

Standard Summary Project Fiche

1. Basic Information

- 1.1 CRIS Number (Year 1): BG2004/016-711.01.02
- 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.”
- 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 2003 Regular Report on Bulgaria's Progress towards Accession:

“In the area of children's rights, the legal framework has been further consolidated. The Law on Child Protection was amended in April 2003, reinforcing measures for child protection, notably by providing the following: special protection in public places; information on the rights and obligations of children and parents; preventive measures for the security and protection of children; legal aid by the state; special care for children with physical and mental disabilities. The law defines specialized institutions as establishments for the upbringing and tutoring of children who are permanently separated from their family environment. According to the latest statistics, the number of children in these institutions accounts for 2% of the child population.

Rules on the implementation of the Law on Child Protection were adopted in July 2003. Key issues addressed are: the introduction of financial support as an incentive to prevent abandonment of children and foster re-integration of children from institutions back to their families, the establishment of harmonized criteria and standards for child services through a procedure of licensing together with adequate control mechanisms and improved co-operation between competent bodies in the field of child protection.

As regards the mentally disabled persons, a review of the situation in social care homes has been carried out by the Agency for Social Assistance. On this basis, a programme for the further rehabilitation or closing down of a number of institutions has been elaborated, which will be implemented up to 2006. Living conditions in psychiatric hospitals and in social care homes continue to be inadequate, and opportunities for rehabilitation and therapy are scarce. There continue to be reports of ill-treatment. The European Court of Human Rights ruling on the Varbanov v. Bulgaria case identified deficiencies in the legal system allowing for arbitrary detention of mentally disabled. To address these and to improve the legal protection of mentally disabled persons living in institutions, amendments to the law on Public Health are being prepared.”

“The legal framework for asylum and child protection improved considerably. However, the living conditions of children placed in institutions changed little during the past year. As regards the mentally disabled, the required legal framework is still missing, notably to ban arbitrary detention. Despite some efforts to address the situation, the living conditions in institutions for mentally disabled people are difficult and opportunities for rehabilitation and therapy are scarce.”

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 Vratsa. The main responsibilities of the regional representatives of the SACP includes: making of checks with regard to 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.

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 if they are 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 services 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.

The Child Welfare Reform programme (CWR) commenced in 2000, continues to address the needs of the most vulnerable and at risk children and their families in the community through improvements to the legislative base, 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. The various international initiatives designed to support these reforms, such as those by the World Bank, The European Union and the 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 municipality. Up to date, there are about 80 municipal strategies envisaging childcare services, adopted by the local governments. The two Agencies also recognise 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. According to the database collected by the SACP, the total number of children placed in institutions is 30 342 but the number of children in residential institutions as a measure of protection where they are permanently separated from their family environment is 11 834. 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, is currently on-going. 28 multi-agency commissions have been set up in all district towns. These commissions are headed up by experts of the SACP and comprise representatives from the regional inspectorates of education, Regional health centres, Child protection departments and the municipal administration. The commissions are 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 will be assessed 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. 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.

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 children placed in specialized institutions 2003-2005 and etc.)
3. Municipal strategies for child protection, adopted by the Municipal Councils of each municipality.

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. The Council of Ministers adopted a new Social Policy Strategy, where among the 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 mental retardation and psycho disorders, governed by the municipalities is 40. 27 of them are for adults with mental retardation where the number of placed persons is 2 554; 13 are for adults with psycho disorders where the number of placed persons is 1 194. In 29 specialized institutions for children with mental retardation are placed 1 813 children. There are 25 specialized institutions for people with physical disabilities with 1 600 persons, placed there. 845 persons are placed in 13 specialized institutions for elderly people with dementia and 4 288 persons are placed in 56 specialized institutions for elderly people.

With the amendments in the Social Assistance Act and the Regulation on the implementation of the Act was set up a legislative reform in the field of social services. A decentralized management of social services was introduced. But still the municipalities are not with very well developed capacity in the field of service management on local level. And there are not enough non-governmental organizations, which can provide qualitative services, although an opportunity has been given for active participation of physical persons registered under Trade Act and legal entities in accomplishment of this activity. A priority was given to services in the society as an alternative of the institutionalization. Social services are provided in specialized institutions when all possibilities have been exhausted for providing services in the society. 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 governed by municipalities and financed by the State Budget. At this moment there are 27 Day Care Centers - 8 for adults with mental disabilities and 19 for children and youths with mental retardation. There are 8 Centers for Social Integration and Rehabilitation of adults with mental disabilities. 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 do 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 all above mentioned documents and undertaken measures of the Bulgarian Government the main priority is deinstitutionalization of the placed in 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 services, which will be alternatives to the placement in specialized institutions. The project will contribute for implementation of the adopted by the Bulgarian government 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 development of the draft of a new **Health Law (2003)**. The draft is approved with a Council of Ministers’ Decision and is currently under consideration by Parliament. 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).

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).

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. 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.

Child and adolescent mental health care (CAMHC) will be supported under the project, taking into account the distinct profile of the psychiatric services for children, as well as the specific needs of the target group (children and adolescents with mental health problems between the age of 0 and 18). According to WHO experts around 10% of the children have mental disorders, which impair their psychosocial wellbeing. At least 3% of the children suffer from serious disorders of the mental growth – autism and intellectual deficiency, and between 5 and 10 % have specific mental disorders in their growth (concentration deficiency and hyperkinetic disorders, for example). Such mental disorders are often long-term and incapacitating. When not recognized in time, they may lead to suicides, disabilities, drug dependency and crimes. CAMHC requires coordinated efforts of the institutions concerned, following the minimum standards for quality services.

