NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Labor Market Analysis

Webinar

June 2023

Executive summary

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Problem Statement

NJ DCF Providers have reported a decline in qualified candidates for key roles, increased attrition, and increased caseload and complexity of cases.

Diagnostic Themes

We explored four initial pain points specific to social support and treatment services in NJ for 8 pre-defined archetypes: growth in demand, dwindling educational pipeline, and geographic and occupational attrition.

Solutions

Based on potential estimated opportunity size and feasibility, there are 3 categories of potential strategies that could be pursued to reduce the supply/demand gap for the provider workforce:

- Provider innovations to encourage now
- Reimagining care delivery model and standards by DCF
- Evaluate possible partnerships to accomplish

Goals for this webinar

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- Report on **key themes and challenges** from DCF workforce and labor trend analysis
- Share universe of **potential solutions**
- Discuss **path forward**

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The diagnostic focused on 8 staff archetypes across 11 service lines spanning CSOC, DOW and FCP

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Archetype number	Archetype	Division	Service line	Entry-level	Licensing requirements
1	Group care staff	CSOC	Youth Residential / group home treatment	High school/ GED	n/a
	DV shelter staff	DOW	DV shelters	High school/ GED	n/a
2	Clinicians, field-based	CSOC	Treatment home	Master's	LSW/LCSW
			Intensive In-Community Services	Master's or BA + 1YOE	LSW/LCSW
			Mobile Response and Stabilization	Master's or BA + 1YOE	Pending licensure
3	Clinicians, office-based	CSOC	Youth Residential/ group home treatment	Master's	Pending CADC
			Outpatient therapist/ SUD treatment	Master's	Pending CADC
		DOW	Adult residential SUD treatment (Mommy & Me)	Master's	Pending CADC
		FCP	School linked services	Master's	Pending CADC
4	Caseworkers, field-based	FCP	Family Preservation Services	Bachelor's	Professional license
			Home Visitation Services	MSW/BSW	Therapeutic Visitation Specialist
	Care managers	CSOC	Care Management Organizations (CMO)	BA + 1 YOE	n/a
5	DV advocates	DOW	DV advocates	Bachelor's	n/a
	Caseworkers, office-based	CSOC	Youth supportive housing	Bachelor's	n/a
6	Home visitors	FCP	Home visitation – Healthy Families American	High school	n/a
			Home visitation – Parents As Teachers	Bachelor's or GED + 2YOE	n/a
7	Program Managers	CSOC	Youth Residential/ group home treatment	Master's	n/a
8	Behavioral Assistants	CSOC	Intensive in-Community Services	High school/GED	n/a

Sources of insight

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~50 provider organizations covered

20+ focus groups and 1:1 interviews conducted

With

~60 frontline staff

~25 provider executives, including CEOs, VPs, HR directors, Directors of Operations

Talent trends analysis of US social services and healthcare industry on sample size of **15K** workers

Comparison of Employee Value Proposition and organizational health of **45+** DCF providers to competitors across retail and healthcare

Analyzed **2+ years** of DCF workforce survey data across **~700** providers

The workforce challenges experienced by NJ DCF reflect a broader talent gap across the US

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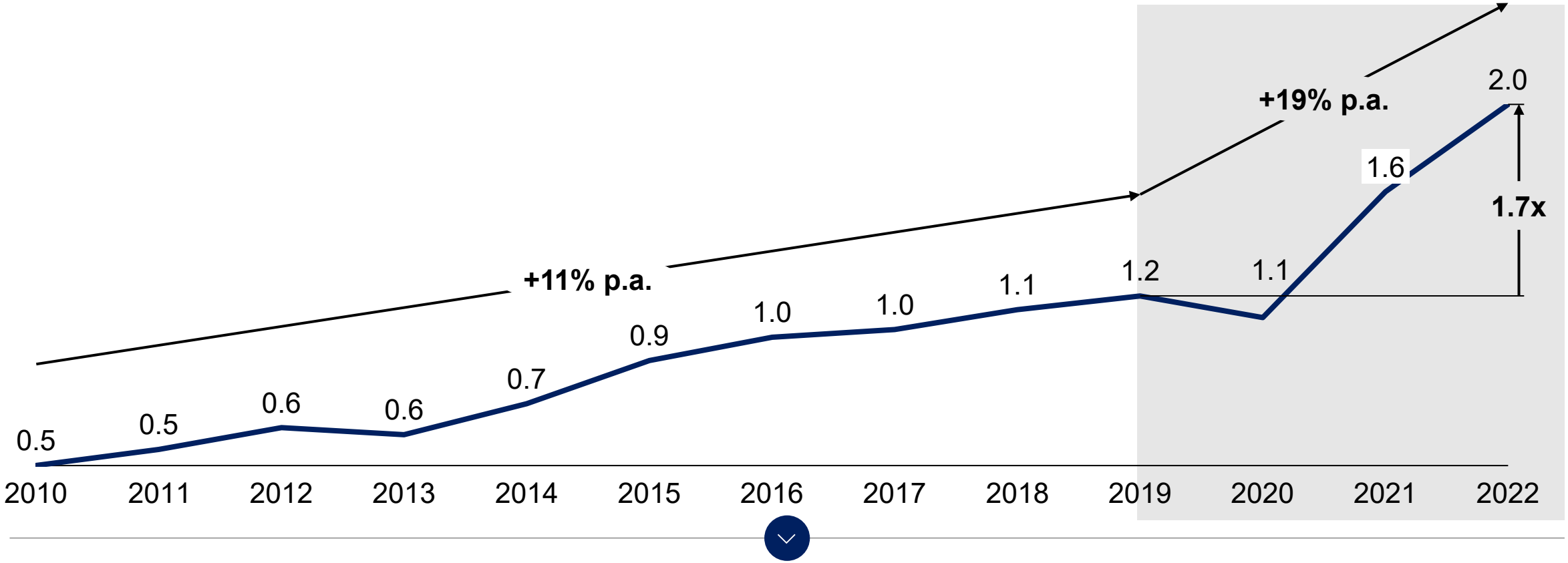
Talent gap in the healthcare and social assistance sector in United States

Millions of unfilled positions, monthly averages



The talent gap grew by **~11% annually between 2010 and 2019**; and it accelerated to ~19% annual growth between 2019 and 2022 to an extent as a result of the COVID pandemic

Source: Bureau of Labor Statistics Job Openings and Labor Turnover Survey (JOLTS)

Since December 2020, DCF providers across CSOC, DOW, and FCP have operated at or above operational capacity

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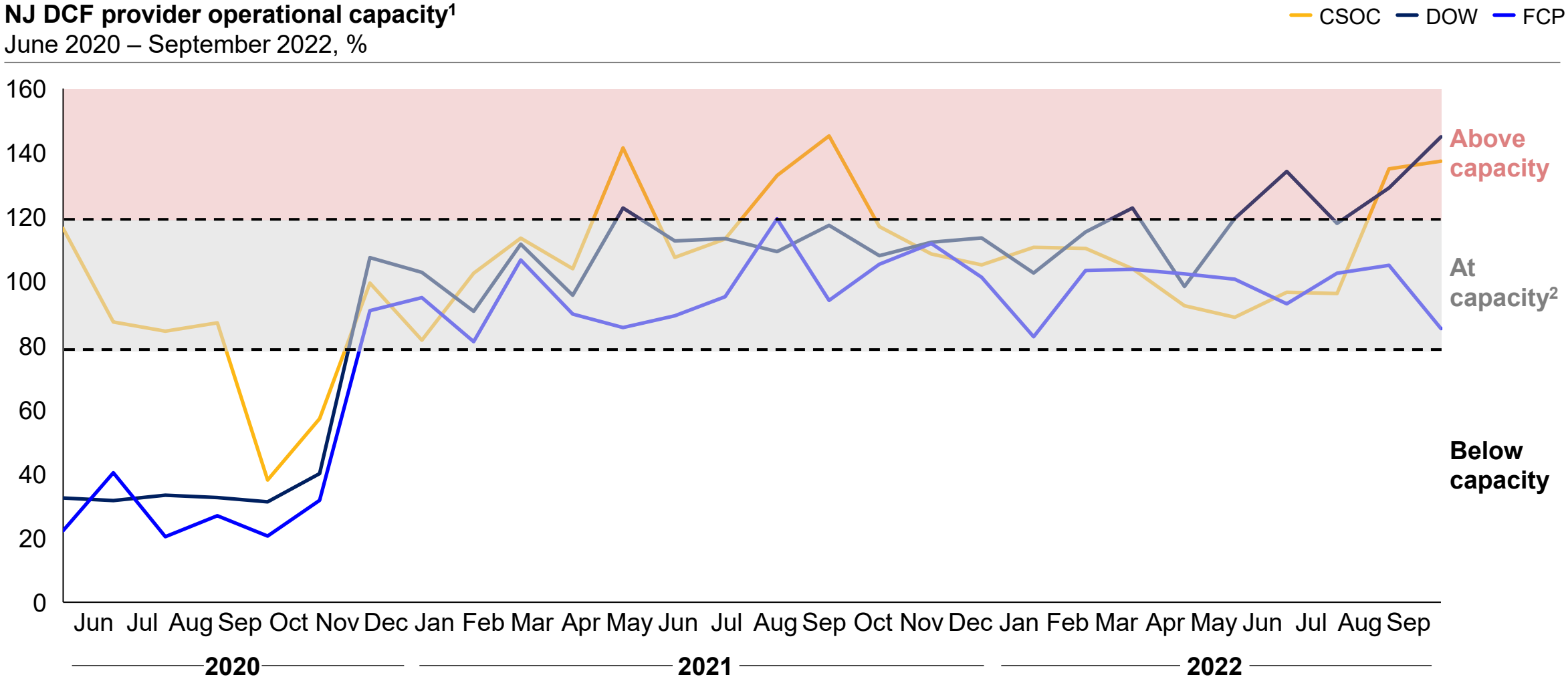
NJ DCF provider operational capacity[1]
June 2020 – September 2022, %



1. Based on monthly DCF Provider Service Report: Question 3: "Before the pandemic, how many individuals/families did this program TYPICALLY serve in the month of [month]?“ and Question 4: "Question 4: "How many individuals/families did this program ACTUALLY serve in [month_year]? “ Operational capacity = Actual Level of Service / Typical Level of Service
2. Per the DCF Provider Service Reports; “At capacity” = 80% - 120% operational capacity

Source: DCF Service Report for Direct Service Providers, conducted monthly from May 2020 to September 2022 among cost -reimbursement direct service providers

Over the next 5 years, we estimate the demand for the 8 DCF archetypes to outsize the supply by 11k

