

# SERVICE CHARTER

Therapeutic Community for the  
Treatment of Drug Addiction  
"DON VINCENZO CAPPELLA"

Corridonia (MC)



 [www.pars.it](http://www.pars.it)

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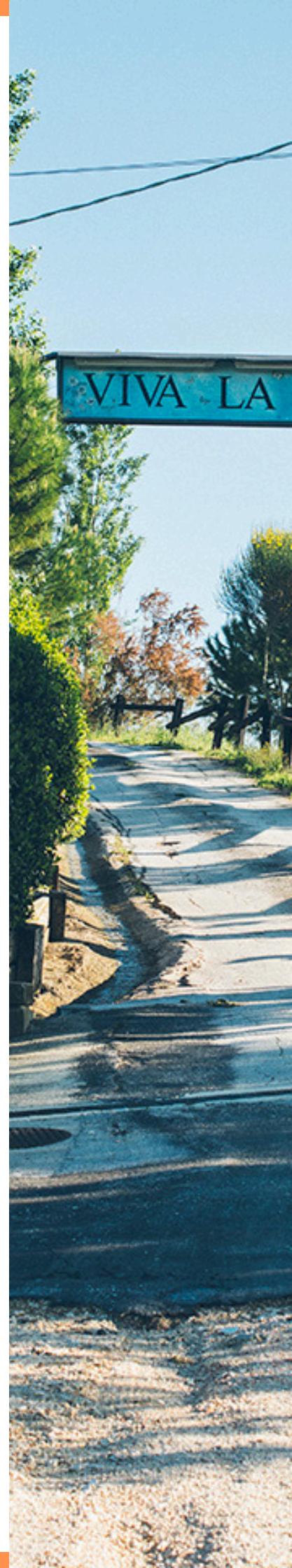
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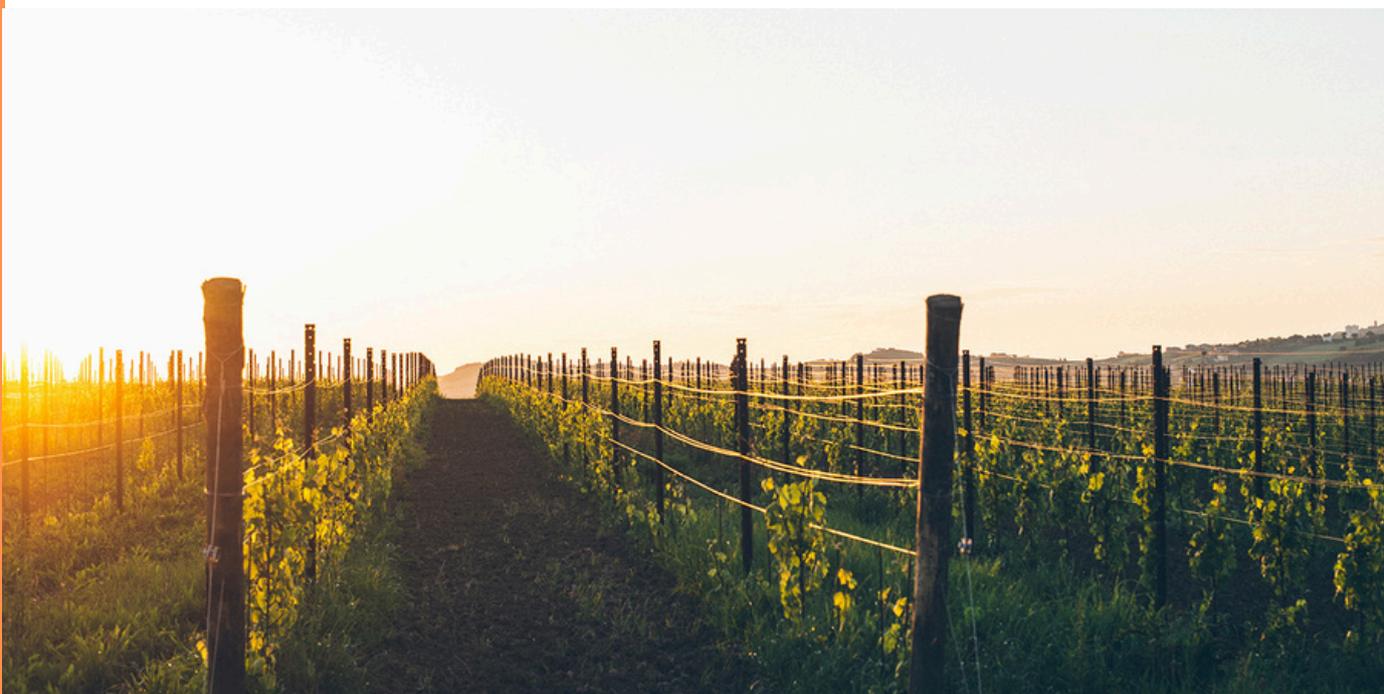
# PARS "PIO CAROSI" SOCIAL COOPERATIVE

## Who We Are

The P.A.R.S. "Pio Carosi" Social Cooperative Social Enterprise ETS has been operating for over 30 years in the field of youth issues and the treatment of pathological addictions, combining culture and inclusion, vulnerability and empowerment, in the service of disadvantaged individuals. PARS implements multidisciplinary rehabilitative, socio-educational, psychological, and medical approaches for the treatment of individuals with substance abuse or alcohol addiction problems, including psychiatric comorbidity (dual diagnosis). Each case is followed through the development of personalised projects, using an integrated approach that is structured across three dimensions of intervention: psychotherapeutic, pharmacological, and educational.

