Standard Project Fiche

1. Basic Information

1.1 CRIS Number (Year 2): BG 2005/017-353.01.02
1.2 Title: Deinstitutionalisation through provision of community based services for risk groups
1.3 Sector: Political Criteria
1.4 Location: Bulgaria
1.5 Duration: Phase 1 - Financing Memorandum 2004
    Phase 2 - Financing Memorandum 2005
    Phase 3 - Financing Memorandum 2006

2. Objectives

2.1 Overall Objective(s):

- Strengthening of the child welfare system and deinstitutionalization of children, people with disabilities and elderly people, placed in specialized institutions through provision of community based services;
- Improving of the quality of life of persons with mental health problems with respect of human rights.

2.2 Project purpose:

Creation and development of network of social and mental health services, delivered into the community.

2.3 Accession Partnership (AP) priority

The project is in conformity with the following AP priorities:

- “Ensure the childcare system is reformed so as to systematically reduce the number of children in institutional care in particular through the development of alternative social services aimed at children and families.”
- Provide a legal framework which ensures the necessary safeguards against arbitrariness of detention and improve living conditions in the mental health care system. Adopt and implement a strategy and action plan with an adequate financial framework of substantial reform in the mental health care system.

2.4 Contribution to National Development Plan

The project focuses on the following issues covered by the NEDP 2000 – 2006:

- “The key priority in the field of social assistance relates to the development of social services. The reform in this direction aims at providing elderly people, children, women, disabled people, ethnic minority groups, socially isolated and poor people with equal access to the resources of the society.”
• The NEDP chapter *Social and Economic Development* (paragraph on *Labor Market and Human Resources*) refers to the *National Health Strategy* (2001) and its priority “to discontinue the negative trends and to provide conditions for improving the health of the nation”. In the Action Plan to this Strategy the identified priorities are further developed into specific fields of action. The improvement of the mental health of the people is the forth measure in the priority for improving the health of the nation.

2.5 Cross Border Impact

Not applicable

3. Description

3.1 Background and justification:

**Component 1 – target group: children at risk**

In 1991 Bulgaria ratified the United Nations Convention on the Rights of the Child (UNCRC). Child protection and welfare has become one of the priorities of the state policy and in 2000, the Parliament adopted the Child Protection Act (CPA). The Act governs the rights of the child, the principles and the measures for child protection, the state and municipal bodies and their interaction in the process of performing child protection activities, as well as participation of non-for-profit legal entities and natural persons in these activities. The CPA established the State Agency for Child Protection (SACP) as a specialized body under the Council of Ministers in charge of the governance, coordination and control of child protection activities. Following the amendments to the Structural Regulation of the SACP from January 2004, the staff of the Agency has been increased to 82 experts. ‘Children’s rights control’ as new specialized directorate has been set up, including in total 28 regional representatives of the SACP in 6 districts all over Bulgaria – Sofia, Plovdiv, Bourgas, Varna, Ruse and Vratza. The main responsibilities of the regional representatives of the SACP includes: control on the observance of children’s rights by all state, municipal and private schools, kindergartens, serving units, medical establishments, Social Assistance Directorates and non-for-profit legal entities working in the field of child protection as well as monitoring and control of the criteria and standards for social services for children. State agency for Child Protection /SACP/ was a beneficiary under the Phare component 2000 BG 0005.04 ‘Child welfare reform project’, which has ended in December 2003. During the project implementation, State agency for Child Protection has obtained expertise on three major components of the Program i.e. – Twining, Technical assistance and equipment supply. A Project Implementation Unit /PIU/ within SACP has been established with supportive functions and mainly in direction of: coordination between Bulgarian and EU experts in implementing Program’s components and coordinating activities between all the Project beneficiaries: MLSP, ASA, MF, CPD /Child Protection Depts./ in pilot municipalities and specialized institutions for children. In addition, PIU has participated actively in implementation of the Project activities nationwide.

With the Social Assistance Act was established the Agency for Social Assistance. The territorial structures of the Agency for Social Assistance include Social Assistance Directorates in each municipality. In each Social Assistance Directorate were established Child Protection Departments (CPDs), responsible for the child protection activities
within the municipalities. Up to date, there are 272 CPDs in each municipality all over the country.

Following the amendments to the CPA in April 2003, secondary legislation has been introduced, mainly focusing on case management, provision of foster care, abandonment prevention and reintegration. Foster care regulation governs the terms and procedure for application, recruitment and approval of foster families as well as placement of children with foster families. Regulation on the prevention and reintegration provides for the terms and procedure for enforcement of measures aiming at: abandonment prevention and prevention of placement of children in specialized institutions, reintegration of the child in the family and support to pregnant women at risk to abandon the child after the delivery. With respect to the provision of childcare services, progress has been made in terms of setting of criteria and standards for services delivered in family environment, foster care services and services provided in residential institutions for children as well as setting of monitoring and inspection system incorporated in the Regulation on the criteria and standards for social services for children. Regime of licensing has been also introduced for private service providers as to ensure minimum quality of care and equal access of those, who are in need. Since January 2004, there are about 20 private service providers licensed by the chairperson of the SACP. Thus, the Bulgarian government has embarked on a series of ambitious reforms of services for children and young people.

Apart from the opinions that ‘conditions in specialized institutions for children stimulate a considerable demand for international adoption and attempts to improve the care standards and material conditions of institution’, new Bulgarian legislation was adopted, stipulating the procedure for international adoptions i.e. Family code /last amendments 2003/ and Ordinance No. 3 of Ministry of Justice on conditions and procedure for giving consent for the adoption of a person of Bulgarian nationality by a foreigner /2003/. Intercountry Adoptions Council with the Ministry of Justice has been established together with Adoption Councils within the Regional Directorates for Social Assistance. As regulated by the Family code, the main function of the Intercountry Adoptions Council is to make proposals before the Minister of Justice to nominate the proper foreign prospective adoptive parent.

This is a guarantee for fulfillment of the principle of the best interest of the child as a question of primary consideration. The procedure also corresponds to requirements of Hague Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption and UN Convention on the Rights of the Child as well.

The Child Welfare Reform programme (CWR) commenced in 2000, continues to address the needs of children at risk as a vulnerable group and their families in the community through improvements to the legislation, structural reform of services, establishment of qualified and experienced professional work force to deliver services and effective monitoring and inspection of such services through newly introduced standards. Such an ambitious attempt to bring about radical reforms, to what was previously a system that primarily focused on financial mechanisms and residential provision to address the multi-faceted and complex needs of vulnerable and at risk children and families in the community, has not been without immense difficulties in its implementation. These reforms, supported by the World Bank, the European Union and numerous bi-lateral programmes, have not yet achieved the level of sustainability that had been anticipated. In this respect, there remain some gaps with regard to the operational delivery of services at local level. In order to ensure sustainability and equal access to childcare services, the CPDs have been stimulated by the ASA and the SACP to develop and update municipal strategies for child protection, reflecting the local needs of the children and families at risk. The already existing strategies have been linked with the resources available to the municipalities. Up to date, there are about 80 municipal
strategies envisaging childcare services, adopted by the local governments. The two Agencies also recognize the potential of the municipalities as well as the private service providers (natural persons and legal entities, including NGOs and other) to develop and provide childcare services and are willing to encourage and support their capacity to deliver services on local level in cooperation with the CPDs.

Significant measures have been undertaken by the government with respect to the high number of children, living in residential institutions. In April, 2003 the Child protection act was amended in terms of a new definition of specialised institutions, according to which these are residential, board-type institutions for children, permanently separated from their family environment. Following this definition, the number of children placed in specialised institutions comprises of the number of placements as a measure of protection according to the Child protection act. These are the cases in which the child protection system has the possibility to be alarmed, to react and provide protection. According to the database collected by the SACP the total number of children, placed in specialized institutions for 2004 is 10 457. The placement in special schools is done according to the Public Education Act and the Act against Antisocial Behavior of Adolescents and Minors. These schools are not included in the definition of specialised institution although there are some children in these schools, permanently separated from their family environment. The “Control on the rights of the child” Directorate of the SACP initiated checks on the reasons the children are entering special schools and will refer the cases of improper placement to the Child Protection Departments in order to undertake the necessary measures for protection.

Considering the presented figures, in September 2003, Bulgarian government adopted a Plan for the reduction of children placed in specialized institutions 2003-2005 aiming at de-institutionalization through coordinated actions by all key partners involved in child welfare activities on national level. More specifically, the Plan foresees assessment of all residential institutions, decentralization of the administration, development and sustainable delivery of integrated childcare services, training of professionals working with children and other measures targeting smooth process of de-institutionalisation.

The process of evaluation of all specialized institutions - the municipal institutions for children with disabilities and those under the responsibility of the Ministry of Health and Ministry of Education and Science, was done by 28 multi-agency commissions, set up on district level. These commissions were headed up by experts of the SACP and comprised of representatives from the regional inspectorates of education, Regional health centres, Child protection departments and the municipal administration. The commissions were in charge to carry out the evaluation of all specialized institutions within the region, to produce a report on the outcomes and to present proposals to the chairperson of the SACP for the future development of the institutions until the end of 2004. In total, there are 167 specialised institutions for children, of which about 120 of these were assessed by experts of the SACP as the rest have been already evaluated under the WB project as well as the Technical Assistance component under the Phare Child Welfare Reform project.

The main instrument used in the evaluation is a structural questionnaire, created especially for this purpose and individual questionnaires for the personnel of the institutions. These questionnaires have been probated in the pilot institutions of the CWR project (WB component and Phare 2000 TA component). The key areas are grouped in the structural questionnaires, as follows: characteristics of the locality of the institution, characteristics of the children and their placement, characteristics of the personnel, the quality of care, necessary equipment, and vision of the personnel for reforming the institution. Additional methods used for collecting information are checks of the documentation, interviews with the director and the personnel, contact with the children...
and inspection of the premises. The total number of the evaluated institutions is 129 (this number doesn’t include the institutions that have been evaluated under the CWR project through the same methodology). Each commission elaborated reports with particular descriptions and recommendations for the future development. These reports were summarized and given to the attention of the Minister of Labour and Social Policy, Minister of Health and Minister of Education and Science. At the present moment an interministerial working group is set up by ordinance of the Minister of Labour and Social Policy to elaborate the mechanisms and criteria for reforming, restructuring, or closing the institutions. Implementation of the activities of the current project through the instrument of grant schemes will substantially support, on one hand, the reform process in the specialized institutions through assisting those, eligible for transformation to provide child-focused services, whereas, on the other hand, it will contribute to the extension and diversification of the community-based services for children and families at risk. Special attention will be paid to those services for children, focused on prevention of child abandonment, abuse, neglect or institutionalization, and necessary and proper protection of children and families at risk, according to the particularities of each child’s case/situation.

Two strategic documents, adopted by the Council of Ministers are focused on deinstitutionalization and development of alternative community based services as well. These are the National strategy for child protection for 2004 – 2006 and the National Programme for Child Protection for 2005.

The first priority area in the National Programme for Child Protection for 2005 is to decrease the number of children, placed and nourished in specialised institutions. The operative goals of the programme determine the range of the activities planned for 2005 and these are concentrated on the following goals:

- Development of alternative forms of childcare and community based social services as a necessary prerequisite for the conduction of deinstitutionalisation process;
- Development of the “gate-keeping” mechanism and reduction of the number of children, entering into institutional care through applying the Child Protection Act as being the main regulating mechanism for placement of children;
- Regulating the way out of the specialised institutions and reduction of the number of children that are being transferred from one institution to another;
- Restructuring the specialised institutions in order to achieve changes in the functioning of the existing capacity and resources towards delivery of alternative social services;

One of the operative goals of the National Strategy for Child Protection for 2004–2006 is to achieve reduction of the number of children, placed in specialised institutions, to increase the quality of care and conditions there and to provide a guaranteed minimum number and sort of services for children and families in the area of child protection in every municipality, according to the specific local and regional needs. For the achievement of this goal, there are particular measures envisaged:

- Prevention of the abandonment of children and placement in specialised institutions, development of a “gate-keeping” mechanism and reduction of the number of children, entering into institutional care through applying the Child Protection Act as being the main regulating mechanism for placement of children;
- Reforming the specialised institutions for children in order to increase the quality of care and to stimulate the provision of alternative services such as weekly care or daycare;
- Improvement of the living conditions of children in specialised institutions;
- Development of community based social services for children and families;
Putting criteria and standards for social services for children and families into practice and monitoring of their observance;
Provision of appropriate medical and social rehabilitation for disabled children

All the activities envisaged in the project shall correspond to the:
1. Primary and secondary legislation in the respected field (Child Protection Act, Social Assistance Act and the relevant secondary legislation),
2. Strategic papers, adopted by the Council of Ministers (National Programme and Strategy for Child Protection, Plan for the reduction of the number of children placed in specialized institutions 2003-2005 and etc.)

Component 2 – target group: adults with physical and mental disabilities and lonely elderly people.

The reform in the field of social services and introducing the deinstitutionalization as a main priority of the Bulgarian social policy started at 2002, when was introduced new social model. Among its priority aims are decreasing the number of people, placed in specialized institutions and development of social services, targeted at most vulnerable groups in the society. The accent is on the transition from institutional care towards services, which leave the persons in their community and family environment. The consequence of the high institutionalization of people is the permanent social isolation. The most vulnerable groups in Bulgaria include people with different disabilities, lonely elderly people and children, deprived from parental care.

The number of institutions for adults with intellectual retardation and psycho disorders, governed by the municipalities is 40. 27 of them are for adults with intellectual retardation where the number of placed persons is 2 559; 13 are for adults with psycho disorders where the number of placed persons is 1 182. In 29 specialized institutions for children with intellectual retardation are placed 1 761 children. There are 25 specialized institutions for people with physical disabilities with 1472 persons, placed there. 862 persons are placed in 13 specialized institutions for elderly people with dementia and 4 446 persons are placed in 58 specialized institutions for elderly people.

With the amendments in the Law on Social Assistance and the Regulation on its implementation was set up a legislative reform in the field of social services. A decentralized management of social services was introduced. However, the municipalities do not possess a well developed capacity in the field of service management at local level. There are not enough non-governmental organizations, that can provide qualitative services, although an opportunity has been given for active participation of physical persons registered under Trade Law and legal entities in accomplishment of this activity. A priority was given to services in the community as an alternative of the institutionalization. Social services are provided in specialized institutions when all possibilities have been exhausted for providing services in the community. For the first time criteria and standards for delivering of social services in specialized institutions and community-based services were created.

Although the legislative base for social services is new and contemporary, there are still obstacles in the practical realization of the legislative measures. There is a lack of well-developed network of different types of social services in the whole country. The good practices are few and with limited capacity due to lack of sufficient funding. As examples are the Day Care Centers, the Centers for Social Rehabilitation and Integration and the Sheltered Homes, governed by municipalities and financed by the
State Budget. At this moment there are 36 Day Care Centers for children and adults with disabilities. There are 12 Centers for Social Rehabilitation and Integration and 8 Day Care Centers for elderly people. There are only three Sheltered Homes. The alternative forms of social services are with proved effectiveness and provide qualitative care but are not enough and are not uniformly distributed on the territory of the country. There are regions where there does not exist any alternatives of specialized institutions for children and adults. This leads to limited opportunities for personal choice according to desire and needs of the people willing to use the social services.

In 2003 the Council of Ministries adopted a National Strategy for Equal Opportunities for Disabled Persons and Action Plan for Equal Opportunities for Disabled Persons 2003-2005. Among the priorities of these strategic documents are:

- Priority development of social services, which leave the disabled in their family environment and in this way decreasing the number of those who live in specialized institutions;
- Improvement of living conditions of the people, placed in specialized institutions;
- Change in the model of care for disabled children through transition from placement in specialized institutions to care in family environment.

In implementation of the Action Plan for Equal Opportunities for Disabled Persons 2003-2005 national monitoring on the situation of people with mental disabilities placed in 40 specialized institutions for social services was carried out. The national monitoring was made by the Inspectorate of the Social Assistance Agency together with representatives of the Ministry of Health. The inspections were carried out in collaboration with the state authorities, mayors of the municipalities and more then 110 representatives of non-governmental organizations for and of people with disabilities. For each institution was prepared Development Plan, based on the report for the performed monitoring.

On 1st January 2005 entered into force the new Law on Integration of People with Disabilities, adopted by the Parliament in September 2004. The Council of Ministers adopted Regulation on the implementation of the law. The main principle of the new legislation is social inclusion of people with disabilities. For the first time in Bulgaria was introduced social assessment of the disability. Some of the other most important legislative innovations are: establishment of Agency for People with Disabilities; introducing of monthly allowances for social integration as well as monthly allowances for children with disabilities; integration of disabled in the labour market and financial preferences for employers for hiring disabled persons and etc.

In all above mentioned legislative and strategic documents and undertaken measures of the Bulgarian Government the main priority is deinstitutionalization of the people placed in specialized institutions through provision of social services, based in the community. For the implementation of real deinstitutionalization it is necessary to be established a network of different types of social services, which will be alternatives to the placement in specialized institutions. The project will contribute for implementation of the adopted by Bulgaria legislative and strategic documents through:

- provision of community based social services, targeted to deinstitutionalization;
- decreasing the number of the people, placed in specialized institutions;
- improving the quality of life of the people, placed in specialized institutions through transformation of the institutions into alternative forms of social services and provision of care in environment closer to the family environment.

The ageing population presents implications for palliative care as major public health issues nowadays in all European countries. Palliative care provides relief from
pain and other distressing symptoms, regards dying as a normal process, integrates the psychological and spiritual aspects of patient care, offers a support system to help patients live as actively as possible until death, offers a support system to help the family cope during the patient’s illness, uses a team approach to address the needs of patients and their families, enhance quality of life, and may also positively influence the course of illness. The provision of palliative care should be integrated into comprehensive medico-social care, requiring multidisciplinary approaches. The palliative care creates and integrates institutional and home-based services.

In order to contribute to the development and implementation of integrated medico-social policy for elderly and terminally-ill people in Bulgaria, the project foresees activities connected with the establishment of network of hospices, as a form of organized palliative care for elderly people with advanced diseases. These measures are in compliance with the Strategy for Restructuring Hospital Care, adopted by the Council of Ministers in 2002, aimed at rationalizing the provision of hospital services and at development of municipal healthcare facilities. They also bear in mind the Council of Europe’s document Recommendation Rec (2003) 24 of the Committee of Ministers to member states on the organization of palliative care, adopted on 12 of November 2003.

Hospices are quite new form for medico-social care for Bulgaria, which had been introduced with the adoption of Healthcare Establishments Act (1998). The goal of their establishment is the achievement of improved quality of life for elderly people needing palliative care patients and their families. The activities aim at providing high quality medico-social services for people both staying in hospices and at home, building friendly and family environment and ensuring high standard palliative care according to the health status.

Palliative care services as well as hospices network in Bulgaria are underdeveloped. The infrastructure for hospice care in general is lacking. Currently in Bulgaria there are 59 hospices registered (Report on Hospice Care, NHIF Health insurance operations project, 2000), 25 of them providing services at the patients’ homes, 8 having in-patient facilities, and 7 not functioning at all. However, effectively active are around 30 hospices. Care for the elderly, chronically ill and terminal patients is largely left to the responsibility of the relatives, after the patients are discharged from the hospitals for acute care. The needs of the population for services provided by hospices are estimated to 25 000 places (based on conclusions of the quoted surveys). The general public has vague idea about the hospices functions, the palliative care and the services available for symptom control and their effectiveness for older people who are facing life-threatening, chronic or progressive illness.

The project will contribute to the implementation of integrated social policy concerning these elderly people and in parallel, will aim to alleviate the problem with the dismissed personal from restructured hospitals and providing alternative for employment.

Component 3 – target group: persons with acute psychiatric disorders

The third project component is aimed to support the efforts to reform the mental health care system in Bulgaria with respect to the state of care for the mentally ill and bearing in mind the need for humane approach in the psychiatric care.

In the current system of mental health care (MHC) the services are not categorized and specialized adequately; there are no differentiated programs of care to meet the needs of the individual. Costing, planning and management of MHC are more difficult because there are no defined criteria for patient admittance and discharge and no estimated capacity of the existing services. There is no valid technology and procedure for
measuring and evaluating the outcomes of the service activities. MHC planning is not
done on the basis of evidence.

Care for the mentally ill in Bulgaria is provided separately by different institutions:
hospitals, social care services, social homes and dispensaries, which fall under the
jurisdiction of 2 separate ministries (Ministry of Health and Ministry of Labor and Social
Policy). There is no network linkage between these institutions and allowing
comprehensive care for the mentally ill people to take place. As a result the MHC is
pieced out and long-term planning is not possible. Individual work with patients often
enjoys no continuity either, which exhausts human resources and raises the costs of care.
The long-term consequence from the existing situation is permanent social isolation,
dependence on institutional help, inability to compete on the labor market and lack of
social skills for the people with severe mental illness, irrespective of the fact whether
they live in the community or in an institution

Translating the values of civil society in terms of mental health practice and the
culture of services defines the reform in psychiatry as a priority number one of the
current mental health policy in Bulgaria. This means that the efforts should be focused on
structural changes, on the change of management and on the re-educating of personnel in
order to be able to work in a new organizational environment, with new positions and
professional roles.

Major training domains in which there is still no provision of training in the
relevant universities in the country are Psychosocial Rehabilitation (including case
management and community service management) and Psychiatric Nursing. The
launching of training programs related with these gaps would effect in human resource
capacity building and would allow the psychiatric services to leave the institutional
settings.

The international human rights watch organization - Amnesty International (AI) is
concerned about the grave lack of respect for basic human rights of people with mental
illness or developmental disabilities in Bulgaria. In their opinion, some of the basic rights
are systematically violated when people with mental illness are subjected to treatment
against their will in psychiatric hospitals, or when placed for residential care in social
care homes for children or adults with mental disabilities. The challenges for affecting
change according to AI in this area are related with the promotion of human rights
observation, improvement of the living conditions in the existing institutions, and gradual
development of alternative services.

Improvement of mental health of the population is dealt as a priority in the
Government Programme 2001-2005 - “Health – A Right for Everyone”. The goals of
the programme for “introduction of modern principles of prevention and treatment of
psychiatric disorders” and “adoption of humane and community based approaches in
psychiatry” are in conformity with this proposal.

An important step towards the harmonization of the current Bulgarian legislation to
European laws is the elaboration of the new Health Law (HL). The law was published in
the State Gazette (No 70/2004) and entered into force on January 1st, 2005. The Mental
Health Chapter for the first time establishes new procedures for involuntary treatment in
accordance with the international requirements and standards. It also stipulates newly
formulated patient’s rights and standards for restrictive measures when needed (See
Mental Health Chapter attached).

The following ordinances for the implementation of the Mental Health Chapter
have been drafted and are currently being synchronized with the relevant institutions:

- Ordinance for the terms and procedures of implementation of medical
  activities related to the treatment of mentally ill patients (art. 149 (2), HL);
- Ordinance on the enforcement of physical restraint measures (art. 150 (8),
  HL);
- Ordinance for the organization of the production, the working conditions and the mode of remuneration for work of persons with mental disorders (art. 151 (3), HL);
- Ordinance on the legal-psychiatric expert assessments (art. 160 (1) and §38, HL).

The ordinances have to be adopted not later than 1 year after coming into force of the Health Act, i.e. January 1st, 2006.

Following the requirements of the Law on Healthcare Establishments, an Ordinance No 24 from July 7th, 2004 for endorsement of medical standard “Psychiatry” was adopted.

Among the priorities of the National Mental Health Programme for the Citizens of the Republic of Bulgaria 2001-2005 (NMHP) are provision of social care services at the home of the mentally ill person and on the territory of the community as an alternative to institutional care, and decrease in the number of the people in institutions with 1/3 by the end of 2005. The NMHP also envisages development of regional programs for mental health, appliance of the public health approach towards the people with mental illness, implementation of psychosocial rehabilitation and introduction of new up-to-date medical technologies. (See also Linked Activities)

As well as to the NMHP the activities proposed under this project are based and aim to further develop the achievements made in the South Eastern Europe (SEE) Mental Health Project “Enhancing Social Cohesion through Strengthening Community Mental Health Services”, 2002 – 2005 (SEE Mental Health Project). The project is being implemented under the Stability Pact Initiative for Social Cohesion and involves Bulgaria as well as other countries from the region (See also Linked Activities).

Under the first component of the SEE Mental Health Project two important documents were developed: “Mental Health Policy of the Republic of Bulgaria (2004-2012)” and “National Action Plan for the Implementation of the Mental Health Policy of the Republic of Bulgaria (2004-2012)”. The guiding principles of these documents are deinstitutionalization and introduction of community-based psychiatry. Important elements in the plan are the development of psychosocial rehabilitation programs, supported housing, legislative changes and the issue of stigma and discrimination towards the people with severe mental illness.

Most of the short-term activities in the Action Plan were completed in 2004, except the following:
- Setting up of regional structures on a functional basis to coordinate the activities under the Policy and the NPMH at a regional level;
- Re-formulation of the role and the activities of the psychiatric dispensaries and defining their profile in accordance with the assessment of the needs for community mental health services;
- Setting up of an informational center, day care center, a crisis service, protected housing at regional level;
- Coordinating the standards and rules for good medical practice (to some extent);
- Assessment of the needs on a regional level, the existing facilities and the human resources available (to some extent);
- A conference with the heads of the RHC, health administrations, regional agencies for social assistance, representatives of the local government, NGOs.

These activities are directly related to the implementation of the second component of the SEE Mental Health Project (see linked activities). The component was scheduled to finish at the end of 2004 but due to delay of the funding, the actual project activities started in July 2004. The project implementation will finish in the middle of
2005. After that the project will be described and submitted as a model for multiplication in the whole country to the leadership of the Ministry of Health.

The existing system of psychiatric care often merges groups of people with various levels of intellectual insufficiency caused by completely different medical and social factors. Thus very often people with chronic psychiatric disorders and marked intellectual deficiency comparable to that in people with congenital learning disabilities are accommodated in the social institutions. Most of them remain in the system till the end of their lives. It is necessary to assess the needs of different patients and in accordance with the degree and the nature of each disability to provide a variety of rehabilitation programs.

At present the psychiatric services in Bulgaria are offered by 11 psychiatric hospitals with 3075 beds, by 12 psychiatric dispensaries with 593 beds, by 9 psychiatric clinics with 896 beds, and by a number of psychiatric units to general hospitals. The distribution of hospital beds in the different regions is uneven.

