MENTAL AND BEHAVIORAL HEALTH ROADMAP AND TOOLKIT FOR SCHOOLS

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Austin Community FOUNDATION

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THE MEADOWS MENTAL HEALTH POLICY INSTITUTE

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Executive Summary

The purpose of the *Mental and Behavioral Health Roadmap and Toolkit for Schools* is to provide Texas schools and school districts with information on research-driven, evidence-based practices and practical guidance to help school leaders, teachers, and staff more effectively assess and address student mental and behavioral health needs to improve educational and life outcomes for students. The primary purpose of school is to help students learn, and academic goals are more difficult to achieve when the mental and behavioral health needs of students and staff are not addressed. A well designed, proactive, and responsive effort to create a positive school climate can have a positive impact on school safety and school performance, including grade completion, attendance, and academic achievement.

Mental health challenges are common in children and youth. An estimated one in five children and youth under the age of 18 will experience a diagnosable mental health disorder during any given year. Of those who experience a diagnosable mental health disorder in their lifetime, about half experience the onset of the disorder by age 14 and three-quarters by young adulthood. In 2017, about 31.5% of surveyed high school-aged youth reported that they felt sad or hopeless almost daily for two or more weeks within the past year, and 17.2% seriously considered attempting suicide. The vast majority of children and youth with mental health disorders do not receive treatment, and those that do receive care do not receive it in a timely way (the delay from symptom onset to treatment averages eight years).

Untreated child and youth mental health conditions are linked to higher rates of school absence and reduced rates of timely grade completion and graduation. Untreated mental health symptoms also have a negative effect after leaving school on employment, marital stability, and other factors related to being a productive member of society. Students with unaddressed mental and behavioral health symptoms can also disrupt the learning environment for other students.

Creating a positive school climate and providing resources in schools to identify students with mental and behavioral health challenges and connect them to effective treatment has broad implications for schools, school districts, and communities. While schools are not health care providers, they are well positioned to prevent or minimize the occurrence of many mental health challenges by identifying and helping support those in need with both access to medical services and needed educational supports. In some cases, schools may also serve as a venue for providing health services, including mental health care, and they can also be the key to effective need identification, referral, and linkage to services provided in the community.

A Multi-tiered System of Supports and Interconnected Systems Framework

The framework of Multi-tiered System of Support (MTSS) provides an over-arching framework for organizing plans to address student needs broadly through early identification and intervention. It is also the optimal approach for organizing efforts to meet mental and behavioral health needs. MTSS takes into account that districts, schools, and students have different needs and resources, and helps schools to identify and address the unique needs of students through the resources of local communities. MTSS builds on frameworks already widely used for decades in school settings, bringing together Response to Intervention (RtI) and Positive Behavioral Interventions and Supports (PBIS) frameworks to organize the full array of mental and behavioral health (M/BH) supports in the service of academic performance.

The model supports the development of prevention efforts for all students, as well as more targeted interventions for students with greater needs affecting academic performance. The MTSS framework includes universal mental health promotion strategies for all students (Tier 1), targeted services and supports for the subset of students currently experiencing a M/BH challenge or identified as being at risk for a M/BH concern (Tier 2), and specialized and individualized services for the relatively small number of students with more complex M/BH needs that Tier 1 or Tier 2 programs cannot adequately meet (Tier 3).

Tier 1 interventions, also referred to as universal supports and interventions, are provided to all students in a school and are intended to be the core curriculum for all students. These supports prevent some challenging behaviors while teaching the social and emotional skills that students need to succeed in school. Tier 1 interventions meet the needs of about 80% of students. Approximately 10% to 20% of students also need **Tier 2 interventions**, also known as targeted supports and interventions. Students who display mild to moderate M/BH needs continue to receive Tier 1 interventions along with Tier 2 targeted interventions, such as evidence-based individual or group supports to provide the support these students need to keep them from having more serious academic and behavioral difficulties. Students who do not respond to Tier 2 are provided Intensive supports and interventions (**Tier 3 interventions**) in addition to universal and targeted supports. These individualized supports generally need to be provided to about 3% to 5% of the student population with more complex M/BH needs. Student supports should move up or down among the tiers, depending on the student's needs, development, and circumstances over time.

The specific interventions offered through an MTSS framework vary across districts and schools because they are determined by the needs, resources, and priorities identified in each district, as well as on each campus. Local variability in interventions, however, are organized by the the MTSS framework's foundational elements, that include: strong and engaged leadership; evidence-based practice implementation; data-driven problem solving and decision making;

and student, family, and community involvement.

MTSS effectiveness is further optimized when implemented in the context of the Interconnected System Framework (ISF), which applies implementation science to embed the resources of the MTSS framework within a cross-system collaboration between school professionals and community mental health providers, with the goal of providing students with access to more services and supports. The main components of ISF include: (1) teams of mental health providers, youth, and families; (2) data-based decision making; (3) processes for selecting and implementing evidence-based practices; (4) prompt access to supports after screening; (5) fidelity monitoring; and (6) ongoing system- and practice-level training and coaching to support practice effectiveness.

The ISF expands the MTSS framework by providing a structure and process for education and community mental health systems to interact in an efficient and effective way to improve educational and life outcomes for students. ISF enhances the MTSS framework by including community providers in both leadership and operational levels, including system leadership teams, data-based decision making, selection and implementation of appropriate EBPs, progress monitoring, and ongoing training and coaching. ISF ideally helps incorporates mental health expertise at all tiers of the MTSS framework. The mental and behavioral health of students is shared by all, and everyone is expected to contribute to an integrated plan.

Schools and school districts can maximize the effectiveness and efficiency of M/BH services provided on campus and facilitate referrals and linkages to the full array of health care services provided in their community. They can also use frameworks such as MTSS and ISF as a guide for assessing needs, identifying resources, and selecting evidence-based interventions to meet student needs and improve academic performance.

Multi-Tiered System Frameworks	
Approach	**Description**
Response to Intervention (RtI)	RtI is a multi-level prevention framework intended to increase student achievement and reduce problem behaviors. Assessment and intervention are integrated within the framework. Data gathered through assessments are used to identify students at risk of learning and behavior problems, monitor outcomes, determine the needed intervention, and adjust the intervention.
Positive Behavioral Support and Interventions (PBIS)	PBIS is a M/BH-focused framework for helping school staff select, adopt, and organize evidence-based interventions to enhance the social, emotional, behavioral and academic outcomes for students.

Multi-Tiered System Frameworks	
Approach	**Description**
Multi-tier System of Supports (MTSS)	MTSS is a broader framework for delivering practices and systems for enhancing student academic and behavioral outcomes through a three tier system of M/BH and other academic supports.
Interconnected Systems Framework (ISF)	ISF brings together RtI, PBIS, and MTSS in a community-based, collaborative framework that enhances all approaches, extends the array of mental health supports for students and families. It provides an over-arching framework for implementing evidence-based interventions through collaboration between schools and community providers.

Introduction

Schools that have a system of mental health services and supports in place can help identify and address the mental health concerns of students and staff promptly, before they intensify and result in decreased academic performance and success and increased absenteeism and disciplinary issues. Schools with formal mental health protocols in place can quickly and proactively respond to student, staff, and faculty mental health needs following disasters like Hurricane Harvey or a tragedy like the Santa Fe High School shootings. In the May 2018 S*chool and Firearm Safety Action Plan*, Governor Greg Abbott's response to the Santa Fe High School shootings, the Governor emphasizes that effectively identifying and treating children with mental health issues can help prevent the loss of critical developmental, academic, and emotional maturity.[1] Our goal for this *Mental and Behavioral Health Roadmap and Toolkit for Schools* is to provide Texas schools and school districts with research, evidence-based practices, and information to help them effectively assess and address students' mental and behavioral health needs in order to improve educational and life outcomes for students.

Needs and Benefits Associated with School-Linked Mental and Behavioral Health Strategies and Services

An estimated 95% of children between the ages of 7 and 17 years attend school.[2] School-aged children and youth spend a significant portion of their waking hours interacting with one another and with faculty and staff in the school setting. As a result, the overall experience a student has at school has significant bearing on their wellbeing, readiness to learn, and overall mental health.

Creating an environment that is conducive to learning and maximizes student potential requires efforts to recognize and take steps to meet the emotional needs of students and staff. The primary purpose of school is learning, and academic goals are difficult to achieve when the mental health needs of students and staff are not addressed. A well designed, proactive, and responsive effort to create a positive school climate can have a positive impact on school safety, grade completion, attendance, sense of community and connectedness, and academic achievement.

However, a proactive and prevention-oriented school climate alone cannot meet the needs of every student. Individual mental health challenges are common in children and youth. An

[1] Office of the Texas Governor. (2018, May 30). *School and firearm safety action plan*. Retrieved from https://gov.texas.gov/uploads/files/press/School_Safety_Action_Plan_05302018.pdf

[2] National Center for Education Statistics. (n.d.). Table 103.20. Percentage of the population 3 to 34 years old enrolled in school, by age group: Selected years, 1940 through 2015. Digest of Education Statistics. Retrieved from https://nces.ed.gov/programs/digest/d16/tables/dt16_103.20.asp

estimated one in five children and youth under age 18 will experience a diagnosable mental health disorder over the course of any given year. Of those who experience a diagnosable mental health disorder in their lifetime, about half experience onset by age 14.[3] In 2017, about 31.5% of surveyed high school age youth reported that they felt sad or hopeless almost daily, and 17.2% seriously considered attempting suicide.[4]

Despite the relative frequency of mental health concerns among school-age children and youth, the vast majority do not receive treatment, and those that do receive care do not receive it in a timely way. A recent joint position paper by the American Academy of Pediatrics and the American Academy of Child and Adolescent Psychiatry reported that only 20–25% of children and youth in the United States that suffer from a diagnosable mental disorder receive treatment, and the average delay between symptom emergence and treatment for those who do is eight years.[5] However, school settings are one of the most likely places for treatment to occur. While most children and youth receive mental health services in primary care settings, almost as many youth between the ages of 12 and 17 received mental health services in school as those who received the services in a specialty behavioral health setting.[6]

Many students may experience increased risk factors for mental illness. For example, students who experience ongoing poverty are at heightened risk of experiencing chronic stress and trauma. These experiences affect academic performance, decision-making, and health outcomes. Additional increased risk factors include involvement in the foster care system, homelessness, and juvenile justice involvement. Children and youth of military families are also at somewhat elevated risk.

Untreated child and youth mental health conditions are linked to higher rates of school absence and reduced rates of timely course completion and graduation.[7] Untreated mental health

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[3] Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, *62*(6), 593–602. https://doi.org/10.1001/archpsyc.62.6.593

[4] Kann, L., McManus, T., Harris, W. A., et al. (2018, June 15). Youth risk behavior surveillance – United States, 2017.*Morbidity and Mortality Weekly Surveillance Summaries, 67*(8). Retrieved from: https://www.cdc.gov/healthyyouth/data/yrbs/pdf/2017/ss6708.pdf

[5] American Academy of Child and Adolescent Psychiatry. (2012, June). *Best principles for integration of child psychiatry into the pediatric health home.* Retrieved on September 25, 2018, from from: https://www.aacap.org/App_Themes/AACAP/docs/clinical_practice_center/systems_of_care/best_principles_for_integration_of_child_psychiatry_into_the_pediatric_health_home_2012.pdf

[6] Center for Behavioral Health Statistics. (n.d.). Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health. Retrieved from https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2016/NSDUH-FFR1-2016.htm#mhuse3

[7] Blackorby, J., & Cameto, R. (2004). Changes in school engagement and academic performance of students with disabilities. In Office of Special Education, U.S. Department of Special Education, *Special education elementary*

symptoms also have a negative effect on employment, marital stability, and other factors that are relevant to one's ability to be a productive member of society. Student mental and behavioral health concerns not only affect the student experiencing the concern, they also have an impact on the people that surround them. Students with unaddressed mental and behavioral health symptoms can also disrupt the learning environment for other students.[8]

For all of these reasons, creating a positive school climate and providing resources in schools to identify and connect students to mental and behavioral health treatment has broad implications for schools, school districts, and communities. While schools are not health care providers, schools are well positioned to prevent or minimize the occurrence of many mental health challenges, and identify and help support those in need. In many cases, schools serve as a venue for providing some mental health services; they can also be extremely effective at providing referrals and linkages to other services provided in the community.

School personnel are often the first to detect important changes in student behavior and able to recognize trends or shifts within the broader school culture. Because of their frequent interactions with and knowledge of students and their environment, school administrators and personnel provide a critical link for promoting mental health and well-being, identifying mental health concerns, and facilitating connection to important mental health services.

A thoughtfully designed and supported school mental and behavioral health strategy may include multiple benefits, including:

- Earlier intervention, resulting in a reduction of complicated symptoms and associated treatment costs;[9]
- The ability to overcome traditional barriers to care, including challenges with transportation, finding a qualified mental health provider, and adhering to appointment times;[10]
- Support for staff and teachers, which may reduce turnover and improve overall teaching quality;[11]

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longitudinal study. Menlo Park, CA: SRI International.

[8] Gottfried, M. A., Egalite, A., & Kirksey, J. J. (2016). *Does the presence of a classmate with emotional/behavioral disabilities link to other students' absences in kindergarten?* Retrieved from https://www.sciencedirect.com/science/article/pii/S0885200616300205?via=ihub

[9] Karoly, L. A., Kilburn, M. R., & Cannon, J. S. (2005). *Proven benefits of early childhood interventions.* Santa Monica, CA: RAND Corporation. Retrieved from https://www.rand.org/pubs/research_briefs/RB9145.html

[10] Suldo, S. M., Gormley, M. J., DuPaul, G. J., & Anderson-Butcher, D. (2014). The impact of school mental health on student and school-level academic outcomes: Current status of the research and future directions. *School Mental Health, 6*(2), 84—8*.*

[11] Suldo, S. M., Gormley, M. J., DuPaul, G. J., & Anderson-Butcher, D. (2014).

- A reduction in negative student outcomes, including suspensions, expulsions, juvenile justice involvement, and institutionalization;[12] and
- Reduced classroom disruptions resulting from challenging student behaviors.[13]

Introduction to Multi-tiered System of Supports (MTSS) Framework and Interconnected Systems Framework (ISF)

Each school campus and district has distinctive mental and behavioral health needs that require tailored strategies to address them. An ideal range of school mental / behavioral health (M/BH)[14] services and supports include M/BH promotion and prevention that reaches all students, combined with screening, assessment, and targeted and intensive interventions for those with more complex M/BH needs.[15] This comprehensive approach is described as Multi-tiered System of Supports (MTSS). MTSS brings together the two long-established, research-supported school practices of Response to Intervention (RtI) and Positive Behavioral Interventions and Supports (PBIS), linking both the academic needs RtI aims to address with the behavioral support identified within the PBIS framework. This Roadmap uses the MTSS framework to convey information because its multi-layered approach outlines a process for identifying and addressing specific M/BH related objectives.

Multi-Tiered System Frameworks	
Approach	**Description**
Response to Intervention (RtI)	RtI is a framework within a multi-level prevention system, whose goal is to increase student achievement and reduce problem behaviors. Assessment and intervention are integrated into the framework. Data gathered through assessments are used to identify students at risk of learning and behavior problems, monitor outcomes, determine the needed intervention, and adjust the intervention.[16]

[12] Sander, M. A., Everts, J., & Johnson, J. (2011, January). Using data to inform program design and implementation and make the case for school mental health. *Advances in School Mental Health Promotion*, 4(4), 13–21.

[13] Hussey, D.L, & Guo, S. (2003, November). Measuring behavior change in young children receiving intensive school‐based mental health services. *Journal of Community Psychology, 31*(6), 629–639.

[14] In this report, we refer to the range of mental health and substance use disorder needs of children and youth with the broad term "mental / behavioral health" so as to be inclusive of the full range of applicable health needs.

[15] American Institutes for Research. (2017, September). *Mental health needs of children and youth: The benefits of having schools assess available programs and services*. Retrieved from https://www.air.org/sites/default/files/downloads/report/Mental-Health-Needs-Assessment-Brief-September-2017.pdf

[16] National Center on Response to Intervention. (2010, April). *Essential components of RtI – a closer look at response to intervention*. Retrieved from https://rti4success.org/sites/default/files/rtiessentialcomponents_042710.pdf

Multi-Tiered System Frameworks	
Approach	**Description**
Positive Behavioral Interventions & Supports (PBIS)	PBIS is a framework for helping school staff select, adopt, and organize evidence-based interventions to enhance the social, emotional, behavioral, and academic outcomes for students.[17]
Multi-Tier System of Supports (MTSS)	MTSS is a framework for delivering practices and systems for enhancing student academic and behavioral outcomes.[18]

The MTSS framework includes universal mental health promotion strategies for all students (Tier 1), targeted services and supports for a smaller group of students experiencing an M/BH challenge or identified as being at risk for an M/BH concern (Tier 2), and specialized and individualized services for the small number of students with complex M/BH needs that Tier 1 or Tier 2 programs cannot adequately meet (Tier 3). Universal supports and interventions (Tier 1) are implemented for all students within the school building and are intended to establish expectations for the delivery of core content and curriculum, prevent some challenging behaviors, and build the social and emotional skills all students need. Targeted supports and interventions (Tier 2) target a subset of students with similar, mild to moderate mental/behavioral health needs or academic deficits to support their success in the school setting and minimize their risk for undesirable outcomes (these students require targeted supports in addition to universal supports). Intensive supports and interventions (Tier 3) are highly individualized interventions for students with complex mental and behavioral health needs and/or academic deficits (these students require intensive supports in addition to targeted and universal supports).

While ideal to do so, schools do not have to implement the full range of MTSS programming to have a profound impact on students. For example, research indicates that a sense of connectedness – meaning the belief that staff, faculty, and peers care about students – can have a significant benefit on student outlook and outcomes.[19] For example, the implementation of a targeted Tier 1 intervention to foster relationships and sense of community may alone

[17] OSEP Technical Assistance Center on Positive Behavioral Interventions and Supports. (2018). *PBIS frequently asked questions.* Retrieved from https://www.pbis.org/school/swpbis-for-beginners/pbis-faqs

[18] U.S. Department of Education, Office of Special Education Programs, OSEP Technical Assistance Center (2015, October). *Positive Behavioral Interventions and Supports implementation blueprint: Part1 – foundational and supporting information*. Eugene, OR: University of Oregon. Retrieved from https://www.pbis.org/blueprintguidestools/blueprint/implementation-blueprint

[19] Centers for Disease Control and Prevention. (2009, July). *Fostering school connectedness: Improving student health and academic achievement.* Retrieved from https://www.cdc.gov/healthyyouth/protective/pdf/connectedness_administrators.pdf

result in positive outcomes such as improved school attendance rates, reduced bullying, and increases in on-time grade level completion.

Layout of Mental and Behavioral Health Roadmap and Toolkit for Schools

This document is meant to serve as a resource for district and school leadership to partner with community providers to support students through a multi-tiered system of supports that links education and mental health. This resource is divided into two main sections:

1. The Roadmap provides an overview of definitions, research, evidence-based practices, and information needed to implement school-linked mental and behavioral health supports.
2. The Toolkit contains detailed and practical information to support the implementation of school-linked mental and behavioral health programming.

The *School-linked Mental and Behavioral Health Roadmap and Toolkit* includes a number of links to external websites. These external links are intended to be informational and do not represent an endorsement by MMHPI. For information about any of the initiatives we have listed, please contact the sponsoring organization directly.

Part 1: Roadmap

How to Use this Roadmap

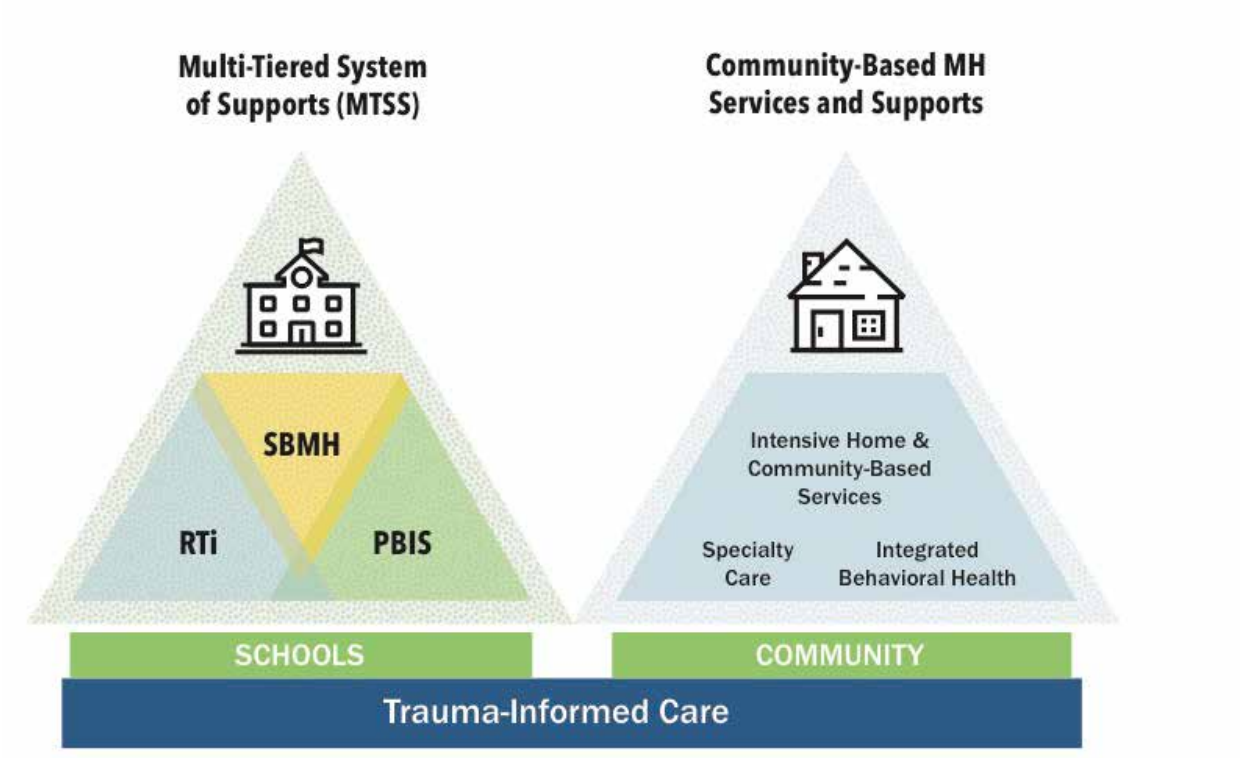
This Roadmap uses the Multi-tiered System of Supports (MTSS) framework to provide a broad range of school-linked and school-based mental and behavioral health supports. The three tiers of the MTSS framework provide a clear distinction for specific types of supports to meet varying levels of student need. This systemic framework for developing and delivering interventions integrates academic and behavioral health practices across all levels of the educational system to best support the needs of each and every student. While both academic strategies and mental and behavioral strategies are integral to the MTSS framework, this Roadmap focuses on mental and behavioral health strategies, supports, and interventions.

In a fully implemented MTSS framework, students may move between the three tiers. MTSS aligns supports for students, teachers, and other support staff who are working with students. We chose to structure this Roadmap around the MTSS framework because it is a tool within the field of education that addresses both the academic and social and emotional needs of students. This familiar system can allow educators to reach the greatest number of students affected by mental health needs while also removing barriers that impede access to mental health services. This Roadmap is designed to serve as a resource for people who are interested in providing school-wide M/BH supports as well as addressing challenging, individual needs. In addition, this Roadmap is also structured to allow districts and schools to parcel out specific information and resources that seem most pressing or relevant.

Just like any roadmap, this document is not intended to be read from beginning to end in one sitting. Rather, readers should take inventory of their school's status with implementing school-linked mental health supports and use the Roadmap to address gaps and build on current successes.

Education and Mental Health – Aligning the Frameworks

Schools across Texas have embraced a series of three-tiered prevention frameworks to support learning and prevent and respond to behavioral health concerns. The first in the series of tiered educational frameworks was Response to Intervention (RtI). RtI was developed to address changes in state and federal special education laws that encouraged the use of proactive approaches to systematically identify and students who are the most academically vulnerable and then provide them with early interventions.[20] Positive Behavioral Interventions and Supports (PBIS) and Multi-tiered System of Supports (MTSS) expand the use of preventative supports beyond academics to include social and emotional learning and mental health. The Interconnected Systems Framework (ISF) takes a collaborative cross-systems approach. It builds on PBIS and school-based mental health services to increase the array of mental health supports available to students.[21] Below, we provide an overview of how a school-based multi-tiered system of supports and community-based mental health services can align to promote academic success, support social and emotional development, and link schools and communities to meet the mental health needs of all students.



[20] Sadomierski, T., Kincaid, D., & Algozzine, B. (2007, June). Response to Intervention and positive behavior support: Brothers from different mothers or sisters from different misters. *PBIS Newsletter 4*(2). Retrieved from https://www.pbis.org/common/cms/files/Newsletter/Volume4%20Issue2.pdf

[21] Sadomierski, T., et. al. (2007, June).

Multi-tiered System Frameworks

Multi-tiered frameworks are designed to provide a continuum of instructional and behavioral supports that are targeted to meet the individual needs of all students. They also create a foundation and structure for providing a range of evidence-based mental health interventions, increasing the likelihood that a student will have access to these supports. As noted previously, tiered frameworks share a core set of common elements that include (1) universal screening, (2) data-driven decision making, (3) continuous progress monitoring, (4) a continuum of evidence-based practices, and (5) a focus on fidelity of implementation.[22] As is demonstrated in the figure above, all of the following tiered approaches are primarily delivered within the school setting.

Response to Intervention (RtI)

Response to Intervention integrates assessment and intervention in a multi-level approach for the early identification of students with learning and behavioral needs in order to maximize student achievement and reduce behavior problems. RtI matches high quality instruction to student need. Student performance is monitored frequently to make decisions about changes in instructional practices and to inform educational goals.[23] RtI is designed to be used across general and special education populations. The adoption of RtI moved schools away from the "waiting to fail" approach of identifying students with learning disabilities who are struggling.[24]

Positive Behavioral Interventions and Supports (PBIS)

Positive Behavioral Interventions and Supports (PBIS) is a framework for maximizing the use of evidence-based interventions that aims to prevent inappropriate behaviors by improving the link between research-validated practices and the environments in which teaching and learning occur.[25, 26] For students with the most complex behavioral needs, intensive services can be

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[22] Morrison, J.Q., Russell, C., Dyer, S., Metcalf, T., Rahschule, R.l, (2014). Organizational structures and processes to support and sustain effective technical assistance in state-wide Multi-tiered System of Support Initiatives. *Journal of Education and Training Studies, 2(3).* Retrieved from https://files.eric.ed.gov/fulltext/EJ1055441.pdf

[23] RTI Action Network. (n.d.). *What is RTI?* Retrieved from http://www.rtinetwork.org/learn/what/whatisrti

[24] Muoneke, A. (2007, October). Response to Intervention (RTI): A systematic approach to reading and school improvement. *SEDL Letter, XIX,* 2. Retrieved from http://www.sedl.org/pubs/sedl-letter/v19n02/rti.html

[25] OSEP Technical Assistance Center on Positive Behavioral Interventions and Supports. (2018). *PBIS FAQs*. Retrieved from https://www.pbis.org/school/swpbis-for-beginners/pbis-faqs

[26] Adelman, H. S., & Taylor, L. (1998). Reframing mental health in schools and expanding school reform. *Educational Psychologist*, 33, 135–152.
Horner, R. H., & Carr, E. G. (1997). Behavioral support for students with severe disabilities: Functional assessment and comprehensive intervention. *Journal of Special Education*, *31*, 84–104.
Koegel, L. K., Koegel, R. L. & Dunlap, G. (Eds.). (1996). *Positive behavioral support: Including people with difficult behavior in the community*. Baltimore, MD: Paul H. Brookes.

provided through partnerships between the school and community-based mental health providers. Both RtI and PBIS are grounded in differentiated instruction. Taken together they meet the educational and behavioral needs of students.

School-Based Mental Health Services

Like RtI and PBIS, school-based mental health and prevention services are best implemented through a public health model approach.[27] School-based mental health services are frequently defined as mental health services provided on the school campus by professionally trained clinicians who are employed by the school (also see *Types of Mental Health Personnel an Providers in Schools* on page 146 in the Toolkit section of this document). These services are designed to improve the educational outcomes of students by using evidence-based and empirically-supported selective and indicated prevention programs, with particular attention to the academic needs of students with emotional disturbances served in special education. In the figure on page 12, school-based mental health services are balanced between RtI and PBIS, highlighting their strong focus on providing mental health services to students who have Tier 2 and Tier 3 needs.[28]

Multi-tiered System of Supports (MTSS)

Multi-tiered System of Supports (MTSS) is a comprehensive tiered framework that systematically aligns student supports, school leadership, school culture, and professional development. This framework brings together the practices of Response to Intervention (RtI), Positive Behavioral Interventions and Supports (PBIS), and school-based mental health to link the academic needs RtI aims to address with the social, emotional, and behavioral support identified within the PBIS framework (see figure on page 12).[29] The principles of MTSS include research-based instruction in general education, universal screening to identify additional needs, a team approach for developing and evaluating alternative interventions, a multi-tiered application of evidence-based instruction determined by identified need, and continuous monitoring of the intervention and parent involvement throughout the process.[30]

Positive Behavior Interventions and Supports website: http://www.pbis.org/main.htm.

[27] Barrett, S., Eber, L., & Weist, M. (2013). *Advancing education effectiveness: Interconnecting school mental health and school-wide positive behavior support.* Retrieved from http://www.pbis.org/common/pbisresources/publications/Final-Monograph.pdf

[28] Robinson, K. E. (2004). Advances in school-based mental health interventions: Best practices and program models. Kingston, New Jersey: Civic Research Institute.

[29] Florida's Positive Behavior Support Project. (n.d.). *MTSS implementation components: Ensuring common language and understanding.* Retrieved from http://www.florida-rti.org/educatorresources/mtss_book_implcomp_012612.pdf

[30] OSEP Technical Assistance Center on Positive Behavioral Interventions and Supports. (2018). *Multi-tiered System of Supports (MTSS) & PBIS*. Retrieved from https://www.pbis.org/school/mtss

Community-Based Mental Health Services and Supports

The ideal system for community-based mental health services and interventions, like school-based tiered approaches, is based on a public health approach. Community-based mental health services and supports combine universal screening, needs-based access to services and supports, and a tiered model for delivering mental health services to all children and youth. The four tiers or components of an ideal system of community-based mental health services and supports include integrated pediatric behavioral health care, specialty behavioral health care, intensive home and community-based services, and a continuum of crisis services. For the purpose of this overview the crisis continuum is rolled in with intensive home and community-based services.

Integrated Pediatric Behavioral Health Care

Behavioral health integration in pediatric primary care settings is an essential strategy for increasing access to mental health services for children and youth, particularly those with mild to moderate conditions. Today, about 75% of children and youth with psychiatric disorders are seen in pediatric and other primary care settings.[31] Statewide implementation of integrated behavioral health care suggests that two thirds of behavioral health care could be provided in pediatric settings with the right integration supports.[32] Schools are the most natural setting for embedding integrated primary care to identify and assist children and youth with behavioral health concerns.

Specialty Behavioral Health Care

Some conditions (including psychiatric and other illnesses) need treatment by specialists in separate clinical settings. About one fourth of all children and youth suffering with mental health conditions will need specialty behavioral health care. These services include individual, family, and group therapies, including a range of evidence-based, office-based treatments such as cognitive therapies, trauma-informed care, and Dialectical Behavior Therapy.

Intensive Home and Community-Based Services

In general, intensive home and community-based services are provided in the child or youth's home and community. These services include a continuum of rehabilitation options that match

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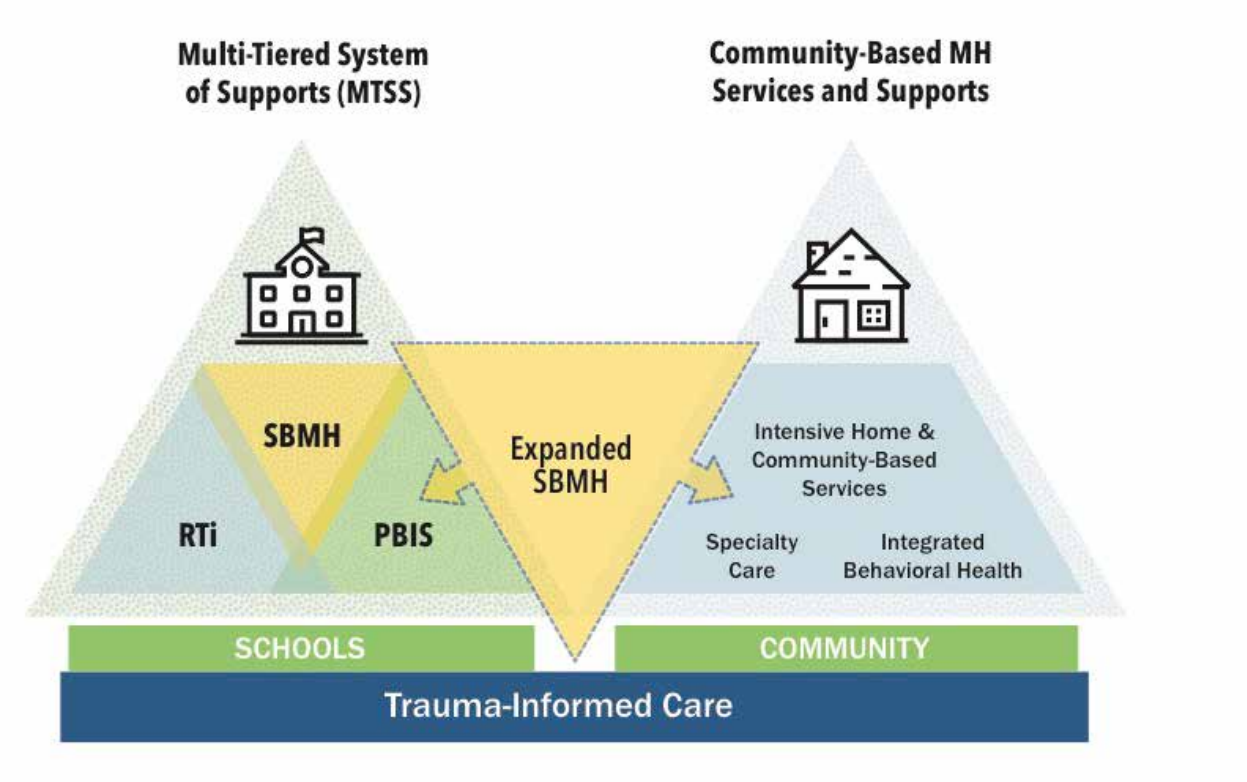
[31] American Academy of Child and Adolescent Psychiatry. (2012, June). *Best principles for integration of child psychiatry into the pediatric health home.* Retrieved on June 1, 2017, from https://www.aacap.org/App_Themes/AACAP/docs/clinical_practice_center/systems_of_care/best_principles_for_integration_of_child_psychiatry_into_the_pediatric_health_home_2012.pdf

[32] Straus, J. H., & Sarvet, B. (2014). Behavioral health care for children: The Massachusetts Child Psychiatry Access Project. *Health Affairs*, *33*(12), 2153–2161.

home and community-based skill-building interventions and therapies to the specific needs of each child, youth, and family. The most intensive services are provided to children and youth at higher risk for out-of-home placement because of behavioral health issues, or who have returned or are returning home from residential treatment centers or psychiatric hospitals. We estimate that about one in 10 children and youth with mental health needs requires a combination of specialized intervention and functional rehabilitation, and one in 75 needs intensive interventions. The ideal system of care recognizes that crises happen routinely. Therefore, the system contains a crisis care continuum that includes mobile teams and a range of placement options ranging from crisis respite to acute inpatient services.

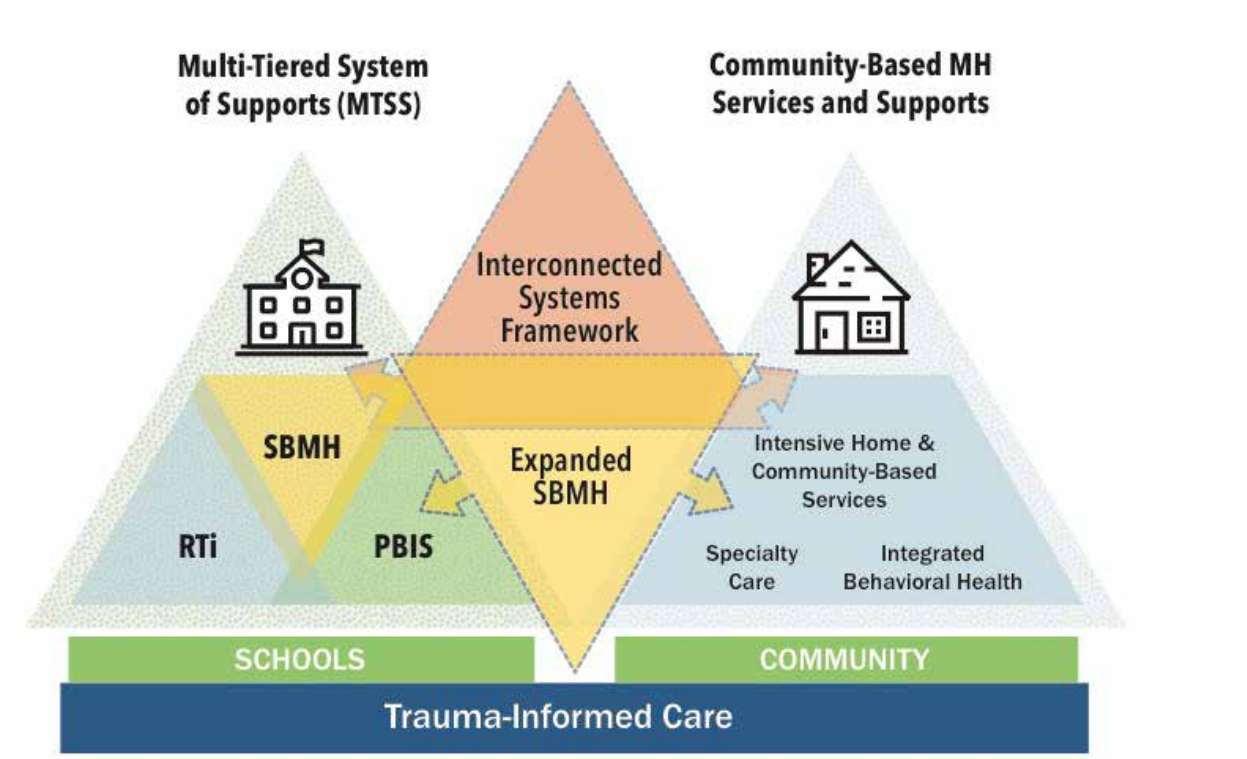


Expanded School Mental Health Services

Expanded school mental health[33] is a comprehensive system of mental health services and programs that builds on core services typically provided by schools. It combines four elements: (1) partnerships between school agencies, (2) a full continuum of mental health promotion and intervention strategies, (3) programs are offered to all students in general and special

[33] West Virginia Expanded School Mental Health Initiative. (n.d.). Why expanded school mental health? Needs, barriers, and moving forward. Huntington, WV: West Virginia School Health Technical Assistance Center, Marshall University. Retrieved from https://livewell.marshall.edu/mutac/wp-content/uploads/2014/09/Why-ESMH-Final-8.18.14.pdf

education, and (4) the system augments the work of school-based mental health professionals.[34] Expanded school mental health supports collaboration between the major child serving systems, schools, and families. As depicted above, expanded school mental health links schools' MTSS with CBMH services and supports.



Interconnected Systems Framework (ISF)

ISF brings together Response to Intervention, PBIS, and school mental health services in a framework that enhances all approaches, extends the array of mental health supports for students and families, and meets the need for an over-arching framework for implementing evidence-based interventions through collaboration between schools and community providers. ISF addresses limitations in PBIS's narrow focus on disruptive behaviors, insufficient development of targeted prevention (Tier 2), and specialized intervention for students with more complicated behavioral health concerns (Tier 3). For school mental health services, ISF targets issues such as the lack of a strong implementation structure, the use of reactive behavior management techniques that result in negative student outcomes, the poor use of

[34] Duba, J.D., (2006). Expanded school-based health: The mental health and school connection. *KCA Journal, 25*(1), 42–50. Retrieved from https://digitalcommons.wku.edu/cgi/viewcontent.cgi?article=1012&context=csa_fac_pub

data, and the general lack of continuity between targeted prevention and specialized intervention services.[35, 36]

Trauma-Informed Care

A trauma-informed approach acknowledges the prevalence and impact of trauma and attempts to create a sense of safety for all students and staff, including those who have not experienced trauma. Trauma-informed care serves as a foundation that spans school- and community-based mental health services and supports.

[35] Barrett, S., Eber, L., & Weist, M. (2013). *Advancing education effectiveness: Interconnecting school mental health and school-wide positive behavior support.* Retrieved from http://www.pbis.org/common/pbisresources/publications/Final-Monograph.pdf

[36] Splett, J., Perales, K., Halliday-Boykins, C.A., Gilchrest, G. N., & Weist, M. (2017). Best practices for teaming and collaboration in the interconnected systems framework. *Journal of Applied School Psychology, 0*(0), 1–22.

Issues Impacting Education and Mental Health

Factors, such as race, ethnicity, culture, adverse childhood experiences (ACEs), and school safety, impact students' education and mental and behavioral health. In order for any intervention to be effective, district and school leadership must understand these factors, their causes and their impact on student success.

Race, Ethnicity and Culture

In order for educators and school-based mental health providers to be culturally responsive, it is important that they first acknowledge that culture is central to learning. Culture is defined as a group's common heritage or shared set of beliefs, norms, and values.[37] The definition of cultural competency varies across school-based and mental health professionals. Despite the lack of a single definition, there are a number of shared components that, when taken together, can create a school and community environment that embraces diversity, maintains high expectations, and removes barriers that impede student success. Key cross-discipline components of cultural competency are: 1) personal awareness and sensitivity to cultures outside your own; 2) appreciation of cultural diversity; 3) respect for people in a way that values individuals, families, and communities and protects and prescribes their dignity; 4) collaboration with school and community stakeholders; and 5) a shared set of behaviors, attitudes, and policies that enable systems, agencies, or professionals to work effectively in cross-cultural situations.[38, 39] In essence, cultural competency in an educational setting refers to a school professional's ability to effectively interact with students from a variety of cultures and to partner with cross-system providers to create a school climate that understands, respects, and engaged diversity to promote academic success and healthy development.[40]

Cultural competency allows for an understanding of how a school environment can have a negative impact students' physical health, mental health, and academic achievement. Delivering culturally competent school-linked mental health services requires school personnel and mental health providers to use information and data gathered from a diverse group of stakeholders to set goals, select appropriate service approaches, and develop policies,

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[37] U.S. Department of Health and Human Services. (2001). *Mental health: Culture, race, and ethnicity——A supplement to mental health: A report of the Surgeon General.* Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services. Retrieved from http://health-equity.lib.umd.edu/866/1/sma%2D01%2D3613.pdf

[38] National Education Association (2017). *Diversity toolkit: Cultural Competence for Educators*. Retrieved from http://www.nea.org/tools/30402.htm

[39] Teasly, M. L., & Cruz, D. (2014). Diversity and related services personnel: Challenges, strategies, and solutions through culturally competent collaborative practice. *School Social Work Journal, 39,* 1.

[40] Teasly, M. L., & Cruz, D., (2014).

protocols, and programs that improve the quality of care and promote positive health outcomes that enhance school achievement.[41]

Culture and Schools

Children and youth live and learn in multiple environments that influence their wellbeing and achievement in school. Individual and structural factors related to race, gender, family, school, and community can put a student at risk for school failure. The racial and ethnic academic achievement gap in the United States is well-documented, with white students out-performing their peers in other racial and ethnic groups, particularly African Americans and Hispanics, on national science, mathematics, and reading assessments. Explanations for this gap point to risks factors that disproportionately affect racial and ethnic minorities, including poverty, immigration, violence, racism, and discrimination. This complex intersection of individual and structural determinates of academic success require student-centered interventions that intersect gender, socioeconomic inequalities, and racial discrimination.[42]

A review of responses to the National Crime Victimization Survey: School Crime Supplement of 2009 (NCVS-SCS) found that, in general, students of all races who perceive their teachers to be more caring, respectful, and empathetic and less punitive had higher grades. African American students, even when academically successful, where less likely than their white peers to feel their teachers were supportive and empathetic, and more likely to feel their teachers were significantly more punitive. African American and Latino students were also more likely to feel unsafe in their school and this feeling indirectly influenced feelings of support – we explore the broader impact of bias further in the School-to-Prison Pipeline section. School safety and fairness also directly influences teachers' classroom attitudes and behaviors, and indirectly shapes student outcomes.[43]

School climate and teachers' attitudes and behaviors affect all students, especially students of color. The growing diversity of students in public school classrooms is significantly out-pacing that of the education workforce, which may be challenging educators' abilities to meet the

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[41] Delphin-Rittman, M. E., Andres-Hyman, R., Flanagan, E. H., & Davison, L. (2013). Seven essential strategies for sustaining systematic cultural competence. *Psychiatric Quarterly, 84*(1), 53–64.

[42] Bécares, L., & Priest, N. (2015). Understanding the influence of race/ethnicity, gender, and class on inequalities in academic and non-academic outcomes among eighth-grade students: Findings from the intersectionality approach. *PLOS ONE, 10*(10): e0141363. doi:10.137/journal.pone.0141363. Retrieved from http://journals.plos.org/plosone/article/file?id=10.1371/journal.pone.0141363&type=printable

[43] Toldson, I., Ebanks, & M. (2014). Collateral damage in the classroom: How race and school environment influence teachers' attitudes and behaviors toward their students. In Y. Sealey-Ruiz, C. W. Lewis, & I. Toldson (Eds.), *Teacher education and black communities* (pp. 293–315). Retrieved from http://dls.maryland.gov/pubs/prod/NoPblTabMtg/CmsnInnovEduc/06_28_2018_ToldsonCollateralDamageInTheClassroom.pdf

changing needs of students. The lack of diversity among education professionals, combined with a decrease in federal funding to support professional learning and staffing, is prompting school-based professionals to re-examine their roles and form collaborative networks that address the varied needs of a diverse student body and enhance the academic achievement of all students. Cultural competency is one method for addressing the challenges presented by diversity.[44]

Culture and Mental Health

Less than 40% of children and youth with mental health needs receive services. This rate is higher for children and youth of color leading to higher levels of unmet mental health needs.[45] Individual, attitudinal and systemic factors influence the likelihood a youth will access care.[46] Children and youth of color are more likely to be impacted by poverty and live in urban areas with access to fewer resources. Barriers to mental health care for these children and youth include cost, transportation, attitudes and beliefs about mental health services, concerns about stigma, and fragmented mental health service systems. Additional barriers faced by many children and youth of color include their own fear or mistrust of treatment, clinicians who lack cultural awareness, and language barriers.[47] Teachers, caregivers, and service providers are the ones who identify the need for mental health services and make the referrals for the majority of children and youth. These people act as gatekeepers to care and have the ability to either increase barriers or support children, youth, and their families in accessing and engaging in services.[48]

School-linked mental health services can address barriers to accessing mental health care by adopting a public health perspective and ecological approach. This approach 1) uses data to drive decision-making, 2) identifies risk and protective factors that affect interventions, and 3) includes community stakeholders to provide cultural context, support, and feedback to improve service delivery. Public health's multi-tiered structure aligns with education and includes

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[44] Teasly, M. L., Cruz, D., (2014).

[45] American Psychological Association, Working Group for Addressing Racial and Ethnic Disparities in Youth Mental Health. (2017). *Addressing the mental health needs of racial and ethnic minority youth: A guide for practitioners.* Retrieved from https://www.apa.org/pi/families/resources/mental-health-needs.pdf

[46] Gamble,B.E., Lambros, K.M,, (n.d.). Providers perspective on school-based mental health for urban minority youth: Access and services. Retrieved from https://files.eric.ed.gov/fulltext/EJ1044126.pdf

[47] U.S. Department of Health and Human Services (2001). *Mental Health: Culture, race, and Ethnicity——A supplement to Mental Health: A report of the Surgeon General. Rockville, MD:* U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services. Retrieved from http://health-equity.lib.umd.edu/866/1/sma%2D01%2D3613.pdf

[48] American Psychological Association, Working Group for Addressing Racial and Ethnic Disparities in Youth Mental Health. (2017). *Addressing the mental health needs of racial and ethnic minority youth: A guide for practitioners.* Retrieved from https://www.apa.org/pi/families/resources/mental-health-needs.pdf

evidence-based prevention, screening, and interventions that meet the identified needs of all students.[49]

When school-linked mental health services are delivered in a diverse community, the design and use of school-linked interventions and culturally competent practices suggests to students and their families that diversity is valued; that *they* are valued. Culturally competent practices include building relationships between students and teachers, diversifying school personnel, engaging families when determining mental and behavioral health treatment plans, and incorporating restorative disciplinary practices.[50] When schools empower students and their families, student classroom engagement and achievement improves. This approach can establish a foundation for addressing cultural barriers to accessing care. Incorporating culturally competent practices that are designed to decrease barriers helps address potential bias and racial disparities; helps schools cultivate environments that are inclusive and student-centered; and encourages family participation within the decision-making process, thus improving student health outcomes and classroom achievement.[51]

School-to-Prison Pipeline

It is important to understand the impact that a student's race, ethnicity, and culture can have on teachers' attitudes and behaviors because this knowledge can help school staff understand student behavior and improve decisions regarding school discipline. Minority groups, including students with disabilities, English Language Learners (ELL), and African American students, are disproportionately expelled or suspended from school compared to groups of students who are white and do not have learning disabilities.[52, 53] The automatic and often unconscious impact of stereotypic associations based on racial and ethnic groups[54] has been found to contribute to disparities in minority suspensions and expulsions.[55] Further, researchers have found "evidence

[49] Gamble,B.E., Lambros, K.M,, (n.d.). Providers perspective on school-based mental health for urban minority youth: Access and services. Retrieved from https://files.eric.ed.gov/fulltext/EJ1044126.pdf

[50] Mancoske, R.J. (2013). Cultural competency, children's mental health, and school performance. *Race, Gender, & Class, 20*, 1/2, 307–325.

[51] Mancoske, R.J. (2013).

[52] The Leadership Conference Education Fund. (2018, March). *School discipline guidance and students civil rights.* Retrieved from http://civilrightsdocs.info/pdf/education/School-Discipline-Policy-Brief.pdf

[53] Fabelo, T., Thompson, M. D., Poltkin, M., Carmichael, D., Marchbanks, M. P., & Booth, E. A. (2011). Breaking schools' rules: A statewide study of how school discipline relates to students' success and juvenile justice involvement. New York, NY: Council of State Governments Justice Center. Retrieved from https://csgjusticecenter.org/wp-content/uploads/2012/08/Breaking_Schools_Rules_Report_Final.pdf

[54] This automatic and often unconscious association is often referred to academically as "Implicit Bias."

[55] Smolkowski, K., Girvan, E. J., McIntosh, K., Nese, R. N. T., & Homer, R. H. (2016). Vulnerable decision points for disproportionate office discipline referrals: Comparison of discipline for African American and white elementary school students. *Behavioral Disorders, 41*(4), 178–195.

of a causal relationship between student–teacher racial mismatch and student absenteeism and suspensions.[56] This mismatch is greater for Latino students, who represent 24 percent of the K-12 student population, while only eight percent of public school teachers are Latino.[57] For minority students, school discipline has increasingly become a gateway to involvement in the juvenile justice system and, ultimately, the adult prison system. This has been referred to as the "school-to-prison pipeline."

What is the "School-to-Prison Pipeline"?

This phrase describes the pattern of increased risk for future involvement with the juvenile and adult criminal justice systems as a result of educational practices implemented by school districts across the state and country. These practices feature so-called zero tolerance policies and the use of police in schools, but also include the school climate as well as everyday school responses to normal classroom misbehavior.

The school-to-prison pipeline starts in the classroom. When combined with zero-tolerance policies, a teacher's decision to refer students for discipline can be the start of a sequence that pushes them out of the classroom and quickly places them at risk for entry into the criminal justice system.

Suspension from 9th grade is associated with a three times higher chance of incarceration and a two times higher likelihood of dropping out.[58] Students are also far more likely to be arrested at school than they were 10 years ago. This is in part related to the increased police presence in schools over that time period. According to the U.S. Department of Justice, the number of school resource officers has increased about 40% in the past 10 years. School resources officers are sworn law enforcement officers responsible for security and crime prevention in schools. While the increase was driven by safety concerns, the vast majority of these arrests are for

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[56] Holt, S., & Gershenson, S. (2015). *The impact of teacher demographic representation on student attendance and suspensions* (Discussion Paper No. 9954, pg. 27). Bonn, Germany: The Institute for the Study of Labor (IZA). Retrieved from http://ftp.iza.org/dp9554.pdf

[57] U.S. Department of Education. (2016). *The state of racial diversity in the educator workforce* (pg. 5–6). Retrieved from https://www2.ed.gov/rschstat/eval/highered/racial-diversity/state-racial-diversity-workforce.pdf

[58] Balfanz, R., Byrnes, V., & Fox, J. (2013). *Sent home and put off-track: The antecedents, disproportionalities, and consequences of being suspended in the ninth grade*. Paper presented at the Closing the School Discipline Gap: Research to Practice Conference, Washington, DC. Aas cited in Losen, D. J., & Martinez. T. (2013). *Out of school & off track: The overuse of suspensions in American middle and high schools*. Los Angeles, CA: Center for Civil Rights Remedies at UCLA's Civil Rights Project. Retrieved from http://civilrightsproject.ucla.edu/resources/projects/center-for-civil-rights-remedies/school-to-prison-folder/federal-reports/out-of-school-and-off-track-the-overuse-of-suspensions-in-american-middle-and-high-schools/OutofSchool-OffTrack_UCLA_4-8.pdf

nonviolent offenses, such as being disruptive in the classroom.[59] Classroom disruptions need to be addressed; however, so called "zero-tolerance" policies, which set one-size-fits-all punishments for a wide range of behaviors, underlie these trends.[60]

While schools provide an ideal setting for preventing and addressing student mental health challenges, exclusionary school discipline is a primary risk factor for a variety of negative outcomes, including future involvement in the juvenile justice system. This "school-to-prison pipeline" starts in the classroom. When exclusionary discipline is combined with zero-tolerance policies, a teacher's decision to refer a student for discipline can start a sequence that removes the student from the classroom and quickly puts them at risk for exacerbated behavioral problems, diminished academic achievement, school dropout, and entry into the juvenile justice system.[61]

Who is in the School-to-Prison Pipeline?

Nationally, students from two groups are over-represented in the school-to-prison pipeline:

- **Racial minorities:** For example, African American students are 3.5 times more likely than their white classmates to be suspended or expelled for the same offense; African American children and youth constitute 18% of the school population, but account for 46% of students suspended more than once.[62]
- **Children with disabilities:** Students with disabilities are similarly at risk. Nearly 3 out of 4 students in special education are suspended or expelled, and "emotional disturbance" is among the most common underlying issues. While about 9% of public school children have been identified as having disabilities that affect their ability to learn, these students make up about 32% of youth in juvenile detention centers.[63]

Despite laws that prohibit discrimination against racial minorities and people with disabilities, these patterns have existed for many years.

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[59] James, N., & Mccallion, G. (2013). *School resource officers: Law enforcement officers in schools*. Washington, DC: Congressional Research Service. Retrieved from https://www.fas.org/sgp/crs/misc/R43126.pdf

[60] Teske, Steven. (2011). A study of zero tolerance policies in schools: A multi-integrated systems approach to improve outcomes for adolescents. *Journal of Child & Adolescent Psychiatric Nursing, 24,* 88–97. Retrieved from http://www.ncjfcj.org/sites/default/files/Zero%20Tolerance%20Policies%20in%20Schools%20%282%29.pdf

[61] Owen, J., Wettach, J., & Hoffman K. C. (2015). I*nstead of suspension: Alternative strategies for effective school discipline*. Durham, NC: Duke Center for Child and Family Policy and Duke Law School. Retrieved from https://law.duke.edu/childedlaw/schooldiscipline/downloads/instead_of_suspension.pdf

[62] U.S. Department of Education, Office for Civil Rights. (n,d,). *Civil rights data collection, 2009–2010 statistics*. Retrieved from http://www2.ed.gov/about/offices/list/ocr/data.html?src=rt

[63] Center for School Mental Health. (2014). *The impact of school mental health: Educational, social, emotional, and behavioral outcomes*. Baltimore, MD: Center for School Mental Health. [http://csmh.umaryland.edu/Resources/Reports/index.html]

How Can We Close the Pipeline?

Reducing the use of suspension and expulsion is not simple, especially with schools under pressure to meet accountability standards. Given the strong system of local control of education in Texas, individual school districts and administrators have tremendous power to make changes in school discipline (see *State Legislation* on page 121 in the Toolkit section of this document). With leadership from the top, school discipline can change from a system of punishment to a system of student development. Evidence-informed alternatives to exclusionary discipline can simultaneously diminish the negative outcomes of harmful discipline policies, boost achievement, reduce misconduct, and maintain safe and healthy schools.[64]

Our review of efforts from around the country identified four broad categories of action:[65]

- **School-wide social and emotional support models that seek to improve the culture within an entire school.** These models rely on professional development to allow all staff to work together to implement positive behavioral interventions and instructional strategies that replace more punitive measures. The best-known of these programs is *Positive Behavioral Interventions and Supports* (PBIS).[66]
- Programs that teach educators better skills in behavior management and student discipline. An example includes *Second Step.*[67]
- **Approaches that change the way that schools respond to misbehavior.** These approaches either replace suspension with another type of response or offer alternative activities to students during times of suspension. The *Restorative Practice* model is the most widely recognized of these strategies.[68]
- Schools can partner with health care systems to ensure access to health and mental health care for students who need it through school-based and school-linked health care delivery.

In addition to strategies implemented directly by schools, it is also useful to support actions such as compiling data on disciplinary actions organized by gender, race, and disability. Ensuring clear policies and limits to the role of law enforcement in schools – including arrests

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[64] Skiba, R., Ritter, S., Simmons, A, Peterson, R. & Miller, C. (2005, October 27). The Safe and Responsive Schools Project: A school reform model for implementing best practices in violence prevention. *Hamilton, 14*(46), 631-–650. Retrieved from http://www.indiana.edu/~equity/docs/A_School_Reform_Model.pdf

[65] Metze, P. S. (2012). Plugging the school to prison pipeline by addressing cultural racism in public education discipline. *UC Davis Journal of Juvenile Law & Policy*, *16*(1), 203–312.

[66] More information on Positive Behavioral Interventions and Supports can be found at this link: https://www.pbis.org.

[67] More information on Second Step can be found at this link: http://www.secondstep.org.

[68] Baker, M. L. (2008, August 31). *DPS Restorative Justice Project: Executive summary, 2007–2008*. Denver, CO: Outcomes, Inc.

and the use of restraints – is also important. Finally, schools should make sure that clear and simple explanations of infractions and prescribed responses are known to all.[69]

Adverse Childhood Experiences and the Developing Brain

An adverse childhood experience (ACE) is a potentially traumatic event that can have a lasting, negative effect on a child or youth's physical and emotional wellbeing.[70] ACEs can affect children and youth of all backgrounds, economic classes, and geographic locations.[71] Furthermore, ACEs come in many forms, including economic hardship, abuse and neglect, neighborhood violence or domestic violence, growing up with a parent who has a mental illness or a substance use disorder, incarceration of a parent, or parental divorce. Nationally, economic hardship is the most commonly reported ACE.[72] A child who has experienced ACEs is more likely to experience learning or behavioral challenges and develop a wide range of health problems including obesity, alcoholism and drug use, and, for some, premature death.[73]

The original study on ACEs was conducted by Kaiser Permanente and the Centers for Disease Control and Prevention (CDC) from 1995 to 1997. Over 17,000 health maintenance organization (HMO) members completed surveys on their childhood experiences and current health status and behaviors. The study found that ACEs are common and it identified an association between the number of ACEs an individual experienced and social and health problems they reported having later in life.[74] A recent study also confirms that some children have a significantly higher risk of having experienced ACEs, including children who are of color and low-income.[75]

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[69] Behrens, D., Lear, J. G., & Acosta Price, O. (2015). Improving access to children's mental health care: Lessons from a study of eleven states. Washington, DC: Center for Health and Health Care in Schools, The George Washington University.

[70] Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. *American Journal of Preventive Medicine*, *14*(4), 245–258. DOI: http://dx.doi.org/10.1016/S0749-3797(98)00017-8

[71] American Academy of Pediatrics (2014). *Adverse childhood experiences and the lifelong consequences of trauma*. Retrieved from https://www.aap.org/en-us/Documents/ttb_aces_consequences.pdf

[72] Sacks, V., Murphy, D., & Moore, K. (2014, July). *Adverse childhood experiences: National and state level prevalence* (Publication #2014–28). Bethesda, MD: Child Trends.

[73] Schüssler-Fiorenza Rose, S.M., Xie, D., & Stineman, M. (2014). Adverse childhood experiences & disability in U.S. adults. *PMR, 6*(8), 670–680. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4306581/pdf/nihms-573319.pdf

[74] Centers for Disease Control and Prevention. (2016, March). *Adverse childhood experiences (ACEs*). Retrieved from https://www.cdc.gov/violenceprevention/acestudy/

[75] Merrick, M., Ford, D., Ports, K.,& Guinn, A. (2018). Prevalence of adverse childhood experiences from the 2011–2014 behavioral risk factor surveillance system in 23 states. *JAMA Pediatrics*, E1–E7. DOI: 10.1001/jamapediatrics.2018.2537

Just under half of children in the United States have experienced one traumatic life event or ACE.[76] A review of national prevalence estimates and state-level data indicates that approximately 10% of Texas children have experienced three or more ACEs in their lifetime.[77] Many have experienced eight or more episodes of violence. In addition, children and youth who are involved in the child welfare and juvenile justice systems are significantly more likely than the general population to have experienced an ACE. Taking these factors into consideration, child-serving systems in Texas need to be able to identify, understand, and treat trauma.

Child and Youth Trauma Exposure in Texas

Measuring the prevalence of child and youth trauma is difficult and imprecise. National and state-level data must be triangulated to estimate how many children and youth have been exposed to trauma. The following estimates for Texas children and youth draw on the National Survey of Children's Exposure to Violence and the National Survey of Children's Health. Other data include the number of youth who have been identified with mental health needs within the social services and juvenile justice system.

- **Approximately 730,000 children and youth in Texas, or 1 in 10 children/youth overall, have experienced three or more ACEs.**[78] The most prevalent ACEs among Texas children and youth are exposure to economic hardship, living with a divorced parent or guardian, living with someone who has a substance use problem, and living with someone with a mental illness.
- **For children and youth age 0–17, nearly 90,000 have been exposed to 10 or more episodes of violence.**[79] According to the National Survey of Children's Exposure to Violence, approximately 90,000 Texas children and youth may have been regularly exposed to any form of violence. A table that summarizes the estimated prevalence of child and youth exposure to violence in Texas by the type of violence and the general frequency of multiple exposures within a 12-month period can be found in the *Trauma-Informed Care in Schools* Tool on page 126. These data are based on national prevalence estimates.
- **Among youth within the juvenile justice system in Texas, 5,900 have experienced four or more ACEs.**[80] Youth involved in the juvenile justice system are more likely to have experienced multiple types of trauma, are 13 times less likely to report zero ACEs, and experience 3 times the prevalence of ACEs as the general population.[81] Among juvenile

[76] American Psychological Association. (n.d.). *Children and trauma: Update for mental health professionals*. Retrieved from http://www.apa.org/pi/families/resources/children-trauma-update.aspx

[77] Sacks, V., Murphy, D., & Moore., K. (2014, July).

[78] Meadows Mental Health Policy Institute. (2017). *Trauma-informed care final report* (page 21). Dallas, TX: Author.

[79] Meadows Mental Health Policy Institute (2017). *Trauma-informed care final report* (page 22). Dallas, TX: Author.

[80] Meadows Mental Health Policy Institute (2017). *Trauma-informed care final report* (page 23). Dallas, TX: Author.

[81] Baglivio, M. T., Epps, N., Swartz, K., Huq, M. S., & Hardt, N. S. (2014). The prevalence of adverse childhood

offenders, the most prevalent ACEs are family violence, parental separation/divorce, and household member incarceration. Based on a study by Baglivio and Epps that examined the prevalence of ACEs among 64,000 juvenile offenders, 25% of juvenile offenders reported four or more ACEs.[82] Among the 23,963 youth on probation in the state of Texas, an estimated 5,900 youth have experienced an ACE of some kind.[83]

- Among all children and youth living in foster care in the state of Texas, approximately 25,000 have experienced one or more ACEs.[84] Relatively little research has examined the prevalence rates of ACEs among youth in substitute care. Child welfare research estimates that 6% of all U.S. children and youth will experience entry into a foster care system before age 18.[85] African American and American Indian children and youth are much more likely to enter a foster care system (12% and 15% respectively).[86] Based on the 2011–2012 National Survey of Children's Health (NSCH), 76% of all youth in foster care (or previously in foster care) experienced one or more ACEs, compared to 33% among children without exposure to the foster care system.[87] In 2016, there were nearly 32,000 total foster care placements statewide.[88]

Trauma and Education

"Trauma" is defined somewhat differently across disciplines (see *Trauma-Informed Care in Schools* on page 126 in Toolkit section of this document). However, the most commonly referenced definition comes from the Substance Abuse and Mental Health Services Administration (SAMHSA):

> *Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.* (p.7)[89]

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experiences (ACE) in the lives of juvenile offenders. *Journal of Juvenile Justice*, *3*, 1–23.

[82] Baglivio, M. T., Epps, N., Swartz, K., Huq, M. S., & Hardt, N. S. (2014).

[83] Texas Juvenile Justice Department. (2016). *Fiscal Year 2015 department-identified mental health needs and services provided to youth on probation*. Dataset provided to MMHPI by Pernilla Johansson of TJJD on March 9, 2016.

