



HOST HOMES PROCEDURE

Table of Contents

<u>PROGRAM OVERVIEW</u>	<u>00</u>
INTRODUCTION AND OBJECTIVES	<u>001</u>
<u>STAFF</u>	<u>100</u>
HOST HOME PROGRAM STAFF	<u>101</u>
<u>HOST SELECTION</u>	<u>200</u>
VOLUNTEER HOST SELCETION	<u>201</u>
<u>TRAINING</u>	<u>300</u>
VOLUNTEER HOST HOME TRAINING	<u>301</u>
<u>INTAKE /APPROVAL PROCESS</u>	<u>400</u>
YOUTH APPLICATION AND APPROVAL PROCESS	<u>401</u>
<u>TELEHEALTH SERVICES</u>	
<u>MATCH PROCESS</u>	<u>500</u>
HOST HOME MATCH PROCESS	<u>501</u>
<u>CRISIS PLANNING</u>	<u>600</u>
CRISIS PLAN	<u>601</u>
<u>DISCIPLINE</u>	<u>700</u>
DISCIPLINE PROCEDURE	<u>701</u>
<u>CLIENT DISCHARGE</u>	<u>800</u>
DISCHARGE EVALUATION	<u>801</u>



Procedure Name:	INTRODUCTION AND OBJECTIVES
Procedure Number:	001
Domain:	Host Homes Program
Approved By:	Vanessa Southworth, Director, Wisconsin Services
Created/Written By:	Darren E. Dannhoff, Social Worker IV, M.E.P.D.
Effective Date:	4/1/2017
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References:	

STATEMENT OF PURPOSE

The purpose of the Host Homes Program (HHP) is to lead a community-driven effort to develop a better, more stable solution for youth who are displaced or experiencing homelessness, based on a housing-first model. For these youth, a stable residence with supportive adult supervision is the beginning of addressing larger life shaping issues. Youth who are displaced or experiencing homelessness need youth-specific interventions including assistance with meeting basic needs, building independent living skills, accountability for school attendance and work, obtaining and maintaining employment opportunities and access to medical and/or mental health services.

The HHP will recruit, screen and train adult volunteers to be host homes, then match youth, up to age 21, with volunteer host homes so each youth may continue to live, attend school, and work within their respective community. The host home experience will provide youth with safe and secure shelter along with the time, space and support to stabilize as well as address immediate needs and work on their personal goals to make a more positive transition into young adulthood.

HHP focuses its efforts on multiple objectives to assist youth to succeed. These objectives include: Safety, Stability, Diversion, Healing, Well-Being, Community Connections, Academic Achievement and Independence. The program objectives cover all bases in assisting youth to meet their needs and move forward in life.

AREAS OF RESPONSIBILITY

Administrative oversight is provided by the **Director, Wisconsin Services**. Direct supervision is provided by the **Coordinator of Community Services**. Management and implementation is provided by the **HHP Social Worker**.

PROCEDURE

Each youth in the HHP is assessed and offered assistance to work on the following eight (8) objectives (objectives 1 and 2 are top priority):



1. **Safety:** Meet youth's basic needs and keep them from situations where they are victimized.
2. **Stability:** Connect youth to multiple permanent supportive adults independent of formal systems.
3. **Diversion:** Keep the youth out of the justice system and prevent adult homelessness by providing the youth with skills and knowledge to remain stably housed/prevent loss of housing due to crisis.
4. **Healing:** Help youth heal from prior trauma through trauma-informed care, connections to counseling, and supportive relationships.
5. **Well-Being:** Encourage and provide access to primary and behavioral health care.
6. **Community Connections:** Increase knowledge and access to other available resources to meet needs.
7. **Academic Achievement:** Support youth to finish high school and pursue post-secondary education or training.
8. **Independence:** Help youth find and maintain employment paying a living wage.

While each youth served through the HHP may not need assistance in all objective areas, the HHP Social Worker is available to assist youth when or if needed.

GETTING HELP

If you have questions regarding this procedure, please contact:

1. HHP Social Worker 608-785-0001 ext. 313
2. Coordinator 608-785-0001 ext. 350
3. Director, Wisconsin Services 608-785-0001 ext. 323

[Back to Table of Contents](#)



Procedure Name:	HOST HOMES PROGRAM STAFF
Procedure Number:	101
Domain:	Host Homes Program
Approved By:	Vanessa Southworth, Director, Wisconsin Services
Created/Written By:	Darren E. Dannhoff, Social Worker IV, M.E.P.D.
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References:	

STATEMENT OF PURPOSE

This procedure outlines the structure of Host Homes Program staff.

AREAS OF RESPONSIBILITY

Administrative oversight is provided by the **Director, Wisconsin Services**. Direct supervision is provided by the **Coordinator of Community Services**. Management and implementation is provided by the **HHP Social Worker**.