The focus of the ongoing reform in MHC is on community based psychiatric services realizing the shift from institutionalized treatment of patients with psychiatric problems towards the one provided by new established community based services. Nevertheless, the role and profile of services provided by psychiatric hospital should be redefined and reorganized, as recommended in the Strategy for Restructuring Hospital Care, adopted by the Council of Ministers in 2002 (“The psychiatric clinics must be restructured in line with the principles for re-socializing of psychiatric patients.”). The flow of patients with psychiatric disorders will be redirected to new established services, thus diminishing the need of hospitalization in psychiatric hospitals, providing long-term care. The number of specialized in-patient psychiatric institutions will decrease in the future; some of them will be closed. However, the remaining specialized psychiatric institutions will have to meet the patients’ needs for long-term treatment. In order to combat the social isolation of patients with psychiatric disorders the remaining specialized institutions will be reallocated in more populated urban areas, integrating day care services facilities. This requires improvement of the conditions and humanization of the overall environment and interrelations. The process of transformation calls for training of the staff, aiming to introduction of new approach to patients and provision of adequate rehabilitation programs. Assessment of the health status and diagnosis of in-patients with psychiatric disorders should be provided aiming at appointing adequate treatment and referral of patients with concrete diagnosis to the appropriate structure within the network of related and coordinated health and social institutions playing particular roles in different stages of patient treatment and its social integration.

The Sofia regional office of the Geneva Initiative on Psychiatry was consulted during elaboration of the project in its expert role and experience along with other leading specialists in mental health issues.

3.2 Sectoral Rationale

Component 1

The activities foreseen in Component 1 of the project are in compliance with the Government policy and priorities in the field of child protection. It is reflected in the adopted by the Council of Ministers primary and secondary legislation and strategic documents, which provide the framework of child protection system and the mechanisms and measures for implementing the child protection policy in Bulgaria.

Primary and secondary legislation in the field of child protection policy
**Child Protection Act** – this act is laying down the rights, principles and measures for child protection, the state and municipal authorities and their interaction in implementation the child protection activities, as well as the participation of non-profit legal entities and individuals in such activities.

**Regulation on the Child Protection Act Application** – the Regulation governs the conditions and procedures for the application of the measures for child protection, licensing of the providers of social services for children, granting financial aid and/or material aid and controlling the observation of the child rights.

**Regulation on the structure of the State Agency for Child Protection** – the regulation stipulates for the organization, procedures, functions and the administration number of the State Agency for Child Protection and its structures and administrative sectors.

**Family Code** – the Family Code is laying down the relations, based on marriage, kinship and adoption; tutelage and custody.

**Ordinance No. 3 laying down the conditions and procedure for giving consent for the adoption of a person of Bulgarian nationality by a foreigner** – lays down the conditions and the procedure under which the Minister of Justice shall give consent for the adoption of a person of Bulgarian nationality by a foreigner.

**Ordinance No.I-51, dated March 12, 2001 for the conditions and procedures for the child police protection granting** – this Ordinance stipulates for the conditions and procedures of the child police protection granting, which within the meaning thereupon represents an urgent measure granted to a child by the specialized authorities of the Ministry of Interior.

**Ordinance for the conditions and procedures for implementation of measures for the prevention of children abandoning and their placing in institutions, as well as for their reintegration** – this Ordinance stipulates for the conditions and procedures for implementation of measures for the prevention of children abandoning and their placing in specialized institutions; reintegration of the child in the family; support of pregnant women when there is justified risk of child abandoning after birth.

**Ordinance for the conditions and procedures for application, selection and approbation of the adoptive families and the children placement in them** – the Ordinance has the purpose of providing the children who cannot live with their parents or relatives the opportunity to be raised in a caring secure family environment. The child placement in an adoptive family is one of the measures for protection of the child under the Child Protection Act, with view of securing the child nurturing and upbringing in a family environment.

**Ordinance for specialized child protection in social institutions** – the purpose of the Ordinance is to secure specialized protection of children in social institutions through their protection from dangers for their physical, psychological and moral development; encouraging the children willingness and ability to be responsible for themselves.

**Ordinance for the criteria and standards for children social services** – the Ordinance stipulates for the criteria and standards for children social services and the control of their observation in implementing the following measures for child protection: cooperation,
support and services in family environment; placement in kinship and relatives families; placement in an adoptive family; placement in a specialized institution.

**Ordinance for the conditions and procedures for implementation of protection of children with express talents** – The special protection under the Ordinance is provided with the purpose of encouraging the creative talents and needs of the children, securing opportunities for enrollment in sports schools and fine arts schools, financial support and stimulation via scholarships and specialized educational programs.

**Regulation on the structure, organization and activities of the National Council for Child Protection** – the Regulation is laying down the structure, organization and activities of the National Council for Child Protection to the State Agency for Child Protection.

**Strategic documents**

**National Strategy for child protection 2004 – 2006** – the Strategy defines the national priorities in the child protection area, which are to be reflected in the municipal programs for child protection with respect of the specific local needs. The main strategic objective is to secure the conditions for observing the rights of all children in Bulgaria with respect to increase of their well-being. The fulfillment of the strategic objectives creates conditions and contributes for the development of minimum number and kind of services in the child protection area with dominantly preventive character. The services are focused on the needs of the child and are intended for all children and families in Bulgaria.

One of the operative goals of the National Strategy for Child Protection for 2004 – 2006 is to achieve reduction of the number of children, placed in specialized institutions, to increase the quality of care and conditions there and to provide a guaranteed minimum number and sort of services for children and families in the area of child protection in every municipality, according to the specific local and regional needs. For the achievement of this goal, there are particular measures envisaged:

- Prevention of the abandonment of children and placement in specialized institutions, development of a “gate-keeping” mechanism and reduction of the number of children, entering into institutional care through applying the Child Protection Act as being the main regulating mechanism for placement of children;
- Reforming the specialized institutions for children in order to increase the quality of care and to stimulate the provision of alternative services such as weekly care or daycare;
- Improvement of the living conditions of children in specialized institutions;
- Development of community based social services for children and families;
- Putting criteria and standards for social services for children and families into practice and monitoring of their observance;
- Provision of appropriate medical and social rehabilitation for disabled children

**National Programme for Child Protection for 2005** – The first priority area in the National Programme for Child Protection for 2005 is to decrease the number of children, placed and nourished in specialized institutions. The operative goals of the programme determine the range of the activities planned for 2005 and these are concentrated on the following goals:
Development of alternative forms of childcare and community based social services as a necessary prerequisite for the conduction of deinstitutionalisation process;

Development of the “gate-keeping” mechanism and reduction of the number of children, entering into institutional care through applying the Child Protection Act as being the main regulating mechanism for placement of children;

Regulating the way out of the specialised institutions and reduction of the number of children that are being transferred from one institution to another;

Restructuring the specialised institutions in order to achieve changes in the functioning of the existing capacity and resources towards delivery of alternative social services

National plan for activities against sexual commercial exploitation of children 2003-2005 – the Plan is grounded on the following objectives: Increase of the knowledge of the children concerning the problem “sexual exploitation” and the establishment of mechanisms for prevention, qualification increase of professionals working with children, media policy of the institutions with the purpose of enhancing the knowledge of society concerning the children sexual exploitation problem, synchronizing the domestic legislation with the international standards, improving the protection of the children – victims, development of system of measures against the perpetrators, and recovery and reintegration of the victims of sexual exploitation.

National Strategy for protection of the rights of the children on the street and Plan for Activities in protection of the rights of the children on the street for the period 2003-2005 – the Strategy is an essential part of the reform in the system for care and protection of the children in one of the riskiest groups – the uncontrolled children. The main objective of the strategy is creation of institutional opportunities for the children on the street to make effective use of their rights, guaranteed by the UN Convention on the Rights of the Child and the Child Protection Act. The Plan for Activities in protection of the rights of the children on the streets is laying down the aims, activities, terms and specific responsibilities of the different institutions, and the main stress in the Plan is on the preventive activities and development of family supporting service in upbringing the children and preventing the risk of abandoning.

Plan for the decrease of the number of children in the specialized institutions in Bulgaria in 2003-2005 and Urgent measures until the end of 2004 – this plan accentuates on the following: development of alternative forms of care and social services, based in the community, as a necessary condition for conducting of actual deinstitutionalisation, control of the placement of children with institutions and decrease of the number of children placed in specialized institutions through the application of the Child Protection Act as the main regulatory mechanism for placement, control of the institutions exit and decrease of the number of children, transferred from one institution to another, restructuring of the specialized institutions in order to achieve a change in the purpose of the existing capacity and resources.

National Strategy for protection and social integration of special needs children 2003 – 2005 as a part of the National Strategy for equal chances for special needs people – the long-term objective of the strategy is realization of actual protection, equal access and opportunities for development of the special needs children along with their peers. The strategic objectives are focused on the change of the model of special needs children care from accommodation in specialized institutions to care in family environment, guaranteed access to quality education for each special needs child, as well as medical and social rehabilitation.
Component 2 is in compliance with the Bulgarian policy in the area of social services development and social inclusion of most vulnerable groups in Bulgarian society, as well as with the political engagements of Republic of Bulgaria in the process of accession in the EU. The main strategic documents which implementation will be supported through achieving the project goals are: New Social Policy Strategy, National Strategy on Equal Opportunities for People with Disabilities, Action Plan on Equal Opportunities for People with Disabilities, National Strategy on Combating Poverty and Social Exclusion and action plan on its implementation. The project is in compliance with another very important document for Bulgarian inclusion policy – the Joint Inclusion Memorandum, signed on 3rd of February 2005. In the Memorandum the Bulgarian Government and the European Commission have identified the most urgent challenges in relation to tackling poverty and social exclusion. One of them is: access to social services, accommodation and health, especially for the most vulnerable groups (i.e. people with disabilities, children at risk, elderly people, ethnic minorities, in particular the Roma community, drug addicts, etc.) and regional differences. One of the main priorities agreed in the JIM is: implementation of measures aimed at providing high quality social services for the most disadvantaged groups, improving the health status of the population and facilitating the access of the poor and vulnerable population to healthcare services. In the Memorandum is envisaged that “special focus is needed on persons with mental health problems and their inclusion. Further effort is needed to improve living conditions in the specialised institutions for mentally handicapped people and focus on the transition from institutional care to community service delivery”.

Component 3

3.2.1 Identification of projects
Cooperation between different ministries (particularly Ministry of Social Policy, Education and Health) as well as other relevant governmental structures is essential to the success of the project. As regards the piloting of services under different grant components, the flexibility of services is important: the delivery of (social) services as described in the fiche therefore means delivery of services both under the regulations of the Agency for Social Assistance as well as under the regulations of the Ministry of Health (i.e. medical services) and/or the Ministry of Education (i.e. educational services) as appropriate. Such an integrated approach serves the project purpose to create and develop a network of social and mental health services delivered into the community.

Component 1
The main priority in the field of child protection according to the Accession Partnership of Bulgaria is to reform the child protection system in order to ensure reduction of the
number of children entering specialised institutions through provision of alternative, community based services for children and families.

The activities foreseen in Component 1 correspond to the legislative base in the field of child protection and are expected to reflect the Governments policy in this area. The objectives, goals, activities and expected results from the project are in compliance with the political engagements of the Bulgarian Government. The project is aiming at reaching the following goals:

- Extended and diversified spectrum of services for children and families;
- Integrated community-based services for children and their families developed and implemented on local level
- Prevention of child abandonment, abuse, neglect or institutionalization
- Necessary and proper protection of children and families at risk, according to the particularities of each child’s case/situation.
- Decreased number of children, entering specialized institutions;
- Specialized institutions reformed, transformed or closed
- Improved quality of care in specialized institutions
- Decentralised social services to the municipalities and service providers
- Multi professional teams trained on management and provision of social services

Component 2

The main legislative documents in the area of social services and social inclusion of vulnerable groups are Law on Social Assistance, Regulation on the Implementation of Law on Social Assistance, Law on Integration of People with Disabilities and regulation on its implementation. There are laws and sub-legislative documents in the area which are important but only partly connected with social services. The legislation base on social services was amended in 2003. The most important achievements are: decentralization of social services, provided in the community and in specialized institutions; encouragement of the private entrepreneurship in the area of social services provision; prioritizing of the provision of community based social services; introduction of individual approach in social work; introduction of standards and criteria for provision of social services; establishment of all necessary administrative structures for methodological support and control about observance of the criteria and standards for provision of social services and others.

According to the legal definition of the social services they are activities for assistance and extension of the opportunities of the persons for independent way of living. There are two types of social services – community based social services, provided in family or close to the family environment and social services, provided in specialized institutions. Social services provision is targeted to social inclusion of the beneficiaries. Till 2003 the State was the basic provider of social services in Bulgaria. Now the State is not direct provider of social services, its role is connected with financing from the State budget of some social services as specialized institutions, day care centers, sheltered homes, centers for social rehabilitation and integration and others. The role of the municipalities and the private providers of social services is very important. The main goal of the new legislation is municipalities and private providers to develop and deliver social services in Bulgaria and to work in collaboration.

In spite of the fact that Bulgarian legislation was amended and improved Bulgaria doesn’t have very well developed network of community based social services. The municipalities and private providers do not have sufficient capacity to develop new forms of social services. Still the traditional residential care is more popular in Bulgaria. There
are community based social services also, but they cannot meet the needs of all potential beneficiaries. Further more they do not cover the whole country.

The goal of the new legislation and strategic documents in this field is transformation of the traditional institutions to new forms of care and priority development of different types of social services, provided in the community. The project will contribute to achievement of this goal through: provision of community based social services, targeted to deinstitutionalization; decreasing the number of the people, placed in specialized institutions; improving the quality of life of the people, placed in specialized institutions through transformation of the institutions into alternative forms of social services and provision of care in environment closer to the family environment.

Component 3
Since the beginning of the mental health reform a number of programmes and documents have been produced in conformity with the modern principles of community psychiatry. Among the strengths of the current situation in the field of mental health care are:
- Mental health problems took place in the political agenda in response to the requirements of EU integration process;
- Under the National Mental Health Program for the Citizens of the Republic of Bulgaria 2001-2005 several demonstration projects were launched in 2002, covering the basic principles of the philosophy of the reform (acute psychiatric wards in the general hospital, mobile psychiatric service, and day-care centers); Comprehensive epidemiological survey exploring the stress and stress-related disorders was started as well;
- Harmonization of mental health legislation with international standards - new Health Law in force (Mental Health Chapter);
- Support from international institutions and regional cooperation through projects under the Stability Pact Initiative for Social Cohesion, especially the achievements of the SEE Mental Health Project;
- Involvement of NGOs in the process of legislation and development of mental health policy.

In spite of all these positive developments, the mental health reform still needs to be financially and competently supported. The replacement of the existing institutional model of psychiatric care by community based services, as well as rehabilitation and re-socialization of the mentally disordered people, are among the primary objectives in the reform process. With the commencement of the second component of the SEE Mental Health Project, it is possible to put theory into practice by piloting the model of community psychiatry (as developed until now) in one region of the country (see Linked Activities). It is necessary the accumulated knowledge to be evaluated and further developed, in order the implementation and multiplication of one compound and systematic model of community psychiatry to take place in Bulgaria and hence, the shift from the existing institutional model of hospital-dispensary psychiatric system to community based mental health services.
3.2.2 Sequencing

**Component 1:**
There is a link between BG2004/016-711.01.02 and the National Programme Phare 2005 and National Programme Phare 2006. Some of the results from Technical Assistance, foreseen in BG2004/016-711.01.02 project, are important for the successful implementation of Component 1 in Phare 2005 and Phare 2006 Projects. These results are:

- Developed training programmes and conducted training of about 300 social workers from Social Assistance Directorates of ASA on municipal and regional level and the regional structures of SACP under the developed programmes by the TA;

Design and conduction of informational campaign aiming at changing in the public attitude towards the different risk groups;

- Financial support through Grant scheme for development and provision of diversified services for children and families, targeting the following areas:
  - Prevention of child abandonment, abuse, neglect or institutionalization, and Necessary and proper protection of children and families at risk, according to the particularities of each child’s case/situation.

**Component 2:**
There is a link between BG2004/016-711.01.02 and the Deinstitutionalization projects under National Programme Phare 2005 and National Programme Phare 2006. Some of the results from Technical Assistance, foreseen in BG2004/016-711.01.02 project, are important for the successful implementation of Component 2 in Phare 2005 and Phare 2006 Projects. These results are:

- Developed models for services within the community for social inclusion of lonely elderly people;

- Developed models for services within the community for adults with disabilities and their families.

**Component 3:**
The implementation of the mental health component of the current project depends on the achievements of the twinning project BG/2004/IB/SO/02 “Facilitating the transition from institutionalized mental health care to a model of community psychiatry” under National Programme Phare 2004. It is expected that a comprehensive and systematic model of community psychiatry through building up on the current achievements will be elaborated under this twinning.

3.3. Results:

3.3.1 Project 1

3.3.1.1 Purpose

Creation and development of network of social and mental health services, delivered into the community.
3.3.1.2 Results:

Phase 1:
A) Expected results from the TA:

Development of models for services and needs assessments:
- a) Developed models for services within the community for social inclusion of lonely elderly people;
- b) Developed models for services within the community for adults with disabilities and their families;
- c) Conducted assessment of the needs of the municipalities all over the country from different types of community based social services;
- d) Conducted needs assessment for establishment of organized palliative care through hospices;
- e) Improved model of hospice according to the EU best practices and the Bulgarian conditions;
- f) Elaborated accreditation criteria for hospices;

National awareness campaign:
- a) Design of informational campaign aiming at changing in the public attitude towards the different risk groups;
- b) Conducted national awareness campaign;

Training activities:
- a) Developed training programme and conducted training of representatives from the non-governmental sector;
- b) Developed training programme and conducted training for the municipal administration;
- c) Developed training programmes for:
  1. Social workers to work with adults with different disabilities (people with psycho disorders, people with intellectual retardation and people with physical disabilities);
  2. Social workers to work with lonely elderly people;
  3. Individual social work;
  4. Planning, management and provision of alternative social services for risk groups;
  5. Social assessment of the disability
- d) Conducted training of about 300 social workers from Social Assistance Directorates of ASA on municipal and regional level and the regional structures of SACP under the developed programmes by the TA;
- e) Conducted training of about 300 people staff from the specialized institutions for provision of social services under the developed programmes by the TA;
- f) Conducted training of staff from MH and MLSP on methodological guidance and control of the hospices.

Elaboration of selection criteria
- Elaborated set of criteria for selection of the target regions under sub-component 3.1 from Component 3 of the Grant scheme, where the eligible activities are: establishment of acute wards in the general hospitals and establishment of day care centers with sheltered homes and information centers;
B) Expected results from the twinning component on mental health:

- Model of community psychiatry evaluated and further developed;
- Training modules evaluated and further developed;
- Curricula/programmes for professional education/training in community psychiatry care evaluated and further developed;
- Evaluated and revised set of indicators and methodology for data collection for the assessment of the newly established services;

C) Grant Scheme for provision of community based social and mental health services

About 20 grants for provision of community based social and mental health services.

Component 1:
1. Integrated community-based services for children and their families developed and implemented on local level;
2. Extended and diversified services for children and families;
3. Decreased number of children, entering specialized institutions;
4. Specialized institutions reformed, transformed or closed.

Component 2:
- Established at least 2 social services “Sheltered Homes” for adults with physical disabilities; At least 16 persons with physical disabilities left the specialized institutions and received appropriate services necessary for their independent life;
- Established at least 2 social services ‘Sheltered Homes” for adults with psycho disorders; At least 16 persons with psycho disorders left the specialized institutions and received appropriate services necessary for their independent life;
- Established at least 2 social services “Sheltered Homes” for adults with intellectual retardation; At least 16 persons with intellectual retardation left the specialized institutions and received appropriate services necessary for their independent life;
- Established least 2 social services “Day Care Centres” for lonely elderly people; At least 60 lonely elderly people beneficiaries of the daily care services;
- Established at least 2 fully operational hospices.

Component 3:

Sub-component 3.1
- Established acute psychiatric wards in general hospitals in at least 3 administrative regions;
- Day Care Centres with Sheltered Homes and Information Centres functioning in at least 3 administrative regions;

Sub-component 3.2
- Clinic for Child and Adolescent Mental Health Care providing a continuum of services and functioning as a centre for training of students and specialists established or further developed;
Expected results in Phase 2

A) Grant Scheme for provision of community based social and mental health services:

Cooperation between different ministries, particularly Ministry of Social Policy, Ministry of Education and Ministry of Health as well as other relevant governmental structures is essential to the success of the project.

As regards to the services financed under the different grant components it is important that the social services as foreseen in the fiche therefore allow the delivery of services under the regulations either of the Agency for Social Assistance as well as/or under the regulations of the Ministry of Health (i.e. medical services) and/or the Ministry of Education (i.e. educational services) and/or other relevant governmental structures- as appropriate to the assessed needs of the clients. Such an integrated approach serves the project purpose to create and develop a network of social and mental health services delivered into the community.

Grant scheme Component 1 – Provision of community based social services for children

1. Integrated community-based services for children and their families developed and implemented on local level;
2. Extended and diversified services for children and families;
3. Decreased number of children, entering specialized institutions;
4. Specialized institutions reformed, transformed or closed.

Grant scheme Component 2 – Provision of community based social services

- Established and developed at least 8 community based social services for people with physical disabilities, people with psycho disorders, people with intellectual retardation and lonely elderly people;
- At least 150 persons benefited from these services;
- Provided community based services (as identified in the models developed in Phase 1) aimed at: social inclusion of lonely elderly people; support for the families with people with disabilities.
- 4 specialized institutions transformed and reconstructed into alternative form for provision of social services (1 institution for people with physical disabilities, 1 institution for people with psycho disorders, 1 institution for people with intellectual retardation and 1 institution for lonely elderly people, all of them managed by the municipalities and under the supervision of MLSP).

Grant scheme Component 3 – Provision of community-based mental health services

Sub-component 3.1

- Established at least 4 Acute psychiatric wards in the general hospitals;
- Established at least 4 Day Care Centres with Sheltered Homes and Public Information Centres for persons with acute psychiatric disorders in the target regions.

Sub-component 3.2

- At least 1 specialized psychiatric hospital transformed and reorganized.
Phase 3

A) Conducted assessment on the progress in the process of deinstitutionalization and the process of community psychiatry development

B) Grant Scheme for provision of community based social and mental health services:

Grant scheme Component 1 – Provision of community based social services for children

1. Integrated community-based services for children and their families developed and implemented on local level;
2. Extended and diversified services for children and families;
3. Decreased number of children, entering specialized institutions;
4. Specialized institutions reformed, transformed or closed.

Grant scheme Component 2 – Provision of community based social services

- Established and developed at least 10 community based social services for people with physical disabilities, people with psycho disorders, people with intellectual retardation and lonely elderly people;
- At least 200 persons benefited from these services;
- Provided community based services (as identified in the models developed in Phase 1) aimed at: social inclusion of lonely elderly people; support for the families with people with disabilities.
- 8 specialized institutions transformed and reconstructed into alternative form for provision of social services (2 institution for people with physical disabilities, 2 institution for people with psycho disorders, 2 institution for people with intellectual retardation and 2 institution for lonely elderly people, all of them managed by the municipalities and under the supervision of MLSP).

Grant scheme Component 3 – Provision of community-based mental health services

Sub-component 3.1

- Established at least 5 Acute psychiatric wards in the general hospitals;
- Established at least 5 Day Care Centres with Sheltered Homes and Public Information Centres for persons with acute psychiatric disorders in the target regions.

Sub-component 3.2

- Transformed and reorganized at least 2 specialized psychiatric hospitals.

3.4 Activities (including Means):

Phase 1

A) Technical Assistance

The project results, foreseen in Activity A will be achieved through TA support. The activities are divided in the following major areas:

Development of models for services and needs assessments:
a) Development of models for services within the community for social inclusion of lonely elderly people: Appropriate services considered as good practice in EU countries which to be developed in Bulgaria under Phase 2 of the Project;

b) Development of models for services within the community for adults with disabilities and their families: Appropriate services considered as good practice in EU countries which to be developed in Bulgaria under Phase 2 of the Project;

c) Carrying out an assessment of the needs of the municipalities all over the country from different types of community base social services;

d) Carrying out a needs assessment for establishment of organized palliative care through hospices;

e) Development of an adequate model of hospice according to the existing best practices and Bulgarian conditions taking into consideration Recommendation Rec (2003) 24 of the Committee of the Ministers to member states on the organization of palliative care;

f) Elaboration of accreditation criteria for hospices;

**National awareness campaign:**

a) Development of design of informational campaign concerning the aims of the project as well as the necessity of change in the public attitude towards the different risk groups;

b) Conduction of the national awareness campaign;

**Training activities:**

a) Development of a programme for training and carrying out the training of representatives from the non-governmental sector for:
   - provision and management of social services in the community;
   - preparation and implementation of programmes and projects for provision of social services in the community;

b) Development of training programme and carrying out the training for the municipal administration in the municipalities for better planning, development and delivering at local level of the social services with a view to the needs of the local communities;

c) Development of training programmes for:
   a. Social workers to work with adults with different disabilities (people with psycho disorders, people with intellectual retardation and people with physical disabilities);
   b. Social workers to work with lonely elderly people;
   c. Individual social work;
   d. Planning, management and provision of alternative social services for risk groups;
   e. Social assessment of the disability

d) Training of about 300 social workers from Social Assistance Directorates of ASA on municipal and regional level and the regional structures of SACP under the developed programmes by the TA;
e) Training of about 300 people staff from the specialized institutions for provision of social services under the developed programmes by the TA;

f) Training of staff from MH and MLSP on methodological guidance and control of the hospices.

**Elaboration of selection criteria:**

- Elaboration of a set of criteria for selection of the target regions under sub-component 3.1 from Component 3 of the Grant scheme, where the eligible activities are: establishment of acute psychiatric wards in the general hospitals and establishment of day care centres with sheltered homes.

The TA in coordination with Bulgarian mental health experts will develop a comprehensive set of criteria for the selection of the target regions. Later on based on this criteria the PIU of the project will determine the target regions for each phase of the project, in which regions sub-component 3.1 of Component 3 of the Grant scheme will be launched.

**B) Twinning component on mental health**

For the implementation of the following activities, it is considered that the twinning instrument is the most appropriate one.

a) Evaluation and further development of the model of community psychiatry, including:
   - Revision of the guidelines for setting up regional mental health program committees;
   - Development of guidelines for establishing context-relevant regional mental health programs;
   - Introducing structured clinical practice by way of program templates. The following templates need to be developed:
     - care management in the community (incl. outreach and mobile psychiatry);
     - operating acute psychiatric wards in general hospitals, psychiatric dispensaries and psychiatric hospitals;
     - psychosocial and vocational rehabilitation programs in psychiatric hospitals, in community day-care rehabilitation centres, in psychiatric dispensaries;
     - risk assessment and management by community and hospital mental health teams.

b) Evaluation and further development of training modules, including:
   - essentials of community psychiatry;
   - evidence based management and leadership in community psychiatry;
   - case coordination in community psychiatry;
   - multidisciplinary team work in community psychiatry;
   - needs assessment and psychosocial rehabilitation in community psychiatry;
   - consultative psychiatry in the community;

c) Evaluation and further development of curricula for university education of medical professionals in community psychiatry, including curriculum in psychosocial rehabilitation and a specialization of psychiatric nursing and support to their accreditation.
d) Evaluation and further development of indicators and methodology for data collection for the assessment of the newly established services from the perspective of the standards of care at the service-delivery and administration level, at the client level, at the provider level and at the inter-sector collaboration level.