[84] Meadows Mental Health Policy Institute (2017). *Trauma-informed care final report* (page 24). Dallas, TX: Author.

[85] Turney, K., & Wildeman, C. (2016). Adverse childhood experiences among children placed in and adopted from foster care: Evidence from a nationally representative survey. *Child Abuse & Neglect*, *64*: 117–129.

[86] Wildeman, C., & Emanuel, N. (2014). Cumulative risks of foster care placement by age 18 for U.S. children, 2000–2011. *Public Library of Science*, *9*(3), 1–7.

[87] Turney, K., & Wildeman, C. (2016).

[88] Texas Open Data Portal. (n.d.). *2016 CPS children in foster care by county*. Retrieved from https://data.texas.gov/Social-Services/2016-CPS-Children-in-foster-care-by-county/xx7x-eqz6

[89] Substance Abuse and Mental Health Services Administration. (2014, July). *SAMHSA's concept of trauma and*

The public health field recognizes education as a social determinant of health and wellbeing, making it critical to ensure that children and youth succeed academically. The toxic stress and trauma that can result from adverse childhood experiences can have a negative impact on healthy brain development during childhood, putting children at risk for poor academic performance.[90]

The biological changes to the brain caused by trauma are not seen immediately. Child maltreatment, including abuse and neglect, has been linked to poor language development, delayed problem-solving skills, lower math and reading achievement, higher rates of grade retention, and absenteeism. However, not all children who have experienced maltreatment struggle with language development and academic achievement. Some children and youth demonstrate resilience in the face of adversity. This may be due to the type and timing of maltreatment. The younger a child is when they experience abuse or neglect or other toxic stressors, the greater the academic difficulties over time and the higher the likelihood of being placed in special education or repeating a grade.

A child's development is not just determined by early adverse experiences; it is also shaped over time by a continuous interplay between the child and his or her environment. There are a number of protective factors that have been found to promote resilience and successful academic functioning among children who have experienced maltreatment, including caregiver warmth and responsiveness, caregiver mental health, the development of prosocial behaviors in early childhood, preschool attendance, and perceived safety from community violence.[91]

School Safety

Mental health care intersects with violence and trauma in Texas schools in two ways – by providing care to the many affected when tragedy occurs, whether a hurricane or a school shooting, and by quickly responding to the few who may pose a risk of violence due to their

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guidance for a trauma-informed approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from https://store.samhsa.gov/shin/content//SMA14-4884/SMA14-4884.pdf

[90] Dube, S. R., McGiboney, & G. W. (2018). Education and learning in the context of childhood abuse, neglect, and related stressor: The nexus of health and education. *Child Abuse & Neglect, 75*, 1–5. Retrieved from https://reader.elsevier.com/reader/sd/DB6BA3ABC1CA47AF0E9604A51462061A8AF25E219BBDE0BD3E45BCEE947E3B6824F5E61C76AA1D81A04A72C7214C494B

[91] Holmes, M. R., Yoon, S., Berg, K. A., Cage, J. L., & Perzynski, A. T. (2018). Promoting the development of resilient academic functioning in maltreated children. *Child Abuse & Neglect, 75*, 92–103. Retrieved from https://ac.els-cdn.com/S0145213417302739/1-s2.0-S0145213417302739-main.pdf?_tid=3ef08040-a5cf-4954-9e6e-890c0e342f93&acdnat=1533745504_9173d60556c1387f8d3f4c43ab55c20a

mental illness. A safe school environment plays an important role in the academic and social development of students and has an impact on factors such as staff retention and parent satisfaction.[92] School safety is not limited to the physical well-being of students and staff, it affects their emotional well-being as well. Students who feel safe are better able to focus on their learning, which leads to better academic outcomes.

School climate can also be affected by the community's perception of school safety. How a school prevents, responds to, and recovers from emergencies is influenced by the school climate. A positive school climate can support students during and after an emergency or serious threat, assist staff in handling student behavior before it becomes problematic, and help staff understand the importance of social and emotional health after an emergency.[93]

Emergency Operation Plans

Schools need to be prepared to fulfill their mission of educating students even when they face different types of emergencies. To achieve this, they need to take preventive measures, which include planning, drilling, and training for different emergencies. The planning phase begins with the development of an Emergency Operation Plan (EOP) that addresses all risks. EOPs are required to address mitigation, preparedness, response, and recovery (see *State Legislation* on page 121 in the Toolkit section of this document).[94]

EOPs help prepare school personnel to appropriately respond to emergencies and crises, and to ensure the safety of students and all school personnel. After the EOP is developed, mock drills and training exercises identify areas of improvement, clarify roles, and enhance coordination.[95] Schools should continually assess the emergency management process. As part of the recovery process, EOPs should provide mental health services to students and staff.[96] The Texas School Safety Center, which is a resource housed at Texas State University, is directed by the Texas Education Code to provide schools with guidance on EOPs and school safety and security audits. The Texas School Safety Center produces a *School Safety and Security Standards Toolkit*,[97]

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[92] Readiness and Management for Schools (REMS) Technical Assistance Center. (n.d.). *Student perceptions of safety and their impact on creating a safe school environment*. Retrieved from https://rems.ed.gov/docs/Student_Perceptions_Safety_Fact_Sheet_508C.pdf

[93] Readiness and Management for Schools (REMS) Technical Assistance Center. (n.d.).

[94] Texas School Safety Center. (2018). *Emergency management*. Retrieved from: https://txssc.txstate.edu/topics/emergency-management/

[95] Texas School Safety Center. (2018).

[96] Texas School Safety Center. (n.d.) Emergency operations plan – ESC One. Retrieved from: https://view.officeapps.live.com/op/view.aspx?src=http%3A%2F%2Fwww.esc1.net%2Fcms%2Flib%2FTX21000366%2FCentricity%2FDomain%2F89%2FEmergency_Operations_Plan_for_Schools_Basic_Plan_Template.doc

[97] Texas School Safety Center. (2015). *School safety and security standards toolkit*. Retrieved on April 17, 2018 from https://txssc.txstate.edu/tools/standards-toolkit/

which schools may use to develop their EOPs and their broader emergency management programming (see *State Legislation* on page 121 in the Toolkit section of this document).

School Resource Officers

School resource officers (SROs) play an important role in school safety and school climate. In 2015, Texas Legislators passed House Bill 2684, which amended the training requirements for many SROs and peace officers. SROs and peace officers who work in schools with 30,000 or more students are required to complete a training model created by the Texas Commission on Law Enforcement, which includes information about child and adolescent development and psychology, positive behavioral interventions, and techniques to de-escalate and limit the use of force when interacting with students in the school environment.[98] The training also includes restorative techniques, conflict resolution, mental health crisis intervention, and information about the mental and/or behavioral health needs of students with disabilities or special needs.[99] SROs or peace officers are not required to complete this training if they have completed an advanced training course through the National Association of School Resource Officers or an equivalent training as determined by the Texas Commission on Law Enforcement. The National Association of School Resource Officers provides various resources and best practices for SROs, including mental and behavioral health best practices and trainings.[100] Mental health training benefits SROs in a number of ways such as increasing their awareness of resources in the community; improving their insights into children and youth; enabling them to make better referrals into the community; helping them be a resource to school personnel, families, parents, and guardians; and providing with information about officer wellness and self-care.[101]

Post-Disaster Crisis Counseling Programs

Research suggests that students who are exposed to natural disasters (such as hurricanes) continue to experience symptoms of PTSD or emotional disturbance for over 18 months following the natural disaster.[102, 103] The Federal Emergency Management Agency (FEMA) Crisis

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[98] Texas House Bill 2684 (2016). Retrieved from: https://legiscan.com/TX/text/HB2684/id/1240854/Texas-2015-HB2684-Enrolled.html

[99] Texas House Bill 2684 (2015).

[100] National Association of School Resource Officers. (n.d.). *Resources and best practices.* Retrieved on September 11, 2018 from https://nasro.org/membership/resources/

[101] United States Department of Justice. (2016, February). *How mental health training helps school resource officers*. Retrieved from https://cops.usdoj.gov/html/dispatch/02-2016/mental_health_and_sros.asp

[102] McLaughlin, K. A., Fairbank, J. A., Gruber, M. J., Jones, R. T., Lakoma, M. D., et al. (2009). Serious emotional disturbance among youth exposed to Hurricane Katrina two years post-disaster. *Journal of the American Academy of Child and Adolescent Psychiatry, 48(*11), 1069–1078.

[103] Weems, C. F., & Graham, R. A. (2014). Resilience and trajectories of posttraumatic stress among youth exposed to disaster. *Journal of Child and Adolescent Psychopharmacology*, *24*(1), 2–8.

Counseling Program (CPP) funds mental health assistance and training activities in areas that have been declared a disaster by the President of the United States.[104] The program provides immediate and short-term stress management and crisis counseling to people experiencing common stress reactions to a traumatic event. FEMA provides grant funding to states that need these services. CCP provides emotional supports and interventions to help recipients:

- Understand their response to their current situation;
- Explore options and reduce stress;
- Discover, develop, and incorporate new coping strategies and techniques; and
- Establish linkages to people and resources that encourage recovery.[105]

CCP services are strength-based and promote resiliency and recovery. These services are free and anonymous, and can be provided in a person's home, community settings, and schools. CCP services do not replace existing community services. These services can be helpful to schools that are dealing with federally declared natural disasters. In 2017 in response to Hurricane Harvey, the regional Education Service Centers received funding for CCP services.

An understanding of the factors faced by students, including race, ethnicity, and culture, ACEs and trauma, and school safety, positions school leaders to effectively intervene in ways most beneficial for student success.

[104] Federal Emergency Management Agency. (n.d.). *Crisis Counseling Assistance & Training Program*. Retrieved from https://www.fema.gov/recovery-directorate/crisis-counseling-assistance-training-program

[105] Texas Department of Health and Human Services. (2016, March 3). *Texas P.R.I.D.E Crisis Counseling Program: Outreach – Support – Recovery.* Retrieved from: http://www.dshs.texas.gov/mhsa/pride/

Implementation Science

Interaction-based innovations such as those implemented in education and mental health are inherently complex. Providing information and training on evidence-based practices without effective implementation support will rarely produce the intended outcomes and may even result in negative consequences. Implementation science is the way research is put into practice.[106, 107] It is defined as "the study of the factors that influence the full and effective use of an innovation in practice."[108] Implementation science offers a clear set of strategies designed to address the challenges inherent in effectively implementing innovative practices in education and mental health. The use of active implementation supports can increase the likelihood of reaching desired outcomes from 15 to 80%.[109] Full implementation of a multi-tiered system of support can take two to four years, and its success is strongly influenced by its method of implementation.[110]

Outcomes are affected by the expected and unexpected ways people interact with each other. Successful program implementation relies on a number of factors, including ensuring that practitioners and educators deliver all essential program components. For decades, educators, mental health providers, and other human service professionals have been introduced to a growing number of evidence-based innovations designed to achieve better outcomes in learning and wellbeing. However, in spite of this available body of information about evidence-informed interventions, few providers and educators have changed their practices, resulting in little to no change in outcomes.[111] In addition, failed implementation efforts have led to increased use of reactive and exclusionary practices, frequent shifts to alternative interventions, inequitable outcomes for disadvantaged groups, negative school and classroom environments, and a lack of confidence in new, evidence-based strategies.[112]

The process of program implementation has well-defined stages, but they are not necessarily linear in nature. Each individual stage affects the others in a variety of complex ways. This

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[106] Barrett, S., Eber, L., & Weist, M. (2013). *Advancing education effectiveness: Interconnecting school mental health and school-wide positive behavior support.* Retrieved from http://www.pbis.org/common/pbisresources/publications/Final-Monograph.pdf

[107] National Implementation Research Network (2016, October). *Implementation brief: Active implementation practice and science*. Retrieved from https://nirn.fpg.unc.edu/sites/nirn.fpg.unc.edu/files/resources/NIRN-Briefs-1-ActiveImplementationPracticeAndScience-10-05-2016.pdf

[108] National Implementation Research Network (2013). *Implementation science defined*. Retrieved from https://nirn.fpg.unc.edu/learn-implementation/implementation-science-defined

[109] National Implementation Research Network (2016, October).

[110] Saldana, L. (2014). The stages of implementation completion for evidence-based practice: protocol for mixed methods study. *Implementation Science. 9:*43.

[111] National Implementation Research Network (2016, October).

[112] Barrett, S., Eber, L., & Weist, M. (2013).

section provides a brief description of the core elements, key implementation drivers, and stages of the active implementation framework. A full description of implementation science and how it is related to MTSS can be found on the National Implementation Research Network website[113] and in the *Advancing Education Effectiveness: Interconnected School Mental Health and School-wide Positive Behavior Support* monograph.[114]

Specify the Need and Outcome

When adopting new approaches or innovations, school implementation teams are more likely to succeed when they use a strategic approach. This includes:

- **Identifying the need:** Before adopting an evidence-based practice, identify the need, issue, problem, challenge, or roadblock and define them in measurable terms. Schools should evaluate information and data that demonstrate the level or intensity of the need and track progress towards meeting the need. This process also includes determining if the identified need matches the priorities of the school (e.g., literacy, truancy, attendance, violence, bullying).
- **Identifying priorities:** Review the identified need as it relates to other needs, high priority initiatives, and the larger goals of the school.
- **Describing outcomes in measurable terms:** The examination of needs should include a description of expected outcomes in measurable terms, and a description of what successful implementation would look like.

Select Appropriate Evidence-Based Practices

After the need and intended outcomes are identified, the next step is to select an innovation or practice that is supported by evidence, aligns with the identified need and expected outcome, and is consistent with other practices and approaches that are currently in place.

Local Context and Culture

Schools are complex and unique ecosystems that reflect their local cultures. Therefore, when selecting an evidence-based practice, school implementation teams need to take into consideration the local culture's mores, language, and expectations. To do this effectively, implementation teams must ensure that (1) data for decision making is culturally valid, (2) the program practices are culturally relevant, (3) the intended outcomes are culturally equitable and representative, and (4) the implementers are culturally knowledgeable.

[113] National Implementation Research Network (2013).

[114] Barrett, S., Eber, L., & Weist, M. (2013).

Support for Local Implementation Teams

Successful, sustainable implementation of evidence-based approaches requires ongoing support for those implementing the practice. This is especially important when practices address behaviors that are persistent, long-standing, and resistant to change. There are several key features of effective local implementation teams. These feature include (1) multi-level distributed leadership, (2) institutional or organizational support, (3) implementation drivers, (4) phase-guided implementation action planning, (5) documented successes, and (6) continuous progress monitoring. These concepts are defined below.

Multi-Level Distributed Leadership and Organizational Support

Strong implementation leadership is team-based and collaborative, and includes multi-level representation (grade, department, school-leadership, district). Decision making and policy implementation is distributed across each level of authority. Effective teams comprise members who are motivated, have collective practice expertise, and have the authority to make decisions and changes that support implementation. Successful implementation relies on meaningful guidance by a leadership team that collaborates, communicates, and actively engages in the planning and implementation process. In addition to effective leadership, successful implementation requires organizational support that includes adequate fiscal resources, policy support, political visibility, and practice expertise.

Implementation Drivers

Implementation drivers are the organizational structures that enable the implementation process. Key implementation drivers include the following:

- **Professional Development** refers to the training and professional development structures required to develop and sustain program implementation capacity.
- **Coaching** is the assistance provided to staff for transferring the knowledge they gained during training and technical assistance to ensure that initial and ongoing implementation is faithful to the practice model.
- **Evaluation** uses data and information to guide the implementation of the practice model.
- **Leadership** includes active team participation in decision making, policy development, and fiscal and resource management across all stages of implementation.
- **Practice expertise** is team-based knowledge on the evidence-based practice and its implementation.

Phase-Based Implementation Stages

Implementation is a process that happens in stages. These stages are not linear or separate; they are dynamic and complex. Organizations often move back and forth through the stages as

circumstances and personnel change. For example, low-income schools, which typically have higher rates of staff turnover, could find this process particularly challenging and, as a result, need more time to work through the stages. The stages of implementation are: Exploration, Installation, Initial Implementation, Full Implementation, and Sustainability and Scaling.

1. **Exploration:** This is the starting point of the implementation process. During the Exploration Stage, an initial implementation team defines the need and selects a practice. Key steps include exploring the need, identifying intended outcomes, accessing organizational readiness and capacity, identifying resources and fiscal support, and selecting a practice that is supported by evidence.

2. **Installation:** The key function of the Installation Stage is to develop organizational capacity and infrastructure to implement the selected evidence-based practice. During this stage, the implementation team is fully established. This team identifies resources needed for training, professional development, and coaching; provides initial training to staff; identifies evaluation tools and procedures; reviews and modifies policies and procedures; creates referral mechanisms; and develops reporting frameworks. During the Installation Stage, the team works to secure resources identified during the Exploration Stage and prepares staff to implement the new practice.

3. **Initial Implementation:** This stage is when the practice is used for the first time and change begins. It is considered the most fragile stage of implementation because the difficulties associated with changing can motivate staff to return to more comfortable routines. The Initial Implementation Stage tests the implementation of the practice and the infrastructure supporting the practice. During this stage, professional development and coaching can help develop staff competencies. This is also the stage when implementation fidelity is assessed, needed resources are determined, and organizational roles and functions are adjusted to align with the practice.

4. **Full Implementation:** Full implementation is reached when more than 50% of the staff or team members are implementing the new practice with fidelity and good outcomes. During full implementation, the team assesses local support and resource utilization, evaluates implementation and fidelity capacity, and reviews student response to the new practice.

5. **Sustainability and Scaling:** During this stage, the practice has been implemented with fidelity across the organization for three or more years and is being rolled out to new organizations. As with the Full Implementation Stage, the team assesses it use of local resources and supports, monitors student outcomes, evaluates fidelity and capacity building, and shares implementation resources and supports to other initiatives.

Documentation of the Implementation Process and Success

Documentation of the implementation process, including success, lessons learned, and barriers to implementation, is critical to ongoing support of implementation efforts. This information is needed to:

- Justify resources for sustained and scaled implementation,
- Defend the program's priority among a number of competing priorities,
- Enable other adopters to see implementation practices and outcomes,
- Ensure program visibility in order to support policy making,
- Act as a model for other organizations, and
- Test adaptations or modifications to the intervention.

System for Continuous Progress Monitoring-Improvement Cycles

Continuous project monitoring and planning reviews is a process that assesses implementation fidelity and student progress in order to maximize the effectiveness, efficacy, and relevance of the program. This process allows the leadership and implementation teams to make adjustments to support the efficient use of supports and resources, ensure implementation is sustainable, determine if expected outcomes are achieved, and consider the next phase of implementation. In addition to fidelity and outcome monitoring, this process focuses on institutional support, driver-based implementation, and the phase-guided action planning process.

Multi-tiered System of Supports Framework Overview

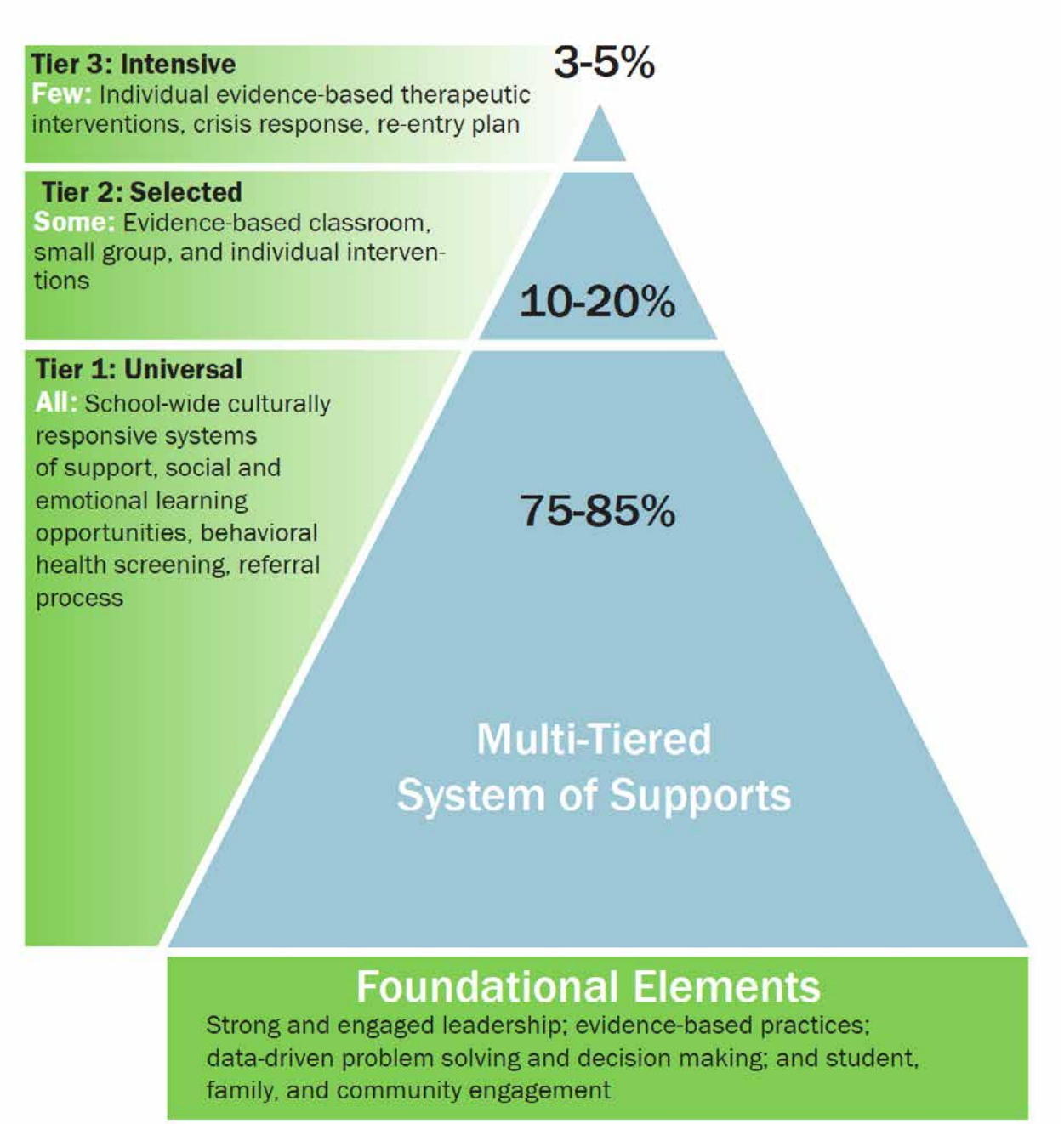
Multi-tiered System of Supports (MTSS) is a prevention framework that organizes school-level resources to address each student's academic and behavioral needs within three intervention tiers that vary in intensity.[115] MTSS aids school professionals in the early identification of students who are at risk for being academically unsuccessful or have difficulties with challenging behaviors. The increasingly intensive tiers represent a continuum of supports available to students.

Universal supports and interventions (Tier 1) are implemented for all students within the school building. They are intended to establish expectations for the delivery of core content and curriculum, prevent some challenging behaviors, and build the social and emotional skills all students need. Universal supports include positive behavioral supports for all students, evidence-based social and emotional learning opportunities, universal behavioral and health screenings, and a formal process for referring students to community-based mental health experts.

Targeted supports and interventions (Tier 2) target a subset of students with similar, mild to moderate mental/behavioral health needs or academic deficits to support their success in the school setting and minimize their risk for undesirable outcomes (these students require targeted supports in addition to universal supports). Tier 2 supports include evidence-based individual and group interventions delivered by school and community-based behavioral health specialists, working in tandem with the school's education team, to ensure the interventions being used are effective.

Intensive supports and interventions (Tier 3) are highly individualized interventions for students with complex mental and behavioral health needs and/or academic deficits (these students require intensive supports in addition to targeted and universal supports). Tier 3 supports include individual and group counseling, re-entry programs for student transitioning back from psychiatric hospitals or residential treatment centers, and crisis response plans.

[115] OSEP Technical Assistance Center on Positive Behavioral Interventions and Supports. (2018). *Multi-tiered System of Support (MTSS) & PBIS.* Retrieved from https://www.pbis.org/school/mtss



The continuum of interventions contained within each tier of the MTSS framework varies across school districts and campuses and is based on identified needs, available resources, and district priorities. While there is variation in interventions, there is a set of foundational elements that are critical to successfully implementing and sustaining MTSS. These elements include strong and engaged leadership; the implementation of evidence-based practices; data-driven problem solving and decision making; and student, family, and community engagement. While the tiers

in the framework are fixed, students' needs are fluid and may move between tiers depending on circumstances.[116]

While MTSS is designed to address academics and behavior, the Roadmap will primarily focus on the mental health and wellbeing components of this approach. Strategies for MTSS range in scope from addressing absenteeism to improving reading outcomes, though an underlying premise for the approach is a core set of beliefs about the members of the learning community and the culture of the school or district:

- Every child learns and achieves to high standards;
- Learning includes both academic and social competencies;
- Every member of the education community continues to grow, learn, and reflect;
- Every leader at all levels is responsible for every student; and
- Every family and caregiver is engaged and responsible for their child.

There are numerous strategies and interventions schools employ that fit within at least one of the MTSS tiers; these strategies and interventions need to support this underlying belief system. Putting this belief system into practice requires schools to apply the following core tenets.

Core Tenets of MTSS

The MTSS model includes the following core tenets, which are applicable across all tiers:

- Strategic collection and use of data,
- Continuous quality improvement, and
- Openness to change.

Strategic Collection and Use of Data

Key to the MTSS framework is the use of data to inform decision making. District and school-level data are used to identify the needs of all students, facilitate the selection of instructional models and behavioral interventions, and assess progress toward identified goals. Consistently using data to measure change and monitor progress toward identified outcomes can support changes to instruction, interventions, resource allocation, and staff training and supports. In the ideal MTSS framework, data are used to help direct resources to improve student learning and support staff's implementation of effective practices. For example, a school with high suspension and expulsion rates (the problem) may review the number of expulsions and suspensions across school years and identify a specific set of behaviors that lead to exclusionary

[116] The Colorado Education Initiative (n.d.). Colorado framework for school behavioral health services. A guide to K-12 student behavioral health supports with a focus on prevention, early intervention, and intervention for students' social, emotional, and behavioral health needs. Denver, CO: Author. Retrieved from http://www.coloradoedinitiative.org/wp-content/uploads/2014/03/Colorado-Framework_VCS7small.pdf#page=9

practices (why it is occurring). Based on this information, the school may choose a Tier I or universal support designed to decrease these targeted behaviors and train teachers to implement the selected intervention. Once implementation has begun, ongoing monitoring and evaluation is necessary to determine if the intervention addressed the identified behaviors and decreased the use of suspensions and expulsions. When Tier I supports do not insufficiently meet the needs of a portion of the population of students, student-level data are used to identify these needs and build a plan aimed at alleviating the issues that hinder a student's ability to be academically successful. There is evidence indicating that there is a link between academic skills and behavior, meaning that students with low academic skills are more likely to exhibit unwanted behavior in schools and vice versa.[117]

Continuous Quality Improvement

Strategic data collection and ongoing data analysis should drive the continuous quality improvement process. Prior to adopting any new initiative, the goals should be clear and baseline data should be collected and analyzed. Following implementation, data should be collected and analyzed at regular intervals. If the data do not suggest that the intended changes are occurring, additional improvement strategies should be explored. This may include:

- Modifying the selected intervention;
- Providing additional support, training, or teacher coaching to ensure the intervention is being implemented with fidelity;
- Identifying and addressing system barriers to effective implementation; and
- Allocating additional resources.

This process is called a *cycle of inquiry* – a process of collecting and interpreting information that enhances decisions about what action to take next. A cycle of inquiry emphasizes the importance of asking good questions, establishing measurable outcomes, and collecting evidence to guide a school's problem solving, decision-making, and actions. By establishing a culture of inquiry and collecting evidence, schools are able to implement powerful tools that can enhance approaches to learning and teaching. For example, a school that implements a universal strategy to address behaviors that lead to suspension and expulsions would continuously monitor the enforcement of the intervention, the prevalence of the identified behaviors, and changes in the rate of exclusionary discipline.

Openness to Change

Implementation of the MTSS framework requires a shift in how district-level personnel, administrators, teachers, staff, and students interact. This cultural shift requires support from

[117] McIntosh, K., & Goodman, S. (2016, March 15). *Integrated multi-tiered systems of support: Blending RtI and PBIS*. New York, NY: Guilford Press.

staff at all levels. Most school districts that have implemented MTSS to fidelity have made across-the-board and transformational changes, such as reorganizing their special education departments and initiating a behavioral health team at regional, district, and school building levels. While a district or school can still benefit from specific aspects of the MTSS framework without such transformational changes, being open to an ongoing examination of policies, practices, and interactions is critical to successful implementation of this framework.

When districts and schools delve into any of the three tiers of MTSS, it is important that they understand these core tenets.

Universal Supports and Interventions (Tier 1)

Universal Supports and Interventions Overview

Universal supports and interventions (referred to as Universal Tier 1 supports) encompass primary prevention programs and instruction that supports the social and emotional development of every student in a school.[118] Universal supports are intended to meet the needs of every student in a school and, ultimately, the district as a whole. These services and supports aim to minimize the emergence of problems by addressing risk factors in a whole population of students.[119] Tier 1 interventions and supports are provided to all students and are proactive and preventive.[120]

In an MTSS framework, Tier 1 instruction is the key component and the core program in which all students receive high quality instruction that is evidence based.[121] Within a universal supports and intervention framework, all students are expected to achieve at high levels, receive strong core instruction, and benefit from school-wide common expectations for academics and behavior. An example of a universal support and intervention is a school-wide behavior plan in which the behavior expectations for students, teachers, staff, administration, and guests are clearly communicated across all grade levels and universally enforced.[122]

Universal supports integrate academic curricula with a school-wide behavior and social-emotional support system. This integrated system proactively teaches and reinforces behaviors that emphasize positive goals and expectations so students can successfully manage their behavior while learning.[123] Tier 1 strategies are often adopted to mitigate specific classroom-, school-, and district-wide challenges or concerns.

Universal Tier 1 supports could include the following sets of interventions that promote the academic success and healthy development of all students:

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[118] Kutash, K., Duchnowski, A. J. & Lynn, N. (2016). *School-based mental health: An empirical guide for decision-makers.* Tampa, FL: University of South Florida, The Louis de la Parte Florida Mental Health Institute, Department of Child and Family Studies., Research and Training Center for Children's Mental Health.

[119] OSEP Technical Assistance Center on Positive Behavioral Interventions and Supports. (October 2015). *Positive Behavioral Interventions and Supports (PBIS) implementation blueprint: Part 1 – foundations and supporting information.* Eugene, OR: University of Oregon. Retrieved from www.pbis.org

[120] Macklem, G. L. (2011). Evidence-based school mental health services: Affect education, emotion regulation training and cognitive behavior therapy. New York: NY: Springer.

[121] Wayne RESA. (n.d.). *Quick guide for Multi-tiered System of Supports: The district level.* Retrieved from http://www.resa.net/downloads/response_to_intervention/district_mtss_quick_guide.pdf

[122] OSEP Technical Assistance Center on Positive Behavioral Interventions and Supports. (2018). *Tier 1 supports.* Retrieved from https://www.pbis.org/school/tier1supports

[123] Bohanon, H., Goodman, S., & McIntosh, K. (n.d.) *Integrated academic and behavior supports within an RtI framework, part 2: universal supports.* Retrieved from http://www.rtinetwork.org/learn/behavior-supports/integrating-behavior-and-academic-supports-general-overview

- Bullying prevention,
- Suicide prevention,
- Mindfulness practice,
- Substance abuse awareness,
- Trauma-informed practices,
- School safety,
- Disaster response and recovery,
- Social-emotional learning,
- Restorative practices,
- Universal screening for academic and behavioral needs, and
- Clearly articulated expectations of behavior for common areas and classrooms.

Furthermore, bullying prevention, suicide prevention, and substance abuse awareness are all mandated by specific legislation in Texas. Please see page 121 in the Toolkit section of this document, *State Legislation*, for additional information.

Universal Tier I supports and interventions can include the types of strategies, programs, and interventions summarized in the following table:

Universal Supports and Interventions	
Strategies, Programs, and Interventions	**Examples**
Develop and adopt district- and school-wide policies and procedures	Districts can adopt trauma-informed policies, procedures, and guidance lessons. (e.g., a policy that allows confidential discussions, or a policy that describes how, when, and where to refer families for linguistically and culturally competent mental health supports)
Programs that focus on character development and social and emotional learning	Steps to Respect, CHAMPS Curriculum, Character Counts, CASEL
School-wide behavior and social skills development initiatives	PBIS, Social Skills Intervention Guide, PATHS
Curricula and classroom guidance lessons	RULER – Yale Center for Emotional Intelligence
Motivation initiatives for all students	Relational Reward System
Development of leadership teams	Trauma-Informed Leadership Team (TILT)

Universal Supports and Interventions	
Strategies, Programs, and Interventions	**Examples**
Teacher, staff, and parent consultation	Whole School, Whole Community, Whole Child (WSCC) Model, developed by the CDC, includes parent and community involvement

In the following table, we provide an overview of Tier 1 through the frame of Response to Intervention (RtI), Positive Behavioral Interventions and Supports (PBIS), and Multi-tiered System of Supports frameworks (MTSS).

Overview of Tier 1		
Approach	**Description**	**Tier 1**
Response to Intervention (RtI)	RtI is a framework within a multi-level prevention system, whose goal is to increase student achievement and reduce problem behaviors. Assessment and intervention are integrated into the framework. Data gathered through assessments are used to identify students at risk of learning and behavior problems, monitor outcomes, determine the needed intervention, and adjust the intervention.[124]	Primary prevention services are the least intensive services in the framework and usually include core curriculum and instruction that is provided to all students.[125] It includes a research-based core curriculum, culturally and linguistically responsive instructional practices, universal screening, differentiated instruction to address individual needs, accommodations so that all students can access instruction, and problem solving to identify interventions to address behaviors that might be getting in the way of student learning.
Positive Behavioral Interventions & Supports (PBIS)	PBIS is a framework for helping school staff select, adopt, and organize evidence-based interventions to enhance the social, emotional, behavioral, and academic outcomes for students.[126]	PBIS Tier 1 supports are proactive and provided to all students across all settings. These supports address the needs of about 80% of students.[127]
Multi-tier System of Supports (MTSS)	MTSS is a framework for delivering practices and systems for enhancing student academic and behavioral outcomes.[128]	MTSS Tier 1 supports are provided to all students.[129] These supports are the core curriculum in the general education program.

[124] National Center on Response to Intervention. (2010, April). *Essential components of RTI-A closer look at response to intervention*. Washington, DC: U.S. Department of Education, Office of Special Education Programs, National Center on Response to Intervention. Retrieved from https://rti4success.org/sites/default/files/rtiessentialcomponents_042710.pdf

[125] National Center on Response to Intervention (2010, April).

[126] OSEP Technical Assistance Center on Positive Behavioral Interventions and Supports. (2018). *PBIS frequently asked questions.* Retrieved from https://www.pbis.org/school/swpbis-for-beginners/pbis-faqs

[127] OSEP Technical Assistance Center on Positive Behavioral Interventions and Supports. (2018). *Tier 1 supports*. Retrieved from https://www.pbis.org/school/tier1supports.

[128] U.S. Department of Education, Office of Special Education Programs, OSEP Technical Assistance Center (2015, October). *Positive Behavioral Interventions and Supports implementation blueprint: Part1 – foundational and supporting information*. Eugene, OR: University of Oregon. Retrieved from https://www.pbis.org/blueprintguidestools/blueprint/implementation-blueprint

[129] Florida Department of Education. Bureau of Exceptional Education and Student Services. (2011). *A teacher's*

Identifying and Assessing Need

In an MTSS framework, decisions about the system of supports are made by leadership teams, student support teams, or grade-level teams.[130] MTSS teams are responsible for gathering and interpreting data and using it to make changes to student instruction and interventions, establish tiers of support, and evaluate the MTSS framework to ensure it supports students at all tiers.[131] The leadership team determines if academic and behavioral interventions are working and which students need additional support. These teams meet regularly to use data to identify problems, determine the reason for the problems, decide how to solve them, and evaluate if the practice change or intervention has worked. In Tier 1, critical decisions are made to balance the needs of the entire student body and identify and allocate resources.[132] Data are collected through a universal assessment and is continuously monitored. Effective MTSS leadership teams collect and analyze student data as well as systems data.[133]

The School-Wide Positive Behavioral Interventions and Supports (SWPBIS) Tiered Fidelity Inventory (TFI) can be used to guide the implementation of SWPBIS and each of the tiers.[134] This tool is completed by a school planning team every three to four months. It produces scores indicating to what extent core features of each of the tiers are in place and provides information for an action plan to guide implementation. The MTSS team reviews the scores, identifies areas of need, and makes recommendations to staff based on the results of the inventory.

Data-driven decision making is an integral component of MTSS. In some cases, data can highlight a specific concern that needs to be addressed. For example, reviewing a school's staff or student school climate survey for the most frequent types of office referrals may indicate that bullying is an issue requiring immediate action. By continually collecting and reviewing

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guide to problem solving within the Multi-Tiered System of Supports. Tallahassee, FL: State of Florida Department of State. Retrieved from http://floridarti.usf.edu/resources/format/pdf/Teacher%27s%20Guide%20to%20Problem%20Solving%20Within%20The%20MTSS%20Framework.pdf

[130] Metcalf, T. (n.d.). *What's your plan? Accurate decision making within a Multi-tier System of Supports: Critical areas in Tier 1*. RtI Action Network, National Center for Learning Disabilities. Retrieved from: http://www.rtinetwork.org/essential/tieredinstruction/tier1/accurate-decision-making-within-a-multi-tier-system-of-supports-critical-areas-in-tier-1

[131] Metcalf, T. (n.d.).

[132] Metcalf, T. (n.d.).

[133] Metcalf, T. (n.d.).

[134] Algozinne, B., et.al. (2014). *School-wide PBIS Tiered Fidelity Inventory.* OSEP Technical Assistance Center on Positive Behavioral Interventions and Supports. Retrieved from https://www.pbis.org/Common/Cms/files/pbisresources/SWPBIS%20Tiered%20Fidelity%20Inventory%20%28TFI%29.pdf

school data, the leadership team can select interventions, allocate resources, and modify policies and procedures to address identified student needs and prevent future challenges. This specificity of the data can help refine the plan of action.

In some cases, concerns about falling test scores and high rates of absenteeism and discipline referrals may generate discussion, but the cause and potential solutions might be harder to identify. The following examples describe indicators a district or school might use and how Tier 1 supports could potentially address them:

- Staff concern about depression or anxiety among students could be identified and addressed through a universal mental health screening process.
- Office discipline referral data on disruptive behaviors in the classroom could be addressed by adopting a universal school-wide behavior plan.
- Academic data suggesting a student is not performing at standard could be used to determine which tier of support would best support the student's needs. Teachers could document evidence of improved performance and ongoing needs to assess whether the selected intervention is working.[135]

MTSS teams may also use the school's universal screening data and feedback loops to identify areas in which staff need professional development.[136] The leadership team can provide training and coaching supports that address the identified areas. Teacher training that incorporates coaching supports and collaborative study teams has been shown to be effective, resulting in 80 to 90% application of interventions, compared to 5 to 10% for approaches that only present theory.[137] Leadership teams need to ensure coaching and supervision resources are built into the program costs.

There are a broad range of evidence-based Tier 1 supports, services, and screenings. Each school has unique needs and what has been effective for one school may not work for another. It is imperative that before deciding to implement any universal supports, the following questions are considered, discussed, and addressed:

- What are the data points that indicate a need for intervention?
- What is the level of support to take action, both among key leaders and frontline staff?
- Who needs to be included in discussions about potential Tier 1 supports, and whose buy-in is necessary to ensure success?
- What are the school's unique attributes and strengths and how are those attributes likely to affect the adoption of a new school-wide strategy or initiative?

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[135] Wayne RESA. (n.d.). *Quick guide for Multi-tiered System of Supports: The building level.* Retrieved from http://www.resa.net/downloads/response_to_intervention/building_mtss_quick_guide.pdf

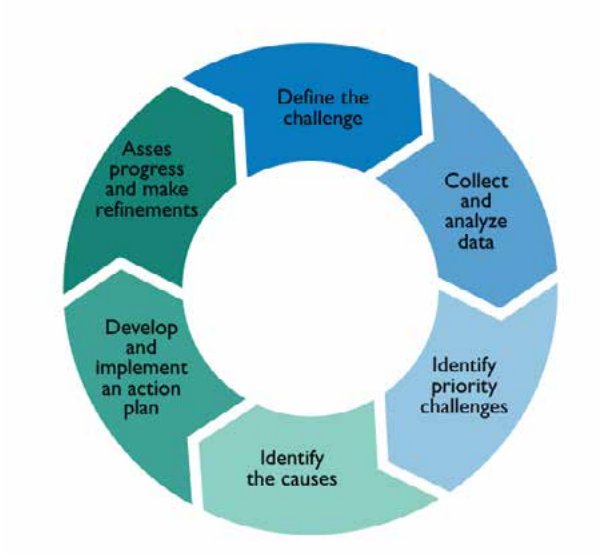
[136] Wayne RESA. (n.d.). Quick guide for Multi-tiered System of Supports: The building level.

[137] Wayne RESA. (n.d.). Quick guide for Multi-tiered System of Supports: The building level.

- What are potential measures of success and what data could be used to track outcomes toward those measures?
- How do you celebrate successes and what are ways to ensure regular, ongoing celebration is a part of the school culture?

Addressing Identified Needs

Once a school has identified a specific school-wide or student-specific need, it may implement a data-based cycle of inquiry[138] to initiate the plan, collect data to determine the effectiveness of the plan, and collaborate with its leadership team on next steps.



Districts and schools can use a comprehensive review of their data to determine which supports they could implement. Data points that districts and schools could use would include discipline data (suspensions and expulsions rate), discipline referrals by demographic, statewide test score rankings, grade level proficiencies, and school-specific student and staff climate surveys. School climate is based on patterns of staff and students' experiences of school life and reflects norms, goals, values, interpersonal relationships, teaching and learning practices, and organizational structures.

It is not unusual to see an "inverted triangle" at lower performing schools, where most students are performing well below grade level.[139] In such cases, a higher percentage of students would have needs that are typically addressed in Tiers 2 and 3, while the needs of a much smaller

[138] Center for Collaborative Education. (n.d.). *Data-based injury.* Retrieved from http://cce.org/work/research-evaluation-policy/data-based-inquiry

[139] All Students Thrive. (n.d.). *Using data walls to improve learning.* Retrieved from http://www.allstudentsthrive.com/data-walls-improve-student-learning/

percentage of students would be met through Universal Tier 1 supports. This situation would require high-level system support and a purposeful approach to address the Tier 2 and 3 students' needs.[140]

Measuring Outcomes

Districts and schools that intend to incorporate a data-based and data-driven approach to MTSS need to first establish baseline data. Typically, districts and schools use this baseline to help decide what specific supports or interventions they should use. During the implementation process, districts and schools continuously gather data and select specific dates throughout the year to review and develop plans based on the collected data. Theoretically, each time data are collected, it is compared to the baseline data. By comparing current data with baseline data, school teams, school leaders, and district staff are able to determine the progress and potential effectiveness of any given intervention. For this reason, it is extremely important to collect and analyze accurate data.

It is also extremely important to implement interventions with fidelity to program models. If there appears to be no change or measurable growth as a result of ongoing intervention, schools or districts should first determine if the intervention was implemented with fidelity to its model. Interventions or supports should be implemented as designed or intended to ensure desired outcomes and to make valid and informed decisions. Poorly implemented interventions are ineffective and potentially harmful.[141]

Universal Tier I assessments are usually both summative (an assessment of student learning at the end of a period of time) and formative (an assessment to monitor student learning and provide feedback).[142] Assessments may be conducted daily or weekly (e.g., assessment of a specific discrete skill, mastery of a standard, success of a behavior plan) and are used to help plan lessons. The purpose of quarterly assessments (such as benchmark assessments) and end-of-year summative measures is to monitor the progress of all students receiving Tier 1 interventions. Assessments at Tier 1 should answer questions such as:

- What percentage of students are at grade level?
- Is Tier 1 instruction effective for at least 80% of the students?
- What is the relationship between the classroom formative assessments and the quarterly or end-of-year summative assessments?[143]

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[140] All Students Thrive. (n.d.).

[141] Pendergast, M.L. (2001). Issues in defining and applying evidence-based practice criteria for treatment of criminal-justice involved clients. *Journal of Psychoactive Drugs, 7,* 10–18. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3246745/pdf/nihms344176.pdf

[142] Florida's Positive Behavior Support Project. (n.d.).

[143] Florida's Positive Behavior Support Project. (n.d.).

Relationship to Other Tiers

Tier 1 interventions or supports are intended to have an impact on the entire district or school in which they are implemented. These interventions will be sufficient for approximately 80–85% of the student population.[144] Even with Tier 1 interventions in place, approximately 10–15% of the population will continue to succeed in school (based upon the Tier 1 data points). Therefore, the remaining 10–15% of students may require a more targeted level of intervention or support. By continuously reviewing student data, school staff will be able to determine who within the district or school may need Tier 2 targeted support and interventions. Even with the addition of the targeted support and interventions, there may be up to 5% of students within a district or a school who would require more specialized or individual supports (as indicated by the cycle of inquiry). These students would receive Tier 3 intensive interventions and supports.

Examples of Universal Supports and Interventions

Below, we summarize some successful examples of Universal Tier 1 supports and interventions.

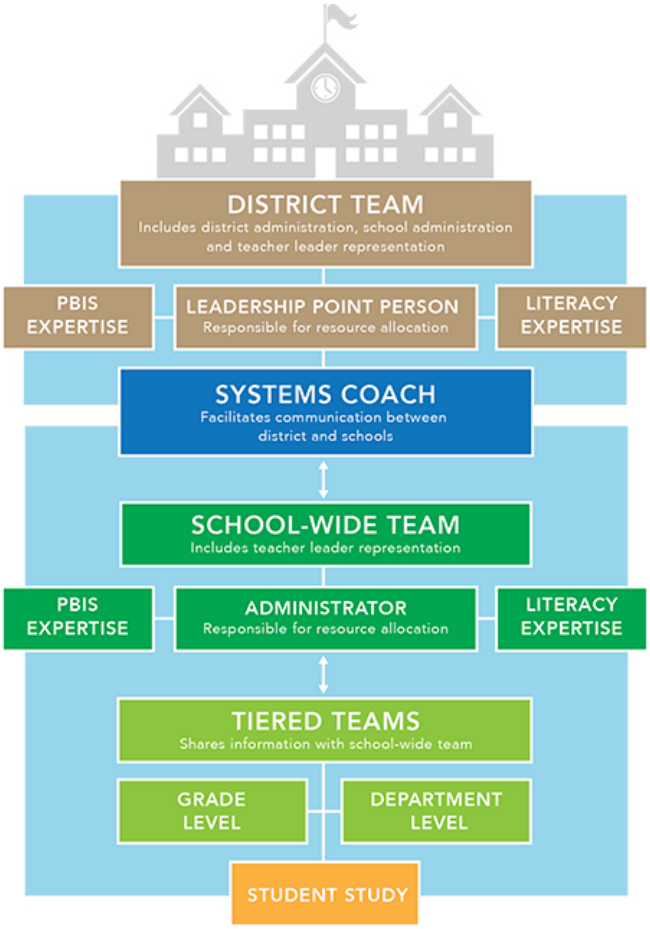
Oregon's Effective Behavioral and Instructional Support System Initiative[145]

Oregon has successfully implemented a state-wide model known as Effective Behavioral and Instructional Support (EBIS), which integrates PBIS and Response to Intervention (RtI) into one system. EBIS started in one school district in Oregon and led to the expansion of MTSS at the state level when the successes of the district became known. EBIS began as a grassroots effort to implement a school-wide behavior model.

The Oregon Department of Education received a State Personnel Development Grant (SPDG) from the Office of Special Education Programs (OSEP) to train district level administrators in the EBIS System (EBISS) initiative. The districts that were selected to participate in this initiative received funding to support a systems coach to implement EBISS at the district level. Participants also received tailored technical assistance and attended professional development conferences. The features that make up the EBISS model include: leadership and commitment, school action planning, coordination and coaching, professional development and training, ongoing assessment and evaluation, visibility and political support, and funding. The EBISS framework is displayed in the following figure.

[144] OSEP Technical Assistance Center on Positive Behavioral Interventions and Supports. (2018). *Multi-tiered System of Support (MTSS) & PBIS.* Retrieved from https://www.pbis.org/school/mtss

[145] McIntosh, K., & Goodman, S. (2016, March 15).



Florida's Multi-Tiered Support System for Academics and Behavior[146]

Florida has a long history of using data-based problem solving for delivering academic and behavioral instruction and intervention. Initially, these practices were administered and implemented independently through separate organizations and agencies within the organizational structures of the school districts. As a result, school districts implemented evidenced-based practices separately and did not benefit from combined efforts with other districts. In 2007, the Florida Department of Education drew on work from the various districts and created a state-wide plan that ultimately provided the blueprint and foundation for expanding evidenced-based practices, promoting the interrelationships within and across state agencies, and establishing a multiyear implementation plan.

Implementing Universal Supports and Interventions: Considerations for District and School Leadership

When school districts and individual schools implement universal supports and interventions, school personnel are required to assume different roles and responsibilities. Below we offer

[146] McIntosh, K., & Goodman, S. (2016, March 15).

information and strategies applicable to specific audiences, including superintendents and senior leadership; principals and school leadership; educators; and families guardians, and caregivers.

Superintendent and Senior Leadership

Working within the MTSS framework requires that all school district staff, including teachers, central office personnel, school leaders, and student support specialists, change the how they have traditionally worked. District and school leaders must first agree on using MTSS practices, then build the necessary infrastructure to establish and sustain MTSS practices, implement data-informed problem solving across a multi-tier service delivery framework, and, finally, evaluate this process. At the district level, the MTSS process is standardized and its vision is communicated to schools.[147] The district is also responsible for allocating resources and removing barriers to implementation. These stages can guide and inform districts and schools' efforts, and improve the sustainability of MTSS implementation. It is also important for district leaders to identify how MTSS relates to the district's strategic plan and goals, and communicate explicitly how MTSS fits within other district initiatives. To that end, senior administrative leadership charged with implementing the initiative must offer differentiated professional development (i.e. by role, experience, readiness, or interest) to meet the needs of the schools they serve.

Principal and School Leadership

At the school level, principals, assistant principals, and school leadership teams are critical to implementing MTSS school-wide. They engage staff in ongoing professional development that supports core instruction, tiered intervention, and the strategies necessary to plan strategically. They model a problem-solving process for school improvement. The school principal also supports the implementation of MTSS by communicating a vision and mission to school staff, providing resources for planning and implementation, and ensuring that staff learn how to collect and use data that are needed for data-based problem-solving. Principals and building leaders are primarily responsible for leading academic instruction and student learning, and ensuring that the needs of all students are met. They are also responsible for developing procedures for school-wide activities, scheduling school-wide meetings, providing support to staff on Tier 1 strategies, establishing a leadership team, ensuring meetings occur, and using data to inform and enhance instruction.[148] Principals will need to embrace a results-oriented and data-informed perspective to meet these responsibilities. They must also be responsive to feedback and effective communicators. Above all, they must work to build consensus and articulate a vision for the building that aligns with district priorities.

[147] Wayne RESA. (n.d.). Quick guide for Multi-tiered System of Supports: The district level.

[148] Wayne RESA. (n.d.). Quick guide for Multi-tiered System of Supports: The building level.

Educator

Classroom teachers are the primary providers of instruction and intervention and as such play an integral role in implementing MTSS. All school personnel are responsible for positive learning outcomes for all students within the MTSS framework, with teachers, specialists, and other school staff operating as a team to facilitate the problem-solving process, assess students, and plan MTSS interventions. School personnel frequently monitored progress to determine if interventions are working. The classroom teacher's role in this process includes delivering instruction and intervention with high levels of fidelity, attending professional development sessions that addresses student behavior, as well as assessing and monitoring students' progress.[149] Another responsibility that teachers have is to build relationships with other staff, students, and their caregivers.

Families, Guardians, and Caregivers

Children and youth do better in school when their families are meaningfully involved in their educational activities. Families play an integral part in their children's education and social development and engaging families at all phases of the MTSS process will increase the success of implemented services and supports. Parents and guardians can provide a critical perspective on students, thus increasing the likelihood that MTSS interventions will be effective. For this reason, it is important that schools make a concerted effort to involve parents as early as possible, beginning with instruction on the core curriculum. This can be done through traditional methods such as parent-teacher conferences and regularly scheduled meetings. Parents should be notified of student progress on a regular basis.[150]

Universal Supports and Interventions: Evidence-Based Practices

Universal supports and interventions support the entire student population. We include several examples of evidence-based universal supports and interventions in this section. The purpose of this list is to provide an overview of available universal supports and interventions frameworks, programs, curriculums, and services. Much of the content of this section was taken verbatim from the cited program webpages. Some examples may fit in more than one tier of support. The section is separated into two parts: one for supports and interventions that target behavior and the other for supports and interventions that target academics.

[149] Wayne RESA. (n.d.). Quick guide for Multi-tiered System of Supports: The building level.

[150] Wayne RESA. (n.d.). Quick guide for Multi-tiered System of Supports: The building level.

Universal Behavioral Support

Caring School Community Program[151]

The Caring School Community program builds classroom and schoolwide community while developing students' social and emotional learning (SEL) skills and competencies. This program is designed to be used with students from kindergarten through eighth grade to help them become caring and responsible members of their school community. The Caring Schools Community program is designed to build caring relationships among students, teach social skills, create a calm and orderly environment through effective classroom management, and help student learn self-discipline through an effective discipline approach.

CASEL's Safe & Sound Guide[152]

Collaborative for Academic, Social, and Emotional Learning (CASEL) is an organization that advances the practice of promoting integrated academic, social, and emotional learning for all children in pre-school through high school. CASEL's *Safe and Sound* is a guide for education leaders and educators to evidence-based social and emotional learning (SEL) programs.

CHARACTER COUNTS!® Program[153]

CHARACTER COUNTS!® (CC!) is a framework that provides practical strategies and tools to braid CC! strategies with other programs such as PBIS to create a positive climate for improving academic, social, emotional, and character development. This framework defines and uses *the Six Pillars of Character* and *the Four Wheels of Success* to create a positive school climate. This is not a curriculum; rather, it is a framework that instills six core ethical and performance values and traits into the culture of a district or school.

Mental Health First Aid[154]

Mental Health First Aid (MHFA) is an eight-hour course that gives teachers the skills to help students who are developing a mental health problem or experiencing a mental health crisis. MHFA provides teachers with a five-step strategy that includes assessing risks, respectfully listening to and supporting students in crisis, and identifying appropriate professional help and supports. The course also introduces teachers to risk factors and warning signs of mental health or substance use problems, builds an understanding of the impact of mental illness on students

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[151] Center for the Collaborative Classroom. (2018). *Caring school communities*. Retrieved from https://www.collaborativeclassroom.org/programs/caring-school-community/

[152] Collaborative for Academic, Social, and Emotional Learning. (2005). *Safe and sound: An educational leader's guide to evidence-based social and emotional learning (SEL) programs, Illinois edition*. Chicago, IL. Retrieved from https://casel.org/wp-content/uploads/2016/06/safe-and-sound-il-edition.pdf

[153] Character Counts! (n.d.). *Program overview.* Retrieved from https://charactercounts.org/program-overview/

[154] Mental Health First Aid USA. (2018). *Frequently asked questions*. Retrieved from https://www.mentalhealthfirstaid.org/faq/

and families, and teaches about evidence-supported treatment. Additional information can be found in the *Mental Health First Aid (MHFA) and Youth Mental Health First Aid (YMHFA)* Tool on page 140.

Positive Behavioral Interventions and Supports (PBIS)[155]

PBIS is a school-wide model for choosing and integrating research-based methods to provide the best academic and behavioral outcomes for all students. Similar to MTSS, PBIS uses a three-tiered model for implementing strategies to prevent academic and behavioral difficulties for all students, including those at risk of developing problems or with high levels of need.

Project ACHIEVE: Stop & Think Social Skills Project for Schools[156]

Project ACHIEVE is an evidence-based continuous school improvement and success program that has been implemented in schools and districts across the country since 1990. It includes seven components that can be implemented and individually tailored to a district or school. Project ACHIEVES' *Stop & Think Social Skills Program* is a social skills curricula for students at pre-kindergarten through middle school levels.

REACH[157]

The REACH System provides tools to measure and improve academic motivation. It examines social and emotional factors such as **R**elationships, **E**ffort, **A**spirations, **C**ognition, and **H**eart, along with other key variables that affect students' motivation and engagement. REACH incorporates Search Institute's research and Developmental Assets®.

Search Institute's Developmental Assets®[158]

Search Institute's Developmental Assets® is a foundational framework in positive youth development. Search Institute identified 40 positive supports and strengths that children and youth need to succeed. Half of the assets focus on the relationships and opportunities they need in their families, schools, and communities (external assets). The remaining assets focus on the social-emotional strengths, values, and commitments that are nurtured within young people (internal assets). Search Institute offers a range of research tools and resources to create school and classroom environments where all students can succeed.

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[155] OSEP Technical Assistance Center on Positive Behavioral Interventions and Supports. (2018). *Positive Behavioral Interventions & Supports.* Retrieved from https://www.pbis.org

[156] Project ACHIEVE. (2018). *About Project ACHIEVE.* Retrieved from http://projectachieve.info/about/project-achieve

[157] Search Institute. (2018). *REACH: Relationship-based System to Strengthen Student Motivation*. Retrieved from http://reach.search-institute.org

[158] Search Institute (2018). *Developmental assets.* Retrieved from https://www.search-institute.org/our-research/development-assets/

Second Step Program[159]

The Second Step program is a social and emotional learning curriculum that promotes emotional management, situational awareness, and academic achievement. Second Step has three age-appropriate curricula designed to be used in early learning, elementary, and middle school classrooms. Second Step also provides a Bullying Prevention and Child Protection Unit.

Sandford Harmony[160]

Sanford Harmony is a social-emotional program that develops strong relationships between children in a classroom. Students are empowered to communicate, cooperate, connect, embrace diversity, and resolve conflict. Specialized teaching strategies are incorporated into classroom strategies in an effort to reduce bullying and help students become tolerant and compassionate. The program has curricula for preschool through sixth grade students.

Turnaround for Children's Turnaround Model[161]

Turnaround for Children works directly with high-poverty public schools to establish environments that accelerate healthy student development and academic achievement. Turnaround provides support based on MTSS through leadership engagement, teacher training, and student support. Turnaround typically partners with a school for three to five years to develop capacity to address students' social, emotional, and academic needs. The model uses an education coach, instructional coach, and social work consultant to help implement all three tiers of supports and interventions. At the conclusion of a partnership, each school should have the skills and resources necessary to sustain the interventions and supports that were established during the intervention.

Universal Screeners

Behavior Assessment System for Children, Second Edition (BASC-2)[162]

The BASC-2 is a set of rating scales that determine the behavioral and emotional strengths and challenges of children and youth in preschool through high school. This tool offers a comprehensive system for gathering information from the student (through the Self-Report of Personality form), the teacher (through the Teacher Rating Scales, Student Observation System,

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[159] Committee for Children. (n.d.). *Second Step.* Retrieved from http://www.secondstep.org

[160] Sandford Harmony at National University (2018). *About Harmony.* Retrieved from https://www.sanfordharmony.org/about-harmony/

[161] Turnaround for Children (n.d.). *Our work in schools.* Retrieved from https://www.turnaroundusa.org/what-we-do/our-model/

[162] Reynolds, C. R., & Kamphaus, R. W. (2004). *Behavior Assessment System for Children, Second Edition (BASC-2).* Retrieved from https://www.pearsonclinical.com/education/products/100000658/behavior-assessment-system-for-children-second-edition-basc-2.html#tab-scoring

and the BASC-2 Portable Observation Program forms) and the parent (through the Parent Rating Scales, Structured Developmental History and the Parenting Relationship Questionnaire forms). The BASC-2 can be administered and scored in hard copy format or electronically.

Behavior Intervention Monitoring Assessment System 2 (BIMAS-2™)[163]

The BIMAS-2 is a social, emotional, and behavioral functioning measure for ages 5 to 18 years. It includes 34 items that are sensitive to change and can be used as a screener and to monitor progress on mental health or behavioral interventions. An online Data Management System allows users to manipulate data to support decision making in a Response to Intervention or MTSS framework. As a universal screener, student scores are compared to a nationally representative normative group, which allows screeners to detect students in need of further assessment.

Student Risk Screening Scale (SRSS)[164]

The SRSS is a universal screening tool that can be used to determine which students are at risk for behavioral problems. The tool is free. Students are rated on seven items using a four-point Likert scale. The seven items include: stealing, lying/cheating, behavioral problems, peer rejection, low academic achievement, negative attitude, and aggressive behavior. Students' totaled scores are categorized as low, moderate, or high risk. This scoring can help personnel determine the types of additional supports that students may need. The data can also be used to look at grade level, school, or district risk over time.

Strengths and Difficulties Questionnaire (SDQ)[165]

The SDQ is a 25-item screening questionnaire for children and youth from 3 to 16 years of age. The tool is divided into five scales – emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems, and prosocial behaviors – and includes questions about positive and negative traits.

Systematic Screening for Behavior Disorders (SSBD)[166]

The SSBD is a universal screening tool designed to identify students with internalizing or externalizing behaviors. First, the teacher compares all students' behaviors to descriptions of

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[163] McDougal, J. L., Bardos,A. N., & Meier, S. T. (2018). *The Behavior Intervention Monitoring Assessment System 2 (BIMAS-2)*. Retrieved from http://www.edumetrisis.com/products/282-bimas-2

[164] Drummond, T. (1994). *Student Risk Screening Scale.* Grants Pass, OR: Josephine County Mental Health Program. Retrieved from http://www.ci3t.org/screening#srss

[165] Youth in Mind. (2012). *What is the SDQ?* Retrieved from http://www.sdqinfo.com/a0.html

[166] Walker, H. M., Severson, H. H., & Feil, E. G. (2014). *Systematic Screening for Behavior Disorders, 2nd edition*. Eugene, OR: Pacific Northwest Publishing. Retrieved from http://www.ci3t.org/screening#ssbd

internalizing and externalizing behaviors, and then selects three students that have behaviors most like each description. The teacher then rates these six students on specific behavior scales. In the next phase (not typically completed when the tool is used as a screener), a trained professional observes the students in academic settings. The tool is available in hard copy and online formats.

Universal Academic Support

The Dynamic Indicators of Basic Early Literacy Skills (DIBELS)[167]

The Dynamic Indicators of Basic Early Literacy Skills (DIBELS) are a set of procedures and measures for assessing students' acquisition of early literacy skills from kindergarten through sixth grade. DIBELS are based on measurement procedures used in curriculum-based measurement (CBM), which were created by the Institute for Research and Learning Disabilities at the University of Minnesota. Like CBM, DIBELS were developed to be economical and efficient indicators of a student's progress toward achieving a general outcome.

aimsweb™[168]

aimsweb™ provides the framework, data, and guidance that administrators and teachers need to efficiently allocate and evaluate core instruction and interventions, helping them improve outcomes for all students – based on accurate, continuous, and direct student assessment.

Measure of Academic Progress (MAP)[169]

MAP assessments are computer-adaptive achievement tests in mathematics and reading. MAP assessments, joined with other data, provide detailed, practical information about each child's academic growth and progress. MAP allows teachers to track student progress throughout a and across school years and, by linking teachers to software tools, can help teachers and administrators plan and adjust instruction to enhance students' academic progress and growth.

Fountas & Pinnell Benchmark Assessment & Leveled Literacy Intervention System[170]

The Fountas & Pinnell Benchmark Assessment includes tools to identify the instructional and independent reading levels of all students and document student progress through one-on-one formative and summative assessments. The Fountas & Pinnell Leveled Literacy Intervention (LLI) system is an intensive, small-group, supplementary literacy intervention for students who

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[167] Dynamic Measurement Group (n.d.). *What is Acadience Reading*. Retrieved from https://dibels.org/dibels.html

[168] Pearson (n.d.). *aimsweb Plus.* Retrieved from https://www.aimsweb.com

[169] NWEA. (2018). *MAP suite: Measuring what matters.* Retrieved from https://www.nwea.org/the-map-suite/

[170] Fountas & Pinnell Literacy. (2018). *Leveled Literacy Intervention*. Retrieved from http://www.fountasandpinnell.com/lli/

have difficulty with reading and writing. The goal of LLI is to lift the literacy achievement of students who are not achieving grade-level expectations in reading.

Targeted Supports and Interventions (Tier 2)

Targeted Supports and Interventions Overview

Targeted supports and interventions (Tier 2) support students who are at risk for – or starting to exhibit signs of – more serious behavioral problems.[171] Tier 2 targeted supports and interventions provide coping techniques and new skills to address behaviors such as bullying, violence, safety and substance abuse.[172] Targeted supports and interventions are meant to be efficient, accessed quickly, and able to facilitate quick improvement in academic and behavioral problems. Students who need more targeted intervention typically do not respond to universal Tier I supports. Positive behavior interventions and supports (PBIS) estimates that 10–15% of students need targeted supports in order to be successful in school.[173] Targeted interventions can be provided to individual students or in small group settings to students with similar behaviors or academic needs. Targeted interventions are supplemental to Universal interventions and do not replace them. Targeted supports, which are sometimes manualized, may provide additional time or increased intensity with an intervention. These interventions are provided to students during their elective periods; students are never pulled out of core instruction to receive the additional support. Targeted interventions may be provided by school personnel or community providers.

In the following table, we provide an overview of Tier 2 through the frame of Response to Intervention (RtI), Positive Behavioral Interventions and Supports (PBIS), and Multi-tiered System of Supports frameworks (MTSS).

