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1. Basic Information

1.1 CRIS Number:

PHARE 2006/018-147.03.12

1.2 Title:

“Support for the development of community mental health services and the deinstitutionalization of persons with mental disorders”

1.3 Sector:

Health

1.4 Location:

ROMANIA

2. Objectives

2.1 Overall Objective:

To increase the quality, accessibility and acceptability of mental health care services

2.2 Project purpose

Improvement of the Mental Health services in Romania through development of community mental health services as alternatives to hospitalization, improvement of quality of hospital care and establishing links with primary sector of health care

2.3 Accession Partnership and NPAA priority

One of the priorities set in the Accession Partnership is „to strengthen the capacity to manage health sector reform in a comprehensive manner”. Therefore, mental health, being an important part of the health sector, becomes one of the priorities of the Accession Partnership.

2.4 Coherence with National Development Plan

Not Applicable

2.5 Cross-border impact:

Not Applicable
3. Description

3.1. Background and justification

The mental health care in Romania is focused at present on the psychiatric hospitals and they are subordinated to an excessively biological model. Somehow paradoxical, the number of psychiatric beds is one of the lowest in Europe (76,1 beds for 100 000 inhabitants). There is no formal communication between the long-term care institutions and the ambulatory ones, the continuity of care often being limited to the continuity of administration of a certain psychotropic drug. We cannot talk about a certain specialization, the concept of therapeutic team is inexisten, as well as the concept of community care. Within the public opinion is persistent the negative image of the psychiatric illness, psychiatric patients, psychiatric structures and even of the psychiatric professionals and carers.

The mental health center has to become the fundamental part of the system. The mental health center has to become the main unit of the psychiatric care because it actually represents the change of the emphasis from the hospitalization to the ambulatory care, an alternative to hospitalization that allows a better monitoring of treatment and rehabilitation programs and the realization of an optimal cost-efficiency rate.

Mental health was defined as a priority by the Ministry of Health; there is an official strategy adopted by ministerial order; mental health is also part of the National Strategy for Health (chapter VIII).

The current situation of the mental health system is a crisis one (as mentioned in the European commission’s CMR 2005) and it is absolutely necessary to take measures in order to improve the situation. It is also clear for the Romanian Ministry of Health that reform and a clear plan for the implementation of the reform in mental health area are urgently needed. The necessity of a reform has been also outlined in the European Commission’s Comprehensive Monitoring Report 2005 and in Amnesty International Reports regarding the situation of patients in Romanian psychiatric institutions. The Romanian government took notice of the recommendations in all the reports on the matter and consequently asked for the support of the international community in assisting Romania in the process of mental health reform.

As a result, the Government Memorandum “Measures for rehabilitation of the mental health care system in Romania” was signed in 2004. At point B it is stated that “for the period 2005-2007, it will be established measures in order to decrease the morbidity caused by psychiatric diseases and improvement of the mental health indicators related to the entire population. Ministry of Health intent to provide accessible, quality mental health services and based on the existing needs, in a less restrictive environment, also to provide programmes for mental health promotion, prevention and education:

a) in concordance with the strategically objectives it is compulsory the mental health care-services system to be reconfigured in order to achieve a primary, secondary and tertiary prophylaxis.

b) development of the ambulatory psychiatric care (mental health centers, mental health laboratories, psychiatric cabinets) at every district level, to be formed a mobile team from the crisis intervention centers to solve psychiatric emergencies.
Also, the Mental Health National Strategy has been elaborated in the “Enhancing Social Cohesion through the Development of Community Mental Health Structures in South East Europe” project, within the cooperation framework of the Stability Pact. The strategy was adopted through a Minister Order (no. 639/14.06.2005). An action plan for the implementation of the strategy was elaborated in a Phare project (RO-2003/005.551.03.03 Twinning Light - RO 03/IB/OT 09 - “Action Plan for the implementation of the Mental Health Policy of the Romanian Ministry of Health”) and it was enforced through a Ministerial Order no 426/19.04.2006.

