

# The Workforce Riddle for Counties

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When I was a kid, one of the several jobs my dad had was as a Child Craft salesman. So we were lucky enough to have a set of those wonderful red-bound books on our bookshelf at home. I particularly loved the volume on poetry, which included the children's poem, "The House that Jack Built". I am reminded of that simple poem when I think of what's going on in the current statewide problem of how we fund decent wages and benefits for direct care workers. If Jack had missed including any one of the components of the house he was building, it would not have been a sound structure. The same is true of the current community-based system of care to serve people with developmental disabilities.

As Howard and Marcie have indicated so well in their metaphor of the iceberg, we can't simply start with the rhetoric of decent wages and decent benefits and expect to really understand, be understood or tackle the whole issue. We have to connect the dots and recognize the real relationship between the many different things that are happening above and below the water line or, in my mind, we have to understand the synergy in the relationships between those different components: no one element stands alone.

As a director of a county department of human services, I see four related elements that we need to look at. Those are values, infrastructure, tools to support the infrastructure and a budget sufficient to fund the tools at an adequate level. It is around those components that I have structured my comments to you today.

First, let's talk about values. I've heard a lot about values since I started this job 1 and 1/2 years ago. People want to talk to me about what my values are. People want to know if we have shared values and some want to criticize actions that we in county government may take as not supporting the values that consumers and families have for the system of care serves them.

Values do constitute an important piece of this discussion. But, frankly, they're meaningless if they stand alone. We in Dane County have, what I think, are excellent values in our DD system. Our values include promoting full consumer participation in the community, which means people who get supports have a safe place to live, an opportunity to work, an opportunity for fun and opportunities to participate in as many activities in the community as they are able to. Our values also include choice and individualized services tailored to real people instead of a prefabricated concept for a program. If we distill these values down to four primary concepts, they comprise what I believe are WCDD's guiding principles:

- Self-determination

- Opportunity
- Independence and interdependence
- Inclusion

But just because you say these things doesn't mean they'll happen. You need the second component in the structure and this, I understand, is a bit of a boring word, but I'll use it anyway: infrastructure. If you believe in the values of self-determination, opportunity, independence and interdependence and inclusion, but your infrastructure *requires* people to live in large congregate settings, to get two hours of group recreational support twice a week and to work in a sheltered workshop, I don't care how much you say about embracing the four values I've cited, you can't practice those values with that kind of infrastructure.

The infrastructure that sustains and supports those values requires you to have options like staffing residential supports for people who want to live with a room mate in their own apartment. It requires employment supports, based on individual need, for people who want to work in the community. It requires flexible funding to support people who want to make choices outside of what a county contracts for because those choices constitute what works best for them.

This is an infrastructure that supports a highly individualized service system that reflects the values we're talking about. I think we have that in Dane County, but it comes at a cost and it is growing fragile. We need tools to sustain that infrastructure, to keep it going, to keep it healthy.

The tools to support the infrastructure are the next component of the house. You need several and I touch on those I think to be most important. First, you need a lot of direct care staff and that, in turn, requires you to be able to count on those staff to be present, compassionate, on-time, trustworthy and competent. If you don't have those things, your infrastructure will start to crumble and the safety of the people we're serving will be put at risk.

Another tool is pay for workers at a level they need to stay in the job and at a level that's sufficient to attract new people to the job when there's turnover. Dane County's effort at this is a self-imposed local mandate to pay a "living wage", which conceptually is a great tool, but it comes with a cost and even though it's been in place for several years, our contracted agencies are still reporting vacancy rates as high as 40 percent. That's disturbing.

Another tool you need is cost of living increases for the organizations you hire to do the work. In Dane County, we contract out for 100 percent of the direct care work. Even though we have a living wage ordinance that requires the lowest paid workers to be paid a certain amount, the contracted agencies also have other expenses associated with keeping direct care workers in their jobs. A big whopping piece of that expense is health insurance, the cost of which has grown exponentially in the past five years. Another is building expenses, direct supervision and just the day to day work of keeping an agency's

doors open. These costs increase from one year to the next. So we expect to be able to provide our agencies with some level of a cost of living increase. This also comes at a cost, which leads me to the next component: a budget that is sufficient.

Every year, my department creates a budget that is supposed to be big enough to address all court ordered costs, caseload increases, union negotiated salary and benefit settlements, operations, contract expenses and some of the one-time requirements that come to us from the state periodically. Additionally, we are held responsible for having a balanced budget at the end of the year. If I have a deficit, I won't keep my job.

This budget supports 22 different service systems and the DD system is just one of those. Some other systems we operate include W-2 and other economic assistance systems like food stamps, Medicaid, and child care. We also run the systems for older and frail adults, adults with serious and persistent mental illness, the emergency shelter system for the homeless, child protective services, mental health programs for children, juvenile delinquency programs, public health programs, alcohol or other drug abuse treatment programs and a nursing home.

