##### Form T

##### DISASTER BEHAVIORAL HEALTH SERVICES CONTACT LIST

**Date of Submission:**

**Center Name:**

**Counties Served:**

Note: Every six months beginning with the first quarter, provide the DBHS office the names and 24-hour contact information of two mental health professionals (MHP) who are trained in mental health and/or substance abuse, as well as the names and 24-hour contact information of Contractor’s Risk Manager or Safety Officer (include whether individual is trained in FEMA-ICS 100, 200, 300, 700, 800 Psychological First Aid (PFA), Disaster Behavioral Health (DBH) Toolkit, and/or ICISF Critical Incident Stress Management (CISM). Also provide the name of the individual responsible for tracking disaster response related expenses and development of disaster budgets.;

|  |  |
| --- | --- |
| MHP Primary Contract/License |  |
| **Address** |  |
| **Office Phone** |  |
| **Office Fax** |  |
| **Crisis Number** |  |
| **Pager** |  |
| **Cell Phone** |  |
| **Home/Alt Phone** |  |
| **E-mail address** |  |
| **Check All That Apply** | 🞐FEMA-ICS 100 🞐FEMA-ICS 200 🞐FEMA-ICS 300 🞐FEMA-ICS 700 FEMA-ICS 800 🞐PFA 🞐 DBH Toolkit 🞐ICISF CISM |

|  |  |
| --- | --- |
| MHP Secondary Contact/License |  |
| **Address** |  |
| **Office Phone** |  |
| **Office Fax** |  |
| **Crisis Number** |  |
| **Pager** |  |
| **Cell Phone** |  |
| **Home/Alt Phone** |  |
| **E-mail address** |  |
| **Check All That Apply** | 🞐FEMA-ICS 100 🞐FEMA-ICS 200 🞐FEMA-ICS 300 🞐FEMA-ICS 700 FEMA-ICS 800 🞐PFA 🞐 DBH Toolkit 🞐ICISF CISM |
| Budget/Fiscal Contact |  |
| **Address** |  |
| **Office Phone** |  |
| **Office Fax** |  |
| **Crisis Number** |  |
| **Pager** |  |
| **Cell Phone** |  |
| **Home/Alt Phone** |  |
| **E-mail address** |  |
| **Check All That Apply** | 🞐FEMA-ICS 100 🞐FEMA-ICS 200 🞐FEMA-ICS 300 🞐FEMA-ICS 700 FEMA-ICS 800 🞐PFA 🞐 DBH Toolkit 🞐ICISF CISM |

|  |  |
| --- | --- |
| Risk Manager Name/License |  |
| **Address** |  |
| **Office Phone** |  |
| **Office Fax** |  |
| **Crisis Number** |  |
| **Pager** |  |
| **Cell Phone** |  |
| **Home/Alt Phone** |  |
| **E-mail address** |  |
| **Check All That Apply** | 🞐FEMA-ICS 100 🞐FEMA-ICS 200 🞐FEMA-ICS 300 🞐FEMA-ICS 700 FEMA-ICS 800 🞐PFA 🞐 DBH Toolkit 🞐ICISF CISM |

Email form to [performance.contracts@hhsc.state.tx.us](mailto:performance.contracts@hhsc.state.tx.us) in accordance with Information Item S