


Screen 1: System choices and burden statement

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



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I-BHS On-line

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



SAMHSA I-BHS (Inventory of Behavioral Health Services)

Login to Facilities Change Management

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

[Password](#) [logout](#)

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
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(Change Facility Request: Dale County: AL901081)

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

Status Active Survey Details: AL901081

* 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: Crestview Substance Treatment</p> <p style="padding-left: 20px;">Outpatient</p> <p>* Facility Address: 1700 Remick St</p> <p style="padding-left: 20px;"></p> <p>* City: Ozark</p> <p>Approved City: Ozark</p> <p>* State: Alabama</p> <p>* Zip: 31370 - </p> <p>County Name: Dale</p> <p>Mailing Same As Location <input type="checkbox"/></p> <p>Mailing Address: P.O. Box 999</p> <p style="padding-left: 20px;"></p> <p>City: Huntsville</p> <p>State: Alabama</p> <p>Zip: 44709 - </p> <p>* Facility Phone: (334) 999-1234</p> <p>Facility Fax: </p> <p>State Sanctioned <input checked="" type="checkbox"/></p> <p>Non Published No</p>	<p>Facility Name: Crestview Substance Treatment</p> <p style="padding-left: 20px;">Outpatient</p> <p>Facility Address: 4732 Menton Street</p> <p style="padding-left: 20px;"></p> <p>City: Ozark</p> <p>State: Alabama</p> <p>Zip: 36361 - </p> <p>County Name: Dale</p> <p>Mailing Address: 4732 Menton St</p> <p style="padding-left: 20px;"></p> <p>City: Ozark</p> <p>State: Alabama</p> <p>Zip: 36361 - </p> <p>Facility Phone: (334) 887-46625</p> <p>Facility Fax: </p> <p>State Sanctioned: <input checked="" type="checkbox"/></p> <p>Non Published 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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Change Facility Request: Dale County: AL901081

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

Input Area

Comparison Info:

OTP ID Number For Methadone/LAAM:	<input type="text"/>	OTP ID Number For Methadone/LAAM:	<input type="text"/>
EIN:	<input type="text"/>	EIN:	<input type="text"/>
National Provider ID:	<input type="text"/>	National Provider ID:	<input type="text"/>
DEA Registration Number:	<input type="text"/>	DEA Registration Number:	<input type="text"/>

Input Area

Comparison Info:

Teds reporter: <input type="button" value="No"/> <input type="button" value="Yes"/>	Teds reporter: <input type="button" value="No"/> <input type="button" value="Yes"/>
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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Screen 4B: Enter mental health treatment services (if applicable)

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Change Facility Request: Dale County: AL901081

Facility Information: **I-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: [Dropdown]</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" value="Gary"/>	First Name: <input type="text" value="Greg"/>
MI: <input type="text"/>	MI: <input type="text"/>
Last Name: <input type="text" value="Johnson"/>	Last Name: <input type="text" value="Williams"/>
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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