SERVICER CHARTER

Eimì

therapeutic structure for adolescents

Vita adolescente

CODESS SOCIALE
SOCIETÀ COOPERATIVA SOCIALE ONLUS
Minori

Padova, 11/11/2026
Il Legale Rappresentante
Gianluca Cristanini

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Welcome
greeting

Dear Reader,

We invite you to consult this SERVICE CHARTER to learn about and appreciate the principles that inspire the overall organization of our Therapeutic Structure for adolescents Eimi', the services provided, and the quality standards that characterize the daily work of all the staff serving the Residents and their Families.
Codess Sociale operates in various regions of Italy. The Cooperative's objective is "interventions in the social/assistance, healthcare, rehabilitation, educational, and training fields, promoting and managing social, healthcare, educational, and recreational activities and services." In Lazio, concerning the "Minors Area," Codess Sociale manages the Therapeutic Structure Eimì (a community-type residential center that welcomes, upon request from the relevant Territorial Services, an adolescent clientele with emerging psychiatric issues).

Since 2005, Codess Sociale has been certified UNI EN ISO 9001 for the design and management of services aimed at children, young people, the elderly, the disabled, and people undergoing psychiatric treatment.

Since 2006, it has been certified according to the SA8000 standard for Corporate Social Responsibility.

This document is the result of the active involvement of Managers, Operators, Minors, and Families who experienced the services of our Structure before you. We thank you for interacting with our Structure with useful suggestions or reports to help us identify possible levels of service improvement to better meet your needs and, when possible, your desires.

the Management

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Introduction
Mission and target

The **Eimí** Center (= I am) is a community-type healthcare structure **active and authorized by the Lazio Region since 2003** (determination of the Regional Health Programming and Protection Directorate n. D 4349 of 23/12/2003). Following regional regulatory changes, it obtained authorization in 2018 to operate as **"S.R.T.R. (Residential Therapeutic Rehabilitation Structure)** for extensive community treatments for adolescents (**determination of the Regional Health and Social Policies Directorate n G05050 of April 16, 2018**) **and in 2019 with DCA Lazio Region n. U00439 of 24/10/2019 it obtained provisional Institutional Accreditation always as SRTRe for adolescents. Finally, with Regional Council Resolution Lazio n 221 of 27/04/2021, it obtained Definitive Accreditation.**



It welcomes upon referral from TSMREE Services of ASLs preferably from the Lazio territory - sometimes in co-participation with the Municipalities'/Municipalities' Social Services - a minor clientele in the preadolescent and adolescent phase with psychopathological disorders who, due to particular psychological, emotional/relational, behavioral, and existential problems, need therapeutic intervention through residential care and a temporary separation from their usual living environment. The Structure - suitable for those patients who have overcome a possible acute phase - aims to offer a space, time, a transformative therapeutic environment where to "repair" and "restart" an evolution that has stopped and to perform a connecting function with the other living and care contexts of the user.

Our inspiring principles

The therapeutic community Eimì, inspired by its mission, has defined fundamental principles to pursue in the provision of its services, which have shaped the relationships with its users. The Eimì community is indeed guided in its functions by the commitment to transmit and respect important values/principles, such as:

- **EQUALITY**: the same services are guaranteed without any discrimination regarding gender, race, religion, and political views;
- **IMPARTIALITY**: the attitude and behavior of the staff are guided by criteria of impartiality and objectivity;
- **RESPONSABILITY and PARTECIPATION**: the person is considered an active part in designing and verifying their care pathway;
- **RESPECT FOR ONESELF AND OTHERS**: the needs of each individual are considered a priority within the group dimension;
- **CONTINUITY**: the taking charge and continuous assistance of the guests are guaranteed;
- **EFFECTIVENESS and EFFICIENCY**: the service is provided consistently pursuing the achievement of the objectives and expected results, ensuring the highest level of satisfaction for the user and their families.

More specifically, the principles inspiring the intervention are to offer a “family-like” environment where healthcare, therapeutic, educational, and rehabilitative interventions are carried out, with a peculiar climate of domesticity and daily life forming the backdrop of the intervention. The environment and family-like dimension – with the presence of specialized treatments – become a place and an "occasion" for reparative relationships, a background where significant relationships are established, and family communication codes and functions are reenacted. This space offers patients the opportunity to experience emotional moments and regain the symbolic, emotional, and relational value of the experience of living, being together, and sharing; all with the support of a "container" that gives meaning and intentional reparative purpose through interpretation.

