PRE-ADMISSION PACKAGE

Goodfish Lake Group Home
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Goodfish Lake, Alberta
TOA 1RO
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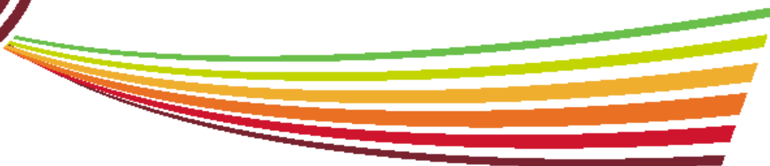
cancare2@telus.net
www.cancarehomes.ca

Residential Treatment Semi- Independent Living Psychological Services
Individualized Treatment Plans Group & Individual Therapy Drives
Cultural Programming

Can-Care Services for Youth Ltd.



VALID UNTIL DECEMBER 2026 CLICK FOR DETAILS

CAN- CARE HOMES FOR YOUTH PROGRAM

MISSION STATEMENT

We believe that all youth have the right to live in a healthy, respectful and safe environment. We are committed to offering this to each of our clients.

We also believe that it is our responsibility to give youth guidance and support in a non-threatening, respectful and culturally appropriate environment. We believe that only then can the healing process begin for youth that have been neglected and abused.

PHILOSOPHY

We respect the individual as a person. We feel that given the right direction and commitment from accepted supports/elders that our clients are empowered with the tools to create positive change. We are committed to developing a strong sense of acceptance and respect for themselves and others around them.

As service providers we will provide an environment where self – worth, respect, acceptance and values are taught and expected. Our clients will come to expect a positive future.

PROGRAM MANDATE

Can- Care (GFLGH) is a 6-bed treatment facility for youth aged 10 – 17 yrs with various behavioral and emotional difficulties that cannot be managed in a foster home, group care program or a familial setting. Our semi- independent living home (SPSILH) is ideally targeted for the 16/17 year- old youth. Males and females who have Child Welfare status and who have been identified as requiring residential care or a semi-independent living program are served. We strive to provide the highest quality of care in a milieu therapy environment. Students with severe mental and / or physical handicaps are unsuitable to the physical environment and program structure of Can- Care.

Through daily living, a behaviour modification program, recreational activities, positive and trained role models/staff, and individual/ group counseling we believe that each youth can attain the skills necessary to make positive change. We would like to provide a long-term program and remain consistent for the youth we serve. Our end goal is for a client to move from our residential treatment program to a familial setting and/or our semi- independent program. Our vision is that when a client turns 18 his/her dependence on a social program is minimal or non-existent. He/she is able to step towards a positive future path with confidence, independence and an appreciable chance at happiness.

We at Can- Care will work with each individual youth on developing a plan to aid them in achieving their individual, short term and future goals.

SERVICES PROVIDED:

BASIC PHYSICAL, MEDICAL AND EMOTIONAL CARE

This includes ensuring adequate nutrition, clothing, personal hygiene, emotional support, and balanced physical and educational activities. Medical and Public Health checkups are routinely completed on each student following his/her admission.

CRISIS INTERVENTION AND RESIDENTIAL CARE

The focus of the Group Home's attention is to help the student better understand and accept his/her present circumstances and help develop positive attitudes toward the future. The program works with each student to improve behavior, social skills, interpersonal skills and self-confidence, so that each may shape personal living situations more positively. **If appropriate, the Group Home will implement a cultural aspect into a client's life in an attempt to deal with issues.**

To meet the needs of student coming into our care, the Group Home program includes the following components:

- Planned Daily Living Routine (rules, routines, daily chores)
- Social Skills (relationships, personal interactions, communication)
- Structured Activity Program (crafts, sports, art, games)
- Outdoor Recreation and Education (camping, hikes, tours)
- Personal Growth and Development (independent living, job hunting, money management)
- Leisure Time (privacy, relaxation, unstructured activity);
- Community involvement (integration, work experience, fund raising, community outings)
- Counseling (Individual counseling, native culture programming, behavior management, learning theory, natural and logical consequences, reality therapy, milieu therapy, group therapy & counseling)

STAFF

The Group Home operates on a 24- hour basis. Group Home staff include; the Executive Director, five full-time Child and Youth Care Workers/House Parents, one of whom serves as an awake night staff and four part time Child and Youth Care Workers / House Parents. Our staff meet the certification standards for education and experience. They also receive ongoing training. On call coverage is provided 24 hrs a day **(780 – 645-8721**) and extra staff are brought in when deemed necessary due to behaviours. There is also a consulting psychologist who works as required with the Group Home and will provide psychological assessments/ individualized counseling and / or family counseling as identified appropriate by the treatment team.

