

**SAMHSA**  
**INVENTORY OF BEHAVIORAL HEALTH SERVICES (I-BHS)**  
**FACILITY APPLICATION FORM**

Please complete this application form to request that your facility be added to SAMHSA's Inventory of Behavioral Health Services (I-BHS). See *Instructions* on next page.

**1. EFFECTIVE DATE:**

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**2. FACILITY INFORMATION**

Facility Name (1):

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Facility Name (2):

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Street Address (1):

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Street Address (2):

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City:

State:

Zip Code:

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County:

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Mailing Address (1):

Check if same as Street Address

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Mailing Address (2):

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City:

State:

Zip Code:

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Telephone/Extension:

Fax:

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Director's Name:

Director's E-Mail:

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Website Address (URL):

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**3. SERVICES PROVIDED (check all that apply):**

**Substance Abuse Services**

Treatment

Detoxification

Administrative Services

Other Non-Treatment Services

**Mental Health Services**

Treatment

Administrative Services

Other Non-Treatment Services

## INSTRUCTIONS

Type the information requested for each item, using the TAB key to move between items. Note that some items MUST be completed. Abbreviations should be avoided. Click "Submit Form" in the upper right corner when completed. If you prefer to print this page and submit by fax or mail, send it to:

I-BHS Project Office  
Synectics for Management Decisions, Inc.  
1901 North Moore St., Suite 900  
Arlington, Va. 22209  
  
locator@smdi.com  
  
FAX: (703) 528-8990

**Questions? Call the I-BHS Project Office toll-free at 1-888-301-1143  
Monday through Friday, 9 am to 5 pm Eastern Time**

## FACILITY ELIGIBILITY

For the I-BHS, a facility is defined by the street address at which services are provided. A corporation delivering services at different locations should submit an application for each location.

**Mental Health Treatment Facility** - The facility must provide mental health treatment services to persons with mental illness. I-BHS includes:

Public mental health facilities that are funded by the State mental health agency (SMHA) or other State agency or department.

Mental health treatment facilities administered by the Department of Veterans Affairs.

Private for-profit and non-profit mental health facilities that are licensed by the State or accredited by a national accreditation organization.

**Substance Abuse Treatment Facility** - The facility must provide substance treatment services to persons with substance abuse or addiction. One of the following must apply:

The facility has licensure/accreditation/approval to provide substance abuse treatment from the State substance abuse agency or a national accrediting body (e.g., JCAHO, CARF, NCQA, etc.).

The facility has staff who hold specialized credentials to provide substance abuse treatment services.

The facility has authorization to bill third-party payers for substance abuse treatment services using an alcohol or drug client diagnosis.

**Exclusions** - Facilities that are not eligible for I-BHS should not be submitted on this form. These include:

Facilities that provide either mental health or substance abuse treatment exclusively to persons who are incarcerated.

Mental health treatment facilities whose primary or only focus is the provision of services to persons with Mental Retardation (MR), Developmental Disability (DD), and Traumatic Brain Injuries (TBI).

Mental health professionals in private practice (individual) or in a small group practice not licensed or certified as a mental health clinic or (community) mental health center.

## EXPLANATION OF TERMS

**Effective Date** - Date facility began providing substance abuse and/or mental health treatment services

**Facility Name** - The first line of the facility name should include the corporate name (if applicable) or highest-level name of the facility. When applicable, line 2 of the address should include a unit or program name that uniquely identifies the facility.

**Services Provided** - Check all services, both substance abuse and mental health, that are provided at the street address specified on this application form.

*Mental Health Treatment* - The facility provides services that focus on initiating and maintaining an individual's recovery from, or ongoing treatment of, a mental illness.

*Substance Abuse Treatment* - The facility provides services that focus on initiating and maintaining an individual's recovery from substance abuse and on averting relapse.

*Detoxification Services* - The facility provides services that focus on medical management of acute alcohol or drug intoxication and withdrawal.

*Administrative Services* - The facility provides administrative services (such as billing, personnel, and scheduling).

*Other Non-Treatment Services* - The facility provides services such as intake, assessment, and referral.

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.