HELPING FAMILIES INITIATIVE

Making Alabama's Education Laws Benefit Everyone

Workplan Template

Local Implementation Onboarding

Implementation Site / Circuit / County: _____

School System(s): _____

Lead Agency: _____

Primary HFI Contact: _____

Date Prepared: _____

Version: _____

Prepared By: _____

Reviewed / Approved By: _____

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Making Alabama's Education Laws Benefit Everyone

1. Purpose of This Workplan

This workplan is intended to help the local Helping Families Initiative Team define, document, and organize the workflow for implementing HFI in a consistent and understandable manner.

The workplan should describe how the local HFI Team will identify students and families, communicate with parents or guardians, conduct family assessments as needed, coordinate Interagency Team Meetings when appropriate, connect families with needed services, monitor progress, document outcomes, and maintain accountability for each step of the process.

This document should be completed by the local District Attorney and HFI Team Leader in coordination with school system representatives, community service partners, and the HFI State Support Team.

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2. Local Program Overview

2.1 Program Statement

Complete the following statement:

The Helping Families Initiative in [circuit/county/school system] is designed to support students and families by addressing the root causes of:

- Excessive unexcused absences;
- Serious or repeated school behavior violations of the codes of student conduct;
- Chronic absenteeism (excused and unexcused absences);
- Family and/or neighborhood issues affecting school attendance or behavior;
- Unmet family and/or needs that may be addressed through coordinated community services.

The local HFI program will operate as an early-intervention and family-support process intended to connect families with appropriate resources before issues escalate further.

2.2 Local Goals

Identify the primary goals of the local HFI implementation.

Goal	Description	How Success Will Be Measured
Reduce excessive unexcused absences	[Compare annual data]	[Most recent data show improvement]
Improve student behavior	[Compare annual data]	[Most recent data show improvement]
Connect families with services	[Compare annual data]	[Most recent data show improvement]
Reduce escalation to early warning truancy programs	[Compare annual data]	[Most recent data show improvement]
Reduce escalation to court intervention	[Compare annual data]	[Most recent data show improvement]
Other local goal	[Compare annual data]	[Most recent data show improvement]

2.3 Population Served

Define the population HFI will serve locally.

1. Which school systems, schools, or grade levels are included in this implementation?

Response:
All school systems or schools in a judicial circuit may participate.

2. Are there any schools, grades, programs, or populations excluded from the initial implementation?

   Response:
   No one is excluded. However, HFI data begins with kindergarten.

3. Will HFI serve families only after a school referral, or may families also self-refer or be referred by community partners?

   Response:
   Yes. Families may self-refer. Community Partners may refer.

4. Are court-involved students and/or families eligible, or is HFI limited to prevention and early intervention?

   Response:
   Students/families involved in the criminal justice system are ineligible.

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3. Program Governance and Leadership

3.1 Lead Agency and Decision-Making Structure

Identify the lead agency and leadership structure for the local HFI program.

- **District Attorney:** Provides executive oversight of the local HFI site, ensures alignment with legal and attendance-enforcement responsibilities, and serves as the reporting authority for HFI personnel within the judicial circuit.
- **Team Leader:** Coordinates local HFI operations, supervises HFI case officers, maintains liaison with schools and community agencies, leads Interagency Team Meetings, and manages initial communication from the District Attorney to families.
- **Case Officer:** Delivers direct outreach and family services, completes needs assessments as needed, tracks progress, and supports day-to-day case logistics for the HFI Team.
- **State Support Team:** Provides statewide training, technical, analytical, and operational support to local HFI sites, including support for assessment tools and computer systems.

Role	Name / Position	Organization	Responsibilities
Program Sponsor	District Attorney	[Insert]	[Insert]
HFI Program / Team Leader	[Team Leader]	[Insert]	[Insert]
School System Lead	[Supt]	[Insert]	[Insert]
Data / Reporting Lead	[ALSDE]	ALSDE	[Insert]
Community Partner Coordinator	[Team Leader]	[Insert]	[Insert]
Training Coordinator	[State Support Team and Team Leader]	[Insert]	[Insert]
Quality Control / Fidelity Lead	[Team Leader and State Support Team]	[Insert]	[Insert]

3.2 Local Steering Team

List the members of the local HFI steering or leadership team.

Name	Organization	Role in HFI	Meeting Frequency
[District Attorney]	Office of the District Attorney	Local Leadership	[Insert]

Name	Organization	Role in HFI	Meeting Frequency
[Team Leader]	Office of the District Attorney	Daily Operations	[Insert]
[State Support Team]	Helping Families Initiative, Inc.	Statewide Support	[Insert]

3.3 Governance Questions

1. Who has authority to approve local HFI procedures?

   Response:
   District Attorney with advice from the State Support Team

2. Who may change referral criteria or timelines?

   Response:
   District Attorney in consultation with school system superintendent and State Support Team

3. How often will leadership review program performance and implementation fidelity?

   Response:
   Daily monitoring, Monthly monitoring reports, quarterly reports, and as needed

4. How will unresolved operational issues be escalated?

   Response:
   Team meetings, DA, referral to state support team

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4. HFI Process Flow

The local HFI workflow will generally follow this sequence: [insert process flow diagram]

1. Triggering event occurs. {unexcused absences, serious bad behaviors, referrals]
2. School or authorized party refers the student/family to HFI.
3. HFI sends a letter or other communication to the parent or guardian.
4. HFI attempts family contact and engagement.
5. HFI conducts a family assessment using the *North Carolina Family Assessment* tool, if necessary.
6. HFI identifies family strengths, needs, barriers, and service priorities.
7. HFI schedules and conducts an Interagency Team Meeting (IAT), if needed.
8. HFI and the family contact or coordinate with service agencies.
9. HFI monitors the family's progress and student outcomes.
10. HFI determines whether continued monitoring, additional services, escalation, or closure is appropriate.

4.1 HFI Process Map

The HFI process begins when a student is referred to the HFI/DA Office either through the case management system or by direct referral. HFI determines eligibility of the student/family for inclusion in the Helping Families Initiative. In the case management system, this is coded as ***"new offense"***.