CLOTHING

Upon intake it is up to the Child Welfare Worker to ensure that the youth's clothing inventory is brought up to standard. Can-Care will provide clothing from then on, while the youth is in our care, up to $50.00 per month. Can-Care will work closely with the client and Social Worker to ensure the most appropriate items are purchased. This ensures that the youth are making good use of the amount allotted and all necessary required items are being purchased.

REPORTS

Can-Care will provide an Intake report within 90 days of the youth's arrival at the Group Home. A care-plan will be completed within 10 days. The intake report will utilize treatment strategies taken from the following theorists; Maslow, Erickson, Piaget & Kohlberg. Progress reports will follow every 90 days thereafter. Critical Incident Reports will also be provided within 24 hrs of the incident. A Closing report will be provided once the youth has been discharged highlighting treatment strategies that were successful and providing overall recommendations.

PER DIEM RATE

Can-Care charges a per diem rate of $450.00 (set by CFSA guidelines April 1/2020) on a fee for service basis in our residential treatment program. Our semi- independent living program per diem is $145.00. Any 1:1 is $25.00 hr.

This includes:

- Room & board
- All areas described under the heading Services Provided
- Allowances
- Clothing allowance and all fees associated with our programming

Does not include:

- School fees and supplies
- Drives or driver escorts
- Individualized youth memberships (i.e. Soccer or hockey registration, Karate lessons etc.)
- Individualized personal incidentals (i.e. Make up, hair gel etc.)

DRIVING SERVICE

Can-Care also offers a driving service to Child Welfare Workers, which is not included in the group home per diem rate. Child Welfare Workers can contact the group home to arrange a drive. The current rates for drives are $0.505 a kilometer and $25.00 / hr for the driver escort. This includes all management & administrative costs. These rates take effect from the time the driver leaves & returns to the Group Home in Goodfish Lake.

REFERRAL PROCESS

Once you have identified a client whom you believe may fit the program contact Can-Care for availability. If a bed is available the Child Welfare Worker should discuss the Pre- Admission Package with the youth, fill it out and fax it to the group home along with a brief summary on the recent events leading up to the child requiring residential care. The Executive Director will then review the Pre- Admission Package and through discussions with the Child Welfare Worker determine if Can- Care is the best placement for the youth.

LICENSING, CERTIFICATION & ACCREDITATION

Can- Care meets all the standards set out under the Social Care Facilities Licensing Act and does possess a license. Can-Care is a member of the CYCA and the CAC. The certification process has been carried out and we are proud to say we are a FULLY ACCREDITED Program (since May 29, 2003). Can- Care has approval (BCR) from the Whitefish Lake Band to operate their residential treatment program on reserve. We are fully licensed. Can- Care will be following all CAC standards.

SEMI- INDEPENDENT LIVING PROGRAM

Can-Care offers a semi – independent living program for youth aged 16 – 17. At present we own a house in St. Paul that can accommodate 3 young adults. This program will also focus in on preparing the youth for skills needed in their personal lives as well as the workforce once they turn 18. This program offers 24 hr support and a live-in mentor/ role model. This person will support day-to-day routines while a Can-Care staff member will co-ordinate placement and the programming of the house.

HOW TO REACH CAN- CARE HOMES FOR YOUTH

Child Welfare Workers can contact us @:

Address:	Can- Care	Phone #: (780) 636- 2599 cell 780 645 8721
	Box 174	Fax #: (780) 636 –2509
	Goodfish Lake, AB. TOA 1RO	
	cancare2@telus.net	

CAN- CARE HOMES FOR YOUTH PRE-ADMISSION FORMS

TO BE COMPLETED BY THE CHILD WELFARE WORKER BEFORE ADMISSION

Student's name:____

Address:____________________ I.D. # :____________________

Birth date: (y/m/d)________________ Sex:____________________

Birth place:________________________ Religion:______________

Department Status:____________________ District Office:________________

Social Worker:______________________ Phone Number:________________

PAST & UPCOMING COURT HISTORY

History of charges:

Charge__________________________ Number:____________________

Charge__________________________ Number:____________________

Dates and reason for upcoming court appearances both young offender and child welfare:

____

____

FAMILY INFORMATION

Father's Name:______________________________ Phone:__________

Address:____

Occupation:____

Mother's Name:______________________________ Phone:__________

Address:____

Occupation:____

Marital Status of Parents:__________________________________

Siblings:

Name	Age	Natural, half, adoptive, step
____________________________	_____	____________________________________
____________________________	_____	____________________________________
____________________________	_____	____________________________________
____________________________	_____	____________________________________

Is child adopted?____________ Age at adoption:_________________________

Other pertinent information related to current family: _______________________________

____

____

____

MEDICAL INFORMATION

Name of Doctor:____________________________________

Date of last medical exam:____

(please provide copy if within three months of admission)

Special Medical Care, Prescriptions, Allergies, Diets, etc.____________________________

____

Has a suicide risk assessment been done?____

By whom and when:____

Treaty #:___________________________Band:______________________________________

A.H.C.#:___________________________T.S.C.#:___________________________________

SCHOOL INFORMATION

Last school attended: ______________________________________Grade:____________________

Attendance in last school (regular, irregular)____

Who may visit child? Who may not visit child?

Who may visit child?	Who may not visit child?
______________________	______________________
______________________	______________________
______________________	______________________
______________________	______________________

Social Worker's Signature:____

RECENT EVENTS LEADING UP TO CHILD REQUIRING RESIDENTIAL CARE

____

____

____

____

____

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____

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____

____

Social Worker's Signature:____

RISK PROFILE

CLIENT: ____________________________ **DATE:** ______________________

COMPLETED BY: ______________________________

COMPLETED WITH: ___________________________

(To be completed during initial telephone intake and reassessed on an ongoing basis during the client's residency.)

For each of the following please indicate:

C – Current
1 – Has occurred in past 90 days
2 – Has occurred in past 6 months
3 – Has occurred in past year
4 – Has occurred sometime in the client's past
5 – Suspected but not known as a certainty
N – Not an issue for this student

1. _____ Has attempted suicide.
2. _____ Expressed suicidal ideation and has a plan.
3. _____ Expressed suicidal ideation but has not indicated a plan.
4. _____ Has not expressed suicidal ideation but is exhibiting behaviors indicating a risk.
5. _____ Death of significant other.
6. _____ Death of significant other by suicide/homicide.
7. _____ Sexually/physically abused by family member/care giver.
8. _____ Sexually/physically abused by non-family member.
9. _____ Experienced emotional abuse/abandonment.
10. _____ Lack of attachment to significant other(s).
11. _____ Has perpetrated sexual/physical abuse on others.
12. _____ Has used a weapon in assault or to threaten assault.
13. _____ Known to carry a weapon.
14. _____ Shows a fascination with weapons.
15. _____ Cruelty to animals.
16. _____ Arson
17. _____ Shows a fascination with fire.
18. _____ Theft
19. _____ Vandalism
20. _____ Court appearance pending.
21. _____ Probation
22. _____ Prescribed psychotropic medications.
23. _____ Mental/physically challenged.
24. _____ FAE/FAS
25. _____ Academically delayed.
26. _____ Attention deficit.
27. _____ Truancy
28. _____ Drug/alcohol/solvent abuse.
29. _____ AWOL
30. _____ Attention seeking.
31. _____ Manipulative
32. _____ Sexually aggressive.
33. _____ Has made false sexual/physical abuse allegations.
34. _____ Self-abusive/mutilating/endangering.
35. _____ Parent teen conflict.

CONSENT TO TREATMENT

I____ DO HEREBY CONSENT TO PLACE
(CHILD WELFARE SOCIAL WORKER)

______________________________________AT CAN- CARE HOMES FOR YOUTH FOR THE
(CLIENT)

PURPOSE OF TREATMENT.

PLEASE CHECK THE APPLICABLE STATEMENTS:

_______I HAVE REVIEWED THE PRE-PLACEMENT PACKAGE AND AGREE THAT SERVICES AND TREATMENT WILL BE PROVIDED TO THE ABOVE NAMED CLIENT AS INDICATED IN THE PACKAGE.