## Historical Roots and Cultural Heritage

The PARS story was born from the desire and hope inspired in some by the encounter with two great educators of our time, Father Pierino Gelmini and Father Luigi Giussani, and from the great transformation experienced by Pio Carosi, after a long history of drug addiction, in the final years of his life. From these encounters arose the desire to help the recovery of the most difficult young people, combining educational action with the resources offered by medicine and psychology. The core of every intervention and central aspect of the Cooperative's culture is indeed the attempt to respond in a comprehensive manner to the issues presented, in order to guarantee the overall wellbeing of the person, whilst respecting their dignity.



## Values References

**Person-Centeredness** – The person is placed at the center of the intervention, with their resources, complexities, and history. The pathways offered are modeled on the specific needs of the person and their understanding of reality, so as to help them express the best of their available resources to achieve the highest level of physical, psychological, and social well-being.

**Equality** – Service delivery is inspired by the principle of equality of citizens' rights. Everyone has equal right to access services, while respecting the provisions that govern the various interventions. In service delivery, therefore, no distinctions are made based on gender, race, language, religion, or political opinions.

**Impartiality** – The procedures and related rules governing service delivery are based on criteria of objectivity, justice, and impartiality.

**Continuity** – Service delivery must be continuous, regular, and without interruptions. In case of irregular operation that does not depend on the client's will, PARS undertakes to adopt all measures aimed at preventing any risk of service interruption, to guarantee continuity of care.

**Participation** – The resident is actively involved in creating their therapeutic pathway: in producing documents, formulating observations and suggestions aimed at improving service provision. The participation of family members and/or significant persons of the resident, as well as the referring services that have the resident in care, also constitutes an essential element for the success of interventions.

**Effectiveness and Efficiency** – PARS adopts the most appropriate measures to ensure the highest possible satisfaction with the best use of available resources and organizational solutions, in compliance with the principles of equality and impartiality.

**Professional Ethics** – All staff commits to carrying out their activities in respect of the dignity and health of residents, referring to the principles specific to the functions performed contained in any specific codes of ethics for the various professions, as well as the Code of Ethics adopted by the PARS Cooperative.

**Transparency** – To make service delivery conditions clear and transparent, PARS makes available to citizens, in addition to the [www.pars.it](http://www.pars.it) website and this service charter, an orientation and prompt reception service, making available its reference staff for each specific service.

**Timeliness** – The Cooperative aims to respond promptly to the needs expressed by residents. Timeliness is also understood in a broader sense as the interception of new needs and immediate and innovative response to them.

**Prevention** – The Cooperative is aware that the fundamental and essential element in its action is prevention activity, aimed at increasing knowledge, information, and protection.

# THE "DON VINCENZO CAPPELLA" THERAPEUTIC COMMUNITY

## Service Designation and Typology

The "Don Vincenzo Cappella" Therapeutic Community for the Treatment of Drug Addiction operates as a residential facility dedicated to observation, diagnosis, and subsequent treatment, care, and rehabilitation of individuals with substance addiction, including relapse prevention. This service type implements therapeutic-rehabilitative treatments aimed at overcoming pathological addiction, including gambling disorder, improving quality of life, and facilitating social reintegration.

The facility also functions as a "COD/CRISIS CENTRE," providing specialised services for acute crisis care and treatment. This service offers initial response to crisis situations through craving management and initial substance withdrawal, implemented via preliminary observation and psychodiagnostic evaluation periods.

The Service maintains accreditation and contracts with the National Health Service.

## Description of the Facility

The "Don Vincenzo Cappella" Community, established in 2007, is located in Corridonia Municipality (MC), several kilometres from the town centre, surrounded by natural greenery and extensive cultivated farmland.

The facility meets minimum general and specific requirements mandated by sector regulations and maintains organisational structures ensuring meaningful relationships with socio-health reference contexts and territorial services.

The Community, surrounded by an expansive external courtyard, spans multiple floors and provides common areas organised to support residents' normal daily living rhythms. Common spaces accommodate collective and socialisation activities—educational and recreational—separate from sleeping quarters, as well as areas suitable for group therapeutic-rehabilitative activities.



**Residential Accommodations:** Bedrooms are primarily double or triple occupancy, some featuring en-suite bathrooms or functionally connected facilities. The facility includes a spacious laundry-wardrobe area and kitchen with pantry and auxiliary rooms for food service. Meal delivery from external locations or outside catering services are available, supported by appropriate food preparation and heating facilities. Meals are consumed in a large internal dining room.



## Geographic Location and Accessibility

The Community is located at Contrada Gabbi No. 8, in Corridonia Municipality (MC), accessible via the following directions:

- **From A14 Autostrada:** Exit at Civitanova Marche-Macerata. Take S.S. 77 Superstrada towards Macerata-Foligno. At the Corridonia exit, proceed towards Corridonia, traverse the urban centre; after passing the racecourse, turn left towards Pacigliano. Continue for 3.5 km to the junction and turn right to destination.
- **From Foligno:** Travel on S.S. 77 Superstrada towards Foligno-Civitanova Marche, exit at Corridonia, proceed towards Corridonia, traverse the urban centre; after passing the racecourse, turn left towards Pacigliano. Continue for 3.5 km to the junction and turn right to destination.

The facility is strategically positioned in a green area near the city centre, offering convenient connections to neighbouring towns, the provincial hospital, and other healthcare facilities, including the Pathological Addiction Service. The Community location provides easy access to recreational, educational, healthcare, and religious services meeting all resident needs.

## Target Population

The "Don Vincenzo Cappella" Community, authorised for 27 residents, serves adults of both genders experiencing pathological addiction issues (drugs, alcohol, gambling, etc.), including individuals receiving substitution pharmacological treatment and complex cases. The service accommodates individuals subject to alternative detention measures or house arrest.

