

SERVICE

CHARTER

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On the cover: ***The Dance***, 1909, Henri Matisse

BOARD OF DIRECTORS

The Board of Directors of the Gruppo Famiglia Association – M. A. Arras, inspired by the fundamental principles set out in the Directive of the Prime Minister of January 27, 1994, has prepared the Service Charter to articulate its role and commitment in the Mental Health sector.

This commitment originally stems from the desire to be a political, social, and subsequently clinical alternative to the psychiatric institution, opposing an inhumane and alienating structure with a context that considers the subjective and collective need to live "in a family."

To this day, our Service Charter disseminates an informational network of the activities and services carried out in the Community, supported by a typified intervention matrix driven by group work that fuels the entire team in its operational style.

Concurrently, it addresses users and families through group interventions with therapeutic, rehabilitative, and social purposes. This document also highlights another aspect of the social commitment, strongly pursued by the Board of Directors, concerning the cultural function; this has always been fulfilled through the organization of Study Days, participation in Seminars, public debates, and formative meetings at regional and national levels.

Special thanks are extended to the entire Board and all the Members of the Gruppo Famiglia Association M. A. Arras ETS.

The President of the Association

Piergiorgio Vallati

PREFACE

With the Service Charter, the Gruppo Famiglia Community commits to its users, their families, and the general public to guarantee and respect the right to Mental Well-being. Specifically, users and their families are protected through the application of current regulations regarding privacy.

Through the Service Charter, users can, before accessing the facility, know in detail the function and organization of the Community, and be informed about the quality and value of the services offered, as well as the guarantee of the professionalism of the operators.

The primary purpose of the Service Charter is to enable users to know and verify the adequacy of the facility's services in relation to their needs and a personalized project of change and rehabilitation, designed by the commissioning entity, the Health Authorities of the Marche Region, and specifically implemented in our Community.

This specificity, which qualitatively characterizes our facility, ensures that the Service Charter not only describes a service but also affirms the operational choices of the Gruppo Famiglia, not only through rehabilitative technical tools but also through constant training and cultural-social debate on Mental Health to contribute to the enrichment of knowledge and experiences of those working in the sector.

The Service Charter is distributed to users, their families, guardians, Support Administrators, volunteer associations, sports and cultural associations, Medical Orders and Professional Colleges, pharmacies, General Practitioners, universities in the Marche Region, family associations, various services of the Mental Health Departments of the Marche Region, and the municipalities where the users reside. The Service Charter is also published in electronic format on the website www.comunitagruffofamiglia.it.

COMMUNITY

The Gruppo Famiglia is an Association founded in Porto S. Giorgio in December 1975 with the aim of raising public awareness and influencing institutions to remove, through concrete actions, the marginalizing causes of people with physical and mental disabilities.

During the 1980s, the Community mainly focused its interest on people hospitalized in the Fermo Asylum to experiment, with health personnel and patients, an alternative life and care option to the segregating and totalizing institution that the Psychiatric Hospital was.

Today, the Gruppo Famiglia is a Residential and Semi-Residential Community for Mental Health accredited by the Marche Region. It is affiliated with the AST FM and can accommodate users from the entire regional territory.

The facility can host 20 residential and 3 semi-residential users of both sexes. Through a multi-professional team, it operates for the care and psychosocial rehabilitation of adults (aged 20 to 64) with mental and psychiatric problems, who are clinically stabilized but predominantly have impairments in daily life activities, relational competence, economic management, and social skills.

The Community is considered suitable by Technical Institutes with a psychosocial orientation, Schools for OTA, OSA, OSS personnel, and Universities of Psychology, Educational Sciences and Communication, and Professional Educator training for conducting internships.