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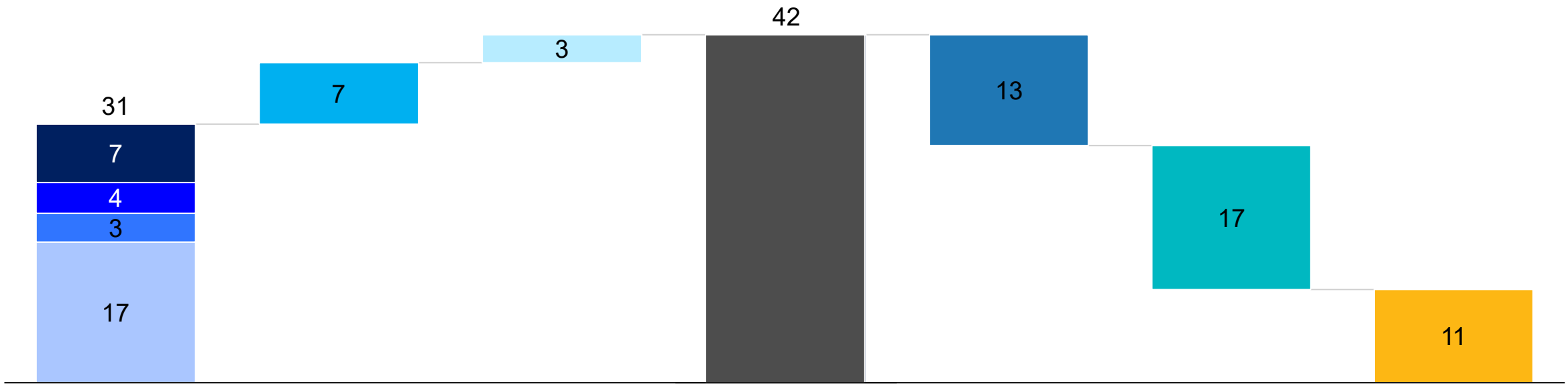
Retirement[1] Other exits Transfers to other industries Transfers to employers within social services industry

2028 demand-supply forecast for 8 NJ DCF archetypes, thousands



1. Assuming approximately half of all employees age 55+ will retire in the next 5 years
2. Assuming consistent enrollment in from 2022 onwards for all degree levels and 47% in-state retention. per historic trends
3. Net geographic attrition = influx - outflow of social services professionals

Source: Lightcast™, U.S. Census Bureau, Bureau of Labor Statistics, DCF Service Report for Direct Service Providers May 2020-September 2022

Drivers of NJ DCF supply-demand imbalance

DEMAND

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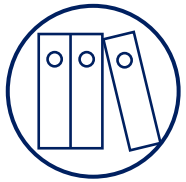
1 

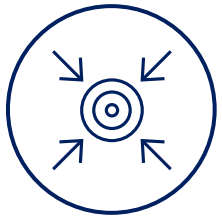
Historic Demand

In recent years, demand has been driven primarily by openings for SUD and Mental Health counselors

2 

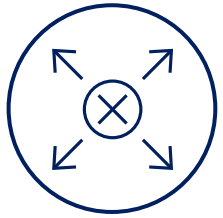
Forecasted Demand

Specifically for DCF archetypes, demand in the next 5 years will be highest for home visitors

3 

Geographic attrition

There is a net outflow of social services graduates to other states

4 

Occupational attrition

~ 25% of the current social services workforce is nearing retirement, while turnover is high for the remaining staff

1 In recent years, demand has been driven primarily by openings for SUD and Mental Health counselors

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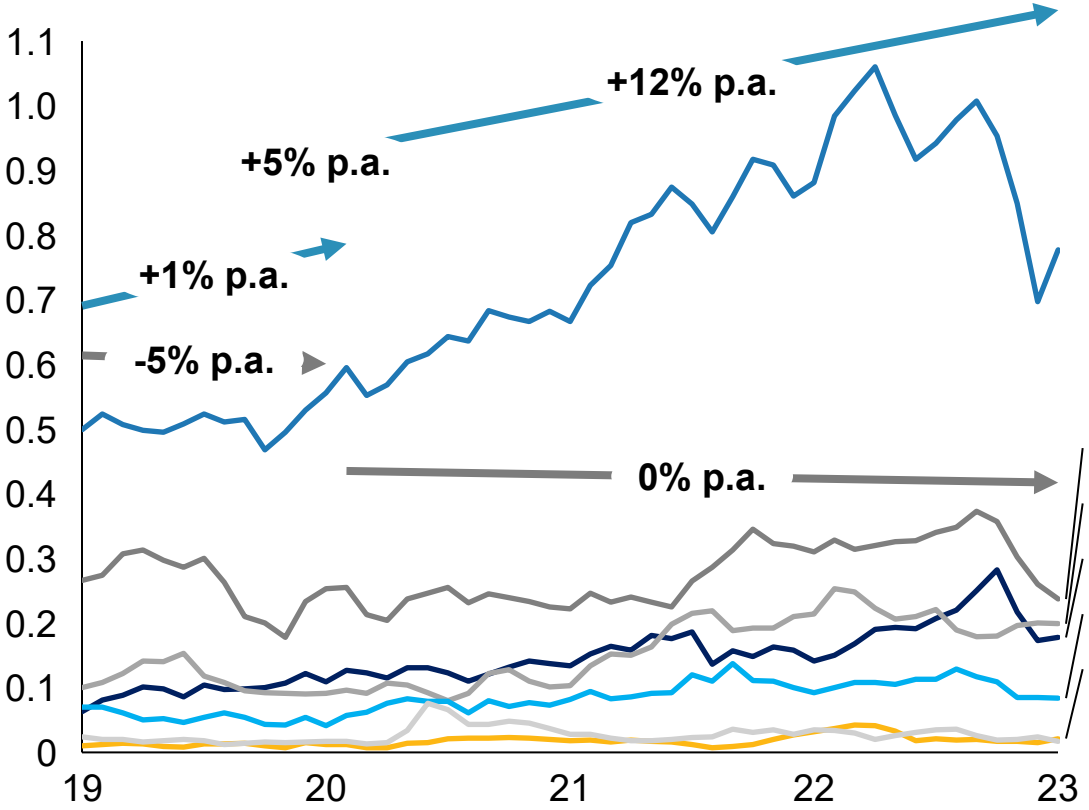
Social service unique job postings in New Jersey by month for each key occupations
February 2019 – February 2023, Thousands



	Total Posting Feb 19 – Feb 23, (thousands)
Substance Abuse and Mental Health Counselors[1]	35.5
Social and Human Service Assistants	13.3
Child, Family, and School Social Workers	7.4
Marriage and Family Therapists	7.1
Mental Health and Substance Abuse Social Workers	4.1
Rehabilitation Counselors	0.9
Community Health Workers	1.3

1. Note that this occupation is made up of two BLS occupations namely Substance Abuse and Behavioral Disorder Counselors (21-1011) and Mental Health Counselors (21-1014)

Source: Lightcast™ (formerly EMSI-Burning Glass)

2 For DCF archetypes, workforce demand in NJ in the next 5 years will be highest for home visitors

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	Occupation title	Forecasted Average Annual Openings, NJ 2023 – 2028	Forecasted job growth, NJ 2023 – 2028, %
1	Group care/ shelter staff	3,311	6.1%
2	Clinicians (Field)[1]	3,630	11.0%
3	Clinicians (Office-based)[1]	282	14.2%
4	Caseworkers/ Care Managers/ Advocates (Field)[1]	3,349	10.7%
5	Caseworkers/ Care Managers/ Advocates (Office-based)[1]	2,865	10.9%
6	Home visitors	6,176	8.4%
7	Program Manager	1,166	12.3%
8	Behavioral Assistants	3,311	6.1%

1. Archetypes noted as “Field”” are primarily working in the field or doing home visits, while archetypes noted as “Office-based” primarily work in office, school, group homes, facilities, or remote settings

Source: Lightcast™

2 Over the next 10 years, demand for social services professions will grow 10% YOY on top of growth to replace exits and transfers

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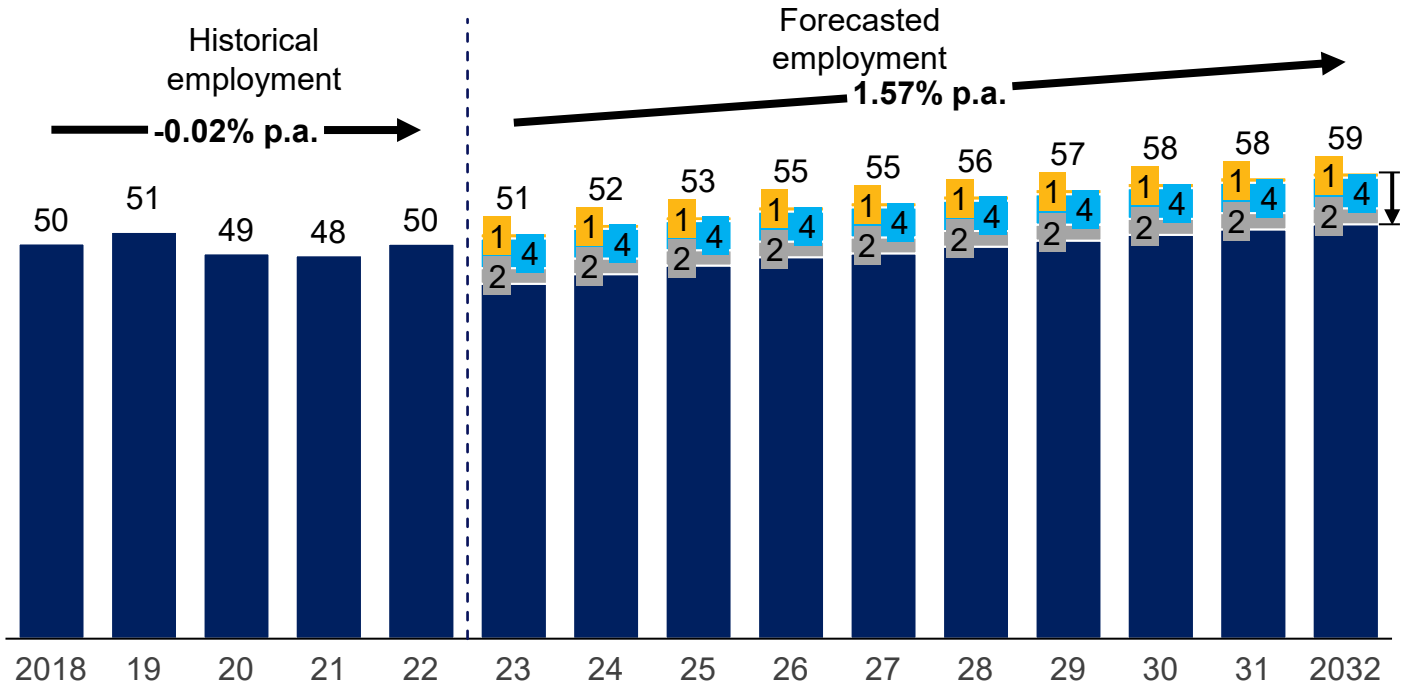
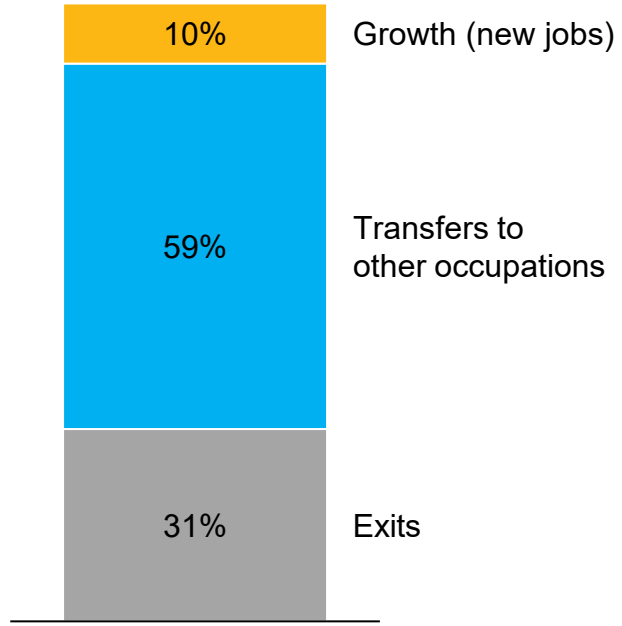
Growth (new jobs)[1] Transfers[2] Exits[3] Total Employment[4]

