Therapeutic Rehabilitation Facility for Pathological Dependences (STD2) "Casa Frassati".

Therapeutic residential community for the observation, diagnosis, and development of a customised plan, and subsequent treatment, care, rehabilitation, and relapse prevention, including gambling addiction.

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PRESENTATION OF THE AUTHORISATION HOLDER

The **Labirinto Cooperativa Sociale** is historically rooted in the territory of the Province of Pesaro and Urbino and neighbouring provinces since 1979. This is where the first actions in the field of services to the individual and of the culture of belonging to the community welfare were born.

Labirinto's value references are expressed in our offer of social, health, educational, welfare and training services to people, with a special focus on childhood, children from disadvantaged backgrounds, disabled adults and children, elderly people, immigrants, refugees and asylum seekers, the youth, people with pathological dependence or mental health problems.
Our cooperative is a strong presence in the province of Pesaro and Urbino, with some managed services also in the provinces of Ascoli Piceno, Rimini, Rome, Milan, Perugia, Latina, Viterbo.

Our purpose – object – see art. 4 of the Articles of Association, highlights important principles to which Labirinto is inspired:

- The cooperative is managed and governed according to the principles of mutuality, without any private speculation purposes.
- the main goal that the cooperative intends to pursue is the community's general interest for the promotion of a human approach and of the social integration of citizens, through the management of social and health services, welfare and education, pursuant to art. 1, letter a) of Law no. 381/91.
- the cooperative also aims to provide continuity of employment to its members and to contribute to the improvement of their economic, social and professional conditions, through the management of the company in an associated form. In order to achieve this mutual benefit, the members establish with the cooperative, besides their association relationship, also a mutually advantageous employment relationship.

For the sake of brevity, the VALUES expressed in the code of ethics are summarised below:

- INDEPENDENCE AND CONSISTENCY
- SHARING and CHANGE
- PARTICIPATION
- HONESTY
- TRANSPARENCY AND INFORMATION
- CONFIDENTIALITY
- CORPORATE RESPONSIBILITY

1. Purpose of the Service Charter

Drafting the Charter provides the Therapeutic Rehabilitation Facility for Pathological Dependencies (STD2) "Casa Frassati" with an opportunity to reflect on its organisational structure, operational methods, and the overall quality of the services delivered. The preparation of the Service Charter can also be viewed as a milestone in the supportive, educational, rehabilitative, and health-related journey, aimed at service users, whether they are individuals, families, or client entities, to make them perceive this tool both as a validation of their rights and as an opportunity to participate actively in the life of the service itself. The main purpose of the document is to inform and give actual and potential users the opportunity to develop a sense of participation in the services themselves.
The Service Charter clearly and transparently expresses the organisation of the Service itself, and has been constructed in compliance with the Italian Regional Law L21/16 which outlines the general requirements for the authorization manual for extra-hospital healthcare and social health facilities, as well as specific

requirements for STD2 facilities (Struttura Terapeutica Riabilitativa per Dipendenze patologiche, therapeutic rehabilitation facility for pathological dependencies) and Accreditation Manual DGR 1572.

2. Purpose and Objectives

The general purpose of STD2 "Casa Frassati" is the rehabilitation from pathological dependencies through a therapeutic-educational/rehabilitation pathway aimed at overcoming dependencies, improving quality of life and promoting social reintegration.
The facility promotes and facilitates the integration of users into the community, by providing pathways for exploring and recovering autonomy in self-management, and in the management of relationships with others, time, and space. Therapeutic/educational projects are initiated that take into account individuals' differences, their capability to adapt and their behavioral flexibility.
Specifically, STD2 aims at guaranteeing and promoting:

- abstinence from substances;
- individual psycho-social rehabilitation;
- social integration;
- fostering self-awareness and the acquisition of tools useful for enhancing one's life through projects that value individual peculiarities;
- the pursuit of economic and housing autonomy.

The facility has a maximum capacity of 20 beds; if occupancy is lower, a proportional reduction/increase in Equivalent Units of up to a maximum of 30% can be applied.

3. Networking with Institutions and Other Local Entities

The STD2 collaborates, through special agreements, with:

- Dipartimento Dipendenze Patologiche dell'Azienda Sanitaria Territoriale Pesaro Urbino (Department of Pathological Dependencies of the Pesaro Urbino Territorial Health Authority).

Within the DGR 747/2006, a restructuring act for the services of pathological dependencies in the Marche Region, the STD2 "Casa Frassati" is part of the system of the Department of Pathological Dependencies of the AST (Health Authority) of Pesaro Urbino.

The main feature of the new organisational model is to ensure a high level of integration between the public sector, accredited private entities, and social public actors. Based on these premises, networking, which is the cornerstone of the entire integrated system, develops through:

- Participation in integrated teams at the STDPs (territorial services for pathological dependencies) of the AST Pesaro Urbino;
- Participation as members of the Department Committee and the Assembly;
- Participation in the integrated planning technical tables for the drafting of the Territorial Plan against addictions.

The facility also collaborates with:

- Mental Health Departments (DSM) of the Marche Region;
- Territorial services for pathological dependencies (STDP) in the Marche Region and beyond;
- Ambiti Territoriali Sociali (ATS, Social Territorial Areas);
- Uffici di esecuzione penale esterna (UEPE, External Criminal Enforcement Offices);
- Third sector (cooperatives, voluntary associations, etc.);
- First and second grade schools.

Referrals come directly from the STDPs (or other public services dealing with addiction in the user's residential area), may involve UEPE in the case of alternative detention, or there may be co-participation between the STDPs (or other public services dealing with addiction and the DSM in the user's residential area), for the referral of the case and the daily fee (established by formalised agreements of the Marche Region).

Requests for admission can also come from private social communities, with the consent and approval of the public services that deal with the user's dependence in their area of residence.

4. Location of the Facility

The STD2 "Casa Frassati" is located in Pesaro, in a newly-built residential neighbourhood, halfway between the city centre and the outskirts (Celletta/5 Torri area), with shopping centres, a school campus, and businesses to facilitate the social rehabilitation process. It is protected from the city traffic, despite being only a few hundred metres from the main connecting roads. It is open all year round, 24/7. The facility meets all the management and structural standards required by the national and regional regulations in force regarding social and healthcare facilities.

GENERAL METHODOLOGICAL ASPECTS OF THE PEDAGOGICAL/EDUCATIONAL APPROACH TO CARE AND INTERVENTION FOR THE RESIDENTS

The therapeutic project of **STD2 "Casa Frassati"** is rooted in the desire to bring out the natural resources that each person carries within themselves. The method used is a pedagogical/educational approach to reality. The primary goal is to **enhance each person's value**, through the recognition of their own "Self" as the protagonist of their life, helping them identify their own strengths and weaknesses in order to get to recognise others.

The empathy of the staff and the team, the group and individual sessions (educational and psychological), are all essential and useful tools for working on the relational dynamics of each guest, so that they can come to understand the meaning of their pathological dependence and the way it is functional within their own systems (family, relational, social).

Unlike an individual setting, the **function of the residential facility**, as a therapeutic setting, holds a different value, as it is structured to operate 24/7: in this sense, the removal from the daily life environment (and the subsequent entry into the facility) is the first significant step in beginning to remedy the dramatic effects produced by substances and use and abuse.

However, all of this holds an even more significant meaning and is capable of producing lasting effects only if the **patient's motivation** is genuine and deeply personal: the person "must" therefore turn to the facility because they themselves recognise the need for help, not simply because they are responding to the request (or wish) of *others* who want what is best for them. All internal rules communicated to the guests are aimed at **"providing structure" and fostering a constructive approach to life**, gradually replacing a destructive perspective of reality with a life path that enhances one's self-worth, protects their own safety, and ultimately fosters positive self-care.

The facility also provides **valuable support to the family system**, especially in cases of chronicity or comorbidity (personality disorders). The project also includes **support for older adults or those who relapse into substance use**, offering authentic individual and social "harm reduction". For individuals with comorbidity (personality disorders), connections are established with psychiatrists from SERT (drug addiction service) so that they may take the right action to ensure the containment of the disorder and the resulting (inevitable) "acts". This premise implies and confirms the individualised **contextualisation with respect to each patient's history**.

