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## **Increasing the Supply of Direct Support Professionals through Targeted Immigration**

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doi: 10.51505/IJEBMR.2023.7210

URL: <https://doi.org/10.51505/IJEBMR.2023.7210>

Received: February 01, 2023

Accepted: February 09, 2023

Online Published: February 25, 2023

### **Abstract**

Agencies that provide supports and services to people who have intellectual and/or developmental disabilities are unable to hire sufficient number of adequately trained staff. Vacancy rates for those positions that provide direct support and services to people who have disabilities approach 20%. Insufficient compensation was noted as a primary cause of the workforce crisis, and the history of funding social does not suggest that increased funding is imminent. The crisis will continue without either a significant increase in the supply of workers or a decreased demand for workers. Targeted immigration strategies are proposed as a short-term solution to increasing the supply of Direct Support Professionals currently existing in the intellectual disability field.

**Keywords:** Workforce crisis, Intellectual Disability, Targeted Immigration

### **1. Introduction - Nature of the Workforce Crisis**

Providers of Intellectual and Developmental Disability (IDD) services throughout the United States have faced a longstanding challenge to recruit and retain staff. This challenge is felt most deeply at the Direct Support Professional position. This position works direct, often hand in hand, with the person who has intellectual disability. In 2012, The President's Committee on People with Intellectual Disabilities (President's Committee, 2012) formally declared this challenging situation to be a crisis.

Turnover of Direct Support Professionals is often cited as one measure of the magnitude of the workforce crisis. Turnover data in the published literature are highly variable, ranging from as low as 25% per year (Spreat, McHale-Brown, & Walker, 2015) to well above 40% per year (NCI, 2016; NCI, 2017; NCI, 2018; NCI, 2019; NCI, 2020). Variability in reports of turnover appears to largely be a function of the sample being studied. The National Core Indicator project

(NCI, 2016; NCI, 2017; NCI, 2018; NCI, 2019; NCI, 2020) has collected national data on turnover since 2014, and this use of varying but relatively large national samples perhaps affords the best representation of the national status of Direct Support Professional turnover. Data from the series of National Core Indicator studies clearly reveal that the national turnover rate has consistently exceeded 40% per year, with no clear trend to the data.

Turnover is costly, and it seriously impacts the quality of programs that support individuals who have intellectual disability. One might argue, however, that the number of open (vacant) Direct Support Professional positions poses an existential threat that exceeds the threat to program quality attributable to turnover (Spreat, 2021). If positions can be filled, even with overtime staff, a program will be able to continue, even if quality is compromised. If positions cannot be filled, the program will eventually fail. National Core Indicator data suggest that the vacancy rate is increasing over time, most recently affecting 12.3% of all Direct Support Professional positions. Local studies often suggest that the vacancy rate approaches 20% (Consortium 2022). It must be recognized that services and supports in the IDD field are largely based on the development and maintenance of interpersonal relationships between staff and clients. To the extent that the employment of Direct Support Professionals approximates a revolving door, those interpersonal relationships are jeopardized. Knowledge regarding effective ways with which to support individuals simply cannot be passed along with high turnover rates. Quality of care is jeopardized.

High turnover and vacancy rates not only threaten the quality of the supports and services being provided, they result in significant expenditures that ultimately detract from the individuals being supported. Money spent on overtime is money not spent to enhance the lives of people being supported. Both turnover and vacancies will result in excessive use of overtime which is typically paid at a time and one half rate. This excessive overtime, in turn, will overwork staff and the additional income will potentially eliminate their participation in various social welfare support programs (Torres, Spreat, & Clark, 2017). Torres, Spreat, & Clark (2017) have also suggested that excessive overtime can be a social determinant of negative health and social issues for staff and staff families. In addition, turnover implies replacement. It has been estimated that it may cost an agency as much as \$3278 in 2004 dollars to recruit and train a new employee (Larson, Tolbize, Kim, and York, 2016). Adjusted for inflation, a better current estimate would be \$5139 to replace a single Direct Support Professional.

