Cover page to First Step's RCMH submission

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Do you identify as a member of any of the following groups? Please select all that apply	☒ People who are engaged in preventing, responding to and treating mental illness
Type of submission	☒ Organisation Please state which organisation: First Step Please state your position at the organisation: CEO Please state whether you have authority from that organisation to make this submission on its behalf: ☒ Yes
[redacted]	
Please indicate which of the following best represents you or the organisation/body you represent. Please select all that apply	☒ Other; Please specify: First Step is a not-for-profit organisation providing support in mental health, addiction legal services and many other areas.
Please select the main Terms of Reference topics that are covered in your brief comments. Please select all that apply	☒ Best practice treatment and care models that are safe and person-centred ☒ Infrastructure, governance, accountability, funding, commissioning and information-sharing arrangements ☒ People in contact, or at greater risk of contact, with the forensic mental health system and the justice system ☒ People living with both mental illness and problematic drug and alcohol use

First Step submission to the Victorian Royal Commission into Mental Health

Contents

Preamble (our support for other submissions)

www.firststep.org.au

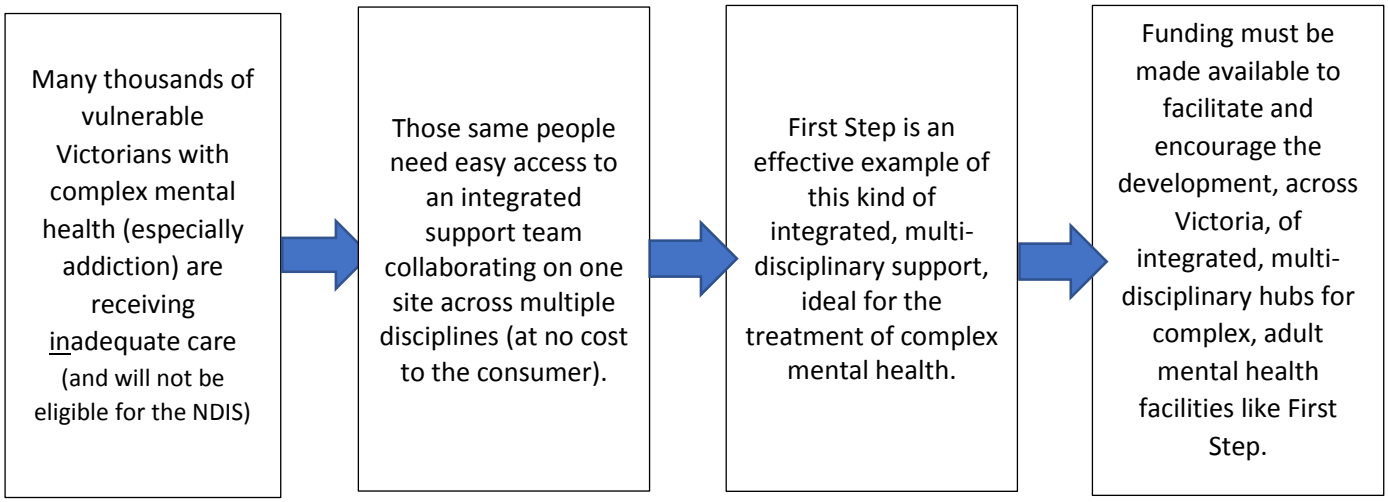
First Step is a community mental health service with a truly unique collaborative model and multi-disciplinary team. Having knowledge of and involvement with a number of other submissions (eg. Mental Health Victoria, Victorian Alcohol And Drug Association, Melbourne University School of Population and Global health) we are strongly in favour of many of the recommendations that others will be making to the Royal Commission. We support recommendations that:

- systematically and significantly increases funding for mental health commensurate with the funding for issues of general/physical health (relative to the disease burden),
- lead to greater integration/collaboration between mental health and alcohol and other drug organisations and practitioners,
- encourage compassion for addiction and reduce the stigma around mental ill-health and addiction,
- lead to a system of universal mental health care,
- overcome funding silos to facilitate integrated treatment, particularly for complex conditions,
- reduce barriers to accessing care, particularly for the most marginalised, including reducing the likelihood of anyone with mental health and addiction being turned away/denied service, and
- increase housing security for all low-income Victorians, but particularly those with poor mental health.

To make the most of our expertise and the Royal Commission's time we will mostly leave it to others to make the case for the points above. Our submission focuses on:

- What First Step is and how it helps people
- What about First Step allows it to have such a positive impact on its clients
- Why First Step is a great example of integrated care for vulnerable adult Victorians that can serve as a model for the sector (particularly in relation to complex mental health and dual diagnosis)
- How First Step is funded and what could be done to facilitate/encourage more organisations to develop a similar integrated model of care

The core argument we will demonstrate is:



Our primary recommendation

All of the RCMH submissions First Step has been part of or witnessed have involved a series of recommendations, sometimes dozens. Everything that First Step wants to emphasise to the Royal Commission falls into one primary recommendation:

Primary Recommendation: Develop the necessary funding stream and associated systems to facilitate the development of integrated, multi-disciplinary community mental health hubs for adults with complex needs with the following characteristics:

- All services must be free of charge to the consumer
- Maximum accessibility (including no wrong door) so that anyone attending can be supported according to their needs
- A multi-disciplinary team of highly qualified and experienced staff, particularly in the disciplines of mental health, general medicine, addiction medicine, legal services, social inclusion and meaningful engagement
- Facilitation of constant communication between all clinicians and practitioners resulting in genuine collaboration
- A non-judgmental, trauma-informed approach to treatment
- All services provided on one site
- Financial sustainability

The remainder of this document aims to demonstrate the effectiveness of this model as embodied by First Step. First Step makes no claims of perfection, but the organisation is a physical manifestation of the characteristics listed in the recommendation, nearly all of which are common sense and nearly none of which are evident in the public mental health system.