C) Grant Scheme for provision of community based social and mental health services

Generally, this activity includes the provision of alternative social and mental health services on a community-based approach. The financial support for the alternative services will be implemented through a grant scheme instrument.

The Grant scheme will comprise of three components: Component 1 – Provision of community based social services for children; Component 2 – Provision of community-based social services for adults, Component 3 – Provision of community-based mental health services. Components 1 and 2 of the Grant scheme and sub-component 3.2 from Component 3 of the Grant scheme (in Phase 1, 2 and 3) will be carried out on a nationwide base and eligible organizations from the whole country will be able to apply. Sub-component 3.1 from Component 3 of the Grant scheme will be launched in selected target regions (different in Phase 1, 2 and 3), as the model of the community psychiatry is based on the idea that it will be provided in a package – acute psychiatric ward at the general hospital, day care centre for rehabilitation of people with psychiatric disorders and sheltered home for people with psychiatric disorders. The target regions for sub-component 3.1 from Component 3 of the Grant scheme will be selected by the PIU of the project, based on the criteria, elaborated by TA 2. Only the eligible organizations from the target regions will be able to apply under sub-component 3.1 of Component 3 of the Grant scheme.

The Grant scheme will be available for municipalities, NGOs, non-profit organizations, legal entities, physical persons, registered under the Trade Act, which according to the Bulgarian legislation are providers of social services, healthcare establishments (hospitals, dispensaries). For the provision of social services it is necessary the candidates to be registered at the Social Assistance Agency and for provision of social services for children is needed a license, issued by the chairman of the State Agency for Child Protection.

Criteria for the eligible applicants and the guidelines will be elaborated by the TA2 in cooperation with and all key partners under the project (described in item 4). Some of the envisaged criteria will be related to the ability of the eligible organizations to provide appropriate buildings, proved abilities for dealing with some of the target groups of this project, clear commitment and strong evidence for sustainability of the activities after the end of the project funding.

The promotional campaign of the Grant Scheme in Phase 1 will be organized and carried out by TA2 together with the PIU and the project partners described in item 4, while for Phases 2 and 3 the promotional campaign will be a responsibility of the IA and the PIU.
A call of proposals will be opened for the potential grant applicants. An Evaluation Committee appointed by the MLSP (Contracting authority) will evaluate the submitted applications.

Grant scheme Component 1 – Provision of community based social services for children

Component 1 of the Grant scheme under this the project will allow the development and financing of a range of diversified services for children and families, targeting the following areas:

- Prevention of child abandonment, abuse, neglect or institutionalization, and
- Necessary and proper protection of children and families at risk, according to the particularities of each child’s case/situation.

These activities will be implemented through grant scheme instrument. The proposed services shall reflect the primary and secondary legislation in the respected area as well as the strategic papers, adopted by the Council of Ministers in the field of child protection and welfare. The applicants shall demonstrate institutional and professional capacity to deliver services to children and families in danger or at risk. It is desirable that the project applications include the following types of community-based services – foster care, day care, small family homes, sheltered homes, etc. All project proposals shall be based on the local strategies for child protection for the respective municipality.

The main final beneficiaries under Component 1 of the Grant scheme will be:

1. Children and families at risk (children deprived of parental care, victims of abuse, violence, neglected children, children with disabilities and etc.);
2. Children in residential institutions;
3. Children, leaving residential institutions;
4. Street/abandoned/homeless children.

The amount of a single grant under Component 1 will be up to a maximum of 150,000 Euro.

Grant scheme Component 2 – Provision of community based social services

The main final beneficiaries under Component 2 of the Grant scheme will be adults with physical and mental disabilities and lonely elderly people.

The amount of a single grant under Component 2 will be up to a maximum of 200,000 Euro. The initial idea is the maximum amount of a single grant for establishment of a Sheltered home to be 100,000 euro, while the maximum amount of a single grant for establishment of Day Care Centre or Hospice – 200,000 euro but this will be further specified in the Guidelines for applicants.

The proposed services “Sheltered Home” and “Day Care Centre” are in compliance with the basic priorities of the Bulgarian Government. Regarding the Bulgarian social legislation (Social Assistance Law, Regulation on Implementation of Social Assistance Law) “Sheltered Home” and “Day Care Centre” are names of community based social services. They include a complex of services targeted to support and preparation of the beneficiaries for independent way of life. The services “Sheltered Home” and “Day Care Centre” are described in Component 2 of the project in compliance with their legal definitions in the Regulation on Implementation of Social Assistance Law. For the establishment of the social service “Sheltered Home” will be used a methodology for provision of cares in “Sheltered Home”, prepared by the Ministry of Labour and Social
Policy and the Technical Assistance Team under the Phare 2003 Project “Improvement the quality of life of the people with mental disabilities”.

The Eligible activities under Component 2 of the Grant scheme in Phase 1 will be:

- Establishment of at least 2 social services “Sheltered Homes” for adults with physical disabilities, in which to be accommodated people from specialized institution under the responsibility of the MLSP. The disabled people will live there an independent life with professional support of specialists (social workers from Social Assistance Departments, medical specialists and etc.). The successful applicants should provide appropriate premises to be converted into Sheltered Homes. The main eligible costs for the establishment of these social services will be:
  - Provision of services to at least 8 people (per “Sheltered Home”), related to support them in acquiring social skills, medical and social rehabilitation aimed at their preparation for independent way of life;
  - Reconstruction and/or refurbishment and renovation of the provided premises;
  - Delivering of appropriate equipment for the envisaged services such as medical appliances, furniture, transport facilities, etc.
  - Management of the Home;
  - Training of the staff.

- Establishment of at least 2 social services “Sheltered Homes” for adults with psycho disorders, in which to be accommodated people from specialized institution under the responsibility of the MLSP. The disabled people will live there an independent life with professional support of specialists (social workers from Social Assistance Departments, medical specialists etc.). The successful applicants should provide appropriate premises to be converted into Sheltered Homes. The main eligible costs for the establishment of these social services will be:
  - Provision of services to at least 8 people (per Sheltered Home), related to support them in acquiring social skills, medical and social rehabilitation aimed at their preparation for independent way of life;
  - Reconstruction and/or refurbishment and renovation of the provided premises;
  - Delivering of appropriate equipment for the envisaged services such as medical appliances, furniture, transport facilities, etc.
  - Management of the Home;
  - Training of the staff.

- Establishment of at least 2 social services “Sheltered Homes” for adults with intellectual retardation, in which to be accommodated people from specialized institution under the responsibility of the MLSP. The disabled people will live there an independent life with professional support of specialists (social workers from Social Assistance Departments, medical specialists and etc.). The successful applicants should provide appropriate premises to be converted into Sheltered Homes. The main eligible costs for the establishment of these social services will be:
  - Provision of services to at least 8 people (per Sheltered Home), related to support them in acquiring social skills, medical and social rehabilitation aimed at their preparation for independent way of life;
  - Reconstruction and/or refurbishment and renovation of the provided premises;
• Delivering of appropriate equipment for the envisaged services such as medical appliances, furniture, transport facilities, etc.
• Management of the Home;
• Training of staff.

• Establishment of at least 2 social services “Day Care Centres” for lonely elderly people, which to provide permanent care. The successful applicant should provide appropriate premises to be converted into Day Care Centre. The main eligible costs for the establishment of these social services will be:
  o Provision of the complex of services to at least 30 people (per Day Care Centre) targeted to creation of conditions for fully servicing of users during the day, related to satisfying their daily, health and rehabilitation needs, as well as their needs for free time, personal contacts and social skills;
  o Reconstruction and/or refurbishment and renovation of the provided premises;
  o Delivering of appropriate equipment for the envisaged services such as furniture, transport facilities, etc.;
  o Management of the Day Care Centre;
  o Training of the staff.

• Establishment of 2 fully operational hospices with adequate facilities, equipment and appropriately trained multidisciplinary team of professionals and volunteers, providing in-hospice and at home services in order to meet the needs of older people for palliative care (including pain and symptom management, communication skills and coordination of care). The successful applicants should provide appropriate premises to be converted into hospices. The main eligible costs for the establishment of these hospices will be:
  o Reconstruction and/or refurbishment and renovation of the provided premises;
  o Delivery of appropriate equipment for the functioning of the hospice, such as medical appliances, transport facilities, etc;
  o Management of the hospice;
  o Appropriate training of multidisciplinary team in palliative care;
  o Provision of the complex of services to at least 20 people (per Hospice) suffering from severe chronically illness, terminally ill patients, disabled people and elderly people targeted to creation of conditions for fully servicing of users, related to satisfying their daily, health and rehabilitation needs.

Grant scheme Component 3 – Provision of community-based mental health services

The main final beneficiaries under Component 3 of the Grant scheme will be persons with acute psychiatric disorders.

The amount of a single grant under Component 3 will be up to a maximum of 400,000 euro. The initial idea is the maximum amount of a single grant for establishment of Acute psychiatric ward in the general hospitals to be 150,000 euro, the maximum amount of a single grant for establishment of Day Care Centre with Sheltered home and Information Centre – 250,000 euro and the maximum amount for the establishment of Clinic for Child and Adolescent Mental Health Care – 400,000 euro.
Component 3 of the Grant scheme consists of two sub-components. Sub-component 3.1 will be launched in three target regions, selected by the PIU of the project based on the criteria elaborated by TA2. The idea of this sub-component and of the community psychiatry is to be established one psychiatric ward in a general hospital and in the same region to be established a Day Care Centre with sheltered home for people with psychiatric disorders. Sub-component 3.2 will be launched on nation wide base.

The Eligible activities under Component 3 of the Grant scheme in Phase 1 will be:

Sub-component 3.1

- Establishment of at least 3 acute psychiatric wards in the general hospitals, which to provide medical care for persons with acute psychiatric disorders in grave condition. The eligible organizations will be general hospitals and municipalities (as owners of the general hospitals).

Functions of the acute psychiatric ward and its position in the system of psychiatric services:

The nature of severe psychiatric illness sometimes implicates an acute onset or periods of aggravation of symptoms that both require inpatient treatment. Community psychiatric services comply with these facts and reply to the needs through opening acute psychiatric wards in general hospitals. In-patient services which are in remote and isolated institutions, far from the patients’ place of residence often lead to a number of negative phenomena and intensify the symptoms instead of improving the condition of the psychiatric patient. Opening acute psychiatric wards in general hospitals will put an end to the practice of isolation of such patients in remote institutions, decrease the period of hospitalization and facilitate their transition from in-patient to out-patient treatment. The outcome of this type of psychiatric services brings about cost-effectiveness (reduced duration of the hospitalization), psychological effects (prevention of hospitalization and decrease of psychiatric stigma through the patients’ integration in the general system of health care), social effects (a better opportunity for re-socialization of the patients), and better clinical results (prevention of relapse).

The organization of the ward should be consistent with established requirements and with standards relating to this type of in-patient services, and also in compliance with European rules and practice. The activity of the ward should be based on operational protocols, which would guarantee a constant quality of the services offered. The staff should be well motivated and should be specially trained in crisis intervention. The connection with the teams providing community services should be facilitated to the limit with the possibility to further develop interdisciplinary teams that would provide the opportunity a considerable part of the problems to be dealt on the spot and thus to further reduce the number of hospitalizations.

The eligible costs for the establishment of such ward will be:

- Reconstruction and/or refurbishment and renovation of the provided premises;
- Delivery of the appropriate furniture and basic medical equipment;
- Training in Psychosocial Rehabilitation and Psychiatric Nursing Programmes for the medical and paramedical staff of the acute psychiatric ward. These training programmes will be elaborated by TA1 of the project. The successful applicant will have to ensure the conduction of this training.
for the staff of the acute psychiatric ward by subcontracting an academic institution. The training activities envisaged are aimed at changing the approach of medical and social staff towards patients with severe mental illness, as well as at introducing the rehabilitation programmes in the psychiatric care.

- Establishment of at least 3 Day Care Centres with Sheltered Homes and Public Information Centres for persons with acute psychiatric disorders.

Each Day Care Centre should comprise a sheltered home and an information centre in or nearby it. In this way the patients who are now kept in institutions will get the opportunity to be discharged to their community and accommodated in the sheltered homes and to benefit from the Centre’s activities fully. The successful applicant should provide appropriate premises to be converted into Day Care Centres with sheltered homes and information centre integrated in the building or nearby it (within the town). In any case the establishment of Day Care centre with sheltered home for people with psychiatric disorders and information centre will be considered as a single grant and should be performed by one applicant.

**Services’ definition and functioning:**

**Day care centres for persons with acute psychiatric disorders:**

At the foundation of the day care centre activities is the understanding that the continuity and integration of care are of extreme importance for the achievement of better rehabilitation effect and stable functioning of the people with severe mental illness in a community setting. To ensure this, the work is organized on the basis of a needs-driven approach and the individual case management or co-ordination of care, performed by a multidisciplinary team.

The psychosocial rehabilitation programs at the day care centre, as approbated by one of the demonstration projects within the framework of the National Program for the Mental Health of the Citizens of Bulgaria are:

- Case management;
- Early employment;
- Temporary employment;
- Day care or therapeutic kitchen program;
- Social skills training.

These programs are based on the understanding that mental health users are able to develop, learn and acquire new skills, necessary for an independent life in the community.

An integral part of the functions of the day care centre is the provision of psychiatric home care service. The aim of this service is to prevent relapse and to support the mental balance of people with severe chronic psychiatric illness as well as to encourage their autonomy taking into account the individual limitations and circumstances. It also prevents re-hospitalizations through the education of patients and their families on how to cope with mental illness. The target group of psychiatric home care consists of clients at the age of 18–65 with severe chronic mental illness. The course of the illness is characterized by chronic psychosocial dysfunction and the increased risk of relapse and a lengthy stay in the hospital. Conceivably there is also secondary alcohol dependency. There is also a matter of limited insight and motivation to seek help.
Sheltered Home (Supported housing)
The principle of empowerment of mental health service users includes their active participation in the process of resuming control over different domains of their lives. An important domain is that of housing. The supported housing service is aimed at ensuring independent living of the patient in a normal environment. The establishment of a supported house in the very heart of the community will create the possibility for service users to continue or resume their relations with families, friends and neighbours. The service concerns providing clients with accommodation in a small housing unit with technical maintenance (8-12 places) either with other clients who suffer from similar problems or with such clients and one professional and by providing support in handling daily activities and house chores based on mutual support and co-operation.

Public information centre
A public information centre for mental health prevention and promotion is a key point in the development, strengthening and implementation of an integrated information system to be used by the general public as well as by the mental health professionals, users and all related institutions in the community. Mental health professionals in the field will be provided with information on groups at risk of social drop-out related to mental illness. The coordination between the responsible institutions will be improved. The functioning of the centre will enable grassroots initiatives, which could contribute to the reform of social and mental health policy. The general activities of the center include:

- Designing an informational campaign concerning the aims of the community psychiatry project (website and a mental health bulletin);
- Ongoing media coverage in local TVs, radios and newspapers
- A hotline for the general public in the information center (training and work under supervision);
- Designing and disseminating informational brochures on mental illness;
- Organizing seminars for General Practitioners (GPs), journalists and employers.

The main eligible costs for the establishment of Day Care Centres with Sheltered homes and Information Centre will be:

- Reconstruction and/or refurbishment and renovation of the provided premises;
- Delivering of appropriate equipment for the envisaged services such as furniture, transport facilities, etc.;
- Management of the Day Care Centre with Sheltered home and Information Centre;
- Provision of the complex of services to the persons with psychiatric disorders targeted to creation of conditions for fully servicing of users, related to satisfying their daily, health and rehabilitation needs, as well as their needs for free time, personal contacts and social skills.
- Training in Psychosocial Rehabilitation and Psychiatric Nursing Programmes for the staff of the Day Care Centre with Sheltered home and Information Centre. These training programmes will be elaborated by TA1 of the project. The successful applicant will have to ensure the conduction of this training for the staff of the Day Care Centre with Sheltered home and Information Centre by subcontracting an academic institution. The training activities envisaged are aimed at changing the approach of medical and social staff towards patients with severe mental illness, as well as at introducing the rehabilitation programmes in the psychiatric care.
Sub-component 3.2

- Establishment of 1 Clinic for Child and Adolescent Mental Health Care

This sub-component of Component 3 of the Grant scheme will be launched on a nationwide base and the eligible organizations will be health care establishments with permission to provide training of students and specialists. The main final beneficiaries under this grant scheme will be children and adolescents with mental health problems.

Criteria for the eligible applicants and the guidelines will be elaborated by the TA2 with all key partners under the project. Some of the envisaged criteria will be proved capacity and experience in providing a continuum of services comprising of consultative outpatient program, emergency (crisis) program, day-care rehabilitation program and 24-hour hospitalization (in-patient) program; proved capacity and experience in training of cadre in child and adolescent psychiatry; ability to provide appropriate building; clear commitment and strong evidence for sustainability of the activities after the end of the project funding. The main eligible costs for the establishment or further development of Clinic for Child and Adolescent Mental Health Care providing a continuum of services and functioning as a centre for training of students and specialists will be:

- Reconstruction and/or renovation of the provided premises;
- Delivering of appropriate equipment for the envisaged services;
- Management of the clinic;
- Provision of the quality mental health services to the accommodated children and adolescents, including day care services;

Phase 2

A) Grant Scheme for provision of community based social and mental health services

The Grant scheme will be continuation of the scheme under Phase 1 but will also include some new eligible activities in Component 2 and 3, described underneath.

No changes are foreseen in the group of the eligible organizations, the direct beneficiaries and the average amounts of the Grants. If modifications are needed, they will be responsibility of the IA and the PIU.

The promotional campaign of the Grant Scheme in Phase 2 will be organized and carried out by the PIU and the project partners described in item 4.

A call for proposals will be opened for the potential applicants. An Evaluation Committee appointed by the MLSP (Contracting authority) will evaluate the submitted applications.

The Eligible activities under the Grant scheme in Phase 2 would be:

Grant scheme Component 1 – Provision of community based social services for children

Financial support for development and financing of diversified services for children and families, targeting the following areas:

- Prevention of child abandonment, abuse, neglect or institutionalization, and
• Necessary and proper protection of children and families at risk, according to the particularities of each child’s case/situation. It is desirable that the project applications include the following types of community-based services – foster care, day care, small family homes, sheltered homes, etc. All project proposals shall be based on the local strategies for child protection for the respective municipality.

Grant scheme Component 2 – Provision of community based social services

1. Financial support for establishment and provision of at least 8 community based social services for people with physical disabilities, people with psycho disorders, people with intellectual retardation and lonely elderly people, such as: Sheltered Homes; Day Care Centres, Hospices and others foreseen in the Bulgarian legislation in the field of social services and according to the assessed needs of the population for different forms of alternative services, performed in the first PPF.

2. Financial support for provision of community based services (as identified in the models developed in Phase 1) aimed at: social inclusion of lonely elderly people; support for the families with people with disabilities.

3. Financial support for transformation and reconstruction of 4 specialized institutions into alternative form for provision of social services (1 institution for people with physical disabilities, 1 institution for people with psycho disorders, 1 institution for people with intellectual retardation and 1 institution for lonely elderly people, all of them managed by the municipalities and under the supervision of MLSP).
   - Development of plans for transformation;
   - Transformation of the institution;
   - Training of staff;

Grant scheme Component 3 – Provision of community-based mental health services

Sub-component 3.1

• Financial support for the establishment of at least 4 Acute psychiatric wards in the general hospitals, to provide medical care for persons with acute psychiatric disorders in grave condition and at least Day Care Centres with Sheltered Homes and Public Information Centres for persons with acute psychiatric disorders in the target regions, selected by the PIU on the basis of the criteria elaborated by TA 2.

Sub-component 3.2

• Financial support for transforming and reorganizing of the conditions in the existing specialized psychiatric hospitals. At least 1 specialized psychiatric hospital should be reorganized taking into account the respect of patient and human rights and the quality of the services provided. Only existing at the moment of launching of the Grant scheme specialized psychiatric hospitals and psychiatric dispensaries will be able to apply. The grants will be directed to support the existing specialized psychiatric hospitals by transforming and reorganizing the hospital activity in compliance with the mental health policy and strategy documents, encompassing the following eligible activities:
  - training of the staff in the newly developed programs in the field of community based psychiatric services;
introduction of new approach and attitude of the staff to patients with chronic psychiatric disorders;

assessment of the status of patients within the hospitals by external experts in order to appoint adequate rehabilitation;

introduce coordination of care between institutions involved in psychiatry services provision (specialized hospitals, day care centres, wards for acute care, sheltered homes, families);

improvement and humanization of the conditions within specialized hospitals through renovation of facilities and creating adequate environment.

Phase 3

The activities in Phase 3 could be divided in two groups:

A) Assessment of the progress in the process of deinstitutionalization and the process of community psychiatry development

The activity will be implemented through a service contract. The successful contractor will be expected to carry out a complete assessment of the progress in the process of deinstitutionalization through provision of social services in the community under Phase 1 and 2 of the project and to develop recommendations for improvement of the work in the field of the deinstitutionalization of the social services. At the same time the contractor will be expected to conduct a survey on the project impact in terms of community psychiatry development and to present and disseminate the results.

B) Grant Scheme for provision of community based social and mental health services

The grant scheme is continuation of the Grant scheme under Phase 2 and will be implemented in the same way as described in Phase 2.

The eligible for financing activities will be as follows:

Grant scheme Component 1 – Provision of community based social services for children

Financial support for development and financing of diversified services for children and families, targeting the following areas:

- Prevention of child abandonment, abuse, neglect or institutionalization, and
- Necessary and proper protection of children and families at risk, according to the particularities of each child’s case/situation.

It is desirable that the project applications include the following types of community-based services – foster care, day care, small family homes, sheltered homes, etc. All project proposals shall be based on the local strategies for child protection for the respective municipality.

Grant scheme Component 2 – Provision of community based social services

1. Financial support for establishment and provision of at least 10 community based social services for people with physical disabilities, people with psycho disorders, people with intellectual retardation and lonely elderly people, such as: Sheltered Homes; Day Care Centres, Hospices and others foreseen in the Bulgarian legislation in the field
of social services and according to the assessed needs of the population for different forms of alternative services, performed in the first PPF.

2. Financial support for provision of community based services (as identified in the models developed in Phase 1) aimed at: social inclusion of lonely elderly people; support for the families with people with disabilities.

3. Financial support for transformation and reconstruction of 8 specialized institutions into alternative form for provision of social services (2 institution for people with physical disabilities, 2 institution for people with psycho disorders, 2 institution for people with intellectual retardation and 2 institution for lonely elderly people, all of them managed by the municipalities and under the supervision of MLSP).
   - Development of plans for transformation;
   - Transformation of the institution;
   - Training of the staff;

Grant scheme Component 3 – Provision of community-based mental health services

**Sub-component 3.1**

- Financial support for the establishment of at least 5 Acute psychiatric wards in the general hospitals to provide medical care for persons with acute psychiatric disorders in grave condition and at least 5 Day Care Centres with Sheltered Homes and Public Information Centres for persons with acute psychiatric disorders in the target regions, selected by the PIU on the basis of the criteria elaborated by TA 2.

**Sub-component 3.2**

- Financial support for transforming and reorganizing of the conditions in the existing specialized psychiatric hospitals. At least 2 specialized psychiatric hospital should be reorganized taking into account the respect of patient and human rights and the quality of the services provided.

3.5 Linked Activities:

- World Bank loan BUL 040596 – “Child welfare reform”. The activities under component 2 “Deinstitutionalization” provide the establishment of the alternative forms of social services for children and families in 10 pilot communities – namely Centres for social support (providing the preventative services; foster care and adoption, deinstitutionalization and reintegration, services for children with the delinquent behaviour), units “Mother and baby” and Centres for children on street. Methodology for assessment of the specialized institutions for children in the pilot municipalities was elaborated. By the end of 2003, will be completed the assessment of all 32 institutions in 9 municipalities. Further to this assessment 9 institutions will be selected and reconstructed to provide alternative social services.

- Phare 2000 “Child welfare reform” BG 0005.04 comprising:
  1. Twinning on national and local level aiming at capacity building of the State Agency for Child Protection (SACP) and 10 small pilot Child Protection Departments as child protection bodies,
2. TA for development of alternative childcare services in 10 pilot municipalities and reform of the management of 14 institutions dealing with children with disabilities.

- Report on Hospice care is a NHIF Health Insurance Operation Project, accomplished by Health Insurance Commission and EPOS Health Consultants in November 2000. The research defines the status of hospice care in Bulgaria, focusing on hospices as care for the terminally ill. It also estimates the target groups for hospice care and the definition, functions and organization of hospice care in Bulgaria.

- The project (sociological survey) “Research on need assessment and attitudes to hospices” is accomplished by “Open society foundation” and “Alpha research” in January –April 2003 and it is the first of its kind in Bulgaria. The aim of the project was to study the conditions of the existing network of hospice facilities in Bulgaria, their functioning and main problems; population’s awareness of hospice care, the need for this type of medical facilities and the basic attitude to them.

- The National Mental Health Programme (NMHP) for the Citizens of the Republic of Bulgaria 2001-2005 (Executive Summary attached) is an early attempt to adopt an evidence-based policy approach in the field of mental health. Among the major findings of this document are: the lack of valid data on mental health in the country, the absence of a clear vision for the psychiatric service, and the non-existence of identifiable stakeholders in the field. Due to limited funding, within the framework of the program 8 demonstration projects were formulated and implemented in 2002. These included an epidemiological survey on the mental illness morbidity (EPIBM); a demonstration project for a day centre; a model for an acute psychiatric ward in a general hospital (conceptual framework developed); methodology for risk assessment of social exclusion; a model for a sheltered house; a model for mobile psychiatric help (conceptual framework developed); a coordination centre and register for people in risk of social exclusion and a project for logistical support of the program itself.