[171] Kutash, K., Duchnowski, A. J., & Lynn, N. (2016). *School-based mental health: An empirical guide for decision-makers.* Tampa, FL: University of South Florida, The Louis de la Parte Florida Mental Health Institute, Department of Child and Family Studies., Research and Training Center for Children's Mental Health.

[172] Freeman, E. V. (2011). *School mental health sustainability: Funding strategies to build sustainable school mental health programs*. Washington, DC: Technical Assistance Partnership for Child and Family Mental Health.

[173] Lindsey, B., & White, M. (2009). *Tier 2 behavioral interventions for at-risk students.* Retrieved from https://www.researchgate.net/publication/255573176_Tier_2_Behavioral_Interventions_for_At-Risk_Students

Overview of Tier 2		
Approach	**Description**	**Tier 2**
Response to Intervention (RtI)	RtI is a framework within a multi-level prevention system that incorporates assessment and intervention. The goal is to increase student achievement and to reduce problem behaviors. Data are used to identify students who are at risk, monitor outcomes, determine the needed intervention, and adjust the intervention based on the student's response.[174] The framework was originally used in identifying students in need of special education.	Tier 2 (secondary prevention) provides services of moderate intensity that address the learning or behavioral difficulties of most at-risk students. Secondary prevention interventions, which are provided by an adult in small groups, are evidence-based, validated, and implemented to fidelity .[175]
Positive Behavioral Interventions & Support (PBIS)	PBIS is a framework for helping school staff adopt and organize evidence-based behavioral interventions to enhance academic and behavioral outcomes for students.[176]	Tier 2 supports provide intensive or targeted interventions to students who are at risk of more serious behavioral problems.[177]
Multi-Tier System of Supports (MTSS)	MTSS is a framework for delivering practices and systems for enhancing academic and behavioral outcomes for all students.[178]	Tier 2 supports consist of targeted supplemental interventions, which are aligned with the core curriculum.[179]

Identifying and Assessing Need

While all student may benefit from Universal Tier I supports, additional intervention may be necessary for students who need additional help. These additional interventions may include

[174] National Center on Response to Intervention. (2010, April). *Essential components of RtI – A closer look at response to intervention*. Retrieved from https://rti4success.org/sites/default/files/rtiessentialcomponents_042710.pdf

[175] National Center on Response to Intervention (2010, April).

[176] OSEP Technical Assistance Center on Positive Behavioral Interventions and Supports. (2018). *PBIS frequently asked questions*. Retrieve from https://www.pbis.org/school/swpbis-for-beginners/pbis-faqs

[177] OSEP Technical Assistance Center on Positive Behavioral Interventions and Supports. (2018). *Tier 2 FAQs*. Retrieved from https://www.pbis.org/school/tier2supports/tier2faqs.

[178] OSEP Technical Assistance Center on Positive Behavioral Interventions and Supports. (2015, October). *Positive Behavioral Interventions and Supports implementation blueprint: Part1 – foundation and supporting information*. Retrieved from https://www.pbis.org/blueprint/implementation-blueprint

[179] Florida Department of Education, Bureau of Exceptional Education and Student Services. (2011). *A teacher's guide to problem solving within the Multi-tiered System of Supports*. Retrieved from http://floridarti.usf.edu/resources/format/pdf/Teacher%27s%20Guide%20to%20Problem%20Solving%20Within%20The%20MTSS%20Framework.pdf

universal screening, ongoing formative assessment, and the use of behavioral data collection systems that include, but are not limited to, discipline referrals, suspensions, detentions, and tardies. When school staff initiate treatment planning and begin identifying outcomes, it is helpful to collect information on the identified student's needs to determine the specific intervention that will benefit the student. Students may also be identified through trends in school data such as discipline referrals, suspensions, detentions and tardies.[180] The process of identifying students for targeted interventions should ideally occur through a school planning or community intervention team. School personnel should monitor progress continuously to determine whether the intervention is effective or if students need to be referred for more intensive interventions.

Addressing Identified Needs

Students identified as needing targeted interventions continue to receive core instruction.[181] Further, students should never be removed from core instruction, regardless of how intensive the targeted interventions are that they receive. Student needs may be addressed through increased instruction time, more instructional sessions, a narrower focus of instruction, or instruction in a smaller group setting, with the goal of ensuring that the student's performance in Tier I improves.[182] Additional intervention is provided during a student's elective class time and not during core instruction. School personnel can use data to identify a group of students with similar academic or behavioral needs and then develop and implement evidence-based interventions to accelerate the acquisition of the needed skills.[183] The interventions should be provided with fidelity.[184] School staff should also conduct an ongoing review of student data in order to determine whether the interventions are meeting students' needs.[185]

Measuring Outcomes

In this tier, the frequency and type of assessment varies depending on students' needs.[186] Assessments may be scheduled from weekly to once a month, but typically they occur bi-weekly. For behavioral interventions, progress may be monitored during each class period or once a day.[187] When school personnel conduct assessments and monitor the progress of targeted supports, they should be able to answer questions such as:

- Is the student showing a response to the intervention provided?

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[180] Lindsey, B., & White, M. (2009).
[181] Wayne RESA. (n.d.). Quick guide for Multi-tiered System of Supports: The district level.
[182] Florida's Positive Behavior Support Project. (n.d.).
[183] Florida's Positive Behavior Support Project. (n.d.).
[184] National Center on Response to Intervention. (2010, April).
[185] Lindsey, B., & White, M. (2009).
[186] Wayne RESA. (n.d.). Quick guide for Multi-tiered System of Supports: The building level.
[187] Florida's Positive Behavior Support Project. (n.d.).

- Does the student need more intensive intervention?
- Is the student also making progress in Tier I?
- Is the student ready to transition back to Tier I?[188]

Relationship to Other Tiers

Targeted interventions, which are considered "secondary prevention,"[189] are selective and used with students who require more intervention than universal interventions, but less than intensive interventions. Targeted interventions address the needs of most at-risk students.[190] Tier 2 instruction is targeted to address the skills that pose a barrier to learning and must be integrated with the content and performance expectations of Tier I instruction.[191]

Examples of Targeted Supports and Interventions

Below, we describe some successful examples of targeted supports and interventions.

Colorado Positive Behavioral Interventions and Supports (PBIS)

The Colorado PBIS is predominantly funded by the Office of Special Education Programs State Personnel Development Grant (SPDG) and is focused on providing training and technical assistance to districts and schools on PBIS within an MTSS framework.[192] They provide information on the implementation of the three tiers. In Colorado, MTSS is a prevention-based framework for improving the outcomes of all students. It includes a multi-tiered system of supports for all students. The essential components of Colorado PBIS include: team-driven shared leadership; data-based problem solving; partnering with families, schools, and communities; layered continuum of supports matched to the student's need from universal to targeted to intensive interventions and supports; and, with instruction, assessment and intervention that are evidence-based.[193]

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[188] Wayne RESA. (n.d.). Quick guide for Multi-tiered System of Supports: The building level.

[189] Kutash, K., Duchnowski, A. J., & Lynn, N. (2016). *School-based mental health: An empirical guide for decision-makers.* Tampa, FL: University of South Florida, The Louis de la Parte Florida Mental Health Institute, Department of Child and Family Studies., Research and Training Center for Children's Mental Health.

[190] National Center on Response to Intervention. (2010, April).

[191] Florida's Positive Behavior Support Project. (n.d.).

[192] Colorado Department of Education. (n.d.).*Positive Behavioral Interventions and Supports (PBIS)*. Retrieved from https://www.cde.state.co.us/mtss/pbis

[193] Colorado Department of Education. (n.d.). *Multi-tiered System of Supports (MTSS)*. Retrieved from https://www.cde.state.co.us/mtss

Florida Positive Behavioral Interventions & Support (PBIS) Project

The Florida PBIS project provides resources and trainings to districts that are interested in implementing PBIS, including Tier 2.[194] This project ensures that readiness procedures are in place so that the teams are prepared for the training.

Implementing Targeted Supports and Interventions: Considerations for District and School Leadership

Implementation of targeted supports and interventions requires different roles and responsibilities across district and school personnel. Below, we provide information and strategies for specific audiences, including superintendents and senior leadership; principals and school leadership; educators; and families, guardians, and caregivers.

Superintendent and Senior Leadership

In an MTSS model, district-level leadership is responsible for communicating the reasons for embracing the MTSS process, identifying key implementation practices and addressing their barriers, and ensuring sustainable structures and supports are in place.[195] District leadership is also responsible for shaping the district vision, leading innovation, communicating with schools, allocating resources, and removing barriers and challenges to implementation.

Principal and School Leadership

The responsibilities of the principal in Tier 2 include developing Tier 2 procedures, with input from staff and the building leadership team.[196] The intervention team is responsible for determining which Tier 2 interventions will best support the behavioral or academic needs that are identified. The principal should also reinforce staff training by identifying a coach to support teachers and deciding which staff will participate in problem-solving intervention teams. The principal should ensure that data collection and progress monitoring is embedded in the process, know which students are receiving Tier 2 interventions, and monitor whether the interventions are effective.[197]

Educator

In Tier 2, teachers are responsible for following the school procedures for Tier 2 implementation, participating in problem-solving meetings, determining the goals of the interventions, grouping students with similar needs together to receive the same intervention,

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[194] Florida Positive Behavioral Interventions and Support Project. (2016). *Tier 2*. http://flpbis.cbcs.usf.edu/tiers/tier2.html

[195] Wayne RESA. (n.d.). Quick guide for Multi-tiered System of Supports: The district level.

[196] Wayne RESA. (n.d.). Quick guide for Multi-tiered System of Supports: The building level.

[197] Wayne RESA. (n.d.). Quick guide for Multi-tiered System of Supports: The building level.

providing small group interventions, and monitoring student progress.[198] Teachers should also seek support from coaches and keep students' caregivers up to date on progress, in addition to involving them in the planning and implementation process for behavioral interventions.

Families, Guardians, and Caregivers

Families, guardians, and caregivers should have more opportunities to connect with school as staff implement interventions that require family contact (such as Check In Check Out; see below).[199] Caregivers may need to learn ways to support the student at home as part of the intervention provided by the school.

Targeted Supports and Interventions: Evidence-Based Practices

In the following section, we summarize some examples of targeted supports and interventions that are used in schools. A functional behavior assessment should be conducted to help select an appropriate targeted support and intervention for an individual student.

Check In Check Out (CICO)[200]

Check In Check Out is a research-based intervention that can be modified to meet the needs of any school. In this program, a student checks in with an adult at the beginning of the day and receives a goal sheet and encouragement. Teachers provide feedback throughout the day and the student checks out with an adult at the end of the day, taking the goal sheet home for their parent or caregiver's signature and returning the sheet the next morning at check-in. CICO can be used with students who struggle to complete classwork or homework, respond to other interventions, or participate in school, or have poor organizational skills, behavioral problems, or low motivation. CICO improves student accountability and helps students monitor themselves and change their own behavior. It also provides students with adult support and feedback every day and leads to maintenance-free habits and behaviors.

Mentoring[201]

Mentoring can be used with students who are having academic or behavioral difficulties, need additional support or guidance than what is provided at home, and show little motivation. It can also be used with students who are not connected to academics, learning, or school staff as

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[198] Wayne RESA. (n.d.). Quick guide for Multi-tiered System of Supports: The building level.

[199] Barrett, S., Eber, L., & Weist, M. (2013). *Advancing education effectiveness: Interconnecting school mental health and school-wide positive behavior support*. Retrieved from http://www.pbis.org/common/pbisresources/publications/Final-Monograph.pdf

[200] Hawken, L. (2011) *Check In Check Out part 1 (aka Behavior Education Program).*. Retrieved from https://www.pbis.org/common/cms/files/Forum11_Presentations/A11_Hawken.pdf

[201] National Mentoring Resource Center. (n.d.) *National Mentoring Resource Center: A program of OJPD*. Retrieved from https://nationalmentoringresourcecenter.org

well as with students who are frequently suspended or at risk of expulsion. Mentoring provides a personal connection, improves motivation, and helps students view school and staff in a more positive light. Mentors listen to students and provide them with support. They may also help students set goals as well as do fun activities together.

Behavior Contract[202]

Behavioral contracts can be used with students who are not completing their classwork or homework, or are exhibiting emotional or behavioral difficulties. These contracts provide students with support, intervention, structure, and routine. Contracting holds students accountable, promotes responsibility, and improves motivation, grades, and investment in academic and behavioral changes. Behavioral contracts can also improve communication with a student's caregiver.

Social Skills[203]

Teaching social skills can improve student interactions and social functioning; help students make friends, learn life skills, and improve self-confidence; and provide them with a "common language" to be used to establish shared understanding of values. Teaching social skills can be particularly effective with students who seem left out, have poor social routines, or do or say things that seem out of place. Some areas for skills instruction may include being respectful, taking turns, and learning how to behave in different school settings.

First Steps to Success[204]

First Steps to Success (FSS) is an early intervention program that is appropriate for at-risk kindergarten and 1st grade students children exhibiting antisocial behaviors. The goals of the program are to enhance children's social competence skills and school engagement in an effort to ultimately prevent children from developing more serious antisocial behaviors. The multifaceted program relies on parents, teachers, and children in order to modify and, in turn, reward behavior both at school and at home.

Other targeted interventions include guided reading and small group instruction. We provide a list of additional targeted interventions below:

- Alternatives to suspension,

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[202] Intervention Central. (n.d.). *Behavior contracts.* Retrieved from https://www.interventioncentral.org/behavioral-interventions/challenging-students/behavior-contracts

[203] Lane, K., Wehby, J., Menzies, H., Doukas, G., Munton, S., & Gregg, R. (2003) Social skills instruction for students at risk for antisocial behavior: The effects of small-group instruction. *Behavioral Disorders, 28(3),* 229-248.

[204] Epstein, M. H., & Walker, H. M. (2002). Special education: Best practices and First Step to Success. In B. J. Burns & K. Hoagwood (Eds.), *Community treatment for youth: Evidence-based interventions for severe emotional and behavioral disorders* (pp. 179-197). New York: Oxford University Press.

- Structured breaks,
- Classroom management support,
- Counselor referral,
- Daily behavior form,
- Forced choice reinforcement survey,
- Functional behavior assessment (FBA),
- Individual and visual schedules,
- Non-verbal cues and schedules,
- Organizational tools,
- Peer tutoring,
- Response to Intervention (RtI),
- Reward system,
- Self-monitoring,
- Sensory tools,
- Social stories,
- Teaching conflict resolutions skills,
- Teaching coping skills,
- Teaching relaxation skills,
- Teaching relaxation techniques,
- The praise game.

Intensive Supports and Interventions (Tier 3)

Intensive Supports and Interventions Overview

The third tier of the MTSS framework moves beyond solely addressing large gaps in academic performance (RtI) or complex behavioral challenges (PBIS). MTSS Tier 3 intensive interventions and supports address the academic, social, emotional, and behavioral development of students (special and general education) who need intensive interventions to succeed. As with Tier 1 and Tier 2, the underlying principle for Tier 3 is prevention, with an emphasis on data-based decision making and implementation of evidence-based interventions. Tier 3 interventions are anchored in and naturally extend from Tier 1 interventions. Consequently, Tier 3 services are most effective when positive universal and targeted support systems are in place. In the following table, we provide an overview of Tier 3 through the frame of Response to Intervention (RtI), Positive Behavioral Interventions and Supports (PBIS), and Multi-tiered System of Supports frameworks.

Overview of Tier 3		
Approach	**Description**[205]	**Tier 3**
Response to Intervention (RtI)	RtI is a framework for delivering academic supports to meet the academic needs of all students. The framework was originally used in identifying students in need of special education.	Tertiary prevention services are targeted to skills that are the most challenging for students to learn. Services are provided to students with a large gap between their current level of performance and expected levels of performance, and whose learning problems are considered severe because they have not been responsive to primary or secondary levels of interventions.[206]

[205] U.S. Department of Education, Office of Special Education Programs, OSEP Technical Assistance Center (2015, October). *Positive Behavioral Interventions and Supports implementation blueprint: Part1 – foundational and supporting information*. Eugene, OR: University of Oregon. Retrieved from https://www.pbis.org/blueprintguidestools/blueprint/implementation-blueprint

[206] National Center on Response to Intervention. (2010, April). *Essential components of RtI – A closer look at response to intervention*. Retrieved from https://rti4success.org/sites/default/files/rtiessentialcomponents_042710.pdf

Overview of Tier 3		
Approach	**Description**[205]	**Tier 3**
Positive Behavioral Support and Interventions (PBIS)	PBIS is a framework for delivering practices and systems to enhance academic and behavioral outcomes for students with disabilities and their families.	PBIS uses a problem-solving model to prevent inappropriate behaviors. Tertiary interventions address behaviors that are dangerous and highly disruptive, and that impede learning or result in educational exclusion. These interventions also address behavioral characteristics associated with autism, developmental disabilities, and severe emotional and behavioral disorders.[207]
Multi-Tier System of Supports (MTSS)	MTSS is a framework for delivering practices and systems for enhancing academic and behavioral outcomes for all students (general and special education).	MTSS Tier 3 services target all students in need of intensive interventions and supports to achieve or maintain desired student outcomes and prevent future problems. They are designed to address academic, social, emotional, and behavioral development.[208] MTSS Tier 3 services can target the environment, staff, teachers, and family, in addition to the student.

Identifying and Assessing Need

Tier 3 supports are more intensive and have a narrower focus than services in Tier 2. They are the most intensive supports a school can provide. Very few students (approximately 1–5%) participate in the small group or individualized interventions offered in Tier 3.[209] Supports in this tier help students develop the academic or behavioral skills they need to overcome significant academic and behavioral barriers to learning and to succeed in school. The coordination and collaboration of general education and specialized instructional staff is required for these supports to be successful and for students to succeed. When these services are combined with Tier 1 and 2 supports, it is expected that students will achieve Tier 1 proficiency levels.[210]

[207] OSEP Technical Assistance Center on Positive Behavioral Interventions and Supports. (2018). *What is Tier 3 PBIS.* Retrieved from http://www.pbis.org/school/tier-3-supports/what-is-tier-3-pbis

[208] Colorado Department of Education. (n.d.). Colorado Multi-tiered System of Supports (CO-MTSS), Response to Intervention (RtI), Positive Behavioral Interventions and Supports (PBIS) crosswalk. Retrieved from https://www.cde.state.co.us/mtss/mtss-rti-pbis-crosswalk

[209] OSEP Technical Assistance Center on Positive Behavioral Interventions and Supports. (2018). *What is Tier 3 PBIS.* Retrieved from http://www.pbis.org/school/tier-3-supports/what-is-tier-3-pbis

[210] Florida's Positive Behavior Support Project. (n.d.).

Addressing Identified Needs

Tier 3 assessments combine the information gathered in lower tiers with a more focused student-level assessment to determine if the current plan matches the student's identified need and is being implemented to fidelity. Assessments are holistic and address both behavioral and academic needs.

Measuring Outcomes

Assessments of students in Tier 3 are conducted frequently. The type and frequency of the assessment is based on the student's intensity of need and level of responsiveness to previous interventions.[211]

Relationship to Other Tiers

The tiers are differentiated by the amount of time and level of intensity of their instruction or intervention. More intensive instruction and interventions are characterized by longer timeframes and narrower focuses. Tier 3 is the most intensive instruction or intervention a school can offer and is characterized by:[212]

- A comprehensive approach to understanding and addressing behaviors,
- Interventions and supports that are tailored to the student's specific need and circumstances,
- Interventions that address needs across the student's life domains (home, school, peers),
- More instructional or intervention time,
- Smaller group or individualized interventions, and
- Multiple opportunities to practice skills in an applied setting.

The goal of Tier 3 is to enhance a student's quality of life by increasing adaptive skills and decreasing problem behaviors.

Examples of Intensive Supports and Interventions

Tier 3 individualized supports and interventions are comprehensive and collaborative. These supports and interventions support students and those who know them best to work as a team to identify goals, select services, and monitor progress. Tier 3 supports and interventions (a) align with the student's needs; (b) use a comprehensive approach to understand and intervene with behaviors; and (c) include multiple interventions to address different areas of the student's life.[213] Successful examples of Tier 3 supports and intervention include:

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[211] Florida's Positive Behavior Support Project. (n.d.).

[212] Florida's Positive Behavior Support Project. (n.d.).

[213] OSEP Technical Assistance Center on Positive Behavioral Interventions and Supports. (2018). *What is Tier 3 PBIS.*

- **School-based behavioral health screening and assessment:**[214] School-based mental health professionals can conduct assessments for depression, anxiety, or trauma to determine if a student is eligible for mental health, substance abuse, or dual diagnosis services.
- **System of care model with a team approach:**[215] This approach includes a strength-based approach to treatment, community partnerships, and person-centered treatment planning that includes a crisis and safety plan.
- **Individual treatment using evidence-based approaches:**[216] Students with complex mental health concerns are provided opportunities throughout the day to receive needed therapy and counseling services. In addition to individual therapy and support, school-based mental health staff can facilitate a student's transition back to school from residential treatment or inpatient hospitalization, provide clinical consultation to the staff, or provide crisis and trauma response after a critical incident (Brief Strategic Family Therapy, Cognitive Behavioral Therapy, Trauma-Focused CBT, Dialectic Behavioral Therapy, Trauma and Grief Component Therapy).
- **Seamless referral to community-based services:** A school-based mental health provider, or school mental health liaison, functions as a link between schools and community-based mental health providers. This person develops relationships with community providers, informs school staff about the availability of services, establishes a referral process, and facilitates referrals to community-based providers for students and families.
- **School and community coalitions:**[217] School and community coalitions are established through formal agreements (MOU/MOA) with emergency crisis response teams, community-based mental health providers, school police, and other appropriate community-based services(see *State and Community Providers, Coalitions, and Partnerships* on page 153 in the Toolkit section of this document).
- **Telemedicine and telehealth:** Telemedicine and telehealth services link schools and students to off-campus health resources by using equipment to connect people to providers of healthcare services, such as primary care, counseling, psychiatry, and other

Retrieved from http://www.pbis.org/school/tier-3-supports/what-is-tier-3-pbis

[214] Wisconsin Department of Public Instruction. (2015, December). The Wisconsin School Mental Health Framework: Integrating School mental health and Positive Behavioral Interventions & Supports. Retrieved from https://dpi.wi.gov/sites/default/files/imce/sspw/pdf/mhframework.pdf

[215] Utah Department of Human Services. (2010, August). *School behavioral health services implementation manual*. Retrieved from http://www.dsamh.utah.gov/pdf/Utahs_School_Behavioral_Health_Services_Implementation_Manual.pdf

[216] New Your City Citizens' Committee for Children. (2013, August). *A prescription for expanding school-based mental health services in New York City public elementary schools.* New York, NY: Author. Retrieved from https://www.cccnewyork.org/wp-content/uploads/2013/08/CCCSchoolBasedMentalHealthReport.August-2013.pdf

[217] Bracey, J. R., Arzubi, E. R., Plourd, M. J., & Vanderploeg, J.J. (2013). *The SBDI toolkit: A community resource for reducing school-based arrests.* Farmington, CT: Child Health and Development Institute of Connecticut.

services, through web-based software and equipment. Additional information can be found in the *Telemedicine and Telehealth* Tool on page 244.

Implementing Intensive Supports and Interventions: Considerations for District and School Leadership

Implementation of intensive supports and interventions requires support from district and school personnel as well as formal and informal partnership with community providers. Tier 3 provides different types of interventions that are generally more intensive that the other tiers. In the following section, we provide information and strategies for successfully implementing Tier 3 services.

Superintendent and Senior Leadership

District and senior leadership responsibilities are similar across all three tiers. Similar to their responsibilities in Tiers 1 and 2, district and senior leadership need to address policies, allocate resources, and garner the political support needed to build and sustain interventions in Tier 3. Additional district level and senior leadership responsibilities for effective implementation of Tier 3 include:

- Allocating resources to train special education leadership and behavioral health staff to understand the reasoning behind a maladaptive behavior to select the appropriate intervention or support.
- Provide on-site support to analyze and diagnose behavioral and academic challenges that individual schools face,
- Develop formal relationships with community-based behavioral health providers, and
- Develop and support the implementation of a district-wide protocol for crisis response.

Principal and School Leadership

As with Tier 2, principals and school leadership determine which interventions best meet the academic and behavioral needs of students identified as needing Tier 3 supports.[218] Data collection and progress monitoring are embedded in this process to ensure that students receiving Tier 3 are achieving desired outcomes. School leadership should develop protocols to ensure that students are referred to interventions based on their assessed need. When possible, students should have access – either onsite in the school or in the community – to a variety of evidence-based therapeutic interventions such as cognitive-behavioral therapy (CBT), Dialectical Behavior Therapy (DBT), or Cognitive Behavioral Interventions for Trauma in Schools (CBITS). Principals and school leadership should monitor the fidelity of all Tier 3 interventions and address errors when identified.

[218] Wayne RESA. (n.d.). Quick guide for Multi-tiered System of Supports: The building level.

Educator

A key responsibility for educators is to maintain plans for students identified in Tier 3 to ensure that their needs are being met. Educators also need to maintain ongoing communication with school administration, the student's counselor, and the student's family, guardians, and caregivers. If immediate support is needed in the classroom to intervene with significantly disruptive behavior, educators should coordinate with the behavior intervention specialist and administration. Educators should also collect data and document behavior in preparation for future meetings about how to support the student and classroom community.

Families, Guardians, and Caregivers

The family members, guardians, or caregivers of a student in need of Tier 3 supports should attend school meetings to learn about student's academic and social behavior, review the interventions the student is receiving, and plan for next steps. Family members, guardians, and caregivers also participate in the student intervention team process and, when needed, participate in family counseling. Family members, guardians, and caregivers should be considered full members of the team and be involved with all team processes and discussions. Family members, guardians, and caregivers can provide a unique perspective for the school community, share information with other families, or act as peer mentors.[219]

Intensive Supports and Interventions: Evidence-Based Practices

There are a number community-based, research-informed mental and behavioral health services that can address the intensive needs of students and their families in Tier 3. A functional behavior assessment should be conducted to help select an appropriate intensive support and intervention for an individual student.

Cognitive-Behavior Therapy (CBT)

Cognitive-behavior therapy (CBT) is widely accepted as an evidence-based, cost-effective psychotherapy for many disorders.[220] It is sometimes applied in group as well as individual settings. CBT is often used as an umbrella term for many different therapies that share common elements. For children and youth, CBT is often used to treat depression, anxiety disorders, and symptoms related to trauma and posttraumatic stress disorder (PTSD). CBT can be used for

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[219] Splett, J. W., Perales,K., Halliday-Boykins, C. A., Gilchrest, C. E., Gibson, N., Wiest, MD. (2017). Best practices for teaming and collaboration in the interconnected systems framework. *Journal of Applied School Psychology, 33*(4), 347–368. DOI: 10.1080/15377903.2017.1328625

[220] Hoagwood, K., Burns, B. J., Kiser, L., Ringeisen, H, & Schoenwald, S. K. (2001). Evidence-based practice in child and adolescent mental health services. *Psychiatric Services*, *52*, 1179–89.
Weisz, J. R., Doss, J. R., Jensen, A., & Hawley, K. M. (2005). Youth psychotherapy outcome research: A review and critique of the evidence base. *Annual Review of Psychology*, *56*, 337–363.

anxious and avoidant disorders, substance abuse, disruptive behavior, attention deficit/hyperactivity disorder (ADHD), and with family interventions. Specific pediatric examples of CBT include Coping Cat and the Friends Program. CBT is designed to help people understand their behaviors in the context of their environment, thoughts, and feelings. The premise of CBT is that people can change the way they feel or act despite their environmental context. CBT programs can include several components, including psychoeducation, social skills training, social competency, problem solving, self-control, decision making, relaxation, coping strategies, modeling, and self-monitoring.

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) has been shown to be effective with children and youth ages 3 to 18 years and their parents.[221] It can be provided in individual, family, and group sessions in outpatient settings. TF-CBT can address anxiety, self-esteem, and other symptoms related to traumatic experiences. TF-CBT is designed to help children, youth, and their parents overcome the negative effects of traumatic life events such as child sexual or physical abuse; traumatic loss of a loved one; domestic, school, or community violence; or exposure to disasters, terrorist attacks, or war trauma. It integrates cognitive and behavioral interventions with traditional child abuse therapies in order to focus on enhancing children and youth's interpersonal trust and re-empowerment. TF-CBT has been applied to an array of symptoms of anxiety and trauma such as intrusive thoughts of the traumatic event, avoiding reminders of the trauma, emotional numbing, excessive physical arousal/activity, irritability, and trouble sleeping or concentrating. It also addresses issues commonly experienced by traumatized children such as poor self-esteem, difficulty trusting others, mood instability, self-injurious behavior, and substance use. TF-CBT has been adapted for Hispanic/Latino children and some of its assessment instruments are available in Spanish.[222]

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[221] Cohen, J. A., & Mannarino, A. P. (1996). A treatment outcome study for sexually abused preschool children: Initial findings. *Journal of the American Academy of Child & Adolescent Psychiatry*, *35*(1), 42–50.
King, N., Tonge, B., Mullen, P., Myerson, N., Heyne, D., Rollings, S., Martin, R., & Ollendick, T. (2000). Treating sexually abused children with posttraumatic stress symptoms: A randomized clinical trial. *Journal of the American Academy of Child & Adolescent Psychiatry*, *39*(11), 1347-1355.
Mannarino, A.P., & Cohen, J.A. (1996). A follow-up study of factors that mediate the development of psychological symptomatology in sexually abused girls. *Child Maltreatment*, *1*(3), 246-260.
Stein, B., Jaycox, L., Kataoka, S., Wong, M., Tu, W., Elliott, M., & Fink, A. (2003). A mental health intervention for school children exposed to violence: A randomized controlled trail. *Journal of the American Medical Association*, *290*(5), 603-611.

[222] Ford, J. D., Steinberg, K. L., Hawke, J., Levine, J., & Zhang, W. (2012). Randomized trial comparison of emotion regulation and relational psychotherapies for PTSD with girls involved in delinquency. *Journal of Clinical Child & Adolescent Psychology*, *41*(1), 27-37.

The Cognitive Behavioral Intervention for Trauma in Schools (CBITS)

The Cognitive Behavioral Intervention for Trauma in Schools (CBITS) program primarily aims to reduce symptoms of PTSD, depression, and behavioral problems for children in grades 3 through 8. CBITS, which was first used in the 2000–2001 school year, focuses on school-based group and individual interventions. In addition to its goal of reducing some mental health symptoms, CBITS integrates cognitive and behavioral theories of adjustment – as well as cognitive-behavioral techniques such as relaxation, psychoeducation, and trauma narrative development – to improve peer and parent support and coping skills, especially among students exposed to significant trauma.[223] Although primarily directed toward younger children, CBITS has been expanded to include high school students who have experienced notable trauma. Structurally, the program uses a mix of session formats, featuring sessions for groups, individual student, parent psychoeducation, and teacher education. The program is administered by mental health clinicians and claims to be effective with multicultural populations.[224]

Skillstreaming[225]

Skillstreaming is a prosocial skills training program that uses modeling, role playing, performance feedback, and generalization to teach skills to children and youth. Skillstreaming is a research-based program and addresses skills such as making friends, dealing with emotions, alternatives to aggression, and dealing with stress. There are programs available for early childhood, elementary school children and youth, and children and youth with high functioning autism. The curriculum includes program books, lesson plans, skills cards, and skills posters.

Wraparound Service Coordination

Wraparound service coordination (based on the standards of the National Wraparound Initiative) is an integrated care coordination approach delivered by professionals, alongside youth and family partners, for children and youth involved with multiple systems and at the highest risk for out-of-home placement.[226] Wraparound is not a treatment per se. Instead,

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[223] California Evidence-based Clearinghouse (2018). *Cognitive Behavioral Interventions for Trauma in School.* Retrieved from http://www.cebc4cw.org/program/cognitive-behavioral-intervention-for-trauma-in-schools/detailed

[224] Treatment and Services Adaption Center (n.d.). *Cognitive behavioral intervention for trauma in schools*. Retrieved from https://traumaawareschools.org/cbits

[225] Research Press Publishers (2018). *Skillstreaming*. Retrieved from http://www.skillstreaming.com/

[226] Bruns, E. J., Walker, J. S., Adams, J., Miles, P., Osher, T. W., Rast, J., VanDenBerg, J. D. & National Wraparound Initiative Advisory Group. (2004). *Ten principles of the wraparound process*. Portland, OR: National Wraparound Initiative, Research, and Training Center on Family Support and Children's Mental Health, Portland State University.
Aos, S., Phipps, P., Barnoski, R., & Lieb, R. (2001). *The comparative costs and benefits of programs to reduce crime.* Olympia: Washington State Institute for Public Policy.
Hoagwood, K., Burns, B. J., Kiser, L., Ringeisen, H, & Schoenwald, S. K. (2001). Evidence-based practice in child and

wraparound facilitation is a care coordination approach that fundamentally changes the way in which individualized care is planned and managed across systems. The wraparound process aims to achieve positive outcomes by providing a structured, creative, and individualized team planning process that, compared to traditional treatment planning, results in plans that are more effective and more relevant to the child and family. Additionally, wraparound plans are more holistic than traditional care plans in that they address the needs of the youth within the context of the broader family unit and are also designed to address a range of life areas.[227]

Dialectical Behavior Therapy (DBT) Approaches for Youth

Dialectical behavior therapy (DBT) is well supported for adults, but also has moderate support for helping youth to develop new skills to deal with emotional reactions and to use what they learn in their daily lives.[228] DBT for youth often includes parents or other caregivers in the skills-training group. This inclusion allows parents and caregivers to both coach youth in developing new skills and improve their own skills when interacting with the youth. Therapy sessions usually occur twice a week. There are four primary sets of DBT strategies, each set including both acceptance-oriented and more change-oriented strategies. Core strategies in DBT are validation (acceptance) and problem-solving (change). Dialectical behavior therapy proposes that comprehensive treatment needs to address four functions: help youth develop new skills, address motivational obstacles to skill use, generalize what they learn to their daily lives, and keep therapists motivated and skilled. In standard outpatient DBT, these four functions are addressed primarily through four different modes of treatment: group skills training, individual psychotherapy, telephone coaching between sessions when needed, and a therapist consultation team meeting, respectively. Skills are taught in four modules: mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness.

Functional Family Therapy (FFT)

This intensive community-based approach is a well-established evidence-based practice (EBP) with proven outcomes and cost benefits when implemented with fidelity for targeted populations. FFT is a research-based family program for at-risk youth and their families, targeting youth between the ages of 11 and 18. It has been shown to be effective for the following range of youth problems: violence, drug abuse/use, conduct disorder, and family

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adolescent mental health services. *Psychiatric Services*, *52*, 1179–89.

[227] For additional information on the phases of the wraparound process, see information at http://www.nwi.pdx.edu/NWI-book/Chapters/Walker-4a.1-(phases-and-activities).pdf

[228] Miller, A. L., Wyman, S. E., Huppert, J. D., Glassman, S. L., & Rathus, J. H. (2000). Analysis of behavioral skills utilized by suicidal youth receiving DBT. *Cognitive & Behavioral Practice*, *7*, 183–187.
Rathus, J. H., & Miller, A L. (2002). Dialectical Behavior Therapy adapted for suicidal youth. *Suicide and Life-Threatening Behavior*, *32,* 146-157.
Trupin, E., Stewart, D., Beach, B., & Boesky, L. (2002). Effectiveness of a Dialectical Behavior Therapy program for incarcerated female juvenile offenders. *Child and Adolescent Mental Health, 7*(3), 121–127.

conflict. FFT targets multiple areas of family functioning and ecology for change and features well developed protocols for training, implementation (i.e., service delivery, supervision, and organizational support), and quality assurance and improvement.[229] FFT focuses on family alliance and involvement in treatment. The initial focus is to motivate the family and prevent dropout from treatment. The treatment model is deliberately respectful of individual differences, cultures, and ethnicities and aims for obtainable change with specific and individualized interventions that focus on both risk and protective factors. Interventions incorporate community resources for maintaining, generalizing, and supporting family change.[230]

Multidimensional Family Therapy (MDFT)

Multidimensional Family Therapy is a family-based program designed to treat youth with substance abuse concerns and juvenile justice system involvement. MDFT has been shown to be effective with white, African American, and Hispanic/Latino youth between the ages of 11 and 18 in urban, suburban, and rural settings.[231] Treatment usually lasts between four to six months and can be used alone or with other interventions. MDFT is a multi-component and multilevel intervention system that assesses and intervenes at three levels, including youth and parents individually, family as an interacting system, and people in the family relative to their interactions with influential social systems (e.g., school, juvenile justice) that have an impact on the youth's development. MDFT interventions are solution-focused and emphasize immediate and practical outcomes in important functional domains of the youth's everyday life. MDFT can operate as a stand-alone outpatient intervention in any community-based clinical or prevention facility. It also has been successfully incorporated into existing community-based drug treatment programs, including hospital-based day treatment programs.

Multisystemic Therapy (MST)

Multisystemic Therapy (MST) is an evidence-based family and community-based treatment program for at-risk youth with intensive needs and their families, focusing on youth 12-17 years

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[229] Alexander, J., Barton, C., Gordon, D., Grotpeter, J., Hansson, K., Harrison, R., et al. (1998). *Blueprints for violence prevention series, book three: Functional Family Therapy (FFT).* Boulder, CO: Center for the Study and Prevention of Violence.

[230] Rowland, M., Johnson-Erickson, C., Sexton, T., & Phelps, D. (2001). *A statewide evidence-based system of care.* Paper presented at the 19th Annual System of Care Meeting. Research and Training Center for Children's Mental Health.

[231] Hoagwood, K., Burns, B. J., Kiser, L., Ringeisen, H, & Schoenwald, S. K. (2001). Evidence-based practice in child and adolescent mental health services. *Psychiatric Services*, *52*, 1179–89.
Hogue, A. T., Liddle, H. A., Becker, D., & Johnson-Leckrone, J. (2002). Family-based prevention counseling for high-risk young youth: Immediate outcomes. *Journal of Community Psychology*, *30*(1), 1–22.
Liddle H. A., Dakof, G. A., Parker K., Diamond G. S., Barrett K., & Tejeda, M. (2001). Multidimensional Family Therapy for adolescent drug abuse: Results of a randomized clinical trial. *American Journal of Drug and Alcohol Abuse*, *27*, 651–687.

of age. It has proven effective for treating youth who have committed violent offenses, have serious emotional disorders or substance abuse concerns, are at risk of out-of-home placement, and who have experienced abuse and neglect. [232], [233] The primary goals of MST are to: (1) reduce youth criminal activity, (2) reduce other types of anti-social behavior such as drug abuse, and (3) achieve these outcomes at a cost savings by decreasing rates of incarceration and out-of-home placement. MST reduces delinquent and antisocial behavior by addressing the core causes of such conduct, viewing the "client" as a network of systems including family, peers, school, and neighborhood. MST is delivered in the youth and family's natural environment – home, school, and community. Treatment targets the specific relevant strengths and needs of the family and is provided in an ongoing and intensive manner. MST therapists work with the family throughout the week and are on call and available 24 hours a day, seven (7) days a week to address the youth's and family's needs. [234]

[232] Hengeller, S. W., & Shoenwald, S. K. (2011). Evidence-based interventions for juvenile offenders and juvenile justice policies that support them. *Social Policy Report, 25*(1): 1–20.

[233] MST Services. (2018). *MST research at a glance.* Retrieved from https://cdn2.hubspot.net/hubfs/295885/MST%20Redesign/Marketing%20Kit/Marketing%20Kit%20Collateral%20Digital%20Files/Case%20Study%20and%20Reports/Report%20-%20RAAG_Short_outcomestudies_summary_2018.pdf

[234] MST Services. (n.d.). *What makes MST such an effective intervention.* Retrieved from https://cdn2.hubspot.net/hubfs/295885/MST%20Redesign/Marketing%20Kit/Marketing%20Kit%20Collateral%20Digital%20Files/White%20Paper/White%20Paper%20-%20What%20Makes%20MST%20Effective.pdf?__hssc=220415175.1.1530576141455&__hstc=2204155.f001e8be951b747252a2146ca6706547.1529537142133.1530570569528.1530576141455.6&__hsfp=2816249491&hsCtaTracking=286d43ef-b74b-4f4f-83ca-fd193565d320%7Cda1e02be.7790-4e50-8060-9eace3b63021

Implementing MTSS: Considerations for District and School Leadership

MTSS is an evidence-based framework for teaching and learning that effectively integrates systems that monitor and respond to the academic, social-emotional, and behavioral needs of all students.

Overarching goals:

- To improve learning outcomes for all students;
- To use systems that monitor and track student progress toward specific academic and behavioral goals;
- To implement effective and appropriate disciplinary practices that ensure equitable outcomes; and
- To use data-driven systems to support student growth, teacher alignment, and ongoing school improvement.

Considerations for MTSS Implementation		
Tier 1: Universal	**Tier 2: Targeted**	**Tier 3: Intensive**
Superintendent and Senior Leadership		
• Articulate expectations for all staff to support the implementation of the initiative. • Fold MTSS into current initiatives already outlined in the district strategic plan. • Provide funding in support of professional development, leadership development, and data collection and use. • Identify key leadership within departments such as Behavioral Health/Special Education and Curriculum & Instruction to lead initiative. • Direct Business Analytics/Data Research team to develop and adopt systems for data collection and distribution for multiple audiences. • Direct a district-identified team to support school roll out of MTSS framework to all schools, beginning with elementary/pre-K through high school. • Identify central office staff to provide data access, procedural safeguards, and forms to support community- or faith-based organizations' roles.	• Identify key leadership to create professional development plan for implementation of evidenced-based practices throughout schools • Provide forms, templates and timelines to schools that outline how to organize teams, set drop-dead dates for data collection and why timelines for assessing fidelity of plan implementation are important • Offer professional development opportunities for staff to learn Tier II practices in support of behavioral intervention • Offer professional development opportunities for staff to learn evidence based, Tier II academic interventions • Fund intervention curricula and professional learning for academics	• Use Special Education leadership and Behavioral Health staff to teach into function of behavior • Provide on-site support to analyze and diagnose behavioral and academic challenges individual schools are faced with • Coordinate with district 504 staff and special education staff to support generalized major behavior challenges

Considerations for MTSS Implementation		
Tier 1: Universal	**Tier 2: Targeted**	**Tier 3: Intensive**
Superintendent and Senior Leadership		
• Create or reassign project manager to a multi-year implementation timeline, with decision-making ability and accountability. • Initiate district-driven professional development plan in support of trauma-informed, evidence-based practices that focus on the whole child (e.g., social/emotional learning, academics and behavior) • Facilitate district support of building staff to ensure fidelity of implementation and sustainability. • Ensure data accessibility for all Tiers, with common data points for Tier I and sharing capacity for schools, district leadership, and community- or faith-based organizations. • Provide documentation to schools that outline the purpose and how to use systems for support (e.g., data collection, professional learning community format, data base access and tools). • Develop benchmark assessments to use district-wide. • Initiate community outreach, utilizing communications department when possible to inform the community about the initiative and its importance.		

Considerations for MTSS Implementation		
Tier 1: Universal	**Tier 2: Targeted**	**Tier 3: Intensive**
Principal and School Leadership		
• Identify Trauma-Informed Team to lead work. • Develop system to monitor and track behavioral data/office referrals. • Teach staff why behavioral interventions and addressing the need to belong are necessary to shift the school climate and culture regarding discipline. • Lead implementation of PBIS, trauma-informed practices, introduction to ACEs, and family outreach. • Identify key staff to lead initiative. • Provide professional development and time for staff to learn about the functions of behavior. • Develop family outreach and engagement work to align behavioral and academic expectations with families. • Identify benchmark data points that will determine implementation needs and share with staff. • Create calendar for implementation benchmarks/targets/progress monitoring.	• Utilize special education teachers to help with implementing Tier II behavioral plans that are monitored by classroom teachers; provide classroom teachers with feedback and support. • Develop consistent Tier II plans that can be adjusted to meet the students' needs. • Provide professional development on the functions of behavior to staff. • Provide ongoing, responsive support to staff who are implementing academic and behavioral plans. • Use behavioral data tracking systems to identify how best to meet the needs of students identified in Tier II. • Use Trauma-Informed Team to decide how best to support students with challenging behavior. • Identify specific Tier II strategies in support of student behavioral intervention that align with PBIS systems.	• Provide on-site counseling services to students and their families who request help. • Provide CBT/DBT when possible. • Provide CBITS if and when possible.

Considerations for MTSS Implementation		
Tier 1: Universal	**Tier 2: Targeted**	**Tier 3: Intensive**
Principal and School Leadership		
• Maintain high expectations. • Lead with a culturally responsive lens. • Collect tiered fidelity data on implementation across grade levels and classrooms. • Assign counselor or school psychologist the task of developing a school-wide wraparound team. • Identify and staff a "reset counselor" or other highly trained staff to intervene and support teachers who have students with Tier II and III behavior.	• Set aside funding to pay for substitute teachers or develop plans to give teachers breaks from classroom teaching to participate in progress monitoring meetings.	

Considerations for MTSS Implementation		
Tier 1: Universal	**Tier 2: Targeted**	**Tier 3: Intensive**
Educator		
• Implement trauma-informed classroom management strategies. • Develop predictable learning space. • Remain curious about behavior. • Foster, develop, and grow healthy, committed relationships with *all* students. • Adopt behavioral data-tracking systems for discussions about students' strengths and needs. • Actively participate in professional development that addresses student behavior. • Deliver core content using statewide standards and align curriculum horizontally and vertically. • Consistently provide culturally responsive teaching, inclusive of all students.	• Collect ongoing assessment data in support of student learning. • Provide small group instruction to students in need of additional support, for whom Tier I core instruction is not sufficiently meeting their needs. • Manage behavior plans and communicate regularly with family, guardian, or caregiver. • Collect behavioral data on students receiving behavioral support. • Maintain ongoing parental outreach to share students' positive and challenging behaviors. • Conduct regular check-ins with Trauma-Informed Team in support of any students on behavioral plans.	• Maintain plans for students identified in Tier III as well as ongoing communication with family/guardian, school administration, and counselor. • Coordinate with behavior intervention specialist/administration if immediate support is needed in classroom to intervene with major disruptive behavior. • Collect data and document behavior in preparation for future meetings to address how to support the student and classroom community.

Considerations for MTSS Implementation		
Tier 1: Universal	**Tier 2: Targeted**	**Tier 3: Intensive**
Educator		
• Behavioral/social-emotional curriculum is regularly scheduled and delivered by the classroom teacher. • Decisions about learning are driven by ongoing formative assessment of academic and behavioral needs. • Align pedagogy with evidence-based practices. • Both formative and summative tools are used to assess and monitor progress. • Provide families with classroom norms developed by students and teacher.		

Considerations for MTSS Implementation		
Tier 1: Universal	**Tier 2: Targeted**	**Tier 3: Intensive**
Families, Guardians, and Caregivers		
• Be involved in developing school-wide expectations. • Collaborate with school to maintain consistency in behavioral expectations for students at school and home. • Know and understand school PBIS expectations for students. • Know and support school homework policies. • Work closely with student's classroom teacher on ways to best support their child.	• Parental support of student; use behavior sheet for daily check-ins as part of intervention support. • Maintain ongoing communication with student's teacher and school administration.	• Attend school meetings to learn about student's academic and social behavior, attempted interventions, and plan for next steps. • Participate in Student Intervention Team process. • Consider attending family counseling in support of student who is struggling behaviorally. • Leave option open to explore special education services, if appropriate.

Strengthening MTSS and School-based Mental Health Initiatives through Community Collaborative Frameworks

As noted earlier, schools on their own cannot reasonably be expected to treat every student with a mental health concern. They can however, serve as a venue for providing some mental health services and also be extremely effective in providing referrals and linkages to other services provided in the community. School-based mental health, expanded school-based mental health, and the Interconnected Systems Framework (ISF) help expand the MTSS framework by including community providers in key components, such as decision making, selection and implementation of EBPs, monitoring, and ongoing coaching.

School-Based Mental Health

The literature references several different meanings to school-based mental health. The term is frequently used to describe mental health services provided on the school campus by school-employed personnel (see *Types of Mental Health Personnel and Providers in Schools* on page 146 of the Toolkit section of this document). School-based mental health has also been defined as services provided by professionally trained clinicians who deliver systematic intervention programs to students with mental health needs as identified by frontline school staff. Rather than placing the responsibility for meeting the mental health needs of all students solely on school personal, this definition acknowledges that complex mental health problems require a comprehensive and multisystemic approach that requires expertise in multiple areas (social work, academic, mental health).[235]

Expanded School-Based Mental Health

Expanded school mental health (ESMH)[236] is a comprehensive system of mental health services and programs that builds on core services typically provided by schools. ESMH is guided by strong family and youth voice and augments the work of school professionals with clinical therapy and consultation for children and youth with more complex mental health challenges. The framework includes the full continuum of prevention, early intervention, and treatment services. The ESMH model, which is recommended by the President's New Freedom Commission, emphasizes shared responsibility and funding, services for all students, meaningful involvement of parents and children/youth, evidence-based practices and programs, and

[235] Robinson, K. E. (2004). Advances in school-based mental health interventions: Best practices and program models. Kingston, New Jersey: Civic Research Institute.

[236] West Virginia Expanded School Mental Health Initiative. (n.d.). Why expanded school mental health? Needs, barriers, and moving forward. Huntington, WV: West Virginia School Health Technical Assistance Center, Marshall University. Retrieved from https://livewell.marshall.edu/mutac/wp-content/uploads/2014/09/Why-ESMH-Final-8.18.14.pdf

continuous quality improvement. The key elements of expanded school-based mental health services are described below:[237]

- **Multi-Level System of Support:** Processes for referral, assessment, and counseling are established and integrated within the school's overall problem-solving process. Treatment focuses on reducing barriers to development and learning, and is "family- and student-oriented, developmentally appropriate, culturally responsive and respectful, strengths-oriented, and based upon evidence of positive impact."[238]
- **Cultural Responsiveness:** School staff demonstrate the ability to honor and respect the beliefs, languages, interpersonal styles, and behaviors of individuals, families, and staff members.
- **Dynamic Professional Development:** Professional development efforts are aligned and integrated as unified initiatives, including PBIS, mental health, alcohol or other drugs, suicide prevention, trauma-sensitive practices, resiliency, and social-emotional learning. These efforts would augment the training around suicide prevention and underage alcohol and drug use that educators receive during their certification process, and any additional state- and district-directed training they must undergo annually.
- **Family-Driven and Youth-Guided Planning:** Empowerment starts with school leadership setting a standard – in both words and actions – for treating all families with positive regard. Support plans are family-driven in recognition of parents' expertise about their children, and youth-guided in recognition of the information youth can offer about themselves.
- **Accessible to ALL Students:** Services are available to all students regardless of payer source, ability to pay, or protected status.
- **Coordination and Communication:** Processes are developed to address communication, role definition, and shared responsibilities when community providers are integrated into schools. Community providers understand the culture and expectations within the school environment and the school understands the rules and regulations that govern clinicians.
- **Braided Funding Source:** Multiple revenue streams should be accessed, including private insurance; Medicaid; state, county, or city government funding; and grants. Additional information on funding can be found in the *Funding Opportunities* Tool on page 92.
- **Data-Driven:** School staff and clinicians have a data collection plan. This may include data on health outcomes, academic achievement, suspensions, expulsions, and reported changes in attitudes and beliefs. Student and family satisfaction surveys as well as

[237] Wisconsin Coalition for Expanding School based Mental Health. (n.d.). *Comprehensive expanded school-based mental health model.* Retrieved from https://dpi.wi.gov/sites/default/files/imce/sped/pdf/falleader16/10-Expanded-School-Mental-Health-Model.pdf

[238] Wisconsin Coalition for Expanding School based Mental Health. (n.d.).

teacher/school process evaluation help inform schools and providers of perceived program strengths and weaknesses.

- **Trained Professionals:** All mental health professionals are knowledgeable and follow the ethical standards of their profession(see *Types of Mental Health Personnel and Providers in Schools* on page 146 in the Toolkit section of this document).
- **Consultation:** Central to the ESMH model, in-person and phone consultation with caregivers and professionals in the student's life provides opportunities for case coordination, information sharing, and collaborative strategies for addressing needs.

School-Based Diversion Initiative (SBDI)[239]

The Connecticut School-Based Diversion Initiative was developed to improve student outcomes and ensure that students receive fair and equitable discipline by reducing rates of in-school arrests, expulsion, and out-of-school suspensions. It is rooted in the three-tiered public health model for prevention and is consistent with MTSS. The primary goals of the SBDI model are:

- Reduce the frequency of expulsions, out-of-school suspensions, and discretionary school-based arrests.
- Link children and youth who are at risk of arrest to appropriate school- and community-based services and supports.
- Build knowledge and skills among teachers, school staff, and school resource officers to recognize and manage behavioral health crises in the school, and access needed community services.

Tier 1 of the SBDI model focuses on (1) reviewing school-wide disciplinary data, (2) establishing and formalizing a relationship with local mobile psychiatric services/crisis intervention services and the local mental health system of care, (3) and developing a school–police Memorandum of Agreement regarding a structured approach for collaboration to address school arrests. SBDI's strategies for addressing student needs at the targeted and intensive (Tiers 2 and 3) levels build on the formal community and school relationships established in Tier 1. Key components to Tiers 2 and 3 include the revision of discipline policies, the development of a graduated response model, and training and professional development.

Graduated Response Model

A graduated response model incorporates restorative practices and diversion principles into a structured approach to responding to in-school behavioral incidents using a tiered model based on the intensity and frequency of problem behaviors. Staff are encouraged to manage minor and non-violent behaviors at a classroom level. Administrative interventions are reserved for

[239] Bracey, J. R., Arzubi, E. R., Plourd, M. J., & Vanderploeg, J. J. (2013). *The SBDI toolkit: A community resource for reducing school-based arrests.* Farmington, CT: Child Health and Development Institute of Connecticut.

more serious or repetitive offenses (Tier 3). A graduated response model uses a preventative or early intervention approach to referrals to school- and community-based service; formal law enforcement or school resource officer intervention are used as a last resort.

Behavioral incidents that cannot be managed in the classroom are referred for administrative intervention. The school administrator quickly determines how serious the incident is and selects an intervention strategy using a predetermine graduated response model. To be effective, school personnel need to commit to responding differently to non-serious incidents that may have led to arrest in the past. SBDI implements linkages to treatment and restorative practices as effective diversion strategies.

Training and Professional Development

The SBDI training and professional development plan is based on the school and the staff's strengths and needs that are identified through a review of disciplinary and referral data. SBDI encourages schools to use local service providers who have expertise in children's behavioral health, juvenile justice, youth development, and education to help staff develop the mental health and juvenile justice competencies necessary to implement SBDI. The SBDI model includes trainings and workshops such as crisis de-escalation and effective classroom behavior management, understanding adolescent development, recognizing child trauma, the graduated response model, understanding families with mental health needs, and promoting positive school climate and connectedness. By using community expertise to facilitate training, schools can encourage cross-system communication, develop mental health and juvenile justice contacts and resources, and support long-term system change.

Interconnected Systems Framework[240, 241]

The Interconnected System Framework (ISF) is rooted in cross-system interdisciplinary collaboration and teaming. It bridges the divide between Positive Behavioral Interventions and Supports and mental health interventions in most schools and districts. ISF uses implementation science to blend education and mental health resources, training systems, data, and practices into a multi-tiered framework to improve outcomes for all students. Its core features place a strong emphasis on: (1) effective teams that include community mental health providers, (2) data-based decision making, (3) formal processes for selecting and implementing evidence-based practices, (4) early access to supports and services using comprehensive

[240] Barrett, S., Eber, L., & Weist, M. (2013). *Advancing education effectiveness: Interconnecting school mental health and school-wide positive behavior support*. Retrieved from http://www.pbis.org/common/pbisresources/publications/Final-Monograph.pdf

[241] Splett, J., Perales,K., Halliday-Boykins, C. A., Gilchrest, G. N., & Weist, M. (2017). Best practices for teaming and collaboration in the interconnected systems framework. *Journal of Applied School Psychology, 0,*0. 1–22.

screening, (5) rigorous progress-monitoring for fidelity and effectiveness, and (6) ongoing coaching at the system and practice levels.

ISF is based on the premise that genuine cross-system collaboration will result in students and their families having access to a larger array of mental health services and supports through school-based systems. ISF implementation requires school professionals and community mental health providers to develop close working relationships, all working within a multi-tiered structure. PBIS teams primarily include school personnel and in many schools is limited to Tier 1 implementation. In contrast, ISF teams include school and mental health personnel as well as youth and families as equal collaborative partners. Supported by well-defined operating procedures, these cross-system teams actively review data, coordinate implementation, and monitor fidelity and progress towards delivering supports and services across all tiers. For Tiers 2 and 3, ISF teams use data on student needs to select EBPs and develop protocols for accessing services and supports.

The table below provides examples of how school-level practices are mapped across different contexts for Tier 3. This content is an excerpt from *Advancing Education Effectiveness: Interconnected School Mental Health and School-wide Positive Behavioral Support* (pg. 50).[242]

[242] Barrett, S., Eber, L., & Weist, M. (2013). *Advancing education effectiveness: Interconnecting school mental health and school-wide positive behavior support.* Retrieved from http://www.pbis.org/common/pbisresources/publications/Final-Monograph.pdf

Tier 3 School-Level Practices			
School	**Classroom**	**Individual**	**Home/Community**
A school-wide team meets every 6–8 weeks to identify and monitor students who require additional support, select evidence-based Tier 3 interventions, monitor staff implementation of interventions, and agree on the type of data collected and how it is collected. With district support, a school adopts the use of an Antecedent, Behavior & Consequence (ABC) data collection system to understand the function of behavior. The use of ABC data allows the school to monitor and track behavioral data to minimize maladaptive behaviors and develop healthy, pro-social behavior. The school incorporates the data collection system to support identification of the antecedent, trigger, behavior and consequence (AtBC). By identifying the trigger, schools can build plans for students that will reduce the frequency a student is triggered.	Teachers implement classroom components of a function-based behavioral support plan, which is developed through a wraparound process.	Students receive intensive, individualized, function-based behavioral interventions that include antecedent, instructional, and consequence strategies. School mental health professionals provide evidence-based treatment services to students (e.g., CBT). Additional student and family supports are developed through the wraparound process.	Families are actively engaged in positive activities (e.g., cookouts). Families are engaged in developing function-based or other supports through person-centered planning and the wraparound process. Staff members establish a relationship with the parents of the identified student and then work closely with these parents and communicate regularly with them about services and the student's progress.

ISF brings together Response to Intervention, PBIS, and school mental health services in a framework that enhances all approaches, extends the array of mental health supports for students and families, and meets the need for an over-arching framework for implementing evidence-based interventions through collaboration between schools and community

providers. ISF addresses limitations in PBIS's narrow focus on disruptive behaviors and insufficient development of targeted prevention (Tier 2) as well as its specialized intervention for students with more complicated behavioral health concerns (Tier 3). For school mental health services, ISF targets issues such as the lack of a strong implementation structure, the use of reactive behavior management techniques that result in negative student outcomes, the poor use of data, and the general disconnect from targeted prevention and specialized intervention services.

Part 2: Toolkit

Part 2: Toolkit (TK)

How to Use this Toolkit

The Toolkit includes a variety of tools that provide detailed and practical information on various topics that support the implementation of school-linked mental and behavioral health programming. These tools are not meant to be read from beginning to end. Rather, readers should use these tools as sources of additional information on a topic of interest.

Funding Opportunities

There are many different ways that school districts and schools can use funding opportunities to pay for mental and behavioral health supports for children and youth in schools. Funding is available to cover a broad range of supports such as direct treatment and prevention services and training for teachers and other school personnel to better meet the mental health needs of students. Some of the formula funding streams on which schools rely may be used to support mental and behavioral health initiatives. Also, there are grants available at the federal, state, and local levels, as well as from foundations, for mental health projects. The following sections describe various sources of funding and provide some examples of opportunities from those sources that may be used for school-linked mental and behavioral health funding.

Federal and State Funding Opportunities

The federal and state governments offer an array of funding opportunities for mental and behavioral health programs and services. In some cases, the same governmental entity that receives the appropriations for the funding opportunity may also administer that funding. In other instances, a federal agency that receives appropriations to fund mental and behavioral health services will distribute the funds to states to administer. A notable example of this federal-state arrangement is the distribution of multiple funds from the U.S. Department of Education (DOE) to the Texas Education Agency (TEA), which administers the funds on behalf of the DOE.

Most federal agencies award discretionary and non-discretionary grants. Discretionary grants stem from annual appropriations acts and permit the federal government (according to specific authorizing legislation) to exercise judgment in selecting the recipient organization through a competitive grant process.[243] Non-discretionary grants, sometimes referred to as formula grants or formula funding, are grants that a federal agency is required by statute to award if the recipient, usually a state, submits an acceptable State Plan or application and meets the eligibility and compliance requirements.[244] The formula is usually set by legislation and regulations; therefore, funds are awarded by the formula established for that program.[245] Non-discretionary grants include funding for entitlement programs, which guarantee benefits for a particular segment of the population.

One of the easiest ways to get updates on federal grant opportunities is to subscribe to grants.gov. Grants.gov lists opportunities for discretionary grants and most formula grants from

[243] Congressional Budget Office. (n.d.). *What is the difference between mandatory and discretionary spending?* Retrieved from https://www.cbo.gov/content/what-difference-between-mandatory-and-discretionary-spending
[244] Congressional Budget Office. (n.d.).
[245] GRANTS.GOV. (2016, July 13). *What is a formula grant?* Retrieved from https://blog.grants.gov/2016/07/13/what-is-a-formula-grant/

26 federal agencies, and allows users to filter grant searches by eligibility, which includes independent school districts. Grants.gov grant searches can be initiated through the following link: https://www.grants.gov/web/grants/search-grants.html.

The Grants Learning Center at grants.gov includes helpful information, tools, and resources on federal grants: https://www.grants.gov/learn-grants.html.

Some of the federal agencies that offer funding opportunities for school districts and schools include the U.S. Department of Education, the Substance Abuse and Mental Health Services Administration (SAMHSA), the Health Resources & Services Administration (HRSA), the Centers for Disease Control and Prevention (CDC), and the Department of Justice (DOJ). Some grants limit their applicants to states or require applicants to partner with a particular state agency. Some of the Texas agencies that offer funding opportunities for mental and behavioral health programs and services include the Texas Education Agency (TEA), the Texas Health and Human Services Commission (HHSC), the Texas Department of Family and Protective Services (DFPS), and the Texas Juvenile Justice Department (TJJD).

The sections that follow detail how to find funding opportunities from various federal and state agencies and provide examples of funding opportunities for school-linked mental and behavioral health services.

U.S. Department of Education

The U.S. Department of Education offers three kinds of grants:

- Student loans or grants to help students attend college,
- Formula grants that use formulas determined by Congress and have no federal application process, and
- Discretionary grants that are awarded using a competitive process.

Formula Title Funding Administered through the Texas Education Agency

Local Education Agencies (LEAs) in Texas access the formula funding from the Elementary and Secondary Education Act (ESEA) by completing the Every Student Succeeds Act (ESSA) Consolidated Grant Application through TEA. Districts must comply with all federal requirements for administering these funds. The formula funding in the following table can be used for mental and behavioral health supports, although districts and schools often prioritize use of these federal funding streams for other allowable purposes. These grants are managed and further distributed through the Texas Education Agency (TEA). Please note that federal formula funding is subject to federal budget appropriations and the priorities of the current administration and may vary from year to year.

School-linked Mental and Behavioral Health Funding Examples	
Program Name	**Description**
Title I, Part A: Improving the Academic Achievement of the Disadvantaged[246, 247, 248]	Title I, Part A provides additional funding to LEAs that are identified as having a high number of low-income children and youth. Schools that meet the criteria of having a low-income student population of 40 percent or more can apply for targeted assistance, which provides funding only for supplemental programs for students identified with the greatest need. Examples of supplemental programs include supplemental guidance and counseling or health or mental health care. Schools with a low-income population that is less than 40 percent can apply for a waiver from TEA to operate a schoolwide program. Under a schoolwide program, an LEA may choose to consolidate all of its federal, state, and local funds to improve the educational program for the entire school, which in turn helps the lowest performing students. If an LEA receives a waiver to operate a schoolwide program, then the LEA may use funding for counseling and or school-based mental health programs.[249]
Title I, Part C: Migrant Education[250]	Title I, Part C supports high-quality education programs that meet the special needs of migrant children to help them succeed academically in a regular school program, meet the same academic and content standards that all children are expected to meet, and graduate from high school. Funding may be used towards activities that help migrant children overcome educational disruption, cultural and language barriers, social isolation, health related problems, and other factors that affect their academic success. These funds may be combined with other federal program funds, including Title I, Part A; Title III, Part A; Title IV, Part B (21st Century Learning Centers); Title VI, Part B (Rural Education); IDEA; and McKinney-Vento Homeless Assistance.