About First Step (and why the model works)

www.firststep.org.au

First Step is a not-for-profit mental health, addiction and legal services hub in the heart of St Kilda. For 20 years First Step has specialised in a non-judgemental approach to the care of vulnerable Victorians who need support with mental health and/or substance use. First Step is a single-site organisation that looks and feels a lot like a GP clinic, however on that site is provided, at no cost the consumer, a unique array of integrated services including:

- GPs with decades of drug and alcohol treatment experience, including an addiction specialist physician

- Credentialled mental health nurses
- Lawyers providing legal advice, referral and representation (particularly criminal and family violence law)
- Clinical and counselling psychologists
- Psychiatry services
- Care coordination
- Psychosocial support including employment support
- Art therapy
- Group work in addiction
- Brokerage funding for social inclusion
- Healthy liver clinic (including hepatitis C nursing)
- General nursing
- Pathology

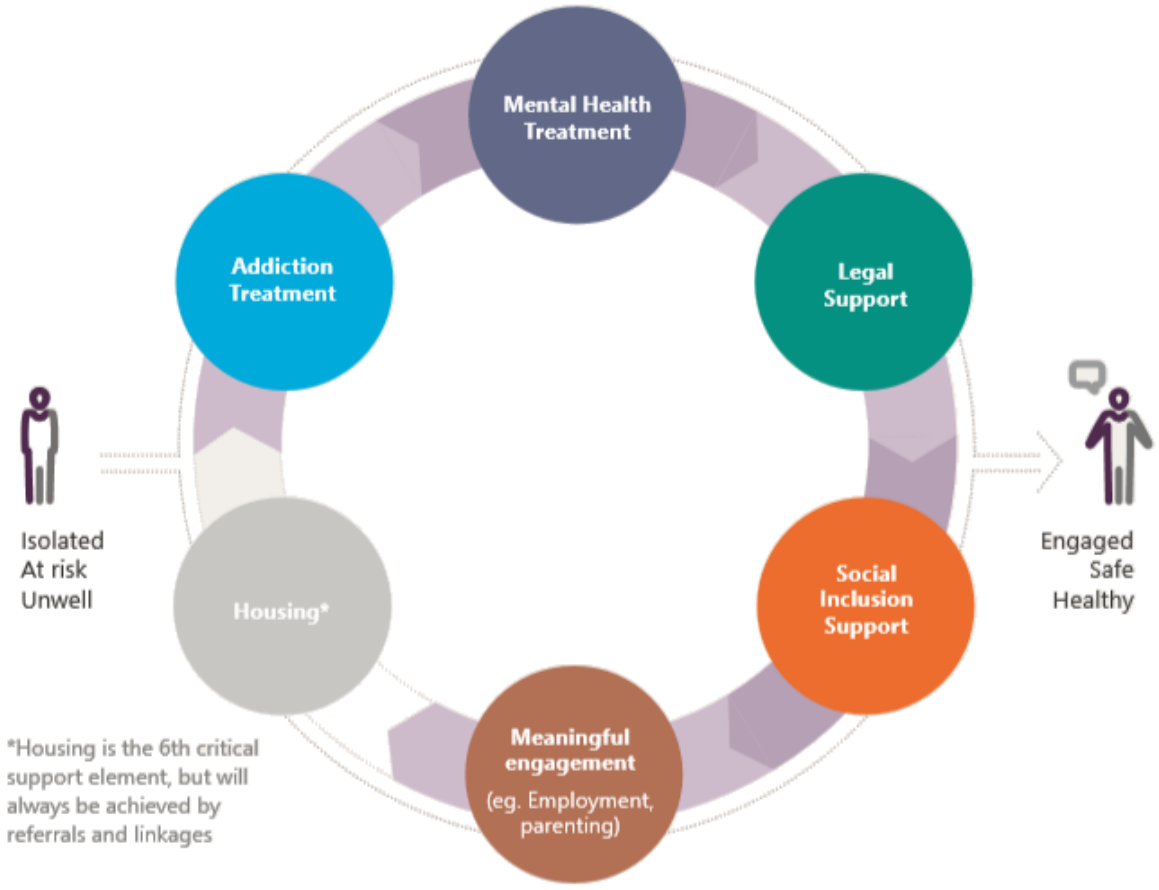
Other important things to understand about First Step are:

- All treatment is provided at no cost to the consumer.
- First Step supports over 2,500 people per year.
- First Step has the first (and perhaps only) criminal law practice within a health practice in Australia
- As a clinic First Step supports more people on opiate substitution therapy (such as methadone) than any other clinic in Victoria.
- First Step treats hepatitis C at a rate comparable with major hospitals.
- First Step runs three commissions/tenders for the South Eastern Melbourne Primary Health Network (Mental Health Integrated Complex Care, Reset Life and National Psychosocial Services (NPS)– Flexible Funding Brokerage)
- First Step is partnering with the University of Melbourne School of Population and Global Health as the Australian clinical lead agency researching treatment of comorbid substance use and Attention Deficit Hyperactivity Disorder.

