STATE OF NEW JERSEY

Direct Care Workforce STRATEGIC PLAN

NEW JERSEY HUMAN SERVICES

DOL

NJHealth New Jersey Department of Health

NEW JERSEY OFFICE OF THE SECRETARY OF HIGHER EDUCATION

HESAA Higher Education Student Assistance Authority

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Executive Summary

This strategic plan is designed to provide an outline of potential strategies to support the direct care workforce in New Jersey. Direct care workers provide vital services to individuals with disabilities, older adults, individuals with behavioral health challenges, and their caregivers, including support with activities of daily living that allow these residents to live comfortably in their homes and communities. While the need for direct care workers continues to grow across New Jersey, direct care service providers continue to face a myriad of barriers to hiring and retaining an adequate supply of direct care workers to meet the demand.

As part of a technical assistance opportunity provided by the Direct Care Workforce (DCW) Strategies Center, the New Jersey Department of Human Services (DHS) undertook the development of a strategic plan to guide the creation and implementation of initiatives that sustain and develop the direct care workforce. The following plan maps out over 40 promising strategies that have been identified by DHS with the support of an interagency working group that convened between July of 2024 and July of 2025. This plan is also informed by input received from direct care workers, employers, and recipients during a series of listening sessions hosted by DHS.

Work group discussions focused on a variety of different strategies, including training and upskilling opportunities, appreciation and recognition efforts, advertising campaigns, expanding surveys and data collection, providing adequate compensation, preventing burnout, and more. Strategies have been organized into three core categories: gathering data and stakeholder input; recruitment through attracting talent and building educational pathways; and retention by creating a sustainable and rewarding workplace. Together, these strategies will ensure that New Jersey is well informed about the challenges direct care workers face, and are equipped to attract and retain qualified workers.

The Direct Care Workforce Technical Assistance Project

In April of 2024, New Jersey was selected as one of six states to participate in the DCW Strategies Center's first intensive technical assistance cohort. As part of this project, New Jersey received individualized technical assistance from subject matter experts and a designated technical assistance coach that assisted in facilitating collaboration across state agencies to develop a plan to improve direct care workforce development, recruitment, and retention. This technical assistance opportunity was designed to help each participating state achieve an individualized goal pertaining to the stabilization of the direct care workforce, building on previous and current efforts to support these workers by each state.

Serving as the lead agency on this project, DHS observed that the State had undertaken a diverse range of strategies to support the direct care workforce and faced a clear opportunity to examine the impact of these strategies, identify challenges yet to be addressed, and create a cohesive plan for supporting the direct care workforce moving forward. As such, DHS leveraged this technical assistance opportunity to develop a comprehensive strategy that focuses on providing training and career development for direct care workers by connecting and strengthening existing policies and programs, in addition to identifying new efforts that can bolster the workforce. The ultimate goal of this project was the development of a Direct Care Workforce Strategic Plan that would guide the State in developing and sustaining initiatives that would grow and stabilize the direct care workforce.

A robust interagency working group that included representatives from the following New Jersey agencies and divisions joined DHS:

- The Department of Labor and Workforce Development (DOL)
- The Department of Education (DOE)
- The Department of Children and Families (DCF)
- The Department of Health (DOH)
- The Office of the Secretary of Higher Education (OSHE)
- The Division of Consumer Affairs (within the Office of the Attorney General)
- The Higher Education Student Assistance Authority (HESAA)

DHS also included representatives from the following internal divisions:

- The Division of Developmental Disabilities (DDD)
- The Division of Aging (DoAS)
- The Division of Mental Health and Addiction Services (DMHAS)
- The Division of Medical Assistance and Health Services (Medicaid/DMAHS)

Between July of 2024 and July of 2025, the interagency working group undertook a variety of activities in support of the Strategic Plan. After an initial kickoff meeting, the working group split into three smaller subgroups focused on the following topics: creating pathways between education and employment, recruitment and retention strategies, and direct care worker engagement. These subgroups discussed the benefits and drawbacks of implementing different workforce development strategies, and eventually recombined to discuss final initiatives to include in the Strategic Plan. The working group also hosted three listening sessions to receive feedback from direct care workers, employers, and recipients, and briefed and received feedback from other stakeholders on the project. The working group received ongoing support from the technical assistance coach and received presentations from subject matter experts on subjects such as direct care worker trainings, benefits for direct care workers, and non-compensatory recruitment and retention strategies.

This Strategic Plan maps out the strategies identified by the working group members, and serves as a guide for how State agencies, employers, and other stakeholders can work together to ensure that direct care workers are supported, appreciated, and rewarded for the essential services that they provide. As the demand for direct care services continues to grow, these partners can utilize this document to strengthen their programs and policies and

ensure that people see direct care work as a valued career path, incentivizing adequate growth to meet this pressing need.

Work Group Members and Agency Descriptions

Department of Human Services

DHS is New Jersey's largest agency, serving approximately 2.1 million residents. DHS services older New Jerseyans; individuals and families with low incomes; people with developmental disabilities, or late on-set disabilities; people who are blind, visually impaired, deaf, hard of hearing, or deaf-blind; parents needing child care services, child support, or healthcare for their children; people dealing with addiction and mental health issues; and families facing catastrophic medical expenses for their children. Direct support professionals, certified home health aides, personal care attendants, and other direct care workers are vital to the functions of many DHS programs, and, as the home of the state's Medicaid program, DHS funds direct care services for many low-income residents, older adults, and residents with disabilities in New Jersey.

- Kaylee McGuire, *Deputy Commissioner of Aging and Disability Services*
- Jack Teters, *Aging and Disability Services Policy Advisor*
- Stacey Callahan, *Senior Researcher, Office of Research and Evaluation*
- Adam Neary, *Director, Office of Boards and Commissions*
- Jonathan Seifried, *Assistant Commissioner, Division of Developmental Disabilities*
- Dianna Maurone, *Administrator, Division of Medical Assistance and Health Services*
- Patricia Engelhardt, *Program Development Supervisor, Division of Developmental Disabilities*
- Andrea Mancini, *Program Development Specialist, Division of Aging*
- Katharine Neve, *Chief of Data and Quality, Office of Risk Management, Division of Developmental Disabilities*

Department of Labor and Workforce Development

DOL is dedicated to protecting the workforce, strengthening businesses, and promoting dignity of work in New Jersey. In addition to overseeing the state's Unemployment Insurance, Temporary Disability, and Family Leave Insurance programs, DOL enforces worker protections, undertakes workforce development initiatives, supports employers and businesses, and serves as a source for labor market data.

- Holly Low, *Director of Strategic Outreach and Partnerships*
- Tonya Coston, *Manager, Office of the Care Workforce*
- Howard Miller, *Assistant Director, Business Services and Sector Strategies*
- James Manning, *Director, Office of Apprenticeship and Business Services*
- Poo Lin, Manager, *Division of Workforce Field Services*
- Baden Almonor, *Director, Office of Career Services*
- David Nelson, *Deputy Director, Strategic Outreach and Partnerships*

Department of Education

DOE supports schools, educators and districts to ensure all of New Jersey's 1.4 million students have equitable access to high quality education and achieve academic excellence. Among the department's many divisions and functions is the Office of Career Readiness, which provides leadership to advance innovative and performance-driven educational opportunities to students. The Office raises awareness amongst students regarding career options, and manages statewide implementation of secondary and postsecondary career and technical education.

- Kathleen Paquette, *Director, Office of Career Readiness*

Department of Children and Families

DCF is devoted exclusively to serving and supporting at-risk children and families in New Jersey. DCF offers a variety of evidence-based, family-centered programs and services provided through a robust network of community providers. DCF oversees the Children's System of Care, New Jersey's public behavioral health system for youth under the age of 21 with mental health needs, substance use challenges, or intellectual/developmental disabilities, connecting children and their families with direct care services when appropriate.

- Stacy Reh, *Assistant Division Director*
- Diana Salvador, *Clinical Director, Children's System of Care*

Department of Health

DOH leads the State's response to public health challenges, and works to protect the public's health, promote healthy communities, and continue to improve the quality of health care in New Jersey. DOH is responsible for the licensing and certification of nurse aides and operates a Workforce Development Program that provides continuing education to public health workers.

- Medha Havnurkar, *Director, Office of Workforce Planning and Professional Development*

Office of the Secretary of Higher Education

OSHE manages a variety of strategic initiatives to support New Jersey residents in pursuing higher education and preparing for a fulfilling career. OSHE operates grant programs that support students in achieving their post-secondary degree, including the Career Accelerator Internship Grant Program, which provides funding to employers who are interested in hosting college students as interns.

- Nicole Bailey, *Internship Program Manager*

Office of the Attorney General – Division of Consumer Affairs

The Division of Consumer Affairs protects consumers from deceptive and predatory business practices, and oversees numerous boards and committees that manage the licensure and certification of professionals and the organizations that train and employ them. Amongst these many boards and committees is the Board of Nursing, which regulates certified homemaker-home health aides.

- Howard Pine, *Deputy Director*
- Cari Fais, *Director*

Higher Education Student Assistance Authority

HESAA has the sole mission of providing students and families with financial and informational resources to pursue education beyond high school. HESAA manages grant, scholarship, and loan redemption programs that support students in achieving a post-secondary degree, and operates financial aid programs targeted at specific high-need professions such as home and community based services workers, nurses, and teachers.

- Alia Abbas, *Chief of Staff*

Technical Assistance Team

The interagency working group received substantial technical assistance as part of this project. The technical assistance team provided coaching, helped facilitate discussion, conducted research, arranged meetings and presentations with subject matter experts and stakeholders, and assisted with the development and drafting of this plan. Primary coaching was provided by:

- Jake McDonald, *PHI*
- Claudia Schlosberg, *Castle Hill Consulting*

The working group also received research assistance from PHI and the Institute on Community Integration.

Introduction to the Direct Care Workforce

Individuals with disabilities, older adults, individuals with behavioral health needs, and their caregivers rely on the services of workers that provide personal care and daily living support, allowing them to live their lives to the fullest. These workers, known as direct care workers, provide vital care and assistance, including assistance with activities of daily living and help maintaining health and hygiene. While there is no agreed upon definition of direct care work, common direct care jobs include direct support professionals (DSPs), certified homemaker-home health aides (CHHAs), personal care assistants (PCAs), and certified nursing assistants (CNAs). Many direct care jobs not only allow direct care recipients to live happy and healthy lives, but support them in remaining in their communities by providing care in their homes or in congregate care settings.

Due to both growth in demand and challenges recruiting and retaining direct care workers, the nation is now facing a severe shortage of direct care workers that may jeopardize the ability of direct care recipients to receive the care that they need. By 2034, data indicates that there will be an estimated 772,400 new direct care positions

What does it mean to be a direct care worker?

The direct care workforce is made of a diverse range of professions that serve individuals with disabilities, older adults, and individuals in need of behavioral health services. Some of the most common direct care roles include:

- **Direct Support Professionals (DSPs)** - professionals that assist people with intellectual and developmental disabilities (I/DD) to actively participate in home and community life. DSPs support individuals with activities of daily living, complete personal care tasks, ensure health and safety, and much more.
- **Certified Homemaker-Home Health Aides (CHHAs)** - professional caregivers responsible for helping individuals maintain their personal health and hygiene in their homes. CHHAs work under the supervision of a Registered Nurse (RN), and assist with daily living tasks as well as preparation for medical appointments.
- **Personal Care Assistants (PCAs)** - professionals that provide personal care services, assist with activities of daily living, and assist with household duties essential to an individual's daily health and comfort. PCA services overlap considerably with CHHA services and may be treated similarly depending on the program funding their services.
- **Certified Nursing Assistants (CNAs)** – professionals that monitor the health of patients under the oversight of an RN, and may administer medication if delegated by the RN. CNAs also assist with basic care and activities of daily living, and largely provide services in nursing facilities.
- **Certified Peer Recovery Specialist (CPRS)** – peer professionals that provide non-clinical assistance to help peers in their recovery from substance use disorders (SUD) and management of behavioral health challenges.
- **Youth Development Specialist** – professionals that provide direct care services to children served by the Children's System of Care (CSOC), including those with behavioral health challenges or I/DD. DCF uses a variety of titles within CSOC for direct care workers, including those in its out of home treatment and mobile response programs
- **Self-Directed Employees (SDEs)** – direct care workers providing home and community based services to individuals that direct their own care via the self-direction model. The self-direction model is an alternative to traditional provider-based care that gives individuals greater control over who they hire and how they receive services.

added to the workforce and, when accounting for job growth and expected job vacancies due to turnover and labor force exits, there will be an estimated 9.7 million total job openings in the direct care workforce in the United States in the next decade.[1] Currently, there are 5 million direct care workers in the workforce, highlighting the need for dedicated strategies that increase the supply of workers to adequately meet this need.

This demand is driven largely by growth in the populations served by direct care workers. As outlined in DHS' Age Friendly Blueprint, there is predicted to be substantial growth in the population of older adults over the next decade[2], with data indicating that adults over the age of 65 could make up nearly 20% of the state's population by end of the decade. The Division of Developmental Disabilities (DDD), the state's agency responsible for securing home and community based services for individuals with developmental disabilities, has also seen a nearly 200% increase in the number of individuals reaching out to enroll in services, with annual intakes increasing from 1,744 in 2018 to 4,864 in 2024. Behavioral health supports will also remain vital, with the National Alliance on Mental Illness reporting that over 1.3 million adults in New Jersey have a mental illness and that 91,000 adolescents have thoughts of suicide annually.[3]

Beyond the growth in demand, direct care worker supply is jeopardized by serious challenges faced by professionals in the field, including inadequate wages, lack of opportunities for career growth, lack of appreciation, inadequate training and supervision, and the at-times challenging nature of the work itself. As indicated in the public data summary in the next section, the average salary for CHHAs, PCAs, and CNAs working in home care settings is approximately $22,000, and 46% of these workers report relying on public assistance programs such as Medicaid or the Supplemental Nutrition Assistance Program (SNAP). Data also indicates the lack of opportunities for career progression in this field, with the average hourly wage for DSPs being only 80 cents higher than the starting wage, despite the fact that approximately 32% of DSPs have a work tenure of over 3 years. There is currently no industry-recognized credential for DSPs, as well as for many direct care workers in roles supporting children and individuals with behavioral health diagnoses, hampering the ability of those professions to receive recognition and further training. Even amongst CHHAs, who must be state certified, interest in remaining in the direct care field has declined, with the New Jersey Collaborative Center for Nursing reporting that the number of CHHAs renewing their certification fell from 60,343 in 2017 to 51,182 in 2023.[4]

New Jersey offers a range of programs that provide direct care services in the home and community that will depend on consistent direct care workers to operate. In NJ FamilyCare, the state's Medicaid program, individuals can qualify for personal care assistance services in their home, and may be able to utilize the Personal Preference Program (PPP), which allows individuals to direct and manage their own personal care services rather than utilizing an agency.[5] PCA services are also available outside of Medicaid through the Personal Assistance Services Program (PASP) for individuals with permanent physical disabilities[6], and the Jersey Assistance for Community Caregiving (JACC) similarly funds these services for individuals over the age of 60 who require nursing facility level of care[7]. DDD supports the provision of DSP and other direct care services for individuals with developmental disabilities through the Community Care Program, as well as the Supports Program, both Medicaid waiver programs that cover home and community-based services for this population[8]. The Division of Mental Health and Addiction Services (DMHAS) provides a range of mental health and substance use disorder treatment services in the community, including peer recovery services. The Department of Children and Families (DCF) provides mental health as well as developmental disability services in the community for children under the age of 18, largely through CSOC.

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[1] PHI, https://www.phinational.org/resource/direct-care-workers-in-the-united-states-key-facts-2025/
[2] New Jersey Department of Human Services, Division of Aging Services | Age-Friendly Resources
[3] National Alliance on Mental Illness, NewJersey-GRPA-Data-Sheet-8.5-x-11-wide.pdf
[4] New Jersey Collaborative Center for Nursing, Home Health Aide | The New Jersey Collaborating Center for Nursing
[5] New Jersey Department of Human Services Division of Medical Assistance and Health Services, Department of Human Services | Personal Preference Program (PPP)
[6] New Jersey Department of Human Services Division of Disability Services, Division of Disability Services | Personal Assistance Service Program (PASP)
[7] New Jersey Department of Human Services Division of Aging Services, Division of Aging Services | Jersey Assistance for Community Caregiving (JACC)
[8] New Jersey Department of Human Services Division of Developmental Disabilities, Division of Developmental Disabilities | Home and Community Based Services

Under the Murphy Administration, New Jersey has continued to explore and implement strategies to recruit and retain direct care workers, ensuring that direct care services remain available to those that need them. Working towards fair compensation for all direct care workers, the Administration has implemented six wage increases for direct support professionals, a cumulative total of $6.50 an hour in wages, and provided across the board rate increases for community based mental health and substance use disorder SUD workers. DHS has also implemented several novel recruitment and retention programs, including a CHHA Career pilot program offering scholarships and mentoring, a Home and Community Based Services (HCBS) Loan Redemption program, and a grant program allowing providers licensed with DDD to train their DSPs to work with care recipients with dual mental health/IDD diagnoses. In 2023, the Office of the Secretary of Higher Education (OSHE) launched the Direct Support Professional Career Development Program, a collaboration with the New Jersey Community College Consortium for Workforce and Economic Development and the Association of Community Providers that provides stipends, training, and internships to aspiring DSPs through community colleges in the state. Many of the Department of Labor and Workforce Development's (DOL) existing programs are also being utilized to support the direct care workforce, including the Growing Apprenticeships in Non-Traditional Sectors (GAINS) program, which provides funding for non-traditional apprenticeships and has supported career programs for CHHAs and CNAs. DOL has also demonstrated a continued commitment to addressing the needs of the direct care workforce within its organizational structure, establishing an Office of the Care Workforce to continue to drive this work.

Office of the Care Workforce

Seated within the New Jersey Department of Labor and Workforce Development, the Office of the Care Workforce partners with state agencies to develop sustainable career pathways, improve skills, and increase compensation for care workers. In addition to identifying ways to strengthen direct care workers that support older adults and people with disabilities, the Office also supports early childhood care and education workers, and maternal and infant health providers. Having a dedicated office to focus on these topics will allow the State to continue the work started in the DCW Technical Assistance project, advancing the sustainability and job quality of the direct care workforce through collaboration, data analysis, and strategic planning.

Despite these continued investments and initiatives, the magnitude of the projected shortage of direct care workers means that the State will need to continue to innovate and explore new strategies to address the problem. While each strategy on its own makes an impact, a concerted effort to address the specific needs of the direct care workforce requires a systematic approach in which State agencies and other stakeholders work together to identify gaps and implement solutions.

New Jersey's Direct Care Workforce Data Profile

This section provides a comprehensive analysis of New Jersey's direct care workforce, illuminating critical trends and characteristics across multiple facets such as demand fluctuations, demographic shifts, employment conditions, and financial dynamics. The data herein not only underscores what is currently understood but also highlights gaps in knowledge, offering a roadmap for future research and data collection. By identifying strengths and weaknesses within the workforce, this profile serves as a crucial tool for shaping targeted recommendations in the following sections, ultimately guiding strategic improvements in policy and practice to better support the direct care sector.[9]

From 2019 to 2023, New Jersey saw an increase in the number of residents with disabilities, growing from 903,359 in 2019 to 1,001,779 in 2023[10]. This growth underscores the increasing demand for direct care workers to support individuals with disabilities, including those with ambulatory, cognitive, independent living, hearing, self-care, and vision difficulties[11].

[9] Researchers utilized the NJ AI Assistant for summarization purposes in this section only. All content was reviewed by staff for accuracy.

