



AGENDA OF THE GREEN BAY PLAN COMMISSION

MONDAY, MAY 11, 2026, 6:00 PM
City Hall, Room 604 - The Harry Maier Room.
Virtual attendance is also available via Zoom.

A. Zoom Meeting Information.

I. Join Zoom Meeting Online:

<https://us02web.zoom.us/j/89807832363?pwd=hbXVaci8EmXu3rNzVafMVwXDhFg693.I>

Or call in by phone: +1 312 626 6799

Meeting ID: 898 0783 2363

Passcode: 421007

If you wish to leave a comment for this public meeting, please fill out the online [Comment Form](#) prior to the meeting. More detailed [Zoom Instructions](#) can be found online.

B. Roll Call.

- I. Members: Chair Lisa Hanson, Vice-Chair Jacob Miller, Ald. Jim Hutchison, Derius Daniels, Ken Rovinski, Emma Fulwilder and Kelsey Lutzow.

C. Approval of the Agenda.

- I. Approval of the agenda for the Monday, May 11, 2026, meeting of the Green Bay Plan Commission.

D. Approval of Minutes.

- I. Approval of the minutes from the April 27, 2026, meeting.

E. Regular Business.

- I. (ZP 26-19) Public Hearing on a request for a Conditional Use Permit at 895 S. Military Avenue to allow minor motor vehicle repair in the Community Center Commercial (C3) Zoning District, submitted by Brian Wellert on behalf of Valvoline Instant Oil Change, applicant; Military Ave Partners LLC, property owner (Ald. M. Eck, District 11).

2. (ZP 26-19) Consideration with possible action on a request for a Conditional Use Permit at 895 S. Military Avenue to allow minor motor vehicle repair in the Community Center Commercial (C3) Zoning District, submitted by Brian Wellert on behalf of Valvoline Instant Oil Change, applicant; Military Ave Partners LLC, property owner. (Ald. M. Eck, District 11)
3. (ZP 26-20) Public Hearing on a request for a Conditional Use Permit at 315 S Jefferson Street, submitted by Catherine Oreto of Safe Haven Hope Center, applicant; NEWCap Inc, property owner. (Ald. B. DeBaker, District 9)
4. (ZP 26-20) Consideration with possible action on a request for a Conditional Use Permit at 315 S Jefferson Street, submitted by Catherine Oreto of Safe Haven Hope Center, applicant; NEWCap Inc, property owner. (Ald. B. DeBaker, District 9)

F. Informational.

1. Director's report.
2. Next Meeting: June 8, 2026

G. Adjournment.

1. Adjournment of the Monday, May 11, 2026, meeting of the Green Bay Plan Commission.

- 1) THIS MEETING IS RECORDED: THE VIDEO OF THIS MEETING AND MINUTES ARE AVAILABLE ONLINE AT www.greenbaywi.gov
- 2) ACCESSIBILITY: Any person wishing to attend who requires special accommodation because of a disability, should contact the City Safety Manager at 920-448-3125 at least 48 hours before the scheduled meeting time so that arrangements can be made.
- 3) QUORUM: Please take notice that a majority or quorum of the Common Council will attend this Plan Commission meeting and will constitute a meeting of the Common Council for purposes of discussion and information gathering relative to this agenda.
- 4) REPRESENTATION: The party requesting the communication, or their representative, should be present at this meeting.



Report to the
Green Bay Plan Commission

MEETING DATE

May 11, 2026

PREPARED BY

AGENDA ITEM # D.1

Approval of the minutes from the April 27, 2026, meeting.

BACKGROUND

RECOMMENDATION

FISCAL IMPACT

ATTACHMENTS

- I. GBPC Minutes 04.27.2026



MINUTES OF THE GREEN BAY PLAN COMMISSION

MONDAY, APRIL 27, 2026, 6:00 PM
City Hall, Room 604 - The Harry Maier Room.
Virtual attendance is also available via Zoom.

A. ZOOM MEETING INFORMATION.

- I. Join Zoom Meeting Online:

<https://us02web.zoom.us/j/89807832363?pwd=hbXVaci8EmXu3rNzVafMVwXDhFg693.I>

Or call in by phone: +1 312 626 6799

Meeting ID: 898 0783 2363

Passcode: 421007

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B. ROLL CALL.

- I. Members: Chair Lisa Hanson, Vice-Chair Jacob Miller, Ald. Jim Hutchison, Derius Daniels, Ken Rovinski, Emma Fulwilder and Kelsey Lutzow.

Present: Jacob Miller, Lisa Hanson, Derius Daniels, Ken Rovinski, Jim Hutchison, Emma Fulwilder, Kelsey Lutzow

Excused: None

Absent: None

C. APPROVAL OF THE AGENDA.

- I. Approval of the agenda for the Monday, April 27, 2026, meeting of the Green Bay Plan Commission.

Moved by Ken Rovinski, seconded by Derius Daniels to approve the agenda.

Motion Passed.

Yes—Jacob Miller, Lisa Hanson, Derius Daniels, Ken Rovinski, Jim Hutchison, Emma Fulwilder, Kelsey Lutzow, No-None, Abstain-None.

D. APPROVAL OF MINUTES.

- I. Approval of the minutes from the April 13, 2026, meeting.

Moved by Emma Fulwilder, seconded by Ken Rovinski to approve the minutes.

Motion Passed.

Yes—Jacob Miller, Lisa Hanson, Derius Daniels, Ken Rovinski, Jim Hutchison, Emma Fulwilder, Kelsey Lutzow, No-None, Abstain-None.

E. REGULAR BUSINESS.

- I. (ZP 26-07) Public Hearing to amend the Grandview Planned Unit Development (PUD), located on parcels #21-16-1-5, #21-10, #21-11, #21-12, #21-13-1, #21-17, #12-11-1, #21-16-1-16, #21-21-A, #21-20, #21-4, submitted by Vierbicher, on behalf of Humboldt Investments LLC, Wood Run LLC, Erie Road Development LLC, Duquaine Development Inc, and the City of Green Bay, property owners. (Ald. J. Grant, District 1 & Ald. J. Hutchison, District 2)

Chair Lisa Hanson read into record the rules and procedures for the public hearing. Chair Lisa Hanson opened the floor for the public hearing.

Speakers:

Jon LeRoy—Staff

Alder Grant, D1—3425 Yorkshire Rd

Jackie Grzeca—3667 Finger Rd

James Grzeca—3667 Finger Rd

Alan Pieschek—153 S Grandview

Chair Lisa Hanson asked staff and the public three (3) times if there was any one else wishing to speak. Hearing/seeing no one else, the public hearing was closed.

2. (ZP 26-07) Consideration with possible action to amend the Grandview Planned Unit Development (PUD), located on parcels #21-16-1-5, #21-10, #21-11, #21-12, #21-13-1, #21-17, #12-11-1, #21-16-1-16, #21-21-A, #21-20, #21-4, submitted by Vierbicher, on behalf of Humboldt Investments LLC, Wood Run LLC, Erie Road Development LLC, Duquaine Development Inc, and the City of Green Bay, property owners. (Ald. J. Grant, District 1 & Ald. J. Hutchison, District 2)

Speakers:

Jon LeRoy—Staff

Alder Grant, DI—3425 Yorkshire Rd

Moved by Emma Fulwilder, seconded by Ken Rovinski to open the floor.

Motion Passed.

Yes—Lisa Hanson, Derius Daniels, Ken Rovinski, Jim Hutchison, Emma Fulwilder, Kelsey Lutzow, No—Jacob Miller, Abstain-None.

Speakers:

Jon LeRoy—Staff

James Grzeca—3667 Finger Rd

Alan Pieschek—153 S Grandview

Moved by Board Member Emma Fulwilder, seconded by Ken Rovinski to close the floor.

Motion Passed.

Yes—Jacob Miller, Lisa Hanson, Derius Daniels, Ken Rovinski, Jim Hutchison, Emma Fulwilder, Kelsey Lutzow, No-None, Abstain-None.

Moved by Ken Rovinski, seconded by Jacob Miller to approve as recommended by staff to amend the Grandview Planned Unit Development (PUD), located on parcels #21-16-1-5, #21-10, #21-11, #21-12, #21-13-1, #21-17, #12-11-1, #21-16-1-16, #21-21-A, #21-20, #21-4. Subject to the adoption of the draft PUD. (Public Hearing held April 27, 2026) (ZP 26-07)
Motion Passed.

Yes—Jacob Miller, Lisa Hanson, Derius Daniels, Ken Rovinski, Jim Hutchison, Emma Fulwilder, Kelsey Lutzow, No-None, Abstain-None.

3. (ZP 26-08) Public Hearing on a request for a Conditional Use Permit to allow a Rooming House at 828 Cherry Street, submitted by David Nelson on behalf of Casabnor Properties LLC, property owner. (Ald. A. Proffitt, District 7)

Chair Lisa Hanson read into record the rules and procedures for the public hearing. Chair Lisa Hanson opened the floor for the public hearing.

Speakers:

Jon LeRoy—Staff

Kevin Platte—117 N VanBuren St.

Garritt Bader—President, Whitney Park NA—300 N. Van Buren St.

Justin Scott—909 E Walnut St.

Chair Lisa Hanson asked staff and the public three (3) times if there was any one else wishing to speak. Hearing/seeing no one else, the public hearing was closed.

4. (ZP 26-08) Consideration with possible action on a Conditional Use Permit to allow a Rooming House at 828 Cherry Street, submitted by David Nelson, on behalf of Casabnor Properties LLC, property owner. (Ald. A. Proffitt, District 7)

Speakers:

Jon LeRoy—Staff

Alder Proffitt,D7—1262 Cherry St.

Moved by Jacob Miller, seconded by Kelsey Lutzow to approve a Conditional Use Permit to allow a Rooming House at 828 Cherry Street with conditions.

Motion Passed.

Yes—Jacob Miller, Lisa Hanson, Ken Rovinski, Jim Hutchison, Emma Fulwilder, Kelsey Lutzow, No-Derius Daniels, Abstain-None.

5. (ZP 26-18) Public Hearing to amend a Planned Unit Development for the JBS Development Site (Parcels #23-243-1-1, #23-243-1, #23-243-1-2, #23-243-1-3, #B-243-4), submitted by Community and Economic Development Department, on behalf of the Redevelopment Authority of the City of Green Bay and Grand Boulevard Apartments LLC, property owners. (Ald. B. Morgan, District 3)

Chair Lisa Hanson read into record the rules and procedures for the public hearing. Chair Lisa Hanson opened the floor for the public hearing.

Speakers:

Jon LeRoy—Staff

Chair Lisa Hanson asked staff and the public three (3) times if there was any one else wishing to speak. Hearing/seeing no one else, the public hearing was closed.

6. (ZP 26-18) Consideration with possible action to amend a Planned Unit Development for the JBS Development Site (Parcels #23-243-1-1, #23-243-1, #23-243-1-2, #23-243-1-3, #B-243-4), submitted by Community and Economic Development Department, on behalf of the Redevelopment Authority of the City of Green Bay and Grand Boulevard Apartments LLC, property owners. (Ald. B. Morgan, District 3)

Moved by Ken Rovinski, seconded by Emma Fulwilder to approve the amendment to the Planned Unit Development for the JBS Development Site (Parcels #23-243-1-1, #23-243-1, #23-243-1-2, #23-243-1-3, #B-243-4), subject to the adoption of the draft PUD.

Motion Passed.

Yes—Jacob Miller, Lisa Hanson, Derius Daniels, Ken Rovinski, Jim Hutchison, Emma Fulwilder, Kelsey Lutzow, No-None, Abstain-None.

7. **(ZP 26-09)** Public Hearing on a conditional use permit request to build a single family home within the S-RLI zoned district at **1108 S Broadway**, submitted by Allison Buckley of Radue Homes, applicant; Redevelopment Authority of the City of Green Bay, property owner.

(Ald. DeBaker, District 9)

(ZP 26-10) Public Hearing on a conditional use permit request to build a single family home within the S-RLI zoned district at **1112 S Broadway**, submitted by Allison Buckley of Radue Homes, applicant; Redevelopment Authority of the City of Green Bay, property owner.
(Ald. DeBaker, District 9)

(ZP 26-11) Public Hearing on a conditional use permit request to build a single family home within the S-RLI zoned district at **1116 S Broadway**, submitted by Allison Buckley of Radue Homes, applicant; Redevelopment Authority of the City of Green Bay, property owner.
(Ald. DeBaker, District 9)

Chair Lisa Hanson read into record the rules and procedures for the public hearing. Chair Lisa Hanson opened the floor for the public hearing.

Speakers:
Jon LeRoy—Staff

Chair Lisa Hanson asked staff and the public three (3) times if there was any one else wishing to speak. Hearing/seeing no one else, the public hearing was closed.

8. **(ZP 26-09)** Consideration with possible action on a Conditional Use Permit request to build a single-family home within the S-RLI zoned district at **1108 S Broadway**, submitted by Allison Buckley of Radue Homes, applicant; Redevelopment Authority of the City of Green Bay, property owner. (Ald. DeBaker, District 9)

(ZP 26-10) Consideration with possible action on a Conditional Use Permit request to build a single-family home within the S-RLI zoned district at **1112 S Broadway**, submitted by Allison Buckley of Radue Homes, applicant; Redevelopment Authority of the City of Green Bay, property owner. (Ald. DeBaker, District 9)

(ZP 26-11) Consideration with possible action on a Conditional Use Permit request to build a single-family home within the S-RLI zoned district at **1116 S Broadway**, submitted by Allison Buckley of Radue Homes, applicant; Redevelopment Authority of the City of Green Bay, property owner. (Ald. DeBaker, District 9)

Moved by Ken Rovinski, seconded by Jacob Miller to approve a conditional use permit request to build a single family home within the S-RLI zoned district with conditions at:

1108 S Broadway, (ZP 26-09)

1112 S Broadway, (ZP 26-10)

1116 S Broadway, (ZP 26-11)

Motion Passed.

Yes—Jacob Miller, Lisa Hanson, Derius Daniels, Ken Rovinski, Jim Hutchison, Emma Fulwilder, Kelsey Lutzow, No-None, Abstain-None.

9. **(ZP 26-12)** Public Hearing on a Conditional Use Permit request to build a single family home within the S-RLI zoned district at **1216 S Broadway**, submitted by Matt Sahs of Green Bay Habitat for Humanity; applicant and property owner. (Ald. DeBaker, District 9)

(ZP 26-13) Public Hearing on a Conditional Use Permit request to build a single family home within the S-RLI zoned district at **1319 S Broadway**, submitted by Matt Sahs of Green Bay Habitat for Humanity; applicant and property owner. (Ald. DeBaker, District 9)

(ZP 26-14) Public Hearing on a Conditional Use Permit request to build a single family home within the S-RLI zoned district at **1321 S Broadway**, submitted by Matt Sahs of Green Bay Habitat for Humanity; applicant and property owner. (Ald. DeBaker, District 9)

(ZP 26-15) Public Hearing on a Conditional Use Permit request to build a single-family home within the S-RLI zoned district at **1305 S Chestnut Ave**, submitted by Matt Sahs of Green Bay Habitat for Humanity; applicant and property owner. (Ald. DeBaker, District 9)

(ZP 26-16) Public Hearing on a Conditional Use Permit request to build a single family home within the S-RLI zoned district at **1223 S Chestnut Ave**, submitted by Matt Sahs of Green Bay Habitat for Humanity; applicant and property owner. (Ald. DeBaker, District 9)

(ZP 26-17) Public Hearing on a Conditional Use Permit request to build a single family home within the S-RLI zoned district at **1322 S Chestnut Ave**, submitted by Matt Sahs of Green Bay Habitat for Humanity; applicant and property owner. (Ald. DeBaker, District 9)

Chair Lisa Hanson read into record the rules and procedures for the public hearing. Chair Lisa Hanson opened the floor for the public hearing.

Speakers:

Jon LeRoy—Staff

Chair Lisa Hanson asked staff and the public three (3) times if there was any one else wishing to speak. Hearing/seeing no one else, the public hearing was closed.

10. **(ZP 26-12)** Consideration with possible action on a Conditional Use Permit request to build a single family home within the S-RLI zoned district at **1216 S Broadway**, submitted by Matt Sahs of Green Bay Habitat for Humanity; applicant and property owner. (Ald. DeBaker, District 9)

(ZP 26-13) Consideration with possible action on a Conditional Use Permit request to build a single family home within the S-RLI zoned district at **1319 S Broadway**, submitted by Matt Sahs of Green Bay Habitat for Humanity; applicant and property owner. (Ald. DeBaker, District 9)

(ZP 26-14) Consideration with possible action on a Conditional Use Permit request to build a single family home within the S-RLI zoned district at **1321 S Broadway**, submitted by Matt Sahs of Green Bay Habitat for Humanity; applicant and property owner. (Ald. DeBaker, District 9)

(ZP 26-15) Consideration with possible action on a Conditional Use Permit request to build a single-family home within the S-RLI zoned district at **1305 S Chestnut Ave**, submitted by Matt Sahs of Green Bay Habitat for Humanity; applicant and property owner. (Ald. DeBaker, District 9)

(ZP 26-16) Consideration with possible action on a Conditional Use Permit request to build a single family home within the S-RLI zoned district at **1223 S Chestnut Ave**, submitted by Matt Sahs of Green Bay Habitat for Humanity; applicant and property owner. (Ald. DeBaker, District 9)

(ZP 26-17) Consideration with possible action on a Conditional Use Permit request to build a single family home within the S-RLI zoned district at **1322 S Chestnut Ave**, submitted by Matt Sahs of Green Bay Habitat for Humanity; applicant and property owner. (Ald. DeBaker, District 9)

Moved by Ken Rovinski, seconded by Jacob Miller to approve a Conditional Use Permit to build a single family home within the S-RLI zoned district at:

1216 S Broadway, (ZP 26-12) 1305 S Chestnut Ave, (ZP 26-15)

1319 S Broadway, (ZP 26-13) 1223 S Chestnut Ave, (ZP 26-16)

1321 S Broadway, (ZP 26-14) 1322 S Chestnut Ave, (ZP 26-17)

Subject to compliance with all the regulations of the Green Bay Municipal Code, including standard site plan review and approval for each parcel.

Motion Passed.

Yes—Jacob Miller, Lisa Hanson, Derius Daniels, Ken Rovinski, Jim Hutchison, Emma Fulwilder, Kelsey Lutzow, No-None, Abstain-None.

F. INFORMATIONAL.

1. Director's report.

—Development Deputy Director, Matt Buchanan, presented the Director's Report.

2. Next Meeting: Monday, May 11, 2026

G. ADJOURNMENT.

1. Adjournment of the Monday, April 27, 2026, meeting of the Green Bay Plan Commission.

Moved by Ken Rovinski, seconded by Emma Fulwilder to adjourn.

Motion Passed.

Yes-Jacob Miller, Lisa Hanson, Derius Daniels, Ken Rovinski, Jim Hutchison, Emma Fulwilder,
Kelsey Lutzow, No-None, Abstain-None.



Report to the
Green Bay Plan Commission

MEETING DATE

May 11, 2026

PREPARED BY

AGENDA ITEM # E.1

(ZP 26-19) Public Hearing on a request for a Conditional Use Permit at 895 S. Military Avenue to allow minor motor vehicle repair in the Community Center Commercial (C3) Zoning District, submitted by Brian Wellert on behalf of Valvoline Instant Oil Change, applicant; Military Ave Partners LLC, property owner (Ald. M. Eck, District 11).

BACKGROUND

RECOMMENDATION

FISCAL IMPACT

ATTACHMENTS

None



Report to the Green Bay Plan Commission

MEETING DATE

May 11, 2026

PREPARED BY

Dena Mooney, Staff

AGENDA ITEM # E.2

(ZP 26-19) Consideration with possible action on a request for a Conditional Use Permit at 895 S. Military Avenue to allow minor motor vehicle repair in the Community Center Commercial (C3) Zoning District, submitted by Brian Wellert on behalf of Valvoline Instant Oil Change, applicant; Military Ave Partners LLC, property owner. (Ald. M. Eck, District 11)

BACKGROUND

Reason for Request: To allow minor motor vehicle repair in the Community Center Commercial (C3) District.

Subject Parcel Zoning and Land Use: Community Center Commercial (C3) | Commercial

Surrounding Zoning and Land Uses:

North: General Commercial (C1); Highway Commercial (C2) | Commercial

South: Community Center Commercial (C3) | Commercial

East: Community Center Commercial (C3) | Commercial

West: General Commercial (C1) | Commercial

Comprehensive Plan: The Go Big Green Bay 2050 Comprehensive Plan designates this area for Regional Commercial.

Report: The subject request is located at 895 S. Military Avenue. The applicant, Brian Wellert, on behalf of Valvoline Instant Oil Change, is requesting to construct a new oil change facility. The property is zoned Community Center Commercial (C3) District. In the C3 district, minor motor vehicle repair is allowed with a Conditional Use Permit (CUP).

Chapter 44 (Zoning) of the Green Bay Municipal Code breaks motor vehicle repair into two categories, major and minor. Motor vehicle repair, minor, is defined as “an establishment that may or may not include fuel sales and convenience market, while also performing minor repairs to motor vehicles. Such minor repairs may include muffler replacement, oil changing, lubrication, tire repair and replacement, wheel alignment, brake repair, suspension repair, minor engine repair, transmission repair, radiator flushing and repair, and other activities except rebuilding or reconditioning of whole vehicles, body frame and fender straightening, or painting.” According to the narrative provided by the applicant, the proposed use would involve quick oil changes as well as other minor automotive preventative services, which would be offered via drive-through.

Conditional use approval may be recommended by the Plan Commission with reasonable consideration of the following:

- I. The establishment, maintenance, or operation of the conditional use will not be detrimental to or endanger the public health, safety, or general welfare.

2. The establishment of the conditional use will not impede the normal and orderly development and improvement of the surrounding property for uses permitted in the district.
3. The conditional use, its exterior architectural design, and functional plan of any proposed structure will not be injurious to the use of other property in the immediate vicinity nor substantially diminish or impair property values within the surrounding neighborhood.
4. Adequate utilities, access roads, drainage, and/or necessary facilities have been or are being provided.
5. Adequate measures have been or will be taken to provide ingress and egress and so designed as to minimize traffic congestion.
6. Adequate parking facilities as specified in Article XVIII of Section 44-83 within the Municipal Code.
7. The conditional use shall, in all other respects, conform to the applicable regulations of the district in which it is located and all other applicable City ordinances.

This neighborhood is comprised of predominantly commercial uses. The commercial uses along Military Avenue include a Starbucks, Club Carwash, and a shopping center. Chapter 44 (Zoning) of the Green Bay Municipal Code states that the Community Center Commercial (C3) district “is intended to provide for major commercial districts that serve a significant segment of the City’s population. It is characterized by businesses that are major traffic generators requiring access from major thoroughfares, such as shopping centers and “big box” establishments. While these businesses are usually characterized by indoor operations, certain permitted uses may include limited outdoor activities”. The future land use map identifies the subject parcel as Regional Commercial along with most of the buildings that front Military Avenue. The Go Big Green Bay 2050 Comprehensive Plan defines Regional Commercial as areas consisting of large-scale retail and service establishments with regional customer draw. Regional Commercial areas are meant to allow for flexibility and provide a variety of uses that complement the needs of residents and create an attractive live-work-play destination.

After reviewing the request, staff has determined that the use does comply with the seven standards for CUP approval.

Ald. Eck, the Military Avenue Business Association, and adjacent property owners within 200 ft. of the subject area have been notified of the request. There have been no inquiries or objections made regarding this request as of the drafting of this report.

RECOMMENDATION

Approval of the request subject to the following conditions:

1. Site plan approval by the Community and Economic Development Department.
2. Compliance with all other regulations of the Green Bay Municipal Code.

FISCAL IMPACT

ATTACHMENTS

1. ZP 26-19 Application REDACTED
2. ZP 26-19 Narrative
3. ZP 26-19 Map
4. ZP 26-19 Concept Site Plan
5. ZP 26-19 Elevations



REQUEST FOR CITY ACTION PLAN COMMISSION

Community and Economic
Development Department
100 N. Jefferson Street, Rm 608
Green Bay, WI 54301-5026
(920) 448-3400 - phone
(920) 448-3426 - fax
planning@greenbaywi.gov
www.greenbaywi.gov

Location of Property: 895 S Military Ave, Green Bay, WI 54304

Parcel Number(s): 6-3053

Petitioner(s): Brian Wellert on behalf of Valvoline Instant Oil Change Date: 04/15/2026

Email: [REDACTED] Phone Number: [REDACTED]

Address: 175 Montrose W Ave, Suite 400 City: Akron State: OH Zip: 44321

Property Owner: Military Ave Partners, LLC Phone Number: _____

Submit this Request Form and all required attachments to the Community and Economic Development Department, Room 608, City Hall

To: Honorable Mayor and Common Council, c/o City Clerk

I, Brian Wellert, respectfully request that the City of Green Bay take the following action:

- Rezone Property (\$375.00 Review Fee)
- Conditional Use and CUP Amendment, including Single Lot Duplexes (\$375.00 Review Fee)
- Planned Unit Development (PUD)/New (\$600.00 Review Fee)
- Planned Unit Development (PUD)/Amendment (\$250.00 Review Fee)
- Approve Preliminary City/Extraterritorial Subdivision Plat (\$150.00 + \$35.00 per Lot/Outlot Review Fee)
- Approve Preliminary Condominium Plat (\$250.00 + \$35.00 per Lot/Outlot/Lot Equivalent Review Fee)
- Approve Preliminary City/Extraterritorial Certified Survey Map (\$250.00 Review Fee)
- Approve Final City/Extraterritorial Subdivision Plat (\$150.00 Review Fee)
- Approve Final Condominium Plat (\$150.00 Review Fee)
- Grant a City/Extraterritorial Subdivision/CSM Variance (\$200.00 Review Fee)
- Development District Map Amendment (\$200.00 Administration Fee)
- Official Map Amendment (\$200.00 Administration Fee)
- Plat of Right-of-Way (\$200.00 Administration Fee)
- Public Utility Easement Acceptance or Discontinuance (\$200.00 Administration Fee)
- Street Name Change (\$200.00 Administration Fee)
- Declare City Property "City Surplus" (\$200.00 Administration Fee)
- Vacate a Street/Alley/Pedestrian Way (\$300.00 Administration Fee) PLEASE FILL OUT PAGE 2 OF APPLICATION
- Closure of Street/Alley/Pedestrian Way (\$300.00 Administration Fee)
- Comprehensive Plan Amendments (\$375.00 Review Fee)
- Other (\$200.00 Administration Fee): _____

DocuSigned by:
Owner Signature: Jeffrey L. Amenberg Date: 4/10/2026
2A2F98C78EB940D...

Petitioner Signature(s): _____ Date: 4/13/2026

Checklist of required attachments:

- Map
- Legal Description
- Applicant Narrative Describing Project
- All Other Pertinent Information

You must meet with Planning staff prior to submission. View City of Green Bay Actions Guide for Rezone, CUP and PUD guidelines - <https://www.greenbaywi.gov/ActionsGuide>

For office use only:

Review Fee: _____ Receipt No.: _____ Zoning Petition No.: _____



RE: Conditional Use Narrative
Valvoline Instant Oil Change
895 S Military Ave
Green Bay, WI

Valvoline, LLC is proposing to construct a new oil change facility at 895 S Military Ave, PID: 6-3053. The site is zoned C-3 Community Center Commercial. Valvoline respectfully submits the attached Conditional Use permit package for the City's approval.

There are over 1,500 Valvoline Instant Oil Change locations nationwide. VIOC operations primarily provide quick oil changes as well as other minor automotive preventative services. Services are mostly offered via drive-through, and customers can remain in their vehicles from start to finish.

Per City standards, we provide the following responses:

The lot is zoned C-3 Community Center Commercial and is part of new development of lots along S Military Ave. Starbucks is located to the north, Club Car Wash further to the south, and shopping center uses to the east. Valvoline fits in with the uses and zoning of the surrounding area, as the car wash, coffee shop, and quick service oil change facility are all low intensity commercial uses along S Military Ave.

Valvoline is a low-traffic generator and therefore will not impede the existing or future operations of the area.

Per the site plan submitted, adequate utilities, access roads, drainage, and other necessary facilities will be developed.

The use is not in conflict with the City of Green Bay's comprehensive plan.

Site plans with additional details are included with this submittal. On behalf of Valvoline, LLC, CESO thanks The City for consideration of this application.

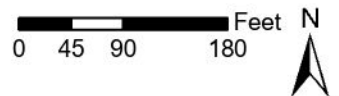
Regards,

A handwritten signature in black ink, appearing to read 'Brian Wellert'.

Brian Wellert
Sr. Project Manager
CESO, Inc.

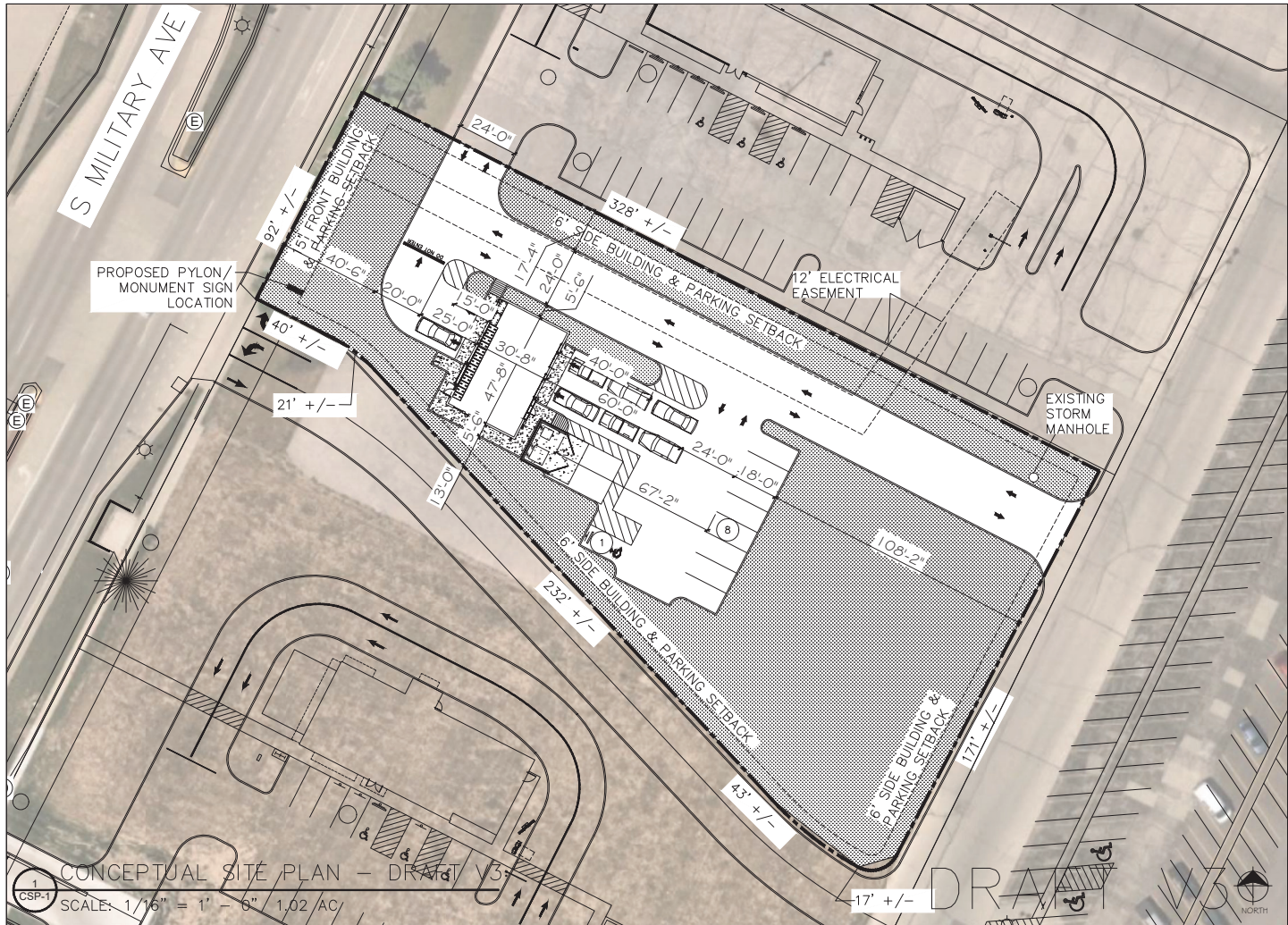


(ZP 26-19) CUP for Valvoline Instant Oil Change



This is a compilation of records and data located in various City of Green Bay offices and is to be used for reference purposes only. The City of Green Bay is not responsible for any inaccuracies or unauthorized use of the information contained within. No warranties are implied. Map prepared by City of Green Bay Department of Community and Economic Development. S.S. 22 Apr 2026 C:\Users\sierrasc\Documents\ArcGIS\Projects\895 S Military CUP\895 S Military CUP.aprx

- 895 S Military Avenue
- 200' Notification Buffer



CONCEPTUAL SITE PLAN - DRAWING V3

SCALE: 1/16" = 1' - 6" 1.02 AC

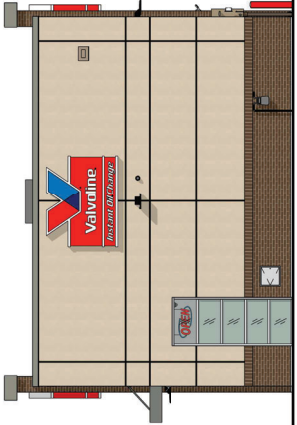
DRAWING V3


 VALVOLINE INS OIL CHANGE
 S MILITARY & WILSON ST
 GREEN BAY, WI

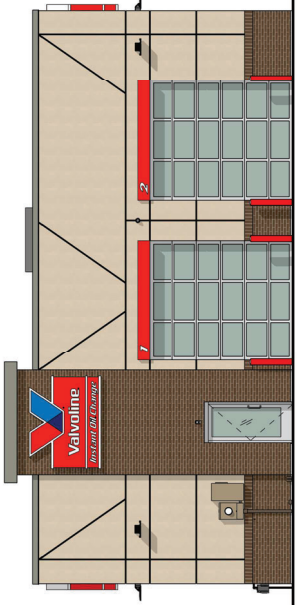
DATE	
REVISIONS	
NO.	
DATE	
DESCRIPTION	

Project: VALVOLINE INS OIL CHANGE
 Scale: AS NOTED
 Client: CECO INC.
 Designer: VIOC
 Date: 03/24/2026

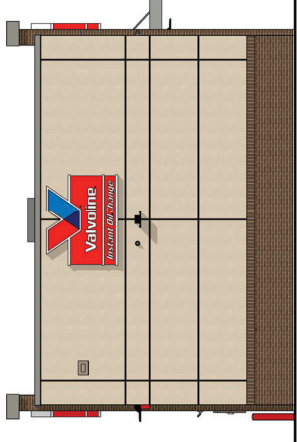
CONCEPTUAL SITE PLAN
 Drawing: CSP-3



2 EXTERIOR ELEVATION (RIGHT)
Scale: 1/8" = 1'-0"



1 EXTERIOR ELEVATION (REAR)
Scale: 1/8" = 1'-0"



4 EXTERIOR ELEVATION (LEFT)
Scale: 1/8" = 1'-0"



3 EXTERIOR ELEVATION (FRONT)
Scale: 1/8" = 1'-0"



5 TRASH ENCLOSURE ELEVATIONS
Scale: 1/8" = 1'-0"

EXTERIOR FINISHES - BRICK / EIFS / EIFS / FENCE

EXTERIOR INSULATED FINISH SYSTEM (WANSICOT AND TOWER)
THINBRICK41
MORTAR
MASONRY SEALER
DRYWIT (SAND/SIBLE FINE)
COLOR #1-#15 MARBLE WHITE
GLEN-GERY "MODULAR BAKTER BROWN WIRECOT"
LEHIGH STANDARD KIT "BEIGE"
ALL MASONRY SURFACES SHALL BE TREATED W/ SEALER

PRE-FABRICATED METAL CANOPY
PARAFET/CH FLASHING
TOWER OFFSET AND FASCIA
THRU-WALL SCUPPER

AWEX/AC SEATTLE DESIGN
PREFINISHED AWEX/BERKAL SILVER
ALUMINUM BREAK METAL
PREFINISHED TO MATCH PAC/CLAD SILVER
PAC/CLAD SIP EDGE EXTENDED FASCIA (12, 12)
PREFINISHED PAC/CLAD SILVER
ALUMINUM BREAK METAL - PREFINISHED TO MATCH DIMENSIONAL REFACING - BEIGE

STOREFRONT SYSTEM: 24" W/ WANSICOT TRIFAB VIGASIT SERIES CLEAR ANODIZED ALUMINUM STOREFRONT SYSTEM W/ 1" INSULATED GLAZING

TRASH ENCLOSURE GATE SYSTEM: BLACK VINYL COATED CHAIN LINK FENCE WITH BLACK FENCE SLATS
O/H DOOR FINISH: CLEAR ANODIZED ALUMINUM
ACCESS PANEL: STAINLESS STEEL

FENCE
6'-0" A.F.F.

T.O. S.U.B.
6'-0" A.F.F.

T.O. TOWER ± 24'-0"
T.O. PARAFET ± 21'-6"
T.O. ACCENT BAND ± 12'-0"
B.O. ACCENT BAND ± 12'-0"
T.O. WANSICOT 4'-0"
UPPER LEVEL 0'-0"

T.O. TOWER ± 24'-0"
T.O. PARAFET ± 21'-6"
T.O. ACCENT BAND ± 14'-0"
B.O. ACCENT BAND ± 12'-0"
T.O. WANSICOT 4'-0"
UPPER LEVEL 0'-0"

2BAY FLAT ROOF - BRICK / EIFS



ISSUE RECORD	DATE



Report to the
Green Bay Plan Commission

MEETING DATE

May 11, 2026

PREPARED BY

AGENDA ITEM # E.3

(ZP 26-20) Public Hearing on a request for a Conditional Use Permit at 315 S Jefferson Street, submitted by Catherine Oreto of Safe Haven Hope Center, applicant; NEWCap Inc, property owner. (Ald. B. DeBaker, District 9)

BACKGROUND

RECOMMENDATION

FISCAL IMPACT

ATTACHMENTS

None



Report to the Green Bay Plan Commission

MEETING DATE

May 11, 2026

PREPARED BY

Jon LeRoy, Zoning Administrator

AGENDA ITEM # E.4

(ZP 26-20) Consideration with possible action on a request for a Conditional Use Permit at 315 S Jefferson Street, submitted by Catherine Oreto of Safe Haven Hope Center, applicant; NEWCap Inc, property owner. (Ald. B. DeBaker, District 9)

BACKGROUND

Reason for Request: To allow shelter facility use for Safe Haven Hope Center.

Subject Parcel Zoning and Land Use: OR Office Residential | Expired Shelter PUD (Newcap) Temp Use Shelter (Safe Haven)

Surrounding Zoning and Land Uses:

North: Office Residential (OR) | Office (Wimberger Law Office) and Surface Parking Lot (YWCA)

South: Office Residential (OR) | Surface Parking Lot

East: Office Residential (OR) | Office (Casa Alba)

West: Office Residential (OR) | Green Bay Police Department

Comprehensive Plan: The Go Big Green Bay 2050 Comprehensive Plan designates this area for Downtown. Downtown calls for a mix of high-density office, retail, commercial and housing. Congregate living meets those standards.

Report: The subject request is located at 315 S Jefferson Street. The applicant, Catherine Oreto of Safe Haven Hope Center is requesting to operate a shelter facility. The property is zoned Office Residential (OR). In the OR district, a conditional use permit (CUP) is required for shelter operation uses. The site is currently owned by Newcap, which previously operated the site as a shelter use from 2022 to the end of March 2026. Safe Haven Hope Center (SHHC) is currently using the site as a shelter via a temporary use permit which began in early April and expires on June 30, 2026.

Safe Haven seeks to operate a shelter in which they have requested to have up to 20 residents in a residence. Operational plans call for at least one employee to be on staff 24/7 for every 10 residents. The proposed shelter use is indicated to not be a drop-in center or a large congregate shelter.

Safe Haven Hope Center intends to operate a shelter for traditional living for adults experiencing homelessness who struggle to use traditional shelters. Safe Haven intends to operate a shelter to adults who are currently homeless, potentially have chronic mental health conditions or substance abuse disorders or have struggled to remain in traditional or abstinence-based shelter systems. Safe Haven will not allow any person with charges related to the Wisconsin Sex Offender Registry (either open or closed) to live, work, or volunteer at the proposed shelter. Safe Haven will not allow weapons or firearms on site.

Safe Haven has provided a narrative of their operations as well as 40 addendums of their operations for the site.

In review of a CUP, Zoning Ordinance Section 44-83 (e) establishes seven standards for the Plan Commission to consider when reviewing a CUP.

