

Pay Scales and Economies of Scale

In a time when people receiving and providing services are asked to accommodate budget cuts, we can either accept the status quo and engage in decision-making about how to cut to bare bones and more, or we can consider it an opportunity to change basic assumptions and reform systems. When budget cuts are proposed in human services, typically, the questions we begin to ask concern how far we can go before people's health and safety are compromised. This line of questioning is based on the assumption that the systems will remain in place as they are, though supporting resources will be reduced. Unfortunately, this line of questioning also sidelines considerations of quality of life and best practices, and assumes that we will allow people with developmental disabilities to live on the edge of survival.

Taking the alternative view of adversity, created by budget cuts, as an opportunity for creating positive change, what are some questions to be asking? Are there possibilities for attracting and keeping direct care professionals who support people with developmental disabilities? Are there opportunities to streamline the service provision systems to allow for self-determination, and more direct and individualized supports?

The table accompanying this article summarizes the average salaries for executive directors of community centered boards in each of five regions in Colorado, and compares them to the average yearly income of Direct Care I workers in those regions. While the executive directors and other high-level staff in the state's community centered boards generally receive salaries commensurate with their colleagues in other non-profit organizations in Colorado, community centered boards also strongly rely on poorly paid direct-care workers to carry out their mission and real work.

What could possibly assist in retaining direct care staff in these times of cuts? Some companies have a policy of there not being more than a 20% difference between the highest paid and the lowest paid. Ben and Jerry's is one well-known example. Some countries still have a middle class, and still have the same differential nationwide. Rather than suggesting the 20% differential be applied at the bottom of the scale, consider applying it to the middle, thereby raising the pay for direct care workers. Besides the discrepancy in salary and wages between CCB directors and direct care workers, might there also be a similar discrepancy between the staff and facility costs, and the costs of supports to families and people with disabilities? Could the gaps be narrowed? While the concern is with Colorado, Colorado is not unique in having this type of imbalance. In an article published in the Inclusion Daily Express, July 2002, (<http://www.InclusionDaily.com>) it is noted that the average annual salary for directors of 45 agencies in the Pittsburgh area is \$88,820, while the average annual income for a direct care professional is \$18,500.

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The information on CCB's contained in the table was gathered from information contained in 990 Forms at <http://www.guidestar.com>. This website provides information, mission statements and budgets for non-profit organizations nationwide. While the table accompanying this article provides summarized and condensed information, you may obtain further information from websites and other resources. Information on wages paid direct care workers was obtained from the Report for Colorado Department of Human Services Developmental Disabilities Services Compensation Survey, August 25, 2000, conducted by Effective Compensation, Incorporated. The figures for the average annual wage for direct care workers include wages and benefits for CCB employees at the Direct Care I level, as well as regional center employees, whose hourly wages for Direct Care I are higher than their CCB counterparts. The average hourly wage for Direct Care I employees working for a CCB is \$8.55. The average hourly wage for a Direct Care I worker at a regional center is \$12.42.