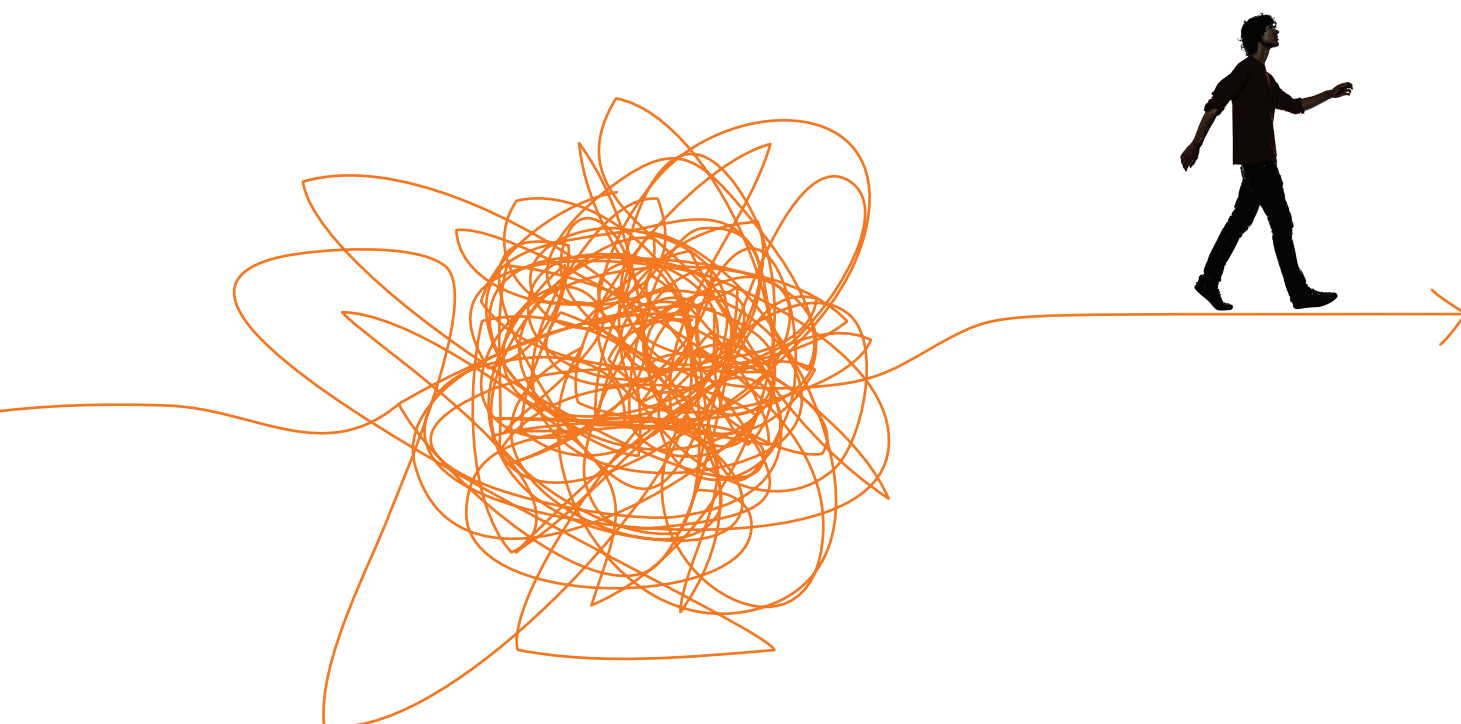


SNAP
Gippsland
Annual
Report
2013

working
together
for better
mental
health





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.



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.

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

Equity, Honesty, Respect, Integrity, Quality, Excellence, Transparency.

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 home-based outreach support (HBOS), planned respite, and day program services that are recovery oriented and meet the individual needs of clients. SNAP Gippsland also manages the bed-based Gippsland Prevention and Recovery Care (PARC) service located in Bairnsdale in collaboration with Latrobe Regional Hospital-Mental Health Services.

In addition to service outlets located in Bairnsdale, Sale, Morwell 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.

Governance & Management

Against a backdrop of the reform of Community Managed Mental Health services in Victoria and the trialling of the long anticipated National Disability Insurance Scheme, for SNAP Gippsland it has been a year of consolidating our framework of service and broadening and strengthening our partnerships at a local, regional, state and national level.

SNAP Gippsland has a solid foundation and an excellent reputation for delivering quality, evidence-based recovery oriented models of service and care. We have partnerships, agreements and associations with some of the leading thinkers and researchers in recovery, coaching and citizenship.

