



2017

## Monarch Men's Day Treatment Referral Information

It is important that the men sign the enclosed 'Release of Information',  
if you require updates or a discharge summary. Thank you.

**Monarch Recovery Services**

**Men's Assessment & Referral**

**Tel: 705-674-4193 x 3224 or 1-877-431-6713 x 3224**

**Fax: 705-671-8069**

**Level 1 Supportive Housing**

402 Brady Street  
Sudbury, ON P3B 2P6



**MONARCH Men's Recovery Home** welcomes any man 16 years and older, with a substance abuse problem, who demonstrates a commitment to change his lifestyle. The client and staff design a service plan specific to his needs. Every client must be committed to maintaining his sobriety through work, education, volunteering, re-training and recreational activities. He is supported while adjusting to his new lifestyle. All clients will participate in household maintenance, chores, group activities and volunteering opportunities. The length of stay is up to six months.

**Eligibility Criteria:**

1. Male over 16, who has been detoxified from drugs/alcohol.
2. Must demonstrate a commitment to recovery
3. Homeless/unsafe living environment.

**Level II Supportive Housing**

396 Brady Street  
Sudbury, ON, P3B 2P6

**The Men's Aftercare/Transition Home** was established to provide accommodations in conjunction with a program of rehabilitative services, to support men in recovery, with the main goal of abstinence. This residence offers an affordable, cooperative and empowering environment for clients to transition to independent living.

After completing a Recovery Home Program, the Transition Home provides men with 6 months of residential recovery support.

**Eligibility Criteria:**

1. Must have successfully completed the program at the Monarch Men's Recovery Home (or its equivalent) and have received a recommendation from their Counselling Team
2. Must be abstinent from alcohol & other drugs, with exception of approved medications
3. Must demonstrate a commitment to recovery and be in the maintenance stage of change
4. Must have a source of income (Ontario Works, O.D.S.P., E.I., W.S.I.B., pensions, employed part-time or full-time) as geared to income rent is required
5. Must complete the application process and a contract agreement.

**(NEW!) Men's Day Treatment**

2-517 Kathleen Street  
Sudbury, ON, P3C 2N1



**MONARCH Men's Day Treatment**

offers a 5-week intensive day treatment program to men, 16 years and older, who want to address their substance abuse issues and learn effective coping strategies to be successful in their recovery.

Hours are from 10:30am-3:30pm Monday to Friday and lunch is provided.

Clients work with an assigned Primary Counsellor, attend group sessions, and are provided with information and education relating to substance abuse and life issues. Includes Cognitive-Behavioural Therapy, Motivational Enhancement, Refusal Skills and Relapse Prevention.

**Eligibility Criteria:**

1. Male 16 years old and older.
2. Must complete or have completed an assessment process in the last 6 months.

**For more information, an assessment, tour or interview for the above programs call 705-674-4193 Ext 3224.**

**MONARCH Men's Aftercare**

705-674-4193 X 3246

To complete an application.

**Eligibility Criteria**

1. Males over 16 years of age.
2. The completion of a program of recovery and a desire to maintain sobriety with at least 72 hours in sobriety.
3. Registered with Monarch Recovery Services by completing an information package.

**Meetings are Wednesday nights at 6:30p.m.-8:30p.m. at 402 Brady Street**



## Men's Day Treatment Application Checklist

### With your completed application have you enclosed?

- ADAT Tracking Summary\*\* (call 705-674-4193 x 3224) or if GAIN Tools are implemented)
- Signed consent to share information

To apply for treatment at Monarch Recovery Services;

- **A client must have been assessed as needing Treatment Services according to the Provincial Guidelines and as in the ADAT Tracking Summary\*\***
- Monarch Recovery Services does accept applications from clients with co-occurring and concurrent disorders and may request additional information before considering applications.