Conditional use approval may be recommended by the Plan Commission with reasonable consideration of the following:

1. The establishment, maintenance, or operation of the conditional use will not be detrimental to or endanger public health, safety, or general welfare.
2. The establishment of the conditional use will not impede the normal and orderly development and improvement of the surrounding property for uses permitted in the district.
3. The conditional use, its exterior architectural design, and functional plan of any proposed structure will not be injurious to the use of other property in the immediate vicinity nor substantially diminish or impair property values within the surrounding neighborhood.
4. Adequate utilities, access roads, drainage, and/or necessary facilities have been or are being provided.
5. Adequate measures have been or will be taken to provide ingress and egress and so designed as to minimize traffic congestion.
6. Adequate parking facilities as specified in Article XVIII of Section 44-83 within the Municipal Code.
7. The conditional use shall, in all other respects, conform to the applicable regulations of the district in which it is located and all other applicable City ordinances.

After reviewing the request, staff has determined that a shelter use can comply with the seven standards for CUP approval. 315 S Jefferson has been operating as a shelter facility since 2022. A shelter facility has operated on site, successfully for approximately 4 years.

Of the seven questions for consideration with a Conditional Use Permit, consideration 1 and 3 have prompted particular examination because of concerns from nearby residents and the public at large due to the complexity of the mission of Safe Haven Hope Center.

Consideration No. 1. SHHC seeks to provide shelter to those who potentially have struggled to remain in other shelters throughout the city. Staff acknowledges an increased potential detrimental or nuisance effects which could arise from such individuals. The supplied operations plan seeks to address these concerns. Staff feels the operational plans are thorough but have not been tested. SHHC commits to having at least one staff member per 10 persons present at the residence at all times and has developed policy to seek resolution through a crisis and removal of resident policy. Other policy highlights include curfew hours and good neighbor practices/policy.

The previous CUP for shelter used addressed potential review of a CUP based on the discretion of the Director of Community and Economic Development, Plan Commission and or City Council based on documented safety issues, police calls or inadequate facilities. Staff believes this policy should remain in place as well as utilizing Chapter 24 of the Green Bay Municipal Code Nuisance Ordinance language to address documented issues of health, safety or public nuisance in relation to operations at the shelter to address potential detriments to public health, safety or general welfare.

Consideration No. 3. Additionally, staff is seeking to ensure the CUP and the functional structure is not injurious due to creating a use which exceeds typical standards for congregate living. When reviewing the use of communal living arrangements for four or more people is permitted with a CUP and must meet minimum criteria within the Code. The Green Bay Zoning Code requires in 44-1581. Congregate living uses, development standards for Dormitory in all districts:

1. Onsite services shall be for residents of the facility only.

2. The maximum number of persons occupying the building shall not exceed four per bedroom with 50 square feet of sleeping area per resident, except that more than four individuals may be allowed per room if all said individuals are related by blood, marriage, or adoption. Rooms shall consist of enclosed spaces having walls that extend from the ceiling to the floor and an entry door.
3. One bath and restroom facility for every eight individuals residing in the dormitory. The bath and restroom facility shall be located so that no individual is required to pass through a sleeping room other than their own in order to access the bath and restroom facility.
4. One kitchen and dining area for every ten individuals residing in the dormitory.
5. One laundry facility consisting of a minimum of one clothes washer, one clothes dryer, and a washbasin for every ten individuals residing in the dormitory.
6. One common use area/lounge of at least 600 square feet in size for relaxation and recreation of the occupants for every ten individuals residing in the dormitory.
7. If the dormitory use ceases for a period of 12 months or more, the conditional use approval will no longer be in effect. If construction and occupancy has not been completed and established within 12 months of the date of approval, the conditional use status of the property shall no longer be in effect. In the event of a natural disaster or emergency situation, as determined by the City of Green Bay, these regulations may be suspended for a term of not more than 12 months.

While examining if the existing use can work with these design qualifications, staff reviews both zoning code and building code. The zoning code examines a use and broadly applies bulk requirement standards to all particular uses throughout the city. The building code examines a particular building and examines what capacity a building could hold. With this in mind, a few definitions should be clarified for consideration.

The site has approved building plans for the shelter facility which was in place as of 2022. The building plans call for up to 19 residents, 2 overnight staff, and 5 additional staff as occupants. The maximum resident capacity is limited to 19 with approved plans. Staff believes a limit of 19 residents should be enforced with up to 2 overnight staff and 5 additional staff or volunteer staff permitted on site.

The Green Bay Municipal Code 44-1726, Figure 2, requires shelter facilities have a minimum of 1 parking space per 5 residents based on capacity plus 2 parking spaces per 3 employees on the largest shift. Existing parking at the site is 8 potential stalls. With (up to) 20 residents and 4–6 employees/volunteers/visitors, the minimum required stalls is 8.

This report seeks to make a distinction between occupants, residents, overnight staff, additional staff, volunteers and visitors.

Resident:	An unsheltered individual who is seeking shelter and has completed the intake process with Safe Haven and utilizes the shelter as their residence. A resident may have a leadership role within the shelter.
Overnight Staff:	An individual who is not a resident at the Safe Haven and is a Safe Haven employee who is on shift during overnight (10a-7a) hours.
Additional Staff:	An individual who is not a resident who is employed by Safe Haven. This individual can be present during overnight hours.
Volunteer:	An individual who is not a resident who volunteers with Safe Haven but is not an employee.
Visitor:	A member of the public who is not a resident and is visiting the residence between 8:00am and 7:00pm.

A person visiting the shelter shall be considered one of these individuals. A capacity of 19 residents may occupy the house along with a max of 2 overnight staff members and 5 additional staff. Much like a residence, the facility can have more than 26 individuals at the residence, such as additional daytime visitors or volunteers, but the overall residential limit is 19 persons with up to 2 overnight staff members and an additional 5 staff, if needed overnight who shall not be residents of the facility. As noted in the SHHC addendums, visitor hours are limited to 8am–7pm. If Safe Haven seeks to expand the number, Safe Haven will need to request an amendment to the CUP process.

This proposed use is in compliance with the above development standards; staff is recommending conditions of approval listed below.

Ald. DeBaker, Downtown Green Bay BID, and adjacent property owners within 400 ft. of the subject area have been notified of the request. There have been a handful of inquiries from neighbors and the media regarding this petition. A neighborhood meeting was held at the Safe Haven Pet Shelter on N Broadway on April 30. Approximately 60 people attended. Safe Haven reps gave a presentation with an overview of their organization and project. About 20 people spoke, with the majority being in favor of the use.

RECOMMENDATION

Approval of the request subject to the following conditions:

- 1 A maximum capacity allowable under the International Building Code (IBC), no greater than a maximum of 19 residents.
- 2 If the shelter facility use at 315 South Jefferson Street is discontinued, the operation is dissolved, or if Safe Haven Hope Center no longer operates/manages the facility, the use shall terminate immediately.
- 3 If the use has been terminated, any re-establishment of a shelter facility use by Safe Haven Hope Center shall be required to re-apply for a conditional use permit.
- 4 At the discretion of the Common Council, Plan Commission, or the Planning Director, a review may be required by the Plan Commission and Common Council to ensure compliance with this conditional use permit and identify any areas of concerns with the rooming and boarding house, but not limited to:
 - Police calls and other documented safety concerns.
 - Inadequate facilities.
- 5 Conformance with the submitted operating plan submitted by the applicant.
- 6 Compliance with all other regulations of the Green Bay Municipal Code.

FISCAL IMPACT

ATTACHMENTS

1. Zp 26-20 Redacted Application
2. Property Map 26-20
3. ZP 26-20 Applicant Narrative and Operations Documents
4. Feldhausen CV 2026 (1)



REQUEST FOR CITY ACTION PLAN COMMISSION

Community and Economic
Development Department
100 N. Jefferson Street, Box 608
Green Bay, WI 54301-5026
(920) 448-3400 - phone
(920) 448-3426 - fax
planning@greenbaywi.gov
www.greenbaywi.gov

Location of Property: 315 S. Jefferson St
Parcel Number(s): _____
Petitioner(s): Sole Havn Hope Center Date: 4-15-26
Email: [Redacted] Phone Number: [Redacted]
Address: 315 S. Jefferson St City: Green Bay State: WI Zip: 54805
Property Owner: New Cap Phone Number: _____

Submit this Request Form and all required attachments to the Community and Economic Development Department, Room 608, City Hall

To: Honorable Mayor and Common Council, c/o City Clerk

Catherine Oreto, respectfully request that the City of Green Bay take the following action:

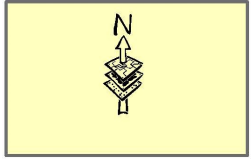
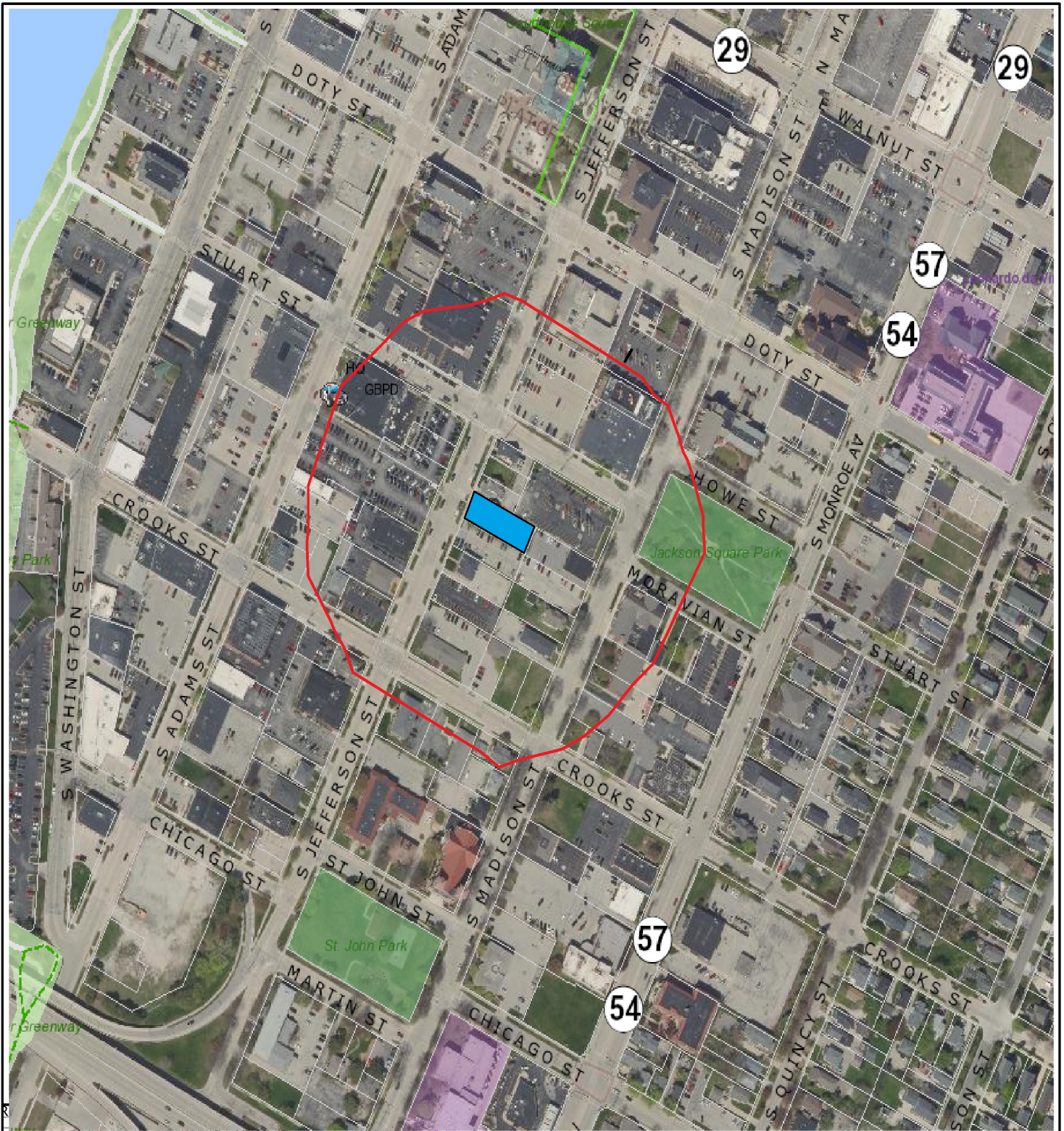
- Rezone Property (\$375.00 Review Fee)
- Conditional Use and CUP Amendment, including Single Lot Duplexes (\$375.00 Review Fee)
- Planned Unit Development (PUD)/New (\$600.00 Review Fee)
- Planned Unit Development (PUD)/Amendment (\$250.00 Review Fee)
- Approve Preliminary City/Extraterritorial Subdivision Plat (\$150.00 + \$35.00 per Lot/Outlot Review Fee)
- Approve Preliminary Condominium Plat (\$250.00 + \$35.00 per Lot/Outlot/Lot Equivalent Review Fee)
- Approve Preliminary City/Extraterritorial Certified Survey Map (\$250.00 Review Fee)
- Approve Final City/Extraterritorial Subdivision Plat (\$150.00 Review Fee)
- Approve Final Condominium Plat (\$150.00 Review Fee)
- Grant a City/Extraterritorial Subdivision/CSM Variance (\$200.00 Review Fee)
- Development District Map Amendment (\$200.00 Administration Fee)
- Official Map Amendment (\$200.00 Administration Fee)
- Plat of Right-of-Way (\$200.00 Administration Fee)
- Public Utility Easement Acceptance or Discontinuance (\$200.00 Administration Fee)
- Street Name Change (\$200.00 Administration Fee)
- Declare City Property "City Surplus" (\$200.00 Administration Fee)
- Vacate a Street/Alley/Pedestrian Way (\$300.00 Administration Fee) PLEASE FILL OUT PAGE 2 OF APPLICATION
- Closure of Street/Alley/Pedestrian Way (\$300.00 Administration Fee)
- Comprehensive Plan Amendments (\$375.00 Review Fee)
- Other (\$200.00 Administration Fee): _____

Owner Signature: Deborah A. Ballantyne Date: 4-17-26
Petitioner Signature(s): Catherine H. Oreto

- Checklist of required attachments:
- Map
 - Legal Description
 - Applicant Narrative Describing Project
 - All Other Pertinent Information

You must meet with Planning staff prior to submission. View City of Green Bay Actions Guide for Rezone, CUP and PUD guidelines • <https://www.greenbaywi.gov/ActionsGuide>

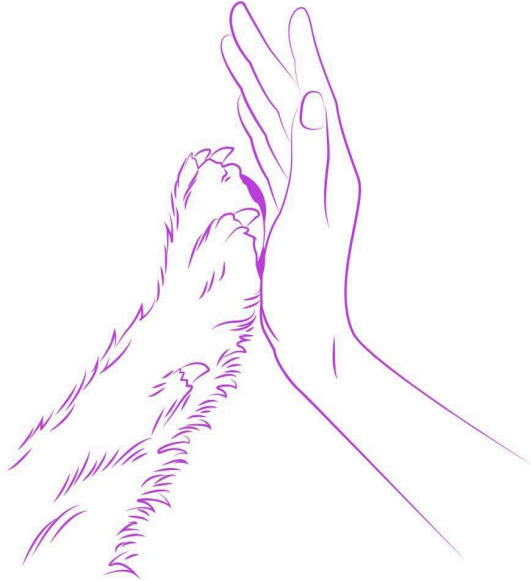
For office use only:
Review Fee: _____ Receipt No.: _____ Zoning Petition No.: _____



- Proposed CUP
- 400' Property Owner Notice

Conditional Use Permit (CUP) Request
Shelter Use at Parcel 13-122
315 S Jefferson Street

This is a compilation of records and data located in various City of Green Bay offices and is to be used for reference purposes only. The City of Green Bay is not responsible for any inaccuracies or unauthorized use of the information contained within. No warranties are implied.
 Map prepared by JL



SAFE HAVEN

HOPE CENTER

Established 2026

Safe Haven Hope Center

Summary and Fact Sheet

Safe Haven Hope Center (SHHC) is a small, highly supervised transitional living shelter for adults experiencing homelessness who struggle to use traditional shelters. We operate 24/7 in a residential-style building and focus on safety, stability, and mental health support.

Who We Are

Address: 315 S Jefferson St, Green Bay, WI 54301

Capacity: Up to 20 adult residents

Building: 3 floors, ~4,000 sq ft, 10 bedrooms, 4 bathrooms, shared kitchen, dining, and living areas

Hours: Open 24 hours a day, 7 days a week

Staffing: Trained staff on-site **24/7** (no staff live on-site)

Mission: To provide safe, stable, trauma-informed transitional housing with mental health support and harm-reduction services for adults who cannot safely or successfully use traditional shelters.

We are not a drop-in center and not a large congregate shelter. The program functions like a household with clear rules and continuous supervision.

Who We Serve

Adults (18+) who:

- Are currently homeless or lack safe, stable housing
- Live with chronic mental health conditions and/or substance use disorders
- Have struggled to remain in traditional or abstinence-based shelter systems

We do not allow:

- Any person with sexual charges (open or closed) to live, work, or volunteer at SHHC
- Firearms, ammunition, explosives, or weapons of any kind on the property

All bags brought into the building are subject to search for safety.

House Rules and Daily Structure

- Residents are expected to be awake by 10:00 a.m. and in for the night by 11:00 p.m. (unless otherwise arranged with staff).
- Outdoor quiet hours begin at 9:00 p.m. to protect neighborhood peace.
- No alcohol or drug use is allowed on-site. Substance use is addressed through harm reduction, safety planning, and support rather than automatic discharge.
- Smoking and vaping are not allowed indoors and are limited to a designated outdoor area.
- Residents must maintain basic hygiene; showers and cleaning supplies are provided.
- Medications are securely stored and monitored as needed; residents are responsible for taking their own medications.

Visitors:

- Only pre-approved visitors are allowed.
- No visitation between 7:00 p.m. and 8:00 a.m.
- Visitors must sign in/out, wear a badge, stay in common areas, and follow house rules.

Safety, Security, and Emergency Response

We prioritize the safety of residents, staff, and the neighborhood.

Safety Measures Include:

- Staff on-site 24/7 with training in trauma-informed care, de-escalation, crisis response, and Narcan (Naloxone) administration.
- No sex offenders allowed to live, work, or volunteer at SHHC.
- Weapons ban: Any weapon found on-site leads to removal from the property and contact with police if needed.
- All serious incidents are documented and reviewed by leadership and the Board of Directors.

When We Call for Help:

- 911 is called immediately for weapons, physical violence, or life-threatening medical emergencies.
- Brown County Crisis (920-436-8888) is contacted for severe mental health crises or suicidality.
- Non-violent, manageable situations are handled on-site using de-escalation and support.

We do not claim incidents will never occur; we commit to responding promptly, safely, and appropriately whenever they do.

Neighborhood Impact and Good Neighbor Practices

We are committed to being a good neighbor and minimizing impacts on the surrounding area.

- Small scale: Maximum of 20 residents in a residential-style building.
- Parking: 8 off-street parking spaces; residents typically walk or use public transit.
- Noise control: Quiet hours starting at 9:00 p.m.; expectations for respectful behavior when entering and leaving the property.
- Property care: Regular exterior walk-throughs to pick up litter, check for loitering, and maintain a clean, residential appearance.
- Residents are instructed not to loiter on neighboring properties or in front of nearby homes and businesses.

We will track and review:

- Calls to police/EMS related to the facility
- Neighborhood complaints and how they were resolved
- Resident outcomes (such as exits to more stable housing)

This helps us improve operations and reduce negative impacts over time.

Questions or Concerns?

We encourage neighbors and community members to contact us directly.

Neighborhood Contact:

Executive Director: Cathi Oreto

Phone: 920-471-7880

Email: cathi@safehavenhopecenter.org

- Concerns will receive a response within 2 business days.
- Urgent safety issues will be addressed as quickly as possible, with police or crisis services involved when appropriate.

Safe Haven Hope Center is committed to operating responsibly, transparently, and in partnership with the community to reduce homelessness and support a safer, healthier Green Bay.

Safe Haven Hope Center

Conditional Use Permit – Policies, Procedures, and Program Overview

Property Address: 315 S Jefferson St, Green Bay, WI 54301

Structure: 3 floors, approximately 4,000 sq ft; 10 bedrooms, 4 bathrooms; common family room, dining room, kitchen, laundry facilities

Maximum Occupancy: Up to 20 residents

Staffing: Staff on-site 24/7 (additional staff/volunteers as needed, not residing on-site)

Executive Summary

Safe Haven Hope Center (SHHC) is a small, highly supervised transitional living shelter serving up to 20 adults experiencing homelessness, located at 315 S Jefferson St. We operate 24 hours a day, 7 days a week, with trained staff on-site at all times.

Our mission is to provide safe, stable, trauma-informed housing with mental health support and harm-reduction services for people who cannot safely or successfully use traditional shelters. We are not a drop-in center or a large congregate shelter. SHHC functions like a household with shared living spaces, clearly defined rules, and continuous staff supervision.

Key assurances for neighbors and the City:

- Small scale: Maximum 20 residents in a residential-style building.
- 24/7 supervision: Staff on-site at all times.
- No sex offenders: Any person with sexual charges, open or closed, is disqualified from residing, working, or volunteering.
- Weapons banned: No firearms, ammunition, explosives, or weapons; bags are subject to search.
- Quiet hours & curfew: Outdoor quiet hours begin at 9 p.m.; residents must be in for the night by 11:00 p.m.
- Parking: 8 off-street parking spaces; residents typically walk or use public transit.

- Health and cleanliness: Weekly trash pickup by GFI; indoor smoking ban; designated outdoor smoking area; infection control and biohazard procedures in place.
- Neighborhood contact: Concerns can be directed to Executive Director Cathi Oreto, 920-471-7880, cathi@safehavenhopecenter.org, with responses within 2 business days and prompt, appropriate action when issues arise.

SHHC's model reduces street homelessness, decreases use of emergency services for non-emergent issues, and offers a structured, respectful environment that protects both residents and the surrounding neighborhood. We recognize that challenges can occur, and we are committed to responding promptly and appropriately when issues arise.

Mission, Vision, and Community Benefits

Mission

Safe Haven Hope Center is a peer based, low-barrier, trauma-informed transitional living shelter that provides for basic human needs while offering harm reduction, peer support, peer connection, and access to clinical mental health care. We serve individuals who have encountered barriers to traditional shelter systems.

Vision

Every individual who enters Safe Haven Hope Center is met with dignity, respect, and compassion. We believe that healing begins with stability—through a safe place to rest, consistent support, and the opportunity to rebuild trust in self and others.

Program Philosophy: Trauma-Informed & Harm Reduction

Safe Haven Hope Center operates with the understanding that:

- Safety, trust, and relationships are prerequisites for change.
- Substance use is addressed through harm reduction, rather than punishment.
- Participation is voluntary and encouraged by building relationships.
- Individuals are the experts of their own experiences.

Staff are trained in:

- Trauma-informed care (Addendum A)
- De-escalation and crisis response (Addendum B)
- Motivational interviewing (Addendum C)
- Harm reduction strategies (Addendum D)
- Narcan (Naloxone) administration (Addendum E)

Community Benefits and Impact Reduction

Safe Haven Hope Center provides direct benefits to Green Bay and the neighborhood by:

- Reducing unsheltered homelessness and encampments near downtown.
- Decreasing inappropriate use of emergency rooms, police, and crisis services through early intervention and on-site support.
- Providing access to clinical mental health care and substance use services that many residents would not otherwise receive.
- Offering structured routines, job skills, and therapeutic animal care that improve long-term stability.
- Proactively addressing neighborhood concerns through a clear complaint process and rapid response.
- Supporting the City's Comprehensive Plan goals for housing, public health, and community safety.

Consistency with CUP Criteria

Safe Haven Hope Center at 315 S Jefferson St is designed to:

- Align with land use goals as a small, residential-scale program providing needed housing and services.
- Remain compatible with the neighborhood through low occupancy (20 residents), residential character, quiet hours, and off-street parking.
- Maintain public safety through 24/7 staffing, weapons and sex-offender exclusions, and close coordination with police and crisis services.
- Limit traffic and nuisances with 8 off-street parking spaces, limited visitors, and strict noise, smoking, and trash policies.
- Provide strong operational oversight through a clear organizational structure, written policies, and ongoing training.

Target Population, Eligibility, and Length of Stay

Target Population

Safe Haven Hope Center is designed to serve individuals who:

- Are unable to access or maintain placement in traditional shelter environments.
- Are experiencing active substance use and/or substance use disorders.
- Are living with chronic mental health conditions.
- Have co-occurring mental illness and substance use disorder.
- Have experienced repeated barriers within traditional or abstinence-based systems.

Eligibility Criteria

To ensure safety while maintaining a low-barrier model, individuals must:

- Be 18 years of age or older.
- Currently lack safe and stable housing.
- Participate in an intake process (Addendum F, G), including completion of necessary documentation and Releases of Information (Addendum H) when applicable.
- Engage in a collaborative safety planning process with staff. (Addendum I)

Sex Offender Residency Compliance and Exclusions

- Verification of sexual offender residency restrictions is part of the intake process.
- Any member of the public with sexual charges filed, open or closed, is disqualified from residing at or working/volunteering with SHHC.
- This policy is strictly enforced to protect residents and the surrounding community.

Length of Stay

- The expected length of stay is 12 to 24 months, determined at the discretion of the Executive Director and based on the resident's readiness for successful transition.
- Under the existing Temporary Use Permit (TUP), length of stay is limited by TUP expiration (currently through June 30).

- Under an approved Conditional Use Permit (CUP), length of stay follows the program model above, with regular review to ensure compliance with CUP conditions and resident progress.

Intake Process and Individualized Planning

Upon admission, individuals complete a standardized intake process, which includes:

- Haven Mental Health common intake forms (Addendum S, T, U, V) and any information needed for the HMIS database (Clarity).
- Releases of Information (as appropriate and consented to). (Addendum H)
- Emergency contact information. (Addendum I)
- Health and safety screenings (including TB risk assessment).(Addendum J)
- Program orientation, including resident rights, responsibilities, and expectations. (Addendum K, L)
- Development of an initial individualized support and safety plan.(Addendum I)

When individuals do not have identification, staff will assist in obtaining appropriate documentation. Background information may be reviewed for the purpose of safety planning only, not exclusion whenever safely possible.

Daily Operations, House Rules, and Structure

Hours of Operation and Daily Structure

- Safe Haven Hope Center operates 24 hours per day, 7 days per week.
- Staff are present on-site 24/7.
- Residents are expected to be awake by 10:00 a.m. unless otherwise discussed with staff.
- Residents are expected to be in for the night by 11:00 p.m. unless otherwise discussed with staff.
- Outdoor quiet hours begin at 9 p.m. to minimize noise for neighbors.

House Rules and Community Expectations

Expectations are designed to maintain community safety while preserving dignity and autonomy:

- Residents are encouraged to meet regularly with peer support or staff to identify goals and needs. (Addendum M)
- Staff may conduct room or property checks when there are safety concerns, using the least intrusive approach possible.
- Substances are not permitted to be used on site; substance use is addressed through harm reduction, safety planning, and support rather than automatic discharge.
- Medications may be securely stored upon request; residents retain access to needed medications. (Addendum N, O)
- Smoking and vaping are not allowed indoors; they are permitted only in designated outdoor areas.
- Residents are required to shower at least once weekly. Soap, shampoo, and towels are provided. Each person cleans the bathroom after use.
- Guests who attempt to bring alcohol, drugs, or drug paraphernalia into SHHC will have items confiscated. (Addendum P)
- Medications must be checked into the medication room (except for emergency medications like rescue inhalers, nitro, etc.). (Addendum N, O)
- All guests, staff, and volunteers are expected to act respectfully toward one another and animals on-site.
- Staff and volunteers must meet established criteria and pass a background check.

Safety, Security, and Emergency Response

Weapons and Contraband (Addendum P)

- Firearms, ammunition, explosives, and all weapons (as defined by law) are strictly prohibited from SHHC property.
- All bags carried into the building by staff, residents, visitors, and volunteers are subject to search.
- Any staff or volunteer found to be in possession of a weapon will be immediately suspended pending disciplinary action up to and including termination.
- Any resident or visitor found in possession of a weapon will be escorted off the property; police will be called if they refuse to leave or if there is an immediate safety concern.
- SHHC maintains records of individuals removed from the property due to weapon possession.

Staff Authority for Safety

- SHHC staff have the authority to immediately restrict or terminate a resident or visitor access to the facility when there is a credible safety risk. (Addendum Q)
- These decisions are documented in incident reports and will be reviewed by leadership. Resident, staff, and neighborhood safety always comes first. (Addendum R)

When We Call Police or Emergency Services

SHHC uses a balanced approach:

- 911 is called immediately for:
 - Weapons or credible threats involving weapons.
 - Physical violence or threats to others.
 - Serious medical emergencies or life-threatening situations.
- Brown County Crisis (920-436-8888) is called for:
 - Severe mental illness or suicidality.
 - Situations where clinical guidance is needed for mental health crises.
- Handled internally with support (using de-escalation, harm reduction, and safety planning) when:
 - Behavior is non-violent and manageable on-site.
 - Substance use issues do not pose immediate danger.
 - A resident can safely take a 24-hour off-site break with staff assistance in securing alternatives.

We do not claim that incidents will never occur; instead, we commit to responding promptly and appropriately and involving emergency services whenever the situation requires it.

Health, First Aid, and Infection Control

First Aid and CPR

- Fully stocked first aid kits are on site. Kits are monitored and replenished by staff.
- One first aid kit is kept on each floor.
 - First floor first aid kit located in the main office.
 - Second floor first aid kit located in the linen cabinet.
 - Third floor first aid kit located under the kitchen sink.
- Defibrillators are on-site, and staff are trained in their use.

- Narcan (Naloxone) is available; staff are trained in administration. (Addendum E)

Infection and Biohazard Control

- Standard precautions will be used when handling blood and bodily fluids.
- Staff will use protective gloves before tasks involving potential exposure.
- Appropriate protective equipment is used for known infections/contagious conditions.
- Staff wash hands thoroughly after removing protective gear.
- Regulated wastes (sharps, biohazards, OPIM) are disposed of in labeled containers.
- Sharps are discarded promptly in approved sharps containers.
- Contaminated glassware is picked up with tools (brush/dustpan, tongs) and disposed of properly.
- Contaminated garments/coverings are disposed of in biohazard containers.
- If exposure to bodily fluids occur, he or she should take the following steps:
 - Wash exposed area with soap and water
 - Use disinfectant after thoroughly cleaned
 - Bandage as necessary.
 - Report any exposure to the supervisor and complete an incident report within 24 hours.
- If exposure is by mouth, eyes, or open sores, the following steps will be followed:
 - Flush affected area with water
 - Rinse mouth with peroxide

Services and Programming

Safe Haven Hope Center provides:

- Safe overnight accommodations for up to 20 residents.
- Access to food, hygiene supplies, and clothing.
- Peer support and case management. (Addendum M, W)
- On-site or coordinated mental health and substance use services.
- Individualized planning based on strengths and goals. (Addendum F, I, M, W)
- Connection to housing, healthcare, and community resources.

Programming includes:

- Life skills and resource navigation.
- Volunteer opportunities, job training, and employment readiness.
- Relationship-building and community engagement.
- Optional group and individual support services.
- Clinical mental health therapy.
- Therapeutic engagement with up to 3 cats, with potential future increase subject to City approval, and with veterinary oversight and vaccination requirements. Litter boxes and animal waste are handled in accordance with health standards, and animals are not allowed to roam outdoors unsupervised. (Addendum AM)

Staffing, Volunteers, and Professional Oversight

Leadership and Staffing (Addendum X)

- Executive Director and Director of Housing – Cathi Oreto
 - Oversees housing operations, compliance, community partnerships, program development and implementation, staff oversight.
- Director of Mental Health – Elizabeth Feldhausen, LPC
 - Oversees all mental health services, ensures trauma-informed, harm-reduction based care, provides clinical guidance, staff training, and crisis protocols.
- Associate Executive Director – Sarah Hanson
 - Supports operations, compliance, program implementation, and administrative duties.
- Shelter Manager – Ken Davis
 - Manage day-to-day operations, volunteer supervision, resident support, scheduling, and incident response.
- House Supervisor – Sunny Lange
 - Provides shift oversight, supports staff and residents, and ensures adherence to safety procedures.

Additional staff:

- Justine Thomas – Recovery Coach
- Amanda Geronadale – Recovery Coach
- Savannah Cole – Lived Expert
- Sonya Ruiz – In Peer Support training

- Claire Ebben – Support Staff
- Eric Vetter – Support Staff
- Michael Oreto – Support Staff

Staffing Model:

- Adequate staffing is maintained at all times to ensure resident safety and support, following standard therapeutic group home practices with an average ratio of one staff member for every 10–15 residents.
- Staff receive ongoing training (at least three hours quarterly) in trauma-informed care, harm reduction, and crisis response. (Addendum A, B, C, D, E)

Volunteers

- Volunteers are recruited and screened by leadership staff, and approved by the Executive Director.
- Volunteers receive a facility tour, duty briefing, and resident-interaction orientation.
- Volunteers must complete: Volunteer Application, Criminal History Background Check (Addendum Y), and Non-disclosure/Confidentiality agreements. (Addendum Z)
- Volunteers are supervised by staff or paired with another volunteer at all times and wear volunteer badges.
- Unsatisfactory performance is addressed by the Supervisor; termination decisions are made by the Executive Director.
- Volunteers are prohibited from being alone with minor children without Director of Mental Health approval.
- Volunteers sign in/out to record service.

Building Management, Maintenance, Appearance, and Accessibility

Building Management

Safe Haven Hope Center is responsible for:

- Overall building management and property upkeep.
- Utilizing outside vendors for repairs as needed.
- Completing all required inspections (fire, safety, plumbing, etc.).
- Pest control and extermination when needed.

Routine cleaning is done by residents as part of daily chores; staff and volunteers also perform and delegate cleaning tasks. Any significant building repair is reviewed and approved by the Board of Directors.

Residential Appearance

- SHHC will maintain the property with residential appearance and character, including appropriate landscaping, standard residential colors, and fencing (if any) consistent with a neighborhood home.
- We will avoid bright or institutional colors, large commercial signage, or industrial-style fencing that would alter the residential look of the property.

Accessibility

- SHHC complies with the Americans with Disabilities Act (ADA) and Fair Housing requirements.
- No person is denied services due to disability or illnesses such as HIV/AIDS.

Service and Support Animals

- Resident requests for reasonable accommodations for service/support animals are reviewed by the Director of Mental Health.
- Requests may be verbal or written; SHHC maintains copies of all reasonable accommodation requests.
- SHHC follows Office of Fair Housing and Equal Opportunity guidance regarding questions and documentation.
- Approved animals must present proof of vaccinations and complete an intake with the animal care team to prevent zoonotic disease.

Keys and Access

- The Executive Director maintains a master set of accurately labeled keys.
- Staff are responsible for a set of keys while on duty; keys must be kept in staff possession and may not be loaned or duplicated by unauthorized individuals.

Resident Rights, Confidentiality, and Grievances

Non-Discrimination

SHHC does not exclude, deny benefits, or discriminate against any person on the basis of race, color, national origin, age, sex, religion, or disability in:

- Admission to programs or services.
- Participation in or receipt of services and benefits.
- Employment.

This complies with:

- Title VI of the Civil Rights Act of 1964.
- Section 504 of the Rehabilitation Act of 1973.
- The Age Discrimination Act of 1975.
- Related federal regulations (45 CFR Parts 80, 84, and 91).

Resident Rights

- Staff review the Resident Rights Statement with residents during intake. (Addendum F, K)
- Residents sign the statement and receive a copy; a signed copy is kept in the resident's file. (Addendum L)

Confidentiality and Privacy

- SHHC is the owner/controller of all resident records.
- Records are kept in locked files and/or password-protected electronic systems accessible only by staff.
- No resident information is disclosed outside SHHC without informed written consent, except as required by law.

Grievance Policy

- Residents receive a copy of the grievance policy at intake. (Addendum AA)
- Grievances must be addressed by the Executive Director or Director of Mental Health within 2 business days.

Medical Care, Medications, and Drug-Free Workplace

Medical Care

- SHHC staff work with community clinics to access physical and mental health services, including AODA counseling.

Medications (Addendum AB, AC)

- Residents are responsible for taking their own medications; staff do not administer medications.
- All medications are securely stored in appropriate locations.

- Staff do not distribute over-the-counter medications (e.g., antacids, aspirin).

Drug-Free Workplace

- SHHC maintains an alcohol-, drug-, and smoke-free workplace for staff.
- All employees must be drug and alcohol free and may be subject to random drug testing.
- Tobacco use is limited to designated outdoor areas.

Visitors, Transportation, and Neighborhood Relations

Visitor Procedures

- Only pre-approved visitors are allowed.
- Staff may revoke visitor privileges with Executive Director/Supervisor approval and only for extenuating or safety-related circumstances.
- Visitors must sign in/out, wear a "Visitor" badge, and comply with house rules.
- No visitation between 7:00 p.m. and 8:00 a.m.
- Visitors are only allowed in common areas (living room, gathering room, kitchen, backyard) when residents and staff are present.
- Visits are limited to 1 hour, unless extended by staff for extenuating circumstances.
- All packages are subject to search.
- Visitors under the age of 18 must be supervised by the resident or their adult visitor at all times.
- Visitors are not to eat house food or beverages.

Transportation

- Residents are responsible for arranging their own transportation.
- Staff assist residents in identifying transportation options and resources.
- Staff may provide transportation when staffing levels allow, using only approved, licensed, and insured drivers. (Addendum AD)
- Use of staff personal vehicles is limited and allowed only for approved drivers when unavoidable.
- Residents are encouraged to have valid driver's licenses and insurance if they use personal vehicles; staff help locate resources for licensing and insurance.

- Residents are transported for medical needs when 911 is not required and with Executive Director approval.

Good Neighbor Practices

To maintain positive relationships with neighbors and the surrounding community, SHHC will:

- Conduct periodic exterior walk-throughs of the property to pick up litter, check for loitering, and identify any exterior issues needing attention.
- Clearly communicate and enforce expectations that residents do not loiter on neighboring properties or in front of nearby homes and businesses.
- Encourage and remind residents to be respectful when entering and leaving the property, including keeping voices down, using appropriate language, and not blocking sidewalks, driveways, or alleys.

Neighborhood Engagement and Concerns

- SHHC is committed to maintaining open communication with neighbors and operating as a responsible, community-integrated program.
- When a neighbor presents an issue or concern, staff provide a Neighborhood Grievance and Concern Form to document the issue. (Addendum AE)
- The Supervisor follows up and reports back to the Executive Director; follow-up occurs within 2 business days.

Neighborhood Contact:

Concerns can be directed to Executive Director Cathi Oreto, cathi@safehavenhopecenter.org. Urgent safety concerns will be addressed as quickly as possible, with police or crisis services involved as appropriate.

Crisis, Incidents, and Resident Removal (Addendum AF)

Crisis Policy

SHHC takes all crisis situations seriously and responds promptly and professionally.

Severe mental illness or suicidality

- Make sure the resident is calm and comfortable.
- Assess the situation and gather background information.

- Call Brown County Crisis at 920-436-8888 and follow instructions from the mental health professional.

Under the influence of drugs and/or alcohol

- Assess whether the situation is violent or non-violent.
- If violent, call 911.
- Based on staff observations, either:
 - Call police to transport the resident to the emergency room, or
 - Ask the resident to find alternative arrangements for the next 24 hours.

Threats to hurt self or others

- Remove other residents from the immediate area.
- Call 911 immediately for assistance.

Victims of violence or sexual assault

- Call 911 and follow the instructions of responding authorities.
- Refer to local domestic violence and sexual assault agencies when requested by the resident.

Incident and Injuries Policy

- Staff assess the scene for safety and evaluate the extent of injury.
- Seek medical assistance if needed.
- If able, have the injured person and witnesses complete incident reports. (Addendum R)
- Provide documentation to the Executive Director.

Removal of Residents

In case of serious incidents:

- Resident may be asked to leave the premises for 24 hours, following SHHC's Alternative Accommodations and Temporary Breaks Policy. (Addendum AG)
- SHHC staff will assist in finding alternate accommodations when possible/appropriate.
- Staff provide support items if shelter cannot be provided (e.g., hand warmers, food, blankets, other needed safety items).
- Re-admission is determined case-by-case, balancing resident needs and community safety.

Code of Ethics, Metrics, and Compliance Monitoring

Code of Ethics

SHHC and its Staff, Volunteers and Board of Directors abide by the Community Action Code of Ethics, (Addendum AE, AF) committing to:

- Serve the best interests of people experiencing poverty.
- Maintain professional competence, fairness, impartiality, and effectiveness.
- Respect and support the Board's role in policy-making and implement Board policies.
- Demonstrate leadership characterized by open communication, creativity, dedication, and compassion.
- Maintain personal integrity, avoid conflicts of interest, protect privileged information, and strive for professional excellence.

Program Metrics

To monitor effectiveness and risk, SHHC will track and periodically review key program metrics, including:

- Number of residents successfully exiting to permanent or more stable housing.
- Number of calls to police/EMS related to the facility, with the goal of minimizing emergency responses through early intervention and appropriate support.
- Number and type of neighborhood complaints and how they were resolved, to identify patterns and opportunities for improvement.