Our valued relationships with Gippsland and East Gippsland Aboriginal Co-operative (GEGAC) and Ramayhuck Aboriginal Corporation have been strengthened through our staff being co-located, welcomed and embedded within these Aboriginal Community Controlled Health Organisations.

As a recipient of four Australian New Zealand Mental Health Achievement Awards in 2007, 2008, 2009 and 2012 our work and participation in the research of the Collaborative Recovery Model is well known and well regarded.

We have pioneered (2008-2010) research in the sub-acute Prevention and Recovery Care (PARC) space with our research partners Healthmaps and Latrobe Regional Hospital – Mental Health Services through the use of the Optimal Health Program (OHP) in relapse prevention by reducing mental health symptoms, acute admissions and length of stay, improving functioning and achieving recovery outcomes. The system impact of this work quantified and calculated an inpatient admission saving of \$9,700 per client per annum.

Our focus this year has been to build on our organisational capabilities and enhance our standing as a provider of quality, evidence-based recovery oriented services. To this end, in our 21st year, we embarked on an ambitious agenda to;

- strengthen our governance through revision of our constitution and the provision of training to Board members in the Company Directors Course with the Australian Institute of Company Directors
- design and implement an organisational structure that provides infrastructure support to sustain growth into the future

- implement a Client Information Management System that has the capability and capacity to manage information, coordinate and track services and review our performance against contracts
- develop and implement a marketing plan that informs, extends our reach and communicates the strengths and valued directions of our organisation
- extend our Peer workforce by employing 5 people with a lived experience of mental illness to deliver the Flourish program, provide orientation and exit interviews from our service, and provide representation in planning groups, forums and data collection
- extend our reach into East Gippsland
- grow, develop and strengthen our partnerships due to our successful tendering for Mental Health Support for Secured Tenancies, National Partnership Agreement funding.

Our achievements this year, as always, are the result of common purpose and teamwork. We wish to express our appreciation and sincere thanks to our funders, service and research partners, our contractors, the Victorian Mental Illness Awareness Council (VMIAC) for their support of our organisation, to the Board members for their commitment, guidance and leadership, to our hard working management team and dedicated staff who everyday are inspired by the strength, resilience and generosity of spirit of our clients.

As we embark on a new phase in our journey, in the coming year we are confident that the reform and the subsequent recommissioning of the newly named Mental Health Community Support Services (MHCSS) will tailor and deliver services that respond to the individual needs of people with mental illness and their carers and families.



David Loadman
Chair



Chris McNamara
CEO

Key Messages

SNAP partners with its clients in individualised holistic recovery that provides outcomes in:

- regaining self-dependency
- mental health self-management
- social inclusion

Through evidence based interventions, and joined up support, across a range of interprofessional approaches and community based programs that can involve carers and families.

SNAP innovates in the development and implementation of a framework of evidence based practice in a rural environment.



SNAP Gippsland is a sustainable organisation

Our Goals

Every person with a serious mental illness will have access to a service from SNAP Gippsland

We will achieve this through:

- strengthening the branding of the SNAP as the Gippsland provider of individualised holistic recovery services
- strengthening our relationship with Latrobe Regional Hospital-Mental Health Services
- providing services to Aboriginal people
- increasing our presence in far east Gippsland
- improving the access of Culturally and Linguistically Diverse (CALD) and refugee communities to mental health services.

To be the rural leader in evidence based mental health recovery practice

We will achieve this by:

- increasing the evidence base for effective practice
- being recognised as a rural centre of excellence in mental health recovery practice.

SNAP has the capacity to provide a consistent, innovative, sustainable and holistic service that responds to the changing needs of consumers

We will achieve this by ensuring that:

- we have an appropriately skilled workforce founded on a “learning organisation” culture
- we develop and strengthen our operational relationships with key professional and community support services.

To be a strong dynamic and sustainable organisation

We will achieve this by:

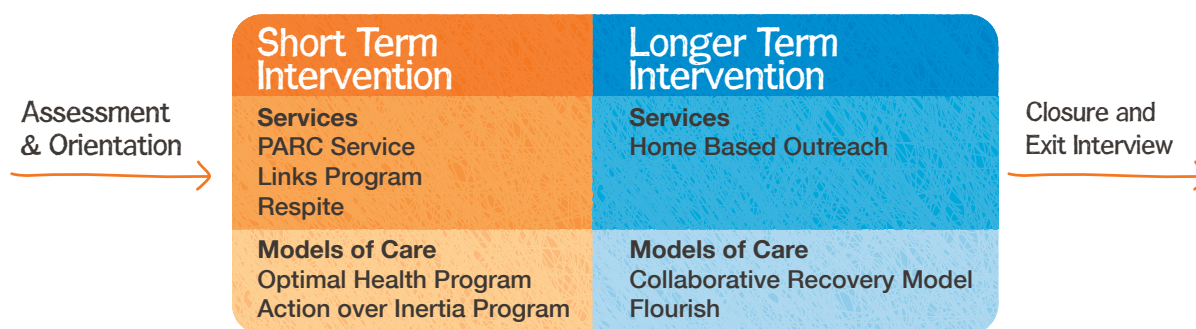
- having an informed and engaged board that meets the requirements of good governance
- having strong financial and risk management systems
- having effective and appropriate support systems
- having flexible and efficient infrastructure
- preparing for future leadership sustainability.