PURPOSE

The Community is inspired by the principles and statutory objectives of the Gruppo Famiglia Association, which are:

- To promote the integration into the social fabric of disadvantaged people due to mental distress through social and health initiatives and projects.
- To protect and guarantee the full citizenship rights of the mentally disabled.
- To raise public awareness on the need to consider mental distress not as an individual but a collective issue, surmountable through everyone's commitment to improving the living conditions of those affected.
- To ensure compliance with laws, regulations, and programs issued by national and international authorities on the psychosocial protection and development of individuals with mental illness.
- To organize and promote conferences, seminars, and other scientific-cultural activities aimed at updating sector operators on mental well-being issues.
- To publish the proceedings related to study and in-depth initiatives promoted by the Community.
- To involve local educational and cultural agencies such as schools, associations, and universities to design and implement expressive and communicative works for psychosocial enrichment and integration.

STRUCTURE

The Community occupies the ground floor of a two-story building, owned by the Municipality, located in the North area of Porto San Giorgio at Viale delle Regioni 4/a, not far from the seafront. It is situated in a densely populated neighborhood with numerous services (school, post office, bank, place of worship, bar, pharmacy, shops, supermarkets, sports field, and gyms). The building is surrounded by a large garden and is structured in three wings arranged in a horseshoe shape; the South wing houses the dining hall, kitchen, pantry, laundry, living room, toilets, manual activities workshop, night shift operator's room, infirmary-clinic for medical visits. The central and North wings contain offices, a room for cultural and expressive activities, and 7 mini-apartments with bathrooms organized into single, double, and triple rooms that users can personalize. Each mini-apartment is equipped with a telephone for receiving internal communications and external calls.

Operational Staff

The operational staff consists of:

- A Structure Manager who coordinates the staff and all activities of the entire Residential and Semi-Residential service.
- A psychiatrist who is the Medical Director of the facility; manages relations with DSM medical referents and is responsible for prescribing medications.
- A psychologist-psychotherapist responsible for PTRPs; conducts individual and group psychotherapy.
- A general practitioner responsible for prescribing specialist visits within the local health services.
- Four professional educators responsible for the rehabilitative activities of the guests.
- Two occupational and recreational activity operators who lead patients' workshop and recreational activities.

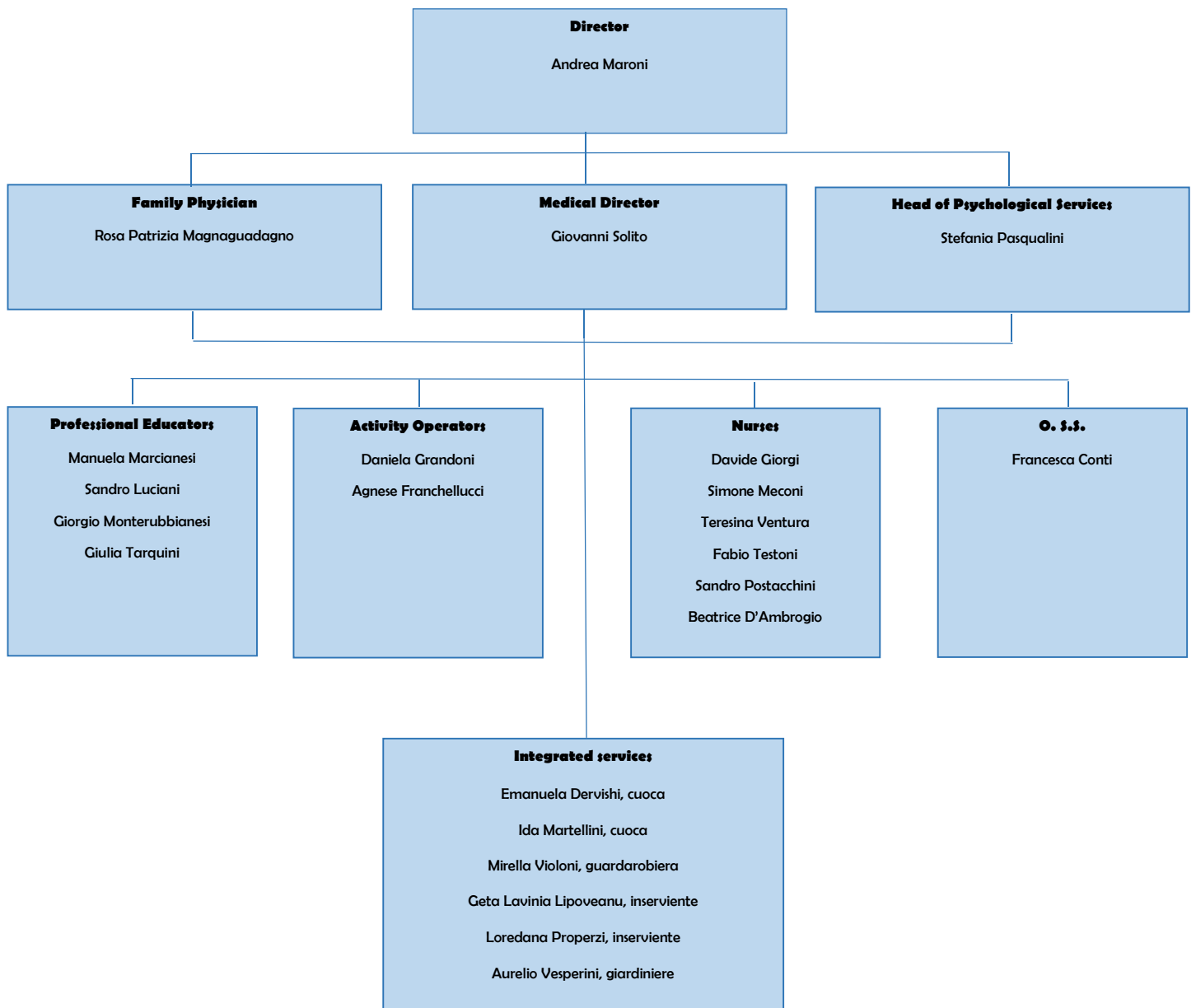
- Five professional nurses responsible for nursing services and medication administration.
- One OSS responsible for activities addressing the primary needs of the person.
- Six auxiliary staff handling services directly managed by the Community.