1. Type of Service and Users

STD2 "Casa Frassati" is a residential service is a male and female residential service that hosts 18 people with pathological addictions who are not actively using substances of abuse, also if undergoing substitute pharmacological treatment, as per a standardised procedure defined at the regional level. Residents are referred by local health services dedicated to pathological addictions, to undergo a therapeutic, rehabilitation and reintegration process, aimed at ensuring a dignified daily life for each individual. The facility operates continuously, 24 hours a day, 365 days a year, with Staff presence guaranteed at all times.
STD2 is authorized and accredited by the Marche Region under Law 21/2016 for the rehabilitation of individuals with pathological dependence issues (drugs, alcohol, gambling).
It participates in activities of the Pathological Dependence Department of the AST Pesaro and Urbino.
The community is guided by respect for human rights without any distinction (political, religious, racial, sexual, public opinion).

2. Quality standards, methods, and applied standards

Labirinto Cooperativa Sociale, an ISO 9001 certified organisation, is committed to achieving quality standards which, by definition, reflect a dynamic qualitative and quantitative process of continuous and gradual quality improvement. Indicators and standards are to be observed, applied and documented in a timely and rigorous manner. The Cooperative has identified the following quality factors as priorities in the definition of the related quality standards:

- **selection of personnel**, monitored over time through supervision paths for the assessment of interventions, to ensure that the purposes that have been given are fulfilled;
- ***specific training and permanent updating (supervision)*** for all the staff members, on the rehabilitation model used, the evolution of the phenomenon and evolution processes that are occurring in the Italian social system (the training and updating plan is carried out by the Division Manager with the head of internal training);
- **promotion and support for evaluation activities and improvement** of service delivery processes and performance;
- ***simplification of admission procedures;***
- **implementation of individualised projects**, that include the preparation of comprehensive activity reports and medical records on the rehabilitation situation;
- ***internal and external communication system***, on paper and/or computer support to guarantee the quality and confidentiality of information, including for the protection of personal data;
- ***definition of policies and strategies aimed at ensuring the users' rights are respected***, in relation to the humanisation of services, personalisation of care, protection of data management (protection of privacy) and the production of the information necessary to access and use the service (right to information);
- ***implementation of the reviews of the efficiency and effectiveness of interventions***;
- ***monitoring and measuring processes and results against objectives***;
- ***monitoring and review of operations;***
- ***formalisation of information procedures concerning the rehabilitation and/ or maintenance path*** sent to the Referring Entity (fax and/or e-mail reports).
- ***clinical risk management within the social-health facility.***

General quality standards adopted for the assessment of the therapeutic project:

- Drafting and updating of the Service Charter;
- Ongoing dialogue with referring entities;

- Integrated teams with the AST Pesaro and Urbino addiction services (collaboration between public and private social services);
- Reports on services offered;
- Participation in working groups on Addictions;
- Implementation of improvement actions;
- Team supervision by an external expert.

Specific evidence-based standards adopted for the assessment of the therapeutic project:
- daily observations (educational and psychological) recorded in a logbook;
- weekly team meetings with minutes;
- biannual project module reviews by the team;
- final validations of projects;
- Individualised therapeutic project (Progetto Terapeutico Individualizzato, PEI) certified in accordance with ISO 9001, set up according to qualitative and quantitative criteria, with specific actions to be achieved for each goal, monthly qualitative and quantitative reviews, and biannual team review with the involvement of the to adjust interventions as needed, based on the program progress and the user's requirements.

More specifically, STD2 has adopted:

- ***operating procedures:*** PRDP01_user admission management - PRDP02_individualised project management and user take charge - PRDP03_service planning and delivery - PRDP06_user discharge management;

- ***instructions:*** IRDP02 – 04 – 05 – 06 – 07 – 09 - 10 (operational manuals) related to specific duties, and IRDP12_clinical risk management plan – guidelines related to service management (e.g., Instruction on cleaning and sanitizing work areas - IRGQ21 – biological risk injury procedure.

- ***related modules for the overall service management***

  - for the management of the user's TAKING CHARGE phase: MRDP24 – admission documentation request - MRDP02_admission form– MRDP03_personal data form - MRDP12_user programme summary - collection of personal belongings and pharmacological therapy - MRDP32_daily user log - MRDP10_voluntary discharge - MRDP20_gradual agreed-upon discharge - MRDP25_ transfer to another program - MRDP34_user satisfaction questionnaire.

  - **for USER HEALTH RECORD management:** MRDP28_allergy and intolerance declaration - MRDP22_substance use monitoring - MRDP04_individualised project and verification - MRDP06_health record - MRDP07_list of specialised and generic drugs - MRDP09_overnight stay + drug form.

  - **for USER ACTIVITY SCHEDULING, MONITORING, AND CONTROL:** MRDP33_programme of services performed - MRDP08_facility and kitchen cleaning schedule - MRDP16_facility cleaning and sanitizing log and Allegato1_cleaning check form - MRDP01_kitchen cleaning and sanitizing log - MRDP18_table setting, kitchen, and cleaning shifts - MRDP23_facility cleaning shifts

  - **for the SERVICE DELIVERY CONTROL:** MRST68bis_water faucet opening log- MRGQ16_control form. sector monitoring service - MRB03_periodic inspection and annual maintenance record; MRB07_vehicle action list; MRGQ06_non-conformity/complaint form; MRGQ32_ Just cause complaint (user_client or representative); Form for key authorization to health records - MRSS05_clinical risk control checklist by the Medical Director.

- **for PERSONNEL MANAGEMENT:** MRRU06_monthly attendance sheet (split schedule); MRRU07_vacation and leave request form - MRDP11_list of all operators - MRDP17_monthly vacation schedules – MRDP29_STD2 team organisation chart; MRF01_training and education form; MRF06_training and education proposal.

- **for REPORTING TO ENTITIES:** MRDP05_summary form for referring entities - MRDP14 regional-departmental dependence report - MRDP15_biannual report on placement progress - MRDP26_satisfaction survey for referring entities

Additionally, to highlight the work being carried out, STD2 commits annually to:

- preparing the ***annual reports for referring entities;***
- detect potential ***non-conformities and complaints*** recorded in the provision of the service;
- measure the ***degree of satisfaction*** of the ***Referring Entity*** at least once a year through a specific questionnaire;
- Measure the ***degree of satisfaction of the User*** at least once a year, through a specific questionnaire that remains anonymous;
- managing the ***monitoring sheet for processes*** involving social health services, as follows:

INDICATOR:	FREQUENCY OF MONITORING	OBJECTIVE:
No. of non-conformities in the service (excluding NCs due to the client or user's mistake) T =TECHNICAL; P: PERSONAL	EVERY SIX MONTHS	T<7 P<5
N° complaints/ Total No. of service users	EVERY SIX MONTHS	<1%
User's satisfaction questionnaire Positive questionnaires/ Total No. of questionnaires (range 0/3)	ANNUAL	80%
Satisfaction questionnaire on services, from Referring Entity (percentage of YES/NO answers)	BIENNIAL	80%
Percentage of objectives met/objectives established (individualised projects/PEI)	EVERY SIX MONTHS	80%
Np of initiatives developed with local associations and municipalities (objective of related sector)	ANNUAL	At least 1
no. of Improvement Actions detected (objective of reference division)	ANNUAL	At least 1,
No. of audits of the Division Manager and No. of audits of the Medical Director / with positive results	ANNUAL	At least 1 division/ 1 director
Detection and reporting of adverse events related to users in social and healthcare facilities.	MONTHLY	if answer is yes: evidence of reporting on the dedicated ministry portal and initiation of corrective action
Detection and management of HEALTHCARE-ASSOCIATED INFECTIONS (HAIs) related to users (social and healthcare facilities)	MONTHLY	if answer is yes, initiation of corrective action

- ***update annually or whenever necessary the documentation on the organisational management system*** (for the purposes of authorisation and accreditation according to the laws in force.

