

2016



annual report



SCHS

Sunraysia Community
Health Services

Welcome

*We will provide
coordinated, safe
and effective
person-centred care*

Sunraysia Community Health Services (SCHS) entered its 40th year of service to the community in 2016. SCHS commenced service in 1976 with five services, which have expanded considerably over the 40 years, and we now deliver 55 services to the Sunraysia community. It is with this celebration, we bring you the 2015/16 Annual Report.

After 14 years of commitment to the service, Chief Executive Officer Craig Stanbridge left the organisation to join his family in South Australia. Prior to his departure, Craig was instrumental in the development of the new state of the art facility in Thirteenth Street. The opportunity of having the majority of staff housed in one site has enhanced service delivery to the clients of Sunraysia, but has also enriched the relationships between all staff.

Craig's departure provided an opportunity for the appointment of Simone Heald, who commenced the role in February this year. Simone joins the organisation with a strong health background, following her most recent role as the Director of Nursing at Mildura Base Hospital. Her experience and passion for community health will hold the organisation in good stead as we move into a changing health environment.

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Contributors to this shifting environment include the Commonwealth Government's introduction of My Aged Care, National Disability Insurance Scheme (NDIS), the commencement of Primary Health Networks (PHNs), and the amalgamation of Victoria's Department of Health and Human Services. These changes have been advantageous to SCHS with the introduction of new programs; the After Hours Palliative Care trial, Sunraysia Parenting Service, Health Care Coordinator, and allowed for the continuation of previously funded programs.

SCHS has continued to develop partnerships with other community organisations. The linkages with Mildura Base Hospital (MBH) have been able to continue with ongoing funding by the Murray PHN with pain management, movement disorder, and autism. Another joint initiative between MBH and SCHS has been the commencement of Residential Withdrawal Beds, through funding provided by The Department of Health and Human Services; to date this initiative has had positive outcomes. We

have further developed relationships with education institutions; La Trobe University, SuniTAFE and Monash School of Rural Health Mildura in the form of educational opportunities, research and providing student placements to our community undergraduates.

The Northern Mallee Community Partnership (NMCP) has continued on its collective impact approach to address the inequalities that exist within our community. The 'Hands Up Mallee' discussion paper has been completed, and now moves into the community for further consultation. This strategy will develop and implement an effective framework across all common agenda actions groups that produces effective process improvements, initiatives and sustainable funding models.

The SCHS Community Advisory Committee has had committed members Pat Martin and Ian Gardiner. The last six months we have worked in developing this committee, which now includes a membership of 14 community members, from a broad range of demographics. This committee is an integral component

of SCHS, as it provides management and staff an opportunity to facilitate effective consumer consultation, allowing us to ensure our service delivery and direction is meeting the community's needs. We look forward to establishing this committee throughout the following years.

The Board of Directors has continued to direct and support our organisation, and has been instrumental in contributing to the success of SCHS over the last 40 years. This year we received the resignation of Helen Jack, who commenced in 2007. Helen's experience and intricate knowledge of the health system has been highly valued in her time with the SCHS Board. We wish her well in retirement of the Board, and thank her for her dedication and time over the last 8 years. We welcomed Steve Fumberger to the Board in May, who brings a new range of skills to the Board table. A significant thank you to all members of the Board, who volunteer their time to endlessly commit to the future of SCHS.

The previous commitment and dedication of the staff and Board has cemented a solid foundation for the future of SCHS as we move into the 21st century. This is an exciting time as we move into a customer-experience business, which requires a redesign of previous business delivery to a more customer-centric model to ensure optimal service delivery. This enhances SCHS' customer focused philosophy, as we further understand the interaction of service through the customers experience and allows us to better understand the customer journey as they navigate the health system.

A huge thank you to all our staff and volunteers – the organisation would not be what it is today without the passion and dedication of all those involved in SCHS.

Leonie Burrows - Chair
Simone Heald - CEO





Our clients

SCHS staff leading the recruitment drive to trial new HPV Screening

Researchers now know that long term infection with certain types of Human Papillomavirus (HPV) is the main cause of cervical cancer. Overseas research has shown that a test for these HPV types is, in fact, a better cervical cancer screening test than the Pap smear.

In an effort to improve screening for cervical cancer, Compass is undertaking a clinical trial to compare 2.5 -yearly Pap test screening with 5-yearly HPV screening. This is the first large scale clinical trial internationally to assess these screening tests in an HPV vaccinated population. It is being carried out in the state of Victoria by Victorian Cytology Service (VCS) in collaboration with Cancer Council NSW.

The trial aims to target 125,000 women aged 25-69, with 84,700 from the 25-33 vaccinated age group and 36,300 from the non-vaccinated age group aged 35-69 years. Recruitment for the trial is taking place in selected General Practice and other primary health care practices in Victoria including SCHS.

SCHS' Well Women Nurses have been actively recruiting women for the trial, to help contribute to the research which will hopefully reduce the rate of cervical cancer in our community. Earlier this year Compass recognised the top 10 recruiters to the trial, including a very special mention to Anne Watts from SCHS. Anne was the top recruiter to the trial, recruiting 361 women into the main trial. She is also well supported by her colleague Joanne Collins, SCHS' other Well Women's Nurse, who came in at 4th place with 171 recruitments.

