


Screen 1: System choices

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

 **SAMHSA I-BHS (Inventory of Behavioral Health Services)** Name: _____
Substance Abuse and Mental Health Services Administration

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

[about](#) [change](#)

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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 Change Request
I-BHS ID	Id	Facility Name	Pending Status	Approved By	
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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Facilities Change Management

[Logout](#) [change Password](#)

(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

* Facility Name: Crestview Substance Treatment Outpatient *Facility Address: 1700 Remick St *City: Ozark Approved City: Ozark *State: Alabama *Zip: 31370 - County Name: Dale Mailing Same As Location Mailing Address: P.O. Box 999 City: Huntsville State: Alabama Zip: 44709 - * Facility Phone: (334) 999-1234 Facility Fax: State Sanctioned: <input checked="" type="checkbox"/> Non Published: No	Facility Name: Crestview Substance Treatment Outpatient Facility Address: 4732 Menton Street City: Ozark State: Alabama Zip: 36361 - County Name: Dale Mailing Address: 4732 Menton St City: Ozark State: Alabama Zip: 36361 - Facility Phone: (334) 887-46625 Facility Fax: State Sanctioned: <input checked="" type="checkbox"/> Non Published: No
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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
Services: Treatment
Detoxification
Non-Treatment Halfway House
Other Nontreatment (intake, assessment, referral, etc.)

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

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Prevention Works

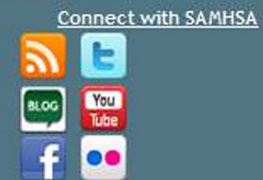
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Screen 4B: Enter mental health treatment services (if applicable)



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Facilities Change Management

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Change Facility Request: Dale County: AL999999

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

Input Area ▶ Comparison Info:

<p>Teds reporter: No</p> <p>Select Services:</p> <ul style="list-style-type: none">Mental Health ServicesTreatmentNon-treatment (intake, assessment, referral, etc.)Administrative only <p>Navigation: >> >>> << <<<</p>		<p>Teds reporter:</p> <p>Select Services:</p> <ul style="list-style-type: none">Mental Health ServicesTreatmentNon-treatment (intake, assessment, referral, etc.)Administrative only <p>Navigation: >> >>> << <<<</p>
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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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