[246] U.S. Department of Education. (2016, September 29). *Elementary and Secondary Education Act of 1965, as amended, Title 1, Part A; 20 U.S.C. 6301-6339,* 6571–6578. Retrieved from https://www2.ed.gov/programs/titleiparta/legislation.html

[247] U.S. Department of Education. (n.d.). *Every Student Succeeds Act § 4106-4109.* Retrieved from https://www.ed.gov/essa?src=rn

[248] Committee on Education and The Workforce Democrats. (n.d.). S.1177, *Every Student Succeeds Act of 2015, section by section*. Retrieved from https://democrats-edworkforce.house.gov/imo/media/doc/Every%20Student%20Succeeds%20Act%20of%202015_Section%20by%20Section.pdf

[249] Region 16 Education Service Center. (2018). *Schoolwide and targeted assistance.* Retrieved from http://www.esc16.net/page/title1swi.compliance-schoolwide.targeted.assistance

[250] U.S. Department of Education. (2018, July 18). *Migrant education – basic state formula grants*. Retrieved from https://www2.ed.gov/programs/mep/index.html

School-linked Mental and Behavioral Health Funding Examples	
Program Name	**Description**
Title I, Part D: Prevention and Intervention Programs for Children and Youth who are Neglected, Delinquent, or At-Risk[251]	Title I, Part D funds are used to improve educational services for children and youth in local and state institutions; provide these children and youth with the services they need to make a successful transition from an institution to school or employment; prevent at-risk youth from dropping out of school; provide students who have dropped out of school, or children and youth returning from correctional facilities or institutions, with a support system to ensure their continued education and the involvement of their families and communities; and coordinate health and social services for these children and youth, including daycare, substance use counseling, and mental health services.
Information related to all Title I funds: Formula funding released under this title requires campuses to conduct a comprehensive needs assessment, prepare a campus improvement plan or schoolwide plan using information from the needs assessment, and to review and revise the campus improvement plan annually. While some LEAs may earmark Title I funds for some priorities such as staff salaries for supplemental support or summer school, afterschool, and pull-out support, districts and campuses are allowed to use these funds for any support that improves academic outcomes, including mental health supports.	
Title II, Part A: Supporting Effective Instruction[252]	Title II, Part A provides funding to LEAs to recruit, support, and maintain effective teachers, principals, and other school personnel. LEAs that apply for the funding must describe how they will provide training that addresses the needs of students who have disabilities or different learning styles, improve student behaviors, and identify early and appropriate interventions to help students with behavior problems. This Title specifically permits funding for in-service training for school personnel in: • Techniques and supports needed to help educators understand when and how to refer students affected by trauma or at risk for mental illness; • Using referral mechanisms that effectively link identified students to appropriate treatment and intervention services in the school and in the community; • Forming partnerships between school-based mental health programs and public or private mental health organizations; and • Addressing school-related issues that affect student learning, such as safety, peer interaction, drug and alcohol abuse, and absenteeism.

[251] U.S. Department of Education. (2004, September 15). *Part D – prevention and intervention programs for children and youth who are neglected, delinquent, or at-risk*. Retrieved from https://www2.ed.gov/policy/elsec/leg/esea02/pg9.html

[252] Texas Education Agency. (n.d.). *Recommended use of Every Student Succeeds Act (ESSA) funds*. Retrieved from https://tea.texas.gov/WorkArea/DownloadAsset.aspx?id=51539614858

School-linked Mental and Behavioral Health Funding Examples	
Program Name	**Description**
Title IV, Part A: Student Support and Academic Enrichment (SSAE) Grant Program [253]	Title IV, Part A funding is used to improve the overall academic achievement of students. The purpose of this funding is to: • Provide all students access to a well-rounded education, • Improve academic outcomes by maintaining safe and healthy students, and • Improve the use of technology to advance student academic achievement. LEAs can utilize the SSAE grant program to fund activities such as drug and violence prevention, school-based mental health services, and partnerships with public or private community providers. If an LEA receives $30,000 or more, it is required to conduct a comprehensive needs assessment of each of the content areas. LEAs may also consult with stakeholders and incorporate strategic priorities from the TEA Strategic Plan as well as content from the campus/district improvement plan.
Title IV, Part B: 21st Century Learning Centers[254, 255]	Title IV, Part B supports the development of before- and after-school programs and summer programs intended to supplement students' educational opportunities and improve outcomes for students in high-poverty, low-performing schools. 21st Century Community Learning Center funds can be used for prevention activities such as counseling, substance use and violence prevention, character education, and youth development activities.
Title V: Small, Rural School Achievement[256]	Title V provides additional funds to rural LEAs that meet eligibility requirements and have the flexibility to fund activities authorized under Title I-A, Title II-A, Title II, Title IV-A, and Title IV-B, even if they do not apply for additional funds.

[253] United States Department of Education. (2016, October). *Non-regulatory guidance student support and academic enrichment grants.* Retrieved from https://www2.ed.gov/policy/elsec/leg/essa/essassaegrantguid10212016.pdf

[254] U.S. Department of Education. (2004, September 15). *Part B – 21st Century Community Learning Centers.* Retrieved from https://www2.ed.gov/policy/elsec/leg/esea02/pg55.html

[255] Texas Education Agency. (2018). *TEA competitive grant opportunity published*. Retrieved from Texas ACE website http://www.texasace21.org/mytexasace/blog/post/news/2018/03/02/tea-competitive-grant-opportunity-published

[256] U.S. Department Education. (2018, March 20). *Small, Rural School Achievement Program*. Retrieved from https://www2.ed.gov/programs/reapsrsa/index.html?exp=0

School-linked Mental and Behavioral Health Funding Examples	
Program Name	**Description**
Title V: Promise Neighborhood Program[257]	Title V provides funds to eligible entities such as nonprofit organizations, including faith-based organizations, institutions of higher education, and American Indian tribes, to improve the education and developmental outcomes of children and youth in distressed communities and to help improve the educational and developmental outcomes of children by: • Identifying and increasing the capacity of eligible entities that are focused on achieving results and building a college-going culture in the neighborhood; • Building a complete continuum of cradle-through-college-to-career solutions, which has both academic programs and family and community supports, with a strong school at the center; • Integrating programs and breaking down agency ''silos'' to increase effective and efficient implementation across agencies; • Developing the local infrastructure of systems and resources needed to sustain and expand proven, effective solutions across the broader region beyond the initial neighborhood; and • Learning about the impact of the program and the relationship between particular strategies in Promise Neighborhoods and student outcomes.
Title VI, Part B: Rural Education Achievement Program (REAP)[258]	Title VI, Part B is designed to help small, rural districts use federal resources more effectively. Title VI, Part B funds two programs: the Small, Rural School Grant Program and the Rural and Low-Income School Program. The REAP Alternative Uses of Funds Authority (REAP Flex) allows REAP funds to be combined with funds from other federal programs. LEAs that receive funds under this part may use them for any activities authorized under Title I, Part A; Title II, Part A; Title III; and Title IV, Part A or B.
Title VIII: Impact Aid Program[259]	Title VIII assists school districts that have lost property tax revenue because of the presence of tax-exempt federal property, or that have experienced increased expenditures because of the enrollment of federally-connected children, including children living on American Indian lands. Most Title VIII funds are considered general aid to the recipient school districts and can be used by districts in whatever manner they choose in accordance with their local and state requirements.

[257] U.S. Department of Education. (2018, March 5). *Promise Neighborhoods*. Retrieved from https://www2.ed.gov/programs/promiseneighborhoods/index.html

[258] U.S. Department of Education. (2004, July 7). *Rural Education Achievement Program*. Retrieved from https://www2.ed.gov/nclb/freedom/local/reap.html

[259] U.S. Department of Education. (2017, March 21). Office of Elementary and Secondary Education. About Impact Aid. Retrieved from https://www2.ed.gov/about/offices/list/oese/impactaid/whatisia.html?exp=7

School-linked Mental and Behavioral Health Funding Examples	
Program Name	**Description**
McKinney-Vento Homeless Education Assistance Improvements Act[260, 261]	The McKinney-Vento Homeless Education Assistance Improvements Act governs how LEAs must assist with the enrollment, attendance, and successful education of students who are homeless. The McKinney-Vento Act awards grants to states on a formula basis. TEA utilizes the Education Service Center (ESC) Region 10 to administer this federal funding. ESC Region 10 awards sub-grants to LEAs based on a competitive process. All LEAs have to comply with the McKinney-Vento Act, even if they do not receive a sub-grant. Region 10 subcontracts with the Charles A. Dana Center at The University of Texas at Austin, which provides support to the LEAs through the Texas Homeless Education Office. LEAs can use sub-grant funding to support referrals of children and youth who are homeless to mental health services and supports that address needs related to the experience of domestic violence, including counseling and social work services. The funding can also be used to provide professional development and training to teachers and other school personnel about the needs of children and youth who are homeless.
Individuals with Disabilities Act (IDEA): Special Education Grants to States[262]	IDEA ensures that the educational needs of children with disabilities are served. Funds may be used towards salaries of special education teachers; costs associated with related personnel, such as speech therapists and school psychologists; support and direct services; technical assistance and personnel preparation; and improving the use of technology in the classroom. For example, funds have been used for supplies and materials needed to implement individualized education programs (IEPs), or to pay for administration or operations costs for programs for students with disabilities.

Discretionary Grants

The grants listed in the following table are funds released by the U.S. Department of Education through a competitive grant process. These funds are discretionary in nature and are subject to federal budget appropriations, changes based on the availability of budgeted monies, or the priorities of the current administration.

[260] 42 United States Code (U.S.C.), Sections 11431 to 11435 (2015).

[261] Martin, E. M. (2015). *Compliance handbook for McKinney-Vento Education for Homeless Children and Youth subgrantees*. Richardson, TX: Region 10 Education Service Center. Retrieved from http://www.theotx.org/wp-content/uploads/2016/02/M-V-Subgrantee-Handbook-3rd-Edition-September-30-2015.pdf

[262] U.S. Department of Education. (2016, May 5). *Special education grants to states*. Retrieved from https://www2.ed.gov/programs/osepgts/index.html

School-Linked Mental and Behavioral Health Funding Examples	
Program Name	**Description**
Promoting Student Resilience Program[263]	This program provides grants to local educational agencies (LEAs) – or consortia of LEAs – to build and increase their capacity to address the comprehensive behavioral and mental health needs of students in communities that have experienced significant civil unrest in the past 24 months.
School Climate Transformation Grant[264]	This grant program provides competitive grants to LEAs to develop, enhance, or expand systems of support for schools implementing an evidence-based, multi-tiered behavioral framework for improving behavioral outcomes and learning conditions for all students. Projects under this grant should accomplish the following: • Build capacity for a multi-tiered, behavioral framework that can be implemented and sustained school-wide; • Enhance capacity through training and technical assistance; and • Work with a technical assistance provider, such as the Positive Behavioral Interventions and Supports (PBIS) Technical Assistance Center, to ensure that technical assistance related to implementing program activities is provided.
Full-Service Community Schools Program (FSCS)[265]	This grant program provides support for planning, implementing, and operating full-service community schools that improve the coordination, integration, accessibility, and effectiveness of services for children and families, specifically children in high-poverty schools and high-poverty rural schools. This funding supports comprehensive academic, social, and health services for students, students' family members, and community members that will result in improved educational outcomes. Various types of projects can be funded, including mental and behavioral health services. To be eligible for an FSCS grant, an applicant must be a consortium consisting of an LEA and one or more community-based organizations, nonprofit organizations, or other public or private entities. Applicants are encouraged to provide a minimum match of 20 percent through non-federal contributions, either in cash or in-kind donations.

[263] U.S. Department of Education. (2016, June 17). *Promoting student resilience*. Retrieved from https://www2.ed.gov/programs/student-resilience/index.html

[264] U.S. Department of Education. (2014, October 3). *School Climate Transformation Grant – Local Education Agency Grants*. Retrieved from https://www2.ed.gov/programs/schoolclimatelea/index.html

[265] U.S. Department of Education. (2018, March 5). *Full-Service Community Schools Program*. Retrieved from https://www2.ed.gov/programs/communityschools/index.html

School-Linked Mental and Behavioral Health Funding Examples	
Program Name	**Description**
Special Education Technical Assistance and Dissemination (TA&D) Program[266]	This grant program provides educators, policymakers, service providers, and families of children and youth with disabilities with information on effective practices for meeting the needs of children and youth with disabilities and their families. The program makes competitive awards to provide technical assistance, support model demonstration projects, disseminate useful information, and implement activities that are supported by scientific research. A majority of the grants that have been awarded support technical assistance centers that focus on a population such as early childhood, or a particular topic such as early intervention services or positive behavioral interventions and supports to improve results for children with disabilities. Most centers use a service model that provides three levels of technical assistance: universal, targeted, and intensive assistance.
Education Innovation and Research (EIR)[267]	This grant program provides funding to create, develop, implement, or replicate evidence-based innovations to improve student achievement and attainment for high-need students. There are three types of grants under this program: "Early-phase" grants, "Mid-phase" grants, and "Expansion" grants. These grants differ in the level of prior evidence of effectiveness required for consideration, the expectations regarding the kind of evidence that funded projects should produce, the level of scale that funded projects should reach, and the amount of funding available to support each type of project. Mental and behavioral interventions have been approved for this grant program in the past.
Carol M. White Physical Education Program[268]	This grant program provides funding to LEAs and community-based organizations to initiate, expand, or enhance physical education programs, including before-, after-, and summer-school programs for students in kindergarten through 12th grade. Projects must be designed to help students meet state physical education standards by undertaking instruction in healthy eating habits and good nutrition and at least one of the authorized physical fitness activities. Authorized physical fitness activities that also have an impact on mental and behavioral health include: • Instruction in a variety of motor skills and physical activities designed to enhance the physical, mental, and social or emotional development of every student; • Opportunities to develop positive social and cooperative skills through physical activity participation; or • Opportunities for professional development for teachers of physical education on the latest research, issues, and trends in the field of physical education.

[266] U.S. Department of Education. (2016, May 5). *Special education – national activities – Technical Assistance and Dissemination*. Retrieved from https://www2.ed.gov/programs/oseptad/index.html

[267] U.S. Department of Education, Office of Innovation and Improvement. (n.d.). *Education and innovation research*. Retrieved from https://innovation.ed.gov/what-we-do/innovation/education-innovation-and-research-eir/

[268] U.S. Department of Education. (2016, September 6). *Carol M. White Physical Education Program*. Retrieved from https://www2.ed.gov/programs/whitephysed/index.html

Substance Abuse and Mental Health Services Administration (SAMHSA)

SAMHSA grant funds are made available through the Center for Substance Abuse Prevention, the Center for Substance Abuse Treatment, and the Center for Mental Health Services. SAMHSA's grant page will allow you to search funding opportunities for programs that address substance use disorders and mental illnesses. The grant page also provides information about the grant application, review, and management process: https://www.samhsa.gov/grants.

SAMHSA announces grant funding opportunities through Funding Opportunity Announcements, which contain all necessary information needed to apply for a grant. To apply for a SAMHSA grant, you must register on grants.gov.

All SAMHSA grantees need to have an Electronic Research Administration (eRA) Commons Account. Instructions on how to register for an eRA Commons Account can be found at the following link: https://www.samhsa.gov/sites/default/files/instructions-for-samhsa-recipients-commons-id.pdf.

The "Developing a Competitive SAMHSA Grant Application" manual released in February 2018 provides additional information on how to apply for SAMHSA grants and prepare a strong grant application. The manual can be found at the following link: https://www.samhsa.gov/sites/default/files/sites/default/grant_application_manual_508_compliance.pdf

A few specific SAMHSA grant programs that may be of interest to school districts and schools are outlined in the following table. Please note, federal formula funding and discretionary grant programs are subject to the federal budget appropriations and the priorities of the current administration and may vary from year to year.

An example of a SAMHSA grant program for LEAs is Project Advancing Wellness and Resilience Education (AWARE).[269, 270] This grant program is designed to help states and LEAs:

- Increase awareness of mental health issues among school-age youth;
- Train educators and other youth-serving adults to detect and respond to mental health issues; and
- Connect children, youth, and families who may experience behavioral health issues with appropriate services.

[269] Center for Mental Health Services. (2017, September 15). *"Now is the Time" Project AWARE Local Educational Agency grant*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/grants/grant-announcements/sm-14-019

[270] Substance Abuse and Mental Health Services Administration. (2017, August 28). *Project Advancing Wellness and Resilience Education (AWARE)*. Retrieved from https://www.samhsa.gov/nitt-ta/project-aware-grant-information

The following grants can be funded through the Project AWARE Grant:

- Project AWARE State Education Agency (SEA) Grants,
- Project AWARE Local Education Agency (LEA) and "Now is the Time (NITT)" Community Grants , and
- Project AWARE Resiliency in Communities After Stress and Trauma (ReCAST) for local municipalities in partnership with community-based organizations.

The purpose of the "Now is the Time" Project AWARE LEA grant program is to help LEAs support training for school personnel and other adults who interact with children and youth in school settings and the broader community that will help them detect and respond to mental illness in children and youth, and refer those in need to treatment. These school personnel and adults from the community will be trained in Mental Health First Aid or Youth Mental Health First Aid.

Health Resources & Services Administration (HRSA)

The Health Resources and Services Administration (HRSA) is an agency within the U.S. Department of Health and Human Services. This agency's primary focus is to improve health care to people who are geographically isolated and economically or medically vulnerable.[271]

HRSA provides grant awards from over 90 grant programs in the following categories:

- **Health Center Programs** for community-based health care organizations that provide primary care in underserved areas;
- **Ryan White HIV/AIDS Programs** for eligible states and metropolitan areas as well as providers of HIV/AIDS healthcare services;
- **Maternal and Child Health Programs** for states and providers of maternal and child health services, including services for children and youth with special health care needs and MCH training and research;
- **Health Workforce Programs** for colleges, universities, and other accredited health professions training programs;
- **Rural Health Programs** for critical access hospitals and other health care providers in rural areas;
- **Organ Donation Programs** for Organ Procurement Organizations and other organizations involved in organ donation, procurement and transplantation; and
- Poison Control Centers.

[271] Health Resources and Services Administration. (2018, May). *About HRSA*. Retrieved from https://www.hrsa.gov/about/index.html

HRSA announces grant funding opportunities on their HRSA Funding Opportunities webpage: https://www.hrsa.gov/grants/fundingopportunities/default.aspx. To apply for a grant through HRSA, you must register for:

- Dun & Bradstreet's Data Universal Numbering System (DUN),
- System for Award Management (SAM), and
- Grants.gov.

All three registrations must be completed prior to applying for a HRSA grant.[272]

Centers for Disease Control and Prevention (CDC)

The Centers for Disease Control and Prevention (CDC) is a federal agency that conducts and supports health promotion, prevention, and preparedness activities, with the goal of improving overall public health. The CDC's Office of Financial Resources awards and administers various grants and cooperative agreements. The CDC's website provides information on grants, including, but not limited to, an overview of CDC grants and their lifecycle, how to apply for CDC grants, congressional justifications, operating plans, and budget fact sheets that highlight the CDC's priorities for that fiscal year.

CDC grant information is available at the following link: https://www.cdc.gov/grants/index.html.

Department of Justice (DOJ)

The Department of Justice[273] is the federal agency responsible for enforcing federal laws. The DOJ provides federal funding opportunities to:

- Support law enforcement and public safety activities;
- Assist victims of crime;
- Provide training and technical assistance;
- Conduct research; and
- Implement programs that improve the criminal, civil, and juvenile justice systems.

Communities that have been affected by mass violence incidents may be able to apply for assistance through several DOJ grants.

LEAs can search for funding opportunities in the DOJ Program Plan at the following link: https://www.grantsnet.justice.gov/programplan/html/Home.htm. Users can search for

[272] Health Resources and Services Administration. (2018, July). *Apply for a grant.* Retrieved from https://www.hrsa.gov/grants/apply/index.html

[273] The United States Department of Justice. (n.d.). About the DOJ. Retrieved from https://www.justice.gov/about

opportunities through applicant categories and subcategories, such as public education institutions.

The Student, Teachers, and Officers Preventing (STOP) School Violence Act Program is an example of a mental and behavioral funding opportunity that is administered by the DOJ. This program supports state, local, and tribal jurisdictions in improving efforts to reduce violent crime by creating school safety training and mental health programs for school personnel and students as they relate to violence in schools.[274] While school districts cannot directly apply for these funds, they can receive funding through states and units of government.

Office of Juvenile Justice and Delinquency Prevention (OJJDP)

The Office of Juvenile Justice and Delinquency Prevention (OJJDP)[275] is an office of the DOJ and offers funding through formula and discretionary grants, cooperative agreements, and payment programs. OJJDP will fund school-linked mental and behavioral health services because they are directly linked to the prevention of behavioral problems in schools. Funding opportunities can also be found in the DOJ Program Plan: https://www.grantsnet.justice.gov/programplan/html/Home.htm.

Texas Education Agency (TEA)

The Texas Education Agency (TEA) oversees the public education system in Texas and also administers federal and state grants that can be awarded to schools or school districts. Depending on the federal or state authorizing legislation, TEA will award grants that are awarded on a discretionary basis, or formula or entitlement funds that are based on a mathematical formula described in the authorizing statute.

TEA offers the following information and technical assistance to school districts and schools applying for grants:

- **TEA Grant Opportunities Page –**TEA posts all grant opportunities on the TEA Grant Opportunities page at the following link: http://tea4avoswald.tea.state.tx.us/GrantOpportunities/forms/GrantProgramSearch.aspx.
- **Grants Administration and Federal Program Compliance (GAFPC) Mailing List** – School districts and schools can sign up for e-mail updates to learn about new grants at the

[274] U.S. Department of Justice. (2018, June 27). *BJA STOP School Violence Prevention and Mental Health Training Program FY 2018 Competitive Grant Announcement*. Retrieved from https://www.bja.gov/funding/SSVtraining18.pdf

[275] The Office of Juvenile Justice and Delinquency Prevention. (n.d.). *About OJJDP*. Retrieved from https://www.ojjdp.gov/about/about.html

GAFPC mailing list: https://public.govdelivery.com/accounts/TXTEA/subscriber/new?topic_id=TXTEA_28.

- **TEA Secure Applications (TEASE) –** Applicants must be approved for access to the TEA Secure Applications (TEASE) before applying for an eGrant. The following TEASE link provides step-by-step instructions for gaining TEASE access: https://seguin.tea.state.tx.us/apps/app_list.asp.
- **TEA Help Desk –** School districts and schools can search frequently asked questions on grants or submit questions about a grant program. Appropriate staff receive and respond to submitted questions. Link: https://helpdesk.tea.texas.gov/hc/en-us.
- **General and Fiscal Guidelines –** TEA provides detailed information regarding the competitive grant review process. Link: https://tea.texas.gov/WorkArea/DownloadAsset.aspx?id=25769812425.
- **Administering a Grant –** TEA provides information and links on resources to help districts and schools with the fiscal aspects of grant administration. Link: https://tea.texas.gov/Finance_and_Grants/Administering_a_Grant.aspx.
- **Indirect Cost Rates –** TEA provides information, tools, and guidance on the indirect cost rates issued for school districts, open-enrollment charter schools, and other government entities. Link: https://tea.texas.gov/Finance_and_Grants/Grants/Federal_Fiscal_Compliance_and_Reporting/Indirect_Cost_Rates/Indirect_Cost_Rates/.

TEA's Grants Administration Division can be reached at:
Phone: (512) 463-8525
Fax: (512) 463-9564
eGrants fax: (512) 463-9811
grants@tea.texas.gov

The table at the beginning of this section outlines a few specific discretionary grants and formula or entitlement funding grants distributed through TEA that may be of interest to school districts and schools.

Texas Health and Human Services Commission (HHSC)

The Texas Health and Human Services Commission (HHSC) is a state agency that disperses federal funding and issues grants. HHSC administers the Office of Mental Health Coordination; public systems that target mental health, public substance use disorders, intellectual and developmental disabilities; and the state Medicaid program. The best way to get information about funding and grants administered by HHSC is to subscribe to HHSC web announcements by going to the following webpage and choosing business opportunities:

https://public.govdelivery.com/accounts/txhhsc/subscriber/new. HHSC also provides a list of the grants it has awarded as well as a link to current grant opportunities at: https://hhs.texas.gov/doing-business-hhs/grants.

All states receive mental health and substance abuse federal block grants as well as federal matching funds for services provided through Medicaid and the Children's Health Insurance Program (CHIP). The mental health and substance abuse federal block grant program expands community-based systems for children with serious emotional disturbances (SED) and youth with or at risk for substance use disorders (SUD). Funds awarded to states are used to carry out the approved state plan; evaluate programs and services included in the plan; and conduct planning, administration, and educational activities related to the provision of services under the plan.[276]

In Texas, these funds are managed by HHSC. Texas' Combined Block Grant for fiscal years 2018–19 can be found at the following link: https://www.dshs.texas.gov/blockgrant/documents/Final-FY2018-2019-Combined.pdf (PDF).

Using Medicaid Funds to Enhance Schools' Efforts to Address Mental and Behavioral Health

Medicaid is a program jointly funded by the federal government and states to pay for health care services, primarily for eligible people with low incomes and people with disabilities. Two Medicaid funding streams may enable school districts to receive federal funds for direct services, coordination, or outreach efforts that they already provide.

Medicaid School Health and Related Services (SHARS)

In Texas, expenditures for Medicaid-eligible children and youth for direct medical, mental health, or behavioral health services delivered in a school-based setting are called School Health and Related Services, or SHARS. The mental health-related SHARS services include counseling, psychological services (including psychological assessments), and physician services.

TEA and HHSC jointly oversee SHARS for the state. To participate in SHARS, districts must enroll as a Medicaid provider and follow billing and cost reporting requirements. They also must conduct a Random Moment Time Study (RMTS) to identify the percent of participating staff and providers' time that is spent on providing SHARS-eligible services.

Initially, districts pay for the costs of SHARS services with their state and local funds. Then districts that submit interim claims receive interim payments as direct services are delivered.

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[276] Texas Department of State Health Services. (2017, November 3). *Mental health and substance abuse block grants. What are the block grants – how do they help states?* Retrieved from https://www.dshs.texas.gov/mhsa/blockgrant/

Final federal reimbursement under the SHARS program is determined on a cost basis that is reflective of each district's allowable direct and indirect costs to provide medical services to students with Medicaid.

More detail on SHARS, such as participation requirements, reimbursement information, and links to useful SHARS resources, are included in the Appendix: *Additional Information Regarding MAC and SHARS*.

Medicaid Administrative Claiming (MAC)

Texas' Medicaid Administrative Claiming is the second major Medicaid funding stream available to schools. To be allowable and reimbursable, MAC services must be necessary for the proper and efficient administration of the Texas Medicaid State Plan and follow federal and state laws. Reimbursable MAC costs can include administrative activities that support the Medicaid program and outreach services delivered to students within the district. MAC-eligible services that can be provided to a student and family include activities such as coordination, referral, or assistance to a student or family that enables access to needed services, including mental health services.

To participate in the school-based MAC program, Texas school districts must enter into a contractual agreement with HHSC. Like SHARS, districts must conduct a Random Moment Time Study to receive MAC.

Additional information related to MAC, including implementation and administration requirements and links to useful MAC resources, are included in the Appendix: *Additional Information Regarding MAC and SHARS*.

Texas Department of Family and Protective Services (DFPS)

The Texas Department of Family and Protective Services (DFPS) offers some funding opportunities for which schools or school districts may apply. DFPS oversees Child Protective Services, Adult Protective Services, Child Care Licensing, and Prevention and Early Intervention (PEI) programs in the state. The following DFPS webpage provides information on how to subscribe or review all of the funding opportunities available it offers: https://www.dfps.state.tx.us/Doing_Business/opportunities.asp.

PEI administers grants that provide funding for several prevention and early intervention programs. The Services to At-Risk Youth (STAR) program serves youth and their families who need crisis intervention and support with family conflict, and assists with youth concerns in school and the community. Schools or school districts that partner with a community organization can apply for a STAR grant. Information about the STAR program and other PEI programs can be found at the following webpage:

https://www.dfps.state.tx.us/prevention_and_early_intervention/about_prevention_and_early_intervention/programs.asp.

Texas Juvenile Justice Department (TJJD)

The Texas Juvenile Justice Department (TJJD) is the state agency responsible for overseeing the Texas juvenile justice system. The agency also administers prevention and early intervention grant programs for at-risk youth ages six through 17 years and their families. These programs provide prevention and early intervention services to youth who are exhibiting at-risk behaviors that may lead to delinquency, truancy, dropping out of school, or referral to the juvenile justice system.

TJJD offers grants to local juvenile probation departments through a competitive bidding process. Local juvenile probation departments can partner with local providers and schools to apply for these grants. Schools or school districts should contact their local juvenile probation departments if they would like to partner or learn more about the programs in their communities. More information about how to contact local juvenile probation departments can be found at the following webpage: http://www.tjjd.texas.gov/publications/other/searchjuvprobdirectory.aspx.

More information on the TJJD prevention and early intervention programs can be found at the following webpage: http://www.tjjd.texas.gov/services/prevention/preventionindex.aspx.

Texas Governor's Office

The Texas Governor's Office administers a federal grant program, Crime Victims Assistance Grant Program (VOCA),[277] out of its criminal justice division. The program provides resources for direct services such as mental health counseling to victims of crime. The Austin Independent School District received a VOCA grant to support mental health services on twenty-two elementary school campuses.[278] The grant primarily focuses funding on victim identification, therapeutic services, hiring therapists, youth and family supports, and teacher and professional development and evaluation. More information about the VOCA grant program can be found at https://gov.texas.gov/organization/cjd/criminal-justice-division.

[277] Office of the Texas Governor. (n.d.). *Grants.* Retrieved from https://gov.texas.gov/organization/financial-services/grants

[278] Austin Independent School District. (2017, December 19). *AISD received $4.48 million grant for on-campus mental health centers*. Retrieved from https://www.austinisd.org/press-releases/2017/12/19/aisd-receives-448-million-grant-campus-mental-health-centers

Regional Councils or Councils of Governments (COGs)

Regional councils, or councils of governments (COGs) are voluntary associations of local governments that address regional problems and planning needs that cross the boundaries of individual local governments or that require regional attention. The Texas Association of Regional Councils (TARC) is the statewide association of Texas' 24 regional councils of governments that represent all 254 counties in Texas.[279] COGs may receive state grants; they may receive federal grants through the state. COGs often promote grant opportunities that are relevant to their region.

You can obtain information about their regional council or COG through the TARC website at the following link: https://www.txregionalcouncil.org/display.php?page=regions_map.php.

Local Funding Opportunities

Local funding opportunities vary by community. Some local sources for mental and behavioral health funding opportunities include:[280]

- Education funding governed by the local school board,
- Funds governed by county commissioners and city councils,
- Local foundations or a coalition of foundations,
- Local chamber of commerce,
- Local hospitals or health insurance plans, and
- Public universities or colleges.

Additional information on local foundations and other private funding streams is provided in the following section.

Private Funding Opportunities

Foundations play a major role in implementing and developing mental and behavioral health initiatives in schools through private funding opportunities. There are many foundations across Texas, including many that have programs that focus on education, health, and mental health. School districts should research local and statewide foundations that fund initiatives in their community. The Foundation Directory Online (FDO) provides information on funding prospects through a global search function, grant maker profiles, maps and charts of what is being funded near you, and other related information and tools.[281] School districts can access this

[279] Texas Association of Regional Councils. (n.d.). *About TARC.* Retrieved from https://www.txregionalcouncil.org/display.php?page=about_tarc.php

[280] The Center for Health and Health Care in Schools. (2018, January). *Basic funding streams: What funding should you be looking for?* Retrieved from http://actionguide.healthinschools.org/connecting-with-the-policy-environment/basic-funding-streams/

[281] Foundation Directory Online. (2018). *Features of FDO.* Retrieved from https://fconline.foundationcenter.org/welcome/features?_ga=1.17402425.1669982867.1445279741

information by signing up for one of three plans: FDO Professional, FDO Essential, and FDO Enterprise.

After researching foundations with potential funding opportunities, it is important to become familiar with their funding interests. Understanding foundations' funding history and interests will help school districts develop and submit a strong proposal that aligns with a foundation's values. You can learn about foundations through their websites, news sources, and your network of school districts and peers. Philanthropy News Digest (PND) offers philanthropy-related articles, news releases, foundation communications, and potential grant opportunities. It also publishes Requests for Proposals (RFP) listings daily.[282]

After thoroughly researching foundations that could potentially fund your initiative, it is important to then develop a relationship with them. This can be as easy as calling their office or sending an e-mail and requesting a time to meet. Use the information you collected about the foundation to identify information about your district that may interest the funder and inform your questions about potential opportunities.

Education Foundations

Many school districts are connected to education foundations, which are established to assist public schools and often raise money for districts' priorities.[283] Education foundations may also have donor-advised funds earmarked for specific projects, such as mental and behavioral health initiatives.

The Texas Education Foundation Network (TEFN) was created in 2012 to encourage the establishment of education foundations in communities across Texas and support local education foundations in Texas by providing trainings, sharing resources and best practices, and providing network opportunities.[284] You can conduct research to determine if a school district in Texas is connected to an education foundation through the TEFN website at the following link: tefn.org.

Community Foundations

You can also conduct research to determine if a school district in Texas is connected to a community foundation. Community foundations are dedicated to defined geographic areas and

[282] Foundation Center. (2018). *About Philanthropy News Digest*. Retrieved from http://philanthropynewsdigest.org/about-pnd
[283] National School Foundation Association. (2108). *About NSFA*. Retrieved from https://www.schoolfoundations.org/about-nsfa
[284] Texas Education Foundation Network. (2018). *Texas Education Foundation Network (TEFN)*. Retrieved from https://www.tefn.org/about-tefn/

often bring together financial resources from local businesses, individuals, families, and even other foundations to support local nonprofits.[285]

The Council on Foundations has a Community Foundation Locator that lists all accredited community foundations in the United States: https://www.cof.org/community-foundation-locator.

Additional Information Regarding Medicaid School Health and Related Services (SHARS) and Medicaid Administrative Claiming (MAC)

Medicaid is a program jointly funded by the federal government and states to pay for health care services, primarily for eligible people with low incomes and people with disabilities. In Texas, expenditures for Medicaid-eligible children for direct medical, mental health, or behavioral health services delivered in a school-based setting are called School Health and Related Services, or SHARS. Texas' Medicaid Administrative Claiming (MAC) covers expenditures for administrative activities in support of these school-based services, including outreach and coordination. SHARS and MAC are Medicaid funding streams that may enable school districts to receive federal funds for direct services, coordination, or outreach efforts that they already provide.

Medicaid School Health and Related Services (SHARS)

SHARS enables schools to receive federal Medicaid dollars to pay for services that school districts are already obligated to provide under the Individuals with Disabilities Education Act (IDEA). The Texas Education Agency (TEA) and the Texas Health and Human Services Commission (HHSC) jointly oversee SHARS for the state. SHARS allows school districts, including public charter schools, to obtain Medicaid reimbursement for some health-related services documented in a student's individualized education program (IEP).

Eligibility and Covered Services

SHARS reimbursement may be provided for children and youth who meet the following requirements:[286]

- Are 20 years old and younger and eligible for Medicaid;
- Meet eligibility requirements for special education, as described in IDEA; and
- Have IEPs that prescribe the needed services.

Eligible children may receive SHARS services, which include:

[285] Council on Foundations. (2018). *Community foundations*. Retrieved from https://www.cof.org/foundation-type/community-foundations-taxonomy

[286] Texas Medicaid & Healthcare Partnership (TMHP). (n.d.). *Texas Medicaid provider procedures manual*. Retrieved from http://www.tmhp.com/Pages/Medicaid/Medicaid_Publications_Provider_manual.aspx

- Audiology services;
- Counseling;
- Nursing services;
- Physical, occupational, and speech therapy;
- Personal care services;
- Physician services;
- Psychological services, including assessments; and
- Transportation in a school setting.

The *Texas Medicaid Provider Procedures Manual* further describes the services that pertain to mental and behavioral health in Section 3 of the *Child Services Handbook,* which specifically addresses SHARS. Relevant service descriptions include:

- Section 3.3.2 addresses the types of allowable SHARS counseling services and allowable provider types.
- Section 3.3.3 addresses the types of allowable SHARS psychological testing and services and allowable provider types.
- Section 3.3.8 addresses allowable SHARS physician services and allowable provider types.
- Section 3.3.10 addresses allowable SHARS transportation services in a school setting.

Requirements for Districts and Public Charter Schools to Participate in SHARS

The major requirements for public school districts and public charter schools to participate in SHARS include enrolling as a SHARS Medicaid provider, participating in Random Moment Time Studies (RMTS), submitting claims on an interim basis, and submitting an annual SHARS Cost Report.

Public school districts and public charter schools can begin participating in SHARS by enrolling as a Medicaid provider and choosing "public entity" as their provider type. The entity contracted to oversee enrollment for Texas Medicaid providers is the Texas Medicaid & Healthcare Partnership (TMHP). TMHP maintains the Texas Medicaid enrollment packet and additional links about becoming a Texas Medicaid provider at the following website: http://www.tmhp.com/Pages/ProviderEnrollment/PE_TX_Medicaid_New.aspx.

The TMHP Contact Center provides enrollment assistance, which is available by phone at 1-800-925-9126, option 2.

Greater detail on the Random Moment Time Study, interim claiming, and the SHARS Cost Report is described later in this appendix.

Reimbursement Under SHARS

Initially, districts pay for the costs of SHARS services with their state and local funds. Then districts that submit interim claims receive interim payments as direct services are delivered. Final reimbursement under the SHARS program is then determined on a cost basis that is reflective of each district's allowable direct and indirect costs to provide medical services to students with Medicaid. Any reimbursement through the SHARS program ultimately is deposited into a school's general fund. More details on the interim claims submission and cost reporting processes follow.

Interim Claims Submissions

School districts participating in SHARS are required to submit interim claims as services are delivered to Medicaid clients. The district submits the claims to the Texas Medicaid & Healthcare Partnership (TMHP) by procedure code to receive interim payments. The services are reimbursed per unit of service at the lesser of the provider's billed charges or the interim rate for the particular code.[287]

This interim payment process affords some reimbursement to districts prior to the annual cost settlement and reconciliation process. The extent to which claiming for interim payments occurs varies by district. The interim payment process provides cash flow to participating SHARS districts, yet the reimbursements should be deemed provisional and ultimately will be reconciled with the actual payments due based on the district's annual Cost Report.

Annual SHARS Cost Reports

The cost reporting process reconciles the interim payments a provider receives for SHARS services with the provider's actual total Medicaid allowable costs. The SHARS reimbursement that school districts receive through the settlement process represents the federal portion of the Medicaid allowable cost based on the Federal Medicaid Assistance Percentage (FMAP) rate.

The annual Cost Report documents the district's Medicaid-allowable costs for all SHARS services delivered during the previous federal fiscal year. The cost report is due to HHSC on or before April 1 of the following year. The primary purposes of the cost report are to:

- Document the provider's total Medicaid-allowable costs for delivering SHARS services, including direct costs and indirect costs, based on federally-mandated cost allocation methodologies;
- Reconcile the difference between the total Medicaid-allowable costs based on approved cost allocation procedures and the interim payments that are received; and

[287] Texas Health and Human Services Commission. (n.d.). *School Health and Related Services (SHARS): Federal fiscal year 2018 interim rates*. Retrieved from https://rad.hhs.texas.gov/sites/rad/files/documents/acute-care/2018/2018-shars-rates.pdf

- To gather cost information for rate setting purposes.

HHSC's Rate Analysis Department (RAD) provides instructions related to cost reporting and examples on the HHSC RAD website:

- *Texas SHARS Cost Report Instructions*: https://rad.hhs.texas.gov/sites/rad/files/documents/acute-care/2016/2016-shars-cr-ins.pdf
- *Cost Report Example:* https://rad.hhs.texas.gov/sites/rad/files/documents/acute-care/shars-cr-trng-ex.pdf
- *Appendix A List of Allowable Direct Medical Services Supplies and Materials:* https://rad.hhs.texas.gov/sites/rad/files/documents/acute-care/shars-cr-ins-appa.pdf

Districts enter their total costs in the cost report by cost category. Those total costs are reduced to their Medicaid-allowable cost using a number of ratios approved by the federal Centers for Medicare & Medicaid Services (CMS). The settlement a district receives (or is recouped) is the federal portion of the district's Medicaid-allowable costs minus any interim payments received for services delivered and claimed during the reporting period.

The allocation methodologies that are used to assign costs to specific cost categories in the cost report are based on actual costs incurred by the district, not on billing by procedure code. For example, the psychological services cost category might include a percentage of the cost of the salary for a psychologist employed by the district. The percentage of salary that would be allocated to Medicaid would be derived from various ratios, such as the district's unique ratio of Medicaid-eligible students to total students.

All SHARS cost reports are built, maintained, and submitted through the State of Texas Automated Information Reporting System (STAIRS). STAIRS is a web-based system provided at no charge by the HHSC Rate Analysis Department and its contractor, Fairbanks LLC.

Rules governing the SHARS program and SHARS reimbursement can be found in the Texas Administrative Code (T.A.C.) at 1 T.A.C. §354.1341, relating to SHARS Benefits and Limitations; 1 T.A.C. §354.1342, relating to SHARS Conditions for Participation; and 1 T.A.C. §355.8443, relating to Reimbursement Methodology for School Health and Related Services.

Random Moment Time Studies (RMTS)

Participation in a Random Moment Time Study (RMTS) is a requirement to receive reimbursement both under SHARS and MAC. These studies help identify the percentage of participating staff and providers' time that is spent on providing SHARS-eligible services or MAC-eligible administrative functions. These percentages are applied to costs incurred for

delivering services to determine the portion of costs that may be claimed for federal reimbursement.

Each district identifies an RMTS contact (with the best practice being to identify more than one contact in the event the primary contact no longer serves that function). The RMTS contact is responsible for:

- Attending mandatory annual RMTS trainings provided by HHSC Rate Analysis Department staff,
- Providing a comprehensive list of staff eligible to participate in the RMTS at the beginning of each quarter,
- Ensuring each time study participant receives training on study participation at least annually, and
- Facilitating the overall RMTS process for the district.

Information about RMTS participants must be entered into the State of Texas Automated Information Reporting System (STAIRS) and reviewed each quarter to create a participant list that may be sampled for the RMTS that quarter. Then RMTS participants that are on this list will be polled at random to enter a limited set of data about their activities representing the one minute at the particular time that they are sampled. Sampled participants enter answers to the following brief set of questions into STAIRS:

- Who is with you?
- What are you doing?
- Why were you performing this activity?

The data gathered from the RMTS feed into the cost reporting process that determines the actual amount of federal reimbursement the district will receive.

Since the RMTS sampling is triggered systematically and participants will receive emails from a state vendor (Fairbanks) when it is time to participate, it is best practice for a district's IT staff to make sure that e-mails with info@fairbanksllc.com and @hhsc.state.tx.us extensions pass through firewalls and spam filters. In addition, it is a valuable practice for the RMTS contact to also communicate directly with RMTS participants to remind them of the importance of participating in the RMTS and emphasizing how their participation has a direct impact on the district's potential receipt of funding.

Inquiries on RMTS can be sent to staff at the Health and Human Services Commission at the following email address: TimeStudy@hhsc.state.tx.us.

Parental Notification and Consent for SHARS Billing

School districts must obtain a one-time parental consent for the district to bill Medicaid under SHARS. The consent may be withdrawn at any time. As a best practice, campuses should obtain a parent's signed consent at the time of the Admission, Review, and Dismissal (ARD) committee meeting.

The signed consent form must meet the requirements of 34 CFR 300.154(d)(2)(iv), which TEA describes as follows:[288]

- Specify the personally identifiable information that may be disclosed (e.g., records or information about the services),
- Describe the purpose of the disclosure (e.g., billing for specific IEP services), and
- Identify the agency to which the disclosure may be made (e.g., Medicaid or insurance).

Prior to accessing a child's benefits under SHARS for the first time, and at least annually thereafter, the district must provide written notification to the child's parents that meets the requirements of 34 CFR 300.154(d)(2)(v), including:

- A statement of the "no cost" provisions, meaning the parent's voluntary consent will not decrease a lifetime health coverage benefit nor cause the family to incur out-of-pocket expenses;
- Information about disclosure of personally identifiable information that is required in the signed parental consent and a statement that the consent may be withdrawn at any time; and
- A statement that the withdrawal of consent or refusal to provide consent does not relieve the district of its responsibility to ensure that all required services are provided at no cost to the parents.

The United States Department of Education has issued *Frequently Asked Questions* guidance regarding the consent requirements, accessible at: https://www2.ed.gov/policy/speced/reg/idea/part-b/idea-part-b-parental-consent--qa.pdf.

Service Documentation Requirements

All SHARS services require documentation to support the medical necessity of the service rendered. SHARS services are subject to retrospective review and recoupment if documentation does not support the service that is billed.

[288] Texas Education Agency. (2018). *School health and related services.* Retrieved from https://tea.texas.gov/Academics/Special_Student_Populations/Special_Education/Programs_and_Services/School_Health_and_Related_Services/

Student-specific records that are required for SHARS become part of the student's educational records and must be maintained for seven years. All records that are pertinent to SHARS billings must be maintained by the school district until all audit questions, appeal hearings, investigations, or court cases are resolved. Records must be stored in a readily accessible location and format, and must be available for state or federal audits.

The following are the minimum documents districts must collect and maintain, per the *Texas Medicaid Provider Procedures Manual* (TMPPM), *Child Services Manual*, Section 3.4.1:

- Signed consent to bill Medicaid by parent or guardian;
- Individualized education program (IEP) documents;
- Current provider qualifications (current licenses and certifications);
- Attendance records;
- Prescriptions and referrals;
- Medical necessity documentation (e.g., diagnoses and history of chronic conditions or disability);
- Session notes or service logs, including provider signatures;
- Supervision logs;
- Special transportation logs; and
- Claims submittal and payment histories.

Helpful Findings from Texas Education Agency Compliance Reviews

TEA conducts compliance reviews on a sampling of districts to assess the documentation districts are required to maintain to support the services that are delivered. For example, TEA may review individualized education program (IEP) documents, service logs, and session notes. These TEA reviews are conducted throughout the year and generally focus on the claims submitted during a three-month period.

TEA has developed a useful presentation that reflects common audit findings. These findings and best practices may help a district avoid potential documentation challenges. This presentation is available at the following link:
http://www.tea.state.tx.us/SHARS_cost_rpt_training.pdf.

Useful Resources Related to SHARS

Many districts contract with third-party billing vendors to ensure they bill correctly.

The Texas Education Agency (TEA) and the Texas Health and Human Services Commission (HHSC) maintain responses to a list of SHARS frequently asked questions at:
https://rad.hhs.texas.gov/sites/rad/files/documents/acute-care/shars-cr-faq.pdf.

The TMPPM is a resource maintained by HHSC for all providers who participate in the Texas Medicaid program. Information related to SHARS appears throughout the TMPPM. Section 3 of the TMPPM *Children's Services Handbook* is specifically designated for SHARS. The TMPPM is available at:
http://www.tmhp.com/Pages/Medicaid/Medicaid_Publications_Provider_manual.aspx.

The Health and Human Services Commission (HHSC) Rate Analysis Department (RAD) provides assistance to districts or their third-party billing vendors in reporting costs and receiving reimbursements. HHSC RAD maintains a website with useful SHARS links, such as how to participate, how to submit cost reports, trainings, program notices, and more at:
https://rad.hhs.texas.gov/acute-care/school-health-and-related-services-shars.

TEA maintains a SHARS website that provides a SHARS Self-Monitoring Tool, information on parental notice and consent requirements, and other resources and training at:
https://tea.texas.gov/Academics/Special_Student_Populations/Special_Education/Programs_and_Services/School_Health_and_Related_Services/.

The Centers for Medicare and Medicaid Services published *Medicaid and School Health: A Technical Assistance Guide*, which is available at:
https://www.medicaid.gov/medicaid/finance/downloads/school_based_user_guide.pdf

Medicaid Administrative Claiming (MAC)

Texas' Medicaid Administrative Claiming (MAC) is the second major Medicaid funding stream available to schools. MAC may cover expenditures for administrative activities, including outreach and coordination, in support of school-based Medicaid services.

Federal guidelines require that, to be allowable and reimbursable, MAC services must be necessary for the proper and efficient administration of the Texas Medicaid State Plan and follow federal and state laws. Reimbursable MAC costs can include administrative activities that support the Medicaid program and outreach services delivered to students within the district. MAC-eligible services that can be provided to a student and family include activities such as coordination, referral, or assistance to a student or family that enables access to needed services, including mental health services.

Eligibility, Participation, and Reimbursement

MAC services can be provided by schools or a third party in a school setting. To participate in the school-based MAC program, Texas school districts, including public charter schools, must enter into a contractual agreement with HHSC. MAC contracts must be renewed once every five years. Before entering a MAC Provider Contract, school districts and schools must complete and

return the documents found at https://rad.hhs.texas.gov/medicaid-administrative-claiming/mac-contracting-information.

In addition to the contracting process, to obtain reimbursement for claims through MAC, each district must also:

- Have a Texas Provider Number (TPI) and a National Provider Number (NPI),
- Meet HHSC training requirements, and
- Participate in the Random Moment Time Study (RMTS).

The Random Moment Time Study for MAC is the same study that is required for SHARS and is described in further detail in the SHARS section of this appendix.

MAC reimbursement is based on:

- The percentage of allowable time based on the statewide RMTS results,
- The percentage of children in the district who are eligible for Medicaid,
- Allocated general administrative costs,
- Allowable indirect cost rate received from the Texas Education Agency,
- Number of RMTS participating staff,
- The quarterly costs of staff in the district who are listed on the participant list, and
- The federal matching percentage for Medicaid-related services (between 50 and 75 percent).

Implementation and Administration Requirements for MAC

To implement and administer MAC, participating schools must designate two employees to the following roles: RMTS Coordinator Contact and MAC Financial Coordinator. These staff members provide oversight for the implementation and administration of MAC. Specific roles and responsibilities are described below.

RMTS Coordinator Contact

- Attend required MAC Training webinars,
- Ensure everyone meets training requirements,
- Oversee RMTS, and
- Ensure participants are entered into the State of Texas Automated Information Reporting System (STAIRS) each quarter. This system is used to complete claims.

MAC Financial Coordinators

- Ensure financial data are based on correct expenditures and
- Ensure that all supporting documents are maintained that identify the certified funds.

Each MAC participating provider must designate a "Primary" MAC Financial Contact. HHSC strongly recommends that at least one "Secondary" MAC Financial Contact also be designated to ensure compliance in case of employee turnover.

- Examples of How a District Might Use MAC Related to Mental Health or Behavioral Health Services

A school might hire parent liaisons, community outreach workers, or school social workers who:

- Help families apply for Medicaid,
- Help families navigate available mental and behavioral resources,
- Work with other agencies or providers that provide mental health services to improve the coordination and delivery of services, or
- Identify opportunities to increase Medicaid provider participation for students in need of mental or behavioral health services.

The people that the district hires for these roles may be included as participants in the RMTS, with their efforts ultimately factoring into the determination of costs that are reimbursable through MAC.

Useful Resources Related to MAC

The Health and Human Services Commission (HHSC) Rate Analysis Division (RAD) works with districts on Random Moment Time Studies and other financial reporting related to MAC.

- HHSC RAD maintains a website with useful MAC links for independent school districts at: https://rad.hhs.texas.gov/medicaid-administrative-claiming/mac-independent-school-districts-isd.
- The HHSC RAD site provides a brief overview of MAC for school districts at:
- https://rad.hhs.texas.gov/sites/rad/files/documents/mac/what-is-mac.pdf.
- The HHSC RAD site provides examples of services that are allowable under the school-based MAC Program at:
- https://rad.hhs.texas.gov/sites/rad/files/documents/mac/ex-mac-activ.pdf.
- Inquiries related to MAC can be sent to HHSC at MAC@hhsc.state.tx.us.
- Inquiries on RMTS can be sent to TimeStudy@hhsc.state.tx.us.
- The Centers for Medicare and Medicaid Services published the *Medicaid School-Based Administrative Claiming Guide*, which is available at: https://www.cms.gov/research-statistics-data-and-systems/computer-data-and-systems/medicaidbudgetexpendsystem/downloads/schoolhealthsvcs.pdf

State Legislation

The following table offers an overview of legislation related to school-linked mental and behavioral health in Texas, dating back to the 77th Legislative Session.

State of Texas Legislation		
Legislative Session	**Bill Number**	**Description**
77th	SB430	Establishes the Texas School Safety Center as a permanent entity and provides it with state funding, in addition to grants and private donations. The purpose of the center is to serve as a central location for school safety information, including research, training, and technical assistance related to school safety programs, as well as a resource for the prevention of youth violence.[289]
79th	SB11	Requires school districts to adopt and implement a multi-hazard emergency operation plan that provides for: district employee training in responding to an emergency; mandatory school drills to prepare district students and employees for responding to an emergency; measures to ensure coordination with local emergency management agencies, law enforcement, and fire departments in the event of an emergency; at least one mandatory security audit every three years developed by the Texas School Safety Center; and required reporting of results from the security audit to the school district board of trustees.[290]
79th	SB42/HB2483	Requires TEA to offer at least one coordinated school health program designed to prevent obesity, cardiovascular disease, oral diseases, and Type 2 diabetes in elementary, middle, and junior high schools. Each program must provide coordination of health education, physical education and physical activity, nutrition services, and parental involvement. This legislation also requires each school district to implement a program approved by TEA.[291] The designated coordinated school health program is the CDC's Whole Child, Whole School, Whole Community program.

[289] Codified at Texas Education Code Sections 37.201 through 37.218. Retrieved from https://statutes.capitol.texas.gov/Docs/ED/htm/ED.37.htm

[290] Codified at Texas Education Code Section 37.108. Retrieved from https://statutes.capitol.texas.gov/Docs/ED/htm/ED.37.htm

[291] Codified at Texas Education Code Sections 38.013 and 38.014. Retrieved from http://www.statutes.legis.state.tx.us/SOTWDocs/ED/htm/ED.38.htm

State of Texas Legislation		
Legislative Session	**Bill Number**	**Description**
80th	SB1504	Amends the Education Code to require school districts to include responses to train derailments near a district school in their multi-hazard emergency operations plans.[292]
83rd	SB393	Amends the Code of Criminal Procedure to create "school offenses," which are Class C misdemeanors other than traffic offenses committed on school property. Peace officers may not issue a citation to students who are alleged to have committed a school offense. Instead, the child may go through a graduated sanctions program for the school offenses of disruption of class, disruption of transportation, and disorderly conduct before a complaint may be filed against them.[293]
83rd	SB460	Requires that certification for teachers include instruction in the detection of students with mental and emotional disorders.[294]
83rd	SB831	Amends the Health and Safety Code's list of mental health, substance abuse, and suicide prevention programs that may be selected for implementation by public schools. Requires DSHS, TEA, and Education Service Centers (ESCs) to provide a list of recommended best practice-based programs for implementation in elementary, middle, junior, and high schools. These lists must be updated annually and easily accessible on DSHS, TEA, and ESC websites.[295]

[292] Codified at Texas Education Code Section 37.108. Retrieved from https://statutes.capitol.texas.gov/Docs/ED/htm/ED.37.htm
[293] Codified at Texas Education Code Section 37.141 through 37.144. Retrieved from https://statutes.capitol.texas.gov/Docs/ED/htm/ED.37.htm
[294] Codified at Texas Education Code Section 21.044. Retrieved from https://statutes.capitol.texas.gov/Docs/ED/htm/ED.21.htm
[295] Codified at Texas Health and Safety Code Section 161.325. Retrieved from https://statutes.capitol.texas.gov/Docs/HS/htm/HS.161.htm

State of Texas Legislation		
Legislative Session	**Bill Number**	**Description**
83rd	HB1009	Amends the Education Code to authorize the board of trustees of a school district to appoint a maximum of one school marshal per 400 students. The marshal may make arrests and exercise all authority of peace officers, subject to the regulations of the board of trustees; use a handgun only under circumstances that would justify the use of deadly force; and only act as necessary to prevent or abate the commission of an offense that threatens serious bodily injury or death of students, faculty, or visitors on school property. Marshals must complete a training course administered by the Commission on Law Enforcement Officer Standards and Education (TCLEOSE) and must be certified by TCLEOSE; the certification process must include a psychological examination. The training program is open to any school district employee who holds a concealed weapon license.[296]
83rd	SB1556	Established the School Safety Task Force to study best practices for school multi-hazard emergency operations planning. The School Safety Task Force is required to submit a report to the legislature by September 1 of each even numbered year. The Texas School Safety Center and the Task Force would also be required to develop a school safety certification program. This legislation expired September 1, 2017.
84th	SB107	Amends Chapter 37 of Texas Education Code to require every campus to designate a campus behavior coordinator whose responsibilities are to maintain student discipline and promptly notify a student's parent or guardian if the student is placed in in-school or out-of-school suspension, disciplinary alternative education program, expelled or placed in a juvenile justice alternative education program, or taken into the custody of law enforcement.[297]

[296] Codified at Texas Education Code Section 37.0811. Retrieved from https://statutes.capitol.texas.gov/Docs/ED/htm/ED.37.htm

[297] Codified at Texas Education Code Section 37.0012. Retrieved from http://www.statutes.legis.state.tx.us/Docs/ED/htm/ED.37.htm

State of Texas Legislation		
Legislative Session	**Bill Number**	**Description**
84th	SB133	Establishes grant money through the Department of State Health Services each fiscal year, payable to local mental health authorities, to train educators, school district employees, other than educators, and school resource officers in Mental Health First Aid. No individual local mental health authority can receive more than the lesser of three percent of total appropriation for grant program or $70,000.[298]
84th	SB2186	Requires school districts to provide new employees with a best practice-based suicide prevention training program each year.[299]
84th	HB1783	Amends the Penal Code to allow a school district employee who witnesses a crime committed on school property to report it to any peace officer, and prohibits districts and schools from adopting a policy that requires employees to refrain from reporting a crime witnessed at school or report a crime witnessed at school to certain people or peace officers.[300]
84th	HB2684	Requires school resource officers in school districts with an enrollment of 30,000 or more to complete an education and training program that is at least 16 hours long, approved by TCLEOSE, and uses a curriculum that covers child and adolescent psychology, positive behavioral interventions and supports, conflict resolution techniques, restorative justice techniques, de-escalation techniques, techniques for the use of limiting force and chemical restraints, the mental and behavioral health needs of children with disabilities or special needs, and mental health crisis intervention.[301]

[298] Codified at Texas Health and Safety Code Section 1001.202. Retrieved from https://statutes.capitol.texas.gov/Docs/HS/htm/HS.1001.htm

[299] Codified at Texas Health and Safety Code Section 161.325. Retrieved from https://statutes.capitol.texas.gov/Docs/HS/htm/HS.161.htm

[300] Codified at Texas Penal Code Section 37.148. Retrieved from https://statutes.capitol.texas.gov/Docs/ED/htm/ED.37.htm

[301] Codified at Texas Education Code Section 37.0812 and Texas Occupations Code Section 1701.226. Retrieved from https://statutes.capitol.texas.gov/Docs/ED/htm/ED.37.htm and https://statutes.capitol.texas.gov/Docs/OC/htm/OC.1701.htm#1701.263

State of Texas Legislation		
Legislative Session	**Bill Number**	**Description**
85th	SB179	Also known as "David's Law," this legislation amends the Education Code to better define and include cyberbullying. Amends the Penal Code to include internet-based communication methods.[302]
85th	HB332	Requires a school district to include a policy for school district property used as polling locations in its multi-hazard emergency operations plan.[303]
85th	HB674	Allows districts and campuses to develop disciplinary alternatives for students below third grade that incorporate a disciplinary course of action that does not rely on the use of in-school or out-of-school suspension, or placement in a disciplinary alternative education program (DAEP). The program must be age-appropriate, model positive behavior, promote a positive school environment, and provide behavior management strategies such as Positive Behavior Interventions and Supports, trauma-informed practices, social and emotional learning, and referral for services if necessary.[304]
85th	HB867	Amends the Education Code to allow school marshals at private schools and allows districts to appoint one marshal per every 200 students. [305]
85th	HB2880	Amends the Education Code to make it a criminal offense to brandish a weapon on school property.[306]

[302] Codified at Texas Education Code Section 37.0832. Retrieved from https://statutes.capitol.texas.gov/Docs/ED/htm/ED.37.htm
[303] Codified at Texas Education Code Section 37.108, subsection e. Retrieved from https://statutes.capitol.texas.gov/Docs/ED/htm/ED.37.htm
[304] Codified at Texas Education Code Section 37.0013. Retrieved from http://www.statutes.legis.state.tx.us/Docs/ED/htm/ED.37.htm
[305] Codified at Education Code Section 37.0811(a) and (d). Retrieved from https://statutes.capitol.texas.gov/Docs/ED/htm/ED.37.htm
[306]Codified at Texas Education Code 37.125. Retrieved from https://statutes.capitol.texas.gov/Docs/ED/htm/ED.37.htm

Trauma-Informed Care in Schools

What Is Trauma-Informed Care?

A trauma-informed approach acknowledges the prevalence and impact of trauma and attempts to create a sense of safety for all students and staff, whether or not they have experienced trauma. Establishing a trauma-informed approach requires a re-examination of policies and procedures (which might make some staff uneasy), training staff to be welcoming and non-judgmental, and modifying physical environments. Becoming trauma-informed also involves minimizing perceived threats, avoiding re-traumatization, and supporting recovery.

What Is the Definition of Trauma-Informed Care?

"Trauma" is defined somewhat differently across disciplines. However, the most commonly referenced definition comes from the Substance Abuse and Mental Health Services Administration (SAMHSA):

> *Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being*. (p.7)[307]

The terms "trauma-informed care," "trauma-informed approach," and "trauma-informed system" are often used interchangeably to describe how care is delivered at an organizational or system level. Trauma-informed care (TIC) can be implemented in any service setting or organization and differs from a trauma-specific intervention or trauma-focused treatment that is designed specifically to address the consequences of trauma.

A review of the literature reveals several definitions for TIC and little consensus on a single one. This ambiguity leaves providers, organizations, and systems to interpret how to put this concept into practice. In general, there is a fairly low bar for a practice or approach to be considered "trauma-informed," and definitions center on a philosophical foundation that TIC is present when there is both an awareness and understanding of trauma. As a result, there is often little meaning behind an organization's designation as being "trauma-informed."

Hopper, Bassuk, and Olivet[308] summarized the basic principles of TIC definitions and identified four cross-cutting themes:

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[307] Substance Abuse and Mental Health Services Administration. (2014, July). *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from https://store.samhsa.gov/shin/content//SMA14-4884/SMA14-4884.pdf

[308] Hopper, E. K., Bassuk, E. L., & Olivet, J. (2010). Shelter from the storm: Trauma-informed care in homeless service

- **Trauma awareness:** Staff training, consultation, and modifications in organizational practices reflect an understanding of trauma and the various behaviors and symptoms that represent adaptations to trauma.
- **Emphasis on safety:** Organizational operations ensure that students and staff are physically and emotionally safe, potential triggers and re-traumatization are avoided, and clear roles and boundaries are defined.
- **Opportunities to rebuild control:** Trauma-informed services emphasize the importance of choice and building a sense of efficacy and personal control.
- **Strength-based approach:** TIC is strength-based and future-oriented; it utilizes skill-building to develop resiliency.

Based on these combined principles, Hopper et al. offer the following consensus-based definition of TIC:

> *Trauma-informed care is a strengths-based framework that is grounded in an understanding of responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment*. (p. 82)[309]

The National Children's Traumatic Stress Network (NCTSN) defines a trauma-informed child and family services system as follows:

> *A trauma-informed child- and family-service system is one in which all parties involved recognize and respond to the impact of traumatic stress on those who have contact with the system including children, caregivers, and service providers. Programs and agencies within such a system infuse and sustain trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies. They act in collaboration with all those who are involved with the child, using the best available science, to maximize physical and psychological safety, facilitate the recovery of the child and family, and support their ability to thrive*.[310]

SAMHSA defines TIC as an approach to the delivery of behavioral health services that…

> *…includes an understanding of trauma and an awareness of the impact it can have across settings, services, and populations. It involves viewing trauma through an ecological and*

settings. *The Open Health Services and Policy Journal, 3*, 80–100.

[309] Hopper, E. K., Bassuk, E. L., & Olivet, J., (2010).

[310] The National Child Traumatic Stress Network. (n.d.) *Creating trauma-informed systems*. Retrieved from http://www.nctsn.org/resources/topics/creating-trauma-informed-systems

> *cultural lens and recognizing that context plays a significant role in how individuals perceive and process traumatic events, whether acute or chronic*. (p. xix)[311]

SAMHSA utilizes the "Four Rs" to describe the four elements that are necessary in a trauma-informed approach:

> *A program, organization, or system that is trauma-informed… **realizes** the widespread impact of trauma and understands potential paths for recovery; **recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system; **responds** by fully integrating knowledge about trauma into policies, procedures, and practices; and seeks to actively **resist** re-traumatization*. (p. 33)[312]

In addition, SAMHSA states that a trauma-informed approach adheres to a key set of six principles rather than a set of policies and procedures.[313] These principles appear to build on Hopper, Bassuk, and Olivet's work:

1. Safety;
2. Trustworthiness and transparency;
3. Peer support;
4. Collaboration and mutuality;
5. Empowerment, voice, and choice; and
6. Cultural, historical, and gender issues

The Center for Health Care Strategies (CHCS) states that TIC needs to incorporate organizational and clinical practices that recognize the impact of trauma on both the provider and the patient.[314] CHCS stresses that, in order to be trauma-informed, an organization must initiate widespread organizational change that includes trauma-informed changes to culture and policy. These changes form the foundation for the delivery of trauma-specific treatment.

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[311] Substance Abuse and Mental Health Services Administration. (2014). *Trauma-informed care in behavioral health services.* Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from https://store.samhsa.gov/shin/content/SMA14-4816/SMA14-4816.pdf

[312] Flatow, R. B., Blake, M., & Huang, L. N. (2015). SAMHSA's concept of trauma and guidance for a trauma-informed approach in youth settings. Focal Point: Youth, young adults, & mental health. *Trauma-Informed Care*, *29*, 32–35. Retrieved from https://www.pathwaysrtc.pdx.edu/pdf/fpS1510.pdf

[313] Substance Abuse and Mental Health Services Administration. (n.d.) *Trauma-informed approach and trauma-specific interventions*. Retrieved from https://www.samhsa.gov/nctic/trauma-interventions

[314] Menschner, C., & Maul, A. (2016). *Issue brief: Key ingredients for successful trauma-informed care implementation*. Center for Health Care Strategies, Inc. Retrieved from https://www.chcs.org/resource/key-ingredients-for-successful-trauma-informed-care-implementation/

Evidence-Based Trauma-Informed Practices

Despite the fact that there is no single definition for trauma or TIC, there are many evidence-based, trauma-specific, or trauma-focused approaches available to providers of services to children, youth, and their families in the various child-serving systems. Several of these approaches and interventions are listed in this report, though this is not an exhaustive list. Further information on the approaches mentioned below and on additional evidence-based practices can be found by accessing the websites for the NCTSN[315] and the California Evidence-Based Clearinghouse for Child Welfare (CEBC).[316]

Trauma-Specific Interventions in Schools[317, 318, 319]

Social and emotional learning (SEL) is a process through which a student acquires and applies the knowledge and skills necessary to understand and manage emotions, set and achieve goals, feel and show empathy, and develop positive relationships.[320] TIC and SEL share interrelated characteristics that, when used in tandem, help children and youth who have experienced trauma succeed in school. Blodgett and Dorado believe that the social and emotional skills of a child or youth who has experienced trauma will develop naturally when trauma-sensitive educational practices are utilized. However, despite the alignment of TIC and SEL characteristics, there are no standard practices for integrating trauma-informed or trauma-sensitive care and SEL in schools.

