We need increased funding, (Community Aids) for community based services to provide the foundation for a stable workforce. It's difficult retaining a consistent workforce, which includes recruitment, hiring, orientation, and on-going training of competent staff to successfully expand opportunities and resources for people with disabilities to belong to their communities.

The second issue I would like to briefly discuss is health insurance. Health insurance coverage is still a major problem. Each year for the last four years the agency I'm employed with has paid a minimum of 10-15% more for a decreased benefit package.

Any increase in my salary is quickly lost to this increased cost in health insurance, as well as increased cost of living expenses and property taxes.

Thank you,

Peg Swanson
Washburn, WI

Paul R. Hoffman
113 2nd St. NW
Menomonie, WI 54751

Consultant to Nonprofit Organizations &
Dunn County Supervisor – District 15
Chair, Health & Human Service Board
Chair, Long Term Support Committee
Chair, Council on Aging

Tel: 715-235-2559 Fax: 715-235-5566 E-mail: hoffmanp@uwstout.edu

Date: April 13, 1999
To: Joint Finance Committee
Subject: Community Aids

Members of the Joint Finance Committee, I thank you for this opportunity to make a brief presentation to you. I am Paul Hoffman County Board Supervisor in Dunn County and Chair of the Health and Human Service Board. The Health and Human Service Board for Dunn County oversees the Department of Human Services, Public Health Department, Office on Aging, Home Health Care, and Veterans Administration. In the interest of time and your crowded schedule, I will be brief. The area I wish to address is Community Aids in the governors budget.

Wisconsin has a proud history of providing for programs that contribute to helping its citizens obtain an education, to alleviating mental illness, to assisting citizens in developing living skills and adaptation to society, and providing assisted living programs and facilities where they are needed. One of these programs has been and is the Community Aids Program with its services to abused and neglected children and their families, adults with serious persistent mental illness, adults and children with developmental disabilities, and older citizens. As a former resident of an east coast state, I am proud to have been a Wisconsin citizen for some 35 years because of the programs provided for its citizens. However, I have some concerns with the governor's budget for Community Aids.

As you know, Community Aids funding has either been frozen or decreased over the past two budget biennia. Now the governor's budget calls for \$204.2 million and \$289 million for each year of the coming biennium. This is a reduction for the coming biennium of 2.5% and 1.8% respectively from 1998-99. This comes at a time when we are witnessing reductions in federal funding, such as the Social Service Block Grant funding. It comes at a time when we are witnessing increasing client populations and annual increases in costs for services. It also comes at a time in our history when we in Wisconsin, as throughout the nation, are witnessing a rapid increase in the incarceration rate of its citizens and the building of prisons. Thus this reduction comes at a time when we can ill afford to reduce the funding for child abuse and neglect, assistance to families, assistance to the mentally ill, assistance to adults and children with developmental disabilities and assistance to our senior citizens.

I call upon you to not only oppose this reduction in funding for Community Aids but to increase it by at least 3% in each year of the coming biennium.

Nonprofit Organizations
Dunn County Interfaith Volunteers, Inc., Secretary
St. Croix Family Resource Center

While addressing you, I would like to support a couple other positions of the Wisconsin Counties Association. First, I urge your consideration for deletion of the statutory requirement to reduce a county's Community Aids if a former recipient of services funded by the allocation is a participant in the MA purchase plan. Secondly, rather than provide DHFS with authority to transfer Community Aids into Family Care, to provide for the provision that DHFS negotiate with individual pilot programs to determine the amount to be transferred until a better data base is built. Finally, the Wisconsin Counties Association is also urging the deletion of the statutory requirement for performance measure with the withholding of a percentage of funds for this purpose. I do not oppose the movement to requiring performance measures or "outcomes." However, I would call your attention to the fact that human science is not rocket science that follows principals of physics. There are many variables, many of which are uncontrollable, affecting human service programs. I would also call your attention to the fact that all human service related programs and departments are extremely busy with increasing populations to serve. Requiring them to develop performance measures without consideration of the difficulty of the task and perhaps appropriate funding is placing a difficult burden upon them. It can reduce time to serve their constituents. As I stated, I do not oppose this direction, but urge careful consideration of what the task will require.

Thank you.

A handwritten signature in cursive script, reading "Paul R. Hoffman". The signature is written in black ink and is positioned above the typed name.

Paul R. Hoffman, Chair
Health and Human Service Board
Dunn County

Joint Legislative Committee on Finance
Racine....April 8, 1999

Ladies & Gentlemen of Joint Finance:

My condolences. The Governor's Budget has placed you in a most unenviable position. You can either perpetuate the insult & injury this Budget inflicts upon our most vulnerable. Or, you can promote reasonable levels of financial aid for our citizens who must rely on the public sector safety net to help hold their fragile lives together. I'm talking about the mentally ill, the developmentally disabled, abused & neglected children, the aged, physically handicapped, and those recovering from the ravages of alcohol & drugs. You know...the kind of people who will be directly affected by the constriction of Community Aids, Medical Assistance and Community Options Program (COP) resources; i.e., those who have no high powered, Madison lobbyist to plead their case.