This wide array of services is represented in the diagram below/overleaf. Note that we refer to this combination of services as the *6 Critical Support Elements* that together form the best practice model for one site working in this area of complex mental health and addiction.

NB. First Step provides 5 of these 6 elements on site at 42 Carlisle St, St Kilda.

Six Critical Support Elements (all but 'housing' provided at First Step)



The diagram acknowledges that housing is just as important as the other five elements, but that provision of housing services differs so significantly from the others that it does not suit the clinic setting. First Step addresses the housing needs of its clients through referral and partnerships.

It is crucial to understand that it is not simply the provision of this wide array of services that is essential, but rather:

> **It is the integrated delivery of these services by highly skilled professionals working in face-to-face collaboration that yields the best results with our complex client group.**

Trauma and complexity in the people we support

At First Step we believe that:

> *Chronic and severe addiction is generally a long-term and painful response to trauma that must be treated with compassion and dignity.*

We also believe that:

> *Addiction is concentrated in areas of multiple disadvantages including poverty. Timely and effective treatment is a matter of social justice and benefits everyone in society.*

There are three principles that seem so self-evident to staff at First Step that they hardly warrant discussion, yet seem to be reducing in currency in the health sector generally:

1) Dual diagnosis is the norm for people with substance abuse disorder

2) A 'no wrong door' policy should apply to organisations that treat mental health **and/or** addiction, and that both sectors should be supported and collaborate to make it possible for people with a dual diagnosis to receive support from either sector (including while drug affected).
3) An understanding that complex mental health and/or addiction usually have traumatic origins. Regardless of academic arguments about causality it is essential to treat both the addiction and the traumatic origins (or at least their current manifestations in mental ill-health) in order to bring about improvements in our clients. Any treatment must consider both historical environmental issues (that are of course unalterable) and current environmental issues, which can be improved upon.
Note: Treatment of a) addiction and b) mental health must still be fundamentally 'separate', yet performed in close collaboration/co-location/communication by skilled practitioners.

At First Step we would maintain that many challenging environmental factors, including adverse childhood events, are at the very least causally linked to both mental health and substance use issues earlier and later in life. The evidence of this is overwhelming, particular when viewing the correlation between the number of adverse childhood events and the extent of illness, addiction and disadavantage in adult life.

A lack of widespread appreciation of long-term effects of childhood trauma is hampering an acceptance of the fact that addiction and mental illness are not separate phenomena. The idea that you can treat one in isolation when both are present is antithetical to First Step. Yes, there are people with serious mental illness who have no substance abuse issues, but 20 years of experience (and tens of thousands of patients) tells us:

There are effectively no people with chronic and severe substance abuse issues who do not also suffer from poor mental health.

To give a snapshot of the kind of circumstances affecting First Step clients, we provide these statistical averages from 100+ consecutive people upon first presentation at First Step.

NOT currently working or studying	65%
Been arrested in the last 4 weeks	11%
Have been homeless or at risk of homelessness in last 4 weeks	15%
Have suffered sexual abuse in last 4 weeks	11%
Have attempted suicide in the last 4 weeks	7%*

*Please note that some form of suicidality is present in 49.4% of 171 clients referred to First Step's Mental Health Integrated Complex Care program (funded by SEMPHN, the 'complex and severe' component of the Stepped Care mental health care model). This is assessed by SEMPHN intake workers.

First Step does not collect statistics on childhood sexual abuse of its clients. It would not be appropriate or edifying to attempt to gather such statistics as a great many of our clients are not ready for discussions of this level of childhood trauma, and we will not prioritise statistics gathering over trauma-informed patient care. However, anecdotally the CEO (writing this document) has been given estimates by First Step doctors for rates of childhood sexual abuse among female clients in particular being likely above 80% or even 90% of all female clients. Again, causally linked, is the prevalence of periods of out-of-home care during the childhood of our clients. Again, we don't have statistics on this but anecdotal evidence of great prevalence.

For those who are familiar with these assessment tools, the following averages apply to the same group listed above (first presenting to First Step, pre-treatment):

Average AUDIT (alcohol)	23
Average DUDIT (drugs)	31

These are extremely high AUDIT and DUDIT scores, calculated from self-reporting in response to the questions on accredited tools with a trained AOD worker

Recommendation 2: Attitudes to dual diagnosis

Support and funding should be given to initiatives that develop our understanding of comorbid mental illness and addiction, including causality and psychosocial and environmental factors. The work of the Victorian Dual Diagnosis Initiative should be supported as well as researching this work in the field.

Australia was once at the forefront of this work. We need to rejoin global leaders at the front of this field.

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Team care – the cancer comparison

A system of universal health care, the right to be able to access good and timely healthcare as required regardless of one's ability to pay, is one of the cornerstones of Australian society. It is utterly uncontroversial at its core (though there are plenty of debates around the perimeter). This includes *complex* conditions such as cancer, where it is assumed that the state will fund a team of professionals to attempt to cure, to minimise damage, to rehabilitate and to provide ongoing care even when there is no cure. In cancer's case, this will usually include:

- Your GP
- An oncologist
- A surgeon
- Some form of mental health worker (possibly supporting family also)
- Some form rehabilitative worker
- And others

Complex mental health is every bit as challenging, every bit of complicated and is responsible for a significant burden of disease in Australia. Why would we not take the same approach in cases of complex mental health by funding a coordinated *team* of skilled practitioners? Other parts of this submission clarify what we think that team could and should look like. We don't employ actuaries or health economists at First Step, but given the costs of psychiatric beds, incarceration, crime, homelessness and other factors, we are confident that there are extraordinary cost savings to be gained from such an approach.