Just Cause Complaint

A complaint from the user_client or their representative can be submitted verbally, in writing, or by using the form ***MRGQ32_JUST CAUSE COMPLAINT user_client*** or their representative available in paper format at the managed or semi-managed services overseen by Labirinto Cooperativa sociale. In order to facilitate the due management of complaints at the facilities, in case of anonymity, a box is made available for the

submission of the form or of a communication in writing. Alternatively, complaints can be submitted by e-mail to: ***b.graziani@labirinto.coop***
In the case of non-conformities or complaints, the person in charge of the structure or the coordinator will open the MRGQ06_NON-CONFORMITY/COMPLAINT FORM, notifying the competent Manager, and in any case, the Division Manager.

Data Management System (privacy) and Documentation Management

With regard to **data management** of the people involved in the service, all personal data received will be processed in compliance with the principles of protection of personal data established by Legislative Decree 196/2003, as amended by Legislative Decree 101/2018, and European regulation 679/2016 – GDPR. During the onboarding stage, an information document on the user data management is shared, and must be signed by the family member/guardian. All paper or digital user **data** are **processed according to the regulations** through instructions to operators. In addition, for service projects that involve the use of data and images, family members are asked to sign an additional consent form, with a description of the related activity.

The service uses a **computerised system** for the management of data and information and for the storage of the guests' individual documentation, which is also stored in paper format in compliance with data management regulations (privacy) in special cabinets. Data, information and documents are constantly updated by our staff in charge and are managed in such a way as to be easily available for the operators in charge of supervision and control.

For **incoming and outgoing communications**, **the use of the Labirinto logo and letterhead** is defined in procedure PRGQ06.

Requirement Regarding Information Flows
Labirinto has defined with the Medical Director a CLINICAL RISK MANAGEMENT PLAN (IRDP12) for adverse events and ATTACHMENT 1 SPONTANEOUS REPORTING FORM FOR ADVERSE EVENTS.
Furthermore, Labirinto has a procedural system for the management of NON-CONFORMITIES/COMPLAINTS and CORRECTIVE ACTIONS.
The Facility Manager is registered on the MSIS portal of the Ministry of Health - with specific credentials - for the management of communications regarding ADVERSE EVENTS related to users.
The Facility Manager is responsible for the submission of the relevant flows to the Marche Region, following discussions with the territorial AST contact.

3. Verification and Control Methods

The verification and control of activities and service performance are the responsibility of, respectively:

1. the Manager of the Social Policies Service and the Manager of the Social Welfare Organisational Unit of the Municipality of Pesaro, with regard to the authorisation to operate the activity;
2. the Pesaro and Urbino AST (Department of Pathological Dependencies);
3. the Marche Region, with reference to regional law L.R. No.21 of 2016;
4. the Medical Director and managers in charge with regard to the operational functions performed (control check);
5. of Labirinto Cooperativa Sociale, with regard to the correct behaviour and professionalism of their operators and the overall organisation of the service and facility;

Insurance Policy

Labirinto Cooperativa Sociale has signed an insurance coverage for risks of injury or damage suffered or caused by guests, staff or volunteers.

ACCESS MODALITIES

1. Eligibility Criteria

The facility requires a pre-assessment, carried out by the residence entities or the therapeutic communities of origin, to make the referral more effective: a good assessment allows for the drafting of a project targeted to the individual and, at the same time, gives the operating team the opportunity to evaluate the best context for the integration of a specific user. Therefore, the admission process requires the following:

- a request from the relevant health authorities (DDP, STDP - SERT);
- An introductory report on the user, with a diagnosis, where present;
- health documentation, not older than six months.

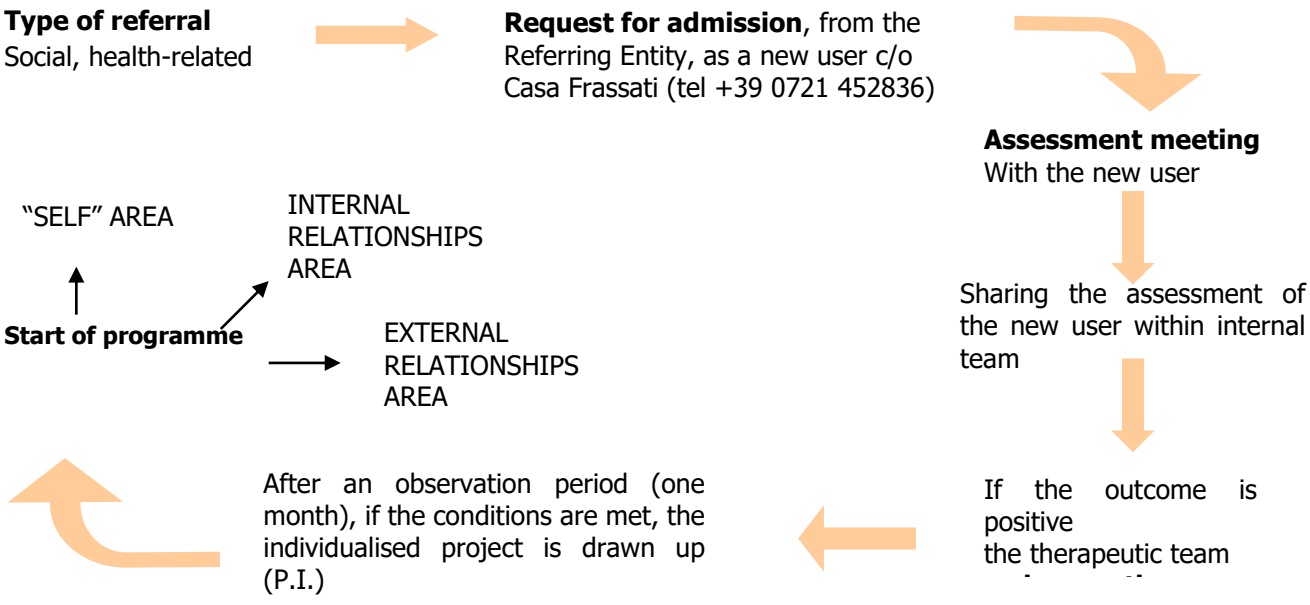
The service is intended for men and women with pathological dependence. Direct access or through family members is not allowed.
Facility guests are referred directly by the territorially competent Addiction Service after a valuation interview.

2. Waiting Times / Information / Appointments

It is possible to obtain information and schedule appointments with the Facility Manager by contacting the number indicated on the front page.
The maximum waiting time is:

- for admission: one month, following a valuation interview and admission validation by the team (after a negative COVID test result in compliance with specific regulations);
- for the issue of reports and medical records: one month, by appointment with the Medical Director;
- for scheduled admission to specialist facilities: based on availability of the designated facilities;
- for specialist and diagnostic services: subject to availability of the designated facilities.

3. The Guest's Journey



4. Evaluation of the person

If the eligibility criteria are met, the phase of getting to know the person is initiated through:

- an admission interview
- one or more clinical interviews
- any diagnostic test needed.