[10] American Community Survey, American Community Survey 1-Year Data (2005-2024)

[11] Disabilities are self-reported in the ACS; individuals self-reporting disabilities do not necessarily receive paid support for the disability identified.

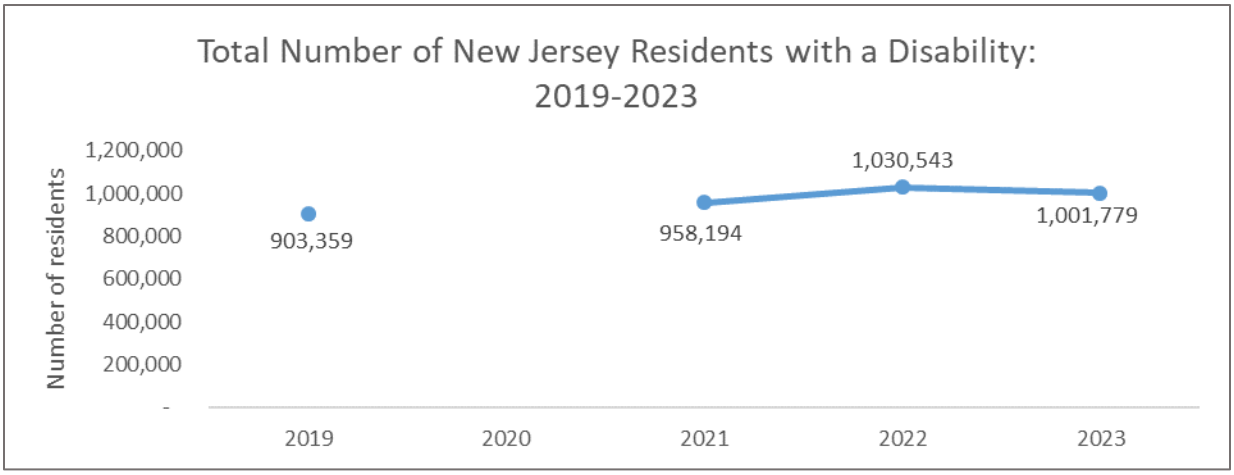

Figure 1: Total number of New Jersey residents with a disability. Source: American Community Survey 1-Year estimates, Table S1810

According to the Community Living Policy Center, there were 132,607 adults in New Jersey in 2021 receiving services from the State's Managed Long-Term Services and Supports (MLTSS) program, which provides assistance to individuals in Medicaid who require long-term care due to disabilities or chronic health issues. Another 89,668 receive Medicaid Home and Community Based Services (HCBS) in New Jersey[12]. From 2021 to 2024, DDD also saw a 15.5% increase in individuals receiving services in the community, amounting to 3,818 new individuals enrolled in DDD services (Figure 2). The steady increase could be attributed to the shifting of services to community settings and the increase of individuals transitioning from CSOC to the adult system of I/DD services under DDD. Between 2021 and 2024, the number of individuals aged 20 to 29 served by DDD increased by 1,506, representing a 17.7% rise. This steady increase highlights the growing demand for direct care workers for individuals with developmental disabilities that are able to receive services in home and community-based settings.

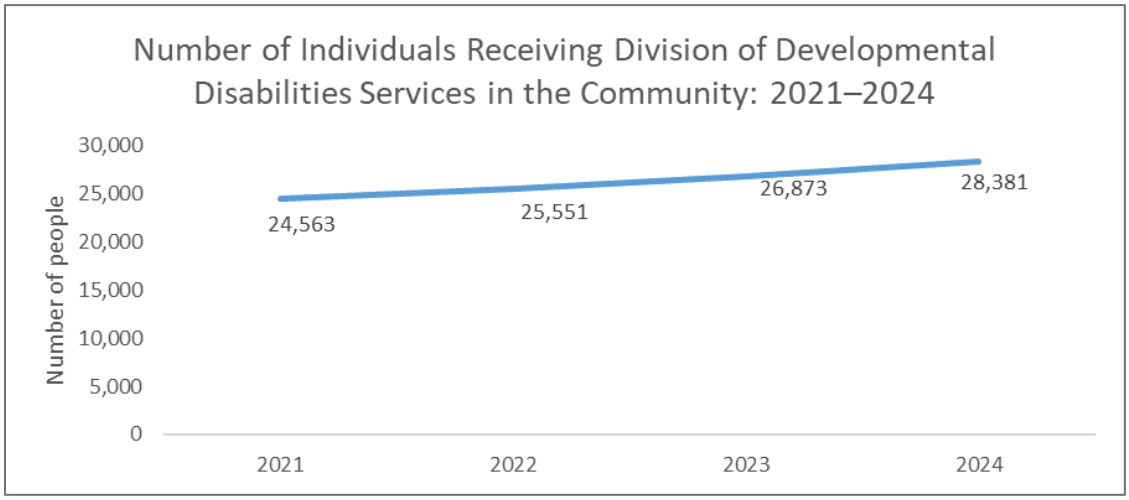

Figure 2: Number of individuals receiving Division of Developmental Disabilities services in the community. Source: https://www.nj.gov/humanservices/ddd/about/division/statistics/

States report their job numbers to the U.S. Bureau of Labor Statistics using the Standard Occupational Classification (SOC) system. Within this system, the North American Industry Classification System (NAICS) is utilized to define industries. The closest SOC code for direct care workers is Home Health and Personal Care Aides. This code does not

[12] Community Living Equity Center (2024). *Who Receives Medicaid LTSS?* [Data dashboard]. The Lurie Institute for Disability Policy. **https://heller.brandeis.edu/community-living-policy/clec/who-receives-medicaid-ltss.html**

capture all direct care professions, making it difficult to assess the exact composition of the direct workforce nationally or at the state level. Notably, DSPs do not have a distinct SOC code, making them indistinguishable from CHHAs and PCAs in the data. Other important characteristics of direct care workers, such as whether they are employed as part of a self-direction model, are also not reflected in the available data.

The NAICS code industry definitions relevant to the direct care workforce that are described in this section are as follows:

- **Home Care**: This includes all direct care workers providing services for older adults and persons with disabilities, and in-home health care services.
- **Residential Care Homes**: This comprises all direct care workers employed in residential facilities serving individuals with I/DD, and in continuing care retirement communities and assisted living facilities for older adults.
- **Nursing Homes**: This includes nursing assistants employed in nursing care facilities.

Data for these codes suggests that direct care jobs are expanding to meet the growing need for services, though certain professions have expanded more than others. The US Bureau of Labor Statistics estimates that the home health and personal care aide employment in New Jersey increased from 57,060 jobs in 2019 to 100,860 in 2023. This reflects an increase of 43,800 jobs and a 76.8% increase. To normalize this increase proportionate to the total labor market growth, there were 14 home health and personal care aide jobs for every 1,000 total jobs in 2019. By 2023, the rate increased 71% to 24 home health and personal care aides per 1,000 jobs. The national increase over the same period was only 16.7% with New Jersey closing the gap with the national rate, as shown in Figure 3 below.

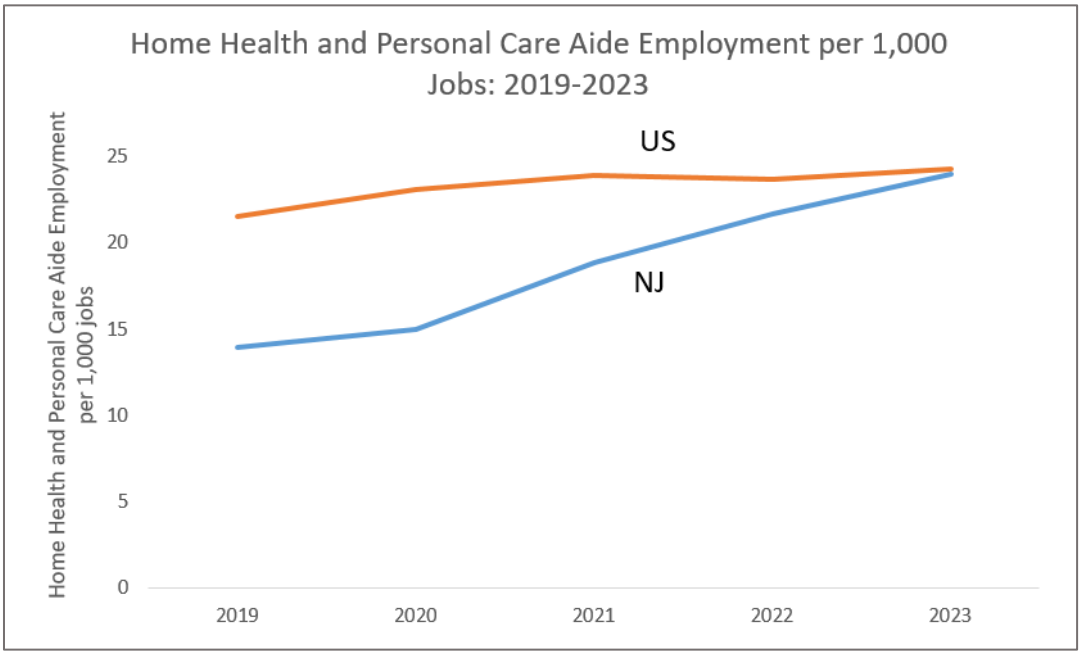

Figure 3: Home Health and Personal Care Aide Employment per 1,000 jobs: New Jersey vs the Nation (2019-2023). Source: US Bureau of Labor Statistics https://www.bls.gov/oes/2023/may/oes311120.htm#st

In a contrasting trend, Figure 4 shows a decline in the number of nursing assistants in New Jersey from 51,710 in 2014 to 31,610 in 2023, representing a reduction of 20,100 nursing assistants, or 39%. Because nursing assistants more often provide services in institutional settings as opposed to home and community-based settings, this decrease may be attributed to the growing emphasis on home and community based services, which are increasingly favored over traditional institutional care. As healthcare systems and policies shift towards more personalized and flexible care models, there is a rising demand for home health and personal care aides in community-based settings, evidenced by their significant growth in the same period. This trend may also be indicative of the impact of the

COVID-19 pandemic, with workers feeling more comfortable in home and community-based settings and less comfortable in congregate care settings.

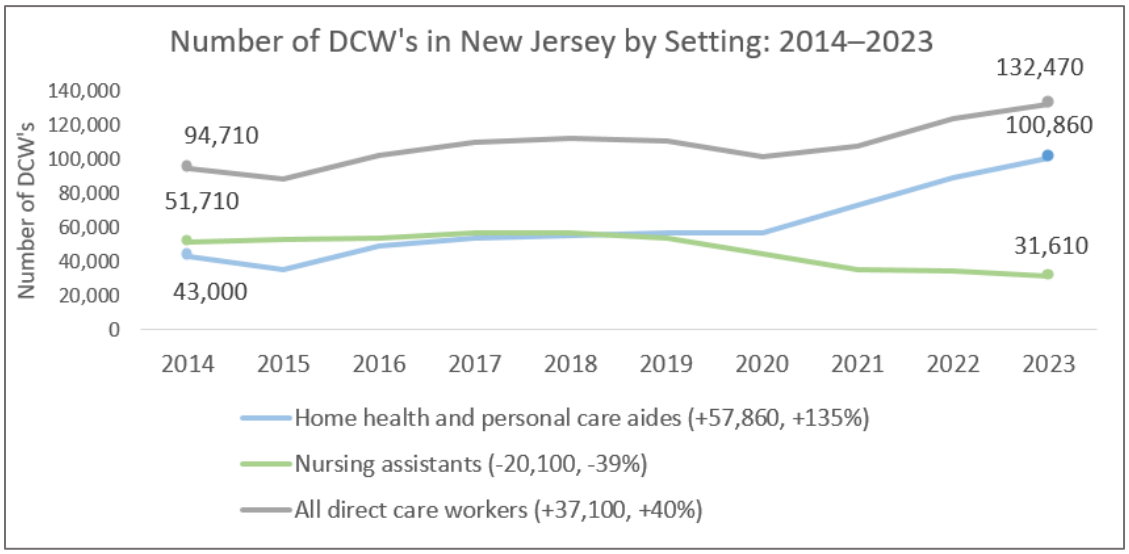

Figure 4: Number of DCW's in New Jersey by setting, 2014-2023. Source: PHI National Workforce Data Center.

To assess the adequacy of the direct care workforce to meet the need for direct care services, a ratio was calculated comparing the number of people with disabilities in the state to the number of direct care workers[13]. Over time, the ratio of home health and personal care aides to residents with disabilities decreased by 37.3%, suggesting that the supply of workers is increasingly meeting the demand. A similar trend is observed in Table 1 for various types of disabilities, including cognitive difficulties, independent living difficulties, and self-care difficulties.

Disability type	2019	2020	2021	2022	2023
Total with a disability	15.83	*	13.19	11.55	9.93
Cognitive difficulty	5.99	*	4.66	4.37	3.74
Independent living difficulty	3.39	*	2.78	2.26	1.95
Self-care difficulty	5.98	*	5.03	4.20	3.67

Table 1: Ratio of the number of NJ residents with a disability for every 1 home health and personal care aide. Source: PHI Workforce Data Center https://www.phinational.org/policy-research/workforce-data-center/ & American Community Survey 1-Year estimates, Table S1810. *1-year ACS estimates for 2020 are not available

Figure 5 shows that the improvement seen in New Jersey outpaces the improvement at the national level. The United States ratio was 13.4 in 2019 and dropped to 12.5 by 2023, a 7% decrease. In New Jersey the ratio of people with a disability per home health and personal care aides started higher than the national ratio but by 2023 New Jersey not only caught up to the national ratio but exceeded it by 2.55 individuals with a disability for each home health and personal care aide.

[13] The data on residents with disabilities comes from the American Community Survey, while the data on home health and personal care aides is sourced from the US Bureau of Labor Statistics.

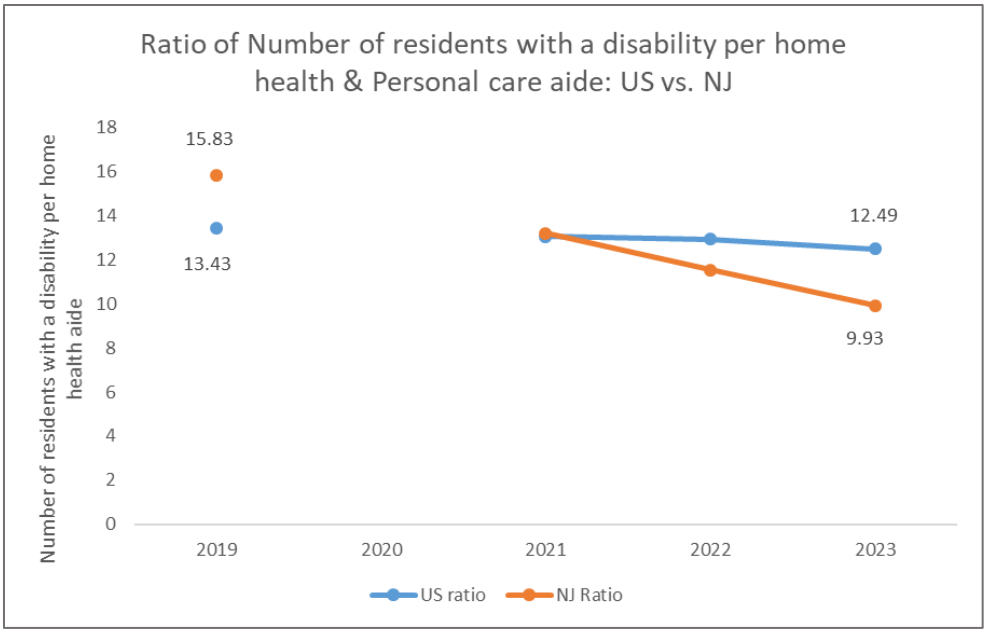

Figure 5: Ratio of Number of residents with a disability per home health & Personal care aide (2019-2023): New Jersey versus the Nation. Source: PHI Workforce Data Center https://www.phinational.org/policy-research/workforce-data-center/ & American Community Survey 1-Year estimates, Table S1810. *1-year ACS estimates for 2020 are not available

While this calculation does not capture all relevant factors, and does not indicate what settings the growth in supply is coming from, the decreasing ratio points to improvement in the State's ability to hire sufficient direct care workers to meet the needs of residents. As outlined throughout this report, this improvement may be attributed to various policies and programs in New Jersey that support the workforce, and specifically direct care workers. One of these potential influencing factors is the rise in wages paid to direct care workers that serve individuals with disabilities. Over the period of time shown, for example, the Division of Developmental Disabilities has increased direct support professional's reimbursement rates, which were passed through as wage increases on an annual basis and may have attracted an increased number of direct care workers to the industry. According to the US Bureau of Labor Statistics, the wages for direct care workers in New Jersey increased from $27,200 (roughly $13/hour) in 2019 to $36,470 (roughly $17.50 an hour) in 2023. This increase is about $9,270, or a 34.1% increase in wages. As shown in Figure 6, the national average wage also increased to a lesser extent ($6,940 or 26.2%). Figure 7 shows home health and personal care aides had a larger wage increase of 25% compared to nursing assistants with a 21% increase.

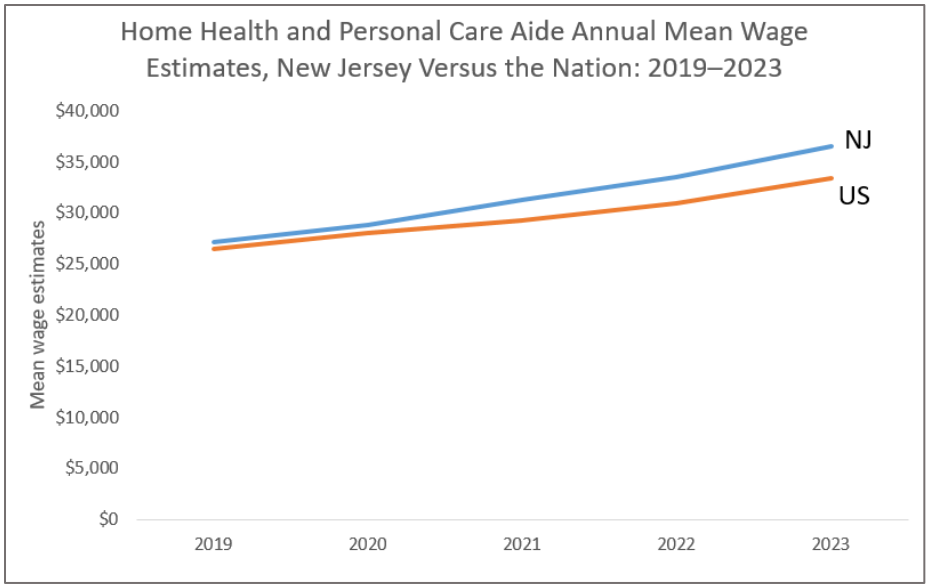

Figure 6: Home Health and Personal Care Aide Annual Mean Wage Estimates: New Jersey vs the Nation (2019-2023). Source: US Bureau of Labor Statistics https://www.bls.gov/oes/2023/may/oes311120.htm#st

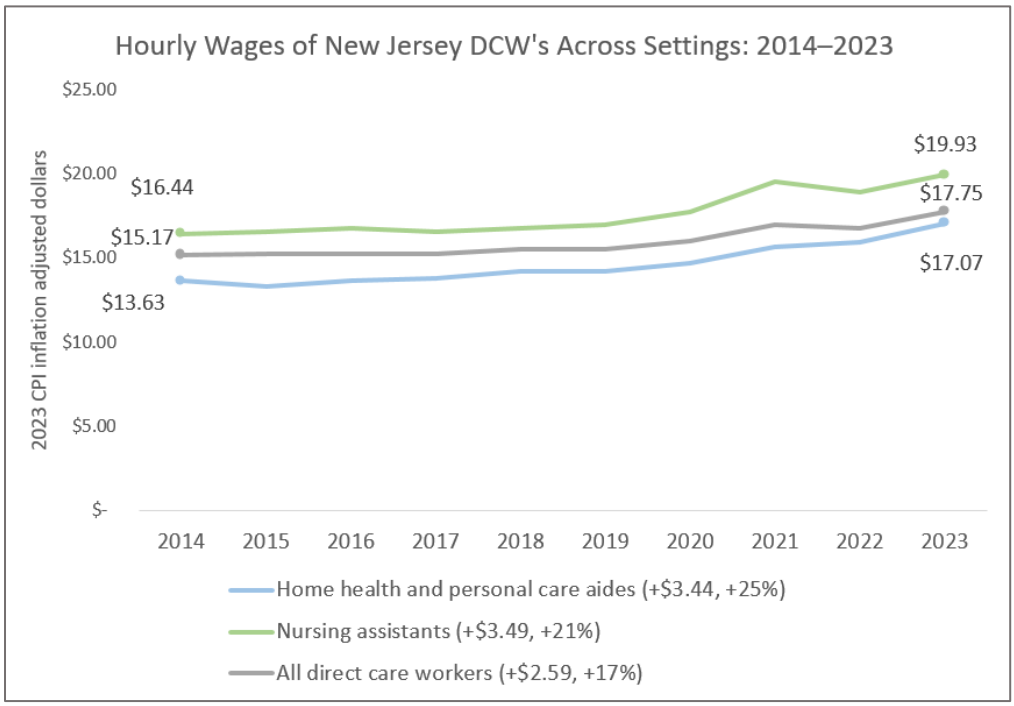

Figure 7: Hourly wages of NJ DCW's across care settings, 2014-2023. Source: PHI National Workforce Data Center

Workforce Characteristics

Across all settings, direct care workers are predominated by females, with direct care workers being over 80% female and less than 20% male in every relevant industry (Figure 8). Combined, Hispanic/Latinos and Black/African Americans comprise over 60% of the home care workforce (Figure 9). Black/African Americans alone make up nearly 70% of the residential care home and nursing home industries. Compared to the overall New Jersey population, which is 50.9% female, 54.1% White, 12.4% Black/African American, and 22.0% Hispanic, (American Community

Survey, 2022) there is a disproportionate representation of females, Black/African Americans, and Hispanic/Latinos in the direct care workforce.