In accordance with the current psychiatric legislation, which has moved beyond the custodial logic of intervention, the structure carries out a community intervention aimed at promoting the direct participation of the patient in the therapeutic project in line with the life needs of the people and the permeability to social exchanges (D.P.R. 7/04/94). The community intervention is part of a broader psycho-social-rehabilitation project; it constitutes an "intermediate" part among the various poles of a wider network: outpatient clinic, hospital services, social services, educational and school institutions, socialization agencies, etc. The close integration with health services, socio-welfare and educational services, and the rest of the formal and informal networks is the basic condition for achieving the above-mentioned objectives.

The rights of residents

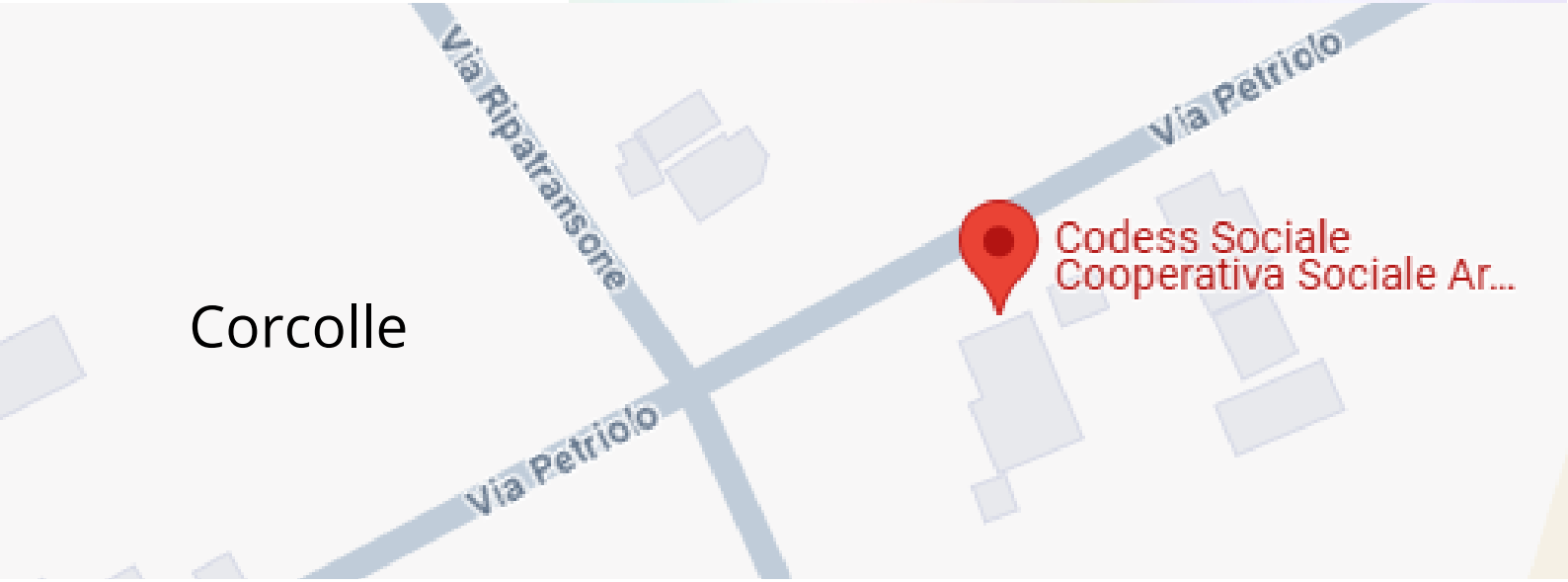
- RIGHT to SELF-DETERMINATION
- RIGHT to CARE and ASSISTANCE
- RIGHT to PREVENTION and PROTECTION
- RIGHT to SPEAK and BE HEARD
- RIGHT to INFORMATION and PARTICIPATION
- RIGHT to EXPRESSION and CRITICISM
- RIGHT to MODESTY and PRIVACY
- RIGHT to THOUGHT and RELIGION