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of total clients who did not have a mobile phone number recorded

In 2016 trials this figure dropped to

14.6%

of total clients

Recall and Reminder Trial

Over the previous year SCHS ran two trials to test a recall and reminder system to clients' mobile phones. The objectives of the trials were to assess the impact of a mobile phone recall and reminder system on the overall did-not-attend rate, and to also update client contact records.

In 2015 there were 21.2% of total clients who did not have a mobile phone number recorded, but following the trials in 2016 this has now decreased to 14.6% of total clients. For the corresponding periods, did-not-attend rates have decreased from 18% to 14% overall.

A permanent recall and reminder system has now been implemented and work is continuing on regularly updating client contact records and further reducing our did-not-attend rate. We will review progress in February 2017.

Client Profile Report

During the year our Client Services team compiled a detailed demographic report on clients who access our services, which is to be used to assist with the current and future planning for programs and resources.

11,120 individuals used our services, and between them 13,260 separate services were delivered. Clients accessing HACC, Community Health and related programs accounted for 44% of total clients, with our dental services the next highest demand at 38% of total clients. Of total clients, 7% identified as Aboriginal or Torres Strait Islander.

As we move into the ensuing year we are further reviewing the data to seek opportunities to broaden the scope of chronic disease management for clients; currently 12% of total clients are treated by us for 2 or more health conditions.

We will provide the right service, at the right time and in the right place



'Call Me Dad, Can A Violent Man Change?'

In February 2016, SCHS and the Men's Behaviour Change program (MBCP) provided the community a rare glimpse inside a MBCP. A short documentary on MBCP gave viewers intimate access to this highly confidential process, the first time anywhere in the world cameras have been allowed to film inside a MBCP. The documentary follows a group of fathers through a program, placing an uncompromising spotlight on the voices that are rarely heard – male perpetrators of domestic violence.

'Call me Dad - Can a Violent Man Change?' followed these men over their journey through the program. They attempt to take responsibility for their violence, change themselves – and perhaps heal fragile bonds with their loved ones, who also share their story on how the behaviours have impact on their families.

SCHS has been running the program for 10 years, but the government continues to provide extra funding

to deliver more programs. The MBCP is funded to work with men that have used violence or controlling behaviours against family members. It is designed to challenge men and the beliefs that they hold about the use of violence against women and children. Men undertake a 40 hour program over 20 weeks in a group setting, to help them gain an understanding of the types of violence and behaviour that they use and how this behaviour can be changed to help protect women and children within our society.

Many men initially attend the program with the belief that they have never used violence against women and children or that it was not their fault. During the program these beliefs are challenged and most men leave with an understanding that they have chosen to use behaviour that has been abusive or controlling. They have a choice to continue that behaviour and destroy their relationships or choose better behaviours and potentially repair the relationships.



It is designed to challenge men and the beliefs that they hold about the use of violence against women and children





* Our people

Showcasing our Allied Health services

In August 2015, a number of SCHS staff attended the Loddon Mallee Allied Health Conference in Swan Hill to showcase a range of achievements across SCHS' Allied Health services. The Conference is held annually across the region, and is an opportunity to disseminate information regarding different Allied Health services being set up in the area which may prove useful to other agencies.

At the 2015 conference, SCHS had a range of services featured. Linda Henderson, Manager Allied Health, provided a presentation on the development and implementation of the Child Health program, including the implementation of the Active Lorikeets program. The conference also provided an opportunity for two of our staff to participate in a conference for the first time. Laura Wallis, an Occupational Therapist at SCHS, provided a presentation on the development of the Refugee program, including an overview of the Kitchen Garden program. Adelaide Giddens, a Dietitian at SCHS, provided an electronic poster presentation on the Infant program and managed to take out the Award for Best Poster Presentation. A fantastic achievement for Adelaide at her first conference.

Koolin Balit Training grants program

Annually approximately 390 Aboriginal clients access our dental service, receiving a total of 2,900 treatments over 942 visits. In October 2015, due to staff resignations and with the assistance of the Koolin Balit training grants program, SCHS saw an opportunity to employ two Aboriginal trainees to undertake Certificate 4 in Dental Assisting. This not only increased our indigenous workforce, but also improved the cultural safety of our service.

As qualified Dental Assistants, the trainees are expected to undertake all roles required for the effective function of the dental clinic, including: chair side nursing,

supporting dental students, working in the sterilisation unit and providing community information on dental health, including within our Aboriginal communities. Being a qualified Dental Assistant will also allow them to undertake further study in the field in the future.

SCHS Dental Health Prevention message on display

In order to increase access to dental services by the Aboriginal, refugee and early years' communities, SCHS has explored different ways to take the dental health prevention message into non-traditional settings. This was the focus of a recent SCHS presentation to the Dental Health Services Victoria Public Oral Health Innovations Conference in May this year.

The project aimed to provide our key partners with the necessary tools and knowledge to empower them to competently spread prevention messages and support facilitated access to public dental services. In particular the project focused on our more diverse user groups. Initially, key partners were identified from within SCHS, including: Drug Treatment Services, Health Promotion, Allied Health Services, Aboriginal Health Promotion and Refugee Health. Staff were educated in oral health prevention messages and dental history added to initial assessment forms. Clients were assisted to make dental appointments or place name on waitlists.