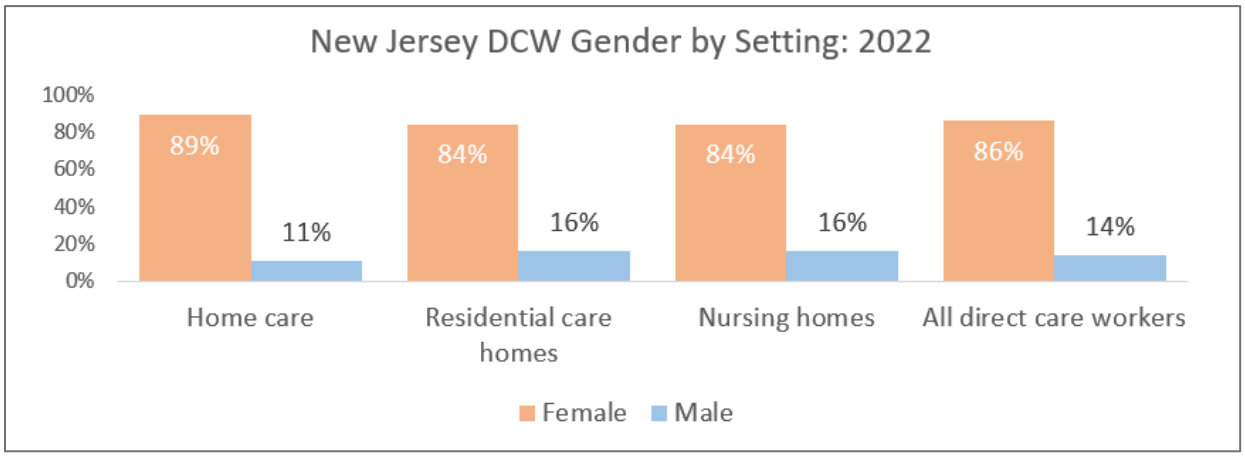

Figure 8: New Jersey DCW gender by setting, 2022. Source: PHI National Workforce Data Center

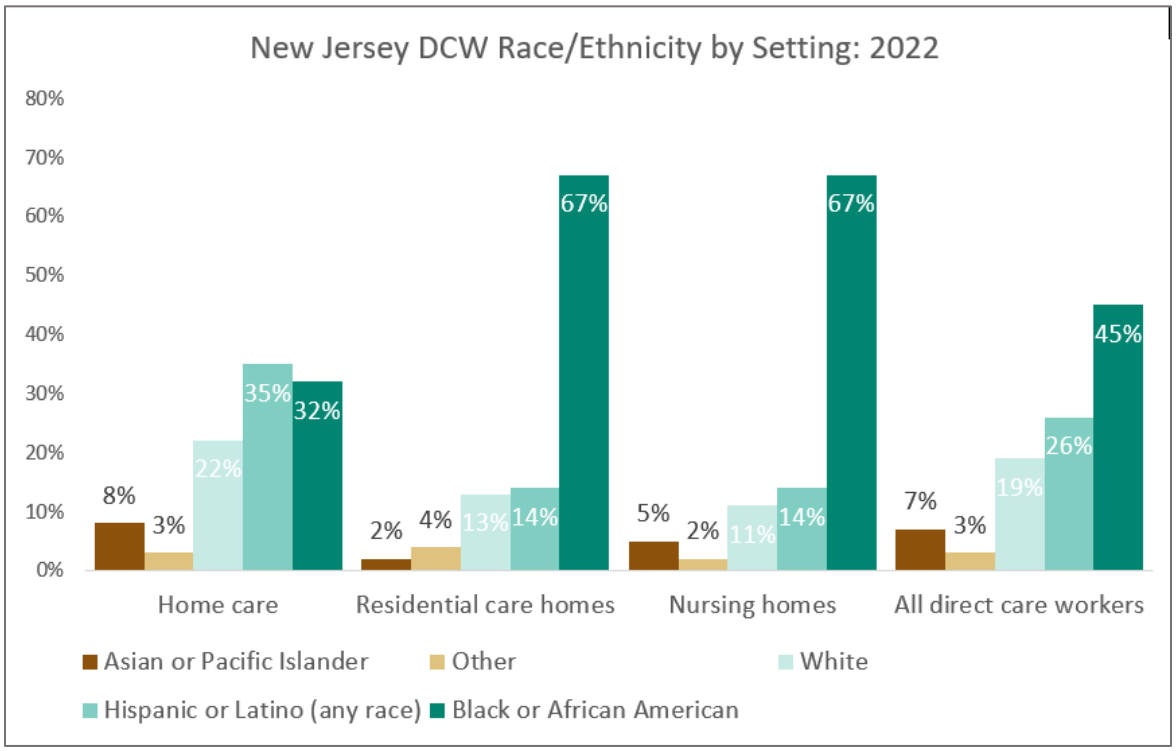

Figure 9: New Jersey DCW Race/Ethnicity by setting, 2022. Source: PHI National Workforce Data Center.

The largest percentage of all direct care, and home care workers specifically, are aged 55-64, while residential care homes and nursing homes have a larger proportion of workers aged 45-54. The smallest percentage of all direct care workers is in the 16-24 age group followed by the 65 and older age group. Home care workers have the highest median age at 53, followed by nursing homes at 48 and residential care homes at 43, as shown in Figure 10. The median age for all direct care workers is 49. By comparison, the median age in New Jersey in 2022 is 40.4 suggesting the workforce is older than the general population in New Jersey.

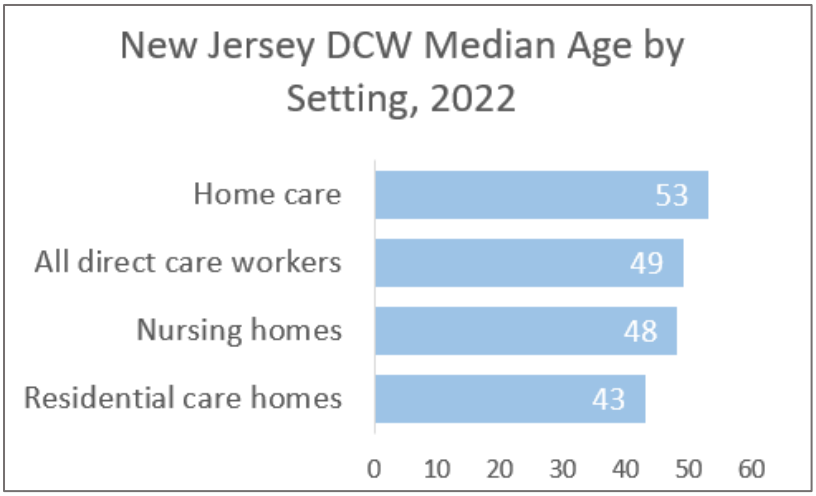

Figure 10: New Jersey DCW median age by setting, 2022. Source: PHI National Workforce Data Center.

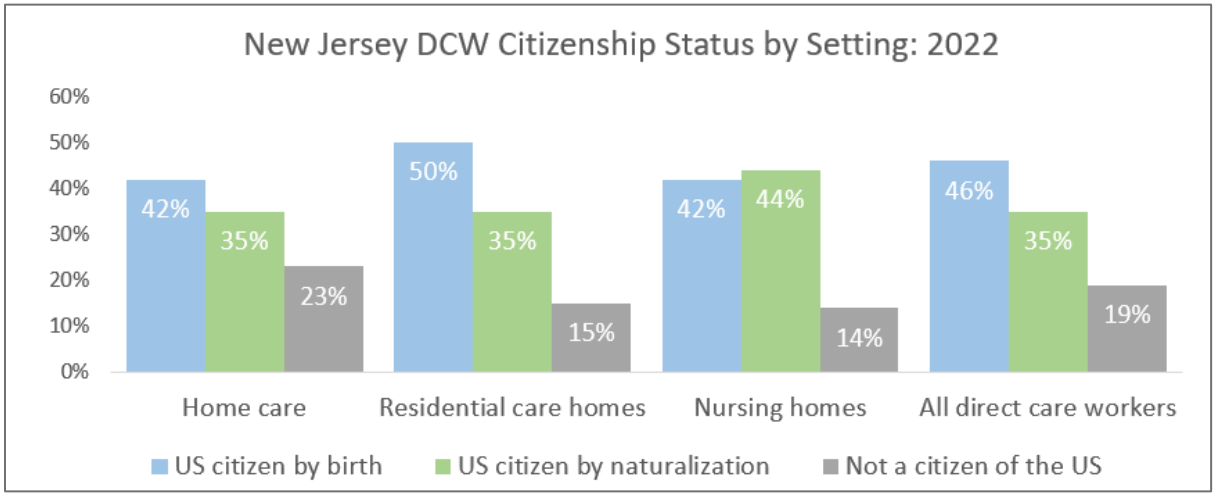

Figure 11: New Jersey DCW citizenship status by setting, 2022. Source: PHI National Workforce Data Center

Figure 12 depicts the access to affordable housing among direct care workers across different settings. Across all settings, the majority of workers, ranging from 57% to 60%, have access to affordable housing. Direct care workers in residential care homes have the highest percentage of workers lacking affordable housing at 43%, while nursing homes have the lowest at 40%. Home care and all direct care workers have identical percentages, with 42% lacking affordable housing and 58% having access to it.

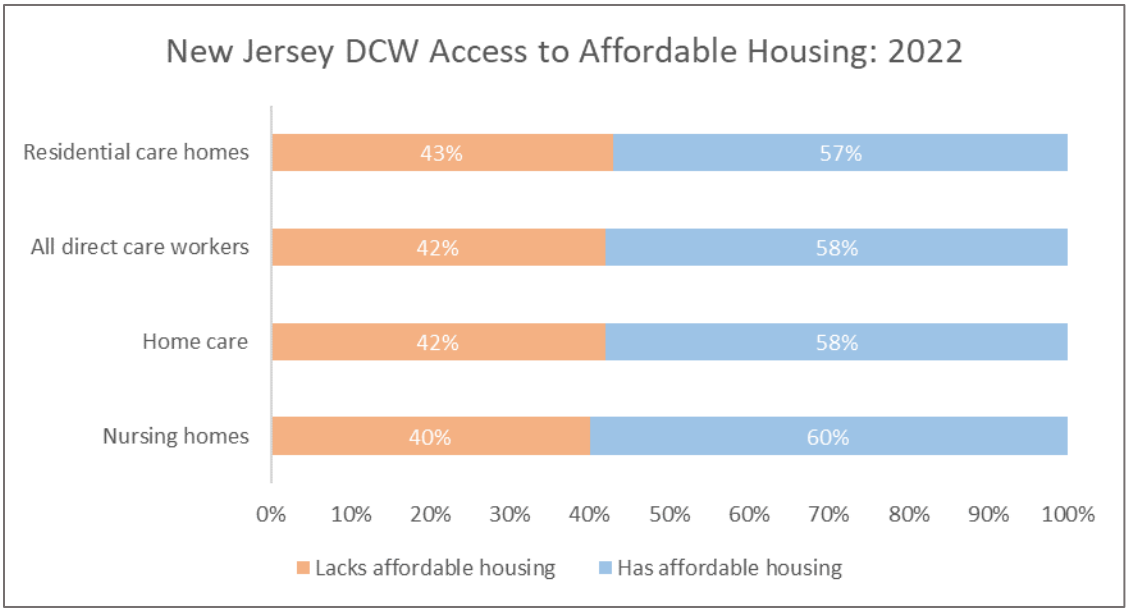

Figure 12: Access to affordable housing for New Jersey DCW's, 2022. Source: PHI National Workforce Data Center

Figure 13 shows the majority of workers in all settings have some form of health insurance, with coverage ranging from 84% in home care to 93% in nursing homes. Employer/union-provided insurance is most prevalent in nursing homes at 69% and least in home care at 41%. Public coverage like Medicaid or Medicare is highest in nursing homes at 23% and lowest in residential care homes at 9%. Directly purchased insurance is relatively low across all settings, ranging from 9% to 12%. Home care workers have the highest percentage of workers with no insurance coverage, with 12% of all direct care workers in home care having no health insurance.

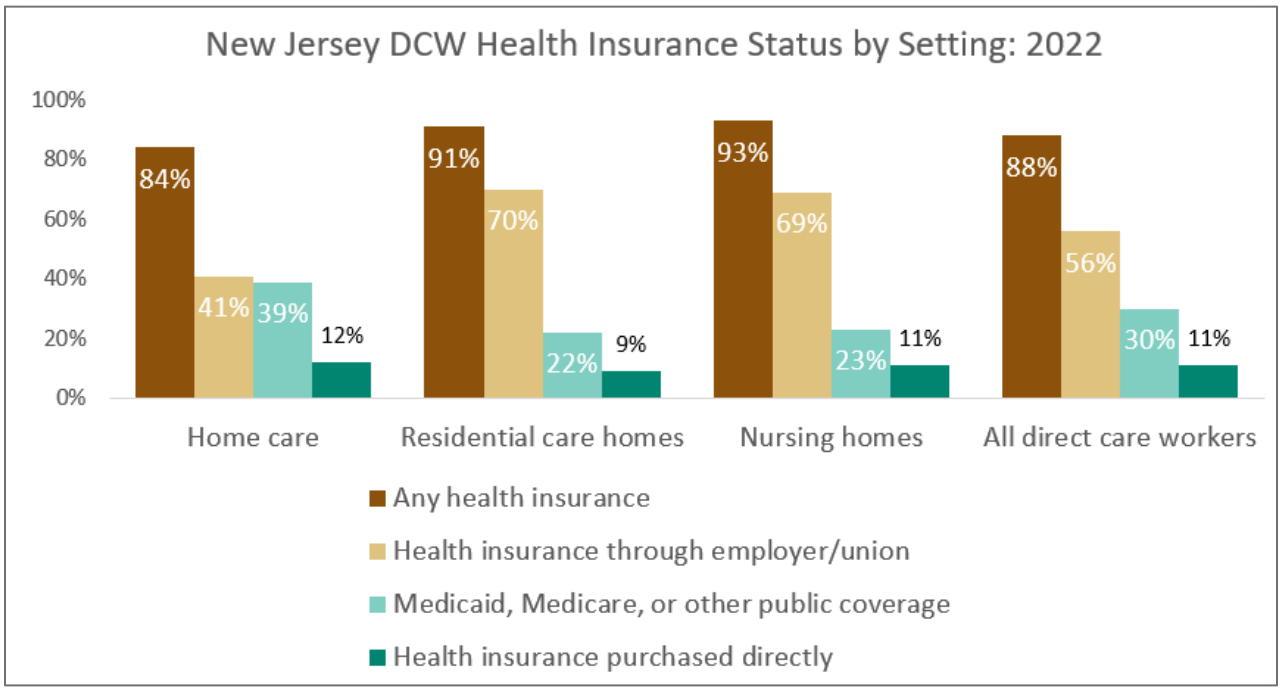

Figure 13: Health insurance status of New Jersey DCW's, 2022. Source: PHI National Workforce Data Center

Workers with incomes less than 200% of the federal poverty level make up the largest percentage across all settings, with home care at 34%, or 1 in 3, and nursing homes at 23% or 1 in 5. Those earning less than 100% of the federal poverty level represent the smallest group, ranging from 3% in nursing homes to 13% in home care. Nursing homes have the lowest percentages across all categories. Compared to New Jersey's statewide figures, where 21.4% of the population falls below 200% of the federal poverty level, 13.8% below 138%, and 9.6% below 100% (American Community Survey, 2022), the direct care workforce experiences higher rates of poverty, particularly in home care settings.

Figure 14 shows the percentage of home care workers receiving food and nutrition assistance and Medicaid compared to the overall New Jersey population. 29% of home care workers received Medicaid and 21% received food and nutrition assistance. Compared to New Jersey's statewide figures, which show that 9.6% of residents receives food and nutrition assistance and 19.2% receive Medicaid (American Community Survey, 2022), direct care workers have a notably higher reliance on public assistance, particularly for food and nutrition aid and Medicaid.