The Management annually provides a "Training Plan" for the staff. Continuous training is conducted through:

- Supervision meetings
- Meetings with lecturers and trainers within the Gruppo Famiglia Association premises
- Attendance at courses, seminars, and conferences
- Collaboration on specific studies and research.

All professional figures of the Association meet weekly to plan activities and evaluate individualized therapeutic programs. Each user is assigned a reference operator/case manager to facilitate assistance during the community intake.

Functional Organizational Chart



ACCESS

Admission Procedures

The initial contact can be made through a phone call or electronically to the Responsible Person of Gruppo Famiglia.

During the first meeting among the Community's operational team, the referring authority, and the user, clinical and social information useful for the team's evaluation of eligibility for admission will be collected. The real expectations of the user and any family members or Support Administrator will also be assessed. Whenever possible, the family will be involved in the rehabilitation project.

Subsequently, the Therapeutic Contract will be explained, which must be signed by the family/Support Administrator and the user regarding commitments and declarations.

At the same time, interested parties can visit the facility and learn about its operation through our Service Charter.

If the user is deemed eligible, an administrative act authorizing entry from the competent Mental Health Department must be provided. The agreement with Ast FM stipulates that 15 out of the 20 available beds are reserved on a priority basis for its own clients. The remaining beds are available for other potentially interested regional Mental Health Departments.

Currently, the daily fee for medical services is covered by the National Health Service (SSN), which handles the invoicing, while the social portion is covered by the user/family and/or the municipality of residence.

Personal expenses, non-reimbursable medications, accompanying services, and transport for specialist visits, as well as optional social, cultural, sports, and recreational activities outside the Community, are the responsibility of the user.

Documents Required for Admission

- Social and psychiatric medical-specialist report, medical and family history of the user

- Administrative authorization from the sending organization certifying financial support
- Identification document
- Health insurance card and any exemption from medical fees
- Medical certificate confirming current pharmacological therapy
- Medications used for the first ten days
- Copy of civil disability certificate (if applicable) and Law 104
- Recent instrumental examinations related to ongoing organic diseases; comprehensive blood tests including Hepatitis Markers, HIV.