**All applications will receive a response within 24 business hours of submission.**

**Call Assessment Coordinator 705-674-4193 Ext. 3224  
or 1-877-431-6713 x 3224  
Office Hours: 8:30 a.m. to 4:30 p.m. Monday to Friday**

**Applications may be faxed to 705-671-8069**

**E –mail [info.men@monarchrecoveryservices.ca](mailto:info.men@monarchrecoveryservices.ca)**

Please visit our website at <http://www.monarchrecoveryservices.ca> for more information.

# Referral for Treatment

## Client Information

First Name:		Middle Name:		Alias:	
Last Name:			Last Name at Birth:		
Health Card #:			SIN #:		
D.O.B: dd ____ mm ____ yyyy _____			Age:		
Street Address:					
City:		Province:	Postal Code:		Country:
Cell Phone:		Ok to Call? ___YES ___NO		Ok to Leave Message? ___YES___NO	
Home Phone:		Ok to Call? ___YES ___NO		Ok to Leave Message? ___YES___NO	
Other Phone:		Ok to Call? ___YES ___NO		Ok to Leave Message? ___YES___NO	
Current Location (if different from above):					
Phone:		Ok to Call? ___YES ___NO		Ok to Leave Message? ___YES___NO	
Emergency Contact:			Relation:		
Phone:		Ok to Call? ___YES ___NO		Ok to Leave Message? ___YES___NO	
Cell Phone:		Ok to Call? ___YES ___NO		Ok to Leave Message? ___YES___NO	
Preferred Language:			Ethnicity:		
<b>REFERRAL INFORMATION</b>					
Referred On: dd ____mm____yyyy _____			Referring Source:		
Referring Agency:			Contact Person:		
Agency Phone:			Agency Fax:		

# Referral for Treatment

## Client Information

SUBSTANCE USE		
Presenting Problem Substances (drugs of choice)		Substances used in the past 12 months
1. Did not use; 2. 1-3 times monthly; 3. 1-2 times weekly; 4. 3-6 times weekly; 5. Daily; 6. Binge		
1 -	Frequency in last month:	
2 -	Frequency in last month:	
3 -	Frequency in last month:	
4 -	Frequency in last month:	
5 -	Frequency in last month:	
Last date of substance used: dd _____ mm _____ yyyy _		Gambling __YES __NO
Substance:		
Previous Treatment? __YES __NO	If YES, when and where?	
Previous Recovery Home? __ YES __NO	If YES, when and where?	
HEALTH SCREENING		
Are there acute complications that may require referral to emergency/hospital for immediate medical assessment? _____YES _____NO _____Unknown If yes, what? _		
Are you currently in any type of treatment or counselling for emotional or mental health problems? ____YES____NO		Is there a
threat of harm to you or others? __YES __NO____ If yes, what? _____		
Impairments <b>Visual?</b> __YES __NO <b>Hearing?</b> _YES __NO <b>Mobility?</b> _YES __NO		
Non-Medical Injection use: _____Never _____Prior to 1 year __Past 12 months		
Number of overnight Hospitalizations in the last 12 months for physical problems? ____ Reason for last overnight Hospitalization: _____		
Hospitalized for a Mental Health problem by a qualified Mental Health Professional? Within the last 12 months? __YES _____NO ____ Within lifetime? __YES __NO ____ Most Recent Diagnosis: #1 _____ #2 _____		

# Referral for Treatment

## Client Information

Received treatment for a Mental Health, emotional, behavioural or psychological problem from a community Mental Health program professional? Currently:  YES  NO

Within last 12 months:  YES  NO

Within Lifetime:  YES  NO

Name of Service Provider: \_\_\_\_\_

Prescribed medication for Mental Health problems? Currently?  YES  NO

Within last 12 months?  YES  NO

Within lifetime?  YES  NO

Primary Health Care Provider:

Phone:

Address:

Health Conditions/Problems/Allergies:

Are you currently on Methadone?  YES  NO Suboxone?  YES  NO

Do you have a transmittable illness/disease? If YES, specify: \_\_\_\_\_

### MEDICATIONS

Name:	Dosage:	Frequency:	Purpose:
Name:	Dosage:	Frequency:	Purpose:
Name:	Dosage:	Frequency:	Purpose:
Name:	Dosage:	Frequency:	Purpose:
Name:	Dosage:	Frequency:	Purpose:
Name:	Dosage:	Frequency:	Purpose:
Check all that apply		<input type="checkbox"/> jaundice	
		<input type="checkbox"/> stomach problems (ulcers, gastritis)	
<input type="checkbox"/> unmanaged diabetes		<input type="checkbox"/> head injury	
<input type="checkbox"/> history of seizures/epilepsy		<input type="checkbox"/> pancreatitis	
<input type="checkbox"/> cancer		<input type="checkbox"/> physical or sexual abuse	
<input type="checkbox"/> eating disorders ( bulimia, anorexia,		<input type="checkbox"/> emotional / verbal abuse	
<input type="checkbox"/> heart disease		<input type="checkbox"/> recent untreated injuries	
<input type="checkbox"/> blood pressure problems		<input type="checkbox"/> risk of infectious diseases	
<input type="checkbox"/> liver disease		<input type="checkbox"/> STI ( syphilis, gonorrhea, chlamydia, herpes)	
<input type="checkbox"/> hepatitis		<input type="checkbox"/> HIV	
<input type="checkbox"/> kidney disease		<input type="checkbox"/> lice/scabies	

Other: \_\_\_\_\_

\* Note: If a client is on psychoactive medications we require a letter from the prescribing Doctor stating diagnosis and stability.



**CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION**

402 Brady St., Sudbury, Ontario P3B2P6  
Tel. 705-674-4193 x 3224 Fax. 705-671-8069

RE: \_\_\_\_\_ DATE of BIRTH \_\_\_\_\_  
day month year

Having read and understood this form, I hereby authorize **MONARCH RECOVERY SERVICES** (Treatment and Aftercare sites) to **RELEASE/REQUEST** the following information to/from the person/agency listed.

In order for this release to be valid, one column must be checked and initialed by the client for each area of disclosure:

PERSON / AGENCY:	YES	NO	INITIALS
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Contact Information: Tel.: (\_\_\_\_\_) \_\_\_\_\_  
 (mandatory)  
 Fax.: (\_\_\_\_\_) \_\_\_\_\_

AREA OF DISCLOSURE:	YES	NO	INITIALS
1. Assessment and Treatment Planning Information	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Discharge Summary _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Progress Reports _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Confirmation of Attendance/Completion _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Legal Status (i.e. court cases, parole, probation) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. All information re: Methadone/Suboxone _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

All addiction services funded by the Ontario Ministry of Health and Long-Term Care are required to provide information about the number of people served, their characteristics, and the services they received. This information helps with planning and showing the importance of what we do. To meet this obligation to our funder, we will request some basic information about you. If you choose to decline any specific questions, this will have no influence on the quality of services you will receive.

**NOTE:** I understand that no other information will be released to any other person without my written consent unless these persons have a court order subpoena, or I present as a danger to myself, or others, or these persons are concerned with my medical treatment in an emergency situation.

I also understand that I can withdraw my consent to the release/request of information at any time and that in any event this form will void 180 days from the day of my signature.