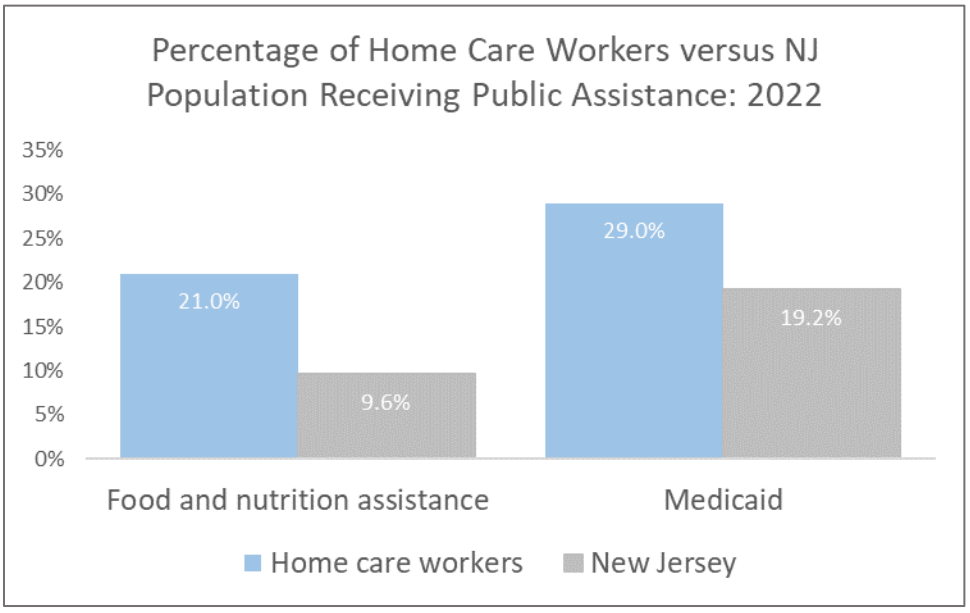

Figure 14: Percentage of home care workers versus New Jersey population receiving public assistance, 2022. Source: PHI National Workforce Data Center

Nursing homes have the highest average income at $33,163, followed by residential care homes at $31,269. All direct care workers have an average income of $28,142, while home care workers earn the least, with an average income of $22,802. Figure 15 highlights the income disparity among workers in different care settings with home care workers median earnings $10,361 less than nursing home workers median earnings. Compared to the New Jersey statewide median earnings of $51,884 (American Community Survey, 2022), direct care workers across all settings earn significantly less, highlighting a substantial income gap between this workforce and the broader state population.

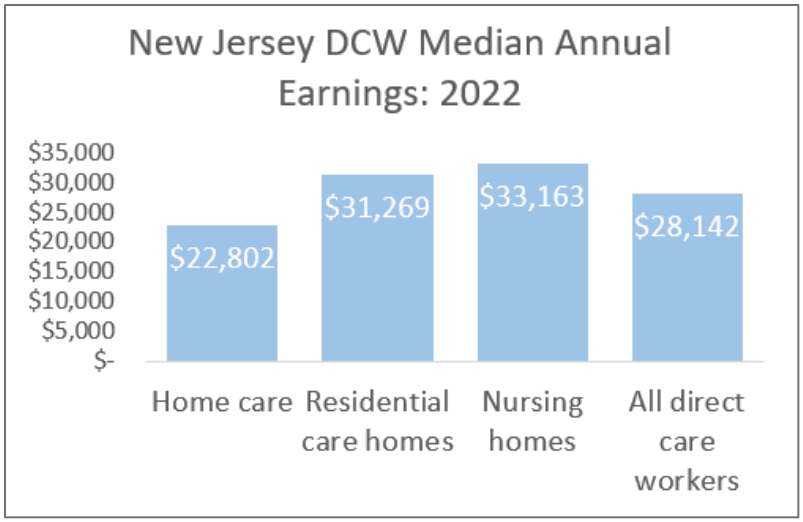

Figure 15: Median annual earnings of NJ DCW's, 2022. Source: PHI National Workforce Data Center

As shown in Figure 16, nursing homes have the highest percentage of full-time workers at 85%, followed by residential care homes at 76%. Home care workers are nearly evenly split between full-time (56%) and part-time (44%) employment. For all direct care workers, 67% are employed full-time while 33% work part-time. The chart highlights the prevalence of full-time employment in nursing homes compared to other care settings.

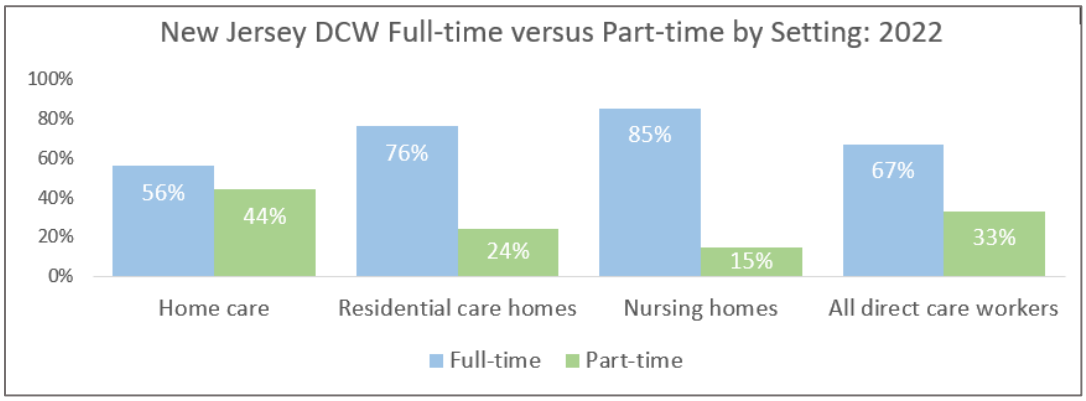

Figure 16: Percentage of full-time versus part-time work of New Jersey DCW's by setting type, 2022. Source: PHI National Workforce Data Center

Direct Support Professionals

Direct Support Professionals (DSPs) are direct care workers that support people with developmental disabilities in a variety of settings including group homes, their own homes, and day programs. DSPs support people with disabilities in daily activities ranging from personal care to developing relationships in the community. New Jersey participates annually in the National Core Indicators State of the Workforce Survey which collects data from DSP provider agencies regarding the DSP workforce.

Figure 17 depicts changes in staffing in relation to the number of individuals served from the start to the end of 2022. While this only represents one year in time, the staffing average increased from 70.6 to 73.4 marking a 4.0% increase. The average number of individuals served rose from 79.7 to 88.4 indicating a 10.9% increase. The growth rate in the number of individuals served was more pronounced than the growth in staffing over the year. This trend is different from other statewide trends for direct care workers, possibly indicating a significant shortage of direct

care workers in settings for individuals with developmental disabilities, challenges with recruitment, and high turnover rates in provider-based settings.

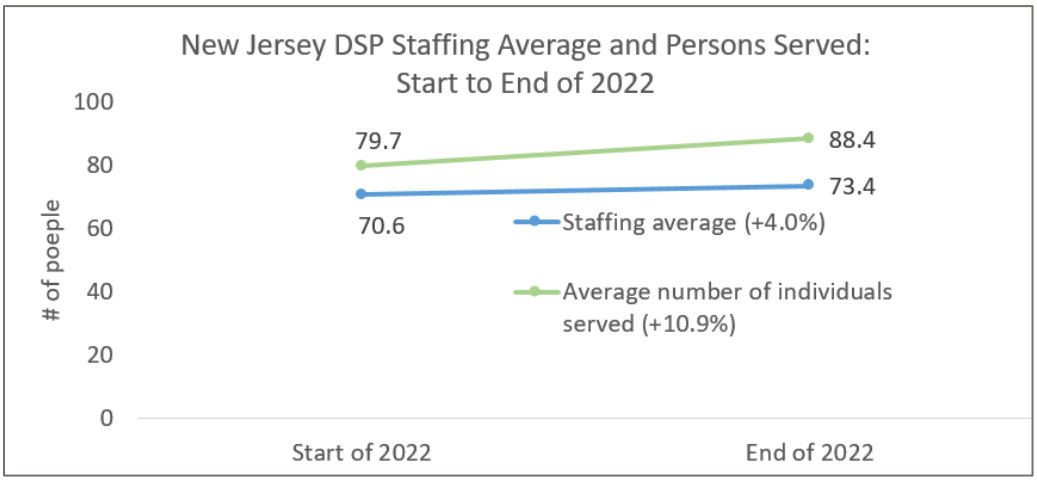

Figure 17: New Jersey DSP changes in staffing versus persons served, 2022. Source: National Core Indicators Intellectual and Developmental Disabilities State of the Workforce in 2022 Survey Report (2023).

In 2022, 44.9% of New Jersey developmental disability providers turned away or stopped accepting new service referrals due to staffing issues. This percentage was lower than the national average of 49.7%. Additionally, the turnover rate in New Jersey was 34.4% compared to 40.9% at the national level. The largest share of terminations occurred in the first 6 months of employment as shown in Figure 18. The largest share (31.9%) of New Jersey DSP's have been employed for 3 years or longer and conversely, over half (56%) of DSPs have a tenure of less than 2 years. These findings suggest that individuals who make it passed the initial few years of employment stay in the field for a longer period of time, but also show that a large percentage of residents do not stay in their roles beyond two years. Of those terminated in 2022, most (70.9%) voluntarily separated, 22.6% were terminated and 1.7% were laid off.

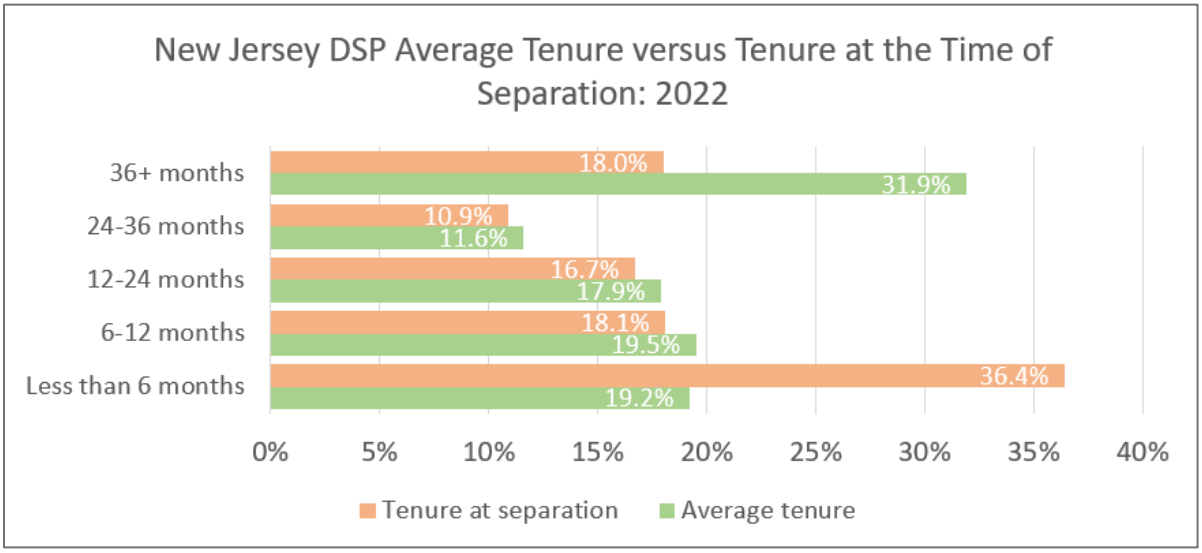

Figure 18: New Jersey average tenure versus tenure at the time of separation, 2022. Source: National Core Indicators Intellectual and Developmental Disabilities State of the Workforce in 2022 Survey Report (2023).

Figure 19 shows only a slightly higher average hourly wage of all DSPs compared to the starting hourly wage for the same group. Combined with the data indicating a high degree of voluntary separations, this raises the question of whether minimal wage increases contribute to DSPs desire to leave their roles. There are variations in starting wages

across different settings. In-home DSP's have the highest starting wage while non-residential DSP's have the highest average compared to other settings. Residential DSP's have the lowest starting and average wages compared to all settings reported (Figure 20).

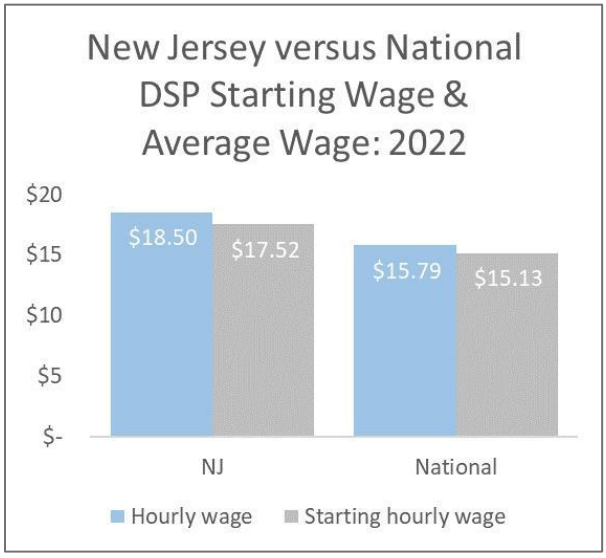

Figure 19: Starting wage versus average wage of DSP's. Source: National Core Indicators Intellectual and Developmental Disabilities State of the Workforce in 2022 Survey Report (2023).

Figure 20: Average and starting wages across different settings in New Jersey, 2022. Source: National Core Indicators Intellectual and Developmental Disabilities State of the Workforce in 2022 Survey Report (2023).

Job Posting Trends

Lightcast is a labor market analytics company that scrapes job postings and generates reports based on a queried job title. The New Jersey Department of Labor and Workforce Development queried several Lightcast reports over a 5-year period regarding direct support professionals to help assess demand in the workforce.

Previously, as shown in Figures 7 and 8, wages and salaries have been increasing overtime and in Figure 21, the median advertised salary increased by $12,022 over the same period. The increase year over year is shown in Figure 23, showing a large increase between 2020 and 2021, and increases at a decreasing rate afterwards.

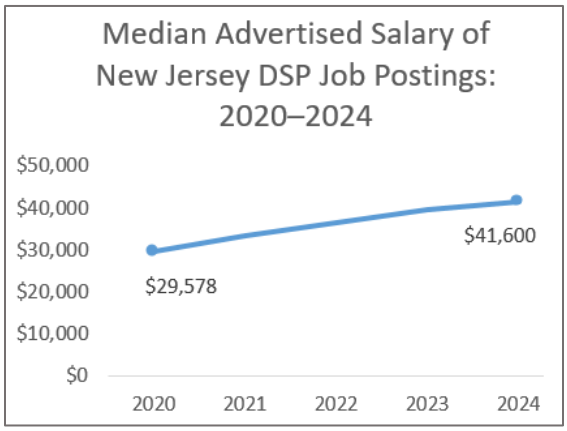

Figure 21: Median advertised salary of NJ DSP job postings, 2020-2024. Source: Lightcast, 2020-2024.

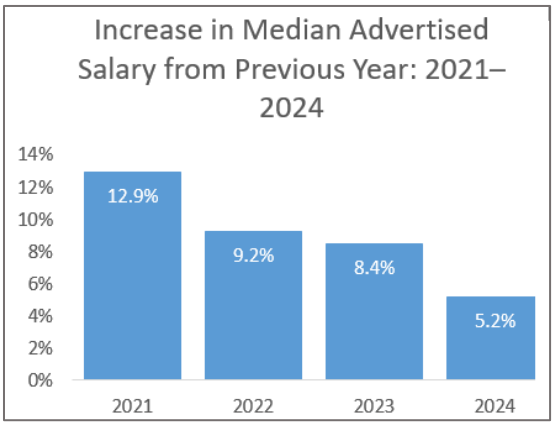

Figure 22: Increase in median advertised salary from previous year (2021-2024). Source: Lightcast, 2020-2024.

Figures 23 and 24 present trends in the job market from 2020 to 2024, illustrating fluctuations in both the number of unique job postings for DSP roles and the number of employers competing for employees. Figure 23 shows that unique postings increased steadily from 3,185 in 2020 to a peak of 4,061 in 2022, followed by a slight decline in 2023 to 3,845, before rising again to 4,146 in 2024. Figure 24 reveals that the number of employers competing rose from 180 in 2020 to a peak of 219 in 2021, then experienced a slight decrease to 215 in 2022 and a more significant drop to 188 in 2023, before rebounding to a new peak of 248 in 2024. The dip in both metrics in 2023 suggests potential market contraction or external factors influencing the industry, while the subsequent growth in 2024 indicates a rebound or expansion, with more opportunities and increased employer participation.

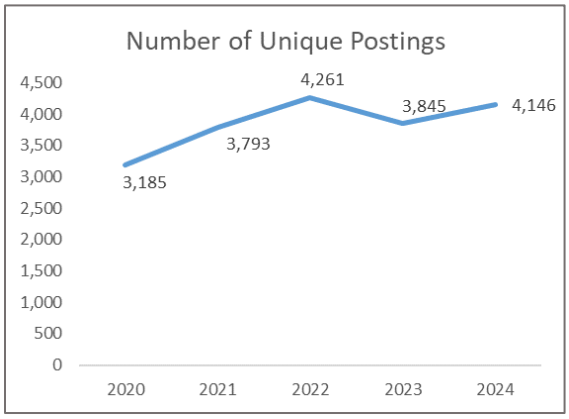

Figure 23: Number of unique DSP postings in NJ, 2020-2024. Source: Lightcast, 2020-2024.

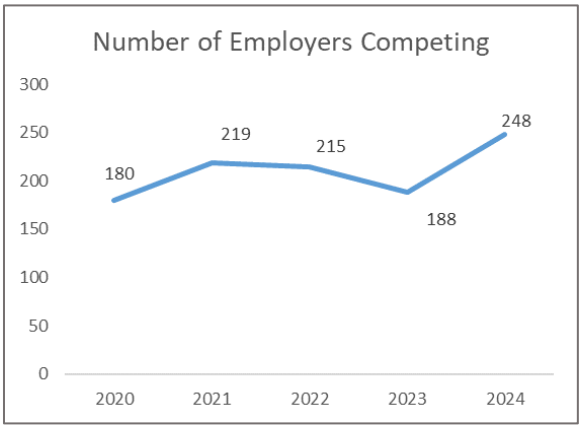

Figure 24: Number of employers competing for DSP titles in NJ, 2020-2024. Source: Lightcast, 2020-2024.

Self-Directed Employees

New Jersey has invested significant resources in expanding self-direction, a model in which individuals with disabilities accessing home and community-based services have increased choice and authority over how they receive services, and from whom. Self-directing individuals hire their own caregivers to provide services within the budget and parameters provided to them by the State. Individuals utilizing self-directed services typically choose between utilizing an agency to help them in managing employees, and managing self-directed employees (SDE) themselves with the assistance of a fiscal intermediary. Certain programs in the state, such as PASP, are specifically targeted to individuals who are capable of self-direction, while others, such as Medicaid waiver services, include self-direction as an option. In New Jersey, DDD established the Office of Education on Self-Directed Services to provide education and training to individuals with I/DD who are utilizing or interested in utilizing the self-direction model.

In New Jersey, eligible individuals enrolled in NJ FamilyCare can utilize self-direction via DDD's Medicaid waiver programs, and through PPP. An analysis of DDD's enrollment numbers over the past three fiscal years indicates that individuals are increasingly utilizing the self-direction model, with the number of participants in that model increasing from 10,316 in Fiscal Year 2023 to 14,750 participants in Fiscal Year 2025. The number of SDEs providing services in these programs has risen in concert, increasing from 6,440 in Fiscal Year 2023 to 8,158 in Fiscal Year 2025. In the most recently completed fiscal year, SDEs provided over 10 million hours of direct care services to participants. These numbers illustrate the increased awareness and preference for self-direction, and any strategies to support the direct care workforce must therefore consider the role of this vital workforce.

