

SNAP Gippsland

2015 Annual Report

working together for
better mental health
and wellbeing



SNAP Gippsland

Working together
for better mental
health and wellbeing



Recovery means more than the absence or management of symptoms.

Recovery represents the unique and personal journey taken by an individual as they work towards regaining their sense of identity and achieving meaning and purpose in their lives.



Photo: Bairnsdale Advertiser





Recovery embraces a person's capacity for taking responsibility for their own life based on their values and goals.

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'Living with a mental illness shapes but does not define me'

Living with a mental illness should not preclude a person from leading a meaningful and fulfilling life based on their individual values and goals. Recovery involves regaining hope, re-connecting to the community,

taking responsibility for one's own life and being able to participate in education, employment, recreational, social and other meaningful activities. SNAP Gippsland partners with individuals in their recovery journeys.

Our Vision, Purpose and Values

Vision

Working together for better mental health and health and wellbeing.

Core Purpose

SNAP is committed to excellence, equity and quality in mental health. It achieves this by forming partnerships that generate hope, meaning, self-identity and responsibility.

Values

Innovation, Equity, Honesty, Respect, Integrity, Quality, Excellence, Transparency, Leadership, People centred, Positive anticipation, Success

About Us

SNAP Gippsland is a Community Managed Mental Health Service delivering psychosocial rehabilitation, recovery services and educative programs to adults with a severe and persistent mental illness, their families and carers.

Established in 1992, SNAP Gippsland delivers services throughout East Gippsland, Wellington, South Gippsland and Bass Coast, offering a range of services that are recovery oriented and meet the individual needs of clients. SNAP Gippsland also managed the bed-based Gippsland Prevention and Recovery Care (PARC) service located in Bairnsdale in collaboration with Latrobe Regional Hospital-Mental Health Services until the 31st of October, 2015.

In addition to service outlets located in Bairnsdale, Sale, Yarram, Orbost and Leongatha, SNAP Gippsland works in collaboration with other community based organisations and health services to ensure its programs and services are accessible to remote rural and other hard to reach groups and communities.

Research validated and evidenced-based practices together with a well-developed service model are the core strengths that have enabled SNAP Gippsland to take a lead role in policy and service development in the Gippsland region and beyond. The organisation is highly regarded for its service delivery framework that responds to the individual's stage of recovery.

SNAP Gippsland has established strong partnerships with universities and research organisations to validate and further 'practice-develop' its models of service.

SNAP Gippsland works with people with a mental illness and their families to overcome barriers regain hope, reconnect with their communities and realise their goals, providing services which are based around collaboration, inclusion and self-management.

Acknowledgments

SNAP Gippsland acknowledges the traditional custodians and Elders past and present of the land where we deliver our services.

We wish to thank and gratefully acknowledge our funders for their continued support.

Chairperson's Report

The past year has been a challenging one for SNAP, as we plan and develop strategies for the uncertain future of mental health services and the significant changes that will accompany the roll out of a National Disability Insurance Scheme, that doesn't, as yet, seem to be a good fit for people with mental health issues.

The establishment of Headspace in Bairnsdale is coming to fruition, but our role in this much needed service is still being determined. However, we are on surer ground, and have made substantial progress in the development of our suite of web based online staff development modules which will meet the training needs of a wide range of organisations. We are also working on a new name and brand for our service, reflective of our organisation's culture and values and which better communicates the unique and valuable role SNAP plays in our sector.

Regardless of the challenges SNAP has faced, we continue to deliver outstanding services that are underpinned by the best available evidence. Our commitment to continual innovation, evidenced by our contribution to research, is founded on core objectives which include:

- improving the quality of life of people with a serious and enduring mental illness
- enabling our clients to participate as full citizens in our community.

We achieve these objectives by using proven strategies such as:

- having an appropriately skilled workforce founded on a learning organisation culture and the Principles for Recovery Oriented Practice
- developing and strengthening our operational and strategic relationships
- a well-qualified and informed Board of Governance.

Chris, her staff and consultants have worked hard and successfully in 2015 to place SNAP in the best possible position for future success. On behalf of the Board I congratulate Chris and her team on another challenging but successful year.

As a Board, we strive to recruit talented and diversely skilled members in order to achieve our key objectives of providing strategic direction for SNAP and support for Chris and her team. This year our Board has farewelled two Directors, David Loadman and Betty Trayling; we will miss their valuable contribution. A former Chair, David has provided strong leadership backed by his experience as a lawyer and magistrate. Betty has been an outstanding accountant, financial consultant and Treasurer, and has given many years of service to our organisation. Both remain valued friends of SNAP. On the positive side of the ledger we have been joined by some very talented and capable new Board members: Andrew Cunningham, Kelly Fitzgerald and Michelle Dowsett. Cathy Johnson and Andrew Cunningham accepted the role of joint vice chairs this year. Consultant Accountant Janet McLeod is providing financial reports and advice to the Board.

In 2016 we hope to have a new name and look but we will still be the committed, innovative and caring service we have always been. We will contribute to our field in established and new ways and work together with you all for better mental health. It has been my honour to be Chair of SNAP in 2015.



Janice Chesters
Chair

CEO's Report

This past year has been one of embedding programs, planning and preparation for the future. The solid foundation that has been laid and investment made in SNAP's governance, business services, staffing and reporting structures, evidence-based models of care, quality service delivery, its partnerships and connections positions us well and provides us with a platform of strength to broaden our scope of business.

In planning for our future the time has come to rebrand, to create a new name and logo for the organisation that better reflects our business and reaches out to new audiences while retaining its integrity, quality and point of difference.

Preparation for the National Disability Insurance Scheme (NDIS) which commences in Victoria in July, 2016 has been a strong focus this year. However, with the announcement that the NDIS will not be launched in Inner Gippsland until the 1st October, 2017 and Outer Gippsland until the 1st January, 2019 there is time to pause and the opportunity to benefit from the endeavours of those who go before us and to trial our offerings in other locations before the launch in Gippsland.

We have established new offices in Sale which provide quality accommodation for our staff and a central meeting and training location for SNAP and other services in Gippsland.

We are involved in crucial state-wide Research - *Let's Talk about Children – Developing an Australian-first Recovery Model for Parents in Victorian Mental Health and Family Services* conducted by Monash University.

Our partnerships are of high importance to us, they increase opportunity for our clients. This year we have embedded service in Orbost and extended our reach into Far East Gippsland with the support of Orbost Regional Health and the tenacity of our Orbost team. This has been mirrored in Yarram with the Yarram District Health Service and our Wellington team.

Our complimentary programs, membership of Outer Gippsland Services Connect and the East Gippsland Youth Forum Alliance has broadened our collaboration with Gippsland Lakes Community Health.

Mental health promotion and awareness peaked with SNAP staff participating in the Gippsland AFL Football/Netball Mental Health Round initiated by the Gippsland Mental Health Alliance which we hope will become an annual event.

After an extended process we were disappointed to be unsuccessful in the tender for the Gippsland Residential Recovery Program, a combination of Prevention and Recovery Care (PARC) service in Bairnsdale and the Community Residential Care Unit (CRCU) in Traralgon. Whilst the CRCU was finally withdrawn from the tender, the PARC service, which SNAP established and ran for 7 years, was granted to the successful tenderer. This long process was difficult for all staff. Thank you to Carole Mosele for her outstanding leadership and care of her team who delivered service of the highest standard to our clients until the very last shift.

As we move into 2016 we have an exciting group of projects to deliver through Partners in Recovery and the Gippsland Primary Health Network in response to needs identified in the areas of employment, education, volunteering, social connection, physical health, CALD communities and staff development. These projects will provide opportunity for people with mental health problems across Gippsland as well as build the capacity of the service system to better respond.

