

Board of Trustees

Meeting Date: _____

Executive Summary of Board Agenda Item

Subject/Title for Agenda Posting: Memorandum of Understanding and Agreement between Canutillo ISD and Aliviane Inc.

Justification Statement: This MOUA will provide evidence-based curriculum education, utilizing the Life Skills Curriculum, in the district's elementary and middle schools.

Purpose of Agenda Item: ☐ Information ☒ Discussion ☒ Action

Item Type: ☐ Curriculum & Instruction ☐ Human Resources ☒ Business Services

Staff Responsible:

Dr. Monica Reyes, Executive Director Student Support Services

Signature of Requester(s)

[Signature]

Signature of Presenter(s)

8/12/2026

Business Services Approval (Initials)

Date

Agenda Summary:

This memorandum of understanding and agreement confirms Canutillo ISD's commitment to provide the community with age-appropriate Alcohol, Tobacco and Other Drug (ATOD) presentations and information disseminated to the students, teachers, and families. Information will also be presented at other district and campus activities such as prevention classes, Parent University, health fairs and community events.

RECOMMENDATION: Administration recommends that the Board of Trustees approves the MOUA with Aliviane, Inc. and Canutillo ISD.

PRIOR BOARD ACTION: Approved AWARDED: 6/24/2025 AWARDED AMOUNT: N/A

AMOUNT(S): N/a

ACCOUNT NO(S): N/A

PROCUREMENT METHOD TYPE: (3 Quotes, Cooperative Contract Quotes, Sole Source, Formal Bid)
Memorandum of Understanding & Agreement

REQUESTING DEPARTMENT: Student Support Services Department

CONSEQUENCES OF NON-APPROVAL: The loss of a preventative measure concerning alcohol, tobacco and other drugs and the loss of a resource of information to be shared with Canutillo ISD students in classroom presentations and with parents at community events.

IMPLEMENTATION TIMELINE: School Year 2026-2027

ATTACHMENT(S): MOUA Document





**CANUTILLO INDEPENDENT SCHOOL DISTRICT
FINANCIAL SERVICES DIVISION/PURCHASING**

Contract Routing and Approval Form

FOR PURCHASING OFFICE USE ONLY			
Contract Request Received		Assigned Contract No	
Routed for Internal Approval		Contract Fully Executed	
Routed for Vendor Approval		Notification To Proceed	

CONTRACT APPROVAL PROCESS: 1. All agreements shall be routed through the purchasing office. 2. Purchasing will review for compliance and determine procurement method(s). 3. Be advised that some agreements may require Legal Counsels review. 4. Following final review, purchasing will route for additional signature(s), either district personnel and/or supplier, to ensure receipt of fully executed documents. 5. Purchasing will notify requestor when process has been completed.

NO SERVICES SHALL COMMENCE WITHOUT AN EXECUTED AGREEMENT AND AN APPROVED PURCHASE ORDER

IT IS THE REQUESTORS RESPONSIBILITY TO SUBMIT ALL DOCUMENTS PERTAINING TO THE SERVICE REQUESTED WITH AMPLE TIME TO ALLOW FOR FULL PROCESS. MUST INCLUDE Vendor agreement, vendor quote, vendor terms, any other docs related to the service, etc. This Contract Routing and Approval form is required to ensure we have the information needed to route documents for the necessary signatures.

THIS FORM MUST BE COMPLETED BY THE REQUESTING CAMPUS/DEPARTMENT

Must check off Contract Type: ☐ Professional Service ☐ Contracted Services ☐ Vendor Agreement ☐ Term Contract ☐ Interlocal
☐ Lease Agreement ☒ MOUA ☐ MOA ☐ Construction ☐ Other _____

Campus/Department: Student Support Services

Campus/Department Contact person: Dr. Monica Reyes, Executive Director

Contact Number: 915-877-7650 Requestors email: mreyes@canutillo-isd.org

Contract Title: Professional Services Contract- Aliviane Inc.

Contract Description: An agreement to provide students and families with age-appropriate presentation on Alcohol, Tobacco, and Other drugs and providing comprehensive substance use and other mental health disorder services for CISD students and families. Services include age-appropriate group mentoring services and monthly family engagement activities to participate in the program.