PROCEDURE

The Host Homes Program (HHP) has three staff members assigned to manage the overall operations of the HHP:

Administration:

1. FCC Director, Wisconsin Services
2. FCC Coordinator of Community Services

Case Management and Direct Operations:

1. Certified Social Worker

Case Management and Direct Operations

The HHP Social Worker is responsible for the overall operations of the HHP with the primary goal of recruiting host homes and accepting referrals of youth in need of HHP services. Additional Responsibilities of the HHP Social Worker include but are not limited to the following:

Record Keeping:

- Thorough Documentation
- Maintaining and Organizing Files
- Statistics: Data Computation and Analysis
- HHP Evaluation



Marketing:

Creating informational materials to be submitted to FCC Development Office for design and use
Community Presentations
Community Committees Participation
Establishing and Maintaining Community Contacts (Networking)

Research:

Researching and Identifying ways to improve programming and services within HHP

Resource Center:

Managing all operations of the HHP Resource Center

Emergency Youth Shelter (EYS):

Managing all operations of the EYS

Training:

Attending all appropriate training assigned by FCC.

Donations:

Using donated items for the HHP appropriately.

GETTING HELP

If you have questions regarding this procedure, please contact:

1. HHP Social Worker 608-785-0001 ext. 313
2. Coordinator 608-785-0001 ext. 350
3. Director, Wisconsin Services 608-785-0001 ext. 323

[Back to Table of Contents](#)



Procedure Name:	VOLUNTEER HOST SELECTION
Procedure Number:	201
Domain:	Host Homes Program
Approved By:	Vanessa Southworth, Director, Wisconsin Services
Created/Written By:	Darren E. Dannhoff, Social Worker IV, M.E.P.D.
Effective Date:	4/1/2017
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References:	

STATEMENT OF PURPOSE

This procedure describes the selection and onboarding of potential host home volunteers.

AREAS OF RESPONSIBILITY

Administrative oversight is provided by the **Director, Wisconsin Services**. Direct supervision is provided by the **Coordinator of Community Services**. Management and implementation is provided by the **HHP Social Worker**.

PROCEDURE

Volunteer Host Homes

Process to become a volunteer host home:

1. Applicant must be at least 21 years old.
2. Applicant must have lived in La Crosse County for at least 1 year.
3. Informational meeting and/or application packet received from applicant.
4. Applicant either fills out required forms and mails or drops off all forms to the Host Home Program Social Worker.
5. Host Home Program Social Worker requests background checks.
6. Background checks returned/completed.
7. First in home applicant interview with Host Home Program Social worker.
8. Applicant must allow program social worker to complete an assessment of their home.
9. Second interview with Host Home Program Social Worker and home assessment completed, in applicant host's home.
10. Applicant must have renters/homeowner's insurance and provide a copy of the policy.
11. Applicant must be able to provide an accommodating space for the youth.



12. Applicant must create emergency disaster procedure and fire escape plans.
13. Applicant must complete assigned training.
14. Host Home Program Social Worker sends out questionnaires to references indicated on the application.
15. Approval and acceptance of volunteer Host Home.

The above criteria need to be successfully completed in order for an applicant to be qualified as a host. Applicants need to demonstrate a strong commitment to work with a youth to build a healthy and trusting relationship, an ability to provide a safe, sanitary, stable and supportive environment and consistently demonstrate skills necessary to meet program objectives.

All applicants must be willing to adhere to all program rules and emergency procedures. They must report any changes in family composition and changes in legal status of any household members to the program social worker. If selected, applicants and others in the household must be willing to ask for assistance for difficult situations. Applicants and members of the household must not have sexual contact or any other sexual activity with or around the youth placed in their home.

Participation of applicants may be terminated at any point in the process if the program social worker, coordinator and/or Advisory Committee representative feels the applicant is unable/not ready to be a host volunteer.

Background Checks

Volunteer Host Homes (including all persons residing in the home), FCC Staff, and other volunteers must agree to and submit permission forms allowing the FCC the ability to research background information in the following areas:

Background Information Disclosure (BID):

DCF-F-2978-E
 WI State Statue - 48.685
 WI Administrative Code DCF 12.03

Department of Human Services and/or Clerk of Court:

Human Services and or Child Protection Related Records

County Sheriff's Department:

Criminal Background Check

**Sex Offender List:**

Sex Offender Background Check

Potential **FCC Staff** must sign each form prior to employment and pass all background information checks in order to be hired by the FCC.

Volunteer Host Homes must sign and submit each form at the time they interview with the HHP Social Worker and pass all background information checks in order to be authorized as a Volunteer Host Home by the **FCC**.

Others Persons Living in the Volunteer Host Home must sign and submit each form and pass all background information checks in order for a Volunteer Host Home applicant to be authorized as a Volunteer Host Home by the **FCC**.

