


Screen 1: System choices

OMB No. 0930-xxxx
Expiration Date: xx/xx/xxxx

A Life in the Community for Everyone **SAMHSA I-BHS (Inventory of Behavioral Health Services)** Name: _____





I-BHS On-line

[Go to I-BHS Quick Retrieval Service](#)
[Add or update facilities using I-BHS On-line](#)

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-xxxx. Public reporting burden for this collection of information is estimated to average 5 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 2-1057, Rockville, Maryland 20857.


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Screen 2: Choose to register a new facility or select a facility to update



SAMHSA I-BHS (Inventory of Behavioral Health Services)

Login to Facilities Change Management

[Password](#) [logout](#) [about](#) [change](#)

Facilities Change Management:
(Add/Edit)

Submit Facility Change Requests Apply I-BHS State Changes Apply I-BHS Survey Changes Reports Upload I-BHS Survey Submissions

State: Facility Name:
Display Modes: I-BHS Id:
Status: State Id:


Facility Type	Mental Health Services	Substance Abuse Services	Delete		
I-BHS ID	Id	Facility Name	Pending Status	Approved By	Change Request
AL999991	ABI123456789	Crestview Medical Center	No Changes Pending		<input type="button" value=""/>
AL999993	AL999993	Brentrey Treatment Center	No Changes Pending		<input type="button" value=""/>
			No Changes Pending		<input type="button" value=""/>


Information
204 records retrieved for Alabama with "Active" status

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Screen 3: Enter facility information


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I-BHS (Inventory of Behavioral Health Services)

Facilities Change Management
[change Password](#)

[Logout](#)

(Change Facility Request:Dale County:AL999999)

Facility Information:
I-BHS Services:
Director Information:
Email Notifications/Comments:

Status Active Survey Details:AL999999

* Effective Date of Change or Date Facility Closed: (MM/DD/YYYY) 5/21/2012 Display Current Facility

Select Input Area State Submission Select Comparison Info: Current Facility Info

<p>* Facility Name: <input type="text" value="Crestview Substance Treatment"/></p> <p style="margin-left: 20px;"><input type="text" value="Outpatient"/></p> <p>* Facility Address: <input type="text" value="1700 Remick St"/></p> <p style="margin-left: 20px;"><input type="text" value="Ozark"/></p> <p>* City: <input type="text" value="Ozark"/></p> <p>Approved City: <input type="text" value="Ozark"/></p> <p>* State: <input type="text" value="Alabama"/></p> <p>* Zip: <input type="text" value="31370"/> - <input type="text" value=""/></p> <p>County Name: <input type="text" value="Dale"/></p> <p>Mailing Same As Location <input type="checkbox"/></p> <p>Mailing Address: <input type="text" value="P.O. Box 999"/></p> <p style="margin-left: 20px;"><input type="text" value="Huntsville"/></p> <p>City: <input type="text" value="Huntsville"/></p> <p>State: <input type="text" value="Alabama"/></p> <p>Zip: <input type="text" value="44709"/> - <input type="text" value=""/></p> <p>* Facility Phone: <input type="text" value="(334) 999-1234"/></p> <p>Facility Fax: <input type="text" value=""/></p> <p>State Sanctioned <input checked="" type="checkbox"/></p> <p>Non Published <input type="text" value="No"/></p>	<p>Facility Name: <input type="text" value="Crestview Substance Treatment"/></p> <p style="margin-left: 20px;"><input type="text" value="Outpatient"/></p> <p>Facility Address: <input type="text" value="4732 Menton Street"/></p> <p style="margin-left: 20px;"><input type="text" value="Ozark"/></p> <p>City: <input type="text" value="Ozark"/></p> <p>State: <input type="text" value="Alabama"/></p> <p>Zip: <input type="text" value="36361"/> - <input type="text" value=""/></p> <p>County Name: <input type="text" value="Dale"/></p> <p>Mailing Address: <input type="text" value="4732 Menton St"/></p> <p style="margin-left: 20px;"><input type="text" value="Ozark"/></p> <p>City: <input type="text" value="Ozark"/></p> <p>State: <input type="text" value="Alabama"/></p> <p>Zip: <input type="text" value="36361"/> - <input type="text" value=""/></p> <p>Facility Phone: <input type="text" value="(334) 887-46625"/></p> <p>Facility Fax: <input type="text" value=""/></p> <p>State Sanctioned: <input checked="" type="checkbox"/></p> <p>Non Published <input type="text" value="No"/></p>
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Cancel And Return To Facilities List
State Email Notification
Save And Return To Facilities List

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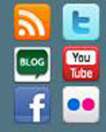
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Facilities Change Management

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[Change Facility Request:Dale County:AL999999](#)

Facility Information: **I-BHS Services** Director Information: Email Notifications/Comments:

Input Area

Comparison Info:

Opioid Treatment Certification No.:

Opioid Treatment Certification No.:

National Provider ID:

National Provider ID:

DEA Registration Number:

DEA Registration Number:

Input Area

Comparison Info:

Teds reporter No

Teds reporter

- Select Substance Abuse Services
- Treatment
 - Detoxification
 - Non-Treatment Halfway House
 - Other Nontreatment (intake, assessment, referral, etc.)

- Select Substance Abuse Services
- Treatment
 - Detoxification
 - Non-Treatment Halfway House
 - Other Nontreatment (intake, assessment, referral, etc.)

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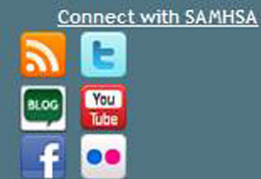
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Screen 4B: Enter mental health treatment services (if applicable)



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Change Facility Request: Dale County: AL999999



Facility Information: | **BHS Services:** | Director Information: | Email Notifications/Comments:

Input Area ▶ Comparison Info:

Teds reporter: No	Teds reporter: [dropdown]
Select Services: Mental Health Services Treatment Non-treatment (intake, assessment, referral, etc.) Administrative only	Select Services: Mental Health Services Treatment Non-treatment (intake, assessment, referral, etc.) Administrative only
[>>] [>>>] [<<] [<<<]	[>] [>>] [<] [<<]

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Screen 5: Enter Director's information



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Facilities Change Management

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(Change Facility Request: Crossroads Behavioral Health Center (AL999999))

Facility Information: I-BHS Services: **Director Information:** Email Notifications/Comments:

Input Area	Comparison Info:
Prefix: <input type="text"/>	Prefix: <input type="text"/>
First Name: <input type="text"/>	First Name: <input type="text"/>
MI: <input type="text"/>	MI: <input type="text"/>
Last Name: <input type="text"/>	Last Name: <input type="text"/>
Suffix: <input type="text"/>	Suffix: <input type="text"/>
Title: <input type="text"/>	Title: <input type="text"/>
Director Phone: <input type="text"/>	Director Phone: <input type="text"/>

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