If the ***"new offense"*** involves unexcused absences, a warning letter, email, and/or text message is sent to the parent/guardian. While each circuit sets its own threshold for unexcused absences that trigger a new offense based on unexcused absences, early intervention remains the most effective approach. After the warning is sent, the case status is then updated from ***"new offense"*** to ***"closed."*** In some cases, if an immediate need is identified, the case may be moved to the assessment / ***"in progress"*** stage rather than being closed.

If the ***"new offense"*** involves discipline violations, a warning letter, email, and/or text message is sent to the parent/guardian. The case status is then updated from ***"new offense"*** to ***"closed."*** In some cases, if an immediate need is identified, the case may be moved to the assessment / ***"in progress"*** stage rather than being closed.

If unexcused absences and/or discipline violations continue after the warning, an ***"assessment letter"*** is sent inviting the parent/guardian and student to meet. At this point, the case status is changed from ***"closed"*** or ***"new offense"*** to ***"in progress."***

If the parent/guardian declines the assessment meeting, the case status is updated from ***"in progress"*** to ***"closed."*** If the parent/guardian agrees to meet, the case status is changed from ***"in progress"*** to ***"active/open."***

Once the case is ***"active/open"***, referrals for immediate needs may begin. The case officer should conduct interviews and/or home visits with the family, and the initial ***North Carolina Family Assessment (NCFAS)*** is completed. Three priority areas for intervention are identified.

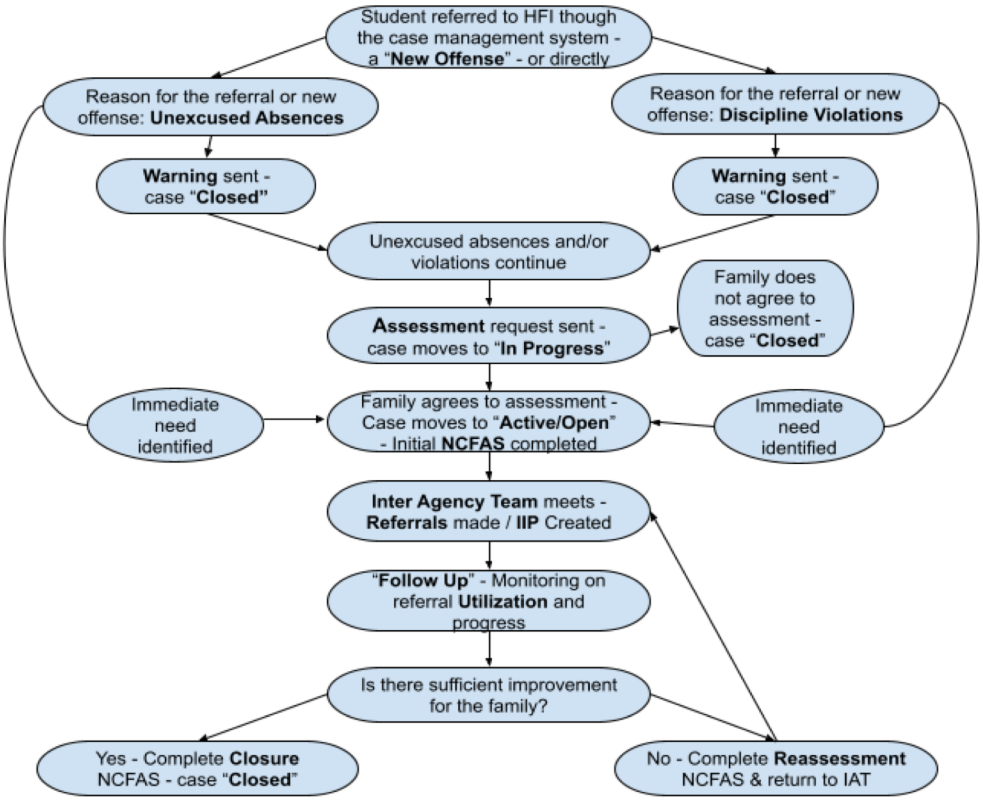
An ***Individual Intervention Plan (IIP)*** is then developed for the student and family, with referrals coordinated through the ***Interagency Team (IAT)***. The case officer provides the family with the IIP

and all relevant referral information. The family then signs and agrees with the IIP. HFI then continues to monitor progress through ***"follow-up"*** communication to ensure services are being utilized.

If the student and/or family demonstrate sufficient improvement, the case officer completes a ***"closure"*** NCFAS, and the case status is updated from ***"active/open"*** to ***"closed."***

If insufficient progress is made, the case officer completes a ***"reassessment"*** NCFAS. The case is then returned to the IAT to revise the IIP and referral plan, and monitoring by the case officer continues.

The HFI Process



Describe the local workflow from referral through closure.

Step	Local Activity	Responsible Party	Target Timeline	Required Documentation
Triggering event[1]	[Insert]	[Insert]	[Insert]	[Insert]
Referral to HFI	[Insert]	[Insert]	[Insert]	[Insert]
Parent / guardian communication	[Insert]	[Insert]	[Insert]	[Insert]
Family assessment	[Insert]	[Insert]	[Insert]	[Insert]
Service planning	[Insert]	[Insert]	[Insert]	[Insert]
IAT meeting	[Insert]	[Insert]	[Insert]	[Insert]
Family signs IIP	[Insert]	[Insert]	[Insert]	[Insert]
Agency referrals	[Insert]	[Insert]	[Insert]	[Insert]
Monitoring	[Insert]	[Insert]	[Insert]	[Insert]
Closure or recycle the process	[Insert]	[Insert]	[Insert]	[Insert]

[1] Triggering events include meeting the threshold for unexcused absences, serious violations of the school system's code of student conduct, or referral from an appropriate source.

5. Triggering Events and Referral Criteria

5.1 Triggering Events

Define the events that will trigger HFI involvement.