As compelling as the wage and benefit needs in the DD system of care are, there are other needs that are equally compelling. Let me share a few examples with you:

- funding for emergency housing for homeless families,
- medical care for adults with a disabling condition that prevents them from working, but who aren't yet eligible for SSI and MA,
- psychotropic medications for people with serious and persistent mental illness,
- residential and vocational supports for people with developmental disabilities or adults with serious and persistent mental illness,
- alcohol or other drug abuse treatment,
- jail diversion programs for people that provide treatment, not incarceration,
- treatment programs for children who have been sexually or physically abused,
- mental health treatment for young teens who have just been diagnosed with a serious and persistent mental illness.

We have waiting lists or documented unmet need for all of these supports. And these are just the "optional" needs. Amongst the mandated needs that we have to meet are:

- out of home care costs for children who have been abused or neglected or who have been adjudicated delinquent,
- birth to three costs,
- institutional costs for adults who can't remain in the community because their mental illnesses puts them at risk for harming others or themselves, and
- court-ordered supports for kids and families served under chapter 48 or 938 and court-ordered protective placement costs for adults.

So, when I get ready to do a budget for the coming year, I look at what the base services are that I need to continue. Those are the systems I talked to you about earlier. I also look

at what the cost increases I **must** cover, how much new levy I'll get, and how much revenue I'll get. These last two pieces are a very important part of maintaining the "house that Jack built", so we can ensure the tools we need are funded at the level needed to keep the infrastructure healthy so that we can make good on the values that we say we care about.

Let's take 2003 as an example. I will have the following cost increases:

- \$3.1 million associated with serving more people for court ordered or mandated caseloads. This includes people with developmental disabilities, kids placed in alternative care, Birth to Three and adults with serious and persistent mental illness who are institutionalized.
- I must also pay wage and benefit increases that are negotiated between the county and unionized employees: \$1.8 million.

Now, let's look at the other side of the ledger at what I can expect for revenue increases:

- Because we are projecting revenue decreases in some areas and revenue increases in others, I am anticipating a net revenue loss of about \$98,000.
- The Dane County Executive has based levy increases to departments on the increase in the consumer price index plus population growth. That will yield an increase in levy support to meet my increased expenses of: \$2.85 million.
- So with the revenue loss and the anticipated increase in levy, the department will have an additional \$2.75 million to work with, but I already know that the expenses I *must* pay are \$4.9 million, meaning that before I fund the tools that I talked about earlier, the living wage and the cost of living increase for the contracted agencies that deliver 100 percent of our direct care to consumers, the department is already in the hole by \$2.15 million.

It's disheartening, isn't it? You know and I know that a living wage and decent benefits for direct care workers are essential elements to having a strong and vital work force that is needed to provide good care and support for consumers. And Dane County deserves credit for passing a living wage ordinance; but the ordinance requires the county to fund a living wage that is equal to 100 percent of poverty for a family of four: that's \$8.49 an hour. But that's still not very much money and it's hard for agencies to compete for competent, reliable, qualified staff in our local job market if they pay that much money.

So back to the budget: if we were to fund a living wage of \$9 an hour, not great, but at least it competes with some of the fast food restaurants. That would cost us an additional \$600,000 in 2003. Further, because we know that benefits are so important--and so expensive--and we know that there are other costs for the contracted agencies, we also know it's important to consider a cost of living increase that's reasonable. Three percent comes to mind as a reasonable target, but a 3 percent cost of living increase would cost an additional \$3 million.

Now, we're in the hole by \$5.75 million, and we haven't even touched some of those "optional" services I discussed earlier, like adequate emergency shelter space for homeless families with dependent children, psychotropic medications for people with serious and persistent mental illness and health care for people with disabilities who have not yet qualified for SSI and Medical Assistance. It's hard, isn't it? Hard to know what to do, and how to handle these tough, tough issues.

So, what, you might reasonably be asking yourself, would help?

The reason I'm here is because I believe that the Wisconsin Council on Developmental Disabilities is committed to providing leadership to arrive at a solution that would help. It will help us with our budget, which will help us fund the tools we need to maintain our infrastructure which is how we put into practice our values of self-determination, opportunity, independence and interdependence and inclusion. From my perspective, it is essential that we get some help through increased funding in the Medical Assistance waiver rates in order to maintain our system of care. Without it, our "house", our structure that many people have worked so carefully to build over the years will continue to weaken.

I applaud Jennifer Ondrejka, the WCDD board, Sue Jones from the DHFS Bureau of Developmental Disabilities and the staff who have worked so hard to educate us on this problem and find a solution: Howard Mandeville from WCDD and Marcie Brost from the Bureau of Developmental Disabilities in the Department of Health and Family Services. They are committed to not just working on another budget fix, but to working on making our values real by recognizing what it takes and how very hard it is to fund and maintain a good system of care for people with developmental disabilities.

I believe that the funding proposal they're working on and the commitment that all of us who are here today will make to working with them will help us hold together our DD system in Dane County and others like it around the state.

Thank you for your interest today, and thank you for your presence here which shows your commitment to working together on one of the most important issues that faces the human services system today.