

## **Utilizing Immigration Policy to Address a Growing Workforce Crisis**

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### **Abstract**

The United States faces an ongoing crisis in meeting the daily needs of people living with intellectual and developmental disabilities (I/DD). This crisis is driven by an ongoing shortage of Direct Support Professionals (DSPs), the frontline workers tasked with assisting the I/DD population. The shortage is projected to only grow over the next decade, and has been exacerbated by the COVID-19 public health emergency. This paper outlines these ongoing challenges, and proposes policy solutions to begin to rectify the issue. Specifically, this paper proposes enacting public policy measures related to immigration and managed migration that would increase the DSP supply in the United States and blunt the consequences of a dire public health dilemma.

### **Introduction**

People with an intellectual and developmental disability (I/DD) rely on Direct Support Professionals (DSPs) for daily assistance that allows them to live meaningful days and meaningful lives. Families rely on DSPs for quality, reliable, and consistent care of their loved ones. However, finding and retaining DSPs has become a mounting challenge. The need for DSPs has reached crisis levels and only continues to grow.

DSPs provide integral, daily support to people living with I/DD. DSPs assist with all aspects of day-to-day life, including bathing, dressing, cooking, cleaning, and administering medication. These workers drive clients to and from activities and medical appointments. DSPs literally walk side-by-side with their clients to ensure that they lead meaningful and vibrant lives. DSPs are essential to adequately meeting the needs of the intellectually and developmentally disabled in this country.

This crisis has led to and continues to spell catastrophic outcomes for the I/DD population, their families, and society at large. The pipeline of people entering the Direct Support Profession is simply not keeping pace with the number of DSPs needed by Americans with I/DD and their families. DSP turnover rates near 50 percent nationally on an annual basis. Providers and programs must recruit and train an entirely new workforce every year. These providers must produce a workforce over half in size of the current one on an annual basis in order to meet the needs of this population and the growing demand for services.

This is a crisis within a crisis. By 2030, the United States will need 2.5 million caregivers working in the field of long-term services and supports (LTSS). There are not enough American-born workers to meet this need. In fact, this article draws on a similar approach put forth by our counterparts at LeadingAge to address the long-term care crisis in their *Imagine: International Migration of Aging and Geriatric Workers in Response to the Needs of Elders* paper. While the DSP and LTSS labor shortages share many similarities, they also mutually exacerbate their respective crises because these industries draw from a similar labor pool.

The DSP situation has grown increasingly dire. Many people with I/DD who need in-person care lost their trained support during the pandemic at a time when many I/DD service providers were already operating with a DSP shortage. Pre-pandemic, 46 percent of DSP positions turned over annually. In other words, service providers must replace half the workforce every year to meet the needs of the I/DD population. Those with I/DD in Pennsylvania, for example, saw their services reduced by up to 80 percent since March 2020 according to the *COVID-19 Impact on Direct Support Professionals and Providers of Intellectual Disability/Autism Services* report from Pennsylvania providers.

We propose utilizing international migration to meet current demands. This multifaceted approach features a targeted set of policy recommendations aimed at engaging foreign-born workers in efforts to meet the growing care needs of a rapidly growing DSP and Direct Care workforce crisis. Foreign-born workers already play a valued role in the DSP field. More than a quarter of the current direct care workforce is comprised of people born in other countries.

## **Policy Overview**

DSP workforce demands exist at both macroeconomic and regional levels. The key recommendations, which could be pursued alone or as a package, include:

1. Enact a 3-year renewable guest worker program for Direct Support Professionals as a provision under the H-2B temporary non-agricultural worker visa program or as a standalone program to meet macroeconomic and regional labor demands.
2. Modify the R-1 visa program to provide religious visas to temporary workers in faith-based organizations.
3. Enact “Direct Care-Pairer,” a new authority under the J-1 visa program, to include direct care workers in addition to child care workers.
4. Amend the North American Free Trade Agreement (NAFTA) to include Direct Support Professionals.

5. Increase the number of refugees and asylees permitted to enter the U.S., and take steps to employ them as Direct Support Professionals.

### **Scale and Context of the DSP Labor Crisis**

According to the *Report to the President 2017, America's Direct Support Workforce Crisis: Effects on People with Intellectual Disabilities, Families, Communities and the U.S. Economy*,

*In 2013, there were 880,000 full-time equivalent (FTE) Direct Support Professional positions to meet the needs of the 1.4 million individuals. Given that 30 percent of the DSP workforce is part-time, and estimating that 2.5 part-time workers are needed to fill one full-time equivalency, there were an estimated 1,276,000 DSPs working to support individuals with ID/DD on June 30, 2013. The estimated 880,000 FTEs in 2013 reflect an increase of about 89,000 (11.3 percent) in the decade between 2003 and 2013.*

*Importantly, because of shifts in how services and supports are typically provided to individuals with ID/DD, the ratio of DSPs to service users decreased from an estimated 0.564 to 0.496 over the decade. Simply to sustain services as they are, and given current turnover rates, every year **574,200 new DSPs need to take new jobs in the workforce.** Notably, too, it would require an additional 167,001 new DSPs to meet the needs of the more than 200,000 individuals wait-listed for services. With projected growth in demand, worsening workforce issues and a strong U.S. economy, this number is expected to grow yearly between now and 2030.*

We need to build an entirely new workforce to meet these demands and a consistent human capital pipeline to address this crisis on an annual basis.

