



Monarch Men's Day Treatment Referral Information

2018

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

Men's Assessment & Referral

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

Fax: 705-671-8069

Men's Programs

Level 1 Supportive Housing

402 Brady Street
Sudbury, ON P3B 2P6



MONARCH Men's Recovery

Home welcomes men 16 years and older, with a substance abuse problem, who demonstrates a commitment to change their lifestyle. The resident and staff design a service plan specific to his needs. Every resident 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 residents will participate in household maintenance, chores, group activities and volunteering opportunities. The length of stay is up to six months.

Eligibility Criteria:

1. Male 16 + who has been detoxified from drugs/alcohol for at least 72 hours
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 residents to transition to independent living. After completing a Recovery Home Program, the Transition Home provides men 18+ 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.

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 am-3 pm Monday to Friday, and lunch is provided.

Participants 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 Monarch assessment in the past 2 months.

For more information, an assessment, tour or interview for the above programs call the Men's Assessment Coordinator @ **705-674-4193 Ext 3224** to complete an application.

MONARCH Men's Aftercare Group - Eligibility Criteria

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

Meetings are Wednesday nights at 6:30pm-8:30pm at 402 Brady Street

Men's Application Checklist

With your completed 3-page application have you enclosed?

- GAIN assessment (call 705-674-4193 x 3224)
- Signed Consent for Release of Confidential Information (enclosed)

To apply for treatment at Monarch Recovery Services:

- The individual must have been assessed as needing Treatment Services according to the Provincial Guidelines
- Monarch Recovery Services does accept applications from men with co-occurring and concurrent disorders and may request additional information before considering some applications.

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

Call Assessment Coordinator 705-674-4193 x 3224

Toll Free at 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@srmonarchrs.ca

Please visit our website at <http://www.monarchrecoveryervices.ca> to download referral packages.

Men's Day Treatment Application (page 1 of 3)

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:	

Men's Day Treatment Application (page 2 of 3)

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 _____ mm _____ yyyy -		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: _____ Never _____ 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? <input type="checkbox"/> YES <input type="checkbox"/> NO _____ Within lifetime? <input type="checkbox"/> YES <input type="checkbox"/> NO _____		
Most Recent Diagnosis: #1 _____ #2 _____		

Men's Day Treatment Application (page 3 of 3)

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,		<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 an applicant is on psychoactive medications we require a letter from the prescribing Doctor stating diagnosis and stability.



CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

2-517 Kathleen St., Sudbury, Ontario P3C 2N1
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 if I present as a danger to myself or others, or if they 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

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

1. Participants must abstain **from alcohol or drugs and to take medication as prescribed** while at treatment. Medication and vitamins will be locked in the Connections office. ***Medication must be in original container or in blister pack***
2. Participants are required to be dressed appropriately, groomed and prepared to meet their day.
3. Participants are **not** permitted **ANY** weapons on them at any time!
4. Participants are **not** permitted cell phones, pagers or personal listening devices during group sessions.
5. Participants must comply with Monarch's NO SCENT POLICY, due to allergies and chemical sensitivities.
6. NON-SMOKING FACILITY - 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 are not allowed.
9. Staff may request to search your personal belongings, if there are any suspected safety concerns.
10. EACH participant 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. Supervised calls may be permitted in a designated area providing you inform staff.
12. Completed assignments are mandatory to receive an achieved certificate of transition.

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 x 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 appointment 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 support you while you wait. You can reach this staff at 705-674-4193 ext. 4024.
- Programming starts at 10:00 a.m. and ends at 3:00 p.m., Monday to Friday – closed on statutory holidays.
- Lunch is provided.
- You will be assigned a Primary Addictions Counsellor with whom you can connect for one-on-one discussions.
- You will be participating in afternoon group sessions.
- 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 treatment 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 outside appointments scheduled on Treatment days, 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 others.
- You **cannot** attend Treatment **while under the influence** – if this happens, your Counsellor will speak with you.

I have completed this treatment program, now what?

- You will receive the support of the Connections Counsellor for up to 6 months following your transition.
- The Connections Counsellor can help you with referrals, support and anything else needed to successfully attain the goal(s) you have set.
- You can attend the weekly Men's Community Program meeting on Wednesday nights at 6:30 p.m. at the Men's Recovery Home, located at 402 Brady Street.

2018 Men's Day Treatment Cycle Schedule

Cycle of 5 weeks

Monday to Friday
10:00 a.m. - 3:00 p.m.

January 15 - February 15, 2018

*February 19 - March 22, 2018

*March 26 - April 26, 2018

*April 30 - May 31, 2018

*June 4 - July 5, 2018

*July 9 - August 9, 2018

*August 13 - September 13, 2018

*September 17- October 18, 2018

*October 22 - November 22, 2018

November 26 - December 20, 2018 (**Cycle of 4-weeks**)

Schedule is subject to change

****Treatment is closed on Statutory Holidays****

To register, call **705-674-4193 x 3224** to schedule an assessment. While waiting for treatment, assessed applicants can access our men's Connections Counsellor for support and info at **705-674-4193 x 4024**.