



Monarch Men's Programs and Services

Referral Information

January 2017

**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, 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

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 RESIDENTIAL SITES

What to Bring	What NOT to Bring
<p>Identification</p> <p>driver's license, passport or other government-issued photo identification If you do not have a valid/unexpired photo ID please bring a copy of a birth certificate or social insurance card.</p>	<p>Valuables</p> <p>Monarch Recovery Services is not responsible for money and other personal property that are lost, stolen or damaged. Clients are advised not to bring large sums of money or other items of value.</p>
<p>Luggage</p> <p>Please limit yourself to one large suitcase and one bag of clothing.</p>	<p>Scented Products</p> <p>Colognes, perfumes and other scented items are prohibited due to client and staff allergies.</p>
<p>Clothing</p> <p>Casual/comfortable clothing that can be layered, sleepwear, slippers, shoes for everyday use, workout attire for exercise, hiking shoes, a warm jacket and winter boots may be essential for many of our activities.</p>	<p>Offensive Clothing</p> <p>Clothing items containing alcohol or drug-related symbols or slogans or items with offensive or derogatory symbols or slogans are strictly prohibited.</p>
<p>Toiletries</p> <p>You should pack items as shampoo, conditioner, toothpaste, hair gel, body wash and soap. All toiletries must be alcohol free.</p>	<p>Items with Alcohol</p> <p>Items that contain alcohol such as aftershave lotion and mouthwash are restricted.</p>
<p>Calling Card</p> <p>Bring a calling card to make long distance calls at designated times.</p>	<p>Electronics</p> <p>Cell phones, computers, laptops, tablets, ipods and other music devices are not permitted.</p>
<p>Contact Information</p> <p>Please bring a list of phone numbers and addresses of family members, doctors, psychiatrists, counsellors, attorneys, and of anyone you would like to contact.</p>	<p>Cell Phones & Vehicles</p> <p>are not permitted.</p>
<p>*We are a scent-free agency*</p>	<p>Outside Food & Beverages</p> <p>are not permitted.</p>



Men's Residential Sites Application Checklist

Monarch Recovery Services Men's Site services are available to fully detoxified individuals who are homeless, or at risk in their current environment.

With your completed application have you enclosed?

- ADAT Tracking Summary** (call 705-674-1179 x 3224) or if GAIN Tools are implemented)
- If on psychoactive medications, a letter from your prescribing Physician verifying your stability and diagnosis
- A copy of Bail, Probation or Parole if applicable
- Signed consent to share information
- TB Test Form as required

To apply for residency at Monarch Recovery Services;

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

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

**Call Assessment Coordinator 705-675-1179 Ext. 3224
or 1-877-431-6713 x 3224**

Office Hours: 8 a.m. to 4 p.m. Monday to Friday.

Applications may be faxed to 705-671-8069

E-mail info.men@monarchrecoveryservices.ca

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



Men's Day Treatment Program

FAQ

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 the Connections counsellor at 705-674-4193 ext. 4024.
- Doors open and 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. This Treatment Program is a harm reduction approach, so your counsellor will discuss if this program is a fit.

I have completed this treatment program, now what?

- You can 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, Wednesday nights at 6:30 p.m., at the Men's Recovery Home located at 402 Brady Street.

Monarch Men's Application Form



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:		
REFERRAL INFORMATION					
Referred On: dd ____mm ____yyyy _____			Referring Source:		
Referring Agency:			Contact Person:		
Agency Phone:			Agency Fax:		

Monarch Men's Application Form

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:	Gambling <input type="checkbox"/> YES <input type="checkbox"/> NO
Last date of substance used: dd <input type="text"/> mm <input type="text"/> yyyy <input type="text"/>		Substance:
Previous Treatment? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, when and where?	
Previous Recovery Home? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, when and where?	
HEALTH SCREENING		
Are there acute complications that may require referral to emergency/hospital for immediate medical assessment? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown If yes, what? _____		
Are you currently in any type of treatment or counselling for emotional or mental health problems? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Is there a threat of harm to you or others? <input type="checkbox"/> YES <input type="checkbox"/> NO _____ If yes, what? _____		
Impairments Visual? <input type="checkbox"/> YES <input type="checkbox"/> NO Hearing? <input type="checkbox"/> YES <input type="checkbox"/> NO Mobility? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Non-Medical Injection use: <input type="checkbox"/> Never <input type="checkbox"/> Prior to 1 year <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO _____ Most Recent Diagnosis: #1 _____ #2 _____		

Monarch Men's Application Form

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:
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, binging)		<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.