Compliance Monitoring and Reporting

- The Board of Directors reviews incident reports (Addendum R), neighborhood grievance and concern forms (Addendum AE), and police/crisis contacts (Addendum R) at least quarterly to identify trends and adjust operations.
- SHHC maintains open communication with City staff and is willing to provide updates or attend follow-up meetings as requested to ensure compliance with CUP conditions.
- SHHC understands that violations of policies, Municipal Code, or CUP conditions may lead to enforcement actions, including revocation of the CUP.

History of Operation

Safe Haven Hope Center has operated at 315 S Jefferson St under a Temporary Use Permit since April 3, 2026. During this period, SHHC has maintained compliance with City requirements, addressed concerns promptly and appropriately, and has had no major code violations. This experience demonstrates SHHC's capacity to operate responsibly under a Conditional Use Permit.

Addendum Directory

Addendum A – Trauma-Informed Care Training and Practice

Addendum B – De-escalation and Crisis Response Training

Addendum C – Motivational Interviewing (MI)

Addendum D – Harm Reduction Strategies

Addendum E – Narcan (Naloxone) Administration

Addendum F – Resident Intake Process

Addendum G – Resident Intake Checklist

Addendum H – Release of Information (ROI)

Addendum I – Resident Support and Safety Plan

Addendum J – Basic Health Screening Form

Addendum K – Resident Rights, Responsibilities and Expectations

Addendum L – Resident Rights Statement

Addendum M – Peer Support Guidelines and Expectations

Addendum N – Medication Policy

Addendum O – Daily Medication Access Sheet

Addendum P – Weapons and Contraband Policy

Addendum Q – Crisis, Incidents, and Resident Removal Policy

Addendum R – Incident Report Form

Addendum S – Haven Mental Health Intake Form 1

Addendum T – Haven Mental Health Intake Form 2

Addendum U – Haven Mental Health Intake Form 3

Addendum V – Haven Mental Health Intake Form 4

Addendum W – Case Management Guidelines and Expectations

Addendum X – Leadership

Addendum Y – Volunteer Application

Addendum Z – Non-Disclosure and Confidentiality Agreement

Addendum AA – Resident Grievance Policy

Addendum AB – Medication Policy

Addendum AC – Daily Medication Access Sheet

Addendum AD – Approved Driver Information and Authorization Form

Addendum AE – Neighbor Grievance and Concern Form

Addendum AF – Crisis, Incidents and Resident Removal Policy

Addendum AG – Alternative Accommodations and Temporary Breaks Policy

Addendum AH – Staff and Volunteer Code of Ethics

Addendum AI – Board of Directors Community Code of Ethics

Addendum AJ – Resident Exit and Transition Plan

Addendum AK – Resident Transition Plan Form

Addendum AL – Belongings and Property: Storage, Disposal, and Retrieval Policy

Addendum AM – Therapeutic Engagement with Cats Policy

Addendum AN – Letters of Support

Addendum A – Trauma-Informed Care Training and Practice

Safe Haven Hope Center (SHHC) is explicitly designed as a trauma-informed environment. To ensure consistency between stated philosophy and daily practice, all staff and key volunteers receive initial and ongoing training in trauma-informed care.

Training Content and Frequency

Initial Training: All new staff complete trauma-informed care training within 60 days of hire.

Core Topics Covered:

- The prevalence and impact of trauma, including adverse childhood experiences (ACEs) and complex trauma.
- How trauma affects brain functioning, behavior, memory, and emotional regulation.
- The core principles of trauma-informed care: safety, trustworthiness, choice, collaboration, and empowerment.
- Recognizing trauma responses versus “non-compliance” or “behavior problems.”
- Avoiding re-traumatization in routine interactions (e.g., tone of voice, body language, room searches, wake-ups, and rule enforcement).
- Strategies for building trust, predictability, and emotional safety with residents.
- Cultural humility and the impact of racism, discrimination, and oppression as sources of trauma.

Ongoing Training: At least three hours of trauma-informed refresher or advanced training per quarter, which may include case consultations, role-plays, or outside trainers.

Integration into Daily Operations Trauma-informed care is embedded in how SHHC operates:

Environment:

- A calm, homelike setting with clear posted expectations and schedules.
- Private and semi-private spaces available for difficult conversations when possible.

Communication:

- Staff use non-threatening, person-first, and strengths-based language.

- Residents are offered choices whenever safely possible (e.g., timing of conversations, preferred coping strategies).

Policies and Procedures:

- House rules are explained in a way that emphasizes safety and community well-being, not punishment.
- Room checks, searches, or safety interventions are done in the least intrusive manner and explained in advance when possible.
- Incident reviews consider possible trauma triggers and how future interactions can be improved.

Benefits to Residents and Neighborhood

- Residents experience a more stable, predictable environment, which reduces crises and behavioral escalations.
- Trauma-informed responses help prevent conflicts from spreading beyond the property.
- By reducing retraumatization and supporting emotional regulation, SHHC lowers the likelihood of disruptive behavior that might impact neighbors.

Addendum B – De-escalation and Crisis Response Training

To protect residents, staff, and the surrounding neighborhood, SHHC prioritizes nonviolent de-escalation and structured crisis response.

Training Content and Expectations

- **Initial Training:** All staff receive de-escalation and crisis response training as part of onboarding.
- **Core Topics Covered:**
 - Early warning signs of escalating distress (changes in tone, pacing, agitation, withdrawal).
 - Verbal de-escalation skills: calm tone, active listening, reflective statements, and validation of feelings.
 - Nonverbal skills: respectful distance, open body language, and awareness of exits and safety.
 - Techniques to reduce stimulation (quiet spaces, breaks, grounding tools).
 - Safety planning with residents in advance of crises (identifying triggers, coping skills, and preferred supports).
 - Role clarity: when to handle situations internally, when to call Brown County Crisis, and when to call 911.
 - Documentation of incidents and follow-up debriefs to improve responses over time.

On-Site Crisis Response Protocols

- Staff attempt verbal and environmental de-escalation first when safe to do so.
- If behavior remains non-violent and manageable, staff utilize safety planning, time away in a quiet area, and voluntary short breaks from the facility as appropriate.
- Staff immediately call 911 for weapons, credible threats of violence, serious medical emergencies, or active threats to self or others, as described in the main policy.
- Staff call Brown County Crisis (920-436-8888) for severe mental health crises, suicidality, or when specialized clinical guidance is needed.

Benefits to Residents and Neighborhood

- Most concerning situations are addressed early and on-site, decreasing the need for repeated police or EMS responses.
- When emergency services are required, staff provide clear information, cooperate fully, and follow up to prevent recurrence.
- Structured, trained responses reduce the likelihood that crises spill over into neighboring properties or public spaces.

Addendum C – Motivational Interviewing (MI)

SHHC uses motivational interviewing (MI) as a primary method for supporting behavior change without coercion.

Training in Motivational Interviewing

Initial Training: Direct-care staff receive introductory MI training within their first 6 months.

Core Topics Covered:

- MI spirit: partnership, acceptance, compassion, and evocation.
- Using open-ended questions, affirmations, reflective listening, and summaries.
- Exploring ambivalence about change rather than confronting or shaming.
- Supporting resident autonomy and self-determination.
- Setting collaborative, realistic goals related to housing, health, substance use, and daily living.

Ongoing Skill Development:

- Periodic skill-refreshers, supervision, and case reviews led by the Director of Mental Health.

How MI Is Used in the Program

Goal Setting: Residents identify their own priorities; staff help break these into manageable steps.

Substance Use and Harm Reduction: Staff explore residents' own reasons to reduce harm (health, relationships, housing stability) and support small, achievable changes.

Daily Responsibilities: MI is used to encourage participation in chores, appointments, and conflict resolution, rather than relying on threats of discharge.

Benefits to Residents and Neighborhood

- Residents are more likely to engage voluntarily in treatment, employment, and positive routines, improving long-term housing stability.
- By emphasizing internal motivation instead of confrontation, SHHC reduces conflict and disruptive behavior in and around the property.

Addendum D – Harm Reduction Strategies

SHHC is a low-barrier, harm-reduction oriented program. This means we focus on safety and reducing negative consequences of substance use, rather than requiring abstinence as a condition of housing.

Harm Reduction Training and Principles

Staff Training Includes:

- Understanding substance use and addiction as health conditions.
- Distinguishing between use, misuse, and dependence.
- Strategies to reduce overdose risk, infection, and injury.
- Nonjudgmental communication and avoiding stigmatizing language.
- Balancing individual resident needs with safety of the household and neighborhood.

Core Harm Reduction Principles:

- Housing and support are not contingent on immediate sobriety.
- Safety planning is prioritized: residents collaborate to identify safer use practices and emergency contacts.
- Any step toward reduced harm (less use, safer settings, treatment engagement) is recognized as progress.

Application in Daily Operations

On-Site Use Policy: Substances are not permitted to be used on site, as outlined in Residents Rights, Responsibilities, and Expectations.

(Addendum ***)**

When residents are using or return under the influence:

- Staff assess for immediate safety risks (overdose, violence, severe impairment).
- Non-violent, manageable situations are addressed with monitoring, safety planning, and, when needed, a short off-site break.
- Staff may coordinate with medical providers, treatment programs, or crisis services as appropriate.

Staff routinely discuss overdose prevention, safe storage of medications, and emergency responses with residents.

Benefits to Residents and Neighborhood

- By not automatically discharging residents solely for substance use, SHHC reduces cycling between street homelessness, jail, and emergency rooms.

- Harm reduction and close supervision reduce the likelihood of public intoxication, overdoses, or disruptive behavior in surrounding areas.
- Residents have better access to treatment options, improving health and stability over time.

Addendum E – Narcan (Naloxone) Administration

Given the high risk of opioid overdose among people experiencing homelessness and substance use disorders, SHHC maintains clear policies and training for Narcan (Naloxone) administration.

Staff Training and Competency

All direct-care staff are trained in:

- Recognizing signs of opioid overdose (unresponsiveness, abnormal breathing, pinpoint pupils, cyanosis).
- Proper storage, handling, and administration of Narcan (nasal spray and/or other approved forms).
- Immediate post-administration steps, including rescue breathing when trained and safe to perform.
- The importance of always calling 911 even after Narcan is given, due to risk of relapse of overdose symptoms.
- Training is updated at least annually, or sooner if formulations or best practices change.

Narcan Availability and Procedures

- Narcan is kept in clearly identified, secure but accessible locations on site, known to all staff.
- When an overdose is suspected:
 - Staff call 911 immediately.
 - Staff administer Narcan according to training.
 - Staff monitor breathing and responsiveness while awaiting EMS, and provide supportive care within the scope of their training.
 - The incident is documented and reviewed by leadership for quality improvement and follow-up with the resident and household.

Coordination with Community Partners

SHHC collaborates with local health agencies and harm reduction partners to:

- Maintain an adequate supply of Narcan.
- Stay current on overdose trends and best practices.
- Provide overdose prevention education to residents.

Benefits to Residents and Neighborhood

- Rapid on-site response to overdoses reduces the risk of death and severe medical complications.
- By intervening early and appropriately, SHHC decreases the likelihood of overdoses occurring in public or on neighboring properties.
- Post-incident follow-up includes connecting residents to treatment options and revising safety plans to further reduce risk.

Addendum F – Resident Intake Process

Purpose:

To ensure that all new residents are admitted in a safe, trauma-informed, and orderly manner, while maintaining program integrity, neighborhood safety, and compliance with SHHC policies and applicable laws.

Scope:

This process applies to all individuals seeking admission to Safe Haven Hope Center (SHHC).

Referral and Initial Contact

Referral Sources

- Community partners (hospitals, clinics, outreach teams, law enforcement, crisis services)
- Self-referrals (walk-ins or phone calls)

Initial Screening (Phone or In-Person)

- Verify the individual is 18 years or older.
 - Confirm they currently lack safe and stable housing.
 - Determine if they have been unable to access or maintain traditional shelter placement.
 - Ask about:
 - Current mental health needs or diagnoses (if known)
 - Current substance use
 - Immediate safety or medical concerns
 - Explain:
 - SHHC is a small, highly supervised, transitional living shelter.
 - The harm reduction, trauma-informed nature of the program.
 - Expectations around shared living, quiet hours, and curfew.
3. **Determine Appropriateness for Intake Appointment**
- If the individual appears appropriate based on target population and eligibility criteria, schedule an intake appointment.
 - If not appropriate, provide referrals to other resources when possible.

Pre-Intake Safety and Eligibility Checks

Sex Offender Residency Compliance

- Prior to admission, staff conduct a sex offender registry check and review any related public court records.
- Any person with sexual charges filed, open or closed, is disqualified from:
 - Residing at SHHC
 - Working or volunteering at SHHC
- Document the results of the check in the intake file.

Basic Safety Screening

- Ask about recent or ongoing violent behavior.
- Ask about current weapons possession.
- Explain SHHC's zero-tolerance policy for weapons and that all bags are subject to search on arrival.

Decision to Proceed

- If eligibility and safety criteria are met, confirm the intake appointment time and what to bring (medications, ID if available, important documents, etc.).
- If criteria are not met, provide alternative referrals and document the outcome.

Arrival and Welcome to SHHC

Check-In at Entry

- Greet the individual and introduce staff by name and role.
- Provide a brief description of the space and what will happen during intake.

Search for Weapons and Contraband

- Inform the individual of SHHC's policy that all bags are subject to search.
- Conduct a respectful search of bags and belongings for weapons, firearms, ammunition, explosives, and other prohibited items.
- If a weapon is found:
 - Do not admit the individual into the program at that time.
 - Follow SHHC's Weapons and Contraband policy and involve police if needed.

Orientation to Environment

- Offer water and a brief place to sit and decompress.

- Explain that SHHC is a trauma-informed, harm-reduction program and that participation is voluntary.

Intake Documentation and Required Forms

All documentation should be explained in plain language, with time for questions.

Haven Mental Health / SHHC Intake Forms

- Complete all common intake forms used by Haven Mental Health.
- Gather information for the HMIS database (Clarity) as required.

Releases of Information (ROIs)

- Explain the purpose of ROIs and that they are voluntary and informed.
- Obtain signed ROIs only for agencies/providers that are helpful for coordination of care, with resident consent.

Emergency Contact Information

- Collect at least one emergency contact, if available.

Health and Safety Screenings

- Complete a TB risk assessment and basic health screening.
- Identify:
 - Current medications and medical conditions
 - Allergies (including to medications, foods, or animals)
 - Any assistive devices or mobility needs

Government-Issued ID and Documentation

- If the resident has ID, make a copy for the file.
- If they do not have ID, note this and explain that staff will assist in obtaining necessary documentation.

Resident Rights and Grievance Policy

- Review the Resident Rights Statement verbally.
- Provide a written copy and obtain the resident's signature acknowledging receipt.
- Review the Grievance Policy, including:
 - How to file a grievance
 - Who reviews grievances
 - Timeline for response (within 2 business days)
- File signed copies in the resident's file.

Program Orientation and House Rules

Program Overview

- Explain the nature of SHHC as a transitional living program with an expected stay of 12–24 months, subject to readiness and Executive Director discretion (and permit conditions).
- Clarify that SHHC is:
 - Not a drop-in center
 - Not a low-supervision environment
 - A small, residential-style household with shared spaces

Daily Structure

- Review:
 - Operating hours (24/7)
 - Expectation to be awake by 10:00 a.m. unless otherwise arranged
 - Curfew: in for the night by 11:00 p.m., unless otherwise approved
 - Outdoor quiet hours starting at 9:00 p.m.

House Rules and Expectations

- Review key rules, including:
 - No weapons on property; bags are subject to search.
 - No on-site substance use; substance use is addressed through harm reduction and safety planning, not automatic discharge.
 - Smoking/vaping allowed only in designated outdoor areas.
 - Shower at least once weekly; cleaning the bathroom after each use.
 - Medication storage procedures and check-in to the medication room (with exceptions for emergency medications like inhalers, nitro, etc.).
 - Respectful behavior toward all residents, staff, volunteers, and animals.
- Explain that staff may conduct room or property checks when there are safety concerns, using the least intrusive approach possible.

Visitors and Boundaries

- Explain:
 - Only pre-approved visitors allowed.
 - No visitation between 7:00 p.m. and 8:00 a.m.
 - Visitors must sign in/out, wear a visitor badge, and remain in common areas when staff and residents are present.
 - Visitors are not to eat house food or beverages.

Neighborhood and Good Neighbor Expectations

- Review expectations regarding:

- No loitering on neighboring properties.
- Keeping voices down and language appropriate when entering/leaving.
- Not blocking sidewalks, driveways, or alleys.

Acknowledgment of Rules

- Provide a written summary of rules and expectations.
- Have the resident sign an acknowledgment of understanding; place in file.

Individualized Support and Safety Planning

Initial Conversation and Goal-Setting

- A peer support specialist or staff member meets privately with the resident.
- Discuss:
 - Personal strengths and interests
 - Immediate needs (safety, medical, mental health, legal, identification, income, etc.)
 - Short-term and long-term goals (housing, employment, recovery, relationships)

Safety Plan

- Collaboratively develop a personal safety plan, including:
 - Triggers and early warning signs of crisis.
 - Preferred coping strategies and supports.
 - Who to contact in crisis (staff, providers, crisis line, supports).
 - Steps to take if they feel unsafe, suicidal, or at risk of harming others.

Harm Reduction Plan (If Applicable)

- For residents with active substance use:
 - Discuss safer use strategies and overdose prevention.
 - Offer information on Narcan and its availability on-site.
 - Discuss options for treatment, if the resident is interested.

Service Linkage and Referrals

- With resident consent, connect to:
 - Clinical mental health services (on-site or coordinated)
 - Substance use treatment, recovery coaching, or peer support
 - Primary care, dental, or specialty medical services
 - Benefits assistance and case management

Document the Plan

- Complete an Initial Individualized Support and Safety Plan.
- Provide a copy to the resident if they wish, and store the original in the resident's file.

Room Assignment and Orientation to the Home

Room Assignment

- Assign a bedroom based on availability and resident needs (e.g., mobility, gender identity, safety considerations).
- Provide:
 - Clean bedding and towels
 - Basic hygiene supplies (soap, shampoo, toothbrush, etc.)

Tour of the Facility

- Show:
 - Bedroom and bathroom locations
 - Kitchen, dining room, family room
 - Laundry facilities
 - Designated outdoor smoking area
 - First aid kit locations and where staff can be found 24/7

Medication Storage and Procedures

- Review how to check medications into the medication room.
- Clarify that staff do not administer medications, and residents are responsible for taking their own medications.

Animals and Therapeutic Engagement

- Introduce house animals (if appropriate and welcomed by the resident).
- Explain expectations around animal care and boundaries.

Documentation, Data Entry, and Follow-Up

File Completion

- Ensure all needed forms are signed and filed, including:
 - Intake forms
 - ROIs
 - Resident Rights and Grievance acknowledgment
 - Safety and support plan
 - Sex offender check documentation

HMIS/Clarity Entry

- Enter required data into the HMIS (Clarity) system in a timely manner.

Staff Communication and Handoffs

- Add key information and any immediate concerns to the shift log.
- Notify appropriate staff (peer support, mental health, housing support) of new admission and any urgent follow-up needs.

Initial Review Timeline

- Schedule a check-in within the first 72 hours to:
 - Review how the resident is settling in.
 - Re-visit any questions about rules or expectations.
 - Adjust the support or safety plan as needed.

Ongoing Review and Possible Denial or Termination of Admission

If New Safety Information Emerges During Intake

- Pause the intake and consult with:
 - Executive Director
 - Director of Mental Health
- Determine whether:
 - Admission may proceed with additional safety measures, or
 - Admission must be denied due to safety concerns.

Documentation of Denial

- If intake is denied, document:
 - Reason(s) for denial
 - Any referrals or resources provided

Resident Removal After Admission

- If serious incidents occur, follow SHHC Crisis, Incidents, and Resident Removal policies, including options for a 24-hour break and case-by-case re-admission assessment.

Addendum G – Resident Intake Checklist

Safe Haven Hope Center – Resident Intake Checklist (Staff Use)

Resident Name: _____ Date: _____ Staff: _____

Use initials in the boxes when each step is completed.

Referral & Initial Contact

- ___ Referral source noted (partner / self)
- ___ Age 18+ confirmed
- ___ Lacks safe, stable housing
- ___ Unable to access/maintain traditional shelter
- ___ Asked about MH, substance use, safety, medical
- ___ Explained SHHC (small, supervised, harm reduction, shared living, quiet hours, curfew)
- ___ Appropriate → Intake appt set (date/time: _____)
- ___ Not appropriate → Referrals given & documented

Pre-Intake Safety & Eligibility

- ___ Sex offender registry & court records checked
- ___ No sexual charges (open or closed)
- ___ Results documented in file
- ___ Asked about recent violence & weapons
- ___ Explained zero-tolerance for weapons & bag search
- ___ Criteria met → Intake confirmed, items to bring reviewed
- ___ Criteria not met → Referrals & outcome documented

Arrival & Welcome

- ___ Greeted; staff names/roles given
- ___ Intake steps briefly explained
- ___ Bag/belongings search completed
- ___ If weapon found → Not admitted; policy followed; police if needed
- ___ Offered water/place to sit
- ___ Explained trauma-informed, harm-reduction, voluntary

Forms & Basic Screening

- ___ Haven MH/SHHC intake forms completed
- ___ HMIS/Clarity data gathered
- ___ ROIs explained; signed only with consent
- ___ Emergency contact collected (if available)
- ___ TB risk & basic health screen completed
- ___ Meds, conditions, allergies, mobility needs documented
- ___ ID copied or lack noted; help with ID explained
- ___ Resident Rights reviewed; copy given; signed
- ___ Grievance Policy reviewed (how, who, 2-day response); signed; filed

Program Orientation & Rules

- ___ Explained 12–24 mo transitional program & supervision level
- ___ Clarified not a drop-in; small residential setting
- ___ Reviewed: 24/7 ops, up by 10 a.m., 11 p.m. curfew, 9 p.m. quiet hours
- ___ Reviewed key rules (no weapons; no on-site use; smoking area; hygiene; bathroom cleaning)
- ___ Med storage & exceptions (emergency meds) explained
- ___ Respect expectations (residents, staff, volunteers, animals)
- ___ Explained safety-based room/property checks (least intrusive)
- ___ Visitor rules reviewed (pre-approved; hours; sign-in; badge; common areas; no house food)
- ___ Neighborhood expectations reviewed (no loitering; noise; sidewalks/driveways clear)
- ___ Rules summary provided; acknowledgment signed & filed

Support & Safety Planning

- ___ Private meeting with resident (peer/staff)
- ___ Strengths & immediate needs discussed
- ___ Short- and long-term goals discussed
- ___ Safety plan completed (triggers, coping, contacts, steps)
- ___ Harm reduction plan completed if applicable (safer use, OD prevention, Narcan, treatment options)
- ___ Consented referrals made (MH, SUD, medical, benefits, case mgmt)
- ___ Initial Support & Safety Plan filed; copy offered to resident

Room & House Orientation

- ___ Room assigned (consider mobility, gender ID, safety)
- ___ Bedding, towels, hygiene supplies provided
- ___ Tour: bedroom/bath, kitchen/dining, family room, laundry, smoking area
- ___ First aid locations & where to find staff shown
- ___ Med check-in process reviewed; self-administration clarified
- ___ House animals introduced (if appropriate); expectations/boundaries explained

Documentation, Data Entry & Follow-Up

- ___ All required forms filed (intake, ROIs, rights/grievance, safety plan, SO check)
- ___ HMIS/Clarity entry completed
- ___ Key info/concerns added to shift log
- ___ Relevant staff notified (peer, MH, housing, other)
- ___ 72-hour check-in scheduled (date/time: _____)

If Safety Concerns Arise During Intake

- ___ Consulted ED and Director of MH
- ___ Decision documented (proceed with safeguards / deny)
- ___ If denied: reasons and referrals/resources documented

Staff Signature: _____ Date: _____

Addendum H – Release of Information (ROI)

Authorization for Release of Information (ROI)

This form allows Safe Haven Hope Center (SHHC) to share or receive specific information for the purpose of safety planning, care coordination, and support services. Completion of this form is voluntary. Services are not denied based solely on refusal to sign, although some services may be limited if information cannot be shared.

Resident Information

Resident Name: _____

Date of Birth: ____ / ____ / _____

Phone: _____

Today's Date: ____ / ____ / _____

Parties Authorized to Share Information

I authorize Safe Haven Hope Center (SHHC) to:

- Release information to the person/agency listed below
- Obtain information from the person/agency listed below
- Exchange information with the person/agency listed below (two-way)

Person/Agency Name: _____

Contact Person (if known): _____

Address: _____

Phone: _____

Email (if applicable): _____

Information to Be Released/Obtained

I authorize the release/receipt of the following information (check all that apply):

- Verification of identity and basic contact information
- Housing history and housing needs
- Service participation and attendance (e.g., case management, peer support)

- Mental health information (diagnosis, treatment recommendations, safety plans)
- Substance use history and treatment information
- Medical information relevant to safety and care coordination
- Medications (including dosages and purpose)
- Emergency contact information
- Crisis events and safety concerns
- Program progress, goals, and discharge/transition planning
- Other (describe): _____

I understand that information about mental health and substance use is especially sensitive and protected by law. By checking those boxes, I agree to include that information in this release.

Purpose of Disclosure

The purpose of this authorization is to (check all that apply):

- Coordinate housing and supportive services
- Coordinate mental health and/or substance use services
- Support crisis planning and safety planning
- Assist with accessing medical care or medications
- Plan for discharge/transition to other housing or programs
- Verify participation or status for another agency
- Other (describe): _____

Method of Disclosure

Information may be shared via:

- In-person discussion
- Phone call or voicemail (if permission granted below)
- Written documentation (paper or electronic)
- Secure email, when available

Voicemail / Message Permission

I give permission for SHHC and the above-named person/agency to leave limited information in a voicemail or message only about:

- Appointments and scheduling
- Call-back requests (no clinical details)

- Other (describe): _____
- I do not authorize voicemail/message sharing

Expiration and Revocation

This authorization will expire on (choose one):

- ____ / ____ / ____ (specific date, not more than 1 year from signature), or
- When I am discharged or exit from Safe Haven Hope Center, or
- Upon completion of the current episode of services, whichever comes first.

I understand that:

- I may revoke this authorization at any time by notifying SHHC staff in writing.
- Revocation will not apply to information that has already been released based on this authorization before SHHC receives my written revocation.
- I may refuse to sign this authorization. Refusal may limit certain kinds of coordination but will not, by itself, result in denial of SHHC services.

Redisclosure and Confidentiality

I understand that:

- SHHC maintains resident records in locked files and/or password-protected electronic systems, accessible only to authorized staff, and follows confidentiality standards in its policies.
- Once information is released to another person or agency, that information may be re-disclosed and may no longer be protected by SHHC's policies or by certain privacy laws, depending on the recipient.
- Some disclosures (for example, related to substance use treatment) may still be protected by federal and state law even after release.

I also understand that SHHC may release information without my consent when required or permitted by law, including but not limited to:

- Mandatory reporting of abuse or neglect
- Serious threats of harm to self or others
- Court orders or subpoenas
- Requirements related to public health and safety

Resident Acknowledgment and Signature

By signing below, I confirm that:

- I have read (or had read to me) and understand this Authorization for Release of Information.
- I have had the opportunity to ask questions.
- I authorize the use or disclosure of my information as described in this form.

Resident Name (print): _____

Resident Signature: _____

Date: ____ / ____ / _____

Witness / Staff Section

Staff/Witness Name (print): _____

Staff/Witness Signature: _____

Date: ____ / ____ / _____

Relationship to Resident / Role: _____

For SHHC Use Only

Date ROI received by SHHC: ____ / ____ / _____

Entered into resident record by (staff): _____

Revocation received on (if applicable): ____ / ____ / _____

Notes: _____

Addendum I – Resident Support and Safety Plan

This Support and Safety Plan is created together by you and Safe Haven Hope Center (SHHC) staff. It is meant to:

- Support your goals and stability
- Identify your strengths and needs
- Plan for safety around mental health, substance use, and crisis situations
- Clarify how staff can best help you

This plan can be updated at any time based on your needs and preferences.

Resident Information

Resident Name:

Preferred Name / Pronouns:

Date of Birth: _____

Date Plan Created: _____

Staff Completing Plan With Resident:

Emergency Contact #1 (Primary):

Name: _____

Relationship: _____

Phone: _____

Emergency Contact #2 (Optional):

Name: _____

Relationship: _____

Phone: _____

Emergency Contact #3 (Optional):

Name: _____

Relationship: _____

Phone: _____

Medical Provider / Clinic (if any): _____

Mental Health Provider (if any): _____

Strengths and Personal Resources

Resident Strengths

(Examples: problem-solving, creativity, sense of humor, persistence, faith, ability to ask for help, etc.)

-
-
-

Important People and Supports

(Who helps you feel safe, calm, or supported? Friends, family, peer supports, professionals, faith community, etc.)

- Name/Role: _____
Phone/Contact: _____
- Name/Role: _____
Phone/Contact: _____
- Name/Role: _____
Phone/Contact: _____

Community and Cultural Supports

(Spiritual practices, cultural traditions, groups, or activities that are important to you.)

Goals During Your Stay

Housing and Stability Goals

What do you hope to work on while staying at SHHC? (Check all that apply and add details.)

- Permanent housing
- Employment or job training
- Education or GED
- Financial stability / benefits
- Mental health support
- Substance use support / harm reduction
- Physical health care
- Rebuilding relationships / support system
- Legal issues
- Other: _____

Top 3 Goals (in your own words):

- 1.
- 2.
- 3.

First small steps we will take together in the next 30 days:

Daily Routines and Preferences

Daily Schedule and Routines

What does a "good day" look like for you here?

Morning preferences (wake-up, medications, appointments, etc.):

Evening preferences (winding down, quiet time, bedtime routine):

Triggers and Stressors

(Things that tend to upset you, increase stress, or make it harder to feel safe.)

People, situations, or places that are hard for you:

Words, tones, or behaviors from others that are triggering:

Coping Skills and Comfort Measures

(What helps you calm down, feel safe, or stay grounded?)

Things you do on your own that help:

Ways staff can help when you are stressed (check all that you are comfortable with):

- Give me space / quiet time
- Offer to talk one-on-one
- Help me find a quiet room or area
- Offer grounding tools (breathing, sensory items, etc.)
- Remind me of my goals and strengths
- Help me call a support person
- Other (describe): _____

Substance Use and Harm Reduction Plan (If Applicable)

SHHC uses a harm-reduction approach. Our goal is safety, not punishment. No substance use is allowed on site, and we will work with you to reduce risks.

Current Substance Use (optional and voluntary to share)

Substances used (if you wish to share):

Frequency / pattern (if you wish to share):

Your Goals Around Use

(Check all that apply and add details.)

- Stay safer while using
- Cut back
- Stop using one substance
- Stop using all substances
- I'm not ready to set a goal yet
- Other: _____

Details (in your own words):

Safety and Overdose Prevention

Signs that I or others should watch for that I may be in danger:

What I want staff to do if I appear intoxicated or over-sedated:

People I am okay with staff calling if there is concern about my use

24-Hour Break / Alternative Arrangements (if use becomes unsafe)

If my use becomes unsafe to manage on site, I understand that:

- Staff may ask me to take a 24-hour break off-site for safety.
- Staff will try to help me find alternative arrangements when possible (e.g., another program, safe friend or family, crisis center, etc.).

Resident initials: _____

Staff initials: _____

Mental Health and Crisis Safety Plan

Warning Signs

(How can you and staff tell that you might be heading into a crisis? Thoughts, feelings, body sensations, behaviors.)

I might be in crisis when I start to:

What Helps Before Things Get Worse

Things I can do on my own to help myself:

Things staff can do that are helpful (you choose):

- Listen without judgment
- Help me go to a quieter space
- Offer grounding or calming techniques
- Help me call a trusted person
- Help me reach my therapist/case manager
- Help me contact Brown County Crisis
- Other: _____

Suicidal Thoughts or Self-Harm

If I start having thoughts of hurting myself, I want staff to:

- Sit and talk with me
- Help me use my coping skills
- Help me call a support person
- Help me call Brown County Crisis
- Call Brown County Crisis for me if I cannot or will not
- Call 911 if there is immediate danger
- Other: _____

Resident initials: _____

Staff initials: _____

Thoughts of Hurting Others / Violence

If I feel like I might hurt someone else, I understand that staff must prioritize safety for everyone.

I understand that staff may:

- Remove other residents from the area
- Call 911 immediately if there is a threat of violence
- Work with police and crisis services to respond to the situation

Resident initials (acknowledging understanding): _____

Medical, Medication, and Safety Preferences

Medical Conditions (optional)

Medical conditions staff should be aware of for safety (only what you are comfortable sharing):

Allergies (medication, food, environmental):

Medications

I take the following prescribed medications (optional):

I prefer staff support with:

- Safe storage of my medications
- Reminders to access my stored medications
- Help scheduling appointments with my prescriber
- I do not want staff involved beyond required safety policies

Resident initials: _____

Emergency Response Preferences

In a medical or mental health emergency, I understand that staff will:

- Call 911 for life-threatening situations (including serious injury, chest pain, unresponsiveness, weapons, or active violence).
- Call Brown County Crisis (920-436-8888) for severe mental health crises or suicidality.

I have been informed of this policy and understand it:

Resident initials: _____

Staff initials: _____

House Rules, Breaks, and Re-Admission

I understand that:

- SHHC has quiet hours starting at 9:00 p.m. and expects residents to be inside by 11:00 p.m. unless I have discussed a plan with staff.
- There is no substance use on site, and no weapons are allowed on the property.
- Staff may conduct room or property checks when there are safety concerns, using the least intrusive methods possible.
- In case of serious incidents, I may be asked to leave the premises for 24 hours, and staff will try to assist me in finding alternative arrangements when possible.
- Re-admission after serious incidents is decided case-by-case, balancing my needs with the safety of other residents, staff, and the neighborhood.

Resident initials (acknowledging understanding): _____

Staff initials: _____

Plan Review and Updates

This plan is a living document. It can be updated whenever your needs, preferences, or goals change.

Planned Review Date: _____

(To be reviewed at least every 6 months.)

Signatures

By signing below, we agree that:

- This Support and Safety Plan was developed collaboratively between the resident and staff.
- The resident's strengths, goals, and preferences were considered and recorded as accurately as possible.
- The resident understands that they can request changes to this plan at any time.

Resident Name (print):

Resident Signature:

Date: _____

Staff Name (print):

Staff Role/Title:

Staff Signature:

Date: _____

For Internal Use (Optional)

Plan reviewed/updated on: _____ By (staff): _____

Summary of changes: _____

Addendum J – Basic Health Screening Form

This form is completed at intake to support resident safety and appropriate care. Information is confidential and used only for safety planning and coordination of services, in accordance with SHHC policies.

Resident Information

- Name: _____
- Date of Birth: ____ / ____ / _____
- Date of Screening: ____ / ____ / _____
- Completed by (staff): _____

Tuberculosis (TB) Risk Assessment

History of TB

Have you ever been told you had tuberculosis (TB) or a positive TB test (skin or blood test)?

- Yes No Unsure

If yes, when and where?

Did you receive treatment for TB? Yes No Unsure

TB Symptoms (currently or within the last 3 months)

Check any symptoms you are experiencing:

- Cough lasting more than 3 weeks
- Coughing up blood
- Unexplained weight loss
- Night sweats
- Fever or chills that keep coming back
- Unusual tiredness or weakness
- None of the above

TB Exposure Risk

In the past year, have you:

Lived with or spent a lot of time with someone diagnosed with active TB?

- Yes No Unsure

Lived in a shelter, jail/prison, long-term care facility, or other group setting?

- Yes No Unsure

Traveled or lived for more than 1 month in a country where TB is common?

Yes No Unsure

Staff Use Only:

- Overall TB Risk: Low Moderate High
- Action Taken (if any): Referred for TB testing Other:

Current Medications

Please list all prescription medications, over-the-counter medicines, vitamins, and supplements you are currently taking.

Do you currently take any medications?

Yes No Unsure

If yes, please list below (attach additional page if needed):

Medication Name	Dose (if known)	How Often	Reason (if known)	Kept with Resident or Stored in Med Room
				<input type="checkbox"/> Resident <input type="checkbox"/> Med Room
				<input type="checkbox"/> Resident <input type="checkbox"/> Med Room
				<input type="checkbox"/> Resident <input type="checkbox"/> Med Room
				<input type="checkbox"/> Resident <input type="checkbox"/> Med Room

Emergency / Rescue Medications (e.g., inhaler, nitroglycerin, EpiPen):

Staff Notes (e.g., medication storage preferences, concerns, follow-up needed):

Allergies and Sensitivities

Medication Allergies

Do you have any medication allergies?

Yes No Unsure

If yes, list medication(s) and reaction(s):

Food Allergies

Do you have any food allergies?

- Yes No Unsure

If yes, list foods and reaction(s):

Other Allergies/Sensitivities (e.g., latex, bee stings, animals, fragrances, cleaning products)

- None Yes – describe:

EpiPen or Emergency Allergy Medication

Do you carry an EpiPen or similar emergency allergy medication?

- Yes No Unsure

If yes, where is it usually kept? _____

Staff Notes (dietary needs, environmental accommodations, emergency plan):

Assistive and Mobility Devices

Do you use any assistive or mobility devices? (check all that apply)

- None
 Cane
 Walker
 Manual wheelchair
 Power wheelchair or scooter
 Crutches
 Braces or orthotics
 Hearing aids
 Glasses or contacts
 Communication device (e.g., tablet, speech device)
 Other (describe): _____

Do you need help using or maintaining any of these devices?

- No
 Yes – describe what kind of help you need:

Are there any mobility-related safety concerns staff should know about?
(e.g., high fall risk, difficulty with stairs, balance problems)

No

Yes – describe:

Staff Use Only:

Fall risk: Low Moderate High

Room/bed assignment considerations: _____

Accessibility or accommodation needs: _____

Additional Health or Safety Information

Is there anything else about your physical or mental health that you would like staff to know to help keep you safe and supported?

Signatures

I understand that this information is used for my safety and for planning my care and accommodations at Safe Haven Hope Center.

Resident Signature: _____

Date: ____ / ____ / _____

Staff Signature: _____

Date: ____ / ____ / _____

Addendum K – Resident Rights, Responsibilities and Expectations

Safe Haven Hope Center (SHHC) is a small, highly supervised, trauma-informed, harm-reduction transitional living shelter for up to 20 adults. This document explains what you can expect from us, and what we expect from you, while you live here.

Our Commitments to You

At Safe Haven Hope Center, you have the right to:

- **Be treated with dignity, respect, and compassion** at all times by staff, volunteers, visitors, and other residents.
- **Live in a safe, stable, and supportive environment** with staff on site 24 hours a day, 7 days a week.
- **Have your basic needs met**, including:
 - A safe place to sleep
 - Access to showers, laundry, and hygiene supplies
 - Access to food and drinking water
 - Basic clothing items, as available
- **Receive trauma-informed, harm-reduction–based support**, including:
 - Peer support and case management
 - Access or referrals to mental health and substance use services
 - Individualized planning based on your strengths and goals
- **Participate voluntarily in services.** You choose which services and supports you engage in, and your choices will be respected except when there is a safety concern.
- **Have your privacy respected** in personal conversations and records, except where the law requires otherwise (such as serious safety risks or abuse reporting).
- **Live in a discrimination-free environment.** SHHC does not discriminate in admission, services, or employment on the basis of:
 - Race
 - Color
 - National origin
 - Age
 - Sex
 - Religion
 - Disability

- **Request reasonable accommodations** for disabilities, including accommodations related to mental health, physical health, or service/support animals, consistent with ADA and Fair Housing requirements.
- **Have your concerns and grievances heard and addressed** in a timely and respectful way.

Safety, Security, and House Rules

We are committed to providing a safe and peaceful environment for everyone. To live at SHHC, you agree to the following rules and expectations:

Weapons, Violence, and Safety

- Weapons are strictly prohibited. No firearms, ammunition, explosives, knives intended as weapons, or any item considered a weapon by law are allowed on SHHC property.
- All bags may be searched when entering the building to ensure safety.
- If you are found with a weapon:
 - You will be asked to leave the property immediately.
 - Police may be called if you refuse to leave or if there is an immediate safety concern.
- SHHC staff have the authority to restrict or terminate your access to the facility when there is a credible safety risk to you, other residents, staff, or neighbors.

Substances and Harm Reduction

- Substances are not allowed to be used on site.
- SHHC follows a harm reduction model. This means:
 - Substance use is addressed through safety planning, support, and connection to services.
 - Discharge is not automatic for substance use, but continued stay depends on safety and behavior.
- Guests who attempt to bring alcohol, drugs, or drug paraphernalia into the building will have those items confiscated and may lose visitor privileges.

Medications

- You are responsible for taking your own medications. Staff do not administer medications.
- Medications must be checked into the medication room (except emergency medications such as rescue inhalers, nitroglycerin, etc.).
- Medications may be stored securely upon request; you will have access to your medications as needed.
- Staff do not distribute over-the-counter medications (such as aspirin or antacids).

Quiet Hours and Curfew

- SHHC operates 24/7, with staff always on site.
- Outdoor quiet hours begin at 9:00 p.m. Please keep voices and noise low outside to respect neighbors.
- Residents are expected to be in for the night by 11:00 p.m., unless other arrangements have been discussed with staff.