A brief word on these essential revenues which support human service needs:

- ◆ **Community Aids (CA)**: Please see the attached chart which depicts the impact of the 1999, 2.9% cut on our local mental health and DD services. Cuts affect real people...our customers--your constituents! The 2.9% cut has been rolled into the 2000-01, Governor's Budget presented to you. The CA supported component of our human services system isn't even treading water; it's sinking!
- ◆ **Medical Assistance (MA)**: The 1% increase for only one year of the budget is appreciated, but it won't even come close to stemming the practice of limiting access to MA recipients, especially in mental health. Question: what is the rationale behind +1% in MA, and nothing for CA? Are the populations really that different? I would submit they are not, and the lack of increase in CA is discriminatory. Also worthy of mention is the fact that the CIP 1B Community Integration Program (CIP) daily rate of \$48.33 has not changed since 1994. That's a real slap in the face to the developmentally disabled.
- ◆ **Community Options Program (COP)**: "Woefully inadequate," "seems inconsistent with Family Care," says Coalition of WI Aging Groups' (CWAG) 2/22/99 *Legislative Update*.

Now to **Family Care**, which is really individual care—but later for the etymology of this public relations inspired program name. High marks to the Administration for its fortitude in tackling long term care reform. Let's be fiscally realistic though. True long term care reform will cost. Blending three, chronically under funded revenue streams into one big pot will not make it.

Recommendations:

CA: Increase 3% in each year. Delete performance based payments if aids not increased or base performance pay on imaginative service reduction strategies.

MA: Increase 2% each year. Adjust the CIP 1B rate for inflationary increases retro to 1994, the last year 1B was increased.

COP: Increase COP slots in an amount sufficient to eradicate 50% of the January, 1999 waiting list....estimate about 5,000 new slots.

FAMILY CARE:

- Pilot both State and alternate models of long term care reform.
- Keep majority of risk on the broadest shoulders, i.e., the State, not county or consumer.
- Seek Federal waivers in 4 to 6, not 2 year, increments before requiring open competition.
- DON'T RUSH: It took over a decade to achieve full implementation on a statewide basis for the Medicaid/AFDC HMO program. And that was with a primarily young and healthy population! Why must long term care reform affecting thousands of elderly and disabled persons be accomplished so hastily?
- Let us all reconcile ourselves to the real costs of reform.

Thank you for your concerned attention to my comments. I have the utmost confidence you will do the right thing.



Ron Frederick, Director

Kenosha County Division of Disability Services

3800 Washington Road

Kenosha WI 53144

WHAT COMMUNITY AIDS (CA) CUTS CRUNCH

at the Kenosha County Division of Disability Services

Based on a no-growth Governor's Budget for 2000-01, a 2.9% cut in 1999, and calculating a modest inflationary increase of 2% since 1996, the Division of Disability Services will have sustained a purchasing power loss of \$649,446 by the end of 2001. That's quite a CRUNCH! Just making up the 1999 loss of \$146,113 in Community Aids, translates into the following potential reductions/eliminations on an annualized basis.

Service	1998 Unit Costs/Persons Served	Potential Impact of \$146,113 Cut
Community Support Program (CSP) for Mentally Ill Persons	Person Cost: \$3,914 Persons Served: 167	Reduce by 10 persons (-\$39,910)
Care Management to Developmentally Disabled Adults	Person Cost: \$726 Persons Served: 380	Reduce by 20 persons (-\$14,520)
Work Related/Day Services to Developmentally Disabled Adults	Person Cost: \$1,429 Persons Served: 459	Reduce by 15 persons (-\$21,435)
Out Patient Counseling @ Oakwood Clinical	Person Cost: \$279 Persons Served: 490	Reduce by 25 persons (-\$6,975)
Med Management & In-Patient M.D. Services by Psychiatrists	Person Cost: \$452 Persons Served: 425	Reduce by 15 persons (-\$6,780)
Residential Care: -Adult Family Homes (AFH)	AFH Person Cost: \$34,287. Persons: 121	Reduce by 2 persons (-\$68,574)
-Community Based Residential Facilities (CBRF)	CBRF Person Cost: \$11,984. Persons: 155	Reduce by 2 persons (-\$23,968)
Local Psychiatric Hospitalization	718 Days of Care @ \$434 per Day	Reduce 10 days of care (-\$4,380)
Adult Shelter	807 Days of Care @ \$195 per Day	Reduce 50 days of care (-\$9,750)
Adult Crisis	Program Cost: \$118,246	Eliminate Program "Save" \$118,246
Alcohol-Drug Council	Prevention Programs	Eliminate Programs "Save" \$30,000

Some combination of the above reductions/eliminations will prove necessary if the Kenosha County Division of Disability Services is to avoid a deficit in the immediate future.