There is a frequent dual dilemma in the lives of vulnerable people with a dual diagnosis and for the people who try to help them:

How can we diagnose and bring about improvements in this person's mental health when their substance use is so debilitating?

How can we help this same person to reduce harm and substance use when their mental health is so poor?

The answer is intelligently, reflectively, with dignity and as a well-coordinated, well-supported team.

Two brief snapshots of long-term denial of service of a client with a mental illness and substance use disorder:

[redacted] is a middle-aged Maori man who has an acquired brain injury, enduring psychotic symptoms and is deemed a serious violent offender. He has experienced the loss of many physical functions and has ongoing severe substance use disorder. He is denied residential treatment at AOD services because of his mental health, and denied psychiatric tertiary (hospital) services because of his AOD use. The inability of the community sector to treat his addiction and mental health in a residential setting means that First Step is doing its very best to treat him in the community. He should, however, have residential options from which the First Step team feels he would greatly benefit.

[redacted] was a young woman when she first sought help from drug and alcohol services in Victoria. She had been raised in a home of violent parents with their own severe addictions to drugs and alcohol, and was herself imprisoned at a young age for assaulting one of a number of men who had sexually assaulted her. Beth was continually deemed 'personality disordered' by tertiary services, therefore denied psychiatric admissions. She was not eligible for residential drug and alcohol services because she was regarded a serious violent offender. She is now getting older, is firmly entrenched in the 'forensic roundabout', is resigned to never getting her children back, and finds occasional respite in general medicine wards and prisons.

First Step's impact

At First Step the approach is exactly right to tackle the tenacious co-existence of mental ill-health and drug and alcohol problems, integrating drug and alcohol expertise with physical and with mental health expertise all under the one roof, and the it's having really great results.

Prof. Patrick McGorry

First Step has not yet had the resources to effectively measure the impact of our collaborative work. To date we must rely on anecdote, client testimony, client surveys, testimony from other service providers, testimony from magistrates exposed to the work of First Step legal, testimony from leaders in mental health in Victoria, retention and attendance rates, studies conducted by the South Eastern Primary Health Network and our Theory of Change work with Social Ventures Australia. These sources point to First Step's ability to:

- work with even the most complex clients who are refused service elsewhere (including serious violent offenders)
- stabilise high risk patients and engage in multi-discplinary harm reduction and keep people out of hospital and alive
- First Step Legal's record (100% last year) of keeping clients out of the cycle of relapse and recidivism/incarceration and in treatment at First Step
- perform episodes of care in the Mental Health Integrated Complex Care program at half the cost per episode of the South Eastern Melbourne Primary Health Network average
- provide 14,000 consultation in a year to over 2,500 people
- support more people on opiate substitution therapy than any other clinic in Victorian
- save the public health system future tens millions of dollars in care each year by treating (and curing) a number of hepatitis C cases rivalling major hospitals. Note, due to our expertise in pathology with active and past intravenous drug use (including those with the poorest venous access, ie. vein health), we have a great advantage in diagnosing hep C.

- retain clients moving as far afield as Ballarat (demonstrating both the utility of First Step and the absence of alternatives)

[redacted] was born because of an unwanted pregnancy, she was told her mother wanted an abortion but didn't have one because she was religious. Her dad left when she was an infant and her mom remarried but relationships with both parents were difficult. [redacted] parents were both alcoholics and she began smoking cannabis at age 12, tried ecstasy at age 15, speed and ice at 16. She found her drug of choice, heroin at 23. [redacted] started recognizing she was depressed at age 16, with attachment to people she cared for always a concern for her, she became a single mother to a now teenager. Her relationships with men have been marked by violence and controlling behaviour. [redacted] drug use and partners took her away from her role as a parent and her chronic psychotic illness meant she had limited capacity to care.

The birth of her second daughter saw a significant change. [redacted] desire for connection with her child and a growing insight into the need to protect herself and her baby saw her seek help from First Step Legal lawyers to vary an existing family violence intervention order that allowed contact between the parties as long as there was no family violence or drug use.

Advocacy and support were provided by [redacted] care co-ordinator, within the Mental Health Integrated Complex Care Program (MHICC), worked tirelessly to change the reputation of [redacted] with St Kilda police as one of offender to a person who needed their assistance. The controlling behaviour and the threats of her baby's father left no visible scars. [redacted] obsessed over showing streams of text message to try and get someone to believe she was a victim of family violence.

The St Kilda Police began to hear [redacted] and took witness statements in relation to the consistent offences that involved family violence. The order was negotiated at court by First Step Legal to allow no contact between the parties because of the conduct of the father. This began to create a safe place for [redacted] to grow her family.

