

I-BHS

Guidelines

About the I-BHS

The I-BHS is a national inventory of substance abuse 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 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 treatment facilities.
2. It is the frame for the annual N-SSATS and monthly Mini N-SSATS, and a sampling frame for other special studies of substance abuse treatment.
3. It is the basis of the *National Directory of Drug and Alcohol Abuse Treatment Programs* and the on-line *Substance Abuse Treatment Facility 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 below guidelines on what should and should not be included in the I-BHS, where information for 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 treatment services. While there are some non-treatment¹ facilities on the I-BHS, it is comprised primarily of facilities that directly provide substance abuse treatment. "Treatment" includes any of the following services or programs:

- Inpatient or residential rehabilitation services
- Outpatient rehabilitation services
- Detoxification services

¹ 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 *Treatment Facility Locator*.

- Opioid Treatment Programs (methadone / LAAM maintenance)
- DUI / DWI programs that include treatment
- Halfway house services that include treatment²

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 substance abuse treatment program

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 *Facility Locator* with the maximum number of options when seeking treatment. During the N-SSATS, 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) practitioners³
- Programs in jails, prisons and detention centers
- Programs serving incarcerated clients only
- Temporary/transient programs

² Halfway houses without treatment services may also be included in the I-BHS. As a public service, these facilities will be listed in the *Directory* and *Locator* with no service codes so it is clear they do not provide treatment services.

³ 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"

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 *Web-based Substance Abuse Treatment Facility Locator* (<http://findtreatment.samhsa.gov>). Only "State-approved" facilities are eligible for inclusion in these two treatment resources.

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 *Facility 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 Directory* and *Treatment Facility 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 or LAAM 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 Directory* and *Treatment Facility 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, Synectics and MPR. 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 Synectics, MPR and the various sources of I-BHS information.

Sources of I-6 < G update information

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

1. ~~**State substance abuse 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 mini N-SSATS 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 N-SSATS, 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**~~ - Synectics is contacted frequently by individual providers, usually because the provider wants to be added to the Directory and the Treatment Facility 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 results in public display of incorrect information in the *Directory and Treatment Facility Locator*. Therefore, all information received by Synectics to update the I-BHS, is reviewed by I-BHS technical staff before any change is accepted. In some situations, the data provided for updates is confirmed by a second source. Some information provided by states, for example, is confirmed with the facility. States are notified of virtually all facility changes resulting from the N-SSATS respondents and individual providers. Changes are sent to the state for confirmation and/or to provide the state with the new information.

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 I-BHS technical staff are always added to the I-BHS as State-approved.
2. **Facility closure** - States inactivate ("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 I-BHS staff, 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 IQRS.

N-SSATS data collection information

1. **New facility** - Facilities identified during the N-SSATS are added to the I-BHS, if it is determined that they are not duplicates of facilities already on the I-BHS. Such 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 I-BHS technical staff did not catch) or that the facility does not provide treatment services, the facility is "closed" on the I-BHS.
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 IQRS.
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 substance abuse 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 "non-State-approved" facility. The State is then notified of the facility action and requested to classify the facility as "State-approved" or not. 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 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 as described above.

F. Updates of the Treatment Facility Locator and Directory

The *Directory* and the *Treatment Facility Locator* include State-approved facilities that provide treatment and respond to the N-SSATS. The *National Directory* is published at the end of each annual N-SSATS using the most current information available at that time. As a published document, it is not updated again until it is published after the next year's survey, though an errata sheet is sometimes issued approximately 6 months after publication with corrections and changes. The *Treatment Facility Locator* is updated on a monthly basis. Facility updates are made and closed facilities are removed monthly. Newly identified State-approved facilities are surveyed in the N-SSATS or Mini N-SSATS, whichever comes first. Once the N-SSATS data are received, the facility is added to the *Locator* at the next monthly update. Similarly, N-SSATS respondents that are changed from non-State-approved to State-approved are added to the *Locator* in the next monthly 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.

State's official or license name is different than the "common" name - I-BHS allows for 2 "common" names and 2 "legal" names. The name(s) the facility wants to be known by is entered in the "facility name" field(s)", and the official, legal name used by the State, when different, is entered in the "legal name" field(s). The common names are displayed in the *Directory* and *Facility Locator*. When a State knows about facilities that use a name other than their legal or licensed name, such information should be provided to the I-BHS technical staff. Facilities known by the I-BHS staff to have legal names different than their common name can be viewed by using the output of the IQRS.