COMMUNITY AIDS (CA) REVENUES COMPARED: 1996 - 1999, PROJECTED 2000 - 2001

Revenue Source (Contracted)	1996	1997	1998	1999	2000	2001
AODA Block Grant	326,369	327,273	326,821	326,821	326,821	326,821
Basic County Allocation	4,380,601	4,339,824	4,374,300	4,228,187	4,228,187	4,228,187
Mental Health Block Grant	72,813	72,813	72,813	72,813	72,813	72,813
Community Aids Totals	4,779,783	4,739,910	4,773,934	4,627,821	4,627,821	4,627,821

PURCHASING POWER DECLINE

	(1) 1996	(2) 1997	(3) 1998	(4) 1999	(5) 2000	(6) 2001
Actual Community Aids Funding (A)	4,779,783	4,739,910	4,773,934	4,627,821	4,627,821	4,627,821
2% Inflation (B)	0	95,596 (A1) x 2%	97,508 (C2) x 2%	99,458 (C3) x 2%	101,447 (C4) x 2%	103,476 (C5) x 2%
Community Aids Funding with 2% Increase - Base 1996 (C)	4,779,783	4,875,379 (C1) + (B2)	4,972,886 (B3) + (C2)	5,072,344 (B4) + (C3)	5,173,791 (B5) + (C4)	5,277,267 (B6) + (C5)
Difference between actual Community Aids Funding & Adjusted for Inflation Community Aids = (A) - (C)	0	(135,469)	(198,952)	(444,523)	(545,970)	(649,446)

* This 2.9% (\$146,113) cut in Community Aids, stems from a Federal Social Services Block Grant (SSBG) reduction passed through to County in 1999.

Elizabeth Aldred
CSP Director

436 Main Street • Racine, Wisconsin 53403
414-637-8820 (VOICE/TTY) • 414-637-6942 (FAX)



The joint finance committee is meeting at Case High School here in
Though attending this meeting may be difficult for you, as a consum
we would appreciate your comments as to the following questions:

1. What does the community support program mean to you and your recovery from Mental Illness?

I feel that this Program has helped
me through some difficult times. I would
~~be~~ really feel lost if this Program is
cut by the budget.

2. How would you be affected if this program were to be cut?

My medication and payee would be hard
to do.



The joint finance committee is meeting at Case High School here in Racine on Thursday April 8, 1999. Though attending this meeting may be difficult for you, as a consumer of mental health services to attend, we would appreciate your comments as to the following questions:

1. What does the community support program mean to you and your recovery from Mental Illness?

It Manages my ~~budget~~
budget manages my meds

2. How would you be affected if this program were to be cut?

I wouldnt be able
to get my budget managed
I would have to have
people coming to my
house all of the time

Paul Galley





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1. What does the community support program mean to you and your recovery from Mental Illness?

No Bother

2. How would you be affected if this program were to be cut?

No Bother

Sharon Kennedy





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1. What does the community support program mean to you and your recovery from Mental Illness?

*I feel that it will help me
out really good. I need it.*

2. How would you be affected if this program were to be cut?

I wouldn't like it!



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1. What does the community support program mean to you and your recovery from Mental Illness?

It means that the establishment
has been trying to help me get
back on my feet and that is
appreciate. I cannot thank and
all their staff for their generous
support

2. How would you be affected if this program were to be cut?

I probably have to go to a half-way
house or live on my own and
get my own doctor and try to
live at the same place.

Max Botwin





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1. What does the community support program mean to you and your recovery from Mental Illness?

*Belongs to each other for moral support
in time of needs*

2. How would you be affected if this program were to be cut?

*I would feel apart both mentally &
psychically! I need their support right
now because I'm going through a very
tough time emotionally*

Loree Wilkins





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1. What does the community support program mean to you and your recovery from Mental Illness?

medication, Dr. are provided
services

2. How would you be affected if this program were to be cut?

I would need to find other services
to help me

Runell error





The joint finance committee is meeting at Case High School here in Racine on Thursday April 8, 1999. Though attending this meeting may be difficult for you, as a consumer of mental health services to attend, we would appreciate your comments as to the following questions:

1. What does the community support program mean to you and your recovery from Mental Illness?

I'm in a ~~D~~ routine

2. How would you be affected if this program were to be cut?

no affect

Dennis Meyer





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1. What does the community support program mean to you and your recovery from Mental Illness?

as 1 agency has help me in the community

2. How would you be affected if this program were to be cut?

well I would manage on the community
I my own

Sunny widmer





The joint finance committee is meeting at Case High School here in Racine on Thursday April 8, 1999. Though attending this meeting may be difficult for you, as a consumer of mental health services to attend, we would appreciate your comments as to the following questions:

1. What does the community support program mean to you and your recovery from Mental Illness?

I have had very good treatments from T.L.S. and know I need help to do better, and feel good results from others getting the same mental help.