Employment in social services-related occupations[5] in New Jersey
2018-2032, thousands



New Jersey social services[5] average annual job openings[4], 2020-2030, %



1. Growth are new jobs for workers entering the social services occupations, equal to the net occupation change after accounting for workforce exits and occupational transfers. Note that forecast could be impacted by unexpected macro-events (e.g., economic recession).
2. Transfers are jobs that will need to be filled due to existing workers leaving the occupation, either to the same industry or a different one
3. Workforce exits are jobs that will need to be filled due to existing workers leaving the workforce
4. Openings refer to the count of jobs, not a count of individual workers, at given time period
5. Analysis includes 10 occupations related to social assistance: Marriage and Family Therapists (21-1013); Rehabilitation Counselors (21-1015); Substance Abuse, Behavioral Disorder, and Mental Health Counselors (21-1018); Counselors, All Other (21-1019); Child, Family, and School Social Workers (21-1021); Mental Health and Substance Abuse Social Workers (21-1023); Social Workers, All Other (21-1029); Social and Human Service Assistants (21-1093); Community Health Workers (21-1094); Community and Social Service Specialists, All Other (21-1094)

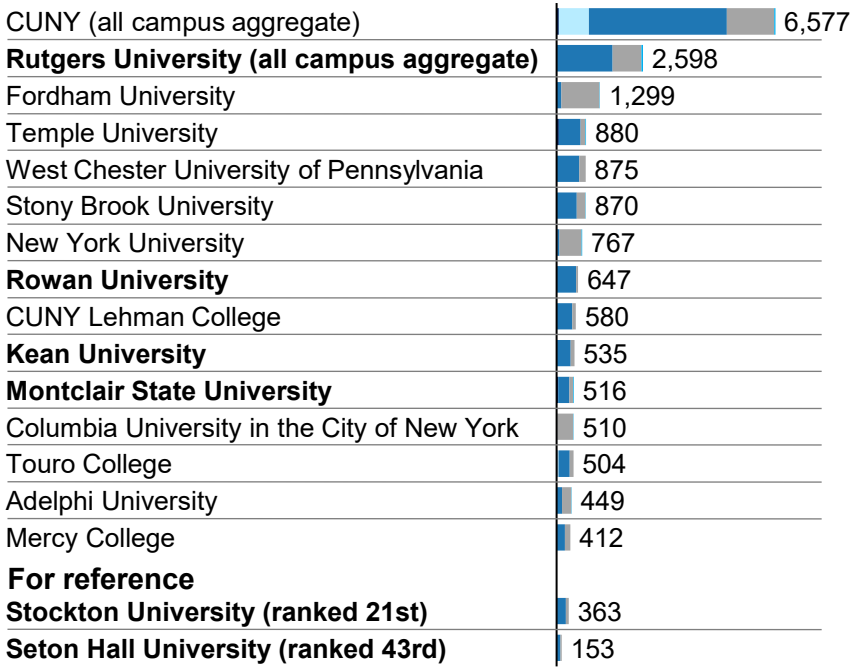
Source: Lightcast™, Bureau of Labor Statistics

3 Less than half of NJ social services graduates remain in the state

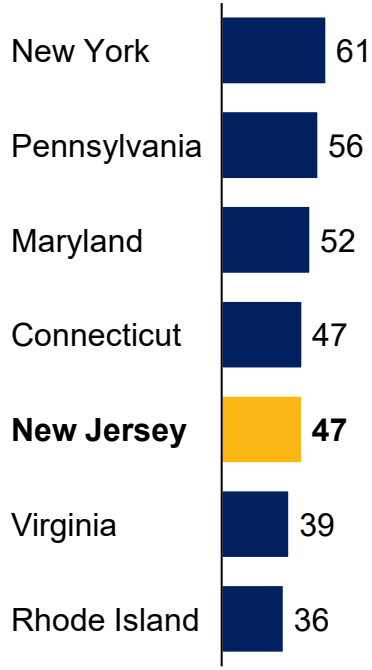
NJ institution *Catchment area institution*

Certificates | Associate's | Bachelor's | Master's | Doctor's

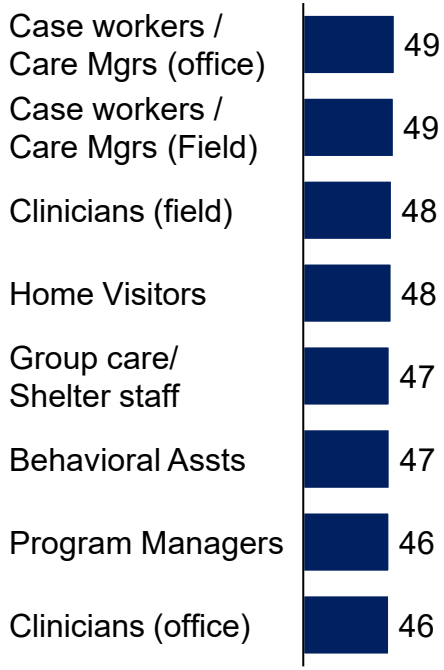
Top 15 institutions by social assistance[1] related completions by award level in NJ catchment area[2]
#, 2020



Estimated in-state retention of social work graduates[3], %



Estimated in-state retention of graduates by archetype[3], %



1. Includes 44 fields of study across education, family and consumer sciences, psychology, public administration and healthcare programs. Graduates from this category are also counted in those major fields of study
2. Includes degree and certificate completions in New Jersey higher education institutions, as well as within a broader catchment area (25 counties in surrounding MSAs, including New York-Newark-Jersey City, Allentown, Philadelphia-Camden-Wilmington)
3. Share of graduates who remain in-state after completing their degree; based on profiles (LinkedIn, Career Builder, etc.) updated since 2018 for graduates of higher ed institutions. Analysis includes 11 occupations related to social assistance: 21-1011, 21-1013, 21-1014, 21-1015, 21-1021, 21-1023, 21-1093, 21-1094, 21-1019, 21-1029, 21-1099
4. Includes all campus for both CUNY and Rutgers University listed as a single entry. Where the top 15 institutions account for 13 institutions in New Jersey and broader catchment area, CUNY (aggregate of 19 institutions) and Rutgers University (aggregate of 3 institutions)

Source: National Center for Education Statistics - IPEDS , Lightcast™

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The top 15 institutions[4] educate ~58% all graduates in social assistance related programs in NJ and broader catchment area

Within the top 15 institutions[4], ~81% of Masters-level completions are from institutions outside NJ

In 2021, New Jersey would have retained around 2-3K additional graduates if retention was equivalent to leading peer states

4 Over a quarter of social services workers in NJ are over 55 and likely to retire in the next 5-10 years

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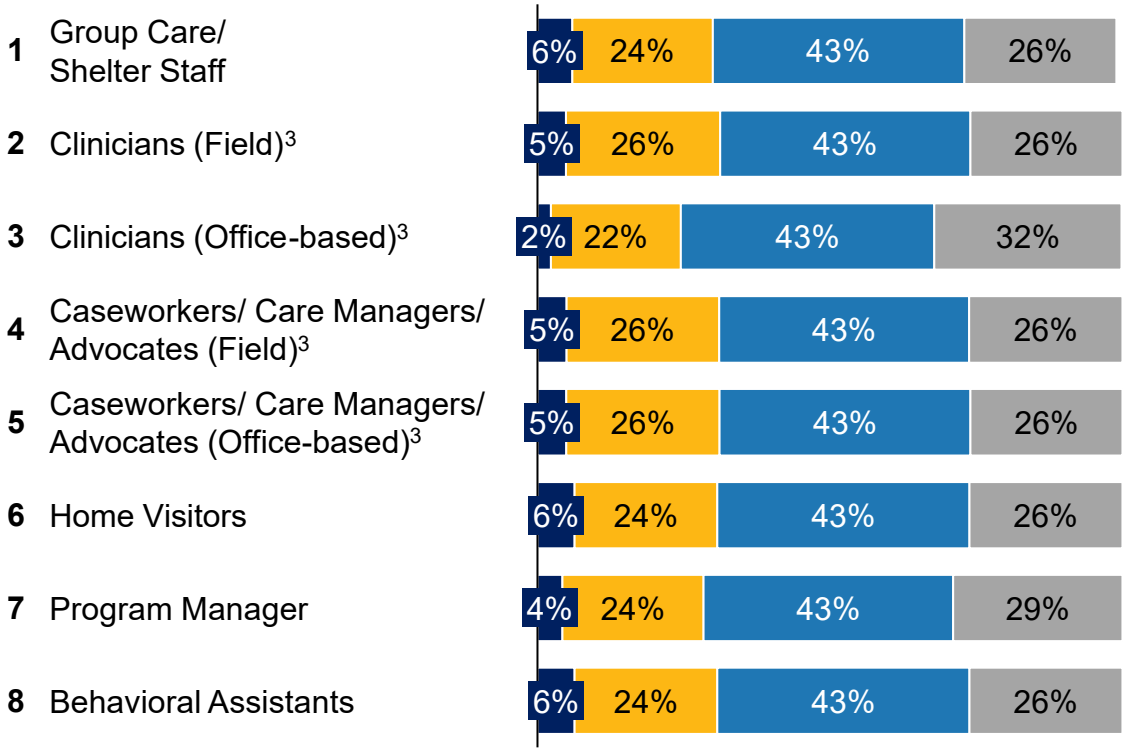
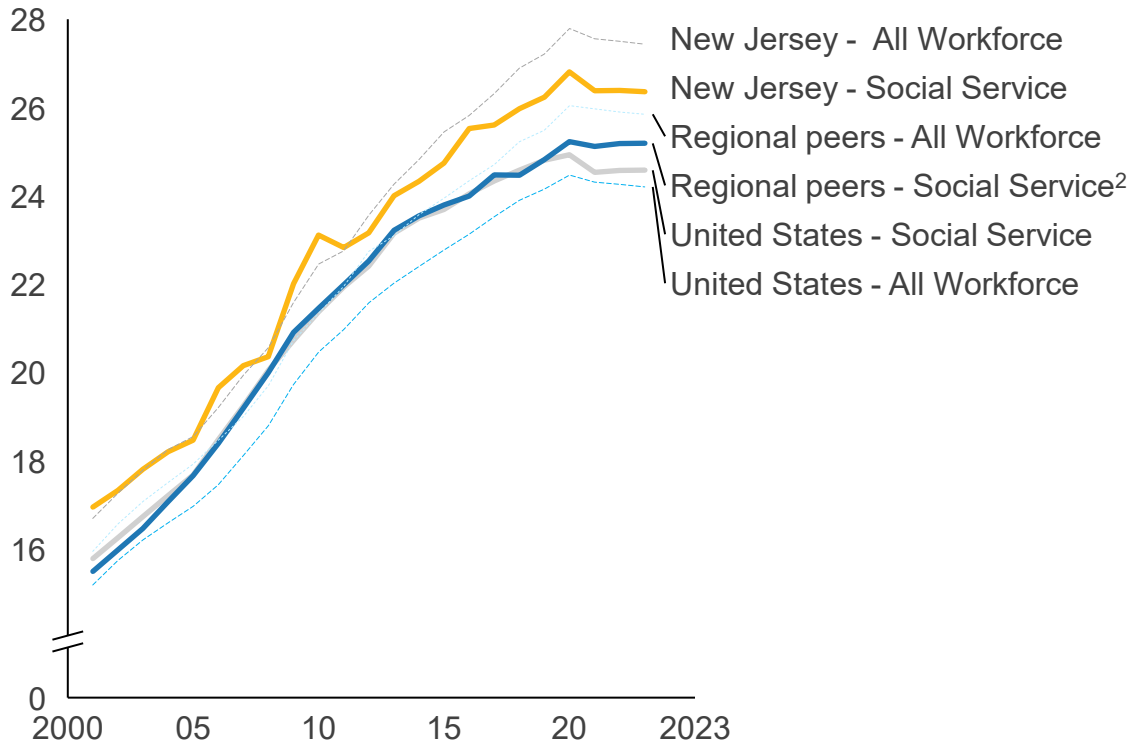
18-24 25-34 35-54 55+