The Action Plan for the Implementation of the Mental Health Strategy establishes the principle of catchments areas for mental health services. The central structure in a catchments area is the Community Mental Health Center staffed with a multidisciplinary team. Both CMHCs and multidisciplinary teams are underdeveloped now. Developing these elements is a priority.

The current project is consistent with the Mental Health Declaration and the Mental Health Action Plan for Europe signed by the Ministries of Health, at “WHO ministerial conference on mental health”. It addresses points 6, 7, 8 and 9 of this Action Plan:

6 - “Ensure access to good primary care to mental problems”;
7 – “Offer effective care in community based-services for people with severe mental health problems”,
8 – “Establish partnerships across sectors”
9 – “Create a sufficient and competent workforce”.

3.2. Sector rationale:
Not Applicable

3.3. Results

TASK I - To develop community mental health services as alternatives to hospitalization, providing treatment in the least restrictive environment (twinning and grant scheme)

I.1 Multidisciplinary teams identified and trained in community mental health services
I.2 The legal status of the community mental health centers assessed and recommendations formulated by the member states experts
I.3 Guidelines and standards for the multidisciplinary team and for the community mental health services elaborated
I.4 Public awareness campaign carried out
I.5 At least 25 initiatives to promote the community service approach in existing centers for mental health, either current laboratories for mental health or independent centers;
I.6 At least one mobile team trained to serve rural areas and/or small town areas within one community center;
I.7 Behavioural and occupational interventions implemented
I.8 Active outreach methodologies identification of persons with mental disorders promoted
I.9 Case management programmes tested and implemented allowing a better continuity of care;
I.10 Good practices in community health disseminated at national level
I.11 Awareness level improved in relation to the statute of persons with mental disorders in Romania;
I.12 A target of least 2,000 beneficiaries of the community health services to be reached at the end of the programme.

TASK II - To improve the quality of hospital care (twinning)

II.1 new facilities for occupational therapy established
II.2 case management programme elaborated and implemented in 4 hospitals

TASK III - To develop links with the primary sector of care (twinning)

III.1 general practitioners trained in mental health issues
III.2 guidelines in community mental health for general practitioners elaborated

3.4. Activities

For the task I: To support the development of community mental health centers (developed through the grant scheme)

a. TWINING ACTIVITIES

I.1 Training for multidisciplinary teams
The multidisciplinary team (psychiatrist, psychologist, social worker, nurses, and occupational therapist, NGOs representatives) is the key element of a community centered approach of mental health care. Currently the experience in teamwork of mental health professionals is very limited. The objectives of this training activities are
   - to ensure a good understanding for potential grant scheme beneficiaries of the MoH strategy related to mental health and in particular of the role of community mental health centers and of the package of services that would need to be developed in this framework.
   - to disseminate the community mental health model and enhance teamwork skills among professionals.
I.2 Assessment and recommendations from the member states experts on the legal status of the community mental health centers, in order to be in accordance with both the European and the Romanian legal provisions.
I.3 Elaborating and editing guidelines and standards of care for community mental health services and for the multidisciplinary teams (guidelines and standards that will be used by the staff in the community mental health services developed through the grant scheme).
I.4 Designing and developing a public awareness campaign

b. GRANT SCHEME
Call for proposals (grants) for:
• Supporting the projects proposing to develop and promote community health services in the existent centers for mental health (current laboratories for mental health) and independent centers (community centers);
• Piloting mobile-type of intervention in rural areas and/or small town areas within one community center is encouraged.

The call for proposals will be open to

• Non-governmental non-profit organizations from Romania, which by their activities promote the interest of people and communities in mental health area

Grants will only be awarded for developing and promoting the system of community mental health services at the level of the existent centers for mental health (both current laboratories for mental health state owned and independent ones (community centers)).

These centers for community health services either based in hospitals or external, should provide for the improving of the mental health care system and reintegration of people with mental disorders. The applicants should take into consideration the efficiency and effectiveness and make necessary improvements of their services.

