



Turning Point

TREATMENT • RESEARCH • EDUCATION

First Step Evaluation

Annette Peart
Lauren Findlay
Victoria Manning

October 2025

Eastern Health



MONASH
University

Research team

Primary author: Annette Peart

Project staff: Lauren Findlay, Victoria Manning

Contributors: Gayatri Chaturvedi, Chloe Driver, Sachleen Narang, Benjamin Witcher, Caitlin Zhou

Steering committee: Chloe Bradford, Nico Clark, Kym Coupe, Lauren Findlay, Patrick Lawrence, Victoria Manning, Annette Peart

Acknowledgements

Turning Point acknowledges the Wurundjeri people of the Kulin Nation, the Traditional Owners of the lands on which its services operate, and pay respect to their Elders past, present and emerging. Turning Point acknowledges the colonisation of Country and the continuing impact on all Aboriginal and Torres Strait Islander peoples.

We wish to thank:

- Participants of this research, for generously sharing their views and experiences;
- Funding support from First Step and John T Reid Charitable Trusts;
- First Step staff for welcoming us to the centre and assisting with data collection; and,
- Turning Point's research support team, for assisting with research support activities.

Table of contents

1.	Summary of Key Findings.....	5
2.	Introduction	6
2.1.	Evaluation questions	6
3.	Method	6
3.1.	Research design overview	6
3.2.	Evaluation participants	7
3.3.	Data collection and analysis	8
4.	Results	10
4.1.	Client survey findings	10
4.2.	Evaluation question 1: What is the impact of First Step on clients' lives?	12
4.3.	Evaluation question 2: What are the core components and principles of the First Step model of care, and which of these are important to its stakeholders?	18
4.4.	Evaluation question 3: To what extent does the First Step model of care reflect high-quality integrated care? What refinements are needed?	26
4.5.	Evaluation question 4: What measures capture the most important client outcomes?	32
5.	Discussion	35
5.1.	Key findings	35
5.2.	Reflections and conclusion	35
6.	References	37
7.	Appendices.....	39
7.1.	Appendix 1. Client survey	39
7.2.	Appendix 2. Measures used in the First Step outcome measure	41
7.3.	Appendix 3. Baseline and follow-up outcome measure	43
7.4.	Appendix 4. Ideas from the outcome measure workshop.....	49

1. Summary of Key Findings

The purpose of this project was to evaluate First Step's model of care, provide evidence for its impact, and address four key evaluation questions:

1. What is the impact of First Step on clients' lives?
2. What are the core components and principles of the First Step model of care, and which of these are important to its stakeholders?
3. To what extent does the First Step model of care reflect high-quality integrated care? What refinements are needed?
4. What measures capture the most important client outcomes?

A combination of qualitative and quantitative approaches was used, including semi-structured interviews and online surveys with First Step clients, staff, and key stakeholders, as well as workshops with staff, lived experience representatives, and clients.

First Step delivers impactful, meaningful services to clients in a welcoming and non-judgemental environment, supported by staff who are highly skilled and knowledgeable. Clients report on improvements across health and social domains, including abstinence or substance use management, mental health stability, enhanced quality of life, stronger relationships, and other important outcomes such as employment.

First Step's model of care, including its multi-disciplinary approach (medical, mental health, substance use, and legal experts), enables the team at First Step to successfully respond to clients' broader health and social needs, routinely leading to transformative outcomes. It reflects the principles of integrated care promoted by the Victorian Government. The model of care is underpinned by three key components:

1. First Step responds to clients' broader health and social needs, not just substance use or mental health challenges. It is one place to manage multiple needs, and staff go out of their way to meet those needs.
2. Staff are genuine, and the service is welcoming and non-judgemental. Clients feel understood, respected, and safe from the moment they arrive.
3. Staff are highly skilled and knowledgeable. This enables clients to build trust in the service, and confidence in their capacity to improve their health and well-being.

During the evaluation, key outcome domains were identified and piloted, using a tool developed based on input from staff and clients, to measure client progress at baseline and three-month follow-up. This tool will enable First Step to track progress and report on impact.

There are opportunities to build on improvements made since First Step's re-location, including anecdotal feedback on improved staff retention, stronger collaboration between teams, and the introduction of new services such as psychiatry.

2. Introduction

First Step is a not-for-profit, addiction, mental health, and legal services provider in St Kilda. First Step offers services delivered by a multidisciplinary team of general practitioners, psychologists, nurse practitioners, lawyers, mental health nurses, care coordinators, and counsellors, along with the outpatient program, ResetLife.

The final report of the Royal Commission into Victoria's Mental Health System positioned First Step as a leading example of multidisciplinary, integrated support for people living with addiction and complex mental health issues, piloting the Comprehensive Continuous Integrated System of Care across south east Melbourne in 2021-2022. First Step's whole-person model of care was designed to address systemic barriers to treatment access and improve outcomes beyond traditional siloed approaches to care.

While First Step believes there is widespread appeal and face validity of its integrated service delivery model, there remains a lack of empirical research that clearly articulates and demonstrates the model's effectiveness. Such evidence is essential to inform the design, implementation, and benchmarking of effective, client-centred services within the alcohol and other drugs sector.

This project first aimed to address this evidence gap by evaluating the integrated service model and generating data to support its impact. The project was supported by funding from First Step and John T Reid Charitable Trusts.

2.1. Evaluation questions

1. What is the impact of First Step on clients' lives?
2. What are the core components and principles of the First Step model of care, and which of these are important to its stakeholders?
3. To what extent does the First Step model of care reflect high-quality integrated care? What refinements are needed?
4. What measures capture the most important client outcomes?

3. Method

3.1. Research design overview

This evaluation used a combination of qualitative and quantitative approaches to answer the evaluation questions.

Evaluation question	Data collection methods
Q1. What is the impact of First Step on clients' lives?	• Client surveys • Semi-structured interviews (clients, staff, key stakeholders)
Q2. What are the core components and principles of the First Step model of care, and which of these are important to its stakeholders?	• Client surveys • Semi-structured interviews (clients, staff, key stakeholders)
Q3. To what extent does the First Step model of care reflect high-quality integrated care? What refinements are needed?	• Client surveys • Semi-structured interviews (clients, staff, key stakeholders) • Staff workshop
Q4. What measures capture the most important client outcomes?	• Client and staff outcome measure workshop • Outcome measure trial

Ethics approval was granted by the Monash University Human Research Ethics Committee (HREC; Project ID 41257).

3.2. Evaluation participants

Participants included First Step clients and family members, staff, and key stakeholders. Participant recruitment commenced in June 2024 and concluded in October 2025.

First Step clients were invited to participate in the evaluation if they were over 18 years of age. Clients were primarily recruited through posters at First Step and reception staff inviting them to complete the survey while in the waiting area. Additional recruitment included an advertisement in First Step's monthly email newsletter and a post on First Step's Facebook page. Interested clients accessed a Qualtrics screening page via a QR code or link, where they could complete the survey online. Alternatively, those in the waiting area had the option to complete a paper version of the survey, which was later collected by the research team. All survey responses were anonymous.

Upon completing the survey, clients were invited to provide their details if they wished to take part in a semi-structured interview to provide more in-depth insights into their experience. To acknowledge their time and contribution, client interviewees received a \$50 retail voucher.

First Step staff and stakeholders were invited to participate in the evaluation via an email sent by the CEO. Stakeholders were identified by the Steering Committee as key informants, people able to provide in-depth, expert insights into concepts relevant to the evaluation questions (Lewis-Beck, et al., 2004). Participation from staff and stakeholders was voluntary and remained anonymous to First Step and its staff on the Steering Committee. Those interested in taking part contacted the research team directly to schedule an interview.

3.3. Data collection and analysis

Survey

A survey was developed to gather data from clients about their experiences with and impact of attending First Step. The survey included the following components:

- **Experience with First Step:** Services accessed, type of help needed (and whether First Step provided it); items adapted from the Person-Centered Primary Care Measure (Etz, et al., 2019) and Consumer Assessments of Healthcare Providers and Systems (CAHPS; Agency for Healthcare Research and Quality [AHRQ], 2022);
- **Treatment effectiveness:** Items adapted from the Treatment Effectiveness Assessment (TEA; Ling et al., 2012), a brief, patient-centred measure of progress in substance use treatment and recovery, suitable for diverse populations and settings;
- **Satisfaction with care:** Items adapted from the Client-Satisfaction Questionnaire (Larsen, et al., 1979)
- **Free-text responses:** Opportunities to provide additional information; and,
- **Demographic characteristics.**

The draft survey was reviewed and tested by First Step's Lived and Living Experience Group, with modifications made in response to their feedback. The final version of the survey is included in the Appendix.

Interviews

Interviews were undertaken with clients, staff, and key stakeholders. For each group of participants (see Table below), a semi-structured interview guide was developed in collaboration with the evaluation steering committee and informed by the evaluation aims.

All interviews were conducted by telephone or in-person at First Step, audio-recorded, and transcribed. Transcripts were reviewed to remove identifying information, then analysed using inductive content analysis (Vears & Gillam, 2022).

Clients	Staff	Key stakeholders
Total: 24	Total: 9	Total: 12
• Clients n=22 • Family n=2	• Clinical n=7 • Non-clinical n=2	• Addiction & harm reduction n=3 • Community & housing services n=5 • Mental health services n=3 • Other n=1
August to December 2024	March 2025	June to August 2025

Outcomes workshop

A workshop was held on 4 February 2025 to identify and define outcomes that align with the goals and objectives of First Step. Current and former clients, and current staff, including

representatives from the Lived and Living Experience Group were invited. Twelve people participated, comprising two research staff, three clients, and seven staff members.

The workshop was undertaken in the format of the Nominal Group Technique (NGT; Harvey & Holmes, 2012; Van de Ven & Delbecq, 1972), a method to obtain group consensus on a given topic. Using this approach, participants were invited to respond to the following question: “What outcomes should First Step focus on to provide high-quality integrated care?” Participants were invited to share their ideas in a ‘round robin’ style, until all ideas are presented and discussed among the group. Ideas are then voted upon and ranked in order of importance. Workshop participants ranked the ideas in order of importance after the workshop, via an online form.

Outcome measure development

The priorities identified from the workshop were mapped to existing measures, guided by an international consensus statement of patient-centred outcome measures (Black, et al., 2024), as well as First Step’s need to have an outcome measure that would not be overly time-consuming. A summary of potential measures was presented to the Steering Committee, to determine the most feasible and acceptable items to trial as outcome measures for First Step.

The Steering Committee developed a baseline and three-month outcome measure based on the findings of the workshop and the most important outcomes, and the mapping exercise. Design and development of the measure was undertaken over six months of refinement and testing. This included consultation with the Lived and Living Experience Group, who were able to provide valuable feedback to the Committee on the appropriateness of the items.

The **baseline measure** comprised questions adapted from the Australian Treatment Outcomes Profile (ATOP; Lintzeris, et al., 2020) and the Personal Wellbeing Index (PWI: International Wellbeing Group, 2024). Using these tools in the baseline measure ensured that items relating to the following outcome priorities were included: (1) Health and emotional wellbeing; (2) Substance use and recovery; (3) Quality of life; (4) Stable living conditions; (7) Improved opportunities; (8) Relationships and support networks; (9) Community engagement and integration.

The **three-month measure** comprised questions adapted from the ATOP, PWI, Treatment Effectiveness Assessment (TEA; Ling et al., 2012), Person-Centered Primary Care Measure (PCPCM; Etz, et al., 2019) and Consumer Assessments of Healthcare Providers and Systems (CAHPS; AHRQ, 2022).