Social service employment[1] by age by category in New Jersey, 2022, % of total employment



Share of aging social service workers[1] by geography (ages 55+), 2001-2023, % of total employment



1. Includes 10 unique occupations across Community and Social Service mapped. The additional 3 occupations are Counselor, all Other (21-1094), Social Workers, All Other (21-1029 and Community, and Social Service Specialist, All Other (21-1099)
2. NY, PA, MD, DE, CT
3. Archetypes noted as "Field"" are primarily working in the field or doing home visits, while archetypes noted as "Office-based" primarily work in office, school, group homes, facilities, or remote settings

Source: Lightcast™ (formerly EMSI-Burning Glass)

4 Turnover rates for social service professions in NJ are largely similar to peers across most occupations

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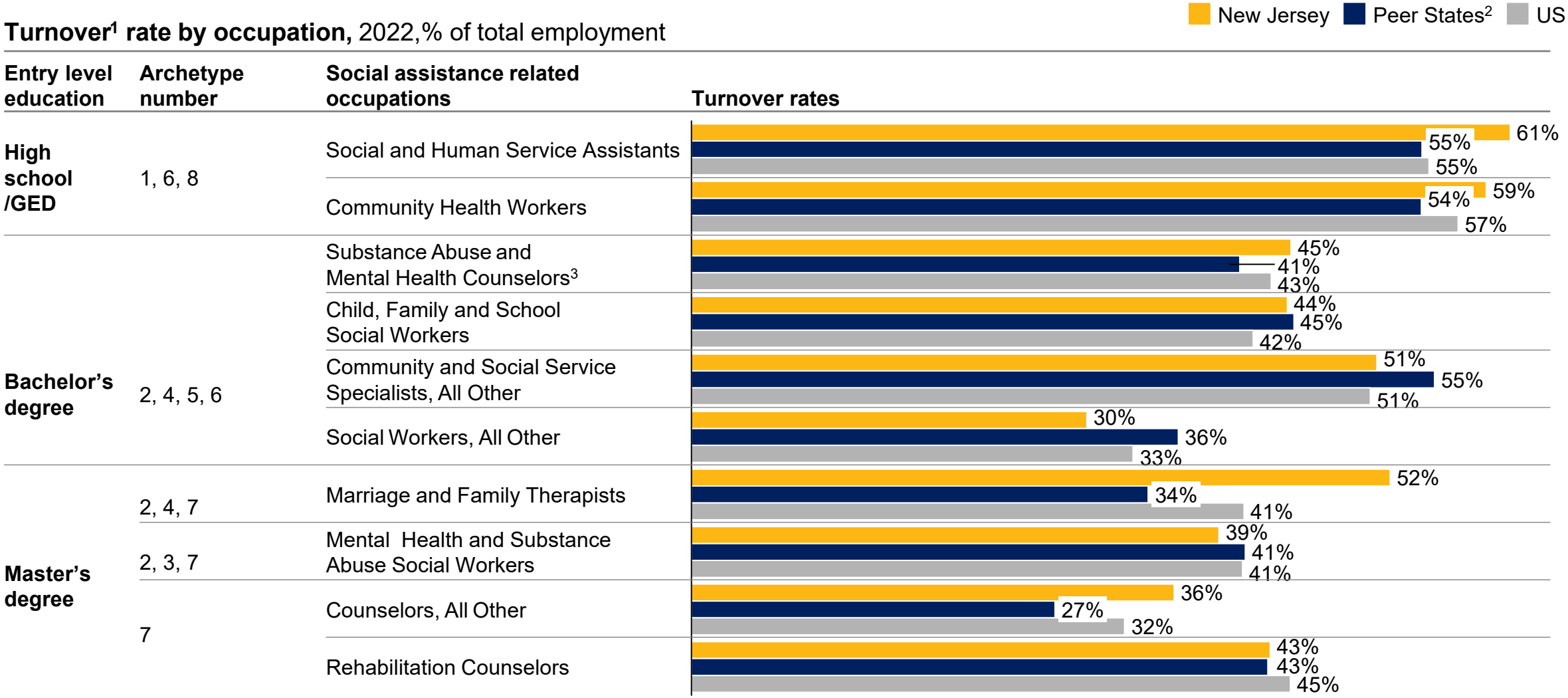
Turnover[1] rate by occupation, 2022,% of total employment



1. Turnover rate = annual separations/ annual employment
2. Peer States grouping comprises NY, PA, MD, DE, CT
3. Note that this occupation is made up of two BLS occupations namely Substance Abuse and Behavioral Disorder Counselors (21-1011) and Mental Health Counselors (21-1014)

Source: Lightcast™ (formerly EMSI-Burning Glass)

4 Of the staff that is leaving, about 15% exit the workforce entirely, while ~56% switch social services employers and ~15% leave to a different industry

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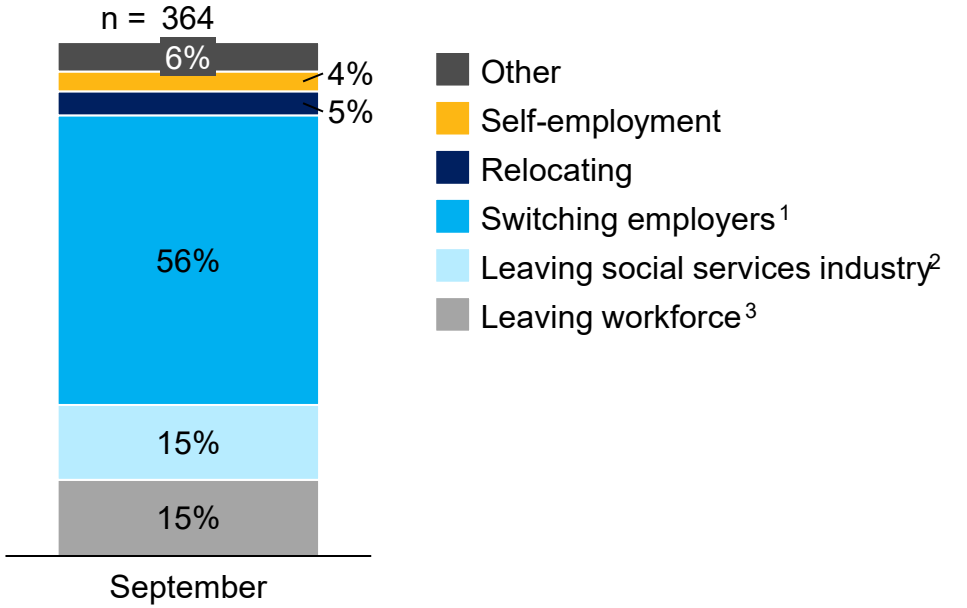
Reasons for staff leaving program, September 2022[4]

% of survey respondents



"Here at [provider], **they do not appreciate workers**. I'm from New York, where **nurses' week is a big deal**…Sometimes it's not about money; **it's about appreciating what I am doing.** During COVID, [we] did everything, and we didn't even get an email to say, 'thank you.'"

- a case worker

"Honestly, none of us are going to get rich in this field, **we are all doing this because we love what we do**. So, to **say thank you** and acknowledge the hard work that everyone does **means a lot**. Let me know that you appreciate me and see me working hard."