2. How would you be affected if this program were to be cut?

I think being around around people who are in need of the same help

Mrs Carol A Meyer





The joint finance committee is meeting at Case High School here in Racine on Thursday April 8, 1999. Though attending this meeting may be difficult for you, as a consumer of mental health services to attend, we would appreciate your comments as to the following questions:

1. What does the community support program mean to you and your recovery from Mental Illness?

Meds, Mental Help, Moral Support

2. How would you be affected if this program were to be cut?

*I would miss talking to my case worker AND
The Psychiatrist -*

Joseph Arves



The joint finance committee is meeting at Case High School here in Racine on Thursday April 8, 1999. Though attending this meeting may be difficult for you, as a consumer of mental health services to attend, we would appreciate your comments as to the following questions:

1. What does the community support program mean to you and your recovery from Mental Illness?

*Counseling, bills taken care of,
Good and helpful medication,
Friendly social workers.*

2. How would you be affected if this program were to be cut?

*I would feel lonely, I would
not have guidance.*

Robert Schudler



Rudy R.

The joint finance committee is meeting at Case High School here in Racine on Thursday April 8, 1999. Though attending this meeting may be difficult for you, as a consumer of mental health services to attend, we would appreciate your comments as to the following questions:

1. What does the community support program mean to you and your recovery from Mental Illness?

I think TLS helps me in medication and my worker to help me and help my ~~money~~ money situations.

2. How would you be affected if this program were to be cut?

I'd be on my own payee that's more responsibility for me.





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1. What does the community support program mean to you and your recovery from Mental Illness?

help me alot

2. How would you be affected if this program were to be cut?

probably
probably have to go to the hospital

George Cole



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1. What does the community support program mean to you and your recovery from Mental Illness?

I can get my money managed and my medication on a daily basis.

2. How would you be affected if this program were to be cut?

I would probably have to find another place to live.

Forster 7/9/99





The joint finance committee is meeting at Case High School here in Racine on Thursday April 8, 1999. Though attending this meeting may be difficult for you, as a consumer of mental health services to attend, we would appreciate your comments as to the following questions:

1. What does the community support program mean to you and your recovery from Mental Illness?

I reminds me of my recovery
and gives good advice.

2. How would you be affected if this program were to be cut?

I probably will become depressed
and that's all

Brenda L. Bennett



The joint finance committee is meeting at Case High School here in Racine on Thursday April 8, 1999. Though attending this meeting may be difficult for you, as a consumer of mental health services to attend, we would appreciate your comments as to the following questions:

1. What does the community support program mean to you and your recovery from Mental Illness?

I am not currently in TLS, but I attend the STENSS meeting (for dual diagnosis) and it really helps me express my feelings and lowers the risk of relapse to drugs alcohol or depression or both. I would also be affected because most of my friends are in TLS and they will have lots of difficulty without it. Some can't handle their own resources and will be taken advantage of.

2. How would you be affected if this program were to be cut?

I wouldn't have any place to go to share how my mental and emotional illnesses could relate with people like me to keep me stable.

Thank you,

Bob Blevins

Tanna Hampson



The joint finance committee is meeting at Case High School here in Racine on Thursday April 8, 1999. Though attending this meeting may be difficult for you, as a consumer of mental health services to attend, we would appreciate your comments as to the following questions:

1. What does the community support program mean to you and your recovery from Mental Illness?

I can't say I've been able to help as far as my recovery from mental illness don't know if that will ever go away my problems might now mean ones son to deal with relationships breaking up and people treating me like I did first my Mommy Dick Van Dyke

2. How would you be affected if this program were to be cut?

It would affect me a lot I'd probably have to try to manage my own money and bills would have to find some other way and doctor to get my important meds I would like to go to like perhaps Sunny Beach Washington rest from away for cleaning no spending money





The joint finance committee is meeting at Case High School here in Racine on Thursday April 8, 1999. Though attending this meeting may be difficult for you, as a consumer of mental health services to attend, we would appreciate your comments as to the following questions:

1. What does the community support program mean to you and your recovery from Mental Illness?

It will help you in anything you need help in.

2. How would you be affected if this program were to be cut?

It will be difficult to get the help we need.



The joint finance committee is meeting at Case High School here in Racine on Thursday April 8, 1999. Though attending this meeting may be difficult for you, as a consumer of mental health services to attend, we would appreciate your comments as to the following questions:

1. What does the community support program mean to you and your recovery from Mental Illness?

It means that I have someone to talk to about my mental illness. And they allway listen to me about my problems.

2. How would you be affected if this program were to be cut?

I wouldn't have anyone to talk to about my symptoms.