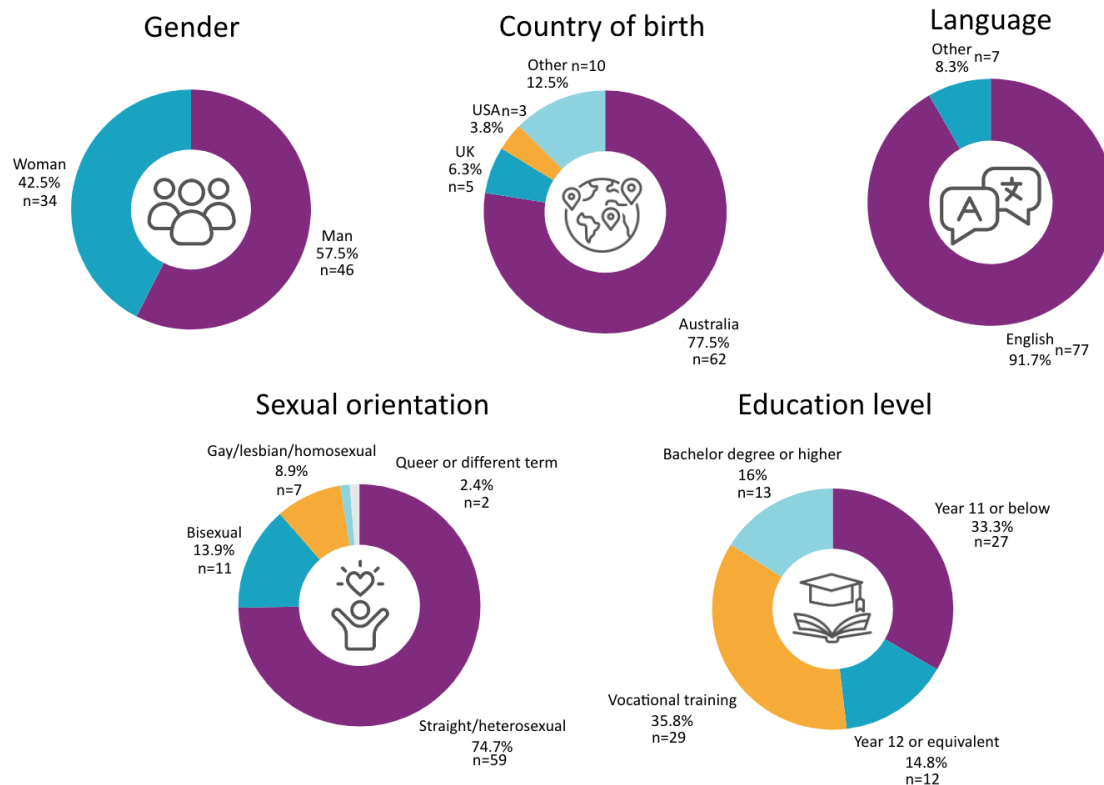
A copy of the baseline and three-month outcome measure, as well as descriptions of the index measures (e.g., ATOP) are available in the Appendix.

The outcome measures were **piloted from May - October 2025**. New clients of First Step completed the baseline measure and three-month measure within this timeframe. Clients were asked to note their start and finish time when completing the form, and were able to comment on the ease of use of the measure.

4. Results

4.1. Client survey findings

84 clients completed the survey.



Clients attend regularly over several years, for usually more than one service

Surveyed clients had been attending First Step for a **mean of 7.4 years** (SD = 7.47, range = 0 to 35 years; median = 6 years). This suggests considerable variation in the length of engagement, with some clients attending for much longer than most. As a result, the median may therefore better represent a typical client's length of time at First Step. Approximately three-quarters (76.3%) had **accessed more than one service** within First Step, with an average of 2.8 services per client.

Clients reported attending an average of **16 appointments** within the last six months (SD = 18.64, range = 2 to 84), **most commonly with general practitioners (GP; 67.9%)**, mental health professionals (64.3%), and nursing services (52.4%). Additionally, 29.8% of clients surveyed reported attending ResetLife.

Outside of First Step, around **one-third of clients (31%) accessed external mental health support** in the last six months.

Almost all clients need help with their substance use, and 4 in 5 need mental health support

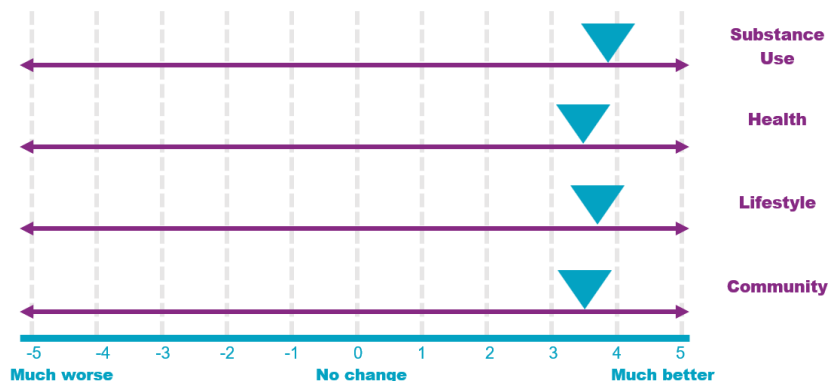


Clients report improvements in substance use, health, lifestyle, and community areas

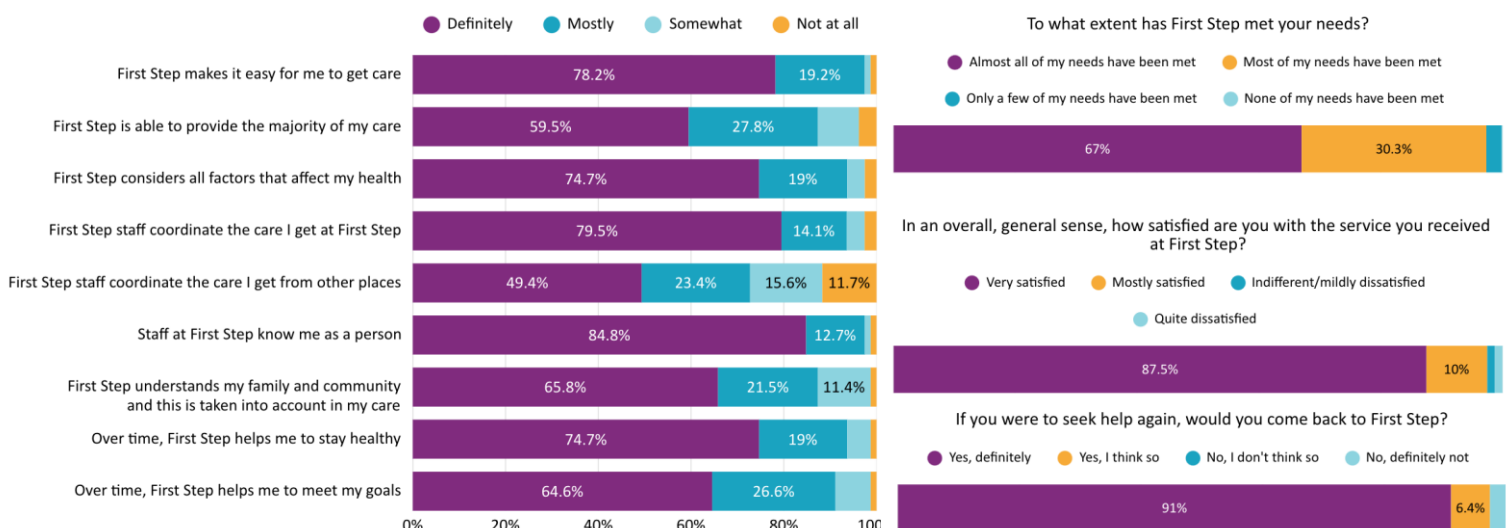
Clients were asked to rate the extent of positive or negative change in their lives since engaging with First Step, across the four domains of the Treatment Effectiveness Assessment (TEA). Negative values represent deterioration, while positive values indicate improvement.

Results by domain:

- **Substance use (91.7% reported improvement):** Changes in alcohol or drug use, including reduced frequency, amount, and related harms.
- **Health (90.5% reported improvement):** Physical and mental wellbeing, such as eating, sleeping, exercise, and self-care.
- **Lifestyle (92.9% reported improvement):** Personal stability, including housing, family, work, and managing responsibilities.
- **Community (92.9% reported improvement):** Clients' sense of belonging, purpose, and connection with others.



Clients report positive experiences and high satisfaction with the services at First Step





Further analysis showed that **higher service satisfaction (CSQ-3)** was associated with **better overall self-rated quality of life and physical health** (*Spearman's rho* (rs) = 0.40, $p < .001$) and physical health ($rs = 0.39$, $p < .001$) on the Australian Treatment Outcomes Profile (ATOP). All four TEA domains were also moderately and positively correlated with service satisfaction (CSQ-3): community ($rs = 0.46$, $p < .001$), substance use ($rs = 0.39$, $p < .001$), health ($rs = 0.39$, $p < .001$), and lifestyle ($rs = 0.35$, $p = .002$). In other words, **clients who reported greater satisfaction with services also tended to report more improvement in their substance use, community, health and lifestyle.**

4.2. Evaluation question 1: What is the impact of First Step on clients' lives?

This section presents data collected through client interviews to address the first evaluation question. The impacts described by clients primarily spanned the **health and social domains**. Clients reported a range of improvements, including better management of **substance use and mental health**, improved **quality of life**, and positive changes in **relationships and employment**.

Note: Pseudonyms are used throughout this report to protect the confidentiality of participants.

Health impacts

Clients identified **managing substance use and mental health** as the primary health impacts of engaging with First Step. Clients consistently described how the service supported them in addressing their substance use, with nearly all reporting that First Step played a **key role in guiding them through addiction**. Some clients shared that they had completely ceased substance use, while others described reducing or stabilising their use to manageable amounts.

Vanessa described First Step's services as life-saving:



First Step saved my life because if I had continued on with the amount of alcohol I was consuming, I was told I had between six to twelve months tops to live, because my liver was shattered and my brain was as well. And I would have probably either suicided or gone to liver failure.

Anthony, who has been attending First Step for around seven years, spoke about the service's pivotal role in helping them to stop using heroin:

“*With the support to stay off using different substances, probably mainly heroin ... it was recommended to me to get on Suboxone rather than methadone. First Step kind of gave that little push at the start there and definitely Suboxone is much more effective for people if they want to stay off heroin.*

For others, **managing their substance use** was a key focus. Liam, a 35-year-old man, shared how he had reduced his methamphetamine use and developed strategies to manage relapses:

“*I've certainly reduced my ice use from something around about one gram a day or seven grams a week down to almost nothing. So I don't use ice at all at the moment, but when I relapse it's really small amounts and really manageable.*

Likely because of his reduced substance use, Liam reflected, “the fact that I'm not in a constant psychotic state is a really good health outcome for me, and that was all down to First Step”. He went on to explain how First Step's support in prescribing medication for his mental health helped him gain clearer thinking and make more informed choices about his substance use:

“*First Step prescribing antipsychotics for me to actually have clear enough thinking pathways that I can see the way that ice was affecting my mental state has really helped. That's the biggest thing. Just dealing with the psychosis overall meant that I could kind of make more informed decisions about whether I wanted to use drugs.*

Clients also spoke about the broader understanding they gained of themselves and their addiction. Amanda explained how participating in ResetLife helped them regain confidence and make healthier choices:

“*First Step has given me the confidence to take care of myself and not resort to the self-harm that I was. It's helped me understand that life is difficult and it's just so much more difficult when I'm using, so I've made that good choice, I guess. And it's ongoing, it's a daily choice. It's a daily commitment.*

Similarly, William and Jack described how First Step helped them develop greater awareness around their substance use, offering new perspectives and practical tools to better understand and manage their addiction:

“*It's shown that there's a portal out of the world of addiction, and there's help and treatments. It's shown me that there is a methodological approach to treating addiction and that it's not just something to be looked down upon. (William)*



Really a lot of it was more knowledge about addiction and myself in addiction, and the patterns and routines, the bad habits and traits of myself. A lot of learning about myself and how to deal with the inner critic in me. (Jack)

Jacqueline spoke about the skills she learned in ResetLife to manage high-risk situations where relapse might have occurred. She emphasised that these recovery skills were transferable outside of the program:



I got to put all of the skills that they taught me into my life in the community. So yeah, I didn't feel like I was trapped. The most important thing with early recovery was scheduling, so that you didn't have risky or dangerous periods where you would think, 'what am I gonna do now? I'll pick up again.' So that was really excellent for early recovery then ongoing for relapse prevention.

