



Family Preservation Services

FISCAL YEAR 2023 ANNUAL PROGRAM REPORT

Key Findings

From July 2022 through June 2023, DCF provided over \$10 million dollars to contracted service providers to implement FPS services. With this investment:

- Over 700 families with more than 1,500 children received FPS services.
- 92% of children from families that completed FPS were able to remain safely in their own homes, avoiding the need for a child protective removal.
- 87% of children that received the full FPS Program continued to be preserved in their own homes one year after discharge.

Family Preservation Services is an intensive, in-home crisis intervention and family education program primarily used for families with children at imminent risk of abuse, neglect, or out-of-home placement. Other families eligible for FPS include ones preparing to be reunified with their children. Referrals to FPS are made by NJ's Division of Child Protection and Permanency (DCP&P) and families remain under DCP&P supervision while receiving FPS services. The program's goals are to:

- Ensure the safety of children,
- Stabilize families,
- Improve family functioning,
- Prevent unnecessary out-of-home placement and;
- Link families with appropriate community resources.

FPS Program Components



Section 1: FPS Program Overview

The FPS Model in Practice

FPS is an intensive, in-home crisis intervention and family education program, primarily used for families with children at imminent risk of abuse, neglect, or out-of-home placement. Families preparing to be reunified with their children are also eligible for FPS.

FPS services are delivered by specially trained staff that provide a combination of counseling and concrete services to meet each family's needs. Direct service staff carry a caseload of no more than two families. Staff are available to participating families 24 hours a day, seven days a week.

Services are typically provided in the family's home and in accordance with the established program model described in the New Jersey Family Preservation Services Manual¹ and the enacting statute². Program interventions are intensive, providing families no less than five and no more than 20 hours of direct face-to-face services each week, depending on the nature and severity of their situation.

FPS Service Model:

- Initial visits with the family are conducted within 24 hours of referral, often in collaboration with the DCP&P case manager.
- Assessments of family functioning are conducted using the North Carolina Family Assessment Scales (version 2).[†]
- Goal-directed interventions are developed in consultation with the family and DCP&P to address the reason(s) for the risk determination and to identify services and/or activities.
- Using a behavioral/cognitive approach, and building on family strengths, staff provide instruction and model skills to improve family functioning in areas including, but not limited to, parenting, stress management, communication, and crisis management.
- Concrete services are provided to families, as needed. Services may include, but are not limited to, emergency financial assistance, food, clothing, and transportation.
- Follow-up family evaluations are completed at three, six and 12-month intervals after discharge for families that received the full intervention.

¹NJ Department of Human Services: Division of Youth and Family Services. (2005). New Jersey Family Preservation Services Program Manual. FSANJ Technical Support Unit.
<https://www.nj.gov/dcf/providers/notices/Family%20Preservation%20Services%20Program%20Manual.pdf>.

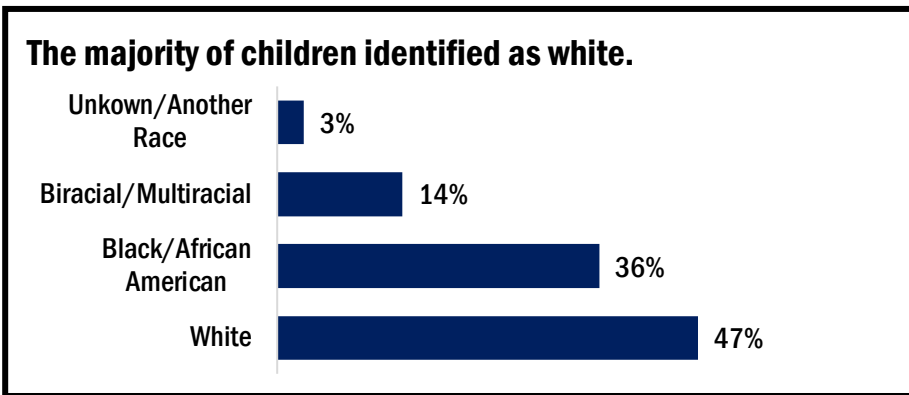
² N.J.S.A. 30:4C-74

[†] National Family Preservation Network. (2022). *NCFAS-G+R Revised: Sample Scale and Definitions*.
<https://www.nfpn.org/media/ljbl2ueg/sample-ncfas-g-r-scale-definitions.pdf>.