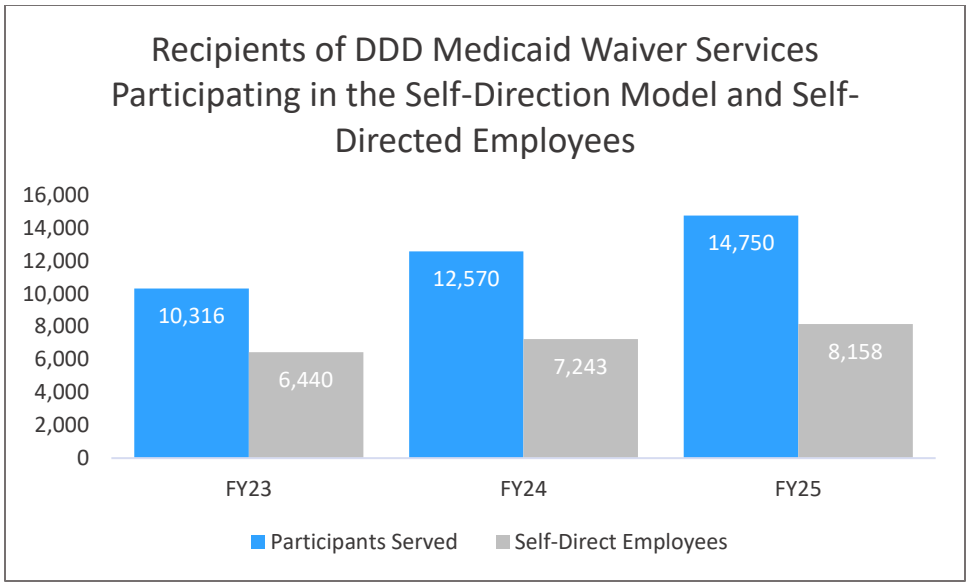

Figure 25: Number of individuals receiving DDD Medicaid Waiver Services participating the Self-Direction Model and Self-Directed Employees providing services, Source: Division of Developmental Disabilities 2022-2025

Goals of the Strategic Plan

The goal of this plan is to propose strategies that build on the current direct care workforce development efforts of State agencies and discuss the potential timeline and resource needs of each project. This plan will classify strategies into one of three categories:

- **Gathering Data and Stakeholder Input:** Addressing the needs of the direct care workforce is not possible without reliable data on factors such as direct care worker wages, hiring, turnover, attitudes, motivations, and more. These strategies aim to support New Jersey in building a database of information regarding direct care workers, leading to targeted initiatives that are sensitive to observed trends. These strategies also aim to involve direct care workers, employers, and recipients in decision making by giving them forums to share their thoughts, needs, and opinions.
- **Recruitment: Attracting Talent and Building Educational Pathways:** Meeting the hiring needs of direct care service providers means creating a clear path for individuals to get the skills they need to be successful in the direct care field, and then connect with meaningful and rewarding employment. Recruitment strategies may include efforts to attract talent, such as through signing bonuses or advertising campaigns, but must also develop and make clear the long-term benefits of direct care employment by offering trainings that build upon each other and provide skills useful across a variety of roles.
- **Retention: Creating a Sustainable and Rewarding Workplace:** Direct care workers face stress and potential burnout in the workplace due to the often complex and extensive needs of their clients, and without support and recognition, these workers may leave their place of employment or leave the direct care field altogether. These retention strategies aim to improve the quality of the workplace for direct care workers by rewarding them for their commitment, providing them a path to advance in their careers, and making it easier for them to attend work by providing supports like transportation and childcare.
    - This section also includes a collection of strategies focused on actions employers can take on their own to create more supportive environments for their direct care workers. These strategies may require supports like funding or technical assistance based on the scope of the initiatives that employers undertake, but can be implemented on a smaller scale with existing employer resources.

Strategies to Support the Direct Care Workforce

Each strategy is labeled as either short-term, medium-term, or long-term. The following icons are also utilized to highlight the potential resource needs of each strategy:

Outreach – these strategies require the use of new and existing networks to share information and resources, including email communications, webinars, and full marketing campaigns

Stakeholder Coordination – these strategies are made possible through coordination with stakeholders in the community, including direct care workers and providers, people receiving direct care services, industry and advocacy organizations, and federal, State, and local government partners

Policy Changes– these strategies may be supported by legislative or regulatory changes, or by updating policies in State contracts with direct care providers

Data – these strategies rely on collecting additional data, and may need support from dedicated research teams to design data collection efforts, and collect and analyze findings. This icon may also indicate a need for new technological infrastructure and IT support.

Technical Assistance – these strategies depend on guidance provided by subject matter experts, and empower providers to enact meaningful change for their workers

Incentives – these strategies support providers through monetary and non-monetary incentives, such as scholarships or childcare assistance, and may require financial investment

Training – these strategies establish new training programs, or build on existing training programs, and may require financial investment

Gathering Data and Incorporating Stakeholder Input

The lack of reliable data on New Jersey's direct care workforce is a barrier to quantifying workforce concerns, identifying policy priorities, implementing successful interventions, and evaluating outcomes. In order to make data-driven decisions about the direct care workforce, information is needed on workforce volume (number of direct care workers by setting, job title, and full- or part-time status); stability (time-to-hire, turnover, and job vacancy rates); compensation (including wages and benefits); and training and credentialing across settings and job titles, amongst other key data points. Likewise, the lack of regular, robust stakeholder input is a barrier to ensuring the state is successfully prioritizing and implementing policies that will be effective and impactful.

1. **Host ongoing listening sessions for direct care workers, employers, consumers, and other stakeholders.**

   In the development of this plan, the DHS held separate listening sessions for direct care employers, workers, and service recipients, giving them the opportunity to share their concerns about the direct care workforce, and their ideas for solutions. Holding consistent listening sessions and other engagement opportunities not only allows direct care workers and other stakeholders to feel heard, but allows the State to understand the most pertinent issues that should be the focus of funding and new programs. The State can collaborate with community organizations to recruit for these listening sessions, and create listening sessions centered on specific issues, like when Maine's Department of Health and Human Services held sessions specific to training needs for direct care workers.[14] Listening sessions can also form the basis of continued gap analyses following this report; in California, for example, the Department of Health Care held 16 listening sessions to learn about care gaps in the home and community based services system in Medi-Cal, California's Medicaid program.[15]

   TIMEFRAME FOR IMPLEMENTATION: Short-term
   RESOURCE NEEDS: Outreach, Stakeholder Coordination

[14] Maine Department of Health and Human Services, Direct Care and Support Worker Portability & Advancement Training Initiative Listening Sessions
[15] Mathematica, https://www.dhcs.ca.gov/services/ltc/Documents/CA-HCBS-Gap-Analysis-Final-Report.pdf

2. **Incentivize greater participation by direct care employers and workers in existing survey and data collection efforts.**

The State of New Jersey undertakes a number of data collection efforts, including point in time surveys of CHHAs and CNAs and recurring outreach to direct care providers employing DSPs. While new data sources are needed to enhance understanding of the direct care workforce, incentivizing participation in existing survey efforts allows the State to maximize the data obtained from existing data collection efforts. One major survey effort is the National Core Indicators (NCI) State of the Workforce survey[16] for individuals with I/DD, which asks I/DD providers to share information about the wages, benefits, and attitudes of DSPs they employ. New Jersey's NCI provider response rate is relatively low compared to other states (35.5%)[17], and promoting greater participation could lead to more reliable information about DSP employment in the state. Incentivizing completion of the NCI and other surveys conducted by State agencies on this population will allow the State to acquire more robust data on the direct care workforce, including information on factors such as workforce size, stability, credentials, and compensation. Such data would help quantify workforce needs and allow for the evaluation of the impact of interventions on workforce supply and job quality.

TIMEFRAME FOR IMPLEMENTATION: Short-term
RESOURCE NEEDS: Outreach, Incentives, Policy

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3. **Establish Direct Care Worker Advisory Board**

Building on the concept of listening sessions, advisory boards present an opportunity for the State to receive ongoing input on programs and policies from dedicated direct care workers. Efforts like Maine's Direct Care and Support Professional Advisory Council[18] allow new and experienced workers to lend their voice to the policymaking process, and ensure that workforce development initiatives take into account their unique perspectives. These efforts are most successful when participants are paid for their participation and receive stipends or reimbursement for travel costs.[19] New Jersey is currently exploring the creation of its own Direct Care Workforce Advisory Board.

TIMEFRAME FOR IMPLEMENTATION: Short-term
RESOURCE NEEDS: Outreach, Stakeholder coordination, Incentives

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4. **Create ongoing touchpoints with industry stakeholders, such as trade associations, advocacy organizations, and coalitions that represent direct care workers**

A network of stakeholders, including trade associations, advocacy organizations, coalitions, and national associations, support direct care workers. These stakeholders can provide invaluable feedback to State agencies. Creating regular touchpoints not only allows the State to receive additional input, but also collaborate on new projects and outreach to workers on key programs and issues. State and local governments should be mindful to include organizations that represent direct care workers themselves, and not only organizations that represent provider businesses and training entities. Further, efforts should be made to include family members and direct care recipients, as well as the growing number of SDEs providing services in homes and communities.

TIMEFRAME FOR IMPLEMENTATION: Short-term
RESOURCE NEEDS: Stakeholder Coordination

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[16] National Core Indicators, NCI-IDD - National Core Indicators People Driven Data
[17] National Core Indicators, 2023-NCI-IDD-SoTW_241126_FINAL.pdf
[18] The Maine Long-Term Care Ombudsman Program, Ombudsman Program Maine, Patient Advocacy, Long-Term Care, Home-Care, Hospice, Located in Augusta, Maine
[19] PHI, Creating Direct Care Workforce Advisory Groups

5. **Continue monitoring activities for providers that are required to pass funding through to direct care worker wages**

Wage increases are a crucial component of maintaining direct care workers, and New Jersey has made investment in direct care worker wages a staple of its budget throughout the Murphy Administration. In order for these funding increases to be successful in improving direct care outcomes, providers must be monitored to ensure that funding is effectively passed through to worker wages. Mandating reporting requirements and working with providers to develop efficient reporting processes allows the State to confirm that funding is going to workers, and to better track the progression of direct care worker wages across the state. New Jersey, for example, requires 90% of funding received from Medicaid to go towards care to direct resident care in nursing facilities, and has instituted reporting requirements to ensure that facilities meet this requirement.[20]

TIMEFRAME FOR IMPLEMENTATION: Short-term
RESOURCE NEEDS: **Incentives**, **Data**

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6. **Conduct additional surveys, focus groups, and other data collection efforts to fill data gaps and learn more about the thoughts, opinions, and challenges of direct care workers.**

While incentivizing direct care workers and employers to take part in current survey efforts is important, there is still much to learn about how direct care workers think and feel about their roles, as well as the challenges that they face. In partnership with each other and with outside stakeholder organizations, State agencies can expand their efforts by conducting additional surveys, focus groups, and other data collection techniques to fill gaps in knowledge about the current workforce. Coalitions and national associations, such as the National Association of Councils on Developmental Disabilities[21], regularly undertake these types of projects, which can be the basis for further data gathering and partnerships. There is also a wealth of public data that can be regularly analyzed for worker insights, as well as program-specific data, such as metrics on student achievement collected as part of DOE's Career and Technical Education programs.[22]

In New Jersey, State agencies and external partners have conducted surveys and analyses of different direct care occupations to learn more about factors like worker satisfaction, compensation, and future plans and can expand these efforts to learn

What data is needed on the direct care workforce?

Understanding the direct care workforce requires data beyond what the State or federal government currently collects. Gathering metrics that answer the following questions can help more narrowly tailor strategies to support all aspects of the direct care workforce career journey:

- What are the retention rates for each distinct direct care profession?
- What strategies are direct care employers using to recruit and retain employees, and have they been successful?
- Are there barriers to enrolling in or completing direct care training programs?
- Are workers satisfied with the quality of training programs, and do these programs adequately prepare them for work and facilitate connections to employment?
- Are direct care workers satisfied with their job quality?
- Do direct care workers have the opportunity to advance in their careers, and do employers have pathways allowing internal advancement to supervisory or other roles?
- For individual programs and initiatives, are the State's strategies effectively increasing recruitment and retention?

[20] Assistant Secretary for Planning and Education, State Efforts to Improve Direct Care Workforce Wages: Final Report
[21] National Association of Councils on Developmental Disabilities, NACDD Releases Direct Care Workforce Survey Results – NACDD
[22] New Jersey Department of Education, Work-Based Learning

more about the workforce. The New Jersey Collaborative Center for Nursing (NJCCN) used data from the CHHA renewal survey to learn more about factors such as employment setting and status, intent to retire, and English proficiency.[23] NJCCN also surveyed CNAs, obtaining critical information about CNA training and education levels, employment characteristics, benefits and pay, and job concerns.[24] The State can continue to fund survey efforts across additional direct care occupations, and hone questions to address specific areas of concern, such as why workers do not complete training programs, why they leave the field, or what they see as barriers to career advancement and success. Efforts can also focus on understudied portions of the workforce, such as SDEs, and their unique experiences and challenges. When possible, important findings and data can be shared with direct care employers to help them make informed decisions about their own recruitment and retention efforts and benchmark their efforts against statewide trends.

TIMEFRAME FOR IMPLEMENTATION: Medium-term
RESOURCE NEEDS: **Outreach**, **Stakeholder Coordination**, **Data**

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7. Incorporate a standard direct care workforce impact evaluation into existing programs and initiatives meant to support direct care workers.

This Strategic Plan's analysis of public data sources and State-owned data has demonstrated significant gaps in the data available on direct care workers, including information on their motivations, reasons for leaving training or employment, and the impact of specific programs on recruitment and retention. Developing a standardized evaluation that can be used across the many agencies operating programs that support the direct care workforce would allow these agencies to consistently gather data points regarding direct care workers, and allow for comparison between programs and a clear measurement of their impact.

TIMEFRAME FOR IMPLEMENTATION: Medium-term
RESOURCE NEEDS: **Data**

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8. Provide technical assistance and training to providers on how to collect and analyze their own data

Direct care employers may not realize their own ability to collect data on the direct care workforce, and the potential utility of the information that they already have at their disposal. Through tracking metrics like number of staff hired, number of staff that have left the organization, and vacancies, employers can learn about their own turnover ratios, and factors such as average employee tenure. Employers can also review the wages of their employees, compare wages between direct support and supervisory roles, and use this data to set wages that encourage workers to stay at the organization. Further, employers can conduct exit interviews to determine why it is that workers leave their role. Providing technical assistance to direct care employers on how to collect and analyze these simple data points can empower them to make informed decisions about how they operate their business and support their workers.

TIMEFRAME FOR IMPLEMENTATION: Medium-term
RESOURCE NEEDS: **Outreach**, **Stakeholder Coordination**, **Technical Assistance**

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9. Centralize data collection efforts

Current data collection efforts are scattered across New Jersey's many agencies, including DOL, DOE, and DHS. Centralizing data collection by funneling this data into one entity would allow for greater efficiency in collection and analysis, ease of access to cross-agency data, and a more complete understanding of the data collected. Data systems like the New Jersey Statewide Data System (SDS) at Rutgers Heldrich Center for Workforce Development have begun conducting this work, with the SDS housing and analyzing data

[23] New Jersey Collaborative Center for Nursing, Home Health Aide | The New Jersey Collaborating Center for Nursing
[24] New Jersey Collaborative Center for Nursing, Certified_Nursing_Assistant_Data_Report_2024__Final_-1Updated-7-31-24.pdf

from DOE, DOLWD, HESAA, and OSHE.[25] Creating a centralized data system for direct care workers or finding ways to incorporate more data about direct care workers into existing systems such as the SDS would greatly expand New Jersey's understanding of the direct care workforce.

TIMEFRAME FOR IMPLEMENTATION: Long-term
RESOURCE NEEDS: **Data**

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10. **Advocate for the inclusion of Direct Support Professionals in the US Bureau of Labor Statistics Standard Occupational Classification (SOC) system**

    The US Bureau of Labor Statistics established the SOC system, a standard used by federal agencies to classify workers by occupation, to create consistency across agencies as they collect data on the workforce.[26] DSPs, despite their growing importance in providing care for individuals with I/DD, do not have their own SOC code, meaning that there is no data specific to them being gathered at the federal level. Creating an SOC code for DSPs would create a rich source of federal data on DSPs in New Jersey, and allow for a comparison of information across states. While New Jersey cannot create an integrated SOC code for DSPs at the state level, State staff and legislators can work to inform the federal government of the importance of the profession and advocate for its inclusion in the SOC system, potentially in collaboration with other states and vital stakeholders.

    TIMEFRAME FOR IMPLEMENTATION: Long-term
    RESOURCE NEEDS: **Outreach**, **Stakeholder Collaboration**

Recruitment: Attracting Talent and Building Educational Pathways

Direct care service providers report a continuing challenge in hiring qualified workers and meeting the service needs of their clients. In order to meet the growing demand, State agencies and direct care providers will need to take steps to make the direct care field both more salient and more attractive to job seekers. In order to ensure that these workers are qualified and see the value in pursuing direct care work, stakeholders must also improve on the existing training and educational infrastructure, creating a pathway by which direct care workers can build transferrable skills and gain the confidence to address the varied needs of those they support.

1. **Incorporate information about direct care training and employment into services for unemployed individuals or job seekers.**

   Many job seekers, especially younger residents who have less work experience, are unsure of the career path that they wish to pursue and are looking for guidance on how to find rewarding jobs that match their values and interests. Individuals with a strong desire to help others and passion for working with individuals with disabilities, individuals with serious mental illness, or older adults, would benefit from learning more during the job search process about direct care careers such as becoming a CHHA, DSP, or peer support professional. New Jersey's One Stop Career Centers, which offer services such as job search and training assistance to job seekers[27], are one example of where information about direct care work and training can be incorporated. Community organizations and social service providers that provide career and job assistance may also be valuable partners that can assist in developing outreach events such as job fairs that incorporate information about direct care jobs.

   TIMEFRAME FOR IMPLEMENTATION: Short-term
   RESOURCE NEEDS: **Outreach**, **Stakeholder Coordination**

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[25] New Jersey Statewide Data System, About - NJSDS
[26] U.S. Bureau of Labor Statistics, SOC home : U.S. Bureau of Labor Statistics
[27] New Jersey Department of Labor and Workforce Development, Career Services | One-Stop Career Centers

2. Raise awareness of existing training and support programs amongst aspiring direct care workers and direct care employers

Supporting the direct care workforce will necessitate the creation of new strategies and programs, but New Jersey has already established a number of programs and resources that aspiring direct care workers can take advantage of when trying to enter the workforce. These include general job and training search resources, such as DOL's My Career NJ navigator[28] and One Stop Career Centers; websites such as Jobs That Care NJ, which provides guidance on how to become a DSP or CHHA[29]; and resources connected to higher education, such as scholarships and financial support offered through HESAA and OSHE's Direct Support Professional Career Development program.[30] Outreach efforts to attract individuals to the field should include information about these resources to ensure that they are supported as they join this growing workforce, and these programs can individually assess their outreach plans to ensure they are reaching the intended audience effectively. These assessments can also include a review of websites to ensure that they are easy to navigate and accessible. These efforts should extend to employers to ensure that they know what supports are available to their employees, especially newer hires who may need the additional support to make it through the onboarding process.

Jobs That Care New Jersey

Many individuals may be interested in the caring professions, but are unsure of what positions are available and what steps they need to take to enter the field. To address this gap in knowledge, DHS collaborated with Rutgers Boggs Center on Disability and Human Development to establish Jobs That Care New Jersey, a website that provides information on how to become a DSP, CHHA, or American Sign Language (ASL) Deaf Language Associate. In addition to providing information about the day-to-day functions of these jobs, Jobs That Care includes details about how to obtain necessary trainings and certifications for these roles, and connects individuals to job search tools to help start their careers. DHS will continue to add resources to the website to help job seekers, and add information about other important direct care roles.

Direct care workers and employers should also be made aware of how to maximize federal resources and funding that flow through State agencies. Federal funding is available via NJ DOL to help job seekers pay for trainings that will help them advance in their career. This funding can only be utilized to pay for trainings that help job seekers enter "in-demand" occupations that are facing significant workforce shortages.[31] While not all direct care roles are considered in-demand, and their classification as in-demand will change in response to evolving labor market data, direct care employers can utilize a local and regional waiver process that allows them to demonstrate their workforce needs and open up funding to train direct care workers. For example, CNAs are not currently included on the Labor Demand Occupations List, but waivers for this profession are active in 10 New Jersey counties.[32] At NJ DOE, federal funding supports Career and Technical Education (CTE) programs of study, such as pre-nursing or allied health, that lead to a CNA certification as a stackable, industry-valued credential. The CNA credential allows secondary and postsecondary students to work with health care providers to gain valuable hands-on experience through work-based learning. State agencies and stakeholders can include information about federal funding opportunities such as this, and how best to access them, as a part of their outreach to job seekers and direct care employers.

