



Monarch Men's Day Treatment Referral Information

2020

It is important that the individuals sign the enclosed Consent for disclosure,
if agencies require updates or a discharge summary.

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's Recovery Home

welcomes individuals 16 years and older, with a substance use problem, who demonstrate a commitment to change their lifestyle. The participant 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. Residents are 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. Individuals 16 and older, who has been detoxified from substances 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

Monarch's Transition Home

was established to provide accommodations in conjunction with a program of rehabilitative services, to support residents 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 individuals 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 the exception of approved medications
3. Must demonstrate a commitment to recovery and be in the "Maintenance" phase of Stages of Change
4. Must work, volunteer or attend school and have a source of income, as geared to income rent is required
5. Must complete the application process and sign a contract agreement

Men's Day Treatment

17 Froot Road, Box 4
Sudbury, ON, P3C 4Y9



Monarch's Day Treatment

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

Hours are from 10 am to 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 use and life issues.

This includes Cognitive-Behavioural Therapy, Motivational Enhancement, Refusal Skills and Relapse Prevention.

Eligibility Criteria:

1. Individuals 16 years & older
2. Must meet current Monarch and Provincial assessment requirements

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

MONARCH Men's Aftercare Group 705-674-4193 x 3246

Eligibility Criteria

1. Individuals over 16 years of age – Call the above number for information on accessing this program.
2. The completion of a recovery program and a desire to maintain sobriety with at least 72 hours of sobriety
3. Registered with Monarch Recovery Services – a completed application form

Meetings are Wednesday from 6:30p.m. to 8:30p.m. at 402 Brady Street

Men's Application Checklist

With your completed 3-page application have you enclosed?

- GAIN Q3MI (call 705-674-4193 x 3224) GAIN is on IAR Portal
- Signed Consent to Disclose 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

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

Call the Men's 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.monarchrecoveryservices.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:		Relationship:	
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:	

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 __YES __NO
Last date of substance used: dd _____ mm _____ yyyy _		Substance:
Previous Treatment? __YES __NO	If YES, when, completion and where?	
Previous Recovery Home? __ YES __NO	If YES, when, completion and where?	
HEALTH SCREENING		
Are there medical conditions 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 Visual? __YES __NO Hearing? __YES __NO Mobility? __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 _____		

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

Received treatment for a Mental Health, emotional, behavioural or psychological issues 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 issues? Currently? YES NO

Within last 12 months? YES NO

Within lifetime? YES NO

Primary Health Care Provider:

Phone:

Address:

Health Issues/Long-term Illnesses/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:

Check all that apply

jaundice

stomach problems (ulcers, gastritis)

unmanaged diabetes

head injury

history of seizures/epilepsy

pancreatitis

cancer

physical or sexual abuse

eating disorders (bulimia, anorexia,

emotional / verbal abuse

heart disease

recent untreated injuries

blood pressure problems

risk of infectious diseases

liver disease

STI (syphilis, gonorrhoea, chlamydia, herpes)

hepatitis

HIV

kidney disease

lice/scabies

Other: _____



CONSENT TO DISCLOSE INFORMATION

Release to/
and/or obtain from: _____

Clinical Records/
Information Regarding: (Please print)

Name DOB (day/month/year)

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

**This consent shall expire once the person
has completed their service or upon discharge.**

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

Signature: _____ Date: _____

Witness: _____ Date: _____

PROGRAM EXPECTATIONS

ADHERENCE TO THESE EXPECTATIONS REFLECTS YOUR COMMITMENT TO FULLY PARTICIPATE IN THE PROGRAM AND ARE DESIGNED TO HELP GUIDE YOU TO A SUCCESSFUL COMPLETION.

AS A PARTICIPANT YOU ARE REQUIRED TO:

1. **Abstain from alcohol and/or drugs and to take medication** as prescribed**, during treatment hours.
 - Prescribed medications and vitamins will be locked up in the Connections office. ** Medications must be in their original container or blister pack. **
 - You are not permitted to enter drinking establishments during lunch.
2. **Arrive and check-in with staff by 10:00 a.m.**
 - a. After 10:00 a.m. you may not be permitted to join the group until after lunch. This could count as a half-day missed.
 - b. You must call and leave a message to let staff know when you are absent due to illness or other reasons. The number is 705-674-4193 ext. 4020.
3. **Be dressed and groomed appropriately** and be prepared for your day.
 - Everyone must comply with Monarch's NO SCENT POLICY due to allergies and chemical sensitivities. Please use unscented hygienic products.
4. **Expect that staff may search your personal belongings** if there are any safety concerns. Weapons are prohibited.
5. **Utilize** cell phones, pagers or personal listening devices at designated times only.
 - Cell phones will be stored in a basket at reception and can be used during designated breaks and lunches.
 - You are permitted to use Monarch telephones at break time.
6. **SMOKE 30 feet away from the front entrance**, as per City of Sudbury Bi-Law Number: 2002-300.
 - Smoking, e-cigarettes and vaping are prohibited on Monarch property.
 - Monarch offers a Smoking Cessation Program free of charge.

7. **EXPECT verbal or written warnings**** for the following:
 - a. Late assignments;
 - b. Inappropriate behaviour/not following group expectations;
Certain actions will warrant automatic discharge from the program
 - c. Lack of participation;
 - d. Failing to inform staff of absences.
8. **Submit an appointment request form** 3 days in advance of the required day off, as it needs to be approved by a Primary Counsellor.
9. **Refrain from bringing external beverage containers** to Treatment, including protein shakes.
10. **Follow emergency procedures** in the event of an emergency (fire or medical). You must clear the vicinity and meet in a designated area.
11. **Show RESPECT** for yourself, your peers, staff and the program by:
 - Asking permission before entering a staff office;
 - Using appropriate language and refraining from profanity and inappropriate jokes;
 - Being mindful of negative reactions including acts of violence or threats toward peers or staff;
 - Staying awake and alert when attending the program. Be well-rested and ready to participate;
 - Refraining from touching the program laptop and other Treatment equipment.
12. **Complete and submit** all mandatory assignments on the due date, as well as maintain a good attendance record in order to obtain a Certificate of Completion.

Participant's Signature: _____ Date: _____

Staff Signature: _____ Date: _____

PLEASE REMEMBER THAT MONARCH IS NOT RESPONSIBLE FOR ANY PERSONAL EFFECTS LEFT BEHIND, AS WELL AS LOST OR STOLEN ITEMS.

Men's Day Treatment

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 two days of treatment, 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.

2020 Men's Day Treatment Cycle Schedule

Cycle of 5 weeks

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

January 6 - February 6

*February 10 - March 12

*March 16 - April 16

*April 20 - May 21

*May 25 - June 25

*June 29 - July 30

*August 3 - September 3

September 7 - October 8

*October 12 - November 12

November 16 - December 17

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**.