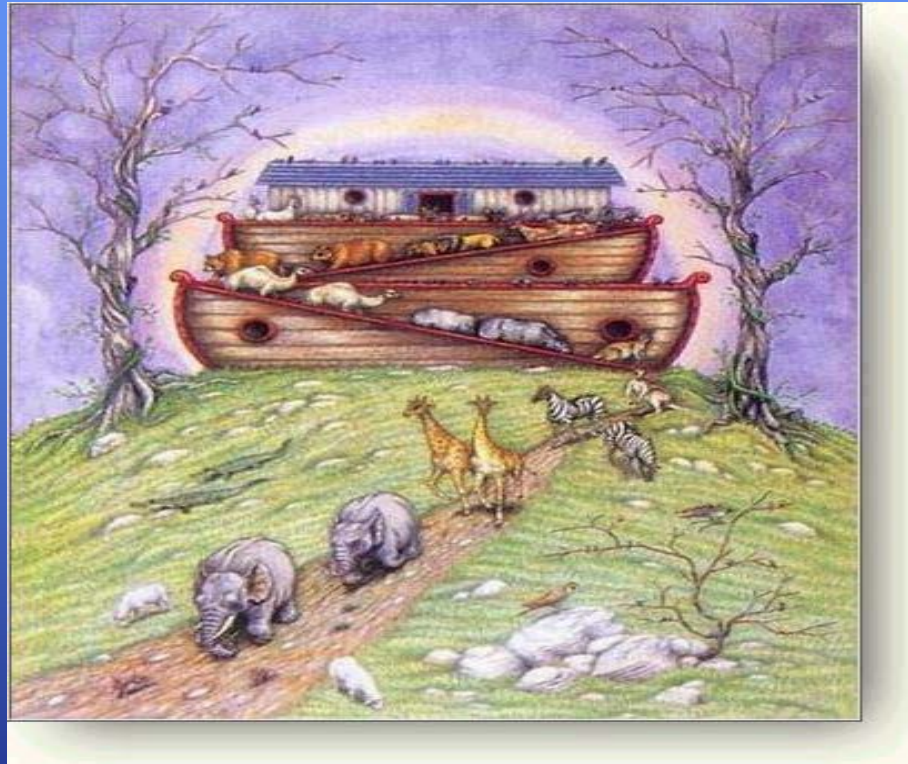


THE NOAH PROJECT



STEPS at Liberty Center

• Wooster, Ohio



“ANCHORS AWAY”

ELIMINATING BARRIERS TO
RECOVERY

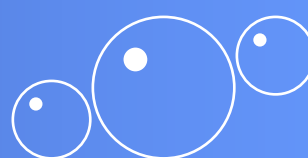

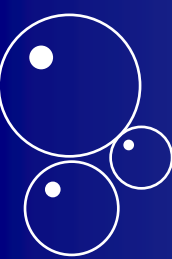


STEPS Change Project

January 2005



Purpose

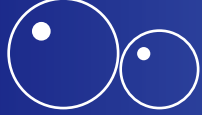
To determine if immediately offering assistance to address holistic needs of clients will increase continuation rates



The Change Team

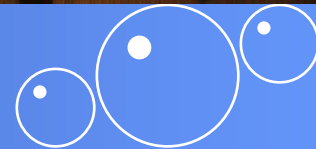
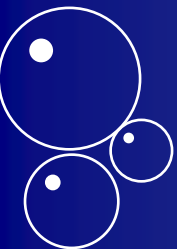


- Former Consumer
- Housing Coordinator
- Clinical Director
- Chief Probation Officer
- Receptionist
- Therapist
- Director of Operations
- (Paths to Recovery Coach)