The minimum amount per grant will be 20,000 Euro while the maximum can reach 50,000.

The partnership with public authorities/public institutions is mandatory in view of ensuring sustainability. The ministry of health/houses for health insurance/local authorities will ensure that successful projects/models will be financially supported out of the public budget after the Phare financing ends. (see also conditionalities, chapter 12.) In addition, in case of the centers for mental health run by hospitals, the NGO has to come in partnership with the hospital(s). Professionals involved in the projects implementation will be trained within the correspondent twinning component.

For the task II: To improve the quality of hospital care

II.1 Developing behavioural and occupational interventions and by promoting user-involvement

The system of care in Romanian psychiatric institutions is mainly based on medical treatment and institutional containment. Occupational programs, behavioural interventions and the recreational offer are poor (or even lacking). Therefore, good institutional practices will be developed and they will consist in psycho educational programs, models of support and self-help groups, occupational and recreational programs. Costs of all these programs will be assessed, together with their impact and their sustainability.

II.2 Elaborating case management solutions for the assurance of the continuity of care

The assurance of the continuity of care, especially for persons with severe mental health problems, is challenging if the care system misses several links (especially sound secondary care structures and a good collaboration with the primary sector). Different case management formulas will be tested in certain catchments areas. The effectiveness of the case management formulas will be assessed and good practices will be identified, in order to promote a new key function in the mental health system - case management.
For the task III: To develop links with the primary sector of care

III.1 Training for general practitioners

General practitioners are under-skilled regarding the treatment of persons with mental health problems. Therefore, general practitioners will receive training on: skills of dealing with the mentally ill/disabled, collaboration with mental health professionals; and accessing specialized resources from the secondary and tertiary system of care.

III.2 Elaborating and editing guidelines for general practitioners

Guidelines on management of mental health problems for general practitioners will be elaborated. These guidelines will help general practitioners to recognize mental health problems early on; to be able to deal with patients with mental disorders in a professional manner and to co-operate efficiently with mental health services.

3.5. Linked activities

1. “Strengthening Social Cohesion in South East Europe through the development of Community Mental Health Services” is a project funded by the Stability Pact and World Health Organization having as an implementation period January 2002 – December 2005. This project has three components and the first one included (already completed the elaboration of the mental health policy.

2. „Action Plan for the implementation of the Mental Health Policy of the Romanian Ministry of Health“ Programme no RO-2003/005.551.03.03 Twinning Light code no. RO 03/IB/OT 09 TL

3. EU Phare Health Project on the Improvement of Health Status Monitoring and Evaluation Capacity in the Framework of Health Care System Reform in Romania (RO 2002/000-586.04.11.03) was aimed at increasing local capacity in monitoring and evaluation of non-communicable diseases, including for mental health, thus at improving the technical capacity to support evidence-based health policy-making in Romania.

3.6. Lessons learned

See Annex 7.

4. Institutional Framework

COMPONENT A - TWINING
The Implementing Authority for this project is the Ministry of Health (Project Implementation Unit) which is responsible for the administrative management of the programme.

COMPONENT B – GRANT SCHEME
The implementing authority for this grant scheme is the Ministry of Public Finance.

The Steering Committee will be set up in order to supervise the implementation of the project with the involvement of the representatives of the stakeholders: Ministry of Health, Ministry of Public Finance, EC Delegation, CDSF, the WHO national
counterpart on mental health, professional organizations involved in mental health reform (avoiding a potential conflict of interest in relation to the grant scheme component) or other stakeholder identified during the project implementation (i.e., public authorities).