SNAP has also expressed interest in becoming the lead agency for Bairnsdale headspace which will be operational in early 2017.

Sadly we farewelled SNAP's Consultant Accountant, Betty Trayling after 9 years of exemplary service to the organisation. I was privileged to work with and learn from Betty through budgets and tenders and thank her for her wisdom and total commitment to SNAP's work.

I wish to thank the Board, led by our Chair, Dr Janice Chesters, for their commitment and support. Thank you to Steve Lowe our Director of Operations, Samantha Millington of Business Services, Stuart Kilpatrick our Client Services Support Officer, Dave Shelton our Bookkeeper, Andrew Cunningham of Data Central, Kate and Piers Buxton of Tommy Gun, Tony Salter of VMIAC and all of our staff, contractors and partners for their contribution, assistance and support of SNAP throughout the year.



Chris McNamara
CEO

Strategic Plan 2015-2018

Values that underpin the development of the Strategic Plan

SNAP is underpinned by shared values and strengths that not only inform work with clients, carers and families but also support the ongoing staff and Board commitment to SNAP.

Enablers

A number of elements enable our stability and productivity including:

- governance (board and senior management)
- workforce
- training models
- research experience and capabilities
- IT systems
- capital.

Opportunities

SNAP has developed a framework of service that is evidence based and best practice. SNAP is experienced in delivering self-management programs that build resilience through coaching. Coaching is highly congruent with contemporary practice in self-management for a range of health and wellbeing issues such as chronic disease management. This provides SNAP with an opportunity to engage in the broader field of self-management and resilience. It also provides SNAP with an opportunity to develop new business in teaching these models to other people/organisations.

Strategic Directions 2015-2018

Our Vision: Working together for better mental health and wellbeing

SNAP will grow its business through:

- identifying opportunities for new business and diversification
- development of new business models and systems for new service environments
- research and market our services to new areas of service delivery and business
- development of a new public and internal profile for SNAP.

SNAP will strengthen its:

- workforce
- leadership
- organisational capabilities.

SNAP will deliver quality, evidence based services across the age range to people with mental health problems, their carers and families and to people with chronic conditions through:

- meeting the needs of existing client groups
- meeting the needs of young people living with mental illness
- meeting the needs of potential new consumers

Our values

Innovation, Equity, Honesty, Respect, Integrity, Quality, Excellence, Transparency, Leadership, People centred, Positive anticipation, Success

Our Services and Models of Care

SNAP Gippsland delivers a set of services which are easy for our client's, their carers and families to navigate.

As a recovery oriented service, our focus is on outcomes in relation to physical and emotional health, social participation, education and employment.

We work with people with a mental illness and their families to overcome barriers, regain hope, reconnect with their communities and realise their goals.

Our services are based on collaboration, inclusion, self-management and a commitment to delivering the most up-to-date, recovery oriented, evidence based and research validated models of service and care available.



Our Services

Mental Health Community Support Services – Individualised Client Support Packages (ICSP)

Individualised Client Support Packages provide an opportunity to develop a flexible package of service and care that is tailored to the individual's particular circumstances and needs. The person is screened for eligibility for service by the regional Central Intake service, ACSO (Australian Community Support Organisation). The person is then referred to SNAP Gippsland for a comprehensive and holistic assessment. We also determine the needs of carers and families, and the children of our clients. We use the Collaborative Recovery Model to explore with the person their strengths, values and needs and identify relevant goals and strategies to reach those goals. A worker is allocated to the person and coaches them along their recovery journey, until they have met their goals and are closed from service.

Mental Health Support for Secure Tenancies (MHSST)

MHSST is an innovative service that aims to break the cycle of homelessness by supporting people with a severe and enduring mental illness to live independently in the community, obtain secure housing, improve their independent living skills and address their physical and mental health needs. MHSST utilises a flexible outreach approach that is integrated and links to the broader health and community service system.

MHSST is governed by a consortium consisting of Community Housing Limited, Salvocare, Gippsland Lakes Community Health, Gippsland and East Gippsland Aboriginal Co-op, Ramahyuck Aboriginal Corporation, Latrobe Regional Hospital-Mental Health Services, Quantum Support Services and Uniting Care Gippsland led by SNAP Gippsland.

We work collaboratively with homelessness services, clinical mental health services, primary and allied health, housing services, real estate agencies, drug and alcohol services and other community support services to assist the person to access and maintain stable housing.

MHSST is a National Partnership Agreement funded initiative, 5 services have been funded state-wide and it is currently being evaluated by KPMG with the summative evaluation report due in December, 2015. The majority of our clients have been homeless or living in tenuous housing situations for up to 5 years. 48% of the client group are women and 52% men. The majority of clients are aged between 35 and 54.

Partners in Recovery

Partners in Recovery is a national program for people with severe and persistent mental illness with multi-service needs. The aim is to provide a 'wrap around' service tailored to the person's individual needs and for services to be co-ordinated and work collaboratively.

Clients of Partners in Recovery are often reported to have 'fallen through the gaps' and require more intensive support to effectively address the complexity of their needs.

SNAP employs 5 support facilitators to provide Care Co-ordination in South Gippsland, East Gippsland and the Sale area, this includes one position dedicated to the Aboriginal Community in East Gippsland and Wellington based in Sale.

The ultimate aim of the program is to improve the system response and outcomes by facilitating better co-ordination of clinical and community support services; strengthening partnerships and service linkages; improving referral pathways and promoting recovery oriented services.

East Gippsland Mental Health Initiative (EGMHI)

The Initiative is aimed at building the capacity of the service system to co-ordinate the care of young people who have a connection with DHHS, a mental illness and co-existing complexities and to promote resilience in East Gippslanders in more remote communities.

SNAP Gippsland leads the Initiative which consists of members from:

- Bairnsdale Regional Health Service
- Barrier Breakers
- East Gippsland Shire
- Gippsland and East Gippsland Aboriginal Co-operative
- Gippsland Lakes Community Health Service
- Gippsland Primary Health Network
- Latrobe Regional Hospital – Mental Health Services
- Mental Illness Fellowship
- Orbost Regional Health
- Ramahyuck Aboriginal Corporation

There are 4 components to the Initiative:

1. Youth Intensive Care Co-ordination for 16-24 year olds with Department of Health and Human Services who have a mental illness and co-existing complexities. Encouraging cross sector co-ordination and practice, involving and consulting with Spectrum (clinical service for people with Borderline Personality Disorders) building the capacity of services to work with young people
2. Aboriginal Youth Intensive Care Co-ordination for 16-21 year olds with Department of Human Services who have a mental illness and co-existing complexities. The Aboriginal Community Controlled Health Organisations will partner with SNAP in the delivery of service
3. Building capacity for spiritual work and wellbeing in community mental health support service delivery. Building on the work of Spiritual Health Victoria, developing chaplaincy and pastoral care services in mental health services
4. Building mental health support and community capacity through the provision of preventative and educative programs aimed at farmers and their families and building partnerships with Victorian Farmers Federation & Beyond Blue.

Our Focus is to:

Maximise sustainability, apply a comprehensive and integrated place-based approach. To target remote communities and strengthen partnerships between EGMHI partners, service providers within local communities and people with a mental illness, families and carers. To avoid duplication of coordination or capacity building efforts in East Gippsland but rather add value.

Our Models of Care

Optimal Health Program

The Optimal Health Program (OHP) is a gateway to service and is designed to help individuals achieve optimal health outcomes (a balance of physical, psychological and social health and wellbeing). OHP has three core components: Education (factors that influence your mental health), Coping Strategies (actions and strategies to manage and reduce stress) and Skills Development (tools and techniques to help you achieve and maintain long term optimal health).

