



CREATIVE RECOVERY SOCIAL REHAB PROGRAM

250 MT LEBANON BLVD, PITTSBURGH PA 15234

412-561-3390 (Phone) 412-561-5902 (Fax)

HOURS of OPERATION: MONDAY – Thursday 9:00 AM TO 3:00 PM

PROGRAM DESCRIPTION

Provides social rehabilitation to adults with behavioral health challenges. Clients participate in a shared community setting that builds self-esteem and confidence and fosters independence through group activities and community activities and events. Transportation included from Alvern Gardens, Arlington Trolley Stop (Rite Aid) and from behind the Mt. Lebanon Evangelical Presbyterian Church (in large parking lot). Must call prior to schedule.

CURRENT SCHEDULED ACTIVITIES (This is subject to change depending on client needs)

- GROUPS ON TOPICS SUCH AS STRESS MANAGEMENT, BUILDING A PURPOSE (including work and volunteer activities) AND SELF ESTEEM.
- ARTS AND CRAFTS, CURRENT EVENTS, MUSIC, POP CULTURE, etc.
- CREATIVE WRITING GROUPS
- FUN GAMES and ACTIVITIES
- OUTINGS

CRITERIA FOR ADMISSION

- Eighteen (18) years of age or legally emancipated.
- Psychiatrically disabled based on the most current DSM classification and verified in writing by a psychiatrist.
- Must be in mental health treatment, either at Chartiers Center or another facility.
- Demonstrate a willingness to voluntarily participate in the program and adhere to all Agency policies/procedures.
- Free from the need for medical treatment requiring specialized care.
- In need of improved knowledge of symptoms and/or social skills.
- Free from behavior that would pose a danger to self or others.

PROCESS FOR REFERRALS

- A referral requires a recommendation by the treatment team if the client is participating in Chartiers Treatment Services. If the client is involved with an external provider, a copy of the psychiatric evaluation is required and must be dated within the year. Once obtained, the completed referral form and psychiatric evaluation, if appropriate, should be forwarded to the Assistant COO of RTS.
- Upon receipt, the Assistant COO of RTS will review for completeness and appropriateness based on admission criteria.
- The Assistant COO of RTS /designee will then contact the referral source to discuss appropriateness based on admission criteria. For those candidates who meet admission criteria, an interview and tour of the facility shall be scheduled within one (1) week of the receipt of the referral. For those candidates meeting admission criteria, the determining factors will be provided verbally.
- Upon completion of the interview and tour, the Assistant COO of RTS /designee will contact the referral source to discuss the appropriateness for admission and, if admitted, discuss recommendations regarding the client's schedule.

FOR MORE INFORMATION: AMY RANDAL arandal@chartierscenter.org 412-561-3390(Ph) 412-561-5902(F)
Social Rehabilitation Coordinator



Creative Recovery Program
REFERRAL FORM

Client Name: _____

Address: _____

Telephone Number: _____

Behavioral Health Provider: _____

Reason for Referral: _____

Psychiatric Diagnoses: _____

Medical Diagnoses: _____

Means of Transportation: _____

Behavioral Issues: _____

Other Pertinent Issues: _____

Individual Completing the Form (Print and Sign)

Date

Referring Agency

Phone Number