HHP Volunteers must sign and submit each form at the time of the interview to be a volunteer for the HHP and pass all background information checks in order to be authorized as a volunteer for HHP by the FCC.

The HHP Social Worker submits all signed background information forms to the appropriate agencies.

Each agency completes the background information check for the **FCC** and submits its findings to the **FCC** for review.

GETTING HELP

If you have questions regarding this procedure, please contact:

1. HHP Social Worker 608-785-0001 ext. 313
2. Coordinator 608-785-0001 ext. 350
3. Director, Wisconsin Services 608-785-0001 ext. 323

[Back to Table of Contents](#)



Procedure Name:	VOLUNTEER HOST HOME TRAINING
Procedure Number:	301
Domain:	Host Homes Program
Approved By:	Vanessa Southworth, Director, Wisconsin Services
Created/Written By:	Darren E. Dannhoff, Social Worker IV, M.E.P.D.
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References:	

STATEMENT OF PURPOSE

The HHP will provide initial and on-going training to adult volunteers, 21 years and older, to be host homes.

The intensity of HHP training is based on the following:

1. Educational Background
2. Years of Experience Working with Youth and Particular Age Groups
3. Child Rearing Experience
4. Background Check Information
5. Age

AREAS OF RESPONSIBILITY

Administrative oversight is provided by the **Director, Wisconsin Services**. Direct supervision is provided by the **Coordinator of Community Services**. Management and implementation is provided by the **HHP Social Worker**.

PROCEDURE

The Host Homes Program for Homeless Youth (HHP) provides initial and on-going training.

Initial Application:

Potential Volunteer Host Homes are required to complete an 8-page application that covers multiple areas of background information such as applicant age, family dynamics, AODA history, criminal history and employment history. The application also explores the level of comfortability applicants have working with youth, various cultures, ethnicity, sexual orientation, abused/neglected youth, youth with mental health diagnosis and youth with behavioral difficulties etc.



Applicant Interview:

The interview segment of the application process allows the HHP Social Worker the opportunity to follow-up on application answers and seeks additional information regarding important factors such as educational background, years of experience working with youth and particular age groups, and child rearing experience.

PowerPoint Training:

HHP provides a PowerPoint Training to potential volunteer host homes consisting of eight (8) sessions covering the following information:

Session Intro: Background and Informational Support for HHP

- Key Factors of HHP
- Goals
- Objectives
- Collaboration

Session 1: Youth Homelessness

- Data How
- Youth Become Homeless
- Shelter Challenges
- Concerns
- Housing and Urban Development (HUD): Homeless Definition
- HUD: Challenges

Session 2: Coping and Relationships

- Survival Cycle
- Reactivity vs. Responsiveness
- Empathy
- Separation and Loss
- Helping to Cope with Separation and Loss
- Attachment and Emotional Encouragement – Learning
- True Listening
- Difficult Conversations
- Discipline Do's and Don'ts
- Practice exercises are available if needed.



Session 3: Trauma

Trauma
Guiding Principles
Child Development Stages and Tasks
Brain Development
Brain Diagram
Physiological Responses to Trauma
Emotional Responses to Trauma
Cognitive Responses to Trauma
Behavioral Responses to Trauma
Long Term Effects of Trauma
Stress
Cortisol Levels
Shame vs. Remorse/Regret
The Invisible Suitcase
Adverse Childhood Experiences (ACE)
Types of ACES
Increased Health Risks due to ACES
How ACES Affect Health
Population Attributable Risk – Diagram
Resilience Trumps ACES
Practice exercises are available if needed.

Session 4: Positive Youth Development (PYD)

Help vs Control
What is PYD?
Benefits to Youth
Evidence for PYD
The 5 C's:
 Competence
 Confidence
 Connection
 Character
 Compassion
The 6th C: Contribution



Session 5: Strengths

Recognize Your Own
Pure Descriptive Praise
Delivering Pure Descriptive Praise
Praise Rate
Positive Reinforcement
True Listening
What is Important to Me?

Session 6: Power and White Privilege

Definitions
White Life
Social Interactions
Financially
Opportunities
Representation
Education

Session 7: LGBTQ

LGBTQ and Homelessness
Becoming Familiar with Terms...
Transition
Pronoun Etiquette
Sexual Orientation
Sexual Orientations
Queer
“Coming Out”
Respecting the Process of “Coming Out”
Vulnerable Population
Vulnerability in School
Be Sensitive
Harassment
Be an Ally and Advocate



Session 8: Host Family Self-Care

Support Group
Knowing Yourself
Reaching Out
Mistakes
Review
References
Training Certification

The HHP PowerPoint Training can be completed by potential volunteer host homes in the following manner: Small or large group sessions with the HHP Social Worker or individually with guidance from the HHP Social Worker

Host Home Interview: The HHP Social Worker completes a follow-up interview with the HH after the host has been accepted and authorized to be a host home.