During the acquaintance interviews, which are useful to validate the admission, an accurate anamnesis form is filled out with personal data, family and health history, type of dependence, any psychiatric components, pharmacological treatment plans, presence of allergies or intolerances, personal attitudes, levels of exogenous and endogenous motivation, work experience, legal situation, individual attitudes, and the user's perception regarding previously conducted therapeutic programs. A list of the health documentation required for admission (clinical analyses not older than six months) is also provided to the individual, and the internal rules of the structure are preliminarily outlined: specifically, *the prohibition to use and introduce substances and alcohol into the residence is pointed out.* The user is informed that, in case of violations, the team promptly informs the referring service and at the same time assesses whether and how to proceed with any restraining measures (ban on leaving the facility), suspension or expulsion from the programme. A *psychological functioning profile* of the user is then outlined, including:

- *Cognitive Dimension*: with particular reference to personal introspective and processing resources, internal potentials, and their actual use;
- *Affective Dimension*: with particular attention to relational style, adaptation capabilities, and impulse management;
- the *evolutionary personality organisation level* in relation to substance use motivation (According to J. Bergeret and N. McWilliams' Models), and specifically:
    - *neurotic organisation*: generally well-structured personality, with preserved reality check and sufficiently evolved defensive mechanisms; the person's problem can be ascribed to the area of *reactions* (e.g. stress, trauma) or adjustment disorders;
    - *depressive organisation*: generally evolved personality but fluid and more unstable, with preserved reality check and a tendency to respond with despair, withdrawal, and anger to even minor conflicts, driven by internalised experiences of loss.
    - *Borderline organisation*: highly unstable personality, with intermittent reality check (the person finds it difficult to consistently distinguish between *perceived reality and mental representations*, making it challenging to identify whether a specific content is of *objective or subjective* origin), high impulsivity, and wide behavioural and emotional fluctuations. Defence mechanisms are poorly developed, such as *splitting* (perceiving reality and people in black-and-white terms without nuances — e.g., good/bad — with subsequent idealisations and sudden devaluations) and *projection* (attributing internal aspects to external sources);
    - *psychotic organisation*: impaired and/or severely immature personality, with deficient reality check (the person has serious difficulties in firmly distinguishing what is perceived from what is mentally represented and in establishing whether a given content has an objective or subjective origin), defensive mechanisms centred on denial, projection, dissociation (distortion of reality).

5. Observation Period

The Therapeutic Programme Manager presents to the team the person's overall functional profile, obtained through information gathered during the introductory phase and clinical and diagnostic data from the Services,

submitting it to the team for validation. If conditions are favourable for admission, the team then establishes an observation period for the individual within the facility dynamics (generally about one month), during which the following aspects are observed:

1. the degree of adaptation to the facility and its rules;
2. the ability to interact with the group of operators;
3. the ability to interact with the group of guests.
4. Covid-19 measures being followed.

6. Hospitality contract - Procedure to inform the assisted person about involvement in the care process

The Individualised Therapeutic Project

Once the person's situation has been re-examined, at the end of the observation period, the Therapeutic Programme Manager prepares the Individualised Therapeutic Project in collaboration with the Referring Entity and the guest, and shares it with the service team.

The Individualised Therapeutic Project is structured according to qualitative and quantitative *evidence-based* criteria, with specific actions to be achieved for each objective, divided into phases with monthly qualitative and quantitative assessments. Every six months, the Therapeutic Programme Manager conducts a review with evaluations approved by the team and the guest to adjust the interventions based on the programme progress and the user's needs.

The project is formalised in a specific form which includes evaluation grids, divided into three areas and related objectives, indicators, actions, and expected results.

More specifically, the projects aims at acting within the following areas:

A) "Self" area

- psychological autonomy (actions: psychological support, educational support, motivational interviews)
- management of personal problems (action: psychological support, educational support, motivational interviews, pharmacological therapy, monitoring of urinary catabolites)

B) Internal relationships area

- quality of interactions with the operators' group (actions: educational support for asymmetric relationships, coaching in internal activities, observation of relational dynamics)
- relationships with the guests' group (actions: educational support for symmetric relationships, therapeutic or theme groups, observation of group dynamics)
- degree of adaptation to the facility (actions: support for adherence to rules, monitoring of internal tasks, motivational interviews)

C) External relationships area

- economic autonomy (actions: educational support in economic management, shared economic management, educational support for employment)
- social network building (actions: educational support in orientation in the territory, coaching and tutoring in external activities, reporting on free external activities)
- Relationships building (actions: educational support in relationships, coaching and tutoring in external activities, reporting on free external activities).

The **duration of the stay in the facility** is 18 months, which may be extended following a multidimensional re-assessment, with tools defined at regional level, by the territorial pathological dependence services.

Scheduled Activities within the Individualised Therapeutic Project

The actions aimed at achieving the objectives established in the Individualised Project, divided by areas (A, B, C listed above) are:

- **Psychological support sessions**, focused on enhancing personal resources (Areas A, B, and C), managing emotions, identifying psychological dynamics, and recognizing triggering situations that have led (or may lead) the person to seek and use substances. The genesis of addiction in its complex meaning can be traced back to previous and underlying problems (family-related, individual, social), in which the person's bio-psycho-social complexity, history and possible underlying psychopathological situation often come into play.
  These actions are focused on:
  1. identifying, knowing and defining one's own emotions (adaptive and maladaptive);
  2. identifying, knowing and anticipating one's own strategies (adaptive and maladaptive);
  3. achieving an individual, intimate, and profound understanding of the personal *drive toward substance seeking*;
  4. modifying one's own habits (often anachronistic and automatic);
  5. supporting the person in their search for new ways of coping with suffering (affective-relational, cognitive, behavioural);
  6. supporting and empathetically accepting the person, without judgement or blame, in case of relapses.

- **Motivational interviews**, aimed at enhancing motivation for change, identifying the ambivalences faced by individuals with substance dependence, and understanding the psychological dynamics of relapse (Areas A and B). Recovery involves implementing changes in oneself (internal change) and one's lifestyle (external change). For change to occur, it is necessary to improve or develop new strategies to cope with one's problems. Motivational interviews, commonly used in short-term psychological interventions, seek to elicit such strategies through:
  1. *narrative approach*, which stimulates the person to "tell their story", and narrate their point of view in detail (without suggestions or prompts), often unmasking personal beliefs based on stereotypes or outdated convictions;
  2. *active listening*, which allows each communication to be reformulated, reworked and explored deeply;
  3. *maieutic approach*, which encourages personal associations and meanings, by helping the person to independently reach the core of their conflicts;
  4. *empathetic appreciation*, which dispels any fear of judgement and fosters an understanding of one's personal dynamics, also enabling the construction of a positive relationship and a working alliance based on trust;
  5. *resistance analysis*, which helps identify any factors (or compulsion to repetition) that plays in favour of (or hinders) change;
  6. *periodic review*, that enables the person to assess and periodically develop awareness of the topics raised during interviews, highlighting ambivalences and contradictions.

- **Group meetings** (Area A, B and C), moments of sharing of affective and organisational aspects, with the function of clarifying group dynamics and conflict analysis, but also aimed at obtaining insights on all aspects related to daily life;
- **Monitoring of substance intake**, to check for possible use or abuse of narcotic, alcoholic or psychotropic substances. Both rapid tests and laboratory analysis are used (Area B).
- **Weekly psychiatric consultations and monitoring of pharmacological therapies** by an external specialised physician. Medications prescribed by the specialist doctor are self-administered by the guest in front of the operator, who verifies and records their intake; any changes in internal health records are cross-checked with the attending physician or specialist and documented in writing (Area A, ~~B~~)

- **Daily Cleaning** in both communal and individual spaces, assigned in shifts. The operator supervises the activities performed (Area A ~~and B~~).
- **Daily cooking**, organised in lunch and dinner shifts. The operator supports and supervises the person on duty and involves the guests in the preparation of the menu and the shopping list. This is crucial for people with eating disorders, since it guides them to a different approach to food, helping them overcome fears linked to distorted relational patterns. Each guest completes a food hygiene course (HACCP method), organised by the Labirinto cooperative, on food hygiene and the management of food preparation areas. The kitchen provides diet meals, or meals free of allergenic substances, for people with medical conditions, certified by a specialised physician.