SNAP utilises the Optimal Health Program to manage its wait list. Rather than people receiving no service SNAP assesses the client's needs after the referral is received from Central Intake and invites the person to participate in the Optimal Health Program, a program that is delivered weekly for 8 weeks and is designed to teach self-management skills.

Action Over Inertia Program

The Action Over Inertia Program supports individuals in overcoming the barriers preventing them from deriving meaning and enjoyment from the wide range of activities that make up daily life. The program utilises occupational therapy techniques and helps participants realise the health and wellbeing benefits associated with taking part in meaningful activities.

SNAP also utilises Action over Inertia to manage its waitlist. The program is delivered weekly for 10 weeks and is designed to get balance back into the activities of daily life.

The Collaborative Recovery Model

The Collaborative Recovery Model (CRM), developed by the University of Wollongong Illawarra Institute for Mental Health, focuses on achieving positive outcomes and is founded on the principles of recovery; individual process, collaboration and autonomy support. CRM is delivered in a coaching style and takes a value based approach to setting life goals and managing illness experience.

Flourish

Developed by the University of Wollongong Illawarra Institute for Mental Health, Flourish is a peer facilitated recovery based self-development program that focuses on personal growth and responsibility. The program helps participants identify their goals and provides them with the tools they need to achieve them. Flourish is not an illness management program but is designed to help individuals take responsibility for making positive changes in their life.

The Way We Work

Director of Operations Report

It is with much pride that I report to you as the Director of Operations of SNAP Gippsland Inc., a position I took up on 1 June 2015. I would firstly like to acknowledge the wonderful support and welcome I received from Chris and all of the staff at SNAP, with special mention to the Team Leaders who oversee our services and programs: Trent Kooyman, Carol Mosele, Matt O'Neill, Birgit Schaedler, Fran Shield and Tracey Watkinson, all of whom have provided summaries of their services for 2014-15 to inform this report. I would also like to acknowledge the contributions of our Training and Research Officer, Tracy Groves, our Client Services Support Officer, Stuart Kilpatrick (Dan van Reyk resigned) and our Community Connections Officer, Donna Hall.

Prevention and Recovery Care (PARC) Services

PARC services are delivered in partnership with Latrobe Regional Hospital – Mental Health Services and provide short term residential step up, step down treatment services to prevent an admission to the inpatient unit and prepare the person to successfully return home after an admission to the inpatient unit.

We experienced a steady and consistent increase in demand for this service throughout 2014-15. The PARC team, led by Carol Mosele, provided a quality, highly professional, caring and effective service to our region, as evidenced by the positive responses in the exit interviews conducted by peer workers. Carol and her team maintained their caring professionalism to the very last shift at PARC through a tender process that lasted for 6 months and eventuated in the PARC service being allocated to another provider.

Individual Client Support Packages (ICSP)

SNAP is one of only 14 Mental Health Community Support Services state-wide to provide Individualised Client Support Packages (ICSP). Our service catchment is Bass Coast/South Gippsland, Wellington and East Gippsland. We deliver service on an outreach basis from service outlets located in Leongatha, Sale, Yarram, Bairnsdale and Orbost.

Our ICSP workers currently support and coach 190 people who have a severe and persistent mental illness to achieve their recovery goals through participation in the Collaborative Recovery Model.

The top 5 goals expressed by our clients relate to:

1. improving mental health strategies and management
2. participation in hobbies, outings and activities
3. structured physical health and fitness routine
4. education and employment
5. family and relationships.

Mental Health Support for Secure Tenancies (MHSST)

We work across our service catchment in collaboration with homeless services, clinical mental health services, housing services and other relevant agencies. We have MHSST workers based in Leongatha, Sale and Bairnsdale. Our MHSST workers, led by our Team Leaders, have actively supported and advocated for our clients to maintain their housing or secured housing in the public, community and private rental markets.

The MHSST workers do an incredible job under often difficult circumstances. This is compounded by a lack of affordable, secure and appropriate housing options made even more difficult due to seasonal changes in tourist areas creating holiday homelessness.

Our workers positively engage and maintain effective and sustainable relationships with Real Estate Agencies, homelessness, housing and other support services throughout our catchments to ensure that our service users have the opportunity to attain stable long term housing. Our partners, Salvocare and Community Housing Limited continue to provide excellent support for participants experiencing multiple barriers to affordable housing. Our linkages and co-locations with Latrobe Regional Hospital – Mental Health Services in the Flynn Inpatient Unit and Sale Community Mental Health service provide a warm referral pathway into the MHSST service.

Our workers employ assertive outreach to engage with an average of 10-15 clients at any one time, we have a current caseload of 56. Remarkably, given the lack of suitable housing options, the workers deliver successful outcomes for the majority of these people who in the main are then referred to ACSO for an Individualised Client Support Package once stable housing has been secured.

Partners in Recovery (PIR)

Partners in Recovery is a Federal Government Initiative for people with severe and persistent mental illness with multi-service needs. SNAP is a member of the Gippsland Consortium of PIR providers lead by the Gippsland Primary Health Network.

The objective of PIR is to improve the outcomes for and the systems response to people with severe and persistent mental illness who have complex needs by:

- facilitating better coordination of clinical and other support services
- strengthening partnerships between clinical and community support service providers responsible for delivering services to the PIR target group
- improving referral pathways that facilitate access to the range of services and supports needed by the PIR target group
- promoting a community based recovery model to underpin all clinical and community support services delivered to people experiencing severe and persistent mental illness with complex needs.

Our PIR Support Facilitators, led by Tracey Watkinson, are based in Leongatha, Sale, Bairnsdale and Orbost. They currently work with 52 participants, their carers and families.

East Gippsland Mental Health Initiative (EGMHI)

The East Gippsland Mental Health Initiative is the result of a partnership between a range of community and mental health organisations. EGMHI aims to utilise the resources of its member organisations to improve the recovery outcomes of young people in East Gippsland and promote psychological wellbeing and the ability to self - manage and build the resilience of East Gippslanders in more remote communities and to build the capacity for spiritual work and wellbeing in community mental health support and service delivery.

The EGMHI program led by Birgit Schaedler has four components:

1. Youth Intensive Care Co-ordination for 16-24 year olds who have involvement with the Department of Health and Human Services (DHHS), a mental illness and co-existing complexities. As the role and benefits of care co-ordination through collaborative, constructive multi agency planning in the lives of young people is becoming understood and valued the caseload is building.
2. Aboriginal Youth Intensive Care Co-ordination for 16-21 year olds who have involvement with the Department of Health and Human Services (DHHS), a mental illness and co-existing complexities. The program is delivered in a culturally appropriate manner with strong engagement by family and community and is currently running at capacity

“Good mental health to Aboriginal people is a matter of determining all aspects of their life including control over their physical environment and dignity, of community self-esteem and of justice. It is not merely a matter of the provision of doctors, hospitals, medicines or the absence of disease and incapacity”.

Dr Tom Calma

Aboriginal and Torres Strait Islander Social Justice Commissioner-Human Rights and Equal Opportunity Commission.

3. capacity building for spiritual work and wellbeing in community mental health support service delivery. In partnership with Spiritual Health Victoria five education sessions have been delivered to community health and mental health workers. Training was also extended to volunteers who support community members during a crisis eg. natural disasters
4. building mental health support and community capacity through the provision of preventative and educative programs for farmers and their families living in Far East Gippsland. Community members have been surveyed in regard to information needs and service availability in East Gippsland. Service mapping, a community questionnaire and data collation has taken most of the initial effort. We have now begun to deliver programs, training and forums and judging by feedback, a successful Men's Health evening in collaboration with Orbost Regional Health and Latrobe Regional Hospital - Mental Health Services.

