

## STANDARD SUMMARY PROJECT FICHE

### 1. Basic Information

1.1. CRIS Number: 2007/19343.03.02

*Twinning Contract RO /2007-IB/SO/01*

- 1.2. Title: Support for the completion of the integrated mental health services system  
1.3. Sector: Social policy and employment  
1.4. Location: Romania  
1.5. Duration: 12 months

### 2. Objectives

#### 2.1 Overall Objective(s):

- To improve health and quality of life for persons that have severe mental health problems in compliance with EU standards

#### 2.2 Project purpose:

- To improve the existing institutional and administrative structure and introduce an integrated mental health care system

### 2.3. Justification

According to the **Comprehensive Monitoring Report on the state of preparedness for EU membership of Romania issued by the European Commission in May 2006**, regarding the disabled and mental health care system, there are several issues that need to be addressed. It is pointed out that: "In some psychiatric institutions, living conditions remain very poor; inmates share beds, treatment and activities are poor and sanitary facilities are minimal. There are few formal requirements related to patient records, treatment and diagnostics, admissions or dismissals."

The report mentioned above underlines that regarding the psychiatric care: "the concepts of *rehabilitation*, psychotherapy or occupational therapy are often poorly understood."

Another recommendation given in the May 2006 CRM is that: "As regards mental health, the steps taken to reform should be accelerated and more emphasis should be put on the implementation of decisions taken. Immediate measures are necessary to improve sanitary facilities, to reduce institutionalisation, *to establish care in the community* and to improve access to pharmaceuticals."

The **Comprehensive Monitoring Report on the state of preparedness for EU membership of Romania issued by the European Commission in September 2006** underlines that: "In the field of mental health, although some steps have been taken to tackle the most urgent challenges, more work is needed to abolish the excess occupancy in some psychiatric institutions, and to ensure sufficient staff and treatment. In order to ensure due implementation of the mental health reform, this work needs to be part of an overall approach and a continuous monitoring effort. [...]"

Limited progress has been made with the [...] mental healthcare. Further action is needed."

### 3. Description

#### 3.1 Background and justification:

The National Center for Mental Health (NCMH) has been set-up through the Ministerial Order no. 373/2006 and functions within the National School of Public Health and Health Services Management since August 2006. The National Center for Mental Health is an external unit of the Health Ministry and it represents a technical and methodological forum of promotion, monitoring and evaluation activities in the field of mental health.

One of the main responsibilities of NCMH is the monitoring of and support for implementation of the *Action plan for the implementation of the Strategy of the Ministry of Health in the field of mental health*. The action plan was elaborated in the framework of a previous Twinning light PHARE project (RO03/IB/OT 09 TL) and was officially approved through Ministerial Order no. 426/2006.

In 2007 the project **PHARE 2006/018-147.03.12** „*Support for the development of community mental health services and the deinstitutionalization of persons with mental disorders*” will start; this project, corroborated with the national program for mental health financed by the Ministry of Public Health will cover the need for deinstitutionalization, listed as a problem in the Comprehensive Monitoring Report (CMR).

### **Romanian strategies, action plans and legal acts**

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

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

The Mental Health National Strategy has been elaborated in the “Enhancing Social Cohesion through the Development of Community Mental Health Structures in South East Europe” project, within the cooperation framework of the Stability Pact. The strategy was adopted through a Minister Order (no. 639/14.06.2005). An action plan for the implementation of the strategy was elaborated in a Phare project (RO-2003/005.551.03.03 Twinning Light - RO 03/IB/OT 09 - “Action Plan for the implementation of the Mental Health Policy of the Romanian Ministry of Health”) and it was enforced through a Ministerial Order no 426/19.04.2006.

According to the “Peer Review 2006 – Evaluation Mission on Mental Health in Romania”- ref. Peer 21830, “One of the major problems of the psychiatric hospitals are resident patients. Mentally retarded patients are a separate, distinct group for which psychiatric hospitals are not the proper place to be.”. Another conclusion refers to the fact that “The psychiatric hospitals are very “medically” oriented. Their work is based on the biological model of mental illness and this makes rehabilitation difficult. The staff has a paternalistic approach to the patients and is afraid to share responsibility with patients with respect to both the treatment process and the running of the institution.”

Further, it is stressed that “Hospital directors’ main complaint is the shortage of adequately qualified intermediate staff.” Taking into account the following conclusion of the peer review: “There is no community psychiatry on a broad scale. [...] These hospitals are often

out of town where they are very inaccessible. This does not help patient-community relations, either during visits or during patients' independent outings. Another impediment is the lack of legal regulations concerning patients' stay away from the ward [...] Longer outings are impossible because it is not clear who is responsible for the patient at the time and how the National Health Insurance House is to reimburse days when patients are absent.", this project plans to develop rehabilitation services. These will be helpful for integrating patients into community.

The "Peer Review 2006 – Evaluation Mission on Mental Health in Romania" recommends that "As far as new patients are concerned, it is necessary to modify the system of psychiatric care with respect to both treatment and rehabilitation."

Among other recommendations, it is stressed that "therapeutic community principles need to be introduced, [...] and personnel needs to be trained in community psychiatry. Personnel training should be conducted on site because, since staff is so scarce, large-scale training off site just doesn't seem to be feasible. On the other hand, group training, especially at workshops, may encourage therapeutic team development. Patients should also be able to integrate with the community."

The results of the project will support a better organizational framework for the future community mental health centers and other mental health institutions (through the existing legal framework and training of the staff – especially the managerial team) / this organizational framework will be enabled by a better functioning of the technical management body which is the NCMH; another important gain of the project will be the testing of intervention and the support given to competency growth of mental health professionals, together with the development of training curricula that will be developed to be used in other similar facilities.