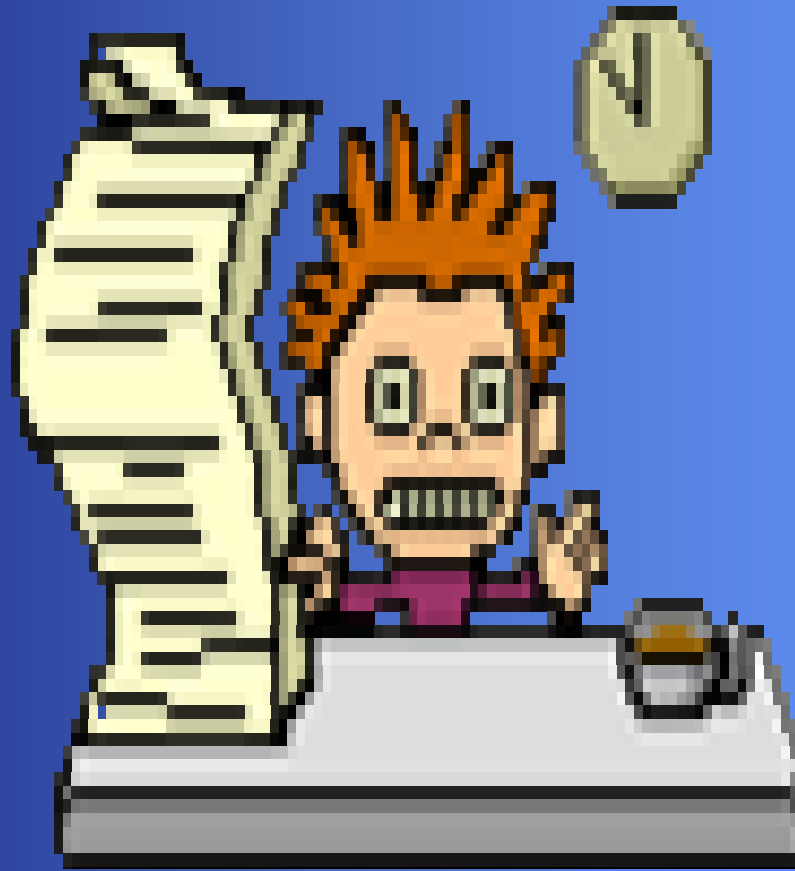


Initial Intake Changes

- Hostess approach
- No wait
- Client needs addressed first – STEPS needs (paperwork) last
- Opinion important – satisfaction survey given
- 42 minute “extreme make-over” of storage room for private space for client on first visit