- a DV advocate

1. Switching employers in social service industry includes the following survey responses: "Heavy workload", "Found a more desirable job in the same field", "COVID-19 vaccine or testing requirements"
2. Leaving social services industry includes the survey responses: March 2022: "Career change"; September 2022: "Found a position in a different field of work"
3. Leaving workforce includes following survey responses: "To care for a family member/child", "Early retirement", "Retirement", "Left to pursue education"
4. Question 16d and 16 in DCF Provider Surveys, March 2022 and September 2022: "What are some reasons staff left your program?" Response options March 2022: "Early retirement", "Retirement", "To care for family member/child", "Found a more desirable job in the same field (higher compensation, better benefits, more flexible work schedule, better advancement opportunities)", "Career change", "Left to pursue education", "Left to pursue self-employment", "Heavy workload", "Stress/burnout", "Relocated to a different area", "COVID-19 vaccine or testing requirements", "Other. Please describe:"; September 2022: Early retirement", "Retirement", "To care for family member/child", "Found a more desirable job in the same field (higher compensation, better benefits, more flexible work schedule, better advancement opportunities)", "Found position in a different field of work", "Left to pursue education", "Left to pursue self-employment", "Heavy workload", "Stress/burnout", "Relocated to a different area", "COVID-19 vaccine or testing requirements", "Other. Please describe:"

Source: DCF Service Report for Direct Service Providers, conducted monthly from May 2020 to September 2022 among cost -reimbursement direct service providers

Over the next 5 years, we estimate the demand for the 8 DCF archetypes to outsize the supply by 11k

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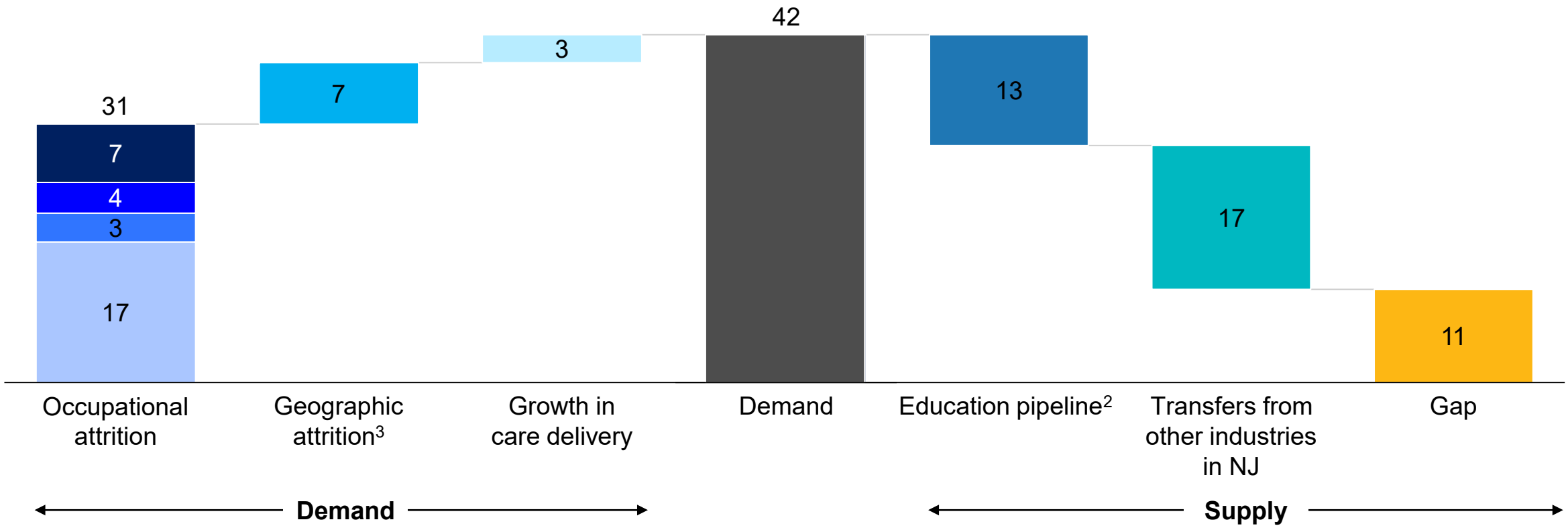
Retirement[1] Other exits Transfers to other industries Transfers to employers within social services industry

2028 demand-supply forecast for 8 NJ DCF archetypes, thousands



1. Assuming approximately half of all employees age 55+ will retire in the next 5 years
2. Assuming consistent enrollment in from 2022 onwards for all degree levels and 47% in-state retention.per historic trends
3. Net geographic attrition = influx - outflow of social services professionals

Source: Lightcast™, U.S. Census Bureau, Bureau of Labor Statistics, DCF Service Report for Direct Service Providers May 2020-September 2022

Drivers of NJ DCF supply-demand imbalance

SUPPLY

1

Education pipeline

Generally, the education pipeline in NJ and its catchment area graduates enough degrees, but gaps remain for certain roles

2

Transfers from other industries in NJ

Historically, NJ has had a net inflow of healthcare/social assistance workers from other industries, including retail, accommodation and administrative jobs

1 The educational pipeline for social services professions in NJ and its catchment area is generally sufficient, with the largest shortages being for professions not requiring an advanced degree

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			New Jersey				Catchment area (incl. NJ)[3]		
Entry level education	**Archetype number**	**Social assistance related occupations**	**NJ Employment,** 2022, #	**Projected annual avg. job openings**[1] 2023-2028, #	**Degree/ Certificate Completions**[2, 3] 2021, #	**Gap** Annual opening – in-state completions, #	**Projected annual avg. job openings** 2023-2028, #	**Degree/ Certificate Completions**[2, 3] 2021, #	**Gap**[4] Annual opening – completions, #
High school /GED	1, 6, 8	Social and Human Service Assistants	23,839	3,096	*No post-secondary education required*		7,267	*No post-secondary education required*	
		Community Health Workers	1,366	196	*No post-secondary education required*		1,018	*No post-secondary education required*	
Bachelor's degree	2, 4, 5, 6	**Substance Abuse, Behavioral Disorder, and Mental Health Counselors**	11,449	1,450	1,377	73	4,222	5,020	*No pipeline shortage*
		Child, Family, and School Social Workers	4,778	587	708	*No pipeline shortage*	3,498	4,814	*No pipeline shortage*
		Community and Social Service Specialists, All Other	4,477	541	6	535	1,527	129	1,398
		Social Workers, All Other[2]	822	95	48	47	385	179	206
Master's degree	2, 4, 7	Marriage and Family Therapists	4,312	445	559	*No pipeline shortage*	668	870	*No pipeline shortage*
	2, 3, 7	Mental Health and Substance Abuse Social Workers	1,956	244	257	*No pipeline shortage*	1,476	1,973	*No pipeline shortage*
	7	**Counselors, All Other**	1,378	177	60	116	340	113	227
		Rehabilitation Counselors	749	111	45	65	655	465	190

1. Projected annual average job openings are new jobs for workers entering the social services occupations, equal to the net occupation change after accounting for workforce exits and occupational transfers. Note that forecast could be impacted by unexpected macro-events (e.g., economic recession).
2. To adjust for duplication, the number of completions within each instructional program (CIP) was distributed to each corresponding occupation (SOC) by way of a weighted average based on current employment within occupations. Completions were distributed taking into consideration typical entry level education requirements for each occupation
3. Completions and gaps were not estimated for occupations that typically don't require any postsecondary training for entry. Both social and human service assistants and community health workers typically only require high school education for entry Includes degree and certificate completions in higher education institutions located in within NJ's catchment area, defined as: 25 counties in surrounding MSAs (NYC MSA, Allentown MSA, Philadelphia MSA), and other neighboring counties (Orange, NY; Monroe, PA; Kent, DE; Sussex, DE). Details provided in appendix.
4. Where the number of degree/certificate completions exceeded the projected annual job openings, our estimates indicate there is no pipeline shortage.

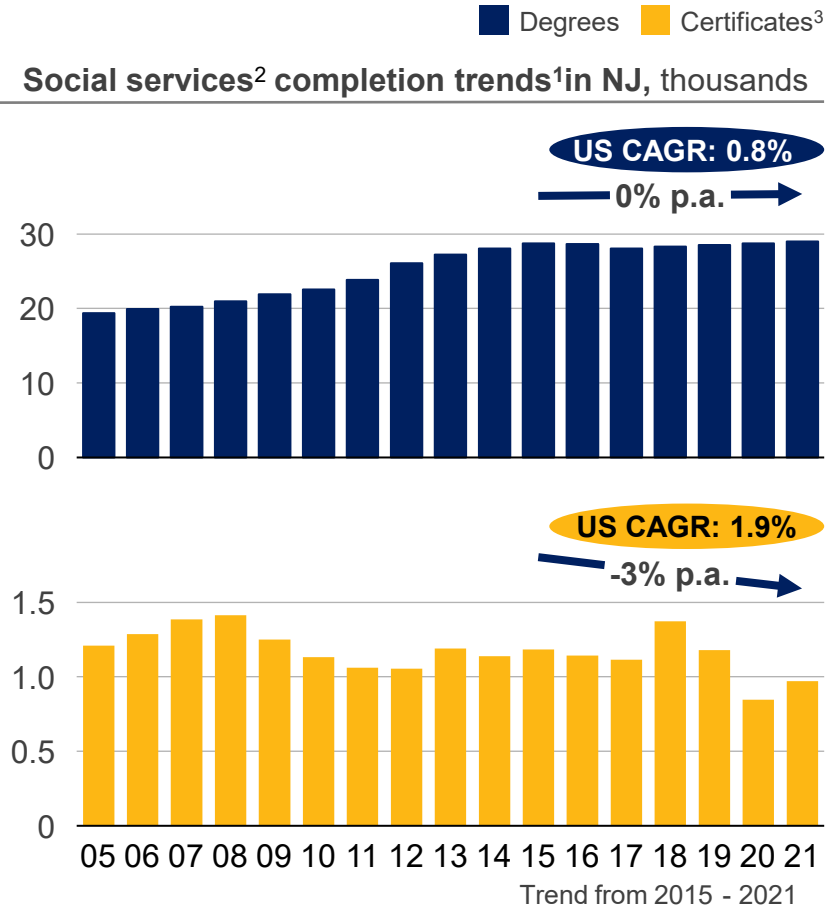
Source: Lightcast™

1 Social services-related studies are the third largest in New Jersey, but growth has slowed in recent years

Top fields of study in New Jersey catchment area[1] by number of completions, 2021, thousands

		US Rank
Health Professions and Related Programs	71.4	1
Business, Management, Marketing, and Related Support Services	70.3	2
Social service related programs[2]	30.0	4
Education	28.5	5
Liberal Arts and Sciences, General Studies and Humanities	23.6	3
Computer and Information Sciences and Support Services	21.4	6
Psychology	18.5	9
Visual and Performing Arts	18.2	xx
Social Sciences	17.0	7
Biological and Biomedical Sciences	14.2	10

Social services[2] completion trends[1] in NJ, thousands



1. Includes degree and certificate completions in higher education institutions in NJ and the broader catchment area (e.g., including NY, PA, DE as detailed in appendix)
2. Includes 44 fields of study across education, family and consumer sciences, psychology, public administration and healthcare programs.
3. Certificate completions refer to non-degree programs in higher-ed institutions, including awards ranging from less than 1 up to 4 academic years (no degree), and post-baccalaureate and post-master's certificates

