



Empowering women, healing futures

# Womankind Addiction Service Treatment Referral Package

Womankind is pleased to provide an evidence based six week treatment program that is offered to women with an inhouse or community based format. As well, the Womankind program can be completed in a 4, 5 or 6 week plan as determined through an ongoing assessment of needs.

A completed referral package will include:

- 1. Copy of GAIN Q3 assessment be completed to confirm our treatment model is a good match for the applicant.
- 2. Complete the enclosed information together with the applicant to ensure informed consent of next required steps.
- 3. Contact information to reach applicant. A telephone interview will be scheduled following receipt of completed referral package.
- 4. Mandatory weekly check in calls will be scheduled to coordinate admission process.
- 5. Signed consent of release of information to allow for any preadmission communication to occur with involved professionals.

## Please submit all completed treatment referrals to:

## Womankind Treatment Intake (905) 528-7255

For inquiries related to admissions: (905) 521-9591 ext. 238

For inquiries related to treatment: (905) 521-9591 ext. 237

Withdrawal Management and Crisis line: (905) 545-9100

St. Joseph's Healthcare Hamilton Womankind Addiction Service 431 Whitney Avenue Hamilton ON L8S 2H6

## **Referral Package Checklist**

#### Please ensure all areas are completed with up to date information.

- Signed consent for any professionals supporting applicant to treatment. This may include: CAS worker, OW or ODSP worker, Probation or Parole Officer, OAT prescriber or clinic.
- Application form
- Departure transition plan
- Package reviewed and copy provided to applicant
- Signed participation agreement 0

## **Referral Agent:**

Name: Contact:

Will you be continuing to support the applicant through the admission process?

If no, what supports will the applicant be accessing to assist in readiness for treatment?

Will you be communicating with the applicant during treatment and/or receiving them back after treatment?

| Do yo | u require | a copy | of their | discharge | summary? | Yes / No |
|-------|-----------|--------|----------|-----------|----------|----------|
|-------|-----------|--------|----------|-----------|----------|----------|

## **Applicant Contact Information:**

Womankind staff will reach applicant to schedule treatment interview and negotiate a scheduled time for weekly phone check ins. Please provide us with best way to reach you.

Do you have access to a phone or computer for mandatory weekly check ins? Yes / No

If no, what is your plan for meeting this requirement? \_\_\_\_\_

| Telephone number:       | Message okay? | Yes / No |
|-------------------------|---------------|----------|
| Alternate phone number: | Message okay? | Yes / No |
| Email address:          |               |          |

## Application to Womankind Treatment

| Name: | Date of Birth: |
|-------|----------------|
|       |                |

Referral to: Inhouse / Day program

## Past Client at Womankind?: Yes / No

Womankind team will gather a thorough medical, mental health and substance use history during the telephone interview. At this time, please provide details of the following in preparation of your treatment.

| Current Residence   |  |  |  |  |
|---|--|--|--|--|
| Address:<br>Housing Type:  Own home/rental  Shelter  NFA  With family/friends  Subsidized Housing                         |  |  |  |  |
| □ Hospital □ Jail □ Transitional Housing □ Halfway house □ Other  |  |  |  |  |
| Stable: Yes / No Safe: Yes / No   |  |  |  |  |
| Will the housing be maintained for duration of treatment? Yes / No If no, where are you planning to live after treatment? |  |  |  |  |
|   |  |  |  |  |

## Withdrawal History

 Withdrawal management prior to admission needed? □ Yes □ No

 If yes, please discuss with staff during telephone interview. Withdrawal support can be arranged at

 Womankind or a centre in your community.

 History of adverse events while in withdrawal? (eg seizures) □ Yes □ No

 Date of last seizure:

 Hospital admissions for withdrawal? □ Yes □ No

 Please provide any other information that the client feels would be relevant to support them:

| Current Legal Involvement  |  |  |  |  |  |
|--|--|--|--|--|--|
| Current Legal Status:  Probation  Parole  Bail  Conditional Sentence  Incarcerated   |  |  |  |  |  |
| Bail/Probation Officer: Phone: Phone:  |  |  |  |  |  |
|  |  |  |  |  |  |
| Do you have Children's Aid Society involvement?   Yes  No  |  |  |  |  |  |
| CAS Worker: Phone :  |  |  |  |  |  |
| <b>Will you be scheduling access visits during your treatment?</b> □ Yes □ No If yes, please discuss with staff during telephone interview. There are some schedule limitations however will coordinate with CAS worker. |  |  |  |  |  |
| Do you have any upcoming court dates that may interfere with treatment?   Yes  No  |  |  |  |  |  |
| Is participation/completion of a treatment program being mandated ?   Yes  No  |  |  |  |  |  |
| Please provide any other information that the client feels would be relevant to support them:  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Departure Transition Plan  |  |  |  |  |  |
| The following plan will be put in place if I leave treatment early. Further assistance will be provided to develop a more complete plan as part of the treatment.  |  |  |  |  |  |
| Destination upon departure from treatment:   |  |  |  |  |  |