Jacob discussed that he had reached a low point before coming to First Step, struggling with methamphetamine use and a strong desire for change. He described how First Step helped him understand the trauma underlying his substance use and mental health challenges. This new awareness contributed an improvement in his overall well-being:



They helped me to pin down what my trauma is. I feel fantastic about my life, I feel that I've come to terms with what is going on and how my disability is and I'm pleased with that. The peace of mind that I've got, how much First Step have helped me, and how I've gotten to terms with my mental health and to know what is going on with my thought processes and understanding my disability. I'm far away from fear and that was the root of my trauma. I would never go back.

First Step supported clients in obtaining a diagnosis and treatment for mental health issues, which for many brought a sense of clarity. For Kelly, this was particularly meaningful:



They've helped me be properly diagnosed with my mental health issues, they've provided a huge amount of support and in the past I was misdiagnosed, I had treatments that I probably wasn't meant to, yeah, and they've helped clear that up and clarify it.

Social impacts

Clients reported three key social impacts as a result of receiving support from First Step:

1. **Improved quality of life;**
2. **Improved relationships; and,**
3. **Improved employment outcomes.**

Almost every interviewed client described an overall improvement in their **quality of life** as a result of support from First Step. For Amanda, this meant simply being able to feel joy again: "I'm just starting to experience joy in life again." For some, improved quality of life meant reconnecting with parts of life they had lost while experiencing addiction. For others, it meant being able to leave the house and complete daily tasks and activities.

Tiffany spoke about a sense of self-belief: "First Step gave me a lot more encouragement and I started to believe and trust in myself a lot more, so that was really important." She reflected on how this self-belief translated into a more stable lifestyle, supported by

practical tools and treatment tailored to her needs. Tiffany also contrasted her experience at First Step with that of attending private services, highlighting the difference in approach and outcomes:

“

In a private clinic it was like a revolving door. It was helpful, but at the same time, they didn't give me the tools to transition into day to day, living a normal life. First Step has been sort of more active in being able to do that for me. They gave me a sense that I have the ability to do it within myself, helped me to maintain being back in the community and to maintain a lifestyle where I can feel like I am sort of normal again.

Many clients described becoming more independent and more confident in their ability to manage daily life. For some, this included returning to study or work, reconnecting with family, or simply feeling comfortable in public again. Kelly reflected on how much her life had changed:

“

I was living day to day, when now I'm doing so much better. I just wanna make it clear how far I've come. I went from using every day and being in a terrible environment to, you know, living, playing with my kids. I've got a business now, going back to uni, my kids are succeeding. None of that would have happened without the support here. First Step has played a huge part in that.

Vanessa shared that, because of the treatment received at First Step, she was able to re-engage with daily life and routines:

“

Since taking that medication, my whole life changed. I was able to get out of the house and go beyond just the letter box. That really was the best thing. I do sit back and think about those days. That was just a different me. Now I've just completely put my life back together again.

Similarly, Jacqueline reflected on how she had gained confidence and moved beyond the shame that had once held her back from participating in everyday life:

“

I'm able to have the tools and the skills and the support to change my way of thinking and my life. I'm able to be confident and even just go to the shop and talk to people. Whereas I never used to be able to, I would feel ashamed to even show my face. I'm a confident person now, so therefore I can live my life and I feel like I'm supported. I didn't feel like I was supported before. I wasn't accepted.

Several clients spoke about rediscovering parts of themselves that had been lost during addiction. Audrey discussed how her life opened up, reconnecting with ‘old favourites’, and ultimately regaining a sense of self:

“

I suddenly had more time that I could just, I could account for more time. I obviously had more energy and felt just better in myself, but also felt like life opened up a bit for me. Quite a lot for me. I joined a club. That sort of felt like I've returned to the person that I was 20 years ago before I developed a drinking problem. I rediscovered all my old favourite things to do.

Emma shared how First Step's brokerage program supported her during a time of financial hardship, helping her avoid eviction. This assistance gave her the opportunity to stabilise her housing and, as she put it, finally felt like she was "standing on my own two feet." Reflecting on the difference this made, she said:

“

I'd be able to get a place and it would always result in eviction. So this is literally the first time that I've been able to enter into a new rental – one, without lying on the application and two, having a legitimate reference from my old place, and that was despite facing eviction in that old place because I was able to fix the situation, which I owe to First Step for sure.

Clients also discussed how their **relationships improved** through the support provided by First Step, and the positive impact this had on their lives. Audrey, a mother of two, shared, "I'm a much more attentive parent than I would be if I was drinking". Similarly, Kelly and Tiffany described how they were able to regain custody of their children, highlighting the newfound stability in their lives:

“

I don't know how to articulate how much support they've given me. They've made a huge impact on mine and my children's lives, especially when I was with my ex and trying to get my kids back and was at my most vulnerable. I was at the point where I had kids and was living in an abusive relationship. When I left that, I lost my kids, which I shouldn't have and they were supportive and helped me the whole way through that. Now my kids are doing incredibly well. (Kelly)

“

First Step's helped me maintain contact with people who understand me and can support what I'm going through. But at the same time, the changes have been phenomenal. For a few years there, my mother had custody of my daughter. I managed to get her back in my life and I've got full custody of her again. (Tiffany)

Clients also described "participating more fully in family life" (Liam) and reconnecting with family members they had been distant from for years:

“

My family are much better off with me not being so sick. The situation at home has improved a lot. I guess just not being a person experiencing active psychotic episodes means you can participate more fully in family life. (Liam)

“

I'm sober. I've got a better relationship with myself. I've got a better relationship with my family. My mum, I hadn't spoken to in six years, so the whole time I was in addiction. Now I see her all the time and she's on my speed dial. I call my dad. When I was using, I think I went a whole year without seeing him once, which is unusual for him and I, and now I call him at least, not kidding, at least three times a day. And right now I'm shopping for ingredients for a plate to bring to a family barbecue on Saturday at his house. (Emma)

Clients described how First Step played a key role in **improving their employment situation** by building confidence, offering practical support, and helping them overcome both personal and systemic barriers that had previously held them back.

For Vanessa, treatment at First Step led to significant changes in her work performance, which had previously been impacted by alcohol use: "Now I wouldn't dream of having alcohol before going to work. That job that I lost I couldn't dream of going there without alcohol". With support from First Step, Vanessa began volunteering in her community: "I could never have done that without the confidence that was given to me from First Step."

She also spoke about how her GP celebrated her progress, reinforcing her sense of achievement: “He said, ‘oh great that’s fantastic’. And acknowledging, ‘wow, you’ve come a long way’. When I go there he’ll say, ‘and how’s work?’ Lots of doors have opened for me since meeting him and that program, that place.”

Emma shared that First Step helped her rebuild her career by providing the tools and encouragement she needed to return to work after a period of unemployment:

“*I scared myself for quite a while of not getting a job because I’ve been out of work for years. I was really successful pre-addiction and then I just lost it all and yeah, First Step just gave me the tools to be able to apply for jobs, or was always there to talk to me about things and, yeah, nowadays recently I’ve been promoted.*

Clients described how support from First Step led to long-term transformation in their lives. Paul shared that starting opioid agonist therapy was a turning point, allowing him to return to education and employment:

“*My life has totally changed around since I’ve been on methadone, totally changed around. I used to be a dealer. I had to sell heroin so I could have enough for my own personal use and as I say, I then got arrested and got arrested again and I didn’t really have a great outlook on my life. And so since getting on methadone, I went back to university, I got an honours degree, and held down a job.*

Kelly shared a different perspective, reflecting on how First Step offers the tools and support necessary to break long-standing cycles of poverty and addiction. She described First Step’s consistent care that goes beyond short-term treatment and promotes real change:

“*They’re very good at helping you get the tools you need to break generational cycles of poverty and addiction. I know a lot of people who have come from public housing and mental health and drug addiction issues who have kind of repeated the cycle over and over and I think that they help people break that. If they’ve got the capacity to do that they can help with that. If you want to go back and study and you’ve got a case manager and they’ll help you look at options, they’ll help with what you need. It’s not an immediate fix, but I just say, over a decade or whatever. It’s a huge change.*

In Liam’s case, First Step played a crucial role in coordinating care during a period when he was at risk of losing his job. He shared how the support empowered him to advocate for himself during a workplace issue:

“*First Step was coordinating the care around me, accessing a psychiatrist and other services. It allowed me to present myself as someone who was not a drug addict who was avoiding the system, but as a person with an illness who had been seeking care in all the right places for some time prior to my workplace having this issue with me. First Step has had a role in assisting me to present myself as a more acceptable version of myself.*

Confirming client perspectives on improved employment outcomes, Alan, a staff member at First Step, explained that supporting people in managing their substance use leads to positive impacts in other areas of life:

“

More than anything, we try to get some stability so that, as I said, the drugs aren't controlling your life, you're controlling the drugs. And, hopefully, to help people with a secure accommodation, with a secure financial situation and where possible, to feel as though they have a useful position in society, whether that's employment or volunteer work or just being integrated into their community to some degree.

4.3. Evaluation question 2: What are the core components and principles of the First Step model of care, and which of these are important to its stakeholders?

This section presents data collected from interviews with clients, staff, and key stakeholders to address the second evaluation question, which focuses on the core components and principles of First Step's model of care. The core components are those identified from the perspectives of clients, staff, and stakeholders, and highlight the components of the model that participants identified as most important. Three key components were identified.

Component 1: First Step responds to all health needs

Participants described how First Step was **able to respond to all aspects of clients' health**, not just their substance use or mental health challenges. It was seen as one place where people could manage both their health and social needs. A key factor enabling this response was the commitment of staff, who **went out of their way to meet those additional needs**.

“The uniqueness of the model is its absolute strength.”

Clients spoke of First Step as a place where they could address a range of issues, not just immediate medical concerns, but also for housing, legal, and social support. Kelly described First Step as “the best example of a provider”, noting that “having it all done by one provider was a lot better”, in terms of managing their health needs. Kelly also contrasted First Step's approach with previous experiences:

“

First Step are not just trying to write you a script and rush you out the door. They actually take time to make sure that you don't have any other health concerns and if you do, they're thorough about it. It's a bit more kind of holistic and looking after your whole self rather than just prescribing is important. I had one doctor prescribing one thing and then pharmacotherapy by another doctor, there were interaction issues. So having it all done by one, was a lot better. Here is more like going and seeing a regular GP who actually takes the time to speak and manages your care properly and cares about what's going on in your life. They're keeping on top of how you're doing and what's going on.

Audrey spoke of a similar experience with seeking out mental health support:

“

I was referred to a psychologist who understood addiction as opposed to going to a GP and then finding – like I've had the experience of going to a GP before, them going, 'ok, you need a mental health care plan'. But they didn't really know who to refer me to because they didn't have someone on site who they had a relationship with that they knew would be a good match for me. So, having the services in one place has made a big difference.

Alan, a First Step staff member, explained that the service's ability to respond to the full range of a person's needs was supported by the co-location of multiple services and workers. This integrated setup was seen as providing a sense of security for clients and enhancing their engagement with services:

“

You're going in and out of one room, you're seeing the other workers, you're seeing your psychologist walking down the corridor, you're seeing the person who's sorting your financial issues. There's a sense of wraparound feeling, which I think is a source of security for patients. If they can get here and they can have all their services on the same day, that's fantastic. If I bring the lawyer into the room and say, 'This is the lawyer', and they see each other face to face, and they have even a very brief discussion. And then the lawyer says, 'Okay, I'll see you in a fortnight.' The person, they're much more likely to turn up.