Source: National Center for Education Statistics - IPEDS, Lightcast™

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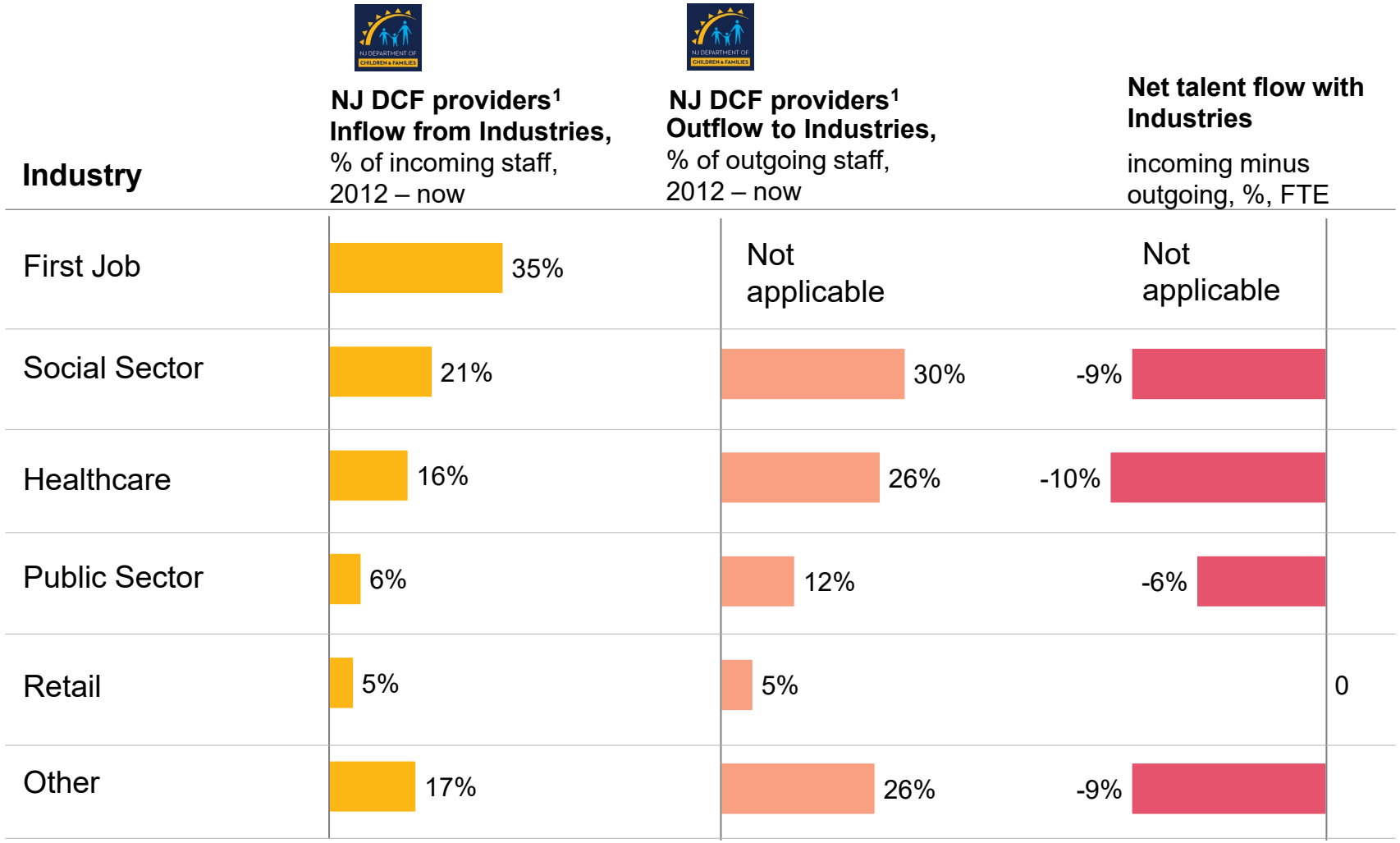
Pain points include:

- Student dropouts due to socio-economic issues
- Attracting faculty and field instructors
- Student desire to be remote
- Disconnect between type of job aspired to vs what is being offered
- Low prospective salary

> Consider licensing BSWs - make the BSWs a credential that lets you do things rather than a stepping stone
>
> *- Dean, School of Social Work*

2 Over 1 in 3 NJ DCF provider staff join directly out of school, while over 4 in 10 join from other jobs in the social, healthcare and public sectors



Key insights

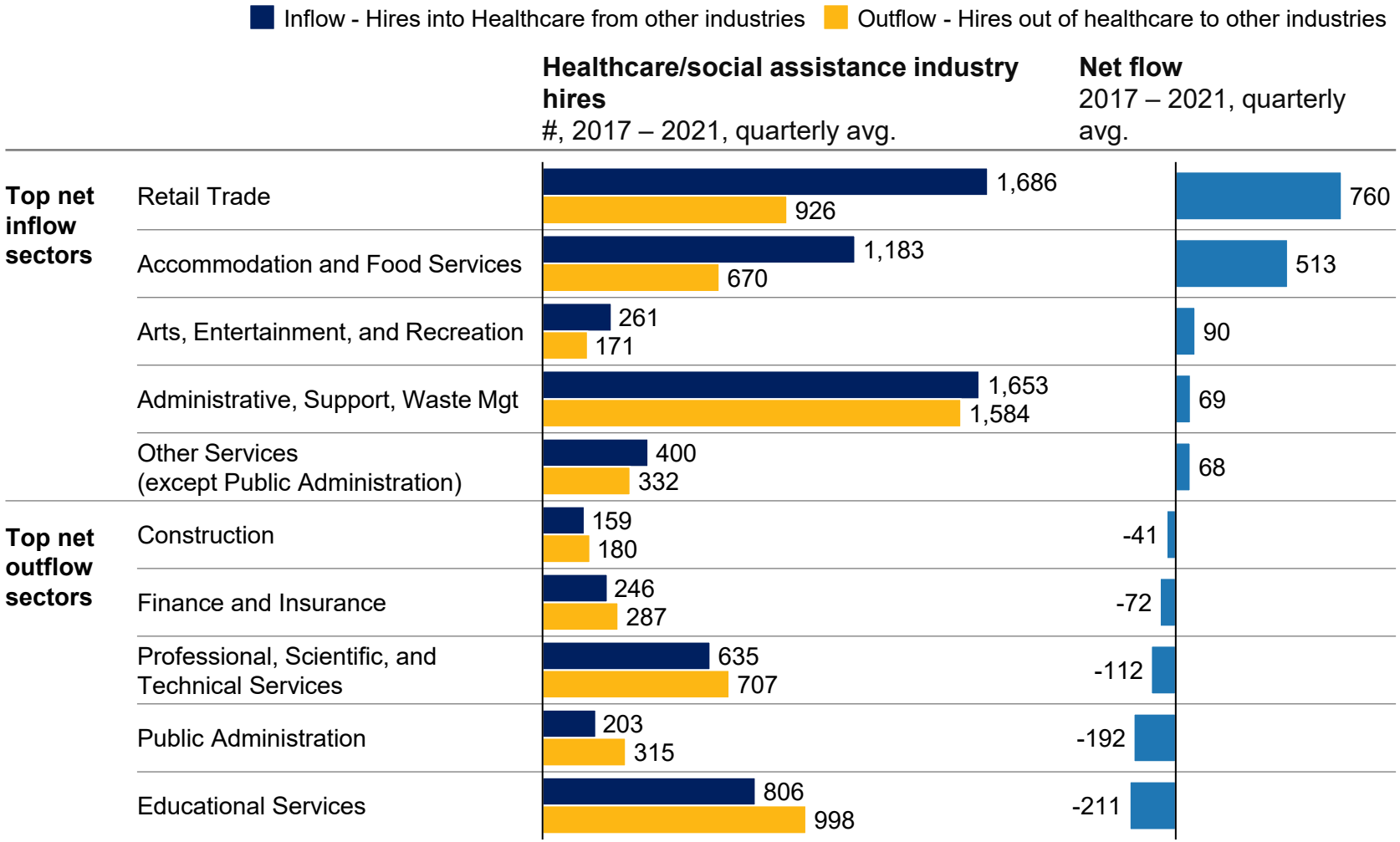
NJ DCF provider staff typically join as their first job out of school

Other companies in the Social sector, Healthcare and Public sector are the top sources and poachers of talent, respectively providing 43% of NJ DCF provider staff while 68% of employees who leave remain in the industry and go to other employers in these sectors

1. Sample size: Total Inflow into NJ DCF providers: 3182; Total Outflow from NJ DCF providers: 2001

Source: LinkedIn over 2012-2022

2 In the past 5 years, NJ had a had a net inflow of ~1000 healthcare/social assistance workers from other industries



1. Estimates refer to quarterly averages between 2017Q1-2021Q4. Analysis is focused on those transitioning from one job to another in successive quarter

Source: U.S. Census Bureau, Job-to-Job Flows, 2017 Q1 – 2021 Q4

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In the past 5 years, new NJ healthcare/social assistance workers came primarily from retail/food services, while those leaving went mostly to education

Over the next 5 years, we estimate the demand for the 8 DCF archetypes to outsize the supply by 11k

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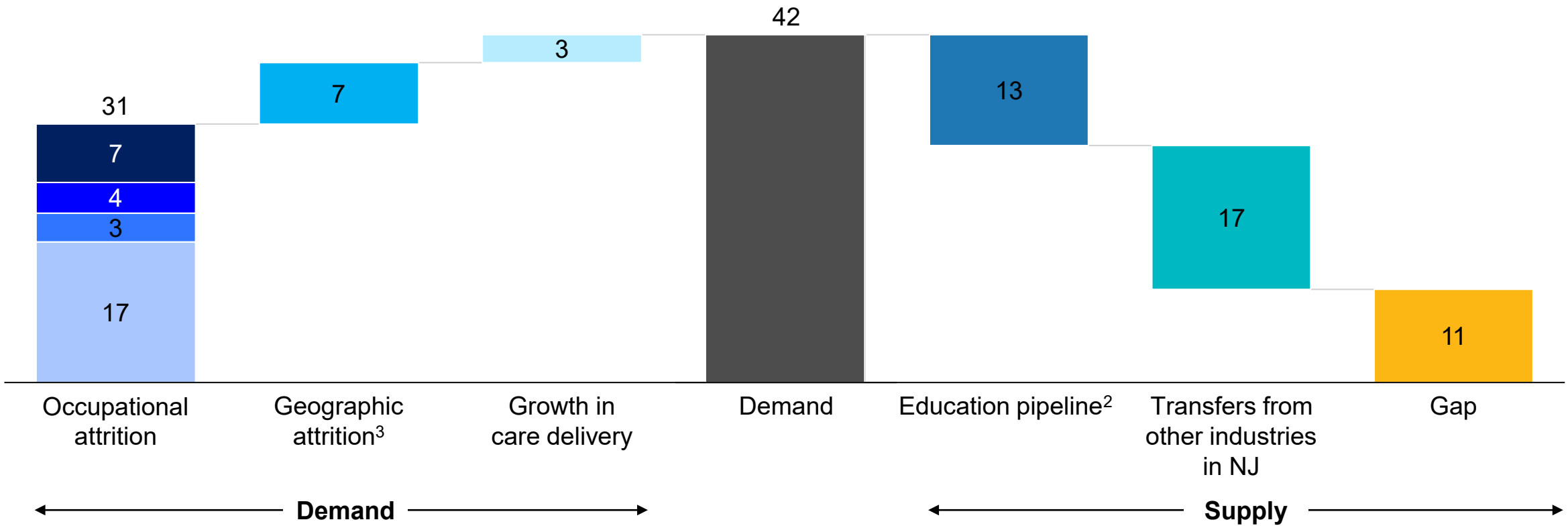
Retirement[1] Other exits Transfers to other industries Transfers to employers within social services industry

