



## **Monarch Women's Treatment Centre Referral Information**

January, 2017

Did you read and/or complete the following?

- Letter of Introduction
- Important Information for Women Attending WMS in Sudbury
- TB Form
- Travel Guarantee
- Connections Program
- Methadone/Suboxone Information (if applicable)
- Client Information - Treatment Centre
- Consent Form
- Map of Sudbury

It is important for referring agencies that the women sign the enclosed Release of Information, if you require updates, a letter of completion or a post-treatment discharge summary. Thank you.

**Monarch Women's Centralized Assessment Services**

**Tel: 705-674-5090 Fax: 705-674-8002**

**Toll Free: 1-877-431-6713 x 2225**



Monarch Women's Treatment Centre offers a 35-day residential treatment program to women aged 16 years and older. The woman must have a desire to attend a treatment centre, which requires her to be abstinent while she is with us. We provide a structured, psycho-educational, holistic approach. We accept women on the Methadone or Suboxone maintenance program.

- **The Admission process will include the following:**

- A completed Provincial Assessment (ADAT) or GAIN Q3

- A telephone assessment with Monarch Women's Assessment and Referral Services

- A psychiatric or physician's report may be requested if additional information is needed

**Clients accepted into the program must:**

- Have a 1-step TB test done and send in the results **within 2 weeks of being approved for Treatment**
- Have a return transportation ticket or a travel guarantee signed by someone **other than the client**
- CALL weekly and check in directly with the Connections Counsellor at **(705) 674-4193 X 2235**. If they reach the answering machine, they must leave a message.
- Attend withdrawal management prior to admission
- Have all medications in blister packaging (except Methadone & Suboxone), if possible, otherwise they must remain in their original containers
- Ensure they have the necessary funds for weekend transportation for methadone/suboxone therapy

**FAILURE TO FOLLOW THROUGH WITH ALL OF THE ABOVE MAY RESULT IN THE LOSS OF BED DATE.**

**Please provide a copy of the following enclosed documents to all clients:**

- Important Information for Women Attending WMS in Sudbury
- TB Form
- Travel Guarantee
- Connections Program
- Client Information Sheets
- Consent Forms
- Methadone/Suboxone information (if applicable)
- Map of Sudbury

It is important that the women sign the enclosed Release of Information consent form if you require updates, a letter of completion or a post-treatment discharge summary. We look forward to your continued cooperation in providing quality service to women with chemical dependence.

## **IMPORTANT INFORMATION FOR WOMEN ATTENDING (WMS) Withdrawal Management Services in SUDBURY**

We would like to take this opportunity to make you aware of Monarch Women's Treatment Centre's expectations for women awaiting admission to the Centre while at WMS located at, 336 Pine Street, in Sudbury. **Please be advised that WMS is a co-ed facility.**

- You must CONTACT WMS at (705) 671-7366 THE DAY BEFORE your admission there.
- **Failure to arrive at WMS on the date assigned will cause you to lose your treatment bed.**
- Please eat before arriving at Sudbury WMS, as you will not be allowed to eat for the first 4 to 8 hours, while you are under observation.
- Upon admission to WMS, you must sign a RELEASE OF INFORMATION, allowing staff at WMS and Monarch to share ALL information during your stay. **Should you fail to sign the Release of Information, your admission to Monarch Women's Treatment will be denied.**

### **MEDICATIONS**

1. All medications MUST be approved by Monarch prior to your arrival.
2. A six-week supply of medications in blister packaging is required, with the exception of methadone and suboxone. Monarch will arrange to pick up the amount of medications required for your stay in Treatment, as WMS will not store that quantity of medications.

### **PERSONAL SUPPLIES**

Please arrive at WMS with enough personal supplies, including cigarettes, for 2 weeks.

### **OUTINGS**

You will **NOT** be permitted to attend any meeting or any outings, including the corner store. You will not have outings with family while in Sudbury WMS. The only exception will be methadone/suboxone clients who will leave daily, for their prescribed dose.

**PLEASE NOTE THAT MONARCH CLIENTS WILL BE TRANSPORTED FROM WMS TO THE MONARCH TREATMENT CENTRE BY A VOLUNTEER ON THE DAY OF THEIR ADMISSION INTO TREATMENT. IF YOU HAVE ANY QUESTIONS OR CONCERNS REGARDING THESE EXPECTATIONS, PLEASE CONTACT THE INTAKE OFFICE AT 705-674-5090.**



## Monarch Recovery Services – TRAVEL GUARANTEE

(PLEASE FAX TO 705-674-8002)

This is to certify that I will guarantee the return travel costs for

\_\_\_\_\_ whether or not she completes treatment.