Smoking and Vaping

- Smoking and vaping are not allowed indoors.
- Smoking and vaping are permitted only in designated outdoor areas.
- Please use provided receptacles and dispose of cigarette butts and vaping materials properly.

Hygiene and Cleanliness

- You are required to shower at least once per week. Soap, shampoo, and towels are provided.
- Each person is expected to clean the bathroom after use and participate in assigned chores.
- You are expected to help maintain clean and sanitary common areas and your personal space.

Daily Living and Participation

Daily Schedule

- SHHC is open 24/7, with staff on site at all times.
- Residents are expected to:
 - Be awake by 10:00 a.m., unless a different plan has been discussed with staff.
 - Be in for the night by 11:00 p.m., unless otherwise discussed with staff.

Case Management and Support

- You are encouraged to:
 - Meet regularly with peer support, case management, or clinical staff.
 - Work on individualized goals such as housing, health, employment, education, or recovery.
- Participation is voluntary, but engagement in planning and communication with staff is expected to support your stability and safety.

Room Checks and Safety Checks

- Staff may conduct room or property checks when there are safety concerns, using the least intrusive approach possible.
- These checks are done to protect the safety of residents, staff, and the community.

Visitors, Neighborhood, and Community Expectations

Visitors

- Only pre-approved visitors are allowed.
- All visitors must:
 - Sign in and out.
 - Wear a visible "Visitor" badge.
 - Follow all SHHC rules and staff directions.
- Visiting hours:
 - No visits between 7:00 p.m. and 8:00 a.m.
 - Visits are generally limited to 1 hour, unless staff approve an extension.
- Visitors are allowed only in common areas (living room, gathering room, kitchen, backyard) and only when staff and residents are present.
- Children must be supervised at all times by the resident or their adult visitor.
- Visitors are not allowed to eat house food or drink house beverages.

- All packages brought by visitors are subject to search.

Good Neighbor Expectations

As a resident of SHHC, you are part of the surrounding neighborhood. You are expected to:

- Not loiter on neighboring properties or in front of nearby homes or businesses.
- Be respectful when entering or leaving the property, including:
 - Keeping voices down
 - Using appropriate language
 - Not blocking sidewalks, driveways, or alleys
- Help maintain the exterior of the property by properly disposing of trash and following staff direction during exterior walk-throughs.

Privacy, Confidentiality, and Information

You have the right to:

- Confidentiality of your records and personal information.
- Have your records stored in locked files and/or secure electronic systems accessible only to authorized staff.
- Have your information shared only with your informed written consent, except when required by law (such as mandatory reporting, court orders, or serious and immediate safety risks).

You are expected to:

- Respect the privacy and confidentiality of other residents.
 - Do not share others' personal information or stories outside the program.
 - Do not take photos, videos, or recordings of other residents or staff without their permission and staff approval.

Non-Discrimination and Equal Access

SHHC does not exclude, deny benefits, or discriminate against any person based on:

- Race
- Color
- National origin
- Age
- Sex
- Religion
- Disability

This includes:

- Admission to programs or services
- Participation in or receipt of services and benefits
- Employment decisions

SHHC complies with:

- Title VI of the Civil Rights Act of 1964
- Section 504 of the Rehabilitation Act of 1973
- The Age Discrimination Act of 1975
- Related federal regulations (45 CFR Parts 80, 84, and 91)

If you believe you have experienced discrimination, you have the right to file a grievance.

Grievances, Concerns, and Feedback

You have the right to:

- Raise concerns or complaints without retaliation.
- Be heard respectfully when you express concerns about staff, other residents, services, or safety.
- Receive a timely response to your grievance.

Grievance process:

1. You will receive a copy of the grievance policy at intake.
2. You may submit your grievance verbally or in writing to staff.
3. Grievances will be addressed by the Executive Director or Director of Mental Health within 2 business days whenever possible.
4. You will be informed of the outcome and any actions taken.

You are expected to:

- Use the grievance process respectfully.
- Work with staff to resolve issues constructively and safely.

Health, Medical Care, and Emergencies

Health and Medical Care

- SHHC staff will help connect you to community clinics and providers for:
 - Physical health care
 - Mental health services
 - Alcohol and other drug abuse (AODA) counseling
- First aid kits are available on each floor, and staff are trained in First Aid, CPR, and Narcan (Naloxone) administration.

You are expected to:

- Inform staff if you or someone else is experiencing a medical or mental health emergency.
- Follow staff instructions during emergencies or drills.

Emergencies and Crisis Response

Staff will:

- Call 911 immediately for:
 - Weapons or credible threats involving weapons
 - Physical violence or threats to others
 - Serious medical emergencies or life-threatening situations
- Call Brown County Crisis (920-436-8888) for:
 - Severe mental illness or suicidality
 - Situations requiring clinical mental health guidance
- Use de-escalation, harm reduction, and safety planning when behavior is non-violent and manageable on site.

You are expected to:

- Follow safety instructions in crisis situations.

- Avoid any behavior that threatens your own safety or the safety of others.

Length of Stay and Program Participation

- The typical expected length of stay is 12 to 24 months, depending on your goals, progress, and safety.
- Your continued stay is based on:
 - Ongoing safety and ability to live in a community setting
 - Engagement with staff in planning and communication
 - Compliance with core safety and house rules

If serious incidents occur, you may be:

- Asked to take a 24-hour break off site while staff help explore alternative arrangements when possible.
- Provided with safety items such as hand warmers, food, or blankets if shelter cannot be provided.
- Considered for re-admission on a case-by-case basis, balancing your needs with community safety.

Your Agreement

By residing at Safe Haven Hope Center, you:

- Acknowledge that you have received, read, or had this Resident Rights, Responsibilities, and Expectations document explained to you.
- Understand your rights to safety, dignity, privacy, and non-discrimination.
- Understand your responsibilities to follow house rules, respect others, and participate in maintaining a safe and healthy environment.
- Know how to raise questions or concerns and how to file a grievance.

Urgent safety concerns will be addressed as quickly as possible, with police or crisis services involved when appropriate.

You will be asked to sign a separate Resident Rights Statement acknowledging that you understand these rights and responsibilities, and you will receive a copy for your records.

Addendum L – Resident Rights Statement

This Resident Rights Statement explains your basic rights while you are living at Safe Haven Hope Center (SHHC). Please read it carefully. A staff member can read or explain it to you if needed.

By signing this form, you are saying that you understand these rights and know how to ask questions or file a grievance.

Your Rights as a Resident

As a resident of Safe Haven Hope Center, you have the right to:

Dignity, Respect, and Compassion

Be treated with dignity, respect, and compassion by all staff, volunteers, visitors, and residents.

Safety and Stability

Live in a safe, stable, and supervised environment with staff on site 24 hours a day, 7 days a week.

Basic Needs

Have your basic needs met, including:

- A safe place to sleep
- Access to food and drinking water
- Access to showers, laundry, and hygiene supplies
- Access to clothing as available

Trauma-Informed, Harm-Reduction Support

Receive care and support that recognize your history and needs, including:

- Peer support and case management
- Access or referrals to mental health and substance use services
- Individualized planning based on your strengths and goals

Voluntary Participation in Services

Choose which services and supports you engage in, except when safety concerns require staff intervention.

Privacy and Confidentiality

- Have your personal information and records kept in locked or password-protected systems, accessible only to authorized staff.
- Have your information shared outside SHHC only with your informed written consent, except when required by law (for example, mandatory reporting, court orders, or serious and immediate safety risks).

Freedom From Discrimination

Be free from discrimination in admission or services decisions based on:

- Race
- Color
- National origin
- Age
- Sex
- Religion
- Disability

Reasonable Accommodations

Request reasonable accommodations for disabilities, including mental health, physical health, or service/support animals, consistent with the Americans with Disabilities Act (ADA) and Fair Housing requirements.

Humane and Respectful Treatment

Be free from abuse, neglect, exploitation, and humiliation. This includes:

- Freedom from physical, sexual, verbal, or emotional abuse
- Freedom from unnecessary restraints or isolation

Grievances and Complaints

- Voice concerns, complaints, or grievances without fear of retaliation.
- Have your grievance reviewed by the Executive Director or Director of Mental Health, with a response within 2 business days whenever possible.

Information About Rules and Expectations

Receive clear information about:

- House rules and expectations
- Visitor rules
- Quiet hours and curfew
- Safety and emergency procedures

Participation in Planning

Take part in planning your services and supports, and ask questions about your options, risks, and benefits.

Acknowledgment of Understanding

Please review each statement and initial each line after it has been explained to you:

_____ I understand that I have the right to be treated with dignity, respect, and compassion at all times.

_____ I understand that I have the right to a safe and supervised environment with my basic needs met.

_____ I understand that my participation in services is voluntary, except when safety is at risk.

_____ I understand that my personal information is kept confidential and only shared as allowed by law or with my written consent.

_____ I understand that I have the right to be free from discrimination, abuse, and neglect.

_____ I understand that I can request reasonable accommodations for disabilities, including service/support animals.

_____ I understand that I can file a grievance and that it will be addressed within 2 business days whenever possible.

_____ I have been told how to contact staff if I have questions or concerns about my rights.

Questions and Grievances

If you have questions about your rights or want to file a grievance, you may contact:

- Executive Director: Cathi Oreto
Phone: 920-471-7880
Email: cathi@safehavenhopecenter.org
- Director of Mental Health: (Name/Contact)

You may also speak with any staff member, who will help you start the grievance process.

Signatures

By signing below, you are confirming:

- You have received this Resident Rights Statement.
- It has been read or explained to you in a way you understand.
- You know how to ask questions or file a grievance if you feel your rights are not being respected.

Resident Name (print):

Resident Signature:

Date: _____

Staff Acknowledgment

I have reviewed the Resident Rights Statement with this resident and have answered questions to the best of my ability.

Staff Name (print):

Staff Position/Title:

Staff Signature:

Date: _____

Addendum M – Peer Support Guidelines and Expectations

Safe Haven Hope Center (SHHC) is a peer-based, low-barrier, trauma-informed, harm-reduction transitional living shelter. Peer support is a key part of how we create safety, healing, and community.

These guidelines explain what peer support is, how we practice it at SHHC, and the expectations for residents, peer workers, and volunteers.

What Is Peer Support at SHHC?

At SHHC, peer support means people with lived experience of challenges such as homelessness, mental health issues, trauma, or substance use:

- Supporting each other through mutual respect and shared understanding
- Offering hope, encouragement, and practical help
- Building connection instead of judgment or punishment

Peer support does not replace professional services. It works alongside clinical care, case management, and other supports.

Core Values of Peer Support

All peer support at SHHC is guided by these values:

Dignity and Respect

Every person deserves to be treated with dignity, regardless of their current situation or past.

Trauma-Informed Care

We assume people may have trauma histories. We avoid shaming, blaming, or pressuring and instead focus on safety, choice, and empowerment.

Harm Reduction

We focus on reducing harm and increasing safety rather than demanding abstinence. We respect that change happens at different paces.

Mutuality and Shared Power

Peer relationships are not about one person being “above” another. We share power, listen, and learn from each other.

Choice and Self-Determination

Each person has the right to make their own decisions about their life, goals, and recovery path.

Hope and Strengths Focus

We focus on strengths, skills, and small steps forward—not just problems or symptoms.

Cultural Humility and Inclusion

We honor differences in race, culture, language, gender identity, sexual orientation, age, religion, and ability.

Who Are Peer Supports at SHHC?

At SHHC, peer support may be provided by:

- Residents offering mutual support to one another
- Designated peer staff (e.g., Peer Support trainees, Recovery Coaches)
- Volunteers with lived experience, under staff supervision

All peer workers are:

- Screened and approved by leadership
- Trained in trauma-informed care, harm reduction, boundaries, and confidentiality limits
- Supervised by The Executive Director and/or the Director of Mental Health

What Peer Support Looks Like in Practice

Examples of healthy peer support at SHHC include:

- Listening without judgment when someone is having a hard day
- Sharing your own experiences in a way that is respectful and not overwhelming
- Encouraging someone to use coping skills or reach out for help
- Accompanying a resident to a group, appointment, or meeting (when appropriate and approved)
- Helping someone understand house rules or navigate shelter routines
- Supporting another resident to attend groups, work on goals, or stay connected to care

Peer support does not include:

- Acting as a therapist or clinician
- Promising to keep secrets that involve safety concerns

- Providing medical, legal, or financial advice beyond sharing your own experience and referring to staff
- Taking on more responsibility for someone's safety than you can handle

Boundaries and Safety in Peer Support

Healthy boundaries keep everyone safer. At SHHC, peer support must follow these expectations:

Personal and Professional Boundaries

- Do not enter into romantic or sexual relationships between peer workers (staff/volunteers) and residents.
- Avoid giving or receiving large gifts, loans, or money from residents.
- Avoid sharing your own detailed trauma, self-harm, or substance use stories in ways that may be triggering or unsafe for others.
- Do not pressure anyone to share more than they want to.
- Keep your role realistic—remember you are a peer, not a savior or a professional clinician.

Confidentiality and Its Limits

- Respect others' privacy. Do not share another resident's story, name, or personal information without their permission.
- Do not talk about other residents in public areas, on social media, or outside the program.
- Understand that:
 - If someone talks about hurting themselves, hurting others, abuse, or weapons, this must be shared with staff for everyone's safety.
 - Staff have legal and ethical duties to act on serious safety concerns.

If you are unsure whether you should share something with staff, ask staff for guidance.

When to Involve Staff

Peer support is not responsible for handling crises alone. You must involve staff when:

- There is talk or threat of suicide or self-harm
- There is talk or threat of harming others
- There is violence, weapons, or credible threats

- Someone appears to be severely intoxicated, over-sedated, or medically unstable
- A resident discloses current abuse or sexual assault
- You feel overwhelmed, uncomfortable, or unsure how to respond

Staff will:

- Use de-escalation and crisis response skills
- Call 911 for emergencies and/or Brown County Crisis (920-436-8888) as needed
- Document incidents and follow established safety procedures

Expectations for Residents Providing Peer Support

Residents are encouraged—but not required—to support one another. If you choose to offer peer support:

You are expected to:

- Treat other residents with dignity and respect
- Listen more than you speak; avoid giving commands or ultimatums
- Respect others' privacy and personal space
- Encourage healthy coping skills and safe choices
- Encourage others to talk with staff when they need more help
- Follow all house rules while offering support (including rules about substances, weapons, visitors, and quiet hours)

You must not:

- Promise to keep dangerous behavior secret
- Give medical or medication advice
- Share or trade prescription medications
- Encourage substance use or unsafe behavior
- Pressure anyone to attend religious, political, or other activities against their will

If peer conflicts arise, residents are encouraged to:

- Seek staff help early
- Use respectful language and avoid threats or intimidation

Expectations for Peer Staff and Volunteers

Peer staff and volunteers have additional responsibilities. In addition to all resident expectations, peer workers must:

- Complete required training (peer support, trauma-informed care, harm reduction, de-escalation, boundaries, confidentiality, crisis response)
- Follow SHHC policies, procedures, and the Code of Ethics
- Participate in regular supervision and debriefing with Executive Director or Director of Mental Health
- Document interactions or groups as required by SHHC policy
- Maintain a professional and supportive presence while on duty

Peer staff/volunteers must:

- Report concerns, incidents, and safety issues promptly to supervisory staff
- Avoid one-on-one closed-door meetings in bedrooms
- Maintain appropriate boundaries during and outside of shifts

Peer staff/volunteers must not:

- Use substances while on duty, or report to duty under the influence
- Engage in sexual or romantic relationships with residents
- Use their role to gain favors, money, or personal benefit from residents
- Ignore or hide safety concerns to “protect” someone

Peer Support in Groups and Activities

Peer support at SHHC may include groups and activities such as:

- Support circles or check-in groups
- Life skills workshops (budgeting, cooking, job readiness, etc.)
- Recovery- or wellness-focused groups
- Community-building and recreational activities

Expectations during groups:

- Respect confidentiality: “What is shared here, stays here,” except for safety concerns.
- Allow everyone a chance to speak; avoid dominating the conversation.
- No shaming, name-calling, or put-downs.
- No substance use, weapons, or threatening behavior.
- Follow staff or facilitator instructions for safety and time limits.

Alignment With SHHC Policies

Peer support at SHHC is part of a larger safety and care system. Peer guidelines work together with:

- House rules and quiet hours
- Harm reduction policies (no on-site use, safety-focused responses)
- Weapons and contraband policies
- Crisis, incident, and removal policies
- Non-discrimination, confidentiality, and grievance policies

Peer support does not override any SHHC policy, city ordinance, or law.

Concerns, Grievances, and Feedback About Peer Support

If you have a concern about how peer support is being provided—by a resident, peer staff, or volunteer—you can:

- Talk to any staff member on duty
- Ask for a Grievance Form and follow the grievance process
- Request to speak with:
 - Executive Director: Cathi Oreto
Phone: 920-471-7880
Email: cathi@safehavenhopecenter.org
 - Director of Mental Health: Elizabeth Feldhausen, LPC

Grievances related to peer support will be reviewed and addressed within 2 business days whenever possible, and appropriate actions will be taken.

Peer Support Acknowledgment

For Residents:

I understand that peer support at Safe Haven Hope Center is:

- Voluntary for me to participate in
- Based on mutual respect, safety, and boundaries
- Not a replacement for professional or clinical care

I agree to:

- Treat others with respect
- Maintain confidentiality except for safety concerns
- Seek staff help when someone may be in danger

Resident Name (print): _____

Resident Signature: _____

Date: _____

For Peer Staff/Volunteers:

I have received and understand the Peer Support Guidelines and Expectations for Safe Haven Hope Center. I agree to:

- Follow SHHC policies, procedures, and Code of Ethics
- Maintain healthy boundaries and confidentiality within legal and safety limits
- Seek supervision and support when I am unsure how to help or when I feel overwhelmed
- Report safety concerns promptly to supervisory staff

Peer Staff/Volunteer Name (print): _____

Role/Title: _____

Signature: _____

Date: _____

Supervisor Name (print): _____

Supervisor Signature: _____

Date: _____

Addendum N – Medication Policy

Purpose

The purpose of this Medication Policy is to:

- Promote the safe storage, handling, and use of medications at Safe Haven Hope Center.
- Support resident autonomy and responsibility for their own medications while maintaining a safe and stable environment.
- Reduce the risk of diversion, misuse, overdose, and medication errors.
- Ensure consistency with SHHC's trauma-informed, harm-reduction, and low-barrier program philosophy.

Scope

This policy applies to:

- All prescription and over-the-counter (OTC) medications brought onto or stored on SHHC property.
- All residents, staff, volunteers, and visitors of SHHC.
- All forms of medications, including pills, capsules, liquids, inhalers, injectables, topicals, and medically indicated controlled substances.

SHHC does not operate as a medical facility and does not provide medical treatment or medication administration. Residents are responsible for managing and taking their own medications.

Guiding Principles

Resident Autonomy: Residents are primarily responsible for their own medications. Staff do not administer or dose medications.

Safety First: The safety of residents, staff, volunteers, animals, and the surrounding neighborhood is paramount in all decisions involving medications.

Harm Reduction: Medication issues (e.g., misuse, nonadherence) are addressed through education, safety planning, and support rather than automatic discharge whenever safely possible.

Trauma-Informed Practice: Interactions around medications are conducted with respect, transparency, and collaboration to avoid re-traumatization.

Confidentiality: Information about a resident's medications is treated as confidential and shared only with consent or as required by law.

Definitions

Medication: Any substance used to diagnose, treat, or prevent disease, or to affect the structure or function of the body. Includes prescription medications, OTC drugs, and medically approved supplements when prescribed or recommended by a provider.

Controlled Substance: A medication regulated under federal or state controlled substance laws (e.g., certain pain medications, stimulants, benzodiazepines).

Emergency/Rescue Medication: Medication that must be immediately available to prevent a serious health consequence (e.g., rescue inhaler, nitroglycerin, EpiPen).

Self-Administration: When a resident independently takes their own medication without staff administering or placing it into their hand or mouth.

Medication Room: The designated, secured room or area where resident medications are stored and logged, except for approved emergency medications retained by residents.

Resident Responsibilities

Residents are expected to:

Manage Their Own Medications

- Take medications as prescribed or as directed by their healthcare provider.
- Communicate with their provider or pharmacist about side effects, concerns, or questions.

Check In Medications at Intake and As Acquired

- At intake, inform staff of all prescription and OTC medications currently in their possession.
- Present all medications to staff for logging and secure storage in the medication room, unless designated as an approved emergency medication.
- Inform staff when new medications are obtained, prescriptions are changed, or medications are discontinued.

Use Medications Safely

- Take only medications prescribed for them; sharing or selling medications is strictly prohibited.

- Maintain control of any approved emergency medications they personally carry (e.g., inhaler) and ensure they are not accessible to others.
- Notify staff immediately if medications are lost, stolen, or damaged.

Follow House Rules Related to Medications

- Comply with SHHC rules regarding storage, timing of access, and no use of substances on-site.
- Participate in safety planning related to medications when requested by staff.

Staff Roles and Limitations

SHHC is not a medical provider. Staff are not practicing medicine and do not:

- Prescribe, recommend, or adjust medications.
- Administer medications into a resident's mouth or body.
- Make clinical decisions about starting, stopping, or changing medication dosages.

Staff may:

Support with Storage and Access

- Receive medications from residents for secure storage.
- Maintain a locked medication room and medication log.
- Retrieve a resident's stored medication from the locked area at the resident's request and hand the medication container to the resident for self-administration.
- Observe the resident taking the medication if requested as part of a harm-reduction or accountability plan.

Documentation and Monitoring

- Maintain basic records of what medications are stored on site, in what quantity, and any reported changes.
- Document concerns about medication misuse, diversion, or safety issues in incident reports, and notify leadership as appropriate.

Education and Referral

- Encourage residents to connect with healthcare providers, pharmacists, and community clinics for medication management.
- Provide referrals and assistance with scheduling appointments, transportation, or obtaining prescriptions when possible.

Crisis and Overdose Response

- Follow SHHC crisis, emergency, and overdose procedures, including administering Narcan (Naloxone) when indicated and contacting 911.

Medication Storage and Security

Medication Room

- All non-emergency medications must be checked into the medication room upon intake or when obtained.
- The medication room remains locked at all times when not in active use.
- Access to the medication room is restricted to authorized staff.

Resident Medication Storage

- Each resident is assigned a designated, labeled storage area (bin, locker, or cabinet) within the medication room.
- Medications are kept in their original pharmacy or manufacturer containers with labels intact whenever possible.
- Staff maintain a basic log for each resident's checked-in medications (name of medication, strength, prescribing provider or clinic when known, date of check-in, quantity when feasible).

Emergency/Rescue Medications

- Residents may keep necessary emergency medications on their person or in their room (e.g., rescue inhaler, nitroglycerin, EpiPen) with staff awareness.
- These medications do not need to be stored in the medication room; however, they should be documented as emergency/rescue medications in the resident file.

Controlled Substances and High-Risk Medications

- Controlled substances and other high-risk medications (as identified by the prescribing provider or pharmacist) must be stored in a locked area within the medication room with heightened security (e.g., locked box or cabinet).
- Staff will document the initial quantity of controlled substances when possible and may perform periodic counts as a safety measure.
- Any suspected theft, diversion, or tampering must be reported to the Executive Director or designee immediately and documented as an incident.

Prohibited Storage Locations

- Medications may not be stored unsecured in resident rooms, common areas, vehicles, or personal bags (other than approved emergency medications).
- Discovered unsecured medications will be confiscated, stored appropriately, and discussed with the resident using a harm-reduction and safety-focused approach.

Access to Medications and Self-Administration

Access Times

- Reasonable access to medications will be provided throughout the day, with the goal of accommodating prescribed dosing schedules.
- Specific access windows may be established (e.g., morning, midday, evening, bedtime) and communicated clearly to residents.
- Residents with time-sensitive regimens may work with staff to develop individualized access arrangements.

Self-Administration Process

- The resident requests their medication from staff.
- Staff retrieve the resident's medication bin or container from the medication room and give it to the resident.
- The resident self-administers the medication (e.g., takes their pills, uses inhaler).
- The resident returns the medication container to staff, who then secure it back in the designated storage area.

Missed or Skipped Doses

- Residents are responsible for monitoring their dosing schedule.
- Staff may provide reminders as a supportive measure but are not responsible for ensuring every dose is taken.
- If a resident repeatedly misses doses and expresses concern, staff may encourage them to contact their provider and may assist with coordination.

Refusal of Medications

- Residents have the right to refuse prescribed medications.
- Staff may explore the reasons for refusal, provide basic education, and encourage consultation with a healthcare provider.
- Coercion, shaming, or punishment for refusal is not permitted.

Over-the-Counter (OTC) Medications and Staff Distribution

- SHHC staff do not distribute OTC medications (e.g., antacids, aspirin, cold medicine) to residents.
- Residents may obtain OTC medications independently and must check them into the medication room upon bringing them onto the property.
- OTC medications are subject to the same storage, security, and self-administration procedures as prescription medications.

Medication Reconciliation, Changes, and Discontinuation

New Medications

- When a new prescription is started, residents should notify staff and present the medication for logging and secure storage.
- Staff update the resident's medication log and storage bin.

Changed or Discontinued Medications

- Residents are encouraged to inform staff when their provider changes dosages or discontinues a medication.
- Outdated or discontinued medications should be removed from active storage and prepared for safe disposal.

Refills and Running Low

- Residents are responsible for monitoring when refills are needed.
- Staff may assist with scheduling appointments, contacting pharmacies, or arranging transportation when possible.

Medication Disposal

Discontinued, Expired, or Unclaimed Medications

- Medications that are expired, discontinued, or unclaimed at the time of resident exit will be separated from active medications and documented.
- When feasible, residents will be offered the opportunity to take their medications with them at discharge if clinically and legally appropriate.

Safe Disposal Procedures

- SHHC will partner with pharmacies, clinics, or approved medication take-back programs to dispose of medications safely.
- Controlled substances must be disposed of in accordance with federal and state regulations.

Documentation

- Staff will document the disposal of medications (resident name, medication, quantity when reasonably known, date, and method/location of disposal).

Medication-Related Safety Concerns and Incidents

Medication-related concerns include, but are not limited to:

- Suspected diversion or sharing of medications.
- Suspected overuse, misuse, or signs of overdose.
- Repeated loss of prescriptions or controlled substances.
- Behavioral changes indicating possible adverse medication effects.

When safety concerns arise, staff will:

Assess Immediate Risk

- Determine if there is an urgent medical emergency or overdose; follow SHHC emergency procedures, including calling 911 and administering Narcan if indicated.
- Remove other residents from immediate danger when necessary.

Engage the Resident

- Discuss concerns in a non-judgmental, trauma-informed manner.
- Explore harm-reduction strategies (e.g., supervised self-administration, secure storage, coordination with provider).

Document and Notify

- Complete an incident report describing the concern and actions taken.
- Notify the Executive Director and/or Director of Mental Health as appropriate.

Coordinate with Providers and Crisis Services

- With resident consent (or as allowed by law), consult with prescribers, pharmacists, or Brown County Crisis for guidance.
- Follow SHHC's crisis and emergency response policies for severe mental illness, suicidality, or threats of harm.

Consider Temporary Removal or Limits on Access

- In serious cases where medication possession creates a credible safety risk, staff may limit a resident's access to certain medications (e.g., holding them securely and releasing only limited doses as part of a safety plan).
- In extreme cases, and consistent with SHHC's resident removal policy, the resident may be asked to leave temporarily for safety reasons, with

staff assistance in identifying alternative arrangements whenever possible.

Visitors, Medications, and Contraband

- Visitors are not permitted to store personal medications at SHHC.
- Visitors are prohibited from sharing or providing medications (prescription or OTC) to residents.
- Any visitor who attempts to bring in or distribute medications in violation of SHHC policies may have visitation privileges revoked.
- Any attempt to bring in illicit substances, drug paraphernalia, or medication for the purpose of misuse will result in confiscation of items and may require police involvement, consistent with SHHC's weapons, contraband, and safety policies.

Staff and Drug-Free Workplace

- SHHC maintains an alcohol-, drug-, and smoke-free workplace for staff.
- Employees must be drug and alcohol free while on duty and may be subject to random drug testing, in accordance with SHHC's Drug-Free Workplace policy.
- Staff who are prescribed controlled substances must use them responsibly and in a manner that does not impair their ability to safely perform essential job duties.

Confidentiality and Documentation

- Information about a resident's medications is part of the confidential record maintained by SHHC.
- Medication logs, incident reports, and related documentation are stored securely (locked files and/or password-protected electronic systems) and accessed only by authorized staff.
- Information is not shared outside SHHC without resident consent, except as required by law (e.g., mandatory reporting, court orders, medical emergencies where disclosure is necessary to protect life or safety).

Training and Review

Staff Training

- All staff receive orientation on this Medication Policy, including:
 - SHHC’s role and limitations around medications.
 - Storage and access procedures.
 - Overdose prevention and Narcan administration.
 - Documentation and incident reporting.
- Ongoing training (at least three hours quarterly) incorporates medication-related safety topics, harm reduction, and crisis response.

Policy Review and Updates

- This policy will be reviewed at least annually by leadership and the Board of Directors, or sooner if there are significant changes in law, regulation, or program operations.
- Feedback from residents, staff, and community partners may be used to revise and improve the policy.

Acknowledgment

Residents:

I have received a copy of the Safe Haven Hope Center Medication Policy. I have had the opportunity to ask questions and understand that I am responsible for managing my own medications in accordance with this policy.

Resident Name: _____

Resident Signature: _____

Date: _____

Staff:

I have reviewed the Safe Haven Hope Center Medication Policy and understand my responsibilities regarding medication storage, access, documentation, and safety.

Staff Name: _____

Staff Signature: _____

Date: _____

Addendum O – Daily Medication Access Sheet

Date: _____

Shift: Day Evening Night

Staff on Duty:

Use this sheet to track when residents access stored medications. Resident self-administers; staff may retrieve and/or observe per harm-reduction plans.

Resident Medication Access Log

Time	Resident Name	Medication(s) Accessed	Dose	Staff Role (retrieved / observed / both)	Staff Initials	Resident Initials	Notes (missed dose, concerns, etc.)

Controlled / High-Risk Medication Spot Check

Time	Resident Name	Medication	Count / Check Result	Issues Noted (Y/N)	Brief Comment	Staff Initials

Shift-End Summary (Staff)

Any medication-related concerns this shift? No Yes

If yes, briefly describe and note if an incident report was completed:

- Incident report completed (if required)
- Director/On-Call Notified (if required)

Staff Signature: _____

Date/Time: _____

Addendum P – Weapons and Contraband Policy

Purpose

The purpose of this policy is to protect the safety and wellbeing of all residents, staff, volunteers, visitors, animals, and neighbors of Safe Haven Hope Center (SHHC) by clearly prohibiting weapons and dangerous contraband on or around the property, and by outlining consistent procedures for prevention, response, and documentation.

Scope

This policy applies to:

- All SHHC residents
- All SHHC staff and volunteers
- All visitors and service providers
- All areas of SHHC property, including the building, yard, parking areas, and any SHHC vehicles

Definitions

Weapons include, but are not limited to:

- Firearms (loaded or unloaded), ammunition, BB guns, air guns
- Explosives, fireworks, incendiary devices
- Knives not intended for normal kitchen or utility use (e.g., switchblades, daggers)
- Any object used or intended to be used to threaten, intimidate, or harm another person (e.g., clubs, brass knuckles, improvised weapons)

Contraband includes, but is not limited to:

- Any prohibited weapon as defined above
- Explosive or flammable materials not used for household purposes
- Illegal drugs and drug paraphernalia brought onto property by visitors
- Any item prohibited under SHHC rules that poses a safety risk

Prohibited Items and Activities

1. Firearms, ammunition, explosives, and weapons (as defined by law and this policy) are strictly prohibited anywhere on SHHC property.
2. Residents, staff, volunteers, and visitors may not:
 - Carry, store, or conceal any weapon on SHHC property
 - Store weapons in personal vehicles parked on SHHC property
 - Bring explosive materials, fireworks, or similar items onto the premises

3. SHHC is a drug- and alcohol-free workplace for staff. Visitors may not bring alcohol, illegal drugs, or drug paraphernalia onto the property. Any such items will be confiscated.

Bag and Property Checks

To maintain a safe environment:

- All bags and personal belongings brought into the building by residents, staff, volunteers, and visitors are subject to search when there is a safety concern or reasonable suspicion that weapons or contraband may be present.
- Searches are conducted in a trauma-informed, respectful manner and, whenever possible, in the presence of the individual whose belongings are being searched.
- Refusal to consent to a search when there is a credible safety concern may result in denial of entry, removal from the property, or other action as appropriate.

Staff Responsibilities and Authority

- Staff have the authority to immediately restrict or terminate a resident's, visitor's, staff member's, or volunteer's access to SHHC facilities when there is a credible safety risk related to weapons or contraband.
- Staff will:
 - Prioritize immediate safety of residents, staff, visitors, and neighbors
 - Use de-escalation techniques whenever safely possible
 - Contact law enforcement or emergency services when required (see below)
 - Document all incidents involving weapons or contraband in an incident report

Response to Weapons and Contraband

Discovery of a Weapon or Explosive

- If a weapon or explosive device is suspected or discovered:
 1. Staff will ensure their own safety and the safety of others (e.g., creating distance, calmly clearing the area if needed).
 2. Staff will call 911 immediately in any of the following situations:
 - A firearm, ammunition, or explosive is discovered
 - A weapon is used to threaten or harm someone

- There is any credible threat involving a weapon
- 3. Residents and visitors may be asked to leave the immediate area or the building until the situation is resolved.
- 4. The item will not be handled or moved unless necessary for immediate safety, and then only in accordance with law enforcement guidance.

Resident in Possession of a Weapon

- The resident will be:
 - Asked to immediately surrender the weapon and/or leave the property
 - Informed that possession of a weapon is a serious violation of SHHC rules
- Staff will call 911 if the resident:
 - Refuses to leave
 - Uses or threatens to use the weapon
 - Poses an immediate safety risk
- The incident will be documented, and the resident may be removed from the program temporarily or permanently, based on risk and safety assessment.

Staff or Volunteer in Possession of a Weapon

- Any staff member or volunteer found to be in possession of a weapon on SHHC property will be:
 - Immediately suspended from duties
 - Subject to disciplinary action up to and including termination
- The Executive Director and/or Board of Directors will be notified promptly.

Visitor in Possession of a Weapon or Contraband

- Visitors found with a weapon or dangerous contraband will be:
 - Asked to leave the property immediately
 - Told that future access may be restricted or revoked
- Police will be called if the visitor refuses to leave or if there is an immediate safety concern.

Documentation and Recordkeeping

- SHHC maintains records of all incidents involving weapons or serious contraband, including:
 - Date, time, and location of the incident

- Individuals involved
- Description of the weapon or contraband
- Actions taken by staff
- Any police or emergency service involvement
- Records are reviewed by leadership and the Board of Directors at least quarterly to identify trends, improve safety practices, and ensure compliance with SHHC policies and Conditional Use Permit (CUP) conditions.

Training

- All staff receive training on:
 - This Weapons and Contraband Policy
 - De-escalation and crisis response
 - When and how to involve law enforcement and emergency services
- Training is refreshed at least annually and as needed following any significant policy update or incident.

Communication with Residents, Staff, and Neighbors

- The Weapons and Contraband Policy is:
 - Reviewed with residents during intake and included in resident orientation materials
 - Included in the staff and volunteer handbook and covered in orientation
- SHHC communicates its zero-tolerance stance on weapons to neighbors and community partners as part of its Good Neighbor Practices and neighborhood meetings.

Addendum Q – Crisis, Incidents, and Resident Removal Policy

Purpose and Scope

This policy establishes consistent procedures for identifying, responding to, documenting, and reviewing crises, incidents, injuries, and situations that may require temporary or permanent removal of a resident from Safe Haven Hope Center (SHHC). The goal is to protect the safety, dignity, and rights of residents, staff, volunteers, visitors, and neighbors while maintaining a trauma-informed, harm-reduction approach.

This policy applies to all SHHC staff, volunteers, and residents.

Guiding Principles

Responses to crisis and incidents at SHHC will:

- Prioritize immediate safety of all residents, staff, volunteers, visitors, and neighbors.
- Use least restrictive interventions possible while maintaining safety.
- Follow trauma-informed and harm-reduction practices.
- Respect resident dignity, autonomy, and rights to the greatest extent consistent with safety.
- Involve law enforcement and crisis services when clinically or legally necessary.
- Be documented, reviewed, and used to improve policies and practices.

Definitions

- **Crisis:** Any situation that poses, or could reasonably pose, a risk of harm to a resident, staff member, volunteer, visitor, or neighbor, or significantly disrupts the safety and functioning of the household.
- **Incident:** Any event involving injury, property damage, serious rule violation, or behavior that may require medical, mental health, or law enforcement response, whether or not it becomes a full crisis.
- **Removal:** A temporary or longer-term requirement that a resident leave SHHC property due to safety or serious policy concerns.

General Crisis Response Protocol

When a crisis or serious incident occurs, staff will:

Ensure Immediate Safety

- Quickly assess the situation and remove or separate individuals as needed.
- Create physical distance between individuals in conflict, when safe to do so.
- Move uninvolved residents to a safe area.

Assess the Situation

- Determine the nature of the crisis (e.g., mental health, medical, substance related, violence, threat).
- Gather basic background information from the resident(s) involved and any witnesses.

Engage Appropriate Supports

- Use de-escalation and crisis-response skills whenever possible.
- Involve peer support, clinical consultation, and supervisory staff as needed.
- Contact emergency services or crisis lines when required (see sections below).

Document and Report

- Complete an incident report as soon as practical and no later than 24 hours after the event.
- Notify the Executive Director and/or Director of Mental Health of serious or high-risk events.

Specific Crisis Situations

Severe Mental Illness or Suicidality

When a resident appears to be experiencing severe mental health symptoms or expressing suicidal thoughts or intent, staff will:

Ensure the resident is in as calm and comfortable a setting as possible.

Assess immediate risk and gather relevant background information.

Call Brown County Crisis at 920-436-8888 and follow the guidance of the mental health professional.

Follow any recommended steps regarding evaluation, transport, or safety planning.

Document the incident, recommendations received, and actions taken.

Under the Influence of Drugs and/or Alcohol

When a resident appears to be under the influence:

Assess for violence or imminent danger.

- If the situation is violent or immediately dangerous, call 911.

If the situation is non-violent but concerning, staff will:

- Determine whether the resident can safely remain on-site with enhanced monitoring and safety planning, or
- Arrange for alternative accommodations for up to 24 hours when safety cannot be maintained at SHHC.

Staff may:

- Call police to transport the resident to the emergency room, or
- Support the resident in identifying a safe alternative place for a 24-hour break.

Staff will use harm reduction and non-shaming approaches, while prioritizing community safety.

The incident will be documented and reviewed with leadership.

Threats to Harm Self or Others

If a resident makes credible threats to harm themselves or others, or behaves in a way that suggests imminent risk:

Immediately remove other residents from the area to a safe space.

Call 911 without delay.

Cooperate fully with responding law enforcement and/or emergency medical services.

Provide support to other residents and staff who may be impacted.

Complete an incident report and notify the Executive Director and Director of Mental Health.

Victims of Violence or Sexual Assault

When a resident reports or appears to be a victim of violence or sexual assault:

Call 911 and follow the instructions of responding authorities.

Encourage the resident to seek medical attention and evidence collection when appropriate.

Provide information and referrals to local domestic violence and sexual assault agencies upon the resident's request.

Ensure privacy and trauma-informed support for the resident.

Document the report, actions taken, and referrals provided.

Weapons, Safety Threats, and Law Enforcement Involvement

Weapons Prohibited

- Firearms, ammunition, explosives, and all weapons (as defined by law) are strictly prohibited on SHHC property.
- All bags entering the building are subject to search.

Response to Weapons or Serious Safety Threats

- If a weapon is present or there is a credible threat involving a weapon, staff will call 911 immediately.
- Any resident or visitor found in possession of a weapon will be escorted off the property; if they refuse to leave or there is immediate risk, law enforcement will be involved.

Law Enforcement and Emergency Medical Services

- 911 is called immediately for:
 - Weapons or credible threats involving weapons.
 - Physical violence or imminent threats of violence.
 - Serious medical emergencies or life-threatening conditions.
- Brown County Crisis (920-436-8888) is called for:
 - Severe mental illness or suicidality.
 - Situations where clinical guidance is needed for mental health crises.

Internal Handling

- De-escalation, harm reduction, and safety planning are used when behavior is non-violent, manageable on site, and does not pose immediate danger.
- Residents may be offered a 24-hour off-site break when appropriate, with staff assistance in identifying alternatives.

Record-Keeping

- SHHC maintains records of individuals removed from the property due to possession of weapons or other serious safety violations.

Incident, Injury, and Exposure Procedures

General Incident and Injury Response

When an incident or injury occurs:

Assess Safety

- Ensure the scene is safe for staff and residents before intervening.

Evaluate Injury

- Determine the extent of injury and whether emergency medical services are required.

Seek Medical Assistance

- Call 911 for serious or life-threatening injuries.
- For non-emergent concerns, facilitate appropriate medical follow-up.

