



# NC Department of Health and Human Services Family Reunification Services

Jessica Frisina, MSW

**Foster Care Coordinator** 

# **Reunification Services**

# History

Funding

# Eligibility

Reunification Funds are provided by federal government through Promoting Safe and Stable Families: Title IV-B, Subpart 2, of the Social Security Act.

### 1. Contracted Services

- 2. Direct Day Sheet when child welfare staff provide services:
  - Using Program Code 24
     and
  - 120 for social worker or 333 for paraprofessionals.

Families in which one or more children have been removed from their home due to abuse, neglect and dependency and are in the custody of a county child welfare agency with a permanency plan of reunification

### Eligible Services and Activities:

Individual, group, and family counseling

Inpatient, residential, or outpatient substance use 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 Family Reunification funds are to only be used for these services and <u>not</u> case management

# Who is eligible?

Children in Foster Care

With a plan goal of reunification

Age 0-17

\*Services for individual clients need to be opened on the DSS 5027.

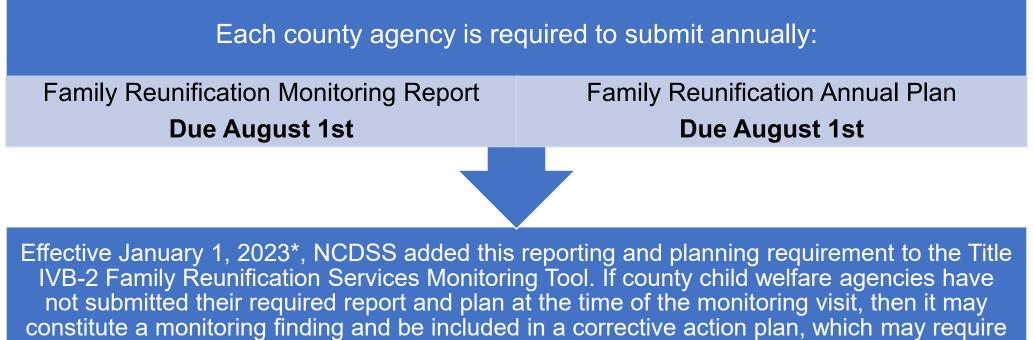
Services are also available for up to 15 months after reunification.

# **Reunification Services**

NC allocates IVB-2 Family Reunification Funds to all 100 county child welfare agencies to provide reunification services to children in foster care and their families. The funding allocation for each county is determined by a formula that includes

- 1) a base of \$5,000 for each county, plus
- 2) a percentage of the remaining funds available based on the average number of children in out-of-home care at each quarter's end for the previous federal fiscal year, regardless of plan goal.

### **Family Reunification Monitoring Requirements**



financial reimbursement

\*Please refer to DCDL CWS\_35\_2023: <u>https://www.ncdhhs.gov/cws352023/download?attachment</u>

# **IVB-2** Funding

### IVB-2 Funding can be utilized by the county in two different ways:

### Day Sheet Coding

### Contracted Services

### **Day Sheet Coding for IVB-2**



Social Workers – Use Service Code 120:24



Paraprofessionals – Use Service Code 333:24



These are activities performed by a social worker or a paraprofessional that supports family reunification. Day Sheet Coding: Salary Reimbursements on the DSS-1571 Cost Report

- Primary purpose is to Compute percentages of time spent by staff in the delivery of direct service activities, which will provide the basis for county reimbursement
- Provide documentation, along with the case record, to support reimbursement
- Provide information to determine the cost of services provided
- Enable more effective planning and budgeting
- Provide a source of recipient counts for federal reporting and program management
- Provide an audit trail for services

### **Contracted Services**

Contracted Services are reported on the DSS 1571, part IV (Administrative Cost Report) for direct reimbursement of cost.

These are services that vendors invoice the county for such as parent/child therapies, domestic violence services, substance abuse treatment services and mental health services.

# **Examples:**

#### Paraprofessional Day Sheet Coding

• Transportation worker drives mom to a child and family therapy appointment. The drive time is 30 minutes to the appointment. The appointment lasts for 60 minutes the drive back to the mother's home takes 30 minutes.

