

# **Cross Roads Youth Care Transition to Semi Independent Living Program**



**1820 - 65 Street  
Edmonton, Alberta  
T6L 1S2**

**Phone # (780) 915-0121 Fax # (780) 988-8294**

**[crossroadsadmin@shaw.ca](mailto:crossroadsadmin@shaw.ca)**

**\* \* \***

**A chance for youth to live independently with the assistance of a  
on site weekly youth worker.**

**A family living upstairs from the youths basement apartment for  
any day to day assistance the youth may require.**



# Youth Transition to Adulthood Program

Phone: (780) 915 - 0121 Fax: (780) 988 - 8294

## WELCOME TO THE TRANSITION TO ADULTHOOD PROGRAM

### *SUPPORTED INDEPENDENT LIVING*

We are sure you have lots of questions about the program so we put together this handbook to answer the most common ones. It also provides a guide for what you can expect while you are in the program. If you have any questions not covered in this handbook please consult with your Supported Independent Living Program Youth Worker or contact Bill at 780-915-0121.

As you have probably already heard, the Transition to Supported Independent Living - TSIL program exists to prepare youth (15-21) to live independently. TSIL provides financial assistance and strives to enable its participants to develop abilities in problem solving, individual goal setting and independent living skills.

### **Program Expectations**

To be accepted into the Supported Independent Living Program and be allowed to remain, you are required to follow the program expectations as outlined below.

1. You must be willing to work on issues that effect your ability to successfully function in the program and community. You must also be willing to participate in all case planning.
2. You will be involved in school, work or a full-time day program.
3. You are not to use drugs or alcohol or have them in your apartment.
4. You are not to be involved in any illegal activity.
5. You must maintain respect for the property /your apartment.
6. You must attend all scheduled weekly appointments with SIL staff and attend a series of Life Skills Programming.

### **Youth Worker**

You have a Youth Worker who will assist you throughout your time in TSIL. The goal is to develop a mutual helping relationship based on trust, honesty and respect. The Youth Worker will assist and support you in developing independent living skills.

## **Case Planning**

While in the TSIL Program, you will be expected to participate in all case planning activities. You will be establishing goals on a regular basis according to what you feel is of most importance to you. Your progress in achieving these goals will be reviewed frequently in a service plan/progress report. An emergency case conference may be called if there are significant problems which are interfering with your success in the program.

## **Individual Meetings**

While in the program you can expect your Youth Worker to have regular weekly visits and phone contact to assist you in meeting the goals set out in your service plan. You are expected to attend all scheduled meetings. However, if you cannot attend a meeting please be considerate and give your Youth Worker notice.

## **Life Skills**

Upon admission to the program, you will be scheduled for a series of life/living skills programming called "Skills for Life". This group is mandatory for all youth. Your Youth Worker will also work with you regularly on individual life skills.

Monthly recreational activities will be scheduled for the youth. Involvement with these activities is voluntary. However, participation is encouraged as it gives you the opportunity to meet other youth in similar situations.

## **Assessment**

### **1. Independent Living Skills**

Your Youth Worker will administer this assessment in the first 30 days of participation in the program. It will aid in identifying areas of strength you already possess in living independently and will also identify areas which require further skill development.

### **2. Support Network**

Your Youth Worker will also administer this assessment within 30 days of the program. It will aid in identifying the level of support you currently possess and the areas which require further development.

### **3. Individual Issues**

SIL staff along with significant others (i.e., case worker, psychologist, family, Cross Roads staff), will work together throughout your placement to resolve issues which may be currently impacting you or preventing you from reaching further independence.

## **Privacy**

A set of keys to your apartment will be kept at Cross Roads Residential Youth Care's office which will only be used in emergency situations. We will respect your privacy by not entering your apartment without your permission unless it is absolutely necessary (i.e., suspect that high risk behaviours are occurring and/or your safety is a concern).

## **Visitors/Out of Town Visits**

You are welcome to have friends, relatives, etc. at your home. There are to be no overnight guests/visitors without prior approval from your Youth Worker or TSIL staff.

All out of town visits must be approved by your Case Worker and your Youth Worker.

## **Crisis Situations**

You are expected to immediately inform your Youth Worker, Program Supervisor or the on-call worker of any significant, unusual or critical incident (health issue, hospitalization, involvement with the police or any other issue you feel is critical).

Your Youth Worker's number is: Lorraine (780) 250-1156 or Tim (780) 904-8692.

If you need support from on call staff (i.e., suicide ideation, substance abuse etc) you may contact the Director at Cross Roads Residential Youth Care, Bill McMullin at (780) 915-0121.

## **Expulsion from the Program**

While in the program, if you fail to work to achieve the Service Delivery Plan goals or do not adhere to program expectations, an Emergency Review will be called. When outstanding issues are not resolved at such meetings, you may be asked to leave the program. Dependent upon circumstances, this may be temporary or permanent.