Accessibility to the Facility

- Meetings with sending Territorial Services for admission and/or verification of rehabilitation programs, including the disengagement process, are scheduled to ensure the presence of the Psychiatrist, Psychotherapist, and Facility Manager.
- Mental Health Department operators can access the facility whenever necessary, with prior notice.
- Family members are periodically invited by the team to be informed about the clinical progress and to receive psycho-educational support parallel to the rehabilitation path of their relative. Additionally, a monthly psycho-educational group for families, managed by the Facility's Psychotherapist, is scheduled.
- Visits from friends and relatives are evaluated and regulated by the team.
- Family members may access the facility at night in case of confirmed necessity.
- Direct calls to users are not accepted during meals and after 9:00 PM.
- Volunteers can access the facility to offer their collaboration, even if they do not belong to associations or organizations. This access occurs with the team's agreement and based on a specific social project, scheduled for specific days and times.

SERVICES

Accommodation Services

- **Kitchen and Dining:** Food hygiene control is guaranteed through an accredited specialized company. Protocols for kitchen cleaning and sanitation are in place, and personnel are trained to carry out these practices correctly. Users needing assistance during meals are helped with food prepared internally and served at the right temperature. A weekly menu with some choices is available, ensuring consumption of fresh food that meets users' nutritional and dietary needs or different dietary regimes.
Meal times: 9:00 AM breakfast; 1:00 PM lunch; 5:30 PM snack break; 8:00 PM dinner.
- **Laundry and Wardrobe:** Each guest has a personal wardrobe in their room, with identifiable personal items. Internal protocols ensure proper washing of linens and personal clothing. Laundry and ironing of house linens and guest items are handled internally by specific staff ensuring daily service. Access to the area housing all cleaning products is restricted to laundry and cleaning staff only.
- **Cleaning of Premises and Facilities:** Cleaning and sanitization of premises and bathrooms are managed by facility personnel.

Security Services

- The Community has protocols for safety and staff training to prevent accidents and ensure a functioning 24-hour emergency system for users and staff.
- Regular monitoring of facilities and safety equipment is ensured.
- The Community has insurance policies covering residents and staff for civil liability, theft, accidents, third-party damages, as well as specific policies for real estate.

Information Services

- Continuous daily availability for users to meet with the Facility Manager and educational staff.
- Information provided to users, families, Guardians and/or Support Administrators regarding services provided.
- Internal notice board for all communications and information regarding activities and initiatives.
- Relationships with public and private entities of regulatory and contractual types.
- Collaboration and coordination with institutions for all types of knowledge and information exchange.
- Dissemination to the public of newsletters prepared by users.
- Publication and distribution of the Service Charter.
- Website

THERAPEUTIC PROJECT

Prerequisites

- To observe and evaluate the rehabilitative projectiveness of each user based on potential residuals, pathological typology, subjective peculiarities projected over the time span of user care within the Community, in order to limit the risk of involution and prevent and/or reduce social isolation.
- To formulate the hypothesis of an appropriate time to implement the achievable rehabilitation project for the user and to assess probable end-of-treatment solutions.
- The rehabilitation project and end-of-treatment solutions are evaluated and agreed upon with the user, the referring Service, the user's family, and the Support Administrator/Guardian (if present).

Objectives

- Historicization: historical reconstruction of the significant stages of the user's life and family dynamics; identification and contact with the parental, friendly, and social network of the original context.
- Self-care: care and hygiene of one's person, clothing, and living spaces. Interventions aimed at stimulating positive self-emotions from which the user has likely been excluded due to pathology.
- Economic management: reappropriation of the ability to understand the real value of the available sum and gradual self-management of it.
- Socialization:

Within the Community: stimulate the group instance of relational and affective life through the spatial-temporal organization of community life. Acquire awareness of one's sharing abilities, including the normative aspects of the group. Activate expressive, creative, and communicative skills through specific activities.

Outside the Community: promote opportunities for contact and exchange with various cultural, sports, and recreational realities within

the social fabric to which the Community belongs, through free participation of users and/or structured moments with operators.