- **Sharing money management**: the facility guards the residents' money supply, monitoring, by checking bills and receipts, any expenditure made. This verification encourages responsible use of money (Area C).
- **Outings**: Each guest must arrange their individual outings with the operator on duty, specifying "where, with whom, and for how long." Every time a guest leaves the facility, as well as upon their return, the operator records the time in the logbook, so as to allow checks and consistency with the agreed schedule. This daily activity offers an ongoing opportunity for discussion, very useful to encourage responsibility and self-worth. For new arrivals (who are subject to a period of greater supervision), outings are conducted by the operational staff, to allow them to become more and more familiar with the surrounding territory. Regulated outings with staff members are also scheduled for those who are under disciplinary measures due to violations of the Programme rules (Area C). (The community respects all health prevention regulations established by the Ministry, therefore guests' outings and permits are evaluated in compliance with these standards.)
- **Work Orientation and Training Programs**: The operator supports the guest in understanding their inclinations, aspirations, and personal talents to help guide them toward the most suitable type of work. The guest's C.V. is prepared, helping them in its distribution to job centres or directly to local companies. Connections are established with the "Ufficio per l'Impiego" (employment office) to access available training or internship opportunities. When possible, work grants are activated with the referring entities. To this purpose, contacts are established with social cooperatives or private companies in the area (Area C).
- **Leisure and Recreational activities**: guests are encouraged to go to places that can provide cultural and educational positive stimuli (e.g., library, film club, gym, play centre, dance classes, theatre classes, etc.) (Area B and C). All activities are compliant with any health regulations in force.
- Parenting support: this is provided through discussions during which guests are encouraged to "restore" broken relationships and resume a more appropriate parental function, without role exchanges.
- **Volunteering:** "offering" opportunities to meet other "needs" puts the person in a position to engage with the outside world with a constructive attitude. By comparing their own experience with that of other disadvantaged people (but with different problems), can help resizing of one's own challenges and activate less depressive thoughts (Area C). Volunteer associations are in constant connection with the facility's team, sharing activities and promoting charitable initiatives. Many associations and groups (parish groups, alcoholics anonymous, etc.) approach the Community, many relational exchanges are organised or welcomed during the year, and always with the aim of making the guest's rehabilitation journey as smooth and natural as possible. Labirinto Cooperativa Sociale as always ensured that volunteer organisations have access to its services (e.g., "Patto di quartiere", neighbourhood pact).
- Labirinto Cooperativa Sociale collaborates with AST Pesaro and Urbino (with which the facility has an agreement), with the Municipality of Pesaro and its "Ambito Territoriale" department, in order to connect their activities to the territory (e.g. environment protection and reclamation projects) and guarantee its qualified presence within the social-health system.

7. Guests' daily schedule

The guest's typical day is organised as follows:
7:00 wake-up (may vary depending on other commitments: work, study, etc.)
7:00 - 8:30 breakfast, tidying up own room, self-administration of medications (by 8:00 a.m.)
8:30 - 9:00 Organisational meeting (planning the day's activities)
9:00 - 10:00 Scheduled internal activities
10:00 – 13:00 Scheduled external activities, psychological/educational activities
13:00 – 14:00 Lunch
14:00 - 14:30 Self-administration of therapy, tidying and cleaning
14:30 - 15:30 Afternoon relax
15:30 - 20:00 Scheduled external activities, psychological/educational activities, recreational activities, kitchen shift
20:00 – 20:30 Dinner
20:30– 21:00 Self-administration of therapy, tidying and cleaning
21:00 - 23:00 relax (film, reading, music, etc.)
23:00 end of the day.

The individual guest's daily schedule may vary based on the personalised therapeutic program.

8. Internal Regulation of the Facility Guests' Rights and Obligations

Treatment in the therapeutic community consists of an educational-therapeutic residential program aimed at treating pathological substance dependence and facilitating social reintegration. Among the tools used there are psychological and educational sessions, assigned educational tasks as specified in the regulations (both internal and external), and, if needed, psychiatric consultations.

1. All rules and related tasks have an ***educational purpose*** and are part of each guest's therapeutic project.
2. Any form of coercion (physical, moral, psychological) is excluded: **the project is voluntary** and accepted by the person. The programme can be interrupted at any time.
3. **The project duration cannot be defined a priori**: it is individualised by nature, with a maximum duration of two years, and is divided into modules (monthly checks, six-monthly reviews).
4. The journey within the facility includes an initial phase of mutual acquaintance through daily cohabitation with the guests group and staff members (**observation period**). Appreciation and acceptance of internal rules is essential to initiate the individualised therapeutic project and move forward in the process.
5. During the **observation period**, the guest will have to adhere to more restrictive and customised rules, established by the team, including **withdrawal of mobile phones, tablets and PCs, outings allowed only with the operator, withdrawal of money (cash, credit and debit cards)**.
6. After the **trial period, which varies based on the guest's condition**, the easing of rules and organisation of outings is evaluated by the team based on the goals of the Individualised Therapeutic Project.
7. The **appropriate use of mobile phones** is one of the educational objectives and is therefore monitored by the team. Under no circumstances is mobile phone use allowed during night hours.
8. Personal money or remuneration from work activities are not managed autonomously; they are shared with staff members in order to improve their administration and avoid inappropriate use. The guest **must always complete the specific income and expenditure logbook**.
9. **Programme objectives**: abstinence from substances of abuse, developing personal responsibility, and the achievement of socio-relational and economic autonomy.
10. It is forbidden to bring into the facility: **substances of abuse, psychotropic drugs, or alcoholic beverages**.
11. It is forbidden to introduce medications, unless they are prescribed by the general practitioner or specialist, managed by the team and **always taken in the presence of the operator** (self-administration is not permitted if an operator is not present)
12. **Drinking alcohol** during the therapeutic programme is forbidden.

13. It is **forbidden to take narcotics**.
14. **Gambling** (scratch cards, online games, slot machines, etc.) **is forbidden**.
15. **Aggressive and violent behaviour**, including verbal aggression, towards staff and other guests **is absolutely intolerable** and will lead to a review by the team, which may decide on a **suspension** or **expulsion** from the socio-educational reintegration program.
16. Each guest is required to cooperate in **urine toxicological monitoring** for substance use, as required by referring entities.
17. Staff members regularly carry out **room inspections**.
18. Any **damage caused to movable and immovable property** that belong to the Cooperative will be charged to the person who caused it.
19. **Outing times** are assessed and decided by the team and **reassessed as the therapeutic programme progresses**.
20. The team does not approve **outings between guests** of the facility to avoid as far as possible the building of negative alliances and complicity.
21. Each guest is required to **always inform the operator on duty** when they leave the facility as per the timetable established by the team, and to **always provide a reason for leaving**.
22. Relationships with individuals or environments considered risky are prohibited.
23. It is not possible to **invite relatives and/or friends** without the operators' consent.
24. **Overnight stays outside the facility** are not allowed. however, permissions/checks at family residences can be arranged, with details and timing agreed upon with the team.
25. Each resident is responsible for **their own valuables**. If needed, a safe is available at the facility, managed by the staff.
26. The **facility telephone** may be used upon request and its use is limited to calls for work, health reasons, or urgent family communications, scheduled with the operator.
27. Smoking is only permitted outside, taking care to keep the area clean and to strictly follow fire safety conditions. **Smoking is prohibited in all indoor spaces** (rooms, bathrooms, common areas)
28. Television may be turned on after 12:30 (p.m.), except on Sundays and holidays, when free viewing is allowed during the facility's opening hours.
29. All guests are required to take part personally in practical activities related to the facility management, as assigned by staff (cleaning, kitchen duty, etc.).
30. The **kitchen management** must strictly follow the food regulations in force, as learned during the training course.
31. Each guest is required to observe **hygiene and personal organisation rules** in their room and in shared spaces.
32. Each guest is also required to observe the **good rules of coexistence** and **respect for others' space**.
33. The end of the day is set at 23:00.
34. **Punctuality** is required for common lunch and dinner (13:00 and 20:00), morning meeting (8:30), and self-administration of medications; in case of delay, prior notice is mandatory.
35. The reintegration journey includes daily discussion moments, educational talks and individual psychological support talks. Therapeutic sessions are an integral part of the Individualised Project.
36. **Job placement** must occur only **through discussion and support from the team, always according to the therapeutic project's guidelines.** Night work (from midnight onwards) is not permitted.
37. The team must **inform the Referring Entity (and/or the competent Judicial Authority** in cases of therapeutic custody or house arrest) in total transparency of any incident or situation concerning the guest, both by phone calls and through written reports, as per the established procedures.
38. **In the case of guests in restricted conditions, any application to the Judicial Authority must be made by the user himself, or through his lawyer, always in agreement with the team, which manages the therapeutic project.**
39. Any **relapses** will be assessed by the internal educational team and discussed with the Referring Entity. They may only be justified by the direct assumption of responsibility. Continuous confrontation with the operators is recommended in order to transform the above-mentioned vulnerabilities into opportunities to elaborate the individual's problem.
40. Regarding family relationships, the operational staff must adhere to legal provisions on privacy and respect the guest's consent (or lack of consent).