On-Going Training: Appropriate training will continue to be offered to HHs during the timeframe they are authorized to be HHs with FCC. Training topics will be determined by HHP Social Worker and HHP Supervisor based on HH requests and HH need.

GETTING HELP

If you have questions regarding this procedure, please contact:

1. HHP Social Worker 608-785-0001 ext. 313
2. Coordinator 608-785-0001 ext. 350
3. Director, Wisconsin Services 608-785-0001 ext. 323

[Back to Table of Contents](#)



Procedure Name:	YOUTH APPLICATION AND ENROLLMENT PROCESS
Procedure Number:	401
Domain:	Host Homes Program
Approved By:	Vanessa Southworth, Director, Wisconsin Services
Created/Written By:	Darren E. Dannhoff, Social Worker IV, M.E.P.D.
Effective Date:	4/1/2017
Date(s) of Revision:	3/7/2017
References:	

STATEMENT OF PURPOSE

Youth, up to age 21, may apply to the HHP in order to continue to live, attend school, and work within their respective community. The host home experience will provide youth with safe and secure shelter along with the time, space and support to stabilize as well as address immediate needs and work on their personal goals to make a more positive transition into young adulthood.

AREAS OF RESPONSIBILITY

Administrative oversight is provided by the **Director, Wisconsin Services**. Direct supervision is provided by the **Coordinator of Community Services**. Management and implementation is provided by the **HHP Social Worker**.

PROCEDURE

Youth applicants and referral sources have multiple access points for information and entry into the HHP:

Telephone Access:

Office HHP Social Worker: 608-785-0001 ext. 313

Cell HHP Social Worker: 608-386-2701

Email Access:

Office HHP Social Worker: ddannhoff@fccnetwork.org

Internet Access:

FCC Website: fcconline.org

Youth Applicant Process/Requirements

1. Youth HHP applicant must be age 21 years old or younger.
2. Youth HHP applicant must reside in La Crosse County.
3. Youth HHP applicant must be in need of stable support and housing.
4. Youth HHP applicant must complete HHP application.



5. Youth HHP applicant must complete an interview with program social worker.
6. Youth HHP applicant must be willing to meet with a potential HH for the matching process.
7. Youth HHP applicant must be willing to create goals, an action plan, and timeline with program social worker.
8. Youth HHP applicant must attend bi-weekly meetings with program social worker.
9. Youth HHP applicant must agree to and sign a Memorandum of Understanding (rules) and abide by it at all times.
10. If the youth HHP applicant is under 18 years of age, a power of attorney form will need to be signed by biological parents or other legal guardian(s).

GETTING HELP

If you have questions regarding this procedure, please contact:

1. HHP Social Worker 608-785-0001 ext. 313
2. Coordinator 608-785-0001 ext. 350
3. Director, Wisconsin Services 608-785-0001 ext. 323

[Back to Table of Contents](#)



Procedure Name:	TELEHEALTH SERVICES
Procedure Number:	103
Domain:	Client Rights All FCC Programs
Approved By:	Leah Morken, Clinical Director
Created/Written By:	Mary Jacobson, Director of Programs Vanessa Southworth, Director of Programs
Effective Date:	6/15/2020
Date(s) of Revision:	
References:	APA Telehealth Training Informed Consent for Telehealth Services form Procedure 407: Case Record Overview Revenue Cycle Homepage Provider Assurance Statement for Telemedicine Telephonic Telemedicine Provider Assurance Statement

STATEMENT OF PURPOSE

Telehealth services have been approved through the end of the State of Emergency related to COVID-19. The agency anticipates that telehealth will remain an important method of service delivery throughout the COVID-19 pandemic and beyond. As such, we will stay abreast of rules and regulations regarding telehealth and update this procedure accordingly. This procedure outlines the roles, responsibilities and processes related to providing telehealth services.

AREAS OF RESPONSIBILITY

All staff providing telehealth services are responsible for knowing and understanding the information in this procedure. All staff providing telehealth services must participate in the online APA telehealth training or other telehealth training approved by the Clinical Director.

PROCEDURE

Telehealth is the practice of health care delivery of services, diagnosis, consultation, or treatment of medical data by means of audio, visual, or data communication. Telehealth services must be provided through a 2-way, real-time, interactive method of communication. This excludes voicemails, texting, emailing, faxing, and chat rooms.

Telehealth is not a “check-in”. It is a purposeful and intentional service that is medically needed as determined by a licensed medical professional or mental health professional. Services must be clinically appropriate for the consumer’s needs.