5. Detailed Budget

<table>
<thead>
<tr>
<th>€M</th>
<th>Phare/Pre-Accession Instrument support</th>
<th>Co-financing</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Public Funds (*)</td>
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<td></td>
</tr>
<tr>
<td>Year 2006 - Investment support jointly co funded</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Component B Grant scheme</td>
<td>1,84</td>
<td>0,67</td>
<td>-</td>
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<tr>
<td>Technical assistance</td>
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<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Investment support – sub-total</td>
<td>2</td>
<td>0,67</td>
<td>-</td>
</tr>
<tr>
<td>% of total public funds</td>
<td>max 75 %</td>
<td>min 25 %</td>
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<tr>
<td>Year 2006 Institution Building support</td>
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</tr>
<tr>
<td>Component A</td>
<td>1</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>IB support</td>
<td>1</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total project 2006</td>
<td>3</td>
<td>0,67</td>
<td>-</td>
</tr>
</tbody>
</table>

(*) contributions form National, Regional, Local, Municipal authorities, FIs loans to public entities, funds from public enterprises
(**) private funds, FIs loans to private entities
6. Implementation Arrangements

6.1. Implementing Agency

Central Finance and Contracts Unit, Ministry of Public Finance (CFCU), Mircea Voda Blvd, no 44, Bucharest 1, Romania, Phones: +40-21-3 26 55 55, Fax: +40-21-3 26 87 09.

The financial management of the Program will be under the responsibility of the CFCU. The nominated Program Authorizing Officer (PAO), who is a Secretary of State from the Ministry of Finance, and the Deputy PAO, who is the General Director of the CFCU, are responsible for contracting, reporting and accounting. The responsibilities of the CFCU also cover finalization of contract dossiers for approval, of Technical Assistance contracts, and maintenance of financial records for audit purposes.

Implementing Authority

COMPONENT A
Ministry of Health,
1-3, Cristian Popisteanu, Bucharest 1, Romania;
Programme Implementation Unit
Fax: +40-21-312 14 33.

SPO Laurentiu Mihai
Phone: +40-21-307 26 08;
Fax: +40-21-307 26 07

DSPO Daniela Manuc
Phone: +40-21-307 26 06;
Fax: +40-21-307 25 22

COMPONENT B

The Ministry of Public Finance will be the Implementing Authority, Direction Management Authority for Community Support Framework, responsible for the approval of call for proposals, guidelines for applicants, evaluation reports, and with the overall monitoring of the implementation process (Senior Programme Officer and Deputy Senior Programme Officer).

Contact details of Ministry of Public Finance:
Title: Senior Programme Officer
SPO name: Mrs. Livia Chirita
Address: 44, Mircea Voda Blvd., Sector 5, Bucharest
Tel.: +4021 302 52 50
Fax: +4021 302 52 32
6.2. Twinning
The Ministry of Health, through the General Department for Medical Care, Sanitary Structures and Salary, will be the main beneficiary institution.

Project leader: Dr. Virgil Paunescu Secretary of State for Medical Assistance

6.3. Non-standard aspects
Taking into consideration that through a Phare programme CSDF was set-up with the specific role to administrate and managed funds addressed to the non-governmental nonprofit organizations, based on the experience accumulated over the last 10 years of activity, a direct agreement will be required.

Being a non-profit organization, CSDF will be exempted of the obligation foreseen by the standard service contract related to the bank guarantee.

Contracts with the NGOs beneficiaries of small grants may specify, as an exception to normal Phare procedures, that payments will be made on the basis of an advance payment of 50%, a subsequent interim payment of up to 40% and a final payment of the remaining balance of the grant, rather than the normal 80% advance payment and 20% final payment, when it is considered necessary to ensure adequate control over the implementation of the grant schemes.

6.4. Contracts

**Component A** - Twinning contract

**Component B** - One (1) Direct Agreement to support the project management will be signed by the CFCU with the CSDF in Romania.

Project management will include the elaboration of the criteria for calls for proposals, organization of evaluation/selection of projects, monitoring the implementation of the projects. The project management costs will not exceed 8.25% of the Phare support.

Following the conclusion of this direct agreement the main activities of the project will be implemented through a number of financing agreements between the CFCU and the beneficiaries selected through a competitive selection process managed by the CFCU. The CFCU will be supported by CSDF for the preparation and evaluation of calls for project proposals.

The Ministry of Health, the CFCU and, unless EDIS is in place, the EC Delegation will participate as observers in selection/evaluation processes and will supervise closely the activities of CSDF.