41. Each guest will be the **main actor** of their individualised project: together with the Facility Manager and the Therapeutic Programme Manager, steps and goals will be outlined, also indicating the methods and related actions.
42. The guest will be gradually guided to **job search** in the area, through enrolment with the local employment office, preparation of their CV, and building contacts with staffing agencies, companies, social cooperatives, and services.
43. **Clear communication with employers** is the best way to foster positive starts: only through transparency can trust-based relationships be built and strengthened over time. Omissions, even if generated by the guests' fear of prejudice, have shown to be the expression of paths in which the ability to elaborate one's own life and past experiences was lacking.
44. **Volunteering activities** should be characterised by full collaboration and maximum transparency, when requests are made to local cooperatives or associations. If the guest does not agree, the process cannot be activated. All this is focused on building positive networks, useful for reintegration, while respecting the weak parties.
45. **Health-related matters** are the responsibility of the guest (e.g., appointments with general practitioners and specialists for tests, specific exams, and check-ups). Staff members will nonetheless be available to assist the guest in communications and contacts. In the event of the need for GP access(es) for visit(s) at the facility, this (these) will be **recorded on the dedicated form (MRSS17)**.
46. In case of **regulation violations**, the team will assess how to proceed with the program after consulting the Referring Entity.

Regulations are read together with the applicant guest and signed on the entry form as part of the admission agreement following the evaluation interview. On admission, the guest receives the user manual containing the said regulations.

9. Facility Management for "autonomy project"

- **Canteen:**
  the facility is equipped with a dining room, kitchen and pantry. Meal preparation is part of the STD2 educational/rehabilitation activities. A morning breakfast, lunch, afternoon snack, and dinner are provided, managed by the team in collaboration with the guests. Meals are prepared in the facility's kitchen as part of the educational tasks. The base menu is agreed upon weekly, taking into account "dietary tables and community menus" as well as the availability, potential and abilities of the guest on duty. Guests may choose different menus and/or specific diets for physical, dietary, health (e.g., food intolerances or allergies), ethical (e.g., vegetarian/vegan users), or religious reasons in agreement with the Referring Entity and/or the guest.
  The organisation of this activity is outlined in the service provision procedure and operational manuals for both operators and guests.

- **Waste Management**:
  Waste management is the responsibility of all the residents of the facility and is organised through:
  - separate collection, using internal containers for plastic, paper, glass/metals, and then disposing of them in neighbourhood bins located a short distance from the facility.
  - collection of non-recyclable waste, in internal containers. The company that provides waste recovery for the municipality, at the request of the facility, has provided special bins, stored inside the facility, which are taken outside daily by a specific staff member.
  - collection of special waste, in an internal container. This container is taken and disposed of by the company in charge of its monthly collection.

- **Cleaning and sanitising**

Cleaning and sanitising is part of the STD2 educational/rehabilitation activities. The organisation of this activity is outlined in the service provision procedure and operational manuals for both operators and guests.

- **Laundry-Wardrobe**
  The laundry service is part of the STD2 educational/rehabilitation activities. The organisation of this activity is outlined in the service provision procedure and operational manuals for both operators and guests.

- **Transport**: the facility has a minibus, owned by Labirinto Cooperativa Sociale. The vehicle, regularly insured, is used for all the activities that are functional to the service provided and for users, in respect for personal autonomy.

10. Discharge from the programme

Discharge evaluations are agreed upon by the team during fortnightly meetings. Five types of discharge are recognised:

- **Agreed discharge (conclusion of the project)** - This happens at the end of the individualised project. The coordinator, in agreement with the Referring Entity, establishes the end date. Upon discharge, the user receives all personal documentation, money deposited, and any necessary medication to ensure therapeutic continuity for two days (three if on a public holiday).
- **Voluntary Discharge (Self-discharge)** - The user completes a self-discharge form. The coordinator immediately informs the Referring Entity. As this is an unplanned discharge, the team will only hand over personal documentation, deposited money (a small amount immediately, with the remainder sent to the user's residence), and any prescribed medication to cover a period agreed upon with the Referring Entity, not exceeding one day (two if on a public holiday).
- **Permanent removal (expulsion)** - This occurs only as a consequence of the user's behaviour breaching the rules or for serious incompatibility with the proposed individualised project. In such cases, the team may decide to proceed interrupting the user's participation by expulsion, notifying the referring entity. When they leave, the users will receive all their personal documentation, deposited money (a small amount immediately, with the remainder sent to the user's residence), and any prescribed medication to cover a period agreed upon with the Referring Entity, not exceeding one day (two if on a public holiday).
- **Suspension -** This can occur due to behaviours that do not align with the community rules but that are not severe enough to require permanent removal. In this case, the team may consider proceeding with a temporary suspension as an educational measure, in coordination with the Referring Entity. Upon leaving, the user will be given any funds and necessary medication to cover a period agreed upon with the Referring Entity, not exceeding one day (two if on a public holiday).
- **Gradual Agreed Discharge.** The team may deem it necessary to gradually accompany a user towards independent living in agreement with the Referring Entity. The team will assist in finding new housing, provide financial support for rent and food, and continue therapeutic support from the Therapeutic Programme Manager, based on individual needs, through regular meetings and urine monitoring within the facility. The timing will be assessed in agreement with the Referring Entity. Money and medication management will be assigned to the user. Should any inappropriate behaviour arise, the team will discontinue the gradual discharge process. This phase will be documented in specific forms filled in by the Therapeutic Programme Manager and/or the Facility Manager.
- **Transition to Another Program** - For situations requiring a different kind of support for individual autonomy, the team, in agreement with the Referring Entity, sets a timeframe for the transition to another facility or program. Upon discharge, the user receives all personal documentation, money

deposited, and any necessary medication to ensure therapeutic continuity for two days (three if on a public holiday).

Release of Health Documentation

Within one month of the conclusion of the residential therapeutic program, the Medical Director is available for the release of the user's medical documentation.

11. Specialized and Diagnostic Services under Agreement

The community guarantees the resident's clinical needs are met by arranging accompaniment to public or contracted health facilities. Waiting times depend on the availability of designated facilities.

12. Religious Orientation

The user has the right to receive compassionate and attentive care, in full respect of their human dignity and moral, political, and religious beliefs. Within the Community the user has the right to practice their religious beliefs and to receive religious assistance in respect of their faith. Likewise, religious assistance activities are arranged according to a timetable agreed with the Community management and the team. If necessary and/or upon the users' request, and if feasible within the organisation, users are allowed to attend religious services. Religious services can be followed also on television.

13. Social Service

The user has the right to be assisted by their own Social Service at any time with the involvement of the Referring Entity (e.g. for social or training apprenticeships, subsidies, assistance in filling out disability pension applications also with the support of the educational team and of the territorial services in charge). The user may also seek consultation from Pesaro's Municipal Social Services (by appointment or during office hours).

14. Other Services

The user can access external services, with an operator accompanying them if necessary (e.g., barber, hairdresser, beautician, banking, postal services, bookstores, newsagents).

FUNCTIONS CHART & ORGANISATION CHART

STD2 is within the "Welcoming and Inclusion" Sector of the Labirinto cooperative.