At present in Bulgaria there is a disproportion between mental health care services for adults and those for children and adolescents. Most of the children and adolescents with mental health problems are treated in psychiatric institutions for adults by physicians without specialty in child and adolescent psychiatry (CAP). Currently child and adolescent mental health is being serviced mostly by private practices for psychiatric care. Specialized psychiatric services for children and adolescents are being provided only in 4 institutions - 2 in-patient clinics for 24-hour treatment and 2 out-patient clinics for intervention day-care services and consultations. Compared to the needs (around 10 in-patient clinics and 28 out-patient centers), this number of child and adolescent psychiatric facilities is extremely low. There is also a necessity for establishment of a suitable basis for education and postgraduate qualification of students and specialists in the field of CAP, as the number of these specialists at the moment is only 12, in comparison to the needed number of 70 (defined on the basis of the standard 1 specialist per 100 000 children). In order to fulfill the government policy, the CAMHC needs to be strengthened through establishment or further development of clinic providing a continuum of child and adolescent mental health services and serving as a center for training of students and specialists. It is preferable the clinic to be situated within stable institution such as hospital with teaching functions, in order to achieve sustainability of the results. The project is aimed at further development of the activities in a clinic for CAMHC in conformity with the principles for quality services, agreed on by the world practice: early case diagnostics, complete assessment and multimodal interventions, all aimed at prevention; community based CAP – assessment and treatment of the child without putting him away from his natural environment; child centered and family-focused care; multidisciplinary approach in providing CAMHC. These principles can only be accomplished by establishing a coordinated continuum of child and adolescent mental health services at one and the same place and by creation of appropriate environment in terms of facilities and needed human resources. Such a continuum of services will comprise of four basic programs, as follows:

- Consultative out-patient program, focused on diagnostics and interventions, and consultations with the parents of the child; the program also includes community based work and collaboration with State Agency for Child Protection, Child Protection Departments in the Social Assistance Directorates in the municipalities, pedagogical advisors and nurses in the schools, school psychologists, etc.;

- Emergency program with a mobile crisis team of specialists available for 24 hours; the program is directed towards grave psychopathological or psychiatric conditions such as suicide threats and suicide attempts, acute psychoses, severe family problems;

- Day-care rehabilitation program, which include daily visits in the living environment of the child and his/her parents; the program ensures multimodal diagnostics and therapy in the child's environment. Such day care programs could prevent 24-hour hospitalization of the children with mental health disorders or at least reduce the period of hospitalization;

- 24-hour in-patient program is appropriate for psychopathological conditions that need 24-hour intensive care aimed at prevention of harming and self harming behavior, such as acute psychoses, conditions with high level of suicidal risk, grave conditions of anorexia neuroses and others;

The territorial and functional unity of all these programs, arranged in one clinic for CAMHC and performed by one integrated team of experts will ensure their effective functioning. The implementation of the project will protect the children right for adequate quality psychiatric services in appropriate environment with quick transition of intensive in-patient care to community based day care, followed by provision of psychosocial services. The existence of all programs in the continuum of CAMHC is a necessary precondition for the development of the capacity for education and postgraduate training of specialists in CAP. The students will be trained in the variety of CAP programs at the same place by being a part of the whole process of providing mental health care services to children and adolescents.

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

N/A

3.3 Results:

Phase 1:

A) Expected results from TA1:

Development of programs and models:

- a) Developed models and standards for services within the community for social inclusion of lonely elderly people;
- b) Developed models and standards for services within the community aiming support of the families with adults with disabilities;

National awareness campaign

- a) Design of informational campaign concerning the aims of the project;
- 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) Trained about 300 social workers from Social Assistance Directorates of ASA on municipal and regional level under the developed programs from PPF 1;
- d) Trained about 300 social workers from the specialized institutions under the developed programs from the PPF 1.

B) Expected results from TA 2:

- 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;
- Developed operations manual and guidelines for grant applicants;
- Conducted public awareness campaign for the grant scheme;
- Conducted training for the potential applicants under the grant scheme.

C) 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;

D) 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:

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:

The project activities will be preceded by 3 PPF financed projects that will contribute to the current project results and objectives.

The first PPF will be used for:

- Assessment of the existing standards in the field of social services for adults in Bulgaria and developed recommendations for their improvement;
- Development of methodology for social assessment of the disability, which will be made by the social workers.
- Development of training programs 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 different risk groups.

The second PPF will be used for:

- Development of methodology for assessment of the needs of the different municipalities of concrete social services and performance of the assessment.
- Research and assessment of the needs of the population all over the country about their needs of different types of social services with a view to be chosen the most appropriate form which to be established.

The third PPF will be used for:

- Needs assessment for establishment of organized palliative care through hospices;
- Review of the current regulations and normative for functioning of hospices in Bulgaria and proposal for their improvement;
- Development of adequate model of hospice according to the existing best practices and Bulgarian conditions taking into consideration the Recommendation Rec (2003) 24 of the Committee of the Ministers to member states on the organization of the palliative care;
- Elaboration of quality standards and accreditation criteria for hospices;
- Development of training programs for interdisciplinary team of professionals, involved in provision of palliative care, including nursing staff, psychologists, social workers and other categories of staff;
- PR campaign aiming to inform the general public about the range of palliative care services provided in hospices, including symptom control, and their effectiveness for older people who are facing life-threatening, chronic or progressive illness;
- Training of staff from the MH and MLSP for methodological guidance and control of the hospices;

Phase 1

A) Technical Assistance 1

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

Development of programmes and models

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; Standards for delivering of these services.

b) Development of models for services within the community aiming support of the families with adults with disabilities; Appropriate services considered as good practice in EU countries which to be developed in Bulgaria under Phase 2 of the Project; Standards for delivering of these services.