VENDOR INFORMATION – MUST PROVIDE ALL INFORMATION LISTED BELOW: Required to obtain all necessary signatures.

Vendor/Company Name: Aliviane Inc.

Vendor Full Address: 11626 Medical Center Dr., 3rd Flr El Paso, Texas 79902

Name of Representative: Priscilla Cortez representatives' email: pcortez@aliviane.org

Rep. Office Phone: 915-782-4000 Ext 1321

Rep Mobile Number: _____

Vendor's Authorized Signer: Ivonne Tapia

Signer's email: itapia@aliviane.org

Contract Amount: N/A Funding Source: N/A

Account No(s): N/A

Anticipated Start Date: September 1, 2026

End Date: August 31, 2027

Is this a New Agreement? ☐ Yes ☒ No

Is this Agreement a renewal? ☒ Yes ☐ No If yes; specify the reason for renewal, what is it replacing? _____

MOUA Renewal required 1- Year after start Date

Agreement Term: 2026-2027 School Year

Does agreement term include renewal options? ☐ Yes ☒ No

If yes, specify renewal options: _____

Does agreement require Insurance coverage? ☐ Yes ☒ No If yes, route agreement to Human Resources department for review, and to provide the necessary insurance requirements.

Human Resources staff review: _____

Date: _____

By signing this approval request form, I, the budget authority confirm that the agreement attached has been reviewed and all necessary documents pertaining to this agreement are being submitted.

Budget Authority Signature: [Signature]

Date: 8/12/2026

☐ **Attachments: Must submit vendor agreement and all pertaining documents, quotes, etc., with this routing form.**

Purchasing review: _____



MEMORANDUM OF UNDERSTANDING & AGREEMENT

Aliviane, Inc. is committed to providing comprehensive substance use and other mental health disorder services for residents living in West Texas (Region 10), which includes the counties of El Paso, Brewster, Culberson, Jeff Davis, Hudspeth, and Presidio. To accomplish these goals, we must rely on community resources to provide much needed services that are beyond the scope of this organization and/or to augment the services provided by Aliviane, Inc. **This document represents a record of agreement to provide individuals with program services listed below between Aliviane, Inc. programs and the following partnering agency:**

Name of Partnering Agency/Organization/ School/Program: Canutillo Independent School District

Aliviane, Inc. applicable program services:

- | | | | | |
|--|---|---|---|--|
| ☒ PRIDES | ☒ PRC Region 10 | ☐ HMHL | ☐ WCR | ☒ YRRC |
| ☒ PRIDES - Rural | ☒ EPAPC | ☐ AOPC | ☐ CCC | ☐ PPW |
| ☒ Strengthening Families | ☒ PADRE | ☐ OTC | ☐ Por Mi Familia | ☒ IHCP |
| ☒ IMASTAR | ☐ PATH | ☒ YFOPC | ☐ RSS | |

Description of services provided by Aliviane Inc.

General Description	Specific Deliverables
Youth Prevention Indicated Program (YPI) may provide prevention services to youth at risk of substance use and adults referred.	Services include prevention education; age appropriate ATOD presentations; Information Dissemination to children, and families; Alternative Activities; Problem Identification and Referral as requested; Prevention services will include participation in community events.
Youth Prevention Selective (YPS) may provide prevention services to youth ages 12-17 years of age and adults referred.	Services include prevention education; age appropriate ATOD presentations; Information Dissemination to children, and families; Alternative Activities; Problem Identification and Referral as requested; Prevention services will include participation in community events.
Youth Prevention Universal Program (YPU) may provide prevention services to all youth and adults referred.	Services include prevention education; age appropriate ATOD presentations; Information Dissemination to children, and families; Alternative Activities; Problem Identification and Referral as requested; Prevention services will include participation in community events.

El Paso Advocates for Prevention Coalition will work towards the prevention and reduction of the illegal and harmful use of alcohol, Marijuana, tobacco, and prescription drugs, (to include other drugs) in El Paso County, amongst youth and adults, by promoting and conducting community-based and evidence-based prevention strategies with key stakeholders.

PRC program provides the community with substance use events, data, and information to mitigate the use of illicit substances in our community for all ages.

