



Monarch Men's Programs and Services

Referral Information

January 2019

**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 men 16 years and older, with a substance abuse problem, who demonstrate a commitment to change their lifestyle. The men and staff design a service plan specific to his needs. Every applicant 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 and older, who has been detoxified from drugs and alcohol for at least 72 hours.
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 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 a Monarch assessment in the last 2 months.

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

MONARCH Men's Aftercare Group

Eligibility Criteria

1. Males over 16 years of age.
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 a referral application

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 & Proof of Income</p> <p>driver's license, passport or another government-issued photo identification and proof of income 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. Residents 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 resident and staff allergies.</p>
<p>Clothing</p> <p>Casual/comfortable clothing that can be layered, sleepwear, slippers, indoor shoes for everyday use, flip flops, workout attire for exercise, hiking shoes, a warm jacket and winter boots may be essential for many of our activities.</p>	<p>Clothing Expectations</p> <p>You are expected to shower daily and wear clean clothes. You will be neatly and modestly dressed at all times. Clothing 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, towels and soap. All toiletries must be alcohol free, scent-free and non-aerosol.</p>	<p>Items with Alcohol</p> <p>Items that contain alcohol such as aftershave lotion and mouthwash are restricted.</p>
<p>Cell Phone</p> <p>Cell phones and music devices will be locked up, but are permitted at times designated by our guidelines.</p>	<p>Electronics</p> <p>Computers, laptops and tablets 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>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 Day Treatment Program

FAQ

(For more information, please download the online Men's Day Treatment Referral Package.)

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 need to reapply for another cycle. 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 10:00 a.m. and ends at 3:00 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 completion of 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



Applicant's Information

First Name:		Middle Name:		Alias:	
Last Name:			Last Name at Birth:		
Health Card #:			SIN #:		
D.O.B: dd ____ mm ____ yyyy _____			Age:		
Street Address:			Ethnicity:		
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 an applicant 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: **Date received** _____
 Results (mm) _____
 Interpretation _____

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

MEDICAL PROFESSIONAL'S SIGNATURE: _____

DATE: _____



CONSENT TO DISCLOSE INFORMATION

Release to/
and/or obtain from:

Clinical Records Regarding:
(Please Print Name and DOB)

Name

DOB (day/month/year)

Concerning the following: (Indicate internal program, if applicable.)

This consent shall expire: _____
(Date (d/m/y) – maximum one year from signed date)

If request obtained verbally, specify details (i.e. date, time, method, etc.):

Signature: _____

Date (d/m/y): _____

Witness: _____

Date (d/m/y): _____

MEN'S RECOVERY HOME HOUSE GUIDELINES

VIOLATION OF THESE RULES WILL BE UNDERSTOOD AS YOUR DECISION TO NOT PARTICIPATE IN MONARCH'S PROGRAM

1. Residents are to **abstain from alcohol, drugs, gambling and are to take all medication as prescribed**. Medication and vitamins will be locked up in the frontline office.
2. All applicants must disclose all sources of income.
3. Residents are to be out of bed by **7:00am** - make their beds and prepare for morning group at **7:30am**. Breakfast is to be finished prior to chore time at **8:00am** (1 hour later on weekends).
4. Weekday mornings, prior to the 10:00 am group, all men are required to be dressed appropriately, groomed and prepared to meet their day.
5. Residents are **not permitted** computers, laptops & iPad/tablets in the home. However, they are permitted **one** cell phone and/or an iPad/iPod/MP3 which can be signed out on Tuesday, Wednesday or Thursday, from 1pm-4pm and on Weekends & Holidays from 10:30am-10pm. If not used during these allotted times, these items will be confiscated. Chargers need to be stored in lock up as well.
6. Due to allergies and chemical sensitivities, scented products are **prohibited** within the home.
7. For health reasons, no NEW tattoos or piercings are not permitted while in the home.
8. **Smoking is not permitted anywhere on the property, except in the Gazebo.**
9. Televisions are available except between 7:30am to 12pm weekdays.
10. No sleeping during the day - *unless cleared with staff in advance*
11. Protein powders, energy drinks and supplements are not permitted. All food and drinks are not allowed beyond the dining room except in special circumstances. **Water only is allowed in the bedrooms.**
12. Residents cannot leave the home *before* lunch and must be present for both morning and the evening groups, *unless previous arrangements are made with staff.*
13. Staff must check everything brought into the house. Be sure to show staff your purchases and any additions to the home.

14. Residents must to be in the home by **10:00pm** from Sunday to Thursday night inclusively; on Friday by **10:30pm**; and on Saturday by **11:00pm**. Weekdays, participants must be in bed by **11:30pm**.

15. Participants must show respect for himself, peers, staff and the program and home 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
- Not using thumbtacks, nails or screws on the walls – talk with staff if you have something you would like to add
- 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.

16. UNDER **NO** CIRCUMSTANCES ARE RESIDENTS TO LEAVE THE BUILDING AFTER CURFEW.

17. VISITORS are welcome to visit in public areas only (dining, pool and group room) between 12pm-4:30pm and 7pm-10pm each day except between 2pm-3pm on Mondays and Fridays. Under **NO** circumstances should there be visitors in the home outside of these allotted times. Visitors are expected to abide by the rules of the home and are the resident's responsibility to ensure the behavior of their visitors. In respect for yourself and all others, there is to be NO sexual relations with anyone in the home.

Participant Name: _____ Participant Signature: _____

Date: _____ Staff Signature: _____

MONARCH IS NOT RESPONSIBLE FOR PERSONAL EFFECTS LEFT AT THE HOUSE

Monarch Men's Recovery Home Program Schedule - 2019

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
7am Wake Up / Breakfast					8am Wake Up	
7:30am-8am Daily Reading Group					8:30am-9:15am Chores	
8am-9am Chores					9:30-10:30am Brunch	
9am-10am Medication / Group Preparation Time					10:30am-4pm Personal Time Self Help Meetings Family Time	
10am-12am Recreation Group	10am-11am Chore Follow Up & Life Skills	10am-11am Staff Selected Group	10am-11am Big Book Study & Step Group	10am-11am Action Follow Up / Inventories		
12pm-12:20pm Lunch	11:30am-11:50am Lunch					
12:30pm-2pm Appointments Developing plan of care	12pm-3:30pm Appointments Developing plan of care Personal Time Self Help Meetings Family Time			12:30pm-2pm Appointments Developing plan of care		
2pm-3pm Staff Selected Group				2pm-3pm Back to Basics Group		
3pm-4:30pm Journaling / Step Work	3:30pm-4:30pm Journaling / Step Work			3pm-4:30pm Journaling / Step Work		
4:30pm-5pm Supper						
5pm-6pm Chore time / Group Preparation						
6pm-7pm House Meeting	6pm-7pm Staff Selected Group	6pm-7pm Recreation	6pm-7pm H & I / Staff Selected Group	6pm-7pm Pool Tournament	6pm-11pm Developing plan of care Personal Time Self Help Meetings	6pm-10pm Developing plan of care Personal Time Self Help Meetings
7pm-10pm Developing plan of care Personal Time Self Help Meetings						
10pm Curfew				10:30pm Curfew	11pm Curfew	10pm Curfew
11pm Journaling / Reading / Quiet Time				11:30pm Quiet Time		11pm Quiet Time