Supporting Services and Staff

All of our direct service teams are provided with invaluable support from the following specialist operational roles:

Peer facilitators, Simon Bradburn, Jennifer Brougham, Bob Tuit and Anita Rapley work alongside our clients from orientation through to exit. They provide orientation to service to new clients, co-facilitate the Optimal Health Program, Action Over Inertia, facilitate the Flourish Program and facilitate exit interviews for clients leaving our service.

Simon Bradburn has this year become involved in DHHS's Consumer Workforce Partnership Forums and has also been engaged by the Department of Health and Human Services to participate in the development of the Andrews Government's 10 Year Mental Health Plan.

Peer workers can encourage people to define their own needs, consider the available choices and experiment with different recovery strategies (Campbell and Leaver, 2003). A Peer worker also offers hope and a role model for recovery.

Training and Research Officer: Tracy Groves oversees the implementation and attainment of all staff competencies as per our internal training program. Tracy also provides clinical supervision to all Peer workers, Recovery Support Workers, Support Facilitators and Assistant Recovery Support Workers. Tracy also provides research assistance and ensures that students on placement are well supported.

Coaching: Cathy Johnson, Tracey Watkinson, Carol Mosele, Jenny Deller and Jemma Coad provide staff with coaching based on the GROW model; Goal, Reality, Options, Wrap-up and utilise the Life Journey Enhancement Tools (LifeJET) Camera, Compass and Maps for goal setting and achievement.

Community Connections Officer, Donna Hall provides transitional support to all clients planning their exit from SNAP's services to enable them to establish and maintaining community participation and connection. Donna also oversees the planning of respite and our groups which includes Action over Inertia, the Optimal Health Program, Flourish and RU Fit.

Client Services Support Officer, Stuart Kilpatrick has ably taken up the role due to the resignation of Dan van Reyk. Stuart works closely with ACSO, the regions Central Intake service and is responsible for service co-ordination; referral, assessment and intake processes. Stuart has a critical role in ensuring that our data is captured, is of good quality and exported to our relevant funders in a timely manner. This involves close collaboration with our Client Information Systems designer, Wild Bamboo NZ. Stuart's analysis of data provides insight into how and where our staff time is utilised and trends in relation to referral patterns which in turn inform staffing, training, costings etc...

Information Communication and Technology, Data Central's Andrew Cunningham ensures that we have the necessary equipment and quality systems in place and provides timely response to requests for service support.

Steve Lowe
Director of Operations

Recovery Stories

Ray

Mental Health Community Support Services – Individualised Client Support Packages (ICSP)

Ray is a 60-year old man with a diagnosis of Bipolar Disorder, he experiences difficulties engaging socially due to anxiety. When Ray started with SNAP he presented with low self-esteem, reluctance to speak to people and preferred his carer to speak for him. Ray had limited social contact and generally avoided social activities, expressing the desire to sit at home in his lounge room rather than venturing out. Since accessing SNAP, Ray has developed a sense of self-esteem, allowing him to be more assertive and more comfortable in social situations. Currently, Ray goes to the gym once a week, often goes out to lunch at his local Community Centre, has joined a social dance group and regularly attends church. Ray now smiles readily and engages in conversation, he has demonstrated a marked turnaround in his mental health since accessing SNAP and is now actively involved in his community.



Mental Health Support for Secured Tenancies

In 2014 Julian referred himself to SNAP for the Mental Health Support for Secured Tenancies program. Julian was homeless, using substances and not eating regular meals. His mental health was very unstable and he struggled with very dark and negative thoughts. Julian had been blacklisted by his last real estate agency and was in debt.

Julian had a diagnosis of schizophrenia but it became apparent that there was something else going on.

After contact with family members it was disclosed that Julian had Asperger's Syndrome which had been identified in early childhood. Once this was known his behavioural traits could be factored into his care plan and service providers were able to have a fuller understanding of his circumstances and this enabled Julian to acknowledge his mental health issues.

Julian is now confident to take on the next stage of his life.



Mental Health Community Support Services – Individualised Client Support Packages (ICSP)

Peter is a 52-year-old man who suffers from Anxiety and Depression. Peter's mental health had declined over a number years due to work-related stress and, consequently he found full-time work to be overwhelming. He regularly experienced feelings of hopelessness, stress, and a lack of control in general. These feelings, which he mostly kept to himself, gave rise to tension in familial relationships, and persistent thoughts of suicide.

Through participation in the Collaborative Recovery Model, Peter has been able to identify those values and beliefs which are most important to him, set goals that are consistent with his personal principles, and develop plans to achieve these goals. He now employs stress-management strategies to achieve fulfilling relationships with friends and family members, and undertakes projects and activities that give him a sense of purpose and contentment.



Mental Health Community Support Services – Individualised Client Support Packages (ICSP)

Bill is a 64-year-old man who has a diagnoses of Depression, Anxiety, and Post-Traumatic Stress Disorder. At the time of entering the service he reported that he had no social contacts, and that his quality of life had been compromised due to a back injury. Bill would have days of experiencing feelings of hopelessness, and consequently spend these days sleeping.

During his time with SNAP he has been able to develop strategies for dealing with those times when negative feelings arise, and not fixate on circumstances and events that are beyond his control. Bill has attended the SNAP Gippsland self-management programs, such as Optimal Health, Action over Inertia, and Flourish. He now socialises regularly, and effectively manages his mental health, enabling him to lead a full and fulfilling life.



East Gippsland Mental Health Initiative: Aboriginal Youth Intensive Care Co-ordination

Robbie is a proud young Gunai/Kurnai Monaro man. Robbie has been a client of the Aboriginal Youth Intensive Care Co-ordination program through the East Gippsland Mental Health Initiative for the last 6 months. He struggled with anxiety and depression which had been clinically diagnosed in 2013 shortly after the death of his brother. For the last year Robbie has cared for his mother who has cancer and Robbie's father has also been diagnosed with cancer.