National awareness campaign

a) Development of design of informational campaign concerning the aims of the project as well as for the necessity of change in the public attitude regarding 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) Training of about 300 social workers from Social Assistance Directorates of ASA on municipal and regional level under the developed programs from the PPF;

d) Training of about 300 social workers from the specialized institutions under the developed programs from the PPF;

B) Technical Assistance 2

In order to be assured the effective and on-time start of the activities under the Grant scheme of the project, it is envisaged to be contracted a separate TA for the preparation of the Grant scheme. This activity will be performed by means of Framework Contract. The following tasks will be entrusted to TA2:

- 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 wards in the general hospitals and establishment of day care centres with sheltered homes.

The TA 2 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.

- Preparation of the Grant schemes for the three phases of the project;
- Development of operations manual and guidelines for grant applicants;
- Organization and conduction of public awareness campaign related to the grant scheme implementation.
- Provision of training for the potential applicants under the grant scheme.

C) 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.

D) 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 nation wide 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 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 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 the 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:
 - 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:

- o Reconstruction and/or refurbishment and renovation of the provided premises;
 - o Delivery of the appropriate furniture and basic medical equipment;
 - o 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 approved 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:

- 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 with Sheltered home and Information Centre;
- o 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.
- o 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 nation wide 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 out-patient 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 of 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 the staff;

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

Sub-component 3.1

- Financial support for establishment of at least 4 Acute psychiatric wards in the general hospitals, which 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 establishment of at least 5 Acute psychiatric wards in the general hospitals, which 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 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).

3.6 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 (EPIBUL); 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 has just been completed successfully by development of strategy and action plan for the reform in the mental health care system. The documents: *Mental Health Policy of the Republic of Bulgaria (2004-2012)*, *National Action Plan for the Implementation of Mental Health Policy of the Republic of Bulgaria (2004-2008)* and *Questionnaire for the Assessment of Mental Health Policies and Legislation in SEE* (attached as annexes) are currently under consideration by the Ministry of Health and are soon to be adopted with internal decision. The second component of the SEE Mental Health Project started its implementation in 2004. It concerns the establishment of a harmonized model for community mental health services, including piloting of community mental health centre in each beneficiary country. It is expected that the realization of the component will be completed till 2005. 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 through 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.

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 "Pre-accession Funds, International Programs and Projects" (DPFIPP) 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

The PIU will be in charge of the technical implementation and day-to-day administration of the project. It will comprise representatives from all key partners under the project – MLSP, MH, MES, ASA, SACP.

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 Association of the Municipalities, Ministry of Finance and ECD (as an observer).

5. Detailed Budget

In MEUR

| Year /Phase | Phare | Support | | | | |
|-----------------------|--------------------|----------------------|---------------------|-----------------------|-----|-------------|
| | Investment Support | Institution Building | Total Phare (=I+IB) | National Co-financing | IFI | TOTAL |
| Year 1/Phase 1 | | | | | | |
| TA 1 | | 0.3 | 0.3 | | | 0.3 |
| TA 2 | | 0.16 | 0.16 | | | 0.16 |
| Twinning | | 0.35 | 0.35 | * | | 0.35 |
| Grant Scheme | 3.84 | | 3.84 | 1.28 | | 5.12 |
| Total | 3.84 | 0.81 | 4.65 | 1.28 | | 5.93 |
| Year 2/Phase 2 | Indicative | Phare | Support | | | |
| Grant scheme | 5.0 | | 5.0 | 1.67 | | 6.67 |
| Total | 5.0 | | 5.0 | 1.67 | | 6.67 |
| Year 3/Phase 3 | Indicative | Phare | Support | | | |
| Service contract | | 0.15 | 0.15 | | | 0.15 |
| Grant Scheme | 6.4 | | 6.4 | 2.14 | | 8.54 |
| Total | 6.4 | 0.15 | 6.55 | 2.14 | | 8.69 |
| | | | | | | |

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 co-financing will be provided by the National Fund Directorate at the Ministry of Finance. All operational and running costs and the maintenance of the equipment will be provided by the final beneficiaries.

*The National co-financing for the twinning component will be up to 10 % and will be provided by Directorate "National Fund" of the Ministry of Finance

6. Implementation Arrangements

6.1 Implementing Agency

The Implementing Agency (IA) is the Ministry of Labour and Social Policy through the directorate "Pre-accession 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

For the twinning component 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 Pre-Accession Adviser (PAA) 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 PAA.