- South Eastern Europe (SEE) Mental Health Project “Enhancing Social Cohesion through Strengthening Community Mental Health Services”, 2002 – 2005 (SEE Mental Health Project) is aimed at establishing operational community mental health services as a corner stone of mental health reform in the region. The project comprises three components. The first one is concerned with the formulation and adjustment of mental health policy and legislation in South Eastern Europe in line with international and EU standards. It was completed successfully by development of strategy and action plan for the reform in the mental health care system. The Mental Health Policy of the Republic of Bulgaria (2004-2012) and National Action Plan for the Implementation of the Mental Health Policy of the Republic of Bulgaria (2004-2012) (attached as annexes) were officially approved by the Council of Ministers in July 2004. The second component of the SEE Mental Health Project started its implementation in 2004, and it is expected to end in the middle of 2005. It concerns the establishment of a harmonized model for community mental health services, including piloting of community mental health centre in each beneficiary country. A functioning and officially recognized comprehensive system of social and mental health services, delivered into the community of the region of Blagoevgrad – as a model for the rest of Bulgaria, is the goal of the second component of the SEE Mental Health
project. Beside reconstruction of the facility for the community mental health center, comprising of day care unit, supported house, informational center and psychiatric home care, the implementation of the project includes also a lot of training activities and involvement of the local community in the reform process through contacting media, health professionals, university trainers. The center will be financed through the municipality budget for healthcare and using the possibilities defined in the existing Social Assistance Act. In addition to that, the activities under the SEE Information Project (see below) will also be implemented in the region of Blagoevgrad, completing in this way the whole reform process. In this respect, the activities envisaged under the mental health component of the current project will be based on this already piloted model. In this way the multiplication of the model for community mental health services at national level will become possible and achievable. The third project component will be devoted to designing region wide training curricula for mental health professional / master degree courses for psychologists, social workers and nurses. Its implementation is aimed at ensuring sustainability of the SEE Mental Health Project results.

- Geneva Initiative on Psychiatry’s project “Piloting Community Mental Health Services in a Bulgarian Setting” is the result of intensive collaboration between the NGO Geneva Initiative on Psychiatry (GIP) and its regional office in Sofia and Bulgarian governmental and academic structures. The project is in the beginning of its implementation. It offers the opportunity to develop a functioning and officially recognized model comprehensive system of social and mental health services, delivered into the community of one region of Bulgaria. The mental health services in one region in the country will be upgraded significantly and a day care centre will be created, a home care program, a supported house and a public informational centre for mental health prevention and promotion that will assist the reintegration of people with severe mental illness into society and will lower the risks associated with their institutionalization. The training of professionals, users, and relatives to work in a community setting will improve their capacity to carry out reforms in the field of mental health care. A public awareness program will be launched to educate and involve the community in the process of establishing humane and participative mental health care. Building sustainability though handing over the newly developed services to be managed by the local municipality and replication of the model program will ensure that the local mental health care system does not become dependent on foreign funding. This project will create a definite break with the past by changing the fundamental philosophy of Bulgarian traditional psychiatry into a community – based one, with a vision directed at treating, rehabilitating, and re-integrating severely mentally ill people in the society.

- Phare 2003 project “Improvement the quality of life of the people with mental disabilities” was elaborated by the Ministry of Labour and Social Policy in cooperation with the State Agency for Child Protection and the Ministry of Health. The main goal of the Project is development of the alternatives of the institutional care, medical, social and educational services for children and adults with mental disabilities. The current project is built on the basis of the Phare 2003 project and could be considered a continuation of it but on a wider base.

3.6 Lessons learned:
Commitment on national level, especially between the beneficiaries is necessary in terms of effective cooperation and communication, which will guarantee successful project implementation and evaluation. The experience gathered under BG 0005.04 Child Welfare Reform project showed that good collaboration on political and expert level results in substantial achievements with respect of the purpose and objectives of the project. Good relations between the beneficiaries, the Implementing agency and the EC Delegation will additionally provide for quick and timely implementation process. Involvement of the non-governmental sector and the municipal administrations shall be perceived as further strengthening of the child protection and welfare system and shall be encouraged. Mechanisms of networking between the national, regional and local level shall be established as to guarantee integrated approach, which in turn will lead to sustainable outcomes and will provide possibilities for dissemination of good practices between the key actors.

Bulgarian mental health reform started with the general reform in the health sector. Since the year 2000, the National Health Insurance Reform on General practice is currently being introduced in Bulgaria to replace the polyclinic-based system of care, which sought but failed to offer unmediated direct access to specialist care for all. New as general practice is for both patients and polyclinic-turned-general-practice doctors, the system still tends to regard all emotional complaint as belonging either with psychiatry or not with health at all. So neither side - primary care or patients - currently accept that most common mental illness can be handled like common physical illness by the family doctor, the GP. The reason why primary doctors think so is because they are not trained for that. The reason why patients avoid psychiatry lies in the fact they are scared of its bad reputation. The result is that common mental illness is misrepresented, misdiagnosed and under-treated.

In 2001 the Council of Ministries approved National Mental Health Programme for the Citizens of the Republic of Bulgaria, which described the philosophy of the reform in that sector and provided an action plan for implementation of 5-year period. The program was state financed and was commenced in 2002 with several demonstration projects (See Linked Activities). The specific goals of the NMHP are to humanize care and to introduce community psychiatric services. It explicitly addresses the fact that mental illness is underreported and under diagnosed, that the burden of mental illness is seriously underrated, that psychiatric stigma misinforms both the public and the government on the challenging aspects of illness behaviour and on the opportunities for treatment and recovery from psychosis. The program commits the mental health system and society to observance of human rights, evidence based care programs and good practice principles. Since the program started some important issues were discussed among the professionals – developing standards and protocols for good clinical practice, respect of the human rights of the mentally sick persons, stressing on the community approach rather than the hospital model, inter-sector cooperation; training, work with the media.

In 2002 SEE Mental Health project under Stability Pact Initiative for Social Cohesion was started. Under the first project component (“Mental Health Policies and Legislation”), a Mental Health Policy and Action Plan for its implementation (2004-2008) were developed. The guiding principle of these documents is deinstitutionalization and the introduction of community-based psychiatry. Important elements in the plan are the development of psychosocial rehabilitation programs, supported housing, legislative changes and the issue of stigma and discrimination towards the people with severe mental illness. In 2004 the Stability Pact project enters in its most important phase – piloting of the community psychiatry model as developed by now in one region in
Bulgaria under the project’s second component “Community Mental Health Services” (See also Linked Activities).

4. Institutional Framework

The key parties under the project will be the Ministry of Labor and Social Policy (MLSP), Ministry of Health (MH), Agency for Social Assistance (ASA), State Agency for Child Protection (SACP), Bulgarian Psychiatric Association, and National Mental Health Association.

The Ministry of Labour and Social Policy is the Implementing Agency (respectively contracting authority) of the project as it is mandated to be IA under PHARE Program in social and human resources development sector.

The MLSP will manage and administrate the project through the Program Authorizing Officer (PAO). The Directorate “European Funds, International Programs and Projects” (DEFIPP) will be acting as administration of the IA / PAO.

The PAO

The PAO has ultimate responsibility for ensuring that the program is implemented fully in line with the Financing Memorandum and government policy in terms of sound administrative and financial management of the project, including tendering, contracting, disbursement, accounting, payment and reporting procedures and monitoring of the project.

MLSP - IA

The overall administrative and financial management is the responsibility of the MLSP. The latter include:

- Preparing and submission of procurement documentation based on inputs from the PIU, contracting and contracting procedures of works, supplies, goods and grants;
- Negotiations of contracts;
- Accounting, payments, and financial control for the contracts and grants;
- Overall monitoring and evaluation of the project activities;
- Preparation of quarterly and ad hoc reports on project status and fund management.

The PIU

2 PIUs will be in charge of the technical implementation and day-to-day administration of the project. The coordination and synchronization of the actions of the PIU will be responsibility of the Contracting authority.

The first PIU will be located in the ASA and will comprise of representatives from MLSP, ASA, SACP and MES. This PIU will be in charge of the issues regarding social services for children, lonely elderly people, people with psycho disorders, people with intellectual retardation and people with physical disabilities (TA, Components 1 and 2 of the Grant scheme).

The second PIU will be located in the MH. It will comprise of representatives of MH and mental health experts. This PIU will be in charge of the issues regarding people with
acute psychiatric disorders (Twinning component on mental health and Component 3 of the Grant scheme).

The establishment of 2 PIUs will lead to division of the responsibilities of the key parties under this project and will ease the process of implementation of the whole project.

**Project Steering Committee**

A Project Steering Committee will oversee the implementation of the project. It will provide strategic project direction and guidance to the key institutions involved in the project. The Project Steering Committee comprises representatives of MLSP, MH, MES, ASA, SACP, National Public Health Center, National Health Insurance Fund, and Psychiatry Departments at Medical Universities (including the National Consultant on Mental Health), Bulgarian Psychiatric Association, National Mental Health Association, National Council for Cooperation on Ethnic and Demographic Issues, National Association of the Municipalities, Ministry of Finance and ECD (as an observer).
5. Detailed Budget

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<td>Investment support – sub-total</td>
<td>5.00</td>
<td>1.67</td>
<td>1.67</td>
</tr>
<tr>
<td>% of total public funds</td>
<td>max 75 %</td>
<td>min 25 %</td>
<td></td>
</tr>
</tbody>
</table>

In case of parallel co-funding (per exception to the normal rule, see special condition as indicated below: Not applicable

| Year 2005 Institution Building support | |
|---------------------------------------||  
| N/A                                   | |
| N/A                                   | |
| IB support                            | N/A | N/A | N/A | N/A | N/A |

| Total project 2005                     | 5.00 | 1.67 | 1.67 | 6.67 |

(*) contributions form National, Regional, Local, Municipal authorities, FIs loans to public entities, funds from public enterprises

(**) private funds, FIs loans to private entities

| indicative Year 2006 Investment support | 6.40 | 2.14 | 2.14 | 8.54 |
| indicative Year 2006 IB support         | 0.15 |     | 0.15 |     |
| Total indicative 2006                    | 6.55 | 2.14 | 2.14 | 8.69 |
6. Implementation Arrangements

6.1 Implementing Agency
The Implementing Agency (IA) is the Ministry of Labour and Social Policy through the
directorate “European Funds, International Programs and Projects”.

The PAO will be:
Mr. Roumen Simeonov
Deputy Minister of Labour and Social Policy
2 “Triaditsa” Str.,
Sofia 1051, Bulgaria
Phone: (+359 2) 933 24 59;
Fax: (+359 2) 986 13 18
E-mail: rsimeonov@mlsp.government.bg

Note: For the twinning component in phase 1 (2004) the Implementing agency will be Central Finance and Contracts Unit.
The PAO will be:
Mr. Tencho Popov
Secretary General
102 Rakovska str.,
1040 Sofia, Bulgaria
Phone: (+359 2) 98592010; Fax: (+359 2) 98593929

6.2 Twinning

A Twinning Covenant will be signed with a Member State. The Twinning partner
will need to have extensive experience in community based social and health services
and community psychiatry. The budget for the twinning is based on 12 months twinning
partnership.

This twinning project should include a Member State Project Leader who will
supervise and coordinate the overall project, a Resident Twinning Adviser (RTA) who
will work in a day-to-day basic with the beneficiaries in the candidate country and other
short- and medium-term experts provided by the twinning partner to support the RTA.

RTA Profile:
- A university degree in social sciences, social work, psychology, psychiatry or
  other related study;
- Minimum 8 years experience in the area of provision of community based social
  and health services;
- International experience on implementation of similar projects;
- Knowledge of European Union practice and standards for care for people with
  mental illness and related international legislation;
- Understanding of the principles of the deinstitutionalisation process;
- Practical experience with the provision of community based services for people
  living with mental illness;
- Expert knowledge in assessing the existing mental health and social care services
  and related needs;
- Abilities to develop and implement models for establishment of Day Care Centers
  and Group Homes (Sheltered Homes) for people with mental illness;
- Abilities to elaborate recommendations for improvement of the new established services;
- Computer literacy;
- Excellent command of English;
- Analytical abilities, ability to work with a multidisciplinary team.

Profile of the short–term and medium-term experts:

- A university degree in social sciences, social work or psychiatry;
- Minimum 5 years experience in the area of provision of community based social and health services;
- Expert knowledge in different rehabilitation programmes and schemes;
- Experience on re-socialization of the people with mental illness (techniques for finding job for unemployed people with mental illness);
- Practical experience with the provision of community based services for people living with mental illness;
- Knowledge of European Union practice and standards for care for people with mental illness and related international legislation;
- Fluency in English.

If no suitable twinning proposal is received in, the component will be implemented as a conventional TA. 

**The twining component will be contracted by the CFCU in the Ministry of Finance**

6.3 Non-standard aspects

PRAG procedures will be followed in all contracting

6.4 Contracts

Estimated number of contracts:

<table>
<thead>
<tr>
<th>TYPE OF CONTRACT</th>
<th>YEAR/PHASE</th>
<th>PROJECT ACTIVITY</th>
<th>VALUES IN €</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service contracts</td>
<td>Year 2004</td>
<td>TA – 1 contract</td>
<td>460 000</td>
</tr>
<tr>
<td></td>
<td>Phase 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year 2006</td>
<td>Phase 3</td>
<td>Assessment on the progress in the process of deinstitutionalization and the process of community psychiatry development – 1 contract</td>
<td>150 000</td>
</tr>
<tr>
<td>Twinning Covenant</td>
<td>Year 2004</td>
<td>Twinning Covenant with a Member State</td>
<td>350 000</td>
</tr>
<tr>
<td></td>
<td>Phase 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grant schemes</td>
<td>Year 2004</td>
<td>Grant Scheme for provision of community based social and mental health services – estimated number of grants 20</td>
<td>5 120 000</td>
</tr>
<tr>
<td></td>
<td>Phase 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Year 2005</td>
<td>Grant Scheme for provision of community based social and mental health services – estimated number of grants 25</td>
<td>6 670 000</td>
</tr>
<tr>
<td></td>
<td>Phase 2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
7. Implementation Schedule – Phase 2

7.1 Lunching of the project (organizational arrangements completed) – January 2006
7.2 Start of call for proposals – second quarter 2006
7.3 Start of project activities under the grant scheme – fourth quarter 2006
7.4 Project completion – fourth quarter 2008

8. Equal Opportunity

Equal opportunity is a fundamental principle of the project. Ensuring equal opportunity will be embodied in every sub-project and at every level of implementation.

9. Environment – N/A

10. Rates of return – N/A

11. Investment criteria

11.1 Catalytic effect:

The project will encourage the municipalities, non-governmental and private sector for more active participation in the process of deinstitutionalization through provision of alternative services for different risk groups.

11.2 Co-financing:

National co-financing of the twinning component will be up to 10% of the National budget according to the Twinning manual.

The investment component of the program is based upon co-financing between Phare and the National Government on a 75:25 basis.

Concerning the grantees’ co-financing, the successful candidates in the grant schemes will be required to provide appropriate premises for the establishment of the relevant centre or social home.

The Phare contribution for investment costs will be no more than 75% of eligible public expenditure, the balance having to be covered by the national co-financing. The National Fund Directorate at the Ministry of Finance will provide national co-financing. The Bulgarian authorities will provide all operational and running costs and provide for the maintenance of equipment.
If the total cost of such investment is less than the amount envisaged in the fiche, the amount of Phare support will be reduced to maintain the relative proportions of Phare support and national co-financing shown in the fiche. If the total cost is greater than the amount envisaged in the fiche, the extra funding required will be provided by additional national co-financing or the cost will be reduced, consistent with the respective roles and responsibilities of the concerned Bulgarian agencies laid down in the Memoranda of Understanding setting up the NF and the CFCU.

11.3 Additionality:

EU financing will be additional to that allocated to the national scheme through the Bulgarian national budget. Additional funds will be added to the Grant schemes as with the changes in the legislation concerning the provision of social services it is expected to give an opportunity for social services providers to receive additional financing through “Social Assistance” fund.

11.4 Project readiness and size:

**The project budget exceed the minimum of 2 MEURO required by Phare Programme for the investments projects.**

11.5 Sustainability:

The Government takes the commitment to develop and expand the alternative type of social services provision based on the community approach. All activities of the project will be sustained through the existing funding arrangements including the national budget, the fund “Social Assistance”, the municipalities’ budget in line with the Bulgarian legislation and funds accumulated by NGOs through the provision of paid social services. Furthermore, all grants applicants will be required to provide strong evidence for sustainability of the services delivered.

Sustainability of the Day Care Centres with Sheltered Homes and Information Centres will be assured through the need and commitment of Bulgaria to replace the existing institutional model of hospital-dispensary psychiatric system with community based mental health services. Currently there are four possibilities for assuring the sustainability of these centres after project funding:
1. To be registered as medico-social homes in accordance with the Health Establishments Act. In this way their maintenance could be financed from the state budget.
2. To be incorporated within the structure of existing health establishments (psychiatric hospitals, dispensaries) and thus their financial maintenance will be a part of that one of the particular health establishment.
3. The possibility for signing of contract between the National Health Insurance Fund as a public organization responsible for providing funds and organizations providing medico-social services could be another guarantee for the sustainability of the established Day Care Centres with Sheltered Homes and Information Centres under the project.
4. To follow one of the possibilities described under chapter three (Article 36? and Article 37) in the Regulations on the Implementation of Social Assistance Act. (see the attachment).
5. The success of the project is dependent on proper coordination and cooperation between different bodies involved in the project. Moreover, it is important to draw
appropriate conclusions from and to provide good follow up to the performed survey on children in institutions as well as on the survey on the conditions in the homes providing social services for people with mental disabilities (see item 3.1.).

**As regards the piloting of services under different grant components, the flexibility of services is important:** the delivery of (social) services as described in the fiche therefore means delivery of services both under the regulations of the Agency for Social Assistance as well as under the regulations of the Ministry of Health (i.e. medical services) and/or the Ministry of Education (i.e. educational services) as appropriate. Such an integrated approach serves the project purpose to create and develop a sustainable network of social and mental health services delivered into the community.

11.6 Compliance with state aids provisions

The activities within the project will be implemented in accordance with the Article 92(3)(a) of the Treaty of Rome with respect to regional aid in an Objective 1 Member States.

12. **Conditionality and sequencing**

Key milestones will be:

- Establishment of PSC and PIU – first quarter 2006;
- Signature of MoU between the key partners in the project prior to project launch;
- Calls for proposals and entry into the contracting phase under the grant schemes;
- Implementation of activities;
- Needs assessment for investment components

**ANNEXES TO PROJECT FICHE**

1. Logical framework matrix in standard format
2. Detailed implementation chart
3. Contracting and disbursement schedule
4. Reference to feasibility/pre-feasibility studies.
## LOGFRAME PLANNING MATRIX FOR

### Project

<table>
<thead>
<tr>
<th>Development of community based services for risk groups</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Programme name and number</strong></td>
</tr>
<tr>
<td>Contracting period (Phase 1) expires: November 2006</td>
</tr>
<tr>
<td>Disbursement period (Phase 1) expires: November 2008</td>
</tr>
<tr>
<td>Total budget (Phase 1): 5.93 MEUR</td>
</tr>
<tr>
<td>Phare budget (Phase 1): 4.65 MEUR</td>
</tr>
<tr>
<td>Total budget (Phase 2): 6.67 MEUR</td>
</tr>
<tr>
<td>Phare budget (Phase 2): 5.0 MEUR</td>
</tr>
<tr>
<td>Total budget (Phase 3): 8.68 MEUR</td>
</tr>
<tr>
<td>Phare budget (Phase 3): 6.55 MEUR</td>
</tr>
</tbody>
</table>

### Overall objective

- Strengthening of the child welfare system and
deinstitutionalization of children, people with
disabilities and elderly people, placed in
specialized institutions through provision of
community based services;
- Improving of the quality of life of persons with
mental health problems with respect of human
rights

<table>
<thead>
<tr>
<th>Objectively verifiable indicators</th>
</tr>
</thead>
</table>
| Decreased number of children and
adults, placed in specialized
institutions with 20% by the end of
2009;                             |
| Percentage increase in the number
of children and adults who have benefited
from the delivered community based
services;                          |
| Percentage increase in the number
of persons mental health problems who
have benefited from the delivered
community based services;          |

<table>
<thead>
<tr>
<th>Sources of Verification</th>
</tr>
</thead>
</table>
| Reports from MLSP, MH, MES,
ASA, SACP;                        |
| Ex-post survey.               |
| Official reports from international
institutions;                    |

### Project purpose

- Creation and development of network of social
and mental health services, delivered into the
community

<table>
<thead>
<tr>
<th>Objectively verifiable indicators</th>
</tr>
</thead>
</table>
| Operational network of social and
mental health services, delivered into
the community;                      |
| Percentage increase in the number
of children and adults who have benefited
from the delivered community based
services;                            |
| Increase of the nongovernmental and
private sector as social services
providers by the end of 2009;        |
| Number of professionals working in
community psychiatry increased        |

<table>
<thead>
<tr>
<th>Sources of Verification</th>
</tr>
</thead>
</table>
| Reports from MLSP, MH, MES,
ASA, SACP;                        |
| Official reports from international
institutions;                    |
| Social assessment             |
### Results - Phase 1:

<table>
<thead>
<tr>
<th>A) Expected results from TA:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Development of models for services and needs assessments:</strong></td>
</tr>
<tr>
<td>a) Developed models for services within the community for social inclusion of lonely elderly people;</td>
</tr>
<tr>
<td>b) Developed models for services within the community for adults with disabilities and their families;</td>
</tr>
<tr>
<td>c) Conducted assessment of the needs of the municipalities all over the country from different types of community based social services;</td>
</tr>
<tr>
<td>d) Conducted needs assessment for establishment of organized palliative care through hospices;</td>
</tr>
<tr>
<td>e) Improved model of hospice according to the EU best practices and the Bulgarian conditions;</td>
</tr>
<tr>
<td>f) Elaborated accreditation criteria for hospices;</td>
</tr>
<tr>
<td><strong>National awareness campaign:</strong></td>
</tr>
<tr>
<td>a) Design of informational campaign aiming at changing in the public attitude towards the different risk groups;</td>
</tr>
<tr>
<td>b) Conducted national awareness campaign;</td>
</tr>
<tr>
<td><strong>Training activities:</strong></td>
</tr>
<tr>
<td>a) Developed training programme and conducted training of representatives from the non-governmental sector;</td>
</tr>
<tr>
<td>b) Developed training programme and conducted training for the municipal administration;</td>
</tr>
<tr>
<td>c) Developed training programmes for:</td>
</tr>
<tr>
<td>1. Social workers to work with adults with different disabilities (people with psycho disorders, people with intellectual retardation and people with physical disabilities);</td>
</tr>
<tr>
<td>2. Social workers to work with lonely elderly people;</td>
</tr>
<tr>
<td>3. Individual social work;</td>
</tr>
<tr>
<td>4. Planning, management and provision of alternative social services for risk groups;</td>
</tr>
<tr>
<td>5. Social assessment of the disability</td>
</tr>
<tr>
<td>d) Conducted training of about 300 social workers from Social Assistance</td>
</tr>
</tbody>
</table>

### Objectively verifiable indicators

<table>
<thead>
<tr>
<th>OVI Phase 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Models for services within the community developed;</td>
</tr>
<tr>
<td>• Performed 2 needs assessments;</td>
</tr>
<tr>
<td>• Model of hospice</td>
</tr>
<tr>
<td>• Accreditation criteria for hospices;</td>
</tr>
<tr>
<td>• National awareness campaign;</td>
</tr>
<tr>
<td>• Training of NGO sector representatives;</td>
</tr>
<tr>
<td>• Training of municipal administrations;</td>
</tr>
<tr>
<td>• 5 training programmes for social workers elaborated;</td>
</tr>
<tr>
<td>• 300 social workers trained;</td>
</tr>
<tr>
<td>• 300 people staff from specialized institutions trained;</td>
</tr>
<tr>
<td>• Trained staff of MH and MLSP.</td>
</tr>
</tbody>
</table>

### Sources of Verification

| • PIU reports; |
| • Reports from MLSP, MH, MES, ASA, SACP; |
| • Ex-post survey. |
| • Official reports from international institutions; |
| • Reports issued by the TA; |

### Assumptions

| • People willing to use the benefits of the alternative social services – different risk groups and their families; |
| • Appropriate capacity of the municipalities, nongovernmental and private sector for participation in the social services delivering; |
| • Good cooperation between central and local authorities; |

---
Directorates of ASA on municipal and regional level and the regional structures of SACP under the developed programmes by the TA:
e) Conducted training of about 300 people staff from the specialized institutions for provision of social services under the developed programmes by the TA;
f) Conducted training of staff from MH and MLSP on methodological guidance and control of the hospices.

Elaboration of selection criteria:
- Elaborated set of criteria for selection of the target regions under sub-component 3.1 from Component 3 of the Grant scheme, where the eligible activities are: establishment of acute wards in the general hospitals and establishment of day care centers with sheltered homes and information centers;

B) Expected results from the twinning component on mental health:
- Model of community psychiatry evaluated and further developed;
- Training modules evaluated and further developed;
- Curricula/programmes for professional education/training in community psychiatry care evaluated and further developed;
- Evaluated and revised set of indicators and methodology for data collection for the assessment of the newly established services;

C) Expected results from the Grant Scheme for provision of community based social and mental health services
About 20 grants for provision of community based social and mental health services.

Grant scheme Component 1 – Provision of community based social services for children:
1. Integrated community-based services for children and their families developed and implemented on local level;
2. Extended and diversified services for children and families;
3. Decreased number of children, entering specialized institutions;
4. Specialized institutions reformed, transformed or closed.

Grant scheme Component 2 – Provision of community based social services:
- Number of community-based services for children developed;
- Number of specialized institutions transformed and reconstructed into alternative form for provision of social services;
- Established at least 2 social services “Sheltered Homes” for adults with physical disabilities; Provision of services to at least 8 people (per “Sheltered Home”);
- Established at least 2 social services “Sheltered Homes” for adults with psycho disorders; Provision of services to at least 8 people (per Sheltered Home);
- Established at least 2 social services “Sheltered Homes” for adults with intellectual retardation; Provision of services to at least 8 people (per Sheltered Home);
- Established least 2 social services “Day Care Centres” for lonely elderly people; Provision of the complex of services to at least 30 people (per Day Care Centre);
- Established at least 2 fully operational hospices; Provision of the complex of services to at least 20 people (per Hospice).

Grant scheme Component 3 – Provision of community-based mental health services:

**Sub-component 3.1**
- Established acute psychiatric wards in general hospitals in at least 3 administrative regions;
- Day Care Centres with Sheltered Homes and Information Centres functioning in at least 3 administrative regions;

**Sub-component 3.2**
- Clinic for Child and Adolescent Mental Health Care providing a continuum of services and functioning as a centre for training of students and specialists established or further developed;

- Number of established community-based social services for people with physical disabilities, people with psycho disorders, people with intellectual retardation and lonely elderly people
- Number of direct beneficiaries provided with alternative social services;
- Number of established acute psychiatric wards and Rehabilitation Centres with sheltered home and information centre;
- Clinic for Child and Adolescent Mental Health Care established
### Results - Phase 2

#### A) Grant Scheme for provision of community based social and mental health services:

Grant scheme Component 1 – Provision of community based social services for children

1. Integrated community-based services for children and their families developed and implemented on local level;
2. Extended and diversified services for children and families;
3. Decreased number of children, entering specialized institutions;
4. Specialized institutions reformed, transformed or closed.

