



NEW JERSEY

Family Preservation Services

Annual Program Report

Fiscal Year 2025





ABOUT FAMILY PRESERVATION SERVICES

Key Takeaways

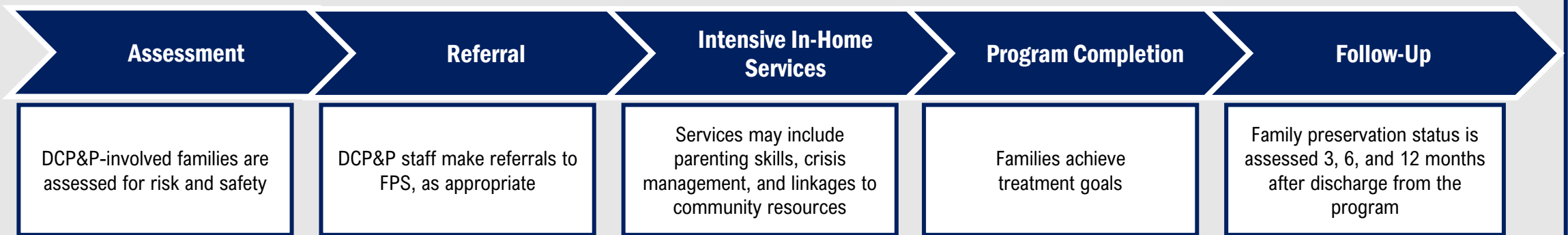
From July 2024 through June 2025, DCF provided over \$10 million dollars to contracted service providers to implement FPS. With this investment:

- Over **660** families with more than 1,500 children received FPS.
- **94%** of children from families that completed FPS were able to remain safely in their own homes, avoiding the need for a child protective removal.
- **88%** 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 the NJ Department of Children and Families’ Division of Child Protection and Permanency (DCP&P) and families remain under DCP&P supervision while receiving FPS. 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 a team of specially trained professionals who utilize [motivational interviewing](#)¹ techniques to create open and empathetic dialogues with families. These conversations are designed to help families identify and articulate their goals, as well as any ambivalence they may feel about change. By fostering an environment of collaboration and respect, this approach empowers families to uncover their own motivations for embracing positive change. 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 Manual² and the enacting statute³. Program interventions are intensive, providing families between five and 20 hours of direct face-to-face services each week, depending on the nature and severity of their situation.



FPS 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.

¹ Child Welfare Information Gateway. (2023). Motivational interviewing: A primer for child welfare professionals . U.S. Department of Health and Human Services, Administration for Children and Families, Children’s Bureau. <https://www.childwelfare.gov/pubs/motivational-interviewing/>

² NJ Department of Children & Families. (2023). New Jersey Family Preservation Services Program Manual. <https://www.nj.gov/dcf/providers/fcp/fps/FPS.Program.Manual.pdf>.

³ 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>.

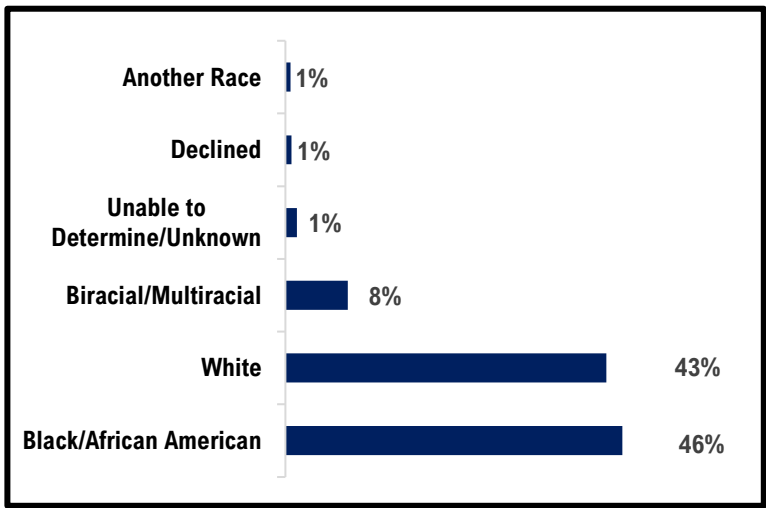


SECTION 2: FPS FAMILIES AT-A- GLANCE

Child Demographics

Children participating in FPS in State Fiscal Year (FY) 25 ranged in age from younger than one up to 18 years old. **Forty-eight** percent of children were six years or younger. The majority of children (46%) were identified as Black/African American, while **31%** were of Hispanic/Latino ethnicity. Over **one half** (52%) of the children were born male.