[redacted] General Practitioner at First Step saw a profoundly anxious mother, complying with her methadone program. However, escalation of cannabis use, to self-medicate her anxiety, was placing her at increased risk of psychosis. [redacted] was referred to expert maternal health nurses (onsite), a family violence support service (offsite) and housing service (offsite) that all worked together to help [redacted] feel safe at home. [redacted] was assisted by Safe Steps to spend some time in a Women's Refugee because the offending happened at her home [redacted] and her case co-ordinator helped her fight hard to have her older daughter come and stay with her there.

[redacted] home grew to be a place where her older daughter felt welcome and that relationship began a process of repair. Sometimes [redacted] mental health caused her to complain to some workers about the care she received from others and the Manager of MHICC at First Step helped things stay on track.

[redacted] became strong enough to begin to unpack her experience instead of remaining in crisis mode and started to see a Mental Health Nurse at First Step for this purpose. She drew strength from her supportive relationships and completed a victim impact statement to be read out at court when her ex-partner was sentenced in relation to his offending against her and her children.

Throughout the care provided to [redacted] her workers across medical, legal, nurse and social worker professionals all brought their knowledge together to help [redacted] identify her needs. Together they represented the safety net for [redacted] but also the children she cares for so very well now.

As the Royal Commission in to Mental Health here in Victoria continues there is a growing consensus within the sector that service models like First Step are what is needed to address some of the major challenges we face in the mental health system. A broader adoption of the First Step model would see fewer mental health related emergency department presentations and help ensure the people with addiction and mental health problems remain safe and well in the community and retain employment and secure housing. This would have large health, social and economic benefits in Victoria.

Angus Clelland, CEO Mental Health Victoria

How First Step is able to have such a positive impact

The following elements are deemed essential to the First Step Whole Patient Care model:

1. **Accessibility essentials:**
    - No Fee
    - No referral required (appointments preferred but not essential
    - No geographical catchment limitations

Please note that this level of accessibility, which at First Step we call 'low threshold primary care,' means that:

- anyone can attend the clinic (including 'serious violent offenders')
- at any time (during opening hours),
- with any or no diagnosis (and without a referral)
- in almost any condition (including drug affected or psychotic),
- can reside in any geographical area[1]

. . . and receive support at First Step. We may not be able to drop everything in that moment and offer the full suite of services immediately, but anyone walking through that front door will be triaged and assessed and will receive the support they need to the best of our ability. This embodies not only the principle of 'no wrong door' but also 'right place, right time' (being 'here and now'). 'Right place, right time' acknowledges that when somebody presents to a service you have an opportunity to engage that may disappear if you don't engage immediately.

2. **Structural essentials**
    - Multi-disciplinary team all on one site
    - Optimal team size

The importance of having the whole team on one site cannot be overstated. There is an intense human element to the treatment of vulnerable and marginalised people, where compassionate and frequent face-to-face interaction is essential not only between client and practitioner, but also between practitioners. A referral letter and 'off you go' does not do justice to:

- The client's need for continuity of care
- Many client's difficulty in keeping appointments
- The emotional stressors and therefore disincentives involved in making a new connection at a new service
- The significant transfer of trust by a client from one practitioner within a trusted health practice to another practitioner (in another discipline) at the same practice.
- The benefits of one worker witnessing or anticipating added stressors in a client's environment and 'marshalling the troops' to enhance care during those times (eg. Approaching a court case)
- The complexity of addiction complex mental health such that clinical and non-clinical staff alike require face-to-face interaction to compare notes, to debrief, to brainstorm, to case conference ad hoc, to chart a constantly-updated course of treatment and to challenge each other's assumptions. This is not some

[1] Note that services funded by the South Eastern Melbourne Primary Health Network do have residence requirements within their catchment. These services at First Step include: Mental Health Integrated Complex Care, Reset Life and the National Psychosocial Services Flexible Funding Brokerage.

idealised version of a healthcare environment; this is absolutely essential to maintaining skills, morale and efficacy in this challenging area.
- The benefits of a staff group steeped in multi-disciplinary work and therefore gaining skills and knowledge across disciplines
- The need to develop a nuanced and regularly updated treatment plan to bring the most appropriate treatment resources to bear at any given moment. This includes such combinations, as appropriately determined for each clients, as treating extreme opiate abuse with medications whilst simultaneous using a strength-based approach to improving social inclusion.

The optimal team size is:

- big enough to cover relevant disciplines onsite (see the Six Critical Support Elements)
- small enough that all staff know each other well and can approach others at any time knowing they will get a warm reception.

[redacted] was engaged at First Step initially with one of our GPs [redacted] and had been attending for opiate substitution therapy for 10 months. With [redacted] help [redacted] had reduced his drug use to heroin and cigarettes, having previous used heroin, ice, alcohol and cigarettes on a daily basis in serious quantities since his teen years. First Step case manager [redacted] first met [redacted] after internal referral to her by the [redacted] for the Work and Development Permit Scheme (https://www.justice.vic.gov.au/wdp), which is a Victorian Government administered system for people with considerable infringement debt and mental health treatment needs. People can 'pay off' their debt over time by attending mental health appointments with a participating health organisation (First Step is one of very few across the state). [redacted] was in transitional housing at the time, and [redacted] referred him to our onsite social worker for some assistance in finding long-term housing (by referral to an external agency, in this case Launch Housing) and psychological counselling onsite at First Step with clinical psychologist [redacted] (who began to treat with the goal of reducing the ongoing impact of trauma from childhood sexual abuse).
[redacted] engaged with [redacted] as a counsellor focussing on social inclusion, including a return to work plan. [redacted] had a third mental health worker at First Step, our Psychiatrist [redacted], who assessed him as having Attention Deficit Hyperactivity Disorder (ADHD – [redacted] had a childhood diagnosis) and commenced treatment on slow-acting lisdexamphetamine.