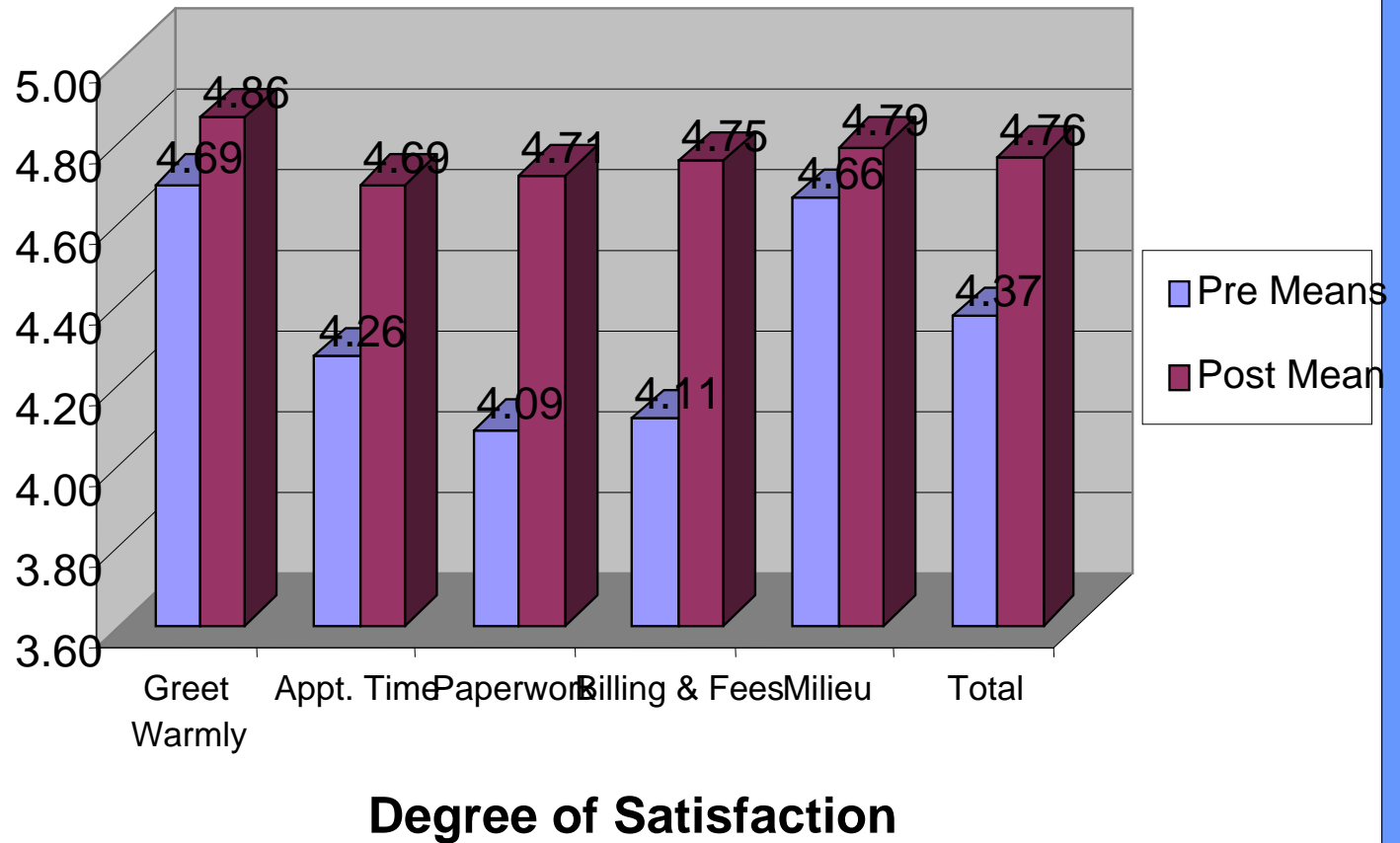


**Initial Paperwork Reduced
50 minutes to < 5 minutes**



Initial Outcomes

Pre & Post Client Satisfaction



“Shouldn’t We Be More Welcoming Than Wal-Mart?!?”



“Welcome to Wal-Mart.”

“How may we help you?”

Immediately Identify Client Needs



“Welcome to STEPS.”

“How may we help you?”

Procedure

Prior to appointment

- Contact client prior to appointment to welcome them, remind them of appointment time, inform them as to what to bring & answer any questions

Day of appointment upon arrival

- Greet client, offer coffee & show them the waiting room
- Explain assessment process & what to expect
- Describe the staff person's role as liaison & problem-solver for the client
- Introduce client to the therapist

Day of appointment after session

- Explain paperwork & assist as needed
- Discuss resources available especially any identified by the therapist as particular needs
- Give paperwork to the front desk
- Provide a tour of the facility
- Get financial sheet from the front desk and explain financial responsibility
- Facilitate the completion of a client satisfaction survey for the initial appointment
- Ask permission to make a follow-up telephone call & encourage client to re-contact staff if any concerns or questions

A few days after session

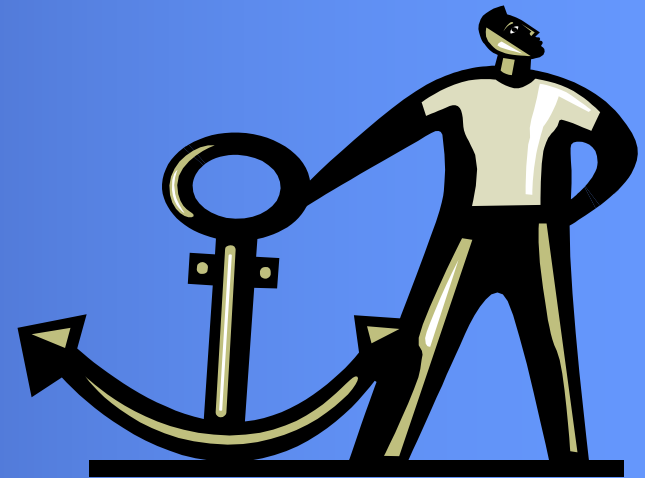
- Re-contact client to see how things are going & if there are any questions or additional needs