However some other important issues as „real recovery and rehabilitation programme for the disabled in each institution/service" (CMR, p. 11), poor understanding of concepts as rehabilitation or occupational therapy (same source), the integration of mental health services in a system of care in order to assure the continuity of care and real integration in the community of persons with severe mental health problems are less covered by the existing programs, mainly because the competences of personnel are not developed enough.

Another recommendation of CMR is that "the steps taken to reform should be accelerated and more emphasis should be put on the implementation of decisions taken". For doing this support is needed in two interconnected direction: developing the overall managerial resources for mental health services development in a systemic approach and development of tailored rehabilitation services needed for a real inclusion in the community.

Finally, one area that need special attention and would greatly benefit from an international co-operation is the policy and legal framework development for the integrated mental health services system. In this proposal we consider the design of a legal administrative framework, document needed for the coordination and integration of all products that mental health reform has already produced.

The Twinning 2006 (intended to cover areas such the development of community based programs, the improvement of hospital care and the development of links with the primary care sector) will be continued and complemented by the Transition Facility program in the following fields:

- Integration of community based programs, hospital programs, primary care programs in a coherent mental health services system in order to assure the continuity of care for persons with mental health problems and the achievement of European desiderate of psycho-social rehabilitation of persons with severe mental health problems

- Inter-institutional collaboration with the Ministry of Labour, Social Solidarity and Family, National Housing Agency and other institutions responsible for the integration in the community of persons with severe mental health problems
- Development of complementary training curricula and of further services (not covered in the Twinning project), such as the curricula for management for mental health services, the curricula for rehabilitation services and capacity building inside the mental health system.

The main beneficiaries of the project will be the Ministry of Public Health and the National School for Public Health and Sanitary Management - National Center for Mental Health. These institutions have a shared responsibility in the support of the mental health reform – the MPH as a political body and NCMH as a technical one. The joint action of the two institutions aims at an institutional strengthening of the community mental health sector – the new facilities established in Romania will benefit from the project either directly (improvement of skills or of working procedures and standards), either indirectly (by the dissemination of the results and practices realized through the NCMH and the support given by the MPH).

In order to initiate an integrated mental health services system oriented towards rehabilitation and social inclusion of persons with severe mental health problems and well equipped to assure the continuity of care for the beneficiaries in a consistent and effective manner, all types of rehabilitation services must exist at a national level. The existence of specialized rehabilitation services in the mental health system is of great importance, this type of services being the one that enables the social integration of persons with mental health problems.

Due to the lack of adequate know how to develop and run services like vocational rehabilitation and housing services at a institutional level, this type of services are inexistent in Romania, the capacity to offer community based integrated mental health services in a coordinated and well prepared manner, needs to be built up to during the proposed project.

## PROJECT DESCRIPTION

The Transition Facility project is intended to provide assistance for strengthening the capacity of the management of the mental health services system through activities such training of staff, increasing technical competencies in rehabilitation services area and through piloting of rehabilitation services combined with legal framework development from a systemic approach. One of the structures responsible with the integration of mental health services in a comprehensive system is the NCMH. The NCMH mission is *to assure a better quality of life for persons with mental health problems by building up expertise and excellence in the Romanian mental health system*. To comply with this mission, the NCMH also has to increase its competencies managerial competencies that are not covered neither in the Twinning 2006, nor in the internal development plan of the organization.

Another strong point of the project is the opening towards other governmental institutions (especially at ministerial level, through direct collaboration with the Romanian Ministry of Labour, Social Solidarity and Family and the Ministry of Education and Research).

During the project a review of evidence based literature that presents different vocational rehabilitation services models will be conducted. The experts will also undertake evaluation of local target population (persons with severe mental health problems) in order to identify

population particularities. The results obtained will be used to design tailored vocational rehabilitation and housing services for persons with severe mental health problems.

A pilot curriculum will be designed and training modules will be developed in order to train the professionals from the selected catchment areas in development of vocational rehabilitation services and housing services.

The experts will also design a vocational rehabilitation toolkit and a housing services toolkit that should contain general information for families and other supporters, for practitioners and clinical supervisors, for mental health program leaders, for public mental health authorities and also implementation resources and a workbook for clinical and practical supervisors.

The experts will train the mental health professionals working in the selected catchment areas and will monitor the implementation of designed vocational rehabilitation and housing services in the selected catchment areas. Suggestions will be made to improve the curricula and training modules in order to be suitable for a national training program.

Evaluation of services will be conducted and guideline development for vocational rehabilitation services and housing services will be drafted. Data about efficiency of different services will be provided. A policy framework for inter-institutional collaboration between the public authorities involved in vocational rehabilitation services and housing services delivery will be drafted also inside the program.

The project also involves a 15-day study tour to the staff of National Center for Mental Health collaborators and project coordinators from the 10 selected catchment areas (20 persons) to 3 EC countries to get a strong personal touch with the development of specialized vocational rehabilitation and housing services in other Member States. The study will focus on giving extra expertises to the key persons in mental health sector, getting to know specialized rehabilitation services established in other member states and the way this type of services are integrated in the mental health services system. Professional daily contacts/networks is another asset of such a study tour.

### **Coordination with Structural and Cohesion Funds**

No overlap exists with Structural and Cohesion Funds.

According to the Sectoral Operational Programme Human Resources Development 2007-2013, the priority axes are:

- Education and training in support for growth and development of knowledge based society. This axis has as objective the development of flexible lifelong learning pathways and increasing the access to education and training by delivering modern quality initial and continuous education, including higher education and research.
- Linking life long learning and labour market for facilitating access to education and increasing employability and educational attainment of human resources in a life cycle approach in the context of knowledge based society.
- Modernising the Public Employment Service for increasing the quality, efficiency and transparency of employment services provided by the PES.
- Increasing adaptability of workers and enterprises
- Promoting active employment measures
- Promoting social inclusion for facilitating access on the labour market of vulnerable groups and promoting a cohesive and inclusive society in order to ensure the welfare of all citizens.
- Technical Assistance for providing support for the SOP HRD implementation process and effective use of the Community financial input and national co-financing.