[redacted] and [redacted] targeted and then liaised with two external employment agencies, [redacted] and [redacted], to maximise his chances of returning to work. In the end, it was First Step's own relationship with social enterprise *Fruit 2 Work* (https://www.fruit2work.com.au/) that resulted in [redacted] first paid employment in several years.

[redacted] has permanent housing in [redacted] and is working part time in a restaurant in [redacted] (a great reference from Fruit 2 Work was crucial to him getting the [redacted] job). [redacted] is still well engaged with both his First Step GP (for ongoing opiate substitution therapy) and his First Step clinical psychologist, and is abstinent from all illicit drugs.

3. Staffing essentials

- High level expertise and qualifications
- Attitude of unconditional positive regard to clients, strength-based (and non-judgemental) approach and ability to establish trust
- Endless persistence

- Collaborative ethos

Recommendation 3: Workforce development

All efforts should be made to develop a workforce with skills in mental health and addiction, with each area viewed as equal in importance, status and funding. A push must be made once more for the primacy of dual diagnosis. It is outside the scope of the Royal Commission, but Fellows of the Australasian Chapter of Addiction Medicine (addiction specialist) need access to new MBS items paying a higher rate that justifies that additional study, qualifications and responsibility.

Addiction is the most complex area of medicine. It involves neuro-psychiatry, neuro-plasticity, general mental health, social determinants and environmental influences, gastroenterology, infectious diseases, trauma psychology, incarceration, stigma, general medicine, psychosocial factors and a dozen other fields of learning. The people you need working with complex clients must be of high calibre, well qualified and keen to collaborate. Workforce development is key to the long-term success of First Step's community mental health hubs recommendation.

Demand for services and closing thoughts

It is important to note that at the time of writing First Step is, for the first time since opening, unable to currently take new clients; we are at capacity. In the past two years First Step has continually increased its level of service delivery; having reached capacity is unquestionably a result of excessive demand. There are two main reasons for this:

1) Mental illness continues to escalate in the community generally, despite prisons serving as defacto asylums.
2) Other services in the St Kilda area recognise the unique capacity of First Step to help complex clients achieve positive change, and are increasingly deciding to refer such clients to the multi-disciplinary team at First Step instead of treating in normal GP practices (including 'super-clinics')

The ability of First Step's Mental Health Integrated Complex Care team to attract a high number of referrals is also testimony to the value of the integrated model. This is evidenced by referral numbers double that of surrounding SEMPHN funded providers, and also an independent study of Stepped Care (PHN funded mental health) by consultant Tessa Moriarty concluding that co-located GPs, managers with ongoing clinical involvement and other factors present at First Step were associated with a successful program. We would be happy to source that report for the Royal Commission upon request.

The fact is First Step is full. We want to help many more people because the need is immense, and we are pursuing innovative partnership models to facilitate this (see appendix 1 – First Step's future and collaboration). At First Step we strongly feel that our model is entirely logical, basically common-sense and actually what everybody is talking about. Yet strangely, wholly integrated, multi-disciplinary team care for complex mental health and addiction exists almost nowhere. We hope that the Royal Commission will bring to light more, similar services and that we can be brought together to create a practical, sustainable, powerfully effective model for the future of complex adult mental health in Victoria.

Recommendation 4: Develop and support a community mental health hub working party

Create a working party to share learnings, research alternative models, and develop a framework and scaleable business model for community mental health hubs . . . explicitly including addiction.

[redacted] was employed full-time as a diesel mechanic, had a long-term partner and two young children. An undiagnosed mental illness combined with an inability to cope with work and family stressors led to substance dependency (methamphetamine) which precipitated a rapid decline all the way to unemployment, complete disconnection with family, homelessness, complete disconnection with family, and now likely an acquired brain injury.

The treatment goals for [redacted] as established by him and his MHICC team, include a formal diagnosis (mental health), return to stable housing, retraining/study, return to work and access to his children. These goals are realistic with adequate support, but disastrous outcomes, including death, are just as likely at this stage.

One Friday in June, [redacted] 'fell' in the front of First Step highly distressed and agitated, unfed, unslept, thought disordered and believing people were out to get him. On this occasion he received what one might call 'the full deck':

Reviewed by mental health nurse (MHICC team)
Reviewed by GP
Provided with medications to reduce distress (First Step paying the PBS copay)
Met with lawyer in relation to theft charges (stealing to eat)
His care coordinator effectively spent the whole day with him focusing on food, clothing housing and emotional support.
Referral to a psychiatrist

Days like that Friday, for someone in [redacted] situation and mental state, very often end in the psychiatric ward, in emergency, in prison or in the morgue. All of those above outcomes would not have been beneficial, some would have been tragic, and all of them would have been extremely expensive to the state. Even the most treatment intensive day imaginable at First Step (one of the most intensive days any client has had) pails into insignificance in terms of costs compared to the alternatives:

Support type	Cost	Cost effectively born by?
All day with his care coordinator	293	SEMPHN
MHICC lead review (2hrs)	208	SEMPHN
GP consult	72	Medicare
Medications	75	PBS + First Step
Legal consultation (2hrs)	97	Dept of Justice, philanthropy
Administrative support (1hr)	44	First Step
Reception staff (30 mins)	17	First Step
Emergency housing	360	Streatsmart (grant)
Food, clothing and sundries	67	Streatsmart (grant)
	$1,233	