Own transportation to/from treatment: 
□ Yes □ No

**Mode of Transportation:** \_\_\_\_\_ If no, who will transport? (Name,phone, relationship)

Please initial: I am aware that transportation to/from treatment is my own responsibility ( )



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## CONSENT FOR RELEASE/REQUEST OF CONFIDENTIAL INFORMATION

| l,   |            | hereby |
|--|------------|--------|
| (print your name)                          | (dd/mm/yy) |        |
| authorize:                                 |            |        |
| (print name of person or agency)           |            |        |
| to disclose my personal information consis | ting of:   |        |
|  |            |        |
| to:  |            |        |
| (print name of person or agency)           |            |        |
| (print name of person or agency)           |            |        |
| (print name of person or agency)           |            |        |

This consent will be deemed valid for the duration of treatment preparation and program and/or for a period not to exceed six (6) months.

At any time you may withdraw your consent, either verbally or in writing without consequence.

(Client Signature)

(Date)

(Witness Signature)

(Date)



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Congratulations on the exciting journey you are about to partake in!! Treatment programming can enhance or set in motion a solid recovery plan. Whether you are well on your way or newly engaged in making lifestyle changes, the decision to commit this time for yourself is worthwhile.

Womankind Addiction Service prides itself on providing a six week treatment program that is offered in the inhouse or community treatment format. Each program cycle offers 12 spots, 8 for inhouse women who reside at Womankind for the duration of the treatment and 4 for women who attend program weekdays and reside at home. The assessment process and proximity to our location will guide the decision with regards to which format you would be offered. The program runs on a continuous intake schedule providing potential for shorter wait times and opportunity for flexible length at four five or six weeks.

The treatment program provides therapeutic, educational and holistic framework that includes group and individual counselling, leisure and peer led programs focused from a trauma informed, strengths based and relapse prevention perspective. Here is a snapshot of what you can expect in the treatment modules:

#### **Cultivating Wellness**

Develop practical wellness strategies

Increase understanding of whole self and importance of self care

#### **Developing Resilience**

Recognize the power of shame

Understand the role of empathy and vulnerability in healing shame

#### **Living Your Values**

Make room for discomfort while attending to the present moment

Target avoidance of unwanted thoughts and emotions with acceptance

#### **Exploring Self Compassion**

Enhance emotional well being and connection to others

Expand ability to be with pain in a courageous way

#### Building Community

Create plan for healthy support system

Build skills to understand and transform difficult relationships

#### **Moving Forward**

Release pain and strive toward your best self

Become aware of how to own your power

#### What to Expect During your Treatment at Womankind

#### Some important items to note in preparation for your arrival

#### **Attendance**

The programming in the treatment is interconnected and all considered important. Attendance each day is required. Absenteeism may interfere with achieving the full benefit of the program and chronic pattern of absence may result in an incomplete program.

#### **Belongings**

All belongings coming in and out of Womankind will be searched by staff. Womankind will not be responsible for belongings, please do not bring valuables. Any belongings left behind on departure will be held for one week and then disposed of. Please refer to "What to Pack" to know what to bring.

#### **Chores**

All residents at Womankind participate in light daily chores. This includes tidying of personal space and the common areas such as living room, group room and washrooms. The chores rotate weekly.

#### Laundry

All residents are assigned a laundry day each week and provided use of our facilities and soap. Please pack accordingly to allow for doing laundry once weekly.

#### **Passes**

Women are able to have an offsite walk each evening after dinner. Weekend passes (day or overnight) are available in the last three weekends of treatment program, for those who have a safe plan/place to go and are progressing well in treatment.

#### Phone Use

Cell phone use is permitted with clear guidelines around prohibited use of camera/recording features, hours of use etc. Breach of these guidelines will result in phone being locked in storage until discharge. Womankind will not be responsible for loss or damage to cell phones/chargers/accessories. Please advise family and friends that we do not take personal messages at the office.