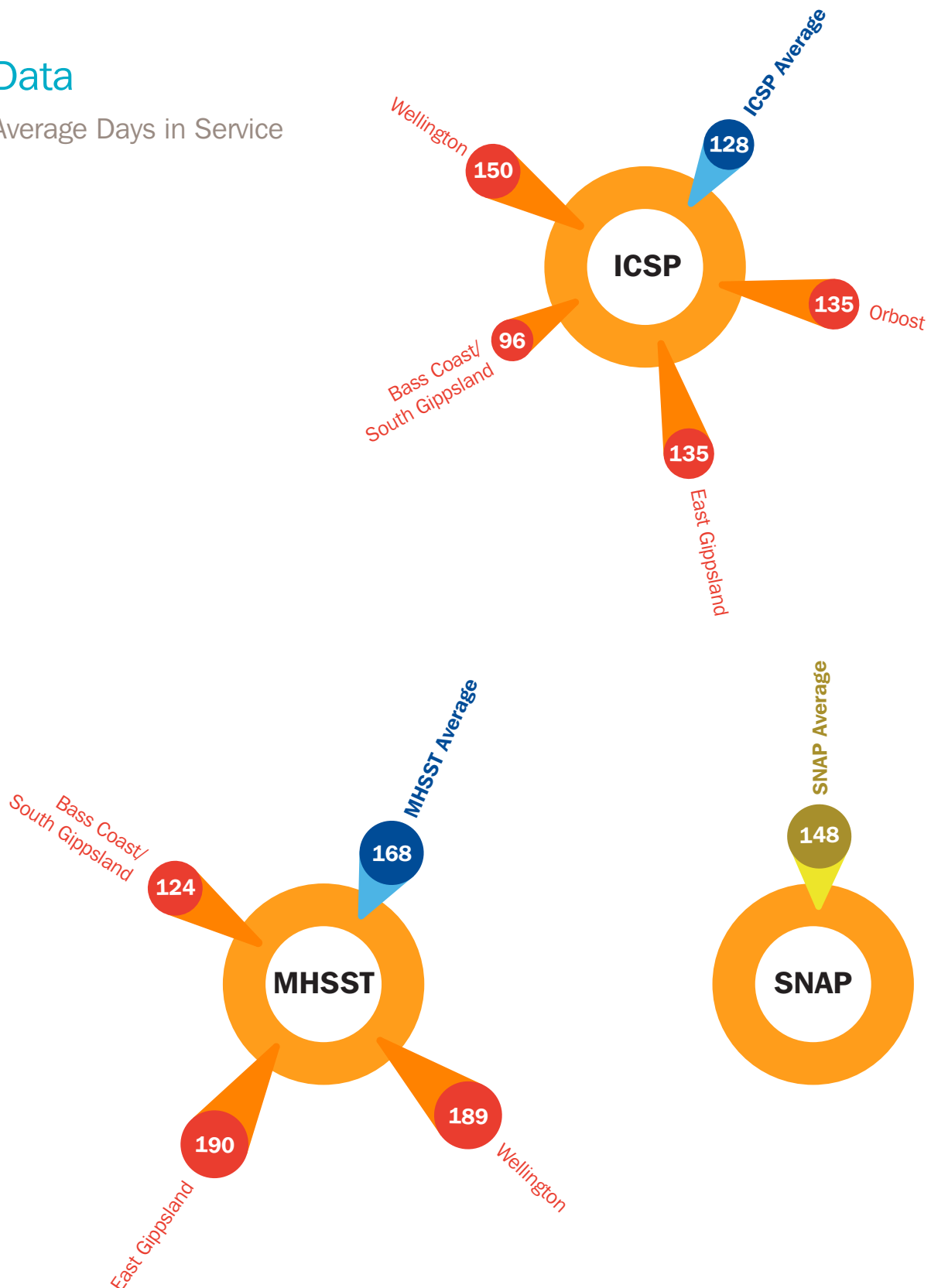
Robbie presented with complex mental health and multi-service needs. He worked really hard to identify his needs and together with his worker they developed an action plan to deal with his mental, physical and emotional health whilst reconnecting to his culture.

Robbie's worker acted as a mentor and co-ordinated a range of services through a well orchestrated care team meeting. A care coordination plan was developed that prioritised mental health care. Robbie was then able to make informed decisions about his future goals and aspirations, Robbie's recovery goal was to work in an Aboriginal organisation, he never ever thought that he would reach that goal. Over the last few months Robbie has made significant changes in his life with the support of his worker.

Robbie is now living his dream he has just secured employment as a "Koori Education Support Officer" for the Yoowina Wurnalong Healing Service in Lakes Entrance. He says that for the first time in a long time is feeling strong, proud and able to lead a productive life and contribute to closing the gap.

Data

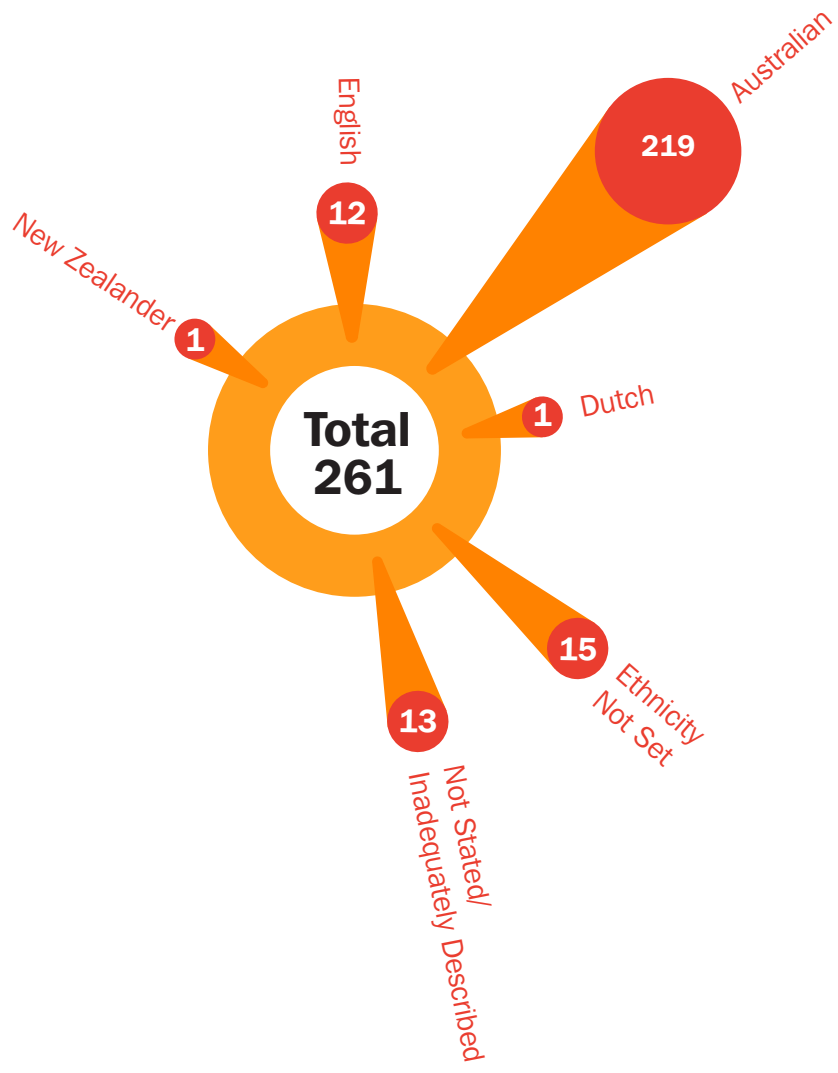
Average Days in Service



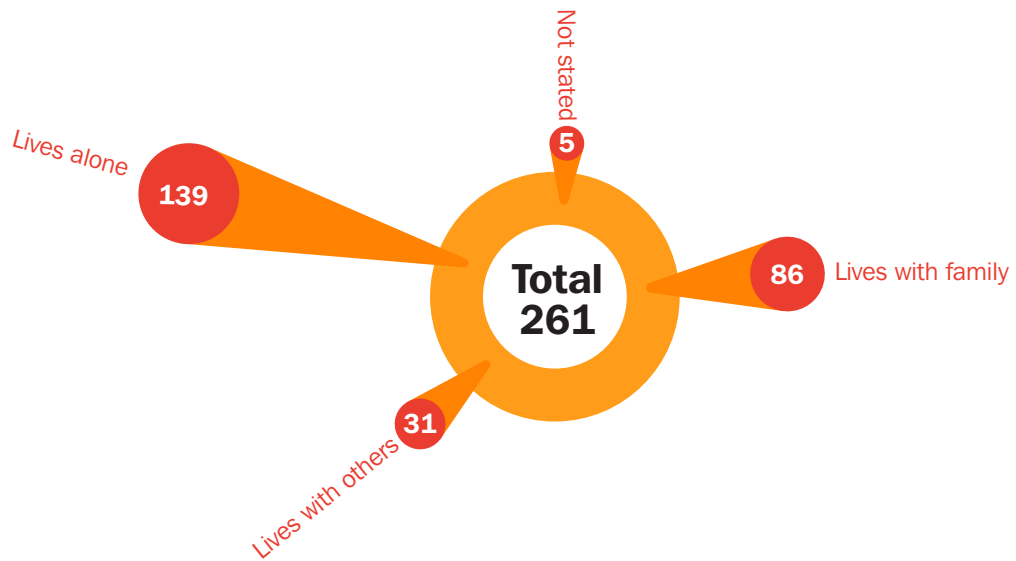
SNAPshot of average days in service for clients who were closed from service between 1/10/2014 and 31/03/2015.