Trigger Category	Local Definition	Referral Threshold	Source of Information
Excessive unexcused absences	[Insert]	[Insert]	[Insert]
Serious behavior incident	[Insert]	[Insert]	[Insert]
School administrator concern	[Insert]	[Insert]	[Insert]
Parent Referrals	[Insert]	[Insert]	[Insert]
Community Alerts	[Insert]	[Insert]	[Insert]

5.2 Referral Source

1. Who may refer a student or family to HFI?

   Response:
   School, community partner

2. What information must be included in a referral?

   Response:
   Student name, school, parent/guardian, concern, context

3. How will referrals be submitted?

   Response:
   Data download from school system, referrals from community alerts

4. Who reviews referrals for completeness and eligibility?

   Response:
   Team Leader; Case Officer

5. What is the target timeframe for reviewing a referral after receipt?

   Response:
   24-72 hours

5.3 Referral Intake Checklist

Required Intake Item	Required?	Responsible Party	Notes
Student name	Yes / No	[Insert]	[Insert]
Student ID	Yes / No	[Insert]	[Insert]
School	Yes / No	[Insert]	[Insert]
Grade	Yes / No	[Insert]	[Insert]
Date of Birth	Yes / No	[Insert]	[Insert]
Soc Sec Number	Yes / No	[Insert]	[Insert]
Parent / guardian name	Yes / No	[Insert]	[Insert]
Parent / guardian contact information	Yes / No	[Insert]	[Insert]
Attendance record	Yes / No	[Insert]	[Insert]
Behavior record	Yes / No	[Insert]	[Insert]
Prior school interventions	Yes / No	[Insert]	[Insert]
Known safety concerns	Yes / No	[Insert]	[Insert]
Language / translation needs	Yes / No	[Insert]	[Insert]
Existing service involvement	Yes / No	[Insert]	[Insert]
Other	Yes / No	[Insert]	[Insert]

6. Parent / Guardian Communication

6.1 Initial Communication

Describe the first communication to the parent or guardian.

1. What form of communication will be used?
    - Letter;
    - Phone call;
    - Email;
    - Text message;
    - School meeting;
    - Home visit;
    - Other: [Insert].
2. Who sends the initial communication?

    Response:
    DA authorizes, HFI Team sends

3. When is the communication sent after the triggering event or referral?

    Response:
    24-72 hours

4. What tone and message should the communication convey?

    Response:
    Professional, polite, empathetic, factual

5. What information must be included in the communication?

    Response:
    Specific dates, facts, understanding of explanations

6.2 Parent Communication Script / Letter Elements

The initial communication should generally include the following elements. Local teams should customize as appropriate.

Element – Suggested Information to be included	Local Wording / Notes
Identification of student and school concern	[Insert]
Explanation of HFI purpose	[Insert]
Statement that HFI is intended to help the family	[Insert]
Request for parent / guardian contact	[Insert]
Description of next steps	[Insert]

Element – Suggested Information to be included	Local Wording / Notes
Contact information for HFI personnel	[Insert]
Language access / accommodation information	[Insert]
Confidentiality statement (subsequent letter)	[Insert]
Deadline or requested response date (subsequent letter)	[Insert]

6.3 Contact Attempts

Define how HFI will document attempts to reach the family.

Contact Attempt[2]	Method	Responsible Party	Timeline	Documentation Required
Attempt 1 or	[Letter]	[Insert]	[Insert]	[Insert]
Attempt 2 or	[Text]	[Insert]	[Insert]	[Insert]
Attempt 3 or	[Phone Call]	[Insert]	[Insert]	[Insert]
Additional attempts	[Meeting]	[Insert]	[Insert]	[Insert]

6.4 Non-Response Protocol

1. What happens if the parent or guardian does not respond?

   Response:
   Letter – no response required; Subsequent Letters: Follow up phone call; or, other follow up procedure; attempt to locate

2. When should the school be notified of non-response?

   Response:
   Initial Letter – no response required; Subsequent Letters; depends on nature of referral

3. Are home visits permitted or required?

   Response:
   Depends on nature of referral; where in the HFI process the case is; circumstances of the family situation

4. When should the case be re-evaluated for additional review?

[2] Contact attempts are not listed in chronological order. For example, the first attempt may be a phone call or a letter. In most cases, however, a letter from the District Attorney is preferred. Generally phone calls and text messages are follow up attempts.

Response:
Depends on nature of referral; where in the HFI process the case is; circumstances of the family situation

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7. Family Engagement and Consent

7.1 Engagement Approach

Describe the local approach to engaging families.

1. How will staff explain HFI to the family?

   Response:
   Direct conversation, Program literature, web site,

2. How will staff emphasize that HFI is intended to identify needs and connect the family to services?

   Response:
   Conducted during initial program explanation to family.

3. How will staff identify immediate concerns, barriers, or urgent needs?

   Response:
   North Carolina Family Assessment. Barriers or urgent needs may be initiated by Case Officers or Team Leaders.

4. How will staff address distrust, fear, or reluctance to participate?

   Response:
   HFI personnel reconfirm on a case by case basis the fundamental purpose and processed of the Heling Families Initiative.

7.2 Consent and Information Sharing

1. What consent forms are required before information is shared with service providers?

   Response:
   Confidentiality forms

2. Who obtains consent?

   Response:
   Local HFI personnel (Case Officers and Team Leaders

3. Where are consent forms stored?

   Response:
   Release and Confidentiality Form are stored in the Case Management System

4. How often must consent be updated?

   Response:
   Consent forms are updated for service agencies as additional needs are identified.

5. What information may be shared with schools, agencies, or community partners?

   Response:
   Information pertinent to the IAT plan/meeting

6. What information may not be shared without additional authorization?

   Response:
   Information that is not pertinent to the IAT plan/meeting

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8. Family Assessment Process

8.1 Assessment Tool

The local HFI Team will use the *North Carolina Family Assessment* tool to identify family strengths, needs, barriers, and service priorities.