The joint finance committee is meeting at Case High School here in Racine on Thursday April 8, 1999. Though attending this meeting may be difficult for you, as a consumer of mental health services to attend, we would appreciate your comments as to the following questions:

1. What does the community support program mean to you and your recovery from Mental Illness?

*Higher level of orientation and people in Society
General Interest*

2. How would you be affected if this program were to be cut?

Three times the effort to stay afloat "1/2 a Season"



April 8, 1999

Members of the Joint Finance Committee:

My name is Mary Hockwalt and I am the Director of Goodwill programs in Kenosha County. Goodwill Industries of Southeastern Wisconsin and Metropolitan Chicago, Inc. serves 20,000 economically disadvantaged and disabled throughout southeastern Wisconsin. We are a non-profit agency committed to serving the individuals in the communities that we live.

The proposed 1999-2001 biennium budget has impact for the families that Goodwill serves. It is imperative in a period of critical shortage of workers and competitive workforce that consideration is given to increases in the budget that support a quality workforce for Wisconsin and services for its citizens. Specifically these areas are:


Economically disadvantaged – The Wisconsin Works (W-2) program reports fewer individuals receiving grants. The efforts of the Wisconsin Department of the Workforce Development have been instrumental in assisting many individuals toward economic self-sufficiency. However, more needs to be accomplished. Individuals in the job market, because of a desire to improve their economic situation or because of a loss of a job, need assistance. Job centers and workforce development centers, mandated by the state of Wisconsin to be established throughout Wisconsin, are resources for these persons. Inadequate funding for these mandated resources jeopardizes these effective collaborative services that connect people to employment opportunities.

Long-term care – Services that support our growing elderly population and the disabled population are in crisis. A critical shortage and high turnover rates of front-line workers is affecting all service providers. An increase in the Medicaid rates targeted toward a living wage for the people who take care of the individuals should be seriously considered in this budget.

Early Childhood Initiatives – The initiatives in the Governor's budget that increase resources for the healthy development of young children are important steps for the state of Wisconsin. Any effort that raise the awareness of the importance of the early years and also increases educational and caregiving settings for parents and young children will create rich and productive environments for our citizens. By increasing the availability of child care, the number of early childhood educators and resources that help parents, the following are potential effects for the community: 1) working families experience less absenteeism at the workplace and are more productive employees; 2) children are in appropriate educational and caregiving settings; and 3) more workers are available because their children can be cared for appropriately.

Through services that Goodwill provides throughout the region, we are very well aware of the needs and barriers that the families of the economically disadvantaged and disabled and elderly face daily. Money is not the only solution to addressing these critical and vital issues, but it is a very important one for the state to consider for its constituents.

Sincerely,


Mary L. Hockwalt
Director, Goodwill Programs, Kenosha

Joint Finance Committee
March 26, 1999

Submitted by: Diana Brown
5059 Glenview Rd.
Denmark, WI. 54208

Dear Committee Members,

Thank you for coming to Green Bay listen to our thoughts on the issues related to the Governors budget. I have worked with frail and disabled elderly as well as other vulnerable populations for the past 24 years. I am on the Board of Directors for the Alzheimer's Association of Northeastern Wisconsin and of the National Adult Day Services Association. I am also the Vice President for Adult Services at N.E.W. Curative Rehabilitation Inc. and manage programs for the elderly, for the mentally ill and disabled. I was a caregiver for my Father in my home, for 3 years when, after my Mothers sudden death, he developed cancer. I feel that I have knowledge from both the care giver point of view and at a administrative level. There are several issues in the budget that I am concerned about.

NEW FEE FOR CERTIFYING ADULT DAY CARE CENTERS - I oppose this.

The first issue is the new certification fee for adult day care centers. Until this budget, there was no charge for a day center to become certified by the State. The certification is only required if a day center wishes to accept federal waiver funds as payment from the participants. Many centers want this because there are very few public or 3rd party funds that pay for adult day care. Any help we can get in the funding area is crucial. The new fee would require a capacity type charge, \$20 per person intended to be served and a flat fee of \$200 every other year. Centers also look at the certification as insuring a quality of care for the community. We do not oppose the certification process only the fee. This fee would be imposed on day cares, CBRF's and adult Family Homes. I don't feel that day cares are in the same financial situation as CBRF's. It is estimated that there are around 120 Adult Day Centers in Wisconsin. Of these centers, most are operating at break even or in deficit. Many are asking their communities for additional support through the local United Way, through the counties, and with grant money. There is not adequate public funding to support these programs, they are not covered by Medicare, Medical Assistance and most of the elderly do not have any insurance that would cover it. So financially most centers are not in a good position to take on additional expenses. The second part of the issue relates to the intent of the certification fee. The rationale for the fee is to help to pay for more surveyors to do bi-yearly rechecks, initial certification and to investigate complaints. The growth of new centers has been relatively slow compared to the growth of CBRF's. A surveyor recently told me that all of his time is spent in dealing with complaints within the CBRF's industry and that he had never heard of a complaint in Day Care. We pride ourselves on the professionalism of our providers as a group. We cannot afford this fee.

ALZHEIMER'S FAMILY & CARE GIVER SUPPORT PROGRAM - I am in favor of increasing the funding for this.