The uniqueness of the First Step model was a consistent theme across all participant interviews. Zoe, a stakeholder, described it as a model “that's so needed in the community”. Felix, a First Step staff member, elaborated on this uniqueness:

“

The uniqueness of the model is its absolute strength. Having a practice that connects all those different strands and actually puts the client at the centre rather than trying to shoehorn a client's needs into a program or into a system that a few have felt from other programs.

Samantha had been out of the workforce for health reasons and had exhausted their savings. Feeling as though they were slipping through the cracks, she described how First Step helped to navigate and coordinate access to Government benefits:

“

[Staff name] did all the paperwork. There is not a hope in hell that I could have navigated a DSP application process. She coordinated it all with the psychiatrist, my psychologist and my GP [in First Step]. It was such a frigging brilliant application. I'm better than I was back then and still today I could not navigate it.

Clients appreciated First Step's ability to coordinate support across multiple areas of their lives, particularly with challenges stemming from substance use. For example, Emma spoke about the assistance she received with housing and how that support positively impacted her substance use:

“

First Step were so great helping me out with my accommodation. Even if it's just one lawyer or one person to help with accommodation, suggest help, linking people into services, that's their role. That's a huge reason why people relapse, they just don't have anywhere else to go other than maybe their friend's house that also uses.

Samantha explained how the legal service supported her and linked this assistance to her experience of substance use:

“

I have had to use their legal service a couple of times and that's why this is so great because they do have a legal service. And in my mind I'm like, why doesn't everybody have a, you know, that deals with addiction and mental health? Why don't they have a legal service? That doesn't make sense whether you're dealing with one or the other or both, you're gonna get yourself into trouble.

Clients consistently spoke about First Step staff going out of their way to ensure their needs were met, extending well beyond their initial health concerns. Staff were described as proactive and reliable, assisting clients in accessing services, navigating complex systems, and feeling supported at every step. Tiffany described “being looked after” by First Step, highlighting how staff helped her access practical supports and information that went beyond traditional medical care:

“

They get straight on the phone and make that phone call and help you. It's wonderful because it's all connected and you're being looked after. I know that if I don't know something or how to access something, I know I can just call them up and even the ladies at the front desk, they'll go above and beyond and out of their way to find out for me. If I have a question or if I need a service they can refer, they go out of their way for you. If you need something, they provide you with all sorts of different resources and I know they make the effort to, I think they've just given me more resources and more of an ability to access those resources.

Stakeholders also noted that First Step staff consistently provide timely information and resources, particularly when making referrals. Freya shared, “when you ring up, regardless of who you get, you can get the information that you need in terms of where to refer people to.”

Liam described how staff made a sustained effort to connect him with a psychiatrist, even though it took several months to find an available provider:

“

First Step was really active in trying to find a psychiatrist with open books and took a really intensive amount of effort into trying to find a psychiatrist for me when I needed one. It took nearly six months to find a psychiatrist. I probably was seen a lot quicker for the fact that First Step made a lot of effort to call the intake services for so many services and find one that had open books as quickly as we were able to.

Even as Liam’s direct need for First Step’s services decreased, he still felt cared for through the way staff kept his external GP informed and involved in his ongoing care:

“

When I started my journey with First Step, it had been a long time since I've been to see the GP. The fact that First Step's kept the GP informed on my progress means that now that I'm not so regularly needing the service at First Step directly. It's really smooth and easy to sort of transition back to just using the GP for the things I use the GP for.

Jack echoed this sentiment, contrasting First Step with past experiences where he often had to chase things up himself. He appreciated that staff at First Step consistently followed through without the need for constant prompting:



Just taking initiative and just being on top of things and doing what they say they're gonna do rather than, you know, having to follow up and follow up, make calls again and again, when you're trying to get on to a psychologist or other places.

Component 2: Staff-client relationships at First Step

The second core component of the model of care relates to the **genuine nature of First Step staff and the welcoming, non-judgemental environment they create**. Clients consistently reported feeling understood and respected, with the support they received described as meaningful. From the moment they arrived, clients felt safe and accepted.

“The care provided through First Step had a lot more heart behind it.”

Clients described First Step staff as more than professionals doing a job, they were seen as real people offering meaningful support, helping clients feel respected, and at ease. William reflected on how staff made him and others feel like they really mattered: “They're genuinely attentive, concerned, empathetic people. You know, it's less of an industry and more personal care. It seems as though patients matter to them.”

This idea of personal, human connection was echoed by Vanessa, who appreciated being treated as an equal by their First Step clinician:



He allows you to get to know him as much as you can. He's a human as well. He doesn't treat you as if 'I'm better than you', so treats you like an equal all the time. And we have a laugh and what not. Makes you feel really at ease.

Similarly, Jacqueline reflected on how First Step staff approached her in a non-stigmatising way, which made her feel welcome and accepted:



The people that work there are real and authentic and treat you like a human being as opposed to an addict. I know that might sound really strange to people who haven't been on the other end of this situation. You're not just a number. They make you feel like you're at home, basically.

Tiffany also felt that staff were invested in her progress, adding: “It really feels like they genuinely want you to do well and get better. I think they pride themselves on that a little bit.” Clients described First Step as a warm, safe, and welcoming place, often from the moment they walked in. The friendly atmosphere and personal touches helped them to feel comfortable and accepted, standing in contrast to other healthcare settings they had experienced. Vanessa shared, “You just feel valid when you walk in there. From the minute you walk in, you get a cheery hello”.

Ruby spoke about the impact of the reception staff, especially on difficult days: “The receptionists are fantastic. If you're having a bad day and you ring up they make you feel really good, or if you really don't want to come in and you have to, you come in, they cheer you up”. Jack added, “The people at the reception are just nice and caring and it's a bit more individualised than just another doctor's office.” Liam said he felt “especially welcome and

seen” at First Step, noting how small, thoughtful details, like the wall of pet photos, made a meaningful difference:



The wall they have with pictures of people's pets is just delightful and makes me smile every time. The fact that the reception staff know exactly who you are when you ring up and you don't need to explain who you are and what the backstory is.

For William, this warm atmosphere created a sense of community: “There’s a certain community sense that I haven’t experienced with other providers so much ... a certain amount of warmth and familiarity.” Lucas noted that feeling welcome also came from staff diversity and shared experiences, which helped him feel understood and at ease: “My health worker is lesbian and that's been a really great thing for me to actually feel completely comfortable and wanting to go to appointments, not dreading going to appointments.”

Jacqueline described how she felt a sense of belonging in ResetLife:



One of the things that happens for me is feeling like I don't belong anywhere. So, having a place where people accept you for who you are and don't really judge you basically for what you have done in the past is, I don't know, it's a godsend.

For Anthony, the everyday kindness of staff motivated him to stay on track: “It gives you more of an intent to keep making positive choices. So, say, for example, Patrick is the CEO, he’s a really friendly guy and will always come in and chat.”

Many clients spoke about how important it was to feel accepted, especially when dealing with drug or alcohol use. First Step’s non-judgemental approach was frequently mentioned. Vanessa described her experience: “They don't see you as another alkie or anything like that. I've seen people that are clearly drug affected, they don't ever treat anyone with contempt or disrespect.”

As a result of this non-judgemental stance, she described First Step as “a comfortable place to fall if you're not in a good space.” Samantha echoed this sentiment, saying the lack of judgement helped her feel seen as a person, not just someone with a problem:



There genuinely is no judgement. I'm not an inferior human being, I'm not to them, I'm not. I am to me, but to them, I'm no. They see me for who I am and I'm trying to work that out but I'm just as valuable as you, or whoever else, to them. That's mind blowing because there's still a lot of stigma out there.

Miles, a stakeholder, continued with the theme of warmth and comfort, noting that this sense of welcome was sustained throughout a client’s entire time with First Step:



That's the unique part about it, like it offers that support across that whole continuum of recovery and that they don't knock anyone back, I suppose. Anyone who knocks on their front door, they look at how they can help. It's a very no wrong door sort of approach to client care.

This staff attitude shaped the quality of care experienced at First Step. Importantly, clients felt their health concerns were taken seriously. For William, being believed and taken seriously marked a key difference in the care he received: “I would be listened to, earnestly, and believed. I wasn’t treated like a liar who was just trying to cajole my way into getting drugs. Whatever negative assumption was made about me, First Step doesn’t do”.

Clients shared that First Step staff’s open, accepting, and non-judgemental manner made it easier to be honest, especially about issues they might previously have hidden from health professionals. Liam explained how this changed his relationship with health professionals more broadly:

“

I used to think of my addiction as something that needs to be secretive and kept away from people. I wouldn't tell my doctor about it and I wouldn't talk about it with people, and now I am a lot more open to talking about it with health professionals, so that people who are involved in my care have got a more complete picture of what they are trying to help me with. A big part of that has been the really nonjudgemental way that First Step has approached my care, that has led me to feel a lot more comfortable about talking about it. I'm probably getting a better outcome for other healthcare professionals knowing about that stuff as well.

While also connected to the first core component, responding to all health needs, the welcoming environment at First Step appears to play a critical role in enabling client engagement and allowing staff to support clients across broader life domains. For Mia, a First Step staff member, removing a sense of obligation freed clients up to improve: “every time they show up is because they just want to do better or be better. They’re there because they want to be”.

Mary, another staff member, reflected on the difference between services when clients might attend involuntarily, and First Step’s voluntary model: “Everybody comes in voluntarily, so nobody’s here against their will. So people are usually more engaged and there is more scope for really looking into the quality of life, wellbeing, and doing stuff that is more meaningful.” Audrey had a similar experience:

“

I find it very easy to be honest with both the psychologist and my doctor about how much I'm drinking because they never criticise or yell at me or anything like that. They just say, 'ok, well, here's the reasons why you shouldn't be doing that. But if you are, then what are we going to do to minimise the harm', kind of thing.

Where Audrey once felt the need to underreport her drinking out of shame, First Step created an environment where she could be open and truthful about her substance use:

“

I first went in there and just downloaded at them, they just listened to everything and didn't question anything, just let me say where I was at and it was very easy to say what was going on and be completely honest and tell them exactly how much I was drinking. With a previous doctor, I would have been, 'I'm drinking too much', but I would have underestimated how much I was drinking, because I was quite ashamed at how much I was drinking. Whereas First Step, I've always felt like I can say, 'This is how much I'm really drinking. This is the extent of the problem.'

Tiffany described how the respect and trust she received from staff allowed her to open up and feel in control of her own recovery:



I didn't feel sort of uncomfortable around them at all. So I felt like I could tell them anything or I could open up to them a lot more. And I think it was just the fact that they gave me that care and that support in a way and that encouragement to take those steps on my own ... They trusted me and respected me in a way that I didn't feel like I got from the private clinic.

Alan, a First Step staff member, reflected on the importance of treating clients with respect, noting how this approach directly influenced both engagement and the overall experience of care. This theme was also evident in client survey responses, which highlighted the positive impact of respectful interactions on their experience at First Step:



They're the most appreciative group of patients I've ever worked with. When people come in here and they get treated with respect, they think it's a very friendly place, then they value that. That's important to them and it's an important and positive experience in their life that's probably riddled with many negative experiences.

Stakeholders also observed that part of First Step's welcoming environment was its flexible model of care, which supported client engagement. This flexibility was evident in appointment scheduling as well as in policies and procedures. Freya, a stakeholder, noted: "particularly if people don't turn up when they're supposed to. There seems to be an ethos around understanding the chronic nature of substance use and being flexible around that."

Another stakeholder, Tahlia, observed that flexibility was especially important for initial engagement:



Sometimes that is needed within these roles of working with the clients and the cohort of clients that we meet. Sometimes you do need that bit of flexibility initially to have that engagement, because if you're quite rigid sometimes with the policies, it could be quite difficult for clients to then engage, so we definitely value the First Step approach for that.

Component 3: Staff are highly skilled and knowledgeable

The third core component of the First-Step model of care as identified by participants, relates to their descriptions of First Step staff as **highly skilled and knowledgeable**. This expertise had a direct impact on client care, with **clients expressing trust with the service and confidence in its ability to support** their health and well-being. Stakeholders also recognised this skill and knowledge, noting how First Step positions itself as a respected and capable presence in the community.