_______THE PRE-PLACEMENT PACKAGE HAS BEEN REVIEWED WITH THE ABOVE NAMED CLIENT AND HE/SHE AGREES TO ADMISSION AND TREATMENT AS INDICATED IN THE PRE-PLACEMENT PACKAGE.

____
(SIGNATURE OF CLIENT)

_______THE PRE-PLACEMENT PACKAGE HAS BEEN REVIEWED WITH THE ABOVE NAMED CLIENT, HOWEVER, HE/SHE REFUSES TO GRANT AGREEMENT TO ADMISSION AND TREATMENT AS INDICATED IN THE PRE-PLACEMENT PACKAGE. I HAVE EXPLAINED TO THE ABOVE NAMED CLIENT THAT AS THE CHILD WELFARE WORKER ASSIGNED TO THIS CASE I MUST THEREFORE GRANT THIS APPROVAL IN HIS/HER BEST INTEREST TO FACILITATE NECESSARY TREATMENT.

_______THE PRE-PLACEMENT PACKAGE HAS NOT BEEN REVIEWED WITH THE ABOVE NAMED CLIENT AS IT IS FELT THAT IT WOULD BE INAPPROPRIATE AND DETRIMENTAL TO THE SUCCESSFUL TREATMENT OF THE INDIVIDUAL FOR THE FOLLOWING REASONS: (ATTACH ADDITIONAL PAGE IF REQUIRED)

____
(SIGNATURE OF CHILD WELFARE WORKER)

1. POLICIES REGARDING THE USE OF CONFINEMENT AND ISOLATION

B. A. TIME OUTS

Time outs should be reserved for more serious types of misbehavior where cues and natural and logical consequences have failed to produce results. The time out area is visible and staff must check on the “timed out” student after he/she has been on a time out for 15 minutes to ascertain if the student has calmed down sufficiently to “process” the time out. With timeouts, there must be an effort at counseling, as this tactic is useless if the student does not understand why he has been isolated and has, therefore, not been able to utilize this time to think out his/her problem. Staff must “process” the time-out with the student by discussing why the time-out occurred, asking the student how he/she could have avoided the time-out, and how he/she would react in a similar situation in the future. Staff must check on and make verbal contact with the student no longer than 15 minutes after the time-out was given, and the time-out will not last beyond 20 minutes. After 20 minutes the student will be moved to an un-locked room confinement.

***In those instances where the student is under 12 yrs of age the Time Out will not exceed 1 minute per year of the child.**

B. UNLOCKED ROOM CONFINEMENT

Unlocked room confinement will only be used in extreme cases where all less restrictive avenues have failed. The student who is continually disruptive may be placed in an unlocked room confinement in order to protect the program. Unlocked room confinement is not generally high in therapeutic value and, therefore, should be used only as means of control in severe cases.

a) Unlocked room confinement will generally occur in the student’s own bedroom and should last only as long as required for the student to regain control.

b) There will be a recording of the name of the child, length of time, and reason for confinement reported as a critical incident report.

c) A critical incident report will be completed along with documented adult supervision (which will be noted on a 1-1 observation sheet and attached to the critical incident report) and the assessment of resumption of self-control at a minimum of 1 minute per year of the age of the child. (See PMB13B for reporting procedures of Critical Incidents)

d) The approval of the Group Home Director (or designate) will be obtained for any period of confinement, which extends beyond 4 hours.

e) The approval of the CFSA Chief Executive Officer (or designate) will be obtained for any confinement, which extends beyond 6 hours.

C. RESTRICTIVE PROCEDURES

Locked Room confinement is not used although restrictive procedures can be used in the following Instances:

- In an emergency situation to restrain or control behavior endangering the individual, others or significant damage to property; or
- To provide temporary application of behavioral control in a spontaneous situation where the treatment plan does not provide specific instruction; or
- As an integral part of the treatment plan

The client or the client's guardian should approve the use of restrictive procedures by signature on the form provided at intake as well as on the treatment plans.