ICSP - Individualised Client Support Package
MHSST - Mental Health Support for Secured Tenancies

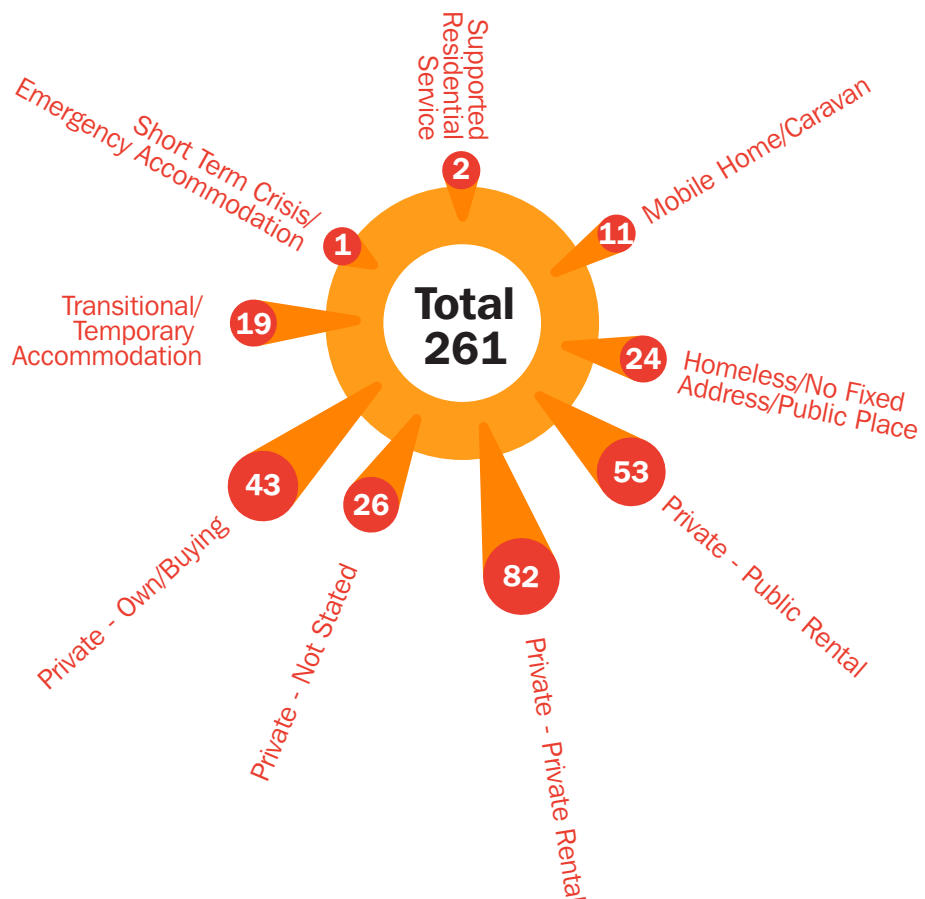
Country of Birth



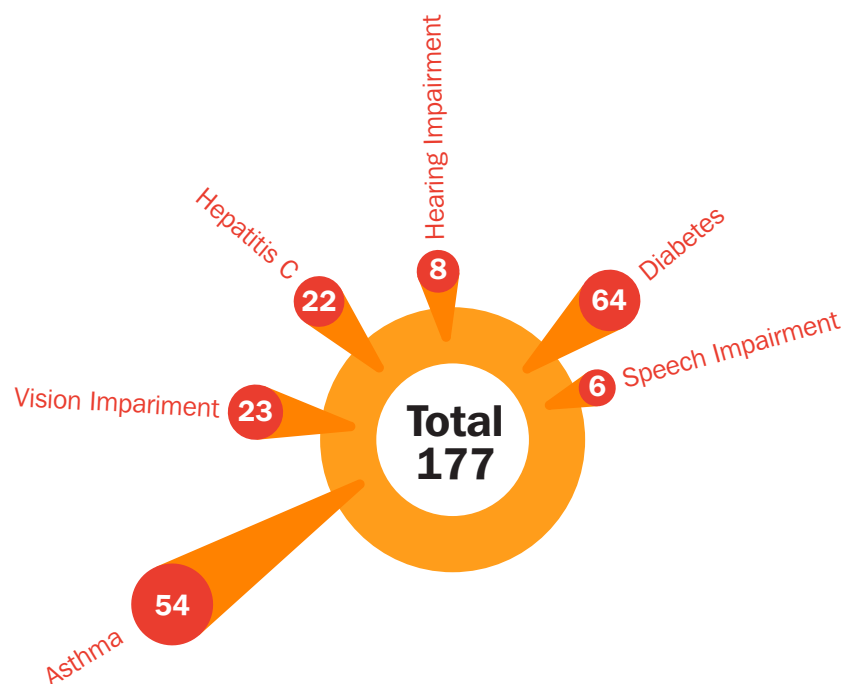
Living Arrangement



Living Situation



Physical Health

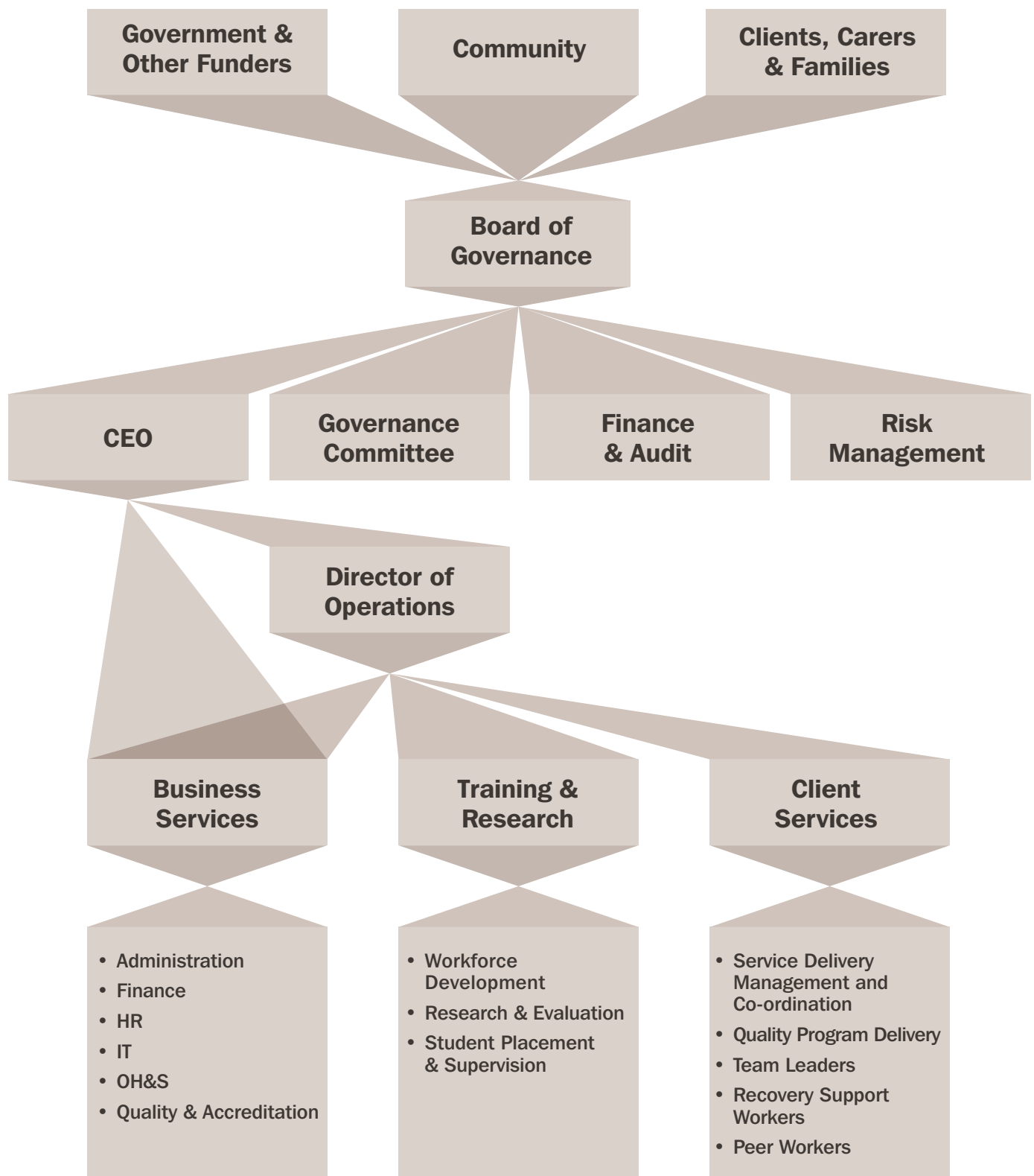


Mental Health



Our clients can and will have multiple diagnoses

Governance and Organisational Structure



Board of Governance 2014-2015



Dr Janice Chesters
(Chair)

Academic, mental health researcher and medical educator, Janice has worked at the interface between the university, clinic and hospital in both Australia and New Zealand for over 20 years. Janice has extensive leadership and governance experience within the mental health, rural community health, general practice training and research investment management fields. She was the founding Director of Awhina, Waitemata Health Campus in Auckland and is a life member of SNAP Gippsland.



Cathy Johnson
(Shared Vice Chair)

Cathy has a business and nursing background. She is a Coach and trainer in the Collaborative Recovery Model and brings considerable 'practice knowledge' to the Board.



Chris McNamara
(Secretary)

Chris participated in the establishment of SNAP Gippsland, she has worked in mental health for the past 22 years and is a Board member of Vicserv and the Women's Mental Health Network Victoria.



Andrew Cunningham
(Shared Vice Chair)

Andrew is a successful businessman who brings 30 years of business acumen with extensive experience in Information, Communication and Technology to SNAP and the Board of Governance. He enjoys helping organisations and companies grow and get better at what they do.



Betty Trayling
(Treasurer - resigned 24th July, 2015)

With over 30 years experience in corporate financial and administrative roles Betty brings extensive strategic and operational management skills to the Board. She holds a Bachelor of Business with a Major in Accounting.



Michelle Dowsett

As Principal of CFO ASSIST, Michelle has worked in several small and medium enterprises in Business Manager, Company Secretary and Chief Accounting Officer (CFO) roles. Michelle is a Certified Practising Accountant (CPA), having achieved a Master of Business Administration (MBA). She is a Certified Member of the Governance Institute of Australia (Cert GIA) and a Graduate of the Australian Institute of Company Directors (GAICD) she is an independent member on the Audit & Risk Committee of the Municipal Association of Victoria; a Board Director, People & Remuneration Committee member & Audit & Risk Chair of East Gippsland Water. Under the CFO ASSIST umbrella Michelle provides finance and board operations consultancy advice to Sale Elderly Citizens Village Inc and is Company Secretary to the Victorian Metropolitan Alliance Ltd which is a General Practice training organisation located in Melbourne. Michelle joined the SNAP Gippsland board in 2015 and is currently studying a Diploma in Aboriginal and Torres Strait Islander Knowledges.



Kelly Fitzgerald

Kelly is the Executive Officer of the East Gippsland Primary Care Partnership. She is interested in improving access to services and continuity of care through improved service coordination as well as chronic disease prevention, integrated health promotion, and partnership development. Kelly is also a Mental Health First Aid trainer.



Monica Gilbert

Monica has worked as a clinician and researcher in mental health and drug and alcohol dependency for over 25 years. She has extensive experience in leading large research projects in health behaviour change.



David Loadman

(Vice-Chair - resignation effective 2nd April, 2015)

Lawyer and retired Magistrate, David was a member of the Northern Territory Mental Health Review Tribunal and Chaired the Tribunal for one year.)



Dr. Anton Isaacs

(Resignation effective 26th November, 2014)

Public health physician, researcher and lecturer, Anton works in the area of mental health and wellbeing with Aboriginal communities in rural Victoria.

Board of Governance meetings are convened on alternate months and there are now 4 standing committees.

The Governance Committee - ensures that the Board fulfils its legal, ethical and functional responsibilities through governance policy development, recruitment strategies, training programs, monitoring of Board activities and the review of the Board's performance.

