

# **I-BHS Guidelines**

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## About the I-BHS

The I-BHS is a national inventory of substance abuse and mental health treatment facilities maintained by the Substance Abuse and Mental Health Services Administration (SAMHSA) in cooperation with the States. It is the goal of SAMHSA to include on the I-BHS all private and public facilities in the United States that provide substance abuse and mental health treatment.

### A. Purpose of the I-BHS

The I-BHS serves three major purposes:

1. It is the source of national data on the number and location of substance abuse and mental health treatment facilities.
2. It is the frame for the annual N-SSATS and monthly Mini N-SSATS, N-MHSS and a sampling frame for other special studies of behavioral health services.
3. It is the basis of the National Directories and the on-line Behavioral Health Treatment Services Locator.

To best serve these purposes, it is SAMHSA's objective to make the I-BHS as current and comprehensive as possible. Therefore, the I-BHS is updated continuously using information received from a variety of sources. In an effort to bring State to State uniformity to the I-BHS listings, we provide the below guidelines on what should and should not be included in the I-BHS, where information for the I-BHS updates comes from, how update information is processed and what is meant by a "State-approved" facility.

### B. Facilities Included on I-BHS

As a rule, to be included in the I-BHS a facility must provide substance abuse and/or mental treatment services or be a state approved non-treatment halfway house. While there are some non-treatment<sup>1</sup> facilities on the I-BHS, it is comprised primarily of facilities that directly provide substance abuse and mental health treatment.

For substance abuse facilities, "Treatment" includes any of the following services or programs.

- Inpatient or residential rehabilitation services
- Outpatient rehabilitation services
- Detoxification services
- Opioid Treatment Programs
- DUI/DWI programs that include treatment
- Halfway house services that include treatment

<sup>1</sup> Substance abuse facilities that do not provide treatment, such as those providing only prevention or administrative services, may be included on the I-BHS at the State's request. These facilities are generally included on the I-BHS because a) the facility is an administrative unit of other I-BHS treatment facilities, or b) the State wants the facility to have an I-BHS number for block grant or other reasons. Non-treatment facilities on the I-BHS are not included in the N-SSATS, the Directory or Locator.

These treatment services may be provided in a private or publicly owned/operated facility in any setting, including the following:

- Hospital
- Residential facility
- Outpatient facility
- Mental health facility with substance abuse treatment program
- Other kind of clinic or facility with a substance abuse treatment program

For mental health facilities, “Treatment” includes any facilities that offer either one or a combination of the following services:

- Acute or long-term psychiatric inpatient care
- Medication services/Psychopharmacology (drug prescription, medication management)
- Medical therapy (ECT-electroshock therapy)
- Group or individual psychotherapy/counseling
- Behavior therapy/behavior management
- Day treatment
- Partial hospitalization

Include the following types of facilities:

- State psychiatric hospitals
- General hospitals with separate psychiatric units/wards: Usually characterized as having “xx number of hospital beds/unit for acute or inpatient treatment of people with mental illness” or “providing inpatient psychiatric serve care”
- Private hospitals with separate psychiatric units/wards: Similar to (b) above except that these hospitals are privately owned
- Community mental health centers: Usually a provider offering a comprehensive array of mental health services such as inpatient, outpatient and community-based programs
- Residential treatment centers (RTC) for children: These can include lock-down/secured facilities (i.e., clients’ movements are restricted) or unlocked facilities
- Residential treatment centers (RTC) for adults: These can either be locked up or not.
- Emergency psychiatric hospitals
- Veterans Affairs Medical Centers/Hospitals

In order to serve the three purposes listed above, it is important that the I-BHS include each location or site at which treatment services are provided. Frequently, a single organization will provide treatment services at multiple sites. These administratively-linked facilities should be entered on the I-BHS individually, regardless of whether they are considered as a single facility or as several facilities by the State. For example, if a single State license is issued to an organization that operates treatment facilities at several locations, each of the locations should be listed on the I-BHS. Similarly, if a State contracts for treatment services with an organization that operates multiple treatment sites, each treatment site should be included in the I-BHS.