This growing workforce crisis is a direct threat to well-being of the I/DD population. The direct support turnover and vacancy rate impacts the independence and opportunities for people receiving support. Allowing the I/DD population to experience meaningful, healthy days relies on a consistent, dependable workforce with a particular skillset. The impact of the workforce crisis also affects family members, who forgo jobs, promotions, and work fewer hours in order to replace a consistent DSP workforce.

Consistency for people with I/DD and their family members is important and achieving such consistency is nearly impossible with current DSP turnover and vacancy rates. From an industry perspective, achieving this consistency is a nearly insurmountable challenge when service providers have to generate a new workforce without a dependable human capital pipeline each year.

The 2018 Report from PHI, *Immigrants and the Direct Care Workforce*, proves that immigrant populations already serve as vital cornerstone to meeting the needs of the I/DD population. While DSPs comprise a subset of their study, the report details how immigrants drive a key subset of the labor market for direct care in the United States:

*In 2015, 24 percent of direct care workers in the U.S. were immigrants, totaling 860,000 people; the total number of immigrant direct care workers grows to 1 million when accounting for individual providers. The proportion of direct care workers who are immigrants grew from 20 percent in 2005 to 24 percent in 2015. In that same period, immigrant direct care workers in the U.S. grew from 520,000 to 860,000—an increase of 340,000 people. Among immigrant direct care workers, 56 percent (480,000) are U.S. citizens by naturalization and 44 percent (380,000) are not U.S. citizens.*

According to PHI, policymakers and leaders in this sector recognize that immigrants are necessary to meet growing labor demand, as nearly 1 million immigrant direct care workers currently support older people and people with disabilities in the United States.

Foreign nations already possess innovative approaches to managed migration in response to direct care worker shortages. The United States lags far behind on managed migration innovation, especially in response to this growing DSP and Direct Care Worker crisis. Other countries have embedded mechanisms to recruit and train foreign workers to meet labor demands. In Israel, private agencies recruit foreign-born workers to fill vacancies. These agencies train foreign-born direct care workers while the workers are still living in their countries of origin. These workers must register with the government, which allows them to work in direct care positions for a period of up to five years. In Japan, direct care workers are recruited through bilateral agreements with other countries, including Indonesia, Vietnam, and the Philippines. In Canada, a Live-In Caregiver Program allows migrant care workers to enter the country if the workers meet certain criteria before admission.

## **Policy Recommendations**

This list of recommended policy solutions represents a series of reforms that would increase the DSP and Direct Care Worker pipeline. Adapted from the LeadingAge proposal cited earlier, we recommend the following:

**1. Enact a 3-year renewable guest worker program for Direct Support Professionals as a provision under the H-2B temporary non-agricultural worker visa program or as a standalone program to meet macroeconomic and regional labor demands.** We propose the creation a 3-year, renewable guest worker program that would allow qualified, English-speaking, foreign-born individuals to enter the U.S. to work in DSP that cannot be filled by native-born

workers. The United States allows employers to hire temporary workers in the fields of agriculture and hospitality in order to fill labor gaps. Creating an authority to allow a managed migration pipeline for DSP workers would address the DSP crisis directly. Under such an authority, I/DD service providers meeting specific criteria would be allowed to hire foreign-born workers to fill a set of positions designated for DSP roles. Workers would be admitted to the country for a fixed, three-year period with an option to renew the visa if performance criteria are met. Workers would be guaranteed wages and benefits comparable to domestic workers in the same positions. Providers would cover transportation and other costs related to bringing temporary DSP workers on board. If the worker left the employer, that worker would have to return to his or her home country, or find another DSP position placement within a specified time period.

**2. Modify the R-1 program to cover temporary workers in provider organizations that are religiously affiliated.** We support amending or interpreting the definition of “religious occupation” so it includes direct care services provided by qualifying U.S. employers. We support expanding the definition of “denominational membership” to include direct care settings more broadly.

**3. Enact “Direct Care-Pairer,” a new authority under the J-1 visa program, to include direct care workers in addition to child care workers.** The J-1 Exchange visa calls for temporary workers to enter the U.S. to provide childcare in a family or professional setting. Often referencing au pairs, these workers must achieve a secondary education, must be proficient in English, and must be capable of providing child care. The new “Direct Care-Pairer” program would be modeled on the au pair program and would be focused on workers who provide direct care services.

**4. Amend NAFTA to include Direct Support Professionals.** The North American Free Trade Agreement (NAFTA) includes authorities allowing individuals from Canada or Mexico to enter the U.S. on a temporary basis to engage in professional activities. The authority stands for three years. We propose that Congress add Direct Support Professionals as a standalone classification of allowable workers under NAFTA.

**5. Increase the number of refugees and asylees permitted to enter the U.S., and make program adjustments to engage these individuals in DSP jobs.** We support increasing the refugee and asylee cap to create a greater pool of U.S. workers, specifically DSP and Direct Care Workers. English-speaking refugees and asylees can be recruited in a manner to aforementioned authorities to contribute to a labor pipeline.

## Conclusion

Our fellow intellectually and developmentally disabled citizens, their families, and local communities continue to suffer from an avoidable labor shortage of Direct Support Professionals. By enacting the above policy recommendations, we can make significant impact on the DSP labor crisis and build a sustainable, renewable pipeline of caregivers to meet the needs of our current population and that of future generations.

## Citations

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