The structure

The structure is located in the municipality of Rome (RM) at Via Ripatransone 111 and can be contacted at the following details:

- tel. 06/2203845
- mail: eimi@codess.org

It is located east of Rome in the territory of the VI Municipality (formerly VIII), in the San Vittorino - "Giardini di Corcolle" neighborhood. The area falls within ASL RM 2 (formerly B).



pubblic transport:
Bus 508 from Ponte Mammolo (46 stops) to Petriolo/Fermignano stop, then a 2-minute walk to Via Ripatransone 111.

private transport:
For those coming from Rome, take the A24 exit, Lunghezza exit. Turn right and take Via di Lunghezzina (signs for Prenestina/Poli/S. Gregorio di Sassola/Palestrina), follow it for 2.5 km. Turn left and take Via Polense for 400 meters. Turn right and take Via Fermignano for 1.1 km, then turn left and take Via Petriolo. After 160 meters, turn right and take Via Ripatransone. 40 meters on the left.

Structure, Capacity, Environment and Privacy:

It is a single-family villa with a garden. The building spans three levels, including a basement used as a hobby room and storage. The total covered area of the building exceeds 600 sqm. The structure meets the requirements set by regulations in terms of: habitability, "grounding of systems," compliance of technological systems, and all safety, hygienic, sanitary, and environmental conditions required by current legislation.
The users (n.10) are distributed in rooms with two beds each with an adjoining bathroom.
The spaces are personalized with furniture to create a family-like and comfortable environment. The living area includes a dining room with an adjacent kitchen, a large common living room suitable for recreational and socialization moments.

Locales and spaces for therapeutic and rehabilitative activities:
There are rooms and spaces for individual, family, and group therapies as well as large areas for workshops and expressive activities. There is a room equipped with a sofa and armchairs intended as a waiting area for family members and visitors. The therapy and interview rooms are located and arranged to ensure the privacy of individual users. All personal data of residents collected upon admission and during the stay in the facility are used by "CODESS Sociale," as the data controller, according to current data privacy regulations. The staff conducting the interviews is required to follow the ethical guidelines set by their professional association.
Additionally, there are spaces for laundry and storage.
The operators have their own room, locker room, and autonomous services.

Outdoor Spaces:
The structure is surrounded by a large garden, equipped with a masonry barbecue, gazebo, bocce court, and generally a space that encourages convivial moments and is suitable for organizing parties or inviting friends, family members, and generally external people to the structure.



Admission criteria

Type of User (Inclusion/Exclusion Criteria)

The "Eimì" Structure (from Greek = "I am") aims to voluntarily welcome minor adolescents whose specific clinical-psychological condition involves dysfunctionality from a relational, behavioral, affective/emotional, existential point of view, requiring a rehabilitative and therapeutic intervention through residential care.
In line with the regional regulations of Lazio (Decree 00090/2010; DCA 8/2011 annex c), Eimì "is a community-type health facility for the voluntary global treatment - psychotherapeutic, pharmacological, relational, and social - of adolescents (12/17 years old) at the early stages of psychopathology, not treatable at home, who do not require hospital admission treatments, and who need to undertake a therapeutic and rehabilitative path through residential care and a period of separation from the usual living context. Its purpose is to overcome the acute, post-acute, or sub-acute phase through the implementation of a complex multifactorial and multidisciplinary treatment of an evolutionary/transformative type.

This structure is suitable for those patients who need space and time both to restart interrupted developmental processes, to evaluate personality disorders, to solve identity problems, and to address self and hetero-aggressive behaviors, and to experiment with new significant relationships with the aim of achieving an adequate functional recovery and reintegration into the social network, possibly within their own context of belonging."

The **user base** consists of young people characterized by a psychopathological framework whose conditions compromise, or have compromised, their integration into the family and/or educational/formative context.