Clients are responsible for all their own transportation costs for bus, train, plane and taxi fares from home to Withdrawal Management Services and/or the Monarch Recovery Services, and for their return back home.

**Please note local taxi costs are approximately:**

**From Monarch Recovery Services to Airport - \$60.00**

**From Monarch Recovery Services to Bus Depot - \$20.00**

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Alternate number \_\_\_\_\_

Relationship to Client \_\_\_\_\_



**PLEASE HAVE THIS T.B. FORM COMPLETED BY  
A MEDICAL PROFESSIONAL & FAXED TO 705-674-8002.  
FAILURE TO DO SO WILL RESULT IN LOSS OF YOUR BED DATE.**

**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:** \_\_\_\_\_

## **CONNECTIONS PROGRAM - 705-674-4193, Ext. 2235**

**Dear Client: Welcome! We are looking forward to meeting you!** We realize that you may find the wait time for Treatment long. During this time there are things that you **MUST** do, in order to keep your bed date. Please keep in mind that the sooner these requirements are met, the faster you can be short-listed if an earlier bed date becomes available. Once you are given a Treatment date, your file will be transferred to Lois Stargratt, our Connections Counsellor. **YOU ARE EXPECTED TO CONTACT LOIS WITHIN 7 DAYS AFTER BEING APPROVED FOR TREATMENT.**

### **Failure to complete the following requirements will result in the loss of your bed:**

- You **MUST** call and speak directly to Lois ONCE WEEKLY, MONDAY TO THURSDAY, between 8:30 a.m. and 3:30 p.m., in order to keep your bed. Please note that a phone message is not considered a check-in call. If you reach the answering machine, please leave your name and number and Lois will return your call as soon as possible, as it is necessary for her to speak to you. Please have a complete list of your medications for each weekly contact.
- You will likely be assigned a date and time to attend WMS (Withdrawal Management Services/Detox). **Should you not arrive at WMS on the assigned day, YOUR ADMISSION TO MONARCH WILL BE DECLINED.**
- **MANDATORY FORMS** - We require that the **TB Test Form** and **Travel Guarantee Form** be completed and faxed to Monarch **TWO WEEKS** after you receive your Treatment date. **The fax number is 705-674-8002.**
- A doctor's report on any **SIGNIFICANT MEDICAL ISSUES** may be required. If you are Diabetic, you will need to have your sugar levels stabilized and bring a glucometer and a 6 week's supply of strips and medication with you to Treatment. **Note:** If you experience significant medical problems while in Treatment, your counsellor will discharge you in order to deal with them.
- Any other **OUTSTANDING ISSUES** such as childcare, legal, banking/financial (bill and rent payment) **will need to be resolved** before you enter Treatment.
- Arrive for admission at 9:30 a.m. on your Treatment date, unless other arrangements were made in advance with the intake worker. You will need to make the necessary arrangements to ensure **you will arrive on time!**

You may contact Lois Stargratt, Connections Counsellor  
Monday to Thursday, 8:30 a.m. to 3:30 p.m., at (705) 674-4193 x 2235,  
or Toll Free at (877) 431-6713 x 2235      [ls@monarchrecovery.com](mailto:ls@monarchrecovery.com)



## METHADONE / SUBOXONE CLIENT ADMISSION CRITERIA

**Monarch Recovery Services**  
**Assessment Office: 705-674-5090 Fax: 705-674-8002**

### POLICY

We accept clients who are stabilized on Methadone/Suboxone into the *Monarch Women's 35-day Residential Treatment Program*. This will allow clients on Methadone/Suboxone to participate in a program that promotes abstinence from illicit drug use, and promotes lifestyle changes consistent with abstinence from alcohol/drug use.

### REQUIREMENTS FOR ADMISSION

The client:

1. Must be on Methadone/Suboxone due to a serious narcotic dependency
2. Must have been on the Methadone/Suboxone Maintenance Program for at least TWO MONTHS
3. Must have been on the same dosage of Methadone/Suboxone for a period not less than 2 weeks
4. Must sign a "Release of Information" allowing the Monarch Assessment Office, the prescribing physician and clinic (or pharmacy for non-OATC clients) to have open communication, and access to results of any drug testing
5. Must agree to attend either the clinic or a local pharmacy for the daily dose, regardless if they are presently on "carries" - **No Methadone will be stored on site, nor will it be dispensed or supervised by staff.**
6. **Out of town OATC** clients must have their prescriptions transferred to the OATC, 450 Notre Dame Avenue, Sudbury, Ontario, P3C 5L8, Tel. (705) 673-1116, Fax: (705) 673-7267, for the six weeks that they will be in treatment and WMS. **Out of town Non OATC clients** will transfer their prescriptions to Loblaws Pharmacy, 82 Lorne Street, Sudbury, ON P3C 2N8, Tel. (705) 671-4721, Fax. (705) 671-2862.
7. Must make arrangements to obtain medication on holidays, prior to admission to treatment
8. Local clients will continue to work with their present clinic or pharmacy to obtain their Methadone /Suboxone.