PAA 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 twinning 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:

| TYPE OF CONTRACT | PHASE | PROJECT ACTIVITY |
|--------------------------|--------------|---|
| Service contracts | Phase 1 | TA1 – 1 contracts |
| | Phase 3 | Assessment on the progress in the process of deinstitutionalization and the process of community psychiatry development – 1 contract |
| FWC | Phase 1 | TA2 – 1 contract |
| Twinning Covenant | Phase 1 | Twinning Covenant with a Member State |
| Grant schemes | Phase 1 | Grant Scheme for provision of community based social and mental health services – estimated number of grants 20 |
| | Phase 2 | Grant Scheme for provision of community based social and mental health services – estimated number of grants 25 |
| | Phase 3 | Grant Scheme for provision of community based social and mental health services – estimated number of grants 30 |

7. Implementation Schedule – Phase 1

- 7.1 Commencement of the project (organizational arrangements completed) – January 2005
- 7.2 Start of tendering for TA 1– first quarter 2005
- 7.3 Start of tendering for TA 2 – third quarter 2005
- 7.4 Twinning partner identified – second quarter 2005
- 7.5 Start of activities of TA 1 – fourth quarter 2005
- 7.6 Start of activities of the TA2 – third quarter 2005
- 7.7 Twinning Covenant negotiated – third quarter 2005
- 7.8 Start of call for proposals – first quarter 2006
- 7.9 Start of project activities under the grant scheme – third quarter 2006
- 7.10 Project completion – first 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 co-financing will be provided by the National Fund Directorate at the Ministry of Finance. All operational and running costs and the maintenance of the equipment will be provided by the Bulgarian authorities.

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 unchanged 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 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 36a and Article 37) in the Regulations on the Implementation of Social Assistance Act. (see the attachment).

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.

11.7 Contribution to NDP - See item 2.4

12. Conditionality and sequencing

Key milestones will be:

- Establishment of PSC and PIU – December 2004;
- Signing of MoU between the key partners in the project prior to project commencement;
- Completion of the three PPF projects by March 2005;
- Signing of contracts with the TAs;
- Twinning partner identified;
- Twinning covenant negotiated;
- Calls for proposals and entry into the contracting phase under the grant schemes;
- Implementation of activities;

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.

ANNEX 1
Phare log frame

| | | | |
|--|---|--|---|
| LOGFRAME PLANNING MATRIX FOR Project | | Programme name and number | |
| Development of community based services for risk groups | | Contracting period (Phase 1) expires: November 2006 | Disbursement period (Phase 1) expires: November 2008 |
| | | Total budget (Phase 1): 5.93 MEUR | Phare budget (Phase 1): 4.65 MEUR |
| | | Total budget (Phase 2): 6.67 MEUR Total budget (Phase 3): 8.68 MEUR | Phare budget (Phase 2): 5.0 MEUR Phare budget (Phase 3): 6.55 MEUR |
| Overall objective | Objectively verifiable indicators | Sources of Verification | |
| <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> 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; | <ul style="list-style-type: none"> Reports from MLSP, MH, MES, ASA, SACP; Ex-post survey. Official reports from international institutions; | |
| Project purpose | Objectively verifiable indicators | Sources of Verification | Assumptions |
| <ul style="list-style-type: none"> Creation and development of network of social and mental health services, delivered into the community | <ul style="list-style-type: none"> Network of social and mental health services, delivered into the community operational; 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 | <ul style="list-style-type: none"> Reports from MLSP, MH, MES, ASA, SACP; Official reports from international institutions; Social assessment | |

| Results | Objectively verifiable indicators | Sources of Verification | Assumptions |
|---|---|---|---|
| <p>Results - Phase 1:</p> <p>A) Expected results from TA1:</p> <p><u>Development of programs and models:</u> a) Developed models and standards for services within the community for social inclusion of lonely elderly people; b) Developed models and standards for services within the community aiming support of the families with adults with disabilities;</p> <p><u>National awareness campaign</u> a) Design of informational campaign concerning the aims of the project; b) Conducted national awareness campaign;</p> <p><u>Training activities:</u> 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) Trained about 300 social workers from Social Assistance Directorates of ASA on municipal and regional level under the developed programs from PPF 1; d) Trained about 300 social workers from the specialized institutions under the developed programs from the PPF 1.</p> <p>B) Expected results from TA 2:</p> <ul style="list-style-type: none"> Elaborated set of criteria for selection of the target regions under sub-component 3.1 from Component 3 of the Grant scheme; Developed operations manual and guidelines for grant applicants; Conducted public awareness campaign for the grant scheme; Conducted training for the potential applicants under the grant scheme. <p>C) Expected results from the twinning component on mental health:</p> <ul style="list-style-type: none"> Model of community psychiatry evaluated and further developed; | <p>OVI Phase 1</p> <ul style="list-style-type: none"> Models and standards for services within the community developed; National awareness campaign; Training of NGO sector representatives; Training of municipal administrations; Number of trained social workers; <ul style="list-style-type: none"> Criteria for selection of target regions; Guidelines for applicants and Operations manual; PR campaign of the grant scheme; Potential applicants trained; | <ul style="list-style-type: none"> PIU reports; Reports from MLSP, MH, MES, ASA, SACP; Ex-post survey. Official reports from international institutions; Reports issued by the TA; | <ul style="list-style-type: none"> 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; |

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| <ul style="list-style-type: none"> • 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; | |
| <p>D) Expected results from the Grant Scheme for provision of community based social and mental health services</p> | <ul style="list-style-type: none"> • Model of community psychiatry; • Training modules;Curricula for vocational education of medical professionals; • Set of indicators; |
| <p>About 20 grants for provision of community based social and mental health services.</p> | |
| <p><u>Grant scheme Component 1 – Provision of community based social services for children:</u></p> | |
| <ol style="list-style-type: none"> 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. | |
| <p><u>Grant scheme Component 2 – Provision of community based social services:</u></p> | |
| <ul style="list-style-type: none"> • 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). | <ul style="list-style-type: none"> • 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; • Clinic for Child and Adolescent Mental Health Care established |
| <p><u>Grant scheme Component 3 – Provision of community-based mental health services:</u></p> | |

