

Co-Chairs and Members of the Committee.

My name is Laura Lonski and I am a Residential Director at Benco. I am here to urge you to prioritize full funding for Developmental Disability Services, and more specifically in DSP Wages.

Many of the people we support have very small social circles. DSPs who provide paid support are often their primary social connection. Throughout the COVID-19 pandemic, this was amplified to a significant degree. Without individuals being able to go to work or to a day program, with no art classes or sports practices, with family visits extremely limited, and without even being able to see familiar faces in the community, people with disabilities *had* to rely on their DSPs as their sole source of connection. These staff served as the listening ear; the mental health support; the arts and crafts companion; the yoga teacher; and the source of comfort during a year of challenges. The COVID-19 pandemic has laid bare that DSPs truly are essential employees: when the rest of the world stops, caregiving must continue.

One of the skill sets that the DSPs at our agency may need to provide are medical supports, for individuals with significant medical needs. Staff who work with these individuals are trained on highly skilled tasks that range from g-tube feedings to seizure monitoring to wound care. Without staff able to perform these tasks, the individuals they support may suffer from any number of issues, ranging from infection to aspiration pneumonia, which in the best cases require physician attention and in the worst, would result in death.

In most cases, these individuals are unable to verbalize pain and would not be able to say, "Something is wrong." In one specific example, last year we had a situation with a resident where multiple staff came to me and reported that something seemed "off" about her. She was crying out unusually and she was making strange facial expressions, though she had no visible wounds or indications of injury. I took her to the ER and communicated these things to the medical staff. I continued to reiterate that something was not right and that I felt she was in pain. After hours and hours of nothing showing up in the many diagnostic tests and procedures, it was finally identified that she had a hairline fracture in an easy-to-overlook area in her leg. Only because of staff members who KNEW the nuances of this person and KNEW what was and was not normal, was I able to accurately advocate for her need for medical care. Without staff who are trained on the intricacies of medical care in addition to the nuances of the person they are supporting, pain and suffering of the people we support would skyrocket.

This is just one of the reasons why stable staffing is the most significant service we can provide. Training one new staff member and then having them leave may result in at least six months' worth of disruption in the lives of everyone at the program, since it usually takes several months of training, shadowing, and trust-building before a new staff member can work independently. Staff may invest months into training one staff, who soon thereafter leaves, starting the program again from scratch. This means six months of the program coordinator scrambling to create a schedule, which is only exacerbated when a staff calls in sick or there is an emergency; six months of staff

working double shifts, overtime, or training shifts where they attempt to dually do their job duties and instruct a new staff on them; and six months of uncertainty and stress for the individuals supported.

Please fund disability services to ensure these vulnerable people have the supports they need, when they need them.

Best,