There are several evidence-based and evidenced-informed school-based interventions identified in the literature. These interventions, which are listed below, are effective with children and youth who have experienced abuse and neglect. (Psychological First Aid (PFA), however, was designed for schools to assist children, youth, and their families in the aftermath of disaster or terrorism.)

Educators

- Child Trauma Toolkit for Educators (NCTSN Schools Committee, 2008).[321]

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[315] The National Child Traumatic Stress Network (NCTSN) web address is http://www.nctsn.org/

[316] The California Evidence-Based Clearinghouse for Child Welfare (CEBC) web address is http://www.cebc4cw.org/

[317] National Child Traumatic Stress Network. (n.d.). *Trauma treatments.* Available at https://www.nctsn.org/treatments-and-practices/trauma-treatments

[318] Child Trauma Academy. *NME (Neurosequential Model in Education).* Available at http://childtrauma.org/nme/

[319] Blodgett, C., & Dorado, J. (n.d.). CLEAR trauma-informed schools white paper: A select review of trauma-informed school practice and alignment with educational practices. Retrieved from http://ext100.wsu.edu/cafru/wp-content/uploads/sites/65/2015/02/CLEAR-Trauma-Informed-Schools-White-Paper.pdf

[320] Collaborative for Academic, Social, and Emotional Learning (CASEL). (n.d.). *What is SEL.* Retrieved from http://www.casel.org/what-is-sel/

[321] National Child Traumatic Stress Network. (2008). *Child trauma toolkit for educators.* Los Angeles, CA: National

Structured, Mental Health-Focused, Student-Centered, and Trauma-Specific

- Cognitive Behavioral Intervention for Trauma in Schools (CBITS) – a school-based program designed to reduce the symptoms of posttraumatic stress disorder, depression, and generalized anxiety among children exposed to multiple forms of trauma;
- Multimodality Trauma Treatment (MMTT), also known as Trauma-Focused Coping in Schools.
- Trauma and Grief Component Therapy for Adolescents (TGCT).

Structured, Population-Focused, Trauma-Informed, System-Centered

- Collaborative Learning for Educational Achievement and Resilience (CLEAR);
- Healthy Environments and Response to Trauma in Schools (HEARTS);
- Neurosequential Model in Education (NME);
- Psychological First Aid (PFA)–Schools;
- Trust-Based Relational Intervention (TBRI®);
- Reaching Teens©: Strength-Based Communication Strategies to Build Resilience and Support Healthy Adolescent Development;
- Positive Student Engagement Model for School Policing, initially known as the Multi-Integrated Systems Approach – this model was developed in response to the school-to-prison pipeline. It encourages the use of restorative rather than punitive practices. [322]

School-Wide, Teacher Centered, Trauma-Informed

- FuelEd: Fueling Schools with the Power of Relationships.

Examples of Trauma-Informed Care Implementation in Texas

Child Trauma Academy – Neurosequential Model of Therapeutics (NMT) and Neurosequential Model of Education (NME)

Child Trauma Academy (CTA) is a not-for-profit organization in Houston, Texas. Dr. Bruce Perry is its founder and Senior Fellow. Jana Rosenfelt is the Executive Director. CTA was founded in 1990 as a center for excellence at the University of Chicago and later Baylor College of Medicine. In 2001, it became a not-for-profit that functions as a community practice that promotes social change. CTA's work focuses on the development of non-medical models of care and cross-agency collaboration within therapeutic, child protection, and education systems. CTA's stated mission is "to help improve the lives of traumatized and maltreated children… by

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Center for Child Traumatic Stress. Retrieved from https://wmich.edu/sites/default/files/attachments/u57/2013/child-trauma-toolkit.pdf

[322] Teska, S. C. (2011). A study of zero tolerance policies in schools: A multi-integrated systems approach to improve outcomes for adolescents. *Journal of Child and Adolescent Psychiatric Nursing, 24,* 88–97. Retrieved from http://www.ncjfcj.org/sites/default/files/Zero%20Tolerance%20Policies%20in%20Schools%20%282%29.pdf

improving the systems that educate, nurture, protect and enrich these children. [They focus their] efforts on service delivery, program consultation, research and innovations in clinical assessment/treatment."[323]

NMT integrates the core principles of neurodevelopment and traumatology. It is grounded in the awareness that the brain develops sequentially and can be negatively affected by neglect, chaos, attachment disruption, and traumatic stress. NMT is not a therapeutic approach. It is a multidimensional assessment "lens" that guides clinical problem-solving and outcome monitoring by providing a picture of a child's current strengths and vulnerabilities in the context of his or her developmental history. It is a way to organize a child's history and current functioning. The model has been widely used with children and youth with the most complex cases of maltreatment and psychological trauma.

The NMT process gathers information on a child's past and current experiences and functioning, including trauma and relationship history. This information creates an estimate of the severity and timing of risk and resiliency factors that may have influenced a child's brain development. This estimate is paired with a review of a child's current functioning. The information is then organized into a functional map of the brain that identifies which parts of the brain appear to have functional or developmental problems. The functional brain map is used to guide the selection and sequencing of interventions that are developmentally sensitive. NMT is listed as an evidence-based practice.

Neurosequential Model for Education (NME),[324] a spin-off of NMT, is designed to help educators create optimal learning by acting on the principles of development and brain functioning. NME is a multifaceted approach that provides a "picture" of the child's brain in relation to same-grade peers. The mini-map looks at reading/verbal skills, math skills, reactivity/impulsivity, communication/language skills, relational skills, self-regulation, threat response, coordination, fine motor skills, and attention/distractibility. NME offers teachers classroom management tools, including taking brain/regulation breaks, having students monitor their heart rate during a fight or flight state, and daily journaling. Teachers are also taught to manage challenging behaviors by first providing regulating opportunities, relating to the student, and, finally, reasoning with the student.

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[323] Child Trauma Academy. (n.d.). *Mission.* Retrieved from http://childtrauma.org/about-childtrauma-academy/mission/

[324] Walters, S. (2016). *Early experiences in the neurosequential model in education*. The Canadian Journal for Teacher Research. Retrieved from https://www.teacherresearch.ca/detail/post/early-experiences-in-the-neurosequential-model-in-education

Training Requirements

NMT is designed to be delivered by licensed social services professionals who are currently working with children, youth, or families. It features multi-media training that requires participants to view online materials, read assigned articles, and complete reports that are written to fidelity of the program. CTA staff estimate that it takes approximately 15 months (a total of 90–120 hours) to complete all required training. All certified NMT practitioners are required to complete bi-annual fidelity exercises.

Texas Implementation of NMT and NME

CTA has one flagship organization, Cal Farley's Boy's Ranch in Texas. This organization has 19 certified sites in the nation, and three of them are in Texas: the Center for Child Protection, the Dallas Children's Advocacy Center, and the Regional Casey Family Programs Headquarters. The Center for Child Protection and Casey Family Programs are also NMT Trainers. There are two NME sites in Texas: Austin Texas Area Schools and Talitha Koum Institute. Austin Independent School District (ISD) will pilot NME at four elementary schools during the 2018–2019 school year.

Fostering Resilience and Reaching Teens© – Dr. Kenneth Ginsburg

Dr. Kenneth Ginsburg is a pediatrician specializing in adolescent medicine at the Children's Hospital of Philadelphia and a professor of pediatrics at the University of Pennsylvania School of Medicine. He is also the Director of Health Services at Covenant House Pennsylvania. The theme that ties together Dr. Ginsburg's clinical practice, teaching, research, and advocacy efforts is fostering youth's internal resilience to build on their strength. Fostering Resilience translates what is known from research and practices into practical approaches that parents, professionals, and communities can use to prepare children and youth to thrive.[325]

Dr. Ginsburg works with communities to develop a foundational framework to promote resilience in youth. This framework draws from positive youth development and TIC practices to help care providers integrate an understanding of what a youth has been through with high expectations for the youth. Dr. Ginsburg believes that understanding trauma is critical. However, Dr. Ginsburg argues, TIC alone can be too flexible and does not hold youth accountable. The positive youth development approach sees youth as the experts in their life, considers them excellent role models for other youth, encourages independence, understands the importance of a caring and trusted adult in the healing process, and provides alternative coping strategies.[326]

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[325] Fostering Resilience. (n.d.). *Kenneth Ginsburg, M.D., M.S. Ed*. Retrieved from http://www.fosteringresilience.com/professionals/about.php

[326] Ginsburg, K. (2017, May 7). Our kids are not broken: Recognizing and building on the strength of marginalized and traumatized youth. Presentation in El Paso, Texas on May 7, 2017.

Reaching Teens©[327]

Reaching Teens© is a comprehensive, interdisciplinary, evidence-informed and expert-driven approach to addressing risk by building on a youth's strengths. It is grounded in the theory of positive youth development and resilience approaches and TIC. The curriculum consists of a textbook, 445 videos, live links to resources, and downloads for youth, parents, and professionals. It provides strategies for paraprofessionals and professionals to engage youth in trusting relationships, promote positive behaviors, engage and inform parents, and address specific emotional and behavioral concerns. Reaching Teens© is published by the American Academy of Pediatrics.

Training Requirements

There are no specific training requirements for this curriculum. The 69 chapters, videos, and additional resources can be navigated by individuals or with a group. Chapters and additional content can be selected and prioritized based on relevance and population. The Reaching Teens© website provides tips for individual learners and groups of learners. The American Academy of Pediatrics and the National Association of Social Workers offer 65 hours of continuing professional education credits for professionals.

Texas Implementation

It is difficult to determine the scope or impact of Reaching Teens© in Texas because all or part of the curriculum can be used by individuals or agencies without training or certification by Dr. Ginsburg or the National Academy of Pediatrics. However, two community-wide implementation efforts were identified: El Paso, which is in the initial stages of community engagement and implementation, and Fort Worth, which has led the country in piloting Reaching Teens© at a community level.

In 2014, with the support of the Rees-Jones Foundation, Mental Health Connections (MHC) and Dr. Ginsburg launched a three-year pilot project of Reaching Teens© in the Fort Worth community. The goal of the project was that "Whenever a teenager enters any system or agency in our community, he or she will be treated in the same strength-based trauma-informed ways."[328]

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[327] The Fostering Resilience web address is http://www.fosteringresilience.com/professionals/

[328] Mental Health Connections of Tarrant County. (2017). *Tarrant County Reaching Teens Pilot. What we do matters: Pathways to building resilience in youth*. Retrieved from http://www.mentalhealthconnection.org/assets/timeline-pdf/MCH_Reaching_Teens_Manual_2017.pdf

Fort Worth Independent School District (FWISD) was a key Reaching Teens partner. A team of intervention specialists dispersed throughout the school district to engage campus administrators, present at staff meetings, and model the Reaching Teens principles through their own behaviors and actions.[329]

Karyn Purvis Institute of Child Development, Trust-Based Relational Intervention (TBRI®) – Dr. Karyn Purvis and Dr. David Cross

The Karyn Purvis Institute of Child Development is housed in the College of Science and Engineering at Texas Christian University (TCU). Karyn Purvis, PhD, and David Cross, PhD, are the co-creators of Trust-Based Relational Intervention (TBRI)®.[330] TBRI® is described as a caregiving model, not a clinical model. It can be used in all environments with children and youth from "hard places."[331] It is a trauma-informed, whole-child, ecologically valid model. TBRI® is rooted in the work of Bessel van der Kolk, MD, and aligns with the three factors he identified as being necessary in any program designed to treat complex trauma development: safety, promotion of healing relationships, and teaching of self-management and coping skills. The overarching goals of TBRI® are to help caregivers "see" (compassionate understanding) the needs of children who have experienced relational trauma and "do" (knowledge and skills) what is necessary to meet these needs.[332]

Trust-Based Relational Intervention (TBRI®)[333, 334]

The TBRI® model comprises a clear set of developmental principles that are designed to bring healing to at-risk children and youth. TBRI® encompasses three interacting and synergistic sets of principles and practices: empowering, connecting, and correcting. Each principle has two sets of strategies.

- **Empowering Principles:** Caregivers can enhance a child's capacity for self-regulation, decrease the likelihood of disruptive behaviors, and increase the likelihood of success with the connecting and correcting principles if they attend to external (ecological) and

[329] Mental Health Connection of Tarrant County. (2017, September). *Completion of Reaching Teens three-year pilot.* Retrieved from http://www.mentalhealthconnection.org/timeline/reaching-teens

[330] Texas Christian University. (2018). *Karyn Purvis Institute of Child Development.* Retrieved from https://child.tcu.edu/karyn/#sthash.nugfmfLV.dpbs

[331] Purvis, K. B., Cross, D. R., Dansereau, D. F., & Parris, S. R. (2013). Trust-Based Relational Intervention (TBRI®): A systematic approach to complex developmental trauma. *Child & Youth Services, 34*:360–386.

[332] Purvis, K., Call, C., & Cross, D. (2014). *Trust-Based Relational Intervention (TBRI®) and the Travis County Collaborative for Children (TCCC)*. Unpublished manuscript, Texas Christian University, Fort Worth, Texas.

[333] Purvis, K. B., Cross, D. R., Dansereau, D. F., & Parris, S. R. (2013, October). Trust-Based Relational Intervention (TBRI): A systemic approach to complex developmental trauma. *Child & Youth Services, 34*(4), 360–386. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3877861/

[334] Purvis, K., Call, C., & Cross, D. (2014). *Trust-Based Relational Intervention (TBRI®) and the Travis County Collaborative for Children (TCCC)*. Unpublished manuscript, Texas Christian University, Fort Worth, Texas.

internal (physiological) strategies. This principle sets the stage for positive change by creating healthy conditions and an environment that fosters ”felt safety.” Ecological strategies include recognizing and managing transitions and establishing rituals. Physiological strategies include regular physical exercise, sensory experiences, and meeting nutritional needs.

- **Connecting Principles:** The TBRI® connecting principles are based on attachment theory and are the essential mechanisms for building trusting relationships and ensuring that the empowering and correcting principles work. They are considered the source of “felt safety” and self-regulation. There are two connecting principles: mindful awareness and engagement strategies. Mindfulness is a TBRI® core capacity. It helps a caregiver see both the child’s and their own needs. Mindfulness Awareness Practice (MAP) strategies include yoga, tai chi, entering prayer, mindful walking, and mindfulness meditations.
- **Correcting Principles:** The TBRI® correcting principles are used to shape behaviors. In order to be effective, these principles must have a firm foundation of connecting and empowering. The correcting principles include proactive and responsive strategies. Proactive correcting principles include “Life Value Terms” and “Behavioral Scripts.”

TBRI® is currently listed on the California Evidence-Based Clearinghouse (CEBC) for Child Welfare. It is rated as being “highly” relevant because it is designed to be used with children, youth, young adults, and/or families receiving child welfare services. The CEBC gave it a scientific rating of three and considers it to have promising research evidence.

Training Requirements

TBRI® is designed to prepare professionals (e.g., therapists, caseworkers, foster and adoption care specialists, occupational therapists, medical professionals, counselors, CASA workers, and early childhood development specialists) to work with children and youth who have experienced trauma and their families. Phase 1 of the training consists of five units of online course work to be completed in the 10 weeks prior to the on-site training. This initial work establishes a knowledge base for the on-site training. Phase 2 of the training requires successful completion of Phase 1 and consists of five days of intensive on-site training.

Texas Implementation

Almost 700 professionals, paraprofessionals, caregivers, and faith-based leaders are identified as TBRI® camp alumni. More than 75 have completed the training requirements to become TBRI® educators. Schools, child-placing agencies, emergency shelters, general residential operations, and treatment facilities throughout the state have chosen to implement TBRI®. In addition to agency-wide and school-wide implementation, there are two community-based system efforts implementing TBRI®, one in Travis County and one in Fort Worth.

Trauma and Grief (TAG) Center for Youth – Houston, Texas

The Texas Trauma and Grief (TAG) Center for Youth, housed within Texas Children's Hospital, is one of 25 SAMHSA-funded, Category II Treatment and Services Adaptation Centers of the National Child Traumatic Stress Network. It is the only Category II Center to specialize in child and adolescent bereavement. Its primary mission is to increase the standard of care and access to best-practice care for traumatized and bereaved children, youth, and their families. The TAG Center uses state-of-the art, empirically validated screening tools to ensure that children and youth receive the most appropriate and effective interventions. The center's primary treatments include Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) and Trauma and Grief Component Therapy (TGCT). The TAG Center served approximately 300 children and youth between the ages of 7 and 17 years in 2016.

The TAG Center has trained the Houston Independent School District, YES Prep, and the Spring Branch Independent School District on assessment of childhood trauma and bereavement and TGCT. It is currently discussing training opportunities with the Pasadena, Alief, and Humble Independent School Districts. In addition to its work with the schools, the TAG Center has initiated the Houston Child Trauma Consortium to promote networking related to trauma and to conduct a community-wide trauma needs assessment. The group has met four times over the past year. Finally, as a NCTSN Category II Center, the TAG Center is currently preparing to facilitate a learning community comprising 10 different organizations across the United States.

Children and Youth Who Have Experienced Three or More Adverse Childhood Experiences[335,336]

Adverse Childhood Experiences (ACEs)	Texas Prevalence Proportion (Age 0–17)	Texas Prevalence Count (Age 0–17)
Three or more adverse childhood experiences	**10.0%**	**730,000**
Lived with a parent or guardian who got divorced or separated	20.0%	1,450,000
Lived with a parent or guardian who died	2.6%	190,000
Lived with a parent or guardian who served time in jail or prison	6.9%	500,000

[335] Sacks, V., Murphey, D., & Moore, K. (2014). *Adverse childhood experiences: National and state-level prevalence*. Child Trends: Research Brief, Publication #2014-28. Retrieved from: https://www.childtrends.org/wp-content/uploads/2014/07/Brief-adverse-childhood-experiences_FINAL.pdf

[336] Additional data not found in Sacks et al. (2014) were retrieved from the Data Resource Center for Child & Adolescent Health: http://www.childhealthdata.org/browse/survey.

Adverse Childhood Experiences (ACEs)	Texas Prevalence Proportion (Age 0–17)	Texas Prevalence Count (Age 0–17)
Lived with anyone who was mentally ill or suicidal, or severely depressed for more than a couple of weeks; lived with anyone who had a problem with alcohol or drugs	8.0%	580,000
Lived with anyone who had a problem with alcohol or drugs	10%	730,000
Witnessed a parent, guardian, or other adult in the household behaving violently toward another (e.g., slapping, hitting, kicking, punching, or beating each other up)	7.9%	580,000
Was ever the victim of violence or witnessed any violence in his or her neighborhood	7.3%	530,000
Experienced economic hardship "somewhat often" or "very often" (i.e., the family found it hard to cover costs of food and housing)	29.0%	2,100,000

Children and Youth Annual Exposure to Violence[337]

Violent Experience	National 12-Month Prevalence (Age 0–17)	Texas State Count (Age 0–17)
Direct Exposure to One or More Episodes of Violence (Low)	60.8%	4,450,000
Direct Exposure to Six or More Episodes of Violence (Moderate)	10.1%	740,000
Direct Exposure to 10 or More Episodes of Violence (High)	1.2%	85,000
Direct, Indirect or Witnessed Exposure to One or More Episodes of Violence	67.5%	4,900,000
Any Physical Assault	37.3%	2,700,000
"Any Physical Assault" includes assault with a weapon, assault with injury, assault with no weapon, attempted assault, attempted or completed kidnapping, assault by adult, assault by juvenile sibling, assault by non-sibling peer, assault by gang or group, genital assault, dating violence, bias attack, threatened assault, physical intimidation, relational aggression, internet or cell phone harassment.		
Any Sexual Offence	5.0%	360,000

[337] Finkelhor, D., Turner, H. A., Shattuck, A., & Hamby, S. L. (2015). Prevalence of childhood exposure to violence, crime, and abuse: Results from the National Survey of Children's Exposure to Violence. *JAMA Pediatrics*, *169*(8). These data have applied national prevalence rates to the 0–17 year old Texas population.

Violent Experience	National 12-Month Prevalence (Age 0–17)	Texas State Count (Age 0–17)
"Any Sexual Offence" includes sexual assault, completed rape, attempted rape, sexual assault by known adult, sexual assault by adult stranger, sexual assault by peer, flashed by peer, flashed by adult, sexual harassment, internet sex talk, statutory sex offense.		
Any Maltreatment	15.2%	1,100,000
"Any Maltreatment" includes physical abuse, emotional abuse, sexual abuse, neglect, custodial interference, or family abduction.		
Any Property Crime	27.1%	1,950,000
"Any Property Crime" includes robbery by non-sibling, vandalized by non-sibling, or theft by non-sibling.		
Witnessed Any Violence	24.5%	1,800,000
"Witnessed Any Violence" includes family assault, partner assault, physical abuse, assault in community, exposure to shooting, exposure to war, exposure to household theft, or indirect exposure to school threat, bomb, or attack.		

Characteristics of Youth Admitted to the Texas Department of Juvenile Justice in Fiscal Year (FY) 2015[338]

Other Youth Characteristics (New Admissions)	High MH Need	Moderate MH Need	Low MH Need	No MH Need
Parents Unmarried, Divorced, Separated, or at Least One Deceased	16 (93%)	117 (86%)	223 (89%)	351 (87%)
On Probation at Commitment	13 (76%)	94 (69%)	203 (81%)	283 (70%)
Prior Out-of-Home Placement	11 (65%)	94 (69%)	195 (78%)	238 (59%)
Family History of Criminal Involvement	10 (59%)	82 (60%)	125 (50%)	218 (54%)
Suspected History of Abuse or Neglect	14 (82%)	80 (59%)	95 (38%)	117 (29%)
Special Education Eligible	14 (82%)	45 (33%)	105 (42%)	81 (20%)

Child and Youth Trauma Exposure Assessed Through CANS FY 2016[339]

CANS Assessment Findings	Number of Youth	Percent of Total
CANS Assessment – Total	**49,275**	**100%**
Trauma History not Recorded by the LMHA	8,040	16%

[338] Texas Juvenile Justice Department. (2016). *Residential mental health services provided to youth on probation in FY 2015*. Dataset provided to MMHPI by Pernilla Johansson of TJJD on March 9, 2016.

[339] Texas CANS aggregate data provided by C. Lynch, Texas Health and Human Services Commission – Office of General Counsel (personal communication, June 16, 2017).

CANS Assessment Findings	Number of Youth	Percent of Total
Total Completed CANS Trauma Section	**41,221**	**100%**
No History of Trauma in Past 30 Days	29,674	80%
History of Traumatic Life Event	7,698	19%
Trauma Impacts ≥ 1 Life Domain	3,297	8%
Experiencing ≥ 1 PTSD Symptoms in Past 30 Days	566	1%

Mental Health First Aid (MHFA) and Youth Mental Health First Aid (YMHFA)[340]

Mental Health First Aid

Mental Health First Aid USA is a training — like regular First Aid or CPR — designed to give people the skills to help someone who is developing a mental health problem or experiencing a mental health crisis. The course uses role-playing and simulations to demonstrate how to recognize and respond to the warning signs of specific illnesses.

Mental Health First Aid teaches participants a five-step action plan, ALGEE, to support someone developing signs and symptoms of a mental illness or in an emotional crisis:

- Assess for risk of suicide or harm
- Listen nonjudgmentally
- Give reassurance and information
- Encourage appropriate professional help
- Encourage self-help and other support strategies

Why Mental Health First Aid?

Mental Health First Aid helps people know that mental illnesses and addictions are real, common and treatable and that it's OK to seek help. Research demonstrates this program's effectiveness in improving knowledge of mental illnesses and substance use, removing fear and misunderstanding and enabling those trained to offer concrete assistance.
Individuals trained in Mental Health First Aid can help:

- Raise awareness and encourage understanding of the ways in which one's cultural background can impact the discrimination associated with mental illness
- Reach out to those who suffer in silence, reluctant to seek help
- Let students know that support is available on campus and in the community
- Provide information on self-help strategies and campus and community resources
- Make mental health care and treatment accessible to thousands in need

The program is listed in SAMHSA's National Registry of Evidenced Based Programs and Practices. Mental Health First Aid is a low-cost, high-impact program that generates tremendous community awareness and support. Since 2008, 300,000 people have been trained in Mental Health First Aid through a network of more than 6,000 certified instructors.

Youth Mental Health First Aid

Youth Mental Health First Aid USA is an 8 hour public education program which introduces participants to the unique risk factors and warning signs of mental health problems in

[340] The Mental Health First Aid USA web address is https://www.mentalhealthfirstaid.org

adolescents, builds understanding of the importance of early intervention, and teaches individuals how to help an adolescent in crisis or experiencing a mental health challenge. Mental Health First Aid uses role-playing and simulations to demonstrate how to assess a mental health crisis; select interventions and provide initial help; and connect young people to professional, peer, social, and self-help care.

What Will Participants Learn?

The course teaches participants the risk factors and warning signs of a variety of mental health challenges common among adolescents, including anxiety, depression, psychosis, eating disorders, AD/HD, disruptive behavior disorders, and substance use disorder. Participants do not learn to diagnose, nor how to provide any therapy or counseling – rather, participants learn to support a youth developing signs and symptoms of a mental illness or in an emotional crisis by applying a core five-step action plan:

- **A**ssess for risk of suicide or harm
- **L**isten nonjudgmentally
- **G**ive reassurance and information
- **E**ncourage appropriate professional help
- **E**ncourage self-help and other support strategies

The Youth Mental Health First Aid USA curriculum is primarily focused on information participants can use to help adolescents and transition-age youth, ages 12-18.

Who Should Take The Course?

The course is designed for adults who regularly interact with adolescents (teachers, school staff, coaches, youth group leaders, parents, etc.), but is being tested for appropriateness within older adolescent groups (16 and older) so as to encourage youth peer to peer interaction. In January 2013, President Obama recommended training for teachers in Mental Health First Aid. Since 2008, the core Mental Health First Aid course has been successfully offered to hundreds of thousands of people across the USA, including hospital staff, employers and business leaders, faith communities, law enforcement, and the general public.

Who Created The Course?

Mental Health First Aid USA is coordinated by the National Council for Behavioral Health, the Maryland Department of Health and Mental Hygiene, and the Missouri Department of Mental Health. Mental Health First Aid USA worked with experts at the National Technical Assistance Center for Children's Mental Health at the Georgetown University Center for Child and Human Development to develop the youth program.

Where Can I Learn More?

To learn more about the Mental Health First Aid USA, or to find a course or contact an instructor in your area, visit www.MentalHealthFirstAid.org.

Texas and MHFA and YMHFA

The Texas Legislature has recognized the value of MHFA over many years through various bills and initiatives that encourage school personnel to attend MHFA courses. After the May 2018 shooting at Santa Fe High School, Governor Abbott's School and Firearm Safety Action Plan identified MHFA as a key prevention and early intervention strategy. The primary MHFA recommendation focuses on increasing the number of educators and other school personnel trained before the start of the 2018-19 school year. With the increased impetus provided by the Action Plan, it is anticipated that many more educators and school staff will access MHFA training and be better able to recognize and help to address mental illness as early as possible. In Texas, Mental Health First Aid can be provided through local mental health authorities (LMHAs) and some Education Service Centers (ESCs).

Staff Self Care

A national survey of teachers in 2012 found that teacher satisfaction has declined 23 percentage points between 2008 and 2012, and half of teachers feel under great stress several days a week.[341] Additionally, 46% of teachers report high daily stress during the school year, tied with nurses for the highest rate of daily stress among occupations, and is higher than physicians who report in at 45%.[342] Along with stress, many teachers report burnout and low self-efficacy. Teacher stress and coping has been found to affect job satisfaction, performance, and teacher retention. Researchers estimate that around half a million teachers leave the profession each year and 40–50 % of new teachers leave within their first year.[343] Further, teacher stress undermines PBIS implementation.[344]

Schools and districts that have implemented stress management interventions report significant improvement in stress levels and coping techniques, but districtwide implementation is not necessary as many self-care techniques can be self-taught and practiced individually.[345] A study of 224 kindergarten through fifth grade teachers from 36 urban school districts found that teachers who received mindfulness training showed improved levels of mindfulness and emotional regulation, and lower levels of personal distress than peers who received no training.[346] James Butler, the Mindfulness Coach of Austin ISD, shared, "Adult self-care is important. There are simple things you can do during transition periods, right before a test, etc., to take a minute to center yourself and the class."

The following table provides resources for self-care for teachers and classrooms. Some methods are designed specifically with teachers and administrators in mind, while others are general practices.

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[341] Markow, D., Ph.D., Macia, L., & Lee, H. (2013, February). *The MetLife survey of the American teacher: Challenges for school leadership*. Retrieved August 2, 2018, from https://files.eric.ed.gov/fulltext/ED542202.pdf

[342] Greenberg, M. T., Brown J. L., & Abenavoli, R. M. (2016). Teacher Stress and Health Effects on Teachers, Students, and Schools. University Park , PA: Edna Bennett Pierce Prevention Research Center, Pennsylvania State University.

[343] Alliance for Excellent Education. (2014, July). *On the path to equity: Improving the effectiveness of beginning teachers*. Retrieved August 2, 2018 from https://all4ed.org/wp-content/uploads/2014/07/PathToEquity.pdf

[344] Herman, K. C., Hickmon-Rosa, J., & Reinke, W. M. (2017). Empirically derived profiles of teacher stress, burnout, self-efficacy, and coping and associated student outcomes. *Journal of Positive Behavior Interventions, 20*(2), 90–100. doi:10.1177/1098300717732066

[345] Ansley, B. M., Houchins, D., & Varjas, K. (2016). Optimizing special educator wellness and job performance through stress management. *TEACHING Exceptional Children, 48*(4), 176–185. doi:10.1177/0040059915626128

[346] Jennings, P. S., Brown, J. L., Frank, J. L., Doyle S., Oh, Y. Davis, R., Rasheed, D., DeWeese, A., DeMauro, A. A., Cham, H., & Greenberg M. T. (2017, February 13). Impacts of the CARE for Teachers program on teachers' social and emotional competence and classroom interactions. *Journal of Educational Psychology, 109*(7), 1010–1028. Retrieved from http://dx.doi.org/10.1037/edu0000187

Self-Care for School Staff		
Resource/Practice	**About**	**Website**
Mindful Classrooms	*5 Minute Daily Practices to Empower Teachers and Students*, by James Butler; also offers workshops that focus on the importance of mindfulness for self-care, which helps build capacity to care for others.	http://mindfulclassrooms.com
School-Based Trauma and Mindfulness Training	Offered through Mental Health America of Greater Houston, the trainings are designed to help educators understand the impact of trauma and offers simple mindfulness exercise to cope with stress and reduce trauma reactions.	https://mhahouston.org/programs/the-center-for-school-behaviMentoral-health/
FuelEd	Equips educators with the social and emotional competencies, such as interpersonal skills, self-awareness, and emotional well-being, for building secure relationships in schools.	https://www.fueledschools.org
Take a Break! Teacher Toolbox for Physical Activity Breaks in the Secondary Classroom, by the Colorado Ed Initiative	Printable activity cards for over 100 easy to integrate activities, plus online resources for secondary classrooms.	http://www.coloradoedinitiative.org/wp-content/uploads/2014/08/CEI-Take-a-Break-Teacher-Toolbox.pdf
Yoga4Classrooms	Evidence-based yoga and mindfulness program for schools that promotes social, emotional, and physical wellness; learning readiness; and positive school climate.	http://www.yoga4classrooms.com
Mindful Teachers	Community of educators that shares resources on mindfulness as it relates to the teaching profession, as well as practices and tips.	http://www.mindfulteachers.org/p/start-here.html

Self-Care for School Staff		
Resource/Practice	**About**	**Website**
Calm Mindfulness App and The Calm Schools Initiative	Subscription service for a library of guided meditations and mindfulness exercises, including programs for children and youth in pre-kindergarten through high school. The initiative offers an app for free to teachers, available in Android, iOS, and web-based applications.	https://www.calm.com/schools
Mindfulness for Teachers: Simple Skills for Peace and Productivity in the Classroom, by Patricia A. Jennings	Book of mindful awareness practices to help teachers recognize and regulate emotional reactivity in their classrooms, with forward by Daniel J. Siegel.	http://books.wwnorton.com/books/Mindfulness-for-Teachers/
Safe Place: National Center on Safe Supportive Learning Environments	*Safe Place* resource kit encompasses a broad range of material introducing and endorsing trauma-sensitive practice.	https://safesupportivelearning.ed.gov
Yoga Journal	Offers images and articles on poses, meditation, and philosophy and has a database of yoga poses that are searchable by focus and therapeutic applications.	https://www.yogajournal.com
My Free Yoga	Online catalog of free yoga videos for all experience levels.	www.myfreeyoga.com
The Free Mindfulness Project	Collection of free-to-download mindfulness-based exercises.	http://www.freemindfulness.org/download
Guided Meditations from The Mindfulness Awareness Research Center at UCLA Health	List of free guided meditations in both English and Spanish.	http://marc.ucla.edu/mindful-meditations

Types of Mental Health Personnel and Providers in Schools

The following list provides an overview of school-based professionals that may have a role in providing mental and behavioral health services or connecting students to school-linked mental and behavioral health services.

Types of Mental Health Personnel and Providers		
Full Name	**Education**	**Definition and Examples of Services**
Providers typically only found in schools		
Licensed Specialist in School Psychology (LSSP)	School psychologists are doctoral-level trained and state licensed professionals with training in mental health, educational interventions, child development, assessment, school law, and child serving systems.[347] This license is limited to licensed psychologists with a doctorate in school psychology.	An LSSP provides counseling, conducts educational assessments, works with school personnel to identify learning barriers, and helps create positive learning environments.[348] They may also work with school administrators to collect and analyze data on student outcomes, implement school-wide programs, promote school policies, and address crises. They may be shared among schools within a district. An LSSP is licensed by the Texas State Board of Examiners of Psychologists to provide school psychological services in Texas public schools.

[347] National Association of School Psychologists. (2016). *Who are school psychologists?* Retrieved October 11, 2016 from https://www.nasponline.org/about-school-psychology/who-are-school-psychologists

[348] Texas Association of School Psychologists. (n.d.). *What is a school psychologist?* Retrieved October 7, 2016 from http://www.txasp.org/index.php?option=com_content&view=article&id=35:school-psychologist&catid=21:new-content&Itemid=130

Types of Mental Health Personnel and Providers		
Full Name	**Education**	**Definition and Examples of Services**
Certified School Counselor	Certified school counselors have at least a master's degree and two years of classroom teaching experience in a public or accredited private school.	School counselors are responsible for providing guidance, individual student planning, counseling, and support to students. These professionals also typically have administrative duties such as scheduling and administering standardized tests, which may limit the amount of time they are able to dedicate to guiding and counseling students. While some schools and school districts are beginning to devote resources to limit counselors' work load so that they are able to provide actual counseling (e.g., Grand Prairie ISD), in most cases counselors must refer students to other providers when students' needs are greater than what counseling staff are able to address.[349] According to the Texas Education Code, school counselors deliver guidance curriculum and classroom guidance activities, serve as an impartial resource to resolve interpersonal conflicts, and provide counseling on the importance of postsecondary education and how to apply for federal financial aid, in addition to intervening to provide counseling support to students.[350]
Parent Support Specialist (PSS)	Parent support specialists obtain a certificate through the Certification Commission for Family Support.	Parent support specialists provide peer support and assistance to other parents who have school-aged children with mental or behavioral health concerns, intellectual disabilities, or substance use concerns. They support parents by helping them identify and navigate available resources and advocating for them to obtain the right set of services.

[349] American School Counselor Association. (n.d.). *Student-to-school-counselor ratio 2013-2014.* Retrieved from https://www.schoolcounselor.org/asca/media/asca/home/Ratios13-14.pdf.

[350] Texas Education Code Sec. 33.002, 33.005, and 33.006, retrieved from https://statutes.capitol.texas.gov/Docs/ED/htm/ED.33.htm#33.002 on July 23, 2018.

Types of Mental Health Personnel and Providers		
Full Name	**Education**	**Definition and Examples of Services**
Behavioral Specialist	The educational requirements for a behavioral specialist vary across school districts. Many behavioral specialists hold master's degrees and are certified behavior analysts.[351] They may have had special education classroom experience.	In general, a behavioral specialist works with students who have significant behavior issues, provides coaching and consultation to staff, and participates on Individual Educational Program (IEP) teams.
School Resource Officer (SRO)	SROs are licensed peace officers in the state of Texas. They must meet the following requirements: complete a basic licensing course, pass the state licensing examination, and be appointed by a law enforcement agency.[352] Peace officers are required by law to complete an additional 16 hours of training to work as an SRO.	SROs fulfill three primary responsibilities in schools: law enforcement, informal counseling, and law-related presentations. SROs can provide resource guidance to students, parents, teachers, and staff and be a link to support services and resources in the community.[353]
School Nurse[354]	School nurses must meet all requirements to practice as a registered nurse (RN) and follow the rules and regulations related to professional nurse education licensure.	School nursing is considered a specialty by the Board of Nursing. School nurses have educational preparation as well as clinical experience. School nurses assess the nursing/health care needs of students, develop and implement care plans, and evaluate outcomes. Services provided by the school nurse are considered to be essential to educational outcomes.

[351] Special Education Guide. (n.d.). *What behaviorists do*. Retrieved October 11, 2016 from http://www.specialeducationguide.com/teacher-certification/what-behaviorists-do/

[352] Texas Commission on Law Enforcement. (2018). *Training requirements*. Retrieved July 27, 2018, from https://www.tcole.texas.gov/content/training-requirements

[353] Texas Association of School Resource Officers. (2010). *The triad approach*. Retrieved July 27, 2018, from http://www.tasro.org/page-621155

[354] Texas Department of State Health Services. (2018, May 18). *School health services – school nurse practice*. Retrieved on August 23, 2018 from http://www.dshs.texas.gov/schoolhealth/schnurs.shtm

Types of Mental Health Personnel and Providers		
Full Name	**Education**	**Definition and Examples of Services**
School Health Aid/Assistant[355] (SHA)	SHAs must have a high school diploma and may be certified as a Certified Nurse Assistant (CNA) or Certified Medication Assistant (CMA). SHAs may also have to go through formal first aid training and/or district training in school health and medication administration.	A SHA provides minor first aid and care for minor injuries and illnesses, takes vital signs, communicates findings to school health staff, and assists with screening programs and other duties pertaining to the efficient operation of the school health room.
Providers found in the community and in schools[356]		
Qualified Mental Health Professional (QMHP)	QMHPs must have least a bachelor's degree with a major in psychology, social work, medicine, nursing, rehabilitation, counseling, sociology, human growth and development, physician assistant, gerontology, special education, educational psychology, early childhood education, or early childhood intervention. A QMHP can also be a registered nurse or have completed an alternative credentialing process through an LMHA.[357]	A QMHP is credentialed through the Local mental health authority (LMHA) and typically provides service coordination and help develop and monitor treatment goals.
Licensed Mental Health Professional (LMHP)	See below.	An LMHP is a mental health professional – such as LSSP, LBSW, LMSW, LMSW-AP, LCSW, LMFT, LPC, or LCDC – that is licensed in Texas to provide mental health services.

[355] Texas Department of State Health Services. (2013). *Recommended school health services staff roles*. Retrieved on August 23, 2018 from http://www.dshs.texas.gov/schoolhealth/tgshs/profsclnursing/

[356] As reported in Texas Department of State Health Services. (2006, November). *Licensed mental health professionals in Texas – a fact sheet for consumer*s. Publication #E02-12527. Austin, TX: Author.

[357] Codified at Texas Administrative Code Rule 412.303. Retrieved from https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=T&app=9&p_dir=F&p_rloc=140402&p_tloc=14614&p_ploc=1&pg=4&p_tac=&ti=25&pt=1&ch=412&rl=303

Types of Mental Health Personnel and Providers		
Full Name	**Education**	**Definition and Examples of Services**
Licensed Baccalaureate Social Worker (LBSW)	LBSWs must have at least an undergraduate degree in social work or were previously licensed as a social work associate.	An LBSW is a mental health professional who provides services to restore or enhance social, psychological, or biopsychosocial functioning for individuals, couples, families, groups, organizations, or communities.
Licensed Master Social Worker (LMSW)	LMSWs must have at least a master's degree in social work.	An LMSW is a mental health professional who provides services to restore or enhance social, psychological, or biopsychosocial functioning for individuals, couples, families, groups, organizations, or communities.
Licensed Master Social Worker-Advanced Practitioner (LMSW–AP)	Educational requirements for LMSW–APs are the same as an LMSW, plus at least two years of professional, supervised experience in providing non-clinical social work services.	An LMSW-AP is a mental health professional who provides services to restore or enhance social, psychological, or biopsychosocial functioning for individuals, couples, families, groups, organizations, or communities.
Licensed Clinical Social Worker (LCSW)	Educational requirements for LCSWs are the same as an LMSW, plus at least two years of professional, supervised experience providing clinical social work services.	An LCSW is a mental health professional who provides services to restore or enhance social, psychological, or biopsychosocial functioning for individuals, couples, families, groups, organizations, or communities. In a school setting, LCSWs may be responsible for providing counseling services to students, function as advocates for youth and families, participate in student meetings, provide resources to students and their families, and serve as liaisons between schools, parents, and community agencies.
Licensed Marriage and Family Therapist (LMFT)	LMFTs must have at least a master's degree in marriage and family therapy and complete 3,000 hours of supervised experience in the field of marriage and family therapy.	An LMFT provides professional therapeutic services to individuals and groups that involve the application of family systems theories and techniques.

Types of Mental Health Personnel and Providers		
Full Name	**Education**	**Definition and Examples of Services**
Licensed Professional Counselor (LPC)	LPCs must have at least a master's degree in counseling and must complete at least 3,000 hours of supervised experience in the field of professional counseling.	An LPC provides professional therapeutic services to individuals and groups that involve the application of mental health, psychotherapeutic, and human development principles to facilitate adjustment and development throughout life. Schools may contract with LPCs or the agencies that employ them to provide services either on campus or at agency offices. LPCs may provide counseling services across different school campuses. They may also provide crisis services, as needed.
Licensed Chemical Dependency Counselor (LCDC)	LCDCs must have at least a two-year associate degree in human behavior/development and must complete 4,000 hours of supervised experience working with people who have substance use disorders.	An LCDC is a behavioral health professional who helps individuals and groups develop an understanding of chemical dependency problems. An LCDC can diagnose a substance use disorder but cannot treat people with a mental health disorder or provide family counseling to people whose problems do not include chemical dependency.
Psychiatrist	Psychiatrists must have a degree from an accredited medical school, completed a residency in psychiatry, and passed the Texas Medical Board's licensing exam for psychiatrists.	Psychiatrists specialize in treating mental, emotional, and behavioral disorders, including substance use disorders, and are qualified to address both the mental and physical aspects of psychological problems.[358] They often work in private practice, general and psychiatric hospitals, university medical centers, or community mental health centers, among other settings. They typically prescribe and monitor medication along with other therapeutic approaches. Some schools are making psychiatry services accessible through telemedicine within school-based clinics, but most students access psychiatry through referrals to community providers.

[358] American Psychiatric Association. (2016). *What is psychiatry?* Retrieved October 10, 2016 from https://www.psychiatry.org/patients-families/what-is-psychiatry

Types of Mental Health Personnel and Providers		
Full Name	**Education**	**Definition and Examples of Services**
Clinical Psychologist	Clinical psychologists must have a graduate degree in clinical psychology (at least a master's degree, preferably a doctorate degree) and be licensed by the Texas State Board of Examiners of Psychologists.	Clinical psychologists assess and treat mental, emotional, and behavioral disorders, which can range from short-term crises such as difficulties in student conflicts, to more severe concerns such as schizophrenia. Some clinical psychologists treat specific problems exclusively, such as phobias or clinical depression; others focus on specific populations (e.g., youth; families or couples; ethnic minority groups; gay, lesbian, bisexual and transgender people; or older adults).[359] Clinical psychologists may be employed by community mental health centers or work in private practice. While some schools may contract with psychologists to offer treatment in the school, most students access psychological services in the community through referral.
School Mental Health Liaison	The educational requirements for a School Mental Health Liaison will vary	A School Mental Health Liaison is someone who (1) Provides information on the availability of qualified community service providers, including case management and treatment services provided by local mental health providers, health systems, FQHCs, and other available non-profit services that provide behavioral health supports; (2) Develops formal relationships and protocols for communication and referrals with community-based behavioral health providers; and (3) Provides information and education on health and behavioral health indicators of distress, trauma, and other crisis-related symptoms using evidence-based protocols (including Mental Health First Aid and Psychological First Aid).

[359] American Psychological Association. (2016). *Careers in psychology: Some subfields in psychology – clinical psychologists.* Retrieved October 26, 2016 from http://www.apa.org/careers/resources/guides/careers.aspx

State and Community Providers, Coalitions, and Partnerships

Schools are not expected to have the capacity and resources to meet all needs for all children. There are many public and private programs operating at the community level that provide mental and behavioral health services and supports to children and youth. Navigating these programs can be complicated since each have unique areas and populations of focus, eligibility and service requirements, and other programmatic requirements. Nonetheless, these programs offer tremendous benefits to families in the areas they serve and they can provide complimentary support for school mental health efforts. In the following section, we describe some of the most significant providers of these services, and key service details and requirements.

Texas Department of Family and Protective Services – Child Protective Services (CPS)[360]

STAR Health

The Texas Department of Family and Protective Services (DFPS) includes several specialized programs for children and youth. The largest program is Child Protective Services (CPS), which responds to and investigates child abuse and neglect allegations, removes children from environments that are not safe, manages the foster care system, and assists youth in transitioning out of the system. Children in CPS conservatorship have access to some specialized services. One of the most significant of these is enrollment in the STAR Health Medicaid managed care program. STAR Health aims to increase access to health care and improve continuity and coordination of care. Behavioral health services offered through the STAR Health program include psychiatric services, psychological testing, rehabilitative skills training, detoxification services, and the Depression Disease Management Program. STAR Health members also have a Health Passport, which enables foster families and healthcare providers to easily access important information relating to the child's health history.

Prevention and Early Intervention (PEI)

The DFPS Prevention and Early Intervention (PEI) program provides services to prevent abuse, neglect, truancy, runaway, and involvement with law enforcement. Community-based early intervention approaches and programs may identify children and youth who are at risk of developing mental or behavioral health conditions and connect them to needed services. PEI services help reduce disparities for minority and low-income populations who may lack access to providers. The services and programs offered by PEI are intended to provide preventive services to children and youth before they are in crisis. PEI programs include home visitation, fatherhood support, case management, and crisis support. More information on PEI programs

[360] Hogg Foundation for Mental Health. (November 2016). *A guide to understanding mental health services and systems in Texas*. Retrieved from www.hogg.utexas.edu

can be found here: https://www.dfps.state.tx.us/Prevention_and_Early_Intervention/About_Prevention_and_Early_Intervention/programs.asp

During the investigation process, a CPS caseworker screens a child's physical and behavioral health and the safety of their environment, and make referrals for services or additional assessments when necessary. The caseworker will initiate protective services when it is determined that the child is not safe. Those services may include family-based protective services, court petitioning for removal of the child from the family home, legal action to terminate rights, or placement into foster care when other treatment options have been exhausted.

Special Populations

Children may also be placed in kinship care, emergency shelters, foster group homes, foster family homes, residential group care facilities, or other facilities overseen by other state agencies. Children and youth may miss many days or months of school prior to being placed in foster care because of many reasons, including but not limited to eviction from their home, becoming homeless, substance abuse of a parent or legal guardian, and physical abuse. When children and youth are placed in foster care, they are generally placed in a new school.[361] Changing schools can be disruptive for children and youth, especially considering they have already experienced other changes and traumas. They are expected to adapt to a new curriculum, school culture, students, and educators. Children and youth in foster care often have increased behavioral problems, increased use of special education services, and increased risk of juvenile delinquency.[362] There are programs and services available to children and youth in foster care that will address their mental and behavioral health needs.

Juvenile Justice Agencies[363]

Local law enforcement agencies can be contacted by parents, school or community officials, or citizens that are concerned about the behavior of a child or youth. Law enforcement agencies have several options for handling a child or youth who has been reported to the police: The

[361] Safe Schools Healthy Students. (2010, March). *The role of schools in supporting children in foster care*. National Center Brief. Retrieved on August 29, 2018 from http://www.promoteprevent.org/sites/www.promoteprevent.org/files/resources/The%20Role%20of%20Schools.docx.pdf

[362] Ryan, J. P., & Testa, M. F. (2005, March). Child maltreatment and juvenile delinquency: Investigating the role of placement and placement instability. *Children and Youth Services Review, 27*(3), 227–249; and Zetlin, A., Weinberg, L., & Kimm, C. (2003, April). Are the educational needs of children in foster care being addressed? *Children & Schools, 25*(2), 105–119.

[363] The Attorney General of Texas. (2018). *2018 juvenile justice handbook: A practical reference guide including updates from the 85th Legislative Session*. Retrieved from https://www.texasattorneygeneral.gov/files/cj/juvenile_justice.pdf

child or youth can be issued a warning notice, taken into custody and placed in a juvenile detention facility, referred to a juvenile court, or referred to a first offender program.

The Texas Juvenile Justice Department (TJJD) is the state agency responsible for the supervision and rehabilitation services provided by the juvenile justice system. The juvenile justice system primarily operates at the county level. County juvenile probation departments provide services to children and youth referred to juvenile court. Children and youth who are placed on probation are supervised by a probation officer, who helps arrange court ordered services such as counseling, diagnostic services, correctional services, and educational services.

County juvenile probation departments can provide services to children and youth ages 7 to 17 years and their families. Children and youth between the ages of 10 and 17 years are subject to the jurisdiction of the juvenile courts. Youth between the ages of 17 and 18 years can also be served by county juvenile probation departments if they are found to have engaged in an offense before turning 17. The juvenile court typically loses jurisdiction once a youth turns 18. Children as young as seven and their families can receive services if they are at risk for getting into trouble. Children under the age of 10 cannot be prosecuted for crimes.

Mental Health Services Available from Probation Departments

Major juvenile probation departments have the capacity to assess the mental health needs of children and youth in their system. Assessment services and access to these services varies across departments and range from an assessment by a licensed mental health provider to a psychological assessment or a psychiatric evaluation.

County juvenile probation departments offer services to children and youth who are in their custody. The services they offer vary based on the needs of the child or youth they are serving and the availability of services in their communities. Departments provide a variety of community-based services and residential treatment either directly or through contracts with community providers.

Texas Health and Human Services-Community Mental Health Services

Local Mental/Behavioral Health Authority – Children's Mental Health Services

The Texas Health and Human Service Commission (HHSC) contracts with 37 local mental health authorities (LMHAs) and two local behavioral health authorities (LBHAs) to deliver mental health services across the state. Each LMHA and LBHA is required by HHSC to evaluate the mental health needs of their service area and then plan, develop, and coordinate resources to address these needs. All LMHAs and LBHAs are contracted to provide mental health services to children and youth ages 3 to 17 years. LMHAs and LBHAs are a common mental health service provider for children and youth and a practical partner for schools.

Children and youth are not required to present with a specific diagnosis or set of diagnoses to be eligible for mental health services through the LMHAs or LBHAs. These agencies emphasize the child or youth's ability to function at home and school, and to remain in his or her preferred living environment. The priority population for LMHAs or LBHAs include children and youth who are diagnosed with a mental illness (other than a single diagnosis of substance abuse, autism spectrum disorder, intellectual disability or pervasive developmental disorder); exhibit serious emotional, behavioral, or mental disorders; or:

- Have a serious functional impairment,
- Are at risk of disruption of a preferred living or child care environment because of psychiatric symptoms, or
- Are enrolled in a school system's special education program because of a serious emotional disturbances.[364]

LMHAs and LBHAs assess eligible children and assign them a level of care (LOC), which provides access to a corresponding array of services. All LMHAs and LBHAs use the Child and Adolescent Needs Assessment (CANS) to determine service need and track progress. LMHAs will serve anyone with a recognized need, regardless of ability to pay. While some children, youth, and their families may experience service delays because of limited capacity, children and youth with Medicaid cannot be placed on a waitlist for services.

Texas Resilience and Recovery (TRR) is the guiding framework for Texas's public mental health system. The child and adolescent TRR model comprises family-centered, community-driven, evidence-based principles and practices of recovery and resilience, as well as varying levels of care (LOC) that are designed to align available services with the intensity and complexity of a child or youth's identified needs. Children and youth who are eligible to receive services complete the CANS assessment at intake and then every 90 days. An LOC is assigned based on the needs and strengths identified by the CANS. Additional information on the different LOCs in the TRR can be found in Level of Care (LOC) Overview

Overview of LMHA Core Mental Health Services

Below, we summarize mental health services and supports that may be offered to children and youth served by an LMHA.

[364] Hogg Foundation for Mental Health. (2016, November). *A guide to understanding mental health systems and services in Texas, 3rd edition 2016*. Retrieved from http://hogg.utexas.edu/wp-content/uploads/2016/11/Mental-Health-Guide-2016.pdf

Counseling

The LMHA service packages for children and youth specify cognitive-behavioral therapy (CBT) and Trauma-Focused CBT (TF-CBT) as key therapeutic approaches for children and youth (as well as for adults). Additional approaches included in the service package for children and youth include Child Parent Psychotherapy (dyadic therapy), Parent-Child Interaction Therapy (PCIT), and play therapy.

Wraparound

Wraparound is a team-based intensive, individualized care planning and management process for children and youth with intensive needs.[365] The Wraparound process allows providers and families to establish individual plans and goals that are meaningful to the child or youth and their family across different life areas. The planning process results in community-based services and supports that families believe will help them achieve their goals.

The planning process and services and supports should be individualized, family- and youth-driven, culturally competent, community-based, and strength-based, and should build "natural supports." The Wraparound team includes members agreed upon by the family, including informal and formal supports such as service providers.

Case Management

Routine case management is the same for children, youth, and adults. The TRR guidelines for children and adolescents require that the Wraparound planning process is used for intensive case management. Intensive case management is only available for children and adolescents.

Mental Health Rehabilitative Services

Mental Health Rehabilitative Services is a unique Medicaid benefit designed to connect children and youth with services to help them maximize their functioning and sense of fulfillment. The TRR guidelines for children and adolescents are more prescriptive for skills training and development. The following evidence-based and promising practices are approved Mental Health Rehabilitative Services for children and adolescents:

- Seeking Safety;
- Nurturing Parenting;
- Aggression replacement techniques and social skills (skills streaming), either Aggression Replacement Training or Social Skills Training and Aggression Replacement Techniques (START);
- Preparing Adolescents for Young Adulthood (PAYA); and

[365] National Wraparound Initiative. (2018). *Wraparound basics or what is Wraparound: An introduction.* Retrieved on January 13, 2017 from https://nwi.pdx.edu/wraparound-basics/

- Barkley's Defiant Child and Barkley's Defiant Teen.

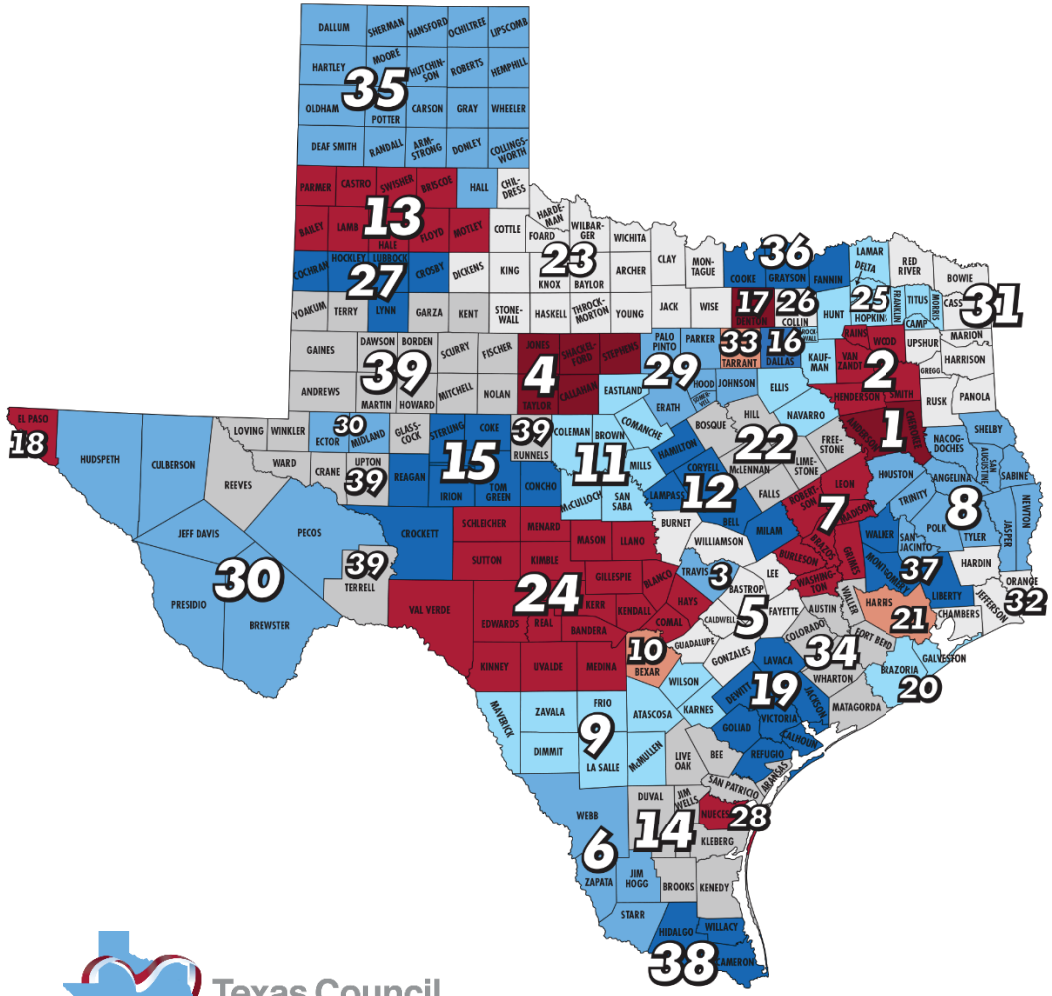
Additional Local Mental Health Authority (LMHA) Resources

Below, we list additional resources related to Texas local mental health authorities (LMHAs).

Map of LMHAs in Texas

The following map displays the locations of LMHAs in Texas.

Community Centers of Texas



1 ACCESS
2 Andrews Center Behavioral Healthcare System
3 Austin Travis County Integral Care
4 Betty Hardwick Center
5 Bluebonnet Trails Community Services
6 Border Region Behavioral Health Center
7 MHMR Authority of Brazos Valley
8 Burke
9 Camino Real Community Services
10 The Center for Health Care Services
11 Center for Life Resources
12 Central Counties Services
13 Central Plains Center
14 Coastal Plains Community Center
15 MHMR Services for the Concho Valley
16 Metrocare Services
17 Denton County MHMR Center
18 Emergence Health Network
19 Gulf Bend Center
20 Gulf Coast Center
21 The Harris Center for Mental Health & IDD
22 Heart of Texas Region MHMR Center
23 Helen Farabee Centers
24 Hill Country Mental Health & Developmental Disabilities Centers
25 Lakes Regional Community Center
26 LifePath Systems
27 StarCare Specialty Health System
28 Behavioral Health Center of Nueces County
29 Pecan Valley Centers for Behavioral & Developmental Healthcare
30 PermiaCare
31 Community Healthcore
32 Spindletop Center
33 MHMR Tarrant
34 Texana Center
35 Texas Panhandle Centers
36 Texoma Community Center
37 Tri-County Behavioral Healthcare
38 Tropical Texas Behavioral Health
39 West Texas Centers

Texas Council of Community Centers

TEXAS of STATE MIND
THE MEADOWS MENTAL HEALTH POLICY INSTITUTE

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UPDATED 2018-06

Crosswalk of Texas LMHAs and LEAs

Below, we provide a crosswalk of Texas LMHAs and Local Education Agencies (LEAs). This tool identifies each Texas school system with its corresponding Texas LMHA and includes the LMHA name, website, and crisis line.