Methods of Telehealth:



Providers are expected to use HIPAA compatible modalities to protect consumer rights. Family & Children's Center complies with established state and federal regulations for telehealth.

Family & Children's Center prefers the use of doxy.me for secure telehealth services and has provided a select number of accounts for providers in need of a secure platform that allows for screen sharing capabilities. Providers are responsible for ensuring the platform they are using is an approved platform by confirming with the Clinical Director. Approved platforms may vary with time based on regulations.

FCC expects all providers to adhere to the requirements of Health Insurance Portability and Accountability Act (HIPAA). This requires taking necessary steps to protect the privacy of clients and the confidentiality of information related to providing services via telehealth. Providers should refer to agency procedures related to HIPAA as well as the APA telehealth training or other approved training if they have questions. For additional help, they should contact the Clinical Director.

Telehealth Process:

Prior to providing any telehealth services, providers must obtain consent from clients via the Informed Consent for Telehealth Services form. Signed and written consumer consent is preferred; however, if written consent is unable to be obtained, then verbal consent is allowable while documenting the efforts to obtain written consent. This can be done via email or regular mail. If verbal consent is utilized, it must be obtained at the start of every session after the risks of telehealth to privacy are discussed.

Providers must adequately address client safety before, during, and after the telehealth service is rendered. This may include but is not limited to a review of client records to identify history of safety risks, creation of a safety plan and protocol for staff members, on-going assessment of client's symptoms and potential safety risks via question and aftercare referral and submission of the created safety plan to the next provider. The following information must be communicated and discussed with the client at the start of every session:

- An understanding that others may hear the conversation in the background
- Staff's location and environment (ex: working from home with dogs that may bark in the background)
- An understanding that the platform used may not be confidential (e.g., if the



platform is not HIPAA compatible, such as Skype, data storage, 3rd party recordings, internet security breaches, etc.)

- An understanding that the consumer has the right to refuse or stop the session at any time
- An understanding that the provider may end the session if the connection is poor or for other reasons that should be explained to the client

Requirements for Documentation:

Staff documentation expectations remain in effect, including the use of the SIRP method of documentation. However, additional requirements must be clearly documented in every case note. This information includes:

- Method/mode of transmission used for session (e.g., Skype, telephone call, etc.)
- A description of the provider’s basis for determining that telehealth is an appropriate and effective means for delivering service to the client (e.g., due to COVID-19, due to Safe at Home Order, due to client being unable to come into the office, due to client not having internet connection—in the case of a telephone session, etc.)
- Type of service provided (e.g., outpatient counseling session, supervised visit, etc.)
- Location of consumer (as confirmed by provider) and location of provider (e.g., “Due to consumer self-quarantine, writer called from office to consumer in their home”, etc.). This is also known as the location of the originating and the distant site.
- That risks were reviewed and provider received consent for telehealth (Ex: “Current signed consent for telehealth”, “Verbally reviewed risks and received verbal consent to conduct session via telehealth”, etc.)
 - Ask and document assurance that the client is in a place with privacy, and if they are not, who else is present?
 - Ask and document that the client moved their camera around so you can see the physical setting of the room they are in.
 - Review and document the procedures for disconnection (sign back into the telehealth platform, and if that does not work what number to call by



telephone to reconnect with the client) and your safety plan for emergency contact if needed.

- Time the service began and ended, with a.m. and p.m. designations

Addressing How and When to Discontinue Telehealth Services:

The following criteria should be utilized to address how and when telehealth services should end:

- Evaluation of service (intervention used and client's response): Daily review of progress notes
- Evaluation of on-going needs of the client: Clinical consultation of client cases either weekly, monthly, or as needed depending on circumstances
- Evaluation of scope of practice and client's needs: Clinical consultation of client cases either weekly, monthly, or as needed depending on circumstances
- If it is determined a client is not a fit for telehealth services, then an option may be to initiate in person services.

Process for discontinuation:

Context

- Client demonstrates deterioration or a need for higher level of care
- Client has on-going missed appointments or cancellations over a 3-week period
- Client decides to discontinue services
- Client's additional community providers report concern due to client's deterioration in functioning

Protocol

- Staff will consult with Clinical Supervisor
- Staff will consult with outside providers (e.g., County Case Manager)
- Staff will make 3 attempts to discuss potential discharge with client
- Staff will complete a discharge summary
- Staff will provide a referral for aftercare and follow-up

Billing Requirements:

There are no changes to service note billing requirements. However, invoices must add an indicator for telehealth services. For information on how to bill for telehealth services by payer, please go to the Revenue Cycle Homepage on the Depot. This can be accessed by going to Directory > By Department > Revenue Cycle Management > Click here to visit the Revenue Cycle Homepage!