Please Note: As a general rule, clients go for their Methadone/Suboxone at 9 a.m. daily.

## **CLIENT INFORMATION**

### **WOMEN'S TREATMENT CENTRE**

(AGENCIES: PLEASE PHOTOCOPY FOR YOUR CLIENT)

#### **📌 MEDICAL**

MONARCH RECOVERY is a non-medical addiction treatment centre. We **do not** have a doctor or medical staff. If you become ill, please inform the intake office as soon as possible to change your treatment date. **Legal, Dental, Optometrist and all other medical appointments must be taken care of before your admission date.** If you require unexpected medical attention during your stay, we encourage you to go to a walk-in clinic during your free time on Saturday.

#### **📁 MEDICATIONS**

Only approved medications, including herbal remedies are allowed. **YOU MUST TAKE ALL APPROVED MEDICATIONS IN THE PRESCRIBED DOSAGE UNLESS OTHERWISE DIRECTED BY A DOCTOR. YOU MUST ARRIVE WITH A 5-WEEK SUPPLY OF ALL APPROVED MEDICATIONS (except Methadone & Suboxone), PREFERABLY IN BLISTER PACK FORM; OTHERWISE, THEY MUST REMAIN IN THEIR ORIGINAL PRESCRIPTION CONTAINERS.** You must bring a drug or status card with you, or have funds available, as Monarch does not cover the cost of medications should you become ill and require a prescription. Vitamins must be in a sealed container. All medication will be counted upon your arrival.

**NOTE: Diet pills, Gravol, Nyquil, Sleepase, certain allergy medications, etc., are mood altering and must not be taken within a week of treatment, or during treatment.**

#### **📞 TELEPHONE CALLS**

Confidentiality prohibits staff from disclosing information regarding clients. You are permitted to make one check-in call upon admission and one weekly call. Other calls can be made during your free time on Saturday. Should you bring a **cell phone**, it will be stored in lockup upon admission. It will be returned for you to use during your free time on Saturday. Telephone messages will be given to you at the soonest convenient time by staff. If urgent, you will be notified immediately.

#### **IMPORTANT NOTE:**

*You must bring a Bell Calling Card or purchase a pre-paid long-distance calling card prior to entering treatment, if you are planning to make long-distance calls.*

#### **🏠 SATURDAY FREE TIME, VISITORS & SATURDAY PASSES**

**You will not be allowed visitors or free time during your first week of treatment.**

You may have visitors during your free time on Saturdays as follows:

- After completion of week 1, free time is 9 a.m. to 1 p.m.
- 2<sup>nd</sup> week free time is 9 a.m. to 2 p.m.
- 3<sup>rd</sup> week free time is 9 a.m. to 3 p.m.
- 4<sup>th</sup> week free time is 9 a.m. to 4 p.m. (free time info continued on next page)



All personal business, purchases and any medical issues requiring your attention are to be dealt with on your free time. If you are involved with CAS, arrangements may also be made for your children to visit with you at the Centre on Saturday, during your free time. Monarch staff is not responsible for the supervision of children during family visits.

**You may have articles dropped off by family and friends. All visitors, to Monarch Recovery Services must park on the street, present themselves at the front entrance and press the doorbell for assistance. THE SIDE DOOR IS FOR CLIENT AND STAFF USE ONLY.**

## **\$ MONEY / VALUABLES**

**Monarch Recovery is not responsible for money/valuables lost or stolen.** We request that you refrain from bringing large sums of money to the Centre. Monarch will not reimburse or replace lost or stolen money/articles/valuables. Please leave your valuables at home or place them in our client lockup.

## **† CLOTHING**

Women will bathe or shower daily and wear clean clothes. You will be neatly and modestly dressed at all times. You cannot wear inappropriate clothing (displaying alcohol/drug advertisements or derogatory slogans or physically revealing clothing) at any time. You may not wear hats, "hoods," bandannas or sunglasses in the Treatment Centre.

Bring clothing for physical activities, as well as sweaters, hats, coats, gloves and boots for cooler weather. Also bring sleepwear, slippers and closed-toe indoor shoes, e.g., running shoes.

During summer months, you may bring a bathing suit.

**PLEASE pack light and use smaller suitcases rather than one large one.** You are responsible for carrying your baggage up two flights of stairs. We will keep items left behind, after discharge, for up to two weeks at the Treatment Centre, after which time all items will be disposed of. You must pay the shipping costs, if you request that forgotten items be returned to you.