## **2. Introduction - Hypothesized Causes of the Crisis**

Many factors have been suggested as potential causes (or contributing factors) to the workforce crisis. Basic demographic factors would seem to include the fact that people with intellectual disability are living longer (Dolan, Lane, Hillis, & Delanty, 2019), an ever increasing number of individuals are being supported in out of home residential placements (Braddock, Hemp, Tanis, Wu, & Haffer, 2017), and the dominant residential model (Conroy, 2017), the three person group home, is more labor intensive than older models of residential care. While not directly related to the intellectual disability community, the baby boomer generation is now entering that phase of life in which increased supports are needed. Increased numbers of Direct Support Professionals are now needed to support aging baby boomers. This multitude of factors has increased the demand for qualified Direct Support Professionals. The core to the workforce crisis is that the

demand for Direct Support Professionals has continued to grow over time in a linear fashion. Supply has also increased in a linear fashion (Spreat, 2022), but it has not been able to balance the demand. Figure 1 presents estimated supply and demand curves over time, and the chart reveals that while more Direct Support Professionals are employed, the supply seems to consistently lag about 10% behind the demand. Demand was estimated by using standard residential staffing formulae to adjust the IDD census data reported by the State of the States research group (Braddock, Hemp, Tanis, Wu, & Haffer, 2017) Vacancy rates were drawn from a variety of National Core Indicator reports (NCI, 2016; NCI, 2017; NCI, 2018; NCI, 2019; NCI,2020) and applied to the estimated Direct Support Professional supply.

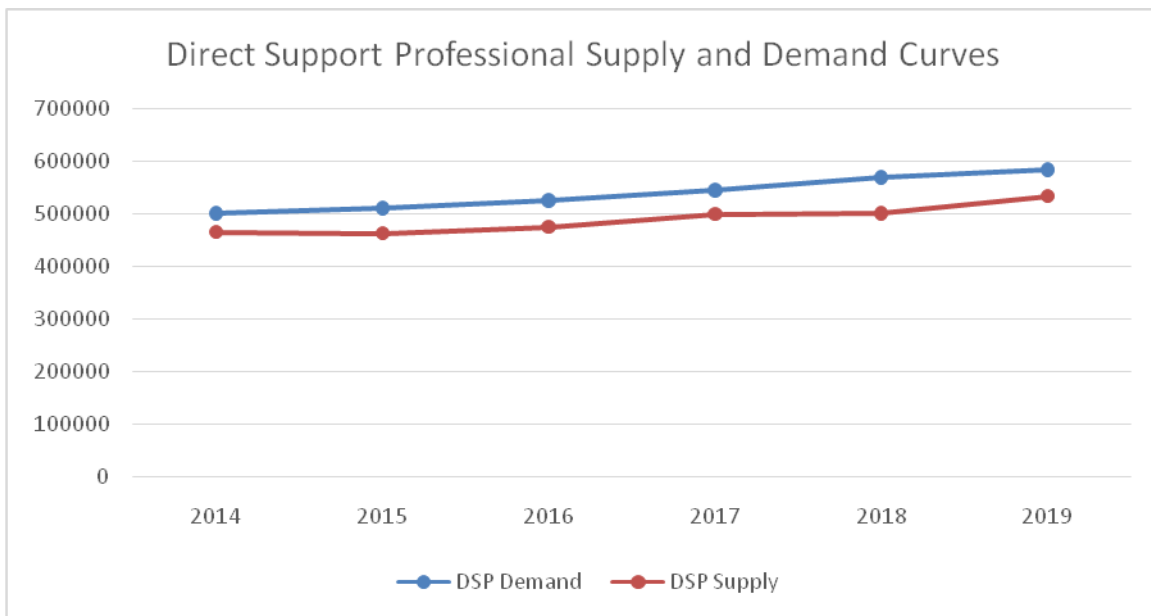


Figure 1. DSP Supply and Demand Curves.

These data suggest that while both demand for and supply of Direct Support Professionals have increased over this six year period, the supply of individuals willing and qualified to work as Direct Support Professionals has been unable to catch up with the demand. Supply and demand are not in a satisfactory equilibrium.

Supply and demand theory provides a framework with which to consider the workforce problem in the intellectual disability field. According to basic supply and demand theory, price operates as the factor that creates an equilibrium between supply and demand (Locke, 1691; Smith, 1776; Marshall, 1890). When the demand for a service or product exceeds the supply of that service or product, the price must go up in order to achieve satisfactory equilibrium. Failure to do this will result in shortages. Translating this supply and demand theory to the intellectual disability field, the implied solution to the workforce crisis is to increase Direct Support Professional wages. More people would be willing to work as Direct Support Professionals if compensation were greater. Note that this was exactly the approach that Henry Ford used to resolve his 1914 workforce crisis (Raff & Simms, 1987). He more than more than doubled wages and eliminated his workforce problem. The problem was similarly addressed by the City of San Francisco in the

1960s when they could not hire a sufficient number of trash collectors (Perry, 2017).