Complete the following:

Items	Local Response
Exact assessment tool/version used	[NCFAS]
License or authorization confirmed?	License authorization is the responsibility of the State Support Team.
Staff authorized to administer assessment	[Team Leader, Case Officer]
Required training completed?	Team Leader, Case Officer
Where assessment records are stored	Case Management System
Who may access assessment results	[Case Officers, Team Leaders, State Support Team]
When assessment must be completed	[Local Team Decision]
Whether reassessment is required	[Local Team Decision]

8.2 Assessment Workflow

1. When does the initial assessment process begin?

   Response:
   24-72 hours

2. Where may the assessment occur?

   - School
   - HFI office
   - Family home
   - Community location
   - Virtual meeting
   - Phone
   - Other: _____

3. Who participates in the assessment?

   Response:
   Parents, guardians, school personnel, student

4. What collateral information may be reviewed before completing the assessment?

   Response:
   Context of family situation, not directly from the family, other sources of Information, School sourced information, Criminal History

5. How are urgent safety, health, housing, food, or crisis needs identified during the assessment?

   Response:
   Refer to NCFAS instrument

6. How are family strengths documented?

   Response:
   Refer to NCFAS instrument

7. How are family needs prioritized?

   Response:
   Judgement of the case officer and top three most pressing goals

8.3 Assessment Summary

After completing the assessment, staff should prepare a summary of the family's strengths, needs, and recommended next steps.

Refer to the NCFAS instrument, domain scores, review NCFAS and align domains. Generally, only three (3) needs are addressed at the first assessment.

Domain Name	Description / Details
1. Environment	Evaluates physical living conditions, including housing quality, safety, and access to basic community resources like utilities and transportation .
2. Parental Capabilities	Assesses caregiver knowledge, mental health, substance use, and ability to protect and nurture children.
3. Family Interactions	Analyzes relational dynamics, such as communication patterns, conflict resolution, and the emotional bond between caregivers and children.
4. Family Safety	Gauges the level of safety within the home, specifically monitoring the presence or risk of abuse and neglect.
5. Child Well-Being	Measures indicators of children's emotional, behavioral, and physical health, including developmental progress .

Domain Name	Description / Details
6. Social/Community Life	Examines the quality of external networks, social support, extended family, and community ties .
7. Self-Sufficiency	Evaluates the family's ability to manage finances, employment, and basic needs.
8. Family Health	Measures the overall health status and access to medical/dental care for all family members .
9. **Caregiver/Child Ambivalence**	Assesses the emotional barriers, attachment issues, or ambivalence between a caregiver and the child.
10. Readiness for Reunification	Used strictly in reunification cases to measure the family's preparedness to safely bring the child back home.
11. Trauma / Well-Being	An optional package measuring the recovery of children and caregivers following traumatic events.

8.4 Determination After Assessment

Based on the assessment, identify the next step.

Possible Next Step	Criteria	Responsible Party	Documentation
No further action / close	[Insert]	[Insert]	[Insert]
Monitor only	[Insert]	[Insert]	[Insert]
Schedule IAT meeting	[Insert]	[Insert]	[Insert]
Family sign IIP Agreement	[Insert]	[Insert]	[Insert]
IIP is implemented	[Insert]	[Insert]	[Insert]
Monitor IIP progress	[Insert]	[Insert]	[Insert]
Re-evaluation for urgent review	[Insert]	[Insert]	[Insert]
Other	[Insert]	[Insert]	[Insert]

9. Individualized Intervention Plan (IIP)

9.1 IIP Development

Describe how the HFI Team will develop an individualized plan for the family.

1. Who is responsible for preparing the service plan?

   Response:
   Case Officers, Team Leader

2. How will the family participate in creating the plan?

   Response:
   Follow up interview with case officer, elicit buy in. Include parents/guardian, students

3. How will the plan connect identified needs to specific services or actions?

   Response:
   Plan is based on top three priorities identified by NCFAS. Set goals, identify helping agencies

4. How will the plan identify what the family agrees to do?

   Response:
   Family signs and agrees to follow the plan.

5. How will the plan identify what HFI, the school, and partner agencies agree to do?

   Response:
   Based on identified needs, partner agency capacity, specific goals, guide the family to self-help contact with agencies.

9.2 Service Plan Template

Based on existing IIP section of Case Management Database System

Identified Need	Family Goal	Responsible Party	Target Date	Follow-Up Method	Status
[Top Need #1]	[Depends on Need]	[IAT and Agency]	[Insert]	[Check with family; check with agency]	Not Started / In Progress / Complete
[Top Need #2]	[Depends on Need]	[IAT and Agency]	[Insert]	[Insert]	Not Started / In Progress / Complete
[Top Need #3]	[Depends on Need]	[IAT and Agency]	[Insert]	[Insert]	Not Started / In Progress / Complete

10. Interagency Team (IAT) Meeting Process

10.1 Criteria for IAT Meeting

Define when an Interagency Team Meeting should be scheduled.

An IAT meeting should be considered when:

- IAT meetings should take place after the Individualized Intervention Plan has been created.

In addition, IAT meetings may take place when:

- The assessment identifies multiple family needs requiring coordinated services;
- The family has needs that cannot be addressed by a single agency or single solution;
- Prior referrals have not resolved the underlying issues;
- Attendance or behavior issues continue after initial HFI contact;
- The family would benefit from direct coordination among school, social service, and community providers;
- Immediate or complex barriers require a coordinated response.

10.2 IAT Participants

Identify the agencies and individuals that may participate in IAT meetings.

Participant / Agency	Contact Person	Contact Information	Participation Method
District Attorney or designee	[Insert]	[Insert]	In person / Virtual / Phone
Team Leader	[Insert]	[Insert]	In person / Virtual / Phone
Case Officer	[Insert]	[Insert]	In person / Virtual / Phone
School Representative	[Insert]	[Insert]	In person / Virtual / Phone
Department of Human Resources	[Insert]	[Insert]	In person / Virtual / Phone
Mental Health provider	[Insert]	[Insert]	In person / Virtual / Phone
Department of Health	[Insert]	[Insert]	In person / Virtual / Phone
Housing provider	[Insert]	[Insert]	In person / Virtual / Phone
Food / clothing provider	[Insert]	[Insert]	In person / Virtual / Phone
Law Enforcement	[Insert]	[Insert]	In person / Virtual / Phone
Mentoring provider	[Insert]	[Insert]	In person / Virtual / Phone

Participant / Agency	Contact Person	Contact Information	Participation Method
Legal aid provider	[Insert]	[Insert]	In person / Virtual / Phone
Employment / workforce provider	[Insert]	[Insert]	In person / Virtual / Phone
Other	[Insert]	[Insert]	In person / Virtual / Phone