Grant scheme Component 2 – Provision of community based social services

- Established and developed at least 8 community based social services for people with physical disabilities, people with psycho disorders, people with intellectual retardation and lonely elderly people;
- At least 150 persons benefited from these services;
- Provided community based services (as identified in the models developed in Phase 1);
- 4 specialized institutions transformation and reconstruction into alternative form for provision of social services (1 institution for people with physical disabilities, 1 institution for people with psycho disorders, 1 institution for people with intellectual retardation and 1 institution for lonely elderly people, all of them managed by the municipalities and under the supervision of MLSP).

Grant scheme Component 3 – Provision of community-based mental health services

**Sub-component 3.1**

- Established at least 4 Acute psychiatric wards in the general hospitals;
- Established at least 4 Day Care Centres with Sheltered Homes and Public Information Centres for persons with acute psychiatric disorders in the target regions.

**Sub-component 3.2**

- At least 1 specialized psychiatric hospital transformed and reorganized.

### OVI Phase 2

- Number of community-based services for children developed;
- Number of specialized institutions transformed and reconstructed into alternative form for provision of social services;
- Number of established community-based social services for people with physical disabilities, people with psycho disorders, people with intellectual retardation and lonely elderly people;
- Number of direct beneficiaries provided with alternative social services;
- Number of established acute psychiatric wards and Rehabilitation Centres with sheltered home and information centre;
- Number of transformed specialized psychiatric institutions;
### Results - Phase 3

A) Conducted assessment on the progress in the process of deinstitutionalization and the process of community psychiatry development

B) Grant Scheme for provision of community based social and mental health services:

**Grant scheme Component 1 – Provision of community based social services for children**

1. Integrated community-based services for children and their families developed and implemented on local level;
2. Extended and diversified services for children and families;
3. Decreased number of children, entering specialized institutions;
4. Specialized institutions reformed, transformed or closed.

**Grant scheme Component 2 – Provision of community based social services**

- Established and developed at least 10 community based social services for people with physical disabilities, people with psycho disorders, people with intellectual retardation and lonely elderly people;
- At least 200 persons benefited from these services;
- Provided community based services (as identified in the models developed in Phase 1);
- 8 specialized institutions transformation and reconstruction into alternative form for provision of social services (2 institution for people with physical disabilities, 2 institution for people with psycho disorders, 2 institution for people with intellectual retardation and 2 institution for lonely elderly people, all of them managed by the municipalities and under the supervision of MLSP).

**Grant scheme Component 3 – Provision of community-based mental health services**

- Established at least 5 Acute psychiatric wards in the general hospitals;
- Established at least 5 Day Care Centres with Sheltered Homes and Public Information Centres for persons with acute psychiatric disorders in the target regions.

**Sub-component 3.2**

- At least 2 specialized psychiatric hospitals transformed and reorganized.

### OVI Phase 3

- Report for assessment of the progress in the process of deinstitutionalization and the process of community psychiatry development;
- Report of recommendations for improvement of the work in the field of the deinstitutionalization of the social services;
- Number of community-based services for children developed;
- Number of specialized institutions transformed and reconstructed into alternative form for provision of social services;
- Number of established community-based social services for people with physical disabilities, people with psycho disorders, people with intellectual retardation and lonely elderly people;
- Number of direct beneficiaries provided with alternative social services;
- Number of established acute psychiatric wards and Rehabilitation Centres with sheltered home and information centre;
- Number of transformed specialized psychiatric institutions;
<table>
<thead>
<tr>
<th>Activities</th>
<th>Means</th>
<th>Assumptions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Activities - Phase 1</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>A) Technical Assistance</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Development of models for services and needs assessments:</td>
<td>• Service contract;</td>
<td>• Eligible organizations and municipalities willing to participate in the grant schemes;</td>
</tr>
<tr>
<td>a) Development of models for services within the community for social inclusion of lonely elderly people;</td>
<td></td>
<td>• Eligible organizations willing to apply for the service contracts under the project;</td>
</tr>
<tr>
<td>b) Development of models for services within the community for adults with disabilities and their families;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Carrying out an assessment of the needs of the municipalities all over the country from different types of community base social services;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Carrying out a needs assessment for establishment of organized palliative care through hospices;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) Development of an adequate model of hospice according to the existing best practices and Bulgarian conditions taking into consideration Recommendation Rec (2003) 24 of the Committee of the Ministers to member states on the organization of palliative care;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) Elaboration of accreditation criteria for hospices;</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>National awareness campaign:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Development of design of informational campaign concerning the aims of the project as well as the necessity of change in the public attitude towards the different risk groups;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Conduction of the national awareness campaign;</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Training activities:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Development of a programme for training and carrying out the training of representatives from the non-governmental sector</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Development of training programme and carrying out the training for the municipal administration in the municipalities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Development of training programmes for:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Social workers to work with adults with different disabilities (people with psycho disorders, people with intellectual retardation and people with physical disabilities);</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Social workers to work with lonely elderly people;</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3. Individual social work;
4. Planning, management and provision of alternative social services for risk groups;
5. Social assessment of the disability

d) Training of about 300 social workers from Social Assistance Directorates of ASA on municipal and regional level and the regional structures of SACP under the developed programmes by the TA;

e) Training of about 300 people staff from the specialized institutions for provision of social services under the developed programmes by the TA;

f) Training of staff from MH and MLSP on methodological guidance and control of the hospices.

**Elaboration of selection criteria:**

- Elaboration of a set of criteria for selection of the target regions under sub-component 3.1 from Component 3 of the Grant scheme, where the eligible activities are: establishment of acute psychiatric wards in the general hospitals and establishment of day care centres with sheltered homes.

**B) Twinning Component on mental health**

a) Evaluation and further development of the model of community psychiatry;

b) Evaluation and further development of training modules;

c) Evaluation and further development of curricula for university education of medical professionals in community psychiatry, including curriculum in psychosocial rehabilitation and a specialization of psychiatric nursing and support to their accreditation;

d) Evaluation and further development of indicators and methodology for data collection for the assessment of the newly established services;

**C) Grant Scheme for provision of community based social and mental health services**

**Grant scheme Component 1 – Provision of community based social services for children**

- Prevention of child abandonment, abuse, neglect or institutionalization, and
- Necessary and proper protection of children and families at risk, according to the particularities of each child’s case/situation.

**Grant scheme Component 2 – Provision of community based social services**

- Twinning Covenant
- Grants.
- Establishment of at least 2 services “Sheltered Homes” for adults with physical disabilities;
- Establishment of at least 2 services “Sheltered Homes” for adults with psycho disorders
- Establishment of at least 2 services “Sheltered Homes” for adults with intellectual retardation
- Establishment of at least 2 services “Day Care Centres” for lonely elderly people
- Establishment of 2 fully operational hospices,

**Grant scheme Component 3 – Provision of community-based mental health services**

**Sub-component 3.1**

- Establishment of at least 3 acute psychiatric wards in the general hospitals;
- Establishment of at least 3 Day Care Centres with Sheltered Homes and Public Information Centres for persons with acute psychiatric disorders.

**Sub-component 3.2**

- Establishment of 1 Clinic for Child and Adolescent Mental Health Care

**Activities Phase 2**

**A) Grant Scheme for provision of community based social and mental health services**

**Grant scheme Component 1 – Provision of community based social services for children**

- Prevention of child abandonment, abuse, neglect or institutionalization, and
- Necessary and proper protection of children and families at risk, according to the particularities of each child’s case/situation.

**Grant scheme Component 2 – Provision of community based social services**

1. Financial support for establishment and provision of at least 8 community based social services for people with physical disabilities, people with psycho disorders, people with intellectual retardation and lonely elderly people;
2. Financial support for provision of community based services (as identified in the models developed in Phase 1) aimed at: social inclusion of lonely elderly people; support for the families with people with disabilities.
3. Financial support for transformation and reconstruction of 4 specialized institutions into alternative form for provision of social services;

**Grant scheme Component 3 – Provision of community-based mental health services**

**Means Phase 2**

- Grants
Sub-component 3.1
- Financial support for establishment of at least 4 Acute psychiatric wards in the general hospitals;

Sub-component 3.2
- Financial support for transforming and reorganizing of the conditions in the existing specialized psychiatric hospitals.

Activities Phase 3

A) Assessment of the progress in the process of deinstitutionalization and the process of community psychiatry development

B) Grant Scheme for provision of community based social and mental health services

<table>
<thead>
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<td>• Prevention of child abandonment, abuse, neglect or institutionalization, and</td>
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<td>• Necessary and proper protection of children and families at risk, according to the particularities of each child’s case/situation.</td>
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<td>3. Financial support for transformation and reconstruction of 8 specialized institutions into alternative form for provision of social services</td>
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| Grant scheme Component 3 – Provision of community-based mental health services |

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<td>• Financial support for transforming and reorganizing of the conditions in the existing specialized psychiatric hospitals.</td>
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Means Phase 3

- Service contract
- Grants

Preconditions

| Phare funding. |
## Annex 2

### Implementation Chart – Development of community based services for risk groups

#### Phase 1

<table>
<thead>
<tr>
<th>Components</th>
<th>2004</th>
<th>2005</th>
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<td>Q 5</td>
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<td>Monitoring</td>
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#### Phase 2

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## ANNEX 3

### Phase 1

**Project title:** Deinstitutionalization through provision of community based services for risk groups

<table>
<thead>
<tr>
<th>Contracting</th>
<th>Cumulative contracting schedule by quarter in € m (provisional)</th>
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### Phase 2

**Project title:** Development of community based services for risk groups

<table>
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<td>III</td>
<td>IV</td>
</tr>
</tbody>
</table>
ANNEX 4

Reference to feasibility/pre-feasibility studies

4.1 Governmental Program 2001-2005;
4.2 Plan for Decreasing the Number of Children Placed in Specialized Institutions.
4.3 Health Act 2003 (draft) – Chapter Five on Mental Health
4.4 National Mental Health Programme 2001-2005 (executive summary)
4.6 Information about children in institutions for 2002
4.7 Regulations on the implementation of the Social Assistance Act
Annex 4.1

GOVERNMENTAL PROGRAM 2001-2005

Social Assistance and Social services

Objectives
Stimulating of the alternative forms of social care – from care in the institutions towards community-based and non-institutional care;
Improvement of the quality of life and social integration;
Preparing people with disabilities for independent way of life and respectively their inclusion in the society;
 Provision of equal opportunities for people with disabilities in their inclusion in the economic and social processes and ensuring of their individual choice;
Improvement of the child welfare through development of alternative services for child protection and provision of support to their families;
Elaboration of mechanism for delivering of social services through active involvement of NGOs;
Increasing of the competitiveness of the supplied social services;
Prevention against social isolation and discrimination of the disadvantaged groups;
Improvement of the social infrastructure in order to meet the required quality of the supplied social services;
Establishment of Day Care Centers, Rehabilitation Centers, Consulting Centers substituting the current institutions;
Equal spatial and profile distribution of the different social centers.

Long-run measures

- Implementation of the National strategy for equal chances for the people with disabilities
- Establishment of Day Care Centers in one third of municipalities
- Decreasing number of people in institutions
- Implementation of the Municipal strategies for development of services for children and their families;
- Implementation of the adopted program for improvement of the existing social infrastructure

Health for everybody

Improvement of the mental health of the people

Objectives
- Introduction of modern principles of prevention and medical treatment of the mental diseases;
- Humanization and sociologization of the psychiatry

Long-run measures

Establishment of 10 modern centers such as Day hospitals for servicing people with chronic mental disabilities and reactive mental disorders.
Plan for decreasing the number of children in the specialized institutions in Bulgaria for the period 2003-2005

On 28.08.2003, the Council of Ministers adopted a Plan for decreasing the number of children in the specialized institutions in Bulgaria for the period 2003-2005. The adoption of the plan is in implementation of the main priorities of the Bulgarian government – increase of the common welfare of children placed in specialized institutions. As a result of implementation of the Plan, a 10% reduction of the number of children placed in specialized institutions has to be achieved by the end of 2005, which is the deadline for the implementation of all activities under the Plan. The most important are as follows:

- prevention of abandonment,
- training and promoting foster families,
- rendering support to families with children with disabilities to look after them,
- development of services like day centres, protected lodging, etc. to serve as an alternative to institutional cares.
- evaluation of existing institutions will be made to close down those that do not meet state requirements.
- an overall assessment of the situation and the needs of all children in the institutions following a methodology for individual assessment designed beforehand.
- Strengthening the professional capacity of the staff in institutions and of social workers, as well as of the Departments for child protection in “Social Assistance” directorates.

The results, which we hope to achieve with the implementation of the plan are:

- Individual approach for every child, who needs protection;
- Regulation and narrowing the entry to the specialized institutions for children: decreasing the number of the children, entering into the institutions;
- Regulation and enlargement of the exit of the specialized institutions for children: increasing the number of the children, departing from the institutions;
- Elaboration of individual plans for every child, placed in specialized institution and improvement of the quality of care;
- Creation of conditions for development of alternative services network. Establishment of work places;
- Establishment and increasing the capacity of the social workers from the Child Protection Departments within Social Assistance Directorates;
- Raising the public awareness about the reform in the field of the children cares, targeted to decreasing the number of the children in specialized institutions and development of community based services;
- Reformation of the specialized institutions for children and sensitive increase in the quality of care, provided there.

The Bulgarian government adopted a National Action Plan Against Commercial Sexual Exploitation of Children (CM Decision ? 614 of 5.09.2003?). The overall objective of the plan is the prevention of sexual exploitation of children and adequate protection through mobilizing the resources of the State and civil society. The operative goals are:

- Increasing the knowledge of the children about the problem “sexual exploitation” and development of mechanisms for prevention.
- Increasing the capacity of professionals, working with children.
• Media policy of the institutions targeted to increasing the knowledge of the society towards “sexual exploitation of children” problem and fixing of “zero tolerance” towards violence and exploitation of children.
Synchronizing of the Bulgarian legislation with the international standards, improvement of the protection of children – victims rights.
Establishment of system with measures for the perpetrators.
• Rehabilitation and reintegration of the sexual exploitation victims.
• Participation of children in the process of development of appropriate strategies and measures; implementation of all activities against sexual exploitation of children.
• Development and establishment of a national mechanism for exchange of information between involved institutions and organizations.”
Annex 4.3

CHAPTER FIVE

MENTAL HEALTH

Section One

Mental Health Protection

Article 145.

(1) The state and municipalities and NGOs shall organise mental health protection activities related to:
1. providing accessible and high quality medical aid, care and support to people suffering from mental disorders as needed for their life in the family and society;
2. mental health protection in groups at risk: children, students, aged people, individuals staying in social care establishments, the military, people in custody and prisoners;
3. active prophylaxis of mental disorders;
4. support to public initiatives in the field of mental health care;
5. specialised continued training of people involved in activities in the field of mental health protection;
6. implementation of programmes to promote and protect the mental health of people involved in teaching, medical treatment provision, social reintegration, organisation, management and public order enforcement;
7. applied research focused on mental health promotion;
8. keeping the public informed on mental health problems.

(2) The municipalities shall provide conditions for psycho-social rehabilitation and financial and material support, including provision of housing to people suffering from mental disorders.

Article 146.

(1) People suffering from mental disorders in need of specialised health care shall be:
1. mentally ill individuals who have been found to suffer from seriously impaired mental functions (psychosis or grave personality derangement), or permanently afflicted by mental injury as a result of a mental disorder;
2. persons affected by a moderate, grave or profound degree of mental retardation or dementia;
3. persons with other impairments of the mental functions or learning and adaptation difficulties, who need medical support and other forms of care and help so as to integrate in their families and the social environment.

(2) Any person suffering from a mental disorder shall have the right to treatment and care on an equal footing with the patients suffering from other disorders.

Article 147.

(1) No individual can be compelled to undergo a medical examination with the intent of discovering a mental disorder or subjecting him/her to a mental disorder treatment, except under the terms and conditions defined by the Law.

(2) The mental disorder identification assessment cannot be based on family, professional or other conflicts or information concerning a previous mental disorder.
**Article 148.**

The major principles in the treatment of persons affected by mental disorders shall be as follows:

1. least possible restriction of the personal freedom and respect for the rights of the patient;
2. lower institutional dependence of the mentally ill persons on long-term hospital treatment, provided this does not run counter to the established medical standards;
3. establishment of a wide network of specialised outpatient psychiatric care establishments and care promotion in the family and the social environment;
4. integration and equal treatment of psychiatric care with the other medical areas;
5. adherence to the humanitarian and legal standards and principles in the process of treatment and social integration;
6. promotion of self-help and mutual assistance and provision of active public and professional support to persons suffering from mental health disorders;
7. specialised training, vocational training and retraining of persons suffering from mental disorders and activities for the purpose of their social integration;
8. participation of humanitarian non-governmental organisations in the process of treatment and social integration.

**Article 149.**

(1) The treatment of persons suffering from mental disorders shall be conducted in medical establishments for primary or specialised outpatient care, medical establishments for stationary psychiatric care, dispensaries, specialised wards of multi-profile hospitals and homes for medical and social care.

(2) The medical activities related to the treatment of mentally ill patients shall include diagnostic research, medication and instrumental methods of treatment and psychotherapy. The terms and procedures for their implementation shall be established in an Ordinance issued by the Minister of Health.

(3) All forms of mental surgery shall be prohibited for change into the morphology of the central mental system aiming to achieve certain mental characteristics.

**Article 150.**

(1) Measures of temporary physical restraint may be applied to patients with identified mental disorders who have lapsed in a state posing direct and immediate threat to their own health or life or to the health and life of other people.

(2) The measures under Paragraph 1 shall be applied only as a precondition to carry out treatment and shall not be used as substitute of active treatment.

(3) The resort to physical restraint measures shall be ordered by a doctor who shall determine the type of measure and the period of its application. This period may not be longer than 6 hours.

(4) The measures under Paragraph 1 shall be enforced by staff previously trained for the purpose.

(5) The type of physical restraint measures resorted to, the reasons necessitating them, the period of their enforcement, the name of the doctor who has ordered them and the medical treatment applied shall be recorded in a special log of the medical establishment and in the case history.

(6) The persons subjected to physical restraint measures shall be under permanent observation by a doctor or a medical nurse.

(7) The type, mode, terms and procedures for enforcement of physical restraint measures shall be determined under approved medical standards.
(8) The procedure of enforcement of physical restraint measures shall be defined in an Ordinance issued by the Minister of Health and the Minister of Justice.

Article 151.

(1) The work therapy of persons suffering from mental disorders shall be part of the psycho-social rehabilitation programmes.
(2) In the course of work therapy any form of exploitation and coercion to work shall be inadmissible.
(3) The activities in the field of production organisation, the working conditions and the mode of remuneration for work shall be regulated in an Ordinance of the Minister of Health in agreement with the Minister of Labour and Social Policy and the Minister of Finance.

Article 152.

(1) Health units shall be set up in the specialised institutions providing social services to persons with mental disorders and a doctor or a doctor’s assistant or a medical nurse or shall be employed in such units.
(2) The health units shall carry out activities as follows:
1. permanent medical observation;
2. provision of first aid;
3. monitoring the patients’ state of hygiene;
4. ongoing control of the state of hygiene on the premises;
5. preparing and maintaining a medical file on each patient.

Article 153.

(1) Emergency psychiatric care shall be a combination of medical rules and activities applied to individuals with obvious symptoms of mental disorder when their conduct or condition poses a direct and immediate threat to their own health and life or to the health and life of other people.
(2) Emergency psychiatric care shall be provided at psychiatric dispensaries, stationary psychiatric care establishments, psychiatric wards or clinics at the multi-profile hospitals and medical emergency centres.
(3) Emergency psychiatric care shall be provided in accordance with the established medical standards.

Article 154.

(1) When the condition of the person under Article 146, Paragraph 1, items 1 and 2 necessitates continuation of the treatment after the emergency is under control, the director of the medical establishment decides on the persons’ temporary placement for treatment for a period not longer than 24 hours and shall immediately notify the relatives of the patient of that decision.
(2) By way of exception the period under Paragraph 1 may be prolonged only once by no more than 48 hours with the permission of the Regional Judge.
(3) Whenever a decision has to be made for mandatory treatment the director of the medical establishment shall immediately submit a well-grounded application to the court, attended by an assessment of the mental condition of the patient signed by a psychiatrist.
Section Two

Mandatory Placement and Treatment

Article 155.

(1) The persons under Article 146, Paragraph 1, items 1 and 2 shall be subject to mandatory placement and treatment ordered through a court warrant if it is found on the basis of sufficient evidence that because of their derangement they may commit a crime or pose a direct and immediate threat to themselves or to other people.

Article 156.

(1) The mandatory placement and treatment of the persons under Article 155, shall be ordered with a warrant of the Regional Court at the current address of the person and in the cases under Article 154 – by the Regional Court at the location of the medical establishment.
(2) Mandatory treatment shall be provided in medical establishments for stationary psychiatric care and psychiatric dispensaries, psychiatric wards (clinics) of multi-profile hospitals and medical establishments providing outpatient specialised psychiatric care.

Article 157.

Mandatory placement and treatment may be requested by the Prosecutor and in the cases under Article 154, Paragraph 3 by the director of the medical establishment.

Article 158.

(1) The court shall submit copies of the request of mandatory placement and treatment to the person whose placement is to be considered. The latter may appeal and submit evidence in support of the appeal within a period of seven days.
(2) The court shall review the case at an open session in the presence of the person under the previous Paragraph within a period of two weeks from the submission of the request.
(3) Whenever permission has been given by the Regional Judge in the order of Article 154, Paragraph 2, the Court shall immediately consider the case and Paragraph 1 shall not be applied in these circumstances. The copies shall be submitted at the session of the court and the director of the medical establishment shall ensure the presence of the person at the session.
(4) The participation of a prosecutor and a defence council in the proceedings shall be mandatory.
(5) The person whose placement has been requested shall be personally questioned and if necessary, he/she shall be brought to the court hearing by force. When the condition of the person prevents him/her from coming to the court hearing, the court shall be obliged to gather direct impressions of his/her condition.
Article 159.

(1) The Court shall appoint legal-psychiatric expert assessment if any of the circumstances under Article 155 are found to be at hand and it shall consult an expert psychiatrist regarding the probable mental derangement of the person concerned. The court shall specify the form of conducting expert assessment - ambulatory or stationary.

(2) The Court shall name the medical establishment and the expert to make an expert assessment and set a deadline for its completion, which shall not be longer than 14 days; it shall also appoint the next hearing of the case not later than 48 hours following the completion of the expert assessment.

(3) If the deadline for the completion of the expert assessment turns out to be too short, by exception the court may rule a single extension for a period not longer than 10 days. The court in that case shall postpone the hearing set under Paragraph 2 with the same period of time.

(4) If the Court finds no circumstance under Article 155 or no mental disorder is found to affect the person after the consultation with an expert psychiatrist, the Court shall close the case.

Article 160.

(1) The legal-psychiatric expert assessments shall be carried out in compliance with the procedure established in an Ordinance of the Minister of Health and the Minister of Justice.

(2) No treatment shall be provided in the course of the expert assessment except in case of emergency or with the informed consent of the person.

(3) Along with the expert assessment the expert shall give his/her opinion on the patient’s competence to give informed consent for treatment, propose treatment for the specific disorder and recommend medical establishments where such treatment can be conducted.

Article 161.

(1) The decision of the Court for termination of the case or ordering an expert assessment may be appealed against and contested within a period of three days. The appeal shall suspend the expert assessment unless otherwise ruled by the Court.

(2) The Court of Appeal shall announce its ruling at an open session. Any failure on the part of the person to appear without good reason shall not be an obstacle to the hearing of the case.

Article 162.

(1) After hearing the person's statement concerning the conclusions of the legal psychiatric expert assessment the Court shall announce its decision on the ground of the submitted evidence.

(2) In its decision the Court shall decide on the need of mandatory treatment, appoint the medical establishment and whether the person is competent or incompetent to give informed consent. The Court shall determine the period of placement and treatment and the form of treatment – ambulatory or stationary.

(3) Having found that the person is incompetent the Court shall order mandatory treatment and assign a person from among the relatives of the patient for the purpose of giving informed consent for the treatment. In case of a conflict of interests or absence of relatives, the Court shall appoint a representative of the municipal health office or a person assigned by the mayor of the municipality where the medical establishment is located to give informed consent for the treatment of the person.
Article 163.

(1) The decision of the court may be appealed against within a period of seven days of its issue. The Court of Appeal shall rule on the case within a period of seven days. Its decision shall be final.
(2) The appeal against the decision for mandatory placement and treatment shall terminate its enforcement, unless ruled otherwise by the first instance or the instance of appeal.

Article 164.

(1) The mandatory treatment shall be terminated upon the expiration of the period for which it has been prescribed or by the ruling of the Regional Court where the medical establishment is located.
(2) Once in every three-month period, the Regional Court in the area where the medical establishment is located shall issue an official ruling based on the legal psychiatric expert assessment whether the mandatory placement and treatment should be terminated or continued in compliance with the provisions of Article 158, Article 159, Article 160 and Article 161.
(3) If the prerequisites for mandatory placement and treatment have been removed prior to the expiration of the term prescribed, the mandatory placement and treatment may be terminated by the Court at the request of the patient, the Prosecutor or the Director of the medical establishment.

Article 165.

(1) The provisions of the Penal Procedure Code shall be applied, unless other special provisions of this Chapter are effective.
(2) The effective decision for a mandatory placement and treatment and the Court ruling for the appointment of a legal psychiatric expert assessment shall be implemented by the medical establishments assigned and whenever necessary the latter shall obtain the support of the law enforcement authorities.
“Translation of the civil society values in the language of mental health practices and culture of health care services, defines mental health reforms as a priority number one of current health policy. This means that efforts should be focused upon structural changes, changes in leadership and management of services as well as at training of personnel to function in a new organisational setting and from the perspective of new professional roles.”

National Programme for the Mental Health of the Citizens of the Republic of Bulgaria

??. Introduction

Health care reforms in Bulgaria are targeted at the improvement of the health status of the population through optimising the forms of property, the structure, the management and the funding of the national health care system. Such a transformation would imply a radical change in the philosophy and policy of health care, shifting the priority of funding to cost-effective structures and medical technologies. Reforms will impose an economic expediency of service organisation and will reduce the social burden of mental illness.

???. Outline of the current situation of the mental health care in Bulgaria

1. Structures available.
In 2000 psychiatric services in Bulgaria are offered in 11 specialized hospitals with 3075 beds, 12 dispensary wards with 593 beds and 9 psychiatric clinics with 896 beds. Distribution of hospital beds in the different regions is uneven and specialized services for children and adolescents are largely lacking.

