

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: _____