10.3 IAT Meeting Preparation

Preparation Task	Responsible Party	Timeline	Completed?	Notes
Confirm family consent	Case Officer or Team Leader	[Insert]	Yes / No	[Insert]
Review assessment summary	Case Officer or Team Leader	[Insert]	Yes / No	[Insert]
Identify priority needs and goals	Case Officer or Team Leader	[Insert]	Yes / No	[Insert]
Identify required agencies	Case Officer or Team Leader	[Insert]	Yes / No	[Insert]
Schedule meeting	Case Officer or Team Leader	[Insert]	Yes / No	[Insert]
Send meeting notice	Case Officer or Team Leader	[Insert]	Yes / No	[Insert]
Prepare agenda	Case Officer or Team Leader	[Insert]	Yes / No	[Insert]
Confirm interpreter or accommodation needs	Case Officer or Team Leader	[Insert]	Yes / No	[Insert]
Prepare family-friendly explanation of meeting purpose	Case Officer or Team Leader]	[Insert]	Yes / No	[Insert]

10.4 IAT Meeting Agenda

Suggested agenda (for New Cases and Review of Active Cases):

1. Welcome and introductions.
2. Explanation of HFI and purpose of IAT meeting.
3. Confirmation of consent and confidentiality expectations.
4. Family perspective: strengths, concerns, and goals.
5. School perspective: attendance, behavior, academic concerns, and prior interventions.
6. Summary of assessment findings.
7. Identification of priority needs.
8. Discussion of available services and supports.
9. Agreement on action steps, responsible parties, and deadlines.
10. Follow-up schedule.
11. Closing summary and next steps.

10.5 IAT Meeting Notes

Item	Notes (Documented in Case Management System)
Date of meeting	[Insert]
Agencies present	[Insert]
Primary issues discussed	[Insert]
Family strengths identified	[Insert]
Priority needs identified	[Insert]
Services offered	[Insert]
Referrals made	[Insert]
Family commitments	[Insert]
Agency commitments	[Insert]
School commitments	[Insert]
HFI commitments	[Insert]
Follow-up date	[Insert]

11. Community Service Provider Coordination

11.1 Provider Network

Identify the local service providers that may support HFI families.

Service Category	Provider / Agency	Contact	Eligibility Requirements	Referral Process	Expected Response Time
Addiction Treatment	[Insert]	[Insert]	[Insert]	[Insert]	[Insert]
Adult Mental Health Services	[Insert]	[Insert]	[Insert]	[Insert]	[Insert]
Basic Needs/ Emergency Services	[Insert]	[Insert]	[Insert]	[Insert]	[Insert]
Child Care	[Insert]	[Insert]	[Insert]	[Insert]	[Insert]
Children Services	[Insert]	[Insert]	[Insert]	[Insert]	[Insert]
Children's Mental Health Services	[Insert]	[Insert]	[Insert]	[Insert]	[Insert]
Drug / Alcohol Education	[Insert]	[Insert]	[Insert]	[Insert]	[Insert]
Drug / Alcohol Treatment	[Insert]	[Insert]	[Insert]	[Insert]	[Insert]
Education Support	[Insert]	[Insert]	[Insert]	[Insert]	[Insert]
Faith Community Outreach	[Insert]	[Insert]	[Insert]	[Insert]	[Insert]
Financial	[Insert]	[Insert]	[Insert]	[Insert]	[Insert]
Health Services	[Insert]	[Insert]	[Insert]	[Insert]	[Insert]
Housing	[Insert]	[Insert]	[Insert]	[Insert]	[Insert]
Job Training / Support	[Insert]	[Insert]	[Insert]	[Insert]	[Insert]
Law Enforcement	[Insert]	[Insert]	[Insert]	[Insert]	[Insert]
Legal Services	[Insert]	[Insert]	[Insert]	[Insert]	[Insert]
Mentoring	[Insert]	[Insert]	[Insert]	[Insert]	[Insert]

Service Category	Provider / Agency	Contact	Eligibility Requirements	Referral Process	Expected Response Time
Parent Education / Support	[Insert]	[Insert]	[Insert]	[Insert]	[Insert]
Recovery / Support Groups	[Insert]	[Insert]	[Insert]	[Insert]	[Insert]
School System Services	[Insert]	[Insert]	[Insert]	[Insert]	[Insert]
Transportation	[Insert]	[Insert]	[Insert]	[Insert]	[Insert]
Other	[Insert]	[Insert]	[Insert]	[Insert]	[Insert]

11.2 Referral Follow-Up

1. Who confirms that the referral was sent?

   Response:
   Case Officer

2. Who confirms that the family connected with the service provider?

   Response:
   Case Officer

3. How soon after referral should HFI follow up with the family?

   Response:
   Variable depending on referral

4. How soon after referral should HFI follow up with the provider?

   Response:
   Variable depending on referral

5. How will unsuccessful referrals be handled?

   Response:
   Documented in Case Management System; Utilized Yes / No; if no, what was the issue?

12. Monitoring and Follow-Up

12.1 Monitoring Period

Define how long HFI will monitor the family after assessment, referral, or IAT meeting.

Case Type	Minimum Monitoring Period	Follow-Up Frequency	Responsible Party
Assessment only	[Variable]	[Variable]	[Variable]
Service referral	[Variable]	[Variable]	[Variable]
IAT meeting completed	[Variable]	[Variable]	[Variable]
High-priority family needs	[Variable]	[Variable]	[Variable]
Continued attendance / behavior issues	[Variable]	[Variable]	[Variable]

12.2 Monitoring Activities

Suggested monitoring, HFI staff should review and document:

- Current attendance status
- New absences or tardies
- New behavior incidents or suspensions
- Parent / guardian engagement
- Student progress (attendance, behavior, grades)
- Service referrals made
- Services received
- Barriers preventing service connection
- New or emerging family needs
- Whether additional IAT coordination is needed
- Whether the case should remain open, be re-evaluated, or closed.

12.3 Monitoring Log[3]

Date	Contact / Review Type	Attendance Update	Behavior Update	Service Update	Family Update	Next Step	Staff Initials
[Insert]	[Insert]	[Insert]	[Insert]	[Insert]	[Insert]	[Insert]	[Insert]

[3] Monitoring of a case is entered into the Case Journal notes.