Information by Local Mental Health Authority				Information by School District					
County Na	LMHA Name	LMHA Website	LMHA Crisis Phone	ESC Reg	District Name	Street Address	City	State	Zip
DALLAS	NTBH - Metrocare Services	http://www.ntbha.org/index.aspx	866-260-8000	10	A W BROWN LEADERSHIP ACADEMY	5701 RED BIRD CTR DR	DALLAS	TX	75237
DALLAS	NTBH - Metrocare Services	http://www.ntbha.org/index.aspx	866-260-8000	10	A+ ACADEMY	8225 BRUTON RD	DALLAS	TX	75217
HARRIS	MHMR Authority of Harris County	http://www.mhmraharris.org	866-970-4770	4	A+ UNLIMITED POTENTIAL	2700 SOUTHWEST FWY	HOUSTON	TX	77098
HILL	Heart of Texas Region MHMR Center	http://www.hotrmhmr.org/	1-866-752-3451 or 254-776-1101	12	ABBOTT ISD	P O BOX 226	ABBOTT	TX	76621-0226
HALE	Central Plains Center	http://www.clplains.org/	800-687-1300	17	ABERNATHY ISD	505 7TH ST	ABERNAT	TX	79311-3318
TAYLOR	Betty Hardwick Center	https://bettyhardwick.org/	800-758-3344	14	ABILENE ISD	P O BOX 981	ABILENE	TX	79604-0981
DALLAS	NTBH - Metrocare Services	http://www.ntbha.org/index.aspx	866-260-8000	10	ACADEMY FOR ACADEMIC EXCELLENCE	1673 TERRE COLONY COURT	DALLAS	TX	75212
BELL	Central Counties Services	https://centralcountiesservices.org/	800-888-4036	12	ACADEMY ISD	704 E MAIN ST	LITTLE RIV	TX	76554-9801
HARRIS	MHMR Authority of Harris County	http://www.mhmraharris.org	866-970-4770	4	ACADEMY OF ACCELERATED LEARNING INC	6025 CHIMNEY ROCK	HOUSTON	TX	77081
DALLAS	NTBH - Metrocare Services	http://www.ntbha.org/index.aspx	866-260-8000	10	ACADEMY OF DALLAS	20820 GREENFIELD RD	OAK PARK	MI	48237
HARRIS	MHMR Authority of Harris County	http://www.mhmraharris.org	866-970-4770	4	ACCELERATED INTERMEDIATE ACADEMY	P O BOX 20589	HOUSTON	TX	77225
OLDHAM	Texas Panhandle Centers	http://www.texaspanhandlecenters.org/	800-692-4039 or 806-359-6699	16	ADRIAN ISD	P O BOX 189	ADRIAN	TX	79001-0189
DALLAS	NTBH - Metrocare Services	http://www.ntbha.org/index.aspx	866-260-8000	10	ADVANTAGE ACADEMY	618 W WHEATLAND RD	DUNCANV	TX	75116
NUECES	MHMR of Nueces County	http://www.ncmhmr.org/	1-888-767-4493	2	AGUA DULCE ISD	P O BOX 250	AGUA DU	TX	78330-0250
BEXAR	The Center for Health Care Services	http://www.chcsbc.org/	800-316-9241 or 210-223-7233	20	ALAMO HEIGHTS ISD	7101 BROADWAY ST	SAN ANTO	TX	78209-3797
WOOD	Andrews Center Behavioral Healthcare System	http://www.andrewscenter.com/	1-877-934-2131	7	ALBA-GOLDEN ISD	1373 CR 2377	ALBA	TX	75410-9706
SHACKELFOR	Betty Hardwick Center	https://bettyhardwick.org/	800-758-3344	14	ALBANY ISD	P O BOX 2050	ALBANY	TX	76430-0188
HARRIS	MHMR Authority of Harris County	http://www.mhmraharris.org	866-970-4770	4	ALDINE ISD	2520 W W THORNE DR	HOUSTON	TX	77073
PARKER	Pecan Valley Centers for Behavioral & Developmental H	http://www.pvmhmr.org	800-772-5987	11	ALEDO ISD	1008 BAILEY RANCH RD	ALEDO	TX	76008-4407
JIM WELLS	Coastal Plains Community Center	http://www.cpmhmr.org/	800-841-6467	2	ALICE ISD	#2 COYOTE TRL	ALICE	TX	78332-4140
HARRIS	MHMR Authority of Harris County	http://www.mhmraharris.org	866-970-4770	4	ALIEF ISD	4250 COOK RD	HOUSTON	TX	77072
HARRIS	MHMR Authority of Harris County	http://www.mhmraharris.org	866-970-4770	4	ALIEF MONTESSORI COMMUNITY SCHOOL	4215 H ST	HOUSTON	TX	77072-5380
COLLIN	LifePath Systems	http://www.lifepathsystems.org	1-877-422-5939	10	ALLEN ISD	P O BOX 13	ALLEN	TX	75013-0013
BREWSTER	Permian Basin Community Centers for MHMR	http://www.pbmhmr.com/	1-800-542-4005 or 877-475-7322	18	ALPINE ISD	704 W SUL ROSS AVE	ALPINE	TX	79830-4430
CHEROKEE	ACCESS	http://www.accessmhmr.org/	800-621-1693	7	ALTO ISD	244 COUNTY RD 2429	ALTO	TX	75925-9599
JOHNSON	Pecan Valley Centers for Behavioral & Developmental H	http://www.pvmhmr.org	800-772-5987	11	ALVARADO ISD	P O BOX 387	ALVARAD	TX	76009
BRAZORIA	Gulf Coast Center	http://www.gulfcoastcenter.org/	866-729-3848	4	ALVIN ISD	301 E HOUSE ST	ALVIN	TX	77511-3581
WISE	Helen Farabee Centers	http://www.helenfarabee.org/	800-621-8504	11	ALVORD ISD	P O BOX 70	ALVORD	TX	76225-0070
POTTER	Texas Panhandle Centers	http://www.texaspanhandlecenters.org/	800-692-4039 or 806-359-6699	16	AMARILLO ISD	7200 I-40 W	AMARILLO	TX	79106-2598
GALVESTON	Gulf Coast Center	http://www.gulfcoastcenter.org/	866-729-3848	4	AMBASSADORS PREPARATORY ACADEMY	5001 AVE U	GALVEST	TX	77551-1866
LAMB	Central Plains Center	http://www.clplains.org/	800-687-1300	17	AMHERST ISD	P O BOX 248	AMHERST	TX	79312-0248
HARRIS	MHMR Authority of Harris County	http://www.mhmraharris.org	866-970-4770	4	AMIGOS POR VIDA-FRIENDS FOR LIFE PUB CHTR	5503 EL CAMINO DEL REY	HOUSTON	TX	77081
CHAMBERS	Spindletop Center	http://www.stmhmr.org/	800-937-8097	4	ANAHUAC ISD	P O BOX 369	ANAHUAC	TX	77514-0369
GRIMES	MHMR Authority of Brazos Valley	http://www.mhmrabv.org	1-888-522-8262	6	ANDERSON-SHIRO CISD	458 FM 149 W	ANDERSO	TX	77830
ANDREWS	West Texas Centers	http://www.wtcmhmr.org/	800-375-4357	18	ANDREWS ISD	405 NW 3RD ST	ANDREWS	TX	79714-5098
BRAZORIA	Gulf Coast Center	http://www.gulfcoastcenter.org/	866-729-3848	4	ANGLETON ISD	1900 N DOWNING RD	ANGLETO	TX	77515-3799
COLLIN	LifePath Systems	http://www.lifepathsystems.org	1-877-422-5939	10	ANNA ISD	501 S SHERLEY AVE	ANNA	TX	75409-0128
JONES	Betty Hardwick Center	https://bettyhardwick.org/	800-758-3344	14	ANSON ISD	1431 COMMERCIAL AVE	ANSON	TX	79501-5207
EL PASO	Emergence Health Network	http://emergencehealthnetwork.org/	915-779-1800	19	ANTHONY ISD	840 SIXTH ST	ANTHONY	TX	79821
HOCKLEY	StarCare Specialty Health System	http://www.LubbockMHMR.org	806-740-1414 or (800) 687-7581	17	ANTON ISD	P O BOX 309	ANTON	TX	79313-0309
TRINITY	Burke Center	http://myburke.org/	800-392-8343	6	APPLE SPRINGS ISD	P O BOX 125	APPLE SPI	TX	75926-0125
HILL	Heart of Texas Region MHMR Center	http://www.hotrmhmr.org/	1-866-752-3451 or 254-776-1101	12	AQUILLA ISD	404 N RICHARDS	AQUILLA	TX	76622-9701
ARANSAS	Coastal Plains Community Center	http://www.cpmhmr.org/	800-841-6467	2	ARANSAS COUNTY ISD	P O BOX 907	ROCKPOR	TX	78381-0907
SAN PATRICI	Coastal Plains Community Center	http://www.cpmhmr.org/	800-841-6467	2	ARANSAS PASS ISD	2300 MCMULLEN LANE STE #600	ARANSAS	TX	78336-2442
ARCHER	Helen Farabee Centers	http://www.helenfarabee.org/	800-621-8504	9	ARCHER CITY ISD	P O BOX 926	ARCHER C	TX	76351-0926
DENTON	Denton County MHMR Center	http://www.dentonmhmr.org/	800-762-0157	11	ARGYLE ISD	800 EAGLE DR	ARGYLE	TX	76226-0989

HARRIS	MHMR Authority of Harris County	http://www.mhmraharris.org	866-970-4770	4	ARISTOI CLASSICAL ACADEMY	5618 ELEVENTH ST	KATY	TX	77493-1971
TARRANT	MHMR of Tarrant County	http://www.mhmrtc.org/	800-866-2465	11	ARLINGTON CLASSICS ACADEMY	5206 S BOWEN	ARLINGTON	TX	76017
TARRANT	MHMR of Tarrant County	http://www.mhmrtc.org/	800-866-2465	11	ARLINGTON ISD	1203 W PIONEER PKWY	ARLINGTON	TX	76013-6246
SMITH	Andrews Center Behavioral Healthcare System	http://www.andrewscenter.com/	1-877-934-2131	7	ARP ISD	P O BOX 70	ARP	TX	75750-0070
BRAZOS	MHMR Authority of Brazos Valley	http://www.mhmrabv.org	1-888-522-8262	6	ARROW ACADEMY	P O BOX 12207	COLLEGE STATION	TX	77842
STONEWALL	Helen Farabee Centers	http://www.helenfarabee.org/	800-621-8504	14	ASPERMONT ISD	P O BOX 549	ASPERMONT	TX	79502-0549
HENDERSON	Andrews Center Behavioral Healthcare System	http://www.andrewscenter.com/	1-877-934-2131	10	ATHENS ISD	104 HAWN ST	ATHENS	TX	75751-2423
CASS	Community Healthcore	http://www.communityhealthcore.com/	800-832-1009	8	ATLANTA ISD	106 W MAIN ST	ATLANTA	TX	75551
DENTON	Denton County MHMR Center	http://www.dentonmhmr.org/	800-762-0157	11	AUBREY ISD	415 TISDELL LN	AUBREY	TX	76227-9619
TRAVIS	Austin Travis County Integral Care	www.integralcare.org/	512-472-4357	13	AUSTIN ACHIEVE PUBLIC SCHOOLS	5908 MANOR RD	AUSTIN	TX	78723
TRAVIS	Austin Travis County Integral Care	www.integralcare.org/	512-472-4357	13	AUSTIN DISCOVERY SCHOOL	9303 FM 969	AUSTIN	TX	78724
TRAVIS	Austin Travis County Integral Care	www.integralcare.org/	512-472-4357	13	AUSTIN ISD	1111 W 6TH ST	AUSTIN	TX	78703-5399
REFUGIO	Gulf Bend Center	http://www.gulfbend.org/	877-723-3422	3	AUSTWELL-TIVOLI ISD	207 REDFISH ST	TIVOLI	TX	77990-4500
ELLIS	NTBH - Lakes Regional MHMR Center	http://www.ntbha.org/index.aspx	866-260-8000	10	AVALON ISD	P O BOX 455	AVALON	TX	76623-0455
RED RIVER	Community Healthcore	http://www.communityhealthcore.com/	800-832-1009	8	AVERY ISD	150 SAN ANTONIO ST	AVERY	TX	75554
CASS	Community Healthcore	http://www.communityhealthcore.com/	800-832-1009	8	AVINGER ISD	245 CONNOR ST	AVINGER	TX	75630-9501
MCLENNAN	Heart of Texas Region MHMR Center	http://www.hotrmhmr.org/	1-866-752-3451 or 254-776-1101	12	AXTELL ISD	308 OTTAWA	AXTELL	TX	76624-0429
TARRANT	MHMR of Tarrant County	http://www.mhmrtc.org/	800-866-2465	11	AZLE ISD	300 ROE ST	AZLE	TX	76020-3194
CALLAHAN	Betty Hardwick Center	https://bettyhardwick.org/	800-758-3344	14	BAIRD ISD	P O BOX 1147	BAIRD	TX	79504-1147
RUNNELS	West Texas Centers	http://www.wtcmhmr.org/	800-375-4357	15	BALLINGER ISD	P O BOX 231	BALLINGER	TX	76821-0231
REEVES	West Texas Centers	http://www.wtcmhmr.org/	800-375-4357	18	BALMORHEA ISD	P O BOX 368	BALMORHEA	TX	79718-0368
BANDERA	Hill Country Mental Health & Developmental Disabilities	http://www.hilcountry.org/	877-466-0660	20	BANDERA ISD	P O BOX 727	BANDERA	TX	78003-0727
BROWN	Center for Life Resources	http://www.cflr.us/	800-458-7788	15	BANGS ISD	P O BOX 969	BANGS	TX	76823-0969
NUECES	MHMR of Nueces County	http://www.ncmhmr.org/	1-888-767-4493	2	BANQUETE ISD	P O BOX 369	BANQUETE	TX	78339-0369
CHAMBERS	Spindletop Center	http://www.stmhmr.org/	800-937-8097	4	BARBERS HILL ISD	P O BOX 1108	MONT BELVIEU	TX	77580-1108
BELL	Central Counties Services	https://centralcountiesservices.org/	800-888-4036	13	BARTLETT ISD	P O BOX 170	BARTLETT	TX	76511-0170
BEXAR	The Center for Health Care Services	http://www.chcsbc.org/	800-316-9241 or 210-223-7233	20	BASIS TEXAS	8519 FLOYD CURL DR	SAN ANTONIO	TX	78240
BASTROP	Bluebonnet Trails Community Services	http://www.bbtrails.org/	800-841-1255	13	BASTROP ISD	906 FARM ST	BASTROP	TX	78602-3310
MATAGORDA	Texana Center	http://www.texanacenter.com/	800-633-5686	3	BAY CITY ISD	P O BOX 2510	BAY CITY	TX	77404-2510
HARRIS	MHMR Authority of Harris County	http://www.mhmraharris.org	866-970-4770	4	BEATRICE MAYES INSTITUTE CHARTER SCHOOL	5807 CALHOUN	HOUSTON	TX	77021
JEFFERSON	Spindletop Center	http://www.stmhmr.org/	800-937-8097	5	BEAUMONT ISD	3395 HARRISON AVE	BEAUMONT	TX	77706-5009
PANOLA	Community Healthcore	http://www.communityhealthcore.com/	800-832-1009	7	BECKVILLE ISD	P O BOX 37	BECKVILLE	TX	75631-0037
BEE	Coastal Plains Community Center	http://www.cpmhmr.org/	800-841-6467	2	BEEVILLE ISD	201 N SAINT MARYS ST	BEEVILLE	TX	78102-4606
CLAY	Helen Farabee Centers	http://www.helenfarabee.org/	800-621-8504	9	BELLEVUE ISD	P O BOX 38	BELLEVUE	TX	76228-0038
GRAYSON	Texoma Community Center	http://www.mhmrst.org/	877-277-2226	10	BELLS ISD	1550 OLE AMBROSE RD	BELLS	TX	75414-2689
AUSTIN	Texana Center	http://www.texanacenter.com/	800-633-5686	6	BELLVILLE ISD	518 S MATHEWS	BELLVILLE	TX	77418-2711
BELL	Central Counties Services	https://centralcountiesservices.org/	800-888-4036	12	BELTON ISD	P O BOX 269	BELTON	TX	76513-0269
JIM WELLS	Coastal Plains Community Center	http://www.cpmhmr.org/	800-841-6467	2	BEN BOLT-PALITO BLANCO ISD	P O BOX 547	BEN BOLT	TX	78342-0547
DUVAL	Coastal Plains Community Center	http://www.cpmhmr.org/	800-841-6467	2	BENAVIDES ISD	PO DRAWER P	BENAVIDES	TX	78341-0916
KNOX	Helen Farabee Centers	http://www.helenfarabee.org/	800-621-8504	9	BENJAMIN ISD	P O BOX 166	BENJAMIN	TX	79505-0166
HARRIS	MHMR Authority of Harris County	http://www.mhmraharris.org	866-970-4770	4	BETA ACADEMY	9701 ALMEDA GENOA RD BLDG I	HOUSTON	TX	77075
BEXAR	The Center for Health Care Services	http://www.chcsbc.org/	800-316-9241 or 210-223-7233	20	BEXAR COUNTY ACADEMY	20820 GREENFIELD RD	OAK PARK	MI	48237
POLK	Burke Center	http://myburke.org/	800-392-8343	6	BIG SANDY ISD	P O BOX 188	DALLARDSVILLE	TX	77332-0188
UPSHUR	Community Healthcore	http://www.communityhealthcore.com/	800-832-1009	7	BIG SANDY ISD	P O BOX 598	BIG SANDY	TX	75755-0598
HOWARD	West Texas Centers	http://www.wtcmhmr.org/	800-375-4357	18	BIG SPRING ISD	708 E 11TH PL	BIG SPRING	TX	79720-4696
REAL	Hill Country Mental Health & Developmental Disabilities	http://www.hilcountry.org/	877-466-0660	20	BIG SPRINGS CHARTER SCHOOL	P O BOX 399	LEAKEY	TX	78873
TARRANT	MHMR of Tarrant County	http://www.mhmrtc.org/	800-866-2465	11	BIRDVILLE ISD	6125 E BELKNAP ST	HALTOM CITY	TX	76117-4204
NUECES	MHMR of Nueces County	http://www.ncmhmr.org/	1-888-767-4493	2	BISHOP CISD	719 E SIXTH ST	BISHOP	TX	78343-2708

NOLAN	West Texas Centers	http://www.wtcmhmr.org/	800-375-4357	14	BLACKWELL CISD	P O BOX 505	BLACKWE	TX	79506-0505
BLANCO	Hill Country Mental Health & Developmental Disabilities	http://www.hilcountry.org/	877-466-0660	13	BLANCO ISD	814 ELEVENTH ST	BLANCO	TX	78606
HUNT	NTBH - Lakes Regional MHMR Center	http://www.ntbha.org/index.aspx	866-260-8000	10	BLAND ISD	P O BOX 216	MERIT	TX	75458-0216
BROWN	Center for Life Resources	http://www.cflr.us/	800-458-7788	15	BLANKET ISD	901 AVE H	BLANKET	TX	76432-2584
CASS	Community Healthcore	http://www.communityhealthcore.com/	800-832-1009	8	BLOOMBURG ISD	211 W CYPRESS ST	BLOOMBU	TX	75556
NAVARRO	NTBH - Lakes Regional MHMR Center	http://www.ntbha.org/index.aspx	866-260-8000	12	BLOOMING GROVE ISD	P O BOX 258	BLOOMIN	TX	76626-0258
VICTORIA	Gulf Bend Center	http://www.gulfbend.org/	877-723-3422	3	BLOOMINGTON ISD	P O BOX 158	BLOOMIN	TX	77951-0158
COLLIN	LifePath Systems	http://www.lifepathsystems.org	1-877-422-5939	10	BLUE RIDGE ISD	318 W SCHOOL ST	BLUE RID	TX	75424
ERATH	Pecan Valley Centers for Behavioral & Developmental H	http://www.pvmhmr.org	800-772-5987	11	BLUFF DALE ISD	P O BOX 101	BLUFF DA	TX	76433-0101
HILL	Heart of Texas Region MHMR Center	http://www.hotrmhmr.org/	1-866-752-3451 or 254-776-1101	12	BLUM ISD	P O BOX 520	BLUM	TX	76627-0520
JEFFERSON	Spindletop Center	http://www.stmhmr.org/	800-937-8097	5	BOB HOPE SCHOOL	2849 9TH AVE	PORT ART	TX	77642
KENDALL	Hill Country Mental Health & Developmental Disabilities	http://www.hilcountry.org/	877-466-0660	20	BOERNE ISD	123 W JOHNS RD	BOERNE	TX	78006-2023
HUNT	NTBH - Lakes Regional MHMR Center	http://www.ntbha.org/index.aspx	866-260-8000	10	BOLES ISD	9777 F M 2101	QUINLAN	TX	75474-4434
WHARTON	Texana Center	http://www.texanacenter.com/	800-833-5686	3	BOLING ISD	P O BOX 160	BOLING	TX	77420-0160
FANNIN	Texoma Community Center	http://www.mhmrst.org/	877-277-2226	10	BONHAM ISD	1005 CHESTNUT ST	BONHAM	TX	75418-3028
LIPSCOMB	Texas Panhandle Centers	http://www.texaspanhandlecenters.org/	800-692-4039 or 806-359-6699	16	BOOKER ISD	P O BOX 288	BOOKER	TX	79005-0288
BORDEN	West Texas Centers	http://www.wtcmhmr.org/	800-375-4357	17	BORDEN COUNTY ISD	P O BOX 95	GAIL	TX	79738-0095
HUTCHINSO	Texas Panhandle Centers	http://www.texaspanhandlecenters.org/	800-692-4039 or 806-359-6699	16	BORGER ISD	200 E 9TH ST	BORGER	TX	79007-3612
MCLENNAN	Heart of Texas Region MHMR Center	http://www.hotrmhmr.org/	1-866-752-3451 or 254-776-1101	12	BOSQUEVILLE ISD	7636 ROCK CREEK RD	WACO	TX	76708
PARMER	Central Plains Center	http://www.clplains.org/	800-687-1300	16	BOVINA ISD	P O BOX 70	BOVINA	TX	79009-0070
MONTAGUE	Helen Farabee Centers	http://www.helenfarabee.org/	800-621-8504	9	BOWIE ISD	P O BOX 1168	BOWIE	TX	76230-1168
WISE	Helen Farabee Centers	http://www.helenfarabee.org/	800-621-8504	11	BOYD ISD	P O BOX 92308	BOYD	TX	76023-3608
OLDHAM	Texas Panhandle Centers	http://www.texaspanhandlecenters.org/	800-692-4039 or 806-359-6699	16	BOYS RANCH ISD	P O BOX 219	BOYS RAN	TX	79010-0219
KINNEY	Hill Country Mental Health & Developmental Disabilities	http://www.hilcountry.org/	877-466-0660	20	BRACKETT ISD	P O BOX 586	BRACKET	TX	78832-0586
MCCULLOCH	Center for Life Resources	http://www.cflr.us/	800-458-7788	15	BRADY ISD	1003 W 11TH ST	BRADY	TX	76825-4527
AUSTIN	Texana Center	http://www.texanacenter.com/	800-633-5686	6	BRAZOS ISD	P O BOX 819	WALLIS	TX	77485-0819
SOMERVELL	Pecan Valley Centers for Behavioral & Developmental H	http://www.pvmhmr.org	800-772-5987	11	BRAZOS RIVER CHARTER SCHOOL	P O BOX 949	NEMO	TX	76070
BRAZOS	MHMR Authority of Brazos Valley	http://www.mhmrabv.org	1-888-522-8262	6	BRAZOS SCHOOL FOR INQUIRY & CREATIVITY	410 BETHEL LN	BRYAN	TX	77802
BRAZORIA	Gulf Coast Center	http://www.gulfcoastcenter.org/	866-729-3848	4	BRAZOSPORT ISD	P O DRAWER Z	FREEPORT	TX	77541-1926
STEPHENS	Betty Hardwick Center	https://bettyhardwick.org/	800-758-3344	14	BRECKENRIDGE ISD	P O BOX 1738	BRECKENI	TX	76424-1738
ROBERTSON	MHMR Authority of Brazos Valley	http://www.mhmrabv.org	1-888-522-8262	6	BREMOND ISD	601 W COLLINS	BREMOND	TX	76629-0190
WASHINGTO	MHMR Authority of Brazos Valley	http://www.mhmrabv.org	1-888-522-8262	6	BRENHAM ISD	P O BOX 1147	BRENHAM	TX	77834-1147
ORANGE	Spindletop Center	http://www.stmhmr.org/	800-937-8097	5	BRIDGE CITY ISD	1031 W ROUNDBUNCH RD	BRIDGE CI	TX	77611
WISE	Helen Farabee Centers	http://www.helenfarabee.org/	800-621-8504	11	BRIDGEPORT ISD	2107 15TH ST	BRIDGEPO	TX	76426-0036
SAN AUGUST	Burke Center	http://myburke.org/	800-392-8343	7	BROADDUS ISD	P O BOX 58	BROADDU	TX	75929-0058
PARKER	Pecan Valley Centers for Behavioral & Developmental H	http://www.pvmhmr.org	800-772-5987	11	BROCK ISD	410 EAGLE SPIRIT LN	BROCK	TX	76087-9636
COKE	MHMR Services for the Concho Valley	http://www.mhmrcv.org	800-375-8965	15	BRONTE ISD	P O BOX 670	BRONTE	TX	76933-0670
JASPER	Burke Center	http://myburke.org/	800-392-8343	5	BROOKELAND ISD	187 WILDCAT WALK	BROOKELA	TX	75931-0008
BROWN	Center for Life Resources	http://www.cflr.us/	800-458-7788	15	BROOKESMITH ISD	P O BOX 706	BROOKES	TX	76827-0706
BEXAR	The Center for Health Care Services	http://www.chcsbc.org/	800-316-9241 or 210-223-7233	20	BROOKS ACADEMY OF SCIENCE AND ENGINEERIN	3803 LYSTER RD	SAN ANTO	TX	78235
BROOKS	Coastal Plains Community Center	http://www.cpmhmr.org/	800-841-6467	2	BROOKS COUNTY ISD	P O BOX 589	FALFURRI	TX	78355-0589
TERRY	West Texas Centers	http://www.wtcmhmr.org/	800-375-4357	17	BROWNFIELD ISD	601 TAHOKA RD	BROWNFI	TX	79316-3631
HENDERSON	Andrews Center Behavioral Healthcare System	http://www.andrewscenter.com/	1-877-934-2131	7	BROWNSBORO ISD	P O BOX 465	BROWNSB	TX	75756-0465
CAMERON	Tropical Texas Behavioral Health	http://www.ttbh.org/	877-289-7199	1	BROWNSVILLE ISD	1900 PRICE RD	BROWNSV	TX	78521-2417
BROWN	Center for Life Resources	http://www.cflr.us/	800-458-7788	15	BROWNWOOD ISD	P O BOX 730	BROWNW	TX	76804-0730
MCLENNAN	Heart of Texas Region MHMR Center	http://www.hotrmhmr.org/	1-866-752-3451 or 254-776-1101	12	BRUCEVILLE-EDDY ISD	# 1 EAGLE DR	EDDY	TX	76524-0099
BRAZOS	MHMR Authority of Brazos Valley	http://www.mhmrabv.org	1-888-522-8262	6	BRYAN ISD	101 N TEXAS AVE	BRYAN	TX	77803-5398
JACK	Helen Farabee Centers	http://www.helenfarabee.org/	800-621-8504	9	BRYSON ISD	300 N MCCLOUD	BRYSON	TX	76427-0309

MILAM	Central Counties Services	https://centralcountiesservices.org/	800-888-4036	6	BUCKHOLTS ISD	P O BOX 248	BUCKHOL	TX	76518-0248
PECOS	Permian Basin Community Centers for MHMR	http://www.pbmhmr.com/	1-800-542-4005 or 877-475-7322	18	BUENA VISTA ISD	P O BOX 310	IMPERIAL	TX	79743-0310
LEON	MHMR Authority of Brazos Valley	http://www.mhmrabv.org	1-888-522-8262	6	BUFFALO ISD	708 CEDAR CREEK RD	BUFFALO	TX	75831-0703
SMITH	Andrews Center Behavioral Healthcare System	http://www.andrewscenter.com/	1-877-934-2131	7	BULLARD ISD	P O BOX 250	BULLARD	TX	75757-0250
JASPER	Burke Center	http://myburke.org/	800-392-8343	5	BUNA ISD	P O BOX 1087	BUNA	TX	77612-1087
WICHITA	Helen Farabee Centers	http://www.helenfarabee.org/	800-621-8504	9	BURKBURNETT ISD	416 GLENDALE ST	BURKBUR	TX	76354-2499
NEWTON	Burke Center	http://myburke.org/	800-392-8343	5	BURKEVILLE ISD	P O BOX 218	BURKEVIL	TX	75932-0218
JOHNSON	Pecan Valley Centers for Behavioral & Developmental H	http://www.pvmhmr.org	800-772-5987	11	BURLESON ISD	1160 S W WILSHIRE BLVD	BURLESOI	TX	76028-5719
BURNET	Bluebonnet Trails Community Services	http://www.bbtrails.org/	800-841-1255	13	BURNET CISD	208 E BRIER LN	BURNET	TX	78611-0180
EL PASO	Emergence Health Network	http://emergencehealthnetwork.org/	915-779-1800	19	BURNHAM WOOD CHARTER SCHOOL DISTRICT	7310 BISHOP FLORES DR	EL PASO	TX	79912-1429
WASHINGTC	MHMR Authority of Brazos Valley	http://www.mhmrabv.org	1-888-522-8262	6	BURTON ISD	P O BOX 37	BURTON	TX	77835-0037
POTTER	Texas Panhandle Centers	http://www.texaspanhandlecenters.org/	800-692-4039 or 806-359-6699	16	BUSHLAND ISD	P O BOX 60	BUSHLAN	TX	79012-0060
HILL	Heart of Texas Region MHMR Center	http://www.hotrmhmr.org/	1-866-752-3451 or 254-776-1101	12	BYNUM ISD	P O BOX 68	BYNUM	TX	76631-0068
HARRIS	MHMR Authority of Harris County	http://www.mhmraharris.org	866-970-4770	4	C.O.R.E. ACADEMY	12707 CULLEN BLVD.	HOUSTON	TX	77047
HUNT	NTBH - Lakes Regional MHMR Center	http://www.ntbha.org/index.aspx	866-260-8000	10	CADDO MILLS ISD	P O BOX 160	CADDO M	TX	75135-0160
NUECES	MHMR of Nueces County	http://www.ncmhmr.org/	1-888-767-4493	2	CALALLEN ISD	4205 WILDCAT DR	CORPUS C	TX	78410-5198
BURLESON	MHMR Authority of Brazos Valley	http://www.mhmrabv.org	1-888-522-8262	6	CALDWELL ISD	203 N GRAY ST	CALDWEL	TX	77836-1549
CALHOUN	Gulf Bend Center	http://www.gulfbend.org/	877-723-3422	3	CALHOUN COUNTY ISD	525 N COMMERCE ST	PORT LAV	TX	77979-3034
COOKE	Texoma Community Center	http://www.mhmrst.org/	877-277-2226	11	CALLISBURG ISD	148 DOZIER ST	CALLISBU	TX	76240-6826
ROBERTSON	MHMR Authority of Brazos Valley	http://www.mhmrabv.org	1-888-522-8262	6	CALVERT ISD	P O BOX 7	CALVERT	TX	77837-0007
HARRIS	MHMR Authority of Harris County	http://www.mhmraharris.org	866-970-4770	4	CALVIN NELMS CHARTER SCHOOLS	20625 CLAY RD	KATY	TX	77449
MILAM	Central Counties Services	https://centralcountiesservices.org/	800-888-4036	6	CAMERON ISD	BOX 712	CAMERON	TX	76520-0712
HUNT	NTBH - Lakes Regional MHMR Center	http://www.ntbha.org/index.aspx	866-260-8000	10	CAMPBELL ISD	480 N PATTERSON ST	CAMPBEL	TX	75422
HEMPHILL	Texas Panhandle Centers	http://www.texaspanhandlecenters.org/	800-692-4039 or 806-359-6699	16	CANADIAN ISD	800 HILLSIDE AVE	CANADIAI	TX	79014-3233
VAN ZANDT	Andrews Center Behavioral Healthcare System	http://www.andrewscenter.com/	1-877-934-2131	10	CANTON ISD	1045 S BUFFALO	CANTON	TX	75103-1799
EL PASO	Emergence Health Network	http://emergencehealthnetwork.org/	915-779-1800	19	CANUTILLO ISD	P O BOX 100	CANUTILL	TX	79835-0100
RANDALL	Texas Panhandle Centers	http://www.texaspanhandlecenters.org/	800-692-4039 or 806-359-6699	16	CANYON ISD	P O BOX 899	CANYON	TX	79015-0899
RUSK	Community Healthcore	http://www.communityhealthcore.com/	800-832-1009	7	CARLISLE ISD	P O BOX 187	PRICE	TX	75687-0187
BEXAR	The Center for Health Care Services	http://www.chcsbc.org/	800-316-9241 or 210-223-7233	20	CARPE DIEM SCHOOLS	517 SOLEDAD ST	SAN ANTC	TX	78205
DIMMIT	Camino Real Community Services	http://www.caminorealcs.org/	800-543-5750	20	CARRIZO SPRINGS CISD	300 N SEVENTH ST	CARRIZO S	TX	78834-3102
TARRANT	MHMR of Tarrant County	http://www.mhmrtc.org/	800-866-2465	11	CARROLL ISD	2400 N CARROLL AVE	SOUTHLA	TX	76092
DALLAS	NTBH - Metrocare Services	http://www.ntbha.org/index.aspx	866-260-8000	10	CARROLLTON-FARMERS BRANCH ISD	P O BOX 115186	CARROLL	TX	75011-5186
PANOLA	Community Healthcore	http://www.communityhealthcore.com/	800-832-1009	7	CARTHAGE ISD	#1 BULLDOG DR	CARTHAG	TX	75633-2370
TARRANT	MHMR of Tarrant County	http://www.mhmrtc.org/	800-866-2465	11	CASTLEBERRY ISD	5228 OHIO GARDEN RD	FORT WO	TX	76114-3729
ANDERSON	ACCESS	http://www.accessmhmr.org/	800-621-1693	7	CAYUGA ISD	P O BOX 427	CAYUGA	TX	75832-0427
DALLAS	NTBH - Metrocare Services	http://www.ntbha.org/index.aspx	866-260-8000	10	CEDAR HILL ISD	285 UPTOWN BLVD #300	CEDAR HI	TX	75104
TRAVIS	Austin Travis County Integral Care	www.integralcare.org/	512-472-4357	13	CEDARS INTERNATIONAL ACADEMY	8416 N IH-35	AUSTIN	TX	78753
HUNT	NTBH - Lakes Regional MHMR Center	http://www.ntbha.org/index.aspx	866-260-8000	10	CELESTE ISD	207 S 5TH ST	CELESTE	TX	75423-0067
COLLIN	LifePath Systems	http://www.lifepathsystems.org	1-877-422-5939	10	CELINA ISD	205 S COLORADO	CELINA	TX	75009-0188
SHELBY	Burke Center	http://myburke.org/	800-392-8343	7	CENTER ISD	P O DRAWER 1689	CENTER	TX	75935-3864
KERR	Hill Country Mental Health & Developmental Disabilitie	http://www.hillcountry.org/	877-466-0660	20	CENTER POINT ISD	P O BOX 377	CENTER P	TX	78010-0377
TRINITY	Burke Center	http://myburke.org/	800-392-8343	6	CENTERVILLE ISD	10327 N STATE HWY 94	GROVETO	TX	75845-2651
LEON	MHMR Authority of Brazos Valley	http://www.mhmrabv.org	1-888-522-8262	6	CENTERVILLE ISD	813 S COMMERCE	CENTERVI	TX	75833-0813
NACOGDOC	Burke Center	http://myburke.org/	800-392-8343	7	CENTRAL HEIGHTS ISD	10317 US HWY 259 N	NACOGDC	TX	75965-9584
ANGELINA	Burke Center	http://myburke.org/	800-392-8343	7	CENTRAL ISD	7622 US HWY 69 N	POLLOK	TX	75969-9710
HARRIS	MHMR Authority of Harris County	http://www.mhmraharris.org	866-970-4770	4	CHANNELVIEW ISD	828 SHELDON RD	CHANNEL	TX	77530
HARTLEY	Texas Panhandle Centers	http://www.texaspanhandlecenters.org/	800-692-4039 or 806-359-6699	16	CHANNING ISD	P O BOX 9	CHANNIN	TX	79018-0107
TRAVIS	Austin Travis County Integral Care	www.integralcare.org/	512-472-4357	13	CHAPARRAL STAR ACADEMY	14046 SUMMIT DR	AUSTIN	TX	78728

TARRANT	MHMR of Tarrant County	http://www.mhmrtc.org/	800-866-2465	11	CHAPEL HILL ACADEMY	3131 SANGUINET ST	FORT WO	TX	76107
SMITH	Andrews Center Behavioral Healthcare System	http://www.andrewscenter.com/	1-877-934-2131	7	CHAPEL HILL ISD	11134 CR 2249	TYLER	TX	75707-9752
TITUS	Lakes Regional MHMR Center	http://www.lrmhmrc.org/	(877) 466-0660	8	CHAPEL HILL ISD	1069 CR 4660	MOUNT P	TX	75455
ATASCOSA	Camino Real Community Services	http://www.crfr.us/	800-543-5750	20	CHARLOTTE ISD	P O BOX 489	CHARLOT	TX	78011-0489
SAN SABA	Center for Life Resources	http://www.crfr.us/	800-458-7788	15	CHEROKEE ISD	P O BOX 100	CHEROKE	TX	76832-0100
TYLER	Burke Center	http://myburke.org/	800-392-8343	5	CHESTER ISD	273 YELLOWJACKET DR	CHESTER	TX	75936-2711
WISE	Helen Farabee Centers	http://www.helenfarabee.org/	800-621-8504	11	CHICO ISD	P O BOX 95	CHICO	TX	76431-0095
CHILDRESS	Helen Farabee Centers	http://www.helenfarabee.org/	800-621-8504	16	CHILDRESS ISD	P O BOX 179	CHILDRES	TX	79201-0179
HARDEMAN	Helen Farabee Centers	http://www.helenfarabee.org/	800-621-8504	9	CHILLICOTHE ISD	P O BOX 418	CHILLICO	TX	79225-0418
FALLS	Heart of Texas Region MHMR Center	http://www.hotrmhmr.org/	1-866-752-3451 or 254-776-1101	12	CHILTON ISD	P O BOX 488	CHILTON	TX	76632-0488
MCLENNAN	Heart of Texas Region MHMR Center	http://www.hotrmhmr.org/	1-866-752-3451 or 254-776-1101	12	CHINA SPRING ISD	P O BOX 250	CHINA SPI	TX	76633-0250
NACOGDOCH	Burke Center	http://myburke.org/	800-392-8343	7	CHIRENO ISD	P O BOX 85	CHIRENO	TX	75937-0085
LAMAR	Lakes Regional MHMR Center	http://www.lrmhmrc.org/	(877) 466-0660	8	CHISUM ISD	3250 S CHURCH ST	PARIS	TX	75462-8909
TOM GREEN	MHMR Services for the Concho Valley	http://www.mhmrcv.org	800-375-8965	15	CHRISTOVAL ISD	P O BOX 162	CHRISTOV	TX	76935-0162
EASTLAND	Center for Life Resources	http://www.crfr.us/	800-458-7788	14	CISCO ISD	P O BOX 1645	CISCO	TX	76437-1645
WICHITA	Helen Farabee Centers	http://www.helenfarabee.org/	800-621-8504	9	CITY VIEW ISD	1025 CITY VIEW DR	WICHITA	TX	76306
DALLAS	NTBH - Metrocare Services	http://www.ntbha.org/index.aspx	866-260-8000	10	CITYSCAPE SCHOOLS	6211 E GRAND AVE	DALLAS	TX	75223
DONLEY	Texas Panhandle Centers	http://www.texaspanhandlecenters.org/	800-692-4039 or 806-359-6699	16	CLARENDON ISD	P O BOX 610	CLARENDO	TX	79226-0610
RED RIVER	Community Healthcore	http://www.communityhealthcore.com/	800-832-1009	8	CLARKSVILLE ISD	1500 W MAIN ST	CLARKSVI	TX	75426-1016
ARMSTRONG	Texas Panhandle Centers	http://www.texaspanhandlecenters.org/	800-692-4039 or 806-359-6699	16	CLAUDE ISD	P O BOX 209	CLAUDE	TX	79019-0209
GALVESTON	Gulf Coast Center	http://www.gulfcoastcenter.org/	866-729-3848	4	CLEAR CREEK ISD	P O BOX 799	LEAGUE C	TX	77574-0799
JOHNSON	Pecan Valley Centers for Behavioral & Developmental H	http://www.pvmhmr.org	800-772-5987	11	CLEBURNE ISD	505 N RIDGEWAY STE 100	CLEBURN	TX	76033-5118
LIBERTY	Tri-County Services	http://www.tricountyservices.org	800-659-6994	4	CLEVELAND ISD	316 E DALLAS ST	CLEVELAN	TX	77327
BOSQUE	Heart of Texas Region MHMR Center	http://www.hotrmhmr.org/	1-866-752-3451 or 254-776-1101	12	CLIFTON ISD	1102 KEY AVE	CLIFTON	TX	76634-1029
EL PASO	Emergence Health Network	http://emergencehealthnetwork.org/	915-779-1800	19	CLINT ISD	14521 HORIZON BLVD	EL PASO	TX	79928
CALLAHAN	Betty Hardwick Center	https://bettyhardwick.org/	800-758-3344	14	CLYDE CISD	P O BOX 479	CLYDE	TX	79510-0479
HOWARD	West Texas Centers	http://www.wtcmhmr.org/	800-375-4357	18	COAHOMA ISD	P O BOX 110	COAHOM	TX	79511-0110
SAN JACINTO	Burke Center	http://myburke.org/	800-392-8343	6	COLDSPRING-OAKHURST CISD	P O BOX 39	COLDSPR	TX	77331-0039
COLEMAN	Center for Life Resources	http://www.crfr.us/	800-458-7788	15	COLEMAN ISD	P O BOX 900	COLEMAN	TX	76834-0900
BRAZOS	MHMR Authority of Brazos Valley	http://www.mhmrabv.org	1-888-522-8262	6	COLLEGE STATION ISD	1812 WELSH AVE	COLLEGE	TX	77840-4851
GRAYSON	Texoma Community Center	http://www.mhmrst.org/	877-277-2226	10	COLLINSVILLE ISD	P O BOX 49	COLLINSV	TX	76233
TYLER	Burke Center	http://myburke.org/	800-392-8343	5	COLMESNEIL ISD	P O BOX 37	COLMESN	TX	75938-0037
MITCHELL	West Texas Centers	http://www.wtcmhmr.org/	800-375-4357	14	COLORADO ISD	P O BOX 1268	COLORAD	TX	79512-1268
BRAZORIA	Gulf Coast Center	http://www.gulfcoastcenter.org/	866-729-3848	4	COLUMBIA-BRAZORIA ISD	P O BOX 158	WEST COL	TX	77486-0158
COLORADO	Texana Center	http://www.texanacenter.com/	800-633-5686	3	COLUMBUS ISD	105 CARDINAL LN	COLUMBU	TX	78934-0578
COMAL	Hill Country Mental Health & Developmental Disabilitie	http://www.hillcountry.org/	877-466-0660	20	COMAL ISD	1404 IH 35 N	NEW BRA	TX	78130-3240
COMANCHE	Center for Life Resources	http://www.crfr.us/	800-458-7788	14	COMANCHE ISD	200 E HIGHLAND	COMANCH	TX	76442
KENDALL	Hill Country Mental Health & Developmental Disabilitie	http://www.hillcountry.org/	877-466-0660	13	COMFORT ISD	P O BOX 398	COMFORT	TX	78013-0398
HUNT	NTBH - Lakes Regional MHMR Center	http://www.ntbha.org/index.aspx	866-260-8000	10	COMMERCE ISD	3315 WASHINGTON ST	COMMER	TX	75428
COLLIN	LifePath Systems	http://www.lifepathsystems.org	1-877-422-5939	10	COMMUNITY ISD	P O BOX 400	NEVADA	TX	75173-0400
HOPKINS	Lakes Regional MHMR Center	http://www.lrmhmrc.org/	(877) 466-0660	8	COMO-PICKTON CISD	P O BOX 18	COMO	TX	75431-0018
ECTOR	Permian Basin Community Centers for MHMR	http://www.pbmhmr.com/	1-800-542-4005 or 877-475-7322	18	COMPASS ACADEMY CHARTER SCHOOL	1111 PAGEWOOD	ODESSA	TX	79761
BEXAR	The Center for Health Care Services	http://www.chcsbc.org/	800-316-9241 or 210-223-7233	20	COMPASS ROSE ACADEMY	8005 OUTER CIR DR	SAN ANTO	TX	78235
HARRIS	MHMR Authority of Harris County	http://www.mhmraharris.org	866-970-4770	4	COMQUEST ACADEMY	207 N PEACH ST	TOMBALL	TX	77375
VAL VERDE	Hill Country Mental Health & Developmental Disabilitie	http://www.hillcountry.org/	877-466-0660	15	COMSTOCK ISD	P O BOX 905	COMSTOC	TX	78837-0905
MCLENNAN	Heart of Texas Region MHMR Center	http://www.hotrmhmr.org/	1-866-752-3451 or 254-776-1101	12	CONNALLY ISD	200 CADET WAY	WACO	TX	76705
MONTGOME	Tri-County Services	http://www.tricountyservices.org	800-659-6994	6	CONROE ISD	3205 W DAVIS	CONROE	TX	77304
LIMESTONE	Heart of Texas Region MHMR Center	http://www.hotrmhmr.org/	1-866-752-3451 or 254-776-1101	12	COOLIDGE ISD	P O BOX 70	COOLIDGE	TX	76635-0070

DELTA	Lakes Regional MHMR Center	http://www.lrmhmrc.org/	(877) 466-0660	8	COOPER ISD	350 W MCKINNEY AVE	COOPER	TX	75432
DALLAS	NTBH - Metrocare Services	http://www.ntbha.org/index.aspx	866-260-8000	10	COPPELL ISD	200 S DENTON TAP RD	COPPELL	TX	75019-3205
CORYELL	Central Counties Services	https://centralcountiesservices.org/	800-888-4036	12	COPPERAS COVE ISD	703 W AVE D	COPPERAS	TX	76522-0580
NUECES	MHMR of Nueces County	http://www.ncmhmr.org/	1-888-767-4493	2	CORPUS CHRISTI ISD	P O BOX 110	CORPUS C	TX	78403-0110
NUECES	MHMR of Nueces County	http://www.ncmhmr.org/	1-888-767-4493	2	CORPUS CHRISTI MONTESSORI SCHOOL	822 AYRES ST	CORPUS C	TX	78404
POLK	Burke Center	http://myburke.org/	800-392-8343	6	CORRIGAN-CAMDEN ISD	504 S HOME ST	CORRIGAN	TX	75939-2501
NAVARRO	NTBH - Lakes Regional MHMR Center	http://www.ntbha.org/index.aspx	866-260-8000	12	CORSICANA ISD	2200 W 4TH AVE	CORSICAN	TX	75110-3298
HALE	Central Plains Center	http://www.clplains.org/	800-687-1300	17	COTTON CENTER ISD	P O BOX 350	COTTON C	TX	79021-0350
LA SALLE	Camino Real Community Services	http://www.caminorealcs.org/	800-543-5750	20	COTULLA ISD	310 N MAIN ST	COTULLA	TX	78014-2153
WILLIAMSON	Bluebonnet Trails Community Services	http://www.bbtrails.org/	800-841-1255	13	COUPLAND ISD	620 S COMMERCE ST	COUPLAN	TX	78615-0217
HILL	Heart of Texas Region MHMR Center	http://www.hotrmhmr.org/	1-866-752-3451 or 254-776-1101	12	COVINGTON ISD	501 N MAIN ST	COVINGT	TX	76636-0067
KAUFMAN	NTBH - Lakes Regional MHMR Center	http://www.ntbha.org/index.aspx	866-260-8000	10	CRANDALL ISD	P O BOX 128	CRANDAL	TX	75114-0128
CRANE	West Texas Centers	http://www.wtcmhmr.org/	800-375-4357	18	CRANE ISD	511 W 8TH ST	CRANE	TX	79731
BOSQUE	Heart of Texas Region MHMR Center	http://www.hotrmhmr.org/	1-866-752-3451 or 254-776-1101	12	CRANFILLS GAP ISD	P O BOX 67	CRANFILL	TX	76637-0067
MCLENNAN	Heart of Texas Region MHMR Center	http://www.hotrmhmr.org/	1-866-752-3451 or 254-776-1101	12	CRAWFORD ISD	200 PIRATE DR	CRAWFOR	TX	76638-0120
CROCKETT	MHMR Services for the Concho Valley	http://www.mhmrcv.org	800-375-8965	15	CROCKETT COUNTY CONSOLIDATED CSD	P O BOX 400	OZONA	TX	76943-0400
HOUSTON	Burke Center	http://myburke.org/	800-392-8343	6	CROCKETT ISD	1400 W AUSTIN ST	CROCKETT	TX	75835-3145
HARRIS	MHMR Authority of Harris County	http://www.mhmraharris.org	866-970-4770	4	CROSBY ISD	P O BOX 2009	CROSBY	TX	77532-8009
CROSBY	StarCare Specialty Health System	http://www.LubbockMHMR.org	806-740-1414 or (800) 687-7581	17	CROSBYTON CISD	204 S HARRISON ST	CROSBYT	TX	79322-2130
CALLAHAN	Betty Hardwick Center	https://bettyhardwick.org/	800-758-3344	14	CROSS PLAINS ISD	700 N MAIN ST	CROSS PL	TX	76443-2112
HENDERSON	Andrews Center Behavioral Healthcare System	http://www.pvmhmr.org	1-877-934-2131	7	CROSS ROADS ISD	14434 FM 59	MALAKOF	TX	75148-9801
PARKER	Pecan Valley Centers for Behavioral & Developmental H	http://www.pvmhmr.org	800-772-5987	11	CROSSTIMBERS ACADEMY	P O BOX 1327	WEATHER	TX	76086
FOARD	Helen Farabee Centers	http://www.helenfarabee.org/	800-621-8504	9	CROWELL ISD	P O BOX 239	CROWELL	TX	79227-0239
TARRANT	MHMR of Tarrant County	http://www.mhmrtc.org/	800-866-2465	11	CROWLEY ISD	P O BOX 688	CROWLEY	TX	76036-0688
ZAVALA	Camino Real Community Services	http://www.caminorealcs.org/	800-543-5750	20	CRYSTAL CITY ISD	805 E CROCKETT ST	CRYSTAL C	TX	78839
DEWITT	Gulf Bend Center	http://www.gulfbend.org/	877-723-3422	3	CUERO ISD	960 E BROADWAY	CUERO	TX	77954-2132
CULBERSON	Permian Basin Community Centers for MHMR	http://www.pbmhmr.com/	1-800-542-4005 or 877-475-7322	18	CULBERSON COUNTY-ALLAMOORE ISD	P O BOX 899	VAN HOR	TX	79855-0899
SMITH	Andrews Center Behavioral Healthcare System	http://www.andrewscenter.com/	1-877-934-2131	7	CUMBERLAND ACADEMY	1340 SHILOH RD	TYLER	TX	75703
HOPKINS	Lakes Regional MHMR Center	http://www.lrmhmrc.org/	(877) 466-0660	8	CUMBY ISD	303 SAYLE ST	CUMBY	TX	75433
NACOGDOCH	Burke Center	http://myburke.org/	800-392-8343	7	CUSHING ISD	P O BOX 337	CUSHING	TX	75760-0337
HARRIS	MHMR Authority of Harris County	http://www.mhmraharris.org	866-970-4770	4	CYPRESS-FAIRBANKS ISD	P O BOX 692003	HOUSTON	TX	77269-2003
MORRIS	Lakes Regional MHMR Center	http://www.lrmhmrc.org/	(877) 466-0660	8	DAINGERFIELD-LONE STAR ISD	200 TIGER DR	DAINGER	TX	75638-0851
DALLAM	Texas Panhandle Centers	http://www.texaspanhandlecenters.org/	800-692-4039 or 806-359-6699	16	DALHART ISD	701 E 10TH	DALHART	TX	79022-2639
DALLAS	NTBH - Metrocare Services	http://www.ntbha.org/index.aspx	866-260-8000	10	DALLAS ISD	9400 N CENTRAL EXPY BOX 2	DALLAS	TX	75231
BRAZORIA	Gulf Coast Center	http://www.gulfcoastcenter.org/	866-729-3848	4	DAMON ISD	P O BOX 429	DAMON	TX	77430-0429
BRAZORIA	Gulf Coast Center	http://www.gulfcoastcenter.org/	866-729-3848	4	DANBURY ISD	P O BOX 378	DANBURY	TX	77534-0378
LIPSCOMB	Texas Panhandle Centers	http://www.texaspanhandlecenters.org/	800-692-4039 or 806-359-6699	16	DARROUZETT ISD	P O BOX 98	DARROUZ	TX	79024-0098
DAWSON	West Texas Centers	http://www.wtcmhmr.org/	800-375-4357	17	DAWSON ISD	P O BOX 180	WELCH	TX	79377-0180
NAVARRO	NTBH - Lakes Regional MHMR Center	http://www.ntbha.org/index.aspx	866-260-8000	12	DAWSON ISD	199 N SCHOOL AVE	DAWSON	TX	75639
LIBERTY	Tri-County Services	http://www.tricountyservices.org	800-659-6994	4	DAYTON ISD	P O BOX 248	DAYTON	TX	77535-0248
COMANCHE	Center for Life Resources	http://www.cflr.us/	800-458-7788	14	DE LEON ISD	425 S TEXAS ST	DE LEON	TX	76444
WISE	Helen Farabee Centers	http://www.helenfarabee.org/	800-621-8504	11	DECATUR ISD	307 S CATES	DECATUR	TX	76234-2360
HARRIS	MHMR Authority of Harris County	http://www.mhmraharris.org	866-970-4770	4	DEER PARK ISD	2800 TEXAS AVE	DEER PAR	TX	77536
BOWIE	Community Healthcore	http://www.communityhealthcore.com/	800-832-1009	8	DEKALB ISD	101 W MAPLE ST	DEKALB	TX	75559-1614
TRAVIS	Austin Travis County Integral Care	www.integralcare.org/	512-472-4357	13	DEL VALLE ISD	5301 ROSS RD	DEL VALLE	TX	78617
HUDSPETH	Permian Basin Community Centers for MHMR	http://www.pbmhmr.com/	1-800-542-4005 or 877-475-7322	19	DELL CITY ISD	P O BOX 37	DELL CITY	TX	79837-0037
GRAYSON	Texoma Community Center	http://www.mhmrst.org/	877-277-2226	10	DENISON ISD	1201 S RUSK AVE	DENISON	TX	75020-6340
DENTON	Denton County MHMR Center	http://www.dentonmhmr.org/	800-762-0157	11	DENTON ISD	1307 N LOCUST ST	DENTON	TX	76201

YOAKUM	West Texas Centers	http://www.wtcmhmr.org/	800-375-4357	17	DENVER CITY ISD	501 MUSTANG AVE	DENVER C	TX	79323-2752
DALLAS	NTBH - Metrocare Services	http://www.ntbha.org/index.aspx	866-260-8000	10	DESOTO ISD	200 E BELT LINE RD	DESOTO	TX	75115-5795
RED RIVER	Community Healthcore	http://www.communityhealthcore.com/	800-832-1009	8	DETROIT ISD	110 E GARNER AVE	DETROIT	TX	75436-9798
LIBERTY	Tri-County Services	http://www.tricountyservices.org	800-659-6994	4	DEVERS ISD	P O BOX 488	DEVERS	TX	77538-0488
MEDINA	Hill Country Mental Health & Developmental Disabilities	http://www.hilcountry.org/	877-466-0660	20	DEVINE ISD	605 W HONDO	DEVINE	TX	78016-6080
FREESTONE	Heart of Texas Region MHMR Center	http://www.hotrmhmr.org/	1-866-752-3451 or 254-776-1101	12	DEW ISD	606 CR 481	TEAGUE	TX	75860
NEWTON	Burke Center	http://myburke.org/	800-392-8343	5	DEWEYVILLE ISD	P O BOX 408	DEWEYVI	TX	77614-0408
MEDINA	Hill Country Mental Health & Developmental Disabilities	http://www.hilcountry.org/	877-466-0660	20	DHANIS ISD	P O BOX 307	DHANIS	TX	78850-0307
ANGELINA	Burke Center	http://myburke.org/	800-392-8343	7	DIBOLL ISD	P O BOX 550	DIBOLL	TX	75941-0550
GALVESTON	Gulf Coast Center	http://www.gulfcoastcenter.org/	866-729-3848	4	DICKINSON ISD	P O DRAWER Z	DICKINSO	TX	77539-2026
FRIO	Camino Real Community Services	http://www.caminorealcs.org/	800-543-5750	20	DILLEY ISD	245 W FM 117	DILLEY	TX	78017-8040
LEE	Bluebonnet Trails Community Services	http://www.bbtrails.org/	800-841-1255	13	DIME BOX ISD	P O DRAWER 157	DIME BOX	TX	77853-0157
CASTRO	Central Plains Center	http://www.cplains.org/	800-687-1300	16	DIMMITT ISD	608 W HALSELL ST	DIMMITT	TX	79027-1798
KERR	Hill Country Mental Health & Developmental Disabilities	http://www.hilcountry.org/	877-466-0660	20	DIVIDE ISD	120 DIVIDE SCHOOL RD	MOUNTA	TX	78058
FANNIN	Texoma Community Center	http://www.mhmrst.org/	877-277-2226	10	DODD CITY ISD	602 N MAIN ST	DODD CIT	TX	75438-9801
HIDALGO	Tropical Texas Behavioral Health	http://www.ttbh.org/	877-289-7199	1	DONNA ISD	116 N 10TH ST	DONNA	TX	78537-2799
GILLESPIE	Hill Country Mental Health & Developmental Disabilities	http://www.hilcountry.org/	877-466-0660	13	DOSS CONSOLIDATED CSD	P O BOX 50	DOSS	TX	78618-0116
NACOGDOCI	Burke Center	http://myburke.org/	800-392-8343	7	DOUGLASS ISD	P O BOX 38	DOUGLAS	TX	75943-0038
NUECES	MHMR of Nueces County	http://www.ncmhmr.org/	1-888-767-4493	2	DR M L GARZA-GONZALEZ CHARTER SCHOOL	4129 GREENWOOD DR	CORPUS C	TX	78416
HARRIS	MHMR Authority of Harris County	http://www.mhmraharris.org	866-970-4770	4	DRAW ACADEMY	3920 STONEY BROOK DR	HOUSTON	TX	77063
HAYS	Hill Country Mental Health & Developmental Disabilities	http://www.hilcountry.org/	877-466-0660	13	DRIPPING SPRINGS ISD	P O BOX 479	DRIPPING	TX	78620-0479
NUECES	MHMR of Nueces County	http://www.ncmhmr.org/	1-888-767-4493	2	DRISCOLL ISD	P O BOX 238	DRISCOLL	TX	78351-0238
ERATH	Pecan Valley Centers for Behavioral & Developmental H	http://www.pvnhmr.org	800-772-5987	11	DUBLIN ISD	P O BOX 169	DUBLIN	TX	76446-0169
MOORE	Texas Panhandle Centers	http://www.texaspanhandlecenters.org/	800-692-4039 or 806-359-6699	16	DUMAS ISD	P O BOX 615	DUMAS	TX	79029-0615
DALLAS	NTBH - Metrocare Services	http://www.ntbha.org/index.aspx	866-260-8000	10	DUNCANVILLE ISD	710 S CEDAR RIDGE DR	DUNCANV	TX	75137-2204
TARRANT	MHMR of Tarrant County	http://www.mhmrtc.org/	800-866-2465	11	EAGLE MT-SAGINAW ISD	1200 OLD DECATUR RD	FORT WO	TX	76179-9160
MAVERICK	Camino Real Community Services	http://www.caminorealcs.org/	800-543-5750	20	EAGLE PASS ISD	1420 EIDSON RD	EAGLE PA	TX	78852-5604
TRAVIS	Austin Travis County Integral Care	www.integralcare.org/	512-472-4357	13	EANES ISD	601 CAMP CRAFT RD	AUSTIN	TX	78746-6511
BROWN	Center for Life Resources	http://www.cflr.us/	800-458-7788	15	EARLY ISD	P O BOX 3315	EARLY	TX	76803-3315
TRAVIS	Austin Travis County Integral Care	www.integralcare.org/	512-472-4357	13	EAST AUSTIN COLLEGE PREP	6002 JAIN LN	AUSTIN	TX	78721
WHARTON	Texana Center	http://www.texanacenter.com/	800-633-5686	3	EAST BERNARD ISD	723 COLLEGE ST	EAST BER	TX	77435
BEXAR	The Center for Health Care Services	http://www.chcsbc.org/	800-316-9241 or 210-223-7233	20	EAST CENTRAL ISD	6634 NEW SULPHUR SPRINGS RD	SAN ANT	TX	78263-9701
CHAMBERS	Spindletop Center	http://www.stmhmr.org/	800-937-8097	5	EAST CHAMBERS ISD	1955 STATE HWY 124	WINNIE	TX	77665
TARRANT	MHMR of Tarrant County	http://www.mhmrtc.org/	800-866-2465	11	EAST FORT WORTH MONTESSORI ACADEMY	501 OAKLAND BLVD	FORT WO	TX	76103
GREGG	Community Healthcore	http://www.communityhealthcore.com/	800-832-1009	7	EAST TEXAS CHARTER SCHOOLS	2402 ALPINE RD	LONGVIEV	TX	75601
EASTLAND	Center for Life Resources	http://www.cflr.us/	800-458-7788	14	EASTLAND ISD	P O BOX 31	EASTLAN	TX	76448-0031
ECTOR	Permian Basin Community Centers for MHMR	http://www.pbmhmr.com/	1-800-542-4005 or 877-475-7322	18	ECTOR COUNTY ISD	P O BOX 3912	ODESSA	TX	79760-3912
FANNIN	Texoma Community Center	http://www.mhmrst.org/	877-277-2226	10	ECTOR ISD	P O BOX 128	ECTOR	TX	75439-0128
HIDALGO	Tropical Texas Behavioral Health	http://www.ttbh.org/	877-289-7199	1	EDCOUCH-ELSA ISD	P O BOX 127	EDCOUCH	TX	78538-0127
CONCHO	MHMR Services for the Concho Valley	http://www.mhmrcv.org	800-375-8965	15	EDEN CISD	P O BOX 988	EDEN	TX	76837-0988
BEXAR	The Center for Health Care Services	http://www.chcsbc.org/	800-316-9241 or 210-223-7233	20	EDGEWOOD ISD	5358 W COMMERCE ST	SAN ANT	TX	78237-1354
VAN ZANDT	Andrews Center Behavioral Healthcare System	http://www.andrewscenter.com/	1-877-934-2131	7	EDGEWOOD ISD	804 E PINE ST	EDGEWOO	TX	75117-0006
HIDALGO	Tropical Texas Behavioral Health	http://www.ttbh.org/	877-289-7199	1	EDINBURG CISD	P O BOX 990	EDINBURG	TX	78540-0990
JACKSON	Gulf Bend Center	http://www.gulfbend.org/	877-723-3422	3	EDNA ISD	601 N WELLS	EDNA	TX	77957-1504
DALLAS	NTBH - Metrocare Services	http://www.ntbha.org/index.aspx	866-260-8000	10	EDUCATION CENTER INTERNATIONAL ACADEMY	P O BOX 852337	MESQUIT	TX	75185-2337
JEFFERSON	Spindletop Center	http://www.stmhmr.org/	800-937-8097	5	EHRHART SCHOOL	3380 FANIN ST	BEAUMO	TX	77701
WHARTON	Texana Center	http://www.texanacenter.com/	800-633-5686	3	EL CAMPO ISD	700 W NORRIS	EL CAMPO	TX	77437
EL PASO	Emergence Health Network	http://emergencehealthnetwork.org/	915-779-1800	19	EL PASO ACADEMY	11000 ARGAL CT	EL PASO	TX	79935

EL PASO	Emergence Health Network	http://emergencehealthnetwork.org/	915-779-1800	19	EL PASO ISD	P O BOX 20100	EL PASO	TX	79998-0100		
EL PASO	Emergence Health Network	http://emergencehealthnetwork.org/	915-779-1800	19	EL PASO LEADERSHIP ACADEMY	1918 TEXAS AENUE	EL PASO	TX	79901		
BEXAR	The Center for Health Care Services	http://www.chcsbc.org/	800-316-9241 or 210-223-7233	20	ELEANOR KOLITZ HEBREW LANGUAGE ACADEMY	12500 NW MILITARY HWY STE 15	SAN ANTO	TX	78231		
WICHITA	Helen Farabee Centers	http://www.helenfarabee.org/	800-621-8504	9	ELECTRA ISD	P O BOX 231	ELECTRA	TX	76360-0231		
BASTROP	Bluebonnet Trails Community Services	http://www.bbtrails.org/	800-841-1255	13	ELGIN ISD	P O BOX 351	ELGIN	TX	78621-0351		
ANDERSON	ACCESS	http://www.accesshmr.org/	800-621-1693	7	ELKHART ISD	301 E PARKER ST	ELKHART	TX	75839-9701		
HARRISON	Community Healthcore	http://www.communityhealthcore.com/	800-832-1009	7	ELYSIAN FIELDS ISD	P O BOX 120	ELYSIAN F	TX	75642-0120		
ELLIS	NTBH - Lakes Regional MHMR Center	http://www.ntbha.org/index.aspx	866-260-8000	10	ENNIS ISD	P O BOX 1420	ENNIS	TX	75120-1420		
COOKE	Texoma Community Center	http://www.mhmrst.org/	877-277-2226	11	ERA ISD	108 HARGROVE ST	ERA	TX	76238		
ERATH	Pecan Valley Centers for Behavioral & Developmental H	http://www.pvnhmr.org	800-772-5987	11	ERATH EXCELS ACADEMY INC	680 PEACH ORCHARD RD	STEPHEN	TX	76401		
NACOGDOCI	Burke Center	http://myburke.org/	800-392-8343	7	ETOILE ISD	P O BOX 98	ETOILE	TX	75944-0098		
CALLAHAN	Betty Hardwick Center	https://bettyhardwick.org/	800-758-3344	14	EUA ISD	6040 F M 603	CLYDE	TX	79510-6610		
HENDERSON	Andrews Center Behavioral Healthcare System	http://www.andrewscenter.com/	1-877-934-2131	7	EUSTACE ISD	P O BOX 188	EUSTACE	TX	75124-0188		
JASPER	Burke Center	http://myburke.org/	800-392-8343	5	EVADALE ISD	P O BOX 497	EVADALE	TX	77615-0497		
CORYELL	Central Counties Services	https://centralcountiesservices.org/	800-888-4036	12	EVANT ISD	P O BOX 339	EVANT	TX	76525-0339		
TARRANT	MHMR of Tarrant County	http://www.mhmrtc.org/	800-866-2465	11	EVERMAN ISD	608 TOWNLEY DR	EVERMAN	TX	76140-5206		
DALLAS	NTBH - Metrocare Services	http://www.ntbha.org/index.aspx	866-260-8000	10	EVOLUTION ACADEMY CHARTER SCHOOL	1101 S SHERMAN ST	RICHARDS	TX	75081-4852		
HARRIS	MHMR Authority of Harris County	http://www.mhmraharris.org	866-970-4770	4	EXCEL ACADEMY	1200 CONGRESS ST STE 6500	HOUSTON	TX	77002-2021		
HIDALGO	Tropical Texas Behavioral Health	http://www.ttbh.org/	877-289-7199	1	EXCELLENCE IN LEADERSHIP ACADEMY	915 W INTERSTATE HWY 2	MISSION	TX	78572		
SHELBY	Burke Center	http://myburke.org/	800-392-8343	7	EXCELSIOR ISD	11270 STATE HWY 7 W	CENTER	TX	75935-5304		
LAVACA	Gulf Bend Center	http://www.gulfbend.org/	877-723-3422	3	EZZELL ISD	20500 FM 531	HALLETTS	TX	77964-5474		
EL PASO	Emergence Health Network	http://emergencehealthnetwork.org/	915-779-1800	19	FABENS ISD	P O BOX 697	FABENS	TX	79838-0697		
FREESTONE	Heart of Texas Region MHMR Center	http://www.hotrmhmr.org/	1-866-752-3451 or 254-776-1101	12	FAIRFIELD ISD	615 POST OAK RD	FAIRFIELD	TX	75840		
HARRIS	MHMR Authority of Harris County	http://www.mhmraharris.org	866-970-4770	4	FALLBROOK ACADEMY	12512 WALTERS RD.	HOUSTON	TX	77014		
KARNES	Camino Real Community Services	http://www.caminorealcs.org/	800-543-5750	20	FALLS CITY ISD	P O BOX 399	FALLS CITY	TX	78113-0399		
DELTA	Lakes Regional MHMR Center	http://www.lrmhmrc.org/	(877) 466-0660	8	FANNINDEL ISD	601 W MAIN ST	LADONIA	TX	75449-1517		
COLLIN	LifePath Systems	http://www.lifepathsystems.org	1-877-422-5939	10	FARMERSVILLE ISD	501-A HWY 78 N	FARMERS	TX	75442-0472		
PARMER	Central Plains Center	http://www.clplains.org/	800-687-1300	16	FARWELL ISD	P O BOX F	FARWELL	TX	79325-0235		
FAYETTE	Bluebonnet Trails Community Services	http://www.bbtrails.org/	800-841-1255	13	FAYETTEVILLE ISD	P O BOX 129	FAYETTEV	TX	78940-0129		
ELLIS	NTBH - Lakes Regional MHMR Center	http://www.ntbha.org/index.aspx	866-260-8000	10	FERRIS ISD	P O BOX 459	FERRIS	TX	75125-0459		
FAYETTE	Bluebonnet Trails Community Services	http://www.bbtrails.org/	800-841-1255	13	FLATONIA ISD	P O BOX 189	FLATONIA	TX	78941-0189		
WILLIAMSON	Bluebonnet Trails Community Services	http://www.bbtrails.org/	800-841-1255	13	FLORENCE ISD	306 COLLEGE AVE	FLORENCE	TX	76527		
WILSON	Camino Real Community Services	http://www.caminorealcs.org/	800-543-5750	20	FLORESVILLE ISD	1200 5TH ST	FLORESVI	TX	78114-1852		
NUECES	MHMR of Nueces County	http://www.ncmhmr.org/	1-888-767-4493	2	FLOUR BLUFF ISD	2505 WALDRON RD	CORPUS C	TX	78418-4798		
FLOYD	Central Plains Center	http://www.clplains.org/	800-687-1300	17	FLOYDADA ISD	226 W CALIFORNIA ST	FLOYDADA	TX	79235-2705		
LIPSCOMB	Texas Panhandle Centers	http://www.texaspanhandlecenters.org/	800-692-4039 or 806-359-6699	16	FOLLETT ISD	P O DRAWER 28	FOLLETT	TX	79034-0028		
MONTAGUE	Helen Farabee Centers	http://www.helenfarabee.org/	800-621-8504	9	FORESTBURG ISD	P O BOX 415	FORESTBU	TX	76239-0415		
KAUFMAN	NTBH - Lakes Regional MHMR Center	http://www.ntbha.org/index.aspx	866-260-8000	10	FORNEY ISD	600 S BOIS DARC ST	FORNEY	TX	75126-9682		
HOWARD	West Texas Centers	http://www.wtcmhmr.org/	800-375-4357	18	FORSAN ISD	P O 689	FORSAN	TX	79733-0689		
FORT BEND	Texana Center	http://www.texanacenter.com/	800-633-5686	4	FORT BEND ISD	16431 LEXINGTON BLVD	SUGAR LA	TX	77479-2308		
WHEELER	Texas Panhandle Centers	http://www.texaspanhandlecenters.org/	800-692-4039 or 806-359-6699	16	FORT ELLIOTT CISD	P O BOX 138	BRISCOE	TX	79011-0138		
PECOS	Permian Basin Community Centers for MHMR	http://www.pbmhmr.com/	1-800-542-4005 or 877-475-7322	18	FORT STOCKTON ISD	101 W DIVISION ST	FORT STO	TX	79735-7107		
TARRANT	MHMR of Tarrant County	http://www.mhmrtc.org/	800-866-2465	11	FORT WORTH ACADEMY OF FINE ARTS	3901 S HULEN ST	FORT WO	TX	76109		
TARRANT	MHMR of Tarrant County	http://www.mhmrtc.org/	800-866-2465	11	FORT WORTH ISD	100 N UNIVERSITY DR	FORT WO	TX	76107-3010		
ROBERTSON	MHMR Authority of Brazos Valley	http://www.mhmrabv.org	1-888-522-8262	6	FRANKLIN ISD	P O BOX 909	FRANKLIN	TX	77856-0909		
ANDERSON	ACCESS	http://www.accesshmr.org/	800-621-1693	7	FRANKSTON ISD	P O BOX 428	FRANKSTO	TX	75763-0428		
GILLESPIE	Hill Country Mental Health & Developmental Disabilities	http://www.hillcountry.org/	877-466-0660	13	FREDERICKSBURG ISD	234 FRIENDSHIP LN	FREDERIC	TX	78624-5053		
DUVAL	Coastal Plains Community Center	http://www.cpmhmr.org/	800-841-6467	2	FREER ISD	P O BOX 240	FREER	TX	78357-0240		