The Finance and Audit Committee - monitor the financial sustainability of the organisation and its compliance obligations. It presents a Compliance Report and Declaration to the Board annually.

Risk Management Committee - identify, assess, monitor and manage risk. The Committee is to oversee, report and make recommendations to the Board in respect of financial and non-financial risks (including clinical).

Research Committee - further the promotion and development of evaluation and research activities and research excellence within SNAP Gippsland

Board member meeting attendance 2014-2015

Board Member Management	Board Meeting	Governance Committee	Finance and Audit	Risk Management	Research
Janice Chesters	5/6	3/3			1/1
Andrew Cunningham	4/6		3/5		
Michelle Dowsett Appointed 26 Aug, 2015					
Kelly Fitzgerald	3/6				
Monica Gilbert	3/6				1/1
Anton Isaacs Resigned 26 Nov, 2014	0/6	1/3			
Cathy Johnson	5/6			1/1	
David Loadman Resigned 2 Apr, 2015	1/6	2/3			
Chris McNamara	6/6	3/3	5/5	1/1	1/1
Betty Trayling	6/6		5/5		

NDIS Report

Announcements on the roll-out of the National Disability Insurance Scheme (NDIS) confirm that SNAP will not be impacted until October 2017 at the earliest (South Gippsland, Bass Coast) and January 2019 (Wellington, East Gippsland).

SNAP's initial NDIS readiness review clearly demonstrated the importance for the whole staff group to have input into the information gathering processes. The issues identified at the conclusion of the roadmap/checklist phase will be addressed by the committees established during transition to the NDIS. As the environment, scope and the depth of learning's will be so much richer as the other NDIS sites come online, SNAP has decided to save its resources in order to implement larger, more effective changes closer to our regional launch dates. This will also allow time to complete the rebranding process, establish the new brand, fully investigate new business and funding options and develop and trial a new Model of Care.

The rebranding process is progressing well; a new look and logo is being developed that will reflect our organisation's values and services. Implementation of the new brand – website, communications materials and infrastructure - will occur over a logical sequence, with the company name change and other governance requirements initiated at the Annual General Meeting in November. A welcome consequence of the collaborative approach taken with respect to the rebranding, has been the identification of potential areas for future business by participants in the brand team working group. These areas have been added to the list of potential future business, investigated and rated against other opportunities.

A final report will detail the methodologies and processes required to take up the project again in October, 2016. This will allow time to have systems realigned and ready to go by April 2017, enabling SNAP to provide NDIS services as a 6-month trial in another catchment to gain learnings and to potentially expand business.



Cathy Johnson
NDIS Project Worker

The National Disability Insurance Scheme (NDIS)

Does Mental Health Fit Into this Scheme?

This is a whole of life insurance scheme for people with a diagnosed permanent disability. It is a well-constructed framework for people with permanent physical and intellectual disability. But how well suited is it in its current presentation for people who are living in the community with mental illness?

Our Concerns

- Mental illness does not always fit into the category of permanent disability. People with mental health problems can live well in the community and manage their symptoms. We call this Recovery.
- Mental illness is episodic. People will have times of functioning well and times of poor functioning. Being locked into a process of permanent impairment to receive a funded service does not encourage recovery or build resilience.
- The Victorian Government has committed all Mental Health Community Support Service funding into the NDIS. What will be left in Victoria for those that don't qualify as being permanently disabled?
- There are perverse incentives for people to be as disabled as possible to obtain a package of care through the National Disability Insurance Agency.