## Service Aims

The Service aims to achieve the following outcomes for each resident:

- Emancipation from substance use
- Recovery of optimal psychophysical autonomy
- Restoration of employment capabilities and social integration at maximum achievable levels
- Relapse prevention
- Reintegration into the social fabric

## Specific Objectives

User-focused interventions are highly individualised, with objectives varying according to agreements with referring services and based on each user's psychophysical status and the degree to which their cognitive, emotional, and behavioural capacities have been compromised. General user-related objectives include:

- Enhanced introspection capabilities, emotional awareness, and constructive processing of personal challenges
- Achievement of increased maturity and autonomy
- Restoration and enrichment of cognitive, physical, and mental capacities
- Development of improved self-awareness regarding potential and resources
- Cultivation of deeper relational and interpersonal skills and genuine social integration abilities
- Initiation of educational recovery and professional training processes leading to meaningful socio-occupational integration

## METHODOLOGICAL ASPECTS

### Intervention Approach

The rehabilitative process is structured according to precise and organically integrated methods, long proven and tested throughout PARS' extensive experience. The Service in fact uses the operational methodology of the **Integrated Approach**, a model that tends to harmonise the different aspects of care (medical-biological, psychological, educational, and social), privileging interventions oriented towards building a strong connection with the territory and its resources. This model provides for the structuring of multidisciplinary and flexible interventions, formulated in a personalised manner on the basis of individual characteristics and needs relating to each individual case.

The starting point of every PARS intervention is, in fact, attention to the individual person, welcomed and observed in the entirety of their characteristics. The organisation of activities internal to the Facility is formalised within a specific Therapeutic Programme for the Service, in which the interventions to be carried out are scheduled and agreed upon. The passage from one phase to another occurs following the actual achievement of the agreed objectives, following the times and needs of the individual subject. Within the **Therapeutic Programme**, the following are provided:

- Psychological interventions - A team of psychologists and psychotherapists, of high professional level, follows the user by agreeing with the educators on the conduct of individual interviews, therapeutic groups, and listening/counselling spaces. The most appropriate intervention methods are decided in relation to the problems of the individual person and the characteristics of the group.
- Medical-pharmacological interventions - Where provided for by the service, the medical-pharmacological intervention intervenes in support and integration of the educational intervention and psychotherapy, proposing to alleviate, in an always contained manner, situations of disturbance or decompensation dictated by specific pathologies.



- Socio-educational interventions - This type of intervention constitutes a fundamental and essential point of the therapeutic process, aimed at the formation of an adult personality, capable of a serene and constructive relationship with daily life. In a family-like context, the user is welcomed and accompanied to a vital contact with all aspects of daily life (schedules, order, work and free time), in a permanent confrontation with themselves, with other users, with educators and with therapists. The objective is to make the subject capable of relating in an adequate, expressive, and effective way with reality.

## Involvement of Family Members

During the pathway undertaken by the user, the participation of family members or reference figures is envisaged and encouraged. However, the decision to involve family members rests primarily with the guest. The interventions aim to create moments of solidarity and support for families, allowing them to recognise, evaluate, and modify relational methods and inappropriate behaviours. The family in fact plays an important role in the person's care process, which is why it is important to strengthen and reorganise, as far as possible, the structure of the patient's family relationships.

Family members, or other specifically identified reference figures, are provided with all information on the rights and responsibilities to correctly manage involvement in the patient's care process, in order to address with a new awareness the problems related to family dynamics. In accordance with the user's pathway, in agreement with the team, the following may be provided:

- individual and group counselling meetings with therapists;
- telephone counselling;
- support aimed at parents of drug-addicted young people in treatment with a mutual aid formula;
- support for family members and users for regular return to the family at the end of the therapeutic pathway.

Where meetings in the facility are envisaged, family members and companions are guaranteed the possibility to benefit from hot meals within the Facility on the occasion of scheduled meetings or visits. In such cases, meals are consumed together and simultaneously with users in appropriate spaces indicated by staff.

## Network and Territorial Relations

Consistently with the Cooperative's values and principles, the team's activity is constantly coordinated with the **public Services** that are responsible for the guest, both regional and extra-regional. This coordination is guaranteed through periodic updates by the team on the progress of the user's pathway as well as through possible meetings of sector managers at the services themselves.



The Cooperative's collaboration with the Police Forces and in general with the **Judicial Authorities** is also strong. In the healthcare field, there is constant comparison and structured connection with the **General Practitioners** of guests, who visit the facility, based on scheduled appointments or on request, in compliance with any current national and regional collective agreements. In case of necessity, staff accompany the guest to the GP's surgery. Where requested by the GP, guests can use health services present in the territory for healthcare services at the Hospital of Civitanova Marche, the Hospital of Macerata, or other contracted healthcare facilities.

Network work is also implemented through the contribution of training bodies, work placement or school recovery, Employment Centres, and other Third Sector territorial bodies for the social reintegration activities of guests. Of particular note are the relationships established with Type B Social Cooperatives for ergotherapeutic activities and reintegration of guests into the socio-work fabric, such as those with Coop. Soc. Koinonia Onlus and with Cooperativa Sociale S. Michele Arcangelo Agricultural Social Cooperative Onlus. In this area, there are also other collaborations with local Cooperatives and Volunteer Associations such as the Ut Re Mi APS Association, the San Riccardo Pampuri Onlus Foundation, which provide a valuable contribution to carrying out the facility's activities.

PARS develops network action also at **regional and national level** through membership of ACUDIPA - Association for the Treatment of Pathological Addictions - Italian network of public and private operators, and CID - Italian Addictions Committee - a committee composed of private bodies, both active in the field of pathological addictions and present in multiple Italian Regions. With a view to network action, the Cooperative finally promotes prevention activities at Schools and youth gathering places, maintaining contacts with Universities in the territory for the activation of training internships.