The three interlinked components of this project are meant to contribute for realizing a better efficiency in order to administrate an integrated mental health system, and the activities within the current project do not fall under ESF priorities.

*The beneficiary and the Romanian authorities involved in this project will prevent any possible overlap with EU funding, in particular European Social Fund. Measures foreseen in the framework of the present project will be closely and actively coordinated and monitored in order to avoid any possible overlap with any possible similar measure that may be implemented through ESF SOP.*

The beneficiary and the Romanian authorities involved in this project will prevent any possible overlap with EU funding, in particular Structural and Cohesion funds.

### **3.2 Linked activities:**

The previous twinning light PHARE project (RO03/IB/OT 09 TL) "Action Plan for the implementation of the Mental Health Policy of the Romanian Ministry of Health" was enforced through a Ministerial Order no 426/19.04.2006. The result of this project was the Action Plan itself, adopted as above mentioned by the Ministry of Public Health.

The Phare project PHARE 2006/018-147.03.12 „Support for the development of community mental health services and the deinstitutionalization of persons with mental disorders” (RO/06/IB/OT/02) has as purpose the improvement of the mental health services in Romania through development of community mental health services as alternatives to hospitalization, improvement of quality of hospital care and establishing links with primary sector of health care.

The expected results of this project are:

1. To develop community mental health services as alternatives to hospitalization, providing treatment in the least restrictive environment (twinning and grant scheme)
  - Multidisciplinary teams identified and trained in community mental health services
  - The legal status of the community mental health centers assessed and recommendations formulated by the member states experts
  - Guidelines and standards for the multidisciplinary team and for the community mental health services elaborated
  - Public awareness campaign carried out
  - At least 25 initiatives to promote the community service approach in existing centers for mental health, either current laboratories for mental health or independent centers;
  - At least one mobile team trained to serve rural areas and/or small town areas within one community center;
  - Behavioural and occupational interventions implemented
  - Active outreach methodologies identification of persons with mental disorders promoted
  - Case management programmes tested and implemented allowing a better continuity of care;
  - Good practices in community health disseminated at national level
  - Awareness level improved in relation to the statute of persons with mental disorders in Romania;
  - A target of least 2,000 beneficiaries of the community health services to be reached at the end of the programme.
2. To improve the quality of hospital care (twinning)
  - new facilities for occupational therapy established
  - case management programme elaborated and implemented in 4 hospitals
3. To develop links with the primary sector of care (twinning)

- general practitioners trained in mental health issues
- guidelines in community mental health for general practitioners elaborated

As it can be seen from the results described above, there is no overlapping between the current project with the ongoing PHARE 2006/018-147.03.12 „Support for the development of community mental health services and the deinstitutionalization of persons with mental disorders” (RO/06/IB/OT/02).

“Strengthening Social Cohesion in South East Europe through the development of Community Mental Health Services” is a project funded by the Stability Pact and World Health Organization having as an implementation period January 2002 – present. This project has three components.

The first component is concerned with formulation/ adjustment of mental health policy and legislation in SEE in line with international and EU standards.

The second component concerns the establishment of a harmonized model for community mental health services, including piloting of community mental health centre in each beneficiary country.

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 will ensure sustainability of project results and facilitate reform of mental health care toward community-based approach.

### 3.3 Results:

1. The policy and legal framework for the integrated mental health care services system updated
2. Human resources working in the mental health sector in service development and integrated mental health system management trained
3. Rehabilitation services guideline and toolkits developed

### 3.4 Activities:

Means: twinning contract

1. Updating the policy and legal framework for the integrated mental health care services system

*Budget: 100.000 €*

- 1.1. To conduct an analysis of the legal regulations concerning administrative and managerial structure of the integrated mental health services system. It should be based on 3 topics (client pathways in the system, inter-institutional collaboration in order to integrate mental health services, system management and administrative framework of the mental health services system)
- 1.2. To develop a model of optimal organization of the integrated mental health services system
- 1.3. To elaborate a policy document and a legal regulations draft regarding the administrative organization, management structure and inter-institutional collaboration in the field of mental health in order to improve the continuity of care in the mental services system

2. Training of the human resources working in the mental health sector in service development and integrated mental health system management

*Budget: 217.000 €*

- 2.1. To conduct a training needs assessment for identifying competencies to be developed
- 2.2. To establish a training strategy for 210 managers working in mental health institutions
- 2.3. To design a pilot curricula for a 8 months management educational program for specialists working in mental health system on a managerial position (hospital management, centres for mental health management, public health authorities management, National Centre for Mental Health personnel)
- 2.4. To train the specialists according to the pilot curricula
- 2.5. To adjust the curricula in order to be suitable for a permanent national mental health management programme

3. Development of rehabilitation services guideline and toolkits (vocational rehabilitation services, housing services for persons with severe mental health problems)

*Budget: 114.000 €*

- 3.1. To design tailored rehabilitation services and housing services for 10 catchment areas according to population needs and evidence base research and practice models (vocational rehabilitation and housing services)
- 3.2. To develop vocational rehabilitation services and housing services toolkits
- 3.3. To draft a guideline and a framework for vocational rehabilitation services and housing services

### **Profile of the RTA (12 months)**

Related to all the results

Tasks:

- Project management and coordination of the activities of the team members in line with the agreed work programmes to enable timely completion of project outputs
- Preparation of project progress reports and supervision of the preparation and production of tasks reports
- To conduct an analysis of the legal regulations concerning administrative and managerial structure of the integrated mental health services system. It should be based on 3 topics (client pathways in the system, inter-institutional collaboration in order to integrate mental health services, system management and administrative framework of the mental health services system)
- To conduct a training needs assessment for identifying competencies to be developed

### *Qualifications and skills*

- university studies
- Long-term civil servant from an EU Member State administration
- confirmed communication capabilities
- ability to work in a difficult environment
- capacity to demonstrate innovative approach by abstracting from own experience and adapting to the needs, constraints and culture of the beneficiary
- fluency in spoken and written English
- excellent computer skills

### *General professional experience*

- At least 10 years working experience

### *Specific professional experience*

- proven experience in similar projects
- at least 5 years experience in mental health services required
- experience in cooperation with EU acceding countries/new member states
- experience in training designing and delivery

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### **Assistant to the RTA (12 months)**

Related to all results

- Assisting the RTA and project experts in project implementation, production of project reports and preparation of meetings, workshops and training courses
- Liaison between project experts and local authorities as well as NGO-s
- Assisting in preparation and translation of project documents and reports from English to Romanian and from Romanian to English
- Editing of project documents

#### Requirements:

- Education to degree level or equivalent is preferred;
- Romanian (as mother-tongue) and excellent English is essential;
- Good written work skills;
- Ability to handle figure work and budget management;
- Experience in translation would be an additional benefit;
- Excellent communication and presentation skills;
- Excellent team working abilities is essential together with an innate diplomacy;
- Very good computer skills (MS Office, Word, Access, Excel, Power Point);
- Highly motivated and results oriented with the ability to plan ahead;
- Knowledge of and/or experience in the Romanian Public Administration;
- Knowledge of EU policies and institutions particularly those pertaining to the European Structural Funds;
- EU procurement procedures related to the Twinning;
- Clean driving licence and local knowledge.

### **MS Project Leader (12 months)**

Related to all results.

- Overall co-ordination, management of and reporting on the project, notably responsible for adequate financial and human resources necessary for implementation of the project. Member of the project Steering Committee. 3 days per months and one on-site visit (of 2 or 3 days) per quarter in Romania to co-ordinate the project.

#### *Qualifications and skills*

- university studies
- Long-term civil servant from an EU Member State administration;
- Educated and experienced in the field of management and organization
- confirmed communication capabilities
- ability to work in a difficult environment
- capacity to demonstrate innovative approach by abstracting from own experience and adapting to the needs, constraints and culture of the beneficiary
- ability to manage a team of experts and co-ordinate highly complex and politically sensitive activities and to liaise with EU institutions and other donors.
- fluency in spoken and written English
- excellent computer skills

#### *General professional experience*

- At least 10 years working experience

#### *Specific professional experience*

- proven experience in similar projects,
- at least 5 years experience in mental health services required
- experience in cooperation with EU acceding countries/new member states

- experience in training designing and delivery
- previous experience as project coordinator/project manager or team leading experience

### **STE 1: Senior mental health care expert (10 months)**

Related to results: 2, 3

He/she should support the Team Leader in performing daily activities:

- Training of the human resources working in the mental health sector in service development and integrated mental health system management
- To design tailored rehabilitation services and housing services for 10 catchment areas according to population needs and evidence base research and practice models(vocational rehabilitation and housing services)
- To develop training vocational rehabilitation services and housing services toolkits
- To draft a guideline and a framework for vocational rehabilitation services and housing services

#### *Qualifications and skills*

- Mental health care studies
- fluency in spoken and written English
- excellent computer skills

#### *General professional experience*

- a general minimum 10 years working experience

#### *Specific professional experience*

- proven experience in similar projects, preferably in Eastern Europe
- at least 3 years experience in rehabilitation services development
- training experience in mental health field
- experience in EU acceding countries/new Member States would be an asset

### **STE 2: Institutional Analysis (4 months)**

Related to results: 1, 2

- Analysis of the tasks and responsibility areas assigned to competent authorities
- Identification of missing/weak links in institutional set-up
- Elaboration of clear distribution of functions, development of information exchange systems, cooperation schemes and action plans between different parties responsible for rehabilitation services, development of relevant guidelines
- Gap analysis and provision of recommendations for implementing rehabilitation services
- Assessment of current system and preparation of recommendations for optimum set up rehabilitation services (vocational rehabilitation services, housing services for persons with severe mental health problems)
- Collaboration with the STE 4

#### *Qualifications and skills*

- Mental health care studies
- fluency in spoken and written English
- excellent computer skills

#### *General professional experience*

- Experience of at least 5 years in assessing the set-up of public administration and management

#### *Specific professional experience*

- Experience of at least 5 years in vocational rehabilitation services, housing services for persons with severe mental health problems

### **STE 3: Senior law expert (4 months)**

Related to results: 1

He/she should support the Team Leader in performing daily activities:

- To conduct an analysis of the legal regulations concerning administrative and managerial structure of the integrated mental health services system. It should be based on 3 topics (client pathways in the system, inter-institutional collaboration in order to integrate mental health services, system management and administrative framework of the mental health services system)
- Updating the policy and legal framework for the integrated mental health care services system
- To develop a model of optimal organization of the integrated mental health services system
- To elaborate a policy document and a legal regulations draft regarding the administrative organization, management structure and inter-institutional collaboration in the field of mental health in order to improve the continuity of care in the mental services system

#### *Qualifications and skills*

- university studies in law
- capacity to demonstrate innovative approach by abstracting from own experience and adapting to the needs, constraints and culture of the beneficiary
- fluency in spoken and written English
- excellent computer skills

#### *General professional experience*

- a general minimum 10 years working experience

#### *Specific professional experience*

- Experience in EU acceding countries/new Member States would be an asset
- Experience in similar projects would be an asset, preferably Eastern Europe

### **STE 4: Human Resources and Training (10 months)**

Related to results: 2

- Assessment of human resources
- Training for specialists working in mental health system on a managerial position
- Preparation of recommendations for follow up training system
- Develop training materials (curricula, training module, evidence based instruments)

#### *Qualifications and skills*

- University degree
- fluency in spoken and written English
- excellent computer skills

#### *General professional experience*

- a general minimum 7 years working experience

#### *Specific professional experience*

- Experience of at least 3 years in organizing similar training courses
- At least 4 years experience in rehabilitation services and/or integrated mental care system

The Member State partner can offer more than one expert to cover all of the activities foreseen within the limits of one short-term expertise.

