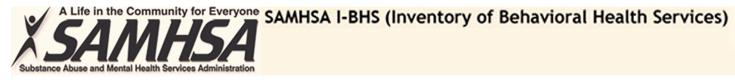
Screen 1: System choices and burden statement



## **I-BHS On-line**

Name:

Go to I-BHS Quick Retrieval Service Add or update facilities using I-BHS On-line Return to DASIS 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 336 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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ie -	<u>SAMHS/</u>		npact of substance abuse and mental illne Services Administration + 1 Choke Cherry Road + Rockville, M		imunities.	

Screen 2: Select 'Update facility' or 'Register new facility'

Substance Abuse	and Mental Health S	ervices Administration	MHSA I-BH	S (Inventor	y of	Behavioral He	alth Serv	vices)	
Login to Fa	cilities Chang	e Management						about	change
Password lo	ogout							about	change
Facilities Ch	nange Manage	ement:							
(Add/Edit)									
Submit Facility	y Change Requests	Apply I-BHS State Chang	ges Apply I-BHS	Survey Changes	Reports	Upload I-BHS Survey Subr	nissions		
State:	Aabama	×	Facility Name:			Find By Facility Name:			
Display Modes:	All		VI-BHS Id:			Find By I-BHS Id:			
		(77)	State Id:			Find By State Id:			
Status:	Active	×	State Id.			Reset Search Fields			
Fa allin Trun a		Mental Health Services					Delete		
Facility Type		Substance Abuse Services					Change		
I-BHS ID	ld	Facility Name		Pending Status		Approved By	Request		
AL999991	ABI123456789	Crestview Medical Center		No Changes Pending				~	
AL999993	AL999993	Brentrey Treatment Center		No Changes Pending					
				No Chanees Pendine				~	
Submit new I-BHS	S Registration Reque	st							
(i) Information									
204 records retr	ieved for Aabama w	ith "Active" status							
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## Screen 3: Enter facility information

	gement				abarra Da
out					change Password
hango Eggilitu Poguos	t:Dale County:AL901081)				
-		nail Notifications/Comments:			
tatus Active	Survey Details:AL90				
	Facility Closed: (MM/DD/YYYY) 5/21/2012	Display Current	Facility		
Select Input Area State Submi	ssion 🗸	Select Comparison	Info: Current Facility Info	~	
* Facility Name:	Crestview Substance Treatment	Facility Name:	Crestview Substance Treatment		
	Outpatient		Outpatient		
*Facility Address:	1700 Remick St	Facility Address:	4732 Menton Street		
*City:	Ozark	City:	Ozark		
Approved City	Ozark				
*State:	Alabama 🛛 🖌	State:	Alabama 💉		
*Zip:	31370 -	Zip:	36361 -		
County Name:	Dale	County Name:	Dale		
Mailing Same As Location					
Mailing Address	P.O. Box 999				
		Mailing Address:	4732 Menton St.		
City	Huntsville	- 1940 - 1940 - 1940 - 1940 - 1940 - 1940 - 1940 - 1940 - 1940 - 1940 - 1940 - 1940 - 1940 - 1940 - 1940 - 194	Contractory and the		
State	Aabama 💌	City:	Ozark		
Zip	44709 -	State:	Aabama 🖌		
* Facility Phone:	(334) 999-1234	Zip:	36361		
Facility Fax:		Facility Phone:	(334) 007-40023		
State Sanctioned		Facility Fax: State Sanctioned:	~		
	No 💙	Sector Serre crono an			

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Screen 4A: Enter substance abuse treatment services (if applicable)

A Life in the Community for Everyone Same Same Same Same Same Same Same Same	SAMHSA I-BHS (Inventory	of Behavioral Health Services)
acilities Change Management		
gout		change Password
Change Facility Request:Dale County:AL90 Facility Information: I-BHS Services: Director In	1081) nformation: Email Notifications/Comments:	
Input Area	Comparison Info:	
OTP ID Number For Methadone/LAAM:	OTP ID Number For Methadone/LAAM	
EIN:	EIN	
National Provider ID:	National Provider ID:	
DEA Registration Number:	DEA Registration Number:	
-Input Area	►Comparison Info:	
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Select Substance Abuse Services Services: Treatment Detoxification Non-Treatment Halfway House Other Nontreatment (intake, assessmnet, refe	erral, etc.)	Select Substance Abuse Services Services: Treatment Detoxification Non-Treatment Halfway House Other Nontreatment (intake, assessmnet, referral, etc.)
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	ion is to reduce the impact of substance abuse and	
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Screen 4B: Enter mental health treatment services (if applicable)

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gout	ange Management lity Request:Dale Count tion: I-BHS Services:	ty:AL901081) Director Information:	Email Notifications/Comments:			change Password
Input Area			Comparison Info:			
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and the second second	Mental Health Services Treatment Non-treatment (intake, assessment Administrative only	t, referral, etc.)			Mental Health Services Treatment Non-treatment (intake, assessment, referral, etc.) Administrative only	> > 3
Cancel And Return Home SAMHSA News Contact Us Accessibility Privacy Disclaimer FOIA Site Map	To Facilities List State Email No <u>Behavioral Health is Essential</u> <u>The White House</u> <u>HHS.gov</u> Plain Writing Act <u>USA.gov</u> <u>Grants.gov</u>	<u>I to Health</u> Adobe <sup>™</sup> PDF and MS Offi	d Return To Facilities List <u>Prevention Wor</u> ce™ formatted files require softwarv mload these FREE programs now.		Treatment is Effective Connect with SAMI	HSA
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## Screen 5: Enter Director's information

× SA	n the Community for Ex INNERS ad Mental Health Services Admin	SAMHSA Nistration	I-BHS (Inventory of Behavioral Health Services)
Facilities Cha	ange Management		change Password
(Change Facili Facility Informat		ads Behavioral Health Ce	enter (AL999999) Email Notifications/Comments:
▶Input Area			Comparison Info:
Prefix:		Prefix:	
First Name:	Gary	First Name:	: Greg
MI:		MI:	
Last Name:	Johnson	Last Name:	: Williams
Suffix:		Suffix:	
Title:		Title:	
Director Phone:		Director Phone:	
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