LUBBOCK	StarCare Specialty Health System	http://www.LubbockMHMR.org	806-740-1414 or (800) 687-7581	17	FRENSHIP ISD	P O BOX 100	WOLFFORTH	TX	79382-0100
GALVESTON	Gulf Coast Center	http://www.gulfcoastcenter.org/	866-729-3848	4	FRIENDSWOOD ISD	302 LAUREL DR	FRIENDSW	TX	77546-3923
PARMER	Central Plains Center	http://www.clplains.org/	800-687-1300	16	FRIONA ISD	909 E 11TH ST	FRIONA	TX	79035-1416
COLLIN	LifePath Systems	http://www.lifepathsystems.org	1-877-422-5939	10	FRISCO ISD	5515 OHIO DR	FRISCO	TX	75035
NAVARRO	NTBH - Lakes Regional MHMR Center	http://www.ntbha.org/index.aspx	866-260-8000	12	FROST ISD	P O BOX K	FROST	TX	76641-0910
VAN ZANDT	Andrews Center Behavioral Healthcare System	http://www.andrewscenter.com/	1-877-934-2131	7	FRUITVALE ISD	P O BOX 77	FRUITVAL	TX	75127-0077
JEFF DAVIS	Permian Basin Community Centers for MHMR	http://www.pbmhmr.com/	1-800-542-4005 or 877-475-7322	18	FT DAVIS ISD	P O BOX 1339	FT DAVIS	TX	79734-1339
HUDSPETH	Permian Basin Community Centers for MHMR	http://www.pbmhmr.com/	1-800-542-4005 or 877-475-7322	19	FT HANCOCK ISD	P O BOX 98	FT HANCO	TX	79839-0098
BEXAR	The Center for Health Care Services	http://www.chcsbc.org/	800-316-9241 or 210-223-7233	20	FT SAM HOUSTON ISD	4005 WINANS RD	SAN ANTO	TX	78234-1497
COOKE	Texoma Community Center	http://www.mhmrst.org/	877-277-2226	11	GAINESVILLE ISD	800 S MORRIS ST	GAINESVI	TX	76240
HARRIS	MHMR Authority of Harris County	http://www.mhmraharris.org	866-970-4770	4	GALENA PARK ISD	P O BOX 565	GALENA P	TX	77547
GALVESTON	Gulf Coast Center	http://www.gulfcoastcenter.org/	866-729-3848	4	GALVESTON ISD	P O BOX 660	GALVESTO	TX	77553-0660
JACKSON	Gulf Bend Center	http://www.gulfbend.org/	877-723-3422	3	GANADO ISD	P O BOX 1200	GANADO	TX	77962-1200
DALLAS	NTBH - Metrocare Services	http://www.ntbha.org/index.aspx	866-260-8000	10	GARLAND ISD	501 S JUPITER	GARLAND	TX	75042-7108
PARKER	Pecan Valley Centers for Behavioral & Developmental H	http://www.pvnhmr.org	800-772-5987	11	GARNER ISD	2222 GARNER SCHOOL RD	WEATHER	TX	76088-7044
NACOGDOCH	Burke Center	http://myburke.org/	800-392-8343	7	GARRISON ISD	459 N US HWY 59	GARRISON	TX	75946-2117
PANOLA	Community Healthcore	http://www.communityhealthcore.com/	800-832-1009	7	GARY ISD	132 BOBCAT TRAIL	GARY	TX	75643-0189
CORYELL	Central Counties Services	https://centralcountiesservices.org/	800-888-4036	12	GATESVILLE ISD	311 S LOVERS LN	GATESVIL	TX	76528-0759
WEBB	Border Region Behavioral Health Center	http://www.borderregion.org/	800-643-1102	1	GATEWAY ACADEMY CHARTER DISTRICT	P O BOX 15644	SAN ANTO	TX	78212
DALLAS	NTBH - Metrocare Services	http://www.ntbha.org/index.aspx	866-260-8000	10	GATEWAY CHARTER ACADEMY	6103 UNIVERSITY HILLS BLVD	DALLAS	TX	75241
MILAM	Central Counties Services	https://centralcountiesservices.org/	800-888-4036	6	GAUSE ISD	P O BOX 38	GAUSE	TX	77857-0038
BEXAR	The Center for Health Care Services	http://www.chcsbc.org/	800-316-9241 or 210-223-7233	20	GEORGE GERVIN ACADEMY	6944 SUNBELT DR S	SAN ANTO	TX	78218-3336
HARRIS	MHMR Authority of Harris County	http://www.mhmraharris.org	866-970-4770	4	GEORGE I SANCHEZ CHARTER	6001 GULF FWY BLDG B3	HOUSTON	TX	77023-5423
LIVE OAK	Coastal Plains Community Center	http://www.cpmhmr.org/	800-841-6467	2	GEORGE WEST ISD	913 HOUSTON ST	GEORGE W	TX	78022-3416
WILLIAMSON	Bluebonnet Trails Community Services	http://www.bbtrails.org/	800-841-1255	13	GEORGETOWN ISD	603 LAKEWAY DR	GEORGET	TX	78628-2843
MCLENNAN	Heart of Texas Region MHMR Center	http://www.hotrmhmr.org/	1-866-752-3451 or 254-776-1101	12	GHOLSON ISD	137 HAMILTON DR	WACO	TX	76705-5914
LEE	Bluebonnet Trails Community Services	http://www.bbtrails.org/	800-841-1255	13	GIDDINGS ISD	P O BOX 389	GIDDINGS	TX	78942-0389
UPSHUR	Community Healthcore	http://www.communityhealthcore.com/	800-832-1009	7	GILMER ISD	500 SO TRINITY	GILMER	TX	75644-0040
GREGG	Community Healthcore	http://www.communityhealthcore.com/	800-832-1009	7	GLADEWATER ISD	500 W QUITMAN	GLADEWA	TX	75647-2011
GLASSCOCK	West Texas Centers	http://www.wtcmhmr.org/	800-375-4357	18	GLASSCOCK COUNTY ISD	P O BOX 9	GARDEN C	TX	79739-0009
SOMERVELL	Pecan Valley Centers for Behavioral & Developmental H	http://www.pvnhmr.org	800-772-5987	11	GLEN ROSE ISD	P O BOX 2129	GLEN ROS	TX	76043-2129
HARRIS	MHMR Authority of Harris County	http://www.mhmraharris.org	866-970-4770	4	GLOBAL LEARNING VILLAGE	3015 N. MACGREGOR WAY	HOUSTON	TX	77004
JOHNSON	Pecan Valley Centers for Behavioral & Developmental H	http://www.pvnhmr.org	800-772-5987	11	GODLEY ISD	313 N PEARSON	GODLEY	TX	76044
MONTAGUE	Helen Farabee Centers	http://www.helenfarabee.org/	800-621-8504	9	GOLD BURG ISD	468 PRATER RD	BOWIE	TX	76230-9801
DALLAS	NTBH - Metrocare Services	http://www.ntbha.org/index.aspx	866-260-8000	10	GOLDEN RULE CHARTER SCHOOL	2602 W ILLINOIS AVE	DALLAS	TX	75233
MILLS	Center for Life Resources	http://www.cflr.us/	800-458-7788	12	GOLDTHWAITE ISD	P O BOX 608	GOLDTHW	TX	76844-0608
GOLIAD	Gulf Bend Center	http://www.gulfbend.org/	877-723-3422	3	GOLIAD ISD	P O BOX 830	GOLIAD	TX	77963-0830
GONZALES	Bluebonnet Trails Community Services	http://www.bbtrails.org/	800-841-1255	13	GONZALES ISD	P O BOX 157	GONZALE	TX	78629-0157
POLK	Burke Center	http://myburke.org/	800-392-8343	6	GOODRICH ISD	P O BOX 789	GOODRIC	TX	77335-0789
WILLIAMSON	Bluebonnet Trails Community Services	http://www.bbtrails.org/	800-841-1255	13	GOODWATER MONTESSORI SCHOOL	612 W RIDGEWOOD RD	GEORGET	TX	78633
HARRIS	MHMR Authority of Harris County	http://www.mhmraharris.org	866-970-4770	4	GOOSE CREEK CISD	P O BOX 30	BAYTOWN	TX	77522-0030
PALO PINTO	Pecan Valley Centers for Behavioral & Developmental H	http://www.pvnhmr.org	800-772-5987	11	GORDON ISD	BOX 47	GORDON	TX	76453-0047
EASTLAND	Center for Life Resources	http://www.cflr.us/	800-458-7788	14	GORMAN ISD	P O BOX 8	GORMAN	TX	76454-0008
MARTIN	West Texas Centers	http://www.wtcmhmr.org/	800-375-4357	18	GRADY ISD	3500 FM 829	LENORAH	TX	79749-4000
PALO PINTO	Pecan Valley Centers for Behavioral & Developmental H	http://www.pvnhmr.org	800-772-5987	11	GRAFORD ISD	400 W DIVISION	GRAFORD	TX	76449-9701
YOUNG	Helen Farabee Centers	http://www.helenfarabee.org/	800-621-8504	9	GRAHAM ISD	400 3RD ST	GRAHAM	TX	76450-3011
HOOD	Pecan Valley Centers for Behavioral & Developmental H	http://www.pvnhmr.org	800-772-5987	11	GRANBURY ISD	217 N JONES	GRANBUR	TX	76048
DALLAS	NTBH - Metrocare Services	http://www.ntbha.org/index.aspx	866-260-8000	10	GRAND PRAIRIE ISD	BOX 531170	GRAND PR	TX	75053-1170

VAN ZANDT	Andrews Center Behavioral Healthcare System	http://www.andrewscenter.com/	1-877-934-2131	7	GRAND SALINE ISD	400 STADIUM DR	GRAND SA	TX	75140-1149
WARD	West Texas Centers	http://www.wtcmhmr.org/	800-375-4357	18	GRANDFALLS-ROYALTY ISD	P O BOX 10	GRANDFA	TX	79742-0010
JOHNSON	Pecan Valley Centers for Behavioral & Developmental H	http://www.pvmhmr.org	800-772-5987	11	GRANDVIEW ISD	P O BOX 310	GRANDVI	TX	76050-0310
GRAY	Texas Panhandle Centers	http://www.texaspanhandlecenters.org/	800-692-4039 or 806-359-6699	16	GRANDVIEW-HOPKINS ISD	11676 FM 293	GROOM	TX	79039-9801
WILLIAMSON	Bluebonnet Trails Community Services	http://www.bbtrails.org/	800-841-1255	13	GRANGER ISD	P O BOX 578	GRANGER	TX	76530-0578
TOM GREEN	MHMR Services for the Concho Valley	http://www.mhmrcv.org	800-375-8965	15	GRAPE CREEK ISD	8207 U S HWY 87 N	SAN ANGE	TX	76901
HOUSTON	Burke Center	http://myburke.org/	800-392-8343	6	GRAPELAND ISD	P O BOX 249	GRAPELA	TX	75844-0249
TARRANT	MHMR of Tarrant County	http://www.mhmrtc.org/	800-866-2465	11	GRAPEVINE-COLLEYVILLE ISD	3051 IRA E WOODS AVE	GRAPEVI	TX	76051-3897
BEXAR	The Center for Health Care Services	http://www.chcsbc.org/	800-316-9241 or 210-223-7233	20	GREAT HEARTS TEXAS	824 BROADWAY STE 101	SAN ANTO	TX	78215
HUNT	NTBH - Lakes Regional MHMR Center	http://www.ntbha.org/index.aspx	866-260-8000	10	GREENVILLE ISD	P O BOX 1022	GREENVIL	TX	75403-1022
MIDLAND	Permian Basin Community Centers for MHMR	http://www.pbmhmr.com/	1-800-542-4005 or 877-475-7322	18	GREENWOOD ISD	2700 FM 1379	MIDLAND	TX	79706-5330
SAN PATRICI	Coastal Plains Community Center	http://www.cpmhmr.org/	800-841-6467	2	GREGORY-PORTLAND ISD	608 COLLEGE ST	PORTLAN	TX	78374
LIMESTONE	Heart of Texas Region MHMR Center	http://www.hotrmhmr.org/	1-866-752-3451 or 254-776-1101	12	GROESBECK ISD	P O BOX 559	GROESBE	TX	76642-0559
CARSON	Texas Panhandle Centers	http://www.texaspanhandlecenters.org/	800-692-4039 or 806-359-6699	16	GROOM ISD	P O BOX 598	GROOM	TX	79039-0598
TRINITY	Burke Center	http://myburke.org/	800-392-8343	6	GROVETON ISD	P O BOX 728	GROVETO	TX	75845-0728
HANSFORD	Texas Panhandle Centers	http://www.texaspanhandlecenters.org/	800-692-4039 or 806-359-6699	16	GRUVER ISD	P O BOX 650	GRUVER	TX	79040-0650
GRAYSON	Texoma Community Center	http://www.mhmrst.org/	877-277-2226	10	GUNTER ISD	P O BOX 109	GUNTER	TX	75058-0109
COMANCHE	Center for Life Resources	http://www.cflr.us/	800-458-7788	14	GUSTINE ISD	503 W MAIN ST	GUSTINE	TX	76455
KING	Helen Farabee Centers	http://www.helenfarabee.org/	800-621-8504	17	GUTHRIE CSD	P O BOX 70	GUTHRIE	TX	79236-0070
HALE	Central Plains Center	http://www.cplains.org/	800-687-1300	17	HALE CENTER ISD	P O BOX 1210	HALE CEN	TX	79041-1210
LAVACA	Gulf Bend Center	http://www.gulfbend.org/	877-723-3422	3	HALLETTSVILLE ISD	P O BOX 368	HALLETTS	TX	77964-0368
MCLENNAN	Heart of Texas Region MHMR Center	http://www.hotrmhmr.org/	1-866-752-3451 or 254-776-1101	12	HALSBURG ISD	2313 HALSBURG RD	WACO	TX	76705-5019
HARRISON	Community Healthcore	http://www.communityhealthcore.com/	800-832-1009	7	HALLSVILLE ISD	P O BOX 810	HALLSVIL	TX	75650-0810
HAMILTON	Central Counties Services	https://centralcountiesservices.org/	800-888-4036	12	HAMILTON ISD	400 S COLLEGE	HAMILTO	TX	76531
JONES	Betty Hardwick Center	https://bettyhardwick.org/	800-758-3344	14	HAMLIN ISD	P O BOX 338	HAMLIN	TX	79520-0338
JEFFERSON	Spindletop Center	http://www.stmhmr.org/	800-937-8097	5	HAMSHIRE-FANNETT ISD	P O BOX 223	HAMSHIR	TX	77622-0223
SWISHER	Central Plains Center	http://www.cplains.org/	800-687-1300	16	HAPPY ISD	P O BOX 458	HAPPY	TX	79042-0458
LIBERTY	Tri-County Services	http://www.tricountyservices.org	800-659-6994	4	HARDIN ISD	P O BOX 330	HARDIN	TX	77561-0330
HARDIN	Spindletop Center	http://www.stmhmr.org/	800-937-8097	5	HARDIN-JEFFERSON ISD	P O BOX 490	SOUR LAK	TX	77659-0490
BEXAR	The Center for Health Care Services	http://www.chcsbc.org/	800-316-9241 or 210-223-7233	20	HARLANDALE ISD	102 GENEVIEVE ST	SAN ANTO	TX	78214-2997
HARRISON	Community Healthcore	http://www.communityhealthcore.com/	800-832-1009	7	HARLETON ISD	P O BOX 510	HARLETO	TX	75651-0510
CAMERON	Tropical Texas Behavioral Health	http://www.ttbh.org/	877-289-7199	1	HARLINGEN CISD	407 N 77 SUNSHINE STRIP	HARLINGE	TX	78550
UPSHUR	Community Healthcore	http://www.communityhealthcore.com/	800-832-1009	7	HARMONY ISD	9788 STATE HWY 154 W	BIG SAND	TX	75755
HARRIS	MHMR Authority of Harris County	http://www.mhmrauthority.org	866-970-4770	4	HARMONY SCHOOL OF EXCELLENCE	9321 W SAM HOUSTON PKWY S	HOUSTON	TX	77099
HARRIS	MHMR Authority of Harris County	http://www.mhmraharris.org	866-970-4770	4	HARMONY SCHOOL OF SCIENCE - HOUSTON	14100 SOUTHWEST FWY	SUGAR LA	TX	77478
EL PASO	Emergence Health Network	http://emergencehealthnetwork.org/	915-779-1800	19	HARMONY SCIENCE ACAD (EL PASO)	9321 W SAM HOUSTON PKWY S	HOUSTON	TX	77099
BEXAR	The Center for Health Care Services	http://www.chcsbc.org/	800-316-9241 or 210-223-7233	20	HARMONY SCIENCE ACAD (SAN ANTONIO)	9321 W SAM HOUSTON PKWY S	HOUSTON	TX	77099
MCLENNAN	Heart of Texas Region MHMR Center	http://www.hotrmhmr.org/	1-866-752-3451 or 254-776-1101	12	HARMONY SCIENCE ACAD (WACO)	9321 W SAM HOUSTON PKWY S	HOUSTON	TX	77099
HARRIS	MHMR Authority of Harris County	http://www.mhmraharris.org	866-970-4770	4	HARMONY SCIENCE ACADEMY	14100 SOUTHWEST FRWY	SUGARLA	TX	77478
TRAVIS	Austin Travis County Integral Care	www.integralcare.org/	512-472-4357	13	HARMONY SCIENCE ACADEMY (AUSTIN)	9321 W SAM HOUSTON PKWY S	HOUSTON	TX	77099
GILLESPIE	Hill Country Mental Health & Developmental Disabilitie	http://www.hillcountry.org/	877-466-0660	13	HARPER ISD	P O BOX 68	HARPER	TX	78631-0068
HARRIS	MHMR Authority of Harris County	http://www.mhmraharris.org	866-970-4770	4	HARRIS COUNTY DEPT OF ED	6300 IRVINGTON BLVD	HOUSTON	TX	77022-5618
WILBARGER	Helen Farabee Centers	http://www.helenfarabee.org/	800-621-8504	9	HARROLD ISD	18106 STEWART ST	HARROLD	TX	76364-0400
CASTRO	Central Plains Center	http://www.cplains.org/	800-687-1300	16	HART ISD	P O BOX 490	HART	TX	79043-0490
HARTLEY	Texas Panhandle Centers	http://www.texaspanhandlecenters.org/	800-692-4039 or 806-359-6699	16	HARTLEY ISD	P O BOX 408	HARTLEY	TX	79044-0408
TITUS	Lakes Regional MHMR Center	http://www.lrmhmrc.org/	(877) 466-0660	8	HARTS BLUFF ISD	3506 FM 1402	MOUNT P	TX	75455-9751
HASKELL	Helen Farabee Centers	http://www.helenfarabee.org/	800-621-8504	14	HASKELL CISD	P O BOX 937	HASKELL	TX	79521-0937
WOOD	Andrews Center Behavioral Healthcare System	http://www.andrewscenter.com/	1-877-934-2131	7	HAWKINS ISD	179 HAWK DR P O BOX 1430	HAWKINS	TX	75765

JONES	Betty Hardwick Center	https://bettyhardwick.org/	800-758-3344	14	HAWLEY ISD	P O BOX 440	HAWLEY	TX	79525-0440
HAYS	Hill Country Mental Health & Developmental Disabilities	http://www.hilcountry.org/	877-466-0660	13	HAYS CISD	21003 INTERSTATE 35	KYLE	TX	78640-9530
ROBERTSON	MHMR Authority of Brazos Valley	http://www.mhmrabv.org	1-888-522-8262	6	HEARNE ISD	900 WHEELOCK ST	HEARNE	TX	77859-3096
DONLEY	Texas Panhandle Centers	http://www.texaspanhandlecenters.org/	800-692-4039 or 806-359-6699	16	HEDLEY ISD	P O BOX 69	HEDLEY	TX	79237-0069
SABINE	Burke Center	http://myburke.org/	800-392-8343	7	HEMPHILL ISD	P O BOX 1950	HEMPHILL	TX	75948-1950
WALLER	Texana Center	http://www.texanacenter.com/	800-633-5686	4	HEMPSTEAD ISD	P O BOX 1007	HEMPSTEA	TX	77445-1007
RUSK	Community Healthcore	http://www.communityhealthcore.com/	800-832-1009	7	HENDERSON ISD	P O BOX 728	HENDERS	TX	75653-0728
CLAY	Helen Farabee Centers	http://www.helenfarabee.org/	800-621-8504	9	HENRIETTA ISD	1801 E CRAFTON	HENRIETT	TX	76365-2414
BEXAR	The Center for Health Care Services	http://www.chcsbc.org/	800-316-9241 or 210-223-7233	20	HENRY FORD ACADEMY ALAMEDA SCHOOL FOR	318 W HOUSTON	SAN ANTO	TX	78205
DEAF SMITH	Texas Panhandle Centers	http://www.texaspanhandlecenters.org/	800-692-4039 or 806-359-6699	16	HEREFORD ISD	601 N 25 MILE AVE	HEREFOR	TX	79045-4406
BEXAR	The Center for Health Care Services	http://www.chcsbc.org/	800-316-9241 or 210-223-7233	20	HERITAGE ACADEMY	12470 WOMAN HOLLERING RD	SCHERTZ	TX	78154
SCURRY	West Texas Centers	http://www.wtcmhmr.org/	800-375-4357	14	HERMLEIGH ISD	8010 BUSINESS 84H	HERMLEI	TX	79526
HAMILTON	Central Counties Services	https://centralcountiesservices.org/	800-888-4036	12	HICO ISD	P O BOX 218	HICO	TX	76457-0218
HIDALGO	Tropical Texas Behavioral Health	http://www.ttbh.org/	877-289-7199	1	HIDALGO ISD	P O BOX 8220	HIDALGO	TX	78557-8220
LIPSCOMB	Texas Panhandle Centers	http://www.texaspanhandlecenters.org/	800-692-4039 or 806-359-6699	16	HIGGINS ISD	P O BOX 218	HIGGINS	TX	79046-0218
GALVESTON	Gulf Coast Center	http://www.gulfcoastcenter.org/	866-729-3848	5	HIGH ISLAND ISD	P O BOX 246	HIGH ISLA	TX	77623-0246
TARRANT	MHMR of Tarrant County	http://www.mhmrtc.org/	800-866-2465	11	HIGH POINT ACADEMY	1256 JIM WRIGHT FWY	WHITE SE	TX	76108
NOLAN	West Texas Centers	http://www.wtcmhmr.org/	800-375-4357	14	HIGHLAND ISD	6625 FM 608	ROSCOE	TX	79545-9801
DALLAS	NTBH - Metrocare Services	http://www.ntbha.org/index.aspx	866-260-8000	10	HIGHLAND PARK ISD	7015 WESTCHESTER DR	DALLAS	TX	75205-1061
POTTER	Texas Panhandle Centers	http://www.texaspanhandlecenters.org/	800-692-4039 or 806-359-6699	16	HIGHLAND PARK ISD	P O BOX 30430	AMARILLO	TX	79120-0430
HILL	Heart of Texas Region MHMR Center	http://www.hotrmhmr.org/	1-866-752-3451 or 254-776-1101	12	HILLSBORO ISD	121 E FRANKLIN ST	HILLSBOR	TX	76645-2137
GALVESTON	Gulf Coast Center	http://www.gulfcoastcenter.org/	866-729-3848	4	HITCHCOCK ISD	7801 NEVILLE AVENUE BUILDING	HITCHCOC	TX	77563-1796
BELL	Central Counties Services	https://centralcountiesservices.org/	800-888-4036	12	HOLLAND ISD	P O BOX 217	HOLLAND	TX	76534-0217
ARCHER	Helen Farabee Centers	http://www.helenfarabee.org/	800-621-8504	9	HOLLIDAY ISD	P O BOX 689	HOLLIDAY	TX	76366-0689
MEDINA	Hill Country Mental Health & Developmental Disabilities	http://www.hilcountry.org/	877-466-0660	20	HONDO ISD	P O BOX 308	HONDO	TX	78861-0308
FANNIN	Texoma Community Center	http://www.mhmrst.org/	877-277-2226	10	HONEY GROVE ISD	1206 N SEVENTEENTH ST	HONEY GR	TX	75446-1801
BOWIE	Community Healthcore	http://www.communityhealthcore.com/	800-832-1009	8	HOOKS ISD	100 E 5TH ST	HOOKS	TX	75561
HIDALGO	Tropical Texas Behavioral Health	http://www.ttbh.org/	877-289-7199	1	HORIZON MONTESSORI PUBLIC SCHOOLS	2402 E BUSINESS HWY 83	WESLACO	TX	78596
HARRIS	MHMR Authority of Harris County	http://www.mhmraharris.org	866-970-4770	4	HOUSTON GATEWAY ACADEMY INC	3400 EVERGREEN	HOUSTON	TX	77087
HARRIS	MHMR Authority of Harris County	http://www.mhmraharris.org	866-970-4770	4	HOUSTON HEIGHTS HIGH SCHOOL	1125 LAWRENCE DR	HOUSTON	TX	77008
HARRIS	MHMR Authority of Harris County	http://www.mhmraharris.org	866-970-4770	4	HOUSTON ISD	4400 W 18TH ST	HOUSTON	TX	77092-8501
GRAYSON	Texoma Community Center	http://www.mhmrst.org/	877-277-2226	10	HOWE ISD	105 W TUTT ST	HOWE	TX	75459
BOWIE	Community Healthcore	http://www.communityhealthcore.com/	800-832-1009	8	HUBBARD ISD	3347 HWY 259 S	DEKALB	TX	75559-0274
HILL	Heart of Texas Region MHMR Center	http://www.hotrmhmr.org/	1-866-752-3451 or 254-776-1101	12	HUBBARD ISD	P O BOX 218	HUBBARD	TX	76648-0218
ERATH	Pecan Valley Centers for Behavioral & Developmental H	http://www.pvmhmr.org	800-772-5987	11	HUCKABAY ISD	200 COUNTY RD 421	STEPHEN	TX	76401-6429
ANGELINA	Burke Center	http://myburke.org/	800-392-8343	7	HUDSON ISD	6735 TED TROUT DR	LUFKIN	TX	75904-6641
HARRIS	MHMR Authority of Harris County	http://www.mhmraharris.org	866-970-4770	4	HUFFMAN ISD	P O BOX 2390	HUFFMAN	TX	77336-2390
CASS	Community Healthcore	http://www.communityhealthcore.com/	800-832-1009	8	HUGHES SPRINGS ISD	871 TAYLOR ST	HUGHES S	TX	75656
LIBERTY	Tri-County Services	http://www.tricountyservices.org	800-659-6994	5	HULL-DAISETTA ISD	P O BOX 477	DAISETTA	TX	77533-0477
HARRIS	MHMR Authority of Harris County	http://www.mhmraharris.org	866-970-4770	4	HUMBLE ISD	20200 EASTWAY VILLAGE DR	HUMBLE	TX	77338
KERR	Hill Country Mental Health & Developmental Disabilities	http://www.hilcountry.org/	877-466-0660	20	HUNT ISD	P O BOX 259	HUNT	TX	78024-0259
ANGELINA	Burke Center	http://myburke.org/	800-392-8343	7	HUNTINGTON ISD	P O BOX 328	HUNTING	TX	75949-0328
WALKER	Tri-County Services	http://www.tricountyservices.org	800-659-6994	6	HUNTSVILLE ISD	441 FM 2821 E	HUNTSVIL	TX	77320-9298
TARRANT	MHMR of Tarrant County	http://www.mhmrtc.org/	800-866-2465	11	HURST-EULESS-BEDFORD ISD	1849A CENTRAL DR	BEDFORD	TX	76022-6096
WILLIAMSON	Bluebonnet Trails Community Services	http://www.bbtrails.org/	800-841-1255	13	HUTTO ISD	200 COLLEGE ST	HUTTO	TX	78634-0430
LUBBOCK	StarCare Specialty Health System	http://www.LubbockMHMR.org	806-740-1414 or (800) 687-7581	17	IDALOU ISD	P O BOX 1338	IDALOU	TX	79329
HIDALGO	Tropical Texas Behavioral Health	http://www.ttbh.org/	877-289-7199	1	IDEA PUBLIC SCHOOLS	2115 W PIKE BLVD	WESLACO	TX	78596
COLLIN	LifePath Systems	http://www.lifepathsystems.org	1-877-422-5939	10	IMAGINE INTERNATIONAL ACADEMY OF NORTH	2860 VIRGINIA PRKWAY	MCKINNE	TX	75071

JACKSON	Gulf Bend Center	http://www.gulfbend.org/	877-723-3422	3	INDUSTRIAL ISD	P O BOX 369	VANDERB	TX	77991-0369
SAN PATRICI	Coastal Plains Community Center	http://www.cpmhmr.org/	800-841-6467	2	INGLESIDE ISD	P O BOX 1320	INGLESID	TX	78362-1313
KERR	Hill Country Mental Health & Developmental Disabilities	http://www.hilcountry.org/	877-466-0660	20	INGRAM ISD	510 COLLEGE ST	INGRAM	TX	78025-4100
BEXAR	The Center for Health Care Services	http://www.chcsbc.org/	800-316-9241 or 210-223-7233	20	INSPIRE ACADEMIES	10325 BANDERA RD	SAN ANTO	TX	78250
DALLAS	NTBH - Metrocare Services	http://www.ntbha.org/index.aspx	866-260-8000	10	INSPIRED VISION ACADEMY	8225 BRUTON RD	DALLAS	TX	75217
DALLAS	NTBH - Metrocare Services	http://www.ntbha.org/index.aspx	866-260-8000	10	INTERNATIONAL LEADERSHIP OF TEXAS (ILT)	1820 N GLENVILLE DR STE 100	RICHARDS	TX	75081
GRIMES	MHMR Authority of Brazos Valley	http://www.mhmrabv.org	1-888-522-8262	6	IOLA ISD	P O BOX 159	IOLA	TX	77861-0159
WICHITA	Helen Farabee Centers	http://www.helenfarabee.org/	800-621-8504	9	IOWA PARK CISD	P O BOX 898	IOWA PAF	TX	76367-0898
SCURRY	West Texas Centers	http://www.wtcmhmr.org/	800-375-4357	14	IRA ISD	6143 W FM 1606	IRA	TX	79527-0240
PECOS	Permian Basin Community Centers for MHMR	http://www.pbmhmr.com/	1-800-542-4005 or 877-475-7322	18	IRAAN-SHEFFIELD ISD	P O BOX 486	IRAAN	TX	79744-0486
BOSQUE	Heart of Texas Region MHMR Center	http://www.hotrmhmr.org/	1-866-752-3451 or 254-776-1101	12	IREDELL ISD	P O BOX 39	IREDELL	TX	76649-0039
IRION	MHMR Services for the Concho Valley	http://www.mhmrcv.org	800-375-8965	15	IRION COUNTY ISD	P O BOX 469	MERTZON	TX	76941-0469
DALLAS	NTBH - Metrocare Services	http://www.ntbha.org/index.aspx	866-260-8000	10	IRVING ISD	P O BOX 152637	IRVING	TX	75015-2637
ELLIS	NTBH - Lakes Regional MHMR Center	http://www.ntbha.org/index.aspx	866-260-8000	10	ITALY ISD	300 S COLLEGE	ITALY	TX	76651
HILL	Heart of Texas Region MHMR Center	http://www.hotrmhmr.org/	1-866-752-3451 or 254-776-1101	12	ITASCA ISD	123 N COLLEGE	ITASCA	TX	76055-2307
JACK	Helen Farabee Centers	http://www.helenfarabee.org/	800-621-8504	9	JACKSBORO ISD	750 W BELKNAP	JACKSBOF	TX	76458-1605
CHEROKEE	ACCESS	http://www.accessmhmr.org/	800-621-1693	7	JACKSONVILLE ISD	P O BOX 631	JACKSON	TX	75766-0631
WILLIAMSON	Bluebonnet Trails Community Services	http://www.bbtrails.org/	800-841-1255	13	JARRELL ISD	P O BOX 9	JARRELL	TX	76537-0009
JASPER	Burke Center	http://myburke.org/	800-392-8343	5	JASPER ISD	128 PARK ST	JASPER	TX	75951-3466
KENT	West Texas Centers	http://www.wtcmhmr.org/	800-375-4357	17	JAYTON-GIRARD ISD	P O BOX 168	JAYTON	TX	79528-0168
DALLAS	NTBH - Metrocare Services	http://www.ntbha.org/index.aspx	866-260-8000	10	JEAN MASSIEU ACADEMY	823 N CENTER ST	ARLINGTO	TX	76011
MARION	Community Healthcore	http://www.communityhealthcore.com/	800-832-1009	8	JEFFERSON ISD	1600 MLK	JEFFERSO	TX	75657-2116
JIM HOGG	Border Region Behavioral Health Center	http://www.borderregion.org/	800-643-1102	1	JIM HOGG COUNTY ISD	P O BOX 880	HEBBRON	TX	78361-3025
TAYLOR	Betty Hardwick Center	https://bettyhardwick.org/	800-758-3344	14	JIM NED CISD	P O BOX 9	TUSCOLA	TX	79562-0009
SHELBY	Burke Center	http://myburke.org/	800-392-8343	7	JOAQUIN ISD	11109 US HWY 84 E	JOAQUIN	TX	75954
BEXAR	The Center for Health Care Services	http://www.chcsbc.org/	800-316-9241 or 210-223-7233	20	JOHN H WOOD JR PUBLIC CHARTER DISTRICT	10325 BANDERA RD.	SAN ANTO	TX	78250
BLANCO	Hill Country Mental Health & Developmental Disabilities	http://www.hilcountry.org/	877-466-0660	13	JOHNSON CITY ISD	P O BOX 498	JOHNSON	TX	78636-0498
CORYELL	Central Counties Services	https://centralcountiesservices.org/	800-888-4036	12	JONESBORO ISD	P O BOX 125	JONESBO	TX	76538-0125
JOHNSON	Pecan Valley Centers for Behavioral & Developmental H	http://www.pvmhmr.org	800-772-5987	11	JOSHUA ISD	P O BOX 40	JOSHUA	TX	76058-0040
ATASCOSA	Camino Real Community Services	http://www.caminorealcs.org/	800-543-5750	20	JOURDANTON ISD	200 ZANDERSON AVE	JOURDAN	TX	78026-3045
BEXAR	The Center for Health Care Services	http://www.chcsbc.org/	800-316-9241 or 210-223-7233	20	JUBILEE ACADEMIES	4434 ROLAND	SAN ANTO	TX	78222
BEXAR	The Center for Health Care Services	http://www.chcsbc.org/	800-316-9241 or 210-223-7233	20	JUDSON ISD	8012 SHIN OAK	LIVE OAK	TX	78233-2457
KIMBLE	Hill Country Mental Health & Developmental Disabilities	http://www.hilcountry.org/	877-466-0660	15	JUNCTION ISD	1700 COLLEGE ST	JUNCTION	TX	76849-4508
HARRISON	Community Healthcore	http://www.communityhealthcore.com/	800-832-1009	7	KARNACK ISD	P O BOX 259	KARNACK	TX	75661-0259
KARNES	Camino Real Community Services	http://www.caminorealcs.org/	800-543-5750	3	KARNES CITY ISD	314 N HWY 123	KARNES C	TX	78118-1900
HAYS	Hill Country Mental Health & Developmental Disabilities	http://www.hilcountry.org/	877-466-0660	13	KATHERINE ANNE PORTER SCHOOL	P O BOX 2053	WIMBERL	TX	78676
HARRIS	MHMR Authority of Harris County	http://www.mhmraharris.org	866-970-4770	4	KATY ISD	P O BOX 159	KATY	TX	77492-0159
JOHNSON	Pecan Valley Centers for Behavioral & Developmental H	http://www.pvmhmr.org	800-772-5987	11	KAUFFMAN LEADERSHIP ACADEMY	314 W WILSON ST	CLEBURN	TX	76033
KAUFMAN	NTBH - Lakes Regional MHMR Center	http://www.ntbha.org/index.aspx	866-260-8000	10	KAUFMAN ISD	1000 S HOUSTON ST	KAUFMAN	TX	75142-2298
JOHNSON	Pecan Valley Centers for Behavioral & Developmental H	http://www.pvmhmr.org	800-772-5987	11	KEENE ISD	P O BOX 656	KEENE	TX	76059-0656
TARRANT	MHMR of Tarrant County	http://www.mhmrtc.org/	800-866-2465	11	KELLER ISD	350 KELLER PKWY	KELLER	TX	76248-3447
WHEELER	Texas Panhandle Centers	http://www.texaspanhandlecenters.org/	800-692-4039 or 806-359-6699	16	KELTON ISD	16703 FM 2697	WHEELER	TX	79096-7715
KAUFMAN	NTBH - Lakes Regional MHMR Center	http://www.ntbha.org/index.aspx	866-260-8000	10	KEMP ISD	905 S MAIN ST	KEMP	TX	75143
KENEDY	Coastal Plains Community Center	http://www.cpmhmr.org/	800-841-6467	2	KENEDY COUNTY WIDE CSD	BOX 100	SARITA	TX	78385-0100
KARNES	Camino Real Community Services	http://www.caminorealcs.org/	800-543-5750	3	KENEDY ISD	401 F M 719	KENEDY	TX	78119-2034
HOUSTON	Burke Center	http://myburke.org/	800-392-8343	6	KENNARD ISD	304 HWY SEVEN E	KENNARD	TX	75847-0038
TARRANT	MHMR of Tarrant County	http://www.mhmrtc.org/	800-866-2465	11	KENNEDALE ISD	P O BOX 467	KENNEDA	TX	76060-0467
NAVARRO	NTBH - Lakes Regional MHMR Center	http://www.ntbha.org/index.aspx	866-260-8000	12	KERENS ISD	200 BOBCAT LN	KERENS	TX	75144

WINKLER	West Texas Centers	http://www.wtcmhmr.org/	800-375-4357	18	KERMIT ISD	601 S POPLAR	KERMIT	TX	79745-4712
KERR	Hill Country Mental Health & Developmental Disabilities	http://www.hilcountry.org/	877-466-0660	20	KERRVILLE ISD	1009 BARNETT ST	KERRVILLE	TX	78028-4614
HAYS	Hill Country Mental Health & Developmental Disabilities	http://www.hilcountry.org/	877-466-0660	13	KI CHARTER ACADEMY	3329 WIMBLEDON DR	CIBOLO	TX	78108
GREGG	Community Healthcore	http://www.communityhealthcore.com/	800-832-1009	7	KILGORE ISD	301 N KILGORE ST	KILGORE	TX	75662-5499
BELL	Central Counties Services	https://centralcountiesservices.org/	800-888-4036	12	KILLEEN ISD	200 N W S YOUNG DR	KILLEEN	TX	76543-4025
KLEBERG	Coastal Plains Community Center	http://www.cpmhmr.org/	800-841-6467	2	KINGSVILLE ISD	P O BOX 871	KINGSVILLE	TX	78364-0871
TRAVIS	Austin Travis County Integral Care	www.integralcare.org/	512-472-4357	13	KIPP AUSTIN PUBLIC SCHOOLS INC	8509 FM 969 BLDG 513	AUSTIN	TX	78724
DALLAS	NTBH - Metrocare Services	http://www.ntbha.org/index.aspx	866-260-8000	10	KIPP DALLAS-FORT WORTH	1401 S LAMAR ST LOWER LEVEL	DALLAS	TX	75215
HARRIS	MHMR Authority of Harris County	http://www.mhmraharris.org	866-970-4770	4	KIPP INC CHARTER	10711 KIPP WAY	HOUSTON	TX	77074
BEXAR	The Center for Health Care Services	http://www.chcsbc.org/	800-316-9241 or 210-223-7233	20	KIPP SAN ANTONIO	735 FREDERICKSBURG RD	SAN ANTO	TX	78201
JASPER	Burke Center	http://myburke.org/	800-392-8343	5	KIRBYVILLE CISD	206 E MAIN ST	KIRBYVILL	TX	75956-2128
HARRIS	MHMR Authority of Harris County	http://www.mhmraharris.org	866-970-4770	4	KLEIN ISD	7200 SPRING-CYPRESS RD	KLEIN	TX	77379-3299
DAWSON	West Texas Centers	http://www.wtcmhmr.org/	800-375-4357	17	KLONDIKE ISD	2911 COUNTY RD H	LAMESA	TX	79331-4967
UVALDE	Hill Country Mental Health & Developmental Disabilities	http://www.hilcountry.org/	877-466-0660	20	KNIPPA ISD	P O BOX 99	KNIPPA	TX	78870-0099
KNOX	Helen Farabee Centers	http://www.helenfarabee.org/	800-621-8504	9	KNOX CITY-OBRIEN CISD	606 E MAIN ST	KNOX CIT	TX	79529-2226
BOSQUE	Heart of Texas Region MHMR Center	http://www.hotrmhmr.org/	1-866-752-3451 or 254-776-1101	12	KOPPERL ISD	P O BOX 67	KOPPERL	TX	76652-0067
HARDIN	Spindletop Center	http://www.stmhmr.org/	800-937-8097	5	KOUNTZE ISD	P O BOX 460	KOUNTZE	TX	77625-0460
SWISHER	Central Plains Center	http://www.ciplains.org/	800-687-1300	16	KRESS ISD	200 E 5TH	KRESS	TX	79052
DENTON	Denton County MHMR Center	http://www.dentonmhmr.org/	800-762-0157	11	KRUM ISD	1200 BOBCAT BLVD	KRUM	TX	76249-6908
DALLAS	NTBH - Metrocare Services	http://www.ntbha.org/index.aspx	866-260-8000	10	LA ACADEMIA DE ESTRELLAS	4680 W KIEST BLVD	DALLAS	TX	75236
HARRIS	MHMR Authority of Harris County	http://www.mhmraharris.org	866-970-4770	4	LA AMISTAD LOVE & LEARNING ACADEMY	10860 ROCKLEY RD.	HOUSTON	TX	77099
EL PASO	Emergence Health Network	http://emergencehealthnetwork.org/	915-779-1800	19	LA FE PREPARATORY SCHOOL	616 E FATHER RAHM AVE	EL PASO	TX	79901
CAMERON	Tropical Texas Behavioral Health	http://www.ttbh.org/	877-289-7199	1	LA FERIA ISD	P O BOX 1159	LA FERIA	TX	78559-1159
JIM WELLS	Coastal Plains Community Center	http://www.cpmhmr.org/	800-841-6467	2	LA GLORIA ISD	182 E COUNTY RD 401	FALFURRI	TX	78355-9712
FAYETTE	Bluebonnet Trails Community Services	http://www.bbtrails.org/	800-841-1255	13	LA GRANGE ISD	P O BOX 100	LA GRANG	TX	78945-0100
HIDALGO	Tropical Texas Behavioral Health	http://www.ttbh.org/	877-289-7199	1	LA JOYA ISD	201 E EXPY 83	LA JOYA	TX	78560-2009
HARRIS	MHMR Authority of Harris County	http://www.mhmraharris.org	866-970-4770	4	LA PORTE ISD	1002 SAN JACINTO ST	LA PORTE	TX	77571-6496
ZAVALA	Camino Real Community Services	http://www.caminorealcs.org/	800-543-5750	20	LA PRYOR ISD	P O BOX 519	LA PRYOR	TX	78872-0519
MCLENNAN	Heart of Texas Region MHMR Center	http://www.hotrmhmr.org/	1-866-752-3451 or 254-776-1101	12	LA VEGA ISD	400 E LOOP 340	WACO	TX	76705-3096
WILSON	Camino Real Community Services	http://www.caminorealcs.org/	800-543-5750	20	LA VERNIA ISD	315 BLUEBONNET RD	LA VERNIA	TX	78121-9554
HIDALGO	Tropical Texas Behavioral Health	http://www.ttbh.org/	877-289-7199	1	LA VILLA ISD	P O BOX 9	LA VILLA	TX	78562-0009
BEXAR	The Center for Health Care Services	http://www.chcsbc.org/	800-316-9241 or 210-223-7233	20	LACKLAND ISD	2460 KENLY AVE BLDG 8265	SAN ANTO	TX	78236-1244
TRAVIS	Austin Travis County Integral Care	www.integralcare.org/	512-472-4357	13	LAGO VISTA ISD	P O BOX 4929	LAGO VIST	TX	78645-0009
DENTON	Denton County MHMR Center	http://www.dentonmhmr.org/	800-762-0157	11	LAKE DALLAS ISD	P O BOX 548	LAKE DAL	TX	75065-0548
TRAVIS	Austin Travis County Integral Care	www.integralcare.org/	512-472-4357	13	LAKE TRAVIS ISD	3322 RANCH RD 620 S	AUSTIN	TX	78738-6801
TARRANT	MHMR of Tarrant County	http://www.mhmrtc.org/	800-866-2465	11	LAKE WORTH ISD	6805 TELEPHONE RD	LAKE WOI	TX	76135-2899
FORT BEND	Texana Center	http://www.texanacenter.com/	800-633-5686	4	LAMAR CISD	3911 AVE I	ROSENBE	TX	77471-3901
DAWSON	West Texas Centers	http://www.wtcmhmr.org/	800-375-4357	17	LAMESA ISD	P O BOX 261	LAMESA	TX	79331-0261
LAMPASAS	Central Counties Services	https://centralcountiesservices.org/	800-888-4036	12	LAMPASAS ISD	207 W 8TH ST	LAMPASA	TX	76550-3125
DALLAS	NTBH - Metrocare Services	http://www.ntbha.org/index.aspx	866-260-8000	10	LANCASTER ISD	422 S CENTRE AVE	LANCASTE	TX	75146-1621
RUSK	Community Healthcore	http://www.communityhealthcore.com/	800-832-1009	7	LANEVILLE ISD	7415 FM 1798 W	LANEVILL	TX	75667-9708
HENDERSON	Andrews Center Behavioral Healthcare System	http://www.andrewscenter.com/	1-877-934-2131	7	LAPOYNOR ISD	13155 HWY 175 E	LARUE	TX	75770
WEBB	Border Region Behavioral Health Center	http://www.borderregion.org/	800-643-1102	1	LAREDO ISD	1702 HOUSTON ST	LAREDO	TX	78040
WILLACY	Tropical Texas Behavioral Health	http://www.ttbh.org/	877-289-7199	1	LASARA ISD	P O BOX 57	LASARA	TX	78561-0057
HOUSTON	Burke Center	http://myburke.org/	800-392-8343	6	LATEXO ISD	P O BOX 975	LATEXO	TX	75849-0975
PARMER	Central Plains Center	http://www.ciplains.org/	800-687-1300	16	LAZBUDDIE ISD	P O BOX 9	LAZBUDD	TX	79053-0009
DENTON	Denton County MHMR Center	http://www.dentonmhmr.org/	800-762-0157	10	LEADERSHIP PREP SCHOOL	8500 TEEL PKWY	FRISCO	TX	75034
REAL	Hill Country Mental Health & Developmental Disabilities	http://www.hilcountry.org/	877-466-0660	20	LEAKEY ISD	P O BOX 1129	LEAKEY	TX	78873-1129

WILLIAMSON	Bluebonnet Trails Community Services	http://www.bbtrails.org/	800-841-1255	13	LEANDER ISD	P O BOX 218	LEANDER	TX	78646-0218
BOWIE	Community Healthcore	http://www.communityhealthcore.com/	800-832-1009	8	LEARY ISD	P O BOX 519	HOOKS	TX	75561-0519
GRAY	Texas Panhandle Centers	http://www.texaspanhandlecenters.org/	800-692-4039 or 806-359-6699	16	LEFORS ISD	P O BOX 390	LEFORS	TX	79054-0390
DALLAS	NTBH - Metrocare Services	http://www.ntbha.org/index.aspx	866-260-8000	10	LEGACY PREPARATORY	9441 LBJ FREEWAY STE 101	DALLAS	TX	75243
POLK	Burke Center	http://myburke.org/	800-392-8343	6	LEGGETT ISD	P O BOX 68	LEGGETT	TX	77350-0068
LEON	MHMR Authority of Brazos Valley	http://www.mhmrabv.org	1-888-522-8262	6	LEON ISD	12168 HWY 79 W	JEWETT	TX	75846
FANNIN	Texoma Community Center	http://www.mhmrst.org/	877-277-2226	10	LEONARD ISD	# 1 TIGER ALLEY	LEONARD	TX	75452
HOCKLEY	StarCare Specialty Health System	http://www.LubbockMHMR.org	806-740-1414 or (800) 687-7581	17	LEVELAND ISD	704 11TH ST	LEVELLAN	TX	79336-5424
RUSK	Community Healthcore	http://www.communityhealthcore.com/	800-832-1009	7	LEVERETTS CHAPEL ISD	P O BOX 669	LAIRD HIL	TX	75666-0669
DENTON	Denton County MHMR Center	http://www.dentonmhmr.org/	800-762-0157	11	LEWISVILLE ISD	1565 W MAIN ST	LEWISVILL	TX	75067-2616
LEE	Bluebonnet Trails Community Services	http://www.bbtrails.org/	800-841-1255	13	LEXINGTON ISD	8731 N HWY 77	LEXINGTO	TX	78947-0248
WILLIAMSON	Bluebonnet Trails Community Services	http://www.bbtrails.org/	800-841-1255	13	LIBERTY HILL ISD	301 FORREST ST	LIBERTY H	TX	78642
LIBERTY	Tri-County Services	http://www.tricountyservices.org	800-659-6994	5	LIBERTY ISD	1600 GRAND AVE	LIBERTY	TX	77575-4725
BOWIE	Community Healthcore	http://www.communityhealthcore.com/	800-832-1009	8	LIBERTY-EYLAU ISD	2901 LEOPARD DR	TEXARKA	TX	75501-7817
DALLAS	NTBH - Metrocare Services	http://www.ntbha.org/index.aspx	866-260-8000	10	LIFE SCHOOL	132 E OVILLA RD STE A	RED OAK	TX	75154
BEXAR	The Center for Health Care Services	http://www.chcsbc.org/	800-316-9241 or 210-223-7233	20	LIGHTHOUSE CHARTER SCHOOL	2718 FRONTIER DR	SAN ANTO	TX	78227
SMITH	Andrews Center Behavioral Healthcare System	http://www.andrewscenter.com/	1-877-934-2131	7	LINDALE ISD	P O BOX 370	LINDALE	TX	75771-0370
CASS	Community Healthcore	http://www.communityhealthcore.com/	800-832-1009	8	LINDEN-KILDARE CISD	205 KILDARE RD	LINDEN	TX	75563
COOKE	Texoma Community Center	http://www.mhmrst.org/	877-277-2226	11	LINDSAY ISD	P O BOX 145	LINDSAY	TX	76250-0145
ERATH	Pecan Valley Centers for Behavioral & Developmental H	http://www.pvmhmr.org	800-772-5987	11	LINGLEVILLE ISD	P O BOX 134	LINGLEVI	TX	76461-0134
HOOD	Pecan Valley Centers for Behavioral & Developmental H	http://www.pvmhmr.org	800-772-5987	11	LIPAN ISD	211 N KICKAPOO	LIPAN	TX	76462-2429
ORANGE	Spindletop Center	http://www.stmhmr.org/	800-937-8097	5	LITTLE CYPRESS-MAURICEVILLE CISD	6586 FM 1130	ORANGE	TX	77632
DENTON	Denton County MHMR Center	http://www.dentonmhmr.org/	800-762-0157	11	LITTLE ELM ISD	P O BOX 6000	LITTLE ELM	TX	75068-6924
LAMB	Central Plains Center	http://www.cplains.org/	800-687-1300	17	LITTLEFIELD ISD	1207 E 14TH ST	LITTLEFIEL	TX	79339
POLK	Burke Center	http://myburke.org/	800-392-8343	6	LIVINGSTON ISD	P O BOX 1297	LIVINGST	TX	77351-1297
LLANO	Hill Country Mental Health & Developmental Disabilities	http://www.hillcountry.org/	877-466-0660	13	LLANO ISD	1400 OATMAN ST	LLANO	TX	78643
CALDWELL	Bluebonnet Trails Community Services	http://www.bbtrails.org/	800-841-1255	13	LOCKHART ISD	P O BOX 120	LOCKHART	TX	78644-0120
FLOYD	Central Plains Center	http://www.cplains.org/	800-687-1300	17	LOCKNEY ISD	P O BOX 428	LOCKNEY	TX	79241-0428
MCCULLOCH	Center for Life Resources	http://www.cfr.us/	800-458-7788	15	LOHN ISD	P O BOX 277	LOHN	TX	76852-0277
LAMPASAS	Central Counties Services	https://centralcountiesservices.org/	800-888-4036	12	LOMETA ISD	P O BOX 250	LOMETA	TX	76853-0250
NUECES	MHMR of Nueces County	http://www.ncmhmr.org/	1-888-767-4493	2	LONDON ISD	1306 FM 43	CORPUS C	TX	78415-9713
HUNT	NTBH - Lakes Regional MHMR Center	http://www.ntbha.org/index.aspx	866-260-8000	10	LONE OAK ISD	8162 HWY 69 S	LONE OAK	TX	75453-5305
COLLIN	LifePath Systems	http://www.lifepathsystems.org	1-877-422-5939	10	LONE STAR LANGUAGE ACADEMY	5301 DEMOCRACY DR	PLANO	TX	75024
GREGG	Community Healthcore	http://www.communityhealthcore.com/	800-832-1009	7	LONGVIEW ISD	P O BOX 3268	LONGVIEW	TX	75606-3268
GAINES	West Texas Centers	http://www.wtcmhmr.org/	800-375-4357	17	LOOP ISD	P O BOX 917	LOOP	TX	79342-0917
MITCHELL	West Texas Centers	http://www.wtcmhmr.org/	800-375-4357	14	LORAINE ISD	P O BOX 457	LORAINE	TX	79532-0457
MCLENNAN	Heart of Texas Region MHMR Center	http://www.hotrmhmr.org/	1-866-752-3451 or 254-776-1101	12	LORENA ISD	P O BOX 97	LORENA	TX	76655-0097
CROSBY	StarCare Specialty Health System	http://www.LubbockMHMR.org	806-740-1414 or (800) 687-7581	17	LORENZO ISD	P O BOX 520	LORENZO	TX	79343-0520
CAMERON	Tropical Texas Behavioral Health	http://www.ttbh.org/	877-289-7199	1	LOS FRESNOS CISD	P O BOX 309	LOS FRES	TX	78566
WHARTON	Texana Center	http://www.texanacenter.com/	800-633-5686	3	LOUISE ISD	P O BOX 97	LOUISE	TX	77455-0097
COLLIN	LifePath Systems	http://www.lifepathsystems.org	1-877-422-5939	10	LOVEJOY ISD	259 COUNTRY CLUB RD	ALLEN	TX	75002-7643
HOUSTON	Burke Center	http://myburke.org/	800-392-8343	6	LOVELADY ISD	P O BOX 99	LOVELADY	TX	75851-0099
LUBBOCK	StarCare Specialty Health System	http://www.LubbockMHMR.org	806-740-1414 or (800) 687-7581	17	LUBBOCK ISD	1628 19TH ST	LUBBOCK	TX	79401-4895
LUBBOCK	StarCare Specialty Health System	http://www.LubbockMHMR.org	806-740-1414 or (800) 687-7581	17	LUBBOCK-COOPER ISD	16302 LOOP 493	LUBBOCK	TX	79423-9530
JONES	Betty Hardwick Center	https://bettyhardwick.org/	800-758-3344	14	LUEDERS-AVOCA ISD	334 VANDEVENTER ST	LUEDERS	TX	79533-1148
ANGELINA	Burke Center	http://myburke.org/	800-392-8343	7	LUFKIN ISD	P O BOX 1407	LUFKIN	TX	75902-1407
CALDWELL	Bluebonnet Trails Community Services	http://www.bbtrails.org/	800-841-1255	13	LULING ISD	212 E BOWIE ST	LULING	TX	78648-2904
HARDIN	Spindletop Center	http://www.stmhmr.org/	800-937-8097	5	LUMBERTON ISD	121 S MAIN	LUMBERT	TX	77657-0123

DALLAS	NTBH - Metrocare Services	http://www.ntbha.org/index.aspx	866-260-8000	10	LUMIN EDUCATION	924 WAYNE ST	DALLAS	TX	75223
WILLACY	Tropical Texas Behavioral Health	http://www.ttbh.org/	877-289-7199	1	LYFORD CISD	P O BOX 220	LYFORD	TX	78569-0220
ATASCOSA	Camino Real Community Services	http://www.caminorealcs.org/	800-543-5750	20	LYTLE ISD	P O BOX 745	LYTLE	TX	78052-0745
KAUFMAN	NTBH - Lakes Regional MHMR Center	http://www.caminorealcs.org/index.aspx	866-260-8000	10	MABANK ISD	310 E MARKET ST	MABANK	TX	75147
MADISON	MHMR Authority of Brazos Valley	http://www.mhmrabv.org	1-888-522-8262	6	MADISONVILLE CISD	P O BOX 879	MADISON	TX	77864-0879
MONTGOME	Tri-County Services	http://www.tricountyservices.org	800-659-6994	6	MAGNOLIA ISD	P O BOX 88	MAGNOLI	TX	77353-0088
HENDERSON	Andrews Center Behavioral Healthcare System	http://www.andrewscenter.com/	1-877-934-2131	7	MALAKOFF ISD	1308 FM 3062	MALAKOF	TX	75148-6125
HILL	Heart of Texas Region MHMR Center	http://www.hotrmhmr.org/	1-866-752-3451 or 254-776-1101	12	MALONE ISD	P O BOX 38	MALONE	TX	76660-0038
BOWIE	Community Healthcore	http://www.communityhealthcore.com/	800-832-1009	8	MALTA ISD	6178 W US HWY 82	NEW BOS	TX	75570-9500
DALLAS	NTBH - Metrocare Services	http://www.ntbha.org/index.aspx	866-260-8000	10	MANARA ACADEMY	8201 TRISTAR DR	IRVING	TX	75063
TRAVIS	Austin Travis County Integral Care	www.integralcare.org/	512-472-4357	13	MANOR ISD	10335 HWY 290E	MANOR	TX	78653
TARRANT	MHMR of Tarrant County	http://www.mhmrtc.org/	800-866-2465	11	MANSFIELD ISD	605 E BROAD ST	MANSFIEL	TX	76063-1794
BREWSTER	Permian Basin Community Centers for MHMR	http://www.pbmhmr.com/	1-800-542-4005 or 877-475-7322	18	MARATHON ISD	P O BOX 416	MARATHO	TX	79842-0416
BURNET	Bluebonnet Trails Community Services	http://www.bbtrails.org/	800-841-1255	13	MARBLE FALLS ISD	1800 COLT CIR	MARBLE F	TX	78654-4803
PRESIDIO	Permian Basin Community Centers for MHMR	http://www.pbmhmr.com/	1-800-542-4005 or 877-475-7322	18	MARFA ISD	P O BOX T	MARFA	TX	79843
GUADALUPE	Bluebonnet Trails Community Services	http://www.bbtrails.org/	800-841-1255	20	MARION ISD	P O BOX 189	MARION	TX	78124-0189
FALLS	Heart of Texas Region MHMR Center	http://www.hotrmhmr.org/	1-866-752-3451 or 254-776-1101	12	MARLIN ISD	130 COLEMAN ST	MARLIN	TX	76661-2899
HARRISON	Community Healthcore	http://www.communityhealthcore.com/	800-832-1009	7	MARSHALL ISD	1305 E PINECREST DR	MARSHAL	TX	75670-7349
MCLENNAN	Heart of Texas Region MHMR Center	http://www.hotrmhmr.org/	1-866-752-3451 or 254-776-1101	12	MART ISD	700 E NAVARRO AVE	MART	TX	76664
VAN ZANDT	Andrews Center Behavioral Healthcare System	http://www.andrewscenter.com/	1-877-934-2131	7	MARTINS MILL ISD	301 F M 1861	MARTINS	TX	75754
NACOGDOCI	Burke Center	http://myburke.org/	800-392-8343	7	MARTINSVILLE ISD	P O BOX 100	MARTINS	TX	75958-0100
MASON	Hill Country Mental Health & Developmental Disabilities	http://www.hilcountry.org/	877-466-0660	15	MASON ISD	P O BOX 410	MASON	TX	76856-0410
MATAGORD	Texana Center	http://www.texanacenter.com/	800-633-5686	3	MATAGORDA ISD	P O BOX 657	MATAGOI	TX	77457-0657
SAN PATRICI	Coastal Plains Community Center	http://www.cpmhmr.org/	800-841-6467	2	MATHIS ISD	P O BOX 1179	MATHIS	TX	78368-1179
BOWIE	Community Healthcore	http://www.communityhealthcore.com/	800-832-1009	8	MAUD ISD	P O BOX 1028	MAUD	TX	75567-1028
BROWN	Center for Life Resources	http://www.cflr.us/	800-458-7788	15	MAY ISD	3400 CR 411 E	MAY	TX	76857
ELLIS	NTBH - Lakes Regional MHMR Center	http://www.ntbha.org/index.aspx	866-260-8000	10	MAYPEARL ISD	P O BOX 40	MAYPEAR	TX	76064-0040
HIDALGO	Tropical Texas Behavioral Health	http://www.ttbh.org/	877-289-7199	1	MCALLEN ISD	2000 N 23RD ST	MCALLEN	TX	78501-2000
UPTON	West Texas Centers	http://www.wtcmhmr.org/	800-375-4357	18	MCCAMEY ISD	P O BOX 1069	MCCAME	TX	79752-1069
BASTROP	Bluebonnet Trails Community Services	http://www.bbtrails.org/	800-841-1255	13	MCDADE ISD	P O BOX 400	MCDADE	TX	78650-0400
MCLENNAN	Heart of Texas Region MHMR Center	http://www.hotrmhmr.org/	1-866-752-3451 or 254-776-1101	12	MCGREGOR ISD	P O BOX 356	MCGREG	TX	76657-0356
COLLIN	LifePath Systems	http://www.lifepathsystems.org	1-877-422-5939	10	MCKINNEY ISD	#1 DUVALL ST	MCKINNE	TX	75069-3211
GRAY	Texas Panhandle Centers	http://www.texaspanhandlecenters.org/	800-692-4039 or 806-359-6699	16	MCLEAN ISD	P O BOX 90	MCLEAN	TX	79057-0090
CASS	Community Healthcore	http://www.communityhealthcore.com/	800-832-1009	8	MCLEOD ISD	P O BOX 350	MCLEOD	TX	75565-0350
MCMULLEN	Camino Real Community Services	http://www.caminorealcs.org/	800-543-5750	2	MCMULLEN COUNTY ISD	P O BOX 359	TILDEN	TX	78072-0359
TERRY	West Texas Centers	http://www.wtcmhmr.org/	800-375-4357	17	MEADOW ISD	604 4TH ST	MEADOW	TX	79345-9801
KENDALL	Hill Country Mental Health & Developmental Disabilities	http://www.hilcountry.org/	877-466-0660	20	MEADOWLAND CHARTER DISTRICT	216 E BLANCO RD STE 101	BOERNE	TX	78006
BANDERA	Hill Country Mental Health & Developmental Disabilities	http://www.hilcountry.org/	877-466-0660	20	MEDINA ISD	P O BOX 1470	MEDINA	TX	78055-1470
MEDINA	Hill Country Mental Health & Developmental Disabilities	http://www.hilcountry.org/	877-466-0660	20	MEDINA VALLEY ISD	8449 F M 471 S	CASTROV	TX	78009-9531
COLLIN	LifePath Systems	http://www.lifepathsystems.org	1-877-422-5939	10	MELISSA ISD	1904 COOPER	MELISSA	TX	75454-0127
HALL	Texas Panhandle Centers	http://www.texaspanhandlecenters.org/	800-692-4039 or 806-359-6699	16	MEMPHIS ISD	P O BOX 460	MEMPHIS	TX	79245-0460
MENARD	Hill Country Mental Health & Developmental Disabilities	http://www.hilcountry.org/	877-466-0660	15	MENARD ISD	P O BOX 729	MENARD	TX	76859-0729
HIDALGO	Tropical Texas Behavioral Health	http://www.ttbh.org/	877-289-7199	1	MERCEDES ISD	P O BOX 419	MERCEDE	TX	78570-0419
BOSQUE	Heart of Texas Region MHMR Center	http://www.hotrmhmr.org/	1-866-752-3451 or 254-776-1101	12	MERIDIAN ISD	P O BOX 349 204 2ND ST	MERIDIAN	TX	76665-0349
WILLIAMSON	Bluebonnet Trails Community Services	http://www.bbtrails.org/	800-841-1255	13	MERIDIAN WORLD SCHOOL LLC	2555 N IH-35	ROUND R	TX	78664
TAYLOR	Betty Hardwick Center	https://bettyhardwick.org/	800-758-3344	14	MERKEL ISD	P O BOX 430	MERKEL	TX	79536-0430
DALLAS	NTBH - Metrocare Services	http://www.ntbha.org/index.aspx	866-260-8000	10	MESQUITE ISD	3819 TOWNE CROSSING BLVD	MESQUIT	TX	75150
LIMESTONE	Heart of Texas Region MHMR Center	http://www.hotrmhmr.org/	1-866-752-3451 or 254-776-1101	12	MEXIA ISD	P O BOX 2000	MEXIA	TX	76667