The project has now been extended to external partners including: Mallee District Aboriginal Services, Monash Rural School of Medicine, Mildura Base Hospital and early years' settings. Kindergartens and early years' service providers come to the clinic for a "come and see" activity morning, which includes healthy snacks, dressing up as dentists and having a brief dental examination. Appointments are then facilitated for full exams and treatment.

We will value, recognise and develop our people

SCHS Speech Pathologist helps Kindergarten Teachers identify speech and language needs

Jacinta Curley, Speech Pathologist at SCHS, was the successful recipient of this years' Ian Dickie Scholarship. This Award provides the opportunity for an SCHS program area or employee to trial and develop new models of excellence, innovation and leading edge service delivery in honour of the ethos of previous long-term Board member, Ian Dickie.

This year's successful project, the Kindergarten Capacity Building Pilot Project, has piloted a link worker approach to building capacity of staff who work with children experiencing speech and/or language difficulties. Three kindergartens were engaged in the project, Red Cliffs, Mildura South and Pasadena Kindergartens, and the following resources were developed:

Screening Tool – to briefly and efficiently assess speech and language difficulties, enabling teachers to confidently identify children experiencing difficulties and empowering them to make a referral to speech pathology services;

Speech & Language Resource Kit – a kit of resources and activities to enable staff to work with children on various aspects of speech and language; and

Training Package – to help teachers develop an understanding of the speech and language expectations of a child in 4 year old kinder, to learn how to screen speech and language skills using the tools provided, and to provide interventions to target specific areas of speech and language development.

SCHS has committed to continuing the work of the project in an ongoing manner, by including its outcomes in its departmental pathways and procedures. It will also seek to establish a link worker in each kindergarten to act as a point of contact for ongoing support from the Speech Pathology department at SCHS and linkages with supporting services in the region.

“ This year's successful project, the Kindergarten Capacity Building Pilot Project, has piloted a link worker approach to building capacity of staff who work with children experiencing speech and/or language difficulties. ”





Belinda Dixon - Kokoda Youth Mentoring Program

The Kokoda Youth Mentoring Program is coordinated by Mallee Accommodation and Support Program (MASP) to provide local disengaged and disadvantaged youth the opportunity to reach their full potential. It achieves this by helping them to re-connect themselves with mainstream education, employment, family and their community, by giving them a once in a life time opportunity to trek the Kokoda trail.

Each year MASP seeks mentors to accompany the youth on the trek. SCHS has a long history of supporting the program by sponsoring SCHS staff to participate. Previous SCHS mentors have included Steve Portelli (2011), Matthew Fulton (2012), Charmaine Briant (2013) and Shelley Faulks (2014). In 2016, SCHS is sponsoring Serena House, Frontline Services and Abdo Abdulkarim, Oral Health Therapist to participate. But in 2015, SCHS sponsored Belinda Dixon, Occupational Therapist. This is Belinda's story:

In 2015 I was gifted an amazing opportunity of a lifetime – to be a part of the MASP Kokoda Youth Mentoring Program. I know it's a cliché, but it is a gift that keeps on giving.

To be honest, I had no idea of what I was getting myself into. No idea of the physical and mental challenges that I would endure over the training sessions and the trek itself. Armed with overloaded back packs, from February to October 2015, we trekked all over Mildura in preparation for our Trek– Apex Park, Deakin stairs, Rio Vista stairs, Blandowski stairs, Pump Hill. And we thought that was hard!

Our team of mentors and mentees quickly bonded and, another cliché, we became one big family. We supported each other through physical and personal challenges along the way. Led by Ken Innes and Greg Robinson from MASP, we grew in fitness, resilience and mental toughness.

Nerves, anxiety and fear of the unknown bubbled to the surface when we departed from Mildura to Cairns. Many of the mentees had not travelled outside Sunraysia, or indeed flown before. Landing in New Guinea, a third world country, was confronting for all of us.

Travelling in the footsteps of heroes was a privilege. We saw cemeteries, memorials and battle sites. While we struggled with a few kilos in our back packs, we realised how hard the fight must have been for our soldiers. They had to carry firearms, tents, food and all other sorts of supplies. While we walked with trepidation about falling, slipping and sliding, they ran up and down mountains

in unforgiving terrain and weather. And while we knew we would finish our trek in 9 days time, their battle was ongoing and unpredictable. And they did it for us!

For me, the biggest challenge was going down hill, negotiating rocky mountains and tree roots. I think I slipped over twice a day! I was thankful every day for the help I received from my porter Jonah who instructed me where to place my feet as I struggled down hill and pulled me up over 500 mm high steps. My greatest achievement, beyond finishing the trek itself, was crossing creeks on bridges made from trees and tree roots and combatting my fear of heights.

One more step, one more hill was my mantra, and the reward was being able to rest at the end of the day, chill out with the crew and experience a piece of village life. Seeing a shift in the attitudes of the mentees - from the shy to confident, from the "it's all about me" to being helpful, from the anxious to being in control, was also very rewarding. At the end of the day and the end of the trek, we were able to say "I did that".

I am forever grateful for SCHS funding and supporting me to participate in the MASP Kokoda Youth Mentoring Program. One year later and I still have my Kokoda family in my life. I have amazing friendships with many mentors and positive relationships with mentees. We continually reflect on our adventure of a life time. Sometimes I can't believe I completed the Kokoda trail, but you know what, I did that. And I am proud.