Separate entries on I-BHS for each facility location provides users of the Directory and Locator with the maximum number of options when seeking treatment. During the N-SSATS and N-MHSS each location

will be asked to provide data if that is feasible, but a central location can provide data for subsidiary locations when that is necessary.

### **C. Facilities not included on I-BHS**

Substance abuse facilities generally not included on the I-BHS, except at the request of the State, include:

- Prevention only programs
- DUI/DWI education programs that do not include treatment
- Facilities that provide administrative services only
- Private (solo) practitioners<sup>2</sup>
- Programs in jails, prisons and detention centers
- Programs serving incarcerated clients only
- Temporary/transient programs

Mental health facilities excluded from the I-BHS include facilities that provide only or a combination of any of the following services:

- Crisis intervention services (services include warm lines referrals, mobile teams, assessment)
- Psychosocial rehabilitation (includes various living skills training and development e.g., household management, self-care, social decorum, budgeting, recreation, etc.)
- Cognitive rehabilitation (relearning of lost functioning or controlling, etc.)
- Intake, service referral/coordination, mental health screening/assessment/evaluation, eligibility evaluation/case management
- Health promotion, wellness, education
- Psychoeducational services, vocational rehabilitation, pre-job training and development/sheltered employment
- Transportation services
- Respite services
- Consumer-run/peer support services (e.g., drop-in centers, club houses)
- Housing services
- Legal advocacy

In addition, exclude residential care facilities that may serve people with mental illness if their primary function is not to provide specialty mental health treatment services. These facilities are not eligible and include:

- Nursing homes
- Foster care/therapeutic foster care homes
- Assisted living/supported housing
- Group homes

<sup>2</sup> While private (solo) practitioners are not generally included in the I-BHS, when a State chooses to include such practitioners, they will be treated as “facilities” for purposes of the N-SSATS, Directory and Locator.

#### **D. “State-Approved”**

Substance abuse treatment facilities on the I-BHS are classified as either “State-approved” or “non-State-approved”. This distinction determines which facilities are included in SAMHSA’s National Directory of Drug and Alcohol Abuse Treatment Programs and the online Treatment Services Locator (<https://findtreatment.samhsa.gov>). Only “State-approved” facilities are eligible for inclusion in these two treatment resources. All mental health treatment facilities are classified as “State-approved.”

The definition of “State-approved” may vary from State to State since each State sets its own criteria for “approved” and makes its own decision as to whether an individual treatment facility will be designated as approved or not. Generally, the State Substance Abuse Agency (SSA) should designate as “State-approved” all facilities that it funds, licenses, certifies, regulates, contracts with or otherwise recognizes as a provider of substance abuse treatment services. The SSA, however, is encouraged to designate as “approved” all treatment facilities that it deems appropriate for inclusion in the National Directory and Locator so that the public has access to information on the widest possible array of treatment options. For example, the State is encouraged to “approve” substance abuse treatment facilities that are licensed, operated or regulated by other State agencies or accredited by organizations such as JCAHO, CARF, etc. In the case of administratively-linked facilities (as described above), when one facility is State-approved, States are encouraged to designate linked facilities as approved when the SSA believes that is appropriate.

State-approved, as used in the context of the I-BHS, does not imply recommendation or endorsement of the facility or its programs by the State. It does, however, imply that the State has sufficient knowledge of the facility and its substance abuse treatment program to believe it is appropriate to include the facility in a public listing of available treatment resources.

In addition to the facilities that the State SSA designates as “approved”, SAMHSA will also include in the National Directories and Locator two other types of facilities.