Youth and Family Outpatient Treatment Clinic (YFOPC) may provide outpatient treatment services adolescents aged 13-17 years old who are struggling with substance use disorder.

Youth Recovery Center(YRC) program provides youth aged 13-21 years old a safe place to meet with peer leaders and obtain case management services. Peer leaders engage participants and their families/supportive allies in sober activities and the center is available to youth at various times throughout the week.

PADRES Program may provide parenting awareness and drug risk education services for at-risk families, overdose prevention and tobacco cessation education as indicated on the participant's assessment. Services are provided in person and virtually.

IHCP-YEP Promote mental health and wellness by providing tools to improve well-being, stress levels and resiliency. Our free services are available to both youths and young adults aged 6 to 25 and their families, our service area is El Paso and the rural communities throughout the County. We focus our efforts on identifying promising students struggling with school and emotional stress.

Services include conducting prevention services activities through the coalition. Implement the combination of information dissemination, alternative activities, community based process, environmental strategies, shift related to policies, practices, norms and community condition.

Services include data sharing, substance use presentations, Regional Needs Assessment, tobacco compliance checks, tobacco law education, mass media, promotion of substance use related events, social media posting, and referrals.

Services include Individual Counseling, Group Counseling, Group Education, Adolescent Support, Parent Education, and Family Support. Services will be provided to youth upon referral from school counselors, to be conducted at Aliviane's facility.

Services include referrals, family engagement services, case management resources, center with sober activities, outreach presentations, support groups, and a Peer Advisory Council. Services will be provided to youth upon referral from school counselors, to be conducted at Aliviane's facility.

Services include transportation and supervision of the participants' children during activities as needed. Parenting classes and case management services, including screening, assessments, service plans, referrals, and referral follow-ups and financial assistance to qualified individuals.

Hosting yoga- meditation, and stress relieving classes with activities for the participants. Implement evidence-based curriculums, Keeping my family safe, Learning 2 Breathe and Check and Connect with linkages and referrals to other services participants may need. Follow-ups and continued support and guidance while in the YEP program.

Description of services provided by Partnering Agency/Organization/School/Program**General Description**

Provide coordinating support for Aliviane prevention presentations, information dissemination, alternative activities, evidence-based curriculum services, health fairs and community events, by allowing Prevention Specialist to work in their classrooms and students.

Specific Deliverables

Support for prevention education curriculum, adult and youth presentations and information dissemination, alternative activities, health fair, community events and coalition meetings.

☐ Referral☐ Transportation☐ Communication☐ Financial Assistance☐ Case Management☐ Presentations/Sessions

This MOUA indicates that a referral relationship exists and will abide by the Occupations Code, Title 3, Subtitle A, Chapter 102, Subchapter A, Sec. 102.001. This MOUA does not indicate any contract, liability, or endorsement between both partnering entities. Both entities will mutually provide information regarding services provided, admission and eligibility criteria, non-duplication of services, and any other information necessary for effective placement of individuals within the guidelines of client confidentiality as specified by State and Federal laws and regulations, specifically the Federal Regulations on Confidentiality of Alcohol and Substance Abuse Patient Records (Federal Register, General Provisions Title 42, Chapter 1, Part 2), Health Insurance Portability and Accountability Act (HIPAA), and any other requirements as mandated by existing protocols.

This MOUA recognizes that referred individuals are responsible for any fees or payments if any apply. Aliviane, Inc. has no liability or responsibility for such fees or payments, unless arranged in advance, in writing, by an official of Aliviane, Inc. with authority to authorize such payment. This agreement will be in effect for one year from the date of full execution or may be terminated by either entity with thirty (30) days written notice.

Signature: _____

Name: Dr. Josue Borrego
Title: Superintendent of Schools
Entity: Canutillo ISD
Phone: 915-877-7444
Email: jborrego@canutillo-isd.org

Signature: _____

Name: Ivonne Tapia, LPC-S, LCDC, ACPS
Title: Chief Executive Officer
Entity: Aliviane, Inc.
Phone: 915-782-4000
Email: itapia@aliviane.org

Start Date: 09-1-2026 End Date: 08-31-2027
MOUA Renewal Required 1-Year after Start Date*

Form ID: ADM-MOUA-01
2020