2028 demand-supply forecast for 8 NJ DCF archetypes, thousands



1. Assuming approximately half of all employees age 55+ will retire in the next 5 years
2. Assuming consistent enrollment in from 2022 onwards for all degree levels and 47% in-state retention.per historic trends
3. Net geographic attrition = influx - outflow of social services professionals

Source: Lightcast™, U.S. Census Bureau, Bureau of Labor Statistics, DCF Service Report for Direct Service Providers May 2020-September 2022

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Common pain points experienced by each group along the recruitment-to-retention pathway

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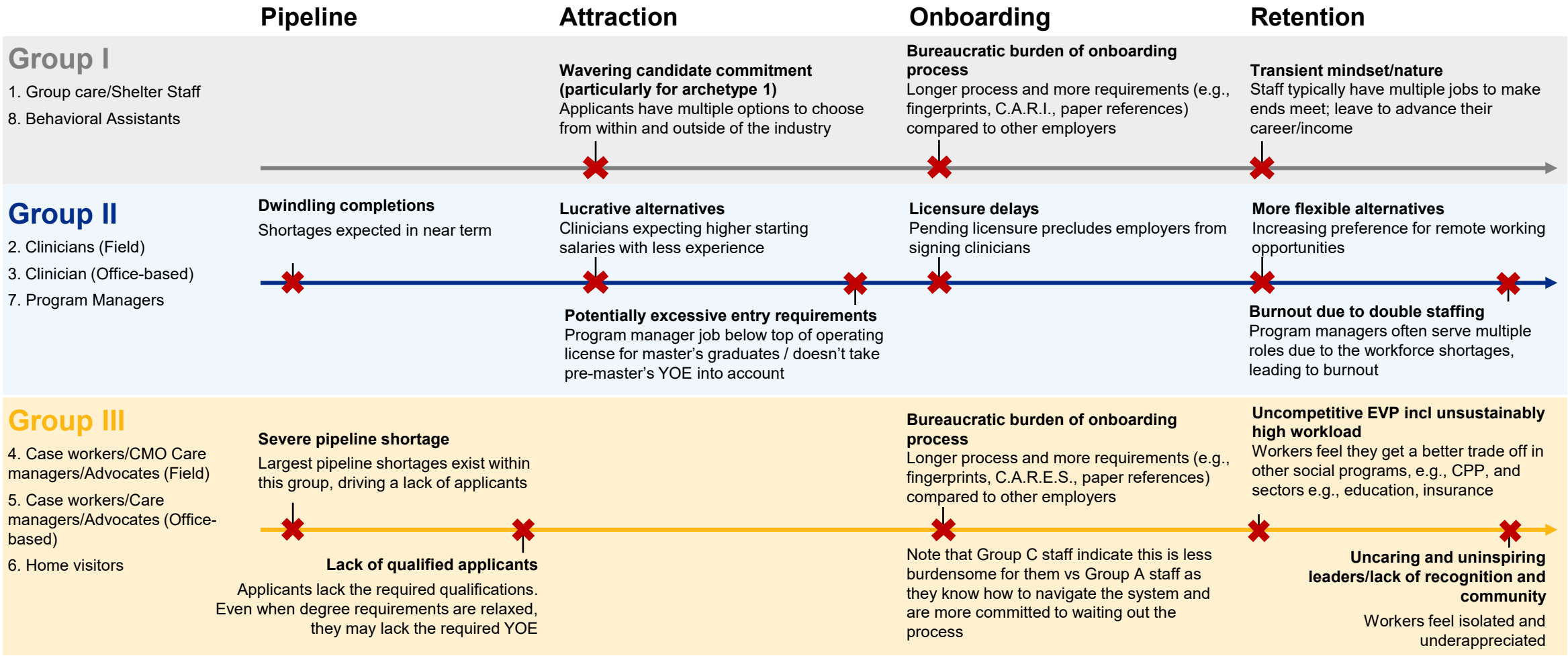
Note: synthesized pain points do not represent every staff/provider experience

✖ Pain point driving workforce challenges



Source: DCF stakeholder interviews and focus groups, March and April 2023

Within the three broad groups, there are shared challenges and potential solutions

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	Group I (archetypes 1,8)	Group II (archetypes 2,3,7)	Group III (archetypes 4,5,6)
	Theoretically sufficiently large pool of graduates to meet demand	Tight labor market with shortages likely to arise in the near-term	Declining pool of 'general degree' college graduates
	Committed to helping their clients but typically need to combine multiple jobs to make ends meet	Mission-driven staff with a specialized social work degree, often licensed	Driven by the purpose of the work and join to gain experience, but re-evaluating if commensurate with the pay and/or stress on work/life balance
	High 6-to-12-month turnover driven by low hourly wages and competitive labor market both within and outside the field	Attraction challenges driven on the one hand by the availability of lucrative and flexible alternatives (e.g. telemedicine) for clinicians, and on the other hand by the high workload for program managers who tend to cover multiple roles	Low long-term retention driven by lack of flexibility/ownership and sense of community to manage the workload; time and cost prohibitive to further specialization
	Potential opportunities include transforming the nature of role and staff by providing longer-term career advancement options and expanded compensation/benefits packages	Potential opportunities include getting to the pipeline early (e.g., through partnerships with educational institutions), targeting the right pools of applicants, and supporting a smooth hiring and onboarding process	Potential opportunities include offering a competitive EVP and developing a genuine, appreciative bond with staff

Source: Lightcast™, DCF stakeholder interviews and focus groups, March and April 2023, DCF Service Report for Direct Service Providers May 2020-September 2022

Potential solutions

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How can NJ DCF resolve the supply/demand imbalance for its provider workforce?

Drivers	Potential strategies	Potential Opportunity Levers		Groups impacted
Increase the **supply** of workers				
Optimize the education **pipeline**	A Increase New Jersey's educational **CAPACITY**	A1	by increasing **total seats and faculty availability**	II III
		A2	by ensuring students have access to **required clinical practical experience/training** (e.g., through partnerships)	II III
	B Increase interest levels, access, and completion rates of **LEARNERS**	B3	by **targeting a larger pool of incoming students** with outreach and incentive programs	II III
		B4	by increasing **retention and completion** rates	II III
		B5	by increasing **access and affordability**	II III
Attract and facilitate **onboarding** of new workers	C Attract **RECENT GRADUATES & EXPERIENCED WORKERS** switching employers	C6	by **facilitating hiring and onboarding process**	I II III
		C7	by **setting the right entry-level requirements** and targeting a larger pool of trained professionals	II III
	D Attract workers from **OUTSIDE THE SOCIAL SERVICES PROFESSION**	D8	By attracting workers **who don't require advanced education** by offering on-the-job certification	I
	E Attract workers from **OUTSIDE OF NEW JERSEY**	E9	by attracting social service professionals from **other states**	I II III
		E10	by attracting social service professionals from recognized/authorized **foreign-trained talent pools**	I II III
Maximize **retention** of existing workforce	F Reduce **OCCUPATIONAL and GEOGRAPHIC ATTRITION**	F11	by **retaining graduates and existing workers** (in state, in the profession, and in the workforce)	I II III
		F12	by **attracting-back those who have left the field/workforce**	I II III
Reduce the **demand** on the workforce				
Augment **efficiency** of care delivery	G Enhance **AVAILABILITY** of trained professionals	G13	by **better coordinating services** delivered through different agencies/providers	III
		G14	by **increasing hours worked** by creating flexible staffing opportunities	I II III
	H Advance the **EFFICACY** of the existing workforce	H15	by innovating and advancing **workforce composition and care delivery models**	I II III
		H16	by achieving **top of license delivery within scope of practice limits**	II III
		H17	by developing a framework for **program demonstrations and waiver rule changes**	II III
Invest in prevention to **reduce** referral volume, complexity and urgency		H18	by ensuring provider provision in **most appropriate settings and high-need locations**	I II III
		H19	by leveraging **technology and data capabilities**	I II III
		H20	by enabling **virtual access** to in-state and out-of-state providers	III

Each lever's opportunity size was estimated and then its feasibility was assessed on three dimensions: DCF's control, swiftness of impact, and funding requirements

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+ Small (< 300 additional staff/year)
+ + Medium (300-1000 additional staff/ year)
+ + + Large (> 1000 additional staff/year)

Low feasibility
Medium feasibility
High feasibility

Illustration of opportunity sizing and feasibility assessment approach

Potential opportunity sizing

Symbol	Range
+	Intervention could likely yield **<300 additional staff/year** to the DCF provider network
+ +	Intervention could likely yield **300-1,000 additional staff/year** to the DCF provider network
+ + +	Intervention could likely yield **>1,000 additional staff/year** to the DCF provider network
Correlated with size of investment	Opportunity size and impact **largely dependent on the amount of funding invested** into the initiative

Feasibility assessments

Symbol	DCF control	Swiftness of impact	Funding requirements
○	Intervention requires **complex multistakeholder collaboration** beyond DCF and its provider network	Intervention likely requires **>30 months** to implement and observe impact	Intervention likely requires **large funding**, and its potential impact is correlated with the size of committed investment
◑	Intervention requires some **collaboration between DCF** and **its provider network**	Intervention likely requires **<30 months but >12 months** to implement and observe impact	Intervention likely requires **some allocated funding** to implement
●	Intervention which DCF can **implement unilaterally** or almost unilaterally	Intervention likely requires **<12 months** to implement and observe impact	Intervention likely **does not require significant investment** beyond administrative costs

Impact/feasibility assessment of potential opportunities to address NJ DCF provider workforce shortages – detail (1/3)

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

✓ Primary pain point addressed
⁄ Secondary impact pain point addressed

\+ Small (< 300 additional staff/year)
\+ \+ Medium (300-1000 additional staff/ year)
\+ \+ \+ Large (> 1000 additional staff/year)

Low feasibility
Medium feasibility
High feasibility

			Feasibility[2]			Pain points addressed					Groups impacted[1]		
Lever	Description	Potential opportunity size	DCF control	Swiftness of impact	Funding	Pipeline gap	Attraction challenges	Protracted onboarding	Retention	Efficiency	I	II	III
A1	Increase educational capacity and faculty	Correlated with size of investment				✓						●	●
A2	Increase opportunities for students to fulfill clinical/field hours	+	◑	●	◑	✓						●	●
B3a	Increase commitment from high school students via pre-college career fairs	+	●	◑	◑	✓	⁄					●	●
B3b	Create more social service internship opportunities for high school seniors	+	◑	●	◑	✓	⁄				●		●
B4	Provide financial hardship grants for social work students	Correlated with size of investment				✓	⁄					●	●
B5	Institute scholarships to channel more students into social service programs	Correlated with size of investment				✓	⁄					●	●
C6	Streamline the onboarding process overall, including licensing	+ +		●	●		⁄	✓			●	●	●
C7	Adjust entry-level requirements	+ + +	●	●	●	⁄	✓					Program managers	●
D8	Offer on-the-job trainings and certifications	+ + +	◑	◑	◑		✓		⁄		●		