Section 2: FPS Families At-a-Glance

Child Demographics

Children participating in FPS in FY23 ranged in age from less than one to 18 years old. Forty-nine percent of children were six years or younger. The majority of children (47%) were identified as white, while 34% were of Hispanic/Latino ethnicity. About **one half** (51%) of the children were born male.



Family Stressors

Families participating in FPS experience many challenges (acute, chronic, or cumulative) that impact their ability to ensure child safety and provide a stable home environment. While families can have multiple stress factors, the top four factors contributing to a family's stress include parent **mental health** (65%), **housing** (64%), **finances** (63%) and **domestic violence** (43%).

Family Stress Factors ³	Number of Families	Percentage of Families
Parent Mental Health	453	65%
Housing-Related	450	64%
Financial	443	63%
Domestic Violence History	303	43%

³ This table displays only the top four stressors experienced by FPS families at program enrollment.
⁴ Martin, M. & Citrin, A. (2014). *Prevent, Protect & Provide: How child welfare can better support low-income families*. Center for the Study of Social Policy. <https://cssp.org/wp-content/uploads/2018/11/Prevent-Protect-Provide-Brief.pdf>.

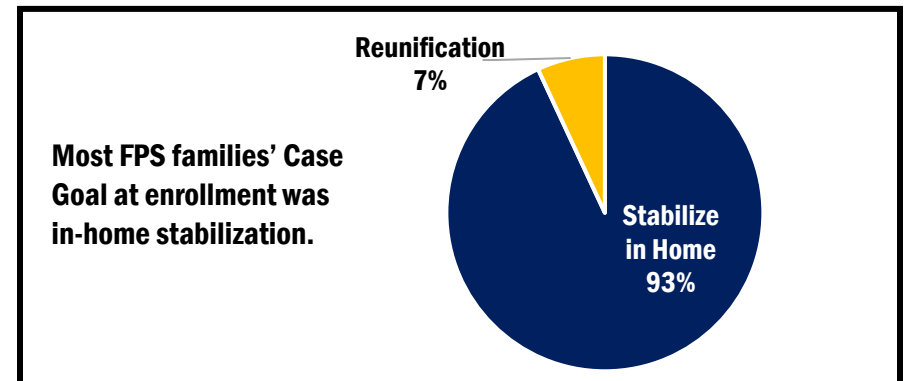
DCP&P Involvement

Child neglect was the most frequently cited source of risk (74%) that led to DCP&P involvement and the family's eventual referral to FPS. Child welfare research shows that stressors associated with poverty may impact parenting capacity, limit parent's ability to meet children's basic needs and impact parents' mental health, contributing to increased risk of neglect.^{4,5}

Neglect was the greatest source of risk for FPS families.



Each child under DCP&P supervision has a case goal that informs the FPS services that the family receives in the home. For the majority of families (93%), the case goal was to stabilize the family in their own home.