Clinical Frameworks Include:
- **Treatment of early psychotic stages**
- **The entire spectrum of personality disorders according to DSM criteria**
- **Mood and conduct disorders**
- **Anxious depressive syndromes**
- **Obsessive-compulsive disorders**
- **Disorders related to gender dysphoria**
- **Eating disorders in partial remission or in the acute phase in a condition of organic compensation (no clinically significant alteration of vital parameters)**

Exclusions Include:
- **Individuals with acute unstabilized psychopathology**
- **Exclusive problems of substance abuse and dependence on psychotropic substances**
- **Individuals with predominantly non-psychopathological issues (degenerative problems, neurological disabilities, significant physical disability, mental retardation, etc.)**
- **Individuals affected by severe infectious diseases**

The type of intervention is suitable for those patients who have overcome an acute phase or who do not require hospital intervention and who need interventions aimed at ensuring further functional recovery in a defined time frame.
In any case, the compatibility of the case with the age, gender, and particular conditions of fragility concerning the group of users already accommodated will be considered in the admission of a new user.

program and treatment

The therapeutic project is individualized and agreed upon in close collaboration with the referring Public Service, the family (where possible), and the patient.
This project is drawn up after a **period of insertion and preparation for admission** necessary to "build" and mature even a minimal demand and request for help.

The patient, from the moment of admission, is assigned to a **reference team** that will follow them throughout the process, helping them to identify their needs and goals to pursue.

The progress of the therapeutic path is periodically monitored both through **In Itinere Verifications**, involving all the actors involved in the project, and by using scientifically validated assessment tools, and through monthly external supervision.

The clinical-care path of each user is detailed in the Personalized Rehabilitative Therapeutic Project (**PTRP**), specifically defined and developed by the community structure team in coherence with the Individual Treatment Plan (**PTI**) developed by the referring TSMREE Service.

The PTRP contains, in addition to the diagnosis and reasons for referral by the referring Services, the *intervention objectives, the "strengths and criticalities related to the psychopathological area; self-care and living environment area; relational competence area; school functioning area; autonomy and social skills area" as well as the "strengths and criticalities related to the family."*

Organization and Activities

The structure can host **10 adolescents** divided into **two** mini-teams or "**Family Groups**," each consisting of a small staff of operators ensuring therapeutic continuity and care for each individual assisted.

The entire setting of the structure is organized to offer a grid of structured and predictable "appointments."

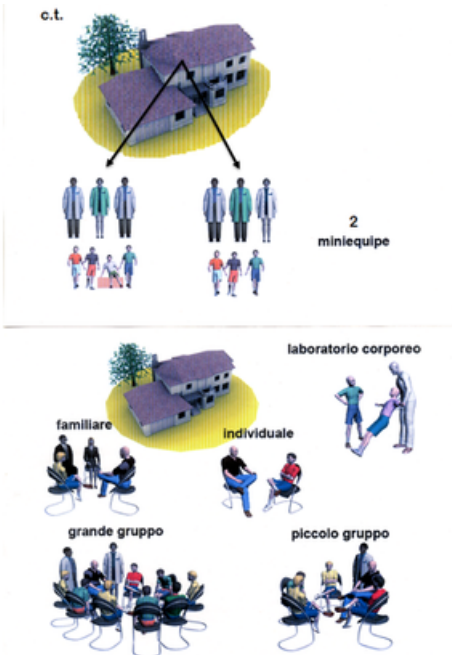
The activities are carried out at specific times of the day and on set days of the week.

All of them, at various levels, serve to create multiple "***containers/thinking spaces***", opportunities to reflect and confront reality, fostering both intrapsychic and interpersonal work, as well as promoting social, relational skills, and more functional competences.

Besides the internal activities planned and thought out for all the young people, there are external activities that are individual and follow the users' specific projects (school, sports activities, hobbies, internships, etc.).

Therapeutic Activities:

- Weekly therapeutic groups both of the "**Extended Group**" (all the young people) and of the **two mini-teams**;
- Individual sessions to re-signify, deepen, and re-narrate personal aspects;
- Family therapy with a systemic/relational orientation;
- Sessions with the child neuropsychiatrist for identifying and monitoring any pharmacological therapy;
- Expressive workshops: through internal and external community workshops (psychodrama, music, etc.).