Empirical research has linked rate of pay to the turnover. Larson, Lakin, & Bruininks (1998) studied the relationship between Direct Support Professional turnover and a variety of predictor variables. They reported that the single largest predictor of turnover was the hourly wage. Given the relatively narrow range of salaries paid to Direct Support Professionals, this finding is noteworthy because in statistical analyses, a narrow range of scores within a given variable tends to minimize the utility of that variable in any prediction model.

A number of provider associations and advocacy networks have attempted to persuade state legislatures to implement wage based solutions to the workforce crisis. For example, the New Jersey Coalition for a DSP Living wage (undated) has called for Direct Support Professionals to be paid a “living wage,” presumably as defined by the MIT Living wage calculator (MIT, undated). The state of New Jersey has clearly responded with efforts designed to increase Direct Support Professional salary. Blumental (2021) has called for Direct Support Professionals to be compensated at the same rate as their counterparts who work in the state hospitals and developmental centers. Using a supply and demand framework, Spreat (2021) argued that wages should be increased until vacancies are eliminated. Economic theory, unfortunately, does not offer a satisfactory empirical means with which to estimate the wage that is needed to eliminate vacancies.

Insufficient funding seems to be at least a major contributor to the workforce crisis. The contribution of funding is expressed in two different manners. First, it has been suggested that social services, in general, have experienced a chronic and systematic pattern of underfunding that threatens the sustainability of those supports and services. Second, various governmental agencies are the sole funders of most IDD services, and these governmental agencies independently establish the price they will pay for the supports and services. Each will be discussed separately.

Systematic Underfunding of Social Services – Harvey & Tropman (2010) described a national funding pattern that is characterized by a systematic underfunding of social services (not just IDD). Several local examples exist to support their observation. Keating (2015), in a planning retreat for Woods Services, noted that from 2002 to 2012, the consumer price index had increased 27.64%. Over the same time period, funding for community based intellectual disability services in New Jersey increased only 7.6%. Walker (2016) described a similar situation in Pennsylvania, where over a 20 year period, the general Commonwealth budget increased over 90% but funding for community based intellectual disability services only increased 23-24%. Without offering longitudinal financial data, the California Association of Regional Center Agencies (2015) described a pattern of underfunding that jeopardized the continued operation of IDD services in California.

The Problem of Controlled Prices - It must be recognized that private provider agencies are in no way limited as to the amount they pay Direct Support Professionals. No governmental authority has mandated a specific hourly wage for Direct Support Professionals. Instead, various governmental authorities determine what they will pay the private providers for delivering supports and services to people with intellectual disability. This process of controlling the prices paid for services and supports effectively constrains the provider agencies from adjusting Direct

Support Professional wages in order to achieve an equilibrium between supply and demand. Arguably, the use of price controls is at least a maintaining factor to the workforce crisis.

Note also that intellectual disability providers typically spend between 75% and 85% of their entire budgets on staffing costs. This leaves little room for budget adjustments to entice new staff or to more appropriately compensate existing staff. It is clear that under current conditions, providers are challenged to pay a wage sufficient to create an equilibrium between supply of and demand for Direct Support Professionals.

Pettenger (2017) has suggested that governmentally constrained, or fixed, prices will ultimately lead to shortages. In the intellectual disability field, we observe both staffing shortages and program shortages in the form of substantial waiting lists for service. When the price of providing supports and services is artificially constrained by governmentally fixed prices, the marketplace is challenged to establish an equilibrium between supply and demand (Armentano, 1967; Rockoff, undated). Armentano (1967) noted that almost every piece of governmental price fixing legislation has produced results opposite of those intended. Within the intellectual disability field, staff shortages, waiting lists for services, and selection of program offerings based on rate paid rather than consumer need are all evident.

The price of a service or product is supposed to be the result of some sort of negotiation between buyer and seller (Pettenger, 2017), but providers are not really involved in any sort of meaningful negotiation, other than through appeal processes. It would seem that providers of social services (the sellers) have allowed purchasers (i.e., the government) to have near complete control over prices. One might argue that the government has essentially co-opted private providers as parts of the government itself (without offering government benefits). Even when these fixed prices don't fully cover the cost of providing services, sellers typically accept partial payments, hoping to fund the services and products in some other manner. These other manners might include alternative fund raising, using funds from better paying purchasers to subsidize the poorer paying purchasers and most notably, undercompensating Direct Support Professionals to the point of creating a workforce crisis.