How we Work

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.



Framework of Service



SNAP Gippsland's 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.

Services

SNAP Gippsland delivers Homebased Outreach Support services, the Links (Psychosocial Rehabilitation Day) program, Prevention and Recovery Care Services and Planned Carer Respite.

Home Based Outreach Support Services are delivered in an individual's preferred environment and are a one-to-one service; a working alliance is established between the client and the Recovery Support worker with the focus on the individual's recovery goals.

Prevention and Recovery Care (PARC) Services are delivered in collaboration with Latrobe Regional Hospital – Mental Health Services. Gippsland PARC is a short-term (7-28 days), residential treatment service located in the community that provides recovery oriented support to clients of Latrobe Regional Hospital - Mental Health Services and SNAP Gippsland. PARC assists clients to transition from acute inpatient services, continue on their recovery journey and resume their role in the community. For individuals who are becoming unwell and at risk of experiencing a crisis, PARC aims to provide the support needed to avoid admission to acute mental health facilities and develop strategies to cope better at home and continue the recovery journey.

Mental Health Support for Secure Tenancies

(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.

SNAP was one of five Victorian organisations to successfully submit for this program which is funded to the 30th of June, 2017. The 'Safe as Houses' program, which supports 28 Gippslanders at any one time, has enabled the service system in South Gippsland, Bass Coast, Wellington and East Gippsland to better respond to the needs of people with severe and persistent mental health problems who are homeless or living in tenuous housing situations by building stronger relationships with the housing and homelessness sector and broadening our opportunities for collaboration into other sectors. SNAP Gippsland would like to acknowledge our partners and their support in the development and implementation of the program; Gippsland and East Gippsland Aboriginal Co-operative (GEGAC), Ramahyuck Aboriginal Corporation (RDAC), Community Housing Limited, Gippscare, Latrobe Regional Hospital-Mental Health Services, Gippsland Lakes Community Health, Quantum Support Services and Uniting Care Gippsland.

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).

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 their daily life. The program utilises occupational therapy techniques and helps participants realise the health and wellbeing benefits associated with taking part in meaningful activities.

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, 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.



Kate's Story

Services:

Intensive Homebased Outreach Support:

Kate is a married woman in her mid 30's. She has a diagnosis of schizophrenia and borderline personality disorder. Her partner Ben is her carer and is pivotal in helping maintain Kate's independence in the community.

Kate has an extensive history of long term admissions to the inpatient unit and multiple admissions to the Prevention and Recovery Care service due to her persecutory paranoid delusions and significant acts of self-harm, including burning of her forearms. In October 2012 SNAP Gippsland staff recommended that Kate's case manager refer her to SNAP's Intensive Homebased Outreach Support (IHBOS) program in order to break this cycle and provide her with psychosocial rehabilitation and recovery oriented services in the community.



During her school days Kate had a keen interest in basketball and boxing but, as an adult is overweight. Upon commencing the IHBOS program, Kate identified physical health as a value that she wanted to focus on. During the early engagement phase Kate's psychiatrist began to reduce her dosage of antipsychotic medication due to prolonged periods of high blood levels of medication which had led to Kate experiencing dizziness, falls, and feeling sedated during the day. In late 2012 Kate started attending a supported group gym program with a qualified personal trainer, for one hour per week funded by SNAP Gippsland.

Although Kate started the gym program with low confidence in her ability to perform exercises she identified the importance that physical fitness played in providing meaning and value in her life. In the first quarter of 2013, Kate self-funded an additional weekly gym session with the personal trainer to increase to two sessions per week. Kate continued to build capacity to work on relapse prevention measures with identification of early warning signs and use of coping strategies.

Impact of the IHBOS initiative

Since commencing the IHBOS program, Kate has had:

- One psychiatric inpatient admission, which included changes to her psychiatric medication
- One brief PARC admission (2 weeks) following a prolonged episode of illness which included changes to her anti-psychotic medication whilst she was in the community
- Two episodes of illness lasting 4-5 weeks which were managed by Kate whilst she remained in the community and continued to attend her gym program twice a week
- No acts of self-harm, Kate has been able to implement management plans to avoid acting on her thoughts.