## **Grievance Procedure**

All programs offered by Cross Roads Residential Youth Care Services will have a fair, accessible and structured grievance and appeal process.

## ***Issues / Concerns***

- Talk with your Youth Worker and try to resolve any issues
- A meeting will be set up with Program Supervisor
- A meeting will be set up with Agency Director
- A scheduled meeting with the youth, your Case Worker and Agency Director

Applicants for service or current youth may make appeals when decisions or services affecting them are considered unsatisfactory. Upon commencement with the program your Youth Worker will review the grievance process with you and you will be given a copy of the Grievance Procedure.

**REMEMBER—while you are part of the Child Welfare System, you always have the right to contact your Case Worker and, when appropriate the Children’s Advocate.**

**Children’s Advocate**

**Telephone Number: 780-644-6951**

**Advocacy and Confidentiality**

SIL staff are here to act as your advocates. This means we will listen to your wishes, desires and goals and ensure other people hear them.

To ensure that you receive the best possible service, information will be shared with your Case Worker and he/she will receive copies of all written reports. Information will not be disclosed to any person without consent from you or your guardian, unless otherwise authorized by legislation, specific Court Order or the Minister.

Information from the assessment, workshops, individual meetings and service plans will be stored in your file at Cross Roads Residential Youth Care. You have the right to access and review your file. However, to review any information written by persons outside of TSIL (i.e., Case Worker, Counsellors) you will require their permission to read those reports.

**Informed Consent**

During your first meeting with your Youth Worker and your Case Worker, you will be asked to sign a consent form agreeing to accept services from the agency. It is important for you to know that involvement in the Supported Independent Living Program is voluntary and your consent can be revoked at any time.

**Financial Support**

Upon entering the program, you will open up a joint bank account with your Youth Worker. Both you, and your worker will need to sign a withdrawal slip in order for you to take out money. Participants in the program come to the Cross Roads office to make other arrangements with the Youth Worker to receive their pay out. Initially, you will be required to show your Youth Worker receipts from the money given to you. If receipts are not produced funds may be withheld.

**Day Program**

Upon entrance into the program, you will be expected to be attending or actively seeking a productive full-time (40 hours per week) day program. School takes a priority. If you cannot be involved in a school program, it may be work, volunteer work or a day program of some kind (all year round).

## **CHARTER OF RIGHTS**

Any individual or family receiving service from Cross Roads Residential Youth Care program is entitled to the following rights:

### **THE RIGHT TO SERVICE**

- All persons who apply for any service will be considered only on the program's service criteria. Any further consideration of a person's ethnicity, colour, religion, national origin, gender, sexual orientation, age, disability or medical condition (not withstanding infectious disease), as a barrier to service, will not be allowed.

### **THE RIGHT TO BE INVOLVED**

- Youth have the opportunity to agree to service before service is started.
- Youth will be told of their right to refuse service at any time.
- All Youth will be actively involved in the planning and reviewing of service (this includes reviewing reports, attending case conferences, etc.).
- Youth will know their right to access file information and request corrections of inaccurate file information.

### **THE RIGHT TO CHOOSE INVOLVEMENT WITH FAMILY**

- The agency will support the consumer in his/her choice about how much family involvement he/she wishes to have. In cases where wishes of the youth differ from that of the family, the program will work to accommodate both of the parties involved.

## **THE RIGHT TO CONFIDENTIALITY OF INFORMATION**

- Youth will be told with whom the agency may share information about them without a signed consent form.

## **AGENCY STAFF WILL MAINTAIN AND PROTECT YOUTH RIGHTS. THIS WILL INCLUDE BUT NOT BE LIMITED TO:**

- The right to food, clothing and housing in order to ensure good health and personal development.
- The right to an environment free from physical abuse, exploitation and degrading treatment.
- The right to reside with parents and siblings except where it is in the best interest of the youth and family members for the youth to reside elsewhere.
- The right to parental and adult support, guidance and continuity.
- The right to an education which will ensure every youth the opportunity to reach and exercise his/her full potential.
- The right to play and recreation.
- The right to respect of privacy.
- The right to be consulted in decisions related to guardianship, custody and determination of status.
- The right to a competent interpreter where language or disability is a barrier in relation to all decisions affecting guardianship, custody or a determination of status.
- The right to an explanation of all decisions affecting guardianship, custody or determination of status.
- The right to be informed of your rights and to have them applied and followed.
- The rights specified in the Canadian Charter of Rights and Freedoms.
- The Alberta Individual Rights Protection Act.