Monarch Men's Application Form



**PLEASE HAVE THIS T.B. FORM COMPLETED BY
A MEDICAL PROFESSIONAL
(for residential sites only)**

Patient's Name: _____

MANDATORY: 1) **Date received** _____
 Results (mm) _____
 Interpretation _____

CHEST X-RAY REQUIRED IF T.B. TEST IS POSITIVE (results) :

MEDICAL PROFESSIONAL'S SIGNATURE: _____

DATE: _____



CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

402 Brady St., Sudbury, Ontario P3B 2P6

Tel. 705-675-1179 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** to **RELEASE/REQUEST** the following information to/from the person(s)/agency(ies) listed.

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

HSN Mental Health & Additions Programs Worker(s) **YES** **NO INTIALS**
Name(s) _____ _____
Contact Information: Tel.: (_____) _____ Ext. _____
(mandatory)

HSN Withdrawal Management Services **YES** **NO INTIALS**
Contact Information: Tel.: (_____) _____ _____
(mandatory)

HSN Emergency Personnel: Hospital Staff, Ambulance Staff **YES** **NO INTIALS**
Contact Information: Tel.: (_____) _____ Ext. _____ _____
(mandatory)

Family Responsibility Office Worker **YES** **NO INTIALS**
Name: _____ _____
Contact Information: Tel.: (_____) _____ Ext. _____
(mandatory)

Réseau ACCESS Network: HIV, HEP C Programs Worker(s) **YES** **NO INTIALS**
Name: _____ Name: _____ _____
Contact Information: Tel.: (_____) _____ Ext. _____
(mandatory)

Probation and Parole Worker **YES** **NO INTIALS**
Name: _____ _____
Contact Information: Tel.: (_____) _____ Ext. _____
(mandatory)

Ontario Works Worker **YES** **NO INTIALS**
Name: _____ _____
Contact Information: Tel.: (_____) _____ Ext. _____
(mandatory)

Ontario Disability Support Program Worker **YES** **NO INTIALS**
Name: _____ _____
Contact Information: Tel.: (_____) _____ Ext. _____
(mandatory)

RE: _____ DATE of BIRTH _____
 day month year

PERSON / AGENCY YES NO INITIALS
 Name: _____ _____
 Contact Information: Tel.: (_____) _____ Ext. _____
 (mandatory)

PERSON / AGENCY YES NO INITIALS
 Name: _____ _____
 Contact Information: Tel.: (_____) _____ Ext. _____
 (mandatory)

PERSON / AGENCY YES NO INITIALS
 Name: _____ _____
 Contact Information: Tel.: (_____) _____ Ext. _____
 (mandatory)

PERSON / AGENCY YES NO INITIALS
 Name: _____ _____
 Contact Information: Tel.: (_____) _____ Ext. _____
 (mandatory)

AREA OF DISCLOSURE: YES NO INITIALS

1. Assessment and Treatment Planning Information _____ _____
2. Discharge Summary _____ _____
3. Progress Reports _____ _____
4. Confirmation of Attendance/Completion _____ _____
5. Legal Status (i.e. court cases, parole, probation) _____ _____
6. All information re: Methadone/Suboxone _____ _____
7. Other (specify) _____ _____

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 ordered subpoena, if I present as a danger to myself or others, or 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 Recovery Home House Rules