"Staff tend not to see a problem, they see a potential solution."

Clients spoke about the depth of knowledge and experience that First Step staff bring to their care, which helped build trust and confidence, especially for those with complex health needs or past negative experiences in healthcare. Samantha described how staff's skills and expertise made the support feel authentic: "It's their expertise. Like it's genuine, it's on the ground. It's real, it's real. I can trust them".

Jack shared a similar sentiment, describing one of the doctors at First Step as knowledgeable and understanding:



I accessed the service of just one of the doctors there. I deem him probably one of the best doctors I've ever been to, ever. The understanding, and logical, rational thinking. And overall, knowledge about addiction and what it does.

This sense of trust in the clinical expertise of First Step staff shaped how participants engaged with their care. Samantha explained that even when a GP from outside of First Step made a suggestion, she would still seek input from First Step staff before acting, reflecting on the confidence she had in their knowledge and judgement:



I don't sort of make a move about my mental health without consulting them first in a way. In my mind they're the experts. If [non-First Step GP] was to suggest something, I would certainly listen and give it weight but I, you know, say medication, but then I would come to First Step and say, 'hey, what do you think of this?' I would just get that sort of seal of approval.

Audrey also described the staff's ability to identify new approaches, even when it seemed that all options had already been exhausted:



When my husband ultimately quit alcohol, it wasn't anything that First Step particularly did other than listen unconditionally and keep supporting him and keep offering him suggestions. They're really good at that. I found this with my drinking too. You think you've exhausted all the possibilities. Then they come out with a suggestion of either a medication, or group support or something like that.

Audrey's description echoes Alan's reflection, a staff member who shared a similar perspective:



It might sound strange, but the staff are highly experienced and good at their jobs and they want to be here, and they're proud of what they do. The clients come first. Here, staff tend not to see a problem, they see a potential solution, which is refreshing.

Amanda and Emma, two ResetLife clients, spoke about the importance of peer support within the program. They described how peer workers used their lived experience to build meaningful relationships with clients, which was the difference between merely accepting health advice to actively engaging with the program:



The people that were running the sessions, they all have lived experience. They've all been there themselves so, straight away I gave more credit to what they were saying, they knew what it was like. I just clicked with [peer worker] really well, I just could relate to him so easily and it just made me actually sit there and open my ears ... they all know what it's like. All of the people that are there teaching or guiding all have lived experience, makes a massive difference. That would be the golden thing I think. The fact that they all come from a history of addiction at some point in their lives. I had other people that were looking after me through [external clinic]. They don't really get it completely. I'm sure they can definitely advise me what the healthier way to live is, but, it's all taken with a grain of salt because it's not coming from someone that knows what it's like. (Emma)



The fact that they have peers is just an incredible resource. I didn't have expectations of them as any great wisdom because they're just a lay person like me, but I found their insight to be so, not just complimentary but really deeper than the course work itself. It made my experience feel less alone and less isolated. When they speak it's a whole different ball game because it's just a shared experience and someone who I trust and to have been through what I was going through and done the course, and been in my seat, that was really valuable. (Amanda)

Stakeholders extended their appreciation of staff knowledge and expertise to First Step's strong connection with the community. As Damian noted, "we're confident with staff expertise and training, so we have confidence to refer to them", and Miles added, "they have such highly skilled individuals across many different disciplines, so their ability to utilise their resources is very high". Freya, another stakeholder, described First Step as embedded in the community:



They're very well positioned in the community and have done some great work connecting and networking with lots of other agencies. I was on a couple of network meetings that were represented by First Step as well. They're very good at that kind of partner stakeholder engagement. I think they know the local community really well.

Zoe explained that First Step's strong reputation in the community gave clients confidence to attend, knowing that they would receive the support that they needed: "a long-standing organisation like First Step have got that respect in the community. They know who they are, they know what they're doing, and people go there and get that."

Stakeholders described how First Step's presence extends beyond direct service delivery into advocacy and policy domains. Adrian praised the organisation's capacity to take on leadership roles and encouraged it to continue doing so, recognising First Step's influence and credibility in shaping broader systemic change:



They're prepared to take on their own leadership role in the broader alcohol and drug treatment space. They're not too shy from sort of voicing opinions. The opportunity for them is to continue to lead on their integrated treatment model and share that more widely through a range of forums with other services across the state and across the country.

4.4. Evaluation question 3: To what extent does the First Step model of care reflect high-quality integrated care? What refinements are needed?

What is integrated care?

The concept of "integrated care" in the mental health and addiction field encompasses a range of definitions, with limited consensus on its core components. Broadly, the literature emphasises the importance of coordinated, holistic services that address both mental health and addiction simultaneously. Integrated care is increasingly recognised as best practice in treatment, care, and support for people with addiction and mental health issues, particularly given the poor outcomes associated with fragmented or parallel service models (Victorian Government, 2022).

Evidence suggests that integrated care is associated with improved treatment engagement, reductions in substance use, improvements in mental health symptoms and functioning, and smoother transitions between services compared to non-integrated approaches (New South Wales Ministry of Health, 2015; Victorian Alcohol and Drug Association, 2023; Yule & Kelly, 2019). However, the range of definitions and frameworks has contributed to a lack of rigorous and systematic research in the field (Richardson, et al., 2020).

A helpful start to a description of the concept of integrated care is provided by the Victorian Government's 2022 paper, *Integrated treatment, care and support for people with co-occurring mental illness and substance use or addiction: Guidance for Victorian mental health and wellbeing and alcohol and other drug services*. These guidelines describe "integrated treatment, care, and support":

Treatment, care and support should be led by an individual's priorities, goals and preferences, empowering people with co-occurring needs, and their families and supporters, to achieve the outcomes that are important to them.

*Treatment, care and support is **integrated** if it:*

- *offers a **welcoming, hopeful, timely and coordinated** response to a person's co-occurring mental illness and substance use or addiction, prioritising **simplicity and continuity** for the person and their family and supporters*
- *provides **choice and control** for the person, offering **simultaneous responses** to both co-occurring needs as well as **support for people who may not, at a given time, wish to engage with some or all available aspects of treatment, care and support.*** (emphasis in original).

The guidelines outline four principles that describe key concepts to inform implementation of integrated care, and expectations of services in providing integrated care, summarised in the following table.

Principles and expectations of integrated care (Victorian Government, 2022)

Principle and description	Expectations
Inclusion Services welcome people with co-occurring needs, and their families and supporters	• Welcome people with co-occurring needs and their families and supporters • Offer hope, respect and non-judgement
Access People with co-occurring needs, and their families and supporters, have equitable access to treatment, care and support	• Ensure there are 'no wrong doors' and viable support pathways • Maximise accessibility • Ensure Aboriginal cultural safety and self-determination
Capability Services and workers have the skills, knowledge and attitudes to meet people's co-occurring needs and the needs of their families and supporters – enabled by individual, practice, organisation and system-level supports	• Meet both co-occurring needs • Take a person-led approach • Promote and support harm reduction • Support and involve families and supporters • Collaborate and learn
Participation People with co-occurring needs and their families and supporters are empowered to influence and improve the services that work to support them	• Create meaningful participation and leadership opportunities

Finally, the Guidelines were informed by the Department of Health's Integrated Care Pilot, which trialled the Comprehensive Continuous Integrated System of Care model (Minkoff & Cline, 2004, 2005). First Step led this pilot in collaboration with 10 partner organisations from the mental health and wellbeing, alcohol and other drug, and allied sectors that respond to issues such as homelessness, disability, child and family support and primary health care.

To what extent does the First Step model of care reflect high-quality integrated care?

Evaluation findings indicated that First Step clearly demonstrates high-quality integrated care, aligned with key principles outlined by the Victorian Government. These principles are:

- **Inclusion:** First Step welcomes people with co-occurring needs, along with their families and supporters, offering hope, respect, and a non-judgemental environment.
- **Access:** First Step promotes a 'no wrong door' approach, ensuring viable support pathways and active collaboration with other community services.
- **Capability:** First Step addresses not just co-occurring mental health and addiction needs, but also broader social support requirements. It adopts a person-led approach, supporting clients in pursuing abstinence or managing substance use within a harm reduction framework.

- **Participation:** People with lived and living experience of addiction or substance use have opportunities to meaningfully engage with First Step in their recovery journey, particularly through the ResetLife program.

What refinements are needed?

Inclusion

While First Step offers a welcoming environment grounded in hope, respect, and non-judgement, feedback suggests opportunities to strengthen inclusion through increased visibility and specialised support. Participants identified a need for more tailored services for specific communities, including LGBTQ+ individuals and women. Lucas, a First Step client, proposed that collaboration with organisations such as Thorne Harbour Health could enhance First Step's integrated care model at First Step by drawing on their expertise in inclusive and community-specific support:



More LGBT support from First Step would be good, more personalised to the gay community and having more understanding about exactly what goes on and how to approach certain subjects. There's still some subjects that I won't even bother talking about to my doctor because I think it's just more of a gay thing, but it's silly, and it shouldn't be like that. So say, Thorne Harbour Health and First Step actually communicating and comparing both of their strengths and weaknesses and learning from each other, because both services are really, really amazing, and they both have such good information.

The need for additional, specialised women's health support was also raised by Paul, a client whose wife also attended First Step. He emphasised the importance of ensuring women's unique health and recovery needs are recognised and addressed within the integrated care model, suggesting more targeted services (for example, a female GP) could strengthen First Step's inclusive approach:



Having access and making it known that there's people there that can help with women's health and that's something that's not obvious at the minute. We've got to go through our male doctor for something like that, and even then it's not something that my wife can get immediately.

Access

First Step offers a broad range of services to its clients, however feedback suggests there are opportunities to improve how these services are communicated, resourced, and expanded to meet client needs. Some clients reported being unaware of the full scope of support available. For example, Jack did not know that psychologists were part of the First Step team and had to seek help elsewhere. Similarly, Jacqueline described a lack of clarity around available services. These insights highlight the importance of clear, consistent communication and service visibility to ensure clients can access the care they need through a 'no wrong door' approach:

“

I didn't know what was on offer. So maybe have a little bit more transparency. I went there for ResetLife because that was my thing and I understand now that First Step has a lot more to offer. I didn't know that so maybe just have a little bit more transparency but then, I don't know, they might have told me that and I just wasn't aware. I would like to have the chance to make a relationship, maybe with a psychologist or something to that effect. I don't even know if they have psychologists to be honest. I kind of figured that they would but then I feel like, 'oh, you don't deserve that because you're already taking up their space'. It's not that they don't offer it, it's just that I didn't know that they did. They do have pamphlets out but they don't really promote any other alternatives of things that you can do.

What became apparent during the evaluation, and was reinforced in the staff workshop in October 2025, was the tension between meeting all of a person's health needs in one place (which clients viewed as a core component of First Step's model of care) and the reality of having limited capacity to do so. Around one-third of clients surveyed accessed mental health support external to First Step. This highlights an opportunity for First Step to more clearly communicate the scope of services it provides, enabling clients to better understand and access the support available. Several clients noted capacity constraints, particularly in relation to medical and mental health services. Jacqueline, for example, pointed out this limitation:

“

I really wanted to get into the medical side of things with First Step, but they didn't have any capacity for me because the GPs and some of the other services were actually fully booked out, so they couldn't accommodate some of my needs because of the fact that they didn't have the staff. So the GPs and some of the nurses and things like that, they were all booked out. So therefore I went to other services to meet my needs.

Anthony also reflected on what was needed from medical services:

“

I'd like them to, maybe for the GP service, to be more accessible as a GP. I remember asking a GP there once, 'could I come and see you about-?' whatever it was, it might have been blood tests for cancer screening or something like that. And they said, 'oh, no, we actually prefer if you did that at your own GP'. But since then I've heard people say different things about whether you can actually get that help there.