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| <p><u>Sub-component 3.1</u></p> <ul style="list-style-type: none"> 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; <p><u>Sub-component 3.2</u></p> <ul style="list-style-type: none"> 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; <p>Results - Phase 2</p> <p>A) Grant Scheme for provision of community based social and mental health services:</p> <p><u>Grant scheme Component 1 – Provision of community based social services for children</u></p> <ol style="list-style-type: none"> Integrated community-based services for children and their families developed and implemented on local level; Extended and diversified services for children and families; Decreased number of children, entering specialized institutions; Specialized institutions reformed, transformed or closed. <p><u>Grant scheme Component 2 – Provision of community based social services</u></p> <ul style="list-style-type: none"> 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). | <p>OVI Phase 2</p> <ul style="list-style-type: none"> 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; | |
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| <p><u>Grant scheme Component 3 – Provision of community-based mental health services</u></p> <p><u>Sub-component 3.1</u></p> <ul style="list-style-type: none"> 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. <p><u>Sub-component 3.2</u></p> <ul style="list-style-type: none"> At least 1 specialized psychiatric hospital transformed and reorganized. <p>Results - Phase 3</p> <p>A) Conducted assessment on the progress in the process of deinstitutionalization and the process of community psychiatry development</p> <p>B) Grant Scheme for provision of community based social and mental health services:</p> <p><u>Grant scheme Component 1 – Provision of community based social services for children</u></p> <ol style="list-style-type: none"> Integrated community-based services for children and their families developed and implemented on local level; Extended and diversified services for children and families; Decreased number of children, entering specialized institutions; Specialized institutions reformed, transformed or closed. <p><u>Grant scheme Component 2 – Provision of community based social services</u></p> <ul style="list-style-type: none"> 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 | <p>OVI Phase 3</p> <ul style="list-style-type: none"> 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; | |
|---|---|--|

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|---|---|
| lonely elderly people, all of them managed by the municipalities and under the supervision of MLSP). | <ul style="list-style-type: none"> Number of established acute psychiatric wards and Rehabilitation Centres with sheltered home and information centre; Number of transformed specialized psychiatric institutions; |
| <u>Grant scheme Component 3 – Provision of community-based mental health services</u> <u>Sub-component 3.1</u> <ul style="list-style-type: none"> 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. <u>Sub-component 3.2</u> <ul style="list-style-type: none"> At least 2 specialized psychiatric hospitals transformed and reorganized. | |

| Activities | Means | Assumptions |
|--|--|--|
| Activities - Phase 1 A) Technical Assistance 1 <u>Development of programmes and models</u> a) Development of models for services within the community for social inclusion of lonely elderly people; b) Development of models for services within the community aiming support of the families with adults with disabilities; <u>National awareness campaign</u> a) Development of design of informational campaign; b) Conduction of the national awareness campaign; <u>Training activities:</u> a) Development of a programme for training and carrying out the training of representatives from the non-governmental sector b) Development of training programme and carrying out the training for the municipal administration in the municipalities c) Training of about 300 social workers from Social Assistance Directorates of ASA on municipal and regional level under the developed programs from the PPF; d) Training of about 300 social workers from the specialized institutions under the developed programs from the PPF; | Means Phase 1 <ul style="list-style-type: none"> Service contract; | <ul style="list-style-type: none"> Eligible organizations and municipalities willing to participate in the grant schemes; Eligible organizations willing to apply for the service contracts under the project; |

| | | |
|--|--|--|
| <p>B) Technical Assistance 2</p> <ul style="list-style-type: none"> • 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 wards in the general hospitals and establishment of day care centres with sheltered homes. • Preparation of the Grant schemes for the three phases of the project; • Development of operations manual and guidelines for grant applicants; • Organization and conduction of public awareness campaign related to the grant scheme implementation; • Provision of training for the potential applicants under the grant scheme. <p>C) Twinning Component on mental health</p> <p>a) Evaluation and further development of the model of community psychiatry;</p> <p>b) Evaluation and further development of training modules;</p> <p>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;</p> <p>d) Evaluation and further development of indicators and methodology for data collection for the assessment of the newly established services;</p> <p>D) Grant Scheme for provision of community based social and mental health services</p> <p><u>Grant scheme Component 1 – Provision of community based social services for children</u></p> <ul style="list-style-type: none"> • 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. <p><u>Grant scheme Component 2 – Provision of community based social services</u></p> <ul style="list-style-type: none"> • 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, <p><u>Grant scheme Component 3 – Provision of community-based mental health services</u></p> <p><u>Sub-component 3.1</u></p> <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • Framework contract | <ul style="list-style-type: none"> • Twinning Covenant • Grants. |
|--|--|--|

| | | |
|---|--|--|
| <p>with acute psychiatric disorders.</p> <p><u>Sub-component 3.2</u></p> <ul style="list-style-type: none"> Establishment of 1 Clinic for Child and Adolescent Mental Health Care <p>Activities Phase 2</p> <p>A) Grant Scheme for provision of community based social and mental health services</p> <p><u>Grant scheme Component 1 – Provision of community based social services for children</u></p> <ul style="list-style-type: none"> 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. <p><u>Grant scheme Component 2 – Provision of community based social services</u></p> <ol style="list-style-type: none"> 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; 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. Financial support for transformation and reconstruction of 4 specialized institutions into alternative form for provision of social services; <p><u>Grant scheme Component 3 – Provision of community-based mental health services</u></p> <p><u>Sub-component 3.1</u></p> <ul style="list-style-type: none"> Financial support for establishment of at least 4 Acute psychiatric wards in the general hospitals; <p><u>Sub-component 3.2</u></p> <ul style="list-style-type: none"> Financial support for transforming and reorganizing of the conditions in the existing specialized psychiatric hospitals. | <p>Means Phase 2</p> <ul style="list-style-type: none"> Grants | |
|---|--|--|