## **4. Institutional Framework**

The Implementing Authority for this project is the Ministry of Public Health (General Directorate for Foreign Relations and European Affairs - Project Implementation Unit) which is responsible for the administrative management of the programme.

A steering committee will be appointed by the Ministry of Public Health to coordinate all the technical issues of the project.

The Implementing Authority for this project will be Ministry of Public Health, which is responsible for the implementation of the project, under the responsibility of the Senior Programme Officer. MoPH will nominate a project leader which will be responsible for the activities mentioned under the 3.4 paragraph. He/she will have full authority over the human and material resources mobilised by the Ministry of Public Health for the twinning.

The main beneficiary of the project will be Ministry of Public Health through the subordinated institutions involved in mental health services – e.g. National Centre for Mental Health. The beneficiary is responsible for the day to day collaboration with the consultant and for providing documents and data which are necessary for the consultants to perform the tasks of the project.

The Romanian partner will provide:

- Adequate human resources to implement the twinning project;
- All the facilities which are necessary for the smooth implementation of the twinning (office, computer, printer, phone, access to the internet etc.)
- Funds to cover travel costs of the Romanian authorities in the context of the workshops, training seminars, etc.

## 5. Detailed Budget

	Transition Facility Support			National Co-financing (*)	Other sources (**)	TOTAL
	Investment Support	Institution Building	Total Transition Facility (=I+IB)			
Project 01 Twinning	0.00	0.65	0.65	0.00	0.00	0.65
Project 01 parallel co-financing	0.00	0.00	0.00	0.05*	0.00	0.05*
Total	0.00	0.65	0.65	0.05*	0.00	0.70

\* Parallel Co-financing

VAT is not an eligible expenditure under both the Transition Facility and national cofinancing funds indicated in the above budget table. Where contracts are subject to VAT due to provisions of national legislation, these funds have to be provided from national resource outside and in addition to the amounts indicated in the budget table.

## 6. Implementation Arrangements

### 6.1 Implementing Agency

The Central Finance and Contracts Unit (CFCU) is the contracting authority. The financial management of the Program will be under the responsibility of the CFCU. The nominated Program Authorizing Officer (PAO), who is a Secretary of State from the Ministry of Finance, and the Deputy PAO, who is the General Director of the CFCU, is responsible for contracting and accounting. The responsibilities of the CFCU also cover finalization of

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contract dossiers for approval, of Technical contracts, and maintenance of financial records for audit purposes.

The Central Finance and Contracts Unit  
Ms Carmen Rosu, Director, PAO  
Ministry of Finance / Mircea Voda Bvd, no 44, Bucharest 1, Romania  
Tel: +40-21-3 26 55 55; Fax: +40-21-3 26 87 09  
E-Mail: [carmen.rosu@cfcu.ro](mailto:carmen.rosu@cfcu.ro)

Laurențiu Mihai, SPO, correspondent of RTA  
Ministry of Public Health, PIU PHARE,  
str. Cristian Popisteanu no.1-3, Bucharest 1, Romania  
Phone: +40-21-307 26 20; Fax: +40-21-312 14 33.  
e-mail: [ltmihai@ms.ro](mailto:ltmihai@ms.ro)

A steering committee will be set up in order to supervise the implementation of the project with the involvement of the representatives of the stakeholders: Ministry of Public Health, Ministry of Economics and Finance, EC Representation that has an observatory role, the National Centre for Mental Health, professional organizations involved in mental health reform or other stakeholder identified during the project implementation (i.e., public authorities).

## 6.2 Twinning

The project beneficiary is the Romanian Ministry of Public Health. MoPH will nominate a project leader which will be responsible for the activities mentioned under the 3.4 paragraph. He/she will have full authority over the human and material resources mobilised by the Ministry of Public Health for the twinning.

## 6.3 Non-standard aspects

The twinning manual will be strictly followed.

## 6.4 Contracts

Twinning 0.65 MEuro  
Romanian co-financing: 0.05 MEuro

## 7. Implementation Schedule

7.1 Start of tendering/call for proposals: January 2008

7.2 Start of contract: June 2008

7.3 Project Completion: May 2009

## 8. Equal Opportunity

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

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

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

## 9. Environment

Not applicable

## 10. Rates of return

Not applicable

## 11. Investment criteria

### 11.1 Catalytic effect:

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

### 11.2 Co-financing:

Romanian co-financing: 50.000 EUR

The Romanian Government will assure the project co-financing through the budget of the Ministry of Public Health. The money will be assured from governmental funds; i.e. the budget of the Ministry of Public Health, which shall be included in the budget for 2008 of the Ministry of Public Health.

The co-financing for the twinning will cover the costs of the infrastructure necessary for the Member States experts to carry out their tasks (office space, access to computer, internet, telephone, fax, etc.) travel costs for the national experts and the running costs related to the implementation of the project, according to the twinning manual.