This **Service Charter** has been drafted with the involvement of the main professional figures employed in the provision of internal services to the facility such as Doctors, Psychologists, Educators, and Social Workers, as well as with the contribution of representative groups of families and users. The Service Charter therefore presents itself as a flexible document sensitive to indications arising from its application, to regulatory references, to information resulting from the active participation of the user and the community.

# CHARACTERISTICS AND ORGANISATION OF THE SERVICE

## Methods of Access to Services

The request can be addressed both to Bodies or facilities belonging to the National Health Service (SER.D., D.S.M.), which then send the application to the Cooperative, and in private form by contacting the **PARS Admissions Manager** directly.

The figure is available for any information and for the completion of admission procedures, at the headquarters of the PARS Cooperative located in:

Via G. Carducci, 107/B nel Comune di Civitanova Marche (MC)  
dal Lunedì al Venerdì dalle ore 9.00 alle ore 13.00 e dalle ore 14.00 alle ore 17.30  
Tel. 0733/434861 - Email: [info@pars.it](mailto:info@pars.it).

In agreement with the guest's Service of belonging, the admission request will be followed by exploratory interviews aimed at the correct evaluation of the pathway, the real motivation, and the identification of the most suitable facility for the situation. The number of preliminary interviews is determined taking into account various elements, such as: the availability of reception at the Facilities, the degree of motivation of the user, family support conditions, agreements with the Service that has the user in its care, and the definition of the general state of health. In the case of a positive evaluation, the date of admission to the facility is agreed upon and all useful information for admission is provided. For the purposes of admission, the user is requested to present the following documentation:

- •copy of medical documentation and clinical examinations carried out through the competent ASUR;
- •medical certificate of any pharmacological therapies in progress;
- •copy of health card and ticket exemption card;
- •copy of valid identity document.

## Activation Times and Waiting List Management

From the moment the first contact takes place until admission, an average of 30 days passes, a time also established by the urgency and specific situation of the user, as verified during the admission interviews. Admissions are scheduled at least one week in advance, except in cases of urgency, where times may be shorter. PARS has multiple facilities that also allow it to address any emergencies of concurrent multiple admissions through appropriate transfers, where possible.

The Service establishes a **waiting list**, consisting of admission requests deemed valid, but which cannot be satisfied at the time of presentation due to lack of space. The Admissions Manager analyses the waiting list, jointly evaluating with the team, the priority for admission through a series of factors including: chronology of submission of the request; gender of the guest, documentation received from Sert; origin from other facilities; psycho-social situation, any reasons for urgency reported by the Service, by the user, or by the family.

Once the incoming guest has been identified, the Admissions Manager contacts the referring service or the reference person indicated in the application. In case of renunciation, note is taken of the motivation. Waiting lists are managed and constantly updated by the Admissions Manager, also in order to verify the correct process with respect to the date of request, date of interview, expected date for admission. The Admissions Manager prepares a six-monthly report for PARS Management on compliance with the lists themselves and on the causes that have determined changes.

## Reception Methods

The guest's pathway within the Facility includes an initial **observation** period aimed at mutual acquaintance and integration, for daily coexistence with the Guest group and with the therapeutic team. During the observation period, all useful information is acquired for the purpose of preparing an **Individualised Therapeutic Project** that allows the user to acquire autonomy and skills, improve personal care, and maintain relationships with the family and parental context.

## Guest Stay and Therapeutic-Rehabilitative Pathway

The person is placed within their own group and entrusted to reference staff. The data collected, as well as the initial observation of the subject's responses to programme activities, lead to the drafting of a Personalised Therapeutic Project, in agreement with the Service of origin. The Project is therefore carried out in compliance with what has been established when sharing it with the referring Service, also providing for the involvement of networks and resources present in the territory. This is also formulated involving the guest consistently with their psychophysical, developmental state and their family conditions and is shared with the user themselves and with those who exercise guardianship.

The Project is structured, but flexible and is formulated in a personalised way on the basis of individual characteristics and the user's specific needs. In the programme, the intervention areas, objectives, and duration are defined, to progressively achieve short, medium, and long-term objectives in sequential phases of variable duration, compatibly with the progress of the user's pathway. In extreme synthesis, the project is implemented through the user's involvement in activities of different nature, such as:

- therapeutic activities, such as individual and group psychotherapy meetings, psychological support of the family group, medical-psychiatric visits in support and integration of psychotherapy;
- group educational activities, such as manual and psychomotor activities and expressive activities;
- socialisation activities, such as cultural, sports, recreational, and relational activities, internal and external to the centre;
- occupational training activities for school recovery and socio-work insertion;
- auxiliary activities such as domestic tasks (cleaning, tidying, etc.).

Each user's Pathway is verified from time to time by the multidisciplinary Team and is progressively updated on the basis of the guest's pathway progress, adapting it according to indications emerging during team meetings and supervision. It is validated at the end of the pathway undertaken by the guest for verification of the results achieved.

Programme completion agreements involve referring services to define dismissal procedures consistent with achieved maturity and responsibility levels and effective reintegration possibilities within original socio-family environments. Facility separation is carefully planned in advance to manage anxieties and conflicting emotions inevitably generated by this sensitive transition.

Specifically, within **COD/Crisis** Centre operations, the following considerations apply. Crisis Centres provide short-duration programmes focused on user detoxification, withdrawal syndrome treatment, and initial multidimensional diagnostic evaluation (toxicological and psychiatric). Initial intervention phases prioritise physical detoxification and diagnostic classification through medical, psychiatric, and socio-behavioural interventions.