Incident Reporting

- When able, ask the injured person and any witnesses to complete incident statements.
- Staff complete an incident report and submit it to the Executive Director within 24 hours.

Exposure to Blood or Bodily Fluids

If staff or a resident is exposed to blood or bodily fluids:

Immediate Care

- Wash the exposed area with soap and water.
- Use disinfectant after thoroughly cleaning.
- Bandage as necessary.

Mucous Membranes / Open Sores

- Flush affected eyes, mouth, or open sores with water.
- Rinse mouth with peroxide when indicated.

Reporting

- Report exposure to a supervisor as soon as possible.
- Complete an incident report within 24 hours.

Follow-Up

- Follow recommended medical evaluation and monitoring.

Resident Removal and Re-Admission

Criteria for Removal

A resident may be asked or required to leave SHHC temporarily (typically 24 hours) or longer when:

- There is serious or repeated behavior that jeopardizes safety of self or others.
- There is possession of weapons, serious contraband, or repeated attempts to bring such items on site.
- There is continued violent, threatening, or severely disruptive behavior despite interventions.

- Emergency responders or law enforcement advise removal or alternate placement.

Procedure for Temporary Removal

Decision-Making

- The shift supervisor, in consultation with leadership when possible, may require a temporary removal for up to 24 hours.
- Resident safety and the safety of the household and neighborhood guide this decision.

Communication with Resident

- Staff explain the reason for removal in clear, respectful language.
- Staff review expectations for possible return and any required steps.

Support During Removal

- When possible, staff help identify alternate accommodations.
- If full shelter cannot be provided, staff may offer basic safety items (e.g., hand warmers, food, blankets, other needed supplies).

Documentation

- The removal is documented in an incident report, including:
 - Reason for removal.
 - Actions taken to support the resident.
 - Any involvement of police, EMS, or crisis services.

Longer-Term or Permanent Removal

In rare cases, longer-term or permanent removal may be required when:

- There is ongoing, serious risk to the safety of residents, staff, or neighbors.
- There are repeated severe incidents despite safety planning and interventions.

Decisions about longer-term or permanent removal are made by the Executive Director and other leadership as appropriate. Residents will be informed of:

- The reason for removal.
- Whether and under what conditions re-admission may be considered.

Re-Admission After Removal

Re-admission is considered on a case-by-case basis, balancing:

- The resident's needs and progress.
- The safety of the broader SHHC community and neighborhood.

- Input from crisis services, medical providers, and other relevant professionals when available.

Conditions for re-admission may include:

- Participation in safety planning.
- Agreements around specific behaviors.
- Coordination with mental health or substance use services.

Roles, Responsibilities, and Training

- **All Staff** are responsible for:
 - Following crisis and incident procedures.
 - Using de-escalation and trauma-informed approaches.
 - Completing timely documentation.
- **Supervisors and Shelter Managers** are responsible for:
 - Providing on-shift guidance during crises.
 - Reviewing incident reports.
 - Coordinating follow-up actions and communication.
- **Executive Director** is responsible for:
 - Oversight of crisis response and resident removal decisions.
 - Reviewing patterns of incidents and recommending policy or training updates.

SHHC provides ongoing training (at least three hours quarterly) in trauma-informed care, crisis response, de-escalation, harm reduction, and related safety procedures.

Review and Quality Improvement

- Incident reports, crisis events, removals, and neighborhood concerns are reviewed at least quarterly by the Executive Director and Board of Directors.
- Trends, patterns, and lessons learned are used to:
 - Improve staff training and support.
 - Adjust house rules and procedures when necessary.
 - Strengthen collaboration with law enforcement, crisis services, and community partners.

Addendum R – Incident Report Form

This form is to be completed by staff as soon as possible after any incident involving safety, health, behavior, property damage, or policy violations. Attach additional pages if needed.

Basic Information

Date of Incident:

Day of Week:

Time of Incident (start): _____

Time Incident Ended (if known): _____

Location of Incident:

Inside – Bedroom Inside – Common Area Inside – Office

Bathroom

Kitchen/Dining Hallway/Stairwell Outside – Yard/Porch Parking

Sidewalk/Street Nearby Other:

Staff Completing Report (Name/Title):

Date/Time Report Completed:

Type of Incident (Check all that apply)

- Medical issue / injury
- Mental health crisis / suicidality
- Substance use / intoxication concern
- Threats or violence (verbal or physical)
- Possession of weapon or dangerous item
- Property damage
- Behavioral concern / rule violation
- Resident conflict
- Staff / volunteer conduct concern

- Neighbor / community complaint
 - Police involvement
 - EMS/Fire/Rescue involvement
 - Missing resident / welfare concern
 - Infection control / biohazard exposure
 - Other (describe):
-

People Involved

Residents Directly Involved

1. Resident Name:

Role: Primary involved Affected Witness

2. Resident Name:

Role: Primary involved Affected Witness

3. Resident Name:

Role: Primary involved Affected Witness

(Attach list if more residents were involved.)

Staff / Volunteers Involved

1. Name/Role:

Role: Witness Responding staff Other:

2. Name/Role:

Role: Witness Responding staff Other:

3. Name/Role:

Role: Witness Responding staff Other:

Other Individuals (Neighbors, Visitors, Police, EMS, etc.)

- Name/Agency/Role:

- Name/Agency/Role:

- Name/Agency/Role:

Description of Incident (Objective, Factual)

Describe what happened in order, including what staff saw, heard, and did. Use objective language (no labels or opinions). Include:

- Events leading up to the incident
- Behaviors or statements by involved persons
- Staff response and de-escalation efforts
- Result/outcome

Lead-Up / Background (What happened before the main incident?)

Description of the Incident (What exactly occurred?)

Resolution (How did the situation end?)

Injuries, Medical, and Exposure Details

Were there any injuries?

- No Yes (complete below)

For each injured person:

1. Name: _____ Role: Resident Staff Visitor Other
Nature of injury (body part, type of injury):

First aid or treatment provided on-site: Yes No

If yes, describe:

Was EMS/911 called? Yes No Transported to:

2. Name: _____ Role: Resident Staff

Visitor Other

Nature of injury:

First aid or treatment provided on-site: Yes No

Was EMS/911 called? Yes No Transported to:

Infection/Biohazard Exposure?

(Exposure to blood, bodily fluids, sharps, or other OPIM.)

No Yes (describe below and follow infection-control procedure)

Description of exposure and actions taken:

Safety, Crisis, and External Services

De-escalation and Safety Measures Used (Check all that apply)

- Verbal de-escalation / calm talk
 - Offered quiet space / time-out area
 - Contacted clinical/mental health support
 - Contacted on-call leadership
 - Separation of residents involved
 - Room/property check (safety-related)
 - Temporary restriction of area/access
 - Other:
-

Police / EMS / Fire / Crisis Involvement

911 called

• Time: _____

• Reason: _____

- Responding agency: Police EMS Fire Other _____
- Report/Case # (if known): _____

Brown County Crisis (920-436-8888) called

- Time: _____
- Reason: _____
- Guidance given: _____

Other agency contacted (name/role):

- Time: _____
- Reason: _____

Weapons, Contraband, and Substance Use

Weapons/Dangerous Items

- No weapons involved
- Weapon/dangerous item present (describe):

How was it handled? (confiscated, turned over to police, etc.)

Substance Use / Intoxication

- No suspected substance use
- Suspected/observed alcohol use
- Suspected/observed drug use
- Paraphernalia found (describe):

Behavioral signs of intoxication (if any):

Actions taken (harm reduction, safety plan, 24-hour break, referral, etc.):

Property Damage (If Applicable)

- No property damage
- Property damage occurred (describe):

- Item/area damaged:

- Nature of damage:

- Estimated severity: Minor Moderate Severe

Photos taken? Yes No

Immediate repairs needed? Yes No

Reported to: Executive Director Maintenance/Vendor Other

Follow-Up, Notifications, and Next Steps

People Notified (Check all that apply)

- Executive Director & Director of Housing
- Director of Mental Health
- Shelter Manager / House Supervisor (Name/Time):

- Case Manager / Peer Support:

- Resident's emergency contact (if appropriate):

- Police/EMS/Fire (already noted above)

- Other:

Immediate Follow-Up Actions Planned

- Update resident Support & Safety Plan
- Schedule case management meeting
- Schedule clinical/mental health follow-up
- Temporary 24-hour break / alternative accommodation considered or used
- House meeting or reminders about rules
- Maintenance/cleaning/repairs scheduled

- Additional staff training/supervision flagged
 - Other:
-

Details of follow-up plan:

Staff Reflection (Optional but Encouraged)

(What went well in the response? What could be improved next time? Any supports you need as staff?)

Signatures and Review

Staff Completing Report

Name (print):

Signature:

Date: _____

Supervisor / Leadership Review

Reviewed by (Name/Title):

Date Reviewed: _____

Follow-up or additional instructions from supervisor/leadership:

Signature:

Date: _____

Note: All Incident Reports must be stored securely in accordance with SHHC confidentiality policies and reviewed regularly by leadership and the Board (in aggregate) to monitor safety, trends, and program improvements.

Addendum S – Haven Mental Health Intake Form 1

Adult Biopsychosocial Intake - Haven Mental Health

Adult Biopsychosocial Intake Form - Haven Mental Health

Please fill in the following information about yourself. Be as accurate and honest as you can. If you don't understand a question or prefer not to answer it, just circle it and we may discuss it at a later time. Please know that **NO JUDGMENTS** about who you are- past, present, or future will be made from your answers, rather, the information is used with therapeutic interest.

File #: _____

Name: _____ DOB: _____

Referral Source: _____ Date: _____

Reason for Entering Treatment: Self motivated Motivated by others [Whom?] _____

REASON FOR REFERRAL/CHIEF COMPLAINT and HISTORY OF PRESENT ILLNESS: [Include when symptoms presented, previous episode(s), triggering events, client's means of coping, etc.]:

HISTORY OF SUICIDALITY: • No History • Yes [describe]: _____

HISTORY OF VIOLENT/ASSAULTIVE BEHAVIOR: • No History • Yes [describe]: _____

POTENTIAL FOR INJURY TO SELF/OTHERS: • None • Suicidal • Self-mutilating • Violent/homicidal
[Describe plan, available means, intent and urgency if a potential for injury to self or others is present]: *Safety plan must be documented

PREVIOUS MENTAL HEALTH TREATMENT:

Mental Health/Psychiatric Treatment History: • No • Yes [Note date, facility and outcome of treatment]:

* Outcome of Treatment must be noted

SUBSTANCE USE: PAST AND PRESENT: • No reported substance use history (If none, skip to next section):

Usage

	Typical Frequency of Use In Past 6 Months					Time of Last Use		
	Daily	1-6 Times/Week	Week-end Use Only	Few Times A Month	Once a Month or Less	Within Past Week	Within Past Month	Over 1 Month Ago
Alcohol								
Marijuana/Hash								
Cocaine (Powder, Crack)								
Amphetamines (Crystal Meth)								
Sedatives								
Minor Tranquilizers (Valium)								
Hallucinogens								
Barbiturates								
Heroin								
Other Opiates/Narcotics								
Inhalants								
Other								

Withdrawal Symptoms? _____

Interventions

Have you ever been involved in a 12step/AA Program? Yes, currently Yes, but not currently No

Have you ever received Outpatient AODA Treatment? Yes, currently Yes, but not currently No

Outpatient Tx: When/Where/Outcome _____

Have you ever received Inpatient AODA Treatment? Yes, currently Yes, but not currently No

Inpatient Tx: When/Where/Outcome _____

* NEED FOR FORMAL AODA ASSESSMENT?

• No

• Yes *Complete CAAPE/SUDDS

* Complete ASAM Level of Care _____

MEDICAL ISSUES:

• No

• Refer to Medical History Form

• Yes (specify below):

MEDICATIONS CURRENTLY TAKING:

Name of Medication

Dosage

Frequency

Reason for Taking It:

FAMILY OF ORIGIN/CURRENT FAMILY: *[Family structure and living arrangements, family dynamics, criminal history, etc]*

• Refer to Genogram for additional information

General Information: _____

Parents' Current Relationship: • Never married • Married • Separated • Divorced • Remarried • Other

Client's Past and Present Relationship With Parents/Stepparents: • N/A _____

Past and Present Ethnic/Cultural Influences: _____

Past and Present Spiritual Influences: _____

SOCIAL HISTORY:

Sexual Orientation: • Heterosexual • Gay/Lesbian • Bisexual • Asexual

Current Relationship Status: • Single • Married • Separated • Divorced • Remarried • Co-habiting
• Significant Other (not living together) *[specify when separation, divorce, or subsequent marriage(s) occurred]:*

Relationships with Others *[including peers, co-workers, employers, others in the community]:* _____

ABUSE / NEGLECT *[past and/or present]:*

• Physical • Sexual • Verbal/Emotional • Neglect • Witnessed Trauma *[specify type, onset, frequency, duration, perpetrator(s) and relationship to victim and/or perpetrator(s)]:*

EDUCATIONAL STATUS:

Highest Grade Completed: _____ Name of school currently attending: _____

Special Education per client report: • N/A • LD • ED • CD • Gifted & Talented • Other *[specify]:* _____

CURRENT EMPLOYMENT STATUS: • Full time • Part time • Unemployed • Retired • Unable to work

Current Employer: _____ Length of Time: _____

Prior Work Experience: _____

CURRENT FINANCIAL ISSUES: • Manages own finances • Has a payee _____

• Other: *[specify]* _____

GAMBLING PROBLEM: • No • Yes *[specify]* _____

PAST/PRESENT LEGAL ISSUES: • N/A • Has a Guardian • Child Custody Issues • SW/PO: _____

MILITARY INVOLVEMENT: • No • Yes • Spouse/Partner/Parent/Child of Veteran

Branch: _____ Length of Service: _____

Active Combat: • No • Yes *[specify when and where]:* _____

Type of Discharge: • Honorable • Dishonorable *[specify reason]* _____

CURRENT SUPPORT SYSTEM: *[Include family, friends, school, church, support groups, recovery groups/sponsor, other professionals, etc.]*

STRENGTHS: *[e.g., bright, verbal, cooperative, motivated, etc.]*

LIMITATIONS: [e.g., non-verbal, defiant, avoidant, mistrusting, resistant, limited, cognitive ability, chronicity of problem, etc.]

WHAT CHANGES WOULD YOU LIKE TO MAKE ABOUT YOUR LIFE?

MENTAL STATUS EXAMINATION: [Check all that apply]

Appearance:	Attitude:	Motor Activity:	Affect:	Mood/Feelings Reported:	Speech:	Thought Process
<input type="checkbox"/> Well-Groomed	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Calm	<input type="checkbox"/> Approp./Normal for current situation	<input type="checkbox"/> Normal for current situation	<input type="checkbox"/> Normal	<input type="checkbox"/> Intact
<input type="checkbox"/> Disheveled	<input type="checkbox"/> Guarded	<input type="checkbox"/> Hyperactive	<input type="checkbox"/> Inappropriate	<input type="checkbox"/> Depressed/Sad	<input type="checkbox"/> Halting	<input type="checkbox"/> Tangential
<input type="checkbox"/> Bizarre	<input type="checkbox"/> Suspicious	<input type="checkbox"/> Coordinated	<input type="checkbox"/> Labile	<input type="checkbox"/> Anxiety/Fear	<input type="checkbox"/> Pressured	<input type="checkbox"/> Flight Of Ideas
<input type="checkbox"/> Casual	<input type="checkbox"/> Defensive	<input type="checkbox"/> Agitated/Restless	<input type="checkbox"/> Constricted	<input type="checkbox"/> Euphoria	<input type="checkbox"/> Slurred	<input type="checkbox"/> Loose Associat
<input type="checkbox"/> Unremarkable	<input type="checkbox"/> Uncooperative	<input type="checkbox"/> Awkward/Uncoordinated	<input type="checkbox"/> Flat	<input type="checkbox"/> Guilt/Shame	<input type="checkbox"/> Incoherent	<input type="checkbox"/> Circumstantial
		<input type="checkbox"/> Lethargic	<input type="checkbox"/> Tearful/Sobbing	<input type="checkbox"/> Helplessness/ Hopelessness		<input type="checkbox"/> Concrete
		<input type="checkbox"/> Tremors/Tics	<input type="checkbox"/> Angry/Hostile			
			<input type="checkbox"/> Numb/Apathetic	<input type="checkbox"/> Numb/Apathetic		
Thought Content:	Delusions:					
Hallucinations:	<input type="checkbox"/> Not Present	<input type="checkbox"/> Not Present				
<input type="checkbox"/> Not Present	<input type="checkbox"/> Auditory	<input type="checkbox"/> Persecutory				
<input type="checkbox"/> Auditory	<input type="checkbox"/> Visual	<input type="checkbox"/> Being Controlled				
<input type="checkbox"/> Visual	<input type="checkbox"/> Olfactory	<input type="checkbox"/> Grandiose				
<input type="checkbox"/> Olfactory	<input type="checkbox"/> Tactile	<input type="checkbox"/> Somatic				
<input type="checkbox"/> Tactile						
Judgment:	Insight Regarding Presence Of The Disorder:	Level Of Consciousness:	Orientation Intact:	Attention:	Memory Probl	
<input type="checkbox"/> Intact	<input type="checkbox"/> Absent	<input type="checkbox"/> Alert	<input type="checkbox"/> Person	<input type="checkbox"/> Normal	<input type="checkbox"/> None	
<input type="checkbox"/> Age-appropriate	<input type="checkbox"/> Fair	<input type="checkbox"/> Drowsy	<input type="checkbox"/> Place	<input type="checkbox"/> Impaired	<input type="checkbox"/> Immediate Recall	
<input type="checkbox"/> Impaired:	<input type="checkbox"/> Good	<input type="checkbox"/> Stupor	<input type="checkbox"/> Time		<input type="checkbox"/> Recent	
<input type="checkbox"/> Mild			<input type="checkbox"/> Situation		<input type="checkbox"/> Remote	
<input type="checkbox"/> Moderate						
<input type="checkbox"/> Severe						

DIAGNOSIS:

CODES:

PROGNOSIS: Good _____ Fair _____ Poor _____ Guarded _____

Comments: _____

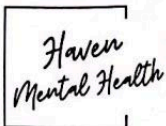
EXPLANATION FOR RECOMMENDED TREATMENT:

ANTICIPATED DURATION: 3-5 _____ 6-12 _____ Other (Specify) _____

Therapist's Signature and Credentials

Date

Addendum T – Haven Mental Health Intake Form 2



Informed Consent

Consent to Evaluate/Treat: I and/or members of my family will be receiving therapy at Haven Mental Health beginning on this date. All policies, procedures, and possible alternative methods of treatment have been explained to me by my therapist or provider. I have been informed of my client rights and authorize Haven Mental Health to provide mental health and/or services identified as appropriate. I have been informed of the benefits of proposed treatment, and the way treatment is to be administered, approximate length of treatment, and any side effects which are a reasonable possibility. I have also received information regarding alternative treatment methods and probable consequences of failure to receive treatment, as well as after-hours crisis coverage. The consent remains in effect throughout the duration of treatment (12 months maximum) and may be withdrawn by written request at any time. I am aware that my case will be periodically reviewed by a clinical supervisor, and affiliated staff members.

Technology Use: All records are stored on a secure cloud-based server, and only your therapist has access to them. Confidentiality of unencrypted communication such as email can not be guaranteed. Use of public WiFi is not a secure network. Haven Mental Health Staff can use email or text to communicate with you about administrative details (session times, cancellations etc.), but we can not do therapy. Email is not secure or confidential.

Confidentiality, Harm, and Inquiry: Information from my evaluation and/or treatment is contained in a confidential medical record on HIPAA (Health Insurance Portability and Accountability) compliant web account and in a file at a Haven Mental Health Clinic, and I consent to disclosure for use by Haven Mental Health Clinics staff for the purpose of continuity of my care. Per Wisconsin mental health law, information provided will be kept confidential with the following exceptions: 1) if I am deemed to present a danger to myself or others; 2) if concerns about possible abuse or neglect arise; 3) if a court order is issued to obtain records. Confidentiality also applies to the waiting room. Should you see someone you know, please keep that information confidential.

Right to Withdraw Consent: I have the right to withdraw my consent for evaluation and/or treatment at any time by providing a written request to the treating clinician.

Expiration of Consent: This consent to treat will expire 12 months from the date of signature, unless otherwise specified.

Discharge Policy: There are three circumstances under which I may be involuntarily discharged which include unpaid balance or inability to pay for services. I understand the discharge policy of the clinic. If Haven Mental Health Clinics are not able to provide appropriate services, Haven Mental Health Clinics will refer me to alternative resources within the community and other agencies that can provide services. If I cancel without 24 hours' notice or no show my appointment more than 2 times my therapist had the right to discharge me and discontinue services.

Grievance Policy: If you feel that your rights have been violated or not respected, please speak to Tina Baeten, tina@baetencounseling.com. If you feel that your rights have not been respected or heard you have the right to contact the State Grievance Examiner, DHS (Department of Health Services), P.O. Box 7851, Madison WI 53707.



Consent to Treatment through Telehealth Services: I consent to receive mental health treatment through telehealth services provided by Haven Mental Health. I hereby attest that the staff of Haven Mental Health have explained to me the policies, procedures, and alternative methods to this treatment. In addition, I agree to follow the policy and procedures of teletherapy/telemedicine services. I have been given documentation of these policies as well. I understand and agree with the following:

- I understand that I must be in the state of Wisconsin due to licensing restrictions.
- I understand there are potential risks to this technology including interruptions, unauthorized access, and technical difficulties. I understand that the provider or I can discontinue the telehealth session if it is felt that the videoconferencing connections are not adequate for the situation.
- Confidentiality applies for telehealth services, and the session will not be recorded without written permission from both myself and the provider.
- I agree to use the video conferencing platform selected for the telehealth sessions and the provider will explain how to use it.
- I understand that I will need to use a webcam or smartphone during the session and use a secure internet connection.
- If I need to cancel or change my in-person or tele-appointment, I will notify the administrative staff in advance by phone. If I miss a scheduled appointment without notice, a no-show fee up to \$150 will apply.
- If a session ends due to technology failure in less than 20 minutes, and a reconnection is not successful, there will be no charge for the session.
- A safety plan will include at least one emergency contact and the closest emergency services to my location, in the event of a crisis situation.
- Permission of a parent or legal guardian and contact information is required for minor clients in order to participate in telehealth services.
- I understand that I need to confirm that the telehealth sessions will be reimbursed by my insurance carrier; if they are not reimbursed.

Client Signature: _____ Date: _____

Therapist Signature: _____ Date: _____

Addendum U – Haven Mental Health Intake Form 3



CLIENT NAME: _____ D.O.B. _____

Haven Mental Health is required to complete an Intake/Assessment process to evaluate the nature and extent of the problem, to develop an appropriate treatment plan, and to determine the charges for services. You will be asked to provide information in a number of areas, including: family history and relationships, medical status and history, current and past legal problems, educational background, vocational history, financial status, general social history and specific questions regarding your past and present use of alcohol and other drugs. The information you give is confidential and will be used only for the above-described purpose and the administration of the agency's programs. Haven Mental Health has an absolute legal obligation to report child-and-elder-abuse, knowledge about current or intended criminal activity and/or information likely to be preventive or helpful in life-threatening situations.

CLIENT RIGHTS

When you receive any type of service for mental illness, alcoholism, drug abuse, or a developmental disability, you have the following rights under Wisconsin Statute sec. 51.61 (1) (exit DHS, PDF, scroll to page 50) and DHS 94, Wisconsin Administrative Code (exit DHS, PDF): PERSONAL RIGHTS

- You must be treated with dignity and respect, free from any verbal, physical, emotional or sexual abuse.
- You have the right to have staff make fair and reasonable decisions about your treatment and care.
- You may not be treated unfairly because of your race, national origin, sex, age, religion, disability or sexual orientation.
- You may not be made to work except for personal housekeeping chores. If you agree to do other work, you must be paid.
- You may make your own decisions about things like getting married, voting and writing a will, if you are over the age of 18, and have not been found legally incompetent.
- You may use your own money as you choose.
- You may not be filmed, taped or photographed unless you agree to it.

TREATMENT AND RELATED RIGHTS

- You must be provided prompt and adequate treatment, rehabilitation and educational services appropriate for you.
- You must be allowed to participate in the planning of your treatment and care.
- You must be informed of your treatment and care, including alternatives to and possible side effects of treatment, including medications.
- No treatment or medication may be given to you without your written, informed consent, unless it is needed in an emergency to prevent serious physical harm to you or others,



or a court orders it. (If you have a guardian, however, your guardian may consent to treatment and medications on your behalf.

- You may not be given unnecessary or excessive medication.
- You may not be subject to electro-convulsive therapy or any drastic

treatment measures such as psychosurgery or experimental research without your written informed consent.

- You must be informed in writing of any costs of your care and treatment for which you or your relatives may have to pay.
- You must be treated in the least restrictive manner and setting necessary to achieve the purposes of admission to the program, within the limits of available funding.

RECORD PRIVACY AND ACCESS

Under Wisconsin Statute sec. 51.30 and HFS 92, Wisconsin Administrative Code:

Your treatment information must be kept private (confidential), unless the law permits disclosure.

- Your records may not be released without your consent, unless the law specifically allows for it.
- You may ask to see your records. You must be shown any records about your physical health or medications. Staff may limit how much you may see of the rest of your treatment records while you are receiving services. You must be informed of the reasons for any such limits. You may challenge those reasons through the grievance process. After discharge, you may see your entire treatment record if you ask to do so. If you believe something in your records is wrong, you may challenge its accuracy. If staff will not change the part of your record you have challenged, you may file a grievance and/or put your own version in your record.
- A copy of sec. 51.30, Wis. Stats., and/or HFS 92, Wisconsin Administrative Code, is available upon request.

GRIEVANCE PROCEDURE AND RIGHT OF ACCESS TO COURTS

- Before treatment is begun, the service provider must inform you of your rights and how to use the grievance process. A copy of the Program's Grievance Procedure is available upon request.
- If you feel your rights have been violated, you may file a grievance.
- You may not be threatened or penalized in any way for presenting your concerns informally by talking with staff, or formally by filing a grievance.
- You may, instead of filing a grievance or at the end of the grievance process, or any time during it, choose to take the matter to court to sue for damages or other court relief if you believe your rights have been violated.
- A simplified, printed version of patient rights is conspicuously posted within the clinic.

I have read, or have had read to me, and have received a copy of this form.

I understand the contents of this form, and my rights as a patient under Ch. 51 Wis. Stats. and Ch HFS 94 Wis. Adm. Code.

Client Signature: _____ Date: _____

Clinician Signature: _____ Date: _____

Addendum V – Haven Mental Health Intake Form 4

DEPARTMENT OF HEALTH SERVICES
F-82009 (7/08)

STATE OF WISCONSIN
Sections 19.35 & 19.36, Wis. Stats.

CONFIDENTIAL INFORMATION RELEASE AUTHORIZATION

Completion of this form authorizes the release of information described in the section below called "Specific Description of Records Authorized for Release." The person (record subject) whose records are released may have a right to inspect and, upon paying any applicable fees, obtain a copy of the disclosed records. Except for medication/somatic treatment records, a director/designee of a treatment facility for mental illness, developmental disability, alcohol or drug abuse may deny that right during treatment in some circumstances. Section 51.30, Wis. Stats., DHS 92.03-92.06 Wis. Adm. Code.

Name & Address – Agency/Organization I Authorize to Release Information

Name – Person Whose Records Will be Released (Record Subject)

Address

City, State, Zip Code

Identifying Number (If Any)

Date of Birth

Name - Information May be Released To

Organization

Address

City, State, Zip Code

Specific Description of Records Authorized for Release (Include dates of records, if applicable)

Purpose or Need for Release of Information (Be Specific)

Understandings

- This authorization is voluntary. Refusal to sign will not affect treatment, payment, enrollment or benefits eligibility except for:
 - No exceptions
 - Exceptions (specify):

- The information that I authorize to be released may be redisclosed by the recipient of the records only if allowed by law. If information is redisclosed, the recipient of the redisclosed information may be controlled by different laws.
- I may revoke this authorization, in writing, at any time except for information already released as a result of this authorization. The written revocation must be given to the agency/organization I authorized to release information.
- Unless revoked, this authorization will remain in effect until the expiration time indicated below.

Choose One:

- Authorization expires as of _____ (Date).
- Authorization expires _____ month(s) from the date I sign this authorization.
- Authorization expires after the following action takes place:

As evidenced by my signature, I hereby authorize disclosure of records to the person(s) or agency(s) specified above.

SIGNATURE - Person Whose Records Will be Released (Record Subject)

Date Signed

SIGNATURE - Other Person Legally Authorized to Consent to Disclosure

Title or Relationship to Record Subject

Date Signed

Addendum W – Case Management Guidelines and Expectations

Safe Haven Hope Center (SHHC) provides trauma-informed, harm-reduction, peer-based case management to support residents in stabilizing, setting goals, and moving toward safer, more permanent housing and improved well-being.

These guidelines explain:

- What case management is at SHHC
- What residents can expect from case managers
- What is expected of residents
- How case managers work with other staff, peers, and community partners

Purpose of Case Management at SHHC

At SHHC, case management exists to:

- Support residents in meeting basic needs, stabilizing, and maintaining housing within the shelter
- Help residents identify and work toward short- and long-term goals (housing, health, income, relationships, etc.)
- Connect residents with community resources, including mental health, substance use services, medical care, benefits, and legal supports
- Promote safety, harm reduction, and crisis planning in partnership with the resident
- Coordinate with the SHHC team to ensure consistent, trauma-informed care

Case management is collaborative and voluntary, except where safety or legal requirements apply.

Core Principles of Case Management

Case management at SHHC is guided by:

Trauma-Informed Care

- Recognizing the impact of trauma and avoiding practices that retraumatize
- Prioritizing safety, choice, collaboration, trustworthiness, and empowerment

Harm Reduction

- Focusing on reducing harm and increasing safety around substance use, rather than insisting on abstinence
- Meeting residents where they are in their change process

Person-Centered and Strengths-Based Practice

- Building on each resident's strengths, skills, and resources
- Respecting residents as experts in their own lives

Cultural Humility and Inclusion

- Respecting and learning from each resident's culture, identity, and values
- Addressing barriers related to race, gender, disability, language, or other identities

Collaboration and Shared Decision-Making

- Setting goals and plans together with the resident
- Avoiding "doing for" when "doing with" is possible

Confidentiality with Clear Limits

- Protecting resident information, while being honest about legal and safety limits

What Residents Can Expect From Case Managers

Residents have the right to clear, respectful, and consistent support from case management. Case managers will:

Relationship and Communication

- Treat residents with dignity, respect, and compassion at all times
- Listen without judgment and work to build trust
- Explain information, options, and processes in plain language
- Involve residents in decisions affecting their lives and plans

Assessment and Planning

Case managers will:

- Complete an initial assessment with the resident, including:
 - Housing history and goals
 - Strengths and supports
 - Mental health, substance use, and physical health needs (as the resident chooses to share)
 - Income, employment, and benefits

- Legal issues or safety concerns
- Collaboratively develop an Individual Support and Safety Plan, including:
 - Top 2–3 goals for the next 30–90 days
 - Longer-term goals around housing, health, income, or relationships
 - Crisis, safety, and harm-reduction strategies
- Review and update plans regularly or when significant changes occur

Coordination and Referrals

Case managers will:

- Help residents access:
 - Mental health and substance use services
 - Primary care, dental, and specialty medical care
 - Housing programs, vouchers, or landlord connections (where available)
 - Income supports (SSI/SSDI, unemployment, SNAP, W-2, etc.)
 - Employment/education supports and job training
 - Legal resources and advocacy
- Assist with paperwork, applications, and documentation when possible
- Coordinate with:
 - SHHC leadership and staff
 - Peer support, recovery coaches
 - Community agencies and providers (with proper Releases of Information)

Advocacy

Case managers will:

- Advocate with and for residents with external systems (e.g., housing providers, courts, clinics) when appropriate
- Support residents to speak up for themselves and participate in decisions

Safety and Crisis Response

Case managers will:

- Support residents in developing individual safety and crisis plans
- Work with residents and staff to respond to crises in a trauma-informed, harm-reduction manner

- Follow SHHC policies regarding threats of harm, violence, weapons, or medical emergencies (including calling 911 and/or Brown County Crisis when indicated)

What Is Expected of Residents in Case Management

Participation in case management is encouraged because it supports stability and long-term success. Residents are expected to:

Engage in Meetings as Able

- Attend scheduled case management meetings, or communicate with staff if they need to reschedule
- Participate in planning to the best of their ability

Communicate Openly and Respectfully

- Share goals, concerns, and barriers honestly, as they feel safe to do so
- Inform their case manager of major changes (e.g., hospitalizations, legal issues, changes in income or benefits)

Work on Agreed-Upon Goals

- Identify at least some goals for their time at SHHC (e.g., housing, health, ID, income)
- Take reasonable steps toward those goals, with support from case management and staff

Respect Boundaries and Roles

- Recognize that case managers cannot provide legal representation, medical treatment, or unlimited financial support
- Understand that case managers must follow SHHC policies and laws regarding safety and mandatory reporting

Participate in Safety Planning

- Help create and update their safety and harm-reduction plans
- Inform staff if they feel they are becoming unsafe or heading into crisis when possible

Case management remains voluntary; however, ongoing refusal to engage in basic safety planning or communication may affect a resident's ability to remain in the program if serious safety concerns arise.

Confidentiality, Documentation, and Releases

Confidentiality

- Resident information is kept in locked files and/or password-protected systems
- Case managers do not share resident information with outside agencies or individuals without:
 - The resident's informed written consent (Release of Information), or
 - A legal requirement (court order, mandatory reporting, or imminent safety risk)

Limits of Confidentiality

Case managers must share information with appropriate authorities or staff when:

- There is a credible threat of harm to self or others
- There is suspected abuse or neglect of a child, elder, or vulnerable adult
- There is a weapon or serious safety issue on-site
- Required by law, court order, or policy

These limits are explained to residents at intake and revisited as needed.

Documentation

Case managers are responsible for:

- Accurate, timely, and objective documentation of:
 - Assessments and Support/Safety Plans
 - Significant contacts, referrals, and progress toward goals
 - Incidents, crises, and safety interventions
- Using neutral, respectful language and avoiding judgmental or stigmatizing terms
- Maintaining all records in accordance with SHHC policy, HMIS standards, and applicable law

Case Manager Roles, Boundaries, and Conduct

Case managers at SHHC must:

- Adhere to SHHC's Code of Ethics, trauma-informed and harm-reduction policies
- Maintain professional boundaries while still practicing in a warm, relational manner
- Avoid dual relationships that could create conflicts of interest (e.g., romantic/sexual relationships with residents, financial entanglements)
- Refrain from:
 - Lending or borrowing money from residents
 - Providing personal contact information contrary to agency policy
 - Providing rides or services outside of policy and supervisor approval
- Use supervision and team support to process challenging situations and maintain ethical practice

Case managers must not:

- Use substances or be under the influence while on duty
- Verbally, physically, or emotionally abuse or threaten residents
- Share resident stories inappropriately with others, including on social media
- Ignore or conceal safety concerns

Coordination With Other SHHC Services

Case management is part of an integrated team that includes:

- Executive Director & Director of Housing
- Director of Mental Health
- Shelter Managers
- House Supervisor
- Peer support staff, Recovery Coaches, and volunteers

Case managers will:

- Participate in team meetings, case reviews, and debriefings
- Share relevant information with the internal team on a need-to-know basis to promote safety and good care

- Support consistent application of house rules, quiet hours, visitor policies, and safety procedures

Case managers work with, not against, peer support and clinical services, promoting a unified, coherent approach to resident care.

Crisis, Incidents, and Resident Removal: Case Management Role

When crises or serious incidents occur, case managers will:

- Help complete and/or review incident reports
- Support residents in understanding what happened and planning to reduce risk in the future
- Participate in decisions regarding:
 - Temporary 24-hour breaks from the shelter
 - Conditions for re-admission
 - Referrals to higher levels of care or alternative placements

Case managers do not unilaterally decide to remove or deny re-admission; such decisions are made collaboratively with SHHC leadership, focusing on both resident needs and community safety.

Grievances and Concerns About Case Management

Residents have the right to express concerns about their case management services without retaliation.

If a resident has a concern or complaint about case management, they may:

- Talk directly with their case manager, if they feel safe doing so
- Request to speak with:
 - Shelter Manager or House Supervisor
 - Director of Mental Health
 - Executive Director & Director of Housing
- File a formal grievance, following SHHC's grievance policy

Grievances will be reviewed and addressed by the Executive Director or Director of Mental Health within 2 business days whenever possible.

Case Management Acknowledgment

For Residents

I understand that:

- Case management at Safe Haven Hope Center is voluntary, except when needed for safety or legal reasons.
- Case managers are here to support my goals, safety, and stability using trauma-informed, harm-reduction approaches.
- My information is kept confidential, with clearly explained limits for safety and legal reasons.
- I can ask questions, request changes, or file a grievance if I have concerns about my case management services.

Resident Name (print): _____

Resident Signature: _____

Date: _____

For Case Managers

I have received and understand the Case Management Guidelines and Expectations for Safe Haven Hope Center. I agree to:

- Provide trauma-informed, harm-reduction, person-centered case management
- Maintain professional boundaries and follow SHHC policies and Code of Ethics
- Protect resident confidentiality within legal and safety limits
- Seek supervision and collaborate with the SHHC team to support resident safety and progress

Case Manager Name (print): _____

Signature: _____

Date: _____

Supervisor Name (print): _____

Supervisor Signature: _____

Date: _____

Addendum X – Leadership

(See following pages)

Catherine Oreto

About Me

High-energy, results-oriented Certified Recovery Specialist and Peer Support Professional with lived experience in addiction recovery and a strong track record of leadership in the recovery community.

Work Experience

Founder/Owner – Recovery Hub WI, Green Bay, WI

Lead a peer-led recovery organization providing individualized recovery coaching, peer support groups, and community outreach for people impacted by Substance Use Disorder. Develop and execute the mission, vision, and strategic goals while overseeing daily operations, staff, and volunteers. Design and evaluate programs grounded in lived experience, harm reduction, and evidence-informed peer support practices. Build and maintain strong partnerships with local and state agencies, treatment providers, and recovery advocates to expand access to services. Represent the organization in public forums, trainings, and recovery events, leading outreach efforts that promote an inclusive, recovery-friendly culture rooted in dignity, empowerment, and respect.

Self-Employed Owner – Mill Company, Green Bay, WI

Leverage strong leadership, crisis management, and documentation skills in a fast-paced, high-pressure environment—experience that directly translates to overseeing shelter operations, coordinating services, and maintaining accurate records in support of vulnerable populations.

Associate Pastor – Exchange, Green Bay, WI

Designed and implemented programs designed to serve vulnerable and marginalized communities.

Associate Director – More Precious Than Rubies, Green Bay, WI

Designed and implemented programs designed to serve vulnerable and marginalized communities.

Peer Support Specialist –Amanda’s House & Mandolin Foundation, Green Bay, WI

Drawing on personal recovery experience to mentor residents and support sustained sobriety.

Peer Support Specialist – The Gathering Place, Green Bay, WI

Providing one-on-one support and leading recovery-focused groups to build community and strengthen hope, healing and recovery.

Other Experience

Certified Peer Support Advisory Council – State of Wisconsin

Lived Expert - Motivational Interviewing Work Group, CPS/DHS

State Stakeholder – Kinship Care

SARAH HANSON

EDUCATION

BA, MANAGEMENT OF CRIMINAL JUSTICE OPERATIONS

Concordia University

BA, BUSINESS MANAGEMENT AND COMMUNICATION

Concordia University

ORDAINED MINISTER, ASSEMBLIES OF GOD

Berean School of the Bible

SKILLS

Organizational Management

Strong Communication Skills

Trauma Informed Care

Confidentiality and Discretion

Record Keeping and Documentation

Advocacy

Community Outreach and Engagement

Problem Solving

Budget Management

Leadership and Team Building

Crisis Management

Public Speaking

Conflict Resolution

ABOUT ME

Mission-driven professional with a strong background in nonprofit leadership, advocacy, and direct service to vulnerable populations. Skilled in trauma-informed care, crisis intervention, and de-escalation techniques that prioritize safety, dignity, and empowerment. Experienced in managing budgets and operations, maintaining accurate and confidential records, supporting fundraising efforts, and building organized, compliant systems that improve access to services and outcomes

EXPERIENCE

HOME HEALTH CARE PROVIDER

IRIS

2020-Present

OFFICE MANAGER

New Freedom Church

2018-Present

SOUND ENGINEER, RADIO PERSONALITY & SOCIAL MEDIA MARKETING

Practical Family Living and Center for Family Healing

2014-2023

LEAD PASTOR/CHURCH PLANTER

Exchange

2016-2022

FOUNDER/DIRECTOR

More Precious Than Rubies

2008-2018

RUNAWAY & HOMELESS YOUTH OUTREACH ADVOCATE

AmeriCorps Member with Wisconsin Association for Runaway and Homeless Youth

2006-2008

Addendum Y – Volunteer Application

Thank you for your interest in volunteering with Safe Haven Hope Center (SHHC), a peer-based, low-barrier, trauma-informed, harm-reduction transitional living shelter. Please complete this application as fully and honestly as you can. Information will be kept confidential and used only for volunteer screening and placement.