* Our community

We will develop services that are responsive to the health needs of our community

Smiles 4 Miles

Smiles 4 Miles is a Dental Health Services Victoria program which assists Kindergartens and Early Childhood Services to encourage and promote good oral health habits and healthy eating among children in their care. The program is based on the World Health Organisation's Framework, an internationally recognised best practice approach.

The Smiles 4 Miles Program was run in the region some years back, and it's exciting to have it back. Encouraging good oral health habits with pre-schoolers and their families is vitally important. We know that good oral health is essential to your overall health and wellbeing, and we also know that good habits are learned early in life.

Tooth decay is Australia's most common health problem, and dental conditions are the most common cause of potentially preventable hospitalisations in Victorian's aged 0-19 years. In the Mildura region, the hospital admission rates for dental conditions in children aged 0-4 years in Mildura is 10.7 children per 1000, which is more than double the state average rather than which is higher than the state average.

Ten Kindergartens in the region have signed-up to be part of the initiative and will work with the SCHS Dental Team and Healthy Together Mildura to promote drinking water, eating a wide variety of 'everyday' foods and brushing twice a day.





Northern Mallee Community Partnership, Collective Impact & Hands Up Mallee

SCHS is a major partner in the Northern Mallee Community Partnership (NMCP), also providing the role of host employer of the Executive Officer. In early 2015 the NMCP began researching the benefits of adopting a Collective Impact framework.

Collective Impact is a framework for social change, where actors from different sectors across the community come together with a common agenda to address a complex social problem. It relies on the alignment of existing funds, networks and programs through the following five pillars: common agenda, shared measurement, mutually reinforcing activities, continuous communication and a backbone support organisation.

Following an intensive period of research and planning, NMCP has conducted a range of community consultations to establish a Collective Impact framework locally. A broad common agenda of Children, Youth and Families has been established, with five priority areas:

In March 2016, it was decided to name the local Collective Impact initiative 'Hands Up Mallee'. Appropriate promotional materials have been developed to raise the awareness of Hands Up Mallee and how it will do things differently. This includes a new organisational structure, demonstrating the non-hierarchical style of work and clear lines of communication.



1. empowering parents
2. supporting children to have a good start in life
3. addressing family violence and supporting healthy family function
4. supporting kids to connect with and learn at school
5. addressing poverty and helping people manage financial stress

* Our partners

We will be a partner of choice

SCHS & MDAS working together to improve Aboriginal health outcomes

Both SCHS and Mallee District Aboriginal Services (MDAS) employ an Aboriginal health worker each to deliver the Aboriginal Health Promotion and Chronic Care (AHPCC) program locally. During the year the two organisations have jointly reviewed the strategic and operational components of the program.

Over the next 12 months, however, the organisations will be working together to deliver an exciting new collaborative plan to reduce the gap in Aboriginal health outcomes. Referral pathways will be developed where SCHS and MDAS play to each other's strengths. For example, a significant increase is expected in Aboriginal children being referred to the public dental program run by SCHS, with SCHS reciprocating with referrals of its clients to MDAS where they have program expertise.



Autism Assessment & Diagnosis

As a result of the introduction of the new Murray Primary Health Network (PHN) an opportunity arose for SCHS to partner with the Mildura Base Hospital (MBH) to improve the coordination of Autism assessment services in the local community. This new program builds on the work of the previous Lower Murray Medicare Local to provide a sustainable local solution for Autism Assessment and Diagnosis services.

The new service is a joint partnership between MBH and SCHS to expand the current Autism assessment service to provide a single point of entry in the Sunraysia area. An autism assessment co-ordinator at MBH undertakes the initial assessment with the child and family and determines if further assessments are required for speech pathology, psychology and autism specific assessments. Assessments for cognitive, speech and language and occupational therapy are referred to MBH's psychologist, SCHS' speech pathologist and SCHS' occupational therapist as appropriate.

Once all assessments are complete, the multi-disciplinary team works together to develop a comprehensive multidisciplinary report, so an appropriate diagnosis can be made and the child and family transitioned to appropriate ongoing service providers.

“ Over the next 12 months the organisations will be working together to deliver an exciting new collaborative plan to reduce the gap in Aboriginal health outcomes. ”

* Our partners

We will be a partner of choice

New service for Movement Disorders

Another service SCHS has worked with the new Murray PHN to deliver is the Movement Disorder Nurse Service, which was also previously provided by Lower Murray Medicare Local (LMML). Kate Pratt actively worked with local Movement Disorder groups, the Murray PHN and LMML to transition the service over to SCHS. Once transitioned though, Belinda Johnson was appointed to the role.

The Movement Disorder Nurse Service supports people in the community with management and treatment of their movement disorder. The term 'movement disorders' refers to a group of neurological (nervous system) conditions, which cause abnormal voluntary or involuntary movements, or slow, reduced movements. Some of the more commonly known movement disorders include the neurological conditions of Parkinson's, Multiple Sclerosis (MS) and Motor Neuron Disease (MND) all of which are progressive disorders affecting motor functions.

Being identified with a movement disorder can be challenging, so it's great to have services available locally. Some common symptoms of these conditions include weakness, impaired balance, swallowing issues, fatigue, depression and social isolation. The rate and progression of symptoms in each condition is highly individualised. To date there is no known cure for Parkinson's, MS or MND. Treatment is aimed at maximising independence and quality of life. The service helps clients remain as independent as possible, assisting them to develop strategies to manage movement difficulties and improve function.