1. Facilities that are operated or monitored by the Federal Government will be included, regardless of their State-approved status. For example, SAMHSA-accredited OTP’s (Opioid Treatment Programs that use drugs such as methadone in the treatment of narcotic addiction), and programs operated by the Department of Veterans Affairs and the Department of Defense will be included in the National Directories and the Locator.
2. Facilities licensed to provide substance abuse treatment by a State agency other than the State SSA will be included regardless of their “state approval” status, unless the SSA specifically requests their exclusion.

#### **E. I-BHS Maintenance**

Keeping the I-BHS current and correct is a constant process that requires careful coordination among the States and the BHSIS Team. Facility information changes frequently and sources of update information vary in the accuracy and timeliness of their data. To minimize errors and resolve conflicting information, many facility changes are confirmed before being added to the I-BHS database. The result is a steady flow of information to and from the BHSIS team and the various sources of I-BHS information.

## Sources of I-BHS update information

There are three major sources of I-BHS update information:

1. **State agencies** – State representatives provide information through the I-BHS On-line and by fax, email and telephone. There is considerable variation in the frequency of state updates, but most states are able to provide updates on a monthly basis. States are the major source for new facilities and provide name, address, and other changes as well. States are the sole determinant of whether a facility is “state-approved.”
2. **N-SSATS and N-MHSS data collection feedback** – During the survey process, many changes in facility information are determined from survey responses and from post office return forms. During a typical survey cycle, more than half of the respondents report some change in name, address, or phone number. Respondents also provide information on “new” facilities, usually other facilities with the same ownership that were not sent questionnaires.
3. **Individual treatment facilities** – The BHSIS team is contacted frequently by individual providers, usually because the provider wants to be added to the Directory and/or the Locator or because they want to update information in those resources.

## Verification of update data

Having erroneous data in the I-BHS causes significant data collection problems in the N-SSATS and N-MHSS, and results in public display of incorrect information in the Directory and Locator. Therefore, all information received by the BHSIS team to update the I-BHS is reviewed before any change is accepted. In some situations, the data provided for updates are confirmed by a second source. Some information provided by states, for example, are confirmed with the facility.

The general process for reviewing update data varies according to the source and circumstances as follows:

## State submitted update information

1. **New facility** – When information on a “new” facility is received from a State, the I-BHS staff searches the I-BHS database for a possible duplicate. If none is found, the facility is added to the database. If an identical or nearly identical name or address is found, the State and facility may be contacted to determine whether or not the “new” facility is a duplicate of one already on the I-BHS. When a new facility is added to the I-BHS, it should have a name and address that clearly distinguishes it from other facilities in the I-BHS. When necessary, the I-BHS staff will work with the State and the facility to modify the name and/or address to eliminate the appearance of duplication. New facilities submitted by the States and accepted by the BHSIS team are always added to the I-BHS as State-approved.
2. **Facility closure** – States inactive (“close”) a facility for various reasons. In some instances, the facility may still provide treatment services. In some States, for example, the State may “close” a facility in the I-BHS because it no longer has a license, but it may be legally permitted to continue providing services. For this reason, a facility closed by a State is contacted to determine if it is still providing treatment services. If it reports that it is, the facility remains active on the I-BHS, but its State-approved status is changed to “non-State-approved.” Such a

facility will be included in future N-SSATS, but will be removed from the Locator and will not be included in the next Directory. The State is notified of our findings and action and, if requested, the State is provided with the name and phone number of the person providing the facility information.

3. **Name, address or other change** – Facility name and address changes submitted by a State are generally verified with the individual facilities. (This applies to substantive changes, not minor wording or format changes). If the facility confirms the information submitted by the State, the I-BHS is updated. If the facility reports a different change than that submitted by the State, the I-BHS is updated with the information provided by the facility. If the facility reports that the information currently in the I-BHS is correct and that the change submitted by the State should not be made, the I-BHS is not updated. In the last two scenarios, the State is informed that we made a different change than the change they requested or that we did not change the information that they requested, as directed by the facility. When this occurs, the State is provided with the name and telephone number of the person at the facility who provided the information, and the facility's I-BHS ID number. Due to the high volume of facility changes processed by the BHSIS team, it is not feasible to provide the State with all of the facility information but, with the ID number, the State easily can review the facility data using the I-BHS On-Line.