**ALL YOUTH WILL BE TOLD OF HOW AND TO WHOM VIOLATIONS OF RIGHTS ARE TO BE REPORTED.**

**THE SERVICES OR QUALITY OF SERVICE A YOUTH RECEIVES WILL NOT BE AFFECTED IF HE/SHE ASKS FOR THE HELP OF AN ADVOCATE OR MAKES A GRIEVANCE.**

**AGENCY STAFF WILL NOT DIRECTLY OR INDIRECTLY INTERFERE OR DISCOURAGE ANYONE FROM MAKING A COMPLAINT TO THE HUMAN RIGHTS COMMISSION OR ANY OTHER ADVOCACY BODY.**

## **IMPORTANT TELEPHONE NUMBERS**

### **Aboriginal Resources**

Native Friendship Center 780-423-3138  
Aboriginal Consulting Services (Family Violence) 780-448-0378  
Native Counseling Services 780-451-4002  
Nechi Training & Health Promotions Institute 780-459-1884  
Poundmakers Lodge Treatment Center (Adult Addictions) 780-458-1884  
Red Road Healing Society 780-471-3220

### **Crisis Lines**

Crisis Unit 780-422-2001 (After hours) 780-427-3390  
Bullying Help Line 1-888-456-2323  
Lurana Shelter Crisis Line 780-424-5875  
Sexual Assault Crisis Line 780-423-4121  
Child Abuse Hot Line 1-800-387-5437  
Children's Advocate 780-644-6951  
Kid's Help Line 1-800-668-6868  
Suicide Crisis Line 780-429-0230  
Distress/Suicide Line 780-482-4357  
Salvation Army - Teens helping Teens Crisis Line 780-428-8336

### **Addictions**

Women For Sobriety 780-429-3855  
Our House- addiction recovery- Men 18+ 780-474-8945  
AL-ANON/ALATEEN 780-433-1818  
Gambling Help Line 1-866-332-2322  
AADAC Youth Services 780-422-7383  
AADAC Recovery Center 780-427-4291  
AADAC Treatment 780-427-2736

### **Pregnancy**

Pregnancy Crisis Center 780-482-5111  
24 Hour Crisis Pregnancy Line 1-800-665-0570  
Birthright 780-488-0681  
Pregnant Teens and School Group 780-428-3772

### **Miscellaneous**

Poison Control Center 1-800-332-1414  
Royal Alexandra Hospital 780-735-4444  
Capital Health - Mental Health Services 780-413-4733  
The Support Network 780-482-0198  
Capital Health 780-408-5465  
Edmonton Police Services (non-emergency) 780-423-4567  
Family and Youth Court 780-427-2743  
In Case of Emergency 911



## Transition to Adulthood Semi Independent Living Program

Phone: (780) 915 - 0121 Fax: (780) 988 - 8294

### Intake & Referral Information

#### PROGRAM INFORMATION

Cross Roads Youth Care Transition to Adulthood is a Supported Independent Living Program (TSIL). It provides community based services to adolescents ages fifteen to twenty-one years old with Child Welfare Status. The primary objective of TSIL is to assist teens with acquiring the necessary skills and experience to live independently in the community or moving on from Cross Roads group care.

Every youth in the program receives the assistance of a youth worker who provides a range of supports based on the teens needs. Intensive living skills training, homework support, youth worker support weekly, financial and emotional support, and familiarity with community resources makes it possible for the teen to manage their own lives.

Supported Independent Living services are provided basically through the two components outlined below (however, other living arrangements can be accommodated under some circumstances).

#### COMMUNITY COMPENT

The community program provides teens, on an individual basis, help and support to live in their own accommodations so they can eventually become fully independent. They will live in an area of their choice which is accessible to their work, school etc with minimal supervision.

#### T.S.I.L. COMPENT

In this program youth will live in a house with a fully furnished basement suite, which has a full bathroom, kitchen and bedroom with a separate entrance from upstairs. The youth will receive supports from a part time youth worker as well he/ she will have a family living upstairs right above the suite which will provide on going supervision and a place the teen may visit when he/she needs assistance. T.S.I.L. teens are provided with the same services as community teens but in a more structured and supervised environment.

In both components of the program teens receive all or a combination of the following supports and services:

- Access to twenty four hour on call emergency staff
- Individualized supports from a youth worker
- Assessment and instruction on living skills
- Support network development
- Help with maintaining a day program (*either work or school*)
- The provisions of monies for rent and utilities, food, personal incidentals, clothing, laundry, and a monthly bus pass

## **SOCIAL SERVICES RESPONSIBILITY**

To place a youth in our Supported Independent Living Program (TSIL) the Case Worker is responsible for the following:

- School registration fees.
- School transportation fees if specialized bussing is necessary.
- On going counseling.
- Drives or driver escorts (outside of the Edmonton City limits).
- One on One crisis support (after the first 48 hours)
- Recreation (speciality registered recreational courses or activities that require individual memberships such as boxing clubs, karate clubs, hockey teams/equipment, etc)
- Cell phones.
- Start up costs - A one time fee of \$ 500.00 will be charged.
- Attend Case Conferences and maintain contact with TSIL staff regarding ongoing casework or changes in case plans.