### 11.3 Additionality:

In conformity with the nature of the project and with the European standards, no other financing agency is involved. This project is complementary to the programmes listed under item 3.5.

### 11.4 Project readiness and Size:

The conditions for the project implementation are ready.

### 11.5 Sustainability:

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

The *National Programme for Mental Health* was approved through the Ministerial Order no. 570/116/2007. The allocated amount for the national programme for mental health is 200.000.000 Euro. The Ministry of Public Health assumed some responsibilities that will further sustain the results of the current project: 6 mental health multidisciplinary teams will be trained, 4.000 patients will be included in the psychological rehabilitation programmes, 400 children and parents will be included in the specialized psychological programmes, 30 mental health centers will be set up or modernized, an annual report regarding the development of mental health community services will be issued, 165 professionals will be trained in special mental disorder treatment of the children and teenagers.

As well, the institutions involved, Ministry of Public Health, The National Centre for Mental Health, Ministry of Labour and Social Solidarity, National Housing Agency, National Agency for Persons with Disabilities, will provide the human resources for realising the project.

Mental health is defined as a **high** priority by the Ministry of Public Health; there is an official strategy **for mental health reform** adopted by ministerial order. Mental health is also part of the National Strategy for Health (chapter VIII). The results of the project will support a better organizational framework for the future community mental health centers and other mental health institutions (through the existing legal framework and training of the staff – especially the managerial team) / this organizational framework will be enabled by a better functioning of the technical management at all institutional levels, being one top priority mentioned in the Ministry Action Plan in the field of mental health.

#### 11.6 Compliance with state aids provisions

The project respects the state aids provisions.

## 12. Conditionality and sequencing

The project is conditional on an operational agreement between the institutions involved in the project defining their respective tasks and obligations for the implementation of the project.

Adoption of legal provisions to ensure the continuity and institutional support for the rehabilitation services developed through this Transition Facility project.

Further institutional support for developing other rehabilitation centres based on the needs and experience gathered as part of this project.

### ANNEXES TO PROJECT FICHE

1. Logical framework matrix in standard format (compulsory)
2. Detailed implementation chart (optional)
3. Contracting and disbursement schedule by quarter for full duration of programme (including disbursement period) (optional)
4. Reference to feasibility /pre-feasibility studies. For all investment projects, the executive summary of the economic and financial appraisals, and the environmental impact assessment should be attached (optional)
5. List of relevant Laws and Regulations (optional)
6. Reference to relevant Government Strategic plans and studies (may include Institution Development Plan, Business plans, Sector studies etc) (optional)

**Log frame**  
**Transition Facility programme for Romania**

LOGFRAME PLANNING MATRIX FOR Project Fiche		Programme name and number 2007/19343.03.02	Disbursement period expires: 15 12 2010
<b>Support for the completion of the integrated mental health services system</b>		Contracting period expires: 15 12 2009	TF budget: 0.65 Meuro
<b>Overall objective</b> To improve health and quality of life for persons that have severe mental health problems in compliance with EU standards	<b>Relates to Copenhagen criterion and acquis chapter<sup>1</sup> Comprehensive Monitoring Report on the state of preparedness for EU membership of Romania issued by the European Commission in September 2006</b>	<b>List of other projects with same objective</b> Support for the development of community mental health services and the densitization of persons with mental disorders – TWINNING Project 2006 Phare Grant Scheme 2006	
<b>Project purpose</b> To improve the existing structure and introduce an integrated mental health care system	<b>Objectively verifiable indicators</b> Number of persons with mental problems benefiting from mental health specialised services should increase with at least 5%. • Legal regulations, norms or recommendations issued in the process • Reports elaborated during the management training program • Reports elaborated during the development and piloting of rehabilitation services in 10 catchment areas	<b>Sources of Verification</b> • Statistics • Content of reports, recommendations • Content of reports • Content of reports	<b>Assumptions</b> Policy and institutional framework implemented, human resources trained
<b>Results</b>	<b>Objectively verifiable indicators</b>	<b>Sources of Verification</b>	<b>Assumptions</b>
1. Results fulfilling the overall purpose The policy and legal framework for the integrated mental health care services system updated	OVI 1 • Content and number of reports for analysis • 3 workshops with policy makers in the field of mental health organized in order to establish a model of optimal functioning for the mental health system • A legal and policy framework document that regulates the connections between mental health services in order to promote the continuity of care elaborated	• Documents, prints and reports yielded by the partner institutions • Drafts of legal regulations, norms or recommendations issued in the process	Political commitment of Ministry of Public Health, Ministry of Labour and Social Solidarity
2. Human resources working in the mental health sector in service development and integrated mental health system management trained	OVI 2 • Increased managerial capacities for 210 persons that have a management	• One year management plans elaborated by the trainees at	Available human resources and

<sup>1</sup> Please specify here the recommendation made in Comprehensive Monitoring Report or other relevant documents (SIGMA (financial control, procurement, Peer Reviews, Evaluation reports, Final reports of TW projects)