[redacted] left:

With an even greater level of trust in First Step
Fed, clothed and housed for 3 nights (emergency accommodation)

- Not at immediate risk of incarceration or injury
- More stable in his mental state (and appropriate medicated for 2 weeks)

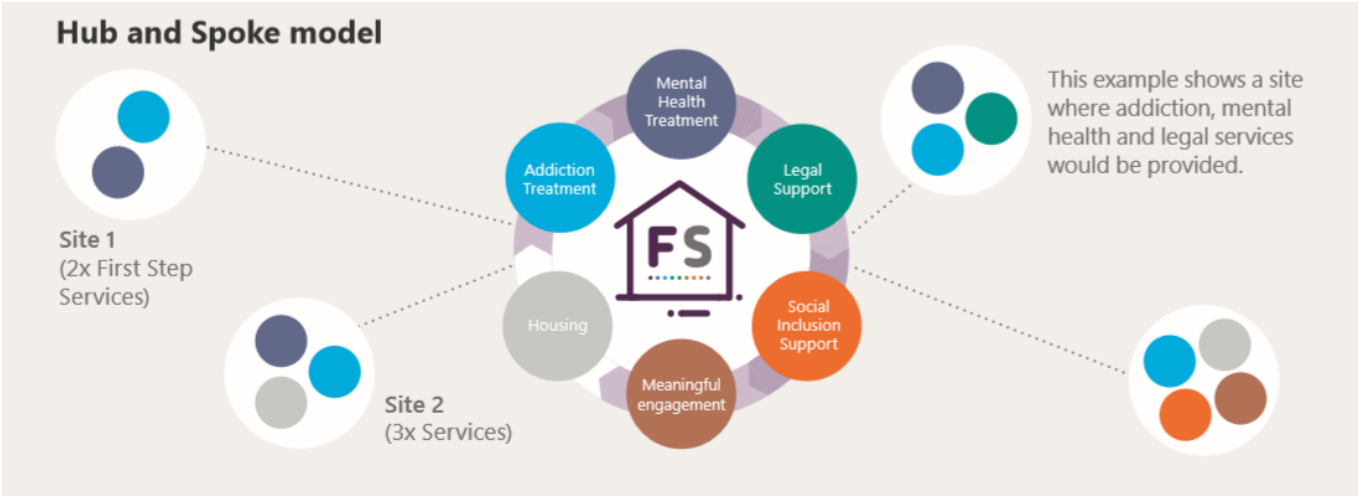
And, what's more, he left extremely likely to stay in treatment with a skilled team with intimate knowledge of his case, and progressing towards his treatment goals.

Appendix 1 - First Step's future and collaboration

First Step is heavily involved in collaborations with external organisations. It is noteworthy that First Step:

- Performs nearly all medical assessments and onsite review for Windana Drug and Alcohol Recovery's Drug Withdrawal Unit in St Kilda East, and
- Runs a regular legal clinic at Windana's Residential Rehabilitation facility in Maryknoll
- Collaborates (and attends onsite) with organisation in the inner south east to deliver the National Psychosocial Services – Flexible Funding Brokerage commission

While continuing to perfect its hub model and further develop opportunities for collaboration, First Step is also looking to increase the number of people we care for by developing new collaborative models. First Step is currently engaged in an innovative project[2] with consultation support from Social Ventures Australia to assess the feasibility, develop business plans for and pilot a new model of collaboration. The working title of the collaborative model is the *Hub & Spoke model*, and it can be represented as follows:



Each of the small groups of circles represents on off-site collaboration with another service, such as a housing service, where First Step would run a weekly clinic embedding those clinical and non-clinical staff most needed by the collaborating organisation. A service may already have, for example, tenancy support workers and an OST prescribing GP, but may need a psychologist and a lawyer to complete their model. First Step would partner by providing the psychologist and lawyer to work to attend weekly onsite in collaboration with the non-First Step tenancy workers and GP. The goal is to produce similar elements of team (including a collaborative ethos) and similar positive outcomes.

First Step is only too happy to keep the Royal Commission updated on the progress of this work. We anticipate completion of feasibility study and business cases by the end of 2019. This collaborative model could prove to be a blue-print for community mental health hubs, enabling each hub to not only support clients who attend onsite but also enhance the service delivery of community, health, mental health, housing and other organisations in their local area.

[2] This project is funded with a multi-year grant from the Helen Macpherson Smith Trust and additional support from the R.E.Ross Trust