As part of the service, SCHS in conjunction with the Murray PHN, presented a free public seminar on 'Current Trends in Movement Disorders'. The seminar focused on MS, Parkinson's and Motor Neurone Disease. The day time seminar was followed by an evening session for general practitioners aimed at increasing their awareness of new findings along with resources to assist in early diagnosis and long term management for people with these conditions.

Pain Management

SCHS and MBH are excited to be combining forces to deliver a new Pain Management program in Mildura under funding from the new Murray PHN. This new program builds on the work of the previous Lower Murray Medicare Local Integrated Pain Management Service, to provide a local sustainable multi-disciplinary solution.

It is estimated that 20% of Australians suffer from some form of chronic pain. Short term (or acute) pain is brief, acting as a warning for the body to seek help whereas chronic pain usually lasts longer than three months, even after healing from injury, surgery or other condition has taken place. If pain doesn't go away it can have physical and psychological impacts, which can become an issue in its own right. It can result in sleep deprivation, depression, irritability and fatigue, affecting a person's personal and social relationships.

The Murray PHN works closely with regional health systems to identify areas to improve, either through the better co-ordination and support of health services or by commissioning new services to address needs. The pain management program supports people who experience ongoing chronic pain to improve function and quality of life through better management and understanding of their pain. It provides education and support with strategies that clients can use to help them to live a healthy life.

“ The pain management program supports people who experience ongoing chronic pain to improve function and quality of life through better management and understanding of their pain. ”



While not all chronic pain can be cured, there are positive steps you can take to help manage it effectively. Self management has been shown to diminish pain and distress by reducing neural sensitivity and improving functional capacity. A focus of the program is to enable clients to set realistic goals by changing their thinking from 'pain cure' to 'living well despite the pain'. A multi-disciplinary team, including a care co-ordinator, physicians and allied health staff, focus on actively engaging clients in treatments and education on self management; such as training in relaxation, regular exercise, pacing techniques, group support programs and counselling.





Our services

SCHS commences delivery of new non-residential rehabilitation program

SCHS commenced delivery of a new non-residential rehabilitation program during the year with funding from the Department of Health and Human Services under its ICE action plan.

Historically, there have been no group rehabilitation programs available locally, so clients have had to undertake one on one counselling services or travel away from Mildura for residential rehabilitation programs. Being able to stay within the community is important for many clients while completing a drug rehabilitation program, as it allows them to maintain their connections and supports with family, friends and community.

The new SCHS program provides intensive, structured group programs locally for up to 50 people per year to address the psychosocial causes underlying their drug dependence issues. Participants attend the program daily (Monday to Friday) for six weeks, where there are core and elective modules to help individualise the program to meet the needs of the client.

The core modules of the program include: cognitive behaviour therapy, mood and anger management, mindfulness activities, collaborative therapy, motivational enhancement therapy and relapse prevention. A range of elective modules are available including living skills, dietetic sessions, art therapy, first aid training and drum beat.

Improving health and wellbeing outcomes for people affected by sexual assault

In October 2015, SCHS appointed a new Multi-Disciplinary Centre (MDC) nursing position to provide health support to clients accessing the Mallee Sexual Assault Unit and Domestic Violence Service. The service is available to anyone who has ever experienced sexual assault or any of their non-offending family members who may have been affected. Adults, young people and children can all access the service.

In order to be sensitive to the needs of the clients, the position has been filled by a female nurse with extensive experience supporting individuals to address their overall physical and emotional health

and wellbeing needs. In delivering the service the nurse identifies the needs of her clients, provides care planning and makes referrals to other services as appropriate for ongoing support. If required, the nurse can also provide short to medium term care and access to timely health and wellbeing information and education. She can also work with affected families to provide a safe and stable environment for family member(s) who have experienced sexual assault.

After a considerable consultation period, in April 2016 the position commenced working from the Multi-Disciplinary Centre at the Centre Against Sexual Assault. This allows the nurse to work closely with other service providers within the MDC partnership, improving the working relationships and health outcomes for the client.

Partnering together to improve local withdrawal solutions

There has been a considerable amount of work between Mildura Base Hospital (MBH) and SCHS in developing a model of care for local inpatient withdrawals. This exciting initiative was made possible through funding provided by the Department of Health and Human Services to both organisations, and allows clients to undergo a supportive substance withdrawal within their local hospital, reducing the need to leave the community for this service.

MBH has two funded withdrawal beds, providing 24 hour medical and nursing support, through the acute stage of the withdrawal process. SCHS staff are able to provide advice and support about the specific requirements of clients undergoing alcohol and/or drug withdrawal. Clients are supported by SCHS staff prior to admission, during their hospital stay and after discharge. They can also access other services, such as our non-residential rehabilitation program, to support them, ensuring more clients can access both withdrawal and rehabilitation within their own community if they choose to do so.

Between March and September more than 20 clients were admitted to MBH. Staff from both organisations are working together continually improving assessment, admission and discharge processes to provide this much needed service to our community.

* Our organisation

We will pursue organisation excellence



Finalisation of new building and relocation to Thirteenth Street

With the completion of SCHS' new, state-of-the-art facility on the corner of Thirteenth Street and Deakin Avenue, the majority of SCHS services relocated to the new building in late 2015. The building has purpose built facilities to cater for our services including physiotherapy, podiatry, speech pathology, diabetes education and counselling to name just a few.