13. Re-evaluation, Closure, and Re-Entry

13.1 Re-evaluation Criteria

Define when a case should be re-evaluated.

Re-evaluation may be appropriate when:

- The family cannot be reached after required contact attempts; CLOSE CASE
- The family declines participation and attendance or behavior issues continue; CLOSE CASE
- The family participates but identified barriers remain unresolved; REASSESS
- The student's attendance or behavior worsens; REASSESS
- Urgent safety concerns arise; REFERRAL
- Service agencies are unable to meet the family's needs; REASSESS
- The case requires review by the District Attorney's Office, school leadership, or another authorized party. REFERRAL

13.2 Closure Criteria

Define when a case may be closed.

A case may be considered for closure when:

- Attendance has improved and remained stable for the defined monitoring period;
- Behavior concerns have improved and remained stable for the defined monitoring period;
- The family has been connected to appropriate services;
- The family declines further participation and required follow-up steps have been completed;
- The student is no longer enrolled in a participating school;
- The case has been transferred to another agency or process;
- Other local closure criteria are met.

13.3 Closure Summary – Refer to Case Management System for Closure Assessment

Item	Response
Date case opened	[Insert]
Date case closed	[Insert]
Reason for referral	[Insert]
Assessment completed?	Yes / No
IAT meeting completed?	Yes / No
Services referred	[Insert]
Services received	[Insert]
Attendance outcome	[Insert]
Behavior outcome	[Insert]
Family engagement outcome	[Insert]
Reason for closure	[Insert]
Re-entry criteria explained?	Yes / No
Staff completing closure	[Insert]

13.4 Re-Entry

1. May a closed case be re-referred to HFI?

   Response:
   Yes

2. What events trigger re-entry?

   Response:
   New Triggering Event or Referral

3. Is a new assessment required upon re-entry?

   Response:
   Yes

4. How will prior HFI history be reviewed?

   Response:
   Case Officer use of HFI Case Management System

14. Staffing Plan

14.1 Staffing Model

Identify the staff needed to operate HFI locally.

Position / Role	Number of Staff	Full-Time / Part-Time	Primary Duties	Backup Coverage
Team Leader	[Insert]	[Insert]	[Insert]	[Insert]
Case Officer /	Variable	[Insert]	[Insert]	[Insert]
School Liaisons [Adjunct School Personnel]	[Insert]	[Insert]	[Insert]	[Insert]
Adjunct Data / Administrative Support	[Insert]	[Insert]	[Insert]	[Insert]
Adjunct Community Partner Coordinator [Team Leader]	[Insert]	[Insert]	[Insert]	[Insert]
Other	[Insert]	[Insert]	[Insert]	[Insert]

14.2 Caseload Expectations

1. What is the expected caseload per case officer?

   Response:
   Variable

2. How will caseloads be assigned?

   Response:
   Geographic Assignment; school assignment, or other considerations

3. What factors will be considered in caseload balancing?

   Response:
   Full-time personnel; part-time personnel; cross-training

4. How will staff vacancies or absences be covered?

   Response:
   Cross Training of Personnel

15. Training Plan

15.1 Required Training

Identify required training for all HFI personnel.

Training Topic	Required For	Training Provider	Completion Date	Refresher Frequency
HFI program overview	[All Personnel]	[Insert]	[Insert]	[Insert]
Referral and intake process	[All Personnel]	[Insert]	[Insert]	[Insert]
Parent engagement	[All Personnel]	[Insert]	[Insert]	[Insert]
North Carolina Family Assessment tool	[All Personnel]	[Insert]	[Insert]	[Insert]
IAT meeting facilitation	[All Personnel]	[Insert]	[Insert]	[Insert]
Service planning	[All Personnel]	[Insert]	[Insert]	[Insert]
HFI Case Management System	[All Personnel]	[Insert]	[Insert]	[Insert]
Confidentiality and information sharing	[All Personnel]	[Insert]	[Insert]	[Insert]
Mandatory reporting / safety protocols	[All Personnel]	[Insert]	[Insert]	[Insert]
Cultural competency / family-centered practice	[All Personnel]	[Insert]	[Insert]	[Insert]
Community resource navigation	[All Personnel]	[Insert]	[Insert]	[Insert]

15.2 Training Completion Log

Staff Member	Role	Required Training Completed?	Date Completed	Documentation Location
Team Leader	[Insert]	Yes / No	[Insert]	[Insert]
Case Officer	[Insert]	Yes / No	[Insert]	[Insert]
Other Personnel	[Insert]	Yes / No	[Insert]	

16. Data Protocols and Documentation

16.1 HFI Case Management System

Identify how the Case Management System is used to document HFI activity.

Data / Record Type	System or Location	Responsible Party	Access Limited To
ALSDE Data Download	ALSDE to HFI Case Management System	State Support Team	HFI Personnel; State Support Team
Other Referral records	Case Management System	[Case Officer; Team Leader]	HFI Personnel
Parent Communication (letters, phone calls, email, text, in person meeting)	Case Management System	[Case Officer; Team Leader]	HFI Personnel; State Support Team
Contact attempts	Case Management System	[Case Officer; Team Leader]	HFI Personnel; State Support Team
NCFAS Assessment records completed	Case Management System	[Case Officer; Team Leader]	HFI Personnel; State Support Team
NCFAS Assessment records attempted	Case Management System	[Case Officer; Team Leader]	HFI Personnel; State Support Team
IIP plans created	Case Management System	[Case Officer; Team Leader]	HFI Personnel; State Support Team
IIP Plan presented	Case Management System	[Case Officer; Team Leader]	HFI Personnel; State Support Team
IAT Minutes of the IAT Meeting	Case Management System	[Case Officer; Team Leader]	HFI Personnel; State Support Team
IIP plans signed by family	Case Management System	[Case Officer; Team Leader]	HFI Personnel; State Support Team
Provider referrals	Case Management System	Case Officer; Team Leader]	HFI Personnel; State Support Team
Monitoring notes	Case Management System	[Case Officer; Team Leaderette]	HFI Personnel; State Support Team
Closure assessment	Case Management System	[Case Officer; Team Leader]	HFI Personnel; State Support Team
Reports / dashboards	Case Management System	[Team Leaders; State Support Team]	HFI Personnel; State Support Team

16.2 Required Data Elements for HFI Case Management System

Define the data elements that must be captured for each HFI case.