The majority of children were identified as Black/African American.



Family Stressors

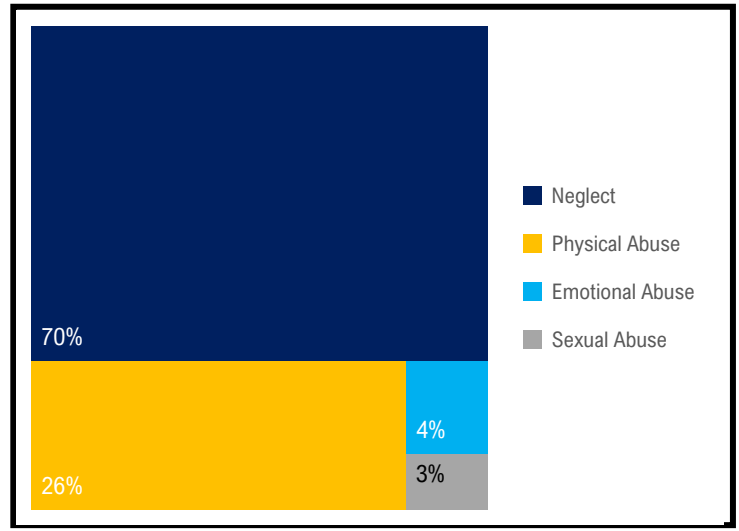
Families participating in FPS experience many challenges (acute, chronic, or cumulative) that impact their ability to ensure child safety and provide a stable home environment. While families can have multiple stress factors, the top four factors contributing to families' stress include **parent mental health** (61%), **finances** (56%), **housing** (55%) and **child mental or behavioral health** (47%).

Family Stress Factors ⁴	Number of Families	Percentage of Families
Parent Mental Health	409	61%
Financial	371	56%
Housing	365	55%
Child Mental/Behavioral Health	312	47%

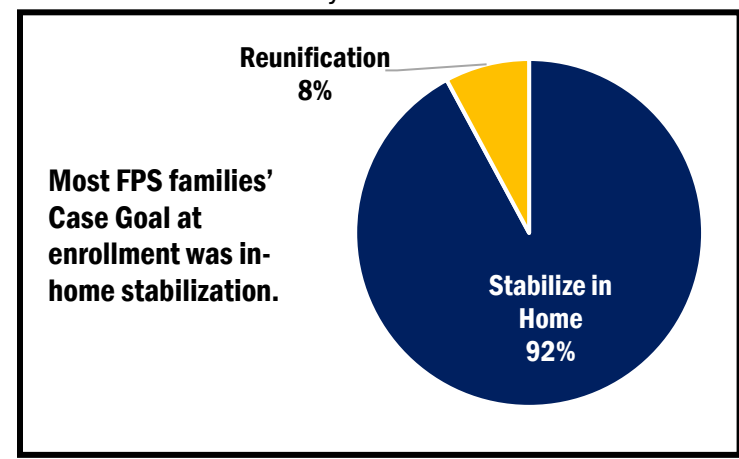
DCP&P Involvement

Child neglect was the most frequently cited source of risk (70%) that led to DCP&P involvement and the family's eventual referral to FPS

Neglect was the greatest source of risk for FPS families.



Each child under DCP&P supervision has a case goal that informs the FPS that the family receives in the home. For the majority of families (92%), the case goal was to stabilize the family in their own home.



⁴ This table displays only the top four stressors experienced by FPS families at program enrollment.



SECTION 3: FPS UTILIZATION

FPS Participation

FPS served **over 660** families across New Jersey in FY25.