Socio-Rehabilitative Activities and Host Assembly:

Self-management activities, external relations with the territorial network (sports, educational/training activities, apprenticeships and work internships, cultural and recreational outings).
The purpose of the Assembly is to implement the direct participation of the patient in their project, believing that patients should be active subjects in their path and not passive.
In the Assembly, the proposals of the young people are collected, supporting the "Adult parts of the Self."
The rules regarding, for example, the **daily and weekly menu**, mobile phone use, cigarette management, TV hours, proposals, etc., are thus discussed and negotiated on their initiative.

The typical day

Time	Activity
7.00-7.30	Breakfast
8.00-13.30	Rehabilitative activities, external schooling/training
13.30-14.30	Lunch
14.30-15.30	Rest, free time, recreational activities
15.30-17.00	Workshops, therapeutic groups, family therapies, individual sessions
17.00-17.30	Snack
17.30-19.30	Sports, recreational moments, study activities
19.30-20.30	Dinner
20.30	Night rest

The times are approximate: the organization of each day is flexible regarding schedules and activities, allowing each Resident to maintain acquired habits as much as possible, respecting different needs and individualized programs.

Permits, outings and meetings

In compliance with current legislative discipline that has moved beyond custodial logic of intervention, the facility promotes the direct participation of the patient in the therapeutic project in line with people's life needs and social exchange permeability.

Weekend home visits are gradually encouraged based on clinical suitability criteria consistent with each individual's Personalized Rehabilitation Therapeutic Project (PTRP), supporting users in acquiring a process of empowerment, autonomy, resocialization, and increased interpersonal relationships: use of public transport, resumption of educational activities, permissions to leave the Facility for external educational/sports activities.

On occasions such as anniversaries and patients' birthdays, initiatives are favored that involve welcoming external visitors, particularly peer groups, peers, and schoolmates.



Procedures for admissions and discharges

The decisive factor for accessing the waiting list is the submission of a written report on the case specifying the diagnostic orientation and indications regarding any pharmacological therapy. The waiting list is recorded in a specific form and follows the chronological order of requests from Services. Admission of minors occurs following an assessment of compatibility - conducted by the Clinical Director and Health Director - of their clinical/symptomatic picture with the existing group of minors. Requests made by Social Services, Juvenile Justice Services, etc., must be accompanied by a psychological/neuropsychiatric evaluation from the relevant local health authority (ASL). Admission involves a preliminary evaluation/observation process, including one or more meetings among various project stakeholders (user, sending Service, facility operators, family - if present), and review of appropriate diagnostic protocols by the facility's physician (blood tests, ECG, EEG, etc.). A preliminary preparation phase before admission should always aim to obtain an "active consent" from the individual to allow voluntary participation and adherence to the proposed treatment, and to elicit even a minimal request for help and awareness of discomfort.

The **discharge process** will be implemented on a case-by-case basis in agreement and collaboration with the sending public service, through tailor-made and flexible pathways designed for each patient. During the therapeutic-rehabilitative process, the Facility will coordinate with the family, local health authority (ASL), as well as the Municipality and other local entities (educational institutions, leisure services, work cooperatives, volunteer associations, etc.), to prepare and sensitize a support network where the minor will return to live. Already during the residential phase, therefore, a path will be envisaged that connects primarily healthcare interventions with social interventions, aiming to make environmental resources and potentials available and to promote the best integration of the patient into the social and family context; solutions aimed at rebuilding the emotional, relational, and environmental fabric and activating (or reactivating) the patient's social networks and belonging context will also be promoted where necessary.

Staff and organizational structure

The multifactorial intervention within the Facility includes a qualified and multidisciplinary team of operators who ensure continuity and therapeutic assistance 24 hours a day: psychologists/psychotherapists, professional educators, child neuropsychiatrist, nurse, expressive workshop leaders, etc.

Staff shifts are fixed, ensuring clear references for users and the entire organization, as well as temporal stability of various spaces and settings.