Observation prepares subsequent diagnostic evaluation identifying subject challenges according to international classification systems (DSM, ICD) whilst recognising resources, capabilities, and potential. Upon planned treatment programme completion, subjects are directed towards external world reengagement. Users are discharged with:

- Comprehensive multidisciplinary evaluations
- Toxicological, psychological, and psychiatric diagnoses
- Future treatment intervention hypotheses including therapeutic community placement or socio-occupational reintegration pathway initiation

## Organizational Structure and Operations

Internal service organization follows Internal Regulations and facility Therapeutic Program guidelines.

**Daily Programming Schedule:** Daily activities include community cleaning and maintenance, training and employment integration pathways, social activities, recreational programmes, and weekly therapeutic groups and individual interviews. Activities encourage subjects to engage seriously with daily living following educator guidance based on individual projects established by therapeutic teams.

Users are expected to perform responsibilities primarily involving personal care and environmental maintenance, plus additional scheduled activities. Days follow precise schedules indicating beginning and ending times for primary daily activities. The facility's typical schedule includes:

TIME	ACTIVITY
7:00	Wake-up and personal hygiene
7:40	Breakfast
8:00	Community activities, vocational-professional, group/individual psychotherapy
9:30	Break
12:00	Activity interruption
12:15	Group verification of daily responsibilities
12:30	Lunch
14:00	Rest period
15:15	Community and vocational-professional activities, group/individual therapy

TIME	ACTIVITY
17:00-17:30	Activity interruption
18:15	Structured recreational, artistic, and cultural activities
19:15	Group verification of daily responsibilities
19:30	Dinner and television
21:00	Structured recreational and cultural activities
22:30	Personal time in rooms
23:00	Rest period

Schedules may vary according to organised activities and resident needs to honour individual characteristics and specificities. Holiday schedules differ.

**Nutritional Services:** – Residential communities provide breakfast, mid-morning snacks, lunch, afternoon snacks, and dinner. Food service operates according to HACCP system standards and regulations with constant external consultant monitoring. Main meals follow AST-approved specific menus provided by centralised kitchen facilities at San Michele Arcangelo Village in Corridonia. Meal preparation prioritises organic and locally sourced products whilst providing personalised meals for certified specific nutritional and dietary requirements, accommodating preferences related to ethical, health, or religious dietary choices.

**Tutoring** - For clients presenting severe psychological distress with limited functional autonomy, therapeutic teams may assign "clinical supervisors" (reference and support personnel), with additional costs coordinated with designated contacts.

#### **Socio-Work Insertion**

Users who demonstrate constancy and reliability in following the therapeutic pathway established together with the therapeutic team and the referring service and who are in the final phase of the Personalised Therapeutic Project, can be placed in socio-work reintegration pathways. PARS has activated since 1996 a collaboration with the Social Cooperative Koinonia Onlus



which operates in the territory of the province of Macerata in the small construction sector. Since 2010, moreover, the Social Cooperative "San Michele Arcangelo" has also been working with PARS, offering work possibilities in the agricultural sector and specifically in the fruit and vegetable sector, in the management of vineyards, orchards, and in animal husbandry.

Since 2022, PARS has also been a Type B Cooperative, therefore it can also carry out different activities - agricultural, industrial, commercial, or service - aimed at the work integration of disadvantaged persons.

**Religious Services:** Clients receive guaranteed religious assistance during facility residence respecting personal faith. Catholic services are available within one kilometer, with mosque services within several kilometers. Catholic priest meetings may be arranged. For other religious faiths, clients receive staff accompaniment to nearest worship facilities.

**Personal Care Services:** For barber and hairdressing services, clients receive accompanied transportation to city facilities at scheduled times. When necessary, mobile barber/hairdressing services are utilized

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## Community Life Rules

For access to the Facility, the user is invited to sign, at the time of admission or at the start of the service, the **Admission Contract**, which is illustrated and delivered during the preliminary interviews together with the **Regulations**. Through this documentation, the user is exposed to: rights and duties, community life and stay rules, documentation to be provided for admission, and cost-sharing. Where a family network is present, information relating to the service on rights and responsibilities is also provided to family members, who are also called to sign the admission contract and regulations.

An extract of the regulations valid for the service follows:

**Preamble:** "All facilities aimed at welcoming subjects with pathological addictions guarantee the voluntary access and permanence in the user's programme and respect for the fundamental rights of the person, excluding any form of physical, mental, or moral coercion."

**Rights:** The rights of users that are protected are the following:

- *right to obtain the information they request about the facility, about the therapeutic programme they share, about the various services provided within the Facility, and about the methods for accessing them;*
- *right to identify staff who must be equipped with identification badges;*
- *right to know the days and times scheduled for family visits and scheduled outings;*
- *right to visit by their general practitioner and to be followed by them during their stay in the facility;*
- *right to be assisted and cared for with respect for human dignity and their own philosophical, cultural, and religious beliefs as well as to receive religious assistance, if requested;*
- *right to respect for their intimacy and modesty;*
- *right to always be identified with their own name and surname during their stay in the Facility rather than through references to the pathology and that staff address them with respectful language;*
- *right to obtain the release of copies of documents contained in their personal file within the times provided in this Service Charter;*
- *right to receive clear, complete, and understandable information from staff regarding the proposed therapeutic programme;*

- *right to submit complaints which must be examined and to be informed about their outcome according to the reference procedure provided in this Service Charter;*
- *right to receive visits at the Facility from their representatives and their lawyer;*
- *right to make outings for personal needs however scheduled with the staff;*
- *right to interrupt the programme undertaken leaving the Facility at any time, even in the presence of a negative opinion from the team, permanence in the facility being free and voluntary;*
- *right to return of their personal objects with the methods and times indicated in the internal Regulations of the facility;*
- *right to PARS guaranteeing everything indicated in the Admission Contract signed by the user, in the Service Charter, and in the Agreements signed with the Health Authority for the reception of drug-addicted subjects.*

**Duties:** The facility guarantees the voluntary access and permanence in the user's programme and specifies duties and community rules that they are required to respect.