FPS Hours

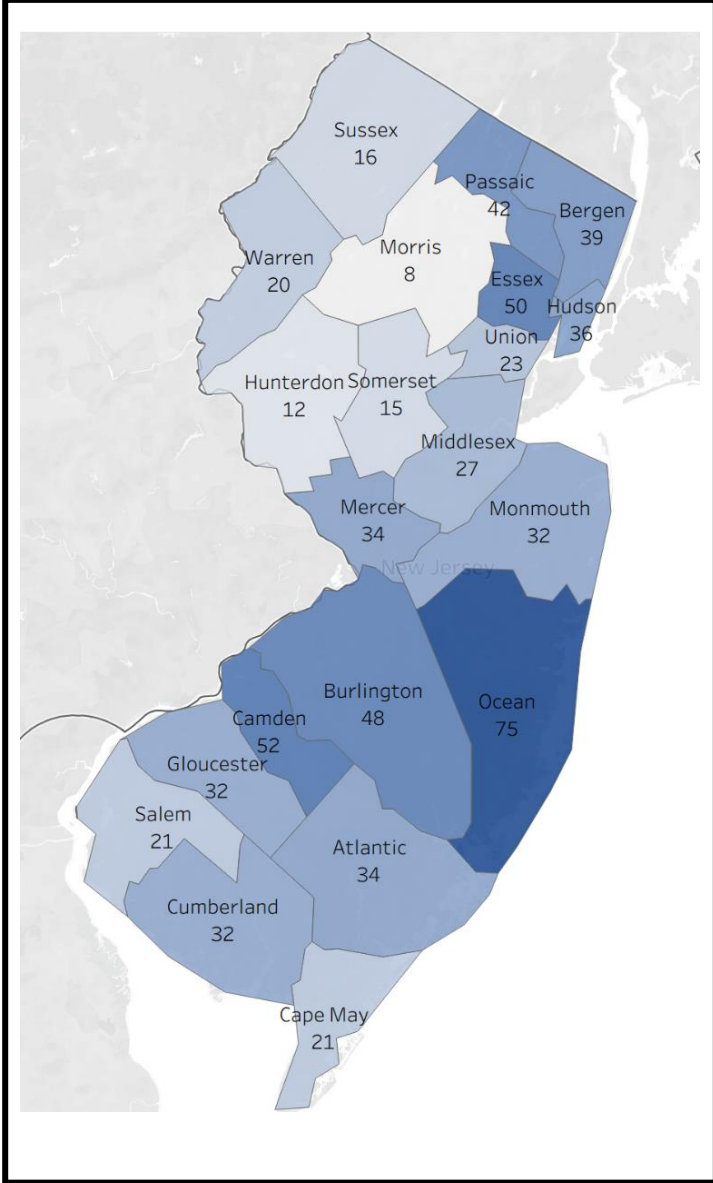
FPS program staff are required to record time spent on each case and to categorize hours into Direct and Indirect Service. Direct Service Hours include face-to-face contact between the FPS worker and the family. In FY25, families received an average of **5.7** direct service hours per week. Indirect 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 FY25, FPS families received an average of **9.0** indirect service hours each week.

Since the COVID-19 pandemic, DCF has permitted FPS providers to deliver the model using remote technologies, when in-person services were declined. There was limited use of telehealth in FY25, with families averaging **0.4** hours per week.

Types of FPS

The focus and implementation of FPS interventions varies from family-to-family. While families can receive multiple services, the primary focus of FPS in FY25 was providing parenting skills (59%), concrete services (41%), accessing resources (38%) and stress management/coping (38%).

FPS served the most families in Ocean, Camden, and Essex counties.





Financial Assistance

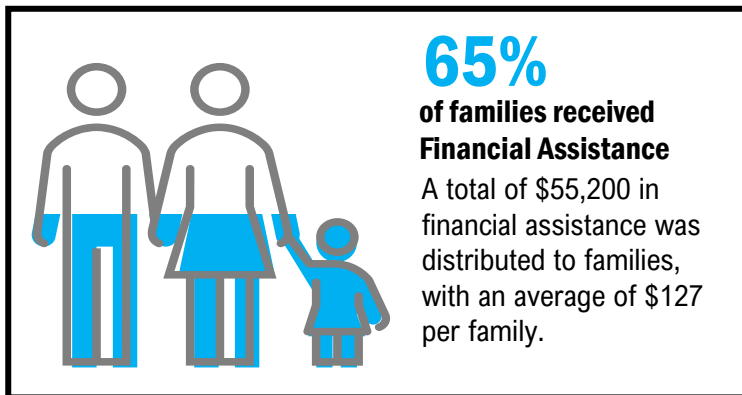
Poverty and financial hardship have commonly been identified as precipitating factors for family involvement in the child welfare system.⁵ Providing families with concrete supports may increase participation in services, help to alleviate immediate stress and financial crises, and promote overall family stability.⁶

FPS programs provide limited 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 FY25, 65% of all FPS families received financial assistance.