| | | |
|--|--|--|
| <p>Activities Phase 3</p> <p>A) Assessment of the progress in the process of deinstitutionalization and the process of community psychiatry development</p> <p>B) Grant Scheme for provision of community based social and mental health services</p> <p><u>Grant scheme Component 1 – Provision of community based social services for children</u></p> <ul style="list-style-type: none"> • 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. <p><u>Grant scheme Component 2 – Provision of community based social services</u></p> <ol style="list-style-type: none"> 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; 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 <p><u>Grant scheme Component 3 – Provision of community-based mental health services</u></p> <p><u>Sub-component 3.1</u></p> <ul style="list-style-type: none"> • Financial support for establishment of at least 5 Acute psychiatric wards in the general hospitals; <p><u>Sub-component 3.2</u></p> <ul style="list-style-type: none"> • Financial support for transforming and reorganizing of the conditions in the existing specialized psychiatric hospitals. | <p>Means Phase 3</p> <ul style="list-style-type: none"> • Service contract • Grants | |
| <p>Preconditions</p> <p>Phare funding.</p> | | |

Annex 2

Implementation Chart – Development of community based services for risk groups

Phase 1

| Phase 1 | 2004 | | | | | | | | | | | | | | | | 2005 | | | | | | | | | | | | 2006 | | | | | | | | | | | | 2007 | | | | 2008 | | | |
|--|------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|------|---|---|---|---|---|---|---|---|----|-----|-----|------|-----|-----|-----|-----|--|--|--|--|--|--|--|------|--|--|--|------|--|--|--|
| Components | Q 4 | J | F | M | A | M | J | J | A | S | O | N | D | J | F | M | A | M | J | J | A | S | O | N | D | Q1 | Q 2 | Q 3 | Q 4 | Q 1 | Q 2 | Q 3 | Q 4 | | | | | | | | | | | | | | | |
| Operational PIU | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | | | | | | | | | | | | | | | | | | | | |
| Operational PSC | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | | | | | | | | | | | | | | | | | | | | | |
| Procedures for TA1 selection and contracting | | X | X | X | X | X | X | X | X | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Procedure for TA 2 selection and contracting | | | | | | X | X | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Twinning Partner Search | | X | X | X | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TA 1 | | | | | | | | | | | X | X | X | X | X | X | X | X | X | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TA 2 | | | | | | | | | X | X | X | X | X | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Twinning Covenant Negotiated | | | | | | X | X | X | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Twinning implementation | | | | | | | | | | X | X | X | X | X | X | X | X | X | X | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Call of proposals for grants providing alternative social services | | | | | | | | | | | | | | X | X | X | X | X | X | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Grants execution | | | | | | | | | | | | | | | | | | | | | X | X | X | X | X | X | X | X | | | | | | | | | | | | | | | | | | | | |
| Monitoring | | | | | | | | | | | | | | | | | | | | | | | | X | X | X | X | X | X | | | | | | | | | | | | | | | | | | | |
| Final Evaluation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | X | X | | | | | | | | | | | | | | | | | |

ANNEX 3

| Project title: Development of community based services for risk groups | | | | | | | | | | | | | | | |
|--|--|----|------|----|-------|-------|------|------|-------|-------|-------|-------|-------|------|-------|
| Contracting | Cumulative contracting schedule by quarter in € m (provisional) | | | | | | | | | | | | | | Total |
| | 2004 | | 2005 | | | | 2006 | | | | 2007 | | | | |
| | III | IV | I | II | III | IV | I | II | III | IV | I | II | III | IV | |
| TA Contract 1 | | | | | 0.3 | 0.3 | 0.3 | 0.3 | 0.3 | 0.3 | 0.3 | 0.3 | 0.3 | 0.3 | 0.3 |
| TA Contract 2 | | | | | 0.16 | 0.16 | 0.16 | 0.16 | 0.16 | 0.16 | 0.16 | 0.16 | 0.16 | 0.16 | 0.16 |
| Twinning | | | | | 0.35 | 0.35 | 0.35 | 0.35 | 0.35 | 0.35 | 0.35 | 0.35 | 0.35 | 0.35 | 0.35 |
| Grant Scheme | | | | | | | | | 5.12 | 5.12 | 5.12 | 5.12 | 5.12 | 5.12 | 5.12 |
| Total contracting: | | | | | 0.81 | 0.81 | 0.81 | 0.81 | 5.93 | 5.93 | 5.93 | 5.93 | 5.93 | 5.93 | 5.93 |
| Disbursement | Cumulative disbursement schedule by quarter in € m (provisional) | | | | | | | | | | | | | | Total |
| | 2004 | | 2005 | | | | 2006 | | | | 2007 | | | | |
| | III | IV | I | II | III | IV | I | II | III | IV | I | II | III | IV | |
| TA Contract 1 | | | | | | 0.18 | 0.27 | 0.27 | 0.3 | 0.3 | 0.3 | 0.3 | 0.3 | 0.3 | 0.3 |
| TA Contract 2 | | | | | 0.096 | 0.096 | 0.16 | 0.16 | 0.16 | 0.16 | 0.16 | 0.16 | 0.16 | 0.16 | 0.16 |
| Twinning | | | | | 0.28 | 0.28 | 0.28 | 0.28 | 0.35 | 0.35 | 0.35 | 0.35 | 0.35 | 0.35 | 0.35 |
| Grant Scheme | | | | | | | | | 4.096 | 4.096 | 4.096 | 4.096 | 4.096 | 5.12 | 5.12 |
| Total disbursement: | | | | | 0.376 | 0.556 | 0.71 | 0.71 | 4.906 | 4.906 | 4.906 | 4.906 | 4.906 | 5.93 | 5.93 |