CSDF will not be an eligible beneficiary of the project, other than through payments under the direct agreement contract specified above.
7. Implementation Schedule

7.1. Start of call for proposals:
October 2006

7.2. Start of project activity:
January 2007

7.3. Project completion:
August 2009

8. Equal opportunity

The selection of the staff involved in the development of this project is based on professional skills, regardless gender or minority. The recruitment policy used will be clear and transparent.

The equal opportunity for women and men in the project will be assured by the equal gender proportion within the teams of international and local experts, and by the equitable distribution of their responsibilities.

All participating Romanian institutions are equal opportunity employers. No discrimination of whatever nature will be applied or accepted.

9. Environment

Not applicable

10. Rates of return

Not applicable

11. Investment criteria

11.1. Catalytic effect

It is expected that the success of new facilities will stimulate initiatives and will disseminate best practices promoting a community focused approach.

11.2. Co-financing

The project is co-financed with 0,67 MEuro for the grant scheme (component B).

The Romanian Government will assure the project co-financing through the budget of the Ministry of Health. The money will be assured from governmental funds; i.e. the budget of the Ministry of Health, which shall be included in the budget for 2007 of the Ministry of Health.
11.3. Additionality

In conformity with the nature of the project and with the European standards, no other financing agency is involved. This project is complementary to the programmes listed under item 3.5. Phare grants shall not displace other financiers, especially from the private sector or IFIs.

11.4. Project readiness and size

The conditions for the project implementation are ready. The investment funds required by the project implementation comply with minimum project size requirements.

11.5. Sustainability

At the end of the project legal provisions to ensure the continuity of funding of community services developed through this Phare project should be adopted. Adequate measures for financial and institutional sustainability are foreseen in the framework of the project.

11.6. Compliance with state aids provisions

The project respects the state aids provisions.

12. Conditionality and sequencing

I. Prior to project:
1. The existence of a functional committee on mental health reform (functionality will be determined upon outcomes: e.g. adoption and implementation of the Action Plan);
2. Adoption of legislation on the change of status of the mental health laboratories to community centers for mental health services.
3. The existence of an appropriate infrastructure.
   The rehabilitation works are to be done according to a strategic investment plan, consistent with the mental health strategy.

II. By the end of the project:
Adoption of legal provisions to ensure the continuity of funding of community services developed through this Phare project.

Adjustment of the Action Plan for Implementing the Mental Health Strategy based on the needs and experience gathered as part of this project, in order to develop other community mental health centers.
Annexes to project Fiche

1. Logframe in standard format for each project
2. Detailed implementation chart
3. Contracting and disbursement schedule, by quarter, for full duration of project (including disbursement period)
4. For all projects: reference list of feasibility/pre-feasibility studies, indepth ex ante evaluations or other forms of preparatory work. For all investment projects, the executive summaries of economic and financial appraisals, environmental impact assessments, etc, should be attached
5. Reference list of relevant laws and regulations
6. Reference list of relevant strategic plans and studies
## ANNEX 1 – LOGICAL FRAMEWORK

<table>
<thead>
<tr>
<th>LOGFRAME PLANNING MATRIX FOR PROJECT FICHE</th>
<th>Programme and number</th>
<th>PHARE 2006/018-147.03.12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support for the development of community mental health services and the deinstitutionalization of persons with mental disorders</td>
<td>Contracting period expires 30 November 2008</td>
<td>Disbursement period expires 30 November 2009</td>
</tr>
<tr>
<td></td>
<td>Total budget: 3,67 MEuro</td>
<td>Phare budget: 3 MEuro</td>
</tr>
</tbody>
</table>

### Overall Objective
- To increase the quality, accessibility and acceptability of mental health care services

**List of other projects with same objective**
- Not Applicable

### Project Purpose
**Objectively verifiable indicators**
- Level of awareness/spreading of the community health initiatives in the national health system
- Level of integration of best practices in community health care in centres for mental health based in hospitals
- No of effective partnerships with relevant authorities
- Level of satisfaction of the

