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**Family Reunification Services**

**Program Code 24 – 120 & 333**

**Annual Plan Template**

**Instructions**

**Goal:** On a yearly basis, the US Department of Health and Human Services and the North Carolina General Assembly allocates Promoting Safe and Stable (Title IVB-2) funds to the North Carolina Division of Social Services for the provision of Family Reunification Services, which are issued to county child welfare agencies as part of a funding authorization. Each county agency is required to submit an annual plan describing how they expect to use the funds during the current fiscal year.

This annual plan covers the allocation period of June 1, 2024 through May 30, 2025. The plan is due on **August 1, 2024**.

To ask questions and/or submit report, please contact the Foster Care Coordinator via e-mail at [Jessica.Frisina@dhhs.nc.gov](mailto:Jessica.Frisina@dhhs.nc.gov)

State Fiscal Year:

**Service Goal:**

The primary goal of family reunification services is to support the family in eliminating the conditions which led to the child’s removal and to build protective factors that enable the parent(s) to provide the child(ren) with a safe and nurturing environment.

**Eligibility Criteria:**

* The child must be in the custody or placement authority of a county child welfare agency; AND
* The child must either be in a current out of home placement or recently moved from an out of home placement to the home of the parent/caregiver to be reunified; AND
* The child must be age birth through 17 years; AND
* The child must have the plan of reunification on the North Carolina Permanency Planning Family Services Agreement DSS – 5240.

**Allowable Services and Activities:**

* Individual, group, and family counseling;
* Inpatient, residential, or outpatient substance abuse treatment services;
* Mental health services;
* Assistance to address domestic violence;
* Services to provide temporary childcare and therapeutic services for families, including crisis nurseries;
* Peer-to-peer mentoring and support groups;
* Facilitation of access to and visitation of children with parents and siblings;
* Transportation to or from any of the services and activities listed above.

**Timeframe:**

* While the child is in out-of-home placement, there is no required time-limit on the use of Title IV-B funds for family reunification services.
* Beginning on the date the child returns home, county child welfare agencies may provide the child and their family up to 15-months of family reunification services.

Date Plan Completed:

Name of County Child Welfare Agency:

Name and Title of Person Completing the Plan:

Email Address and Phone Number of Person Completing the Plan:

**PROJECTED ANNUAL OUTPUTS for FAMILY REUNIFICATION SERVICES (PROGRAM CODE 24)**:

Complete the following chart with the unduplicated number of children, parents/caregivers, and families that your county agency expects to serve with 24-120 and 24-333 in the current year between June 1 and May 30?

|  |  |
| --- | --- |
| Projected Number of Children to be Served |  |
| Projected Number of Parents or Caregivers to be Served |  |
| Projected Number of Families to be Served |  |

**FAMILY REUNIFICATION SERVICES TO BE PROVIDED** (Program Code 24-120 and 24-333):

Complete the following chart for the allowable services and activities that the county agency plans to provide.

|  |  |  |
| --- | --- | --- |
| **What Family Reunification Service(s) will be provided?** | **Projected Percentage of Funding** | **Expected Internal Staff Member(s) or Community Service Provider(s) to Provide the Service** |
| Individual, group, and family counseling |  |  |
| Inpatient, residential, or outpatient substance abuse treatment services |  |  |
| Mental health services |  |  |
| Domestic violence services |  |  |
| Services to provide temporary child care and therapeutic services for families, including crisis nurseries |  |  |
| Peer-to-peer mentoring and support groups |  |  |
| Facilitation of access to and visitation of children with parents and siblings |  |  |
| Transportation to or from any of the services and activities listed above |  |  |

*\*\* NCDSS recognizes that needs, staff members, and services providers may change during the year after the plan has been submitted. These changes should be acknowledged and explained in the county agency’s annual family reunification report.*

**NARRATIVE**

Answer the following open-ended questions and check boxes:

1. Why did the county agency select the above family reunification service(s)?
2. What type of personnel will the county agency use to provide family reunification services? (Check all that apply.)

Internal DSS Social Workers (24-120)

Internal DSS Paraprofessionals (24-333)

External Contracted Service Providers

1. What is the county agency’s process to verify eligibility for these family reunification services?
2. How will the county agency track family reunification services to ensure that eligible children receive eligible services for monitoring purposes? (Check all that apply.)

Database

Spreadsheet

Case Notes

Other, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What written documentation for family reunification services will the county agency maintain? (Check all that apply)

Invoices

Receipts

Case Notes

Day Sheets

Other, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is the county agency changing the family reunification services in SFY 2022 compared to the prior year?

Yes

No

1. If yes, what are the changes and why did the county agency decide to make these changes?
2. How will the county agency use these funds to target reunification of special populations such as, but not limited to, families with children under the age of 5, families experiencing substance abuse, families experiencing domestic violence, etc.?

As the County DSS Director, I submit this reunification services plan to NCDSS for SFY 2025.

DSS Director Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DSS Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_