Within the team:

- Coordinator responsible for managerial and organizational aspects of the staff.
- Medical director, child neuropsychiatrist responsible for medical/health oversight, implementation, and monitoring of pharmacological therapy for users where applicable.
- Clinical director, psychologist/psychotherapist responsible for the therapeutic direction, clinical methodology of the Facility, leading therapeutic groups, liaison with sending Services, relations, and drafting of PTRP (in collaboration with the staff), participating in healthcare policy forums with the Region, Child Advocate, etc.
- Family therapist, psychologist/psychotherapist conducting family therapies.
- Evaluator and research specialist, clinical psychologist with expertise in outcome evaluation and treatment.
- Psychologists conducting support and operational interviews during scheduled hours for clinical analysis of daily events.
- Professional educators responsible for implementing the minors' educational project, academic support, and care of communal and personal spaces in the facility, with assistance/hotel functions.
- Professional nurse responsible for pharmaceutical therapy preparation, monitoring of users' physiological parameters.
- Healthcare assistants with hotel assistance functions, environmental hygiene, personal care of guests.
- Social worker promoting integration between the Community and socio-health services and various territorial entities (network relationships with stakeholders).
- Expressive workshop leaders organizing group settings that facilitate emotional/expressive communication through body movement or art therapy techniques, aiming to uncover contents not easily accessible through conventional dialogue.
- Supervisor, clinical psychologist/psychotherapist with group clinical skills, working with the entire team on staff group dynamics, promoting reflection and self-efficacy, facilitating team awareness of their moments of impasse and promoting effective solutions within the team.

Eimì, network of services and relationship with other facilities

The community intervention is part of a broader psycho-social-rehabilitative project; it serves as an "intermediate" link among various poles within a larger network: outpatient services, hospital services, social services, educational institutions, and socialization agencies, etc.

It recognizes that adolescents with complex clinical issues require a range of responses, solutions, and resources tailored to different developmental and diagnostic needs, strategically bridging healthcare and social realms.

Eimì Facility is attentive to maintaining and promoting this bridging role with the user's other life and care contexts. It aims to mediate across the various systems involved in the user's "disease process": mediation with family, social, and educational systems that encompass the manifestation site of the problem. By working on network connections, it promotes the opening of communication channels, facilitating dialogue between the user and various parts of the system that might otherwise be interrupted.

Located within the ASL Roma 2 territory (formerly ASL RM B), covering Municipality VI delle Torri (formerly VIII), Eimì has integrated into the community over the years and is in contact with major middle and high schools, sports and volunteer associations, vocational training centers, local parishes, general practitioners, and has collaborated with nearby law enforcement stations (Police and Carabinieri). Over time, it has built a network of relationships with various ASLs in the Lazio region, Municipalities, and local councils, as well as with pediatric neuropsychiatry departments at Bambin Gesù and Policlinico Umberto 1° hospitals, day centers of ASL Roma 1 and Roma 3, the adolescent department of Clinica Villa Nuova Armonia in Rome, the Juvenile Court of Rome and Lazio, and the Ordinary Court for Minors and Family in Rome.

Suggestions and complaints

Residents, their families, or anyone interested in expressing appreciation for the services provided or reporting irregularities, inefficiencies, or dissatisfaction are encouraged to communicate with the Facility.

Complaints or observations can be submitted in the "Suggestions and Complaints Box".

The management aims to respond to improvement requests, performance checks, complaints, or grievances as promptly as possible.

Privacy protection and right of access

All personal data of residents collected upon admission and during their stay at the facility are processed by "CODESS Sociale" as the data controller, in compliance with current regulations on data confidentiality.

Health-related data is considered "sensitive" or "special" data as per Legislative Decree 196/2003 and subsequent amendments, as well as EU Regulation 679/2016.

Residents or those legally concerned have the right to access administrative documentation according to the provisions of Law 241/90, as subsequently amended and integrated.

Access to one's personal data contained in the medical record and the provision of the first copy are free of charge. The first copy includes the complete medical record documentation where necessary to verify the accuracy and completeness of the data and to understand them.
A reasonable fee based on administrative costs may be charged for additional copies of the same data.

This right to receive the first copy free of charge is provided for under Articles 12(5) and 15(1) and (3) of Regulation (EU) 2016/679 (GDPR), as interpreted by the Court of Justice of the European Union in its judgment of 26 October 2023, Case C-307/22.

Both deadlines for the provision of medical documentation start running from the date on which the request is submitted, pursuant to Article 4(2) of Law No. 24 of 8 March 2017.

Vita adolescente

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