



Australian Government

Department of Health and Ageing

Mental Health and Substance Use Comorbidity: *Building on 'Can Do' Grants Program*

Funding Guidelines for Interested
Divisions of General Practice

February 2009

AGPN acknowledges the financial support of the
Australian Government Department of Health and Ageing

Building on 'Can Do' Grants Program

Background

The 'Can Do' Initiative: Managing Mental Health and Substance Use in General Practice is a national initiative, funded through the Australian Government Department of Health and Ageing as part of the *National Comorbidity Initiative*. The 'Can Do' initiative was designed as a model of primary health care that encouraged multidisciplinary approaches to improve the care of people with substance use and mental health issues. The initiative aimed, in particular, to enhance the ability of general practitioners, practice nurses, allied health professionals (e.g. mental health workers, alcohol and other drugs workers and community pharmacists) and community services to work together to provide appropriate and coordinated pathways of care.

The evaluation of *Can Do* recognised the need for divisions to increase capacity to build on and consolidate the networking, referral pathways and improved strategies established under the *Can Do* program. It was also recognised that benefits could be gained by improving linkages and networking opportunities between the primary mental health care sector, general practice and organisations in receipt of an Improved Services for People with Drug and Alcohol Problems and Mental Illness Initiative Capacity Building Grant¹.

The Australian Government Department of Health and Ageing has provided \$2,000,000 to the *Building on 'Can Do'* Grants Program to fund divisions of general practice to further develop their capacity in the area of mental health and substance use and build on the success of the 'Can Do' Initiative.

Further information about the Can Do program can be found at <http://www.primarymentalhealth.com.au/site/index.cfm?display=42808>

Purpose

The Purpose of the *Building on 'Can Do'* Grants Program is to enable Divisions of General Practice (Divisions) to apply for funds to enhance their capacity to develop and sustain delivery of quality mental health and substance use programs and services at the local level.

Aims

The aims of the *Building on 'Can Do'* Grants Program are to:

- build local capacity to deliver quality comorbidity primary health care services at the local level;
- enhance and maintain knowledge and skills among staff using a multidisciplinary training approach; and
- establish a robust infrastructure for comorbidity strategies involving a range of disciplines to be established and maintained at the local level.

¹ Further information on the Can Do program and the Improved Services for People with Drug and Alcohol Problems and Mental Illness can be found at <http://www.primarymentalhealth.com.au/site/index.cfm?display=42808>

Administration of the Program

AGPN will administer the *Building on 'Can Do'* Grants Program nationally. At a state level the SBO will be responsible for providing advice and direction, regarding the program to divisions, and for reporting on a state-wide basis on the progress of the grants programs. Divisional grant recipients will have individual contracts, and associated reporting and financial arrangements, directly with AGPN.

A national advisory and assessment panel will be established and this will be convened by the National Coordinator PMHCN, AGPN. This panel will assess the submissions received from Divisions and will include representation from the Alcohol and other Drugs Council of Australia, the Department of Health and Ageing, a primary health care clinician and a mental health Development and Liaison Officer from one of the State Based Organisations.

Funding Levels and Categories

The following funding levels and categories will apply to the Building on 'Can Do' Grants Program (*Divisions, or consortia of Divisions, may apply for one or more categories of funding*):

(a) Category one: comorbidity prevention, early intervention and education

- up to \$60,000 (+ GST) grant per Division to undertake any one or more of the following activities:
 - promotion prevention and early intervention initiatives with a focus on children and young people;
 - enhancement of program and training delivery through provision of program staff and/or administrative support at the divisional level;
 - delivery of comorbidity training (e.g. 'Can Do' training units, or other relevant comorbidity training programs);
 - assistance with access to training for general practitioners and other general practice staff in rural and remote locations.

(b) Category two: maintenance of multidisciplinary networks at the local level

- up to \$65,000 (+GST) grant per Division to undertake any one or more of the following activities:
 - establishment of regular interdisciplinary meetings between mental health, alcohol and other drugs (AOD), general practice and other services;
 - enhancement of program and training delivery through provision of program staff and/or administrative support at the divisional level;
 - development of local referral policies and protocols between services for patients with mental health and substance use issues;
 - coordination of regular case discussion between services;
 - development and implementation of mentoring or 'buddy' schemes between general practice and other allied health services to enhance

pathways of care for patients seeking access to services for their mental health or substance use;

(c) Category three: enhanced skills development

- up to \$40,000 (+ GST) grant per Division for GPs and/or divisional Allied Health Professionals (eg ATAPS workers, Mental Health Nurses etc) to undertake short term clinical placement arrangements in specialist AOD services or comorbidity services;
 - enhancement of program and training delivery through provision of program staff and/or administrative support at the divisional level

(d) Category four: consumer support

- up to \$25,000 (+ GST) grant per Division to undertake any one or more of the following activities:
 - provision of paid peer support in general practice settings or at divisional level to assist patients with pathways of care (e.g. GP practice would work with local peer support organisation to help the patient meet the agreed goals of a care plan or similar, accompany patient to specialist service or care planning meetings, advocate on patient's behalf, or assist with transport etc);
 - enhancement of program and training delivery through provision of program staff and/or administrative support at the divisional level;
 - development of locally appropriate information for consumers, families and carers; and
 - development of family and carers support groups at the local level (e.g. GP practice or division would work with Family Drug Support or similar organisations to establish local support measures).