<p>3. Rehabilitation services guideline and toolkits developed</p>	<p>position in a mental health institution (hospitals, community mental health centres, public health authorities, National Centre for Mental Health employees )</p> <ul style="list-style-type: none"> <li>Improved inter-institutional collaboration at the management level in the field of mental health for 20 pilot catchment areas</li> <li>Training materials and instruments for a 8 months management training program developed</li> </ul> <p>OVI 3</p> <ul style="list-style-type: none"> <li>Rehabilitation services guidelines and toolkits</li> </ul>	<p>the end of the management training programme</p> <ul style="list-style-type: none"> <li>Collaboration protocols drafted by the trainees during the training management programme</li> <li>Materials designed for the training (trainer manual, trainee manual, hand-outs, evaluation instruments)</li> <li>The content of rehabilitation services guidelines and toolkits</li> </ul>	<p>institutional willingness</p> <p>Willingness of the political bodies to support the administrative network</p>
<p><b>Activities</b></p> <p>1. Updating the policy and legal framework for the integrated mental health care services system</p> <p>1.1 To conduct an analysis of the legal regulations concerning administrative and managerial structure of the integrated mental health services system. It should be based on on 3 topics (client pathways in the system, inter-institutional collaboration in order to integrate mental health services, system management and administrative framework of the mental health services system)</p> <p>1.2. To develop a model of optimal organization of the integrated mental health services system</p> <p>1.3. To elaborate a policy document and a legal regulations draft regarding the administrative organization, management structure and inter-institutional collaboration in the field of mental health in order to improve the continuity of care in the mental services system</p> <p>2. Training of the human resources working in the mental health sector in service development and integrated mental health system management</p> <p>2.1. To conduct a training needs assessment for identifying competencies to be developed</p> <p>2.2. To establish a training strategy for 210</p>	<p><b>Means</b></p> <p>TW</p>	<p><b>Assumptions</b></p> <ul style="list-style-type: none"> <li>1. Policy papers and other official reports</li> <li>2. Meeting reports</li> <li>3. List and type of participants</li> </ul> <p>1. Needs assessment reports</p> <p>2. Feedback forms form the courses</p> <p>3. Training materials used in the management training program; Courses contents, methodology, materials, adequacy, relevance to the needs of participants; Hand-outs used in the courses</p> <p>5. List and type of participants to the</p>	

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<p>managers working in mental health institutions</p> <p>2.3. To design a pilot curricula for a 8 months management educational program for specialists working in mental health system on a managerial position (hospital management, centres for mental health management, public health authorities management , National Centre for Mental Health personnel)</p> <p>2.4. To train the specialists according to the pilot curricula</p> <p>2.5. To adjust the curricula in order to be suitable for a permanent national mental health management programme</p> <p>2.6. Study tour in a MS for at least 10 BC specialists for 5 days</p> <p><b>3. Development of rehabilitation services guideline and toolkits (vocational rehabilitation services, housing services for persons with severe mental health problems)</b></p> <p>3.1. To design tailored rehabilitation services and housing services for 10 catchment areas according to population needs and evidence base research and practice models(vocational rehabilitation and housing services)</p> <p>3.2. To develop vocational rehabilitation services and housing services toolkits</p> <p>3.3. To draft a guideline and a framework for vocational rehabilitation services and housing services</p>		<p>training</p> <p>4. Adequate forms of feedback applied</p> <ul style="list-style-type: none"> <li>• Guidelines and toolkits draft for vocational rehabilitation services and housing services document</li> </ul>	
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**Annex 2 - Detailed time implementation chart**

Adoption of the new statistical acquis communautaire provisions

calendar months	2007												2008												2009											
	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12
Twinning				D	D	D	D	D	D	D	D	D	C	C	C	C	C	C	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
	<b>D = Design</b> <b>C = Contracting</b> <b>I = Implementation</b>																																			

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**Annex 3a - Cumulative contracting schedule**

	31/03/07	30/06/07	30/09/07	31/12/07	31/03/08	30/06/08	30/09/08	31/12/08	31/03/09	30/06/09	30/09/09	31/12/09
CONTRACTED Twinning						0.65						
NB: All contracting should normally be completed within 6-12 months and must be completed within 24 months of signature of the FA.												

**Annex 3b - Cumulative disbursement schedule**

	31/03/08	30/06/08	30/09/08	31/12/08	31/03/09	30/06/09	30/09/09	31/12/09	31/03/01	30/06/01	30/09/01	30/09/01
DISBURSEMENT Twinning						0.14	0.28	0.42	0.65	0.65	0	0
NB: All disbursements must be completed within 36 months of signature of the FA.												

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Annex 4 - Lessons learnt from previous years

<i>Identified Gaps or Recommended courses of intervention</i>	<i>Action for covering the Gap or implement the recommended intervention</i>	<i>Phare Programming (Project Reference)</i> 2004-2006	<i>Methodological Example</i> <b>Transition Facility</b>
<p>Despite positive developments, the situation in homes for disabled adults, psychiatric clinics and homes for mentally disabled requires continuous improvement (Romania - Comprehensive Monitoring Report - 2005)</p>	<p>Through the project proposed, behavioral and occupational interventions will be developed and user-involvement will be promoted.</p>	<p>“Support for the development of community mental health services and the deinstitutionalization of persons with mental disorders” (Phare 2006/018-147.03.11.2) “The Action Plan for the implementation of the Mental Health Strategy of the Ministry of Public Health” (Phare Ro-2003/005-551.03.03-Ro 03/IB.OT.09TL)</p>	<p>“Support for the completion of the integrated mental health services system” Objective: To improve health and quality of life for persons those have severe mental health problems in compliance with EU standards</p>
<p>As for the psychiatric care, living conditions for inmates are poor and budgetary resources allocated are limited. Although staffing levels have increased, they remain insufficient. (Romania - Comprehensive Monitoring Report - 2005)</p>	<p>National Programme – Sub Programme 2.5. - Prophylaxis in Psychiatric Diseases (for 2006 the sum allocated is 2,8 Meuro)</p>	<p>“Support for the development of community mental health services and the deinstitutionalization of persons with mental disorders” (Phare 2006/018-147.03.11.2) “The Action Plan for the implementation of the Mental Health Strategy of the Ministry of Public Health” (Phare Ro-2003/005-551.03.03-Ro 03/IB.OT.09TL)</p>	<p><i>Project purpose:</i> To improve and To improve the existing structure and develop an integrated mental health care system</p>
<p>Serious overcrowding and lack of activities or medical services can be noted. (Romania - Comprehensive Monitoring Report - 2005)</p>	<p>Increasing the number of the community mental health centres will the rate of admission, which will address Through the project proposed, the quality of hospital care will be improved using behavioral and occupational interventions and case management solutions for the assurance of the continuity of care and by promoting user-involvement.</p>	<p>“Support for the development of community mental health services and the deinstitutionalization of persons with mental disorders” (Phare 2006/018-147.03.11.2) “The Action Plan for the implementation of the Mental Health Strategy of the Ministry of Public Health” (Phare Ro-2003/005-551.03.03-Ro 03/IB.OT.09TL)</p>	<p>To be achieved by the following components:  <ul style="list-style-type: none"> <li>Updating the policy and legal framework for the integrated mental health care services</li> </ul> </p>