VIOLATION OF THESE RULES WILL BE UNDERSTOOD AS YOUR DECISION TO NOT PARTICIPATE IN MONARCH'S 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 frontline office.
2. All clients are to be out of bed by **7:00 a.m.**, make their beds and prepare for morning group at **7:30 a.m.** Breakfast is to be finished prior to chore time at **8:00 a.m.** (1 hour later on weekends).
3. Weekday mornings, prior to 10:00 a.m. group, Clients are required to be dressed appropriately, groomed and prepared to meet their day.
4. Clients are **not** permitted protein powders, cell phones, Ipods, tablets, computer or pagers. These items will be confiscated.
5. Due to allergies and chemical sensitivities, scented products are prohibited within the home.
6. **No smoking is permitted anywhere on the property except in the Gazebo.** Televisions are turned off from 8 a.m. to 12:00 p.m. weekdays because this is chore and group preparation time. In the morning you may watch the news prior to chore time.
7. No sleeping during the day - *unless cleared with staff in advance.*
8. Eating is prohibited beyond the dining room except in special circumstances.
Water is the only beverage allowed in the bedrooms.
9. Clients cannot leave the home before morning group and all clients must be present for morning and evening group, *unless previous arrangements are made with staff.*
10. Staff must scrutinize everything brought into the house. Clients are to be in by **10:00 p.m.** from Sunday to Thursday night inclusively. On Friday & Saturday evenings, curfew is **11:00 p.m.** Weekdays, clients are to be in bed by **11:30 p.m.**
11. Each client must show respect for himself, peers, staff and the program by:
 - Not entering his peers' bedrooms without their permission
 - Not using profanity, inappropriate jokes, violence or threats toward peers or staff
 - Using the peg board when entering or leaving the home
 - Letting staff know in advance of daily plans, such as informing staff when leaving house and upon returning, and if you'll be late or missing meals.
12. **UNDER NO CIRCUMSTANCE ARE CLIENTS TO LEAVE THE BUILDING AFTER CURFEW. NO SMOKING AFTER STAFF HAVE LEFT THE PREMISES.**

Client Name: (please print) _____

Client Signature: _____

Date: _____

Staff Signature: _____

Date: _____

MONARCH IS NOT RESPONSIBLE FOR PERSONAL EFFECTS LEFT AT THE HOUSE

Updated January 2016

Monarch Recovery Services

Men's Recovery Home Program Schedule 2016

Remember to journal at every opportunity and to secure any handouts in your journals.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7:00 a.m. Wake Up/Breakfast					8 a.m. Wake Up	8 a.m. Wake Up
7:30 to 8:00 a.m. Daily Reading/Preparation Time					8:30 to 9:30 a.m. Chores	8:30 to 9:30 a.m. Chores
8:00 to 9 a.m. Chores					9:30 to 10:30 a.m. Brunch	9:30 to 10:30 a.m. Brunch
9:00 to 10 a.m. Medications/Group Preparation Time						
10:00 a.m. to Noon Recreation Group	10:00 to 11 a.m. Chore Instructions & Life Skills	10:00 to 11 a.m. Staff Appointed Group	10:00 to 11 a.m. Big Book & Step Group	10:00 to 11 a.m. Action Follow-up/Group Inventories	10:30 a.m. to 4 p.m. Personal Time Self Help Meetings Family Time	10:30 a.m. to 4 p.m. Personal Time Self Help Meetings Family Time
12 - 12:30 p.m. Lunch	11:30 a.m. to 12 Noon Lunch					
12:30 to 2 p.m. Appointments/ Developing plan of care with Counselling Staff	12:30 p.m. to 3:30 p.m. Appointments Developing plan of care with Counselling Staff		12:30 - 2 p.m. Appointments/ Developing plan of care with Counselling Staff			
2:00 to 3 p.m. Communications/ Relationships Group			2- 3 p.m. Communications/ Relationships Group			
3 to 4:30 p.m. Journaling/ Step Work	3:30-4:30 p.m. Journaling/ Step Work	3:30-4:30p.m. Journaling/ Step Work	3:30-4:30p.m. Journaling/ Step Work	3 to 4:30 p.m. Journaling/ Step Work		
4:30 to 5 p.m. Supper						
5:00 to 6 p.m. Chores/Group Preparation						
6:00 p.m. until completed House Meeting	6:00 to 7 p.m. Staff Selected Group	6:00 -7 p.m. Recreation	6:00 -7 p.m. Relaxation/ Yoga	6:00 - 7 p.m. Staff Selected Group	6 - 11 p.m. Personal Time Self Help Meetings	6 -10 p.m. Personal Time Self Help Meetings
7:00 to 10 p.m. Self Help Meetings/Developing plan of care with Counselling Staff						
10:00 p.m. Curfew				11:00 p.m. Curfew	11:00 p.m. Curfew	10:00 p.m. Curfew
11:00 p.m. Journaling /Reading in Bedroom /Quiet Time				11:30 p.m. Quiet Time	11:30 p.m. Quiet Time	11 p.m. Quiet Time