**Sources of Verification**
- Statistics
- Evaluation reports
- Monitoring reports
- Government of Romania and the European Commission through Progress Reports and Regular Reports (Commission’s opinion, AP, NPAA)
- Press and media coverage in the areas in which the project is expected to have

**Assumptions**
- Political and economically stability
- Support from relevant institutions
- Co-operation and co-ordination between actors involved in the implementation of the programme
- Availability of state resources for co-financing
- A sustainable health reform with functional structures
health services as alternatives to hospitalization, providing treatment in the least restrictive environment

II To improve the quality of hospital care

III To develop links with the primary sector of care

<table>
<thead>
<tr>
<th>Results</th>
<th>Objectively verifiable indicators</th>
<th>Sources of Verification</th>
<th>Assumptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Task 1</td>
<td>I.1 multidisciplinary teams identified and trained in community mental health</td>
<td>Diplomas/certificates/ training report</td>
<td>• Support from relevant institutions</td>
</tr>
<tr>
<td></td>
<td>I.2 The legal status of the community mental health centers assessed and recommendations formulated by the member states experts</td>
<td>I.2 Assessment report content</td>
<td>• Efficient programme management (implementation, monitoring and assessment)</td>
</tr>
<tr>
<td></td>
<td>I.3 guidelines and standards for the multidisciplinary team and for the community mental health services elaborated</td>
<td>I.3 The guidelines and standards content</td>
<td>• Effective co-ordination between the Implementing Agency, Implementing Authority, Contracting Organizations, Implementing Body and the beneficiaries</td>
</tr>
<tr>
<td></td>
<td>I.4 Public awareness campaign carried out</td>
<td>Monitoring Reports of the projects implemented under the programme</td>
<td>• Timelines and co-financing resources</td>
</tr>
<tr>
<td></td>
<td>I.5 At least 25 initiatives to promote the community service</td>
<td>Monitoring Reports of service contract implemented under the programme</td>
<td>• Ad hoc reports</td>
</tr>
</tbody>
</table>

and mechanisms in place

- Commitment of the Romanian Government to ensure the continuity of funding of community services
- The existence of an appropriate infrastructure.
<p>| | |</p>
<table>
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<tr>
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<tbody>
<tr>
<td>L.6</td>
<td>At least one mobile team trained to serve rural areas and/or small town areas within one community center;</td>
</tr>
<tr>
<td>L.7</td>
<td>Behavioral and occupational interventions implemented;</td>
</tr>
<tr>
<td>L.8</td>
<td>Active outreach methodologies for identification of persons with mental disorders promoted</td>
</tr>
<tr>
<td>L.9</td>
<td>Case management programmes tested and implemented allowing a better continuity of care;</td>
</tr>
<tr>
<td>L.10</td>
<td>Good practices in community health disseminated at national level</td>
</tr>
<tr>
<td>L.11</td>
<td>Awareness level improved in relation to the statute of persons with mental disorders in Romania</td>
</tr>
<tr>
<td>L.12</td>
<td>A target of at least 2,000 beneficiaries of the community health services to be reached at the end of the programme.</td>
</tr>
</tbody>
</table>