Nursing services previously located at Merbein were the last SCHS service to relocate to the new building in Thirteenth Street earlier this year. Previously located at SCHS' original site in Merbein, this facility was sold to the Mildura Rural City Council in 2012 to support future stages of the "Merbein Community Hub" project.

The facilities in the new building further enhance SCHS' ability to provide high quality, client-centred care for our clients. As a result, SCHS ceased providing visiting services to the Merbein site from Thursday 26 May 2016. SCHS considered its ability to continue providing visiting podiatry and physiotherapy services in Merbein, but given the improved facilities now available in at Thirteenth Street, it became evident the Merbein facility could not provide a comparable quality of service for our clients.

Even more importantly though, having the majority of services all on the one site strengthens SCHS' ability to improve the co-ordination of care for our clients across our services. The Adult Day Activity Program continues to run from the purpose designed building at Johns Street.

Handing over the reins of SCHS

After 14 years with SCHS, Mr Craig Stanbridge, Chief Executive Officer (CEO), submitted his resignation in October 2015. Craig has now taken the opportunity to transfer his skills in a new direction with Country Home Services in South Australia, giving him the opportunity to join his family in Adelaide.

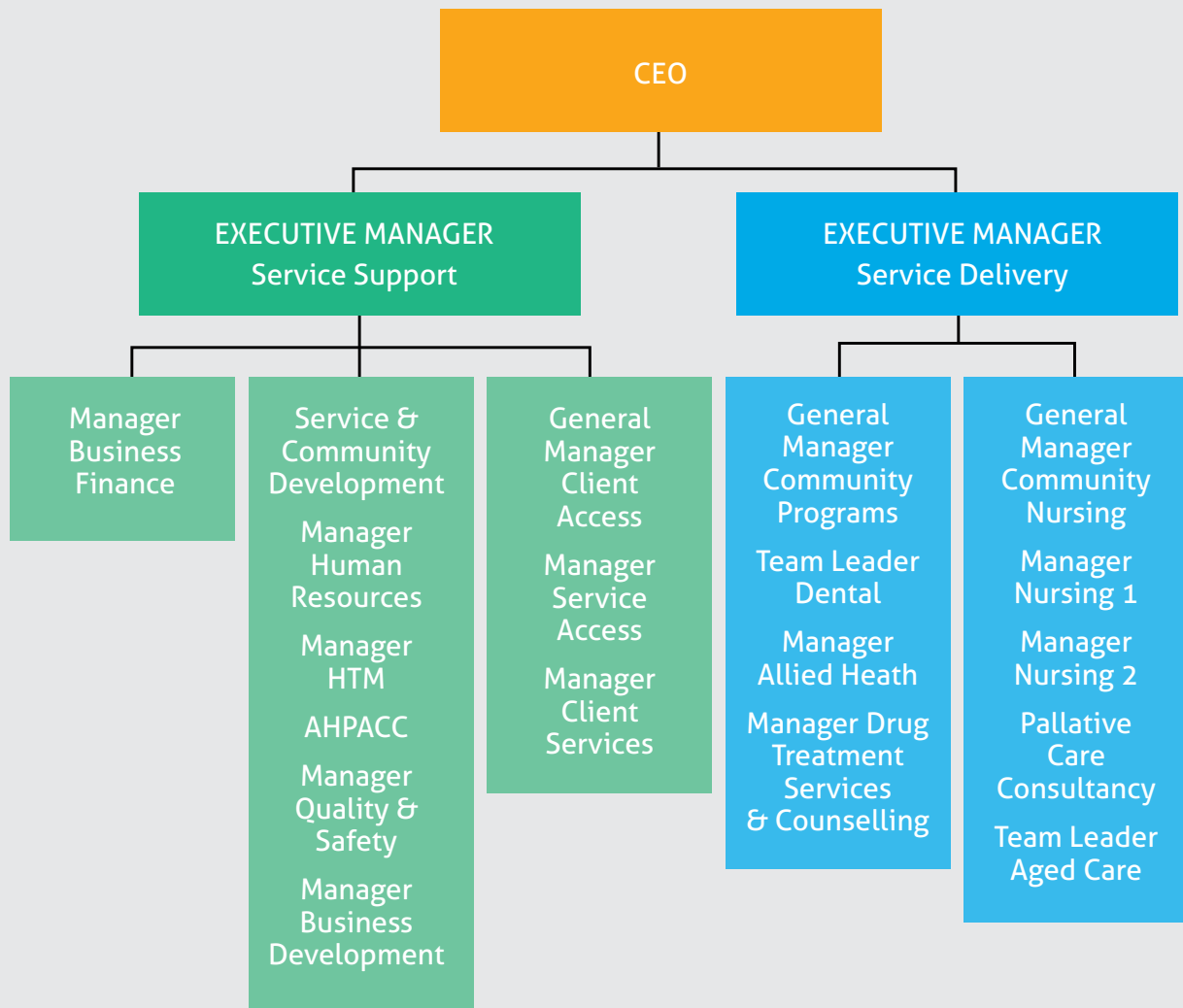
Craig commenced with SCHS in September 2001, moving to Mildura to take up the position from Clare in South Australia, where he was previously the CEO of the local hospital. In his time with SCHS the range of services provided by SCHS grew enormously. The growth in services can be seen by the increase in staff over this time, from just under 100 staff in 2001 and revenue of \$3.8 million to approximately 160 staff in 2015 and revenue of \$14 million.