*The user is required:*

- *to accept the rules and life habits of the group, the role of educators and the team;*
- *to daily affix their presence signature on the appropriate daily register;*
- *to participate in the proposed activities, including those external to their own facility, and to respect schedules and to cooperate in the management of the Centre by taking care of the performance of daily tasks assigned to them;*
- *to use with attention and care the equipment and furnishings present in the Centre and to compensate for any damage caused;*
- *to pay attention and care to personal hygiene and cleanliness of spaces;*
- *to limit consumption/use of coffee, cigarettes, telephone according to what is provided by the Facility team;*
- *to accept toxicological urine testing as provided in the Therapeutic Programme;*
- *to respect the clauses, rules, and/or limitations indicated in the Facility Regulations and/or prescribed by the team.*

**Programme Interruption:** The following constitute causes for early conclusion of the programme:

- Introduction of any narcotic or illicit substance;
- Introduction of medicines or dangerous objects, unless expressly and preventively authorised;
- Absence from the Centre not foreseen (even for a short time) or without justified reason or failure to return on the expected date or time without justified reason;
- Physical or verbal violence and theft;
- Introduction of weapons;
- Lack of or insufficient cooperation in the Centre's activities.

In this case, the interruption will be agreed and shared with the user and the Referring Service. In case of voluntary interruption of the therapeutic programme, the guest must await the opinion of the centre team which, where positive, proceeds with discharge. In the event that the user interrupts the programme without the consent of the team, they assume all responsibility and can no longer claim rights of any kind towards the Centre. In all cases of interruption of the programme undertaken both with and without the consent of the team, the guest must take away all personal effects and cannot subsequently claim any claim towards the facility.

## PERSONNEL

### Reference Regulations

Personnel standard regulations that must be guaranteed for this facility type, to which the Cooperative conforms, include DGR Marche Region 937/2020 "Authorisation Manual for Health and Socio-Health Facilities" and DGR Marche Region 1412/2023 "L.R. 21/2016 - Authorisation Manual Update for Extra-Hospital Health and Socio-Health Facilities Providing Residential and Semi-Residential Services. DDGR 937/2020 and 938/2020 Modifications," Pathological Addiction Specific Area. Required standards for "Don Vincenzo Cappella" Drug Addiction Therapeutic Community follow:

<b>STD2 - Therapeutic Rehabilitative Residential Facilities for Drug Addiction</b>	
General definition: residential therapeutic community for observation, diagnosis, personalised project definition, and subsequent treatment, care, and rehabilitation, including relapse prevention.	
Standards for 20 residents. Occupancy below or above 20 residents allows proportional EU reduction/increase up to 30% maximum.	
<b>Professional Figure</b>	<b>Equivalent Units</b>
Programme Manager: psychologist or educator with minimum 5 years' sector experience	<b>1</b>
Psychiatrist: when facility treats complex patients (alcohol and cocaine dependents also referred through DSM cost-sharing), maximum 20% capacity, or operates COD/crisis centre functions	<b>1/18</b>
Psychologist psychotherapist	<b>1/3</b>
Educator/nurse	<b>Minimum 2 plus 1 per 8 patients</b>
Other professional roles with specific drug addiction training	<b>Minimum 2/3</b>

## Organisational Chart

The Cooperative has a descriptive organisational chart of the main roles and responsibilities provided within the organisation at management level, with indication of the responsible figures. The main functions pertaining to the facility in question consist of:

- **Admissions Manager and Educational and Therapeutic Centres Coordinator:** coordinates and supervises activities relating to the drug addiction sector, chairs the periodic teams of the facilities, is responsible for scheduling admissions to reception facilities for subjects with pathological addictions, manages the waiting list for access to the facilities, handles relations with Referring Services, Judicial Authorities and Police Forces and is responsible for information flows to which the facilities are bound towards national and/or regional Authorities.
- **Quality Management System Manager:** has responsibilities relating to the maintenance and supervision of the quality management system;
- **HACCP Manager:** has responsibilities connected to the supervision of the HACCP system;
- **RSPP:** has responsibilities regarding workplace safety in accordance with Legislative Decree 81/2008.

## Function Chart

1. **Facility Manager** - Identified by the President of the Cooperative on the basis of professional skills and experience gained, may be designated as a common figure to other facilities. The Facility Manager has the following functions:

- has responsibility in clinical risk management;
- supervises the implementation of the therapeutic programme in accordance with the guidelines, approach, and methodologies adopted by the Cooperative;
- monitors compliance with regional regulatory requirements referred to the assigned facility type, as well as on psycho-socio-educational practices implemented in the facilities proposing any modifications to the procedures and protocols implemented;
- collaborates with the management team for monitoring and updating the protocol relating to regional good practices and ministerial recommendations of relevance and appropriateness of services adopted by the Cooperative.

2. **Programme Manager** - Identified by the President of the Cooperative on the basis of professional skills and experience gained; may also hold the role of Facility Manager. The Programme Manager has the following functions:

- supervises and manages the therapeutic programme to ensure it is applied correctly, so that the adopted methodology corresponds to that described;

- organises the schedule of activities in the Facility, as well as staff rotation assigning related tasks (management of site hours, preparation of work shifts, management of holidays and substitutions for illness and accidents);
- organises facility access by psychiatrists, psychologists, nurses and workshop teachers, trainees, volunteers, and any other support figures;
- supervises staff activity;
- transmits Management directives to staff employed in the facility;
- reports to the Coordinator/supervisor of therapeutic services and proposes any improvement actions.