Personal Information

Full Name:

Preferred Name (if different):

Pronouns: she/her he/him they/them other:

Date of Birth: ____ / ____ / ____ (Minimum age requirements may apply.)

Home Address:

City: _____ State: _____ ZIP: _____

Primary Phone: _____ Mobile Home Work

Email Address:

Preferred Contact Method: Phone Text Email Other: _____

Emergency Contact Information:

Name:

Relationship:

Phone: _____

Volunteer Interests and Availability

How did you hear about Safe Haven Hope Center?

- Friend/Family Internet Social Media Faith Community
 School/College Workplace Event/Presentation Other:

Why would you like to volunteer with SHHC?

(Briefly share your interest, connection to the mission, or what you hope to contribute.)

Areas of Interest (Check all that apply):

- Direct support with residents (groups, activities, peer support)
 Life skills (cooking, budgeting, job readiness, etc.)
 Animal care (therapeutic cats – cleaning, feeding, enrichment)
 Front desk / hospitality / phone support
 Organizing donations (clothing, hygiene kits, supplies)
 Cleaning / organizing / maintenance support
 Administrative / office tasks (filing, data entry, mailings)
 Garden/yard/landscaping projects
 Special events / fundraising
 Professional services (legal, IT, medical, counseling, etc.)*
 Other (please describe):
-

*Note: Professional volunteer roles may require additional credentials and agreements.

Availability (Check all that apply):

Days:

- Monday Tuesday Wednesday Thursday Friday Saturday
 Sunday

Times:

- Mornings Afternoons Evenings Flexible / On-call for events

Approximate number of hours per week or month you would like to volunteer:

_____ hours per week / month

Skills, Experience, and Background

Relevant Skills or Experience

(Check all that apply and/or briefly describe.)

- Experience working or volunteering with people experiencing homelessness
- Experience with mental health or substance use recovery (personal or professional)
- Peer support / recovery coaching
- Social work / counseling / case management
- Medical / nursing / health care
- Administration / data entry / office support
- Customer service / hospitality
- Education / teaching / training
- Maintenance / repairs / cleaning
- Animal care
- Language skills:

Other skills:

Please describe any relevant volunteer or work experience:

Lived Experience (Optional)

SHHC values lived experience with homelessness, mental health, substance use, trauma, and poverty. Sharing this is optional and not required.

I have personal lived experience relevant to SHHC's mission and am open to sharing this in a peer-based way.

I do not have personal lived experience relevant to SHHC's mission.

I prefer not to share this information.

If you wish, briefly share how your lived experience may inform your volunteering (optional):

Education and Employment (Optional but Helpful)

Current Employer or School (if applicable):

Position / Program:

Is this volunteer work part of a school, court, or program requirement?

No Yes – School Yes – Court-ordered Yes – Other:

If yes, number of required hours: _____ Due by: ____ / ____ / _____

Background and Screening

All volunteers are screened to help ensure the safety of residents, staff, and the community. This may include a criminal background check.

Criminal History

A criminal record does not automatically disqualify you. SHHC generally cannot accept volunteers with sexual charges (open or closed), consistent with program policy.

Have you ever been convicted of, pled guilty to, or no contest to a crime?

No Yes

If yes, please explain (include dates, charges, and outcomes to the best of your knowledge):

(You may discuss this privately with staff. Information is kept confidential and evaluated case-by-case, consistent with SHHC safety policies and applicable law.)

Driver Information (If You May Transport Residents)

Transporting residents is limited and requires additional approval.

- I am not interested in any driving/transport roles.
- I am interested in being considered for approved driving roles.

If yes:

- Driver's License State/Number:

- Auto Insurance Carrier:

- Policy Number:

(Additional screening, DMV checks, and documentation may be required.)

References

Please list two people (not family members) who know you well and can speak to your character, reliability, or work/volunteer history.

Reference #1

Name:

Relationship:

Phone: _____

Email: _____

Reference #2

Name:

Relationship:

Phone: _____

Email: _____

May we contact your references?

Yes No (If no, please explain):

Health and Safety Considerations

Certain volunteer roles may involve physical tasks (cleaning, lifting, walking stairs) or proximity to animals.

Physical Limitations or Health Concerns (Optional)

If you have any physical limitations, allergies, or health concerns that may affect your volunteer role or require accommodation, please describe below or discuss privately with staff:

SHHC will work with you, when possible, to provide reasonable accommodations consistent with program needs and safety.

Acknowledgments and Agreements

Please read and initial each statement:

_____ I understand that SHHC is a peer-based, trauma-informed, harm-reduction program serving adults experiencing homelessness, mental health challenges, and substance use.

_____ I agree to respect all residents, staff, and volunteers regardless of their background, identity, or current circumstances.

_____ I understand that I will be required to complete a Non-Disclosure/Confidentiality Agreement, and I agree to protect resident privacy and confidentiality at all times.

_____ I understand that SHHC is a drug- and alcohol-free workplace for staff and volunteers, and I will not use substances or be under the influence while volunteering.

_____ I agree to follow SHHC policies, procedures, safety rules, and staff instructions while volunteering.

_____ I understand that SHHC may conduct a criminal background check and contact my references as part of the screening process.

_____ I understand that submitting this application does not guarantee a volunteer placement and that SHHC may limit or end my volunteer service at any time to protect safety and program integrity.

Consent and Signature

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that false or misleading information may result in my application being declined or my volunteer role being ended.

I authorize Safe Haven Hope Center to:

- Contact the references listed above.
- Conduct a background check consistent with SHHC policy and applicable law.
- Use this information to determine my eligibility and placement as a volunteer.

Applicant Name (print):

Applicant Signature:

Date: _____

If applicant is under 18 (if youth volunteering is allowed by policy):

Parent/Guardian Name (print):

Parent/Guardian Signature:

Date: _____

For SHHC Staff Use Only

Date Application Received: _____
Received By (Name/Role): _____

References Checked: Yes No By: _____ Date: _____
Background Check Completed: Yes No Date: _____

Approved to Volunteer: Yes No If no, reason (internal use only):

Assigned Volunteer Role(s): _____
Primary Staff Supervisor: _____

Orientation/Training Completed On: _____ By: _____

Notes:

Staff Signature: _____
Date: _____

Addendum Z – Non-Disclosure and Confidentiality Agreement

This Non-Disclosure and Confidentiality Agreement (“Agreement”) is made between Safe Haven Hope Center (SHHC) and the undersigned individual (the “Recipient”), who may be a staff member, volunteer, intern, contractor, Board member, or other person with access to confidential information.

By signing this Agreement, you agree to protect the privacy and confidentiality of SHHC residents, staff, volunteers, partners, and organizational information.

Purpose

The purpose of this Agreement is to:

- Protect the confidentiality, privacy, and dignity of residents receiving services at SHHC.
- Safeguard sensitive information about staff, volunteers, programs, and operations.
- Ensure compliance with applicable laws and SHHC policies regarding confidentiality and data protection.

This Agreement applies to all information obtained through your work or involvement with SHHC, whether spoken, written, electronic, or observed.

Definitions

For this Agreement:

“Confidential Information” includes, but is not limited to:

- Resident information:
 - Names, nicknames, physical descriptions, photos, or identifying details
 - Addresses, phone numbers, email addresses
 - Health, mental health, substance use, trauma history, or disability information
 - Case notes, assessments, support/safety plans, service records, HMIS/Clarity data
 - Financial, legal, or immigration information
- Staff, volunteer, and Board information:

- Personal contact information
- Performance or disciplinary information
- Organizational information:
 - Internal policies and procedures not publicly posted
 - Security procedures or access codes
 - Incident reports, grievance records, internal investigations
 - Donor, funder, financial, and strategic planning information not intended for public release

Confidential Information may be in any form, including verbal conversations, written documents, emails, text messages, internal databases, or things you see or overhear while at SHHC.

General Confidentiality Obligations

By signing this Agreement, you agree that you will:

Keep all Confidential Information private and secure.

You will not share, discuss, or disclose Confidential Information with anyone who does not have a legitimate need to know it for SHHC business.

Use Confidential Information only for SHHC purposes.

You will access and use information **only as needed** to perform your assigned duties or role with SHHC.

Limit discussions to appropriate settings.

You will not discuss Confidential Information in public or unsecured places (e.g., hallways, common areas, public transportation, social media, community events), where others may overhear.

Protect physical and electronic records.

You will:

- Keep paper files, notes, and forms secure and return them to designated storage areas.
- Log out of computers and electronic systems when not in use.
- Not share passwords or leave screens visible to unauthorized individuals.

Handle media and images appropriately.

You will not photograph, video record, or audio record residents, staff, or internal operations without prior written approval from SHHC leadership and appropriate consent forms from residents, when required.

Prohibited Disclosures and Uses

You agree that you will not:

- Disclose any resident's identity, story, or personal details outside of SHHC without proper written consent and authorization.
- Share Confidential Information with friends, family, neighbors, other residents, or on social media.
- Use Confidential Information for personal, financial, political, or professional gain.
- Remove or copy records (paper or electronic) from SHHC premises or systems except as explicitly authorized.
- Access records for individuals you are not assigned to or do not need to know about.

This obligation applies during your involvement with SHHC and continues after your employment, volunteer service, or affiliation ends.

Permitted Disclosures and Legal/Safety Exceptions

SHHC is committed to protecting confidentiality, but there are legal and ethical limits.

You may share Confidential Information when, and only when:

It is necessary for SHHC operations and allowed by policy.

- Sharing information with other SHHC staff or authorized partners who need the information to provide services, ensure safety, or manage the program.
- Sharing information with external providers or agencies with a valid Release of Information (ROI) signed by the resident, when required.

It is required by law or policy.

- Reporting suspected child abuse, elder abuse, or abuse of a vulnerable adult to the appropriate authorities, as required by law.
- Responding to lawful court orders, subpoenas, or investigations, as directed by SHHC leadership and/or legal counsel.

There is an immediate safety emergency.

- When there is a credible threat of serious harm to a resident or others, and disclosure is necessary to prevent harm (e.g., contacting 911, Brown County Crisis, or law enforcement).

In all such cases, you will:

- Share only the minimum necessary information to address the issue.
- Notify the Executive Director, Director of Mental Health, or appropriate supervisor as soon as possible.

Resident Privacy and Dignity

You agree to:

- Treat all resident information and stories as private and sensitive, even when not protected by law.
- Avoid gossiping about residents or judging their circumstances, behavior, or history.
- Refrain from discussing one resident's situation with another resident, except as explicitly authorized and for safety-related reasons.

When in doubt about whether something can be shared, you will ask a supervisor or leadership before speaking.

Return of Materials and Access

Upon the end of your employment, volunteer service, or role with SHHC (or upon request at any time), you agree to:

- Return all SHHC property, including:
 - Keys or access cards
 - Written records, notes, forms, or documents
 - Electronic devices, badges, or any other materials containing SHHC or resident information
- Not retain copies (physical or digital) of Confidential Information belonging to SHHC.

Your access to confidential systems, files, and spaces will end when your relationship with SHHC concludes.

Reporting Breaches or Concerns

If you become aware of:

- A possible breach of confidentiality (e.g., lost records, unauthorized access, overheard conversations), or
- Any improper access, use, or disclosure of Confidential Information,

You agree to immediately report this to:

- Your direct supervisor, and/or
- The Executive Director, and/or
- A member of the Board of Directors

Reporting concerns promptly helps SHHC protect residents, comply with laws, and correct issues quickly. Good faith reporting of concerns will not be punished.

Consequences of Violation

You understand that violating this Agreement or SHHC confidentiality policies may result in:

- Corrective action, coaching, or retraining
- Disciplinary action, up to and including termination of employment or volunteer service
- Removal from the Board or leadership roles
- Possible legal consequences, depending on the nature and severity of the breach

Acknowledgment and Agreement

By signing below, you acknowledge that:

- You have read and understand this Non-Disclosure and Confidentiality Agreement.
- You have had the opportunity to ask questions about anything that is unclear.
- You agree to comply with this Agreement and all SHHC confidentiality policies.

- You understand that your duty to protect Confidential Information continues even after your employment, volunteer service, or affiliation with SHHC ends.

Recipient Information

Name (print):

Role/Position (check one):

Employee Volunteer Intern Contractor Board Member

Other: _____

Signature:

Date: _____

Supervisor / SHHC Representative

Name (print):

Title: _____

Signature:

Date: _____

This Agreement will be kept in the individual's personnel, volunteer, contractor, or Board file, and may be renewed or re-signed periodically as required by SHHC policy.

Addendum AA – Resident Grievance Policy

Safe Haven Hope Center (SHHC) is committed to operating in a fair, transparent, and trauma-informed way. Residents have the right to express concerns or complaints about any aspect of their services or living environment without fear of retaliation.

This policy explains:

- What a grievance is
- What you can file a grievance about
- How to file a grievance
- How SHHC will respond and resolve grievances

Purpose and Principles

The purpose of this Grievance Policy is to:

- Provide a clear, simple process for residents to express concerns or complaints
- Ensure concerns are taken seriously, documented, and addressed promptly
- Support residents in exercising their rights to be heard and treated fairly
- Promote a culture of safety, respect, and accountability at SHHC

SHHC handles grievances using:

- Trauma-informed care (avoiding shaming, blaming, or punishment for speaking up)
- Non-retaliation (residents will not be punished for filing a grievance)
- Confidentiality (information is shared only with those who need to know to address the issue)
- Timeliness (responses are provided within 2 business days whenever possible)

What Is a Grievance?

A grievance is any formal concern, complaint, or dissatisfaction a resident has about:

- Services provided by SHHC
- How they are treated by staff, volunteers, peer workers, or other residents

- Enforcement of house rules or safety policies
- Case management or peer support services
- Privacy, confidentiality, or respect for their rights
- Access to reasonable accommodations for disabilities
- Any decision or action by SHHC staff that the resident believes is unfair, unsafe, discriminatory, or not in line with SHHC policies

Examples of grievances include (but are not limited to):

- Feeling disrespected, threatened, or mistreated by staff, volunteers, or another resident
- Believing that a rule was enforced in an unfair or inconsistent way
- Concerns about privacy or how personal information was handled
- Disagreement with a decision about a 24-hour break, room change, or program participation
- Concerns about discrimination based on race, color, national origin, age, sex, religion, or disability

Emergency or immediate safety issues (e.g., violence, weapons, medical emergencies) should always be reported to staff right away and will be handled through SHHC's crisis and safety procedures. A grievance can still be filed afterward if you wish.

Your Rights in the Grievance Process

As a resident of SHHC, you have the right to:

File a grievance at any time about services, treatment, or conditions.

File a grievance without fear of retaliation. Your housing, services, and treatment will not be negatively affected for speaking up.

Receive help to file a grievance if you have difficulty reading, writing, or understanding the process.

Have your grievance taken seriously, documented, and reviewed by leadership.

Receive a response within 2 business days whenever possible, with information about what actions will be taken.

Have your grievance kept as private as possible, with information shared only with those who need to know to address the concern.

Appeal or ask for further review if you are not satisfied with the initial response.

How to File a Grievance

You may file a grievance in any of the following ways:

Verbal Grievance

Tell any staff member that you would like to file a grievance.

Staff will:

- Listen to your concern
- Offer to help you complete a written form if you agree
- Notify a Supervisor, Director of Mental Health, or Executive Director as appropriate

Written Grievance

Ask staff for a Resident Grievance Form or use your own paper.

Include the following information (as you are able):

- Your name (you may request that your identity be kept as confidential as possible)
- Date of the incident or concern
- Names of people involved (if known)
- What happened and why you are concerned
- What you would like to see happen to resolve the issue

Give your written grievance to any staff member.

Assistance With Grievances

If you need help writing or explaining your grievance:

- You can ask any staff member to assist you.
- You may also ask a trusted peer or support person to help you, if you choose.
- Staff will write down your words as accurately as possible and then read it back to you for confirmation.

You may file a grievance at any time during your stay, including after an incident or decision you disagree with.

How Grievances Are Reviewed and Resolved

Initial Review

- The grievance will be reviewed by the Executive Director or Director of Mental Health (or their designee).
- Whenever possible, you will receive an initial response within 2 business days of the grievance being received.
- The reviewer may:
 - Request to meet with you to better understand the concern
 - Speak with involved staff, volunteers, or residents
 - Review relevant documentation and policies

Resolution Steps

After reviewing your grievance, SHHC leadership may:

- Provide you with an explanation or clarification of policies or decisions
- Take corrective actions (e.g., additional staff training, changes in practice, supervision, or documentation)
- Adjust a decision when appropriate and safe to do so
- Develop a plan with you to prevent similar issues in the future

You will be informed of the outcome, to the extent allowed by privacy and employment laws. Some actions involving staff or other residents may be confidential, but leadership will still let you know if appropriate action was taken.

Documentation

- All grievances will be documented and stored securely.
- Documentation includes the original grievance, steps taken to review it, and the outcome.
- The Board of Directors and leadership may review grievance trends (without resident names) to improve the program and address recurring issues.

Appeals and Further Review

If you are not satisfied with the response to your grievance, you may request an appeal or further review.

You may:

1. Inform the Executive Director that you would like to appeal the decision or outcome.
2. Ask that the grievance be reviewed by:
 - The Director of Mental Health, if not already involved, and/or
 - A member of the Board of Directors

The appeal will be reviewed as promptly as possible. You will be informed of the final decision, understanding that some actions or personnel matters may need to remain confidential.

Non-Retaliation

SHHC strictly prohibits retaliation against any resident who:

- Files a grievance
- Supports another resident in filing a grievance
- Honestly participates in an investigation or review

Retaliation includes (but is not limited to):

- Threats, intimidation, or harassment
- Unjustified restrictions on services or privileges
- Unfair or inconsistent rule enforcement solely because a grievance was filed

If you believe you are experiencing retaliation, immediately report this to a Supervisor, Director of Mental Health, or the Executive Director. This can itself be the subject of a new grievance.

Confidentiality and Privacy

- Grievances will be handled as confidentially as possible.
- Information will be shared only with those who need to know in order to:
 - Understand and resolve the grievance
 - Maintain safety for residents, staff, volunteers, and the community
- Resident records related to grievances are stored in locked files and/or password-protected systems.

In some cases, SHHC may be required by law or policy to report certain issues (e.g., abuse, threats, weapons). If this happens, staff will explain what is being reported and why, whenever it is safe and appropriate to do so.

Grievances Related to Discrimination or Rights Violations

If your grievance involves discrimination or violation of your rights, SHHC will:

- Treat the complaint as serious and priority, consistent with federal laws including:
 - Title VI of the Civil Rights Act of 1964
 - Section 504 of the Rehabilitation Act of 1973
 - The Age Discrimination Act of 1975
- Offer information on external agencies you may also contact, if desired (e.g., civil rights offices, legal aid).

Resident Acknowledgment

You may be asked to sign this at intake to show that the policy was explained to you.

I have received and/or had explained to me the Safe Haven Hope Center Resident Grievance Policy. I understand that:

- I have the right to file a grievance without fear of retaliation.
- I can file a grievance verbally or in writing and can get help to do so.
- My grievance will be reviewed, and I will receive a response within 2 business days whenever possible.
- I can appeal the decision if I am not satisfied with the outcome.

Resident Name (print): _____

Resident Signature: _____

Date: _____

Staff Name (print): _____

Staff Signature (acknowledging explanation): _____

Date: _____

Contact for Grievances

Grievances and questions can be directed to:

Executive Director

Cathi Oreto

Phone: 920-471-7880

Email: cathi@safehavenhopecenter.org

Director of Mental Health

Name: Elizabeth Feldhausen

Phone: 920-680-9368

Email: elizabeth@safehaven-pet.org

You may also give your grievance to any staff member, who will ensure it is forwarded to leadership for review.

Addendum AB – Medication Policy

Purpose

The purpose of this Medication Policy is to:

- Promote the safe storage, handling, and use of medications at Safe Haven Hope Center.
- Support resident autonomy and responsibility for their own medications while maintaining a safe and stable environment.
- Reduce the risk of diversion, misuse, overdose, and medication errors.
- Ensure consistency with SHHC's trauma-informed, harm-reduction, and low-barrier program philosophy.

Scope

This policy applies to:

- All prescription and over-the-counter (OTC) medications brought onto or stored on SHHC property.
- All residents, staff, volunteers, and visitors of SHHC.
- All forms of medications, including pills, capsules, liquids, inhalers, injectables, topicals, and medically indicated controlled substances.

SHHC does not operate as a medical facility and does not provide medical treatment or medication administration. Residents are responsible for managing and taking their own medications.

Guiding Principles

Resident Autonomy: Residents are primarily responsible for their own medications. Staff do not administer or dose medications.

Safety First: The safety of residents, staff, volunteers, animals, and the surrounding neighborhood is paramount in all decisions involving medications.

Harm Reduction: Medication issues (e.g., misuse, nonadherence) are addressed through education, safety planning, and support rather than automatic discharge whenever safely possible.

Trauma-Informed Practice: Interactions around medications are conducted with respect, transparency, and collaboration to avoid re-traumatization.

Confidentiality: Information about a resident's medications is treated as confidential and shared only with consent or as required by law.

Definitions

Medication: Any substance used to diagnose, treat, or prevent disease, or to affect the structure or function of the body. Includes prescription medications, OTC drugs, and medically approved supplements when prescribed or recommended by a provider.

Controlled Substance: A medication regulated under federal or state controlled substance laws (e.g., certain pain medications, stimulants, benzodiazepines).

Emergency/Rescue Medication: Medication that must be immediately available to prevent a serious health consequence (e.g., rescue inhaler, nitroglycerin, EpiPen).

Self-Administration: When a resident independently takes their own medication without staff administering or placing it into their hand or mouth.

Medication Room: The designated, secured room or area where resident medications are stored and logged, except for approved emergency medications retained by residents.

Resident Responsibilities

Residents are expected to:

Manage Their Own Medications

- Take medications as prescribed or as directed by their healthcare provider.
- Communicate with their provider or pharmacist about side effects, concerns, or questions.

Check In Medications at Intake and As Acquired

- At intake, inform staff of all prescription and OTC medications currently in their possession.
- Present all medications to staff for logging and secure storage in the medication room, unless designated as an approved emergency medication.

- Inform staff when new medications are obtained, prescriptions are changed, or medications are discontinued.

Use Medications Safely

- Take only medications prescribed for them; sharing or selling medications is strictly prohibited.
- Maintain control of any approved emergency medications they personally carry (e.g., inhaler) and ensure they are not accessible to others.
- Notify staff immediately if medications are lost, stolen, or damaged.

Follow House Rules Related to Medications

- Comply with SHHC rules regarding storage, timing of access, and no use of substances on-site.
- Participate in safety planning related to medications when requested by staff.

Staff Roles and Limitations

SHHC is not a medical provider. Staff are not practicing medicine and do not:

- Prescribe, recommend, or adjust medications.
- Administer medications into a resident's mouth or body.
- Make clinical decisions about starting, stopping, or changing medication dosages.

Staff may:

Support with Storage and Access

- Receive medications from residents for secure storage.
- Maintain a locked medication room and medication log.
- Retrieve a resident's stored medication from the locked area at the resident's request and hand the medication container to the resident for self-administration.
- Observe the resident taking the medication if requested as part of a harm-reduction or accountability plan.

Documentation and Monitoring

- Maintain basic records of what medications are stored on site, in what quantity, and any reported changes.
- Document concerns about medication misuse, diversion, or safety issues in incident reports, and notify leadership as appropriate.

Education and Referral

- Encourage residents to connect with healthcare providers, pharmacists, and community clinics for medication management.
- Provide referrals and assistance with scheduling appointments, transportation, or obtaining prescriptions when possible.

Crisis and Overdose Response

- Follow SHHC crisis, emergency, and overdose procedures, including administering Narcan (Naloxone) when indicated and contacting 911.

Medication Storage and Security

Medication Room

- All non-emergency medications must be checked into the medication room upon intake or when obtained.
- The medication room remains locked at all times when not in active use.
- Access to the medication room is restricted to authorized staff.

Resident Medication Storage

- Each resident is assigned a designated, labeled storage area (bin, locker, or cabinet) within the medication room.
- Medications are kept in their original pharmacy or manufacturer containers with labels intact whenever possible.
- Staff maintain a basic log for each resident's checked-in medications (name of medication, strength, prescribing provider or clinic when known, date of check-in, quantity when feasible).

Emergency/Rescue Medications

- Residents may keep necessary emergency medications on their person or in their room (e.g., rescue inhaler, nitroglycerin, EpiPen) with staff awareness.
- These medications do not need to be stored in the medication room; however, they should be documented as emergency/rescue medications in the resident file.

Controlled Substances and High-Risk Medications

- Controlled substances and other high-risk medications (as identified by the prescribing provider or pharmacist) must be stored in a locked area within the medication room with heightened security (e.g., locked box or cabinet).
- Staff will document the initial quantity of controlled substances when possible and may perform periodic counts as a safety measure.

- Any suspected theft, diversion, or tampering must be reported to the Executive Director or designee immediately and documented as an incident.

Prohibited Storage Locations

- Medications may not be stored unsecured in resident rooms, common areas, vehicles, or personal bags (other than approved emergency medications).
- Discovered unsecured medications will be confiscated, stored appropriately, and discussed with the resident using a harm-reduction and safety-focused approach.

Access to Medications and Self-Administration

Access Times

- Reasonable access to medications will be provided throughout the day, with the goal of accommodating prescribed dosing schedules.
- Specific access windows may be established (e.g., morning, midday, evening, bedtime) and communicated clearly to residents.
- Residents with time-sensitive regimens may work with staff to develop individualized access arrangements.

Self-Administration Process

- The resident requests their medication from staff.
- Staff retrieve the resident's medication bin or container from the medication room and give it to the resident.
- The resident self-administers the medication (e.g., takes their pills, uses inhaler).
- The resident returns the medication container to staff, who then secure it back in the designated storage area.

Missed or Skipped Doses

- Residents are responsible for monitoring their dosing schedule.
- Staff may provide reminders as a supportive measure but are not responsible for ensuring every dose is taken.
- If a resident repeatedly misses doses and expresses concern, staff may encourage them to contact their provider and may assist with coordination.

Refusal of Medications

- Residents have the right to refuse prescribed medications.
- Staff may explore the reasons for refusal, provide basic education, and encourage consultation with a healthcare provider.

- Coercion, shaming, or punishment for refusal is not permitted.

Over-the-Counter (OTC) Medications and Staff Distribution

- SHHC staff do not distribute OTC medications (e.g., antacids, aspirin, cold medicine) to residents.
- Residents may obtain OTC medications independently and must check them into the medication room upon bringing them onto the property.
- OTC medications are subject to the same storage, security, and self-administration procedures as prescription medications.

Medication Reconciliation, Changes, and Discontinuation

New Medications

- When a new prescription is started, residents should notify staff and present the medication for logging and secure storage.
- Staff update the resident's medication log and storage bin.

Changed or Discontinued Medications

- Residents are encouraged to inform staff when their provider changes dosages or discontinues a medication.
- Outdated or discontinued medications should be removed from active storage and prepared for safe disposal.

Refills and Running Low

- Residents are responsible for monitoring when refills are needed.
- Staff may assist with scheduling appointments, contacting pharmacies, or arranging transportation when possible.

Medication Disposal

Discontinued, Expired, or Unclaimed Medications

- Medications that are expired, discontinued, or unclaimed at the time of resident exit will be separated from active medications and documented.
- When feasible, residents will be offered the opportunity to take their medications with them at discharge if clinically and legally appropriate.

Safe Disposal Procedures

- SHHC will partner with pharmacies, clinics, or approved medication take-back programs to dispose of medications safely.

- Controlled substances must be disposed of in accordance with federal and state regulations.

Documentation

- Staff will document the disposal of medications (resident name, medication, quantity when reasonably known, date, and method/location of disposal).

Medication-Related Safety Concerns and Incidents

Medication-related concerns include, but are not limited to:

- Suspected diversion or sharing of medications.
- Suspected overuse, misuse, or signs of overdose.
- Repeated loss of prescriptions or controlled substances.
- Behavioral changes indicating possible adverse medication effects.

When safety concerns arise, staff will:

Assess Immediate Risk

- Determine if there is an urgent medical emergency or overdose; follow SHHC emergency procedures, including calling 911 and administering Narcan if indicated.
- Remove other residents from immediate danger when necessary.

Engage the Resident

- Discuss concerns in a non-judgmental, trauma-informed manner.
- Explore harm-reduction strategies (e.g., supervised self-administration, secure storage, coordination with provider).

Document and Notify

- Complete an incident report describing the concern and actions taken.
- Notify the Executive Director and/or Director of Mental Health as appropriate.

Coordinate with Providers and Crisis Services

- With resident consent (or as allowed by law), consult with prescribers, pharmacists, or Brown County Crisis for guidance.
- Follow SHHC's crisis and emergency response policies for severe mental illness, suicidality, or threats of harm.

Consider Temporary Removal or Limits on Access

- In serious cases where medication possession creates a credible safety risk, staff may limit a resident's access to certain medications (e.g.,

holding them securely and releasing only limited doses as part of a safety plan).

- In extreme cases, and consistent with SHHC's resident removal policy, the resident may be asked to leave temporarily for safety reasons, with staff assistance in identifying alternative arrangements whenever possible.

Visitors, Medications, and Contraband

- Visitors are not permitted to store personal medications at SHHC.
- Visitors are prohibited from sharing or providing medications (prescription or OTC) to residents.
- Any visitor who attempts to bring in or distribute medications in violation of SHHC policies may have visitation privileges revoked.
- Any attempt to bring in illicit substances, drug paraphernalia, or medication for the purpose of misuse will result in confiscation of items and may require police involvement, consistent with SHHC's weapons, contraband, and safety policies.

Staff and Drug-Free Workplace

- SHHC maintains an alcohol-, drug-, and smoke-free workplace for staff.
- Employees must be drug and alcohol free while on duty and may be subject to random drug testing, in accordance with SHHC's Drug-Free Workplace policy.
- Staff who are prescribed controlled substances must use them responsibly and in a manner that does not impair their ability to safely perform essential job duties.

Confidentiality and Documentation

- Information about a resident's medications is part of the confidential record maintained by SHHC.
- Medication logs, incident reports, and related documentation are stored securely (locked files and/or password-protected electronic systems) and accessed only by authorized staff.

- Information is not shared outside SHHC without resident consent, except as required by law (e.g., mandatory reporting, court orders, medical emergencies where disclosure is necessary to protect life or safety).

Training and Review

Staff Training

- All staff receive orientation on this Medication Policy, including:
 - SHHC’s role and limitations around medications.
 - Storage and access procedures.
 - Overdose prevention and Narcan administration.
 - Documentation and incident reporting.
- Ongoing training (at least three hours quarterly) incorporates medication-related safety topics, harm reduction, and crisis response.

Policy Review and Updates

- This policy will be reviewed at least annually by leadership and the Board of Directors, or sooner if there are significant changes in law, regulation, or program operations.
- Feedback from residents, staff, and community partners may be used to revise and improve the policy.

Acknowledgment

Residents:

I have received a copy of the Safe Haven Hope Center Medication Policy. I have had the opportunity to ask questions and understand that I am responsible for managing my own medications in accordance with this policy.

Resident Name: _____

Resident Signature: _____

Date: _____

Staff:

I have reviewed the Safe Haven Hope Center Medication Policy and understand my responsibilities regarding medication storage, access, documentation, and safety.

Staff Name: _____

Staff Signature: _____

Date: _____

Addendum AC – Daily Medication Access Sheet

Date: _____

Shift: Day Evening Night

Staff on Duty: _____

Use this sheet to track when residents access stored medications. Resident self-administers; staff may retrieve and/or observe per harm-reduction plans.

Resident Medication Access Log

Time	Resident Name	Medication(s) Accessed	Dose	Staff Role (retrieved / observed / both)	Staff Initials	Resident Initials	Notes (missed dose, concerns, etc.)

Controlled / High-Risk Medication Spot Check

Time	Resident Name	Medication	Count / Check Result	Issues Noted (Y/N)	Brief Comment	Staff Initials

Shift-End Summary (Staff)

Any medication-related concerns this shift? No Yes

If yes, briefly describe and note if an incident report was completed:

- Incident report completed (if required)
- Director/On-Call Notified (if required)

Staff Signature: _____

Date/Time: _____

Addendum AD – Approved Driver Information and Authorization Form

This form is for staff and volunteers who may drive residents, transport program materials, or operate Safe Haven Hope Center (SHHC) vehicles. Completion of this form does not guarantee approval; all driving roles require review and written authorization from SHHC leadership.

Applicant Information

Full Name:

Preferred Name (if different):

Role at SHHC:

Employee Volunteer Intern Contractor Other:

Primary Phone: _____

Email Address:

Driver's License Information

State of Issue: _____

Driver's License Number:

License Class: Regular/Standard Commercial (CDL) Other: _____

License Expiration Date: ____ / ____ / ____

Has your driver's license ever been suspended, revoked, or restricted?

No Yes

If yes, please explain (include dates and reasons):

Driving History (Past 3–5 Years)

Moving Violations

Have you had any moving violations (speeding, failure to yield, etc.) in the past 3–5 years?

No Yes

If yes, list each violation (to the best of your knowledge):

- Date: _____ Violation/Location:

- Date: _____ Violation/Location:

- Date: _____ Violation/Location:

Accidents

Have you been involved in any motor vehicle accidents in the past 3–5 years?

No Yes

If yes, list each accident:

- Date: _____ Location: _____ At fault? Yes No
Description:

- Date: _____ Location: _____ At fault? Yes No
Description:

Driving-Related Offenses

Have you ever been cited or convicted for any of the following? (Check all that apply and provide details below.)

- Operating while intoxicated (OWI/DUI/DWI)
- Reckless driving
- Leaving the scene of an accident
- Driving on a suspended or revoked license
- Other serious driving-related offenses:

If any boxes are checked, please explain (include dates, locations, and outcomes if known):

Insurance Information (For Personal Vehicle Use)

Insurance Company:

Policy Number:

Policy Expiration Date: ____ / ____ / ____

Name of Policy Holder (if not you): _____

Do you maintain at least the minimum liability coverage required by state law?

Yes No Unsure

You may be asked to provide a copy of your insurance card or policy declaration page.

Driving Roles and Limits

Type of Driving You May Be Asked to Do:

- Transporting residents in my personal vehicle (with prior approval)
- Transporting supplies/donations only (no residents)
- Driving for appointments/errands during scheduled shifts
- Driving for group outings or activities

Driving Limits or Restrictions (if any):

(Examples: no night driving, no winter driving, medical limitations.)

Health and Safety Considerations

Medical Conditions

Do you have any medical conditions that may affect your ability to drive safely?

No Yes (optional to describe; may be discussed privately with supervisor/HR)

If yes, please explain briefly or indicate that you will discuss privately:

Substance Use

SHHC maintains a drug- and alcohol-free workplace for staff and volunteers.

Please initial each statement:

_____ I will not operate a vehicle for SHHC while under the influence of alcohol, cannabis, illegal drugs, or misused prescription medications.

_____ I understand that SHHC follows a harm-reduction model with residents, but expects staff and volunteers to be fit to drive and substance-free when performing driving duties.

Consent for Motor Vehicle Record (MVR) and Background Check

In order to be considered for approval as a driver, SHHC may request and review your Motor Vehicle Record (MVR) and may conduct a criminal background check.

Please initial each statement:

_____ I authorize Safe Haven Hope Center to request and review my Motor Vehicle Record from the appropriate state agency.

_____ I authorize Safe Haven Hope Center to conduct a criminal background check related to driving and safety.

_____ I understand that information from these checks will be used solely to determine my eligibility as an approved driver and will be kept confidential to the extent permitted by law.

Driver Responsibilities and Agreement

By signing below, I agree that if I am approved as a driver for SHHC, I will:

1. Follow all traffic laws and regulations while driving for SHHC.
2. Use seat belts and require all passengers to use seat belts or appropriate restraints.
3. Refrain from distracted driving, including texting, using handheld devices, or other unsafe activities.
4. Follow SHHC policies regarding resident transportation, including:
 - Not transporting residents without prior authorization.

- Following approved routes and destination guidelines.
 - Respecting resident privacy and confidentiality during transport.
5. Promptly report to SHHC:
- Any new tickets, accidents, license suspensions, or major changes to my driving status.
 - Any changes in my personal auto insurance coverage.

I understand that:

- Being an approved driver is a privilege, not a right.
- SHHC may suspend or revoke my driving privileges at any time if safety concerns arise or if policies are not followed.
- Providing false or incomplete information on this form may result in denial or termination of driving responsibilities and may affect my employment or volunteer status.

Applicant Certification and Signature

I certify that the information I have provided in this form is true, correct, and complete to the best of my knowledge. I understand that misrepresentation or omission may result in my being ineligible or removed as an approved driver.

Applicant Name (print):

Applicant Signature:

Date: _____

For SHHC Use Only

Date Form Received: _____

Received By (Name/Title): _____

MVR Requested On: _____ By: _____

MVR Reviewed On: _____ By: _____

Background Check Completed: Yes No Date: _____

Reviewed By: _____

Insurance Carrier Notified/Consulted (if required):

Yes No Date: _____ Notes: _____

Driving Status Decision:

- Approved as SHHC driver
- Approved – supplies/errands only, no resident transport
- Not approved as driver
- Other/Conditional: _____

Restrictions/Conditions (if any):

Approval Period:

From: ____ / ____ / ____ To (review date): ____ / ____ / ____

Approving Supervisor/Director:

Name (print): _____

Title: _____

Signature: _____

Date: _____

Notes / Follow-Up Actions:

Addendum AE – Neighbor Grievance and Concern Form

Safe Haven Hope Center (SHHC) is committed to being a good neighbor and maintaining open communication with nearby residents and businesses. This form allows neighbors to share concerns, complaints, or suggestions so we can respond promptly and appropriately.

You may submit this form in person, by mail, or by email (photo or scanned copy) to the Executive Director.

Your Contact Information (Optional but Recommended)

Providing your contact information allows us to follow up with you about your concern. You may submit a concern anonymously; however, this may limit our ability to respond directly.

Name: _____

_____A
Address or Business Name (if applicable): _____

Phone: _____

Email: _____

Preferred method of contact:

- Phone Email No follow-up needed

Type of Concern (Check all that apply)

- Noise / disturbances
- Loitering or trespassing
- Trash, litter, or property upkeep
- Parking or traffic concerns
- Resident behavior (non-emergency)
- Safety or security (non-emergency)
- Animals (e.g., cats, service/support animals)
- Smoking / outdoor areas
- Staff or volunteer interaction

Other (please describe):

Important: For emergencies or immediate threats to safety, please call 911 first. This form is for non-emergency concerns and follow-up.

Incident or Concern Details

Date of Incident or When You Noticed the Concern:

On or around (date):

Time (if known):

Location:

(Where did this occur? For example: sidewalk, alley, front of property, adjacent yard, parking area, etc.)

Description of Concern

(Please describe what happened or what you observed. Include as much detail as possible, such as what you saw or heard, frequency of the issue, and any patterns you've noticed.)

People Involved (If Known or Relevant)

(You may describe individuals generally if you do not know names.)

Description/Name:

Description/Name:

Description/Name:

Impact of the Concern

How has this issue affected you, your household, or your business? (Check all that apply.)

- Disturbed sleep or quiet enjoyment
 - Customers or visitors impacted
 - Feelings of reduced safety or comfort
 - Property appearance or cleanliness affected
 - Interference with access, parking, or deliveries
 - Other (describe):
-

Please share any additional details:

Previous Actions or Communication (If Any)

Have you addressed this concern before with anyone?

- No, this is my first time reporting this.
- Yes, I have spoken with:

Person/Agency: _____

Date: _____

What was discussed or done?

Person/Agency: _____

Date: _____

What was discussed or done?

Requested Follow-Up or Outcome

What would you like to see happen in response to this concern? (Check all that apply.)

- Explanation or clarification from SHHC
 - Changes to practices, procedures, or house rules (if appropriate)
 - Increased monitoring or staff presence
 - Property or exterior clean-up
 - Reminder to residents about good neighbor expectations
 - Meeting or phone call to discuss the issue
 - No follow-up needed; for your information only
 - Other (please describe):
-

Please add any other suggestions or comments:

Confidentiality and Permission to Contact You

Do you give SHHC permission to contact you to discuss this concern?

- Yes No

Do you prefer that SHHC keep your identity as confidential as possible when addressing this concern internally?

- Yes No Doesn't matter to me

(Please note: In addressing concerns, SHHC may need to share limited information with staff to investigate and respond appropriately. We will not share your information publicly.)

Signature (Optional but Helpful)

Neighbor Name (print):

Signature:

Date: _____

How to Submit This Form

You may submit this form by:

- Mail or in person:
Safe Haven Hope Center
315 S Jefferson St
Green Bay, WI 54301
- Email (photo or scanned copy):
cathi@safehavenhopecenter.org (Executive Director)

For urgent safety concerns, please call 911 first, then notify SHHC if appropriate.