In Minnesota, billable providers must complete the Provider Assurance Statement for Telemedicine, which is submitted to Medicaid and other payers as required, by the



Revenue Cycle Department. Also, in Minnesota if any provider offers telephonic services, they must complete the Telephonic Telemedicine Provider Assurance Statement.

GETTING HELP

If you have questions regarding this procedure, please contact your Program Supervisor, Coordinator, Director or Clinical Director.

[Back to Table of Contents](#)



Procedure Name:	HOST HOME MATCH PROCESS
Procedure Number:	501
Domain:	Host Homes Program
Approved By:	Vanessa Southworth, Director, Wisconsin Services
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Effective Date:	4/1/2017
Date(s) of Revision:	3/7/2017
References:	

STATEMENT OF PURPOSE

This procedure describes the match process for youth and host home volunteers.

AREAS OF RESPONSIBILITY

Administrative oversight is provided by the **Director, Wisconsin Services**. Direct supervision is provided by the **Coordinator of Community Services**. Management and implementation is provided by the **HHP Social Worker**.

PROCEDURE

Process for Volunteer Host Home and Youth Match:

1. HHP Social Worker arranges a match meeting involving the youth, potential hosts and the Host Home Program Social Worker.
2. The match meeting allows both the youth and potential HH the opportunity to learn about each other and get a sense of comfort, thus allowing for an informed decision.
3. During the match meeting both the youth and potential HH establish, agree to expectations or rules.
4. If applicable, Release of Liability waivers are signed.
5. The HHP Social Worker will create a Memorandum of Understanding based on what expectations are established, which will be signed by the potential host(s), youth, and HHP Social Worker.
6. The youth and potential HH will also sign Memorandums of Understanding with FCC regarding expectation.
7. A move-in date is established.
8. The HHP Social Worker and youth establish written personal goals and action points.
9. The HHP Social Worker provides on-going support, guidance and training
10. Training as part of the support group, 2-4 times a year.



Monthly support group are provided by the HHP Social Worker to host(s) depending on the number of youth in host homes.

GETTING HELP

If you have questions regarding this procedure, please contact:

1. HHP Social Worker 608-785-0001 ext. 313
2. Coordinator 608-785-0001 ext. 350
3. Director, Wisconsin Services 608-785-0001 ext. 323

[Back to Table of Contents](#)



Procedure Name:	CRISIS PLANNING
Procedure Number:	601
Domain:	Host Homes Program
Approved By:	Vanessa Southworth, Director, Wisconsin Services
Created/Written By:	Darren E. Dannhoff, Social Worker IV, M.E.P.D.
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References:	

STATEMENT OF PURPOSE

Crisis planning is vital in any home; however, the youth population served through the HHP is significantly prone to crisis more often than youth who are raised in safe, secure and stable environments. Even with excellent support, guidance and assistance, crises arise, and the HHP has a youth specific crisis plan in place for HHs to utilize in times of need.

AREAS OF RESPONSIBILITY

Administrative oversight is provided by the **Director, Wisconsin Services**. Direct supervision is provided by the **Coordinator of Community Services**. Management and implementation is provided by the **HHP Social Worker**.

PROCEDURE

All HHs are provided with a crisis plan for use in times of youth crisis. The crisis plan consists of the following information.

Suicidal Individuals

If you feel the youth in your home, may be suicidal, or in the case of any mental health emergency, **please call 911 for immediate assistance.**

1. **Great Rivers 211 Crisis line** (*also offers quick assistance*) Dial 211 or 1-800-362-825
2. **La Crosse County Crisis Line** 608-784-4357
3. **National Suicide Prevention Lifeline** 1-800-273-8255
4. **LGBT Youth Suicide Hotline** 1-866-4-U-TREVOR
5. **HOPELINE (for WI Residents)** Text "HOPELINE" to 741741

Things to Do:

1. Stay as calm as possible; encourage the youth to talk to you, utilizing the questions which follow.
2. Clarify the problem and the youth's intended solutions through these questions.
3. Talk about the youth's thoughts in a direct way.



4. Take your time, speak softly and simply
5. If you are concerned that acting on the suicidal impulse is an imminent possibility, do not leave the youth alone; arrange for someone to be with him/her at all times.

Things Not to Do:

1. Do not express shock at anything you hear.
2. Neither belittles nor negates the reasons for the crisis or the youth's experience of the crisis.
3. Do not stress the shock or embarrassment that suicide would cause his/her family before you are certain that this is not exactly what the youth wishes to accomplish.
4. Do not engage in a philosophical debate on the moral aspect of suicide; you may lose both the debate and the person.
5. Do not get over-involved. Keep perspective on your limits and your competence.