Gradually allow full autonomy in managing free time for walks, visiting bars, shops, supermarkets, cinemas, concerts, places of worship, and public transportation in neighboring areas.

- Within the family: encourage and/or restore gratifying and meaningful relationships with the family network to reactivate an emotional-affectionate fabric of belonging and build a potential return to the family.
- Reintegration: identify real and/or potential expressive skills and work competencies of users to activate every possible form of experimentation, development, and evolution in the workplace and social environment through experiences in public or private companies.

Care and Assistance Interventions

- **Continuous assistance**: the Community ensures assistance with qualified personnel continuously within a 24-hour timeframe. The Community is active 365 days a year, except on Christmas and Easter from 10:00 to 18:00.
- **Personal care and hygiene service**: includes, where necessary, support in performing certain functions such as personal hygiene, while gradually promoting autonomy and self-sufficiency.
- **Accompaniment and transport service**: availability of operators and vehicles for various individual and group movements, for recreational purposes and/or medical examinations.
- **Administrative service**: administrative - bureaucratic and informational support related to economic aspects. Personal expense registration form. Execution of social secretariat and legal advice.
- **Temporary Support Service**: allows for the accommodation of users requiring limited residential therapeutic support (from a few days to a few months) or for temporary absences of family members or the needs of the individual themselves. Access to this service is granted upon request and authorization from the relevant Mental Health Department.

Healthcare Assistance

- Psychiatric care: provided in the facility by a specialist doctor with three weekly visits and availability by phone.
- Medical care: provided in the facility with weekly visits from the General Practitioner.
- Nursing care: distributed throughout different time slots by nursing staff.
- Psychological care: provided in the facility by the psychologist-psychotherapist with three weekly visits and availability by phone.
- Health record: the Community has implemented a Cloud-based management system for compiling and storing health records in accordance with digital transition guidelines. For each user, the following are recorded: personal data, admission and discharge dates, referring general practitioner and psychiatrist, health summary sheet, clinical and objective examination, medical history, pharmacological therapies, specialist visits, diagnostic tests, interventions, and hospitalizations. The issuance of reports and delivery of health records occur upon discharge and/or upon request from the sending Service even during the user's therapeutic journey. Specialized, diagnostic, and instrumental services, upon medical prescription, are subject to the waiting times of the Central Appointment Booking Center.
- Clinical diary: annotations by the Psychiatrist and Psychotherapist following interviews and reports from operators.
- Personalized Rehabilitation Therapeutic Plan: for each user, after the initial six months of observation, a card is prepared with annotations of abilities, potentials, critical issues, and objectives with periodic updates and monitoring.

Therapeutic Interventions

- Psychopharmacological Therapies
- Psychodiagnostic Evaluation
- Individual Counseling
- Individual and Group Psychotherapy
- Educational-Relational Intervention with Families and Network Interventions
- Team Meetings and Case Supervision

Rehabilitation Tools

- Internal Activities:
 - Manipulative, expressive, graphic, and painting activities
 - Tailoring workshop
 - Manual activities
 - Sports activities
 - Video writing
 - Educational-cultural activities
 - Internal journal
 - Gardening – Vegetable garden
 - Dramatization laboratory
 - Karaoke
 - Domestic activities (laundry, cooking, tidying living environment)
- External Activities:
 - Participation in sports activities (swimming pool – gym)
 - Attendance of cultural courses promoted by the University of Continuing Education of the city and the city library
 - Internships in public bodies and private companies planned with the Social Services of the user's municipalities
 - Organization of exhibitions-market of handicraft products made in the Community
 - Other activities planned by the territory compatible with the users' abilities

RIGHTS AND DUTIES

User Rights

- Ability to communicate observations/complaints and proposals regarding the services provided to the Responsible, who ensures daily presence
- Psychosocial care and rehabilitation by staff in their specific roles with professionalism and conscience
- Recognition of their potential and abilities in the identification of the rehabilitation project
- Consultation on the integration project into the Gruppo Famiglia and decision-making with family members and/or territorial services for admission to the Community
- Active participation in care, discharge, and reintegration projects
- Information on treatments and decisions made by the team
- Receipt of the Service Charter
- Privacy protection in the processing of personal data
- Receive attention and care for physical health through competent healthcare services
- Receive written and telephone communications
- Respect for religious, moral, and political beliefs
- Protection from actions that undermine dignity and physical integrity
- Personalization of living environment
- Respect for clothing choices and aesthetic aspects of the body

User Duties

Upon entry, users are informed of the regulations governing correct behavior towards oneself, others, and the environment.