The AFSCP Program has been extremely helpful to families. It is an allocation that each county can use to either grant to families who can use it to get home care, respite care, purchase medications etc... or counties can use the money to develop needed services which would benefit many families. In either case it has been a shot in the arm for care givers. I would support any increase in this program.

FAMILY CARE - I am undecided on what this may mean.

The Family Care initiative has a number of very good features to it that I can support. One is the establishment of Aging and Disability Resource Centers. Coordinating information and having a single point of entry is a step in the right direction, especially for the aging network, which has been very fragmented. The screening that would occur before a person attempts to enter a nursing home would divert many back into the community. People can be maintained in the community if they can get the services they need to be at home. Many people just aren't aware of what services exist.

The area that concerns me about Family Care is the concept of the Care Management Organization (CMO). During public hearings last year, a common theme was support for counties becoming the CMO. We trust counties to manage the services, as they have the experience and we realize that counties traditionally put extra resources into the funding pot to fill in the gaps that exist and to assure that deserving people are not denied services. I am fearful that if a managed care company has the role as the CMO that they will be driven by dollars and cost factors instead of a moral responsibility. I believe that certain areas of public service are not improved by privatizing. That government needs to assume this responsibility because it affects the welfare of the public.

COMMUNITY OPTIONS PROGRAM - In favor of increasing the funding.

The COP program is an example of a very effective way to help people who are disabled to remain independent. It is flexible, creative, and although case costs vary significantly, proven to be cost effective on average. There exist waiting lists across the state. This program benefits many groups, the elderly, the developmentally disabled, persons with Mental Illness and the physically challenged. Please support an increase in funding.



Someone to Stand by You

TESTIMONY
for
JOINT FINANCE COMMITTEE

Friday, March 26, 1999

I am Mary Bouche, Executive Director of the Alzheimer's Association-Northeastern Wisconsin. Thank you for allowing me the opportunity to share my thoughts and concerns with you today.

In working with the general population and those with dementia in northeastern Wisconsin (19,000 patients, and nearly 50,000+ families) needing help and assistance in dealing with their loved ones with dementia. There are a number of ongoing concerns that seem to be mentioned quite frequently and require support from health care professionals. These kinds of service include assessment clinic resources, adult day care, in-home respite services, other home health services, financial support to pay for non-covered services and ongoing case management. All of this is available here in Wisconsin at varying degrees within each county. Due to this inconsistent array of services can be challenging in that families often need some "hand-holding" to make their way through the maze.

Based on these factors I would like to offer my recommendations on the following:

1. Family Care -- important that the pilot projects specifically identify how those with cognitive impairment (AD and related diseases) will fit into the system. There is much talk about this population not fitting the specific criteria and we want to ensure that those with dementia are not left out of receiving assessment and ongoing services.
2. Elderly and Disabled Transportation -- Many of those with dementia are in need of transportation to access services such as Adult Day Care. It is important that the increases for transportation be consistent not only with inflationary increases, but allow for the increases in the number of those needing such services. For example, as the elderly population increases, we will see also an increase in those with dementia. It is estimated that currently 100,000 persons in Wisconsin have dementia and we can anticipate a 50% increase by the year 2020.
3. Community Options Program -- The budget proposes \$3.9 million for each year to support those currently on the program; however, it appears that no new money has been allocated for any new clients. For all disability groups served by COP this is important to be able to serve new clients and specifically in the area of Alzheimer's disease and dementia we will see the large increase as noted above. This clearly points to the fact that more dollars are needed.

ALZHEIMER'S ASSOCIATION - NORTHEASTERN WISCONSIN

MAIN OFFICE: 2900 Curry Lane, Suite A • Green Bay, WI 54311 • Phone (920) 469-2110 • Fax (920) 469-2131
BRANCH OFFICE: 201 East Bell Street • Neenah, WI 54956 • Phone (920) 727-5555 Fax (920) 727-5552

4. External Advocates -- The BOALTC has long been a true advocacy agency, protecting may who are unable to speak for themselves or are not sure what rights they have and how to respond to the concerns they do have. At this time these ombudsman are overworked in that they cover very large territories and a variety of services providers. Because many of the our Alzheimer's families and caregivers benefit from the services of the ombudsman, it is important for us to recommend that your reconsider your small increase in this budget. We need this kind of advocacy support in Wisconsin.

5. Alzheimer's Family and Caregiver Support Program -- started in 1986 it has provided a start in supporting the middle income families who are ravished by the devastating effects of Alzheimer's disease and related diseases, however, there has been little, if any increase since 1986. It is important for us to consider that caregiving for someone with Alzheimer's disease is emotionally, physically and financially exhausting for families. More than 7 out of 10 persons with dementia are cared for by family members. Family caregivers spend an average of nearly 69 hours a week providing direct care. Supporting the caregiver does save money in the long run with potential cost savings in the reduction of nursing home placements & days of care needed, unnecessary hospitalizations which reduces Medicare expenditures.