Clients also described challenges in accessing mental health support, particularly psychiatrists, psychologists, and counsellors. Samantha described her experience as: “My journey of mental health has just been, psychiatrist, has been a gaping hole that I cannot access”. Liam reflected on how easier access to a psychiatrist at First Step could have simplified his care: “Yep, if there was a psychiatrist available from First Step it would have been, I think a much more simple process and far easier to get where I am now.” Despite these challenges, clients acknowledged the funding constraints faced by First Step, as highlighted by Tiffany's observation:

“

They could do with more available psychologists and counsellors there to be honest. I know there is a long waiting list just to even get in there to see a doctor. If they had a bit more funding so that they can provide those kinds of services on a larger scale that would be brilliant, because they're a fantastic group. It would just be more effective than having to refer people out. And it's not by any fault of their own. It's just that they've got such a long waiting list, and you can only cope with so much.

While staff and stakeholders identified one of First Step's strengths being its position within the community, Miles, a stakeholder, encouraged First Step to increase visibility and recognition. He reflected on the ongoing need to build awareness of First Step's services:

“

They're still a bit unknown for a lot of people. I know when I say that I've worked at First Step, a lot of people don't know who they are. So, still continuing to build their awareness in the sector and in the community. There's an opportunity for them to continue to build their presence, probably not just in their local community, but across the sector.

Two important points should be noted when interpreting client feedback on access to services. First, the client interview data collection period concluded in late 2024. When evaluation findings were presented to staff on 15 October 2025, staff noted that First Step had since added a psychiatrist to the services available to clients. Second, demand for health care, particularly specialist mental health support and addiction treatment, continues to outstrip supply across Australia. Workforce shortages are widespread. Recent research indicates that Australia faces significant unmet treatment needs for people with substance use disorders, with estimates suggesting that resources would need to be doubled to meet this demand (Ritter & O'Reilly, 2025).

Capability

Feedback from staff and clients highlights both strengths and opportunities to enhance the capability of the First Step model. Staff expressed a desire to strengthen collaboration within and across teams, suggesting that formalising processes could better integrate expertise and improve client outcomes. Alice, a staff member, reflected on this aim:

“

I really like collaboration, I think that's really important and I think that needs to probably strengthen a bit, like case conferences and that sort of thing. I think it just would help the client more, yeah. Probably just more collaboration between [First Step Legal and First Step]. Like probably more formal case meetings and that sort of thing, everything's done quite informally.

Another staff member, Hugo, emphasised the importance of understanding the diverse expertise across staff roles to support more effective internal referrals and teamwork: “If we have more understanding of the different expertise of different staff, that would help with doing more internal referrals. It would also help with just understanding the different skills that different people have.”

At the presentation of the evaluation findings in October 2025, staff noted that since First Step's re-location, regular case reviews and case conferences have been introduced.

Participation

Clients expressed enthusiasm for expanding peer-led and group-based activities at First Step. Anthony highlighted the social benefits of such sessions, stating: “One thing that kind of suffers a bit, when you have had issues with addiction is, social life. So, it gives you something of a kind of a social outcome as well.” He suggested introducing more structured group opportunities:



Something else I'd like to see more of at First Step - group sessions. All I could really liken it to is like an NA session. I'd love to see First Step doing something like that. It's good just being able to talk about issues that you have with people that are going through the same thing.

Tiffany proposed a mentorship-style approach, where people with lived experience could support others: “where people who have overcome certain obstacles, perhaps help others along the way. People who have had a longer period of time of maintaining abstinence. Just a buddy program of some sort.”

Other clients and staff echoed this desire for greater community involvement. Audrey reflected on opportunities to engage with lived experience initiatives:



I know they've got some kind of lived experience community at First Step that I would love to be part of. I suspect if I put my hand up and said, 'hey, I want to be part of that', they would organise that for me. If they had a community I'd love to go to regular meetings and listen to speakers.

Owen, a staff member at First Step, suggested informal drop-in options to complement existing programs:



Outside of 12 Step and SMART Recovery meetings, but having some kind of informal drop-in capacity I think would be good. Similar to the Mental Health and Wellbeing hubs, maybe even having some way to kind of piggyback onto that infrastructure would be nice.

At the staff workshop in October 2025, staff mentioned there could be opportunities to liaise with other services, for example, SHARC, to promote groups that are already available in the community such as BreakThrough for Families. While First Step does aim to respond to all health needs, there is also room to have better links with other service providers, who have expertise in specific areas (for example, Family and Drug Help at SHARC).

4.5. Evaluation question 4: What measures capture the most important client outcomes?

The outcomes workshop held in February 2025 was undertaken in the format of the Nominal Group Technique (NGT; Harvey & Holmes, 2012; Van de Ven & Delbecq, 1972), a method to obtain group consensus on a given topic. Using this approach, participants were invited to respond to the following question: “What outcomes should First Step focus on to provide high-quality integrated care?” Participants were invited to share their ideas in a ‘round robin’ style, until all ideas are presented and discussed among the group. Ideas are

then voted upon and ranked in order of importance. Workshop participants ranked the ideas in order of importance after the workshop, via an online form.

The following 10 outcomes were prioritised as the most important by the workshop participants (in order of importance): (1) Health and emotional wellbeing; (2) Substance use and recovery; (3) Quality of life; (4) Stable living conditions; (5) Continuity and client-led care; (6) Empowerment; (7) Improved opportunities; (8) Relationships and support networks; (9) Community engagement and integration; (10) Staff.

Outcome measure development

The priorities identified from the workshop were mapped to existing measures, guided by an international consensus statement of patient-centred outcome measures (Black, et al., 2024), as well as First Step's need to have an outcome measure that would not be overly time-consuming. A summary of potential measures was presented to the Steering Committee, to determine the most feasible and acceptable items to trial as outcome measures for First Step.

The Steering Committee developed a baseline and three-month outcome measure based on the findings of the workshop, consensus on the most important outcomes, and the mapping exercise. Design and development of the measure was undertaken over six months of refinement and testing. This included consultation with the Lived and Living Experience Group, who were able to provide valuable feedback to the Committee on the appropriateness of the items.

The **baseline measure** comprised questions adapted from the Australian Treatment Outcomes Profile (ATOP; Lintzeris, et al., 2020) and the Personal Wellbeing Index (PWI: International Wellbeing Group, 2024). Using these tools in the baseline measure ensured that items relating to the following outcome priorities were included: (1) Health and emotional wellbeing; (2) Substance use and recovery; (3) Quality of life; (4) Stable living conditions; (7) Improved opportunities; (8) Relationships and support networks; (9) Community engagement and integration.

The **three-month measure** comprised questions adapted from the ATOP, PWI, Treatment Effectiveness Assessment (TEA; Ling et al., 2012), Person-Centered Primary Care Measure (PCPCM; Etz, et al., 2019) and Consumer Assessments of Healthcare Providers and Systems (CAHPS; AHRQ, 2022). Using items from these tools in the three-month measure reflected the following outcome priorities: (1) Health and emotional wellbeing; (2) Substance use and recovery; (3) Quality of life; (4) Stable living conditions; (5) Continuity and client-led care; (6) Empowerment; (7) Improved opportunities; (8) Relationships and support networks; (9) Community engagement and integration; (10) Staff.

A copy of the baseline and three-month outcome measure, as well as descriptions of the index measures (e.g., ATOP) are available in the Appendix.

The outcome measures were **piloted from May - October 2025**. New clients of First Step completed the baseline measure and three-month measure within this timeframe. Clients

were asked to note their start and finish time when completing the form and were able to comment on the ease of its use of the measure completion.

Outcome measure pilot results overview

Sample

- **Baseline:** 36 clients (collected from 5 May 2025 to 10 October 2025)
- **Follow-up:** 10 clients (collected from 2 September 2025 to 10 October 2025)

Substance use

Primary Drug of Concern (Baseline)



Alcohol
12 clients
(33.3%)



Methamphetamine 10 clients (27.8%)
Cannabis 2 clients (5.6%)
Heroin 2 clients (5.6%)

58.9% reported using >1 substance in the past four weeks

Changes from baseline to follow-up

Small sample size limits definitive trends, but notable reductions were observed in individual cases. For example, one client reduced alcohol use from daily at baseline → no use at follow-up, and another client reduced alcohol use from 18 days → 1 day, and methamphetamine from 8 days → 3 days

Health and Wellbeing

Baseline self-ratings (rated from 0 to 10)

Psychological health, mean = 4.6 Physical health, mean = 4.8 Quality of life, mean = 4.9

Follow-up trends

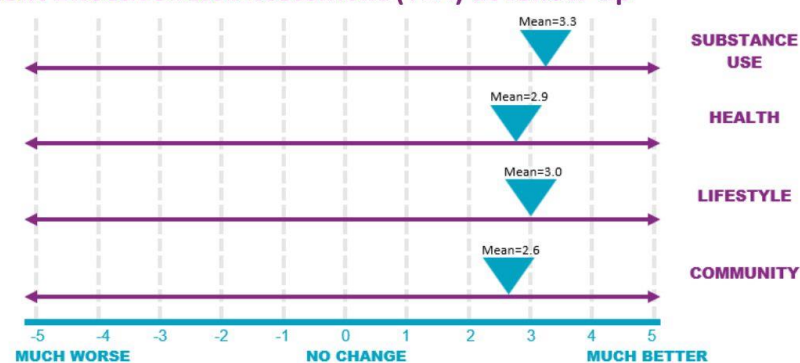
Overall, early signs of positive impact, but more data needed for validation

- **Psychological health:** General improvement (increase of up to 4 points)
- **Physical health:** Most saw improvement (increase of 1-3 points)
- **Quality of life:** Mixed results; some saw improvement, others had no change/slight decreases

Service engagement at follow-up

- 6 clients (60%) accessed 1 service at First Step
- 4 clients (40%) accessed >1 service at First Step

Treatment Effectiveness Assessment (TEA) at follow-up



Feedback

- Most rated the form as “easy” (51.5%) or “very easy” (39.4%) to complete. Three clients rated “neutral”, and none rated as “difficult” or “very difficult”.
- Time to complete: Average **7.9 minutes** (range: 3 to 20 minutes)

5. Discussion

5.1. Key findings

“I really do believe that this is about a client-led version of their journey and what they need at what point in time.”

First Step provides impactful, meaningful services to people with co-occurring substance use and mental health challenges, in a welcoming and non-judgemental environment, with staff who are highly skilled and knowledgeable. Clients improve in health and social domains, whether it is achieving abstinence or management of their substance use, obtaining mental health diagnoses and stability, or improvements in quality of life, relationships with others, and other important outcomes such as employment.

First Step’s model of care incorporates three key components:

1. First Step responds to clients’ health needs, not just substance use or mental health challenges. It is seen as one place to manage a person’s health and social needs. Staff going out of their way to meet those needs.
2. First Step staff are genuine, and the service creates a welcoming and non-judgemental environment. Clients feel understood and respected, and the help is meaningful. They feel safe from the moment they arrive.
3. First Step staff are highly skilled and knowledgeable. This enables clients to build trust with the service, and have confidence in the service to deliver, and in their capacity to improve their health and well-being.

First Step’s model of care reflects the principles of integrated care as promoted by the Victorian Government (2022). There are opportunities to continue the improvements undertaken since re-location of the service, including anecdotal feedback regarding staff retention, collaboration between teams, and introduction of services such as a psychiatrist.

5.2. Reflections and conclusion

This evaluation was conducted over a 20-month period and involved regular engagement with First Step through the Steering Committee, site visits, and both quantitative and qualitative data collection. At every stage, the Committee remained committed to identifying gaps in service delivery while also celebrating successes and positive outcomes. Clients, stakeholders, and staff were encouraged to participate, and did so wholeheartedly.

However, as with any evaluation, there are limitations. The client sample is non-representative; people already engaged with First Step or with strong opinions about the service may be over-represented. The client survey was completed via pen and paper or online, requiring adequate literacy and digital access, which may have excluded some clients from participating.

