



Iris Treatment Referral Information

January 2012

Please provide the women with a photocopy of the pages entitled:

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

It is important 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.

Iris Assessment & Referral Office

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

January 2012



Dear Referral Agency:

Iris Addiction Recovery for Women offers residential and day treatment program (35 days) to women aged 16 years and older. We also accept women on the Methadone or Suboxone maintenance program.

The Admission process will include the following:

- A completed Provincial Assessment (ADAT).
- A telephone assessment with the Iris Assessment and Referral Office.
- A psychiatric report may be requested.

For clients accepted into the program, you must:

- Have a 2-step TB test done **within 2 weeks of being approved for treatment.**
- Have return transportation ticket or travel guarantee signed by someone **other than the client.**
- CALL and check in with the Connections Counsellor at **(705) 674-4193 EX 235.** If you reach the answering machine, please leave a message and the Connections Counsellor will call you back.
- Attend detox prior to admission.
- Have all medications in blister packaging, if possible, otherwise they must remain in their original containers.

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 chemically dependent women.

Sincerely,

Iris Assessment and Referral



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

We would like to take this opportunity to make you aware of Iris Addiction Recovery for Women's expectations for women awaiting admission to the Iris Treatment 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) 671-7167 THE DAY BEFORE your admission to detox.
- 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 Iris Treatment to share ALL information during your stay. **Should you fail to sign the Release of Information, your admission to Iris Treatment will be denied.**

MEDICATIONS

- All medications MUST be approved by Iris prior to your arrival.
- A six week supply of medications in blister packaging is required.

PERSONAL SUPPLIES

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

OUTINGS

You will **NOT** be allowed to attend any meeting, or have any outings including the corner store, or outings with family while in Sudbury WMS.

**IF YOU HAVE ANY QUESTIONS OR CONCERNS REGARDING THESE EXPECTATIONS,
PLEASE CONTACT THE INTAKE OFFICE AT 705-674-5090.**

We look forward to seeing you,

Iris Assessment and Referral



IRIS TREATMENT CENTRE – TRAVEL GUARANTEE

This is to certify that I will guarantee the return travel costs for _____ whether or not she completes treatment.

Complete transportation costs to be covered from Iris treatment to clients home, as well as taxi fares to bus depot or Airport if client is not being picked up at the Centre.

Please note local taxi costs are:

From Iris Treatment Centre to Airport - approximately-\$55.00

From Iris Treatment Centre to Bus Depot approximately15.00

Signature _____ Print Name _____

Address _____

Telephone _____ Alternate number _____

Relationship to Client _____



**PLEASE HAVE THIS T.B. FORM COMPLETED BY
A MEDICAL PROFESSIONAL**

Patient's Name :

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

 - 2) **Date received** _____
Results (mm) _____
Interpretation _____

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

MEDICAL PROFESSIONAL'S SIGNATURE: _____

DATE : _____



CONNECTIONS PROGRAM

YOU MUST CALL EVERY WEDNESDAY

705-674-4193 Ext. 235

Upon acceptance into the residential program, your file will be transferred to the Connections Counsellor who will be following up with you weekly until your admission to Iris.

Please note that you may reach the answering machine, please leave your name and number that we may return your call.

Please have available each week:

- A complete list of your medications,
- Information regarding your TB test,
- Travel arrangements,
- Information regarding your Travel Guarantee,
- Any outstanding issues ie. Childcare, court, medical.

Lois Stargratt B.S.W., R.S.W
Connections Counsellor

You may contact the Connections Counsellor

Monday to Thursday from 8 a.m. to 4 p.m. at:

Iris Treatment Centre
405 Ramsey Road
Sudbury, Ontario P3E 2Z5

Tel: (705) 674-4193, Ext. 235
Fax: (705) 674-8002

Proudly supported by:



**United Way
Centraide**

ls.iris@persona.ca
www.irisaddiction.ca



METHADONE / SUBOXONE CLIENT ADMISSION CRITERIA
Iris Treatment Centre
Intake office 705-674-5090 Fax: 705-674-8002

POLICY

To admit clients who are stabilized on Methadone/ Suboxone into the *Iris Addiction Recovery for Women's* short-term residential and day treatment program. This will allow Methadone/Suboxone clients, who were unable to overcome a serious narcotic dependence to maintain a program which 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 female and aged 16 and over.
2. Must be on Methadone/Suboxone due to a serious narcotic dependence.
3. Must have a desire to remain abstinent from illicit drug use and alcohol other than Methadone.
4. Must have been on the Methadone/Suboxone Maintenance Program for at least TWO MONTHS.
5. Must have been on the same dosage of Methadone/Suboxone for a period not less than 2 weeks.
6. Must attend detox before treatment unless client has had uncontaminated urines for a period of no less than 6 weeks. This must be confirmed by your Methadone/Suboxone Clinic.
7. Must go through the same assessment process as all other clients seeking admission to *Iris Addiction Recovery for Women*.
8. Must sign a "Release of Information" allowing the intake office, the prescribing physician and clinic/pharmacy to have open communication, and access to results of any drug testing.
9. 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.
10. Out of town clients must have their prescriptions transferred to the OATC, 450 Notre Dame Avenue, Sudbury, Ontario, P3C 5L8, (705) 673-1116, Fax: (705) 673-7267, for the five weeks that they will be in treatment.
11. Local clients will continue to work with their present clinic to obtain their Methadone /Suboxone.
12. Clients will receive their methadone at 4 p.m. daily.