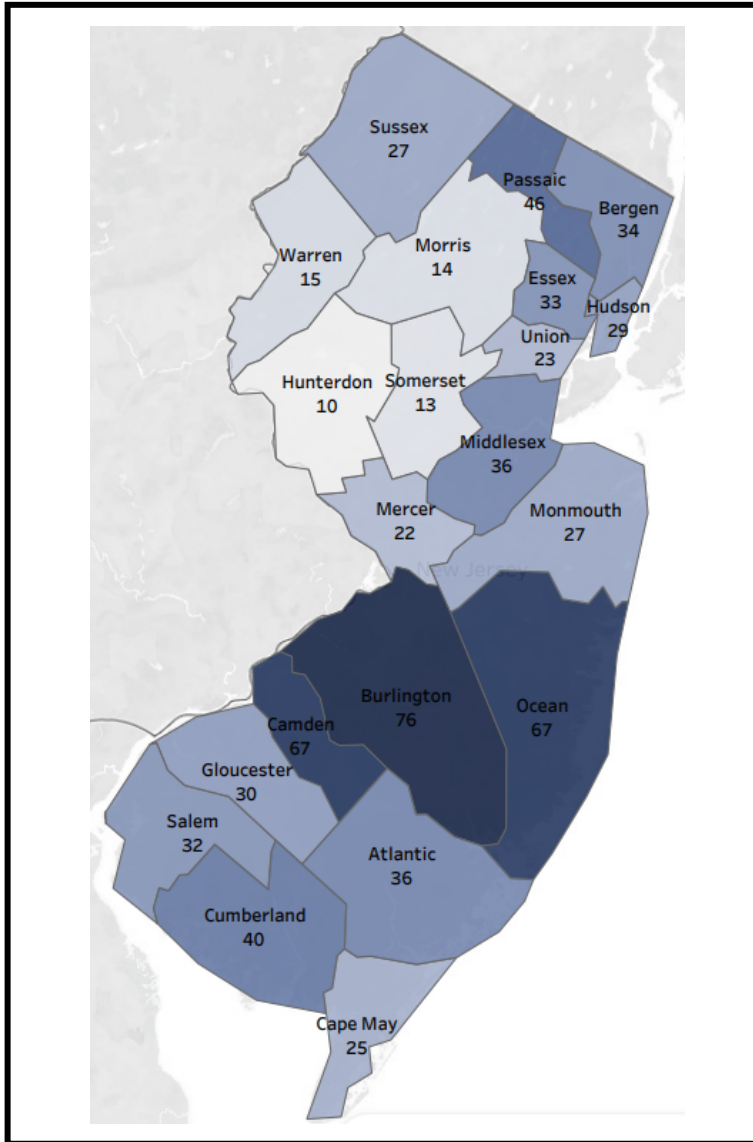


⁵ Hunter, A.A., & Flores, G. (2021). *Social determinants of health and child maltreatment: A systematic review*. *Pediatric Research*, 89, 269-274. <https://doi.org/10.1038/s41390-020-01175-x>.

Section 3: FPS Service Utilization

FPS Participation

FPS served **over 700** families in fiscal year 2023 covering all 21 New Jersey counties.



FPS Service Hours

FPS program staff are required to record time spent on each case and to categorize hours into Direct and Indirect Service. Direct Service Hours include face-to-face contact between the FPS worker and the family. In FY23, families received an average of **5.3** direct service hours per week. Indirect Service Hours include all other time spent on behalf of the family including, but not limited to, documentation, advocacy, collateral contacts, case consultation, supervision, and travel. In FY23, FPS families received an average of **9.7** indirect service hours each week.

During the COVID-19 pandemic, DCF permitted FPS providers to deliver the model using remote technologies, when in-person services were declined. As a result, DCF expanded data collection to also include telehealth service hours provided to families. There was limited use of telehealth in FY23, with families averaging **0.7** hours per week.

Types of FPS Services

The focus and implementation of FPS service interventions varies from family-to-family. While families can receive multiple services, the primary focus of FPS services in FY23 was providing parenting skills (53%), stress management/coping services (44%), accessing resources (37%) and concrete supports (30%).

Financial Assistance

Poverty and financial hardship have commonly been identified as precipitating factors for family involvement in the child welfare system.⁶ Providing families with concrete supports may increase participation in services, help to alleviate immediate stress and financial crises, and promote overall family stability.⁷

FPS programs provide limited, discrete financial assistance to help families overcome barriers to stability and to reinforce the therapeutic process. Disbursements are made at the discretion of the program, based on the family's needs.