Impact on Service Users

- There will be no early intervention. People will fall through the service gaps.
- There will be no psychosocial rehabilitation and recovery services. MHCSS funds in Victoria are committed to the NDIS.
- As people who don't get a package seek help, there will be more pressure placed on the acute end of the mental health services system and Community Service organisations such as housing, family and drug and alcohol services.

- Some people living with mental illness do not like the tag of permanent disability and the attached stigma. This may stop them accessing a support package.
- The proposed Linkages and Capacity Building component of the NDIS is only \$20 million for all disability Australia wide.
- We have concerns about the responsiveness of the system. Will people receive a package of care when they need it?

Impact on Carers and Families

- If a person is not eligible for a package their carers and families will continue to pick up the pieces as they try and find services.
- There are limited program items for carers in the NDIS framework. There is an information component only.

Impact on Workforce

- The workforce will be casualised due to uncertainty about the number of packages agencies will receive.
- Well qualified and experienced workers will move from the sector seeking more secure employment.

These are the concerns and questions that we have taken to our Gippsland State and Federal politicians.

Financials

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SNAP GIPPSLAND INC.
ABN 82 758 738 663


STATEMENT BY MEMBERS OF THE COMMITTEE

The committee has determined that the association is not a reporting entity and that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the financial statements.

In accordance with a resolution of the committee of Snap Gippsland Inc., the members of the committee declare that the financial statements which comprise the statement of financial position as at 30 June 2015 the statement of profit or loss and other comprehensive income for the year then ended, a summary of significant accounting policies and other explanatory notes:

1. present a true and fair view of the financial position of Snap Gippsland Inc. as at 30 June 2015 and its performance for the year ended on that date in accordance with the accounting policies described in Note 1 to the financial statements and the requirements of the Associations Incorporation Reform Act 2012; and
2. at the date of this statement there are reasonable grounds to believe that Snap Gippsland Inc. will be able to pay its debts as and when they fall due.
3. The financial statements and notes satisfy the requirements of the Australian Charities and Not-for-profits Commission Act 2012.

This statement is signed for and on behalf of the committee by:


Chris McNamara

5th November 2015

Statement of Profit or Loss and other Comprehensive Income for the Year Ended 30 June 2015

	2015 (\$)	2014 (\$)
Revenue from operating activities	4,300,683	2,837,442
Revenue from non-operating activities	66,483	48,123
Employee Benefits	(3,017,662)	(2,069,174)
Expenses from continuing operations	(1,235,130)	(830,546)
Net Result before Capital & Specific Items	114,374	(14,155)
Depreciation	(59,982)	(30,922)
Net Loss on Sale of Non-Current Assets	(1,984)	(6,211)
Net Result for the year	52,408	(51,288)

Statement of Financial Position for the Year Ended 30 June 2015

	2015 (\$)	2014 (\$)
Assets		
Current Assets		
Cash Assets	2,346,523	2,139,375
Receivables	-	24,596
Prepayments	39,036	7,491
Total Current Assets	2,385,559	2,171,462
Property, Plant and Equipment	506,659	457,109
Total Non-Current Assets	506,659	457,109
Total Assets	2,892,218	2,628,571
Liabilities		
Current Liabilities		
Payables	1,119,760	1,014,598
Provisions	200,990	173,420
Other Liabilities	95,010	25,096
Total Current Liabilities	1,415,760	1,415,760
Non Current Liabilities		
Provisions	44,205	35,612
Total Liabilities	1,459,965	1,248,726
Net Assets	1,432,253	1,379,845
Members' Funds		
Accumulated Surplus	1,432,253	1,379,845
Total Members' Funds	1,432,253	1,379,845

Statement of Cash Flows for the Year Ended 30 June 2015

	2015 (\$)	2014 (\$)
Cash flows from operating activities		
Operating grant receipts	3,268,475	2,694,612
Fees and Charges	1,032,177	1,074,658
Interest received	66,483	48,123
Other receipts	13,444	3,089
Payments to suppliers	(1,133,336)	(2,837,443)
Payments to employees	(2,928,513)	-
GST - Net collected	-	4,765
Net cash provided by operating activities	318,730	987,804
Cash flows from investing activities		
Plant, Equipment and Motor Vehicle Purchases	(132,583)	(130,246)
Proceeds from sale of Assets	21,000	17,000
Term Deposits	-	750,000
Net cash provided by (used in) investing activities	(111,583)	636,754
Net increase in cash held	207,147	1,624,558
Cash on hand at beginning of financial year	2,139,375	514,817
Cash on hand at end of financial year	2,346,522	2,139,375

Statement of Changes in Equity for the Year Ended 30 June 2015

	Retained Earnings (\$)
Balance at 1 July 2013	1,431,129
Total comprehensive income	
	(51,284)
Balance at 30 June 2014	1,379,845
Balance at 1 July 2014	1,379,845
Total comprehensive income	
	52,408
Balance at 30 June 2015	1,432,253

INDEPENDENT AUDITOR'S REPORT

To the Members of SNAP Gippsland Inc

We have audited the accompanying financial report, being a special purpose financial report of SNAP Gippsland Inc, which comprises the statement of financial position as at 30 June 2015, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the statement by members of the committee.

Committee's Responsibility for the Financial Report

The members of the committee are responsible for the preparation of the financial report that gives a true and fair view and have determined that the basis of preparation described in Note 1 to the financial report is appropriate to meet the requirements of the *Associations Incorporation Reform Act 2012* and the needs of the members. The responsibility of the members of the committee also includes such internal control as the members of the committee determine is necessary to enable the preparation of a financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the association's preparation of the financial report that gives a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the association's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the members of the committee, as well as evaluating the overall presentation of the financial report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Independence

In conducting our audit, we have complied with the independence requirements of Australian professional ethical pronouncements.



Opinion

In our opinion the financial report gives a true and fair view of the financial position SNAP Gippsland Inc as at 30 June 2015 and of its performance and its cash flows for the year ended in accordance with the *Associations Incorporation Reform Act 2012*.

Basis of Accounting

Without modifying our opinion, we draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared to assist SNAP Gippsland Inc to meet the requirements of the *Associations Incorporation Reform Act 2012*. As a result, the financial report may not be suitable for another purpose.

Crowe Horwath Vic

CROWE HORWATH VIC

A handwritten signature in black ink, appearing to read "Mary Winter", written over a horizontal line.

MARY WINTER

Partner

Bairnsdale

Date: 5 November 2015

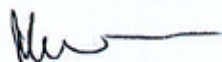
**AUDITORS INDEPENDENCE DECLARATION UNDER SUBDIVISION
60-40 OF THE AUSTRALIAN CHARITIES AND NOT-FOR-PROFITS
COMMISSION ACT 2012 TO THE BOARD OF SNAP GIPPSLAND INC**

I declare that, in relation to our audit of the financial report of SNAP Gippsland Inc for the financial year ended 30 June 2015, to the best of my knowledge and belief, there have been:

- (a) No contraventions of the auditor independence requirements of the *Australian Charities and Not-for-profits Commission Act 2012* in relation to the audit; and
- (b) No contraventions of any applicable code of professional conduct in relation to the audit.

Crowe Horwath Vic

CROWE HORWATH VIC



MARY WINTER

Partner

Date: 5 November 2015

Innovation, Equity.....



Honesty, Respect.....



Integrity, Quality.....

Excellence, Transparency.....



Leadership.....



People centred.....

Positive anticipation, Success.





SNAP

gippsland inc.

working together for
better mental health
and wellbeing

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