ANNEX 4

Reference to feasibility/pre-feasibility studies

- Governmental Program 2001-2005;
- New Social Policy Strategy;
- National Strategy for Equal Opportunities for People with Disabilities;
- Plan for Decreasing the Number of Children Placed in Specialized Institutions.
- Health Act 2003 (draft) – Chapter Five on Mental Health
- National Mental Health Programme 2001-2005 (executive summary)
- Mental Health Policy of the Republic of Bulgaria and Action Plan for Implementation of the Mental Health Policy of the Republic of Bulgaria (2004-2012)
- Information about children in institutions for 2002
- 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.

Annex 4.2

Plan for decreasing the number of children in the specialized institutions in Bulgaria for the period 2003-2005

On 28.08.2003 r. 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 5.09.2003г.). 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.”

CHAPTER FIVE
MENTAL HEALTH

Section One
Mental Health Protection

Article 149. (1) The state and municipalities shall organize 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. specialized continued training of people involved in activities in the field of mental health protection;
6. implementation of programs to promote and protect the mental health of people involved in teaching, medical treatment provision, social reintegration, organization, 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 150. (1) People suffering from mental disorders in need of specialized 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. individuals affected by an average, grave or profound degree of mental retardation or dementia;
3. individuals 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 151. (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 152. 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 specialized 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. specialized 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 organizations in the process of treatment and social integration.

Article 153. (1) The treatment of persons suffering from mental disorders shall be conducted in medical establishments for primary or specialized outpatient care, medical establishments for stationary psychiatric care, dispensaries, specialized 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.

Article 154. (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 par. 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 par.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 155. (1) The work therapy of persons suffering from mental disorders shall be part of the psycho-social rehabilitation programs.

(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 organization, 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 Labor and Social Policy and the Minister of Finance.

Article 156. (1) Health units shall be set up in the specialized 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 157. (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 centers.

(3) Emergency psychiatric care shall be provided in accordance with the established medical standards.

Article 158. (1) When the condition of the person under Article 150, par. 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 par. 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 159. (1) The persons under Article 150, par. 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 160. (1) The mandatory placement and treatment of the persons under Article 159, shall be ordered with a warrant of the Regional Court at the current address of the person and in the cases under Article 158 – 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 specialized psychiatric care.

Article 161. Mandatory placement and treatment may be requested by the Prosecutor and in the cases under Article 158, par. 3 – by the director of the medical establishment.

Article 162. (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 158, par. 2, the Court shall immediately consider the case and par.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 defense 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 163. (1) The Court shall appoint legal-psychiatric expert assessment if any of the circumstances under Article 159 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. In that case it shall postpone the hearing set under par.2 with the same period of time.

(4) If no circumstance under Article 159 is found by the Court or no mental disorder is found to affect the person after the consultation with an expert psychiatrist, the Court shall close the case.

Article 164. (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 voluntary 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 165. (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 166. (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 voluntary 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 167. (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 168.) (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 162, Article 163, Article 164 and Article 165.

(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 169. (1) The provisions of the Criminal Procedures 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.

National Mental Health Programme 2001-2005 Executive Summary

*“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

I. 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.

II. 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.

2. Cost-effectiveness of mental health care.

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.

III. 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.

IV. 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.
6. Public health approach.
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%.

VI. 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 in-patient 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.

VII. 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

VIII. 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.

IX. 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.

X. 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.

XI. 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.

XII. 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 recourses would be mobilized as well as social and human recourses 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

| Tasks | <i>1.1.2. Activities</i> | Period of implementation |
|---|--|--------------------------|
| <i>Short term activities 2004</i> | | |
| 1. Setting up a managerial body to conduct the National Mental Health Policy. | <ul style="list-style-type: none"> • Reformulation and endorsement of the role of the existing Executive Council, affiliated to the MH for the management of the National Programme for Mental Health – EC. 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 National Programme for Mental Health in the framework of the existing Policy. | January- March 2004 |
| Collaboration. | <ul style="list-style-type: none"> • Consultations between the MH and the MLSP for coordinating the activities. | March – July 2004 |
| 3. Devising a budgetary framework and providing the funding needed for the policy implementation. | <ul style="list-style-type: none"> • 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. • Setting up a fund "Community mental health services" in the MH. • Coordination of the of the activities and the tasks of the current and the submitted for improvement projects with external funding in line with the priorities of the current policy. | January – March 2004 |