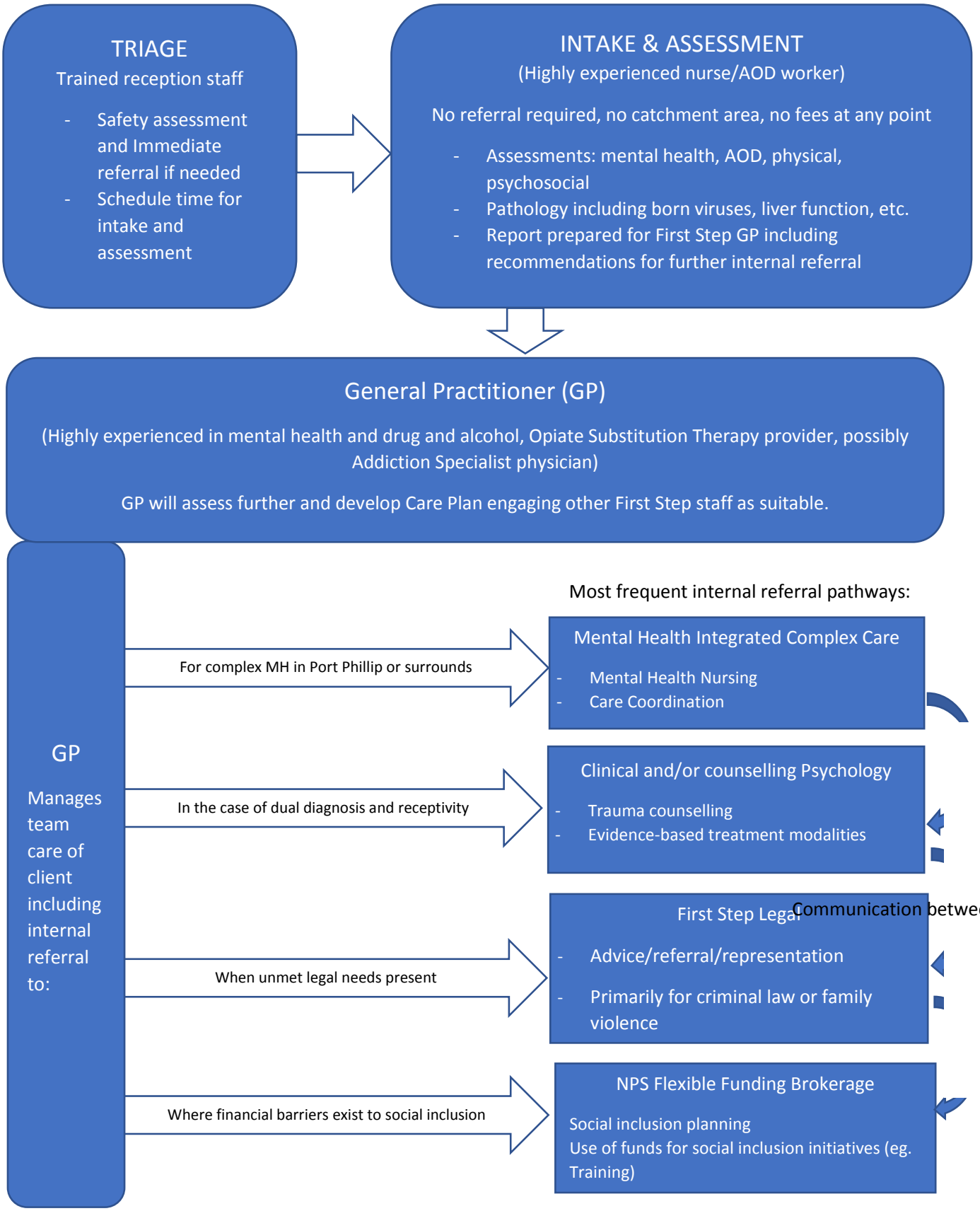
Appendix 2 - First Step's funding model

First Step is happy to provide any and all financial details of its operations to the Royal Commission but will include only an overview here by way of initial information. We consider this to be relevant as funding and financial sustainability are of course key factors in future planning.

It is very important to note that financial sustainability is a great challenge for First Step. The number of grants, commissions, programs and donations that need to be maintained creates both a major administrative burden, and also significant financial insecurity in the future. The core concepts of collaboration or a hub model are not funded other than where relevant in Medicare Benefits Schedule items, which does not go any near funding the amount of time that First Step clinicians spend in formal and informal case conferencing or other forms of collaboration.

Service type	Practitioners	Funded by	Notes
General Medicine	GP	Medicare Benefits Schedule	A % paid to First Step as rent
Addiction medicine	GP		
Psychiatry	Psychiatrist		
Psychology	Clinical and counselling psychologist	Medicare - Better Access	
Mental Health Integrated Complex Care	Mental health nurses Care Coordinators	South Eastern Melbourne Primary Health Network	Care for complex mental health in Port Phillip
ResetLife	Group therapist Peer support worker Family therapist		Group therapy for addiction (16-week manualised program)
National Psychosocial Services - Flexible Funding Brokerage	Credentialled mental health nurses Care coordinators		Including up to $3,000 per client (complex mental health, SEMPHN catchment) to overcome barriers to social inclusion.
First Step Legal	Lawyers and Legal Case managers	Private donations and philanthropy Grant funding from Department of Justice and Community Safety	
Nursing inc. pathology	Clinic nurses	25% funded by Medicare Practice Nurse Incentive	
Health Liver Clinic	Hep C nurses Infectious Diseases specialist	Nurses seconded from hospitals ID specialist bills MBS	
Art Therapy	Art therapist	Bank of Melbourne grant	
Women's Space	Care coordinator, case manager, lawyer		A weekly social drop-in with strategic short-term case management.

Appendix 3 - First Step Hub simplified model of treatment access and internal referral



Communication between all p

Progress is monitored by way of formal review (inc. Medicare plans such as Mental Health Plans and Team Care Arrangements). Scheduled clinical conferences and meetings are used to plan care as well as ad hoc conferences and conversations.