In addition to the significant achievements outlined above, Kate has demonstrated a high level of commitment by attending gym sessions, building on intensity and complexity, rediscovering her passion for boxing, with twice weekly sessions including sparring with the personal trainer, a qualified

boxing coach. Kate has identified substantive gains in self-confidence, passion for life, humour, motivation, inspiration, determination and focus. Kate has strengthened her relapse plans and daily coping plans, with ongoing refinements to crisis collaborative resolution plans reflecting her increased resilience and capacity to manage distressing thoughts. Kate is making better nutritional choices in relation to her diet; removing carbonated soft drinks, preparing a healthy breakfast and lunch every day, making better choices with take away foods and portion control.

Because of Kate's increased self-confidence, self-belief and self-identity, she has rediscovered other past interests including creative writing and maths; meaningful interests that were thought to be no longer available to her. Kate acknowledges a feeling of self-worth, which is evident in the manner she develops and maintains social contacts with family, friends and the wider community. Kate talks of being inspired by other gym users, taking a genuine interest in their achievements through the gym and boxing club whose members compete at a national level. Kate has established a sense of 'community' with general gym users and actively engages with other people accessing the gym program.

Conclusions

Taking an holistic and integrated approach to resilience building has provided Kate with the resources needed to cope with the physical, mental and emotional challenges she faces every day.

The collaboration, regular problem solving, co-ordinated care planning and review of crisis care plans developed whilst working with Kate, her partner Ben and her case manager have improved her quality of life. Kate has demonstrated a practical understanding of the benefits of focusing on the aspects of her life that are within her control and the power of self-assurance to alleviate distress "and emotional dis-regulation.

Kate still experiences symptoms of her mental illness and understands that this will be an ongoing challenge for her, but she is now able to view herself as separate to her illness. Working actively on value driven goals through the Collaborative Recovery Model has empowered Kate and provided a self-fulfilling framework enabling her to keep striving

Collaboration and Research

towards her hopes and dreams.

SNAP Gippsland continues to strengthen its links and partnerships with research organisations and universities in order to validate and further 'practice-develop' its models of service.

SNAP Gippsland is participating in an 18 month study involving 200 mental health workers across 22 worksites within five community-managed organisations. 'Improving implementation of evidence-based practice in mental health service delivery: protocol for a cluster randomised quasi-experimental investigation of staff-focused values interventions'. by Williams et al. is exploring specific value interventions in autonomy enhancement and their role in increased uptake of new-practices.

There is a growing body of research which concludes that optimal service provision to people with a severe and recurrent mental illness requires a balance between medical recovery and personal recovery. Personal recovery involves regaining a sense of identity, achieving meaning and purpose and embraces a person's capacity for taking responsibility for their own life based on their individual values and goals. But, despite evidence-based training interventions to enhance the knowledge, attitudes and skills of staff, workplace practice within mental healthcare continues to reflect the traditional focus on symptom management and general functioning. Addressing the dichotomy between workplace behaviour and validated best-practice is therefore a pre-requisite to the provision of effective support to some of the most vulnerable members of the community.

The research from Williams et al focuses on the importance of autonomy in motivating a change in behaviour. Autonomy is defined as 'the extent to which behaviour is experienced as internally

generated or self-determined'. Within this context the reluctance to change one's behaviour to reflect best practice can be perceived as a reluctance to sacrifice autonomy based on the perception that the change is being externally imposed and is, moreover, unaligned with the individual's existing values which support their current way of doing things. The challenge facing healthcare is therefore how to build the autonomy required for the uptake and implementation of new practices. Williams et al propose that this can be accomplished through 'structured, ongoing values-focused intervention for staff'. In simple terms this means that successful or increased implementation of a change to practice requires much more than explaining its given benefits, it requires helping staff understand the values and intent of the change and how they link to and integrate with their own individual values and beliefs.