Funds may be used to:

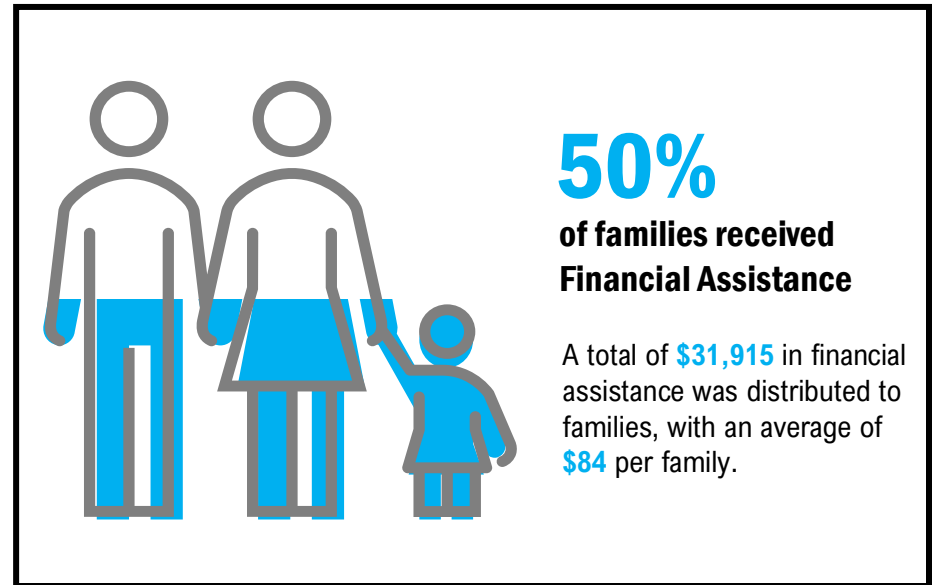
- Address concrete needs that jeopardize the family's stability,
- Strengthen and promote family relationships and;
- Reward progress or goal attainment.

In FY23, **50%** of all FPS families received financial assistance.

Staff Training

FPS is implemented by staff that are specially trained to implement intensive services with complex families. In FY23:

- FPS New Worker Training was delivered within two cohorts to **100%** of newly hired FPS staff.
- **83%** of the FPS Network attended the North Carolina Family Assessment Scale (NCFAS) Refresher Training. The NCFAS Assessment Tool is the family-centered assessment tool used amongst all FPS providers to examine family functioning, identify family strengths, and help families to develop goals.
- FPS leadership received training on Domestic Violence and Child Protection & Permanency Policy. **Twenty-four (100%)** FPS Program Managers and Supervisors attended.



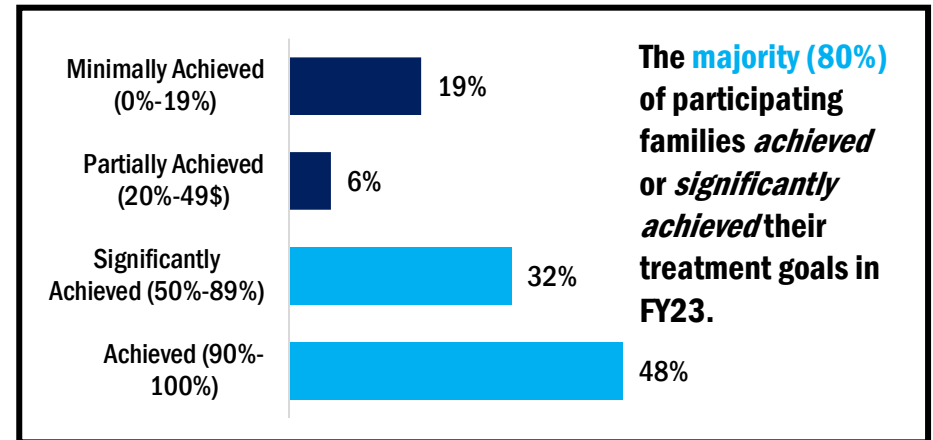
⁶ Monahan, E. K., Grewal-Kök, Y., Cusick, G., & Anderson, C. (2023). *Economic and concrete supports: An evidence-based service for child welfare prevention*. Chapin Hall at the University of Chicago.