This change has provided an opportunity to appoint a new CEO for SCHS. The Board of Directors were impressed with the very high calibre of applicants for the CEO position, and welcome Simone Heald's experience and input into the key CEO position. Simone brings to the position a wealth of acute health care, primary health and community health experience and qualifications from her various prior positions, most recently as Director of Nursing at Mildura Base Hospital. She commenced in her new role in February 2016.



* Our organisation

Organisation Chart



SCHS 2016 Staff

ABDULKARIM Abdo	DIXON Belinda	JILBERT Nathan	RIZZICA Ainslee
ALDERTON Rebecca	DOECKE Tamra	JOHNSON Belinda	RUDDIN Jennifer
ALLEN Sharon	DOIG Raymond	JONES Jennifer	SANDERS Lois
ARMSTRONG Susan	DOUGLASS Emma	JONES Tracey	SCHILLER Felicity
BABLER Patricia	DUFF Laura	JOYCE Lauren	SCHILLER Lois
BAIRD Gayley	DUFFIELD Rosemary	KELLY Megan	SEXTON Kaleb
BARLOW Karlie	DUNNING Lisa	KERR Pauline	SEYMOUR Brittany
BATES Clair	DYKE Rachael	LAMBERT Lisa	SHARMA Rohit
BAYNES Holly	EVANS Annetta	LE GASSICK Toula	SHARMA Samta
BEARD Melissa	FAULKS Shelley	LINKLATER Rochelle	SHEPHARD Leeanne
BEAULIV Hodi	FINCH Jolene	LITTLEHALES Leah	SHORE Candice
BEYEN Joanne	FISHER Joan	LONGERI Rachael	SIMPSON Gary
BHANDARKAR Cleeta	FLEMING Leah	LONSDALE Melissa	SMITH Margot
BOND Sue	FONTE Joseph	MALONEY Kate	SMITH Joanne
BONE Tracy	FONUA Nola	MARLAIS Tereena	SOTNIKOV Kaye
BRYMER Sonia	FOUIN Nikki	MARQUICK Gaylene	SOUTH Narelle
BRYMER Rhys	FOX Dianne	MAYNARD Tracey	SPINKS Mandy
BUTTON Megan	FOX Ruth	MCCRACKEN Jane	STARKOVA Anastassia
CALDECOTT Catherine	FULTON Matthew	MCDONALD Kiran	STEELE Emma
CALIS Volkan	GALLAGHER Elizabeth	MCGINTY Tara	STEPHENSON Tricia
CALLALY Pam	GEE Matthew	MCKECHNIE Lucy	STEWART Geraldine
CARN Sarah	GENTLE Julie	MCKEE Denise	STIDWILL Kathryn
CARR Brittany	GIDDENS Adelaide	MCLARTY Anya	STONE Sharon
CARTER Lisa	GLUE Sheena	MCLEAN Shari	SUMMERFIELD Karen
CARTER Daryl	GODFREY Lisa	MCVEIGH Alisha	THOMPSON Dale
CARTER Margaret	GOGLER Jodie	MICHALSKI Beverley	THORKILDSEN Denise
CESCO Jacqueline	GOODREM Michael	MIDDLETON Kristy	THORNTON Sue
COCKS Julie	GOODWIN Jessica	MODOO Katherine	TIPPETT Antoinette
COLLINS Joanne	GOULLET Louise	O'BRIEN Deborah	TRENORDEN Robyn
COOMBES Simone	GRAHAM Sharyn	O'CALLAGHAN Simone	VAN DOREN Candice
COULBOURN Diane	GREENHILL Jordyn	O'CONNOR Elizabeth	WATSON Allyson
CRAIG Jennifer	GREGG Zeljka	O'NEILL Kevin	WATTS Selma
CRAMER Simone	HAMILTON Vicki	ORIEL Eboni	WEAVING John
CUA Angelina	HARDMAN Ruth	PARKER Tammy	WEBB Leonie
CURLEY Jacinta	HARRISON Donna	PAYNTING Raylene	WILLIAMS Sharon
CURRAN Linda	HEALD Simone	PHARMACIS Georgina	WILSON Annette
DANNATT Rachel	HENDERSON Linda	PHILLIPS Kathryn	WITHERS Michelle
DAVIS Charlene	HILL Sue	PRATT Kate	WOOD Julianne
DAVIS Jenna	HOSKEN Alana	RAMSEY Amanda	WOODS Natasha
DAWSON Jacquelyn	HOUSE Serena	REDDICK Jackie	
DE LUCA Sam	JAEGER Christiane	REICHELT Rosemary	
DICHIERA Gabriella	JETSON Samantha	RIVETT Gayle	

