**Testimony on SFY 26/27 Operating Budget**

**Senate Finance Committee**

Chairman Cirino, Vice-Chair Chavez, Ranking Member Hicks-Hudson, and esteemed committee members,

Thank you for letting me speak to you today.

My name is [**Name**], and I'm a Direct Support Professional (DSP). I work in [**County/Town**] and provide services like [**List 2-3 services, e.g., personal care, transportation, community integration**]. I've been a DSP for [**Number**] years.

Before the last budget's pay increase, DSPs were struggling. [**Share a brief, specific story using simple words. For example:** \* "I loved my work, but I couldn't afford my rent on what I was making. I had to work two other jobs just to make ends meet."\* OR \* "I almost left the field entirely. I started looking for jobs at the grocery store because they paid more."\* OR \* "I had to work so much overtime that I never saw my kids."\*] It was stressful and exhausting.

Since the pay increase, things have changed for the better. [**Give 2-3 quick examples using simple words. For example:** \* "I was able to cut back to one other part-time job and focus on being a good DSP."\* OR \* "I was able to come back to the field after working in retail for a year."\* OR \* "I can finally afford to put money away for retirement."\* OR \* "I have health insurance through my employer now, which is a huge relief."\* ] This has made a real difference in my life and the lives of the people I support. Thank you for recognizing the importance of this work.

I'm concerned because the Governor's proposed budget doesn't include more money for DSPs working in waiver settings. Without action from you, we'll be right back where we started. We can't afford to lose more qualified, caring workers.

**I ask you to:**

1. **Include a rate increase for DSPs in DODD HCBS waiver services.**
2. **Create a system to regularly adjust rates so we don't face this crisis again.**

The people I support rely on me and other DSPs. We need to make sure this is a job people can afford to do, so we can continue providing quality care.

Thank you for your time.

(Signature)

(name

Email address

address

phone)