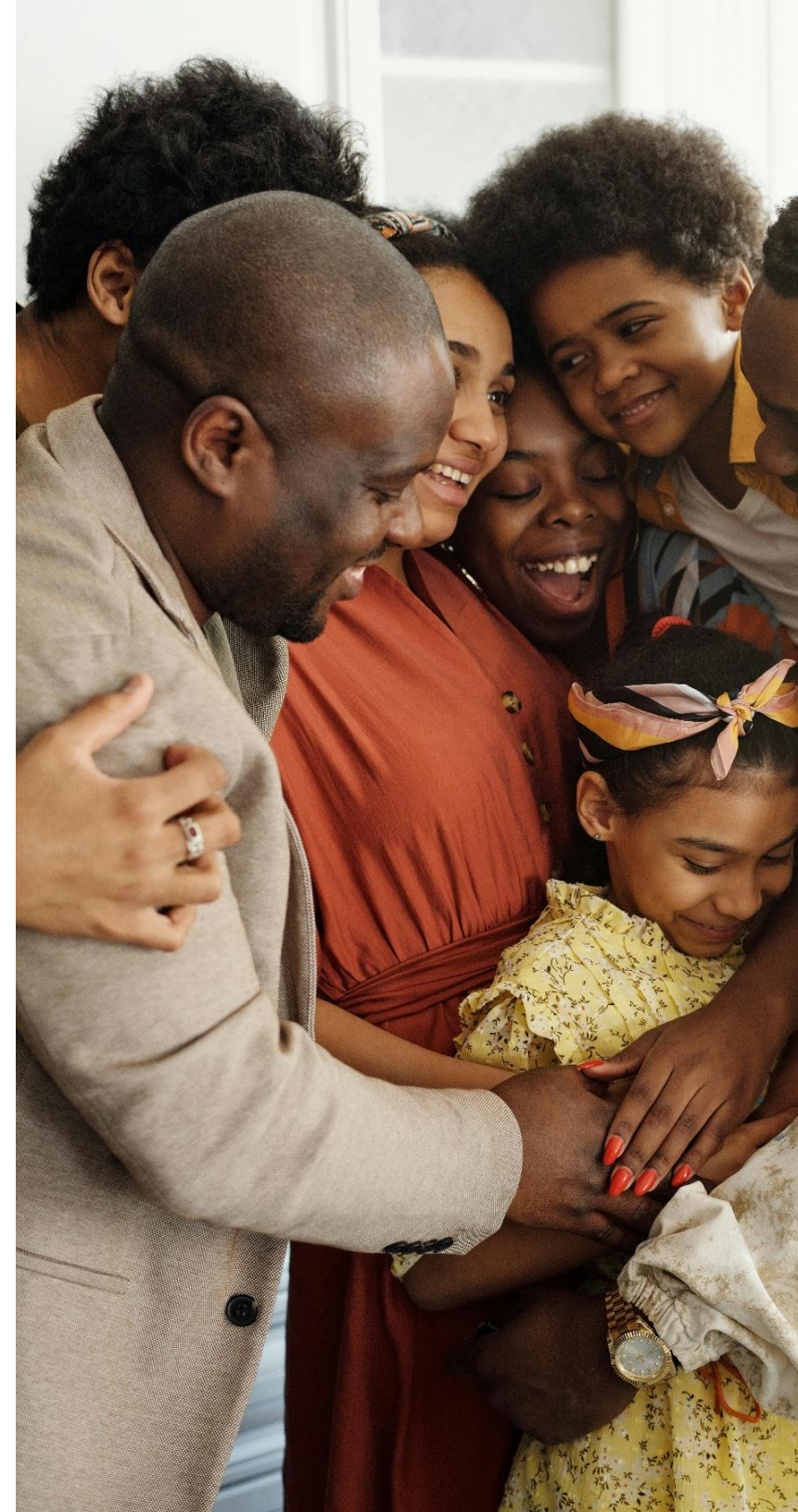
⁵ Monahan, E. K., Grewal-Kök, Y., Cusick, G., & Anderson, C. (2023). *Economic and concrete supports: An evidence-based service for child welfare prevention*. Chapin Hall at the University of Chicago.