**3. Educator - The educator performs the following activities:**

- organises the day in the Community, consistently with the Facility's schedule;
- verifies the regular realisation of activities by Guests;
- collects useful information on users, which they will communicate in periodic team meetings;
- leads educational groups;
- accompanies users outside the community;
- collaborates in drafting, updating, and implementing the personalised therapeutic programme;
- updates, as far as competent, guest documentation and provides for related archiving;
- is reference staff for users "assigned to them" by the team.

**4 Psychologist/Psychotherapist** - The psychologist psychotherapist performs the following activities:

- conducts individual and group psychotherapeutic interviews;
- administers psychological tests;
- relates with the Programme Manager and with the psychiatrist regarding the progress of the relationship with the followed guest.

**5. Psychiatrist** - The psychiatrist performs the following activities:

- conducts individual and group interviews;
- administers scientifically validated tests;
- prescribes any pharmacological therapy for Guests, coordinating with General Practitioners and any specialist doctors of the user;
- relates with the Programme Manager and with the psychologist regarding the progress of the relationship with the followed guest.

**6. Nurse available on demand** - The PARS nurse takes care of medication management and therapy preparation and is available based on user needs;

**7. Supervisor** - The supervisor organises and manages the supervision activities of the therapeutic teams of the various facilities.

## Interdisciplinary Team Meetings and Clinical Supervision

Teams convene periodically for case management, progress monitoring, and objective achievement evaluation. Team meetings examine individual client situations comprehensively with all facility professional staff participation through individual session reporting, group therapy updates, and daily activity behavioral observations.

Clinical supervision provides essential verification through experienced professional observation and objective evaluation (supervising medical-psychiatric professional) enabling progressive intervention adjustment based on emerging issues. These meetings facilitate effective work group intervention while promoting multidisciplinary integration and protecting personnel from burnout risks.

## Staffing Patterns and Shift Management

The facility maintains organizational staff charts indicating personnel numbers, roles, educational qualifications, and service hours. Dependent personnel are employed per Social Cooperative CCNL agreements, supplemented by external collaborators and professionals.

Continuous social-health personnel presence is maintained throughout activity duration. Rotation scheduling ensures service delivery continuity and programming implementation. Program Directors maintain primary daytime presence while therapist and psychiatrist scheduling respects weekly hour allocations per current regulations. Daytime hours may include volunteer and practicum student presence providing supplemental support without replacing employed personnel.

## Personnel Selection Criteria

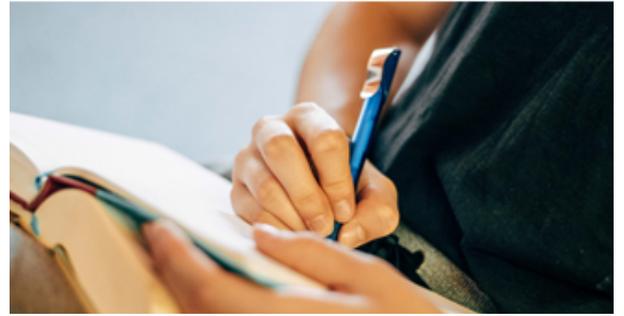
The Cooperative, through its Quality System, adopts proven and standardised operational methods for the realisation of the selection and recruitment of new personnel, described within an appropriate procedure. The Human Resources Office, jointly with the Service Manager, proceeds with the selection of new human resources, on the basis of curricula received, subsequently contacting candidates and conducting one or more exploratory interviews. During the first meeting, the characteristics of candidates are evaluated, selecting the most suitable on the basis of the following criteria:

- educational qualification;
- skills necessary for the assignment;
- territoriality;
- previous experience;
- aptitudes;
- other specific requirements relating to the position sought.

For selected subjects, a first period of reception, accompaniment, and training is provided.

## Training and Updating

PARS personnel are adequately trained and competent, both in the clinical and educational fields because they are subjected to continuous updates, with ECM obligations, where provided, and periodic participation in specific conferences and training courses



Annually, the PARS Training Manager collects the training needs of employed personnel in order to prepare an annual Training Plan, functional and consistent with the expectations and needs of their workers.

The proposed training activity is both internal and external (provided by qualified consultants with many years' experience in the subject of training) and can take place both in-person and remotely. This is structured as:

- **compulsory training** - on specific themes provided for by current regulations (safety, privacy, first aid, fire prevention, HACCP, etc.);
- **continuing training** - for fulfilment of ECM obligations;
- on-the-job training - connected to the accompaniment/training period of new personnel;
- **managerial training** - relating to management systems and models conforming to national/international standards/regulations adopted by the Cooperative (e.g., Training relating to the quality management system with reference to service procedures and operating instructions; training relating to model 231/2001, etc.);
- **supervision** - carried out in team/supervision sessions;
- **on-demand training** - where a specific training need is identified also through participation in external courses, seminars, conferences on specific themes;
- **training activities for figures with responsibility roles;**
- **technical training** - for the various professional figures operating in the Cooperative.

In addition to employed personnel, the Cooperative is committed to providing training pathways for socio-work reintegration also for subjects who have not yet gained professional experience, through the implementation of:

- Training internships;
- Training work placement;
- Universal Civil Service.

## QUALITY

### Quality Management System

Since 2003, the Cooperative has obtained for Therapeutic Facilities the certification of the Quality Management System in accordance with UNI EN ISO 9001.

The applied UNI EN ISO 9001 Quality Management System allows pursuing effective resource management and obtaining optimal operational efficiency and full satisfaction of stakeholders involved (guests, families, Public and private Bodies, network partners).