Key points of this regulation include:

- Respect for the safety of all individuals living and working in the Community, as well as the objects and green spaces that contribute to its welcoming and healthy environment
- Avoiding intrusion into others' private spaces and refraining from appropriating what does not belong to them
- Using moderate language to prevent verbal aggression and maintain communication serenity and correctness
- Adhering to schedules regulating daily organization for both collective and individual appointments
- Observing the no-smoking policy indoors and in their own rooms
- Abstaining from the use of narcotics and alcohol
- Not bringing perishable foods and other materials into their rooms
- Accepting therapeutic indications of psychological, educational, and pharmacological nature

SERVICE QUALITY

The Gruppo Famiglia organization focuses on user well-being and professional quality of operators; they are fully involved in Community life through extensive application of group work guidelines and circular communication for acquiring and sharing technical-scientific and experiential knowledge. Improving performance is both a goal and a method used and measured in team work, as well as operating synergistically with public services to implement the rehabilitation project, both clinically and in terms of reintegration timing.

The Community's primary focus is on user well-being, with continuous improvement programs implemented by the Gruppo Famiglia, identifying and meeting needs and commitments to realizing user expectations as much as possible.

Compliance with current privacy regulations is also guaranteed. Quality indicators traceable, measurable, and controllable implemented by the Community are evidenced through:

- An evaluation form submitted annually to users' families, measuring their satisfaction level with the services provided by the Community, with opportunities to provide feedback for improvement. Data are considered positive indicators of service quality if the "Satisfied" response reaches 80% of users annually.
- An annual form quantifying the number of hospitalizations in the Psychiatric Day Hospital, with an index considered positive ranging from 0 to 1 hospitalization per patient, or not exceeding 10% of total patients.
- Evaluation of patient compliance regarding awareness of their disorder and collaborative capacity in adhering to rehabilitation care through analysis of:
 - Requests for individual meetings with the Psychiatrist and Psychotherapist
 - Participation in Therapeutic Groups
 - Acceptance of pharmacotherapy according to Psychiatrist's indications
 - Adherence to rehabilitative activities monitored by educational staff and communicated in weekly team meetings, with minutes prepared. Adherence to individual and group project activities is traceable in the

Community's computerized record called "Personalized Rehabilitation Therapeutic Plan", periodically monitored and updated, allowing assessment of each patient's progress horizontally and vertically compared to other users.

- The above data readings allow healthcare managers to assess the diagnostic evolution from admission to discharge and the appropriateness of service to user care needs.

COMMITMENTS AND PROGRAMS

Annually, the Community actively renews its commitment to ensure that the physical structure and hospitality organization meet the criteria for welcoming, safety, and responsiveness to both group and individual needs, in compliance with prevention and protection regulations for both users and staff. This welfare translates into daily care, including the preparation of meals with fresh and local products, customization of users' living environments, and renewal of interior furnishings and care for green spaces.

Another commitment upheld is the supervision of educational and healthcare staff and the enhancement of team knowledge and awareness. The goal of this formative, clinical, and cultural aspect is to accompany patient intervention and relationships by facilitating and developing listening skills and needs decoding across different stages of the rehabilitation process. These efforts are realized through various projects of creative communication (writing, painting, theater, sports, etc.), entrusted to operators based on their identified inclinations and skills.

The programs that the facility intends to develop each year, especially those concerning staff training and the dissemination of cultural and scientific knowledge in favor of Mental Health, are documented and accessible via the Internet site.

INFORMATION

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