Agency Survey Addendum: Mental Health Care & Counseling Services



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This form is used for clinics, hospitals, and other health care providers. Please complete this form in addition to the agency, so we are able to get a clear picture of the services you provide and the populations you serve. Choose all that apply to your organization.

	ntal Health Facilities atient Mental Health Facilities Adult psychiatric hospitals Children's/Adolescent psychiatric hospital Adolescent psychiatric inpatient units Adult psychiatric inpatient units Children's psychiatric inpatient units Geriatric psychiatric inpatient units Secured mental health facilities		Prostitution related hotlines Post disaster hotlines Sexual assault hotlines Suicide prevention hotlines Runaway/homeless youth hotlines Mental health hotlines **Cialized Counseling Services** Adolescent/Youth Anger management Bereavement Caregiver Child guidance Crime victim/witness Cult membership
Out	cpatient Mental Health Facilities Community mental health agencies Family counseling agencies Mental health drop-in centers Private therapy practices (only for profit agencies)		
Res			Cultural transition Divorce Gambling Gender identity
Cou	Inseling Settings Conjoint counseling Family counseling Group counseling Helplines/warmlines Individual counseling Peer counseling Therapeutic self help materials	000000000000	Geriatric Health/disability related Holocaust Internet addiction Juvenile delinquency diversion Marriage Overspender Parent
Mental Health Facilities Crisis Intervention ☐ Crisis residential treatment ☐ In person crisis intervention			Perinatal/Postpartum depression Premarital Psychiatric disorder Suicide Terminal Illness
Invo	Oluntary psychiatric intervention Outpatient commitment Psychiatric mobile response teams Internet based crisis intervention Psychiatric emergency room care		Veteran integration Indicate the state of t
	Bullying hotlines Child abuse hotlines Crisis pregnancy hotlines Domestic violence hotlines Gambling addition hotlines General crisis intervention hotline GLBTQ hotlines Human trafficking hotlines		Adult incest survivor Child abuse Elder abuse Parent abuse Spouse/domestic partner abuse
		Sex	ual Assault Counseling Sexual assault Child sexual abuse Sex offender Sexual orientation Sexuality



Name of Agency:

			United Way of Central Georgia
□ Early interventio Mental Health Evalua □ Central intake/as □ Clinical psychiatr □ Forensic mental □ Psychological ass □ Psychological tes Mental Health Screen □ Anxiety disorder □ Depression □ Psychiatric case	cental Health Evaluation Services Central intake/assessment for psychiatric services Clinical psychiatric services Forensic mental health Psychological assessment Psychological testing ental Health Screenings Anxiety disorder Depression Psychiatric case management Psychiatric medication monitoring ansitional Mental Health Services Mental health halfway houses Psychiatric aftercare services		condition specific mental health information/ cation Family psychoeducation General Mental health information/education Home based mental health services General counseling services Psychiatric day treatment Psychiatric resocialization Twenty Three hour psychiatric observation prom ntal Health Related Prevention Programs Adult sexual assault prevention Child abuse prevention Alcohol abuse education/prevention Drug abuse education/prevention Gambling addiction prevention programs General juvenile delinquency prevention pro-
Mental health haPsychiatric afterometric			
☐ Critical incident s☐ Dance therapy☐ Drama therapy☐ Dream therapy☐ Dream therapy	er distressed adults/children stress debriefing esensitization & reprocessing rapy apy rapy rapy pation therapy		Runaway prevention programs Suicide prevention programs Teen pregnancy prevention Youth violence prevention rapist Referrals To: Licensed clinical social worker Licensed professional counselor Marriage and family therapist Psychiatrist Psychologist
Special Psychiatric Pr Assertive communication Geriatric psychia Programs for sex disabilities	ınity treatment		