- Improved cooperation between the NGOs and state in promoting the community based approach in health services;
- Level of experience achieved by the mobile team in delivering community health services;
- Level of dissemination of the experience achieved through the mobile unit;
- Level of integration of behavioural and occupational methods in the existent system of mental health;
- No, type and impact of psychoeducational programs, support groups, self-help groups, occupational, recreational programs;
- No of case management intervention tested in a year;
- Assessment methods used to determine the best intervention methods in case management;
- Type and description of the case management recommended/adopted;
| **TASK II** | II.1 new facilities for behavioral and occupational therapy established  
II.2 case management programme elaborated and implemented in 4 hospitals | II.1 at least 4 new facilities for behavioral and occupational therapy established  
II.2 type and description of case management programme recommended or adopted/ case management functional/personnel trained | II.1 approved organizational structure  
II.2. Activity report of the project |
<p>| <strong>TASK III</strong> | III.1 general practitioners | III.1 at least 360 general practitioners trained | III.1 Diplomas/certificates/ training report |</p>
<table>
<thead>
<tr>
<th>Activities</th>
<th>Means</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TASK I</strong></td>
<td></td>
</tr>
<tr>
<td><strong>TWINING</strong></td>
<td></td>
</tr>
<tr>
<td>I.1. Training for multidisciplinary teams</td>
<td></td>
</tr>
<tr>
<td>I.2 Elaborating and editing guidelines and standards of care for community mental health services and for the multidisciplinary teams (guidelines and standards that will be used by the staff in the community mental health services developed through the grant scheme).</td>
<td></td>
</tr>
<tr>
<td>I.3 Assessment and recommendations from the MS experts on the legal status of the community mental health centers.</td>
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</tr>
<tr>
<td>I.4 Designing and developing a public awareness campaign</td>
<td></td>
</tr>
<tr>
<td><strong>GRANT SCHEME</strong></td>
<td></td>
</tr>
<tr>
<td>Call for proposals (grants) for:</td>
<td></td>
</tr>
<tr>
<td>- Supporting the projects</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>III.2 guidelines in community mental health for general practitioners elaborated</th>
<th>III.2 guidelines available</th>
<th>III.2 the guidelines content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Twinning assistance</td>
<td></td>
<td></td>
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</tbody>
</table>
proposing to develop and promote community health services in the existent centres for mental health (current laboratories for mental health) and independent centres (community centres);
- Piloting mobile-type of intervention in rural areas and/or small town areas within one community centre is encouraged.

<table>
<thead>
<tr>
<th>TASK II</th>
<th>Twinning assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>II.1. Developing behavioral and occupational interventions and promoting user-involvement</td>
<td>Twinning assistance</td>
</tr>
<tr>
<td>II.2. Elaborating case management solutions for the assurance of the continuity of care</td>
<td>Twinning assistance</td>
</tr>
</tbody>
</table>

**TASK III**

III.1. Training for general practitioners
III.2. Elaborating and editing guidelines for GPs

<table>
<thead>
<tr>
<th>TASK III</th>
<th>Twinning assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>III.1. Training for general practitioners</td>
<td>Twinning assistance</td>
</tr>
<tr>
<td>III.2. Elaborating and editing guidelines for GPs</td>
<td>Twinning assistance</td>
</tr>
</tbody>
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- Direct agreement for TA support (service contract with CSDF)
## ANNEX 2 - DETAILED IMPLEMENTATION CHART

<table>
<thead>
<tr>
<th>Calendar months</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Component A - Twinning</td>
<td>D D D D C C C C I I I I I I I I I I I I I I I I I I I I I I I I F</td>
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</tr>
<tr>
<td>Component B</td>
<td>TA</td>
<td>D D D D D D C C C C I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I F</td>
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<tr>
<td>GS</td>
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<td>D D D D D D C C C C C C C C C C I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I F</td>
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</tbody>
</table>

D = Design  
C = Contracting  
I = Implementation  
F = Finalisation
## ANNEX 3 - CONTRACTING AND DISBURSEMENT SCHEDULE

### SUPPORT FOR THE DEVELOPMENT OF COMMUNITY MENTAL HEALTH SERVICES AND THE DEINSTITUTIONALIZATION OF PERSONS WITH MENTAL DISORDERS

<table>
<thead>
<tr>
<th></th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>31/03</td>
<td>30/06</td>
<td>31/09</td>
<td>31/12</td>
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<tr>
<td>Component A</td>
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<tr>
<td>Contracting</td>
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<tr>
<td>Disbursement</td>
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<tr>
<td>Component B</td>
<td></td>
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<tr>
<td>Technical Assistance</td>
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<td>Assistance</td>
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<td>0.10</td>
<td>0.10</td>
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<tr>
<td>Grants</td>
<td>C</td>
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<td></td>
</tr>
<tr>
<td>D</td>
<td>1.10</td>
<td>1.10</td>
<td>1.10</td>
<td>1.50</td>
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</tbody>
</table>
ANNEX 4 - REFERENCE LIST OF FEASIBILITY/PRE-FEASIBILITY STUDIES