Total Behavior Clues to Suicide

Any given behavior involves four significant components; feelings, thinking, acting, and physiology. A youth at risk of suicide is experiencing a crisis, and in each for the four components, which make up a total behavior, there are common clues that hosts should assess. Look for the following things in the four components of total behavior:

- ❖ Feelings
 - Sad
 - Helpless
 - Lonely guilty
- ❖ Thinking
 - "I wish I were dead"
 - "The world would be better off without me"
 - "No one can help me"
 - "There is no hope"
- ❖ Acting
 - Lethargic
 - Withdrawn
 - Taking drugs/drinking alcohol
 - Acting impulsively, without concern for personal safety
- ❖ Physiology
 - Neglecting personal hygiene
 - Drastic change in normal sleep patterns
 - Has no appetite



Theft or Destruction

In the unfortunate event, a youth steals something from or causes destruction to your home, immediately report the incident to the appropriate law enforcement:

La Crosse Police Non-Emergency Dispatch

(608) 785-5962

Onalaska Police Non-Emergency Dispatch

(608) 785-5940

Request to speak/meet with a Holmen or West Salem officer through La Crosse County Sheriff's Department

(608) 785-5942

Please report the incident to the program social worker immediately following a call made to any of the sources above. **On-call cell phone: 608-386-2701**

The HHP Social Worker is available crisis event debriefing for Host Homes and Youth.

GETTING HELP

If you have questions regarding this procedure, please contact:

1. HHP Social Worker 608-785-0001 ext. 313
2. Coordinator 608-785-0001 ext. 350
3. Director, Wisconsin Services 608-785-0001 ext. 323

[Back to Table of Contents](#)



Procedure Name:	DISCIPLINE PROCEDURE
Procedure Number:	701
Domain:	Host Homes Program
Approved By:	Vanessa Southworth, Director, Wisconsin Services
Created/Written By:	Darren E. Dannhoff, Social Worker IV, M.E.P.D.
Effective Date:	4/1/2017
Date(s) of Revision:	3/7/2017
References:	

STATEMENT OF PURPOSE

It is very likely that youth in the HHP, coming from unstable living situations, will struggle with their new environment for some time. It may be difficult to determine what should be overlooked, discussed, or disciplined. This procedure was created to help the host family, youth, and host home program social worker determine who is in charge of the situation and how to move forward to create a better living environment for all concerned.

AREAS OF RESPONSIBILITY

Administrative oversight is provided by the **Director, Wisconsin Services**. Direct supervision is provided by the **Coordinator of Community Services**. Management and implementation is provided by the **HHP Social Worker**.

PROCEDURE

All HHs and youth are provided with a copy of the HHP Discipline Procedure.

Things to overlook for some time, especially upon moving in, would be staying in their room, not coming to meals, being quiet/shy, not involved in family activities, etc. Youth commonly act in this manner as the matching process and moving into a new home/family is overwhelming. Remember, the youth is not only adjusting to being around new people for a large part of their day but also to new surroundings. In some cases, the new surroundings are much different from what they are used to. If the youth continues to act in this manner after the first week, please contact the Host Homes Program (HHP) social worker to schedule a home visit. During the home visit some things that would be discussed would be: both sides views on whether this is still a good match, how stressful/overwhelming the new environment is for the youth, and ways to make the youth feel more comfortable in the home (this will help the host family to feel more comfort as well).

Occurrences that are consistent and require a call to the HHP Social Worker and disciplinary plan of action to be put into place would be: not doing chores, talking back, not doing homework, lying, using the phone past curfew, using cell phone during meals/times when host requests it not be present, etc. A home visit would be arranged so that all parties could discuss what is going on and whether there is more to the situation than it seems, are there stresses in the youth's life they are not voicing. Disciplines will



be agreed upon by all parties, put into a contract, and signed. This is to ensure that the youth is aware of and agrees to the consequences for such actions if they continue.

More serious incidents such as using drugs or alcohol, not coming home, skipping classes/school, bringing in guests without approval, should first be a call to HHP social worker in which an emergency home visit will be scheduled. The plan of action will be as follows:

First offence- Attempt to figure out the bigger story and decide on a form of discipline agreed upon by host family, HHP social worker, and youth.

Second offence- If the same issue has already been addressed and discipline already occurred, a stronger agreed upon discipline (more days of restriction, more chores, etc.) and youth will be given a warning of losing their housing per another occurrence.

Third offence- If there is a third incident of the same manner as previously addressed, the youth will be removed from the host home and their enrollment in the program will be re-evaluated. If the youth would still like to be in the program, they must meet with the HHP social worker to determine the likelihood of their success within another host home. If it is found unlikely for the youth to be successful in another host home, they will be removed from the host home program. Youth will be discharged with a list of community resources to provide them further support.

