

## Behavioral Health Facility Areas of Expertise

Facility Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Directory Phone #: \_\_\_\_\_

NPI#: \_\_\_\_\_

Comments: \_\_\_\_\_

Services Provided				
Level of Care	Age	Service	Y/N?	
Inpatient	Child	Mental Health		
		Substance Abuse		
		Detoxification		
		Eating Disorder		
	Adolescent	Mental Health		
		Substance Abuse		
		Detoxification		
		Eating Disorder		
	Adult	Mental Health		
		Substance Abuse		
		Detoxification		
		Eating Disorder		
	Geriatric	Mental Health		
		Substance Abuse		
		Detoxification		
		Eating Disorder		
Residential	Child	Mental Health		
		Substance Abuse		
		Eating Disorder		
	Adolescent	Mental Health		
		Substance Abuse		
		Eating Disorder		
	Adult	Mental Health		
		Substance Abuse		
		Eating Disorder		
	Geriatric	Mental Health		
		Substance Abuse		
		Eating Disorder		
	Partial Hospitalization	Child	Mental Health	
			Substance Abuse	
			Eating Disorder	
		Adolescent	Mental Health	
Substance Abuse				
Eating Disorder				
Adult		Mental Health		
		Substance Abuse		
		Eating Disorder		

Partial Hospitalization	Geriatric	Mental Health	
		Substance Abuse	
		Eating Disorder	
Intensive Outpatient (IOP)	Child	Mental Health	
		Substance Abuse	
		Eating Disorder	
	Adolescent	Mental Health	
		Substance Abuse	
		Eating Disorder	
	Adult	Mental Health	
		Substance Abuse	
		Eating Disorder	
	Geriatric	Mental Health	
		Substance Abuse	
		Eating Disorder	
Outpatient	Child	Mental Health	
		Substance Abuse	
		Eating Disorder	
	Adolescent	Mental Health	
		Substance Abuse	
		Eating Disorder	
	Adult	Mental Health	
		Substance Abuse	
		Eating Disorder	
	Geriatric	Mental Health	
		Substance Abuse	
		Eating Disorder	
ECT	Inpatient	Adult	
		Geriatric	
	Outpatient	Adult	
		Geriatric	

Public Transportation Access:  Yes  No

TDD Capacity:  Yes  No

Wheelchair Accessibility:  Yes  No

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_