1. Groups: **Group I**: 1 - Group Care/Shelter Staff, 8 - Behavioral assistants; **Group II**: 2 - Clinicians (Field), 3 - Clinicians (Office-based), 7 – Program managers; **Group III**: 4 - Caseworkers/Care managers/Advocates (Field), 5 - Caseworkers/Care managers/Advocates (Office-based), 6 - Home visitors
2. Feasibility split into 3 components: Level of DCF control (unilateral – high feasibility, jointly with DCF providers – medium, other/multiple stakeholders – low), swiftness of impact (impact <30 months – high, implementation <30 months – medium, low – 1 point), and funding required (no funding – high, funding within reasonable DCF limits – medium, funding beyond typical DCF budget – low). Detailed provided on solution deep dive pages

Impact/feasibility assessment of potential opportunities to address NJ DCF provider workforce shortages – detail (2/3)

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

✓ Primary pain point addressed
⋰ Secondary impact pain point addressed

\+ Small (< 300 additional staff/year)
\+ \+ Medium (300-1000 additional staff/ year)
\+ \+ \+ Large (> 1000 additional staff/year)

Low feasibility
Medium feasibility
High feasibility

Lever	Description	Potential opportunity size	Feasibility[2]			Pain points addressed					Groups impacted[1]		
			DCF control	Swiftness of impact	Funding	Pipeline gap	Attraction challenges	Protracted onboarding	Retention	Efficiency	I	II	III
E9	Attracting out-of-state providers and facilitate license reciprocity	Correlated with size of investment	◑	●	○		✓				●	●	●
E10	Recruit foreign-trained staff	Correlated with size of investment	○	◑	○		✓				●	●	●
F11a	Create loan payback/ forgiveness programs	Correlated with size of investment	○	◑	○				✓			●	●
F11b	Offer retention bonus	Correlated with size of investment	◑	●	○				✓		●		
F11c	Consider non-financial retention incentives	\+ \+	◑	●	●				✓		●	●	●
F11d	Upskill group III staff	\+ \+	●	◑	◑		✓		⋰				●
F12a	Create returnship programs	\+ \+	○	◑	●				✓		●	●	●
F12b	Consider allowing providers to hire reintegrators, with the appropriate guardrails	\+ \+	◑	○	●				✓		●	●	●
G13	Standardize protocols across DCF and other NJ agencies	\+ \+	◑	◑	●					✓			●
G14a	Increase flexibility in staffing system	\+ \+	◑	◑	◑					✓	●	●	●

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Impact/feasibility assessment of potential opportunities to address NJ DCF provider workforce shortages – detail (3/3)

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

✓ Primary pain point addressed
⁄ Secondary impact pain point addressed

\+ Small (< 300 additional staff/year)
\+ \+ Medium (300-1000 additional staff/ year)
\+ \+ \+ Large (> 1000 additional staff/year)

Low feasibility
Medium feasibility
High feasibility

Lever	Description	Potential opportunity size	Feasibility[2]			Pain points addressed					Groups impacted[1]		
			DCF control	Swiftness of impact	Funding	Pipeline gap	Attraction challenges	Protracted onboarding	Retention	Efficiency	I	II	III
G14b	Create regional pool of flex workers	\+ \+	◑	◑	◑					✓	●	●	●
H15a	Facilitate/streamline administrative tasks	\+ \+	◑	◑	●					✓		●	●
H15b	Encourage micro-credentialing	\+ \+	◑	◑	◑					✓	●	●	●
H16	Ensure top-of-license care	\+ \+	○	◑	●					✓		●	●
H17	Optimize use of waiver rule changes	*Enabler*	◑	◑	●					✓		●	●
H18a	Require social service in high-need counties	\+	○	◑	●					✓		●	●
H19a	Improve data collection and reporting	*Enabler*	●	●	●					✓	●	●	●
H19b	identify and implement technological innovations	*Enabler*	●	◑	●					✓	●	●	●
H20a	Leverage telehealth	*Enabler*	○	●	●					✓		Clinicians (Field & Office-based)	
H20b	Engage out-of-state telehealth providers	*Enabler*	●	◑	●					✓		Clinicians (Field & Office-based)	

1. Groups: **Group I**: 1 - Group Care/Shelter Staff, 8 - Behavioral assistants; **Group II**: 2 - Clinicians (Field), 3 - Clinicians (Office-based), 7 – Program managers; **Group III**: 4 - Caseworkers/Care managers/Advocates (Field), 5 - Caseworkers/Care managers/Advocates (Office-based), 6 - Home visitors
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Key takeaways

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Size of the problem

For just the 8 archetypes examined, we project being short at least 11,000 staff for provider operated programs over the next 5 years if no corrective action is taken.

Nature of the problem

Supply of labor

- Educational pipeline insufficient for certain bachelor's level staff, sufficient for most other job types
- Out-migration of NJ graduates to other states is very high
- Volume of current staff about to retire in NJ is higher than US on average
- NJ turnover for these positions is comparable to other states

Demand for labor

- Growth in demand for services will continue, especially for home visiting
- High turnover/poor retention, driven by pay, lack of career advancement opportunities, and lack of appreciation/ recognition of staff
- Challenging on-boarding processes

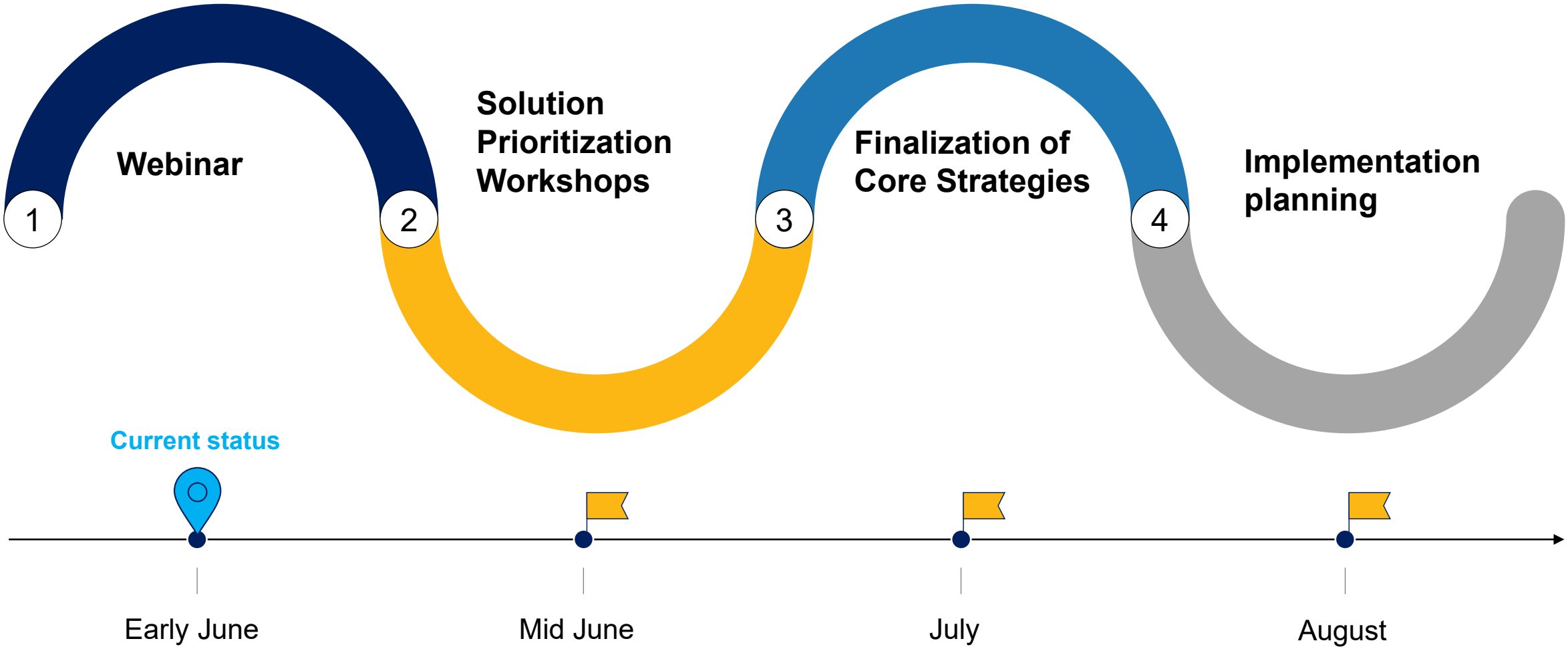
Solutions

20 discreet potential levers identified, organized to drive up supply and drive down demand (maximize existing supply) for labor

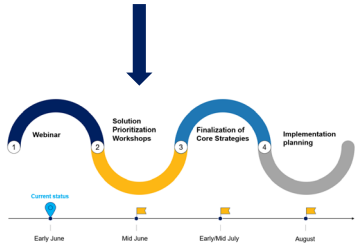
Will need to act on enough solutions at sufficient levels of investment to overcome the projected ~11,000 gap

Solutions vary in feasibility – funding, degree under DCF control, and how long it will take to create; vary in impact to each archetype

Next steps


1
Webinar
2
Solution Prioritization Workshops
3
Finalization of Core Strategies
4
Implementation planning
Current status
Early June
Mid June
July
August

Summer 2023 Provider Workshops



WHAT: Working sessions for discussion and listening

WHO: DCF & DHS provider staff who registered for today's webinar

WHEN: Late June. Approx one hour in length

HOW: Virtual sessions will be organized by labor market & job type (e.g., (a) employers of group care staff; (b) employers of home visitors, etc.).

Ten (10) participant slots per job type will be available

<u>Participants will need to complete work in advance</u>:

- We will issue an invitation in the coming days
- We will send participants a compendium of all 20 potential solutions. It will include, for each: a description of the potential solution, assessment of impact and feasibility, and case studies of where this solution has been implemented previously
- We will ask that prior to the session, participants:
  - Take at least two hours to review the compendium
  - Get feedback about the ideas from within your organization – from both management **<u>and</u>** front-line staff
  - Prepare the feedback you'd like to share in the workshop:
    - What's missing?
    - What feasibility issues do you foresee?
    - Which solutions feel most important to you?

Commitments

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How providers can help

- Participate actively in working sessions to shape initiatives
- Engage frontline staff
- Roll out initiatives and report data back to DCF & DHS

What you can expect from DCF & DHS

- A transparent process
- A collaborative approach
- Commitment to addressing the problem


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