As needed

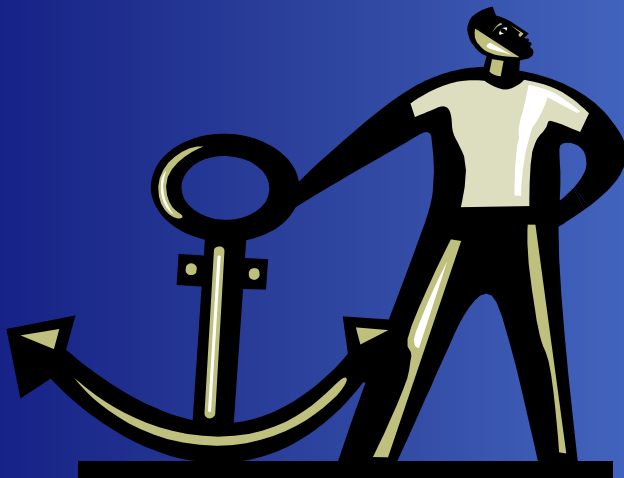
- Be available to client as the need arises



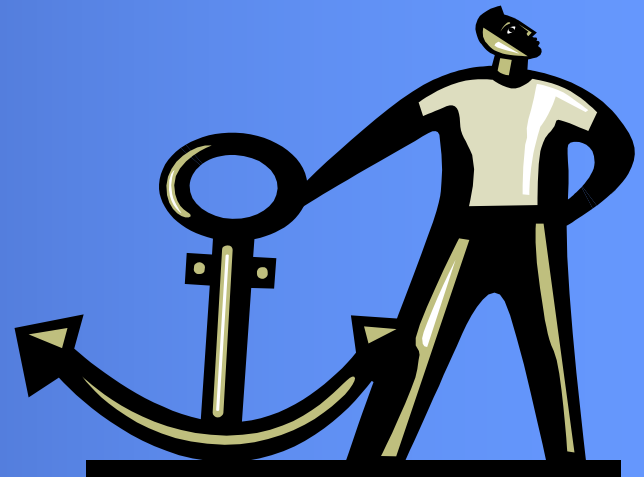
HEALTH CARE



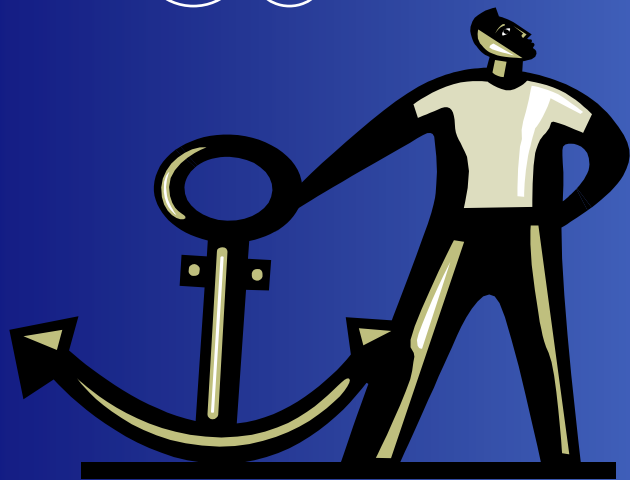
HOUSING



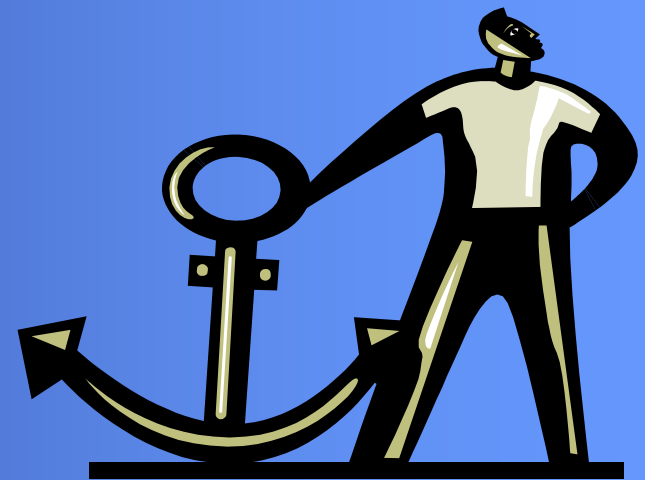
TRANSPORTATION



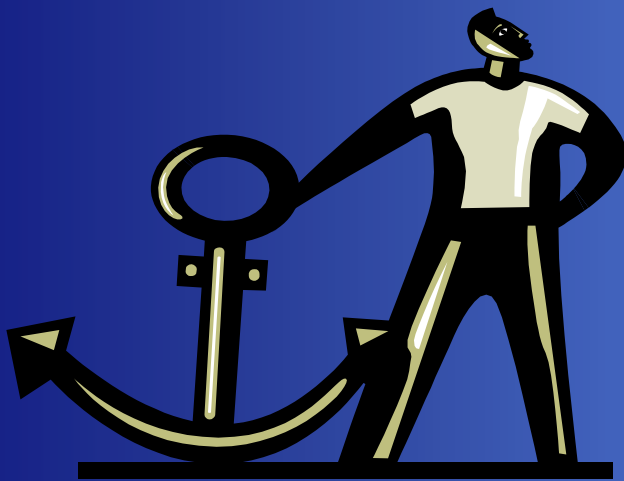
CHILD CARE



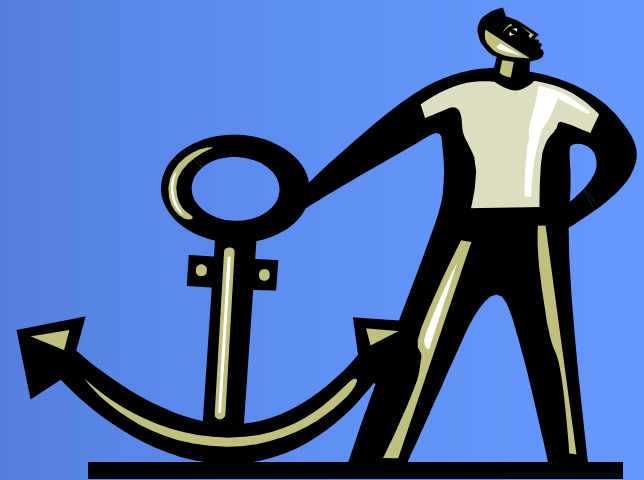
SOCIAL ACTIVITIES



EDUCATION



VOCATIONAL



FINANCIAL



STEPS AT LIBERTY CENTER, INC.

CHECKLIST FOR CASE MANAGER

CLIENT: _____

DATE: _____

Client has need for the following information:

- _____
- _____
- _____
- _____
- _____
- _____
- _____

Housing
 Transportation
 Medical
 12 Step Meetings
 Beacon House Referral
 (Form for physical, TB test requirements
 requirements))
 License Reinstatement Information
 Other: _____

- _____
- _____
- _____
- _____

Vocational Education
 Food
 Utilities
 Childcare
 Pathway House Referral
 (Form for physical, TB test



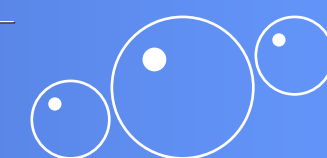
Comments: _____

Release of Information for:

- _____
- _____
- _____
- _____
- _____
- _____
- _____

Counseling Center Wayne/Holmes Counties
 Counseling/Psychotherapy Providers
 Wayne County Municipal Court
 Wayne County Justice Center & DRC Referral
 Wayne County Common Pleas Court
 Between STEPS and _____ Court
 Wayne County Children's Services Board
 From STEPS to _____

(Name of Provider or Agency)



CONTINUATION



DATA TOO
PRELIMINARY
TO
DETERMINE