IRIS ADDICTION RECOVERY FOR WOMEN

CLIENT INFORMATION – TREATMENT CENTRE

(AGENCIES: PLEASE PHOTOCOPY FOR YOUR CLIENT)

⚠ MEDICAL

You must have a mandatory 2-step Mantoux TB test and have the results faxed to our intake office at 705-674-8002, two weeks after you have been accepted for treatment. **YOU ARE RESPONSIBLE FOR REPORTING ALL ALLERGIES/ HEALTH ISSUES. YOU MUST BRING YOUR VALID ONTARIO HEALTH CARD WITH YOU.** Iris Treatment 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 the 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 6-WEEK SUPPLY OF ALL APPROVED MEDICATIONS, PREFERABLY IN BLISTER PACK FORM; OTHERWISE, THEY MUST REMAIN IN THEIR ORIGINAL PRESCRIPTION CONTAINERS.** Should you become ill and require a prescription, you must bring a drug or status card with you, or have funds available as Iris does not cover the cost of medications. Vitamins must be in a sealed container. All medication will be counted upon your arrival.

NOTE: Diet pills, Gravol, Nyquil, Sleepase, 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. Personal calls and fax messages will **NOT** be accepted or made; however, mail and packages are accepted and will be opened in front of staff. There will be absolutely **NO** telephone calls during treatment; however, at the discretion of your Primary Counsellor, you may be allowed to call your children under the age of 18 yrs, once a week. You may use a payphone on Saturday, during your free time. Should you bring a **cell phone**, it will be stored in lockup upon admission, but it will be returned for you to use during your free time on Saturday. Telephone messages will not be given to you unless staff feels that it is an emergency.

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 12 to 4 p.m.
- 2nd week free time is 11 a.m. to 4 p.m.
- 3rd week free time is 10 a.m. to 4 p.m.
- 4th 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.

\$ MONEY / VALUABLES

Iris Treatment is not responsible for money/valuables lost or stolen. Therefore, you are requested to refrain from bringing large sums of money. Valuables should be left at home or placed in client lock up. Lost or stolen money/articles/valuables will **not** be reimbursed or replaced.

† CLOTHING

You are expected to bathe or shower daily and wear clean clothes. You are expected to be neatly and modestly dressed at all times. 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, ie. running shoes! During summer months you may bring a bathing suit.

PLEASE pack lightly and use smaller suitcases rather than one large one. You are responsible for carrying your baggage up two flights of stairs. Items left behind after discharge will be kept for 2 weeks at Iris Treatment, after which time all items will be disposed of. If you request that the items be returned to you, you are responsible for the shipping and handling costs. Absolutely no hats, bandanas or sunglasses are to be worn in the building.

⚡ 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 mandatory.

AA SELF-HELP MEETINGS A.A. /WFS/CODA

You will attend **2 mandatory on-site** meetings per week (AA, and (WFS) Women for Sobriety). There will be 1 optional meeting on site (CODA). The Circle meeting at the N'Swakamok Friendship Centre is also optional; however, you will be responsible for your own travel costs.

🍴 FOOD

Iris Treatment Centre's menu is 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 be prepared. If we are not informed in advance, you will be responsible to pay any costs incurred after your admission. **YOU MAY NOT BRING YOUR OWN FOOD OR BEVERAGES AT ANY TIME.**

🏛️ RELIGIOUS SERVICES



Church attendance is optional on Sunday. All Nations 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, transportation and costs are your responsibility.

☞ SMOKING

There is a designated smoking area outside the building for the convenience of our residents.

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
<p>A 2-INCH 3-RING BINDER paper, a notebook and pens for written assignments, envelopes, stamps, stationery and greeting cards for correspondence Loonies for photocopies, laundry soap & rinse sold at Iris, stamps... Money for cab fare and to purchase 'optional' program materials (ex.) A complete set of steps workbook is \$16</p>	<p style="text-align: center;">A radio, tape recorder, personal tapes, puzzles, crosswords, and other board games</p> <p style="text-align: center;">Books or Magazines</p>
<p>If you wear glasses, be sure to bring them with you. If you are diabetic please bring a Glucometer.</p>	<p style="text-align: center;">Power or High Energy drinks contain caffeine and are not permitted due to the fact that they promote cravings.</p>
<p>A long-distance telephone card Personal grooming needs which include: soap, shampoo, conditioner, toothbrush & toothpaste, sanitary napkins and Kleenex, non-scented hairspray.</p>	<p style="text-align: center;">laundry soap, Javex, scented lotions or sprays, hair dye or perms, body sprays, perfume, nail polish or any alcohol or solvent-based products such as: mouthwash, nail polish remover and glue</p>
<p>Five dollars for laundry soap should be 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.</p>	<p style="text-align: center;">Musical instruments, arts/craft supplies, ie. knitting</p>
<p>Footwear, outerwear and clothing suitable for daily physical activity and walks, indoor closed-toe shoes and a WATER BOTTLE</p>	<p style="text-align: center;">Your Vehicle</p>
<p>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.</p>	<p style="text-align: center;">Food & Beverages</p>

*******We are a scent-free agency*******



405 Ramsey Road
 Sudbury, Ontario P3E 2Z5
 Tel. : (705) 674-4193 Fax. : (705) 674-8002

CONSENT FOR RELEASE / REQUEST OF CONFIDENTIAL INFORMATION

RE: _____ **DATE of BIRTH** _____
 day month year

Having read and understood this form, I hereby authorize **IRIS ADDICTION RECOVERY FOR WOMEN** (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 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: _____