1. Organization of psychiatric services.
Differentiation of psychiatric beds in terms of equipment with nursing care practically does not exist in Bulgaria. 20-30% of the hospital beds actually function as nursing homes without stating so and without offering the proper psychosocial rehabilitation services, needed in cases of severe psychosocial dysfunction.

At present costs of psychiatric services are calculated on the basis of visible resources. These are unevenly distributed among the different services without proper reasoning for this uneven distribution.

3. Human resources in the psychiatric system.
The basic professions involved in mental health service provision at present are psychiatry and general nursing. Professions such as clinical psychology, clinical social work,
psychiatric nursing, and psychotherapy are represented in a disproportional manner or are not included at all.

4. Training.
5 university departments of psychiatry in the country offer training. Curricula for training and post-graduate specialization are not standardized, each of the training institutions offering skills and knowledge upon their decision. Practical skills are not considered a priority, except for a few of the programmes. No specialized training in psychiatric nursing is available.

???. Basic disadvantages of mental health services

1. Disadvantages of the institutional model of service provision.
Institutional psychiatry is grounded on negative public attitudes towards psychiatric illness as a condition, which is dangerous for the others. Rather than providing treatment, institutional psychiatry exerts control through exclusion and deprives patients of their human rights. On top of this it is too expensive compared to the economical conditions of the country.

2. Disadvantages in public attitudes.
Stigma is the prevailing public attitude towards mental illness, and it has an economic and a legal impact on patients and their families, raising highly the family burden of disease.

3. Disadvantages of service organization.
- Psychiatric treatment does not allow for care programmes, tailored to the individual needs.
- The success of service provision depends on the capacity of patients to organize the services for him/herself, which is often damaged.
- Hospital care fosters dependency.
- Nomenclature of services offered and clearly announced service profiles are not available in the separate services.
- Regional needs are not taken into account in service development.
- There is no system, which evaluates the cost effectiveness of services put in place.
- The prevailing medical model for handling psychiatric illness is largely helpless with most of the problems posed by patients and their families.

?V. Basic principles of the programme and strategy for their implementation.

1. Care provision at the patient’s home.
2. Viewing services in their interrelation.
3. Interrelation between the separate structures and development of algorithms.
4. Co-ordination with other programmes.
5. Development of regional mental health programmes.
7. Care provision tailored to the nature of the problems and the ensuing needs.
8. Community services.
9. Implementation of the low package presenting the legal framework for the reforms.
10. Introducing modern medical technologies.
11. Psychosocial rehabilitation.
12. Observance of the human rights of the patients and participation of psychiatric patients in service management.

V. Aims of the mental health reforms programme

- To reduce the incidence and prevalence of psychiatric diseases;
- To reduce the mortality related to psychiatric diseases;
- To reduce the other unfavorable consequences of the psychiatric disorders: poor somatic health, disturbed psychosocial functioning, low social status, family burden;
- To improve the quality of psychiatric services and interventions and develop mechanisms for the control and monitoring of the diagnostic and treatment process;
- To change the negative perception of the victims of mental illness on the part of the community and to improve their quality of life;
- To integrate to a maximum degree the process of psychiatric care provision into the overall system of health care in the country;
- To study the causes, consequences and care, related to particular psychiatric disorders;
- To reduce the percentage of re-hospitalized patients with 1/3 within the frame of the programme implementation period;
- To increase the capacity to identify mental health needs with 50%.

V?. Tasks

1. To evaluate the existing mental health activities on the territory of the country.
2. To reveal the population’s mental health care needs.
3. To develop programmes for prevention and early interventions in cases of prodromes of psychosis.
4. To introduce programmes for case management and psychosocial interventions in the community.
5. To put in place the organizational basis, the procedures and the regulations for modern psychiatric service provision.
6. To provide the conditions needed to integrate psychiatric service provision into the inpatient and outpatient health care services, through integrating a number of psychiatric services into the package of the primary care physicians in the ambulatory services.
7. To develop a plan for fostering favourable conditions for setting up specialized psychiatric practices within an easy reach of the population.
8. To develop a plan for setting up day care centers in the specialized group psychiatric practices, the medical, the diagnostic-consultative centers and the dispensary wards, for people with social dysfunction.
9. To open psychiatric wards in the general hospitals.
10. To evaluate, reformulate and develop the profiles of the specialized psychiatric hospitals and to develop a plan how to close down those among them, which have no future.
11. To plan and conduct training with primary care doctors, including specific components, which would raise their sensitivity to mental health problems.
12. To develop and introduce standards of care for the mentally ill patients in the outpatient primary and specialized care. To develop the patient’s pathways to care in the outpatient and inpatient services and to develop new pathways to care, as well as follow-up for the referred cases.
13. To develop and introduce standards for inpatient care.

14. To develop and introduce a new concept for filing and information exchange related to incidence.

15. To work out regional programmes for the development of outpatient psychiatric services, based on evidence about their current state, the catchment area served and on surveys of the general population in a particular area.

16. To develop a structure for the provision of housing for the psychiatric patients in the community – hospices and nursing homes, which meet the needs of different intensity of care for the people with psychosocial dysfunction.

17. To develop a register of the individuals with psychiatric illness.

18. To develop and implement a normative basis for the rights of the psychiatric patients, as a part of a future chart for the rights of the patient.

**V???. Stages of the implementation of the reforms**

1. Initial (preparatory) stage

   *Section 1:* Regulations for the regional activities under the reform programme
   *Section 2:* Psychiatric service provision
   *Section 3:* General practice
   *Section 4:* Social welfare
   *Section 5:* Suicide prevention
   *Section 6:* Substance abuse and dependence
   *Section 7:* Training of personnel
   *Section 8:* International collaboration
   *Section 9:* Continuing education and good practice standards
   *Section 10:* Legislation
   *Section 11:* Work with the mass media

2. Implementation of the regional plans: 2001-2005

**V????. Executors**

1. The particular executors of the preparatory stage, as well as the clinical bases, which will implement the separate sections will be appointed by the Minister of health upon the suggestion of the Executive council.

2. The executors of the regional plans are as follows:
   - Medical doctors, with a recognized specialization in psychiatry;
   - Nurses;
   - General practitioners;
   - Clinical psychologists;
   - Social workers;
   - Professionals in health management;
   - University departments of psychiatry;
   - University departments of general medicine.

**???. Monitoring and verification of the programme implementation**

*Indicators concerning the resources (“input” indicators)*
• Recruitment of funding for the programme implementation, additional to the one allocated by the Programme budget.
• Raising the competencies needed for the implementation of the priority areas of the Programme.
• Expanding the capacity for providing psychosocial rehabilitation, treatment of dementia, child psychiatric services, etc.
• Involvement of general practitioners, social workers and psychologists in the process of care provision for psychiatric patients.
• The volume of health information available on issues concerning mental health.

Indicators concerning the activities (“process” indicators)

• **Frequency of inpatient and outpatient episodes of the illness (including an analysis of their characteristics).**
• **Service utilization.**
• **Service cost-effectiveness.**

Indicators concerning the results (“outcome” indicators)

• **Death rate.**
• **Suicide rates.**
• **Incidence.**
• **Homelessness.**
• **Unemployment.**
• **Quality of life, etc.**

Characteristics of the reformed psychiatric system

1. Psychiatric beds will come closer to the patient’s place of residence.
2. Catchment areas will encompass territories with population of about 150,000 people and will provide a full range of services – inpatient, outpatient and rehabilitative.
3. The average number of psychiatric beds in a particular catchment area will be between 50 and 75.
4. The intensity of psychiatric nursing care will fit the service profile.
5. The relationship of the patient with his individual psychiatrist will be maintained by means of therapeutic sessions, six months after putting the symptoms under control.
6. Channeling referrals through the intake (ambulatory) offices will be replaced by direct access to the individual psychiatrist in cases, where the course of illness requires intensive management.
7. A network of different services will be set up, with specialists blending their contributions to one and the same case in a multidisciplinary team.
8. Ongoing evaluation of the quality and effectiveness of psychiatric services will be started, based on evidence for the results (“outcome” or “final product”) of the mental health system.
9. A reduction of hospital beds will take place with parallel introduction of specific units, offering psychiatric rehabilitation in the community.

10. The burden of care for the psychiatric patients with severe psychosocial dysfunction will be distributed among different partners in the services and in the community.

11. The distribution of psychiatrists will be optimized to fit the number of population served.

12. The number of social workers and clinical psychologists, directly involved in the care for the population, will be increased.

13. Training programmes for psychiatric nurses will be introduced.

14. The average length of hospital stay of patients will be reduced.

15. The health map of psychiatric services will be further elaborated to fit the local needs.

- Managerial bodies for the Programme

To provide for the successful implementation of the reform, the development of a broad social basis is needed both at the national and at the regional levels.

The managerial bodies responsible for the Programme implementation are composed in a way, which fits this understanding.

1. National consultative council for mental health reforms. This body is appointed with an official order signed by the Minister of health and is composed by representatives of 13 governmental and non-governmental institutions and organizations.

2. Executive administrative body. The National centre for public health will provide for the administrative back-up of the Programme.

3. Health care councils and regional health care centers. The health care councils will provide for the Programme implementation on the regional level. Their composition will recruit representatives of all stakeholders on the regional level: health care sectors, education, social welfare services, hospitals, local professional bodies and patients’ organisations.

- Funding

Part of the funding will be provided from the central budget. Additional resources will be sought from external funding organizations, i.e. foundations, World Bank, Council of Europe, etc.

- Period of implementation

The programme implementation period starts from the date of its endorsement by the Council of ministers and the appointment of the National consultative council for mental health reforms, and ends in the end of 2005.
Annex 4.5

MENTAL HEALTH POLICY (MHP) OF THE REPUBLIC OF BULGARIA
(2004 – 2012)

Priority of the health policy described below is the introduction of civil society values into the language of mental health practice and service culture. This means that efforts should be directed towards achievement of change in structure, governance and management as well as on the training of personnel who would be able to work under new organizational conditions and adopting new professional roles.

1. Introduction

Health reform in Bulgaria aims at improving health status of the Bulgarian citizens through development of modern institutions for delivery of medical services, their funding, and quality assurance. Substantial part of this reform is the reform in the field of mental health that is carried out in accordance with the National Mental Health Policy. Subject of the NMHP are those individuals who are severely socially disabled due to their mental-ill health.

2. Evaluation of the current status of the system for provision of mental health services to the citizens of Bulgaria.

Psychiatric health care in Bulgaria is provided through traditional institutional model that includes big hospitals and dispensaries and also a small number of outpatient services (individual or group psychiatric practices).

Territorial distribution of these structures is uneven without taking into consideration migration processes that took place during last decade and changed socio-political conditions. Most of the hospitals are isolated places build according to the principle for isolation characteristic for the midst of the last century. Placement of these buildings outside living areas is not in line with the territorial division of the country and do not follow naturally emerged areas for health care services. As a result, patients who are treated and placed in these institutions very often are far way from their homes, which disrupts their connections with families and undermines their resocialization. Hospitals serve several geographical regions, which makes their effective management and funding difficult.

The nature of mental illness suggests much more prominent social dysfunction than other medical conditions. On the other hand psychiatric care in Bulgaria is based predominantly on the biological understanding of mental illnesses. This leads to the dominance of medical interventions and lack of psychosocial rehabilitation. There is no concept as to how to incorporate the contribution of non-medical professionals into the treatment process.

The management of the system is not based on health-economical analyses and that makes it unviable in the market conditions. Psychiatric services offered are not grounded on the needs assessment of the population and there is no system for efficacy assessment.

3. Strategic goals of MHP

The main goal of MHP is to preserve and improve mental health of the population and also to bring mental health out from professional, organizational, and political isolation and to integrate it into the public health care system. In order to achieve this it is necessary to
develop multifunctional and community based mental health care services. The introduction of public health approach should provide for the integration of these services into the network of health services and for inter-sectional coordination with other sectors, i.e. social care, education, employment etc. This goal could be achieved through active involvement of local authorities into the process of service planning, funding and management.

Provision of mental health services is based on patients’ rights observation, on the needs assessment and on making provisions for the freedom of choice.

A principle of evidence-based services would be introduced. Evidences would be collected through systematic research.

Future system of mental health care should be adequately financed and economically effective. Quality of services would be assured through introduction of continuous monitoring and feedback based on nationally adopted quality standards and good clinical practice standards.

There should be changes in legislation in order to achieve these strategic goals.

4. Mental health policy principles

Community services. De-institutionalization.

New health technologies give opportunities to provide services for severely mentally ill in the community allowing maximum participation of the patients in the natural human societies without isolating them. This would be achieved through opening of day care centers for psychosocial rehabilitation, sheltered homes, and acute psychiatric wards in the general hospitals.

1.1.1.1. Human rights

The observation of human rights of mental health care consumers is a basic principle of the mental health policy. This would be achieved by keeping the balance between human rights observation and protection of the societal interests.

1.1.1.2. Quality of services

Quality of services is guaranteed by development of rules, clinical recommendations, procedures and assessment criteria that constitute algorithms for mental health services. All this is necessary in order to provide continuity and complexity of mental health care.

Integration of users in the process of treatment and rehabilitation. Generation of informal users’ groups

The integration of users could be achieved through creation of possibilities for their active participation in the service planning, carrying out of preventive and rehabilitative activities as well as in their own treatment plan. Patients’ participation in the management of services should be encouraged and initiatives for formation of informal groups of users and other involved in the process of treatment and care individuals should be supported.

1.1.1.3. Integral approach
It is necessary to redefine the package of services practiced by the primary care doctors and to introduce to this package a set of mental health services taking into consideration the level of their training and abilities for preventive and promotive activities. There must be fair attitude toward mentally ill patients paying attention to their relatively higher needs for care in comparison to other patients.

Psychiatric services would be provided in a complex way and mental illness would be regarded as a problem both for the individual and for the community he/she lives in. For this purpose general and specialized medical resources would be mobilized as well as social and human resources in the communities. Mental health care teams would be developed through involvement of non-medical and paramedical specialists.

1.1.1.4. Evidence-based policy

Mental health care facilities distribution in the community would be based on systemic research of mental health status of the population.

Mental health system profile would be defined on the basis of identified needs of mentally ill. They will have the freedom to choose among different services.

A practice for practicing activities per se would be ceased. Service provision would be tied down with the outcome assessment and data collection.

1.1.1.5. Prevention and promotion

Promotive activities would become a substantial part of the process of treatment and rehabilitation. They would concern not only groups in need of mental health services but also society in general. High prevalence and disability, premature mortality, and years lived with disability of mentally ill would be reduced by development and implementation of programs and services for early detection and intervention not only in cases with severe mental illness but also in cases with common mental disorders.

1.1.1.6. Stigma and discrimination due to mental illness

Psychiatric stigma in Bulgaria is strong, unrealized, and has economical impact. Mentally ill are socially discriminated. It is believed that mentally ill they are guilty for their doom and they should not expect society to share burden of disease with them.

5. Tasks of mental health policy

1.1.1.7. Long-term tasks

- To engage politicians in the country with mental health problems and to convince society in the need for change.
- To ensure adequate funds for carrying out the reform
- To integrate efforts of different institutions and agencies and to subject them to the above mentioned principles for mental health care.
- To guarantee sustainability of newly adopted mental health services model through changes in legislation.
- To involve specialists from different fields in the process of reform.
- To ensure sustainable management of the reform by introduction of inter-sectional cooperation on all levels.
• To elaborate long-term system for human recourse planning, training, and education in the field of mental health

1.1.1.8. Short term tasks
• To elaborate action plan based on the priorities already declared
• To assess already existing activities in the field of mental health in the country
• To assess population needs for mental health care.
• To develop programs for prevention and early intervention in prodromes of psychosis.
• To introduce case management programs and programs for psychosocial interventions in the community.
• To develop organizational basis, procedures and legal provisions for provision of modern mental health care.
• To provide conditions needed for integration of mental health care services with hospital and outpatient health services through integration of a defined number of psychiatric services in the package for general practitioners and ambulatory services.
• To elaborate plan for encouragement of favourable conditions for community psychiatric services.
• To elaborate plan for development of day care centers in the frames of specialized group psychiatric practices, medical and diagnostic-consultative centers and dispensary wards for people with social dysfunction.
• To set up psychiatric wards in general hospitals
• To assess, reformulate, and develop profiles of specialized psychiatric hospitals and to make a plan for closing down of those, which are non perspectiveless.
• To plan and govern general practitioners education and to include in it specific components for making them more aware of mental health problems.
• To develop and implement standards for work with mentally ill patients in hospital and specialized outpatient care. To define clinical paths for outpatient and hospital care and follow-up of the patients.
• To develop and implement standards for good clinical practice
• To develop and implement new concept for data collection and informational exchange with regard to mental disorders incidence.
• To set up regional programmes for further development of outpatient psychiatric services which are based on data for their current status, catchment area, and also studies in certain regions.
• To set up structure for community residential care facilities that could meet different needs of people with social dysfunction.
• To develop a system for registration of individuals with mental disorders.
• To develop and implement normative basis for psychiatric patients rights as part of future patients rights chart.
### National Action Plan for Implementation of the Mental Health Policy of the Republic of Bulgaria
#### 2004 – 2012

<table>
<thead>
<tr>
<th>Tasks</th>
<th>1.1.2. Activities</th>
<th>Period of implementation</th>
<th>Funding</th>
<th>Participants</th>
</tr>
</thead>
</table>
| 1. Setting up a managerial body to conduct the Mental Health Policy. | • Reformulation and endorsement of the role of the existing Executive Council (EC), affiliated to the Ministry of Health for the management of the National Programme for the Mental Health of the Citizens of the Republic of Bulgarian 2001-2005 (NPMH). The EC is established on the principle of interagency collaboration and is chaired by the Minister of Health (or a deputy responsible for Mental Health). The EC members are representatives of the organizations and institutions with vested interest in the field of mental health.  
• Determining the participants and developing regulations for the Council’s functioning.  
• Designing a detailed programme for carrying out the NPMH in midterm period.  
• Integration of the activities in the existing NPMH in the framework of the current Policy.  
• Setting up of regional structures on a functional basis to coordinate the activities under the Policy and the NPMH at a regional level. | 2004 | Budget of the NPMH\(^i\), Regional administrations | MH\(^ii\), NCDA\(^iii\), NCPH\(^iv\), BPA\(^v\), MLSP\(^vi\), MES\(^vii\), MJ\(^viii\), NHF\(^ix\), MRDPW\(^x\) |

### Short term activities 2004

Regional and municipal administration representatives
2. Introducing interagency collaboration.
   - Consultations between the MH and the MLSP to coordinate the activities regarding social assistance for people with mental health disorders and social dysfunction.
   - Coordination and strengthening the liaisons between the management bodies of the drug dependency program, suicide prevention program, and HIV/AIDS control and prevention program.

3. Devising a funding mechanism.
   - Analysis of the funding practice of the mental health services in the country and the consequences ensuing, comparison with the existing funding systems abroad and recommendations for its improvement in the next four years’ policy cycle.
   - Devising a funding mechanism for the implementation of the activities in the MHP, based on grant schemes and projects.
   - Coordination of the activities and the tasks of the current and the submitted for approval projects with external funding in line with the priorities of the current policy.

4. Developing an action plan based on the stated priorities.
   - Development and coordination of an action plan between the Executive Council, BPA, BMA, NHIF and other organizations with vested interests in the field.

5. Mapping and evaluation of the activities in the field of mental health existing on the territory of the country.
   - Analysis of the existing services and practices done by an independent research team.
   - Presenting the evaluation to the Executive Council.
   - Re-formulation of the role and the activities of the psychiatric dispensaries and defining their profile in accordance with the assessment of the needs for community mental health services

<p>| 2. Introducing interagency collaboration. | Consultations between the MH and the MLSP to coordinate the activities regarding social assistance for people with mental health disorders and social dysfunction. Coordination and strengthening the liaisons between the management bodies of the drug dependency program, suicide prevention program, and HIV/AIDS control and prevention program. | 2004 | MH, MLSP, SAA\textsuperscript{xi}, NDAC, NCDS\textsuperscript{xii}, Country managers of corresponding programs |
| 3. Devising a funding mechanism. | Analysis of the funding practice of the mental health services in the country and the consequences ensuing, comparison with the existing funding systems abroad and recommendations for its improvement in the next four years’ policy cycle. Devising a funding mechanism for the implementation of the activities in the MHP, based on grant schemes and projects. Coordination of the activities and the tasks of the current and the submitted for approval projects with external funding in line with the priorities of the current policy. | 2004 | Budget of the NPMH Heads of the Working groups; MH |
| 4. Developing an action plan based on the stated priorities. | Development and coordination of an action plan between the Executive Council, BPA, BMA, NHIF and other organizations with vested interests in the field. | 2004 | MH, NCPH, BPA, BMA\textsuperscript{xiii}, NHIF |
| 5. Mapping and evaluation of the activities in the field of mental health existing on the territory of the country. | Analysis of the existing services and practices done by an independent research team. Presenting the evaluation to the Executive Council. Re-formulation of the role and the activities of the psychiatric dispensaries and defining their profile in accordance with the assessment of the needs for community mental health services | 2004 | Budget of the NPMH; PHARE Programme. MH (Medical Activities and Drug Provision Dir.), BPA, NCPH, National Consultant in Psychiatry |</p>
<table>
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<tr>
<th>6. Developing a framework for project applications</th>
<th>At regional level the following services should be set up: an informational center, day care center, a crisis service, protected housing. The preparation and the implementation of these projects require collaborative action and partnership between different institutions at the local level.</th>
<th>2004</th>
<th>Budget of the NPMH, PHARE Programme, Social Cohesion Initiative of the Stability Pact, Geneva Initiative on Psychiatry, Open Society Foundation</th>
<th>NCPH, NGO, Regional and Municipal administrations, Regional Health Centres</th>
</tr>
</thead>
</table>
| 7. Setting up psychiatric wards in general hospitals | Coordinating the standards and rules for good medical practice  
• Assessment of the needs on a regional level, the existing facilities and the human resources available. | 2004 | Budget of the NPMH, PHARE Programme | BPA, National Consultant in Psychiatry, MH, RHC, Regional and municipal administrations, Chair of Psychiatry of the Medical University |
| 8. A conference with the heads of the RHC, health administrations, regional agencies for social assistance, representatives of the local government, NGOs. | The conference will be organized by the Department “Medical Activities” of the “Medical Activities and Drug Provision” Directorate of the MH. The aim of the conference will be to provide information and encouragement for the regional structures to apply with projects to develop the programme activities. | 2004 | Social Cohesion Initiative of the Stability Pact, Project Enhancing Social Cohesion through Strengthening Community Mental Health Services in South East Europe | MH (Medical Activities and Drug Provision Dir.), NCPH, RHC, Dept. social assistance, representatives of regional and municipal administrations |
### Middle term activities 2004-2007

1. **Changes in the legislation, which guarantee the achievement of the aims and tasks set by the mental health policy document.**
   - Protection of the human rights of patients with mental health problems in the health sector;
   - Protection of the human rights of patients with mental health problems outside of the health sector (housing, job opportunities, social insurance, judicial system).
   - Development and introduction of the normative basis for the rights of the psychiatric patients as a part of the future patients’ rights chart.

   **2004-2006**
   - BPA, NCPH, Medical University, NGOs (GIP, Helsinki Watch), Agency for social assistance, MJ, MH (Legislation Dept.)

2. **Training and human resources**
   - Planning and conducting of the training of GPs, which includes specific components, sensitising to the problems of mental health.
   - Developing and introducing standards for work with mental patients in the primary and specialised outpatient services.
   - Development of clinical pathways of care for outpatient and inpatient care and follow up.
   - Development and introducing clinical practice standards.
   - Specialised training for community psychiatry and reformed mental health for:
     - Psychiatric nurses;
     - Psychiatrists;
     - Social workers;
     - Medical psychologists.
   - Lobbying and negotiations with the Ministry of Education for the integration of classes on mental health in the curriculum of the junior high school students. Developing and piloting of such educational programmes in co-operation with the Ministry of Education.

   **2004-2005**
   - Budget of the NPMH, Social Cohesion Initiative of the Stability Pact, Project Enhancing Social Cohesion through Strengthening Community Mental Health Services in South East Europe, PHARE Programme, GIP Project
   - Medical Universities – Sofia, Varna, Plovdiv, Pleven, Stara Zagora, New Bulgarian University, NCPH, MES, BPA. NGOs. Medical Colleges. Sofia University, South-West University
<table>
<thead>
<tr>
<th>3. Elaboration of a plan fostering the conditions for setting up of specialized psychiatric practices, located near the populations in need of them.</th>
<th>• Working with the regional structures, with the representatives of the local government, the mass media, the civil society, the systems of health and social insurance for the population.</th>
<th>2004-2005</th>
<th>Budget of the NPMH MH (Medical Activities and Drug Provision Dept.), Representatives of regional and municipal administration, RHC, NHIF</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Development of the Mental Health Policy</td>
<td>• Elaboration of the National Programme for Mental Health 2006-2012 and submission for endorsement by the Council of Ministers</td>
<td>2005</td>
<td>MH, National Consultant in Psychiatry, NCPH</td>
</tr>
</tbody>
</table>
| 5. Drug policy | • Contracting procedures and standards for the development and actualisation of drug lists.  
• Development of good practice guidelines for the cooperation with the pharmaceutical companies.  
• Involving the pharmaceutical companies as partners in the mental health reforms. | 2005-2007 | MH (Drug Policy Dept), BPA, NHIF |
| 6. Information system | • Developing a new concept for gathering and keeping the medical records, exchange the information related with the psychiatric morbidity.  
• Developing a register for persons in risk of social exclusion because of mental illness. | 2005 | Social Cohesion Initiative of the Stability Pact, Project Enhancing Social Cohesion through Strengthening Community Mental Health Services in South East Europe, GIP, OSF |

MH, NCPH, NCHI<sup>iv</sup>, NGO
7. Assessment, redefinition and development of the profiles of the specialized psychiatric hospitals.