TIMEFRAME FOR IMPLEMENTATION: Short-term
RESOURCE NEEDS: Outreach, Stakeholder Coordination

[28] My Career NJ, New Jersey Career Navigator | My Career NJ
[29] Jobs That Care New Jersey, Jobs that Care New Jersey |
[30] NJACP, DSP Career Center - NJACP
[31] New Jersey Department of Labor and Workforce Development, Career Services | Demand Occupations List
[32] New Jersey Department of Labor and Workforce Development, Career Services | Local and Regional Waivers

3. Create ongoing process for reviewing licensure and certification processes

Challenges with obtaining licensure or certification may also arise due to barriers within the licensing and certifications processes themselves. To improve completion rates, the State can consider removing or simplifying certain application requirements, improving response times, distributing guidance, and updating websites, along with other improvements. One way to ensure that this process is successful and that the appropriate adjustments are being made is to request direct feedback from professionals who are obtaining their certification or recertification, or have done so in the past. Incorporating an ongoing feedback forum, or holding recurring listening sessions, can ensure that licensing agencies are equipped with the knowledge they need to maximize the efficiency of their licensing process. The Division of Consumer Affairs, for example, recently reviewed their CHHA certification process and implemented changes that led to a significant increase in the number of annual certifications, from approximately 4,300 in 2020 to over 9,000 in 2023.

TIMEFRAME FOR IMPLEMENTATION: Short-term
RESOURCE NEEDS: **Stakeholder coordination**

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4. Raise awareness of the current licensure and certification processes, and create guidance to help aspiring direct care workers easily navigate the process of becoming licensed or certified

While certain direct care roles, such as DSPs, do not have officially recognized, industry-valued credentials, others like CHHAs require certification or licensure for an individual to practice. Direct care workers have noted that the process of becoming licensed can often be confusing and difficult to navigate. For example, CNAs in New Jersey must complete a training program, take a skill evaluation, complete a written or oral exam, complete a background check, and pay a fee before acquiring their license.[33] Even when workers are fully informed of the process, meeting the requirements can often be overwhelming without proper guidance. Creating licensure guides and sharing them with training programs and other institutions could help increase applicant knowledge of these procedures. Going further, training programs can provide specific guidance or offer mentoring on how to complete programs for enrollees. In Wisconsin, the WisCaregiver training program contracted with Goodwill to provide guidance and support to individuals pursuing their Certified Direct Care Professional (CDCP) certification, which includes assistance in connecting to community resources.[34] Training programs and stakeholders can also assist by informing trainees about common factors that can slow down the certification process, like issues during the background check, and expedite the approval process, such as submitting an application prior to completing training.

TIMEFRAME FOR IMPLEMENTATION: Short-term
RESOURCE NEEDS: **Outreach**, **Stakeholder Coordination**

[33] New Jersey Department of Health, Department of Health | Health Facilities | Apply for a Certification
[34] Goodwill North Central Wisconsin, CDCP Flyer_Summer2025.pdf

5. Create opportunities for individuals with lived experience to enter the workforce

Many individuals with behavioral health diagnoses, I/DD, and physical disabilities are interested in pursuing care professions, and can utilize their experience to provide effective and considerate direct care services to others. Certain roles, such as certified peer recovery specialists, are built upon this concept, providing a pathway for individuals with lived experience to receive an entry-level credential and offer non-clinical support under the supervision of an experienced direct care provider or State agency. In 2022, OSHE funded the development of County College-Based Centers for Adult Transition, providing supports to students with I/DD and helping them gain the necessary skills to pursue higher education, employment, and independent living.[35] Programs such as this that encourage individuals with lived experience to advance in their career provide the tools for interested individuals to pursue jobs in the direct care workforce, and can empower recipients of direct care services to use their first-hand experience to provide informed, compassionate services for others.

TIMEFRAME FOR IMPLEMENTATION: Medium-term
RESOURCE NEEDS: Outreach, Training

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6. Develop direct care workforce career pathway guides

One issue frequently cited as a cause of attrition for direct care workers is the lack of a clear career path as workers gain experience. For individuals entering direct care positions such as CHHAs, DSPs, or various jobs within CSOC, these roles can often appear to be "dead-ends," with many individuals interested in the care professions perceiving little opportunity for advancement or specialization in direct care work.[36] Developing career pathway guides that show workers how their skills can transfer into other roles, and how those roles can naturally lead to more advanced or higher paying positions, can increase the perceived value of direct care work as a profession. These guides are also beneficial to new Americans, who may not understand how to enter these fields or navigate complex training systems. Tools such as My Colorado Journey[37] and the CHHA Career Program's[38] Career Pathways page display what a career progression could look like, showing how someone can start in a direct care position like a CHHA, then leverage those skills to become an LPN, RN, and then Nurse Practitioner. Developing career pathway guides or tools across different direct care professions can help entry-level workers see the many possibilities that open up from this line of work.

TIMEFRAME FOR IMPLEMENTATION: Medium-term
RESOURCE NEEDS: Outreach, Stakeholder Coordination, Technical Assistance

[35] Office of the Secretary of Higher Education, OSHE-press-release-Centers-for-Adult-Transition.pdf
[36] KFF, Experiences of Direct Care Workers and Family Caregivers of Home- and Community-Based Services (HCBS) | KFF
[37] My Colorado Journey, Industries > Career | My Colorado Journey
[38] NJ Certified Home Health Aide Career, Career Pathways - Certified Home Health Aide Career Program

7. Expand existing training programs and develop new training programs to support the direct care workforce

New Jersey has developed a number of novel programs and pilots to support direct care and healthcare workers, including the Direct Support Professional Career Development Program, CHHA Career Program, and Home and Community Based Services Loan Redemption Program. Providing continued support to these models, or expanding them to reach a larger population, could help drive new interest in direct care careers. Further, these models could be adopted to support other direct care roles, such as entry-level behavioral health professionals or CSOC workers, and other successful career development programs can be adapted to support the direct care workforce specifically. Whether an expansion or new training program, direct care employers should be included in planning to ensure strong connections between training and employment, which can be achieved through integrated apprenticeships and internships. As new models emerge in other states, New Jersey should continue to monitor evidence-based and effective approaches and provide funding to support innovative new programs and strategies.

CHHA Career Program

In conjunction with the DHS Division of Aging, Rutgers John. J Heldrich Center for Workforce Development designed three initiatives to incentivize growth and retention amongst CHHAs via the CHHA Career Program. These initiatives included a scholarship program, covering the cost of training to become a CHHA; a mentoring program, providing training for mentors that in turn support and guide new CHHAs; and a specialized training program, funding Mental Health First Aid and Dementia Care Training for experienced CHHAs. These pilots incentivize both recruitment and retention, and include other incentives such as stipends to help participants remain engaged in their work and training.

TIMEFRAME FOR IMPLEMENTATION: Medium Term
RESOURCE NEEDS: **Stakeholder Coordination**, **Incentives**, **Training**

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8. Incorporate financial and other resources to support direct care workers in completing training and education programs

While additional data is needed on the challenges that aspiring direct care workers face as they complete required trainings, evidence suggests that financial difficulties, lack of guidance, and transportation challenges can interfere with an individual's ability to finish required trainings, especially those that are not offered in an online format. Childcare also poses a significant challenge, as almost 1 in 3 direct care workers across all settings have a child under age 18[39] Supports for workers can range considerably, but may include:

- Financial support, such as stipends, scholarships, or reimbursement for certain expenses like travel or childcare.
- Mentoring, including in on-the-job training settings that allow individuals to learn about the day-to-day work of direct care workers
- Employee Resource Networks and peer support networks, which can provide advice and help connect employees with resources, education, and public benefits

TIMEFRAME FOR IMPLEMENTATION: Medium-term
RESOURCE NEEDS: **Incentives**, **Technical Assistance**

[39] PHI National Workforce Data Center, 2022.

9. Review contracts of direct care providers that are funded by state agencies

Agencies like DHS and DCF contract or fund direct care providers in order to achieve their goal of serving residents with I/DD and behavioral health challenges. Agencies have the opportunity to specify terms and conditions that must be met if the provider is to continue to receive funding from the agency they are contracted with, including requirements specific to who they can hire and trainings that each worker must complete. Many of these requirements, like background checks, are essential, but others, such as strict education requirements, could be updated to make it easier for new workers to enter the field. Allowing for education to be replaced by experience, lowering the minimum age for hiring, or simplifying documentation requirements may make it easier for providers to find the necessary talent to provide services.

TIMELINE FOR IMPLEMENTATION: Medium-term
RESOURCE NEEDS: **Policy**

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10. Provide sign-on bonuses to attract direct care workers to the field

One-time sign-on bonuses can help attract new workers into the direct care field when shortages are present. When workers are comparing job opportunities of similar pay, one time sign on bonuses may be effective in steering job-seekers to direct care roles. In order to maximize their effectiveness, these sign on bonuses can be tied to additional requirements, such as conditioning receipt of the bonus on the worker remaining with the employer for a certain period of time. Wisconsin utilized CMS funding for the Direct Care Workforce Funding Initiative, which, through the state's managed care organizations (MCOs), distributed funding to direct care providers to pay for bonuses, paid time off, or wage increases.[40] Employers can also offer sign-on bonuses specifically to workers who have received industry-valued credentials or trainings, helping to propagate skills in the workplace without instituting actual requirements via employer contracts or legislation. Recruitment bonuses are often utilized in conjunction with retention bonuses, encouraging staff to not only join an organization, but stay employed and receive incentives for their continued commitment.

In standing up these programs, State agencies must consider how to distribute funding and ensure that providers are using the funding for the identified purposes. In Wisconsin's initiative, MCOs were used to distribute funding to providers, and a formula was developed to calculate how much additional funding each provider agency would receive based on the payment amounts that providers received from the MCO during a specified period. Providers receiving funding in this program were also required to sign a contract and complete a survey showing how the money was paid out to direct care workers. These requirements are vital to ensure that the funding makes it to direct care workers and is not reallocated to administrative expenses or other provider costs.

TIMELINE FOR IMPLEMENTATION: Medium-term
RESOURCE NEEDS: **Incentives**

[40] Wisconsin Department of Health Services, Medicaid: Direct Care Workforce Funding Initiative Information and FAQs | Wisconsin Department of Health Services

11. Develop or expand apprenticeship programs specific to direct care workers

Apprenticeship programs are a nationally recognized model for attracting new individuals into the workforce, and are appealing to both workers and employers. Through apprenticeships, employers can receive financial support and technical assistance while creating a pipeline of new talent to enter their business. Workers are guaranteed regimented wage increases as part of their participation, in addition to gaining both on-the-job and classroom learning experience. Direct care providers likely underutilize apprenticeships, and promoting apprenticeships as a resource for these employers to take advantage of could be beneficial, especially if partnered with a larger organization that can offer assistance and oversight.

Providing direct care employers with enhanced financial support or technical assistance can help them provide the proper supervision and monitoring to apprentices, and successfully implementing these programs can also support retention, as 94% of apprentices retain employment after completing an apprenticeship program.[41] Idaho's Department of Labor has seen success partnering with the Idaho Health Care Association (IHCA) to expand CNA apprenticeships, with the IHCA working with 80 employers to operate 10 apprenticeship programs.[42] New Jersey's GAINS program supports some CHHA and CNA apprenticeship programs, and this framework can be expanded upon to incentivize greater participation by direct care providers. Apprenticeships can also be used as a method to teach direct care workers about potential career pathways, and provide resources that allow them to advance into higher-level positions.

TIMELINE FOR IMPLEMENTATION: Medium-Term
RESOURCE NEEDS: **Outreach**, **Stakeholder Coordination**, **Incentives**, **Technical Assistance**, **Training**

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12. Develop a direct care worker matching registry

New Jersey's Caregiver Task Force observed that a frequent concern of caregivers is the inability to connect with care workers, even if the caregiver has the funds or state resources to hire them.[43] An online matching resource that allows caregivers to connect with direct care workers could help alleviate this service gap, while also allowing direct care workers to easily connect with suitable employers based on location and experience. Working with the care matching service Carina, Oregon has proven the success of this approach, establishing a matching program for state-funded home care services that allows individuals to easily match to vetted providers.[44] In collaboration with Altarum, ADvancing States is also offering a shared-cost matching service registry platform with incorporated training and credentialing features.[45] Matching registries may be of particular benefit to individuals self-directing their own services, allowing them to more easily connect with qualified SDEs.

TIMEFRAME FOR IMPLEMENTATION: Medium-term
RESOURCE NEEDS: **Data**, **Training**

[41] Apprenticeship USA, 52355_DOL_IndustryFS_ApprenticeshipUSA_v1.pdf
[42] Idaho Department of Labor, Apprenticeship Spotlight: Idaho Health Care Association helps women excel | idaho@work
[43] New Jersey Department of Human Services, Final_Nov Caregiver TF Report_11.16_v2.pdf
[44] Oregon Department of Human Services, Oregon Department of Human Services : Find Qualified In-Home Care Providers : Hiring a Home Care Worker : State of Oregon
[45] ADvancing States, DirectCareCareers.com

13. Develop a direct care worker training and certification system with stackable credentials and opportunities for career progression

Training requirements for direct care workers are inconsistent and insufficient throughout the country, with federal mandates applicable only to some workers and state training regulations varying widely across long-term care settings and job titles. Moreover, disjointed training regulations make it difficult for workers to translate their experiences across settings (from home care to residential care, for example), limiting their career mobility and the versatility of the workforce overall.

In New Jersey, a repeated theme in discussion with direct care workers and the direct care industry is that direct care roles are not adequately professionalized, particularly those that do not have an industry-recognized credential attached to them. Professionalizing direct care roles such as DSPs, peer recovery specialists, and youth development specialists provides a number of benefits. Obtaining an industry-recognized credential serves as a shorthand to employers that workers have certain common skills, increasing their perceived worth and ability to command higher salaries. Requiring workers to have certain skills also ensures that they are adequately prepared for the current and future demands of direct care work. Direct care workers in New Jersey should be able to develop entry-level, specialty, and advanced competencies and carry their training and credentials across care settings and roles to better serve diverse client populations—allowing for specialization, wage increases, greater job flexibility, and career mobility—while also increasing the state's ability to cultivate a robust and stable direct care workforce overall.

There are a number of approaches for creating a universal entry-level set of competencies and credentials that offer portability across various settings and roles in direct care. A recognized "universal credential" in New Jersey could create a baseline of skills that applies to most or all direct care roles, with workers having the option to specialize to work with specific populations, or easily bridge into existing certifications, such as the HHA certification. For example, an individual interested in becoming a DSP could complete a baseline direct care worker training, then pursue an integrated, specialized credential specific to working with individuals with I/DD. This not only professionalizes the workforce but allows for direct care workers to transfer between roles with ease, achieve multiple certifications, have more opportunities for wage and career progression, and increase their value and economic stability overall. Given that so many direct care workers are paid to provide services through State and federal programs, such as PASP or NJ FamilyCare, it is also crucial for the success of any new credential that it be implemented in coordination with the state's major direct care services programs. This would ensure that rates paid to workers who progress through the training structure are matched to their growing expertise.

Wisconsin and Michigan have created consolidated training and credentialing for entry-level direct care roles. The Wisconsin Department of Health Services partnered with the University of Wisconsin-Green Bay to create an online, asynchronous training program based on national core competency standards, and a new home care credential: Certified Direct Care Professional (CDCP).[46] This effort included: free online training and testing; a comprehensive ad campaign; sign-on, recruitment, and retention bonuses; and a matching service registry. Michigan is similarly creating a four-tiered universal worker training and credentialing system based in core competencies that connect across a broad swath of direct care roles and settings. Direct care workers in Michigan will train for four stackable credentials: Direct Care Fundamentals, Direct Care Associate, Home and Direct Care Specialist, and Personal Direct Care Specialist.[47] The aim of this training structure is that each level of training will build on the same core competencies, such that each level of training will cover the same topics but at a deeper level.

Other approaches may only focus on specific professions but include bridges between certain roles. For example, an individual achieving a universal direct care workforce credential could be qualified to work as a DSP or entry-level behavioral health employee but could receive credit towards a CHHA certification due to their experience, easing their path to advancement in their career. In Wisconsin, experts are working to

[46] WisCaregiver Careers, Certified Direct Care Professional (CDCP). "Free CDCP Training Sign Up." https://www.wiscaregivercdcp.com/signup/?gad_source=1&gclid=Cj0KCQiA3sq6BhD2ARIsAJ8MRwVwBB3ERkZ3LAfVibq0ty4p5FanRrlQWmTalXlhLm23S7FDbXOqQTcaAqjnEALw_wcB

[47] Michigan State University, Impart Alliance. "Join the Workforce." https://impartalliance.msu.edu/training/.

decrease barriers to entry and advancement for the direct care workforce by identifying training that can be exempt if staff are also CDCP certified and developing a ladder between their CDCP program and their CNA certification. Pathways for advancement can go even farther, creating clear upward mobility to advanced positions that focus on specialization, care coordination, and peer support. This opens up opportunities for workers to advance in a range of direct care, home and community-based care, and health care pathways.

A few states are moving toward consolidating training and credentials to streamline and improve access, affordability, and portability of training and credentialing. For example, Massachusetts and the District of Columbia are developing combined HHA/CNA training programs and credentials. Massachusetts is developing a Consolidated Certified Nursing Assistant (CCNA) credential, a singular training and certification program that will qualify individuals to work either as home health aides (HHAs) in home and community-based settings or as a CAN in nursing home and other residential congregate settings.[48] The goal of this initiative is to provide direct care workers with skills that can be transferred across these settings and to align and streamline the training and credentialing for these roles. The District of Columbia is planning to combine their current CNA and HHA training and certification programs into one training and credentialing program with all workers then being called CNAs.[49]

Across all of these examples, states recognize that the training and credentialing programs need to be accessible and affordable for a diverse workforce. Evidence based programs delivered via synchronous, asynchronous, and virtual training methods have proven to be a successful combination of training methods. Additionally, multiple language offerings allow for more equitable participation in these programs and career pathways. Wisconsin has translated its CDCP training into Spanish and Hmong, partnered with high schools and community colleges to offer it as credit-bearing courses, and launched micro-credentials tied to advanced training opportunities. The state is also partnering with high school teachers to integrate CDCP training into high school classes.

Creating a more unified and streamlined direct care worker training system is a complex process, and agencies and stakeholders can take the first steps in doing so by carefully reviewing existing training processes and developing a set of core competencies that apply across direct care roles. Training in New Jersey for direct care roles is scattered across different systems: DSPs receive training via the College of Direct Support in DDD;[50] CHHA training is available from a multitude of approved training providers regulated by the Division of Consumer Affairs;[51] and approved CNA programs are available across post-secondary institutions. Even within training programs for one profession, there can sometimes be significant variation in curriculum; CHHA training programs, for example, do not follow a single curriculum, but must have their unique curriculums approved by the Board of Nursing.[52] Stakeholders can begin this work by comparing coursework across direct care training programs to

Career and Technical Education Programs (CTE)

Under the federal Strengthening Career and Technical Education for the 21st Century Act, known as Perkins V, the New Jersey Department of Education is empowered to support local education agencies in developing Career and Technical Education Programs (CTE) that support work-based learning. This framework provides an opportunity to provide guidance to schools on how to develop programs that promote general career readiness, as well as preparation for in-demand professions approved by the New Jersey Department of Labor and Workforce Development. CHHA and CNA certifications have both been approved as industry-valued credentials in the Health Science career cluster, meaning that schools can help students attain these titles as part of their CTE programs.