The **Therapeutic-Educational Team** is composed of:

- Facility Manager and Programme Manager;
- Technical Administrative Manager Coordinator;
- Psychologist/Psychotherapist Therapeutic Project Manager;
- 5 Educators e 2 substitutes

The operational staff is supported by:

- The **Medical Director** who, throughout the project:
  - oversees the facility organization regarding clinical risk control and verification within the social-healthcare facility;
  - checks the user's health documentation;
  - monitors their healthcare situation;
  - authorises and certifies any necessary change in the pharmacological treatment prescribed by the Referring Entity or by the specialist; such changes can only occur with the patient's informed consent and following a prescription by the specialists of the competent territorial area.

- The **psychiatric consultant** who, throughout the project:
  - oversees and treats psychiatric conditions among residents;
  - monitors ongoing drug therapies;
  - collaborates with the Medical Director and the team on the control and verification of clinical risk in the social-healthcare facility.

- The **team supervisor/trainer** who, throughout the project:
  - Supervises interactions between residents and staff, and among team members.

1. Functions of the Educational-Therapeutic Team:

Team meetings, recorded in a specific logbook, are held every two weeks to:

- plan, verify, adjust, adapt, and validate Individualised Projects;
- discuss and plan personalized educational procedures;
- track the progress of each user, noting fluctuations and pathological events both in cases with and without confirmed dual diagnosis and/or personality disorders;
- organise and plan in detail weekly internal and external activities;
- review the activities agreed upon during previous meetings;
- plan the agenda for the next team meeting (the Facility Manager prepares a list of topics, allowing for add-ons from operational staff);
- make decisions on discharge arrangements;
- conducting "dynamic supervision" meetings with a psychotherapist experienced in drug addiction issues.

Each operator also attends **training, refresher and supervision courses** led by lecturers and supervisors specialised in psychiatry or psychotherapy, proposed and shared with the Division Manager and the internal managers.
The team, in collaboration with the Division Manager and the Medical Director, uses the following documents/tools:

- **for staff training** (presence of one trained operator per shift): HACCP food safety training for kitchen activities, cooking, equipment and updates; training courses on safety at the workplace (Legislative Decree 81/08): State-Region agreement on general training and specific risks - fire/emergency operator and updates; Bas/eLife Support Defibrillation (BLSD) operator course; course on data management (Legislative Decree 196/2003, as amended by Legislative Decree 101/2018, and European regulation 679/2016 – GDPR). The Coordinator uses the specific module (MRF01_candidate training and instruction, customised for each role) to train and instruct candidates on the requirements of different positions.
- **for the management of the user's TAKING CHARGE phase**: the entry form, the logbook, the individualised project form, the health record (updated by the Therapeutic Programme Manager, by the psychiatrist and verified by the Medical Director), the list of drugs, the logbook of self-

administration of generic, special and substitute medications; data management forms (privacy), forms to communicate allergies or intolerances, form to require medical documents from the SERD (Dependences Service), operating manuals (Health Director's manual, Facility Manager's manual, Technical Manager's manual, Therapeutic Programme Manager's manual, educators' manual, Medication Officer's manual);

- **for service reporting/verification:** annual report and economic overview, six-monthly progress report, non-compliance report and annual general maintenance programme, documents managed by the internal manager and the Division Manager;
- **for the service delivery control:** inspections plan, service performance assessment, Medical Director's checklist, annual internal service review report (Division Manager, Technical Manager), inspections plan (operators/maintenance/vehicles), non-compliance report, general annual maintenance plan, candidate training and instruction form, shift plan/holiday plan.

Our operators receive a supply of **Personal Protective Equipment (PPE)** together with the kit they need to use for their activity. This is managed by the coordinator (or by their appointed substitute), through a monthly check of the stock, that has to be enough to cover three months' needs).

2. Personnel Shifts Organisation

The operator's typical day is organised as follows:

7:00 operator's wake-up (if guests work outside the facility with different hours, the operator is available to anticipate their wake-up time);

7:00 - 7:30 opening of the house;
checking the general condition of the facility:
- checking breakfast tables, external parts, entrance);
- therapy preparation;

07:30 - 08:00 Self-administration of therapy;
logbook update;
updating of users' daily logbook / recording of temporary absences of users with related reasons;

8:00 - 8:30 shift handover with incoming operator and logbook review;

8:30 – 9:00 Meeting with residents to plan the morning activities:
- clean-up and sanitising shifts;
- organisation of outings;
- medical check-ups;
- accompanying users in job search;

9:00 – 10:00 control and monitoring of internal activities carried out by guests;

10:00 – 13:00 checking and preparing the dining room for residents.

13:00 - 14:00 lunch with the residents and checking food dispensing;

14:00 - 14:30 residents' self-administration of medications;

14:30 – 16:00 update of morning activities in the logbook;
after-lunch relaxation;

16:00 - 19:00 check and verification of the following points:
1. simple errands of the guest outside the facility (agreed);
2. job search;
3. any scheduled health appointment;
4. leisure activities organised by the facility;

19:00 - 20:00 checking and preparing dinner, non-stop supervision;

20:00 - 20:30 dinner with the residents and checking food dispensing;
20:30 - 21:00 check and verification of kitchen and dining room cleanliness;
constant vigilance;
21:00 - 21:30 residents' self-administration of medications:
21:30 - 23:00 check and verification of the following points:
checking and leisure activities with the residents;
last update of the logbook;
checking the closing of the facility:

- gates, entrance doors, shutters, emergency exits;
- checking the kitchen: gas closed, fridge closed;
- operators' office closed;
- checking and verifying that all residents are in their rooms.

3. Services offered by the team

The therapeutic-educational-rehabilitation team continuously coordinates the relationship between the user and the surrounding environment through diversified and customised modalities (stimulation, support, accompaniment, listening, regulation, limitation), thus contributing to the guest's evolutionary process, as opposed to the implementation of behaviour that is still reactive, rigid, stereotyped. Team work sessions are scheduled for all the staff; the team meets up with the entire educational group every two weeks, while managers' internal meetings are held weekly. Supervision/Training sessions are scheduled monthly.

In the event of an operator's absence (illness/accident/holiday/other) the coordinator can count on available substitutes. In case of need, they contact the human resources manager to obtain the names of other people available if needed.

In the event of the Facility Manager's absence, he/she is replaced by the Technical Manager and vice versa. They are assisted by the Therapeutic Programme Manager and by the Medical Director.

The operators are familiar with the Service Charter, with all the procedures drawn up for the organisation of the service and are trained by means of an operating manual (instructions) that summarises all the items needed to address various needs.

The constant presence of socio-medical staff is guaranteed throughout the duration of the activities.

4. Therapeutic Services: Support for Residents

- Daily psychological and educational support;
- Weekly psychiatric consultation;
- Individualised educational actions integrated into daily activities inside and outside the facility;
- Implementation of individualised social integration projects, focused on individual goals and resources;
- Attention to the residents' hygiene and health (constant monitoring; periodic medical appointments and check-ups; collaboration with Mental Health and Addiction Services Units; collaboration with primary care physicians), aimed at promoting self-care autonomy.

5. Educational Services

Employment Support:

- Tutoring for job placement and educational recovery;
- Vocational training courses organised by the Employment Centre - Province of Pesaro Urbino;

- Training courses for workers in the food sector (HACCP method), organised by Coop. Labirinto;
- Course on safety Legislative Decree 81/08, organised by Coop. Labirinto;
- Training and remedial school courses promoted by the Centro Formazione Orientamento (Coop. Labirinto); The "Centro di Formazione e Orientamento" (Training and Orientation Centre, CFO) service is accredited by the Marche Region for the design and management of training courses. Since 1998, it has organised training courses in collaboration with the Province of Pesaro, the Marche Region, and other local agencies;
- Courses held at the facility: gardening, cooking, foreign languages, IT, etc.
- Training apprenticeships in collaboration with type B cooperatives;
- Volunteering at local cultural associations;
- Work scholarships in collaboration with local organisations (e.g. The Employment Centre - Province of Pesaro Urbino, municipalities and STDPs);
- School remedial courses at public or private institutes;
- Internal tuition for the preparation of school exams.

Autonomy Enhancement

- Development of a sense of belonging and responsibility (participation in daily management);
- Housework;
- Meetings and gatherings;
- Preparation of meals;
- Gardening.

