

2/21/20

To my representative/legislators:

From: Carey Jaffee, (careyjaffee@yahoo.com)

I wish to make you aware of what I think any rationale and reasonable person would conclude is unfair.

I have been working in a non-profit agency for the last 27 years in Stamford CT. The agency services adults with developmental disabilities with vocational, residential and recreational services. I am the Clinical Manager and have been in that position for the last 25 years. I have two Masters Degrees one in Special Education and the other in Clinical Social Work. I also have had advanced training in Applied Behavior Analysis from the Institute of Applied Behavior Analysis in California (IABA).

Over the past 11 years, I had one pay raise of 1% with the remaining 10 years with no pay raise. This is not due to any performance issues. My evaluations are routinely glowing. This is due to a wage freeze for all managerial staff at our agency. This has resulted in a loss of real income over the 11-year period of 25%.

Here are some other figures. If I had been given no more than a routine inflation increase of 2% each year over the past 11 years, I be making \$15,000 more then I presently make. And if that does not get to you my annual salary now is approximately \$35,000 less then what a State-Department of Developmental Services Case Manager gets after working as many years as I have even if their educational credentials do not equal mine. Even if the cost of living increases mentioned above were received, it would still be \$20,000 per year less.

Think this does not matter. Think again. My example applies to many other managerial staff. My agency is unionized. And frankly, I am glad they are since direct care staff are also underpaid in this field especially in non-profit agencies and especially so if they are not unionized. With that said, exceptional direct care staff at my agency usually refuse promotions to management positions since they can make more as direct care staff especially with overtime payments.

So, what is the result of generally low non-profit direct care wages and just as grossly underpaid, sometimes as mentioned even worse, grossly underpaid non-profit managerial staff...plenty. In a system where my assumption is that between 30-40% of the individuals served are on some form of psychotropic medication, in most cases with multiple psychiatric medications, with significant behavioral/emotional issues including physical aggression, self-abuse, and property destruction you have emergency meetings recycled and held year after year too often with little result. Others have significant medical and ambulation issues. You get staff that are not properly supervised, programs that are not carried out as written, staff that too often are custodial in nature that leads to enhanced behavioral issues, and too frequent need for investigations for abuse and neglect that often are substantiated. This costs money, please understand that. The result of inadequate care and supervision has costs not only in service, emotionally, but in dollars.

To further highlight the concern about the salaries of direct care staff in non-profit agencies let me disclose a very recent situation that presented itself before me. One of which is increasingly common. We had an opening in one of our group homes. My agency of which I am also the Intake Manager, as well as the Clinical Manager, as well as our Behavior Specialist, and finally our Senior Abuse and Neglect Investigator received 3 state referrals for this opened residential slot. Of the three individuals **all three had indicated severe physical assault and aggression**. One of which needed four policemen to restrain the individual. The same individual pulled out his mother's hair. Other behavioral challenges indicated for these 3 referrals included trying to jump out of a vehicle, significant self-injurious behavior, property destruction, and pica of which one of the individuals had to be within eyesight at all times because he would eat 20 or more non-edible items and if not carefully watched could choke on them. For this, we have direct care staff who recently, when their starting salaries were all raised to the new minimum wage levels, earn \$14.75 per hour. Salaries are so low that when the new minimum wage was put into effect many direct staff who had been working for years also received a salary increase. The majority of direct care staff I work with have two jobs or work many additional hours of overtime, often a double shift that means 16 hours, in order to have a barely livable wage. Now, I ask you...who would want to work with such challenging behaviors if they could make the same amount of money in any entry level job that

commonly is the first job of high school students? And you wonder why agencies cannot find staff? And you wonder why many staff are ill equipped to deal with such challenges that would be a test even for a trained psychologist making 10 times that hourly wage when providing therapy to a reasonably controlled individual who is sitting on a couch? It is time that legislators know about the challenges that most direct care staff have to face and the skills they should have (but rarely do) just to obtain a salary at the lowest range of what society provides!

My agency has not received a cost of living increase in over 10 years. While in the just past 5 years it has had to absorb a 20% increase in health insurance costs. It also means even with an increase in the number and needs of individuals served there have been reductions in staffing positions that has resulted in increased responsibilities.

Let me be blunt. I have been in this field for 40 years, services in my opinion have not gotten better...but, frankly, are worse than when I started back in the late 1970's.

My case is not the exception but rather is the rule in non-profit agencies serving developmentally disabled adults. I supplement my income as a provider of behavioral services and am listed as such on DDS's website. I have 8 separate private contracts that greatly supplement my salary...but it comes at a price. I often work 7 days a week.

Can I politely and respectfully ask you as my representative/legislators the following question?

Would you put up with this if you were in my shoes or the shoes of so many others like me? I doubt it.

And if managerial wages being so low, direct care staff wages being so low, agencies not able to find staff to fill positions, lack of funding increases to non-profit agencies over a 10-year period, and the ever widening gap between the service need of individuals referred to for day and residential services among the DDS population and the wages and educational levels of staff who are supposed to support them does not get you, then hopefully this will. Aging families who are desperately seeking residential placement for their son or daughter and are no longer able to care for them. Some of which are individuals requiring intensive needs or pose significant behavioral challenges that include physical assault. I know parents that must leave their home, call the police, or lock themselves in the bathroom in order to stay safe when their son or daughter become aggressive. Elderly parents who have been physically hurt. I know of parents who are in their 70s who have to continue to provide intense daily assistance to their physically disabled or profoundly cognitively disabled son or daughter at a time when they are becoming increasing infirm themselves. And the stories go on and on.

This is a crisis...recognize it...accept it...demonstrate the empathy and sensitivity as if you were immersed in such situations on a daily basis...and then do something about it...now!

So, please advocate for the sake of a population of people that deserve better, their families...and the people that serve them in non-profit agencies like mine.

I apologize if I come across harsh...but would not you be if this is what you saw and experienced every single day...and the situation only getting worse as time goes on?

Thank you