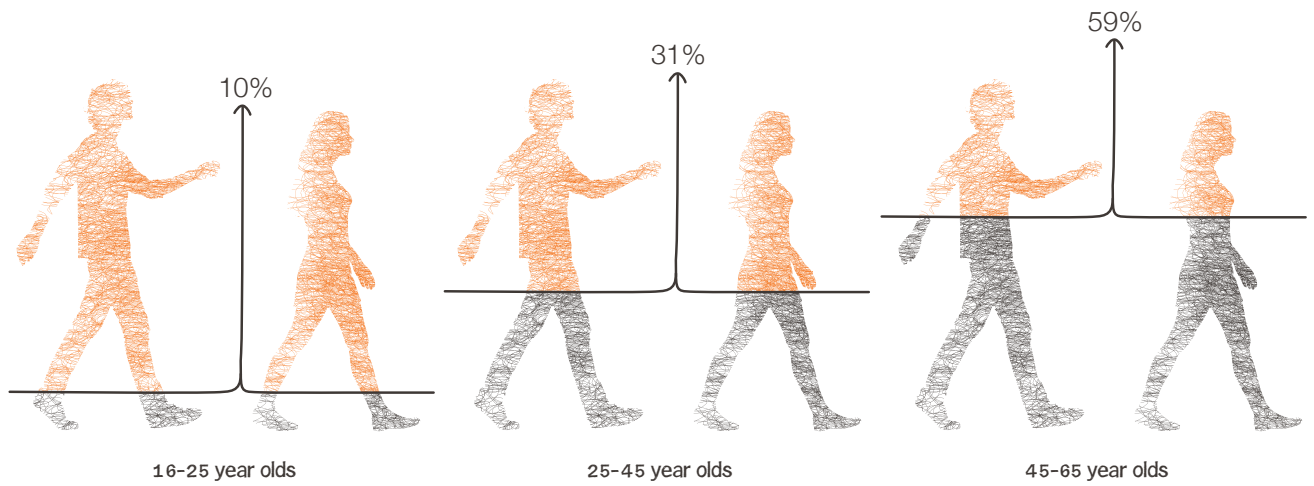
The research employs the Collaborative Recovery Model (CRM) as the values-based protocol for a program of activities, exercises and values-based coaching, with the expectation that it will enable participating staff to connect to and embed CRM principles leading to increased implementation of this well-validated model and, consequently, improved client outcomes.