Development of interpersonal skills.

- Opportunity to engage in external activities while holding regular discussions and in agreement with the team;
- Collaboration with volunteering associations, activities at the local library.

6. Taking Charge Model

The management of the people hosted in the Therapeutic Community is based on a taking charge model built up over the years and based on experience and regular assessments. This model primarily aims to ensure that residents' needs are met, covering both practical aspects (such as personal care, maintenance of personal spaces and belongings) as well as the residents' relational and psychological needs.

The team, during supervision sessions, periodically:

- reviews the progress of their work, of taking charge procedures, the relational dynamics in place, and any major issues and associated risks;
- proposes the continuation or modification of educational and rehabilitative activities;
- carries out checks on individual taking charge projects.

All team members are encouraged to actively contribute to implementing the educational initiatives for each resident. The style of the service pursues the creation of an environment characterised by:

- stability and continuity of relations;
- listening to needs and flexibility in responding to the user's needs;
- profound respect for each individual's life timings and methods;
- variety and richness of relational, cognitive and emotional experiences;
- constant and well-structured coordination with Referring Entities, with awareness of the shared responsibility in the individual's taking charge plan.

7. Emergency Management

All operators in charge of the staff and the guests' safety:

- must comply with the rules established BY THE EVACUATION PLAN (prepared by the cooperative or by the Referring Entity);
- must refer to the EMERGENCY UNIT (of the cooperative or of the client organisation;
- must read the provisions included in the manual GENERAL RULES AND PROCEDURES ON OCCUPATIONAL SAFETY, available at the centre and delivered to each operator (with an evaluation questionnaire).

All operators must ensure that guests are protected on a daily basis

Health emergencies/Emergencies are managed by the team with a focus on:

1. Monitoring of and attention to the general health conditions of the residents;
2. Maintaining constant attention to hygiene and health needs (collaboration with GPs);
3. Providing assistance, when necessary, for medical appointments and periodic check-ups as indicated by GPs or specialists;
4. Ensuring that specific health services are provided by healthcare professionals called upon in emergencies;
5. For complex specialist procedures (such as surgeries), involving the Referring Entity to liaise with family members and providing support, within the service's organisational capabilities, for emergency management.

8. Privacy and Personal Data Protection

The service fulfils its legal obligations in terms of respect for privacy and protection of personal data and sensitivity to health, social and administrative aspects.

Each operator receives training in personal data protection (EU regulation No. 679/16 (GDPR)), by means of Appointment and instructions with Assignment to the management of the data of users/family/guardians who are related to the cooperative's services.

The user is shown and given the following, to be signed:

- Information Notice for the management of users' data;
- where necessary on a project-specific basis, a request for authorisation to manage photo and video data.

9. Health Record

There is an archive of the personal records of each person received, constantly updated, which include:

- all social, educational, health and judicial information and documentation;
- the Individualised Therapeutic Project;
- copies of the documents sent periodically to public bodies: judiciary, health services, social services, local and regional public administrations.

10. Operational Expenses

Operational expenses are reviewed and managed collaboratively by the Technical Manager, Division Manager, and Administration Manager of Cooperativa Labirinto.

11. Communication Procedures

Information related to the program's progress is communicated solely to the Referring Entity via fax or email, in compliance with current regulations on the protection and dissemination of sensitive data:

- notification of user's admission to the facility

- program updates (periodic reports, reviews)
- discharge communication (type of discharge, program outcome)

12. Service Costs/Fees

The costs of the service are borne by the Servizio Sanitario Nazionale (Servizi per le Dipendenze (National Health Service, Services for Dependences).
The user is responsible for his or her own personal expenses (except for users with no income) and any specialist medical assistance (for users who are not eligible to exemption). Users are not required to make any financial contributions.
Monthly invoices are issued by Labirinto Cooperativa Sociale's billing office to the referring local health authorities across Italy. The daily residential fee is based on the table of "Tasso Inflazione Programmato" (Expected Inflation Rate) table of the Marche Region (daily residential rate of €85.45 plus 5% VAT).

13. Service Agreement

The facility is undergoing re-authorization and re-accreditation with the Marche Region under Regional Law 21/2016 and maintains a biennial agreement with AST Pesaro and Urbino.

14. Informed Consent for Residential-Rehabilitation Treatment

Treatment in the therapeutic community consists of an educational-therapeutic residential program aimed at treating pathological substance dependence and facilitating social reintegration. Among the tools used there are psychological and educational sessions, assigned educational tasks as specified in the regulations (both internal and external), and, if needed, psychiatric consultations. Any form of coercion (physical, moral, psychological) is excluded: the project is voluntary and accepted by the person. The programme can be interrupted at any time. The project duration cannot be defined a priori: it is individualised by nature, with a maximum duration of two years, and is divided into modules (monthly checks, six-monthly reviews). The journey within the facility includes an initial phase of mutual acquaintance through daily cohabitation with the guests group and staff members. Appreciation and acceptance of internal rules is essential to proceed along the journey. Programme objectives: abstinence from substances of abuse, developing personal responsibility, and the achievement of socio-relational and economic autonomy. Each guest will be the main actor of their individualised project: together with the operator in charge and the Therapeutic Programme Manager, steps and goals will be outlined, also indicating the methods and related activations. Each project shall be monitored and assessed periodically. The guest will be gradually guided to job search in the area, through enrolment with the local employment office, preparation of their CV, and building contacts with staffing agencies, companies, social cooperatives, and services. Clear communication with the employers is the best way to foster positive starts: only through transparency can trust-based relationships be built and strengthened over time. Omissions, even if generated by the guests' fear of prejudice, have shown to be the expression of paths in which the ability to elaborate one's own life and past experiences was lacking. Volunteering activities should be characterised by full collaboration and maximum transparency, when requests are made to local cooperatives or associations. If the guest does not agree, the process cannot be activated. All this is focused on building positive networks, useful for reintegration, while respecting the weak parties. Health related matters are the responsibility of the guest (e.g., appointments with general practitioners and specialists for tests, specific exams, and check-ups). Staff members will nonetheless be available to assist the guest in communications and contacts. It is important for each individual guest to have direct contact with the reality in which they live, in order to activate a process of 'self-care' that is beneficial for the development of awareness of the value of one's own life. An important tool for acquiring skills is the participation in training courses, through the Provincial office, which should be considered as an opportunity to become part of the

local working scene, to probe individual resources and critical aspects. Another key aspect is the non-stop monitoring on drugs, psychotropic substances and alcohol during the entire stay in the residential facility. Any relapses will be assessed by the internal educational team and discussed with the Referring Entity. Fragility episodes (relapses) may only be justified by the direct assumption of responsibility. Continuous confrontation with the operators is recommended in order to transform the above-mentioned vulnerabilities into opportunities to elaborate the individual's problem.

Construction, Use and Dissemination of this Document (procedure)
The service charter is prepared by the facility team, in particular by the Facility Manager, the Division Manager and the integrated management systems manager.
It is updated at least every 3 years and published on the company website(www.labirinto.coop).

The Charter dissemination follows these steps: Document made available at

- Socument made available in the Facility Manager's office;
- Web site of Cooperativa Labirinto - www.labirinto.coop/servizi/dipendenze-patologiche;
- Offices of the Marche Region Social Services and 2ambiti Territoriali" of the Municipality of Pesaro;
- Services for Dependences by AST Pesaro e Urbino;
- Extra-Regional Services for Dependences with whom a collaboration has been activated.
- The document is delivered to the resident upon their admission, with the collaboration of the operators.

All useful attachments, not included in the Charter, can be obtained at the central office of Labirinto Cooperativa Sociale: Via Milazzo, 28, 61100 Pesaro (PU), tel +39 0721456415, Fax +39 0721456502,
e-mail: info@labirinto.coop – Certified e-mail: segreteria.labirinto@pcet.it - web site: www.labirinto.coop

LABIRINTO Cooperativa Sociale
The President DAVIDE MATTIOLI