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<p>Access to health care, including preventive services, should be ensured for all citizens in order to improve the health status of the population. The health system is in need of reform to improve the efficiency and effectiveness. The persistent problem of ill-treatment in psychiatric hospitals needs to be addressed immediately. <b>(Romania - Comprehensive Monitoring Report - 2005)</b></p>	<p>The project proposed aims to increase the quality, accessibility and acceptability of mental health care services</p>	<p>“Support for the development of community mental health services and the deinstitutionalization of persons with mental disorders” (Phare 2006/018-147.03.11.2)</p> <p>“The Action Plan for the implementation of the Mental Health Strategy of the Ministry of Public Health” (Phare Ro-2003/005-551.03.03-Ro 03/IB.OT.09TL)</p>	<p>system</p> <ul style="list-style-type: none"> <li>• Training of the human resources working in the mental health sector in service development and integrated mental health system management</li> <li>• Development and piloting of rehabilitation services (vocational rehabilitation services, housing services, services for persons with severe mental health problems)</li> </ul>
<p>In the field of mental health, although some steps have been taken to tackle the most urgent challenges, more work is needed to abolish the excess occupancy in some psychiatric institutions, and to ensure sufficient staff and treatment. In order to ensure due implementation of the mental health reform, this work needs to be part of an overall approach and a continuous monitoring effort. <b>(Romania - Comprehensive Monitoring Report – September 2006)</b></p>	<p>The project aims at constructing a model of integrated services system in mental health field, at developing rehabilitation services and integrating in the system and ensuring that the human resources working in the field of mental health has the capabilities required to manage the integrated services system at all institutional levels (psychiatric hospitals, mental health community centres, public health authorities, management of the catchment areas and National Centre for Mental Health )</p>	<p>“Support for the development of community mental health services and the deinstitutionalization of persons with mental disorders” (Phare 2006/018-147.03.11.2)</p> <p>“The Action Plan for the implementation of the Mental Health Strategy of the Ministry of Public Health” (Phare Ro-2003/005-551.03.03-Ro 03/IB.OT.09TL)</p>	

**Note:** The table should summarize all the interventions aimed at the application of the recommendations of the comprehensive Monitoring Report, SIGMA (financial control, procurement, Peer Reviews, Evaluation reports, Final reports of TW projects, specifying the sources of financing of the intervention, i.e. IFIs or state budget (see the examples in the table). Please insert in the table only those gaps/recommendations relevant for the interventions planned for current exercise, in a most synthetic way. Obviously, the column for PIARE 2004-2006 will be completed only if the intervention spans over all the three programming years - i.e. there are projects to be financed from Phare 2004, respectively 2005 and 2006 under the same recommendation.

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**• ANNEX 5 - REFERENCE LIST OF RELEVANT LAWS AND REGULATIONS**

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

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Annex 6: Budget

Action to be undertaken under the Twinning project	Responsibility			Total MS costs	BC Co - financing
	BC	MS			
RTA		x		170,000.00	
RTA assistant (12 months)		X		9,600.00	
Project preparation		x		10,000.00	
<b>MANAGEMENT OF THE PROJECT AND VISIBILITY</b>					
0.1 Project management, including SC meetings		x		5,000.00	
0.2 Kick-off meeting		x		5,000.00	
0.3 Final workshop		x		5,000.00	
<b>Activity 1: Updating the policy and legal framework for the integrated mental health care services system</b>					
Activity 1: Updating the policy and legal framework for the integrated mental health care services system		x		100,000.00	
<b>Total Activity 1</b>				<b>100,000.00</b>	
<b>Total BC Co-financing</b>					<b>0.00</b>
<b>Activity 2: Training of the human resources working in the mental health sector in service development and integrated mental health system management</b>					
Expert fees and other costs related with the activity (e.g. per diems, flight tickets)		x		217,000.00	
Travel costs of the Romanian authorities in the context of the workshops, training seminars			x		7,000.00
210 trainee manuals printed / module (minimum 8 modules)			x		5,000.00



Costs of seminar rooms, accommodation for trainees, and other costs related to training	X				18,000.00
				<b>Total Activity 2</b>	<b>217,000.00</b>
				<b>Total BC Co-financing</b>	<b>30,000.00</b>
<b>Activity 3: Development of rehabilitation services guideline and toolkits (vocational rehabilitation services, housing services for persons with severe mental health problems)</b>					
Expert fees and other costs related with the activity (e.g. per diems, flight tickets)		X			
Cost of toolkits printing and editing (3 toolkits) at least 100 buc	X				20,000.00
				<b>Total Activity 3</b>	<b>114,000.00</b>
				<b>Total BC Co-financing</b>	<b>20,000.00</b>
Contingencies					
audit costs	X				5,000.00
translation, interpretation	X				5,000.00
	X				4,400.00
<b>PROJECT TOTAL</b>					
<b>BC CO-FINANCING TOTAL</b>					<b>650,000.00</b>
					<b>50,000.00</b>

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