For non-emergency concerns that you would like to discuss directly, you may contact:

Executive Director & Director of Housing:
Cathi Oreto
Phone: 920-471-7880
Email: cathi@safehavenhopecenter.org

For SHHC Staff Use Only

Date Received: _____

Received By (Name/Role): _____

- Logged in Neighbor Concern/Grievance Log
- Copy provided to Executive Director
- Copy provided to Director of Mental Health (if applicable)

Initial Review Completed By: _____

Date of Initial Review: _____

Follow-Up Actions Taken:

Date Neighbor Contacted (if applicable): _____

Method: Phone Email In person Other _____

Staff Signature: _____

Date: _____

Addendum AF – Crisis, Incidents and Resident Removal Policy

Purpose and Scope

This policy establishes consistent procedures for identifying, responding to, documenting, and reviewing crises, incidents, injuries, and situations that may require temporary or permanent removal of a resident from Safe Haven Hope Center (SHHC). The goal is to protect the safety, dignity, and rights of residents, staff, volunteers, visitors, and neighbors while maintaining a trauma-informed, harm-reduction approach.

This policy applies to all SHHC staff, volunteers, and residents.

Guiding Principles

Responses to crisis and incidents at SHHC will:

- Prioritize immediate safety of all residents, staff, volunteers, visitors, and neighbors.
- Use least restrictive interventions possible while maintaining safety.
- Follow trauma-informed and harm-reduction practices.
- Respect resident dignity, autonomy, and rights to the greatest extent consistent with safety.
- Involve law enforcement and crisis services when clinically or legally necessary.
- Be documented, reviewed, and used to improve policies and practices.

Definitions

- **Crisis:** Any situation that poses, or could reasonably pose, a risk of harm to a resident, staff member, volunteer, visitor, or neighbor, or significantly disrupts the safety and functioning of the household.
- **Incident:** Any event involving injury, property damage, serious rule violation, or behavior that may require medical, mental health, or law enforcement response, whether or not it becomes a full crisis.
- **Removal:** A temporary or longer-term requirement that a resident leave SHHC property due to safety or serious policy concerns.

General Crisis Response Protocol

When a crisis or serious incident occurs, staff will:

Ensure Immediate Safety

- Quickly assess the situation and remove or separate individuals as needed.
- Create physical distance between individuals in conflict, when safe to do so.
- Move uninvolved residents to a safe area.

Assess the Situation

- Determine the nature of the crisis (e.g., mental health, medical, substance related, violence, threat).
- Gather basic background information from the resident(s) involved and any witnesses.

Engage Appropriate Supports

- Use de-escalation and crisis-response skills whenever possible.
- Involve peer support, clinical consultation, and supervisory staff as needed.
- Contact emergency services or crisis lines when required (see sections below).

Document and Report

- Complete an incident report as soon as practical and no later than 24 hours after the event.
- Notify the Executive Director and/or Director of Mental Health of serious or high-risk events.

Specific Crisis Situations

Severe Mental Illness or Suicidality

When a resident appears to be experiencing severe mental health symptoms or expressing suicidal thoughts or intent, staff will:

Ensure the resident is in as calm and comfortable a setting as possible.

Assess immediate risk and gather relevant background information.

Call Brown County Crisis at 920-436-8888 and follow the guidance of the mental health professional.

Follow any recommended steps regarding evaluation, transport, or safety planning.

Document the incident, recommendations received, and actions taken.

Under the Influence of Drugs and/or Alcohol

When a resident appears to be under the influence:

Assess for violence or imminent danger.

- If the situation is violent or immediately dangerous, call 911.

If the situation is non-violent but concerning, staff will:

- Determine whether the resident can safely remain on-site with enhanced monitoring and safety planning, or
- Arrange for alternative accommodations for up to 24 hours when safety cannot be maintained at SHHC.

Staff may:

- Call police to transport the resident to the emergency room, or
- Support the resident in identifying a safe alternative place for a 24-hour break.

Staff will use harm reduction and non-shaming approaches, while prioritizing community safety.

The incident will be documented and reviewed with leadership.

Threats to Harm Self or Others

If a resident makes credible threats to harm themselves or others, or behaves in a way that suggests imminent risk:

Immediately remove other residents from the area to a safe space.

Call 911 without delay.

Cooperate fully with responding law enforcement and/or emergency medical services.

Provide support to other residents and staff who may be impacted.

Complete an incident report and notify the Executive Director and Director of Mental Health.

Victims of Violence or Sexual Assault

When a resident reports or appears to be a victim of violence or sexual assault:

Call 911 and follow the instructions of responding authorities.

Encourage the resident to seek medical attention and evidence collection when appropriate.

Provide information and referrals to local domestic violence and sexual assault agencies upon the resident's request.

Ensure privacy and trauma-informed support for the resident.
Document the report, actions taken, and referrals provided.

Weapons, Safety Threats, and Law Enforcement Involvement

Weapons Prohibited

- Firearms, ammunition, explosives, and all weapons (as defined by law) are strictly prohibited on SHHC property.
- All bags entering the building are subject to search.

Response to Weapons or Serious Safety Threats

- If a weapon is present or there is a credible threat involving a weapon, staff will call 911 immediately.
- Any resident or visitor found in possession of a weapon will be escorted off the property; if they refuse to leave or there is immediate risk, law enforcement will be involved.

Law Enforcement and Emergency Medical Services

- 911 is called immediately for:
 - Weapons or credible threats involving weapons.
 - Physical violence or imminent threats of violence.
 - Serious medical emergencies or life-threatening conditions.
- Brown County Crisis (920-436-8888) is called for:
 - Severe mental illness or suicidality.
 - Situations where clinical guidance is needed for mental health crises.

Internal Handling

- De-escalation, harm reduction, and safety planning are used when behavior is non-violent, manageable on site, and does not pose immediate danger.
- Residents may be offered a 24-hour off-site break when appropriate, with staff assistance in identifying alternatives.

Record-Keeping

- SHHC maintains records of individuals removed from the property due to possession of weapons or other serious safety violations.

Incident, Injury, and Exposure Procedures

General Incident and Injury Response

When an incident or injury occurs:

Assess Safety

- Ensure the scene is safe for staff and residents before intervening.

Evaluate Injury

- Determine the extent of injury and whether emergency medical services are required.

Seek Medical Assistance

- Call 911 for serious or life-threatening injuries.
- For non-emergent concerns, facilitate appropriate medical follow-up.

Incident Reporting

- When able, ask the injured person and any witnesses to complete incident statements.
- Staff complete an incident report and submit it to the Executive Director within 24 hours.

Exposure to Blood or Bodily Fluids

If staff or a resident is exposed to blood or bodily fluids:

Immediate Care

- Wash the exposed area with soap and water.
- Use disinfectant after thoroughly cleaning.
- Bandage as necessary.

Mucous Membranes / Open Sores

- Flush affected eyes, mouth, or open sores with water.
- Rinse mouth with peroxide when indicated.

Reporting

- Report exposure to a supervisor as soon as possible.
- Complete an incident report within 24 hours.

Follow-Up

- Follow recommended medical evaluation and monitoring.

Resident Removal and Re-Admission

Criteria for Removal

A resident may be asked or required to leave SHHC temporarily (typically 24 hours) or longer when:

- There is serious or repeated behavior that jeopardizes safety of self or others.
- There is possession of weapons, serious contraband, or repeated attempts to bring such items on site.
- There is continued violent, threatening, or severely disruptive behavior despite interventions.
- Emergency responders or law enforcement advise removal or alternate placement.

Procedure for Temporary Removal

Decision-Making

- The shift supervisor, in consultation with leadership when possible, may require a temporary removal for up to 24 hours.
- Resident safety and the safety of the household and neighborhood guide this decision.

Communication with Resident

- Staff explain the reason for removal in clear, respectful language.
- Staff review expectations for possible return and any required steps.

Support During Removal

- When possible, staff help identify alternate accommodations.
- If full shelter cannot be provided, staff may offer basic safety items (e.g., hand warmers, food, blankets, other needed supplies).

Documentation

- The removal is documented in an incident report, including:
 - Reason for removal.
 - Actions taken to support the resident.
 - Any involvement of police, EMS, or crisis services.

Longer-Term or Permanent Removal

In rare cases, longer-term or permanent removal may be required when:

- There is ongoing, serious risk to the safety of residents, staff, or neighbors.
- There are repeated severe incidents despite safety planning and interventions.

Decisions about longer-term or permanent removal are made by the Executive Director and other leadership as appropriate. Residents will be informed of:

- The reason for removal.
- Whether and under what conditions re-admission may be considered.

Re-Admission After Removal

Re-admission is considered on a case-by-case basis, balancing:

- The resident's needs and progress.
- The safety of the broader SHHC community and neighborhood.
- Input from crisis services, medical providers, and other relevant professionals when available.

Conditions for re-admission may include:

- Participation in safety planning.
- Agreements around specific behaviors.
- Coordination with mental health or substance use services.

Roles, Responsibilities, and Training

- **All Staff** are responsible for:
 - Following crisis and incident procedures.
 - Using de-escalation and trauma-informed approaches.
 - Completing timely documentation.
- **Supervisors and Shelter Managers** are responsible for:
 - Providing on-shift guidance during crises.
 - Reviewing incident reports.
 - Coordinating follow-up actions and communication.
- **Executive Director** is responsible for:
 - Oversight of crisis response and resident removal decisions.
 - Reviewing patterns of incidents and recommending policy or training updates.

SHHC provides ongoing training (at least three hours quarterly) in trauma-informed care, crisis response, de-escalation, harm reduction, and related safety procedures.

Review and Quality Improvement

- Incident reports, crisis events, removals, and neighborhood concerns are reviewed at least quarterly by the Executive Director and Board of Directors.
- Trends, patterns, and lessons learned are used to:
 - Improve staff training and support.
 - Adjust house rules and procedures when necessary.
 - Strengthen collaboration with law enforcement, crisis services, and community partners.

Addendum AG – Alternative Accommodations and Temporary Breaks Policy

Safe Haven Hope Center (SHHC) is a low-barrier, trauma-informed, harm-reduction transitional living shelter. We recognize that at times, a resident may temporarily be unable to remain safely on-site. This policy explains how SHHC uses temporary breaks and alternative accommodations to balance resident needs with the safety of other residents, staff, and the neighborhood.

Purpose

The purpose of this policy is to:

- Protect the health and safety of residents, staff, volunteers, and neighbors.
- Provide a clear, fair process when a resident cannot safely remain on-site.
- Reduce unnecessary long-term discharges by using short-term breaks and alternative arrangements whenever possible.
- Maintain SHHC's commitment to harm reduction, trauma-informed care, and community responsibility.

This policy should be read together with:

- Resident Rights, Responsibilities, and Expectations
- Safety, Security, and Emergency Response Policy
- Crisis, Incident, and Resident Removal Policy

Key Definitions

Temporary Break (24-Hour Break):

A short, time-limited period (typically around 24 hours, but may be adjusted) when a resident is asked to stay off-site due to safety, stability, or behavioral concerns. The goal is stabilization and planning, not punishment.

Alternative Accommodations:

Short-term arrangements or supports outside the SHHC building that may be used during a temporary break or when on-site stay is not currently safe or appropriate. This may include, when available and appropriate:

- Another shelter or program

- Crisis center or respite facility
- Hospital or detox facility (when clinically indicated)
- Safe stay with trusted friends/family (chosen by the resident)
- Community warming centers (seasonal)

Serious Incident:

An incident that significantly affects safety or functioning at SHHC, such as violence or threats, weapons, severe intoxication with safety risk, significant property damage, or repeated behavior that cannot be safely managed on-site.

Situations When Alternative Accommodations May Be Used

A temporary break and/or alternative accommodations may be considered when:

Safety Risks Are Present

- Violence or credible threats of violence
- Possession of weapons or dangerous items
- Behavior that puts the resident or others at immediate risk

Severe Intoxication or Substance Use Concerns

- Resident is under the influence in a way that:
 - Cannot be safely managed on-site
 - Creates serious risk of harm to self or others
- Resident may benefit from detox, medical evaluation, or a safer off-site environment

Mental Health Crisis

- Resident is in acute crisis and:
 - Requires a higher level of care than SHHC can safely provide
 - Is being evaluated by or referred to Brown County Crisis, hospital, or another clinical provider

Repeated Serious Disruptions

- Repeated serious rule violations or behaviors that:
 - Disrupt the safety and stability of the household
 - Have not improved despite safety planning and staff support

Environmental or External Safety Concerns

- Specific threats or unsafe situations related to visitors, relationships, or community factors that temporarily make the site unsafe for the resident or others.

Use of alternative accommodations is not automatic; each situation is evaluated individually, with the least restrictive, most supportive option chosen whenever possible.

Guiding Principles

When considering a temporary break or alternative accommodations, SHHC follows these principles:

- **Safety First:** Safety of the resident, other residents, staff, and neighbors is the top priority.
- **Harm Reduction:** We focus on reducing harm and risk, not punishing relapse or crisis.
- **Trauma-Informed Approach:** We aim to avoid shaming, blaming, or escalating trauma. Communication is clear, respectful, and supportive.
- **Least Restrictive Option:** We use the shortest, least disruptive break possible while still maintaining safety.
- **Collaboration:** Decisions are made with resident input whenever safely possible and in coordination with the SHHC team.
- **Clear Communication:** Residents receive clear information about why a break is needed, expected length, and conditions for return.

Decision-Making and Authorization

Temporary breaks and alternative accommodations may be authorized by:

- Executive Director & Director of Housing
- Director of Mental Health
- Shelter Manager or House Supervisor (in consultation with leadership whenever possible)

In emergencies where immediate action is needed to protect safety, on-duty staff may temporarily remove a resident from the property (e.g., by involving police, crisis services, or EMS) and must notify leadership as soon as possible.

Whenever feasible, staff will:

- Talk with the resident about what is happening and why.
- Involve the resident in identifying safe options and preferred supports.
- Document the decision, including the reason for the break and any plans made.

Process for Temporary Breaks and Alternative Accommodations

Step 1: Assess Safety and Immediate Needs

Staff will:

- Check for immediate danger (violence, weapons, medical emergency).
 - Call 911 if there is an immediate threat to life or safety.
 - Call Brown County Crisis (920-436-8888) for severe mental health crises or suicidality.
- Use de-escalation and harm-reduction strategies when possible.

Step 2: Consider On-Site Options First

Before a break is ordered, staff and leadership consider whether the situation can be safely managed on-site by:

- Increased staff support or supervision
- Conflict mediation or problem-solving
- Temporary separation within the building (if safe and consistent with fire/safety rules)
- Additional safety planning with the resident

If these options are insufficient to maintain safety, a temporary break may be used.

Step 3: Determine Length and Type of Break

- Typical break length: around 24 hours.
 - Length may be shorter or longer based on safety, clinical guidance, and available alternatives.
- Staff and leadership determine whether:
 - The resident can arrange their own safe place to stay, or
 - Staff can assist with referrals to other shelters, crisis or respite programs, hospitals, or other supports.

Step 4: Support Resident in Identifying Alternatives

When possible, staff will help the resident:

- Identify safe friends/family they may stay with temporarily
- Consider other community resources (other shelters, crisis centers, detox, hospitals)

- Arrange transportation as allowed under SHHC transportation policies (e.g., bus pass, taxi voucher, or help planning a route)

When safe, staff may also provide short-term support items such as:

- Food or snacks
- Hand warmers, blankets, or weather-appropriate clothing
- Information about community resources and contact numbers

Step 5: Communication With Resident

Whenever possible, staff will clearly explain to the resident:

- Why the break or alternative accommodation is being used
- How long the break is expected to last
- Any expectations or conditions for return (e.g., meeting with staff, updated safety plan)
- How to contact SHHC during the break, if appropriate

This information should be given verbally, and when possible, summarized in writing.

Step 6: Documentation

Staff must complete an Incident/Break Report, including:

- Date, time, and description of the incident
- Safety concerns leading to the decision
- Staff and leadership involved in the decision
- Type and length of break or alternative accommodation
- Supports and referrals offered
- Planned follow-up and re-admission considerations

Reports are reviewed by leadership and the Board (in aggregate) as part of ongoing program monitoring.

Re-Admission After a Temporary Break

Re-admission decisions are made case-by-case, balancing resident needs with safety. When considering return, SHHC will look at:

- Current level of risk to the resident and others
- Resident's willingness to engage in updated Support and Safety Planning
- Input from outside providers (e.g., hospital, crisis, probation/parole) when releases allow
- Impact of prior incidents and whether conditions for return can support safety

Whenever possible, re-admission will include:

Check-in Meeting

A conversation between the resident and staff/leadership to:

- Review what happened
- Hear the resident's perspective
- Discuss what has changed and what is needed to stay safely

Updated Support and Safety Plan

- Identify new or adjusted coping strategies
- Clarify expectations (e.g., substance use, visitors, conflicts)
- Plan for what to do if similar stressors happen again

Clear Communication

- Confirm re-admission date and any specific conditions (if any)

If re-admission is not possible at that time, staff will:

- Explain the reasons as clearly as they can
- Provide information about other resources or programs where the resident may seek help

Resident Rights and Grievances

Residents maintain their rights throughout this process, including the right to:

- Be treated with dignity and respect during discussions about breaks or alternative accommodations.
- Receive a clear explanation of why a break is being used and the expected length.
- Participate in planning for safety and alternative arrangements as much as possible.
- File a grievance if they believe the decision or process was unfair, discriminatory, or inconsistent with SHHC policy.

Grievances related to alternative accommodations will be reviewed according to the Resident Grievance Policy, with responses provided within 2 business days whenever possible.

Coordination With External Partners

SHHC may coordinate with:

- Brown County Crisis
- Hospitals and detox facilities
- Other shelters or transitional programs
- Law enforcement (for safety and legal issues)
- Probation/parole or case managers (with appropriate Releases of Information)

Any coordination will follow SHHC's confidentiality and consent policies, with information shared only as needed and as allowed by law.

Staff Training and Oversight

All staff involved in decisions about temporary breaks and alternative accommodations will receive training in:

- Trauma-informed care
- Harm reduction
- De-escalation and crisis response
- SHHC's safety, incident, and grievance policies

The Board of Directors and leadership will periodically review:

- The number and type of temporary breaks used
- Outcomes of alternative accommodations
- Related grievances or neighborhood concerns

This review helps SHHC improve practices, minimize disruption to residents, and maintain neighborhood safety.

Resident Acknowledgment

At intake or during orientation, residents may be asked to review and acknowledge this policy.

I have been informed of SHHC's Alternative Accommodations and Temporary Breaks Policy. I understand that:

- SHHC may use a temporary break or alternative accommodations when serious safety concerns arise.
- The goal is safety and stabilization, not punishment.
- I will be given information about why a break is needed and how re-admission is considered.
- I can participate in safety planning and can file a grievance if I have concerns.

Resident Name (print): _____

Resident Signature: _____

Date: _____

Staff Name (print): _____

Staff Signature (acknowledging explanation): _____

Date: _____

Addendum AH – Staff and Volunteer Code of Ethics

Safe Haven Hope Center (SHHC) is a peer-based, low-barrier, trauma-informed, harm-reduction transitional living shelter. Staff and volunteers play a vital role in advancing SHHC's mission and shaping its culture and reputation.

This Staff and Volunteer Code of Ethics sets out the standards of conduct expected of all employees, interns, and volunteers when acting in any capacity on behalf of SHHC.

Purpose and Scope

This Code of Ethics is intended to:

- Guide staff and volunteers in ethical decision-making and day-to-day conduct.
- Promote trust and accountability among residents, staff, volunteers, neighbors, community partners, and funders.
- Ensure that staff and volunteers act in the best interests of people experiencing homelessness, mental health challenges, substance use, trauma, and poverty.

This Code applies to all staff and volunteers when they are:

- On duty or on-call for SHHC
- Representing SHHC in public or private settings
- Interacting with residents, community members, or partners in connection with SHHC
- Accessing or handling SHHC information, property, or resources

Staff and volunteers are expected to review and sign this Code at the start of service and reaffirm it as requested.

Commitment to Mission and Community

Staff and volunteers affirm SHHC's mission to provide safe, stable, trauma-informed transitional housing with harm-reduction, peer support, and access to mental health care.

They will:

- Place the safety, dignity, and well-being of residents at the center of their work.
- Support policies and practices that reduce homelessness, improve public health, and enhance community safety.
- Promote SHHC's role as a good neighbor in the surrounding community.
- Weigh the needs of residents, coworkers, and neighbors with care, seeking solutions that respect all parties.

Respect, Dignity, and Anti-Discrimination

Staff and volunteers will:

- Treat all individuals with dignity, respect, and compassion, including residents, coworkers, volunteers, neighbors, and community partners.
- Support and uphold SHHC's Non-Discrimination Policy, which prohibits discrimination based on:
 - Race
 - Color
 - National origin
 - Age
 - Sex / gender
 - Sexual orientation
 - Gender identity or expression
 - Religion
 - Disability
 - Veteran status
 - Any other status protected by law or SHHC policy
- Promote an environment that is free of:
 - Harassment
 - Exploitation
 - Bullying or intimidation
 - Humiliation or abuse (verbal, emotional, physical, or sexual)
- Use language and behavior that are culturally humble, inclusive, and accessible to people of different backgrounds, languages, and abilities.

Staff and volunteers will not:

- Use slurs, degrading language, or jokes at the expense of any individual or group.
- Engage in discrimination, retaliation, or harassment of any kind.

Trauma-Informed, Harm-Reduction, and Peer-Based Values

SHHC operates from a trauma-informed, harm-reduction, and peer-based philosophy.

Staff and volunteers will:

- Recognize the impact of trauma, homelessness, mental illness, and substance use on behavior and health.
- Use de-escalation, empathy, and curiosity rather than judgment or punishment.
- Avoid stigmatizing language or attitudes toward residents or people experiencing homelessness, mental health challenges, or substance use.
- Uphold harm-reduction strategies that emphasize safety, engagement, and reduction of harm rather than abstinence-only or zero-tolerance approaches.
- Honor the value of peer support and, when applicable to their role, uplift the voices and leadership of people with lived experience.

Staff and volunteers will not:

- Shame or blame residents for their experiences, symptoms, or choices.
- Use threats, humiliation, or coercion to control resident behavior.

Professional Conduct, Integrity, and Accountability

Staff and volunteers will:

- Act with honesty, fairness, and integrity in all interactions and documentation related to SHHC.
- Follow SHHC policies, procedures, and protocols, and ask for clarification when unsure.
- Provide accurate and timely information to supervisors, coworkers, residents, and partners.
- Take responsibility for their actions and decisions, including acknowledging and reporting mistakes.
- Maintain appropriate professional boundaries and avoid conflicts between personal and professional roles.

Staff and volunteers will not:

- Misrepresent their role, credentials, or authority within SHHC.
- Use their position to obtain personal favors, special treatment, or services from residents or coworkers.
- Work while under the influence of substances in a way that impairs judgment, safety, or performance.

Conflict of Interest and Personal Gain

Staff and volunteers must avoid conflicts of interest, or the appearance of conflicts, between their personal interests and the interests of SHHC or its residents.

They will:

- Disclose any actual or potential conflict of interest (e.g., business relationships, dual roles, family or romantic relationships connected to SHHC) to their supervisor or leadership.
- Follow SHHC's Conflict of Interest Policy and any related procedures.

They will not:

- Use their position at SHHC to profit personally or direct contracts or benefits to themselves, family members, or close associates, except as explicitly reviewed and approved according to policy and law.
- Accept gifts, money, or personal favors from residents or vendors that could improperly influence—or appear to influence—their decisions or professional judgment. (Modest, culturally appropriate tokens may be handled according to SHHC policy.)

Confidentiality and Privacy

Staff and volunteers may have access to sensitive information about residents, staff, volunteers, finances, or operations.

They will:

- Respect and protect the confidentiality of all non-public information entrusted to them.
- Comply with all relevant privacy laws and SHHC policies regarding resident records, data security, and information sharing.

- Share resident information only with authorized individuals who have a legitimate need to know for SHHC business or resident care.

They will not:

- Disclose resident-identifying information outside of SHHC or with individuals who are not authorized.
- Discuss confidential matters in public places, on social media, or in any setting where privacy is not assured.
- Access records or information that they do not need for their role.

The duty of confidentiality continues even after employment or volunteer service ends.

Use of SHHC Property and Resources

Staff and volunteers are trusted stewards of SHHC's resources.

They will:

- Use SHHC property (including facilities, equipment, supplies, vehicles, and technology) responsibly, safely, and primarily for organizational purposes.
- Follow policies related to technology use, data security, and social media.
- Report theft, damage, misuse, or safety concerns promptly.

They will not:

- Use SHHC funds, property, or time for personal gain or activities unrelated to SHHC without authorization.
- Remove SHHC property from the premises without permission as defined by policy.

Relationships, Boundaries, and Power Dynamics

SHHC recognizes that staff and volunteers hold power and influence in their roles, especially in relation to residents.

Staff and volunteers will:

- Maintain clear, healthy boundaries with residents, grounded in respect, safety, and SHHC's trauma-informed and harm-reduction values.
- Use their authority and influence to support resident choice, autonomy, and self-determination.
- Seek supervision and support when they feel unsure about boundaries, conflicts, or ethical concerns.

They will not:

- Engage in romantic, sexual, or exploitative relationships with residents.
- Enter into financial arrangements with residents (such as loans, borrowing money, buying/selling goods) unless explicitly allowed and guided by policy.
- Use their role to pressure residents into personal, political, religious, or ideological activities or beliefs.
- Engage in favoritism that undermines fairness or safety.

Safety, Health, and Crisis Response

Staff and volunteers share responsibility for maintaining a safe environment.

They will:

- Follow SHHC safety, health, and emergency procedures, including incident reporting.
- Take reasonable steps to protect themselves and others from harm.
- Report concerns about resident safety, self-harm, abuse, or neglect according to mandated reporting and organizational policies.
- Participate in required trainings related to safety, de-escalation, trauma-informed care, and harm reduction.

They will not:

- Ignore or minimize safety concerns, threats, or serious policy violations.
- Retaliate against anyone who raises a good-faith safety or ethical concern.

Community Relations and Good Neighbor Practices

Staff and volunteers represent SHHC to the broader community.

They will:

- Interact with neighbors, nearby businesses, and community members in a calm, respectful, and professional manner.
- Support SHHC's efforts to keep the property and surrounding area clean, orderly, and safe.
- Communicate honestly about SHHC's mission, harm-reduction approach, and positive impact on reducing street homelessness and emergency service use, within the limits of their role and training.
- Direct community concerns or complaints to the appropriate SHHC processes or designated staff (e.g., Neighbor Grievance and Concern process).

They will not:

- Speak negatively about residents, coworkers, or SHHC in ways that are disrespectful, stigmatizing, or that compromise confidentiality.
- Dismiss or mock concerns raised by neighbors or community partners.

Ethical Decision-Making and Seeking Guidance

When facing difficult or ambiguous situations, staff and volunteers will:

- Consider how options align with SHHC's mission, values, and policies.
- Ask themselves:
 - Does this action promote safety, dignity, and harm reduction?
 - Is it fair and consistent with SHHC policies and commitments?
 - How will it affect residents, coworkers, and the community?
- Seek guidance from supervisors, leadership, or designated ethics/governance contacts when needed.

If unsure whether an action is ethical, they will:

- Pause before acting.
- Ask questions and consult with a supervisor rather than acting alone.

Reporting Concerns and Accountability

Staff and volunteers share responsibility for upholding this Code.

They will:

- Raise concerns when they observe possible violations of this Code, SHHC policies, or applicable laws.
- Use established reporting channels, including anonymous or protected options if available.
- Cooperate with good-faith internal reviews or investigations of ethical or safety concerns.

SHHC will seek to:

- Respond to concerns promptly, fairly, and with respect for all parties.
- Protect individuals from retaliation for making good-faith reports.

Confirmed violations of this Code or related policies may result in:

- Coaching, supervision, or additional training
- Written warning or performance improvement requirements
- Change of assignment or role
- Suspension or termination of employment
- Reassignment or dismissal from volunteer service
- Other actions as appropriate under SHHC policy and law

Review, Training, and Continuous Improvement

This Staff and Volunteer Code of Ethics will be:

- Reviewed periodically and updated as needed to reflect new laws, best practices, and feedback from staff, volunteers, residents, and community partners.

Staff and volunteers will:

- Review and reaffirm their commitment to this Code as requested.
- Participate in orientation and ongoing training related to ethical conduct, trauma-informed care, harm reduction, confidentiality, and non-discrimination.

Staff and Volunteer Acknowledgment

I acknowledge that I have received, read, and understand the Safe Haven Hope Center Staff and Volunteer Code of Ethics. I agree to:

- Uphold the mission, values, and ethical standards described in this document.
- Protect resident confidentiality and dignity.
- Maintain professional boundaries and avoid conflicts of interest.
- Act with integrity, fairness, and respect toward residents, staff, volunteers, neighbors, and community partners.
- Support Safe Haven Hope Center in being a responsible, compassionate, and accountable member of the Green Bay community.

Name (print):

Role (staff/volunteer/other): _____

Signature:

Date: _____

Supervisor/Witness (print): _____

Signature:

Date: _____

Addendum AI – Board of Directors Community Code of Ethics

Safe Haven Hope Center (SHHC) is a peer-based, low-barrier, trauma-informed, harm-reduction transitional living shelter. The Board of Directors holds ultimate responsibility for the mission, integrity, and long-term health of the organization and its relationship with the community.

This Community Code of Ethics sets out the standards of conduct expected of all Board members when acting in their official capacity or representing SHHC.

Purpose and Scope

This Code of Ethics is intended to:

- Guide Board members in ethical decision-making and conduct.
- Promote trust and accountability between SHHC, residents, staff, volunteers, funders, and the broader community.
- Ensure that Board members act in the best interests of people experiencing homelessness, mental health challenges, substance use, trauma, and poverty.

This Code applies to all Board members at all times when they are:

- Conducting SHHC business
- Representing SHHC in public or private settings
- Accessing or handling SHHC information, resources, or relationships

Board members are expected to review and sign this Code annually.

Commitment to Mission and Community

Board members affirm SHHC's mission to provide safe, stable, trauma-informed transitional housing with harm-reduction, peer support, and access to mental health care.

Board members will:

- Place the mission and well-being of residents at the center of decisions.
- Support policies and practices that reduce homelessness, improve public health, and enhance community safety.
- Promote SHHC's role as a good neighbor in the surrounding community.
- Weigh the needs of residents, staff, and neighbors with care, seeking solutions that respect all parties.

Respect, Dignity, and Anti-Discrimination

Board members will:

- Treat all individuals with dignity, respect, and compassion, including residents, staff, volunteers, neighbors, and community partners.
- Support and uphold SHHC's Non-Discrimination Policy, which prohibits discrimination based on:
 - Race
 - Color
 - National origin
 - Age
 - Sex
 - Religion
 - Disability
- Promote an environment that is free of:
 - Harassment
 - Exploitation
 - Humiliation or abuse (verbal, emotional, physical, or sexual)
- Encourage practices that are culturally humble, inclusive, and accessible to people of different backgrounds, languages, and abilities.

Trauma-Informed, Harm-Reduction, and Peer-Based Values

SHHC operates from a trauma-informed and harm-reduction philosophy.

Board members will:

- Support policies that recognize the impact of trauma, homelessness, mental illness, and substance use on behavior and health.
- Avoid stigmatizing language or attitudes toward residents or people experiencing homelessness, mental health challenges, or substance use.
- Uphold harm-reduction strategies that emphasize safety, engagement, and reduction of harm rather than punishment.
- Recognize the value of peer support and incorporate the voices of people with lived experience into planning and decisions whenever possible.

Integrity, Honesty, and Accountability

Board members will:

- Act with honesty, fairness, and integrity in all dealings related to SHHC.
- Provide accurate information to other Board members, staff, funders, and the public.
- Take responsibility for their decisions and actions, individually and collectively.
- Support transparent communication about SHHC's operations, outcomes, and challenges, while protecting privacy and confidentiality.

Board members will not:

- Misrepresent their role or authority within SHHC.
- Use their position to secure special privileges, benefits, or personal favors.

Conflict of Interest and Personal Gain

Board members must avoid conflicts of interest, or the appearance of conflicts, between their personal interests and the interests of SHHC.

Board members will:

- Disclose any actual or potential conflict of interest promptly and fully (e.g., financial interests, family relationships, business dealings related to SHHC).
- Recuse themselves from discussions and votes where they have a conflict of interest, as required by policy.
- Follow SHHC's Conflict of Interest Policy, including annual written disclosures.

Board members will not:

- Use their Board position to profit personally or direct contracts or benefits to themselves, family members, or close associates, except as explicitly reviewed and approved in accordance with policy and law.
- Accept gifts or favors that could improperly influence their decision-making for SHHC.

Confidentiality and Privacy

Board members may have access to confidential information about residents, staff, finances, or operations.

Board members will:

- Respect and protect the confidentiality of all non-public information entrusted to them.
- Comply with all relevant privacy laws and SHHC policies regarding resident records and data security.
- Share information only with individuals who have a legitimate need to know for SHHC business.

Board members will not:

- Disclose resident-identifying information outside Board and authorized staff settings.
- Discuss confidential matters in public areas, on social media, or with individuals not involved in SHHC business.

The duty of confidentiality continues even after a Board member's service ends.

Governance, Oversight, and Use of Resources

Board members have a duty of care, loyalty, and obedience to SHHC.

Board members will:

- Prepare for and regularly attend Board and committee meetings.
- Review materials, ask questions, and make informed decisions.
- Ensure that SHHC resources (financial, property, staff time) are used responsibly, efficiently, and in alignment with the mission.
- Oversee compliance with legal, regulatory, and grant requirements, including CUP conditions and municipal codes.
- Monitor key metrics, such as:
 - Resident housing stability and exits
 - Emergency service utilization
 - Incident trends and neighborhood concerns
 - Health and safety compliance

Board members will not:

- Direct staff to act outside established policies or chain of command.
- Approve or allow use of SHHC funds or assets for personal or unrelated purposes.

Relationship With Staff, Residents, and Volunteers

Board members recognize the importance of healthy boundaries and appropriate roles.

Board members will:

- Respect staff roles, expertise, and professional judgment.
- Direct operational questions or concerns through the Executive Director or appropriate leadership, not directly manage staff or volunteers.
- Interact with residents and volunteers in ways that are supportive, respectful, and aligned with trauma-informed and harm-reduction principles.

Board members will not:

- Provide direct supervision, discipline, or performance evaluation of staff (except the Executive Director, as defined by policy).
- Enter into personal, romantic, or exploitative relationships with residents, staff they directly oversee, or volunteers, where a power imbalance exists.

Community Relations and Good Neighbor Responsibilities

Board members represent SHHC to the broader community.

Board members will:

- Support open, respectful communication with neighbors, businesses, and community partners.
- Encourage the use of Neighbor Grievance and Concern processes and commit to timely follow-up.
- Help ensure SHHC maintains:
 - A clean, residential appearance
 - Clear expectations for resident behavior in the neighborhood
 - Strong safety and emergency procedures

- Communicate honestly about SHHC’s harm-reduction, mental health, and housing goals, and its positive impact on reducing street homelessness and emergency services use.

Board members will not:

- Dismiss or ignore neighbor concerns.
- Speak negatively about residents or staff to neighbors or the public.

Ethical Decision-Making and Difficult Situations

When facing difficult decisions, Board members will:

- Consider how options align with SHHC’s mission, values, and legal obligations.
- Ask:
 - Does this decision promote safety, dignity, and harm reduction?
 - Is it fair and consistent with our policies and commitments?
 - How will it impact residents, staff, and the community?
- Seek guidance from legal counsel, ethics resources, or external experts when needed.

If a Board member is unsure whether an action is ethical, they will:

- Pause before acting.
- Consult with the Board Chair, Executive Director, or governance committee.

Reporting Concerns and Accountability

Board members share responsibility for upholding this Code.

Board members will:

- Raise concerns when they observe possible violations of this Code, laws, or SHHC policies.
- Address issues promptly, respectfully, and through appropriate channels.
- Cooperate with any internal review or investigation of ethical concerns.

The Board may respond to confirmed violations by:

- Coaching or additional training
- Formal warning
- Removal from officer roles or committees
- Recommendation for removal from the Board in accordance with bylaws

Annual Review and Continuous Improvement

This Community Code of Ethics will be:

- Reviewed at least annually by the Board Governance or Executive Committee.
- Updated as needed to reflect new laws, best practices, and community feedback.

Board members will:

- Reaffirm their commitment to this Code annually in writing.
- Participate in periodic training on ethical governance, trauma-informed care, harm reduction, and non-discrimination.

Board Member Acknowledgment

I acknowledge that I have received, read, and understand the Safe Haven Hope Center Board of Directors – Community Code of Ethics. I agree to:

- Uphold the mission, values, and ethical standards described in this document.
- Disclose conflicts of interest and protect confidentiality.
- Act with integrity, fairness, and respect toward residents, staff, volunteers, neighbors, and community partners.
- Support SHHC in being a responsible, compassionate, and accountable member of the Green Bay community.

Board Member Name (print):

Signature:

Date: _____

Board Officer/Witness (print): _____

Signature:

Date: _____

Addendum AJ – Resident Exit and Transition Plan

This plan outlines how Safe Haven Hope Center (SHHC) supports residents when they leave the program, whether the exit is planned, unplanned, or due to a crisis or safety concern. The goal is to promote long-term stability for residents while protecting the safety and well-being of the SHHC community and neighborhood.

Purpose and Guiding Principles

When residents leave SHHC, staff will:

- Prioritize resident safety and dignity during and after exit.
- Support transitions to permanent or more stable housing whenever possible.
- Use trauma-informed and harm-reduction approaches, even when exits occur due to conflict or crisis.
- Maintain clear communication with residents, staff, and (when appropriate) service partners.
- Monitor exits as part of SHHC’s program metrics and continuous quality improvement.

Types of Resident Exits

Planned / Successful Exit

- Resident leaves for permanent or more stable housing (e.g., apartment, supportive housing, family reunification, appropriate residential program).

Program-Requested Exit (Non-Crisis)

- Resident is asked to leave due to repeated or serious policy violations that do not involve an immediate safety crisis, after efforts at support and safety planning.

Crisis-Related or Safety Removal

- Resident leaves as part of a 24-hour break, emergency removal, or longer-term removal following major incidents (e.g., violence, weapons, severe safety threats).

Resident-Initiated / Voluntary Exit

- Resident decides independently to leave SHHC, with or without a clear alternative plan.

Administrative Exit

- Resident is exited due to Temporary Use Permit or Conditional Use Permit changes, program closure, or other administrative reasons outside their control.

Planned / Successful Exits

When residents are preparing to move to permanent or more stable housing, staff will:

Advance Planning

- Begin transition planning well before the move date when possible.
- Review the resident's goals, strengths, and ongoing support needs.

Housing Coordination

- Confirm housing details (address, move-in date, lease or program requirements).
- Coordinate with landlords, housing programs, or family as needed and with resident consent (using ROIs).

Stability and Support Plan

- Develop a written Transition Plan that may include:
 - Follow-up appointments (mental health, substance use, medical care).
 - Peer support, recovery coaching, or case management contacts.
 - Employment, income, and benefits supports.
 - Transportation and community resources.

Practical Support

- Assist with:
 - Basic household items (as available: linens, kitchenware, cleaning supplies).
 - Food for the first days after move-out (as resources allow).
 - Transportation on move-out day when staffing and resources permit.

Documentation and Closure

- Complete exit documentation, including housing outcome and services linked.
- Provide the resident with copies of key documents (ROIs, safety plans, resource lists) as appropriate.

- Encourage residents to stay connected with peer support or community resources if desired.

Resident-Initiated / Voluntary Exits

When a resident decides to leave on their own:

Immediate Conversation (When Possible)

- Staff meet with the resident to understand reasons for leaving.
- Explore whether concerns can be addressed without exit, if the resident is open to discussion.

Safety and Alternatives

- If the resident still chooses to leave, staff:
 - Check if the resident has a safe place to go (friend, family, shelter, program).
 - Offer information about alternate shelters and community resources.
 - Provide basic safety items when available (e.g., weather-appropriate gear, food, hygiene items).

Harm Reduction and Crisis Awareness

- Review warning signs for mental health or substance use crises.
- Offer crisis line numbers (e.g., Brown County Crisis, national hotlines) and emergency contact information.

Documentation

- Document date and reason for voluntary exit.
- Note any safety concerns, resources offered, and referrals made.
- Update the resident's record in internal systems (e.g., HMIS/Clarity, as applicable).

Program-Requested Exits (Non-Crisis)

When a resident is asked to leave due to repeated or serious rule violations that do not involve an active emergency:

Review and Communication

- Staff and leadership review the pattern of behavior and prior interventions.
- The Executive Director or designee communicates the decision to the resident in a respectful, trauma-informed manner.

Notice and Timeframe

- When safety allows, provide reasonable notice (e.g., several days) to allow the resident to identify other options.
- Clarify expectations, including the date and time by which the resident must vacate.

Safety Planning and Referrals

- Offer support in connecting to other shelters, programs, or resources.
- Provide information about crisis lines and community supports.

Belongings

- Ensure the resident collects their belongings.
- If items are left behind, follow SHHC's belongings/property policy (e.g., short-term storage, attempts to contact, disposal after a defined period).

Documentation

- Record the reason for program-requested exit, efforts at support and safety planning, and any referrals provided.
- Note whether the exit was cooperative or if there were conflicts or incidents.

