

# 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 (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, 2025 through May 30, 2026. The plan is due on **August 1, 2025**.

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

#### 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 <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.

# **Date Plan Completed:**

		RVICES (	
Complete the following chart with the unduplicated nucounty agency expects to serve with 24-120 and 24-3			
Projected Number of Children to be Served			
Projected Number of Parents or Caregivers to be S	Served		
Projected Number of Families to be Served			
Complete the following chart for the allowable service  What Family Reunification Service(s) will be provided?		nat the co	unty agency plans to provide.
	Percentage of Funding	or Con	ed Internal Staff Member(s) nmunity Service Provider(s) vide the Service
Individual, group, and family counseling	Percentage	or Con	nmunity Service Provider(s)
Individual, group, and family counseling  Inpatient, residential, or outpatient substance abuse treatment services	Percentage	or Con	nmunity Service Provider(s)
Inpatient, residential, or outpatient substance	Percentage	or Con	nmunity Service Provider(s)
Inpatient, residential, or outpatient substance abuse treatment services	Percentage	or Con	nmunity Service Provider(s)

# **NARRATIVE**

Name of County Child Welfare Agency:

Name and Title of Person Completing the Plan:

Peer-to-peer mentoring and support groups

with parents and siblings

activities listed above

family reunification report.

Facilitation of access to and visitation of children

Transportation to or from any of the services and

Email Address and Phone Number of Person Completing the Plan:

\*\* 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

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DS	S Director Name:
As	the County DSS Director, I submit this reunification services plan to NCDSS for SFY 2026.
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.?
7.	□ No  If yes, what are the changes and why did the county agency decide to make these changes?
6.	Is the county agency changing the family reunification services in SFY 25-26 compared to the prior year?  ☐ Yes ☐ No.
	<ul> <li>☐ Invoices</li> <li>☐ Receipts</li> <li>☐ Case Notes</li> <li>☐ Day Sheets</li> <li>☐ Other, please list:</li></ul>
5.	What written documentation for family reunification services will the county agency maintain? (Check all that apply)
	<ul> <li>□ Database</li> <li>□ Spreadsheet</li> <li>□ Case Notes</li> <li>□ Other, please list:</li> </ul>
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.)
3.	What is the county agency's process to verify eligibility for these family reunification services?
	<ul> <li>□ Internal DSS Social Workers (24-120)</li> <li>□ Internal DSS Paraprofessionals (24-333)</li> <li>□ External Contracted Service Providers</li> </ul>
2.	What type of personnel will the county agency use to provide family reunification services? (Check all that apply.)
1.	Why did the county agency select the above family reunification service(s)?

Answer the following open-ended questions and check boxes:

DSS Director Signature:		
Date:		