Data



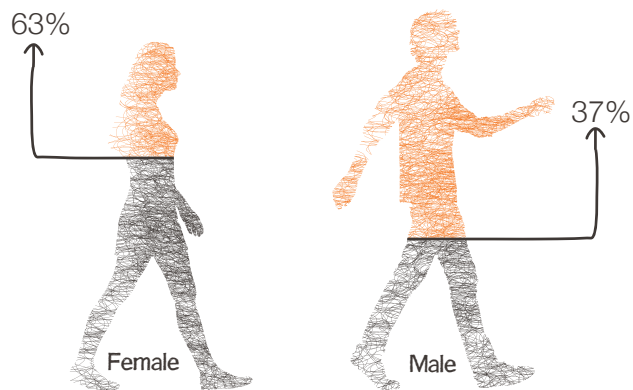
Our clients

Age range

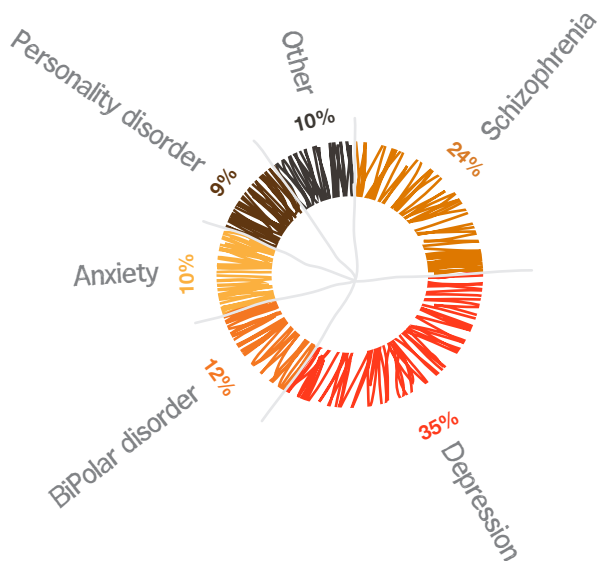


Our clients

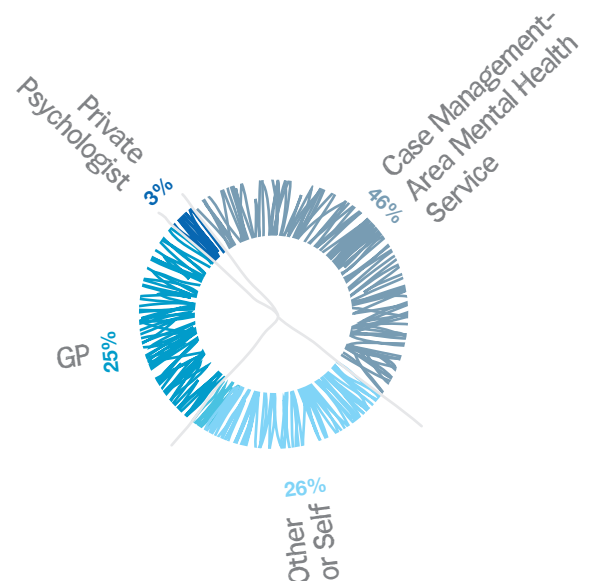
Gender



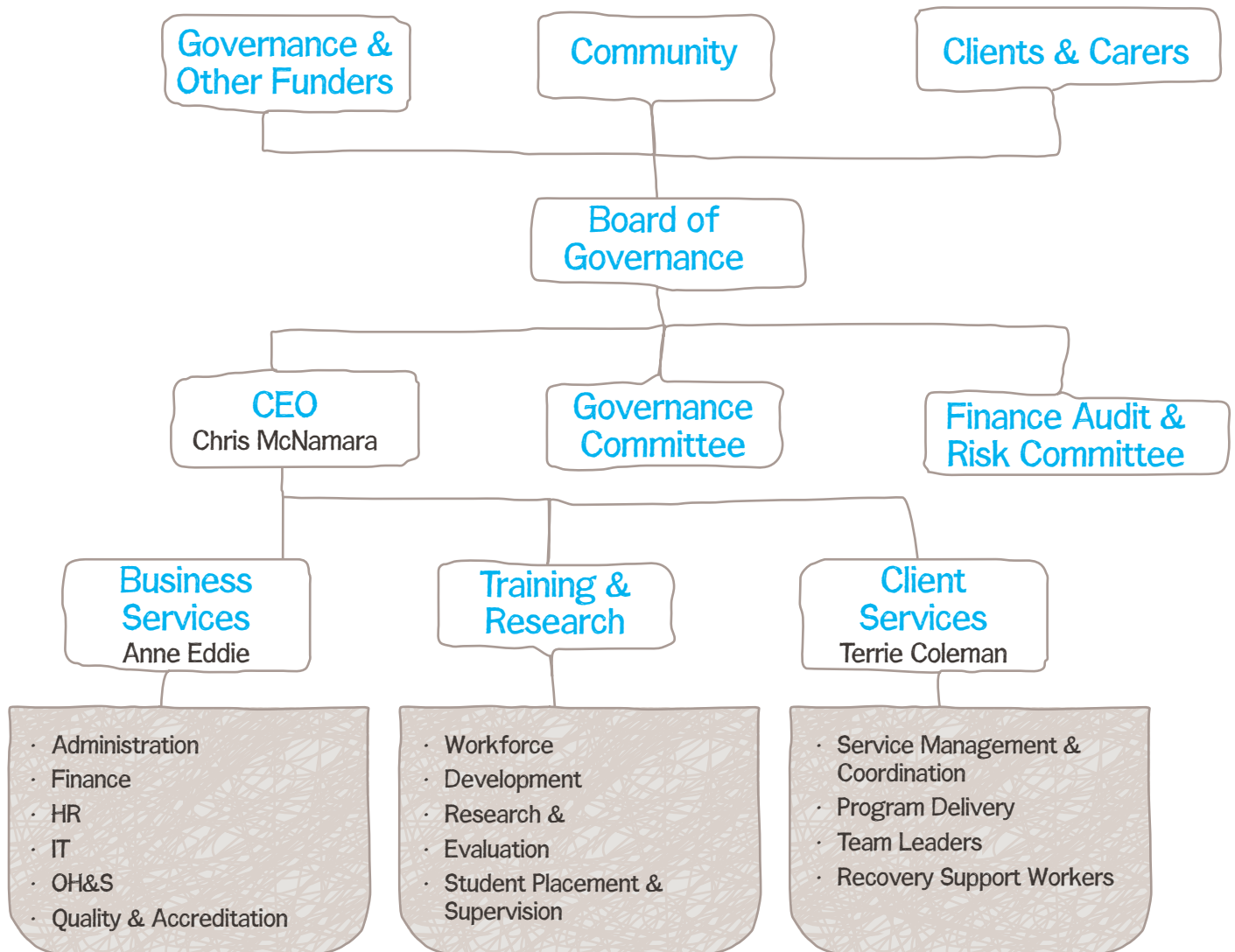
Diagnosis



Primary Clinical Provider



Governance and Organisational Structure



Our Management Team

This year we farewelled General Manager, Cathy Carr and welcomed Business Services Unit Manager, Anne Eddie and Client Services Unit Manager Terrie Coleman.

Anne Eddie



Anne comes to SNAP Gippsland with 20 years of experience in Human Resources Management, both operationally and strategically. Anne's role encompasses Human Resource Management, Occupational Health and Safety and Quality Systems.