⁷ Rostad, W. L., McGill Rogers, T., & Chaffin, M. J. (2017) *The influence of concrete support on child welfare program engagement, progress, and recurrence*. *Children and Youth Services Review*, 72, 26–33. <https://doi.org/10.1016/j.childyouth.2016.10.014>.

Section 4: FPS Program Outcomes

Goal Achievement

Families' treatment goals are formed within ten days of the initial FPS assessment. Goals are set through a collaborative process that includes the family, the referring DCP&P worker, and FPS staff. Goals are developed to address the reasons for the risk determination that precipitated the referral and the information obtained during the assessment. Treatment goals are specific to each family, clearly delineated and achievable within the duration of the FPS intervention.



Program Completion & Attrition

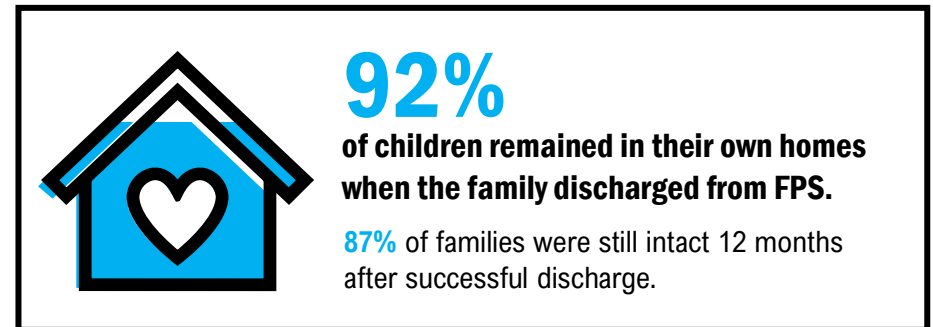
FPS is a short-term intervention - discharge planning begins early with the goal of linking families to other community-based services and supports. Families can withdraw from FPS at any time however, every effort is made to maintain their engagement. When families choose to discontinue their participation, FPS informs the DCP&P case manager, provides linkages to other relevant services and closes the case.

When FPS cases are closed and services terminated, interventions are classified as either:

- Full Intervention: FPS services last a minimum of 28 days or all case goals are achieved or;
- Interrupted Intervention: FPS services end prior to 28 days as a result of the family discontinuing FPS services or another reason beyond the control of FPS.

In FY23, **84%** of FPS families received the full intervention. Of the families that did not complete the program, the top three reasons for interruption were non-compliance (49%), family declined services (15%) and family experienced a removal with the child not expected to return within 7 days (14%).

Family Preservation



FPS follows the placement stability of children from the time a case is accepted through discharge with follow-ups 3-, 6- and 12-months post discharge. Among families that received the full FPS intervention in FY22, 87% were still intact 12 months after successful discharge.

Section 5: Conclusion

In Fiscal Year 2023, New Jersey invested over \$10 million in contract funding for FPS services, reaching over 700 families with more than 1,500 children. New Jersey's Family Preservation Services provided intensive support to families in crisis, so that child protection removals and foster care placements could be safely avoided, to the extent possible, and families could remain together while they worked through struggles associated with poverty, behavioral and physical health, and other social and economic challenges. The vast majority of children in families that completed full interventions remained safely in their homes at the end of the intervention. One year after discharge, 87% of children that received the full intervention were still preserved in their home.

Section 6: Recommendations

Increase accessibility of services to engage more families who can benefit from FPS. Strengthening referral processes and providing continued education to the child welfare workforce on program eligibility, service activities and FPS's impact on positive child and family outcomes are potential strategies to help in the identification and engagement of families in crisis or approaching crisis.

Enhance community collaboration and systems linkages to support families with multiple stress factors. Strategies may include increasing connections to resources that can address families' concrete needs and building local partnerships to address mental health, substance use, domestic violence, and housing.

Support the FPS provider network in identifying best practices to recruit and retain critical workforce. Strategies may include developing partnerships with local colleges and universities to attract students, offering clinical experience and training to interns pursuing licensure, and streamlining hiring and onboarding processes.

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