## Quality Standards

The intervention methodology adopted by the Cooperative conforms to the specific qualitative, structural, technological, and quantitative standards relating to care, defined by the Authorisation Manual and the institutional Accreditation Manual adopted by the Marche Region.

Quality standards relating to the service provided are defined on the basis of the expectations of the main interested parties involved. On the basis of these expectations, quantitative indicators for monitoring the quality of services provided have been defined. For each of them, standards are defined that allow periodic verification of the quality level achieved.

## Continuous Improvement

Activity improvement processes are at the basis of the Quality Management System implemented by the Cooperative and find continuous progression in the monitoring and evaluation actions carried out by the quality office, by the Facility Management as well as by the external Certification Body.

Annually, questionnaires are also administered to detect satisfaction, not only of guests and personnel, but also of Referring Bodies. Satisfaction analysis allows acquiring information aimed at continuous improvement of the quality of services provided.

## Complaints

Anyone has the possibility to express observations and to make complaints following disservices, malfunctions, acts, or behaviours that have denied or limited the accessibility of services. Complaints submitted are carefully examined by the PARS Quality Office, which consequently adopts the necessary measures.

The complaint must be registered in the appropriate form made available in the facility and/or by sending a communication in the space for communications on the website [www.pars.it](http://www.pars.it). The paper form for complaints, once completed, can be delivered by:

- postal service: Coop. Soc. PARS Pio Carosi Impresa Sociale ETS, C.da Cigliano 15, 62014, Corridonia (MC);
- email: [info@pars.it](mailto:info@pars.it);
- "Complaints Box" present within the Facility and PARS Offices.

Complaints submitted will be promptly reviewed and those deemed well-founded will be managed, together with the service manager, in order to identify the causes of the complaint, necessary to identify the actions to be implemented to eliminate the disservice/non-conformity. The complainant will be contacted to inform them about the complaint management.

## PRIVACY

Guaranteeing privacy is a commitment and obligation of the PARS social cooperative towards the confidentiality of personal and special data of citizens who approach the facility. Users are informed about the processing of personal data pursuant to Articles 13 and 14 of EU Regulation 679/2016. Personal data may be communicated exclusively to authorised internal parties, to parties appointed as data processors, to the Judicial Authority, and to Public Services involved in the user's pathway. Personal data will not be disseminated and will be stored in accordance with current regulations. The data protection officer is the DPO (Data Protection Officer) appointed by the Cooperative. The complete information notice pursuant to Articles 13 and 14 of the GDPR is available at the facilities.

## INFORMATION ACTIVITY

The information activity is manifested primarily through informed consent. The guest has the right to receive correct information from the facility regarding the proposed treatment, so that they have conscious adherence to it and the ethical obligations connected are fulfilled.

Upon admission, the responsible physician and therapist provide the guest and, if present, also the guardian/support administrator, with clear and comprehensive information and description of the health-rehabilitative treatment, the possible risks and consequences of the pathway and/or interruption thereof, in order to put them in a position to make an informed choice. Consent is obtained through the signing of a form containing the decision of the guest and any guardian/support administrator. Informed consent can be revoked at any time by the guest who decides to discontinue treatment.

The user is guaranteed throughout the period of stay in the facility the right to information regarding the progress of their pathway.

## ACCESS TO MEDICAL RECORDS

The medical and social care documentation of each patient is kept in the archives of the Pars Cooperative even after the patient's discharge. A copy of the medical and social care documentation can be requested exclusively by the user or by their delegate with written authorisation, according to the following procedures:

- Directly, at the Cooperative's operational headquarters, located in the Municipality of Corridonia (MC) - 62014 - Contrada Cigliano n. 15, by the entitled person or by a person with written authorisation. Opening hours for requests: Monday to Friday from 9:00 to 13:00 excluding public holidays;
- Through the postal service, addressing the request to the same operational headquarters of the Cooperative: Corridonia (MC), Contrada Cigliano n. 15 - 62014;
- By email by sending the request to the email address: "info@pars.it".

**Telephone requests are not accepted.** Copies are issued within 7 working days from the date the request is submitted in accordance with the procedures described. Any subsequent additions are reserved.

## DAILY RATE

Daily fee costs are covered by territorially competent health services, determined by user residence locations, based on rates established by the Marche Region (Framework Agreements). From 1 January 2024, daily rates for corresponding facility types are **€97.33 plus VAT**, subject to further updates established by the Marche Region through subsequent Framework Agreements.

Users must provide cash funds as specified in Admission Contracts to cover personal expenses excluded from provided services. Fee exclusions include:

- Training and sports activities not organised by facilities
- Medical and pharmaceutical expenses not covered by the NHS
- Personal expenses
- Private therapies/specialist services not covered by the NHS
- Home transportation for medical appointments

## INSURANCE POLICY

The PARS Social Cooperative has activated, in addition to the insurance coverage required by current legislation (INAIL for employees, volunteers, and users employed in external workshop activities), further and specific insurance policies. In particular, PARS holds:

- specific insurance policy for the social-healthcare activity carried out;
- "All Risk" insurance policy against material and direct damage caused by any event, except those expressly excluded, to immovable property, consisting of buildings, and movable property consisting of electronic equipment and valuables;
- "Cyber Risk" insurance policy for protection from liabilities arising from breaches of security devices and from privacy violations relating to the loss or unauthorised disclosure of third party data.

## **CONTACTS**

### **PARS "PIO CAROSI" SOCIAL COOPERATIVE SOCIAL ENTERPRISE ETS**

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### **THERAPEUTIC COMMUNITY FOR THE TREATMENT OF DRUG ADDICTION "DON VINCENZO CAPPELLA"**

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