The AFCSP has saved taxpayers a tremendous amount of money and has proven itself to be a sound financial investment. It provides an essential service for Alzheimer's patients and their families because it is flexible and can be used to start up programs such as adult day care, in-home respite and other supportive services. In addition, it is able to provide financial support to a group of people that without this support will be financially destitute in the future.

Thank you for your time and consideration of the issues mentioned above.

Sincerely,



Mary B. Bouche, Executive Director
Alzheimer's Association-N.E. Wisconsin
2900 Curry Lane, Suite A
Green Bay, WI 54311
(920) 469-2110
(920) 469-2131 FAX

Aging Resource Center of Brown County:

Board of Directors

January, 1999

Dr. Dean Rodeheaver (11-30-01)
1409 S. Van Buren
Green Bay, WI 54301
W=465-2039 H=432-1761
Work Fax: 465-2038

Ron Antonneau (11-30-01)
P. O. Box 19002
Green Bay, WI 54307-9002
W=433-4965 H=465-9789
Work Fax: 433-5594 Attn: RON

Supv. Don Baenen (11-30-01)
990 Mt. Hood Ct.
Green Bay, WI 54311
H-468-8664

Mary Maslowske (11-30-2000)
340 W. St. Joseph #17
Green Bay, WI 54301
H-437-5775

Richard Blasczyk (11-30-01)
268 E. Cedar St.
Pulaski, WI 54162
822-5541

Patricia Finder-Stone (11-30-2000)
985 N. Broadway
De Pere, WI 54115
H-336-4187

Jerome Van Sistine (11-30-99)
684 Lida Lane
Green Bay, WI 54304
494-7055

Lois Trad (11-30-99)
7581 Rotzenberg Road
Greenleaf, WI 54126
864-7952

Frances Borell (11-30-99)
2115 Ninth Street
Green Bay, WI 54303
499-8675

COMMITTEE APPOINTMENTS: Janaury 1999

Finance Committee:

Richard Blasczyk, Chair
Mary Maslowske
Don Baenen
Jerome VanSistine

Personnel & Policy Committee:

Dr. Dean Rodeheaver, Chair
Ron Antonneau
Frances Borell
Pat Finder-Stone

Program Committee:

Mary Maslowske, Chair
Don Baenen
Ron Antonneau

Long Term Care Committee:

Lois Trad, Chair
Frances Borell
Patricia Finder-Stone
Dr. Dean Rodeheaver

Resource Planning Committee:

(Chairperson of Bd. of Directors &
Chairpersons of all Committees)
Ron Antonneau
Lois Trad
Richard Blasczyk
Mary Maslowske
Dr. Dean Rodeheaver

Executive:

Ron Antonneau, Chairperson
Jerry VanSistine, Vice Chairperson
Mary Maslowske, Secretary
Richard Blasczyk, Treasurer

Joint Finance Committee Hearing

Friday March 26, 1999

Brown County Public Library

515 Pine Street

Green Bay, WI

Subject—Adequately funding "C.O.P." Community Option Program and eliminate waiting lists in the 63 non-pilot counties. To eliminate the institutional bias so that people have equal access to long-term care at home as they do in a nursing home.

Jerome Van Sistine

Vice-Chair Aging Resource Center of Brown County

COMMISSION ON AGING, INC.

Brown County

Aging Resource Center of Brown County
formerly Brown County Commission on Aging.

300 SOUTH ADAMS STREET
GREEN BAY, WISCONSIN 54301

SUNNY ARCHAMBAULT

PHONE: (920) 448-4300 FAX: (920) 448-4306
TDD: (920) 448-4335

DIRECTOR

TESTIMONY BEFORE THE JOINT FINANCE COMMITTEE
FRIDAY, MARCH 26
ON BEHALF OF THE BOARD OF DIRECTORS OF THE
AGING RESOURCE CENTER OF BROWN COUNTY

Thank you for this opportunity to present information on issues that are critical for older persons in our community. For the past six years, the Board of Directors of the Aging Resource Center of Brown County has been learning about, and talking about, and advocating for a long-term care system that makes sense for older persons and their families--in particular, the frail elderly living in our communities. This one topic--a comprehensive community care service system that allows persons to live in the setting they choose--has been on every one of our agendas for the last three years.

We have been encouraged by the Governor's rhetoric regarding his commitment to "Family Care", but are quite disillusioned by the Governor's budget for long term care issues. And the budget is the state government's real declaration of values. While we realize that the issues around long-term care reform are numerous, complex, and controversial, older persons have spoken clearly and consistently on this topic. They have repeatedly stated: We want real choices regarding how and where we receive help; We want access to comprehensive and unbiased information in order to make informed decisions; We need advocates to help us understand the system on which so many of us depend; We want public control and accountability if we will be required to have a managed care system.