• The worker will code 333: 24 for 120 minutes

### **Contracted Service**

- Mountain View Family Therapy sends an invoice to Your County DSS for \$100.00 for the child and family therapy appointment.
- The agency pays this invoice on 7/2/2021.

### Social Worker Day Sheet Coding

- After the therapy appointment, the mother and the child have a supervised visit at the mother's home. The Social Worker drives the child 15 minutes to the mother's home and then observes this 2 hour visit. The Social Worker then drives the child 15 minutes back to the foster home.
- Coding 120:24 150 minutes

Family Reunification Annual Plan and Report

### **Family Reunification Annual Report**



Family Reunification Services Program Code 24 Annual Monitoring Report Tool

#### Tool Instructions

<u>Goal:</u> On a yearly basis, the US Department of Health and Human Services and the North Carolina General Assembly allocates 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.

This annual Monitoring Report Tool covers the allocation period of June 1, 2022, through May 30, 2023. The report is due by **August 1, 2023**.

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

#### Date Report Completed:

Name of County:

Name and Title of Person Completing the Form:

Email Address and Phone Number of Person Completing the Form:

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

Number of Children Served:	
Number of Parents or Caregivers Served:	
Number of Families Served:	
Number of Families Reunified:	
Number of Children in Foster Care Placed in Relative Guardianship	
Number of Children in Foster Care Adopted	
Number of Children in Foster Care in Other Guardianship Placement	

FAMILY REUNIFICATION SERVICES PROVIDED (cumulative for Program Code 24-120 and 24-333): \* Please note that the number of services may be duplicated if children and participants receive multiple services.

Family Reunification Service Provided	Number of Children	Number of Parents/ Caregivers Served	Total Number Served
Individual, group, and family counseling			
Inpatient, residential, or outpatient substance abuse treatment services			
Mental health services			
Domestic violence services			
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			
TOTAL			

#### NARRATIVE

1. What achievements has your family reunification services program experienced this year?

2. What challenges or barriers has your family reunification services program faced this year?

3. How does your agency plan to address these challenges?

 If your agency did not serve any families with family reunification services this year, please describe the reason(s) why not.

### **Family Reunification Annual Plan**



Family Reunification Services Program Code 24 – 120 & 333 Annual Plan Template

#### Instructions

<u>Goal:</u> On a yearly basis, the US Department of Health and Human Services and the North Carolina General Assembly allocates Promoting Safe and Stable (Trille 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 through May 30. The plan is due on August 1, 2023.

To ask questions and/or submit report, please contact the Foster Care Coordinator via e-mail at <a href="mailto:Jessica.Frisina@dhbs.nc.gov">Jessica.Frisina@dhbs.nc.gov</a>

#### 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 <u>counseling</u>;
- 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 <u>nurseries;</u>
- Peer-to-peer mentoring and support groups;
- Facilitation of access to and visitation of children with parents and <u>siblings;</u>
- Transportation to or from any of the services and activities listed above.

#### Timeframe:

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

1

#### 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 <u>child care</u> 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.

2

### Family Reunification Annual Plan, continued

#### 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
3.	What is the county agency's process to verify eligibility for these family reunification services?
4.	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 Contract International Internati
	Other, please list:
5.	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:
6.	Is the county agency changing the family reunification services in SFY 2022 compared to the prior year?
	🗆 Yes
	□ No
7.	If yes, what are the changes and why did the county agency decide to make these changes?
8.	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.?

3

As the County DSS Director, I submit this reunification services plan to NCDSS for SFY 2023.

4

DSS Director Name:

DSS Director Signature:

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

# Monitoring IV-B 2

### Monitoring IVB-2 Family Reunification Services

 $\mathcal{O}$ 

IVB-2 cases are monitored in a three-year cycle.



A monitor will contact your county 30-45 days in advance of the scheduled monitoring.



For the review, your agency will be provided with a random sample of cases.