- The use of restrictive procedures will also be approved and supervised by a supervisor.
- The Executive Director will be responsible for ensuring that the use of restrictive procedures in the emergent situation is appropriate and according to policy.
- In those instances where a Critical Incident Report is required, the Executive Director will review the incident and make comment as a part of the reporting process.
- The Executive Director will be responsible for ensuring that the use of restrictive procedures as discipline and control techniques is appropriate and according to policy.
- The Executive Director will ensure that the use of restrictive procedures as part of a formal care plan are reviewed and approved as appropriate to the needs of the client.
- The verbal or written approval of the individuals involved in the development of care plans utilizing restrictive procedures will constitute authorization of the procedure.
- Such plans will be reviewed minimally on a monthly basis through the case conference, progress report and care plan process.

D. PHYSICAL RESTRAINT

All staff will be trained in the use of de-escalation, non-abusive restraint and debriefing techniques.

Physical restraint should only be used when all other avenues for behavior control (with the exceptions of Locked Room Confinement and Medications) have failed. De-escalation of the situation should always be the primary goal of the staff members involved. Staff should refer to the readings in regards to Behavior Management, which are available in the Group Home Library.

If all other attempts to control the situation have failed and continuation of the behavior will:

1. Place the client at risk of physical injury; or

2. Place others including staff or other clients at risk of physical injury; or

3. Produce significant damage to property;

then a non-abusive restraint will be utilized.

Physical restraint should always be applied using the least restrictive method available and using the least amount of force necessary to successfully restrain the client.

Staff should avoid the use of joint twisting holds and should not use holds, which are designed to cause the client pain.

Restraint should be used for as short a period as possible but staff should always ensure that the client has calmed to an appropriate level to ensure that the elements listed above are no longer present. Releasing the restraint too early often results in a further loss of control and a second restraint increases the chance of injury to the client and staff.

Staff should ensure that they are not responding to threats by the client except where that threat is accompanied by direct evidence of the client's intent to cause immediate harm.

Staff should also ensure that they are not responding to a conflict of wills and that they are not using superior strength or numbers to force their will upon a client.

All restraints will be reported to the Executive Director as soon as control of the situation has been gained and a Critical Incident Report will be prepared (See PM.B13 for reporting procedures of Critical Incidents).

2. POLICY ON DISCIPLINE AND CONTROL

A. Each individual should provide his/her own discipline and control; however, for some students admitted to this Group Home this is not the case. For these individuals others must enforce discipline and control through the use of Restrictive Procedures.

1. In providing discipline and control the following principles should be adhered to.

(a) The student's best interest should be the primary concern.

(b) Discipline and control should be applied rationally and with specific goals in mind.

(c) Apply the least restrictive measure available, which will meet the goal.

The following will not be used in the provision of discipline or behavioral control and the Group Home staff will not be trained in any of these areas:

- isolation in a special punishment facility
- mechanical restraints
- engaging in any form of conduct which is intended to ridicule, humiliate, degrade, insult or otherwise undermine the dignity or self-worth of a student
- corporal or other physical punishment

- punishment of the group for one student's misbehavior
- medication used as punishment
- deprivation of the student's rights
- aversion therapy using painful stimuli
- withholding meals
- sleep deprivation
- forbidding formal spiritual observances
- withholding allowances*

denying access to family, legal guardian (s), the children’s advocate, or the student’s lawyer except where such denial is due to sound treatment concerns (such denial cannot be used as punishment).

*A student’s allowance may be temporarily withheld as a consequence or so it can be used as restitution.

(d) Allow the individual to choose his/her own course by clearly outlining expectations and consequences.

- the individual then has enough information to choose to behave in a socially acceptable manner or not.
- this allows the individual to learn to provide his own discipline and control and decrease dependence on outside forces.

(e) There should be a logical connection between behavior and the resulting consequences.

(f) Locked room confinement is not used although restrictive procedures can be used (See Policy 1C for description)

B. The following Restrictive Procedures are approved for use with clients of the Group Home:

a) temporary loss of an individual privilege based on the principle of logical consequencing;

- such a loss of privilege will normally be for a period of twenty-four hours or less depending on the exact nature of the infraction. It will also have a logical relationship to the infraction.

b) loss of privileges through the planned intervention as described in the client's individual treatment plan; and

- to be used in cases of chronic or severe acting out behaviors which will require the consistent long-term use of controls to reach termination.

c) loss of privileges as agreed by the client through contracting (example return to privileges program);

- often will be negotiated as a penalty clause in the client’s individualized contract.