#### **Survey data collection information**

1. **New facility** – Facilities identified during the N-SSATS and N-MHSS are added to the I-BHS, if it is determined that they are not duplicates of facilities already on the I-BHS. Substance abuse facilities are classified as non-State-approved, and their information is sent to the State for a determination of whether they should or should not be classified as State-approved. If the State informs us that the facility is a duplicate of an existing facility (a duplicate that the BHSIS team did not catch) or that the facility does not provide treatment services, the facility is "closed" on the I-BHS as ineligible.
2. **Facility closure** – Facilities found to be out of business, duplicates of another facility on the I-BHS or no longer providing treatment services are "closed" on the I-BHS, with the appropriate reason for closure indicated. If the facility was classified as "State-approved," the State is informed of the closure if the State has asked to be informed of closures. (States are not automatically informed of facility closures, but may request to be informed). Closures are easily identifiable to the States through periodic searches of the I-BHS using the I-BHS On-Line.
3. **Name, address or other change** – Name and address changes reported by the facility are used to update the I-BHS after it is determined that the new name or address is not currently on the I-BHS (to avoid duplicates). Possible duplicates are researched by contacting the facility and/or the State. As with facility closures, States are informed of the name and address changes if the State has so requested.

## Individual provider information

1. **New facility** - Facilities contact us directly and request to be added to the Locator or Directory. If the facility representative states that they provide either substance abuse and/or mental health treatment services, and we determine that the facility is not already in the I-BHS, the facility is added to the I-BHS as a new facility. The State is then notified of the facility action and requested to classify the facility as "State-approved" or not (for substance abuse facilities). If the facility is classified as State-approved, it is included in the next Mini N-SSATS or the annual N-SSATS, whichever comes first. Upon completion of the N-SSATS questionnaire, the facility may be added to the Locator and Directory at the next update of those files. If the facility is not State-approved, it remains on the I-BHS and is included in the next annual N-SSATS, but is not included in the Directory or Locator. Since non-State-approved facilities are never made public, there is no advantage for a facility to seek addition to the I-BHS under false pretenses.
2. **Facility closure** - Closures reported directly by a facility are handled in the same manner as closures determined during the N-SSATS and N-MHSS as described above.
3. **Name, address, or other change** - Name and address changes reported directly by a facility are handled in the same manner as changes determined during the N-SSATS and N-MHSS as described above.

## F. Updates of the Treatment Services Locator and Directory

The Directory and the Treatment Services Locator include all eligible facilities that have met the criteria to be listed in these publications. The National Directories are published at the end of each annual N-SSATS and N-MHSS survey using the most current information available at that time. As published documents, they are not updated again until they are published after the next year's surveys. The Locator is updated on a weekly basis. Facility updates are made, and closed facilities are removed during each update. Newly identified eligible facilities are surveyed and once their data has been received and processed, the facility is added to the Locator during the next weekly update. Similarly, existing facilities that later meet the eligibility criteria are added to the Locator in the next weekly update.

## G. Special Situations:

More than one facility operating at the same address - On occasion, two or more independently operated facilities will share the same address. In order to avoid duplicate listings, we will always verify these cases. In the I-BHS listing for such places, clearly distinguishing names are essential. In many cases, the addresses also can be distinguished by adding unit, room, floor, or suite numbers.

Multiple units in the same facility - Some facilities have multiple treatment units at one location that may be licensed independently, or that the facility or the State wishes to have identified as separate treatment facilities. If the names are the same, distinguishing among them can be confusing. As with multiple facilities at one address described above, it is important that the 2 name fields are used to provide distinguishing names. When feasible, the addresses should also be distinguishable through the use of a unit name or number, floor, room, suite, or other distinguishing information.