Data Element	Required?	Source	Entered By	Quality Check
Student identifiers	Yes / No	[Insert]	[Insert]	[Insert]
School System	Yes / No	[Insert]	[Insert]	[Insert]
School				
Grade	Yes / No	[Insert]	[Insert]	[Insert]
Referral date	Yes / No	[Insert]	[Insert]	[Insert]
Referral reason	Yes / No	[Insert]	[Insert]	[Insert]
Attendance count (unexcused absences; chronic absences) at referral	Yes / No	[Insert]	[Insert]	[Insert]
Behavior incidents at referral	Yes / No	[Insert]	[Insert]	[Insert]
Parent contact (letter, phone, text, etc.) date	Yes / No	[Insert]	[Insert]	[Insert]
Assessment date	Yes / No	[Insert]	[Insert]	[Insert]
NCFAS Assessment result summary	Yes / No	[Insert]	[Insert]	[Insert]
IAT date, if applicable	Yes / No	[Insert]	[Insert]	[Insert]
Provider Services referred	Yes / No	[Insert]	[Insert]	[Insert]
Provider Services utilized	Yes / No	[Insert]	[Insert]	[Insert]
Monitoring updates	Yes / No	[Insert]	[Insert]	[Insert]
Closure date	Yes / No	[Insert]	[Insert]	[Insert]
Closure reason	Yes / No	[Insert]	[Insert]	[Insert]

16.3 Data Quality Controls

1. Who reviews case records for completeness?

   Response:
   Case Officer and Team Leader

2. How often are case records reviewed?

   Response:
   Ongoing

3. What errors or missing items require correction?

   Response:
   All data and process elements must be completed.

4. How are corrections documented?

   Response:
   Documented in HFI Case Management System

5. Who prepares program reports?

   Response:
   Team Leader; State Support Team

6. Who reviews program reports before distribution?

   Response:
   Team Leader; State Support Team

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17. Program Metrics and Reporting

17.1 Output Measures

Identify what activity measures will be reported.

Measure	Reporting Frequency	Responsible Party
Number of referrals received	Ongoing	Team Leader; State Support Team
Number of families contacted	Ongoing	Team Leader; State Support Team
Number of assessments attempted	Ongoing	Team Leader; State Support Team
Number of assessments completed	Ongoing	Team Leader; State Support Team
Number of IIPs created	Ongoing; Quarterly	Team Leader; State Support Team
Number of IAT meetings held	Ongoing; Quarterly	Team Leader
Number of service referrals made	Ongoing	Team Leader
Number of families connected to services	Ongoing	Team Leader
Number of open cases monitored	Ongoing	Team Leader
Number of cases closed	Ongoing; Quarterly	Team Leader

17.2 Outcome Measures

Identify what outcome measures will be tracked.

Measure	Baseline	Follow-Up Point	Responsible Party
Attendance improvement	Comparison of annual data	[Insert]	HFI Personnel
Reduction in unexcused absences	Comparison of annual data	[Insert]	HFI Personnel
Reduction in behavior incidents	Comparison of annual data	[Insert]	HFI Personnel

Measure	Baseline	Follow-Up Point	Responsible Party
Reduction in suspensions	Comparison of annual data	[Insert]	HFI Personnel
Number of Family engagements	Comparison of annual data	[Insert]	HFI Personnel
Number of Service connections	Comparison of annual data	[Insert]	HFI Personnel
Assessment improvement, if reassessed	Comparison of annual data	[Insert]	HFI Personnel
Assessment improvement, at closure	Comparison of annual data	Insert]	HFI Personnel

17.3 Reporting Schedule

Report	Audience	Frequency	Prepared By	Due Date
Internal case activity report	[Insert]	Ongoing and quarterly	[Insert]	As needed
School system report	[Insert]	Ongoing and quarterly	[Insert]	As needed
Community partner report	[Insert]	Ongoing and quarterly	[Insert]	As needed
Grant / legislative / funding report	[Insert]	As needed/ required	[Insert]	As needed
Annual program summary	Legislature; school system; school; partners; public	As needed/ required	Team Leader; State Support Team	As needed/ required

18. Community Engagement Strategy

18.1 Partner Identification

Describe how HFI will identify and maintain relationships with community partners.

1. Who is responsible for building the local provider network?

   Response:
   Team leader; Case Officer; District Attorney; School Personnel

2. How will HFI identify service gaps?

   Response:
   Team leader; Case Officer; District Attorney; School Personnel

3. How will HFI onboard new community partners?

   Response:
   State Support Team; Team Leader; District Attorney; School Personnel

4. How will HFI maintain current contact information for providers?

   Response:
   Team Leader; Case Officer; Maintained in HFI Case Management System

18.2 Community Partner Engagement Plan

Partner Group	Engagement Method	Frequency	Responsible Party	Notes
Schools	[Insert]	Ongoing	Team Leader	[Insert]
Social service agencies	[Insert]	Ongoing	Team Leader	[Insert]
Mental health providers	[Insert]	Ongoing	Team Leader	[Insert]
Faith-based organizations	[Insert]	Ongoing	Team Leader	[Insert]
Nonprofit organizations	[Insert]	Ongoing	Team Leader	[Insert]
Law enforcement / juvenile justice partners	[Insert]	Ongoing	Team Leader	[Insert]
Local government	[Insert]	Ongoing	Team Leader	[Insert]

Partner Group	Engagement Method	Frequency	Responsible Party	Notes
Community foundations / funders	[Insert]	Ongoing	Team Leader	[Insert]

18.3 Communication with Community Partners

1. What information will HFI share with partners about the purpose and process of the program?

   Response:
   Program Overview; Program Literature; Presentations customized to target audience (e.g., school personnel, healthcare, social services, etc.