### **3. Discussion - An Alternative Approach to Increase Supply**

The historical data on social services funding are not encouraging. It seems unlikely that the workforce crisis will be resolved by a massive funding increase for the intellectual disability sector. Recognizing this, some agencies have adopted strategies with which to attempt to reduce demand for Direct Support Professionals. These strategies would include less intensively staffed adult foster care models and expanded use of electronic monitoring. While it is likely that these strategies will have some positive impact, it seems unlikely that they will be sufficient to remedy the problem. The purpose of this paper is to suggest a strategy that, rather than reducing demand, would increase the supply of DSPs without incurring massive spending.

The development of targeted immigration strategies could be used to increase the supply of Direct Support Professionals. Historically, targeted immigration has referred to restrictive practices that exclude certain defined groups from entering a country. An example of targeted exclusionary immigration would be the Chinese Exclusion Act of 1882 (History, undated) which was designed to limit Chinese immigration to the United States. A more contemporary example of targeted immigration would be would be President Biden's order allowing deportation of

immigrants who posed a threat to national security or who had significant criminal histories (NBC News, undated). But targeted immigration can also be viewed as an opportunity to selectively invite immigrants who would be able to contribute to or help alleviate a societal shortcoming. The Direct Support Professional workforce crisis presents just such an opportunity.

Targeted immigration is hardly a novel idea with regard to healthcare workers. Israel, Japan, and Canada are among the nations that have developed cross-border strategies in order to meet the growing workforce demand for professionals providing direct support to citizens in need of it. Nacer & McKee (2022) noted that the United Kingdom has long depended on importing a variety of healthcare workers, mostly from Europe. The United Kingdom has relied on recruiting foreign trained nurses and midwives to replace those leaving the profession (WHO, 2022). Kumar and Dempster (2021) note that Canada has a program that affords a pathway to residency and citizenship for Home Support workers. Israel has had a targeted immigration plan for care workers since 1991, however, that program has been criticized as exploitive and does not offer a pathway to citizenship or residency.

Despite the fact that 24% of the United States direct support workforce is comprised of immigrants (Espinoza, 2017), the United States has lagged behind other countries in utilizing the levers of managed migration to meet direct care workforce gaps. As private industry continues to rely on visa-based programs to fill human capital needs, the public sector faces an urgent call to immediately address the ever-mounting Direct Support Professional crisis while a more long-term, structural solution is put in place.

The opportunity to resolve the workforce crisis could begin to be addressed by adopting some or all of the following recommendations:

1. Enact a 3-year renewable guest worker program for Direct Support Professionals as a provision under the H-2B temporary nonagricultural worker visa program or as a standalone program to meet macroeconomic and regional labor demands. The creation of a 3-year, renewable guest worker program that would allow qualified, English-speaking, foreign-born individuals to enter the U.S. to work as Direct Support Professional, holding positions 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, ID/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. A government office solely focused on recruitment of foreign workers to meet domestic healthcare workforce demands could also be established.

2. Modify the R-1 program to cover temporary workers in provider organizations that are religiously affiliated. This would require 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 stand alone 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. Increasing the refugee and asylee cap would 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.

Any such program of targeted immigration would need to ensure distinctions between the practice and the earlier practice of indentured servitude. Voluntariness would seem to be the primary distinction. Immigrants would be free to leave the intellectual disability field at any point, with the requirement of seeking alternative employment or returning to their home country. In contrast, there was typically no provision to opt out of indentured servitude. The indentured servant was not free to separate until the conclusion of the contractual arrangement. Galenson (1984) reported that somewhere between  $\frac{1}{2}$  and  $\frac{3}{4}$  of all American immigrants between the Puritan immigration of 1630s and the Revolutionary war entered the country as indentured servants. Indentured servitude is generally considered to have been banned by the 13<sup>th</sup> amendment to the United States constitution. Obviously, care must be exercised to ensure that targeted immigration provides appropriate protections to the rights of immigrants.

The proposed strategies need to be viewed as stop-gap measures designed to ensure the sustainability of the intellectual disability system for the immediate future. They are not designed to be a long term solution that would enable legislative bodies to avoid allocating funds that would enable provider agencies to pay a “living wage” to Direct Support Professionals. The adoption of a targeted immigration approach should in no way be interpreted to suggest that efforts to increase Direct Support Professional wages are no longer needed.

**Conflict of Interest:** No author claims a conflict of interest pertinent to this paper. Farry, Hansen-Turton, and Spreat are involved in the provision of services to people with disabilities. Clark and Taylor-Cook are involved in broader social service efforts.

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