## **⚡ PHYSICAL FITNESS**

We advise you to bring running shoes and appropriate clothing that is suitable to these activities and to the current weather conditions. Daily walks are part of the program.

## **AA SELF-HELP MEETINGS**

You will attend **3 mandatory on-site** meetings per week (AA, NA and WFS-Women for Sobriety). The Women's Circle meeting at the N'Swakamok Friendship Centre is optional; however, you are responsible for your travel costs.

## **🍲 FOOD**

Monarch Women's Treatment Centre's menu is balanced and based on the Canada Food Guide. If you have any medical or religious dietary restrictions, please notify intake PRIOR to your arrival, to enable kitchen staff to prepare. **YOU MAY NOT BRING YOUR OWN FOOD OR BEVERAGES AT ANY TIME.** A doctor's note is mandatory if you require a specific diet. We do not cater to personal tastes or non-medical diets. **FOOD ALLERGIES MUST BE REPORTED PRIOR TO TREATMENT.**

### **RELIGIOUS SERVICES**

Church attendance is optional on Sunday. All Nations non denominational Church will provide rides to and from the church, should you wish to attend Sunday services. You are welcome to attend a church of your choosing; however, you are responsible for your transportation costs and it must fit into the programming times.

### **SMOKING – NICOTINE REPLACEMENT THERAPY**

There is a designated smoking area outside the building for the convenience of our residents. You may not smoke anywhere else on the property. Monarch Recovery Services now offers free Nicotine Replacement Therapy (NRT). We offer the nicotine patch, lozenge, gum and inhaler. The treatment site NRT Program facilitator will provide you with the information upon your admission to the treatment program.

### **RANDOM SEARCHES AND DRUG TESTING**

**PLEASE BE ADVISED THAT WE WILL PERFORM RANDOM SEARCHES AND DRUG TESTING WHILE YOU ARE IN TREATMENT.**

 **PLEASE DO BRING**

 **PLEASE DO NOT BRING**

**A 2-INCH, 3-RING BINDER for handouts**  
paper, a notebook and pens for written assignments, envelopes, stamps, stationery and greeting cards for correspondence  
Loonies for photocopies  
Laundry soap & rinse are sold at Monarch  
Money for cab fare and to purchase 'optional' program materials

**DO NOT BRING VALUABLES OR LARGE SUMS OF MONEY**

**No radio, tape recorder, personal tapes, NO computer, tablets**

**No Books, E-Readers, Magazines, Videos**

If you wear **glasses**, be sure to bring them with you. If you are diabetic please bring a **Glucometer**.

**NO FOOD OR DRINKS OF ANY KIND. You will be provided with a water bottle.**

A long-distance telephone card  
Personal grooming needs which include: soap, shampoo, conditioner, hair brush, hair dryer, deodorant, toothbrush & toothpaste, sanitary napkins and Kleenex, and non-scented hairspray.

**No laundry soap, Javex, scented lotions or sprays, hair dye or perms, body sprays, perfume or any alcohol or solvent-based products such as: mouthwash, glue nail polish, nail polish remover –These will be stored until your discharge.**

Five dollars for laundry soap is sufficient for your 5-week stay.  
The clothes washer and dryer are free of charge; however, you must purchase special laundry soap from the agency.

**No Musical Instruments  
NO SCENTED ITEMS OF ANY KIND**

**Footwear, outerwear and clothing suitable for daily physical activity and walks, and a pair of indoor closed-toe shoes**

**No Vehicle, Bike, Motorbike, Skateboard or any type of transportation**

IF YOU SMOKE, BRING ENOUGH CIGARETTES FOR DURATION OF TREATMENT (5 WEEKS). YOU WILL NOT BE ABLE TO BUY CIGARETTES UNTIL YOUR FREE TIME ON SATURDAY.

**No crafts of any kind (including knitting), board games, cards, crosswords or puzzles**

**Please bring your OHIP card, drug card, and contact information for family, friends, family physicians, psychiatrist, counsellors and lawyers.**



**CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION**

405 Ramsey Road, Sudbury, Ontario P3E 2Z5  
Tel. 705-674-4193, 1-877-431-6713 Fax. 705-674-8002

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:

<b>PERSON / AGENCY:</b> _____	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>	<b>INITIALS</b> _____
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Contact Information: Tel.: (\_\_\_\_\_) \_\_\_\_\_  
*(mandatory)*  
 Fax.: (\_\_\_\_\_) \_\_\_\_\_

<b>AREA OF DISCLOSURE:</b>	<b>YES</b>	<b>NO</b>	<b>INITIALS</b>
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 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: \_\_\_\_\_