Not Applicable

ANNEX 5 - REFERENCE LIST OF RELEVANT LAWS AND REGULATIONS

- Law no 487/2002 promoting mental health and protection of rights of people with mental disorders
- Minister of Health Order no.372/10.04.2006 adopting the regulations for appliance of the Law no 487/2002 promoting mental health and protection of rights of people with mental disorders
- Minister of Health Order no.373/10.04.2006 for establishing the National Center for Mental Health in the organizational structure of the National Institute for Health Research and Development
- Minister of Health Order no.374/10.04.2006 adopting the Mental Health National Strategy
- Minister of Health Order no.375/10.04.2006 for establishment, organization and functioning of the mental health centers
- Minister of Health Order no.426/19.04.2006 for adopting the Action Plan for Implementation of the Mental Health Policy of the Romanian Ministry of Health

ANNEX 6 - REFERENCE LIST OF RELEVANT STRATEGIC PLANS AND STUDIES

- The Mental Health National Strategy (adopted through a Minister of Health Order, no. 374/10.04.2006)
The Action Plan for the Implementation of the Mental Health Strategy elaborated in a Phare project (RO-2003/005.551.03.03 Twinning Light - RO 03/IB/OT 09 - “Action Plan for the implementation of the Mental Health Policy of the Romanian Ministry of Health and adopted trough a Ministerial Order (Order no 426/19.04.2006)

**ANNEX 7 - LESSONS LEARNT FROM PREVIOUS YEARS**

Note to the attention of the Head of PIU

<table>
<thead>
<tr>
<th>Identified Gaps or Recommended courses of intervention</th>
<th>Action for covering the Gap or implement the recommended intervention</th>
<th>Phare Programming (Project Reference)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Despite positive developments, the situation in homes for disabled adults, psychiatric clinics and homes for mentally disabled requires continuous improvement (Romania - Comprehensive Monitoring Report - 2005)</td>
<td>Through the project proposed for Phare 2006 Programm, behavioral and occupational interventions will be developed and user-involvement will be promoted.</td>
<td>2004</td>
</tr>
</tbody>
</table>

“Support for the development of community mental health services and the deinstitutionalization of persons with mental disorders”
<table>
<thead>
<tr>
<th>As for the psychiatric care, living conditions for inmates are poor and budgetary resources allocated are limited. Although staffing levels have increased, they remain insufficient. (Romania - Comprehensive Monitoring Report - 2005)</th>
<th>National Programme – Sub Programme 2.5. - Prophylaxis in Psychiatric Diseases (for 2006 the sum allocated is 2,8 Meuro)</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Serious overcrowding and lack of activities or medical services can be noted. (Romania - Comprehensive Monitoring Report - 2005)</td>
<td>Increasing the number of the community mental health centres will the rate of admission, which will address the overcrowding problem. Through the project proposed for Phare 2006 Programme, the quality of hospital care will be improved using behavioral and occupational interventions and case management solutions for the assurance of the continuity of care and by promoting user-involvement.</td>
<td></td>
<td>“Support for the development of community mental health services and the deinstitutionalization of persons with mental disorders”</td>
</tr>
<tr>
<td>Access to health care, including preventive services, should be ensured for all citizens in order to improve the health status of the population. The health system is in need of reform to improve the efficiency and effectiveness. The persistent problem of ill-treatment in psychiatric hospitals needs to be addressed immediately. (Romania - Comprehensive Monitoring Report - 2005)</td>
<td>The project proposed for Phare 2006 Programme aims to increase the quality, accessibility and acceptability of mental health care services.</td>
<td>“Support for the development of community mental health services and the deinstitutionalization of persons with mental disorders”</td>
<td></td>
</tr>
</tbody>
</table>