Consideration of Future Re-Admission

- Document whether, and under what conditions, the resident may be considered for future re-admission (e.g., participation in treatment, time frame, safety plan).

Crisis-Related or Safety Removal Exits

When a resident leaves SHHC as part of a 24-hour break, emergency removal, or longer-term removal due to serious incidents (e.g., violence, weapons, severe threats):

Immediate Safety First

- Follow SHHC Crisis, Incidents, and Resident Removal Policy.
- Call 911 or Brown County Crisis when indicated.
- Remove or separate individuals to protect all residents, staff, and neighbors.

24-Hour Break

- When appropriate and safe, a resident may be asked to leave for 24 hours.
- Staff:
 - Clearly explain the reason for the 24-hour break and expectations for possible return.

- Assist residents in finding a safe alternative location when possible.
- Provide basic safety supplies (e.g., food, warm clothing, blankets) as resources allow.

Longer-Term / Permanent Safety Removal

- In cases of ongoing or extreme safety risk, the Executive Director, in consultation with the leadership, decides whether longer-term or permanent removal is necessary.
- Factors include:
 - Severity and frequency of incidents.
 - Risk to residents, staff, and neighbors.
 - Input from crisis services, law enforcement, or medical providers.

Post-Crisis Follow-Up

- Document all incidents, contacts with emergency services, and removal decisions.
- Review the case at the next leadership or Board review to identify any policy or practice changes needed.

Future Re-Admission

- Re-admission after crisis-related exits is case-by-case, balancing:
 - Resident needs and progress.
 - Ongoing safety of residents, staff, and neighborhood.
- Conditions for re-admission may include:
 - Participation in safety planning.
 - Agreements about specific behaviors.
 - Ongoing coordination with mental health or substance use providers.

Administrative Exits (e.g., Permit or Program Changes)

If residents must leave SHHC due to circumstances beyond their control (e.g., changes in Temporary Use Permit / Conditional Use Permit, program relocation, or closure):

Resident Notification

Provide written and verbal notice as early as possible, including:

- Reason for administrative exit.
- Expected timeline and key dates.

Systematic Transition Planning

Work with each resident to:

- Identify housing options or alternate programs.

- Coordinate with partner agencies and City staff when appropriate.

Collaboration with Community Partners

- Engage community providers, housing programs, and crisis systems to minimize gaps in care.
- Communicate with City staff, as required, about transition progress and any needs that may affect neighborhood safety or public resources.

Documentation and Reporting

- Track outcomes of administrative exits (e.g., number moving to other shelter or housing).
- Include in program metrics and Board/City updates to demonstrate responsible transition and impact management.

Handling Personal Belongings After Exit

At the Time of Exit

- Encourage and assist residents to take all personal belongings.
- Offer bags/boxes for packing when available.

Left-Behind Property

- Store clearly labeled belongings for a limited period (e.g., 14-30 days) when feasible and safe.
- Make reasonable attempts to contact the former resident using last known phone/email.
- After the storage period and reasonable attempts at contact, belongings may be discarded or donated in accordance with SHHC policy.

Documentation

- Note what belongings were stored, attempts at contact, and final disposition.

Communication, Confidentiality, and Neighborhood Relations

- SHHC maintains confidentiality of resident information during and after exit, in line with its confidentiality and Release of Information policies.
- Neighbors and the community are not informed of individual resident exits, except when required for safety or by law enforcement/public health.
- SHHC continues to:
 - Respond to neighbor concerns through the Neighborhood Contact process.
 - Review any exit-related incidents (e.g., police calls) in Board and leadership meetings.

Monitoring, Metrics, and Quality Improvement

To align with SHHC's CUP commitments and program goals, SHHC will:

- Track the number of residents successfully exiting to permanent or more stable housing.
- Track calls to police/EMS related to resident exits or incidents, with a goal of minimizing emergency responses through early intervention and support.
- Track neighborhood complaints, including any related to resident exits, and how they are resolved.
- Review exit data at least quarterly with the Board of Directors to:
 - Identify trends.
 - Adjust operations, training, and policies to improve safety and outcomes.
 - Maintain compliance with Conditional Use Permit conditions and City expectations.

SHHC understands that responsible management of resident exits is part of protecting residents, staff, neighbors, and the broader community, and is committed to ongoing evaluation and improvement of these practices.

Addendum AK – Resident Transition Plan Form

This plan supports residents as they transition from Safe Haven Hope Center (SHHC) to permanent or more stable housing, another program, or other living arrangements. It is trauma-informed, harm-reduction based, and aligned with SHHC's CUP, crisis/incident policies, health screening practices, and Release of Information (ROI) procedures.

Resident and Transition Overview

Resident Name: _____

Date of Birth: ____ / ____ / _____

Current Room/Bed: _____

Primary Staff/Peer Support Contact: _____

Date Transition Planning Began: ____ / ____ / _____

Anticipated Exit Date: ____ / ____ / _____

Type of Transition (check one):

- Planned / Successful (to permanent or more stable housing)
- Resident-Initiated / Voluntary
- Program-Requested (non-crisis)
- Crisis-Related / Safety Removal
- Administrative (program/permit changes, closure, etc.)

Brief Reason for Transition:

Housing Destination and Stability

Planned Destination:

- Own apartment / rental housing
- Supportive housing / group home
- Living with family / friends
- Another shelter / program
- Hotel/motel
- Unsheltered (street, encampment, vehicle)
- Other: _____

Address (if known):

Contact at New Housing / Program (if applicable):

Name: _____

Agency/Role: _____

Phone/Email: _____

ROI on file for this contact? Yes No Not needed

Stability Considerations:

What makes this destination safer/more stable (or less stable) than current situation?

Is this destination time-limited (e.g., temporary stay with family, short-term program)?

No Yes – explain and note end date if known:

Health, Medications, and Mobility

(Use information from the Basic Health Screening, updated as needed.)

Physical and Mental Health

Current health concerns that may impact the transition:

Mental health diagnoses/concerns (only as resident consents to share in this plan):

Substance use concerns or recovery goals relevant to this transition:

Medications

Does the resident currently take medications? Yes No Unsure

If yes:

Have all medications been returned to/confirmed with the resident on exit?

Yes No (explain): _____

Does the resident have enough medication to last at least 30 days?

Yes No – plan for refill/bridge:

Allergies and Safety Needs

- Medication, food, or environmental allergies to plan around at destination:
- Any infection-control or biohazard concerns staff should discuss with the resident (e.g., sharps disposal, wound care)?

Assistive and Mobility Devices

- Devices used (check all that apply): None Cane Walker Wheelchair (manual/power) Scooter
 Hearing aids Glasses/contacts Communication device Other:
- Are all devices going with the resident? Yes No – explain:
- Any fall risk or accessibility issues at the new destination (stairs, bathroom access, etc.)?
- Plan to address these (grab bars, first-floor room, family education, etc.):

Services, Supports, and ROIs

Current Providers and Supports

List current providers/supports involved (clinical, peer, case management, etc.).

Type of Support	Name / Agency	Contact Info	ROI On File?	Plan After Exit
Mental Health			<input type="checkbox"/> Y <input type="checkbox"/> N	
Substance Use			<input type="checkbox"/> Y <input type="checkbox"/> N	
Medical / PCP			<input type="checkbox"/> Y <input type="checkbox"/> N	
Case Management			<input type="checkbox"/> Y <input type="checkbox"/> N	
Peer/Recovery			<input type="checkbox"/> Y <input type="checkbox"/> N	
Other			<input type="checkbox"/> Y <input type="checkbox"/> N	

Are new ROIs needed to coordinate this transition?

No Yes – with whom?

Post-Exit Appointments and Follow-Up

List known appointments and follow-ups:

Mental Health / Therapy:

Provider: _____ Date/Time: _____

Substance Use / Recovery Support:

Provider/Group: _____ Date/Time: _____

Medical / PCP / Specialty:

Provider: _____ Date/Time: _____

Benefits / Income / Employment Services:

Agency/Contact: _____ Date/Time: _____

Other Critical Appointments:

How will the resident get to these appointments (transportation plan)?

Safety, Crisis, and Harm Reduction Plan

This section connects directly to SHHC's Crisis, Incidents, and Resident Removal Policy and harm-reduction model.

Crisis Warning Signs

Resident's own early warning signs of crisis (mental health, substance use, or safety):

Thoughts, feelings, or body signals that mean things are getting worse:

Situations or triggers that often lead to crisis:

Coping and Support Strategies

Things the resident can do on their own to stay safe or calm:

People or places the resident can go to for support (friends, family, peer groups, safe spaces):

When to Seek Help – Contacts

Provide numbers and resources relevant to the resident's destination:

- Brown County Crisis (if still applicable): 920-436-8888
- 911 (Emergency) – for weapons, serious threats, physical violence, or life-threatening medical emergencies.
- Local Crisis Line / Warm Line: _____
- Mental Health Provider: _____
- Substance Use / Recovery Contact: _____
- Trusted Person (friend, family, peer): _____
- Domestic Violence / Sexual Assault Hotline (if relevant): _____

Harm Reduction and Substance Use

Resident's current harm-reduction goals (e.g., safer use, reduced use, continued abstinence):

Concrete harm-reduction steps after exit (e.g., Narcan access, using with others present, safe storage of medications, avoiding certain locations/people):

Plan if the resident feels at risk of overdose, relapse, or unsafe use:

Practical Needs and Logistics

Income, Benefits, and Employment

Current income source(s):

Employment SSI/SSDI Other benefits None

Details:

Employment/education plans or needs after exit:

Benefits or applications in progress (e.g., FoodShare, Medicaid):

Transportation

Primary transportation after exit:

Bus Rides from friends/family Walking Bike Own car

Other:

Support needed to navigate transportation (passes, routes, licensing, insurance):

Basic Needs on Exit

Check items provided at or before exit (as available):

- Food/groceries for initial days
- Hygiene supplies
- Weather-appropriate clothing
- Basic household supplies (linens, dishes, cleaning items)
- Written list of community resources and crisis contacts
- Assistance with moving/transportation

Notes:

Belongings and Property

Has the resident taken all personal belongings?

Yes No – items stored: _____

If belongings are stored by SHHC:

Storage start date: ____ / ____ / _____

Planned disposal date (per policy): ____ / ____ / _____

Contact attempts (dates & methods):

Follow-Up and Re-Admission Considerations

Follow-Up Contact (If Resident Agrees)

Does the resident want SHHC to follow up after exit?

No Yes – by: Phone Text Email Other: _____

Preferred follow-up schedule (e.g., 1 week, 1 month):

Contact information confirmed:

Phone: _____ Email: _____

Re-Admission Criteria (If Applicable)

For program-requested or crisis-related exits, outline any conditions for possible re-admission:

Conditions (e.g., safety plan, treatment engagement, time frame):

Who will review potential re-admission?

Executive Director Director of Mental Health Leadership team

Resident Voice and Feedback

What does the resident feel most hopeful about in this transition?

What is the resident most worried about?

What additional support would the resident have liked from SHHC before leaving?

Signatures

By signing below, we confirm that this Transition Plan has been reviewed with the resident. The resident has had an opportunity to ask questions, request changes, and identify priorities.

Resident Name (print): _____

Resident Signature: _____

Date: ____ / ____ / ____

Primary Staff / Peer Support (print): _____

Signature: _____

Date: ____ / ____ / ____

Executive Director / Designee (if required): _____

Signature: _____

Date: ____ / ____ / ____

For Internal Use:

- Transition entered into HMIS/Clarity (if applicable): Yes No
- Exit type and destination recorded for program metrics: Yes No
- Any incident or neighborhood concern related to this transition documented and flagged for Board review: Yes No

Addendum AL – Belongings and Property: Storage, Disposal, and Retrieval Policy

Purpose and Guiding Principles

This policy establishes clear, consistent procedures for handling resident belongings and property, including items left behind at exit. It is designed to:

- Protect residents' personal property rights.
- Maintain a safe, clean, and orderly environment for all residents and neighbors.
- Support trauma-informed and harm-reduction practices.
- Ensure compliance with SHHC's crisis/incident procedures, and health and safety policies.

SHHC recognizes that exits may be planned or unplanned, and that residents may leave belongings behind during periods of crisis, hospitalization, incarceration, or other instability. Staff will handle belongings respectfully, avoid unnecessary disposal, and make reasonable efforts to contact residents before items are discarded.

Scope

This policy applies to:

- All resident personal belongings stored in bedrooms, common areas, storage spaces, and exterior areas of 315 S Jefferson St.
- Belongings and property left behind at any type of exit, including:
 - Planned/successful transitions
 - Resident-initiated/voluntary exits
 - Program-requested exits (non-crisis)
 - Crisis-related exits/safety removals
 - Administrative exits (e.g., permit changes, program closure)

It does not apply to:

- Staff property, program-owned equipment, or building fixtures.
- Illegal items, weapons, or contraband (covered under weapons and safety policies).

Resident Responsibilities

Residents are expected to:

- Keep their belongings in their assigned rooms/storage areas as directed by staff.
- Take all personal property with them at the time of planned exit whenever reasonably possible.
- Inform staff if they anticipate needing temporary storage (e.g., during a short hospital stay, brief incarceration, or other planned absence).
- Provide up-to-date contact information and a preferred method of contact for follow-up about stored belongings.

Residents are informed of this policy during intake and again during transition planning whenever feasible.

Staff Responsibilities

Staff are responsible for:

- Reviewing this policy with residents at intake and during the Transition Plan process.
- Documenting the status of belongings at exit in the Resident Transition Plan – see below (Belongings and Property) and in HMIS/Clarity (if applicable).
- Handling resident property with respect and care; avoiding unnecessary damage or loss.
- Following safety, infection-control, and weapons/contraband procedures when handling belongings.
- Making reasonable attempts to contact residents before disposing of stored property.

Procedures at Time of Exit

Planned or Successful Transitions

When an exit is planned:

Review belongings with resident

- Staff and resident walk through the room and any storage area together when possible.
- Staff ask the resident to confirm they have taken all items they wish to keep.

Update Transition Plan

- In the Transition Plan, staff document:
 - Whether the resident has taken all belongings:
 - "Has the resident taken all personal belongings? Yes No – items stored: _____"
 - Any items placed in SHHC storage and the initial storage date.

Same-day removal encouraged

- Residents are encouraged to remove all belongings on or before their Anticipated Exit Date.

Unplanned, Crisis-Related, or Program-Requested Exits

When an exit occurs quickly (e.g., safety removal, hospitalization, arrest):

Immediate Safety First

- Staff follow SHHC's Crisis, Incidents, and Resident Removal Policy.
- Focus is on safety, de-escalation, and appropriate emergency response.

Securing Property

- Once the situation is safe, staff:
 - Secure the resident's room.
 - Gather loose items from common areas clearly belonging to the resident.
 - Place belongings in clearly labeled containers (e.g., bins, bags) noting:
 - Resident name
 - Date of storage start
 - Staff initials

Documentation

Staff document belongings status in:

- The Transition Plan (if completed later)
- Internal notes and/or HMIS/Clarity (if applicable)
- Incident report (if incident involved removal or safety concerns)

Medication Handling

- Medications are managed per Medications policy.
- Medications are not stored long-term beyond safe/legal guidance. Staff will:
 - Secure medications temporarily.
 - Attempt to return medications directly to the resident or their authorized representative when feasible.

Storage of Belongings

Storage Location and Conditions

- SHHC will maintain one or more designated storage areas for resident belongings.
- Storage areas will be:
 - Dry and reasonably secure.
 - Accessible only to authorized staff.
- Items will be stored in labeled containers to keep belongings grouped by resident.

Standard Storage Period

- Unless otherwise required by law or funding regulations, SHHC will store belongings for at least 30 days from the Storage Start Date.
- Programs may extend the storage period up to 60 days when:
 - The resident is engaged in active transition planning with SHHC, or
 - There is known hospitalization, incarceration, or treatment stay and retrieval is reasonably anticipated.

Exceptions (Immediate or Limited Storage)

SHHC may not store the following items or may dispose of them sooner due to health, safety, or legal concerns:

- Perishable food items.
- Items infested with bedbugs, lice, roaches, or other pests.

- Items contaminated with bodily fluids, mold, or hazardous substances.
- Illegal drugs, drug paraphernalia, weapons, ammunition, or explosive materials (per Weapons and Contraband policy).
- Large or excessive items that exceed reasonable storage capacity (e.g., bulky furniture) unless prior arrangements were made.

When items must be discarded immediately for health or safety reasons, staff will:

- Document what was discarded and why.
- Note this in the resident's file and/or incident report as appropriate.

Resident Notification and Contact Attempts

At Time of Exit (When Possible)

When possible, staff will:

- Inform the resident of:
 - The storage location and time limits for belongings.
 - How and when they may retrieve belongings.
- Provide this information verbally and, when feasible, in writing.

After Exit

If belongings remain after exit:

- Staff will make at least two (2) contact attempts within the storage period using the most recent contact information on file (phone, text, email, mailing address).
- Each attempt will be documented, including:
 - Date and time
 - Method (call, text, email, mail)
 - Outcome (e.g., message left, number disconnected, email bounced, no response)

If the resident has identified a trusted contact, case manager, or peer/support provider in the Transition Plan and an ROI permits communication, staff may also contact that person solely to:

- Inform them that belongings are available, and
- Provide instructions for retrieval.

Retrieval of Belongings

Resident Retrieval

Residents may retrieve belongings by:

- Coming to SHHC during designated hours, or
- Arranging a specific pickup time with staff.

At retrieval:

- Staff verify the person's identity using reasonable methods (e.g., ID, known staff recognition, verification with case manager).
- Staff document:
 - Date of retrieval
 - Items released (general description)
 - Name of person retrieving the items

Authorized Third-Party Retrieval

If the resident cannot retrieve belongings in person, they may authorize another person to pick up items, subject to safety and confidentiality considerations.

- Authorization may be:
 - Written (preferred) or
 - Verbal, documented by staff in progress notes.
- Staff will:
 - Verify the identity of the authorized person.
 - Release property only consistent with resident instructions.
 - Document the release.

SHHC may refuse to release belongings to a third party if doing so would create an immediate safety risk, conflict with a court order, or violate confidentiality laws.

Disposal of Unclaimed Belongings

If belongings are not claimed by the end of the applicable storage period (30–60 days) and reasonable contact attempts have been made:

Final Review

Staff review the file to confirm:

- Storage start date
- Contact attempts
- Any new contact information or circumstances (e.g., recent communication from resident)

Decision and Documentation

The decision to dispose of unclaimed belongings is made by designated leadership (e.g., Executive Director, Director of Housing, or designee), and documented.

Disposal Process

- Items in good condition may be donated to local nonprofits or thrift programs, with no identifying documents included.
- Items not suitable for donation are discarded.
- All personal identifiers (IDs, mail with addresses, sensitive documents) are shredded or otherwise destroyed to protect confidentiality.

Medications and Hazardous Items

- Medications are disposed of according to pharmacy, DEA, and local guidance (e.g., medication take-back programs).
- Sharps and biohazardous items are disposed of per SHHC infection control and biohazard procedures.

Once belongings are disposed of per this policy, SHHC is no longer responsible for them.

Special Circumstances

Program Closure or Relocation

If SHHC closes or relocates from 315 S Jefferson St:

- Residents will receive as much advance notice as possible.
- Staff will:
 - Make concerted efforts to ensure residents take belongings with them.
 - Provide clear written instructions for any temporary storage or alternate retrieval locations.

Legal Holds or Law Enforcement Requests

If law enforcement or a court order requires SHHC to hold or release specific property:

- Staff will cooperate as required by law and document all actions.
- Residents will be informed of these actions whenever permitted by law.

Training and Quality Improvement

- Staff will receive training on this policy during onboarding and at least annually thereafter.
- Incident reports, grievances, or neighborhood complaints related to belongings (e.g., items left outside, trash accumulation) will be:
 - Reviewed by leadership and the Board of Directors as part of regular incident and metrics review.
 - Used to improve procedures and reduce future issues.

Resident Rights and Grievances

Residents retain the right to:

- Request clarification of this policy at any time.
- Express concerns about how their belongings were handled.
- File a grievance if they believe this policy was not followed.

Grievances will be addressed by the Executive Director within 2 business days, following SHHC's established Grievance Policy.

Addendum AM – Therapeutic Engagement with Cats Policy

Purpose and Overview

Safe Haven Hope Center (SHHC) integrates therapeutic engagement with cats as a voluntary, trauma-informed support option for residents. The purpose of this policy is to:

- Promote emotional regulation, connection, and comfort through safe, structured interaction with animals.
- Ensure the health, safety, and well-being of residents, staff, visitors, and animals.
- Maintain compliance with public health standards, City requirements, and SHHC's harm-reduction and trauma-informed philosophy.

This policy applies to all SHHC staff, volunteers, residents, and visitors who may interact with cats on site.

Program Description

- SHHC may house up to three (3) resident cats as part of its therapeutic programming.
- Any increase above three cats requires:
 - Prior approval from the City under the Conditional Use Permit (CUP), and
 - Updated documentation regarding space, sanitation, and veterinary oversight.
- Participation in cat-related activities is voluntary and is offered as a supportive option in alignment with residents' individualized plans, preferences, and safety considerations.
- Cats are not service animals under ADA; they are program/therapy animals. Service and support animals belonging to residents are governed separately under SHHC's Service and Support Animals policy.

Roles and Responsibilities

Executive Director / Director of Mental Health

- Ensure the program complies with CUP conditions and this written policy.
- Approve adoption/placement of each program cat, including source and suitability.
- Review any serious incident involving a cat (bite, scratch requiring medical care, significant allergy, or behavioral concern).
- Oversee daily care, health monitoring, and documentation for each cat.
- Maintain veterinary records, vaccination documentation, and parasite-prevention logs.
- Train staff and volunteers on safe handling, infection control, and resident engagement guidelines.

Staff and Volunteers

- Model and reinforce safe, respectful interaction with cats.
- Monitor resident-animal interactions for safety and signs of stress (animal or human).
- Report concerns or incidents immediately and complete incident reports when required.

Residents

- Follow all rules for interaction, hygiene, and cat-free zones.
- Report any scratches, bites, or allergy symptoms to staff promptly.
- Engage only in staff-approved care tasks and never force interaction with cats.

Animal Health, Veterinary Oversight, and Documentation

All cats on site must:

- Be examined by a licensed veterinarian prior to or upon intake into the program.
- Be current on age-appropriate core vaccinations (e.g., rabies, FVRCP) as recommended by the veterinarian.
- Receive routine parasite prevention (fleas, ticks, intestinal parasites) in accordance with veterinary guidance.

Veterinary Care and Records

- SHHC will maintain an animal health file for each cat, including:
 - Vaccination records and due dates.
 - Spay/neuter documentation.
 - Parasite control treatments and dates.
 - Veterinary exam notes and treatment plans.
- Cats must be spayed or neutered unless a veterinarian documents a medical reason otherwise.
- Scheduled wellness visits will occur at least annually, or more frequently if recommended.
- Any signs of illness (e.g., lethargy, respiratory symptoms, vomiting/diarrhea, skin lesions) must be reported to the Executive Director and/or the Mental Health Coordinator; if indicated, cats are isolated from residents until cleared by a veterinarian.
- Zoonotic Disease Prevention
 - Litter and waste will be handled as indicated below (Sanitation and Hygiene) to minimize exposure.
 - Residents handling litter or cleaning areas used by cats will be instructed in proper glove use and hand hygiene.

Resident Participation and Therapeutic Use

Voluntary Participation

- Residents may choose whether and how often they interact with the cats; there is no requirement to participate.
 - Staff will respect residents' preferences and boundaries regarding animals, consistent with trauma-informed care.
- Integration into Individual Plans
 - When appropriate, staff may incorporate cat-related activities into individualized support plans (e.g., grounding skills, routine-building, socialization, responsibility practice).
- Examples of approved, supervised therapeutic activities include:
 - Gentle petting or quiet time in a common room with a cat.
 - Reading, journaling, or mindfulness exercises while a cat is present.
 - Limited, staff-approved participation in care tasks (feeding, brushing, toy-based play).
- Safety Screening and Contraindications
 - During intake or ongoing planning, staff will:
 - Ask about animal allergies, fears, past trauma involving animals, and preference for cat-free spaces.

- Document any contraindications or restrictions in the resident's plan.
- Residents with significant allergies, asthma, or phobias will be supported with:
 - Access to designated cat-free areas and sleeping spaces to the greatest extent feasible.
 - Education on how to avoid contact with cats and cat-related items.

Sanitation, Hygiene, and Environmental Standards

Litter Boxes and Waste Management

Litter boxes will be:

- Located in designated, ventilated, non-food-preparation areas.
- Cleaned at least once daily, with spot-cleaning as needed.

Used litter and animal waste must be:

- Placed in sturdy, sealed bags.
- Disposed of in covered trash containers, consistent with local sanitation requirements.

Cleaning and Disinfection

- Surfaces and areas frequently used by cats (floors, furniture covers, bedding designated for cats) will be cleaned regularly using products safe for animals and humans.
- Soft items (e.g., blankets used for cats) will be washed as needed to minimize odors, dander, and hair.

Infection Control and Personal Hygiene

Residents and staff must wash hands with soap and water or use hand sanitizer after:

- Handling cats or their food, toys, or litter.
- Cleaning litter boxes or cat-accessible surfaces.

Staff and residents will follow SHHC's infection control protocols when handling any animal-related bodily fluids (e.g., vomit, feces) including glove use and safe disposal, consistent with the general biohazard policy.

Odor and Noise Management

- Litter boxes and feeding areas will be monitored for odor; additional cleaning or litter replacement will occur as needed.
- If a cat's vocalizations become disruptive, staff will evaluate underlying causes (stress, illness) and adjust environment or veterinary care as needed.

Behavior, Handling, and Safety Rules

Resident and Visitor Expectations

All residents and visitors must:

- Treat cats gently and respectfully at all times.
- Avoid rough play, chasing, grabbing, or restraining cats.
- Not feed cats human food or unauthorized treats.
- Not pick up cats unless explicitly permitted by staff.

Children (visitors under age 18) may only interact with cats under close adult supervision and staff awareness.

Supervision

Staff will supervise or monitor resident-animal interactions, especially with new residents or known behavioral concerns.

Residents are not permitted to punish or discipline cats; only positive, humane handling methods are allowed.

Cat-Free Zones

Cats are not permitted in the following areas:

- Food preparation surfaces and primary kitchen counters where meals are prepared.
- Medication storage areas.
- Any designated cat-free resident rooms or areas.

Reasonable efforts will be made to prevent cats from entering these areas (e.g., closed doors, baby gates, staff redirection).

Outdoor Access and Containment

Cats will not be allowed to roam outdoors unsupervised. Any outdoor access must meet all of the following:

- Occur only under staff supervision.
- Utilize secure containment methods (e.g., enclosed catio, harness and leash for cats that tolerate this) to prevent escape.
- Comply with local ordinances and public health guidance.

If a cat escapes outdoors:

- Staff will follow a pre-established recovery protocol, including search, notification of leadership, and use of humane traps if needed.
- A brief incident report will be completed, noting circumstances and any corrective actions.

Incidents, Allergies, and Grievances

Bites, Scratches, and Injuries

Any bite or scratch that breaks the skin must be:

- Immediately washed with soap and water.
- Evaluated for need for medical care, consistent with SHHC's first aid and incident policies.
- Documented on an incident report and shared with the Executive Director/Director of Mental Health.

If clinically indicated, public health authorities will be consulted per local guidelines (e.g., rabies concern).

Allergic Reactions and Sensitivities

Residents or staff who experience allergic symptoms (e.g., wheezing, hives, eye irritation) should notify staff promptly.

When feasible, reasonable accommodations may include:

- Assignment to a cat-reduced or cat-free sleeping space.
- Enhanced cleaning in shared spaces.
- Limiting that person's exposure to areas where cats spend the most time.

Resident and Neighborhood Complaints

Resident concerns about cats (fear, discomfort, allergy, noise, cleanliness) will be addressed via the existing grievance policy, with responses within 2 business days.

Neighborhood complaints related to animals (odor, noise, outdoor sightings) will follow the Neighborhood Grievance and Concern process, with prompt review and action.

Staff and Volunteer Training

In addition to SHHC's general training (trauma-informed care, harm reduction, crisis response), staff and volunteers involved with the cat program will receive orientation on:

- Basic feline body language and stress signals.
- Safe handling, appropriate play, and redirection.
- Hygiene and infection control specific to animals.
- Procedures for incidents, bites, scratches, and escapes.

Refresher or corrective training will be provided if patterns of concern are identified (e.g., repeated sanitation issues, unsafe interactions).

Program Review and Compliance

The Board of Directors and leadership will periodically review the cat therapy program as part of overall program metrics and risk monitoring, considering:

- Resident feedback about therapeutic benefit.
- Incidents or injuries involving animals.
- Neighborhood complaints related to animals.

Adjustments will be made as needed to uphold:

- Resident and community safety.
- Public health standards.
- CUP conditions and City expectations.

SHHC acknowledges that continuation or expansion of the cat therapy program is contingent on ongoing compliance with:

- This policy,
- Municipal Code and health regulations, and
- Any specific CUP conditions relating to animals.

Addendum AN – Letters of Support

(See following pages)



April 14, 2026

To Whom It May Concern,

On behalf of the Mandolin Foundation, I am proud to offer this letter of support for Safe Haven Hope Center in Green Bay.

At Mandolin Foundation, through our program, Amanda's House, we work closely with women and families navigating recovery, housing instability, and the long-term impacts of substance use and mental health challenges. In this work, we see firsthand how critically safe, stable housing is—not only for immediate safety but also for long-term healing and personal preservation.

Safe Haven Hope Center plays a vital role in our community by providing a safe and supportive environment for individuals who cannot access resources at other homeless shelters in Green Bay. Their commitment to safety, dignity, and empowerment aligns deeply with our own values. Many of the people we serve have intersecting needs, and organizations like Safe Haven Hope Center are essential partners in creating a continuum of care that truly supports individuals on their path to stability.

Green Bay continues to face a significant need for safe housing options. Programs like Safe Haven Hope Center ensure that vulnerable individuals have access to immediate protection and the resources necessary to rebuild their lives. Their work not only addresses urgent needs but also contributes to stronger, healthier residents and a more resilient community.

We strongly support Safe Haven Shelter's ongoing efforts and any initiatives that expand their capacity to serve those in need. Their impact is meaningful, measurable, and deeply needed in our community.

Please feel free to contact me if you have any questions or would like additional information.

Sincerely,

Paula Jolly, Executive Director, Mandolin Foundation

Elizabeth Feldhausen
3046 Inverness Circle
New Franken WI 54229
Phone: 920-680-9368
Email: Elizabeth@safehavenpet.org

Education:

Lakeland University - Green Bay, WI. Masters of Arts in Clinical Mental Health Counseling
(Community Clinical Counseling Track)

August 2017 - May 2022 (4.0 GPA)

University of Wisconsin – Green Bay, WI. Bachelor of Science in Psychology

Minor in Human Development - Focusing on Early Childhood through Adolescence

August 2013 - December 2015 (3.6 GPA)

Northeast Wisconsin Technical College, Green Bay, WI. General Studies Transfer

January 2011- January 2013 (4.0 GPA)

Inner Sun Yoga, Oshkosh, WI.

Aerial Yoga Certification Program - 2018

World Instructor Training Schools, Green Bay, WI.

Personal Trainer Certification Program - 2012

Relevant Courses: Theories of Personality, The Psychology of Emotion, Social Science Statistics, Race Ethnicity and Diversity, Psychology of Women, Psychology of Cognitive Processes, Overview of Mental Disorders, Middle Childhood and Adolescence, Infancy and Early Childhood, Health Psychology, Exploring Madness, Experimental Psychology, Environmental Psychology, Developmental Psychology, Developmental Psychobiology, Cross Cultural Human Development, Creating Sacred Spaces, Counseling and Psychotherapy, CPR Heartsaver AED, Anatomy, Adulthood and Aging, Abnormal Psychology, Group Therapy, Couples and Family Therapy, Research Methods, Counseling Children, Counseling and Treatment, Psychometrics, Intro to Psychopathology, Counseling Methods, Lifespan Development, Multiculturalism, Counseling Theories, Career Counseling, Crisis and Trauma, and Advanced Clinical Skills.

Certifications/Continuing Education

- Skills for Psychological Recovery Certification
 - National Center for Child Trauma 2021
- Stress and Dual Track Crisis/Comprehensive Community Services Certification
 - University of Wisconsin Green Bay 2022
- Naloxone Training
 - Baeten Counseling 2023
 - Jackie Nischke Center 2020
- Reducing Chronic Pain
 - The National Institute for the Clinical Application of Behavioral Medicine 2024
- Neurodiversity and the Nervous System: A bottom up approach for working with Autism.
 - Wisconsin Association of Family and Children's Agencies

Work Experience:

Behavioral Health Consultant, LPC October 2025 - Present

Children's Hospital of Wisconsin - Milwaukee, WI.

Primary Responsibilities: Providing outpatient mental health counseling and safety planning for children in crisis.

Owner/Licensed Clinical Mental Health Therapist February 2023 - Present

Haven Mental Health, Green Bay WI

Primary Responsibilities: Providing outpatient mental health counseling for children, families, and individuals with a diverse scope at an affordable cost.

Licensed Clinical Mental Health Therapist December 2022- January 2024

Baeten Counseling and Consultation Team, Green Bay WI

Primary Responsibilities: Providing outpatient mental health counseling to a diverse group of clientele.

Counseling Internship January 2022-August 2022

Oconto County Health and Human Services, Oconto WI

Primary Responsibilities: Co-counseling clients under supervision, performing intake paperwork and initial assessments, creating graphics for, and auditing the Oconto County Website, and editing and reformatting county policy documents.

Advocate and Counseling Internship October 2021- December 2021

Wise Women Gathering Place, Green Bay WI

Primary Responsibilities: Co-leading groups for youth prevention, education, and healthy relationships.

Advocate and Counseling Internship August 2021 - October 2021

We All Rise African American Resource Center, Green Bay WI

Primary Responsibilities: Assisting individuals who have been affected by trauma or crisis by finding community resources such as housing, government assistance, counseling services, health services, and employment.

Residential Treatment Staff April 2019 - Present

Jackie Nitschke Center, Green Bay WI

Resident Assistant (2019-2020)- Primary Responsibilities: Medication monitoring, health monitoring, record keeping, answering incoming calls, charting, ensuring safety of clients in the residential program, meal preparation, and cleaning.

Community Outreach Assistant (2020-2022) - Primary Responsibilities: Posting to Facebook, Instagram, and Linked In. Writing company newsletters.

Admissions Coordinator (2021-2022) Providing information and services to those seeking substance abuse treatment at the Jackie Nitschke Center.

Chief Executive Officer/Founder April 2016 - Present

Safe Haven Pet Sanctuary Inc. Green Bay, WI and Pawffee Shop Cat Cafe, Appleton WI

Primary Responsibilities: Deepen relationships with all media/community to ensure the most effective messaging and positioning of the organization. Develop strategies to increase donations. Supervision of the management team. Build relationships with potential donors/customers. Monitor budget. Hiring and training. Content generation for social media. Press releases. Observe and condition animal behavior. Community education.

Regional Brand Manager and Social Media Strategist March 2014 – October 2016

Apricot Lane Green Bay, Wausau, and Eau Claire Green Bay, Wisconsin

Primary Responsibilities: Responsible for online marketing, advertising and branding activities at Apricot Lane Green Bay, Wausau, and Eau Claire, as well as taking steps to measure, enhance,

and enrich the position and image of the company through various goals and objectives.

Human Development Internship December 2014 – May 2015

Fort Howard Elementary School After School Program Monitor

Green Bay, Wisconsin

Primary Responsibilities: Create lesson plans. Supervise homework time. Supervise free time. Administer fun and educational activities

Life Enrichment Assistant October 2011 – February 2013 Birch Creek Assisted Living De Pere, Wisconsin

Primary Responsibilities: Plan daily activities that promote the health and well-being of residents with dementia. Lead daily exercise and prayer group. Reminisce with residents, and do sensory activities to promote memory recall

Independent Study UWGB - Managing Social Media Spring semester 2015

Volunteer Work

Hidden Paws Network - December 2019 - Dec 2021

Golden House May 2012 - May 2014

Green Bay Strikers May 2011 - January 2015

Alzheimer's Association December 2015 - October 2016

House of Hope August 2015 - October 2016

Professional References

Tina Baeten CSAC, LCSW, ICS - Tinamarie.infocus@gmail.com (920)217-3313

Peg Kubiak LPC, CSAC, SAP - Peg.infocus@gmail.com (920) 471-9680

David Schreiter, LPC, CSAC - dschreiter13@gmail.com (920) 834-2030

Michelle Pierquet-Hohner - mpierquethohner@jackienitschkecenter.com, (920) 412-8141



Report to the
Green Bay Plan Commission

MEETING DATE

May 11, 2026

PREPARED BY

AGENDA ITEM # F.1

Director's report.

BACKGROUND

RECOMMENDATION

FISCAL IMPACT

ATTACHMENTS

- I. Development Tracking 20260413

City of Green Bay Development Tracker (Large Scale) - April 2026

	Project Name	Developer	Project Location	Project Description	Status Update	Housing Units		Est. Prop Value
Multi-family								
1	Skyline@425	Living Downtown LLC	425 Pine Street	Market multi-family rental, commercial	Construction underway	Total #	Under 80%	\$9,600,000.00
						66	0	
2	1116 Hobart Drive	Moski Corp	1116 Hobart Drive	Market multifamily	Construction underway	Total #	Under 80%	\$3,000,000.00
						30	0	
3	Merge @ Shipyard	Merge LLC	239 Arndt Street	Market multi-family rental, retail	Amendment 3 denied 3/17	Total #	Under 80%	\$21,000,000.00
						225	0	
4	200 N. Monroe	Three Sixty LLC	200 N. Monroe	Market multi-family rental, commercial	DA consideration in April	Total #	Under 80%	\$18,500,000.00
						164	0	
5	Gorman @ JBS	Gorman & Co.	0 Lime Kiln Rd	Workforce multi-family	Construction underway	Total #	Under 80%	\$11,000,000.00
						95	0	
6	Fire Station Flats	General Capital	420 S. Broadway/419 S. Maple	Multi-family rental, retail, Fire Station/Admin, greenway	Construction planned for Oct. 2026	Total #	Under 80%	\$7,000,000.00
						85	85	
7	New Land 221 Cherry	New Land Enterprises	221 Cherry	Market rate multi-family rental, retail	Construction underway complete summer '26	Total #	Under 80%	\$38,000,000.00
						268	0	
8	222 Cherry St LLC	Peter Nugent	216-222 Cherry St	Market rate apts with retail 1st floor	DA amendment terms under negotiation	Total #	Under 80%	\$10,500,000.00
						71	0	
9	Chicago/Monroe	Nolan Carter	436 S. Monroe	Market rate multi-family rental, commercial	PO approved in November. Expires in May.	Total #	Under 80%	TBD
						25	0	
10	One Astor	Spark Development	100 E. Mason	Market rate multi-family rental	Construction underway	Total #	Under 80%	\$15,500,000.00
						126	0	
						Total #	Under 80%	

11	Tank & Elmore Schools	TBD	814 S Oakland Ave, 615 Ethel Ave	Adaptive reuse to multifamily	RFPs due 5/1/2026	0	0	\$0.00
12	1531 Main Street	GB Real Estate	1531 Main Street	Market rate multi-family rental	PO deadline 7/12/26	Total # 40	Under 80% 0	\$3,000,000.00
Single-family								
13	Southwest Woods	Garritt Bader	Hinkle S. of Mason	Single family housing with new roads	Construction underway	Total # 29	Under 80% 0	\$8,000,000.00
14	The Pines	Broadway Realty	0 Deuchert Street	Single family housing with new roads	Construction planned in 2026	Total # 41	Under 80% 0	\$10,000,000.00
Commercial								
15	S&S Buildings	Investment Creations	227 E Walnut, 101 & 109 N Adams	Mixed use law office, retail, market rate apartment	Construction underway	Total # 1	Under 80% 0	\$1,500,000.00
16	Fire Station One	MOWGS LLC	501 S. Washington	Fire station rehab conversion to commercial uses	DA approved in May. Rehab work underway.	Total # 0	Under 80% 0	\$1,000,000.00
17	C. Reiss Relocation	Port of Green Bay / Brown County	420 S. Broadway/419 S. Maple	Port development / C. Reiss relocation	Port improvements planned to start in 2026	Total # 0	Under 80% 0	TBD
18	Green Bay Public Market	On Broadway, Inc	211 N. Broadway	Public Market	Construction planned 2026-2027	Total # 0	Under 80% 0	\$7,000,000.00
19	United Soccer League Stadium	USL	TBD	Soccer Stadium	Site selection and due diligence underway	Total # 0	Under 80% 0	TBD
Industrial								
20	WE Hoban Co.	Hoban Real Estate	Finger Rd at Northview Rd	Industrial	Construction underway	Total # 0	Under 80% 0	\$10,500,000.00
21	Grandview - Keller 9 Acres	Keller client	Erie Rd south of Mason	Industrial	TIF request under review	Total # 0	Under 80% 0	tbd



COLOR KEY
Multi-family
Single-family
Commercial
Industrial
Park/Public

	Units	Under 80%	Value
TOTALS	1,266	85	\$175,100,000.00