| | | |
|--|---|------------------------|
| 4. Developing an action plan based on the stated priorities. | <ul style="list-style-type: none"> • Development of a common plan of action between the EC, Bulgarian Psychiatric assembly, BMA, NHIF and other organisations with vested interests in the field. | February – May 2004 |
| 5. Developing a framework for project applications | <ul style="list-style-type: none"> • At the 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 institution at the local level. | –March-April 2004 |
| 6. Mapping and evaluation of the activities in the field of mental health existing on the territory of the country. | <ul style="list-style-type: none"> • Analysis of the existing services and practices done by an independent research team. • Presenting the evaluation to the EC. | June 2004 |
| 7. A conference with the heads of the RHC, health administrations, regional agencies for social assistance, representatives of the local government, NGOs. | <ul style="list-style-type: none"> • The conference will be organized by the Department for “Organisation and control of the medical activities and qualification” of the “Diagnostic and Treatment Activities” Department 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. | October 2004 |
| 8. Setting up psychiatric wards in general hospitals | <ul style="list-style-type: none"> • 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. | August – December 2004 |
| <i>Middle term activities 2005-2007</i> | | |
| 1. Changes in the legislation, which guarantee the achievement of the aims and tasks set by the mental health policy document. | <ul style="list-style-type: none"> • 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 assistance, 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 |

| | | |
|---------------------------------|--|--------------|
| 2. Training and human resources | <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • Psychiatric nurses; • Psychiatrists; • Social workers. • 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 <p>Developing and piloting of such educational programmes in co-operation with the Ministry of Education.</p> | 2004-2005 |
| 3. Drug policy | <ul style="list-style-type: none"> • Contracting procedures and standards for the development and actualisation of drug lists. • Development of good practice guidelines for the co-operation with the pharmaceuticals. • Involving the pharmaceuticals as partners in the mental health reforms. | 2005-2007 |
| 4. Research work | <ul style="list-style-type: none"> • 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. | Continuously |
| 5. Information system | <ul style="list-style-type: none"> • 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 |

| | | |
|--|---|--------------|
| 6. Elaboration of a plan fostering the conditions for setting up of specialized psychiatric practices, located near the populations in need of them. | <ul style="list-style-type: none"> 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. | 2004-2005 |
| 7. Assessment, redefinition and development of the profiles of the specialized psychiatric hospitals. | <ul style="list-style-type: none"> 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. | |
| 8. Offering consultations to the teams, which develop projects. | <ul style="list-style-type: none"> Organizing a team of independent experts to the EC. | Continuously |

| <i>Middle term activities: project tenders (See Annex 1)</i> | | |
|---|--|-----------|
| 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. | <ul style="list-style-type: none"> • 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. | <ul style="list-style-type: none"> • 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). | <ul style="list-style-type: none"> • 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. | <ul style="list-style-type: none"> • 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. • Developing a system for housing of psychiatric patients in the community – hospices, nursing homes, etc. meeting different needs of people with social dysfunction. | 2005-2007 |
|---|--|-----------|

2007-2008 Long-term Activities.

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 four years' period, with the aim to analyse the results, summarise the conclusions and develop recommendations for the next four years' cycle.

Annex 1: Description of the projects to be funded through grants

2005-2007 г. - *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).
-
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). Eligible for funding allocated for setting up day care centers through the MH budget for mental health (the "Mental Health Fund") 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 for the Curative Services).
 4. Setting up of 10 group homes for people with mental disorders. 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.

Annex 4.6.

Information about children in institutions for 2002

Children in MES institutions

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

Note: source MES (2002/2003)

Children in municipalities' institutions (at MLSP until 1.01.2003)

| MLSP institutions | Number of institutions | Total number of children for 2002 |
|---|-------------------------------|--|
| <i>Total for all institutions</i> | 56 | 3 432 |
| Home for children and adolescents with mental retardation (HCAMR) | 30 | 1773 |

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

Children in MH institutions

| MH institutions | Number of institutions | Total number of children for 2002 |
|--|-------------------------------|--|
| Home for medico-social care for children (HMSCC) | 32 | 3 141 |

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

Adopted with Decree of the Council of Ministers No. 243 from 5.11.1998, from., State Gazette, issue 133 from 11.11.1998, effective since 1.11.1998, as amended, issue 38 from 23.04.1999, as amended and as supplemented, issue 42 from 5.05.1999, effective since 1.05.1999, as supplemented, issue 112 from 23.12.1999, effective since 1.01.2000, as amended, issue 30 from 11.04.2000, effective since 1.04.2000, issue 48 from 13.06.2000, as supplemented, issue 98 from 1.12.2000, effective since 1.11.2000, as modified, issue 100 from 8.12.2000, as amended, issue 19 from 2.03.2001, as amended and as supplemented, issue 97 from 13.11.2001, effective since 1.11.2001, issue 26 from 12.03.2002, effective since 1.03.2002, as supplemented, issue 46 from 7.05.2002, as amended, issue 81 from 23.08.2002, as amended and as supplemented, issue 118 from 20.12.2002, effective since 1.01.2003, issue 40 from 29.04.2003, effective since 1.05.2003.

volume 12/98, p. 380; volume 5/99, pg. 282; volume 6/99, pg. 126; volume 5/2000, pg. 390; volume 12/2001, pg. 372; volume 4/2002, p. 209; volume 6/2002, p. 232; volume 9/2002, p. 300; volume 1/2003, p. 563

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 70per 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;

6a. (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 97 from the year 2001) 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 16a. (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 a 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 per cent 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 36a. (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 39a. (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 40a. (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 40a 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 54a. (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.

"Non-governmental organizations" shall mean public, religious, political and trade-union organizations, associations and foundations.

"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.