GETTING HELP

If you have questions regarding this procedure, please contact:

1. HHP Social Worker 608-785-0001 ext. 313
2. Coordinator 608-785-0001 ext. 350
3. Director, Wisconsin Services 608-785-0001 ext. 323

[Back to Table of Contents](#)



Procedure Name:	DISCHARGE EVALUATION
Procedure Number:	801
Domain:	Host Homes Program
Approved By:	Vanessa Southworth, Director, Wisconsin Services
Created/Written By:	Darren E. Dannhoff, Social Worker IV, M.E.P.D.
Effective Date:	4/1/2017
Date(s) of Revision:	3/7/2017
References:	

STATEMENT OF PURPOSE

The HHP is a temporary housing program for youth and is not meant to be a permanent living situation. Therefore, youth will be discharged from HH settings when appropriate, and at times when the match process of HH and Youth is determined unsuccessful. The HHP has developed an evaluation process for such purposes.

Discharge evaluation allows FCC's HHP to appropriately monitor and review how host home services are working. Proper evaluation helps determine what aspects are working so we can build on the positives and improve where needed.

AREAS OF RESPONSIBILITY

Administrative oversight is provided by the **Director, Wisconsin Services**. Direct supervision is provided by the **Coordinator of Community Services**. Management and implementation is provided by the **HHP Social Worker**.

PROCEDURE

Upon discharge, the host home and youth are provided a Discharge Evaluation and asked to complete it. Once each evaluation is completed, it is submitted to the HHP Social Worker for review.

Discharge Evaluation: Host

The following is a copy of the HHP Youth Discharge Evaluation:

Host Home Program Youth Discharge Evaluation – Host(s)

Host(s) name: _____

Youth's name: _____

How long did the youth stay with you? _____



Please tell us your favorite part of being a host:

Please tell us what you did not like about being a host:

Please rate the program social worker in the following areas:

	Exceptional	Highly Effective	Met Requirements	Needs Improvement	Unsatisfactory
Knowledge	_____	_____	_____	_____	_____
Support	_____	_____	_____	_____	_____
Timeliness	_____	_____	_____	_____	_____
Communication	_____	_____	_____	_____	_____

Please comment on any of the topics above:

Did the social worker:

Support you in times of crisis?	_____	Yes	_____	No
Ensure that the youth had accessed resources in the community?	_____	Yes	_____	No
Stay in regular contact with you?	_____	Yes	_____	No
Provide opportunities to connect with other hosts?	_____	Yes	_____	No



If you answered “no” to any of the above questions, please explain why you feel that way and what you feel should have been done differently:

Please rate the training based on how helpful it was to you:

	Exceptional	Highly Effective	Met Requirements	Needs Improvement	Unsatisfactory
Initial Training	_____	_____	_____	_____	_____
Ongoing training	_____	_____	_____	_____	_____
Host Support Group	_____	_____	_____	_____	_____

Please tell us what you found most beneficial of the trainings and host support meetings:

Please tell us what could be improved of the trainings and host support meetings:

Was there anything that you encountered while hosting the youth matched to you that should be addressed through either training or the program as a whole:



Did the experience meet your expectations? _____ Yes _____ No
If not, please describe what was unexpected:

Do you feel that the youth left your home ready to be independent in the community? _____ Yes _____ No

If not, please tell us why you feel that way and what you believe should have been done differently?

Discharge Evaluation: Youth

The following is a copy of the HHP Youth Discharge Evaluation:

Host Home Program Youth Discharge Evaluation – Youth

Host(s) name: _____

Your name: _____

How long did you stay with the host(s)? _____

Please tell us your favorite part about staying with your host home family:



Please tell us what you did not like about staying with your host home family:

Please rate the program social worker in the following areas:

	Exceptional	Highly Effective	Met Requirements	Needs Improvement	Unsatisfactory
Knowledge	_____	_____	_____	_____	_____
Support	_____	_____	_____	_____	_____
Timeliness	_____	_____	_____	_____	_____
Communication	_____	_____	_____	_____	_____

Did the social worker:

Work with you to create appropriate and achievable goals?	_____	Yes	_____	No
Help you to discover and gain access to needed resources in the community?	_____	Yes	_____	No
Stay in regular contact with you?	_____	Yes	_____	No
Provide opportunities to connect with others/peers?	_____	Yes	_____	No

Is there anything the social worker could have done differently to help you?

Please tell us what you found most beneficial of the host home program:

Please tell us what could be improved of the host home program:



Was there anything you encountered while living with your host that should be addressed through either training or the program as a whole?

Did the experience meet your expectations? _____ Yes _____ No
If not, please describe what was unexpected:

Do you feel that you are leaving your host home ready _____ Yes _____ No
to be independent in the community?

If not, please tell us why you feel that way and what you believe should have been done differently?

GETTING HELP

If you have questions regarding this procedure, please contact:

1. HHP Social Worker 608-785-0001 ext. 313
2. Coordinator 608-785-0001 ext. 350
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[Back to Table of Contents](#)