* Our directors



LEONIE BURROWS

Board Chair

12 years as a SCHS Board Director

Sub-committee representation:
Project Control Group



PAUL NAYLOR APM

3 years as a SCHS Board Director

Sub-committee representation:
Governance Committee



REBECCA BOREHAM

Board Vice-Chair

6 years as a SCHS Board
Director

Sub-committee representation:
Governance Committee



STEVEN FUMBERGER

Commenced 30/05/2016

Sub-committee representation:
Audit & Finance Committee



ANNE HINES

26 years as a SCHS Board
Director

Sub-committee representation:
Governance Committee



HELEN JACK

Ceased 30/05/2016

8 years and 7 months as a
SCHS Board Director

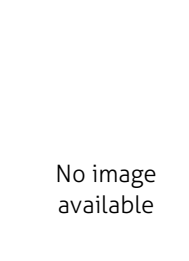
Sub-committee representation:
Audit & Finance Committee



FRANK PISCIONERI

7 years as a SCHS Board
Director

Sub-committee representation:
Audit & Finance Committee



ANGY FIKARIS

Ceased 24/08/15

14 years and 10 months as a
SCHS Board Director

Sub-committee representation:
Audit & Finance Committee



BRIAN SMITH

4 years as a SCHS Board
Director

Sub-committee representation:
Project Control Group

Meetings of Directors

Directors	Directors' meetings		Audit & Finance committee meetings		Governance committee meetings		Special Directors' meetings	
	Number eligible to attend	Number attended	Number eligible to attend	Number attended	Number eligible to attend	Number attended	Number eligible to attend	Number attended
Leonie Burrows	8	7	10	9	-	-	2	2
Rebecca Boreham	8	8	-	-	5	4	2	2
Anne Hines	8	7	-	-	5	5	2	2
Angy Fikaris	1	0	2	0	-	-	0	0
Helen Jack	7	7	9	6	-	1*	2	2
Frank Piscioneri	8	7	10	10	-	-	2	2
Brian Smith	8	7	-	-	-	-	2	2
Paul Naylor	8	7	-	-	5	5	2	1
Steven Fumberger	0	0	1	1	-	-	0	0

* attended as an invited guest

Our finance

COMPREHENSIVE INCOME as at 30 JUNE 2016		
	2016	2015
	\$	\$
Revenue		
Operating revenue	17,549,515	23,950,388
Other revenue	274,673	530,113
Other income	46,822	11,018
	17,871,010	24,491,519
Less: Expenses		
Transport expense	(100,701)	(109,371)
Depreciation and amortisation expense	(367,999)	(201,706)
Employee benefits expense	(10,503,269)	(9,880,211)
Occupancy expense	(273,071)	(230,892)
Loss on revaluation of land and buildings	(210,758)	-
Client expense	(1,217,071)	(1,379,598)
Maintenance and cleaning expense	(286,828)	(228,187)
Staff related expense	(244,696)	(190,957)
I.T. expense	(364,835)	(483,884)
Other expense	(427,590)	(291,735)
	13,996,818	(12,996,541)
PROFIT BEFORE INCOME TAX EXPENSE	3,874,192	11,494,978
OTHER COMPREHENSIVE INCOME FOR THE YEAR	-	-
TOTAL COMPREHENSIVE INCOME	3,874,192	11,494,978

FINANCIAL POSITION as at 30 JUNE 2016

	2016	2015
	\$	\$
Current Assets		
Cash and cash equivalents	8,112,878	10,439,826
Receivables	278,058	409,944
Other assets	271,625	322,015
TOTAL CURRENT ASSETS	8,662,561	11,171,785
Non-Current Assets		
Property, plant and equipment	18,865,088	14,514,853
TOTAL NON-CURRENT ASSETS	18,865,088	14,514,853
TOTAL ASSETS	27,527,649	25,686,638
Current Liabilities		
Payables	910,661	920,687
Borrowings	-	-
Provisions	1,455,557	1,489,222
Other liabilities	174,412	2,238,755
TOTAL CURRENT LIABILITIES	2,540,630	4,648,664
Non-current liabilities		
Provisions	371,578	287,483
TOTAL NON-CURRENT LIABILITIES	371,578	287,483
TOTAL LIABILITIES	2,912,208	4,936,147
NET ASSETS	24,615,441	20,750,491
Equity		
Reserves	-	9,242
Retained earnings	24,615,441	20,741,249
TOTAL EQUITY	24,615,441	20,750,491



Our finance

CASH FLOWS as at 30 JUNE 2016		
	2016	2015
	\$	\$
Cash flow from operating activities		
Operating grant receipts	17,356,739	13,138,551
Payments to suppliers	(14,954,975)	(14,052,578)
Interest received	162,700	417,885
NET CASH PROVIDED BY OPERATING ACTIVITIES	2,564,464	(496,142)
Cash flow from investing activities		
Proceeds from sale of property, plant and equipment	152,916	176,652
Payment for property, plant and equipment	(5,044,328)	(11,457,918)
NET CASH PROVIDED BY/(USED IN) INVESTING ACTIVITIES	(4,891,412)	(11,281,266)
Cash flow from financing activities		
New building funds received in advance	-	3,433,725
Net cash provided by financing activities	-	3,433,725
Reconciliation of cash		
Cash at beginning of the financial year	10,439,826	18,783,509
Net increase in cash held	(2,326,948)	(8,343,683)
CASH AT END OF FINANCIAL YEAR	8,112,878	10,439,826

A copy of the full Financial Statements can be accessed by contacting Simone Cramer on 03 5022 5444 or schs@schs.com.au





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8.30am to 5:00pm
Monday to Friday

Our sites:

137 Thirteenth Street, Mildura

H & L Hecht Adult Day Activity Centre - 5 Johns Street, Mildura