- Proposal for changes in the accreditation procedure for psychiatric inpatient wards.
- Writing up status reports assessing the existing condition of the hospital inpatient services: regional psychiatric services, dispensary wards with more than 20 beds, university clinics.
- Development of criteria and standards for project applications, targeted at: Improvement of the living conditions; training of the personnel; introducing of psycho-social rehabilitation programs; quality of the care; emergency psychiatry; early interventions; child-adolescent psychiatry.
- Developing a plan for gradual closing down of psychiatric hospitals with proved insufficiency to function as hospitals for active treatment.

| 2005-2007 | MH, RHC, National Consultant in Psychiatry |

8. Research work

- Collecting of epidemiological data with the aim to identify the risk and protective factors, the community mental health needs and priorities, as well as for the evaluation of different public health interventions.

| Continuouslly | Budget of the NPMH | NCPH, NBU, NCHI |

9. Offering consultations to the teams, which develop projects.

- Organizing a team of independent experts to the EC.

| Continuouslly | Budget of the NPMH | MH |

**Middle term activities: project tenders (See Annex 1)**

<table>
<thead>
<tr>
<th>Tasks</th>
<th>1.1.3. Activities</th>
<th>Period of implementation</th>
</tr>
</thead>
</table>

84
1. **Setting up of a regional (regional/municipal) information resource centre on the issues of mental health and mental health services available in the region.**

   - Creation of a data base for the existing resources in the town and the region and providing the information for the actual services, care programmes and their admission procedures.
   - Development and maintenance of a register for persons at risk of social isolation as a result of mental illness.
   - Recruitment of ex consumers of mental health services and volunteers (students, relatives) as non-tenured staff.
   - Planning and setting anti-stigma campaigns, as well as campaigns for mental health promotion and prevention of mental illness.
   - Opening of a telephone hot – line.
   - Establishing close collaboration with crisis intervention services with a mobile team.
   - Development of regional programs for further enlargement of the outpatient mental health services, based on data concerning their present condition, the catchment area and regional population surveys.

   **2005-2007**

2. **Setting up crisis intervention services with mobile teams.**

   - Developing, coordination and implementation of a crisis interventions programme in cases of mental illness.

   **2005-2007**

3. **Setting up of 10 day care centres offering psychosocial rehabilitation (day care programmes, employment programmes, social skills training programmes); registration of the centers according to the Social Assistance Act.**

   - Implementation programs for case management and psychosocial interventions in the community.
   - Development of the organizational basis, the procedures and the regulations regarding the delivery of modern mental health services and care.

   **2005-2007**
4. Setting up of 10 group homes for people with mental disorders; registration of the homes according to the Social Assistance Act.
   - Implementation programs for case management and psychosocial interventions in the community.
   - Development of the organizational basis procedures and regulations regarding delivering modern mental health services and care.
   - Improvement of the collaboration with the specialized institutions - providers of social services according to the Social Assistance Act, in the field of community based housing of people with mental disorders.  
   
5. Setting up of psychiatric wards in general hospitals
   - Development, coordination and implementation of services for mentally ill patients in general hospitals.

|----------------------------------|

In the long term the Mental Health Policy envisages:

- To involve the political bodies in the country in the problems of the people with mental health disorders and to convince the community that change is needed.
- To provide for the financial resources for carrying the reforms out.
- To integrate the efforts of different institutions and organizations and to subordinate their actions to the stated principles of the mental health services.
- Through changes in the legislation and other relevant interventions, to guarantee the sustainability of the newly introduced model for mental health service provision.
- To recruit professionals from different professional fields in the process of carrying out the reforms.
- To provide for the sustainable management of the reforms through introducing the intersectoral collaboration at all levels.
- To develop a long-term system for training and human resource development in the field of mental health.
- To lay the foundations of a cycle of planning, implementation and evaluation of the activities of the previous period, with the aim to analyse the results, summarise the conclusions and develop recommendations for the next cycle of implementation.
Annex 1: Description of the projects to be funded through grants

2005-2007?. - *Middle term activities*

During this stage of the programme tenders for particular projects for setting up innovative care programmes and services, for curriculum development of training in the field of community psychiatry will be announced, organized and held. Opportunities for consultancy and evaluation of the projects approved will be provided for also by competition. The current action plan envisages setting up of specialized, community based mental health services and programmes in five pilot regions in Bulgaria. All regions will have equal opportunities for submitting project applications for funding. The five best projects will be funded. The project grants will provide funding for setting up the following services:

1. Informational centre (centre for mental health promotion).
2. Crisis intervention service with a mobile team.
3. Day care centre (Centre for psychosocial rehabilitation)
4. Supported housing (group home).
5. Psychiatric ward in general hospital.

1. Setting up of a regional (regional/municipal) informational center, which will offer information on issues related to mental health problems and the network of mental health services in the region. The center will have at its disposal a full data base concerning the resources available in the particular town or municipality and will offer information for the services available, the care programmes run by them and the procedures for admission. The center will involve collaboration from former consumers, students, relatives as part-time or consultants. The center will be responsible for organizing and conducting anti-stigma campaigns on the local level, as well as campaigns for mental health promotion and prevention of mental disorders. A hotline will be functioning in each of the centers. Each of the centers is supposed to work in close collaboration with a crisis intervention service with mobile team.

2. Setting up a crisis intervention service with mobile teams. Crisis intervention programmes and the mobile teams should be integrated to the structure of the emergency centers or the psychiatric dispensaries. The crisis interventions services are supposed to work in close collaboration with the acute psychiatric wards in the general hospitals or the acute in-patient wards in the dispensary wards.

3. Setting up of 10 day care centres, offering psychosocial rehabilitation (day care programmes, employment programmes, social skills training) and registration of the centers according to the Social Assistance Act. Eligible for funding allocated for setting up day care centers through the MH budget for mental health are outpatient medical services, registered by a group of psychiatrists (“group psychiatric practices”, “medical centers”, “diagnostic and consultative centers” and “psychiatric dispensary wards”, in terms of the Law on Medical Establishments).

4. Setting up of 10 group homes for people with mental disorders and registration of the homes according to the Social Assistance Act. Besides the outpatient services, inpatient services, such as specialised psychiatric hospitals and psychiatric wards in general hospitals, are also eligible to apply for funding with project proposals to develop protected housing.

5. Setting up of psychiatric wards in general hospitals in line with the assessment of the local needs and with the standards for good medical practice, according to p. 7 from the Short term activities.
### Annex 4.6.

**Information about children in institutions for 2002**

Children in MES institutions

<table>
<thead>
<tr>
<th>MES institutions</th>
<th>Number of institutions for 2002</th>
<th>Total number of children for 2002</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total for all institutions</strong></td>
<td>244</td>
<td>23 769</td>
</tr>
<tr>
<td>Home for raising and education of children deprived of parental care (HRECDPC)</td>
<td>100</td>
<td>6 920</td>
</tr>
<tr>
<td>Social-pedagogical boards (SPB)</td>
<td>20</td>
<td>1 988</td>
</tr>
<tr>
<td>Educational school boards (ESB)</td>
<td>7</td>
<td>348</td>
</tr>
<tr>
<td>Help schools</td>
<td>78</td>
<td>9 529</td>
</tr>
<tr>
<td>Health school</td>
<td>23</td>
<td>3 430</td>
</tr>
<tr>
<td>Sanatorial school</td>
<td>5</td>
<td>227</td>
</tr>
<tr>
<td>Hospital school</td>
<td>2</td>
<td>207</td>
</tr>
<tr>
<td>Logopedic school</td>
<td>2</td>
<td>89</td>
</tr>
<tr>
<td>School for children with impaired vision</td>
<td>2</td>
<td>331</td>
</tr>
<tr>
<td>School for children with impaired hearing</td>
<td>3</td>
<td>647</td>
</tr>
<tr>
<td>School to Home for girls and boys (Kindergarten and Primary school-Lukovit)</td>
<td>2</td>
<td>53</td>
</tr>
</tbody>
</table>

*Note: source MES (2002/2003)*

Children in municipalities’ institutions (at MLSP until 1.01.2003)

<table>
<thead>
<tr>
<th>MLSP institutions</th>
<th>Number of institutions</th>
<th>Total number of children for 2002</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total for all institutions</strong></td>
<td>56</td>
<td>3 432</td>
</tr>
<tr>
<td>Home for children and adolescents with mental retardation (HCAMR)</td>
<td>30</td>
<td>1773</td>
</tr>
</tbody>
</table>
Day home for children and adolescents with mental retardation (DHCAMR) & 16 & 431 \\
Social professional educational home (SPEH) & 9 & 1 147 \\
Home for children with physical disabilities and preserved intelligence (HCPDPI) & 1 & 81 \\

*Note:* The data for the former MLSP institutions are received from a National survey of State Agency for Child Protection for 2002

<table>
<thead>
<tr>
<th>MH institutions</th>
<th>Number of institutions</th>
<th>Total number of children for 2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home for medico-social care for children (HMSCC)</td>
<td>32</td>
<td>3 141</td>
</tr>
</tbody>
</table>

*Note:* The data for MH institutions are received from a National survey of State Agency for Child Protection for 2002
Annex 4.7

Translation from Bulgarian language

REGULATIONS

on the implementation of the Social Assistance Act


pt. 11, l. 2, No. 461

Chapter One

(Heading revoked - State Gazette, issue 40 from 2003)

Article 1 - 7.  (Revoked - State Gazette, issue 40 from 2003).

Chapter Two

SOCIAL AID

Article 8.  (As amended - State Gazette, issue 97 from 2001, issue 40 from the year 2003)

Social Aid shall be granted to persons and families as per permanent address, at which the social inquiry shall be made.

Article 9.  (1) The right to monthly aid shall be granted to persons and families whose income for the previous month is lower than a fixed differentiated minimum income.

(2) The base for determining the differentiated minimum income is the guaranteed minimum income, whose monthly amount shall be determined by deed of the Council of Ministers.

(3) The differentiated minimum income for individual persons shall be determined by correcting the guaranteed minimum income with the following coefficients:

1. for a person living alone - 1,0;
2. (revoked - State Gazette, issue 118 from the year 2002);
3. (as amended - State Gazette, issue 97 from the year 2001) for a disabled person with permanently decreased working capacity with 50 per cent or more - 1,2;
4. for an orphan child - 1,2;
5. for a single parent with a child or children below the age of 16 and if they are students – below the age of 18 - 1,2;
6. for each one of the spouses living together - 0,9;
7. for a minor child in the family - 0,9, if not a student and between the age of 7 and 16 - 0,5;
8. (as amended - State Gazette, issue 97 from the year 2001) for a child with permanent disability - 1,2;
9. for a person living with another persons (persons) or a family - 0,9;
10. (new one - State Gazette, issue 42 from the year 1999) for a single parent with a child of the age between 16 and 18 who is not a student - 1,0;
11. (new one - State Gazette, issue 46 from the year 2002) for pregnant women 45 days before delivery - 1,2;
12. (new one - State Gazette, issue 46 from the year 2002) for a parent, taking care of a of a child below the age of 3 - 1,2;
13. (new one - State Gazette, issue 118 from the year 2002) for a person of the age between 65 and 75, living alone - 1,7;
14. (new one - State Gazette, issue 118 from the year 2002) for a person over the age of 70 - 1,2;
15. (new one - State Gazette, issue 118 from the year 2002) for a person over the age of 75, living alone - 2,0;
16. (new one - State Gazette, issue 118 from the year 2002) for a disabled person with permanently decreased working capacity with 70 per cent or more - 1,5;
17. (new one - State Gazette, issue 118 from the year 2002) for a single parent taking care of a child below the age of 3 - 1,5.

(4) In case there is more than one ground for determining a coefficient under Paragraph 3, the coefficient of greater amount shall be applied.

(5) The amount of the monthly aid shall be determined as the difference between the differentiated minimum income or the sum of the differentiated minimum income and the income of the persons or families for the foregoing month.

Article 10. (1) The monthly aid shall be granted if the persons or families satisfy the following additional conditions:

1. their own residence which they inhabit should be the only one they possess and not larger than:
   a) for one person – one room;
   b) for a family of two or three members – two rooms;
   c) for a family of four members – three rooms;
   d) for a family of five or more members – four rooms;
   e) for each cohabiting person – one room;
2. (as amended - State Gazette, issue 40 from the year 2003) they should not be registered as sole traders and should not be owners of the capital of a business company;
3. (as amended - State Gazette, issue 40 from the year 2003) they should not have any receivable, bank deposits, share participation and securities whose total value for the particular person or for each one of the family members exceeds 500 BGN, except for the vouchers and shares from the mass privatization;
4. they should not own movable and immovable property, which can be a source of income, except for the belongings of ordinary use of the person or the family;
5. they should not have concluded a contract for granting property in return of an obligation for support and/or care; this requirement shall not be applied in cases when the persons assuming the obligation for support and/or care are students, unemployed, of retirement age or disabled;
6. (as supplemented - State Gazette, issue 40 from the year 2003) they should not have transferred a house/apartment or a villa and/or shares of them against payment during the last 5 years;
6'. (new one - State Gazette, issue 40 from the year 2003) they should not have transferred via a contract their title to a house/apartment or villa and/or shares of them during the last 5 years;
7. (as amended - State Gazette, issue 40 from 2003) The unemployed persons should have registered in the "Unemployment Service" directorate at least 6 months prior to submitting their application for social aid and they should not have rejected any offers for a job or for participation in training for qualification and re-qualification organized by the "Unemployment Service" directorate.

(2) (As amended - State Gazette, issue 97 from 2001) The requirements under Paragraph 1, section 1 shall not apply to the inhabitants of own residence in which there lives a person with a permanently decreased working capacity with 50 per cent or more or a seriously ill family member, as well as in cases when the residences cannot be a source of additional income due to impossibility for letting it out, put of technical condition, health, hygienic, social reasons and the like.
(3) No registration under Paragraph 1, Section 7 in the "Unemployment Service" directorate shall be required for granting monthly aid to:
1. a parent taking care of a child below the age of 3;
2. (as amended - State Gazette, issue 97 from the year 2001) disabled person with permanently decreased working capacity with 50 per cent or more;
3. a person taking care of a seriously ill family member or of a seriously ill person ca-habitant with him/her;
4. (as amended - State Gazette, issue 97 from the year 2001) persons with mental diseases, certified by the respective specialized medical establishments;
5. (as amended - State Gazette, issue 97 from the year 2001) persons over the age of 18 who are taking a regular form of education in the schools within the system of public education and in the specialized high schools;
6. (new one - State Gazette, issue 46 from the year 2002) pregnant women after the third month of their pregnancy.

(4) The term under Paragraph 1, Section 7 shall not apply to the persons who have registered in the "Unemployment Service" directorate no later than one month after:
1. expiration of the term for taking care of a child below the age of 3;
2. reaching of the age of 16 if they are not students;
3. discharge from military service;
4. (as amended - State Gazette, issue 40 from the year 2003) the finishing of work under employment programs or seasonal work;
5. release from places for serving a term of imprisonment;
6. (as as supplemented - State Gazette, issue 46 from the year 2002) graduation from a social education and professional establishment or specialized schools;
7. (as amended - State Gazette, issue 40 from the year 2003) obtaining official permit for permanent stay in republic of Bulgaria, granting right to sanctuary, refugee status or humanitarian status;
8. (new one - State Gazette, issue 40 from the year 2003) expiration of the term of the expert decision of the Expert Medical Labor Check-Up Committee, the National Expert Medical Labor Check-Up Committee or the Regional Expert Medical Labor Check-Up Advisory Committee with which a decreased working capacity of 50 percent or more is determined;
9. (new one - State Gazette, issue 40 from the year 2003) dropping out of the conditions under Paragraph 3, Section 3.

Article 11. The monthly aid under Article 9 shall not be available to:
1. (as amended - State Gazette, issue 97 from the year 2001, as supplemented, issue 40 from the year 2003) major persons not older than the age of 30, cohabiting with their parents, whose income per family member exceeds the triple amount of the guaranteed minimum income, except in the cases when these persons and/or their parents are disabled with permanently decreased working capacity with 50 per cent or more;
2. persons whose close relatives are obliged by the law to provide for them;
3. (as amended - State Gazette, issue 97 of the year 2001) the persons who have been accommodated in medical, social, educational and military establishments for more than 30 days;
4. (as supplemented - State Gazette, issue 46 from the year 2002) persons studying under regular, extramural and evening form of education in the institutions of higher education, as well as the students in private schools except for the disabled students, the pregnant women and the mothers who take care of a child below the age of 3 and study under regular, extramural and evening form of education in the institutions of higher education;
5. (as amended - State Gazette, issue 97 from the year 2001) persons who have been sanctioned under the established procedures for concealed income, for which there is an effective act and if 3 years have not passed after its coming into effect;
6. (as amended - State Gazette, issue 97 from the year 2001, issue 40 from the year 2003) persons who have refused land settlement or cultivation of a land granted to them by the National or
Municipal Land Fund for the respective year except for the persons with decreased working capacity, determined by Medical Advisory Committee or by Expert Medical Labor Check-Up Committee;

7. persons who have traveled abroad on their own expense during the last 12 months except in the cases for treatment of a disease or in relation to the death of a family member.

Article 12. (1) (As amended - State Gazette, issue 40 of the year 2003) The unemployed persons who are not included in employment programs under Article 12b, Paragraph 1 of the Social Assistance Act shall be entitled to social aid in case they have not refused to participate in the programs for granting social service, ecological programs and programs for regional development and sanitation of settlements organized by the municipal administration and lasting no longer than five days.

(2) The persons under Paragraph 1, who have refused to participate in programs organized by the municipalities shall be deprived of monthly aid for the month during which the refusal was made.

(3) (As amended - State Gazette, issue 97 from the year 2001, as supplemented, issue 46 from the year 2002, as amended, issue 40 from the year 2003) The requirements under Paragraph 1 and the deprivation of monthly aid under Paragraph 2 shall not be applied with respect to:
   1. the persons taking care of children under the age of 3:
      a) the mother or father (adoptive father, adoptive mother);
      b) the parent who takes care of his/her child by himself/herself;
      c) guardians;
   2. pregnant women after the third month of their pregnancy;
   3. the persons with permanent disabilities or with determined temporary inability to work for more than 20 days per month;
   4. the persons taking care of an ill family member or of an ill relative up to second degree in ascending or descending line;
   5. the persons taking care of a family member or of a relative up to second degree in ascending or descending line who have permanent disabilities and constantly need assistance;
   6. the persons having severe mental diseases, determined by the competent bodies.

Article 13. (Revoked - State Gazette, issue 97 from the year 2001).

Article 14. (1) (As amended - State Gazette, issue 97 from the year 2001) Right to monthly target aid for payment of the rent for municipal apartments shall be granted to the persons who have an occupation deed issued on their behalf and whose income of the previous month is not more than 150 per cent of the differentiated minimum income, if they are:
   1. orphans under the age of 25 who have graduated from social educational and professional establishments;
   2. single old persons over the age of 70;
   3. (as amended - State Gazette, issue 97 from the year 2001) single disabled persons with decreased working capacity with 71 per cent or more;
   4. single parents.

(2) The aid under Paragraph 1 shall be paid up upon presentation of an evidencing document.

Article 15. (As amended - State Gazette, issue 38 from the year 1999 , issue 30 from the year 2000, issue 48 from the year 2000, as supplemented, issue 98 from the year 2000, as modified, issue 100 from the year 2000, as amended, issue 19 from the year 2001, issue 97 from the year 2001, issue 81 from the year 2002, revoked, issue 40 from the year 2003).

Article 16. (1) In order for the incidentally occurring medical, educational, public utility and other substantial need of the persons and families to be satisfied, they may be granted aid once a year.

(2) (As amended - State Gazette, issue 40 from the year 2003) The one-time aid under Paragraph 1 up to the fivefold amount of the guaranteed minimum income shall be determined by a decree of the head of the “Social Assistance” department or by an employee authorized by him/her.

Article 16?. (New one - State Gazette, issue 40 from the year 2003) (1) A one-time target aid up to the amount of the guaranteed minimum income may be granted for issuing of a personal ID card to a person.
(2) The amount of the aid under Paragraph 1 shall be determined by the head of the “Social Assistance” department depending on the expenses needed for buying forms and paying the tax for issuing a personal ID card, as well as for photographs and transport.

Article 17. (1) The persons who have a permit from the Ministry of Health for medical treatment abroad at the expense of its budget may be granted one-time aid covering the expenses for their and their companions’ personal needs, independent of the aids under Article 16.

(2) The aid under Paragraph 1 shall be subject to reporting no later than two weeks after the person’s return to the country and the sum not used shall be returned to the head of the “Social Assistance” department.

Article 18. Mothers of many children shall be entitled to 1 free return ticket per year – with the railway or bus transport in the country.

Article 19. (1) (As amended - State Gazette, issue 97 from the year 2001) Disabled persons with permanently decreased working capacity with 71 per cent or more, the disabled soldiers, and children under the age of 16 with permanent disabilities shall be entitled to two free return tickets per year – with the railway or bus transport in the country.

(2) (As amended - State Gazette, issue 97 from the year 2001) The right under Paragraph 1 shall in addition be granted to the companions of the persons with assigned assistance in the cases when they travel together.

Article 20. (1) (As amended - State Gazette, issue 40 from the year 2003) The right to free transport under Articles 18 and 19 shall be enjoyed upon presentation of a certificate issued by the “Social Assistance” department to the registered address of the persons.

(2) (As supplemented - State Gazette, issue 40 from the year 2003) The procedure for granting and disbursement of the funds for free transport shall be determined by a regulation issued by the Minister of Finance and by the Minister of Transport and Communications.

Article 21. (1) (As amended - State Gazette, issue 97 from the year 2001) The disabled persons with permanently decreased working capacity with 71 per cent or more, the disabled persons with permanently decreased working capacity with 50 to 70 per cent with diseases of the lower extremities and the children between the age of 7 and 16 with permanent disabilities shall be entitled to monthly target aid for transport services amounting to 15 percent of the guaranteed minimum income.

(2) The right under Paragraph 1 shall be enjoyed in case the income per family member for the previous month is lower than the threefold amount of the guaranteed minimum income for each family member.

Article 22. (As amended - State Gazette, issue 97 from the year 2001) (1) The disabled persons with permanently decreased working capacity with more than 90 per cent, the disabled soldiers, and the children under the age of 16 with permanent disabilities shall be entitled to target aid for balneotherapy and food once a year up to the threefold amount of the guaranteed minimum income.

(2) The right under Paragraph 1 shall in addition be enjoyed by the companions of the persons with assigned assistance.

(3) (As supplemented - State Gazette, issue 40 from the year 2003) The aid under Paragraph 1 shall be granted upon presentation of an evidencing document for balneotherapy and food, no later than one month after the final date of the stay.

Article 23. The rights under Articles 21 and 22 shall be granted when the persons do not enjoy them on some other basis.

Article 24. (As amended - State Gazette, issue 97 from the year 2001) (1) The right to monthly target aid amounting to 20 per cent of the guaranteed minimum income for using analog or digital stationary telephone shall be granted to:

1. disabled people over the age of 16 with decreased working capacity with 90 per cent and with assigned assistance;
2. the children under the age of 16 with permanently limited ability for social adaptation with 90 per cent with assigned assistance.
(2) The aid under Paragraph 1 shall be paid in case the telephone is registered to the holder of
the right, to a member of his family or to a person cohabiting with him/her.

Article 25. (1) (As amended - State Gazette, issue 42 from the year 1999, issue 26 from the
year 2002) The monthly, target and one-time aid by the decision of the head of the Municipal Social
Assistance Office shall be paid in kind and in the cases when:
1. the parents do not take proper care of their children;
2. the monetary aid is not used for the purpose it is granted.
(2) The aid under Paragraph 1 may be granted through:
1. partial or full payment of the fees for child care establishments, undertaking the expenses
for food in the school canteens and public refectories;
2. buying food products, clothing, shoes, school appliances, etc.;
3. in another way, determined through a social survey.
(3) (New one - State Gazette, issue 42 from the year 1999) The persons and families who have
refused the aid paid in kind determined for them, shall be deprived of it for the respective month.
(4) (New one - State Gazette, issue 26 from the year 2002, revoked, issue 81 from the year
2002).

Article 26. (1) (As supplemented - State Gazette, issue 40 from the year 2003) The social aid
shall be granted based on an application & declaration as per the form specified in Supplement No. 1,
submitted by a major person in the “Social Assistance” department and upon presentation of a
personal ID card or a passport.
(2) For minor parents the application & declaration shall be submitted by the parent holding
an ID document or by their legal representative.
(3) (As amended - State Gazette, issue 40 from the year 2003) The social aid application shall
be submitted only once during a calendar year.
(4) (As amended and as supplemented - State Gazette, issue 97 from the year 2001, as
amended, issue 40 from the year 2003) The following documents shall be attached to the application
& declaration:
1. documents about the income derived from:
   a) labor and/or other relations recognized as equal to them;
   b) personally rendered services;
   c) activities in the field of the agriculture, forestry and water utilization;
   d) scholarships;
2. medical certificate, Medical Check-Up Advisory Committee Protocol, expert decision of
the Expert Medical Labor Check-Up Committee or of the National Expert Medical Labor Check-Up
Committee, as well as expert decision of the Regional Expert Medical Labor Check-Up Advisory
Committee or of the Central Expert Medical Labor Check-Up Advisory Committee.
(5) If necessary, the “Social Assistance” departments may require additional documents.
(6) (As supplemented - State Gazette, issue 40 from the year 2003) When processing the
applications the “Social Assistance” departments shall always require by official procedures the
information they need from the territorial units of the tax administration, from the “Social Assistance”
departments and from other state and public institutions, as well as from physical and legal persons
who are obliged to present it no later than 14 days after it has been requested.

Article 27. (As amended - State Gazette, issue 40 from the year 2003) (1) No later than 20
days after the application & declaration has been submitted, a social worker shall perform a social
survey and prepare a special report in accordance with Supplement No. 2.
(2) When performing the social survey, all other established circumstances of social, family,
domestic or medical nature, pertaining to the ability to support oneself and/or aid from persons
obliged by the law to provide support, shall be taken into account.
(3) Based on the results from the social survey in the report under Paragraph 1, the social
worker shall make a suggestion that the aid is granted or refused, about its type and amount.
(4) In case this is necessary, in the social report the social worker shall make a suggestion for
the elaboration of an individual project for social integration of the persons and/or families.
Article 28. (As amended - State Gazette, issue 40 from the year 2003) (1) No later than 7 days after the social report has been presented, the head of the “Social Assistance” department or an employee authorized by him shall issue an order in accordance with Supplement No. 3.

(2) No later than 7 days after the order has been issued the person concerned shall be notified in writing.

Article 29. (As supplemented - State Gazette, issue 97 from the year 2001, revoked, issue 40 from the year 2003).

Article 30. The “Social Assistance” department shall prepare a list of the persons and families who have acquired the right to monthly social aid each month and it shall be placed in an easy-to-see place in the building of the “Social Assistance” department.

Article 31. (1) (As amended - State Gazette, issue 42 from the year 1999) The monthly aid shall be granted starting from the first day of the month during which the application has been submitted and shall be paid no later than the end of the month following the one for which the aid is granted within the budget year except for the aid for December, which shall be paid no later than January 31 of the following year.

(2) The payment of the aid can be done in cash or through a bank transfer.

Article 32. (1) (The former text of Article 32 - State Gazette, issue 97 from the year 2001, as amended, issue 40 from the year 2003) The monthly aid shall be terminated by decree of the head of the “Social Assistance” department or of an employee authorized by him from the 1st day of the month following the month during which the person or family has stopped being eligible for the aid granted.