Aboriginal clients of First Step were invited to participate in the evaluation. However, to meaningfully engage with Aboriginal clients, a Community-led approach is recommended. Such an approach would acknowledge and uphold:

- Self-determination: the right of Aboriginal clients to be fully engaged in processes that impact them
- Cultural safety
- Community leadership in evaluation processes, ensuring alignment with Community needs and priorities
- A focus on evaluation and improvement activities that deliver positive and tangible outcomes for Community.

First Step is an exemplar of integrated care. The evaluation findings provide a strong platform for the organisation to promote its unique model, one that places the client at the centre of service delivery, values a welcoming and respectful environment, and is supported by a highly skilled and knowledgeable workforce.

6. References

- Agency for Healthcare Research and Quality. (2022). Consumer Assessment of Healthcare Providers and Systems (CAHPS®). U.S. Department of Health and Human Services. <https://www.ahrq.gov/cahps/index.html>
- Etz, R. S., Zyzanski, S. J., Gonzalez, M. M., Reves, S. R., O'Neal, J. P., & Stange, K. C. (2019). A new comprehensive measure of high-value aspects of primary care. *Annals of Family Medicine*, 17, 221–230. <https://doi.org/10.1370/afm.2393>
- International Wellbeing Group (2024). Personal Wellbeing Index manual (6th Ed, V 2.) Cummins, R. A. (Ed.). ACQoI Open-Access Publications, Deakin University.
- Larsen, D. L., Attkisson, C. C., Hargreaves, W. A., & Nguyen, T. D. (1979). Assessment of client/patient satisfaction: Development of a general scale. *Evaluation and Program Planning*, 2(3), 197–207.
- Lewis-Beck, M. S., Bryman, A., & Futing Liao, T. (Eds.) (2004). *The SAGE encyclopedia of social science research methods* (Vol. 0, pp. 538–538). Sage Publications, Inc., <https://doi.org/10.4135/9781412950589.n463>
- Ling, W., Farabee, D., Liepa, D., & Wu, L. T. (2012). The Treatment Effectiveness Assessment (TEA): An efficient, patient-centered instrument for evaluating progress in recovery from addiction. *Substance Abuse and Rehabilitation*, 3, 129–136. <https://doi.org/10.2147/SAR.S38902>
- Lintzeris, N., Mammen, K., Holmes, J., Deacon, R., Mills, L., Black, E., Gardner, L., and Dunlop, A. (2020). The Australian Treatment Outcomes Profile (ATOP) Manual. https://www.seslhd.health.nsw.gov.au/sites/default/files/groups/Drug_Alcohol/ATOP_Manual_Part_2_08Nov21.pdf
- Minkoff, K., & Cline, C. A. (2004). Changing the world: the design and implementation of comprehensive continuous integrated systems of care for individuals with co-occurring disorders. *Psychiatric Clinics of North America*, 27, 727–743. <https://doi.org/10.1016/j.psc.2004.07.003>
- Minkoff, K., & Cline, C. A. (2005). Developing welcoming systems for individuals with co-occurring disorders: The role of the Comprehensive Continuous Integrated System of Care model. *Journal of Dual Diagnosis*, 1, 65–89. https://doi.org/10.1300/J374v01n01_06
- New South Wales Ministry of Health. (2015). Effective models of care for comorbid mental illness and illicit substance use: Evidence check review. Mental Health and Drug and Alcohol Office. <https://www.health.nsw.gov.au/mentalhealth/resources/Publications/comorbid-mental-care-review.pdf>

- Richardson, A., Richard, L., Gunter, K., Cunningham, R., Hamer, H., Lockett, H., Wyeth, E., Stokes, T., Burke, M., Green, M., Cox, A., & Derrett, S. (2020). A systematic scoping review of interventions to integrate physical and mental healthcare for people with serious mental illness and substance use disorders. *Journal of Psychiatric Research*, 128, 52–67. <https://doi.org/10.1016/j.jpsychires.2020.05.021>
- Ritter, A., & O'Reilly, K. (2025). Unmet treatment need: The size of the gap for alcohol and other drugs in Australia. *Drug and alcohol review*, 44(3), 772–782. <https://doi.org/10.1111/dar.14008>
- Vears, D. F., & Gillam, L. (2022). Inductive content analysis: A guide for beginning qualitative researchers. *Focus on Health Professional Education*, 23, 111-127.
- Victorian Alcohol and Drug Association. (2023). Integration of care in practice. https://www.vaada.org.au/wp-content/uploads/2023/06/RES_Integration-of-Care-in-Practice-2023_06062023.pdf
- Victorian Government. (2022). Integrated treatment, care and support for people with cooccurring mental illness and substance use or addiction: Guidance for Victorian mental health and wellbeing and alcohol and other drug services. Department of Health. <https://www.health.vic.gov.au/sites/default/files/2022-07/Integrated-treatment-care-support-guidance-for-mhw-and-aod-servic-pdf.pdf>
- Yule, A. M., & Kelly, J. F. (2019). Integrating treatment for co-occurring mental health conditions. *Alcohol Research: Current Reviews*, 40, arcr.v40.1.07. <https://doi.org/10.35946/arcr.v40.1.07>

7. Appendices

7.1. Appendix 1. Client survey

Q1) How many years have you been going to First Step? _____

Q2) What services at First Step have you accessed? Please select all that apply.

- | | |
|--|---|
| ☐ GP | ☐ Nurse |
| ☐ Psychologist / counsellor / mental health nurse | ☐ Funding support for items and services |
| ☐ Lawyer | ☐ ResetLife program |
| | ☐ Care coordination / case management |

Q3) Have you used any other healthcare service/provider in the last 6 months? (*i.e. not First Step*)

- ☐ Yes
If yes, please tick which services you have used:
- ☐ GP or nurse at another service
 - ☐ Other mental health service
 - ☐ Called an ambulance or went to an emergency department
 - ☐ Other – please state here:
- ☐ No (Skip to Question 4)

Q3a) How does the service you receive at First Step compare with the services you receive at the other provider/s? Please circle your response and provide further information in the text box below.

-5	-4	-3	-2	-1	0	1	2	3	4	5
Much worse										Much better

Q4) These next questions are about the help you needed, and whether First Step provided that help. In your time at First Step, have you **needed** help with your...

- | | |
|---|--|
| Alcohol and/or drug use? | ☐ Yes ☐ No |
| Physical health? | ☐ Yes ☐ No |
| Mental health? | ☐ Yes ☐ No |
| Legal? | ☐ Yes ☐ No |
| Social needs (e.g. relationships, work, housing)? | ☐ Yes ☐ No |

--

Substance use: How much better or worse is your drug/alcohol use? Consider the frequency and amount of use, money spent on drugs, amount of drug craving, time spent being drug-affected, being sick, in trouble and in other drug-using activities, etc.

Health: Has your health gotten better or worse? In what way and how much? Think about your physical and mental health: Are you eating and sleeping properly, exercising, taking care of health problems or dental problems, feeling better about yourself, etc.?

Lifestyle: How much better or worse are you in taking care of your personal responsibilities? Think about your housing, living conditions, family situation, employment, relationships: Are you paying your bills? Following through with your personal and professional commitments?

Community: Do you feel things are better or worse in terms of being a member of the community (e.g. having a sense of belonging, purpose and connections with others etc.)?

Q6a) The next question is about your psychological health during the past 4 weeks. This includes your overall mood, anxiety, depression, or any emotions or feelings that have been troubling you.

Q6b) The next question is about your physical health during the past 4 weeks. This includes your overall physical health problems, symptoms or illnesses that have bothered you. This includes pain, breathing, gastric, sleep, mobility problems or other physical symptoms.

Q6c) The next question is about how you see your overall quality of life during the past 4 weeks. This includes your overall living conditions and circumstances, your family and other relationships, work and financial aspects of your life and your overall social situation.

Q7) How would you rate your experience at First Step?

Q8) In the last six months, approximately how many times did you visit First Step?

Q9) Thinking about your care from First Step in the last six months...

How often did staff at First Step explain things in a way that was easy to understand?	Never ☐	Sometimes ☐	Usually ☐	Always ☐
How often did staff at First Step listen carefully to you?	Never ☐	Sometimes ☐	Usually ☐	Always ☐
How often did staff at First Step seem to know the important information about your medical care?	Never ☐	Sometimes ☐	Usually ☐	Always ☐
How often did staff at First Step show respect for what you had to say?	Never ☐	Sometimes ☐	Usually ☐	Always ☐
How often did staff at First Step spend enough time with you?	Never ☐	Sometimes ☐	Usually ☐	Always ☐

Q10) To what extent has First Step met your needs?

- ☐ Almost all of my needs have been met
- ☐ Most of my needs have been met
- ☐ Only a few of my needs have been met
- ☐ None of my needs have been met

Q11) In an overall, general sense, how satisfied are you with the service you received at First Step?

- ☐ Very satisfied
- ☐ Mostly satisfied
- ☐ Indifferent or mildly dissatisfied
- ☐ Quite dissatisfied

Q12) If you were to seek help again, would you come back to First Step?

- ☐ No, definitely not
- ☐ No, I don't think so
- ☐ Yes, I think so
- ☐ Yes, definitely

Q13) Is there anything else you would like to tell us about First Step? For example:

- What do you like best about the service?
- If you could change some things about the service, what would they be?
- Is there anything else First Step could be providing?
- How could First Step be doing a better job for their clients?

About you

Q14) What is your age? _____

Q15) What gender do you identify as?

- ☐ Male
- ☐ Female
- ☐ Non-binary / gender diverse
- ☐ I use a different term _____

Q16) How do you describe your sexuality?

- ☐ Heterosexual or straight
- ☐ Lesbian
- ☐ Gay or homosexual
- ☐ Bisexual
- ☐ Pansexual
- ☐ Queer
- ☐ I use a different term _____

Q17) What is your highest level of education?

- ☐ Did not go to school
- ☐ Year 6 or below
- ☐ Year 7 or equivalent
- ☐ Year 8 or equivalent
- ☐ Year 9 or equivalent
- ☐ Year 10 or equivalent
- ☐ Year 11 or equivalent
- ☐ Year 12 or equivalent
- ☐ TAFE, Apprenticeship
- ☐ Associate or undergraduate diploma
- ☐ Bachelor degree or higher

Q18) In which country were you born?

Q19) Which language do you mainly speak at home? If more than one language, indicate the one that is spoken most often.

7.2. Appendix 2. Measures used in the First Step outcome measure

The Australian Treatment Outcomes Profile (ATOP) is a brief, structured clinical tool used in alcohol and other drug services to monitor treatment outcomes over the previous four weeks. It captures self-reported data on substance use, health and wellbeing, and social functioning, including employment, housing, caregiving, and experiences of violence or arrest. The ATOP also includes 0–10 scale ratings for psychological and physical health and overall quality of life. Adapted from the United Kingdom's Treatment Outcomes Profile, it is validated for Australian settings and designed for use in routine care, requiring minimal training and supporting clinical decision-making and service evaluation.

The Personal Wellbeing Index (PWI) is a validated, self-report tool developed by the Australian Centre on Quality of Life at Deakin University to measure subjective wellbeing. It consists of seven core items assessing satisfaction across key life domains: standard of living, health, achieving in life, relationships, safety, community connectedness, and future security. Respondents rate each domain on a scale from 0 to 10, and scores are converted to a standard score out of 100, with higher scores indicating greater wellbeing. The PWI is widely used in clinical, research, and policy settings. It is psychometrically robust and part of the broader Australian Unity Wellbeing Index, which also tracks national wellbeing.

The Treatment Effectiveness Assessment (TEA) is a brief, patient-centred tool designed to evaluate progress in addiction treatment and recovery. It focuses on four key domains: substance use, health, lifestyle, and community. Turning Point adapted the TEA as an outcomes measure to include terms relevant to an Australian context. In the original TEA, respondents rate each domain on a 1–10 Likert scale, reflecting their perceptions of change. Turning Point adapted this scale to be a -5–+5 scale, in consideration of the sometimes fluctuating nature of substance use recovery. The TEA is designed to be simple, quick, and requires no formal training or software, making it ideal for routine use in clinical and research settings. Its strength lies in its person-oriented approach, allowing people to track meaningful changes in their lives over time, with substance use as the central focus from which other improvements often flow.