Terrie Coleman



Terrie comes to SNAP from the United Kingdom via New Zealand. Terrie is a Psychiatric Nurse Specialist (Clinical Nurse Practitioner equivalent), a Dual Diagnosis specialist and Dual Disability Specialist. Terrie has responsibility for Program Management, Program Staffing, Client Services and Compliance and Reporting.

Staff Member Profile

SNAP Gippsland is extremely proud to have such a dedicated team of staff who make a tremendous contribution to the continued success and development of our organisation.

Carole Mosele



There is no person more deserving of recognition than our longest serving employee of 15 years, Carol Mosele.

Carol started her employment on the 10th March, 1998 as a Disability Support Worker in the Homebased Outreach Support program with the Special Needs Access

Program Inc. as SNAP Gippsland inc. was then known.

Respected and much loved by colleagues and clients alike, Carol has performed many roles within our organisation and has seen it change from a 'doing for' service to a 'doing with' service. In the early days Carol could often be seen sporting her bright yellow overalls and her blundstone boots ready to get stuck into gardening or mowing lawns!

When SNAP Gippsland implemented the Collaborative Recovery Model (CRM) in 2006, Carol embraced it, recognising that it would assist people to make long term sustainable change on their terms and in the areas of their lives that are of real significance and deeply personal to them. Carol is a Coach in the CRM.

In Carol's current role as Senior Practitioner she has responsibility for the sub-acute Prevention and Recovery Care (PARC) service environment. This service, with Carol's guidance and care of staff along with the collaborative relationship with our clinical partners, Latrobe Regional Hospital, delivers great outcomes for clients.

Carol has an incredibly strong work ethic and derives great personal satisfaction from the fact that her work supports clients in their recovery. As an employee, Carol comes from the 'old school' believing that what you get out of your employment directly relates to what you put in to it.

Board of Governance 2012-2013



**David Loadman
(Chair)**

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



**Jeanette Severs
(Vice Chair)**

Newspaper journalist, editor, author, social researcher and media trainer, Jeanette is a strong advocate for the improvement and advancement of rural women's issues.



**Dr. Eleanor Mitchell
(Secretary)**

Researcher and lecturer, Eleanor assists academics and health professionals in East Gippsland to establish their own research and program evaluations.



**Graeme Coull
(Treasurer)**

Certified Practicing Accountant, Graeme is new to Gippsland and keen to contribute to the community.



Janice Chesters

Janice is a retired academic and health research consultant. She has extensive board experience and is a life member of SNAP Gippsland.



Dr. Anton Isaacs

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



Patricia Nalder

Retired CEO of Lifeline Gippsland, Patricia is an active member of the community involving herself in a voluntary capacity with carer and community groups.



Joel Orenstein

Lawyer, consultant and training provider, Joel is also a skilled and compassionate teacher of mindfulness as a means to both managing stress and to improve professional skills.

Board of Governance meetings are convened on alternate months and there are two standing committees;

- the Governance committee ensures that the Board fulfills its legal, ethical, and functional responsibilities through governance policy development, recruitment strategies, training programs, monitoring of board activities, and evaluation of board performance
- the Finance Audit and Risk Management (FARM) committee - monitors the financial security of the organisation and its compliance with relevant statutory obligations, Funding and Service Agreements and Risk Management.

Board Member	Board Meeting	Governance	FARM
Janice Chesters <i>(Joined September, 2013)</i>			
Graeme Coull	3/5		2/5
Anton Isaacs	3/5	4/5	
David Loadman	5/5	4/5	
Eleanor Mitchell <i>(Resigned September, 2013)</i>	5/5	5/5	
Patricia Nalder <i>(Resigned April, 2013)</i>	2/5		3/5
Joel Orenstein <i>(Resigned March, 2013)</i>	0/3	0/4	
Jeanette Severs <i>(Resigned September, 2013)</i>	4/5	3/5	

Financials

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SNAP GIPPSLAND INC.

STATEMENT BY MEMBERS OF THE BOARD OF MANAGEMENT

The board of management 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 the opinion of the board of management the financial report

1. Presents a true and fair view of the financial position of SNAP Gippsland Inc. as at 30 June 2013 and its performance for the year ended on that date.
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.

This statement is made in accordance with a resolution of the board of management and is signed for and on behalf of the board by:

David Loadman Chairperson

Dr Anton Isaacs

Dated this 29th day of October 2013

Note: The following financial statements have been extracted from the audited accounts, a copy of which is available to members on request.