The Governor's budget provides dollars for nine pilot counties. Hopefully, the experience gained through these pilots will provide the information needed to implement an

effective long-term care system statewide. However, this budget also provides *little to no* increases in any of the other state funded community services that older persons depend on *now* to remain independent. The promise of a comprehensive reformed system is empty for seniors in the remaining 63 counties of our state. *This budget is not adequate.* There are 371 persons on Brown County's COP waiting list, 94 of these individuals are over age 65. They have neither the time nor the capacity to wait for the next biennial budget to receive the help that is needed today. They need and deserve your support in *this* budget if they are to remain in their own homes or in other living situations of their own choice.

We ask for your support, but more importantly, we ask for your leadership. Please develop a budget that more realistically addresses the needs of the most vulnerable of our aging population. A statewide entitlement to community care that includes the opportunity for public management and accountability is a vision worth pursuing. Please don't let up the pressure on this critical issue. But equally important is the need to also adequately fund existing community programs such as transportation, COP, Nutrition, and increases for Personal Care Workers.

Thank you for your attention, your interest and your commitment to aging issues.



BARC Industries

BROWN COUNTY ASSOCIATION FOR RETARDED CITIZENS

Wisconsin Joint Finance Committee
Written Comments
March 26, 1999

I am writing to request your support of the removal of language that limits the use of Ss16.752, the State Use Law. The proposed language, found on page 149, Section 91, of AB-133 and SB-45, allows an agency to waive compliance with the law if deemed applicable. I feel this allows agencies to bypass the intent of Ss16.752 which is to provide jobs and income to people with disabilities in Wisconsin.

Ss16.752 has been working well. Please do not approve changes that will limit its effectiveness in helping Wisconsin residents with disabilities.

On behalf of the 500 adults with disabilities who work every day at the Brown County Association for Retarded Citizens, I thank you for your time and consideration.

Sincerely,

James L. Meyer
Director of BARC Industries



THE REPORTER

2000



Our 128th year

FOND DU LAC, WISCONSIN • TUESDAY, SEPTEMBER 22, 1998

NEWSSTAND PRICE 50¢

Savings program helps people learn to help themselves

By Peggy Breister
Of The Reporter Staff

Saving money was never a high priority for Irena Dziadkowiec.

For one thing, she never had much money to save.

Or so she thought.

In June, Dziadkowiec joined a savings program administered by Advocap.

In two months she managed to save \$500. Advocap matched that 2 to 1 through the Individual Development Account (IDA) project, giving Dziadkowiec a balance of more than \$1,500.

"Because I was going through domestic abuse formerly, it was hard for me to settle down and

■ National savings programs listed—A2

do better," said Dziadkowiec, who speaks with a distinctive accent from her native Europe.

"Advocap has opened their doors to me and said 'You've been pushed from here to there. We see you are willing to do better for you and your daughter. We'll help you if you help yourself.'"

Helping people help themselves is the goal of the IDA program.

In the past, saving money was not part of any program for low

See Savings Page A2



Reporter photo illustration by Matt Marton

American Bank is one of several banks that helps low income people set up savings accounts in Fond du Lac. In this photo illustration by The Reporter, customer service representative Diana Gust explains how a savings account works.

Savings/

Continued from Page A1

income people. The theory held that a person was not in need of public assistance if he or she had had enough money to save.

But that philosophy has changed and public and private agencies around the country are joining together to develop incentives for persons to put a little money away with each paycheck — like matching savings 2 to 1, or as much as 6 to 1.

Two years ago, Fond du Lac's Advocap became one of 12 sites nationwide to participate in a savings program for poor people sponsored by the Washington-based private Corporation for Enterprise Development. The program was funded by the Joyce Foundation, a private foundation in Chicago.

"Everyone would agree America is a better nation because we have more homeowners, more educated people and more businesses. We're doing it for the

The program is worthwhile," said Advocap Director Dick Schlimm, because it helps working people, especially those working for the first time, learn how to manage their money.

"In the past 10 years we've seen how families change when they leave welfare and go to work and get that first paycheck," he said. "This helps people look at savings and investment. I think it has great promise as a strategy for low-income households."

Participants in the program attend weekly meetings in which they learn to control spending, develop and stick with a monthly budget and explore investment options.

Advocap would like to expand the project, Schlimm said. More people are interested in participating than the agency can accommodate with its resources.

Currently, legislation is before Congress that would expand IDA projects, he said.

"It's good because they don't

just give you the money," Dziadkowiec said. "They help you understand how to shop, how to do things I never learned how to do."

Dziadkowiec said she has learned there are "needs" and "wants."

"I've learned to put my needs before my wants," she said.

"Yes, you have to treat yourself, but before I have overdone with the treating part and that got me into a not OK situation."

Now she has a budget and goes grocery shopping only once each month.

"I am disabled," she said. "But I don't feel that way anymore in this group. I not only feel welcome, but I'm learning and improving."

Before the program ends, Dziadkowiec said she hopes to save at least \$1,000. Matched with \$2,000 from the IDA program, she plans to use the money for a down payment on a house or to open her own business.