(2) (New one - State Gazette, issue 97 from the year 2001, as amended, issue 40 from the year 2003) The monthly aid shall be modified, terminated and renewed by the head of the Municipal Social Assistance Office or by an employee authorized by him.

Article 33. (Revoked - State Gazette, issue 40 from the year 2003).

Article 34. The “Social Assistance” departments shall keep mandatory documentation about the aid granted, which shall be kept for 5 years as of the month they are terminated.

Article 35. (As supplemented - State Gazette, issue 97 from the year 2001, revoked, issue 40 from the year 2003).

Chapter Three
SOCIAL SERVICES

Article 36. (As supplemented - State Gazette, issue 112 from the year 1999, as amended, issue 40 from the year 2003) (1) Social services shall be granted in the community and in the specialized institutions.

(2) The social services offered in the community shall be:
1. personal assistant;
2. social assistant;
3. housekeeper;
4. home social patronage;
5. day center;
6. center for social rehabilitation and integration;
7. center for temporary accommodation;
8. foster care;
9. crisis center;
10. center for family-type accommodation;
11. protected residence;
12. public refectories.

(3) The specialized institutions for rendering social services shall be:
1. homes for children and young people with disabilities;
2. homes for the aged with disabilities;
3. social educational and professional establishments;
4. homes for the aged;
5. asylums;
6. homes for temporary accommodation.

(4) The social services in the specialized institutions shall be rendered after all possibilities for rendering services in the community have been tried.

(5) In case it is necessary and in conformity with the necessities of the population of each municipality, other types of social services may be introduced.

(6) Social services may be rendered for on a short-term or a long-term basis.

Article 36. (New one - State Gazette, issue 40 from the year 2003) (1) The executive director of the Social Assistance Agency shall authorize the opening up or closing down of a specialized institution for rendering of social services which are state activities further to the proposal of the head of the regional social assistance department.

(2) The following documents shall be attached to the proposal under Article 1:
1. a motivated decree of the municipal council for the opening up or closing down of the specialized institution, specifying the capacity, the number of personnel, the labor remuneration funds, the costs and the date of opening up and closing down of the specialized institution;
2. copy of a document evidencing ownership of the building in which the services will be rendered.

(3) No later than 14 days after the proposal under Article 1 has been received the executive director of the Social Assistance Agency by means of a decree shall allow or disallow the opening up or closing down of the specialized institution for rendering social services.

(4) The refusal for issuing a permit under Article 3 shall be subject to appeal under the procedure of the Administrative Procedure Act.

Article 37. (As amended - State Gazette, issue 40 from the year 2003) (1) The mayor of the municipality may assign the management of the specialized institutions and the rendering of social services in the community after a competition is held.

(2) The competition under Article 1 shall be opened by decree of the mayor of the municipality, in which the following shall be specified:
1. the conditions for participation and the requirements for the candidates;
2. the characteristics and the specifics of the rendered social services;
3. financing and mode of granting of the funds;
4. the documents for participation;
5. the date and time of the competition;
6. the deadline and the place for submitting the documents;
7. the deadline for announcing the results of the competition;
8. the mode of evaluation;
9. other specific conditions.

(3) Providers of social services who are entered in the register of the Social Assistance Agency may participate in the competitions under Paragraph 1.

Article 38. (As amended - State Gazette, issue 40 from the year 2003) (1) The announcement for the competition to be held under Article 37, Paragraph 1 shall be published in at least one national and one local daily newspaper at least 45 days before the date the competition is to be held.

(2) The competition shall be held by a committee, determined by decree of the mayor of the municipality.

(3) In the committee under Paragraph 2 shall be included a representative of the Social Assistance Agency.

(4) No later than 14 days after the holding of the competition the committee shall evaluate the candidates using the following criteria:
1. compliance of the candidate with the conditions announced in advance;
2. experience of the candidate in providing social services and goodwill;
3. working capacity of the candidate and qualification of the personnel;
4. financial stability of the candidate;
5. presented by the candidate program for development of the social services;
6. other requirements.
(5) The committee shall draw up a record about its activities and rank the participants in the competition.

Article 39. (As amended - State Gazette, issue 40 from the year 2003) (1) Pursuant to the protocol under Article 38, Paragraph 5 the mayor of the municipality shall issue a decree within three days by which the successful candidate is determined.

(2) The participants in the competition shall be notified about the results within 7 days after the issuing of the decree under Paragraph 1.

(3) The decree shall be subject to appeal under the procedure of the Administrative Procedure Act.

(4) The appeal of the decree under Paragraph 1 shall not stop its execution.

Article 39?. (New one - State Gazette, issue 40 from the year 2003) (1) Pursuant to the decree under Article 39, Paragraph 1 the mayor of the municipality and the successful candidate shall conclude a contract, settling the following:

1. the subject of the contract – type and scope of the social services offered;
2. the amount of the contract;
3. the guarantees for using the budget funds granted;
4. the rights and obligations of the parties;
5. the term of the contract;
6. sanctions in case of non-fulfillment.

(2) A contract under Paragraph 1 may in addition be concluded in case there is one single candidate through direct negotiations.

Article 40. (As amended and as supplemented - State Gazette, issue 42 from the year 1999, as amended, issue 40 from the year 2003) (1) The persons who want to benefit from social services shall submit an application in writing as per their present address respectively to:

1. the head of the “Social Assistance” department – for the social services which are state activities;
2. the mayor of the municipality – for the social services which are municipal activities;
3. the governing body in case the provider of the social services is a physical person registered under the Commerce Act or a legal person.

(2) The following items shall be attached to the application under Paragraph 1:

1. copy of an ID document;
2. copy of a personal medical record, if any;
3. copy of the decision of a Medical Check-Up Advisory Committee, Expert Medical Labor Check-Up Committee, Regional Expert Medical Labor Check-Up Advisory Committee, National Expert Medical Labor Check-Up Committee, Central Expert Medical Labor Check-Up Advisory Committee, if any.

(3) In case it is necessary, the provider of social services may require additional documents.

(4) Pursuant to the application submitted and the documents attached, the body under Paragraph 1, Sections 1 - 3 shall perform social assessment of the necessity for social services of the person, which shall be reflected in a report featuring a proposal.

Article 40?. (New one - State Gazette, issue 40 from the year 2003) (1) The accommodation in specialized institutions and rendering of social services in the community in the cases when they are state activities, shall be done by decree of the head of the “Social Assistance” department, issued pursuant to the report under Article 40, Paragraph 4.

(2) The accommodation in specialized institutions and rendering of social services in the community in the cases when they are municipal activities, shall be done by decree of the mayor of the respective municipality or of an employee authorized by him.

(3) The accommodation in specialized institutions and rendering of social services in the community to children under the age of 18 shall be done under the procedure of the Child Protection Act.

Article 40b. (New one - State Gazette, issue 40 from the year 2003) The refusal of the bodies under Article 40? for accommodation in a specialized institution or for rendering of social services in the community shall be appealed under the procedure of the Administrative Procedure Act.
Article 40c. (New one - State Gazette, issue 40 from the year 2003) The provider of social services shall be obliged to present to the potential inmates a draft agreement for rendering of social services and information in writing about:
1. description of the social services rendered;
2. the experience of the provider in rendering of social services and the qualification of the personnel;
3. the conditions and rules for benefiting from the services;
4. the procedure for submitting complaints.

Article 40d. (New one - State Gazette, issue 40 from the year 2003) (1) The providers of social services in specialized institutions and the providers of long-term social services rendered in the community shall elaborate an individual plan after assessing the necessities of each inmate and formulating the objectives to be attained.

(2) The plan under Paragraph 1 shall include all activities related to satisfying:
1. daily necessities;
2. medical necessities;
3. educational necessities;
4. rehabilitation necessities;
5. leisure-time necessities;
6. necessity for contact with the family, friends, relatives and other persons.

(3) In the individual plan of the beneficiary of social services in the specialized institutions shall be included measures for bringing out of them and for social involvement.

(4) In case of necessity for satisfaction of the medical necessities of the inmates of social services, a plan for medical care rendered by a person having appropriate medical education shall be prepared in writing, comprising of:
1. medical history;
2. necessary preventive measures;
3. presence of allergies;
4. necessary dental care;
5. necessary treatment or rehabilitation programs;
6. immunization and monitoring;
7. nutrition and diets;
8. rehabilitation;
9. personal hygiene.

(5) The providers of social services shall assess the implementation of the plan under Paragraph 1 once every 6 months and update it when necessary.

Article 40e. (New one - State Gazette, issue 40 from the year 2003) (1) The provider of social services in the specialized institutions shall keep a register of the inmates.

(2) The register kept shall include information about:
1. the name, permanent and/or present address, date of birth and family status of the inmates;
2. the act for accommodation of the persons in the specialized institution;
3. the name, permanent and/or present address and telephone number of a guardian, trustee or close relative of the inmates;
4. the name, address and telephone number of the general practitioner of the inmates;
5. date of accommodation;
6. date of leave;
7. the date, time and cause of death in the cases when the inmate has died in the specialized institution.

(3) The provider shall keep a register enumerated, strung through and sealed with the seal of the specialized institution, which shall include:
1. inventory of the funds and valuables submitted for safekeeping by the inmates;
2. the date on which the money or valuables have been deposited;
3. the date on which a specific amount of money or the valuables were given back to the inmates or were used on their behalf, by their request, as well as the reason for which they were used;
4. the name and position of the person responsible for the safekeeping of the funds and the other valuables.

(4) The inmates submitting funds and other valuables for safekeeping shall sign a hand-over and acceptance protocol, a copy of which shall be given to them.

Article 40f. (New one - State Gazette, issue 40 from the year 2003) The social services rendered in specialized institutions as well as the services under Article 36, Paragraph 2, Sections 5 – 10, shall comply with the following standards and criteria for location and equipment:

1. accessibility, well kept living surroundings and environment;
2. enough bedroom premises, social contacts premises, refectory premises, sanitary premises and other easily accessible premises;
3. available equipment for communication, of appropriate indicative signs for the inmates with hearing, visual and other physical disorders, as well as of calling systems installed, having an easy-to-access alarm button, in all places where necessary;
4. a bedroom premise available to every inmate, furnished and equipped in an appropriate manner in accordance with the determined necessities of the person and his/her personal choice;
5. available heating, light, water supply and ventilation of the premises in accordance with the sanitary norms and safety requirements;
6. adherence to the sanitary and hygienic norms for infection dissemination control in accordance with the effective legislation.

Article 41. (As amended - State Gazette, issue 97 from the year 2001, issue 40 from the year 2003) (1) The social services rendered in the specialized institutions and in the community shall satisfy the following nutrition standards and criteria:

1. proper dietary regimen in accordance with the Public Health Care Act and the normative acts regarding its implementation;
2. quality, healthy and nutritive food provided, the nutrition necessities and personal choice of the inmates taken into account and in compliance with the requirements of the Public Health Care Act and the normative acts regarding its implementation;
3. compliance of the premises in which food products are stored with the requirements specified by the specialized control bodies.

(2) The social services rendered in the specialized institutions and in the community shall satisfy the following health care standards and criteria:

1. providing assistance in gaining access to medical and dental care, as well as other types of health care;
2. providing assistance in obtaining the prescribed medicines;
3. determining an employee having appropriate training, who is to be responsible for the meeting of the health care criteria and standards.

(3) The social services rendered in the specialized institutions and in the community shall meet the following educational services and information standards and criteria:

1. providing assistance in participation in an educational program in accordance with the age and the personal choice of the inmates;
2. providing access to information.

(4) The social services rendered in the specialized institutions and in the community shall satisfy the following leisure-time and personal contacts organization standards and criteria:

1. provided opportunity of the persons benefiting from social services to independently organize their leisure time;
2. provided opportunity of the persons benefiting from social services to establish personal contacts with their family, friends and other persons;
3. planning of cultural, sports and other types of activities and encouraging the persons benefiting from social services to participate in them;
4. organizing cultural activities and trips.

(5) The social services rendered in the specialized institutions and in the community shall satisfy the following attending personnel standards and criteria:
1. compliance of the number, experience and qualification of the personnel with the type of service rendered;
2. regular assessment of the execution of the tasks by the personnel;
3. providing opportunities for extending the qualifications of the personnel regarding the specifics of the work with the different groups of persons benefiting from the social services.

Chapter Four
CONDITIONS AND PROCEDURES FOR REGISTRATION OF PERSONS RENDERING SOCIAL SERVICES

(Title as amended - State Gazette, issue 40 from the year 2003)

SOCIAL SERVICES

Article 42. (As amended - State Gazette, issue 40 from the year 2003) In the Social Assistance Agency a register is kept of the physical persons registered under the Commerce Act and of the legal persons who may render social services.

Article 43. (As amended - State Gazette, issue 40 from the year 2003) (1) In order to be entered in the register, the persons under Article 42 shall submit to the executive director of the Social Assistance Agency an application in accordance with the form in Supplement No. 5, to which the following certified transcripts shall be attached:
   1. the initial court registration order;
   2. the certificate of actual standing, issued by the competent court;
   3. card for identification under the BULSTAT register;
   4. tax registration certificate.

   (2) The persons under Article 42 who will render social services to children under the age of 18 shall in addition attach to the application for entering in the register a certified transcript of the license thereof.

   (3) In the register the following circumstances shall be entered:
   1. information about the person – number and batch of the court registration, number of the company file, name, seat, unified identification code under the BULSTAT register, number under the National Tax Register, type of the person;
   2. information about the representative of the person regarding the court registration – name, personal ID number, permanent and/or present address;
   3. types of social services to be rendered, as well as number of the license in the cases when the services will be rendered to children;
   4. information about violations committed regarding social services rendering;
   5. the date of deletion of the registration and the grounds thereon;
   6. changes in the circumstances under Sections 1 – 3;
   7. notes related to the circumstances entered.

Article 44. (As amended - State Gazette, issue 40 from the year 2003) (1) The executive director of the Social Assistance Agency or the employee authorized by him shall, within 7 days after the date the application is submitted, issue a certificate of registration in accordance with Supplement No. 6 or make a motivated refusal of registration, notifying the person in writing.

   (2) Upon establishment of omissions in the presented documents the person shall be given 7 days to eliminate them.

   (3) The refusal under Paragraph 1 shall be subject to appeal under the procedure of the Administrative Procedure Act.

Article 45. (As amended - State Gazette, issue 40 from the year 2003) The registered persons shall be obliged to notify in writing the Social Assistance Agency about all changes in the circumstances entered in the register within 7 days after their occurrence.

Article 46. (As amended - State Gazette, issue 40 from the year 2003) (1) The registration shall be deleted:
   1. by request of the registered person;
   2. upon termination of the legal person and upon deletion from the commercial register of the physical person registered under the Commerce Act;
3. upon non-compliance with the determined criteria and standards for rendering social services – by suggestion of the competent body after an examination performed by it;

4. upon non-fulfillment of the rendering of social services activity by the registered person for a period of one year;

5. upon non-fulfillment of the requirement under Article 47 for a period of one year;

6. upon deprivation or expiration of the license for rendering of social services to children under the age of 18.

(2) The deletion of the registration shall be done by decree of the executive director of the Social Assistance Agency.

(3) The decree shall be subject to appeal under the procedure of the Administrative Procedure Act.

(4) The appeal of the decree under Paragraph 2 shall not stop its implementation.

Article 47. (As amended - State Gazette, issue 40 from the year 2003) the registered persons shall present in the Social Assistance Agency a report on their activity related to rendering of social services before May 31st every year.

Article 48. (Revoked - State Gazette, issue 40 from the year 2003).

Article 49. (Revoked - State Gazette, issue 40 from the year 2003).

Article 50. (Revoked - State Gazette, issue 40 from the year 2003).

Article 51. (Revoked - State Gazette, issue 40 from the year 2003).

Chapter Five

PUBLIC CONTROL OF THE SOCIAL ASSISTANCE SYSTEM

Article 52. (1) (As amended - State Gazette, issue 40 from the year 2003). In order to exercise public control related to rendering of social services activities a public council with the following functions shall be convened:

1. assistance in exercising the social assistance policy in the municipality;

2. discussion of regional strategies, programs and projects related to social assistance;

3. assistance in coordinating the rendering of social services activity of the physical persons registered under the Commerce Act and of the legal persons;

4. exercising control over the quality of the social services in accordance with the approved criteria and standards;

5. giving an opinion on opening up or closing down of specialized institutions for social services on the territory of the municipality.

(2) (Revoked - State Gazette, issue 40 from the year 2003).

(3) (As amended - State Gazette, issue 97 from the year 2001, issue 40 from the year 2003) The public council shall be comprised of no less than three but not more than nine persons and its members shall be representatives of institutions, physical persons registered under the Commerce Act, and legal persons who are related to the social assistance activities.

(4) (New one - State Gazette, issue 40 from the year 2003) The members of the public council shall be obliged to comply with the normative requirements for protection of information for the persons and families benefiting from the social assistance rendered, which they have acquired during the course of performance of their activity.

Article 53. The public councils shall have the right to require and obtain information from the “Social Assistance” departments about the social assistance activity.

Article 54. (As supplemented - State Gazette, issue 97 from the year 2001, as amended, issue 40 from the year 2003) Upon determining omissions and upon reporting violations related to performing the social assistance activities, the public councils shall notify in writing the chairman of the municipal council and the inspector with the executive director of the Social Assistance Agency.

Article 54?. (New one - State Gazette, issue 40 from the year 2003) (1) In order to protect the interests of the persons benefiting from the social services rendered and to exercise public control, councils of the persons benefiting from the social services, of their guardians and trustees may be convened.
(2) The councils under Paragraph 1 shall have consultative functions when performing the social services rendering activities and shall monitor their quality.

(3) In case of established violations, the councils under Paragraph 1 shall notify in writing the inspector with the executive director of the Social Assistance Agency.

ADDITIONAL PROVISION

§ 1. (1) (Previous text of § 1 - State Gazette, issue 97 from the year 2001) In the sense of the regulations:

1. (Revoked - State Gazette, issue 40 from the year 2003).
2. "The family" shall include the spouses and the minor children (born, fathered, adopted, stepchildren, except for the ones who have contracted civil marriage).
3. "Single parent" shall mean a person who takes care by himself/herself of children under the age of 18 because of widowhood, divorce or non-contracted civil marriage.
4. "Orphan child" shall mean a minor child with one or both dead parents.
5. "Having many children" shall mean the mothers who have given birth to (adopted) and raised 3 or more children over the age of one.
6. "Unemployed" shall mean all persons of employment age physically and mentally fit for working who are registered in the “Unemployment Service” directorate and actively looking for a job.
7. "Belongings of ordinary use" shall mean agricultural land, small farm equipment, chattels, craft instruments and farm animals in cases when the income derived from them is used for satisfying the daily necessities of the persons and families.
8. "Non-governmental organizations" shall mean public, religious, political and trade-union organizations, associations and foundations.
9. "Income" for granting of social aid under the procedure of this Regulation shall mean any income, originating from:
   labor activity;
   activities in the field of agriculture, forestry and water utilization;
   sale and/or exchange of movable and immovable property;
   sale of shares, capital stock and other interest in commercial companies and other forms of joint activities;
   lease-in, annuity and lease-out;
   royalties and license earnings;
   dividends and share interest earnings;
   awards and prizes from sport competitions;
   compensations and aids;
   pensions;
   scholarships;
   monthly allowances for children;
   adjudged alimony;
   others.
10. (As supplemented - State Gazette, issue 97 from the year 2001) At the determination of the amount of the social aid as income shall not be deemed:
   aid, granted under the procedure of this Regulation;
   (as amended - State Gazette, issue 97 from the year 2001) allowance for assistance of disabled persons with decreased working capacity over 90% with determined amount for assistance;
   (as supplemented - State Gazette, issue 46 from the year 2002) the one-time aid at birth under Article 1 of the Decree for Encouraging of Births up to 31 March 2002 inclusive and under Article 6 of the Law on Family Allowances for Children;
   humanitarian aids;
   one-time compensations to pensions or extraordinary pensions;
addition to the pensions of veterans, volunteers and affected persons, taken part in WWII, and
injured persons during participation in military missions of the United Nations
Organization;
additional monthly compensation to the pensions of persons reached 75 or 80 years of age;
aid, determined by deed of the Council of Ministers;
(as amended - State Gazette, issue 118 from the year 2002) income, derived as result of
cultivation of agricultural land from the National Land Fund and the Municipal Land Fund
within a period of one year after its granting;
(new one - State Gazette, issue 98 from the year 2000, revoked, issue 118 from the year
2002);
(new one - State Gazette, issue 40 from the year 2003) labor remuneration, received in the last
month of participation in the National Program "From social aids towards ensuring of
employment";
(new one - State Gazette, issue 40 from the year 2003) scholarships, received under the
National Program "From social aids towards ensuring of employment".
11. (New one - State Gazette, issue 97 from the year 2001) "Special Schools" are the schools
under Article 68 - 73 of the Rules on Implementing the Public Education Act from the year 1999
(prom., State Gazette, issue 68 from the year 1999; as amended and as supplemented, issue 19 from
the year 2000 and issue 53 from the year 2001).
12. (New one - State Gazette, issue 97 from the year 2001) "Unemployable age" shall mean
the age under 16 years and such above the age, determined in the Mandatory Social Security Code,
for acquiring right of pension for length of service and old age.
13. (New one - State Gazette, issue 97 from the year 2001) "Child with permanent disability"
shall mean a child under 16 years of age with 50% and above 50% permanently restricted possibility
for social adaptation or a child between 16 and 18 years of age with 50% and above 50% decreased
working capacity.
   (2) (New one - State Gazette, issue 97 from the year 2001) The persons living as cohabitants
shall be supported socially as a family.
14. (New one - State Gazette, issue 40 from the year 2003) "Employment programs" shall
mean such programs, which are implemented under terms and procedure of Article 31 of the
Encouraging of Employment Act.
15. (New one - State Gazette, issue 40 from the year 2003) "Providers of social services" are
the state and municipalities as well as the physical persons entered in the Register of the Social
Assistance Agency, registered under the Commerce Act, and legal persons.
16. (New one - State Gazette, issue 40 from the year 2003) "Users of social services " are the
persons and families, who use social services in the community and in the specialized institutions.
17. (New one - State Gazette, issue 40 from the year 2003) "Personal assistant" is a person,
rendering permanent care services to a child or adult person with permanent disability, or to a
seriously ill person, for purposes of satisfying their normal daily requirements.
18. (New one - State Gazette, issue 40 from the year 2003) "Social assistant" is a person,
rendering a set of services, aiming social work and consultation to users and involving satisfying their
needs, ranging from leisure time organization up to establishment of social contacts.
19. (New one - State Gazette, issue 40 from the year 2003) "Housekeeper" is a person,
rendering services at home, aiming the maintenance of hygiene of the occupied residence, shopping
and preparation of meals, laundry and other public utility activities.
20. (New one - State Gazette, issue 40 from the year 2003) "Home social patronage" is a set
of social services, rendered to home, related to delivery of meals; maintenance of personal hygiene
and such of the housing facilities, occupied by the user; assistance for supply with necessary technical
aids for users with disability; public utility services, etc.
21. (New one - State Gazette, issue 40 from the year 2003) "Day center" shall mean a set of
social services, which offer possibilities for close circle servicing of users during the day, related to
delivery of meals, meeting of daily, health, educational and rehabilitation needs, as well as their needs
for leisure time organization and social contacts establishment.
22. (New one - State Gazette, issue 40 from the year 2003) "Center for social rehabilitation and integration" shall mean a set of social services, related to performance of rehabilitation procedures, social and legal consultations, educational and professional training and orientation, elaboration and implementation of individual programs for social adaptation.

23. (New one - State Gazette, issue 40 from the year 2003) "Center for temporary accommodation " shall mean a set of social services, rendered to homeless persons, aiming satisfying of their daily needs, for a period not exceeding 3 months.

24. (New one - State Gazette, issue 40 from the year 2003) "Foster care" shall mean the raising up and upbringing of a child in a family environment, who is placed there under the procedure of the Protection of Child in a Family Act or under a specific Contract at a separate person.

25. (New one - State Gazette, issue 40 from the year 2003) "Crisis center" shall mean a set of social services, rendered to persons, victims of violence or human trafficking, and aiming the covering of their daily needs and elaboration of individual programs for social integration.

26. (New one - State Gazette, issue 40 from the year 2003) "Center for family-type accommodation " shall mean a set of social services, rendered in a environment, close to a family one, for restricted number of children – not exceeding 15.

27. (New one - State Gazette, issue 40 from the year 2003) "Protected residence" shall mean forms of social services, where the persons lead independent life, assisted by professionals.

28. (New one - State Gazette, issue 40 from the year 2003) "Public refectories" shall mean social services, aiming the satisfying of needs for food of persons, not able to ensure it alone.

29. (New one - State Gazette, issue 40 from the year 2003) "Long-term services" are the services, rendered for a period exceeding 3 months.

30. (New one - State Gazette, issue 40 from the year 2003) "Short-term services" are the services, rendered for a period up to 3 months.

TRANSITIONAL AND FINAL PROVISIONS

§ 2. (As amended - State Gazette, issue 97 from the year 2001) Invalids with permanent disability, whose decreased working capacity is determined after reaching of age for eligibility of pension for length of service and old age or the reached it within the term of the decree of the Expert Medical Labor Check-Up Committee (National Expert Medical Labor Check-Up Committee), shall exercise their rights under the Regulations for life, notwithstanding with the term defined in the expert decision.

§ 3. Monthly target aids for heating for 1998 under applications, filed within a one-month period since the promulgation of the Regulation in "State Gazette", shall be granted effective since 1 November 1998.

§ 4. (New one - State Gazette, issue 97 from the year 2001) For Bulgarian citizens above 70 years of age who have not replaced their personal ID documents, the address registration shall be deemed as permanent address.

§ 5. (Former § 4 - State Gazette, issue 97 from the year 2001) The Regulation is adopted pursuant to § 3 of the Final provisions of the Social Assistance Act.

§ 6. (New one - State Gazette, issue 98 from the year 2000, former § 5, issue 97 from the year 2001) The implementation of the Regulation shall be assign to the Minister of Labor and Social Welfare.

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1 NPMH – National Programme for Mental Health
2 MH – Ministry of Health
3 NDAC – National Drug Addictions Centre
4 NCPH – national Centre of Public Health
5 BPA – Bulgarian Psychiatric Association
6 MLSP – Ministry of Labour and Social Policy
7 MES – Ministry of Education and Science
viii MJ – Ministry of Justice  
ix NHIF – National Health Insurance Fund  
x MRDPW – Ministry of Regional Development and Public Works  
xii SAA – Social Assistance Agency  
xiii NCDS – National Centre for Drug Substances  
xiv BMA – Bulgarian Medical Association  
xiv NCHI – National Centre for Health Information