The Person-Centered Primary Care Measure (PCPCM) is a patient-reported outcome tool developed in the United States (US) to assess the quality and value of primary care from the patient's perspective. It captures aspects often overlooked in traditional metrics but known to influence population health, equity, and cost-effectiveness. These include accessibility, comprehensiveness, integration, coordination, continuity, advocacy, relationships, family and community context, goal-oriented care, and management of disease and prevention. The PCPCM emphasises relational and whole-person care, making it a valuable instrument for advancing person-centred, high-value primary care.

The Consumer Assessments of Healthcare Providers and Systems (CAHPS) is a set of standardized surveys developed in the US to measure patients' experiences with healthcare services. The CAHPS focuses on provider communication, care coordination, and access to services. It uses consistent methods to enable comparisons across providers and settings.

7.3. Appendix 3. Baseline and follow-up outcome measure



Baseline Outcome Measure

Name:	
Date:	

Section 1: Health and Wellbeing	
The following questions ask about how you are going with your alcohol or drug use and other areas of your life. This will help us see how you progress.	
1.1 What is your employment status? ☐ Employed ☐ Unemployed and/or job seeking ☐ Studying ☐ Volunteering ☐ Full-time caregiver ☐ Other (Please specify) _____	
1.2 How many days of paid work (not including voluntary work) have you had in the past four weeks?	
1.3 How many days of school, tertiary education or vocational training have you had in the past four weeks?	
1.4 In the past four weeks :	
a. What type of accommodation have you been living in? (e.g. private residence, boarding house, residential care facility):	
b. Have you been homeless?	☐ No ☐ Yes
c. Have you been at risk of eviction?	☐ No ☐ Yes
d. Have you been arrested?	☐ No ☐ Yes
e. Have you been violent (incl. family violence) towards someone?	☐ No ☐ Yes
f. Has anyone been violent (incl. family violence) towards you?	☐ No ☐ Yes
g. Have you been attended to by an ambulance or been in hospital?	☐ No ☐ Yes
1.5 How would you rate your psychological health status in the past four weeks (<i>anxiety, depression and problem emotions and feelings</i>) POOR 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ GOOD	
1.6 How would you rate your physical health status in the past four weeks (<i>extent of physical symptoms and bothered by illness</i>) POOR 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ GOOD	
1.7 How would you rate your overall quality of life in the past four weeks (<i>e.g. able to enjoy life, get on well with family and partner, satisfied with living conditions</i>) POOR 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ GOOD	

Please tick the number below that best represents how satisfied you feel **today**.
On this scale, 0 means you have 'No satisfaction at all', and 10 means you are 'Completely Satisfied'.

1.8. How satisfied are you with your standard of living?
NO SATISFACTION AT ALL 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ COMPLETELY SATISFIED

1.9. How satisfied are you with what you are achieving in life?
NO SATISFACTION AT ALL 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ COMPLETELY SATISFIED

1.10. How satisfied are you with your personal relationships?
NO SATISFACTION AT ALL 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ COMPLETELY SATISFIED

1.11. How satisfied are you with feeling part of your community?
NO SATISFACTION AT ALL 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ COMPLETELY SATISFIED

Section 2: Substance Use

2.1 What is your primary drug/substance of concern?

2.2 In the past four weeks (28 days) have you used any of the following substances? If yes, record number of days and how much you used in the past four weeks.
If you were in hospital/prison/rehab in the previous month, consider your substance use in the four weeks before that.

		If yes, number of days you used this substance in the past four weeks (28 days)	If yes, amount of this substance used per day
Alcohol	☐ Yes		
Cannabis (e.g. marijuana, pot, grass, hash, synthetic cannabis)	☐ Yes		
Methamphetamine (e.g., ice, speed, base)	☐ Yes		
Other amphetamine type stimulants (e.g. MDMA / ecstasy, diet pills)	☐ Yes		
Prescribed sedatives or sleeping pills (e.g. benzodiazepines, xanax, valium, serapax, rohypnol, stilnox)	☐ Yes		
Non-prescribed benzodiazepines	☐ Yes		
Prescribed Opioids (e.g. methadone / buprenorphine)	☐ Yes		
Non-prescribed Opioids (e.g. heroin, codeine, methadone, oxycodone, morphine, fentanyl)	☐ Yes		
Cocaine	☐ Yes		

Inhalants (e.g. nitrous, glue, petrol, paint thinner, Amyl)	☐ Yes		
Hallucinogens (e.g. LSD, acid, mushrooms, PCP, ketamine, synthetic hallucinogens)	☐ Yes		
Nicotine (e.g., cigarettes, vapes, prescribed or non-prescribed)	☐ Yes		
GHB	☐ Yes		
Other substances (please specify) _____	☐ Yes		
Have you injected drugs in the past four weeks (28 days)? (If no, skip to next section)	☐ Yes	Total number of days injected in the past four weeks (28 days)	
If yes, did you inject with equipment used by someone else?	☐ Yes		

Follow-Up Outcome Measure

Name:	
Date:	

Services accessed at First Step	
Please tick all of the services you have used at First Step since you started coming here.	
☐ GP ☐ Nurse practitioner ☐ Psychologist ☐ Counsellor or mental health nurse ☐ Psychiatrist ☐ Legal services ☐ ResetLife program ☐ Care coordination or case management ☐ Other (please specify) _____	
Section 1: Health and Wellbeing	
The following questions ask about how you are going with your alcohol or drug use and other areas of your life. This will help us see how you progress.	
1.1 What is your employment status?	
☐ Employed ☐ Unemployed and/or job seeking ☐ Studying ☐ Volunteering ☐ Full-time caregiver ☐ Other (Please specify) _____	
1.2 How many days of paid work (not including voluntary work) have you had in the past four weeks?	
1.3 How many days of school, tertiary education or vocational training have you had in the past four weeks?	
1.4 In the past four weeks :	
a. What type of accommodation have you been living in? (e.g. private residence, boarding house, residential care facility):	
b. Have you been homeless?	☐ No ☐ Yes
c. Have you been at risk of eviction?	☐ No ☐ Yes
d. Have you been arrested?	☐ No ☐ Yes
e. Have you been violent (incl. family violence) towards someone?	☐ No ☐ Yes
f. Has anyone been violent (incl. family violence) towards you?	☐ No ☐ Yes
g. Have you been attended to by an ambulance or been in hospital?	☐ No ☐ Yes
1.5 How would you rate your psychological health status in the past four weeks (<i>anxiety, depression and problem emotions and feelings</i>)	
POOR 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ GOOD	

1.6 How would you rate your physical health status in the past four weeks (<i>extent of physical symptoms and bothered by illness</i>) POOR 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ GOOD			
1.7 How would you rate your overall quality of life in the past four weeks (<i>e.g. able to enjoy life, get on well with family and partner, satisfied with living conditions</i>) POOR 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ GOOD			
Please tick the number below that best represents how satisfied you feel today . On this scale, 0 means you have 'No satisfaction at all', and 10 means you are 'Completely Satisfied'.			
1.8. How satisfied are you with your standard of living? NO SATISFACTION AT ALL 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ COMPLETELY SATISFIED			
1.9. How satisfied are you with what you are achieving in life? NO SATISFACTION AT ALL 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ COMPLETELY SATISFIED			
1.10. How satisfied are you with your personal relationships? NO SATISFACTION AT ALL 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ COMPLETELY SATISFIED			
1.11. How satisfied are you with feeling part of your community? NO SATISFACTION AT ALL 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ COMPLETELY SATISFIED			
Section 2: Substance Use			
2.1 What is your primary drug/substance of concern?			
2.2 In the past four weeks (28 days) have you used any of the following substances? If yes, record number of days and how much you used in the past four weeks. <i>If you were in hospital/prison/rehab in the previous month, consider your substance use in the four weeks before that.</i>			
		If yes, number of days you used this substance in the past four weeks (28 days)	If yes, amount of this substance used per day
Alcohol	☐ Yes		
Cannabis (e.g. marijuana, pot, grass, hash, synthetic cannabis)	☐ Yes		
Methamphetamine (e.g., ice, speed, base)	☐ Yes		
Other amphetamine type stimulants (e.g. MDMA / ecstasy, diet pills)	☐ Yes		
Prescribed sedatives or sleeping pills (e.g. benzodiazepines, xanax, valium, serapax, rohypnol, stilnox)	☐ Yes		

Non-prescribed benzodiazepines	☐ Yes		
Prescribed Opioids (e.g. methadone / buprenorphine)	☐ Yes		
Non-prescribed Opioids (e.g. heroin, codeine, methadone, oxycodone, morphine, fentanyl)	☐ Yes		
Cocaine	☐ Yes		
Inhalants (e.g. nitrous, glue, petrol, paint thinner, Amyl)	☐ Yes		
Hallucinogens (e.g. LSD, acid, mushrooms, PCP, ketamine, synthetic hallucinogens)	☐ Yes		
Nicotine (e.g., cigarettes, vapes, prescribed or non-prescribed)	☐ Yes		
GHB	☐ Yes		
Other substances (please specify) _____	☐ Yes		
Have you injected drugs in the past four weeks (28 days)? (If no, skip to next section)	☐ Yes	Total number of days injected in the past four weeks (28 days) 	
If yes, did you inject with equipment used by someone else?	☐ Yes		
Section 3: Experience at First Step			
3.1 The following questions ask you about the extent of changes for the better, from your involvement in First Step. Think about how things have become better or worse and tick your response on the scale below: with '-5' meaning much worse through to '+5' meaning much better.			
a. Substance use: How much better or worse is your drug/alcohol use? <i>Think about the frequency and amount of use, money spent on drugs, amount of drug craving, time spent being drug-affected, being sick, in trouble and in other drug-using activities, etc.</i> MUCH WORSE -5 ☐ -4 ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ MUCH BETTER			
b. Health: Has your health gotten better or worse? In what way and how much? <i>Think about your physical and mental health: Are you eating and sleeping properly, exercising, taking care of health problems or dental problems, feeling better about yourself, etc.?</i> MUCH WORSE -5 ☐ -4 ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ MUCH BETTER			
c. Lifestyle: How much better or worse are you in taking care of your personal responsibilities? <i>Think about your housing, living conditions, family situation, employment, relationships: Are you paying your bills? Following through with your personal and professional commitments?</i> MUCH WORSE -5 ☐ -4 ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ MUCH BETTER			
d. Community: Do you feel things are better or worse in terms of being a member of the community? <i>For example, having a sense of belonging, purpose and connections with others, etc.</i> MUCH WORSE -5 ☐ -4 ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ MUCH BETTER			



3.2 How would you rate your experience at First Step?

a. First Step staff coordinate the care I get at First Step and from other places.
☐ Not at all ☐ Somewhat ☐ Mostly ☐ Definitely

b. Staff at First Step know me as a person and consider my family and community in my care.
☐ Not at all ☐ Somewhat ☐ Mostly ☐ Definitely

c. Over time, First Step supports me to meet my goals.
☐ Not at all ☐ Somewhat ☐ Mostly ☐ Definitely

d. I am involved in decisions about my care at First Step.
☐ Not at all ☐ Somewhat ☐ Mostly ☐ Definitely

3.3 Thinking about your care from First Step in the last three months...

a. How often did you feel heard by staff at First Step?
☐ Never ☐ Sometimes ☐ Usually ☐ Always

b. How often did staff at First Step show you respect?
☐ Never ☐ Sometimes ☐ Usually ☐ Always

3.4 Overall, how satisfied are you with the service you received at First Step?
☐ Very satisfied ☐ Mostly satisfied ☐ Indifferent or mildly dissatisfied ☐ Quite dissatisfied

3.5 If you were to seek help again, would you come back to First Step?
☐ No, definitely not ☐ No, I don't think so ☐ Yes, I think so ☐ Yes, definitely

3.6 Is there anything else you would like to tell us about First Step?

7.4. Appendix 4. Ideas from the outcome measure workshop