Staff Training

FPS is implemented by staff that are specially trained to carry out intensive services with complex families. In FY25:

- FPS New Worker Training was delivered to **100%** of newly hired FPS staff.
- 100% of staff attended Motivational Interviewing (MI) Foundations Training to support engagement with families and to empower families to make positive changes. FPS staff also attended monthly coaching groups to sharpen their MI skills.
- All Supervisory staff attended a two-day MI-specific supervisory course to support their staff's capacity in delivering MI-informed interventions.

⁶ 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: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

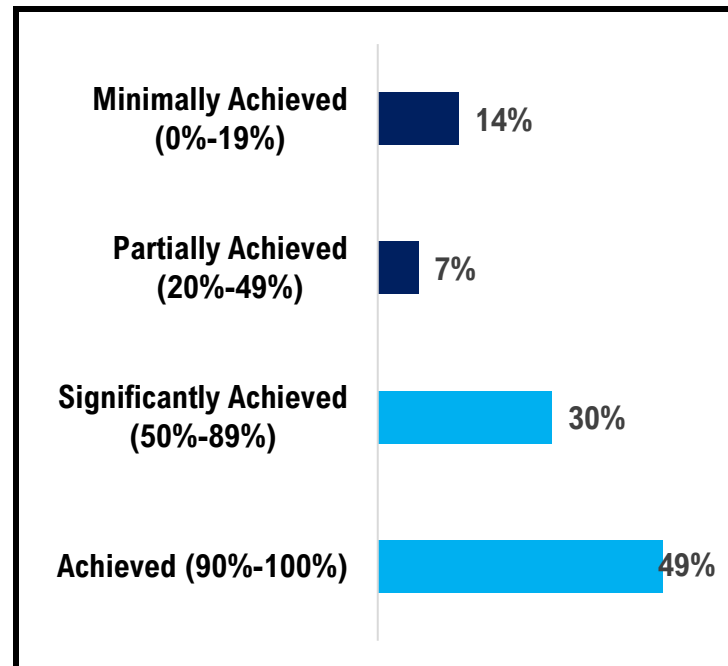
FPS is a short-term intervention - discharge planning begins early with the goal of linking families to other community-based services and supports. Families can withdraw from FPS at any time however, every effort is made to maintain their engagement. When families choose to discontinue their participation, 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 lasts a minimum of 28 days or all case goals are achieved or;
- Interrupted Intervention: FPS ends prior to 28 days as a result of the family discontinuing FPS or another reason beyond the control of FPS.

In FY25, **88%** of families participating in FPS received the full FPS intervention. Of the families that did not complete the program, the top three reasons for interruption were non-compliance (48%), family experienced a removal with the child not expected to return within 7 days (13%), and family declined program (11%).

The majority (79%) of participating families achieved or significantly achieved their treatment goals in FY25.



Family Preservation



94% of children remained in their own homes when the family discharged from FPS.

88% of families were still intact 12 months after successful discharge.

Ninety-four percent of children who received the full intervention remained in their own homes when the family discharged from FPS. Of the 6% of children who were not preserved in the home, 4% were placed in kin settings, such as family friend and relative care, while 3% were placed in traditional foster care. **88%** of families were still intact 12 months after discharge.



SECTION 5: CONCLUSION

In Fiscal Year 2025, New Jersey invested over \$10 million in contract funding for FPS, reaching over 660 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, 88% of children that received the full intervention were still preserved in their home.