Statement of Comprehensive Income for the Year Ended 30 June 2013

	2013 (\$)	2012 (\$)
Revenue from operating activities	2,661,044	2,501,720
Revenue from non-operating activities	47,689	54,699
Employee Benefits	(1,640,965)	(1,657,691)
Expenses from continuing operations	(675,839)	(799,475)
Net Result before Capital & Specific Items	391,928	99,254
Depreciation	(42,794)	(57,184)
Net Loss on Sale of Non-Current Assets	(3,168)	(2,562)
Net Result for the year	345,965	39,508
Other Comprehensive income	-	-
Total Comprehensive income	345,965	39,508

Statement of Financial Position as at 30 June 2013

	2013 (\$)	2012 (\$)
Current Assets		
Cash Assets	514,818	404,669
Receivables	91,413	21,199
Prepayments	4,472	33,866
Other Financial Assets	750,000	750,000
Total Current Assets	1,360,703	1,209,734
Non-Current Assets		
Property, Plant and Equipment	380,995	475,458
Total Non-Current Assets	380,995	475,458
Total Assets	1,741,699	1,685,193
Current Liabilities		
Payables	106,149	295,120
Other Liabilities	33,265	33,265
Grants Received in Advance	3,000	80,634
Employee Benefits	149,595	182,548
Total Current Liabilities	292,009	591,567
Non-Current Liabilities		
Employee Benefits	18,562	8,462
Total Non-Current Liabilities	18,562	8,462
Total Liabilities	310,571	600,029
Net Assets	1,431,128	1,085,163
Equity		
Accumulated Surplus	1,431,128	1,085,163
Total Equity	1,431,128	1,085,163

Statement of Cash Flows for the Year Ended 30 June 2013

	2013 (\$)	2012 (\$)
Cash Flows From Operating Activities		
Operating grant receipts	1,565,729	1,496,517
Fees and charges	923,558	1,046,539
Interest received	47,689	52,884
Rent received	-	1,815
Sundry receipts	23,909	27,577
Payments to suppliers and employees	(2,502,420)	(2,400,302)
GST - Net collected/(paid)	3,185	(2,042)
Net cash provided by Operating Activities	61,649	222,987
Cash Flows From Investing Activities		
Plant & equipment and motor vehicle purchases	-	(75,945)
Proceeds from sale of assets	48,500	53,000
	-	(750,000)
Net cash provided by/(used in) investing activities	48,500	(772,945)
Net increase/(decrease) in cash held	110,149	(549,958)
Cash at the beginning of the year	371,404	921,362
Cash at the end of the year	481,553	371,404

Statement of Changes in Equity for the Year Ended 30 June 2013

	Total Equity (\$)
Balance 1 July 2011	1,045,465
Total Comprehensive Income	39,508
Balance 30 June 2012	1,085,163
Total Comprehensive Income	345,965
Balance 30 June 2013	1,431,128

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 2013, the statement of comprehensive income, and statement of cash flows for the year ended on that date, a summary of significant accounting policies and other explanatory notes and the statement by members of the board of management's.

BOARD OF MANAGEMENT'S RESPONSIBILITY FOR THE FINANCIAL REPORT

The board of management's of the association is responsible for the preparation and fair presentation of the financial report and have determined that the accounting policies described in Note 1 to the financial statements, which form part of the financial report, are consistent with the financial reporting requirements of the Associations Incorporation Reform Act 2012 (Victoria) and are appropriate to meet the needs of the members. The board of management's responsibilities also include establishing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

AUDITOR'S RESPONSIBILITY

Our responsibility is to express an opinion on the financial report based on our audit. No opinion is expressed as to whether the accounting policies used, as described in Note 1, are appropriate to meet the needs of the members. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free of 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 judgment, 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 entity's preparation and fair presentation of the financial report 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 entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the board of management's, as well as the overall presentation of the financial report.

The financial report has been prepared for distribution to members for the purpose of fulfilling the board of management's financial reporting under the Associations Incorporation Reform Act 2012. We disclaim any assumption of responsibility for any reliance on this report or on the financial report to which it relates to any person other than the members, or for any other purpose other than that for which it was prepared.

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

Crowe Horwath Vic is a member of Crowe Horwath International, a Swiss Verein. Each member firm of Crowe Horwath is a separate and independent legal entity. Liability limited by a scheme approved under Professional Standards Legislation other than for the acts or omissions of financial services licensees.

INDEPENDENCE

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

AUDIT OPINION

In our opinion, the financial report of SNAP Gippsland Inc. presents a true and fair view of the Association's financial position as at 30 June 2013 and of its performance and cash flows for the year ended on that date in accordance with the accounting policies described in Note 1 to the financial statements.

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 for the purpose of fulfilling the board of management's financial reporting responsibilities under 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



MARY WINTER

Partner

Date: 29/10/2013



SNAP

gippsland inc.

*Working together for
better mental health*

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