## **TO MAKE A REFERRAL**

If you think your youth will benefit from a component of Cross Roads Youth Care's Supported Independent Living Program (TSIL) please fax your referral to Bill McMullin, at (780) 988 - 8294. Your youth will be placed on the awaiting list. When a spot becomes available an intake Case Conference will be scheduled with all relevant persons involved.

**Bill McMullin**

*Director - Cross Roads Youth Care*

Ph: (780) 915-0121

Fax: (780) 988-8294

Email: crossroadsadmin@shaw.ca

## **Cross Roads Principles**

Individuals, with the assistance of their families and friends are the primary source for identifying what is best for themselves and what kind of supports they require.

## **Supplementary Principles**

Recognizing that many youth require the assistance of paid supports to live, work and participate in the community. Supplementary principles have been identified to guide supports funded by Cross Roads Youth Care.

- Supports assist individuals to be fully included and live meaningful lives, in the community
- Supports are adequate, flexible and individualized, while being responsive to personal and family changes as well as community dynamics.
- Supports assist individuals to maintain and build their connections and relationships with family, friends and other community members and should not define all aspects of the persons life.
- Supports recognize the potential of individuals and provide them with opportunities for continuing growth, personal development and life-long learning.
- Supports respond to the direction determined by individuals, their families and guardians, being careful to follow their lead, rather than take control.



Is the Child Adopted? \_\_\_\_\_ Age at Adoption: \_\_\_\_\_

Other pertinent information related to current family:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL INFORMATION**

Name of Last Doctor: \_\_\_\_\_

Date of Last Medical: \_\_\_\_\_

Date of Last Dental: \_\_\_\_\_

Date of Last Optical: \_\_\_\_\_

*(Please provide copy if within three months)*

Special Medical Care, Prescriptions, Allergies, Diets, Etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has a Suicide Risk Assessment been done? \_\_\_\_\_

By whom and when? \_\_\_\_\_

Treaty #: \_\_\_\_\_ Band: \_\_\_\_\_

A.H.C #: \_\_\_\_\_ Treatment Service Card #: \_\_\_\_\_

**SCHOOL INFORMATION**

Last School attended: \_\_\_\_\_ Grade: \_\_\_\_\_

Phone Number of Last School: \_\_\_\_\_

Attendance in Last School (Regular, Irregular) \_\_\_\_\_

Does the Youth have any Academic Assessments? \_\_\_\_\_



## RISK ASSESSMENT

Please complete, in consultation with the current caregiver, reflecting the youth's current risk profile in the following areas. This information will be kept confidential and is used for placement preparation and matching.

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### LIFESTYLE HABITS

- |  |  |                                    |                                    |
|--|--|------------------------------------|------------------------------------|
| <input type="checkbox"/> Sexually Active | <input type="checkbox"/> Contraception | <input type="checkbox"/> Marijuana | <input type="checkbox"/> Inhalants |
| <input type="checkbox"/> Tobacco         | <input type="checkbox"/> Chemicals     | <input type="checkbox"/> Alcohol   |                                    |

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For each of the following areas, please note the level of severity of each of these factors on the youth's current functioning.

- 0= No concerns at all. This is not an issue.
- 1= A mild area of risk. This requires monitoring and/or occasional attention and could potentially be a risk if severe risk occurs.
- 2= A moderate area of risk. This requires support and attention most of the time and is often an area of concern.
- 3= A high area of risk. This requires constant and immediate support and attention and without this support and attention the emotional or physical safety of the youth of others is at risk.

Relational Concerns	Rating (0-3)	Comments
Previous sexual abuse		
Previous physical abuse		
Previous emotional abuse		
Neglect/Abandonment		
Caregiver conflict		
Family substance abuse		
Ability to attach to caregivers		

Presenting Concerns	Rating (0-3)	Comments
Suicide risk		
Physical aggression towards others		
Verbal aggression towards others		
Depression		
Truancy		
AWOL		
Substance abuse		
Psychiatric disorder		
Sexual risk-taking behavior		
Grief reaction		

## CONSENT TO TREATMENT

I, \_\_\_\_\_ do hereby consent to place \_\_\_\_\_  
(Case Worker) (Youth)  
at Cross Roads Youth Care - Transition to Supported Independent Living Program for the purpose of  
treatment.

### PLEASE CHECK ALL 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 YOUTH)

\_\_\_\_\_ 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 THE 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 WAS 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 CASE WORKER)