[48] Mass.gov, Charting a new career pathway for health care aides | Mass.gov
[49] Council of the District of Columbia, D.C. Law 25-232. Certified Nurse Aide Amendment Act of 2024. | D.C. Law Library
[50] New Jersey Department of Human Services, Division of Developmental Disabilities, Division of Developmental Disabilities | College of Direct Support
[51] New Jersey Division of Consumer Affairs, Certified Homemaker-Home Health Aides
[52] New Jersey Division of Consumer Affairs, HHHA Training Program Booklet.indd

determine areas where training overlaps and what competencies are considered fundamental across programs, forming the basis of a streamlined, transferrable training system. During the development of this training system, direct care workers, providers, and care recipients, including those utilizing self-direction, should be engaged to ensure that the skills covered in the training are appropriate and useful for workers providing direct care services.

TIMEFRAME FOR IMPLEMENTATION: Long-term
RESOURCE NEEDS: **Stakeholder Coordination**, **Policy**, **Incentives**, **Training**

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14. Encourage integration of information about direct care professions into career counseling and readiness programs in middle schools, high schools, and institutions of higher education

Direct care work can be both a fulfilling path in its own right, and an occupation that can provide useful skills that transfer into other careers, especially those in the healthcare. Career counseling is an integrated part of middle school, high school, vocational school, and post-secondary education, presenting an opportunity to share the benefits of direct care employment with students as they plan their futures in the workforce. Combined with tools like career pathway guides, this counseling can drive students to pursue direct care work, either as a career or as a training or internship pathway to gain valuable work experience towards a higher degree.

Beyond career pathway guides and career counseling, schools can implement specific career pathway programs that help drive students into the direct care workforce. The National Conference of State Legislatures notes that pathway programs can start as early as elementary school, and may involve career and academic mentoring, apprenticeship and internship opportunities, financial support, and opportunities to network and find work with public, private, and community-based employers.[53] The Golden State Pathways program in California, for example, provided funding to expand career pathway programs in this vein, including the Linked Learning Academies model, in which students chose a career pathway, such as health, and spent half of their school day taking career-focused classes and learning in clinical settings.[54] Direct care occupations could fit into a broader healthcare or behavioral health pathway, or exist as their own career pathways. Post-secondary institutions can also be encouraged to incorporate direct care work into their existing health care programs, such as by providing a CNA classes, certifications, and work opportunities for nursing students.[55]

Direct care career development and counseling programs can increase their value to students by providing them with an opportunity to build their resumes, attain general career readiness, and earn credentials early in their career that can benefit them across various professions. Wisconsin's WisCaregiverCareer Certified Direct Care Professional program gives high school students the opportunity to earn a CDCP credential, enhance their employment skills, and create a foundation for growing into more advanced roles.[56] The SkillSpring program in New York provides internship opportunities, college readiness courses, mentoring, and professional development to students in long-term care settings where they learn to support older adults. [57] Integrating career readiness training and resume building opportunities into direct care workforce programs leads to robust programming that gives direct care workers general skills for succeeding in the workplace, and appeals to a wider range of students that may otherwise not have considered direct care as a job or long-term career.

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[53] National Conference of State Legislatures, Leveraging Career Pathway Programs: State Strategies to Combat Health Care Workforce Shortages
[54] California Department of Education, Golden State Pathways Program - High School (CA Dept of Education)
[55] University of Louisville, Nurse Aide Training (NAT) / Certified Nursing Assistant (CNA) for Clinical Compliance
[56] Wisconsin Department of Health Services, Certified Direct Care Professional (CDCP) | Wisconsin Department of Health Services
[57] New Jewish Home, "SkillSpring - The New Jewish Home

TIMEFRAME FOR IMPLEMENTATION: Long Term
RESOURCE NEEDS: **Outreach**, **Technical Assistance**, **Training**, **Incentives**

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15. **Translate training and testing materials into commonly spoken languages and offer English as a Second Language (ESL) courses to allow non-English speakers to enter the direct care workforce**

    New Jersey is home to a diverse workforce, including immigrants and non-English speakers, many of whom already serve as unpaid caregivers and have skills transferrable to direct care. Fifty four percent of New Jersey's direct care workers are immigrants,[58] and a recent study of CHHAs showed that 23% of CHHAs reported speaking English "not well" or "not at all."[59] In order to ease access into the field, training and testing materials can be made available in the most commonly spoken languages other than English in the state, and testing materials can be reviewed for cultural bias. Washington State, for example, offers home care aide examinations in 15 different languages and the option to request an interpreter to take the test orally in any language, while also providing trainees with limited English proficiency additional time to meet the home care aid certification requirements.[60] ESL classes, offered in conjunction with training for direct care roles and especially if specifically tailored to those roles, could also help prepare people with limited English proficiency for working with direct care recipients. The New York Alliance for Careers in Healthcare in 2017 launched an ESL Bridge to Home Health Aide Training and Employment Program utilizing this model, offering integrated ESL classes with CHHA course offerings.[61] In North Dakota, Bismark State College also created a special ESL course, Intro to Medical Pathways, in its CNA program, supported by a grant from the U.S. Department of Labor's Strengthening Community College Training Grants Program.[62]

    TIMEFRAME FOR IMPLEMENTATION: Long-term
    RESOURCE NEEDS: **Incentives**, **Training**, **Technical Assistance**, **Stakeholder Coordination**

Retention: Creating a Sustainable and Rewarding Workplace

Recruitment strategies help get workers into the field, but ultimately, the work environment itself will determine whether direct care providers are able to retain workers and prevent attrition. Burnout is a frequent occurrence in the direct care field, and without financial, mental health, and career development supports, direct care workers may seek other employment, potentially leaving the direct care field entirely. Workers need to feel both financially stable and appreciated if they are to continue providing quality direct care services and support a population that can often have complex needs. Many of the strategies in this section overlap with strategies in the previous section, as efforts to create a rewarding workplace will also attract new workers, and talent-building efforts that build a more stable career path encourage workers to remain in the field.

1. **Make direct care workers aware of their rights as an employee**

   Workers, especially those in low-wage occupations, are often unaware of their rights as employees and are therefore more susceptible to abuse or mistreatment in the workplace, and less likely to utilize State resources to which they are entitled. Direct care workers may not be aware of their right to resources such as Paid Family and Medical Leave, Earned Sick Leave, or Workers' Compensation when they receive an injury on the job. New Jersey's Law Against Discrimination is also one of the most comprehensive anti-discrimination laws in the country, and workers may not be aware of how it protects them against discrimination, guarantees them the right to workplace accommodations if they have a disability, and prohibits actions that impact them disproportionately even if there is no intent to discriminate.[63] To increase awareness of workers' rights throughout the state, DOL launched the CARE Grant program in 2022, which funds community-based organizations to conduct outreach and education on worker benefits and

[58] PHI National, Workforce Data Center
[59] New Jersey Collaborative Center for Nursing, Certified-Home-Health-Aide-Data-Report-2024.pdf
[60] Washinton State Department of Health, Home Care Aid Frequently Asked Questions
[61] PHI, State Language Access Initiatives Are Helping to Serve an Increasingly Diverse Workforce and Aging Population - PHI
[62] Bismarck State College, ESL Training | Bismarck State College
[63] New Jersey Office of the Attorney General, NJ Law Against Discrimination - New Jersey Office of Attorney General

protections.[64] Making direct care workers aware of their rights empowers them to utilize resources and exercise rights that benefit them and help them remain employed.

TIMELINE FOR IMPLEMENTATION: Short-term
RESOURCE NEEDS: **Outreach**, **Stakeholder Collaboration**, **Incentives**

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2. Encourage employers to take advantage of state programs by implementing incentives such as technical assistance or financial support

As previously detailed, New Jersey has a number of existing programs that direct care providers can take advantage of to attract workers, including the GAINS program, which can be used to establish apprenticeships, and the Pre-Apprenticeship in Career Education (PACE) grant program, which can serve as a way for providers to prepare younger students for direct care employment. While promoting these programs is beneficial, many providers feel that they lack the capacity, time, or resources to engage in these types of programs, especially if they require an initial investment or matching funds. Providing additional resources through these programs, or building out versions of these programs with smaller direct care providers in mind, could encourage greater engagement from employers. Additional resources or incentives could include enhanced matching funds, technical assistance, learning collaboratives, or funding to hire staff that can serve as supervisors for programs that have a mentorship component.

TIMEFRAME FOR IMPLEMENTATION: Medium-term
RESOURCE NEEDS: **Outreach**, **Stakeholder Collaboration**, **Technical Assistance**, **Incentives**

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3. Provide on-the-job training and upskilling opportunities

A frequently cited challenge of many direct care roles is that there is limited upward mobility, and a dearth of opportunities to receive training or certifications that can propel them into a more advanced role. Opportunities to receive additional training or "upskill" may incentivize continued employment in a direct care role, while also providing workers with additional skills that allow them to better perform their duties. In New Jersey, the State has invested both in targeted on-the-job training, such as the NADD dual diagnosis mental health/IDD training grants for employers to train DSPs, and in broader upskilling initiatives, such as DOL's UPSKILL program that provides funding to employers to train their employees. Working with employers and direct care workers, the State can continue to learn what skills are in-demand or beneficial for continued career growth, and can support the adoption of these training models in direct care settings, such as through funding for training or disseminating information about how to pursue these trainings to workers and employers.

The State can consider collaborating with academic partners or other training providers to offer focused training opportunities and micro-credentials to help direct care workers increase their job portability, wages, and the quality of care they provide. For example, Wisconsin's Department of Health Services partnered with the University of Wisconsin - Green Bay and multiple local training providers to offer free training to direct care workers, including micro-credentials in topics like dementia and memory loss.[65] In New Jersey, CSOC has

The Children's System of Care (CSOC)

Situated within DCF, CSOC is New Jersey's public behavioral health system for youth under the age of 21 with emotional and mental health care needs, substance use challenges, and I/DD. CSOC offers a wide range of services, including community-based services offered in the home or in out-of-home residences. CSOC employs a variety of workers that provide direct care services, care management, and mobile response functions. New Jersey residents can call PerformCare, the contracted system administrator for CSOC, at no cost to receive referrals and connections to services.

[64] New Jersey Department of Labor and Workforce Development, Department of Labor & Workforce Development | Cultivating Access, Rights and Equity (CARE) Grant Program
[65] University of Wisconsin—Green Bay, Need Employees with a Specific Skill?

demonstrated how this model can be successful in training providers of direct care services for children, partnering with Rutgers University of Behavioral Healthcare to offer supplemental trainings to CSOC-funded providers through the Training and Technical Assistance program.[66] Trainings include topics such as the Nurtured Heart Approach, a therapeutic model for helping children and adults manage challenging behaviors,[67] and are available via an accessible online platform.

TIMEFRAME FOR IMPLEMENTATION: Medium-term
RESOURCE NEEDS: **Stakeholder Collaboration**, **Training**

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4. **Create benefits coaching programs and online financial forecasting tools for direct care workers interested in or actively utilizing public benefits programs**

The 37 % of direct care workers actively receiving public benefits from programs such as SNAP or NJ FamilyCare may be unaware or unclear about how their benefits are affected by their income. As direct care workers navigate career progression, understanding the dynamic between income and eligibility for benefits will allow them to plan financially when raises, bonuses, or other financial incentives affect benefits. Benefits coaching programs allow direct care workers to gain knowledge about the public benefits programs they are enrolled in or eligible for. Trained benefits coaches can provide individualized guidance and financial planning, and online tools can offer additional support that may also be more accessible for direct care workers. The Federal Reserve Bank of Atlanta created the Career Ladder Identifier and Financial Forecaster (CLIFF) tool in this vein, which models how a worker's income interacts with public benefits, taxes, and tax credits as the worker advances in their career.[68] Tools such as these ensure that changes in benefits do not come as a surprise, and that direct care workers are informed about the impacts of wage increases on their finances.

TIMEFRAME FOR IMPLEMENTATION: Medium-term
RESOURCE NEEDS: **Outreach**, **Data**

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5. **Explore options to reduce the risk of benefits cliffs for direct care workers, such as aligning asset eligibility across public assistance programs, expanding income disregards, or offering transitional benefits for individuals whose rising income may jeopardize their access to public benefits**

Some direct care workers seeking to advance in their careers might find themselves facing a "benefits cliff," in which they are prevented from accepting higher paying positions as the raise in assets would make them ineligible for public benefits that they rely on. Although workers aspire to economic independence, abrupt changes in a worker's circumstances that lead to an abrupt loss of benefits instead of a gradual decrease can be highly disruptive. In New Jersey, the recent mandatory minimum wage increases and increases directed to DSPs and other direct care workers may clash with asset limits for public assistance programs established at the federal level. As such, reassessing eligibility thresholds for public benefits where possible at the state level can help workers avoid hitting benefits cliffs and losing access to vital benefits such as food assistance and health insurance. This may include creating alignment in asset limits across public assistance programs, preventing confusion amongst workers that rely on these benefits and ensuring consistency in eligibility.

Another approach to addressing this issue is to explore opportunities to expand income disregards for public benefits for direct care workers or participants in these programs more broadly. Allowing a certain portion of earnings to be exempt from eligibility benefits calculations would mitigate the negative effect of wage increases on public assistance, and delay the loss of public benefits. New Jersey's Temporary Assistance for Needy Families (TANF) program, Work First New Jersey (WFNJ), utilizes this approach with child support, passing through $100 of child support payments that would otherwise be used to offset state

[66] Department of Children and Families, DCF | Training and Technical Assistance
[67] Nurtured Heart Institute, Nurtured Heart Institute | Nurtured Heart Approach training
[68] Federal Reserve Bank of Atlanta, Career Ladder Identifier and Financial Forecaster (CLIFF) - Federal Reserve Bank of Atlanta

costs while disregarding that from the resident's income for the purpose of calculating eligibility.[69] The State could also explore the expansion and creation of transitional benefits programs targeted at individuals whose rising income may jeopardize their access to public benefits. States like Montana, for example, offer transitional cash benefits in their TANF programs that gradually decrease, preventing individuals from experiencing a sudden cutoff of benefits when their eligibility for TANF ends.[70]

States have also incentivized direct care employers to establish their own benefits programs to address this need. Montana, for example, created the Health Care for Health Workers Program, setting aside funding for employers specifically to provide healthcare to employees.[71] Low cost healthcare benefits circumvents the need to remain on public assistance, and prevents workers from facing benefits cliffs.

TIMEFRAME FOR IMPLEMENTATION: Long Term
RESOURCE NEEDS: **Stakeholder Coordination**, **Incentives**, **Policy**

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6. Explore structures for consistent wage increases for direct care workers, such as gradual wage increases and increases tied to experience or qualifications

Echoing the findings of many other similar analyses, our review of public data found that on average, CHHAs and PCAs are often not making what would be classified a "living wage." Through listening sessions and reports from providers, we have learned that DSPs and other direct care workers similarly do not feel that they are paid a sustainable wage, with many employers reporting that they are competing with retail and grocery stores to hire workers. While New Jersey's living wage has created across the board increases in wages, and consistent wage increases for DSPs and other direct support roles have been a staple of New Jersey's budgeting process, wages still appear to be insufficient to retain talented direct care workers, especially when this type of work can often be challenging.

Considering wage increases in the budget each year is beneficial, but with the budget being influenced by a variety of factors from year to year, mechanisms to consistently confer wage increases to workers, potentially tied to time or experience, would create a more stable way of raising wages. New Jersey has adopted strategies for certain direct care and healthcare workers that could be expanded to other direct care roles, including wage pass-through requirements for DSPs and legislation requiring that wages for direct care staff in nursing homes are always a certain amount above the state minimum wage.[72] In addition to expanding these strategies to additional roles, the State can build on these efforts by implementing cost-of-living increases into annual pay rates, mandating wage increases when workers have worked in qualified roles for several years, and tying wage increases to different steps in the career ladder. For example, Oregon rewards workers that acquire advanced certifications with automatic wage increases, and Washington confers a wage increase for workers that complete the Advanced Home Care Aide Specialist training.[73]

TIMEFRAME FOR IMPLEMENTATION: Long-term
RESOURCE NEEDS: **Policy**, **Incentives**

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7. Partner with institutions of higher education to create opportunities for direct care workers to advance in their education and career

Partnerships between institutions of higher education and businesses that provide direct care services can benefit students, who can gain practical work experience, and providers, who can use students to fill workforce shortages. Many larger home and community-based services providers rely on direct care professionals like CHHAs and CNAs, and may be willing to invest in partnerships with colleges and

[69] National Conference of State Legislatures, Child Support Pass-Through and Disregard Policies for Public Assistance Recipients
[70] Welfare Rules Database, Welfare Rules Databook | Welfare Rules Database
[71] SEIU 775, Montana and SEIU 775 - SEIU 775
[72] New Jersey Legislature, P.L. 2020, c.089 (A4482 2R)
[73] Ohio Department of Human Services, OHCC Certification Courses, Washington State Department of Social and Health Services, Advanced Home Care Aide Specialist Training.

universities to ensure a supply of workers in the face of ongoing workforce shortages. For example, Programs of All Inclusive Care for the Elderly, which provide adults aged 55 and over with comprehensive medical and social services in community-based centers and in the home, are expanding throughout the state, and are facing workforce shortages that will require investment in direct care workforce development.[74] Businesses can partner with institutions of higher education to set up programs that allow students to work and earn money while earning their degree, such as MaineGeneral's Earn to Learn CNA Training which lets students receive hands-on clinical experience and, upon completion of the course, an automatic raise in pay.[75]

Institutions of higher education can also build structures that allow direct care workers to receive college course credit for work experience or for non-credit bearing trainings they have received as part of their direct care career path. Work experience and non-credit bearing trainings, such as apprenticeships, are often highly valued by employers but do not translate to college credit, potentially discouraging workers who want to pursue higher education but would not receive any acknowledgement of their prior experience.[76] Recognizing the importance of non-credit learning, Florida Gulf Coast University created a Credit for Prior Learning (CPL)/Prior Learning Assessment (PLA) program that allows college students to apply for college credit for extensive work experience, professional training, non-credit coursework, and industry credentials or certifications.[77] Allowing direct care workers to receive credit for their experience in the field, required trainings such as the College of Direct Support, or certifications such as a home-health aide certification could motivate direct care workers to pursue further education and advancement in their career pathway. Institutions of higher education could also offer direct care workers the opportunity to take or sample classes for free to encourage engagement, and work to formally professionalize their experience by including direct care industry-valued credentials and training as a required part of course offerings for healthcare-related courses.

TIMEFRAME FOR IMPLEMENTATION: Long-term
RESOURCE NEEDS: **Outreach**, **Stakeholder Coordination**, **Incentives**, **Training**

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8. Provide essential supports such as transportation and childcare to make it easier for direct care workers to attend work

Barriers to remaining employed do not end in the workplace itself; direct care workers may find themselves unable to make it to work due to lack of transportation, childcare, or even housing. Low wages and, often, part-time schedules mean direct care workers and their families often live in economic uncertainty. Direct care workers in New Jersey have average annual earnings of only $28,142, while nearly a third live in or near poverty and 42% lack access to affordable housing. Given the financial situation of many workers, a car breaking down, unaffordable childcare options, and difficulties in finding safe housing within their budgets can be enough to endanger their financial stability or ability to remain in their job. Seeking to tackle childcare as a benefit specifically, Michigan's Tri-Share program increases the affordability of licensed childcare by sharing costs between the employer, employee, and the State of Michigan.[78] Models like these ensure that neither employers nor employees become overburdened by the cost of providing benefits.