2. How will partners know how to accept referrals from HFI?

   Response:
   Program Overview, Program Rollout, customized for referral partners

3. How will HFI communicate expectations regarding confidentiality and consent?

   Response:
   Program Overview, Program Rollout, customized for referral partners

4. How will HFI receive feedback from partners about referral quality, capacity, and service gaps?

   Response:
   Formal and informal feedback loops; meetings, calls, customized to agency protocols

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19. Implementation Timeline

19.1 Planning and Launch Timeline

Phase	Activity	Responsible Party	Start Date	Target Completion Date	Status
Planning	Confirm leadership structure	District Attorney; School System	[Insert]	[Insert]	[Insert]
Planning	Confirm participating schools	School System Personnel	[Insert]	[Insert]	[Insert]
Planning	Finalize referral criteria	Contingent on local school system policy	[Insert]	[Insert]	[Insert]
Planning	Finalize parent communication templates	District Attorney; School System	[Insert]	[Insert]	[Insert]
Planning	Confirm assessment tool and training	State Support Team	[Insert]	[Insert]	[Insert]
Planning	Build community provider list	HFI and all participating local personnel (DA; school personnel; agencies, etc.	[Insert]	[Insert]	[Insert]
Planning	Define data protocols	Alabama State Department of Education	[Insert]	[Insert]	[Insert]
Training	Train HFI staff	State Support	[Insert]	[Insert]	[Insert]

Phase	Activity	Responsible Party	Start Date	Target Completion Date	Status
		Team; Team Leader			
Training	Train school referral personnel	Team Leader; State Support Team]	[Insert]	[Insert]	[Insert]
Introduction to the Helping Families Initiative	Introduce HFI to participating school personnel, community service agencies, and families, social media, new outlets	District Attorney, Superintendent, Team Leader, Case Officers	Beginning of each school year	No more than 20 days into the new school year	Annual
Launch	Begin accepting referrals	HFI Personnel]	[Insert]	[Insert]	[Insert]
Launch	Conduct first family assessments	HFI Personnel	[Insert]	[Insert]	[Insert]
Launch	Conduct first IAT meetings	HFI Personnel	[Insert]	[Insert]	[Insert]
Monitoring	Review first 30 days of implementation	HFI Personnel; State Support Team	[Insert]	[Insert]	[Insert]
Monitoring	Review first 90 days of implementation	HFI Personnel; State Support Team	[Insert]	[Insert]	[Insert]
Ongoing	Quarterly program review	Personnel; State	[Insert]	[Insert]	[Insert]

Phase	Activity	Responsible Party	Start Date	Target Completion Date	Status
		Support Team			

20. Risk Areas and Mitigation Plan

Identify operational risks that may affect local implementation.

Risk Area	Mitigation Strategy	Responsible Party
Inconsistent referrals	[Problem Identification; Training]	Team Leader
Delayed parent contact	[Problem Identification; Training]	Team Leader
Low family engagement	[Problem Identification; Training]	Team Leader
Incomplete assessments	[Problem Identification; Training]	Team Leader; State Support Team
Lack of provider capacity	[Problem Identification; Training]	HFI Personnel; State S/support Team
Incomplete data entry	[Training]	Team Leader; State Support Team
Confidentiality concerns	[Training]	Team Leader; State Support Team
Staff turnover	[Problem Identification; Training]	Team Leader; State Support Team
Insufficient training	[Problem Identification; Training]	Team Leader; State Support Team
Weak follow-up after referrals	[Problem Identification; Training]	Team Leader; State Support Team

21. Quality Assurance and Fidelity Review

21.1 Fidelity Expectations

Define the required elements of the HFI process that must occur for each eligible case unless an exception is documented.

Required Element	Required?	Exception Allowed?	Documentation Required
Referral reviewed	Yes	No	[Yes]
Parent communication sent	Yes	/ No	[Yes]
Contact attempts documented	Yes /	/ No	[Yes]
Family assessment completed	As Needed	Yes /	[Yes]
Needs prioritized	As Needed	Yes /	[Yes]
IIP created	As Needed	Yes /	[Yes]
IAT held when criteria met	As Needed	Yes /	[Yes]
Family signature and agreement	As Needed	Yes /	[Yes]
Provider Service referrals tracked	As Needed	Yes /	[Yes]
Monitoring completed	As Needed	Yes /	[Yes]
Closure reason documented	Yes	/ No	[Yes]

21.2 Case Review Process

1. How many cases will be reviewed for quality assurance?

   Response:
   As Needed; Random

2. How often will reviews occur?

   Response:
   As Needed and quarterly

3. Who conducts the review?

   Response:
   Team Leader; State Support Team; Case Officer

4. How are findings documented?

   Response:
   Case Management System

5. How are corrective actions assigned and tracked?

   Response:
   Team Leader; State Support Team

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22. Required Attachments and Local Templates

The following documents should be attached to or maintained with this workplan.

Attachment	Completed?	Location
Local HFI process map	Yes / No	On file in the office of the Team Leader
Referral form	Yes / No	On file in the office of the Team Leader
Parent letter template	Yes / No	On file in the office of the Team Leader
Parent call script	Yes / No	On file in the office of the Team Leader
Consent / release of information form	Yes / No	On file in the office of the Team Leader
Family assessment procedure	Yes / No	On file in the office of the Team Leader
IAT meeting agenda	Yes / No	On file in the office of the Team Leader
IAT meeting notes template	Yes / No	On file in the office of the Team Leader
Service Provider plan template	Yes / No	On file in the office of the Team Leader
Service Provider referral form	Yes / No	On file in the office of the Team Leader
Monitoring log	Yes / No	Case Management System
Closure summary form	Yes / No	On file in the office of the Team Leader
Data elements	Yes / No	Case Management System
Reporting template	Yes / No	Case Management System
Staff training materials	Yes / No	[Case Management System User Guide, HFI Workplan]
Community provider directory	Yes / No	Case Management System

23. Final Local Approval

By approving this workplan, the local District Attorney confirms that the local implementation process has been reviewed and that the HFI Team understands the required workflow, staffing responsibilities, training expectations, data protocols, and community engagement strategy.

Approver	Title / Organization	Signature	Date
[District Attorney]	[DA]	[Insert]	[Insert]
[State Support Team]	[HFI]	[Insert]	[Insert]
[Team Leader]	[HFI Team Leader]	[Insert]	[Insert]

24. Revision History

Version	Date	Revised By	Summary of Changes
1.0	[June 2026	State Support Team	Initial Version
[Insert]	[Insert]	[Insert]	[Insert]