SECTION 6: RECOMMENDATIONS

Increase Families Goal Achievement

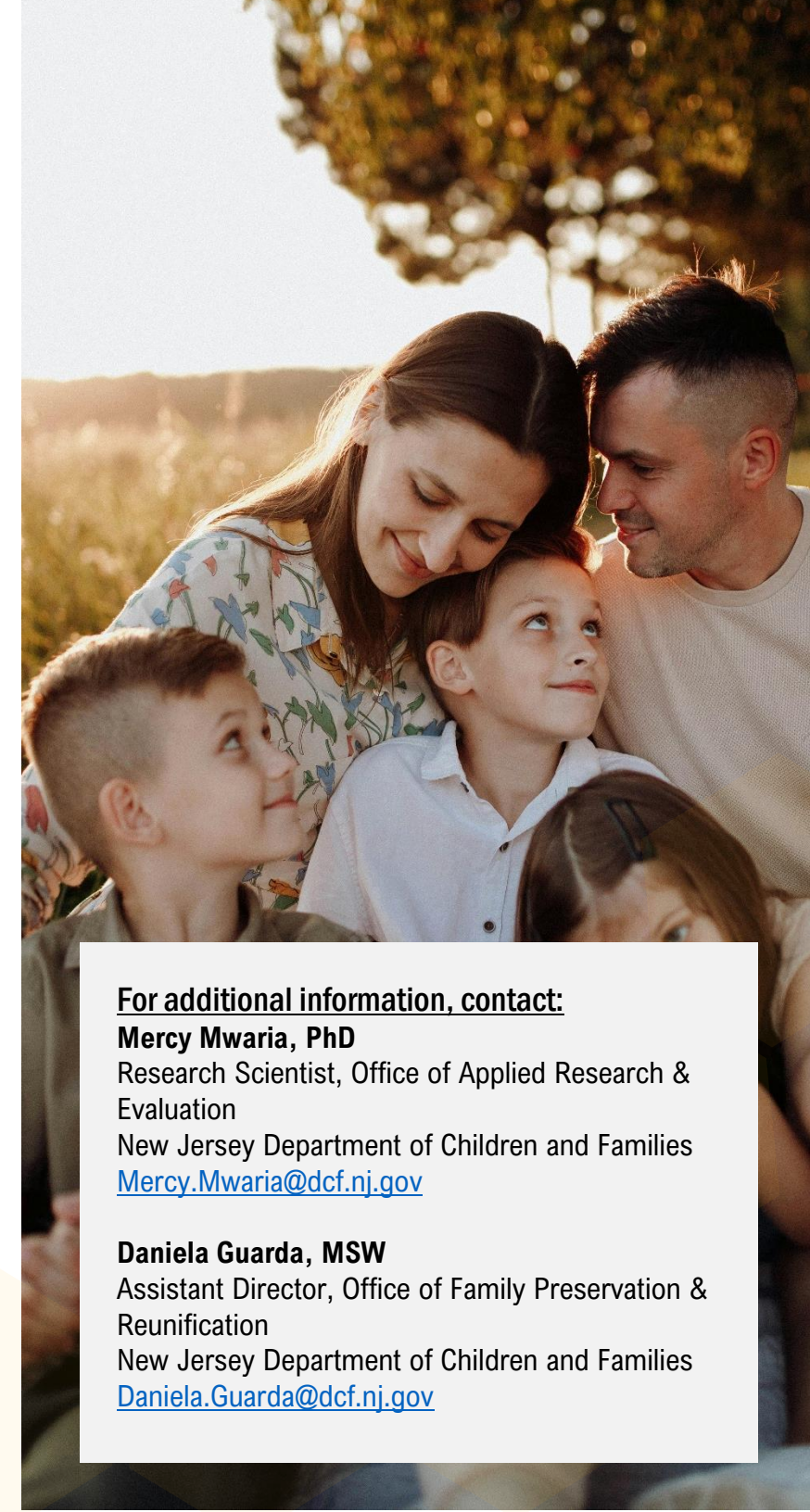
Goal achievement has been identified as an area of opportunity to further strengthen families' positive outcomes in the program and to reinforce stability, build caregiver confidence and help sustain progress beyond program completion, Staff will continue to emphasize collaborative goal-setting, monitor family progress and provide targeted support to remove barriers and help families achieve meaningful change.

Increase accessibility of services to engage more families who can benefit from FPS.

While FPS serves a subset of families at high risk of abuse, neglect, or out-of-home placement, there are likely many more New Jersey families that could benefit from the service. Strengthening referral processes and providing continued education to the child welfare workforce on program eligibility, service activities and FPS' impact on positive child and family outcomes are potential strategies to help in the identification and engagement of families in crisis or approaching crisis.

Boosting Family Engagement and Ongoing Involvement.

To reduce program attrition and enhance family engagement in the full intervention, staff will use their MI skills and other targeted engagement strategies tailored to address the common reasons for program interruption, such as non-compliance and declining services. We will also examine potential barriers to participation including considerations for increasing flexibility in service delivery, while maintaining fidelity to the FPS model.



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