COVER LETTER TO
CONSENT TO ALLOW THE USE OF RESTRICTIVE PROCEDURES

I ______________________________________ DO HEREBY CONSENT TO THE USE OF
(CHILD WELFARE SOCIAL WORKER)

RESTRICTIVE PROCEDURES (defined in CORE Standards as: any procedure that restrains the client's normal range of movement, or that involves the presentation of any substance that is unpleasant to any of the senses, privileges, or objects that would normally be available to the client.)

AS DESCRIBED IN THE PRE-ADMISSION PACKAGE IN THE TREATMENT OF

___________________________________ WHILE THE ABOVE NAMED IS A RESIDENT IN
(CLIENT)

THE CAN- CARE HOMES FOR YOUTH PROGRAM.

I UNDERSTAND THAT THESE PROCEDURES WILL BE USED TO DEAL ONLY:

1. AS AN EMERGENCY INTERVENTION TO RESTRAIN OR CONTROL CLIENT BEHAVIOUR IN THOSE INSTANCES WHERE IT IS NECESSARY FOR THE IMMEDIATE PROTECTION OF THE CLIENT, OTHER PERSONS OR PROPERTY; OR
2. AS A DISCIPLINARY MEASURE, PROVIDED THAT THE RESTRICTIVE PROCEDURE USED CONSISTS SOLELY OF A TEMPORARY SUSPENSION OR WITHDRAWAL OF A PRIVILEGE THAT WOULD OTHERWISE BE AVAILABLE TO THE CLIENT; OR
3. WHEN SUCH PROCEDURES ARE AN INTEGRAL COMPONENT OF A FORMAL, SPECIALIZED, COMPETENTLY PLANNED AND SUPERVISED TREATMENT OR TRAINING PROGRAMME.

(IN THIS LATER INSTANCE THESE PLANS WILL BE DOCUMENTED IN THE CLIENTS INDIVIDUAL TREATMENT PLAN, WHICH WILL REQUIRE AUTHORIZATION SEPARATE TO THIS.)

CONSENT TO ALLOW THE USE OF RESTRICTIVE PROCEDURES

PLEASE CHECK THE APPLICABLE STATEMENTS:

_______ I HAVE DISCUSSED THIS INFORMATION AND THAT CONTAINED IN THE PRE-PLACEMENT PACKAGE WITH THE ABOVE NAMED CLIENT AND HAVE OBTAINED HIS/HER AGREEMENT TO THE USE OF RESTRICTIVE PROCEDURES IN THE PROVISION OF TREATMENT.

____
(SIGNATURE OF CLIENT)

_______ I HAVE DISCUSSED THIS INFORMATION AND THE PRE-PLACEMENT PACKAGE WITH THE ABOVE NAMED CLIENT, HOWEVER, HE/SHE HAS REFUSED TO GRANT AGREEMENT TO THE USE OF RESTRICTIVE PROCEDURES IN THE PROVISION OF TREATMENT. I HAVE FURTHER EXPLAINED TO THE ABOVE NAMED CLIENT THAT AS THE CHILD WELFARE WORKER ASSIGNED TO THIS CASE I MUST THEREFORE GRANT THIS APPROVAL IN HIS/HER BEST INTEREST TO FACILITATE TREATMENT.

_______ I HAVE NOT REVIEWED THIS INFORMATION AND THE PRE-PLACEMENT PACKAGE WITH THE ABOVE NAMED CLIENT AS I FEEL THAT IT IS INAPPROPRIATE AND DETRIMENTAL TO THE SUCCESSFUL TREATMENT OF THE INDIVIDUAL FOR THE FOLLOWING REASONS:

____
(SIGNATURE OF CHILD WELFARE WORKER)

DOCUMENTS THAT MUST ACCOMPANY THE CHILD AND SOCIAL WORKER UPON OR BEFORE ADMISSION

Delegation of Powers made out to director of Group Home
Guardianship documents
Treatment Services card/ Indian status number
Personal Health Care card
Completed Pre – Admission Package
Probation orders / current justice documents (if applicable)
Most recent placement screening
Copy of medical report if done within the last three months

IN ALL CASES, THE SOCIAL WORKER MUST MAKE EVERY EFFORT TO ACCOMPANY THE CHILD UPON ADMISSION.