**In order for this release to be valid this form must be completed in its entirety.**

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_



# Men's Day Treatment

## PROGRAM EXPECTATIONS

NOT FOLLOWING THESE EXPECTATIONS WILL BE UNDERSTOOD AS YOUR DECISION TO NOT PARTICIPATE IN MEN'S DAY TREATMENT PROGRAM

1. Clients are to **abstain from alcohol and drugs and to take medication as prescribed**. Medication and vitamins will be locked up in the connections office.  
*\*\*Medication must be in original container\*\**
2. Clients are required to be dressed appropriately, groomed and prepared to meet their day.
3. Clients are **not** permitted **ANY** weapons on them at any time!
4. Clients are **not** permitted cell phones, pagers or personal listening devices during group sessions.
5. Clients must comply with Monarch's NO SCENT POLICY, due to allergies and chemical sensitivities.
6. NON SMOKING facility, clients' smoking is prohibited on this property, with the exception of designated area which is 30 feet away from the front entrance of the building.
7. No sleeping during the day, while at the program.
8. No external beverage containers are permitted. Protein shakes will not be allowed.
9. Staff may request to search your personal belongings, if there are any safety concerns.
10. EACH client must show RESPECT for himself, peers, staff and the program by:
  - Not entering staff offices without permission
  - Not using profanity, inappropriate jokes, violence or threats toward peers or staff
  - Letting staff know in advance if they will be absent or late to the program.
11. Calls may be permitted in designated area, providing you inform staff, as supervision is required.

Client's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**MONARCH IS NOT RESPONSIBLE FOR ANY PERSONAL EFFECTS LEFT BEHIND**



# Men's Day Treatment

2-517 Kathleen Street  
Sudbury, ON, P3C 2N1  
Tel.: 705-674-4193 Ext. 4020 Fax: 705-222-2059

## Frequently Asked Questions

### **I am interested and want to get into the program, how do I do that?**

- Call and schedule an intake with our Assessment Coordinator at 705-674-4193 ext. 3224.

### **I have a start date for treatment, what do I need to know for my first day?**

- Treatment runs in 5 week cycles. If you miss the first week, you will have to wait for the next cycle to start. Our Connections Counsellor is there to provide support to you while you wait. You can reach this worker at 705-674-4193 ext. 4024.
- Programming starts at 10:30 a.m. and ends at 3:30 p.m., Monday to Friday – closed on statutory holidays.
- Lunch is provided.
- You will have a Primary Counsellor with whom you can connect with for one-on-one discussions.
- You will be participating in group sessions in the afternoons.
- You will hear from agencies that can help you in your recovery.
- You will hear from people who are in recovery and be inspired by their personal experience.
- You will be asked to check in and check out with the group each day.

### **Is there anything I can't do when attending this treatment program?**

- You are asked to attend each day of the week. If you have appointments set, you will need to speak with your Primary Counsellor, in advance.
- You are asked to be mindful of the clothing you wear. Please don't wear shirts with logos that promote substance use such as beer labels. This can trigger people.
- You can't come to treatment, while under the influence – if this happens, your Counsellor will speak with you. Although this Treatment Program uses a harm reduction approach, if you continue to use, your Counsellor will discuss with you, if this program is a fit.

### **I have completed this treatment program, now what?**

- You will get the support of the Connections Counsellor for up to 6 months after the program.
- Your Connections Counsellor can help you with referrals and anything else needed to get to the goal(s) you have set.
- You can attend the weekly Aftercare Program on Wednesday nights at 6:30 p.m. at the Men's Recovery Home located at 402 Brady Street.



**2016-2017**

**Men's Day Treatment Cycle Schedule**

Monday to Friday  
10:30-3:30

**October 31 to December 1, 2016**

**December 5, 2016 to January 12, 2017**

**January 16, 2016 to February 16, 2017**

**\*February 21, 2017 to March 23, 2017**

**March 27 to April 27, 2017**

**May 1, 2017-June 1, 2017**

**June 5, 2017 to July 6, 2017**

**July 10, 2017 to August 10, 2017**

**August 14, 2017 to September 14, 2017**

**September 18, 2017 to October 19, 2017**

**October 23, 2017 to November 23, 2017**

**November 27, 2017 cycle to be determined**

*Schedule subject to change.*

\*Treatment starts this cycle on the TUESDAY due to Family Day on Monday

To register, call 705-675-1179 ext. 3224 to schedule an intake assessment.

While waiting for treatment, the participant can access our Connections worker once registered through Intake.