TIMEFRAME FOR IMPLEMENTATION: Long-term
RESOURCE NEEDS: **Stakeholder Coordination**, **Incentives**

[74] Altarum, The Health Care Workforce Crisis Arrives at the PACE Model | Altarum
[75] MaineGeneral Health, Earn to Learn | MaineGeneral | Maine
[76] New Jersey Council of County Colleges, NJ Pathways Perspective: Bridging the Gap Between Credit and Non-Credit Programs Through Stackable Credentials | News | NJCCC
[77] Florida Gulf Coast University, Credit For Prior Learning/Prior Learning Assessment
[78] Michigan Department of Lifelong Education, Advancement, and Potential, MI Tri-Share

Employer-Focused Strategies

Direct care employers see firsthand the challenges that their employees face and the impacts that these challenges can have on their business and the services provided to clients. While State solutions to employee retention can often take time and require significant resources, direct care service providers can implement more immediate solutions that support their workforce. Many of these strategies require minimal financial resources, but any effort undertaken by an employer requires staff capacity and commitment from leadership, meaning that resources may have to be diverted from care. Smaller businesses and individuals self-directing their services may particularly struggle to implement strategies to sustain employees without additional assistance. As such, the strategies in this section can be undertaken by employers independently, but would benefit from financial support or technical assistance from the federal, state, or local government.

1. **Involve direct care workers in governance and policy discussions, including recruitment and retention planning**

   Direct care workers themselves can serve as a valuable resource to direct care employers as they attempt to implement strategies to recruit and retain workers. While a state level Direct Care Advisory Board will create an opportunity for workers to provide their input on broader policy considerations, employers can utilize this same model to create a forum for input into their policies, hiring practices, and program structure. In addition to providing valuable feedback from the worker's perspective on how to retain and recruit workers through system-level changes, these forums allow workers to feel a greater sense of involvement with their own organization, as well as a sense that their opinions matter and are appreciated. This is a low-cost strategy, but providers can still benefit from guidance on how to effectively structure these forums via technical assistance from subject matter experts.

   TIMEFRAME FOR IMPLEMENTATION: Short-term
   RESOURCE NEEDS: **Stakeholder Collaboration**, **Technical Assistance**

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2. **Set expectations about the role of direct care workers by including more information about job functions in outreach, onboarding, and training**

   Much of the attrition in the direct care workforce happens during the first few months after a worker is hired. Individuals may be unprepared for the job due to inadequate training, but even prior to that, workers may not have a good sense of the job functions that they will have to perform, and either don't complete the training or leave shortly after finding the job does not meet their expectations. Turnover in the caregiving industry has now reached nearly 80%, with four out of five home care workers leaving their jobs within the first 100 days on the job.[79] As such, outreach efforts and informational materials, such as those on the Jobs That Care website, can better incorporate information about the specifics of roles such as DSPs, CHHAs, and peer recovery specialists. These may include realistic job previews and videos that show what a day in the life of a worker may look like, such as those created for a Maine marketing program.[80] This information can also be incorporated early into training and educational programs, as well as internships.

   TIMEFRAME FOR IMPLEMENTATION: Short-term
   RESOURCE NEEDS: **Outreach**, **Stakeholder Coordination**

[79] Home Healthcare News, Home Care's Industry-Wide Turnover Rate Reaches Nearly 80% - Home Health Care News
[80] Careers with Purposed, A Day in the Life

3. Establish Employee Resource Networks (ERN) to support direct care workers in overcoming barriers to employment

Employee Resource Networks (ERN) or Employee Resource Groups (ERG) are networks established by businesses or groups of businesses that provide guidance, resource navigation, and social support to workers who share a social identity.[81] While many ERN/ERGs are centered around diversity and inclusion, there are a wide variety of diverse models for these groups, and many focus on assisting professionals in overcoming barriers to their continued employment and career advancement. Support offered through these groups can range from providing an open forum for direct care workers to discuss challenges that they face, to proactively assisting them in securing public assistance, childcare, or transportation by connecting them with State resources. Ohio State University's EaRNed Success ERN for DSPs, for example, provides both on-site and off-site access to a "success coach," as well as support connecting to community resources, with coaching available throughout the day to accommodate different shifts.[82] In this way, ERN/ERGs not only help create a sense of inclusion and belonging but also serve as a practical resource for workers to advance their professional goals.

TIMEFRAME FOR IMPLEMENTATION: Medium-term
RESOURCE NEEDS: **Stakeholder Collaboration**

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4. Provide employer-sponsored mental health support for direct care workers

Direct care work can be challenging and emotionally taxing for direct care workers. Providing support to individuals with disabilities, complex medical needs, mental health challenges, or cognitive impairments can require intense physical and emotional capacity, and direct care workers may find themselves feeling burnt out quickly. A survey of DSPs found that work stress associated with serving high-need clients with disabilities is positively associated with depression, though this effect can be mitigated by social support in the workplace from supervisors and coworkers.[83] Employers can therefore bolster the mental health of direct care workers by providing social and mental health supports, including clinical supervision, employer-sponsored counseling, and peer support groups. In an example of this model, the federal Health Resources and Services Administration (HRSA) created the Promoting Resilience and Mental Health Among Health Professional Workforce (PRMHW) program. PRMHW provided funding to health care providers to enhance their capacity to support their healthcare workers, creating programs and protocols to prevent burnout, enhance mental health, and build resilience.[84] Beyond individual and group counseling support, employers can adjust their protocols to take into account the mental health needs of workers, connect with outside organizations to provide training and mental health support, and connect with or create hotlines when workers are in crisis. This can extend to providing trainings to direct care staff and leadership regarding trauma and resilience, such as those offered by DCF's Offices of Resilience and Staff Health and Wellness.[85]

TIMEFRAME FOR IMPLEMENTATION: Medium-term
RESOURCE NEEDS: **Stakeholder Coordination**, **Incentives**, **Technical Assistance**

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[81] Schlachter, S., Rolf, S., & Welbourne, T. M. (2024). Dynamics of employee resource groups: Leader experiences driving mutual benefits for employees and employers. *Compensation & Benefits Review*, *56*(3), 119-137.
[82] Ohio State University, https://www.opra.org/aws/OPRA/asset_manager/get_file/697567?ver=0
[83] Gray-Stanley, J. A., Muramatsu, N., Heller, T., Hughes, S., Johnson, T. P., & Ramirez-Valles, J. (2010). Work stress and depression among direct support professionals: the role of work support and locus of control. *Journal of Intellectual Disability Research*, *54*(8), 749-761.
[84] Health Resources and Services Administration, Promoting Resilience and Mental Health Among Health Professional Workforce (PRMHW) | HRSA
[85] Department of Children and Families, DCF | DCF Office of Staff Health & Wellness

5. Provide on-the-job mentoring for new direct care workers

Individuals new to the direct care workforce may experience additional stress as they learn the skills necessary to perform well in their position, especially if they are shifting from a primarily online training to working with individuals with disabilities, older adults, or other populations in a practical setting. Providing mentoring to these newer workers allows them to learn about best practices, tips to make their work easier, and other practical considerations that experienced workers are best positioned to discuss with them. Trainings exist for peer recovery specialists, as well as CNAs and CHHAs in long-term care settings,[86] and the State can develop additional setting specific trainings to support employers in building their own mentorship programs. Providing peer mentorship also has the benefit of providing an advancement opportunity for existing workers, who can be offered new titles and, if possible, higher wages to provide mentorship to new hires.

TIMEFRAME FOR IMPLEMENTATION: Medium-term
RESOURCE NEEDS: Technical Assistance, Trainings

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6. Allow direct care workers flexibility in scheduling shifts and frequency of paychecks

Although direct care workers are often seeking stable work and full-time employment, flexibility in shift and payment scheduling allows workers to adapt their work schedule to best fit their needs and preferences. Flexible scheduling can take a variety of forms, but can include: allowing employees to choose their own workdays within an allotted hour amount; allowing employees to switch days as needed; and maintaining flexible positions that can be utilized when full time employees request days off.[87] App-based services exist that can be utilized to allow employees to coordinate their schedules, trade days with other employees, request days off, and volunteer for gaps in the schedule. Further, as many direct care workers have low incomes and rely on public benefits, allowing flexibility regarding the cadence of paychecks may also be beneficial. Direct care employers may, for example, allow workers to choose between weekly or biweekly paychecks. In addition, some employers have recently found success by offering their direct care workers four-day work weeks (working 32 hours but being paid for 40), which in several pilots has significantly improved recruitment and retention while creating a self-sustaining return on investment and an improvement in quality of care.[88]

TIMELINE FOR IMPLEMENTATION: Medium-term
RESOURCE NEEDS: Data, Incentives

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7. Optimize onboarding processes for new employees

As noted in other strategies, direct care workers are particularly vulnerable when first entering the field, not only because they lack the necessary knowledge and guidance to succeed, but also due to the often lengthy administrative and onboarding processes for new employees. Onboarding processes with complex requirements or paperwork may deter direct care workers from completing the necessary steps to secure employment with a provider. Employers can address this by creating a quick, accessible, and efficient onboarding process, which may include streamlining paperwork, adding administrative staff, reviewing the complexity of training materials and courses, and introducing training elements that allow employees to begin practical work quicker, such as shadowing. Improving these processes can also relieve administrative burden from existing staff, and lead to a faster hiring process, allowing the employer to quickly fill gaps in their organization.

Onboarding processes also present an opportunity for providers to increase employee engagement with their employer and meaningfully integrate them into the organization. A study of healthcare workers found that they preferred high-touch onboarding programs with frequent opportunities to interact with their

[86] PHI, PHI-195Intro
[87] LeadingAge Wisconsin, Scheduling Options | LeadingAge Wisconsin
[88] Capri Communities, Capri Innovates with Four-Day Work Week.

manager and develop their skills. These factors helped inspire and retain employees, while avoiding confusion about their new roles.[89] Other onboarding best practices that prevent ambiguity about an individual's role include mentoring and personalizing onboarding processes so that they resonate with the goals and values of new employees.[90] Creating intentional and high-quality onboarding processes therefore raises retention by helping new employees identify with the firm in which they work.

TIMEFRAME FOR IMPLEMENTATION: Medium-term
RESOURCE NEEDS: **Technical Assistance**

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8. Establish a career ladder with clearly defined pathways to promotion for direct care workers

As in the case of upskilling opportunities, providing direct care workers with clear pathways to advance in their career and take on new roles can address the concerns of many direct care workers that the field provides little opportunity for advancement or promotion. When workers are unable to advance in their current place of employment or field, they may instead seek alternative employment or an entirely different career path. Employers can address this by offering progressive wage increases, opportunities to take on new roles and responsibilities, and training opportunities related to leadership and supervision for current employees. These advancement opportunities can be tied to the amount of time that the individual has been employed as a direct care worker or at their current place of employment, or can be tied to certain trainings or similar milestones. This sense of progression, especially when connected with increases in pay, can prevent turnover and allow employers to retain workers for longer periods of time.

TIMELINE FOR IMPLEMENTATION: Long-term
RESOURCE NEEDS: **Training**, **Incentives**

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9. Provide direct care workers with different benefit options to choose from

Larger direct care employers may have the capability to offer benefits to their full-time employees, including retirement plans and health insurance. Although retirement planning and health insurance are vital aspects of financial stability, many direct care workers have more immediate needs that they need to address. Employers can consider offering alternative benefits as a supplement to, or replacement for, traditional benefits, such as childcare subsidies, loan matching, or big box memberships. A 2025 survey of full-time employees in the United States across various sectors found that 28% of employees believed that more personalized benefits would enhance their trust in their employer, while 41% said an expanded range of benefits would lead to enhanced trust. Employees also expressed an interest in making benefits more affordable, having the option to regularly review and update their benefits package, and receiving better education about available benefits.[91] Allowing direct care workers choice in shaping their benefits gives them greater control over how they are compensated and supported, providing the freedom to access the resources that address their individual needs and building their relationship with their employer as a result.

TIMELINE FOR IMPLEMENTATION: Long-term
RESOURCE NEEDS: **Incentives**

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[89] Blount, J. B. (2022). Betting on talent: Examining the relationship between employee retention and onboarding programs. *Engaged Management Review*, *5*(3), 1.
[90] Ibid.
[91] MetLife, Chapter 4 - Fortifying Trust Through Benefits

Conclusion

The strategies in this plan serve as a starting point for interagency efforts to support these essential workers, and can help stakeholders both in and out of government effectively allocate resources to sustain home and community based services in the state. Maintaining the direct care workforce is vital to ensuring that older adults, individuals with disabilities, and individuals with behavioral health challenges have the support they need to live happy, healthy lives. Through collaboration and dedicated effort, New Jersey can care for the workers who in turn provide care to those who need it most.

Appendix: State Programs and Resources for Direct Care Workers, Direct Care Employers, and Residents in Need of Direct Care Services

Career Accelerator Internship Grant Program – OSHE grant program that provides funding to New Jersey employers to host and provide internship opportunities for college students, including those who currently attend or have graduated from an in-state college or university in the last 12 months or are New Jersey residents attending a college out of state for the summer.

Career and Technical Education Programs – an educational option that provides learners the opportunity to earn industry-valued credentials, college credit, and workplace experiences incorporating a rigorous academic core coupled with a high-level technical curriculum

Certified Home Health Aide Career Program – a scholarship and mentoring program for individuals interested in a career as a CHHA offered by the Heldrich Center for Workforce Development at Rutgers in collaboration with the New Jersey Division of Aging Services within DHS.

Children's System of Care (CSOC) – New Jersey's public behavioral health system serving youth under age 21 with emotional and mental health care needs, substance use challenges and/or I/DD and their families. CSOC provides community-based, culturally competent services and supports based on the needs of the youth and family.

College of Direct Support – DDD's online service providing training mandated by the Division for agency staff and self-directed employees, administered by the Boggs Center for Developmental Disabilities.

Community Care Program (CCP) – Medicaid waiver program that provides services to DDD eligible individuals who live in their own home or apartment, with family, or in a licensed residential setting. An equal combination of state and federal funds cover approved services that assist individuals to live in the community and avoid institutionalization.

Community College Opportunity Grant (CCOG) – program covering the cost of any remaining tuition, up to 18 credits per term, and approved education fees for eligible students after all other grants and scholarships are applied. Eligibility is based on income, and students must have not yet earned a college-degree to participate.

County College-Based Centers for Adult Transition – grant-funded centers in county colleges providing services, programs, and resources to students with I/DD, including mentoring, job coaching, skill training, and other services that help students find employment and live independently. Participants in the program identify their own post-secondary goals, and are given options for coursework, vocational training, and other supports that help them achieve that goal

CSOC Training and Technical Assistance Program (TTA) – program at Rutgers University Behavioral Healthcare offering training for the workforce of CSOC, including live webinars, on-demand modules, and in-person professional development events at individual CSOC System Partner agencies.

Cultivating Access, Rights and Equity (CARE) Grant Program – funds community-based partners to conduct outreach and education on worker benefits and protections, including NJ Paid Family and Medical Leave benefits, Earned Sick Leave, the Domestic Workers' Bill of Rights, and Unemployment Insurance.

DCF Office of Staff Health and Wellness – Office that engages DCF staff in resources and supports that foster overall physical and emotional well-being, strong morale, and empowerment.

DDD Resource Team – unit within DDD that offers workshop trainings to provider agencies as well as individualized supports at no cost. Trainings cover a variety of topics relevant to DSPs, including behavior supports and injury prevention

Direct Support Professional Career Development Program – program offered at Bergen and Rowan community colleges in partnership with OSHE, the New Jersey Community College Consortium, and the New Jersey Association of Community Providers that recruits and trains individuals for careers as DSPs, as well as providing training for individuals already working in the field.

Family Leave Insurance (FLI) – provides New Jersey workers cash benefits to bond with a newborn, newly adopted child, or newly placed foster child, or to provide care for a seriously ill or injured loved one.

Growing Apprenticeships in Non Traditional Sectors (GAINS) – program that promotes expansion of US Department of Labor-approved Registered Apprenticeship programs to support better-paying careers and the attainment of advanced credentials. GAINS funding can be used to reimburse up to 50 percent of new apprentices' wages for a maximum of $12,000 per apprentices over 52 work weeks.

Home and Community Based Services Loan Redemption Program – one-time, federally-funded program administered by HESAA in partnership with DHS and DCF that offers up to $50,000 in student loan redemption to professionals serving individuals with medical conditions, mental health and substance use disorders, or disabilities in exchange for 12 months of service at State-funded home and community-based provider agency

Jersey Assistance for Community Caregiving (JACC) – State-funded program that provides a broad array of in-home and community-based services to individuals age 60 and older who meet clinical eligibility for nursing home level of care and who desire to remain in their homes within the community.

Jobs That Care New Jersey – DHS website that provides information for individuals interested in pursuing a career as a DSP, CHHA, or other direct care profession.

NADD Competency-Based IDD/MI Dual Diagnosis Direct Support Professional Certification Pilot – DDD grant program for provider agencies to support a minimum of 10%, up to a maximum of 100%, of their eligible DSPs in obtaining the National Association of the Dually Diagnosed Competency-Based IDD/MI Dual Diagnosis Direct Support Professional Certification.

NJ FamilyCare (Medicaid) – federal and state funded health insurance program created to help qualified New Jersey residents of any age access affordable health insurance.

Office of the Care Workforce – Office within DOL dedicated to advancing care workforces and promoting job quality in key sectors, including: early childhood care and education; maternal and infant health; and direct care for seniors and people with disabilities.

One Stop Career Centers – centers throughout New Jersey that offer services and direction for job seekers. One Stop Career Centers are staffed with qualified employment counselors to provide guidance to jobseekers, and offer services including job search assistance, training and education assistance, specialized services, and on-site resources rooms.

My Career NJ – website providing digital tools that help jobseekers find the right training program, get personalized job matches, and explore New Jersey's in-demand careers.

NJDOH Workforce Development Program – develops and coordinates educational activities specifically developed to enhance core competencies, leadership, research, and quality improvement for public health officials.

Office of Education on Self-Directed Services – provides education and training for people with I/DD receiving services, their families, advocates and support coordinators, as well as community partners and other stakeholders regarding self-direction.

Personal Assistance Services Program (PASP) – personal care assistance program that provides up to 40 hours per week of routine, non-medical personal care assistance to adults with permanent physical disabilities who are 18 years of age or older, who are employed, preparing for employment, attending school or involved in community volunteer work and who are able to self-direct their own services

Personal Preference Program (PPP) – program offering a way for NJ FamilyCare members who qualify for personal care assistance services to remain in their home and active in their community without the use of a home health care agency.

Pre-Apprenticeship in Career Education Program (PACE) Grant Program – supports the creation and expansion of pre-apprenticeship programs throughout the state. PACE pre-apprenticeship programs must partner with at least one Registered Apprenticeship sponsor, and together must expand career pathways with industry-based training and classroom instruction, leading to better-paying positions and advanced credentials.

Supplemental Nutrition Assistance Program (SNAP) – provides food assistance to families with low incomes to help them buy groceries through a benefits card accepted in most food retail stores and some farmers markets.

Supports Program – Medicaid waiver program that provides needed supports and services for adult individuals, 21 and older, living with their families or in other unlicensed settings.

Temporary Disability Insurance (TDI) – provides cash benefits to New Jersey workers who have to stop working due to a physical or mental health condition or other disability unrelated to their work.

Unemployment Insurance (UI) – gives financial support to people who lose their jobs through no fault of their own.

UPSKILL: NJ Incumbent Worker Training Grant Program – grant program that provides New Jersey-based employers up to 50% cost reimbursement assistance to focus on frontline incumbent worker training to meet current and future occupational skill requirements.