#### **Special Diet**

Any special diet information needs to be discussed prior to admission. Please advise ahead of time if you are vegetarian, vegan, halal, have gluten or dairy intolerance, food allergies.

#### Visits/ Supervised Access Visits

Women in treatment may have visits on their first two weekends of treatment. Week 1 Sunday from 100pm-400pm onsite. Visits occur on basement level or in green space, weather permitting. All visitors must be cleared by staff. Week 2 Sunday, treatment visits can occur offsite from 100pm-400pm.

## A GLIMPSE INSIDE THE WOMANKIND SPACE

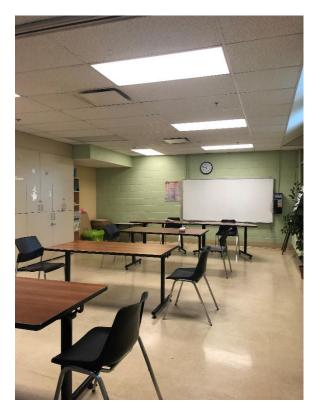


## COMMON AREA ON TREATMENT FLOOR

# SHARED BEDROOM



## TREATMENT GROUP ROOM



#### **COMFORT ROOM**



#### **Strategies to Prepare for Upcoming Treatment**

You have made the decision to come to treatment... now to get ready!! Womankind team is happy to assist you in any way we can to get you ready and to our door!

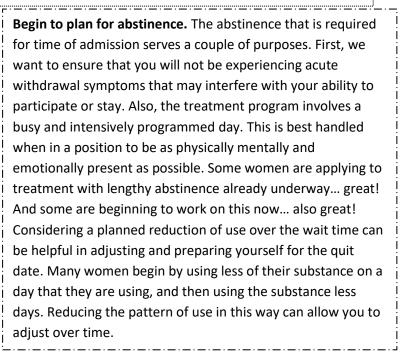


Use the weekly telephone check in calls to get all of your questions answered. These calls are an opportunity for us to engage you in beginning to prepare for admission but also a time for you to find out anything you may want or need to know! Keep a notepad for your questions... and when you call in... ask away!!

Withdrawal Management can be arranged on your own or with our support. Some women prefer to attend a program that is familiar to them, and some will not require withdrawal management support at all. Please be aware that Womankind does have Withdrawal Management on site and we would happily assist you in facilitating an admission prior to your treatment if interested. You can also call and speak to one of our staff for support, strategies. **Our Withdrawal Management team is available 24/7 for support at:** (905)545-9100.

Negotiate arrangements for transportation, visiting, childcare, communication during treatment with friends and family **before you get here**. Name your support team and determine how they may be able to assist you in a successful transition to treatment.

Begin to adjust your daily routine where possible to adopt a healthy routine of proper nutrition, rest, exercise. **Taking care of self** is the best use of your time and will help you adapt to our structured routine.





Attending self help or support groups, individual counselling may be beneficial while waiting for treatment entry. If you are local, Womankind offers a weekly group Taking Steps which you can attend while waiting for treatment.



Be patient with yourself, keep expectations reasonable, don't sweat the small stuff, practice staying in the moment and remind yourself that you are deserving and worth these weeks ahead. ©

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#### Packing for your Stay at Womankind

#### Please bring with you

We ask that you plan to bring no more than 2 bags to Womankind due to the limited storage in bedroom areas. (suitcase/duffle bag, carry on/backpack) Since you will have access to laundry facilities, <u>packing for one week</u> is sufficient.

Prescribed medications, Nicotine Replacements (see attached sheets) and prescription coverage

Clothing... outfits for one week. Weather appropriate and Comfortable clothing is best. Pyjamas, slippers

Toiletries... shampoo, deodorant, toothpaste etc.

Program supplies... You will be provided with a binder, you may want to bring in pencil case/ pens/ highlighters/ journal

Books, magazines, colouring, MP3/MP4 with headphones, knitting, crafts etc. are welcome

Cell phone and charger

Stamps, Money, phone card

Pillow, bedding and towels provided however may bring own ie. if need an additional pillow

#### Please leave at home:

Any Food or drink

Anything containing alcohol

Perfume or body spray; we are a scent reduced facility

Candles

Substances or paraphernalia including tobacco lighters

#### Use of Medications while at Womankind Addiction Service

The team at Womankind recognizes the important role of medications in stabilizing physical and mental health diagnoses. To that end, we aim to assist women in reaching and maintaining their optimal health and will support the use of any medications as prescribed by a physician. Please note the following if you are bringing medications to Womankind:

- All medication is to be kept in office throughout your stay. Medications are stored in lockers and individuals will self administer medication while supervised by staff.
- Medications must arrive in their properly labelled prescription containers, with all information legible and current.
- When coming to treatment, you can bring in your medication for the duration of your stay or current medication with refills to cover the duration of your stay.
- Please prepare to have drug coverage/benefit card or monies to cover cost of prescriptions.
- Blister packaging is preferred for individuals who have a number of medications. This can be arranged at our local pharmacy if you do not have a pharmacy that provides this packaging.
- If preferring to fill prescriptions at our local pharmacy, you can contact Whitney Pharmacy directly at (905)529-9888 and fax (905)529-0082.
- Medication is required to be taken as prescribed and taking as such is your responsibility. A risk assessment will be completed for the self administration practice during your stay. A prescription provided for "as needed" basis, must be indicated on label.
- If desiring a change or discontinue of medication while at Womankind, you will be required to provide a Doctor's directive.
- Medications that are expired, discontinued or left at Womankind upon discharge will be disposed of via hospital pharmacy per protocol.
- Outpatient clients are required to leave their medication at home or in office storage if you require a dose through the program hours.
- Please use discretion and respect privacy surrounding use of medications while at Womankind. We provide private time for medication to be taken and there is little value in discussing your medication regime publicly.

## **Smoking Cessation and Nicotine Replacements**

- Smoking is not permitted on the property of Womankind. Please refrain from bringing tobacco products to Womankind.
- Smoking Cessation medications and Nicotine replacement therapies such as the patch, gum, lozenges (no inhalers) can be brought with you to aid you in staying comfortable.
- Staff, including trained Tobacco Specialists will provide support and strategies to assist you in remaining comfortable without tobacco products and support your efforts to quit smoking if you choose.
- Consult your physician for information or to get started on medications or Nicotine Replacement therapies. \*Some of the public health programs provide free NRT medications.
- The Smoker's Helpline (1-877-513-5333) is available to individuals.

## **Opioid Agonist Therapies Information for Womankind Treatment Admissions**

Womankind Addiction Service recognizes the important role of medications in assisting recovery goals, including Opioid agonist therapies. The Womankind team has considered the most seamless delivery of our programming and how to incorporate provision of OAT's to women in our service.

For women who are prescribed these medications, please be aware of the following in preparation for your treatment admission.

- We require prescribing physician to complete a form and prescription in the week prior to admission. Please be prepared to provide the Doctor's name, Clinic name, telephone and fax numbers. Intake will ensure all required paperwork is sent to your Doctor within a timely manner.
- Womankind is partnered with Whitney Pharmacy, local neighbourhood pharmacy for dispense of daily dose. Whitney Pharmacy is within walking distance (3 minute walk). Daily dose is taken at pharmacy each day with exception of Sundays or holidays when they are closed. A carry is written into your prescription for these dates and will be delivered/stored with proper storage standards at Womankind.
- Staff will communicate all necessary arrangements between your clinic, Whitney Pharmacy and Womankind to have prescription ready for your arrival. On the day of admission, you should have your daily dose prior to arrival.
- Please bring photo ID with you as is required to be shown at Whitney Pharmacy.
- Please bring with you the drug coverage information for the duration of your stay. Your monthly drug card, benefits information or cash to pay for your prescription at the pharmacy. If the month changes during your stay, please prepare ahead of time, the delivery of your new month's drug card if in receipt of OW or ODSP. Womankind does not cover cost of medication through treatment.
- Please take note that during stay at Womankind, daily dose is available at the noon hour. In preparation, you may choose to begin to align your dose to this timeframe prior to admission. The pharmacy hours and least intrusive timing for the program have been weighed in consideration of this timeframe.
- Women who discharge early from program will be required to make arrangements for prescription with the pharmacy or prescribing physician. If a discharge occurs while a carry is on site, Womankind will not provide the carry to leave with and it will be disposed of per medication protocol.
- Women who may be taking weekend passes in the latter weeks of treatment, will need to discuss arrangements with physician for a carry or receiving Sunday dose at home pharmacy.
- Womankind does not have sufficient storage for daily carries on site. If you have reached the point of ongoing carries, this will unfortunately need to be put on hold during stay at Womankind.
- During your involvement in program, a stabilized dose is important. Should you be increasing or decreasing your dose, you are encouraged to do so in a manner that does not interfere with your ability to participate in treatment programming.

Please seek clarification or address any concerns at the time of your weekly check in calls.