### Required Documents

Required Monitoring Documents for Family Reunification Services
Initial Removal Order or Completed Voluntary Placement Agreement DSS-1789
<ul> <li>North Carolina Permanency Planning Family Services Agreement DSS-5240</li> </ul>
<ul> <li>Permanency Planning Court Order for Trial Home Visit or Returns Custody to Parent, if applicable</li> </ul>
1571 Administrative Cost Report
<ul> <li>If the agency billed NCDSS on Part I: Salaries of the 1571 Administrative Cost Reports:</li> </ul>
o Direct Day Sheets with Code 24 and 120 for social workers or 333 for paraprofessionals
o The narrative entry that corresponds to appropriate day sheet.
<ul> <li>If the agency billed NCDSS on Part IV: Contracted Services of the 1571 Administrative Cost Reports:</li> </ul>
o General Ledger
o Invoices
o Cancelled Bank Checks
o Credit Card Statements
DSS Annual IVB-2 Family Reunification Plan, Agency Plan
DSS Annual IVB-2 Spending report, Agency Report

### IVB-2 Monitoring Tool

Monitoring Review Information			Type Answers Here
County Name:			
Case Number:			
Review Period Start Date:			
Review Period End Date:			
Date Monitoring Tool Completed:			
NCDSS Monitor's Name:			
	Yes	No	Notes
			Notes
I. Client Eligibility - At the Time of Service: (All 5 boxes must be checked yes for the child to l	be eligible.	)	r
1. Was the child in the custody of a child welfare agency or placement authority?			
2. Does the record contain initial Removal Order or Voluntary Placement Agreement DSS-178	39?		
3. Was the child living in an out-of home placement or living with parent in a trial home placement within 15 months of date child returned home?			
4. Does the North Carolina Permanency Planning Family Services Agreement DSS–5240 include a goal of reunification?			
5. Was the child age birth through 17 years old?			
6. DSS Annual IVB-2 Family Reunification Plan, Agency Plan			
7. DSS Annual IVB-2 Spending report, Agency Report			
II. Time Frame (If agency provided post-reunification services, then this box must be checked yes for time fram	e to be valid.	.)	
8. If services were provided after reunification, were they provided within 15 months of the date child returned home?			
Please note that there is no specified time frame if the child was still in out-of-home placement, so write "Not Applicable" in Column D: Notes.			

### IVB-2 Monitoring Tool

9. According to the case records / day sheet narrative, which of the following allowable		
services and/or activities were provided to the child and their family?		
<ul> <li>Individual, group, and family counseling</li> </ul>		
<ul> <li>Inpatient, residential, or outpatient substance abuse treatment services</li> </ul>		
Mental health services		
Assistance to address domestic violence		
<ul> <li>Services to provide temporary child care and therapeutic services for families,</li> </ul>		
including crisis nurseries		
<ul> <li>Peer-to-peer mentoring and support groups</li> </ul>		
<ul> <li>Facilitation of access to and visitation of children with parents and siblings</li> </ul>		
<ul> <li>Transportation to or from any of the services and activities listed above</li> </ul>		
IV. Supporting Documentation		
10. Did the agency provide documentation to support expenditures billed to NCDSS? (e.g.		
day sheets or fiscal documentation)		
11. If the agency billed NCDSS on Part I: Salaries of the 1571 Administrative Cost Reports,		
does the narrative entry(ies) on day sheets correspond to family reunification services		
expenditures? Please note that all services on day sheets should be coded to 24-120 for		
social workers or 24-333 for paraprofessionals. If agency did not bill to Part I, write "not		
applicable" in Column D: Notes.		
12. If the agency billed NCDSS on Part IV: Contracted Services of the 1571 Administrative		
Cost Reports, does the fiscal documentation correspond to family reunification services		
expenditures? If agency did not bill to Part IV, write "not applicable" in Column D: Notes.		
13. List the supporting documentation provided for Part IV expenditures in Column D:		
Notes. (e.g. General Ledger, Invoices, Cancelled Bank Checks, Credit Card Statements, and Service		
Portion of Subcontracted Service.)		
V. Monitoring Results	 	
14. Are there are any findings or recommendations? If yes, then list in the cell below.		

### **Contact Information**

Contract Administrator:

Jessica Frisina – <u>Jessica.Frisina@dhhs.nc.gov</u>

Child Welfare Program Monitors:

- Nina Swim-Wright <u>Nina.Swim-Wright@dhhs.nc.gov</u>
- Kristen Icard <u>Kristen.Icard@dhhs.nc.gov</u>
- Gloria Duncon <u>Gloria.Duncan@dhhs.nc.gov</u>