Grants will be offered as a one-off opportunity and funds must be expended by 14th May 2010

Eligibility

The round of grants will be offered to those Divisions (or consortia of divisions) that can demonstrate one or more of the following:

- show evidence of a good track record in working in the area of comorbidity (e.g. may have participated in 'Can Do', are a participant in headspace programs, or have worked with local government and non-government AOD/mental health services on local programs),
- are located in an area where an agency received funding under an Improved Services for People with Drug and Alcohol Problems and Mental Illness initiative Capacity Building Grant,
- can provide evidence of ways in which the grant will sustain or enhance comorbidity activity in primary health care settings within their local area.

Selection Criteria

In addition to meeting the eligibility criteria outlined above, applicants will be assessed on four key criteria.

1. Relevance	The applicant demonstrates that the proposed development activities are clearly relevant to the enhancement of the capacity to manage comorbidity in primary health care settings.
2. Need	The applicant demonstrates the need for the grant and provides reasons for not being able to meet this need in other ways or via alternative funding sources
3. Potential Outcomes	The applicant specifies the extent to which the proposed activities would: <ul style="list-style-type: none">• develop and enhance skills and competencies in AOD / MH comorbidity at the local level;• increase capacity to provide quality primary health care to patients with AOD/MH comorbidities, and• benefit the division and (where a consortia of divisions is represented) collaboration between divisions.
4. Sustainability	The applicant identifies how the proposed activity or knowledge and skills gained will: <ul style="list-style-type: none">• benefit the division;• benefit patients;• benefit networking at the local level; and• be transferred, shared and sustained at the local level.

Selection of Divisional sites

All Divisions of General Practice are invited to submit a proposal, using the Funding Application provided, and email it to AGPN by COB 13th March 2009.

Divisions may apply individually or as members of a consortium of divisions.

The Grants Program's national advisory and assessment panel will assess the submissions received – this will be a competitive process.

Divisions of General Practice may be contacted to provide further information

Successful and unsuccessful Divisions who submit proposals will be advised in writing at the completion of the process at the beginning of April 2009.

Submission of applications

Applications from Divisions are required to be lodged with AGPN by 5pm (AEDST) on Friday 13 March 2009.

Applications must be sent by EMAIL to: Jane Westley — jwestley@agpn.com.au

Receipt of all proposals will be acknowledged by return email.

Further information or queries relating to the submission process for the grants can be directed to:

Jane Westley
Coordinator - National Primary Mental Health Care Network
Ph: 02 6228 0844
Mobile: 0419 843 086
Fax: 02 6228 0899

Summary of Timeframes

DUE DATE	ACTION
13 th March 2009	Applications for funding due with AGPN
By 3 rd April 2009	Successful and unsuccessful Divisions notified by AGPN
By 10 th April 2009	Successful Divisions receive contract for signing
April/May 2009	Project activity commences in successful Divisions

Further Advice

You may wish to consult the Primary Mental Health Care Development and Liaison Officer in your state for assistance in developing your Grant application, to ensure that assessment criteria are met.

Karen Hale-Robertson General Practice Queensland Ph: 07 3105 8300 khale-robertson@gpqlld.com.au	Naomi Green WA GP Network Ph: 08 9472 2922 ngreen@wagpnetwork.com.au
---	--

<p>Lesley McBride General Practice Tasmania Ph: 03 6224 3384 lmcbride@gptasmania.com.au</p>	<p>Kelly Gourlay ACT DGP Ph: 02 6287 8099 k.gourlay@actdgp.asn.as</p>
<p>Peter Gartside General Practice Victoria Ph:03 9341 5267 p.gartside@gpv.org.au</p>	<p>Meg Bennett General Practice NSW Ph; 02 9239 2900 megbennett@qpnsw.com.au</p>
<p>Tony Cowie GP Network NT Ph; 08 8982 1004 Tony.cowie@gpnt.org.au</p>	<p>Jeremy Davidson-Tear General Practice SA Inc. Ph: 08 8179 1704 Jeremy.dt@gpsa.org.au</p>

Primary Health Care Comorbidity Network Pilot Program (the ‘Pilot Network’)

This Network is presently being established. Its aims are to:

- a) work alongside the existing Primary Mental Health Care Network, focusing on improving pathways of care for patients with complex substance use and mental health needs;
- b) improve synergies between the primary health care sector and government and non-government services, particularly where it relates to substance use and mental health comorbidity care;
- c) build specifically on the activities that form part of the National Comorbidity Initiative (NCI) and the Improved Services for People with Drug and Alcohol Problems and Mental Illness initiative (Improved Services Measure), linking them to the primary health care environment and ensuring they have primary health care input; and
- d) sustain and strengthen current working relationships between services, particularly where it relates to substance use and mental health comorbidity care, and ensuring linkages with relevant mental health services and programs funded under the Council of Australian Governments mental health plan.

A National Comorbidity Coordinator, plus coordinators in each SBO will be appointed.

SBO Comorbidity Coordinators will, as part of their role, provide support to Divisions in implementing their Building on Can Do Grants Programs