HARRIS	MHMR Authority of Harris County	http://www.mhmraharris.org	866-970-4770	4	MEYERPARK ELEMENTARY	13663 MAIN ST	HOUSTON	TX	77035-5616
DEWITT	Gulf Bend Center	http://www.gulfbend.org/	877-723-3422	3	MEYERSVILLE ISD	P O BOX 1	MEYERSV	TX	77974-0001
ROBERTS	Texas Panhandle Centers	http://www.texaspanhandlecenters.org/	800-692-4039 or 806-359-6699	16	MIAMI ISD	P O BOX 368	MIAMI	TX	79059-0368
MIDLAND	Permian Basin Community Centers for MHMR	http://www.pbmhmr.com/	1-800-542-4005 or 877-475-7322	18	MIDLAND ACADEMY CHARTER SCHOOL	500 N BAIRD	MIDLAND	TX	79701
MIDLAND	Permian Basin Community Centers for MHMR	http://www.pbmhmr.com/	1-800-542-4005 or 877-475-7322	18	MIDLAND ISD	615 W MISSOURI AVE	MIDLAND	TX	79701-5017
ELLIS	NTBH - Lakes Regional MHMR Center	http://www.ntbha.org/index.aspx	866-260-8000	10	MIDLOTHIAN ISD	100 WALTER STEPHENSON RD	MIDLOTH	TX	76065-3418
HIDALGO	Tropical Texas Behavioral Health	http://www.ttbh.org/	877-289-7199	1	MIDVALLEY ACADEMY CHARTER DISTRICT	P O BOX 15644	SAN ANTO	TX	78212
CLAY	Helen Farabee Centers	http://www.helenfarabee.org/	800-621-8504	9	MIDWAY ISD	12142 STATE HWY 148 S	HENRIETT	TX	76365-7210
MCLENNAN	Heart of Texas Region MHMR Center	http://www.hotrmhmr.org/	1-866-752-3451 or 254-776-1101	12	MIDWAY ISD	13885 WOODWAY DR	WOODWA	TX	76712-0000
MILAM	Central Counties Services	https://centralcountiesservices.org/	800-888-4036	6	MILANO ISD	P O BOX 145	MILANO	TX	76556-0145
NAVARRO	NTBH - Lakes Regional MHMR Center	http://www.ntbha.org/index.aspx	866-260-8000	12	MILDRED ISD	5475 S HWY 287	CORSICAN	TX	75109-9328
RUNNELS	West Texas Centers	http://www.wtcmhmr.org/	800-375-4357	15	MILES ISD	P O BOX 308	MILES	TX	76861-0308
ELLIS	NTBH - Lakes Regional MHMR Center	http://www.ntbha.org/index.aspx	866-260-8000	10	MILFORD ISD	P O BOX 545	MILFORD	TX	76670-0545
HOPKINS	Lakes Regional MHMR Center	http://www.lrmhmrc.org/	(877) 466-0660	8	MILLER GROVE ISD	7819 FARM RD 275 S	CUMBY	TX	75433-9711
PARKER	Pecan Valley Centers for Behavioral & Developmental H	http://www.pvmhmr.org	800-772-5987	11	MILLSAP ISD	201 E BRAZOS ST	MILLSAP	TX	76066-9444
WOOD	Andrews Center Behavioral Healthcare System	http://www.andrewscenter.com/	1-877-934-2131	7	MINEOLA ISD	1695 W LOOP 564	MINEOLA	TX	75773-1617
PALO PINTO	Pecan Valley Centers for Behavioral & Developmental H	http://www.pvmhmr.org	800-772-5987	11	MINERAL WELLS ISD	906 S W 5TH AVE	MINERAL	TX	76067-4895
HIDALGO	Tropical Texas Behavioral Health	http://www.ttbh.org/	877-289-7199	1	MISSION CISD	1201 BRYCE DR	MISSION	TX	78572-4399
WARD	West Texas Centers	http://www.wtcmhmr.org/	800-375-4357	18	MONAHANS-WICKETT-PYOTE ISD	606 S BETTY AVE	MONAHA	TX	79756-5018
MONTAGUE	Helen Farabee Centers	http://www.helenfarabee.org/	800-621-8504	9	MONTAGUE ISD	P O BOX 78	MONTAG	TX	76251-0078
HIDALGO	Tropical Texas Behavioral Health	http://www.ttbh.org/	877-289-7199	1	MONTE ALTO ISD	25149 1ST ST	MONTE A	TX	78538-9719
TRAVIS	Austin Travis County Integral Care	www.integralcare.org/	512-472-4357	13	MONTESSORI FOR ALL	7302 BLINN CIR	AUSTIN	TX	78723-1501
MONTGOME	Tri-County Services	http://www.tricountyservices.org	800-659-6994	6	MONTGOMERY ISD	P O BOX 1475	MONTGO	TX	77356-1475
MCLENNAN	Heart of Texas Region MHMR Center	http://www.hotrmhmr.org/	1-866-752-3451 or 254-776-1101	12	MOODY ISD	12084A S LONE STAR PKWY	MOODY	TX	76557-3638
SHACKELFOR	Betty Hardwick Center	https://bettyhardwick.org/	800-758-3344	14	MORAN ISD	P O BOX 98	MORAN	TX	76464-0098
BOSQUE	Heart of Texas Region MHMR Center	http://www.hotrmhmr.org/	1-866-752-3451 or 254-776-1101	12	MORGAN ISD	P O BOX 300	MORGAN	TX	76671-0300
ERATH	Pecan Valley Centers for Behavioral & Developmental H	http://www.pvmhmr.org	800-772-5987	11	MORGAN MILL ISD	P O BOX 8	MORGAN	TX	76465-0008
COCHRAN	StarCare Specialty Health System	http://www.LubbockMHMR.org	806-740-1414 or (800) 687-7581	17	MORTON ISD	500 CHAMPION DR	MORTON	TX	79346-3399
MOTLEY	Central Plains Center	http://www.clplains.org/	800-687-1300	17	MOTLEY COUNTY ISD	P O BOX 310	MATADOR	TX	79244-0310
LAVACA	Gulf Bend Center	http://www.gulfbend.org/	877-723-3422	3	MOULTON ISD	P O DRAWER C	MOULTON	TX	77975-9801
HILL	Heart of Texas Region MHMR Center	http://www.hotrmhmr.org/	1-866-752-3451 or 254-776-1101	12	MOUNT CALM ISD	P O 105	MOUNT C	TX	76673-0105
RUSK	Community Healthcore	http://www.communityhealthcore.com/	800-832-1009	7	MOUNT ENTERPRISE ISD	301 NW 3RD ST	MOUNT E	TX	75681
TITUS	Lakes Regional MHMR Center	http://www.lrmhmrc.org/	(877) 466-0660	8	MOUNT PLEASANT ISD	P O BOX 1117	MOUNT P	TX	75456-1117
FRANKLIN	Lakes Regional MHMR Center	http://www.lrmhmrc.org/	(877) 466-0660	8	MOUNT VERNON ISD	501 TEXAS HWY 37	MOUNT V	TX	75457
COOKE	Texoma Community Center	http://www.mhmrst.org/	877-277-2226	11	MUENSTER ISD	P O BOX 608	MUENSTE	TX	76252-0608
BAILEY	Central Plains Center	http://www.clplains.org/	800-687-1300	17	MULESHOE ISD	514 W AVE G	MULESHO	TX	79347-3499
MILLS	Center for Life Resources	http://www.cflr.us/	800-458-7788	12	MULLIN ISD	P O BOX 128	MULLIN	TX	76864-0128
ROBERTSON	MHMR Authority of Brazos Valley	http://www.mhmrabv.org	1-888-522-8262	6	MUMFORD ISD	9755 FM 50	MUMFOR	TX	77807-1439
KNOX	Helen Farabee Centers	http://www.helenfarabee.org/	800-621-8504	9	MUNDAY CISD	P O BOX 300	MUNDAY	TX	76371-0300
HENDERSON	Andrews Center Behavioral Healthcare System	http://www.andrewscenter.com/	1-877-934-2131	7	MURCHISON ISD	P O BOX 538	MURCHIS	TX	75778-0538
NACOGDOCH	Burke Center	http://myburke.org/	800-392-8343	7	NACOGDOCHES ISD	DRAWER 631521	NACOGDO	TX	75963-1521
MEDINA	Hill Country Mental Health & Developmental Disabilities	http://www.hillcountry.org/	877-466-0660	20	NATALIA ISD	P O BOX 548	NATALIA	TX	78059-0548
GUADALUPE	Bluebonnet Trails Community Services	http://www.bbtrails.org/	800-841-1255	13	NAVARRO ISD	6450 N STATE HWY 123	SEGUIN	TX	78155
GRIMES	MHMR Authority of Brazos Valley	http://www.mhmrabv.org	1-888-522-8262	6	NAVASOTA ISD	P O BOX 511	NAVASOT	TX	77868-0511
CASTRO	Central Plains Center	http://www.clplains.org/	800-687-1300	16	NAZARETH ISD	P O BOX 189	NAZARET	TX	79063-0189
ANDERSON	ACCESS	http://www.accesshmr.org/	800-621-1693	7	NECHES ISD	P O BOX 310	NECHES	TX	75779-0310
JEFFERSON	Spindletop Center	http://www.stmhmr.org/	800-937-8097	5	NEDERLAND ISD	220 N 17TH ST	NEDERLA	TX	77627-5029
FORT BEND	Texana Center	http://www.texanacenter.com/	800-633-5686	4	NEEDVILLE ISD	P O BOX 412	NEEDVILL	TX	77461-0412

BOWIE	Community Healthcore	http://www.communityhealthcore.com/	800-832-1009	8	NEW BOSTON ISD	201 RICE ST	NEW BOS	TX	75570-2389
COMAL	Hill Country Mental Health & Developmental Disabilities	http://www.hilcountry.org/	877-466-0660	13	NEW BRAUNFELS ISD	BOX 311688	NEW BRA	TX	78131-1688
MONTGOME	Tri-County Services	http://www.tricountyservices.org	800-659-6994	6	NEW CANEY ISD	21580 LOOP 494	NEW CAN	TX	77357
LUBBOCK	StarCare Specialty Health System	http://www.LubbockMHMR.org	806-740-1414 or (800) 687-7581	17	NEW DEAL ISD	P O BOX 280	NEW DEA	TX	79350-0280
UPSHUR	Community Healthcore	http://www.communityhealthcore.com/	800-832-1009	7	NEW DIANA ISD	1373 US HWY 259 S	DIANA	TX	75640
BEXAR	The Center for Health Care Services	http://www.chcsbc.org/	800-316-9241 or 210-223-7233	20	NEW FRONTIERS PUBLIC SCHOOLS INC	138 FAIR AVE	SAN ANTO	TX	78223
LYNN	StarCare Specialty Health System	http://www.LubbockMHMR.org	806-740-1414 or (800) 687-7581	17	NEW HOME ISD	225 N MAIN ST	NEW HOM	TX	79381
CHEROKEE	ACCESS	http://www.accessmhmr.org/	800-621-1693	7	NEW SUMMERFIELD ISD	P O BOX 6	NEW SUM	TX	75780-0006
WALKER	Tri-County Services	http://www.tricountyservices.org	800-659-6994	6	NEW WAVERLY ISD	355 FRONT ST	NEW WA	TX	77358-3527
YOUNG	Helen Farabee Centers	http://www.helenfarabee.org/	800-621-8504	9	NEWCASTLE ISD	P O BOX 129	NEWCAST	TX	76372-0129
TARRANT	MHMR of Tarrant County	http://www.mhmrtc.org/	800-866-2465	11	NEWMAN INTERNATIONAL ACADEMY OF ARLING	P O BOX 170057	ARLINGTO	TX	76003
NEWTON	Burke Center	http://myburke.org/	800-392-8343	5	NEWTON ISD	720 RUSK ST	NEWTON	TX	75966
GONZALES	Bluebonnet Trails Community Services	http://www.bbtrails.org/	800-841-1255	13	NIXON-SMILEY CISD	P O BOX 400	NIXON	TX	78140-0400
MONTAGUE	Helen Farabee Centers	http://www.helenfarabee.org/	800-621-8504	9	NOCONA ISD	220 CLAY	NOCONA	TX	76255-2104
DEWITT	Gulf Bend Center	http://www.gulfbend.org/	877-723-3422	3	NORDHEIM ISD	500 N BROADWAY	NORDHEI	TX	78141
LEON	MHMR Authority of Brazos Valley	http://www.mhmrabv.org	1-888-522-8262	6	NORMANGEE ISD	P O BOX 219	NORMAN	TX	77871-0219
BEXAR	The Center for Health Care Services	http://www.chcsbc.org/	800-316-9241 or 210-223-7233	20	NORTH EAST ISD	8961 TESORO DR	SAN ANTO	TX	78217
HOPKINS	Lakes Regional MHMR Center	http://www.lrmhmrc.org/	(877) 466-0660	8	NORTH HOPKINS ISD	1994 FM 71 W	SULPHUR	TX	75482-0415
LAMAR	Lakes Regional MHMR Center	http://www.lrmhmrc.org/	(877) 466-0660	8	NORTH LAMAR ISD	3201 LEWIS LN	PARIS	TX	75460
DENTON	Denton County MHMR Center	http://www.dentonmhmr.org/	800-762-0157	11	NORTH TEXAS COLLEGIATE ACADEMY	4601 N 1-35	DENTON	TX	76207
MADISON	MHMR Authority of Brazos Valley	http://www.mhmrabv.org	1-888-522-8262	6	NORTH ZULCH ISD	P O BOX 158	NORTH ZU	TX	77872-0158
BEXAR	The Center for Health Care Services	http://www.chcsbc.org/	800-316-9241 or 210-223-7233	20	NORTHSIDE ISD	5900 EVERS RD	SAN ANTO	TX	78238-1699
WILBARGER	Helen Farabee Centers	http://www.helenfarabee.org/	800-621-8504	9	NORTHSIDE ISD	18040 HWY 283 N	VERNON	TX	76384-9801
DENTON	Denton County MHMR Center	http://www.dentonmhmr.org/	800-762-0157	11	NORTHWEST ISD	P O BOX 77070	FORT WO	TX	76177-0070
DALLAS	NTBH - Metrocare Services	http://www.ntbha.org/index.aspx	866-260-8000	10	NOVA ACADEMY	P O BOX 170127	DALLAS	TX	75217
EDWARDS	NTBH - Metrocare Services	http://www.ntbha.org/index.aspx	866-260-8000	10	NOVA ACADEMY (SOUTHEAST)	2800 PRICHARD	DALLAS	TX	75227
VICTORIA	Hill Country Mental Health & Developmental Disabilities	http://www.hilcountry.org/	877-466-0660	15	NUECES CANYON CISD	P O BOX 118	BARKSDA	TX	78828-0118
TRAVIS	Gulf Bend Center	http://www.gulfbend.org/	877-723-3422	3	NURSERY ISD	P O BOX 69	NURSERY	TX	77976
LEON	Austin Travis County Integral Care	www.integralcare.org/	512-472-4357	13	NYOS CHARTER SCHOOL	12301 N LAMAR BLVD	AUSTIN	TX	78753-6507
SAN PATRICI	MHMR Authority of Brazos Valley	http://www.mhmrabv.org	1-888-522-8262	6	OAKWOOD ISD	631 N HOLLY ST	OAKWOO	TX	75855
LYNN	Coastal Plains Community Center	http://www.cpmhmr.org/	800-841-6467	2	ODEM-EDROY ISD	1 OWL SQUARE	ODEM	TX	78370
GALVESTON	StarCare Specialty Health System	http://www.LubbockMHMR.org	806-740-1414 or (800) 687-7581	17	ODONNELL ISD	P O BOX 487	ODONNEL	TX	79351-0487
CORYELL	Gulf Coast Center	http://www.gulfcoastcenter.org/	866-729-3848	4	ODYSSEY ACADEMY INC	2412 61ST ST	GALVEST	TX	77551
RUNNELS	Central Counties Services	https://centralcountiesservices.org/	800-888-4036	12	OGLESBY ISD	125 COLLEGE AVE	OGLESBY	TX	76561-0158
YOUNG	West Texas Centers	http://www.wtcmhmr.org/	800-375-4357	15	OLFEN ISD	1122 PRIVATE RD 2562	ROWENA	TX	76875
LAMB	Helen Farabee Centers	http://www.helenfarabee.org/	800-621-8504	9	OLNEY ISD	809 W HAMILTON	OLNEY	TX	76374
POLK	Central Plains Center	http://www.cplains.org/	800-687-1300	17	OLTON ISD	P O BOX 388	OLTON	TX	79064-0388
JIM WELLS	Burke Center	http://myburke.org/	800-392-8343	6	ONALASKA ISD	P O BOX 2289	ONALASK	TX	77360-2289
ORANGE	Coastal Plains Community Center	http://www.cpmhmr.org/	800-841-6467	2	ORANGE GROVE ISD	P O BOX 534	ORANGE (	TX	78372-0534
UPSHUR	Spindletop Center	http://www.stmhmr.org/	800-937-8097	5	ORANGEFIELD ISD	P O BOX 228	ORANGEF	TX	77639-0228
BELL	Community Healthcore	http://www.communityhealthcore.com/	800-832-1009	7	ORE CITY ISD	100 REBEL RD	ORE CITY	TX	75683-0100
RUSK	Central Counties Services	https://centralcountiesservices.org/	800-888-4036	12	ORENDA CHARTER SCHOOL	2951 WILLIAMS DR	GEORGET	TX	78628
COTTLE	Community Healthcore	http://www.communityhealthcore.com/	800-832-1009	7	OVERTON ISD	P O BOX 130	OVERTON	TX	75684-0130
HASKELL	Helen Farabee Centers	http://www.helenfarabee.org/	800-621-8504	17	PADUCAH ISD	P O BOX P	PADUCAH	TX	79248-1183
CONCHO	Helen Farabee Centers	http://www.helenfarabee.org/	800-621-8504	14	PAINT CREEK ISD	4485 FM 600	HASKELL	TX	79521-9404
MATAGORD	MHMR Services for the Concho Valley	http://www.mhmrcv.org	800-375-8965	15	PAINT ROCK ISD	P O BOX 277	PAINT RO	TX	76866-0277
ANDERSON	Texana Center	http://www.texanacenter.com/	800-633-5686	3	PALACIOS ISD	1209 12TH ST	PALACIOS	TX	77465-3799
ACCESS		http://www.accessmhmr.org/	800-621-1693	7	PALESTINE ISD	1007 E PARK AVE	PALESTIN	TX	75801

ELLIS	NTBH - Lakes Regional MHMR Center	http://www.ntbha.org/index.aspx	866-260-8000	10	PALMER ISD	P O BOX 790	PALMER	TX	75152-0790
PALO PINTO	Pecan Valley Centers for Behavioral & Developmental H	http://www.pvmhmr.org	800-772-5987	11	PALO PINTO ISD	P O BOX 280	PALO PINT	TX	76484-0280
GRAY	Texas Panhandle Centers	http://www.texaspanhandlecenters.org/	800-692-4039 or 806-359-6699	16	PAMPA ISD	1233 N HOBART	PAMPA	TX	79065-7801
CARSON	Texas Panhandle Centers	http://www.texaspanhandlecenters.org/	800-692-4039 or 806-359-6699	16	PANHANDLE ISD	P O BOX 1030	PANHANI	TX	79068-1030
PANOLA	Community Healthcore	http://www.communityhealthcore.com/	800-832-1009	7	PANOLA CHARTER SCHOOL	P O BOX 610	CARTHAG	TX	75633
COLEMAN	Center for Life Resources	http://www.cflr.us/	800-458-7788	15	PANTHER CREEK CISD	129 PR 3421	VALERA	TX	76884-2009
WISE	Helen Farabee Centers	http://www.helenfarabee.org/	800-621-8504	11	PARADISE ISD	338 SCHOOLHOUSE RD	PARADISE	TX	76073-0646
LAMAR	Lakes Regional MHMR Center	http://www.lrmhmrc.org/	(877) 466-0660	8	PARIS ISD	1920 CLARKSVILLE	PARIS	TX	75460
HARRIS	MHMR Authority of Harris County	http://www.mhmraharris.org	866-970-4770	4	PASADENA ISD	1515 CHERRYBROOK	PASADEN	TX	77502
EL PASO	Emergence Health Network	http://emergencehealthnetwork.org/	915-779-1800	19	PASO DEL NORTE ACADEMY CHARTER DISTRICT	1599 GEORGE DIETER DR	EL PASO	TX	79936
DICKENS	Helen Farabee Centers	http://www.helenfarabee.org/	800-621-8504	17	PATTON SPRINGS ISD	P O BOX 32	ATTON	TX	79220-0032
BEE	Coastal Plains Community Center	http://www.cpmhmr.org/	800-841-6467	2	PAWNEE ISD	P O BOX 569	PAWNEE	TX	78145-0569
BRAZORIA	Gulf Coast Center	http://www.gulfcoastcenter.org/	866-729-3848	4	PEARLAND ISD	P O BOX 7	PEARLAN	TX	77581-4209
FRIO	Camino Real Community Services	http://www.caminorealcs.org/	800-543-5750	20	PEARSALL ISD	318 BERRY RANCH RD	PEARSALL	TX	78061-3315
PARKER	Pecan Valley Centers for Behavioral & Developmental H	http://www.pvmhmr.org	800-772-5987	11	PEASTER ISD	P O BOX 129	PEASTER	TX	76485-0129
REEVES	West Texas Centers	http://www.wtcmhmr.org/	800-375-4357	18	PECOS-BARSTOW-TOYAH ISD	P O BOX 869	PECOS	TX	79772-0869
DALLAS	NTBH - Metrocare Services	http://www.ntbha.org/index.aspx	866-260-8000	10	PEGASUS SCHOOL OF LIBERAL ARTS AND SCIENC	3800 MAIN ST STE E	DALLAS	TX	75226
HILL	Heart of Texas Region MHMR Center	http://www.hotrmhmr.org/	1-866-752-3451 or 254-776-1101	12	PENELOPE ISD	P O BOX 68	PENELOPI	TX	76676
JACK	Helen Farabee Centers	http://www.helenfarabee.org/	800-621-8504	9	PERRIN-WHITT CISD	216 N BENSON	PERRIN	TX	76486
OCHILTREE	Texas Panhandle Centers	http://www.texaspanhandlecenters.org/	800-692-4039 or 806-359-6699	16	PERRYTON ISD	P O BOX 1048	PERRYTOI	TX	79070-1048
HALE	Central Plains Center	http://www.cplains.org/	800-687-1300	17	PETERSBURG ISD	P O BOX 160	PETERSBU	TX	79250
CLAY	Helen Farabee Centers	http://www.helenfarabee.org/	800-621-8504	9	PETROLIA CISD	P O BOX 176	PETROLIA	TX	76377-0176
BEE	Coastal Plains Community Center	http://www.cpmhmr.org/	800-841-6467	2	PETTUS ISD	P O BOX D	PETTUS	TX	78146-1149
MORRIS	Lakes Regional MHMR Center	http://www.lrmhmrc.org/	(877) 466-0660	8	PEWITT CISD	P O BOX 1106	OMAHA	TX	75571-1106
TRAVIS	Austin Travis County Integral Care	www.integralcare.org/	512-472-4357	13	PFLUGERVILLE ISD	1401 W PECAN ST	PFLUGER	TX	78660-2518
HIDALGO	Tropical Texas Behavioral Health	http://www.ttbh.org/	877-289-7199	1	PHARR-SAN JUAN-ALAMO ISD	P O BOX 1150	PHARR	TX	78577
DENTON	Denton County MHMR Center	http://www.dentonmhmr.org/	800-762-0157	11	PILOT POINT ISD	829 S HARRISON ST	PILOT POI	TX	76258-4347
GREGG	Community Healthcore	http://www.communityhealthcore.com/	800-832-1009	7	PINE TREE ISD	P O BOX 5878	LONGVIEV	TX	75608-5878
ANGELINA	Burke Center	http://myburke.org/	800-392-8343	7	PINEYWOODS COMMUNITY ACADEMY	602 S RAGUET	LUFKIN	TX	75904
DALLAS	NTBH - Metrocare Services	http://www.ntbha.org/index.aspx	866-260-8000	10	PIONEER TECHNOLOGY & ARTS ACADEMY	3200 OATES DR	MESQUIT	TX	75150
CAMP	Lakes Regional MHMR Center	http://www.lrmhmrc.org/	(877) 466-0660	8	PITTSBURG ISD	P O BOX 1189	PITTSBUR	TX	75686
YOAKUM	West Texas Centers	http://www.wtcmhmr.org/	800-375-4357	17	PLAINS ISD	P O BOX 479	PLAINS	TX	79355-0479
HALE	Central Plains Center	http://www.cplains.org/	800-687-1300	17	PLAINVIEW ISD	P O BOX 1540	PLAINVIEV	TX	79073-1540
COLLIN	LifePath Systems	http://www.lifepathsystems.org	1-877-422-5939	10	PLANO ISD	2700 W 15TH	PLANO	TX	75075-7524
BOWIE	Community Healthcore	http://www.communityhealthcore.com/	800-832-1009	8	PLEASANT GROVE ISD	8500 N KINGS HWY	TEXARKAI	TX	75503-4893
ATASCOSA	Camino Real Community Services	http://www.caminorealcs.org/	800-543-5750	20	PLEASANTON ISD	831 STADIUM DR	PLEASANT	TX	78064-2499
HUTCHINSO	Texas Panhandle Centers	http://www.texaspanhandlecenters.org/	800-692-4039 or 806-359-6699	16	PLEMONS-STINNETT-PHILLIPS CISD	P O BOX 3440	STINNETT	TX	79083-3440
CAMERON	Tropical Texas Behavioral Health	http://www.ttbh.org/	877-289-7199	1	POINT ISABEL ISD	101 PORT RD	PORT ISAB	TX	78578-2433
DENTON	Denton County MHMR Center	http://www.dentonmhmr.org/	800-762-0157	11	PONDER ISD	400 W BAILEY ST	PONDER	TX	76259
PARKER	Pecan Valley Centers for Behavioral & Developmental H	http://www.pvmhmr.org	800-772-5987	11	POOLVILLE ISD	P O BOX 96	POOLVILL	TX	76487-0096
BEXAR	The Center for Health Care Services	http://www.chcsbc.org/	800-316-9241 or 210-223-7233	20	POR VIDA ACADEMY	1135 MISSION RD	SAN ANTC	TX	78210-4598
NUECES	MHMR of Nueces County	http://www.ncmhmr.org/	1-888-767-4493	2	PORT ARANSAS ISD	100 S STATION ST	PORT ARA	TX	78373
JEFFERSON	Spindletop Center	http://www.stmhmr.org/	800-937-8097	5	PORT ARTHUR ISD	P O BOX 1388	PORT ART	TX	77641-1388
JEFFERSON	Spindletop Center	http://www.stmhmr.org/	800-937-8097	5	PORT NECHES-GROVES ISD	620 AVE C	PORT NEC	TX	77651-3092
BEXAR	The Center for Health Care Services	http://www.chcsbc.org/	800-316-9241 or 210-223-7233	20	POSITIVE SOLUTIONS CHARTER SCHOOL	1325 N FLORES STE 100	SAN ANTC	TX	78212
GARZA	West Texas Centers	http://www.wtcmhmr.org/	800-375-4357	17	POST ISD	501 S AVE K	POST	TX	79356-0070
ATASCOSA	Camino Real Community Services	http://www.caminorealcs.org/	800-543-5750	20	POTEET ISD	P O BOX 138	POTEET	TX	78065-0138
WILSON	Camino Real Community Services	http://www.caminorealcs.org/	800-543-5750	20	POTH ISD	P O BOX 250	POTH	TX	78147-0250

GRAYSON	Texoma Community Center	http://www.mhmrst.org/	877-277-2226	10	POTTSBORO ISD	P O BOX 555	POTTSBOR	TX	75076-0555
CALDWELL	Bluebonnet Trails Community Services	http://www.bbtrails.org/	800-841-1255	13	PRAIRIE LEA ISD	P O BOX 9	PRAIRIE LE	TX	78661-0009
MONTAGUE	Helen Farabee Centers	http://www.helenfarabee.org/	800-621-8504	9	PRAIRIE VALLEY ISD	12920 FM 103	NOCONA	TX	76255-9521
LAMAR	Lakes Regional MHMR Center	http://www.lrmhmrc.org/	(877) 466-0660	8	PRAIRILAND ISD	466 FM 196 S	PATTONV	TX	75468-9801
ERATH	Pecan Valley Centers for Behavioral & Developmental H	http://www.pvmhmr.org	800-772-5987	11	PREMIER HIGH SCHOOLS	P O BOX 292730	LEWISVIL	TX	75029
JIM WELLS	Coastal Plains Community Center	http://www.cpmhmr.org/	800-841-6467	2	PREMONT ISD	P O BOX 530	PREMONT	TX	78375-0530
PRESIDIO	Permian Basin Community Centers for MHMR	http://www.pbmhmr.com/	1-800-542-4005 or 877-475-7322	18	PRESIDIO ISD	P O BOX 1401	PRESIDIO	TX	79845-1401
MILLS	Center for Life Resources	http://www.cflr.us/	800-458-7788	12	PRIDDY ISD	P O BOX 40	PRIDDY	TX	76870-0040
COLLIN	LifePath Systems	http://www.lifepathsystems.org	1-877-422-5939	10	PRINCETON ISD	321 PANTHER PKWY	PRINCETO	TX	75407-1002
HANSFORD	Texas Panhandle Centers	http://www.texaspanhandlecenters.org/	800-692-4039 or 806-359-6699	16	PRINGLE-MORSE CISD	P O BOX 109	MORSE	TX	79062-0109
BELL	Central Counties Services	https://centralcountiesservices.org/	800-888-4036	12	PRIORITY CHARTER SCHOOLS	275 FM 2483	MORGAN	TX	76513
HIDALGO	Tropical Texas Behavioral Health	http://www.ttbh.org/	877-289-7199	1	PROGRESO ISD	P O BOX 610	PROGRES	TX	78579-0610
HARRIS	MHMR Authority of Harris County	http://www.mhmraharris.org	866-970-4770	4	PROMISE COMMUNITY SCHOOL	4500 BISSONNET STE 200	BELLAIRE	TX	77401-3113
COLLIN	LifePath Systems	http://www.lifepathsystems.org	1-877-422-5939	10	PROSPER ISD	605 E 7TH ST	PROSPER	TX	75078-0100
HARDEMAN	Helen Farabee Centers	http://www.helenfarabee.org/	800-621-8504	9	QUANAH ISD	P O BOX 150	QUANAH	TX	79252-0150
CASS	Community Healthcore	http://www.communityhealthcore.com/	800-832-1009	8	QUEEN CITY ISD	P O BOX 128	QUEEN CI	TX	75572-0128
HUNT	NTBH - Lakes Regional MHMR Center	http://www.ntbha.org/index.aspx	866-260-8000	10	QUINLAN ISD	301 E MAIN ST	QUINLAN	TX	75474
WOOD	Andrews Center Behavioral Healthcare System	http://www.andrewscenter.com/	1-877-934-2131	7	QUITMAN ISD	1201 E GOODE ST	QUITMAN	TX	75783
RAINS	Andrews Center Behavioral Healthcare System	http://www.andrewscenter.com/	1-877-934-2131	7	RAINS ISD	P O BOX 247	EMORY	TX	75440-0247
CROSBY	StarCare Specialty Health System	http://www.LubbockMHMR.org	806-740-1414 or (800) 687-7581	17	RALLS ISD	1082 4TH ST	RALLS	TX	79357-1509
DUVAL	Coastal Plains Community Center	http://www.cpmhmr.org/	800-841-6467	2	RAMIREZ CSD	10492 SCHOOL ST	REALITOS	TX	78376-2644
VAN ZANDT	Andrews Center Behavioral Healthcare System	http://www.andrewscenter.com/	1-877-934-2131	7	RANCH ACADEMY	3120 VZCR 2318	CANTON	TX	75103
BEXAR	The Center for Health Care Services	http://www.chcsbc.org/	800-316-9241 or 210-223-7233	20	RANDOLPH FIELD ISD	P O BOX 2217	UNIVERSA	TX	78148-1217
EASTLAND	Center for Life Resources	http://www.cflr.us/	800-458-7788	14	RANGER ISD	1842 LOOP 254 E	RANGER	TX	76470-9802
UPTON	West Texas Centers	http://www.wtcmhmr.org/	800-375-4357	18	RANKIN ISD	P O BOX 90	RANKIN	TX	79778-0090
MCLENNAN	Heart of Texas Region MHMR Center	http://www.hotrmhmr.org/	1-866-752-3451 or 254-776-1101	12	RAPOPORT ACADEMY PUBLIC SCHOOL	1020 ELM AVE BLDG 100	WACO	TX	76704
HARRIS	MHMR Authority of Harris County	http://www.mhmraharris.org	866-970-4770	4	RAUL YZAGUIRRE SCHOOL FOR SUCCESS	2950 BROADWAY	HOUSTON	TX	77017
WALKER	Tri-County Services	http://www.tricountyservices.org	800-659-6994	6	RAVEN SCHOOL	143 FOREST SERVICE RD #233	NEW WAV	TX	77358
WILLACY	Tropical Texas Behavioral Health	http://www.ttbh.org/	877-289-7199	1	RAYMONDVILLE ISD	419 FM 3168	RAYMONI	TX	78580-3351
REAGAN	MHMR Services for the Concho Valley	http://www.mhmrcv.org	800-375-8965	18	REAGAN COUNTY ISD	1111 E TWELFTH ST	BIG LAKE	TX	76932-3513
BOWIE	Community Healthcore	http://www.communityhealthcore.com/	800-832-1009	8	RED LICK ISD	3511 N FM 2148	TEXARKA	TX	75503-4821
ELLIS	NTBH - Lakes Regional MHMR Center	http://www.ntbha.org/index.aspx	866-260-8000	10	RED OAK ISD	P O BOX 9000	RED OAK	TX	75154-9000
BOWIE	Community Healthcore	http://www.communityhealthcore.com/	800-832-1009	8	REDWATER ISD	P O BOX 347	REDWATE	TX	75573
REFUGIO	Gulf Bend Center	http://www.gulfbend.org/	877-723-3422	3	REFUGIO ISD	212 W VANCE ST	REFUGIO	TX	78377
KLEBERG	Coastal Plains Community Center	http://www.cpmhmr.org/	800-841-6467	2	RICARDO ISD	138 W CR 2160	KINGSVIL	TX	78363-9708
COLORADO	Texana Center	http://www.texanacenter.com/	800-633-5686	3	RICE CISD	P O BOX 338	ALTAIR	TX	77412-0338
NAVARRO	NTBH - Lakes Regional MHMR Center	http://www.ntbha.org/index.aspx	866-260-8000	12	RICE ISD	1302 SW MCKINNEY ST	RICE	TX	75155
BELL	Central Counties Services	https://centralcountiesservices.org/	800-888-4036	20	RICHARD MILBURN ALTER HIGH SCHOOL (KILLEE	1263 TERMINAL LOOP	MCQUEEN	TX	78123
GRIMES	MHMR Authority of Brazos Valley	http://www.mhmrabv.org	1-888-522-8262	6	RICHARDS ISD	9477 PANTHER DR	RICHARDS	TX	77873
DALLAS	NTBH - Metrocare Services	http://www.ntbha.org/index.aspx	866-260-8000	10	RICHARDSON ISD	400 S GREENVILLE AVE	RICHARDS	TX	75081-4198
DALLAS	NTBH - Metrocare Services	http://www.ntbha.org/index.aspx	866-260-8000	10	RICHLAND COLLEGIATE HIGH SCHOOL	12800 ABRAMS	DALLAS	TX	75243-2199
SAN SABA	Center for Life Resources	http://www.cflr.us/	800-458-7788	15	RICHLAND SPRINGS ISD	700 W COYOTE TRL	RICHLAND	TX	76871-1005
MCLENNAN	Heart of Texas Region MHMR Center	http://www.hotrmhmr.org/	1-866-752-3451 or 254-776-1101	12	RIESEL ISD	600 FREDERICK	RIESEL	TX	76682-2931
STARR	Border Region Behavioral Health Center	http://www.borderregion.org/	800-643-1102	1	RIO GRANDE CITY CISD	FORT RINGGOLD	RIO GRAN	TX	78582-4799
CAMERON	Tropical Texas Behavioral Health	http://www.ttbh.org/	877-289-7199	1	RIO HONDO ISD	215 W COLORADO	RIO HONI	TX	78583-0220
JOHNSON	Pecan Valley Centers for Behavioral & Developmental H	http://www.pvmhmr.org	800-772-5987	11	RIO VISTA ISD	P O BOX 369	RIO VISTA	TX	76093-0369
LUBBOCK	StarCare Specialty Health System	http://www.LubbockMHMR.org	806-740-1414 or (800) 687-7581	17	RISE ACADEMY	207 N MARTIN LUTHER KING BLV	LUBBOCK	TX	79403
EASTLAND	Center for Life Resources	http://www.cflr.us/	800-458-7788	14	RISING STAR ISD	P O BOX 37	RISING ST	TX	76471-5193

POTTER	Texas Panhandle Centers	http://www.texaspanhandlecenters.org/	800-692-4039 or 806-359-6699	16	RIVER ROAD ISD	9500 U S 287 N	AMARILLO	TX	79108-1620
RED RIVER	Community Healthcore	http://www.communityhealthcore.com/	800-832-1009	8	RIVERCREST ISD	4100 US HWY 271 S	BOGATA	TX	75417
KLEBERG	Coastal Plains Community Center	http://www.cpmhmr.org/	800-841-6467	2	RIVIERA ISD	203 SEAHAWK DR	RIVIERA	TX	78379-3500
COKE	MHMR Services for the Concho Valley	http://www.mhmrcv.org	800-375-8965	15	ROBERT LEE ISD	1323 HAMILTON ST	ROBERT L	TX	76945-9501
MCLENNAN	Heart of Texas Region MHMR Center	http://www.hotrmhmr.org/	1-866-752-3451 or 254-776-1101	12	ROBINSON ISD	500 W LYNDALE	ROBINSON	TX	76706-5505
NUECES	MHMR of Nueces County	http://www.ncmhmr.org/	1-888-767-4493	2	ROBSTOWN ISD	801 N 1ST ST	ROBSTOWN	TX	78380-2608
FISHER	West Texas Centers	http://www.wtcmhmr.org/	800-375-4357	14	ROBY CISD	P O BOX 519	ROBY	TX	79543-0519
MCCULLOCH	Center for Life Resources	http://www.cflr.us/	800-458-7788	15	ROCHELLE ISD	P O BOX 167	ROCHELLE	TX	76872-0167
MILAM	Central Counties Services	https://centralcountiesservices.org/	800-888-4036	6	ROCKDALE ISD	P O BOX 632	ROCKDALE	TX	76567-0632
EDWARDS	Hill Country Mental Health & Developmental Disabilities	http://www.hilcountry.org/	877-466-0660	15	ROCKSPRINGS ISD	P O BOX 157	ROCKSPRI	TX	78880-0157
ROCKWALL	NTBH - Lakes Regional MHMR Center	http://www.ntbha.org/index.aspx	866-260-8000	10	ROCKWALL ISD	1050 WILLIAMS	ROCKWAL	TX	75087-3832
BELL	Central Counties Services	https://centralcountiesservices.org/	800-888-4036	12	ROGERS ISD	1 EAGLE DR	ROGERS	TX	76569
STARR	Border Region Behavioral Health Center	http://www.borderregion.org/	800-643-1102	1	ROMA ISD	P O BOX 187	ROMA	TX	78584-0187
LUBBOCK	StarCare Specialty Health System	http://www.LubbockMHMR.org	806-740-1414 or (800) 687-7581	17	ROOSEVELT ISD	1406 CR 3300	LUBBOCK	TX	79403-9643
HOCKLEY	StarCare Specialty Health System	http://www.LubbockMHMR.org	806-740-1414 or (800) 687-7581	17	ROPES ISD	304 RANCH	ROPESVIL	TX	79358-0008
NOLAN	West Texas Centers	http://www.wtcmhmr.org/	800-375-4357	14	ROSCOE COLLEGIATE ISD	P O BOX 579	ROSCOE	TX	79545-0579
FALLS	Heart of Texas Region MHMR Center	http://www.hotrmhmr.org/	1-866-752-3451 or 254-776-1101	12	ROSEBUD-LOTT ISD	P O BOX 638	ROSEBUD	TX	76570-0638
FISHER	West Texas Centers	http://www.wtcmhmr.org/	800-375-4357	14	ROTAN ISD	102 N MCKINLEY AVE	ROTAN	TX	79546-4609
WILLIAMSON	Bluebonnet Trails Community Services	http://www.bbtrails.org/	800-841-1255	13	ROUND ROCK ISD	1311 ROUND ROCK AVE	ROUND R	TX	78681-4941
FAYETTE	Bluebonnet Trails Community Services	http://www.bbtrails.org/	800-841-1255	13	ROUND TOP-CARMINE ISD	P O BOX 385	CARMINE	TX	78932-0385
LAMAR	Lakes Regional MHMR Center	http://www.lrmhmrc.org/	(877) 466-0660	8	ROXTON ISD	P O BOX 307	ROXTON	TX	75477-0307
WALLER	Texana Center	http://www.texanacenter.com/	800-633-5686	4	ROYAL ISD	P O BOX 489	PATTISON	TX	77466-0489
ROCKWALL	NTBH - Lakes Regional MHMR Center	http://www.ntbha.org/index.aspx	866-260-8000	10	ROYSE CITY ISD	P O BOX 479	ROYSE CIT	TX	75189-0479
HASKELL	Helen Farabee Centers	http://www.helenfarabee.org/	800-621-8504	14	RULE ISD	1100 UNION AVE	RULE	TX	79547-0307
KARNES	Camino Real Community Services	http://www.caminorealcs.org/	800-543-5750	3	RUNGE ISD	P O BOX 158	RUNGE	TX	78151-0158
CHEROKEE	ACCESS	http://www.accessmhmr.org/	800-621-1693	7	RUSK ISD	203 E 7TH ST	RUSK	TX	75785-1122
GRAYSON	Texoma Community Center	http://www.mhmrst.org/	877-277-2226	10	S AND S CISD	P O BOX 837	SADLER	TX	76264-0837
UVALDE	Hill Country Mental Health & Developmental Disabilities	http://www.hilcountry.org/	877-466-0660	20	SABINAL ISD	P O BOX 338	SABINAL	TX	78881-0338
GREGG	Community Healthcore	http://www.communityhealthcore.com/	800-832-1009	7	SABINE ISD	5424 FM 1252 W	GLADEWA	TX	75647-9711
JEFFERSON	Spindletop Center	http://www.stmhmr.org/	800-937-8097	5	SABINE PASS ISD	P O BOX 1148	SABINE PA	TX	77655-1148
MONTAGUE	Helen Farabee Centers	http://www.helenfarabee.org/	800-621-8504	9	SAINT JO ISD	DRAWER L	SAINT JO	TX	76265-0320
BELL	Central Counties Services	https://centralcountiesservices.org/	800-888-4036	12	SALADO ISD	P O BOX 98	SALADO	TX	76571-0098
HOPKINS	Lakes Regional MHMR Center	http://www.lrmhmrc.org/	(877) 466-0660	8	SALTILLO ISD	P O BOX 269	SALTILLO	TX	75478-0269
WALKER	Tri-County Services	http://www.tricountyservices.org	800-659-6994	6	SAM HOUSTON STATE UNIVERSITY CHARTER SCH	1908 BOBBY K MARK DR TEC 217	HUNTSVIL	TX	77341
FANNIN	Texoma Community Center	http://www.mhmrst.org/	877-277-2226	10	SAM RAYBURN ISD	9363 E FM 273	IVANHOE	TX	75447-9717
TOM GREEN	MHMR Services for the Concho Valley	http://www.mhmrcv.org	800-375-8965	15	SAN ANGELO ISD	1621 UNIVERSITY AVE	SAN ANGE	TX	76904-5164
BEXAR	The Center for Health Care Services	http://www.chcsbc.org/	800-316-9241 or 210-223-7233	20	SAN ANTONIO ISD	141 LAVACA ST	SAN ANTO	TX	78210-1039
BEXAR	The Center for Health Care Services	http://www.chcsbc.org/	800-316-9241 or 210-223-7233	20	SAN ANTONIO SCHOOL FOR INQUIRY & CREATIV	5101 SAN PEDRO AVE.	SAN ANTO	TX	78212
SAN AUGUST	Burke Center	http://myburke.org/	800-392-8343	7	SAN AUGUSTINE ISD	1002 BARRETT ST	SAN AUGU	TX	75972-2298
CAMERON	Tropical Texas Behavioral Health	http://www.ttbh.org/	877-289-7199	1	SAN BENITO CISD	240 N CROCKETT ST	SAN BENI	TX	78586-4608
DUVAL	Coastal Plains Community Center	http://www.cpmhmr.org/	800-841-6467	2	SAN DIEGO ISD	609 W LABBE ST	SAN DIEGO	TX	78384-3499
EL PASO	Emergence Health Network	http://emergencehealthnetwork.org/	915-779-1800	19	SAN ELIZARIO ISD	P O BOX 920	SAN ELIZA	TX	79849-0920
VAL VERDE	Hill Country Mental Health & Developmental Disabilities	http://www.hilcountry.org/	877-466-0660	15	SAN FELIPE-DEL RIO CISD	P O DRAWER 428002	DEL RIO	TX	78842
STARR	Border Region Behavioral Health Center	http://www.borderregion.org/	800-643-1102	1	SAN ISIDRO ISD	P O BOX 10	SAN ISIDR	TX	78588-0010
HAYS	Hill Country Mental Health & Developmental Disabilities	http://www.hilcountry.org/	877-466-0660	13	SAN MARCOS CISD	P O BOX 1087	SAN MAR	TX	78667-1087
WILLACY	Tropical Texas Behavioral Health	http://www.ttbh.org/	877-289-7199	1	SAN PERLITA ISD	P O BOX 37	SAN PERL	TX	78590-0037
SAN SABA	Center for Life Resources	http://www.cflr.us/	800-458-7788	15	SAN SABA ISD	808 W WALLACE	SAN SABA	TX	76877-3523
BREWSTER	Permian Basin Community Centers for MHMR	http://www.pbmhmr.com/	1-800-542-4005 or 877-475-7322	18	SAN VICENTE ISD	P O BOX 195	BIG BEND	TX	79834-0195

DAWSON	West Texas Centers	http://www.wtcmhmr.org/	800-375-4357	17	SANDS CISD	P O BOX 218	ACKERLY	TX	79713-0218
HUTCHINSO	Texas Panhandle Centers	http://www.texaspanhandlecenters.org/	800-692-4039 or 806-359-6699	16	SANFORD-FRITCH ISD	P O BOX 1290	FRITCH	TX	79036-1290
DENTON	Denton County MHMR Center	http://www.dentonmhmr.org/	800-762-0157	11	SANGER ISD	601 ELM ST	SANGER	TX	76266-9635
COLEMAN	Center for Life Resources	http://www.cflr.us/	800-458-7788	15	SANTA ANNA ISD	701 BOWIE ST	SANTA AN	TX	76878
GALVESTON	Gulf Coast Center	http://www.gulfcoastcenter.org/	866-729-3848	4	SANTA FE ISD	P O BOX 370	SANTA FE	TX	77510-0370
KLEBERG	Coastal Plains Community Center	http://www.cpmhmr.org/	800-841-6467	2	SANTA GERTRUDIS ISD	P O BOX 592 KING RANCH	KINGSVILL	TX	78364-0592
CAMERON	Tropical Texas Behavioral Health	http://www.ttbh.org/	877-289-7199	1	SANTA MARIA ISD	P O BOX 448	SANTA MA	TX	78592-0448
CAMERON	Tropical Texas Behavioral Health	http://www.ttbh.org/	877-289-7199	1	SANTA ROSA ISD	P O BOX 368	SANTA RO	TX	78593-0368
PALO PINTO	Pecan Valley Centers for Behavioral & Developmental H	http://www.pvmhmr.org	800-772-5987	11	SANTO ISD	P O BOX 67	SANTO	TX	76472-0067
FANNIN	Texoma Community Center	http://www.mhmrst.org/	877-277-2226	10	SAVOY ISD	302 W HAYES	SAVOY	TX	75479
GUADALUPE	Bluebonnet Trails Community Services	http://www.bbtrails.org/	800-841-1255	20	SCHERTZ-CIBOLO-U CITY ISD	1060 ELBEL RD	SCHERTZ	TX	78154-2099
SCHLEICHER	Hill Country Mental Health & Developmental Disabilitie	http://www.hillcountry.org/	877-466-0660	15	SCHLEICHER ISD	P O BOX W	ELDORAD	TX	76936-1247
BEXAR	The Center for Health Care Services	http://www.chcsbc.org/	800-316-9241 or 210-223-7233	20	SCHOOL OF EXCELLENCE IN EDUCATION	1826 BASSE RD	SAN ANTO	TX	78213-4606
BEXAR	The Center for Health Care Services	http://www.chcsbc.org/	800-316-9241 or 210-223-7233	20	SCHOOL OF SCIENCE AND TECHNOLOGY	5707 BANDERA RD	LEON VAL	TX	78238
BEXAR	The Center for Health Care Services	http://www.chcsbc.org/	800-316-9241 or 210-223-7233	20	SCHOOL OF SCIENCE AND TECHNOLOGY DISCOV	5707 BANDERA RD	LEON VAL	TX	78238
FAYETTE	Bluebonnet Trails Community Services	http://www.bbtrails.org/	800-841-1255	13	SCHUELENBURG ISD	521 N ST	SCHUELEN	TX	78956-1467
KAUFMAN	NTBH - Lakes Regional MHMR Center	http://www.ntbha.org/index.aspx	866-260-8000	10	SCURRY-ROSSER ISD	10705 S STATE HWY 34	SCURRY	TX	75158-3163
GAINES	West Texas Centers	http://www.wtcmhmr.org/	800-375-4357	17	SEAGRAVES ISD	P O BOX 577	SEAGRAV	TX	79359
AUSTIN	Texana Center	http://www.texanacenter.com/	800-633-5686	6	SEALY ISD	939 TIGER LN	SEALY	TX	77474-3211
NUECES	MHMR of Nueces County	http://www.ncmhmr.org/	1-888-767-4493	2	SEASHORE CHARTER SCHOOLS	15801 S PADRE ISLAND DR	CORPUS C	TX	78418
GUADALUPE	Bluebonnet Trails Community Services	http://www.bbtrails.org/	800-841-1255	13	SEGUIN ISD	1221 E KINGSBURY	SEGUIN	TX	78155
GAINES	West Texas Centers	http://www.wtcmhmr.org/	800-375-4357	17	SEMINOLE ISD	207 S W 6TH ST	SEMINOLE	TX	79360
HARRIS	MHMR Authority of Harris County	http://www.mhmraharris.org	866-970-4770	4	SER-NINOS CHARTER SCHOOL	5815 ALDER DR	HOUSTON	TX	77081
BAYLOR	Helen Farabee Centers	http://www.helenfarabee.org/	800-621-8504	9	SEYMOUR ISD	409 W IDAHO ST	SEYMOUR	TX	76380-1650
LUBBOCK	StarCare Specialty Health System	http://www.LubbockMHMR.org	806-740-1414 or (800) 687-7581	17	SHALLOWATER ISD	1100 AVE K	SHALLOW	TX	79363
WHEELER	Texas Panhandle Centers	http://www.texaspanhandlecenters.org/	800-692-4039 or 806-359-6699	16	SHAMROCK ISD	100 S ILLINOIS ST	SHAMROC	TX	79079-2434
HIDALGO	Tropical Texas Behavioral Health	http://www.ttbh.org/	877-289-7199	1	SHARYLAND ISD	1200 N SHARY RD	MISSION	TX	78572-4652
SHELBY	Burke Center	http://myburke.org/	800-392-8343	7	SHELBYVILLE ISD	P O BOX 325	SHELBYVI	TX	75973-0325
HARRIS	MHMR Authority of Harris County	http://www.mhmraharris.org	866-970-4770	4	SHELDON ISD	11411 C E KING PKWY	HOUSTON	TX	77044-2002
SAN JACINTO	Burke Center	http://myburke.org/	800-392-8343	6	SHEPHERD ISD	1401 S BYRD AVE	SHEPHERI	TX	77371
GRAYSON	Texoma Community Center	http://www.mhmrst.org/	877-277-2226	10	SHERMAN ISD	P O BOX 1176	SHERMAN	TX	75091-1176
LAVACA	Gulf Bend Center	http://www.gulfbend.org/	877-723-3422	3	SHINER ISD	P O BOX 804	SHINER	TX	77984-0804
COMANCHE	Center for Life Resources	http://www.cflr.us/	800-458-7788	14	SIDNEY ISD	P O BOX 190	SIDNEY	TX	76474-0190
HUDSPETH	Permian Basin Community Centers for MHMR	http://www.pbmhmr.com/	1-800-542-4005 or 877-475-7322	19	SIERRA BLANCA ISD	P O BOX 308	SIERRA BL	TX	79851-0308
HARDIN	Spindletop Center	http://www.stmhmr.org/	800-937-8097	5	SILSBEE ISD	415 HWY 327 W	SILSBEE	TX	77656
BRISCOE	Central Plains Center	http://www.cplains.org/	800-687-1300	16	SILVERTON ISD	P O BOX 608	SILVERTO	TX	79257-0608
BOWIE	Community Healthcore	http://www.communityhealthcore.com/	800-832-1009	8	SIMMS ISD	P O BOX 9	SIMMS	TX	75574-0009
SAN PATRICI	Coastal Plains Community Center	http://www.cpmhmr.org/	800-841-6467	2	SINTON ISD	P O BOX 1337	SINTON	TX	78387-1337
COOKE	Texoma Community Center	http://www.mhmrst.org/	877-277-2226	11	SIVELLS BEND ISD	1053 CR 403	GAINESVI	TX	76240
BEE	Coastal Plains Community Center	http://www.cpmhmr.org/	800-841-6467	2	SKIDMORE-TYNAN ISD	224 W MAIN ST	SKIDMOR	TX	78389
LUBBOCK	StarCare Specialty Health System	http://www.LubbockMHMR.org	806-740-1414 or (800) 687-7581	17	SLATON ISD	140 E PANHANDLE	SLATON	TX	79364-4238
WISE	Helen Farabee Centers	http://www.helenfarabee.org/	800-621-8504	11	SLIDELL ISD	P O BOX 69	SLIDELL	TX	76267-0069
ANDERSON	ACCESS	http://www.accessmhmr.org/	800-621-1693	7	SLOCUM ISD	5765 E STATE HWY 294	ELKHART	TX	75839-9802
BASTROP	Bluebonnet Trails Community Services	http://www.bbtrails.org/	800-841-1255	13	SMITHVILLE ISD	P O BOX 479	SMITHVIL	TX	78957-0479
HOCKLEY	StarCare Specialty Health System	http://www.LubbockMHMR.org	806-740-1414 or (800) 687-7581	17	SMYER ISD	P O BOX 206	SMYER	TX	79367-0206
BURLESON	MHMR Authority of Brazos Valley	http://www.mhmrabv.org	1-888-522-8262	6	SNOOK ISD	P O BOX 87	SNOOK	TX	77878-0087
SCURRY	West Texas Centers	http://www.wtcmhmr.org/	800-375-4357	14	SNYDER ISD	2901 37TH ST	SNYDER	TX	79549-5226
EL PASO	Emergence Health Network	http://emergencehealthnetwork.org/	915-779-1800	19	SOCORRO ISD	12440 ROJAS DR	EL PASO	TX	79928-5400

BEXAR	The Center for Health Care Services	http://www.chcsbc.org/	800-316-9241 or 210-223-7233	20	SOMERSET ISD	P O BOX 279	SOMERSE	TX	78069-0279
BURLESON	MHMR Authority of Brazos Valley	http://www.mhmrabv.org	1-888-522-8262	6	SOMERVILLE ISD	P O BOX 997	SOMERVI	TX	77879-0997
SUTTON	Hill Country Mental Health & Developmental Disabilities	http://www.hillcountry.org/	877-466-0660	15	SONORA ISD	807 S CONCHO AVE	SONORA	TX	76950-3922
LUBBOCK	StarCare Specialty Health System	http://www.LubbockMHMR.org	806-740-1414 or (800) 687-7581	17	SOUTH PLAINS ACADEMY CHARTER DISTRICT	P O BOX 15644	SAN ANTO	TX	78212
BEXAR	The Center for Health Care Services	http://www.chcsbc.org/	800-316-9241 or 210-223-7233	20	SOUTH SAN ANTONIO ISD	5622 RAY ELLISON BLVD	SAN ANTO	TX	78242-2214
CAMERON	Tropical Texas Behavioral Health	http://www.ttbh.org/	877-289-7199	1	SOUTH TEXAS ISD	100 MED HIGH DR	MERCEDE	TX	78570-9702
GARZA	West Texas Centers	http://www.wtcmhmr.org/	800-375-4357	17	SOUTHLAND ISD	190 EIGHTH ST	SOUTHLA	TX	79364-9549
BEXAR	The Center for Health Care Services	http://www.chcsbc.org/	800-316-9241 or 210-223-7233	20	SOUTHSIDE ISD	1460 MARTINEZ LOSOYA RD	SAN ANTO	TX	78221-9648
BEXAR	The Center for Health Care Services	http://www.chcsbc.org/	800-316-9241 or 210-223-7233	20	SOUTHWEST ISD	11914 DRAGON LN	SAN ANTO	TX	78252-2647
BEXAR	The Center for Health Care Services	http://www.chcsbc.org/	800-316-9241 or 210-223-7233	20	SOUTHWEST PREPARATORY SCHOOL	1258 AUSTIN HWY	SAN ANTO	TX	78209-4820
HARRIS	MHMR Authority of Harris County	http://www.mhmraharris.org	866-970-4770	4	SOUTHWEST SCHOOL	3333 BERING DR STE 200	HOUSTON	TX	77057
HANSFORD	Texas Panhandle Centers	http://www.texaspanhandlecenters.org/	800-692-4039 or 806-359-6699	16	SPEARMAN ISD	403 E 11TH AVE	SPEARMA	TX	79081-4008
MONTGOME	Tri-County Services	http://www.tricountyservices.org	800-659-6994	6	SPLENDORA ISD	23419 FM 2090	SPLENDO	TX	77372-6211
HARRIS	MHMR Authority of Harris County	http://www.mhmraharris.org	866-970-4770	4	SPRING BRANCH ISD	955 CAMPBELL RD	HOUSTON	TX	77024-2803
HUTCHINSO	Texas Panhandle Centers	http://www.texaspanhandlecenters.org/	800-692-4039 or 806-359-6699	16	SPRING CREEK ISD	HCR 01 BOX 48	SKELLYTO	TX	79080-9607
GREGG	Community Healthcore	http://www.communityhealthcore.com/	800-832-1009	7	SPRING HILL ISD	3101 SPRING HILL RD	LONGVIEV	TX	75605-2822
HARRIS	MHMR Authority of Harris County	http://www.mhmraharris.org	866-970-4770	4	SPRING ISD	16717 ELLA BLVD	HOUSTON	TX	77090-4299
LAMB	Central Plains Center	http://www.clplains.org/	800-687-1300	17	SPRINGLAKE-EARTH ISD	P O BOX 130	EARTH	TX	79031-0130
PARKER	Pecan Valley Centers for Behavioral & Developmental H	http://www.pvmhmr.org	800-772-5987	11	SPRINGTOWN ISD	301 E FIFTH ST	SPRINGTO	TX	76082-2566
DICKENS	Helen Farabee Centers	http://www.helenfarabee.org/	800-621-8504	17	SPUR ISD	800 N WILLIAMS	SPUR	TX	79370-0550
TYLER	Burke Center	http://myburke.org/	800-392-8343	5	SPURGER ISD	P O BOX 38	SPURGER	TX	77660-0038
DALLAS	NTBH - Metrocare Services	http://www.ntbha.org/index.aspx	866-260-8000	10	ST ANTHONY SCHOOL	3732 MYRTLE ST	DALLAS	TX	75215
BEE	Coastal Plains Community Center	http://www.cpmhmr.org/	800-841-6467	2	ST MARYS ACADEMY CHARTER SCHOOL	507 N FILMORE	BEEVILLE	TX	78102
FORT BEND	Texana Center	http://www.texanacenter.com/	800-633-5686	4	STAFFORD MSD	1625 STAFFORDSHIRE RD	STAFFOR	TX	77477-6326
JONES	Betty Hardwick Center	https://bettyhardwick.org/	800-758-3344	14	STAMFORD ISD	507 S ORIENT ST	STAMFOR	TX	79553-5701
MARTIN	West Texas Centers	http://www.wtcmhmr.org/	800-375-4357	18	STANTON ISD	P O BOX 730	STANTON	TX	79782-0730
HARRIS	MHMR Authority of Harris County	http://www.mhmraharris.org	866-970-4770	4	STEP CHARTER SCHOOL	11250 S WILCREST	HOUSTON	TX	77099
NACOGDOC	Burke Center	http://myburke.org/	800-392-8343	7	STEPHEN F AUSTIN STATE UNIVERSITY CHARTER	P O BOX 6072 SFA STA	NACOGDO	TX	75962
ERATH	Pecan Valley Centers for Behavioral & Developmental H	http://www.pvmhmr.org	800-772-5987	11	STEPHENVILLE ISD	2655 W OVERHILL	STEPHEN	TX	76401-3003
STERLING	MHMR Services for the Concho Valley	http://www.mhmrcv.org	800-375-8965	15	STERLING CITY ISD	P O BOX 786	STERLING	TX	76951-0786
WILSON	Camino Real Community Services	http://www.caminorealcs.org/	800-543-5750	20	STOCKDALE ISD	P O BOX 7	STOCKDA	TX	78160-0007
SHERMAN	Texas Panhandle Centers	http://www.texaspanhandlecenters.org/	800-692-4039 or 806-359-6699	16	STRATFORD ISD	P O BOX 108	STRATFOF	TX	79084-0108
PALO PINTO	Pecan Valley Centers for Behavioral & Developmental H	http://www.pvmhmr.org	800-772-5987	11	STRAWN ISD	P O BOX 428	STRAWN	TX	76475-0428
LAMB	Central Plains Center	http://www.clplains.org/	800-687-1300	17	SUDAN ISD	P O BOX 249	SUDAN	TX	79371-0249
HOPKINS	Lakes Regional MHMR Center	http://www.lrmhmrc.org/	(877) 466-0660	8	SULPHUR BLUFF ISD	P O BOX 30	SULPHUR	TX	75481-0030
HOPKINS	Lakes Regional MHMR Center	http://www.lrmhmrc.org/	(877) 466-0660	8	SULPHUR SPRINGS ISD	631 CONNALLY ST	SULPHUR	TX	75482
HOCKLEY	StarCare Specialty Health System	http://www.LubbockMHMR.org	806-740-1414 or (800) 687-7581	17	SUNDOWN ISD	P O BOX 1110	SUNDOW	TX	79372-1110
DALLAS	NTBH - Metrocare Services	http://www.ntbha.org/index.aspx	866-260-8000	10	SUNNYVALE ISD	417 E TRIPP RD	SUNNYVA	TX	75182-9544
MOORE	Texas Panhandle Centers	http://www.texaspanhandlecenters.org/	800-692-4039 or 806-359-6699	16	SUNRAY ISD	P O BOX 240	SUNRAY	TX	79086-0240
BRAZORIA	Gulf Coast Center	http://www.gulfcoastcenter.org/	866-729-3848	4	SWEENY ISD	1310 N ELM ST	SWEENY	TX	77480-1399
LAVACA	Gulf Bend Center	http://www.gulfbend.org/	877-723-3422	3	SWEET HOME ISD	P O BOX 326	SWEET HO	TX	77987-0326
NOLAN	West Texas Centers	http://www.wtcmhmr.org/	800-375-4357	14	SWEETWATER ISD	207 MUSGROVE ST	SWEETWA	TX	79556-5321
SAN PATRICI	Coastal Plains Community Center	http://www.cpmhmr.org/	800-841-6467	2	TAFT ISD	400 COLLEGE ST	TAFT	TX	78390-2702
LYNN	StarCare Specialty Health System	http://www.LubbockMHMR.org	806-740-1414 or (800) 687-7581	17	TAHOKA ISD	P O BOX 1230	TAHOKA	TX	79373-1230
LIBERTY	Tri-County Services	http://www.tricountyservices.org	800-659-6994	4	TARKINGTON ISD	2770 FM 163	CLEVELAN	TX	77327
RUSK	Community Healthcore	http://www.communityhealthcore.com/	800-832-1009	7	TATUM ISD	P O BOX 808	TATUM	TX	75691-0808
WILLIAMSON	Bluebonnet Trails Community Services	http://www.bbtrails.org/	800-841-1255	13	TAYLOR ISD	3101 N MAIN ST STE 104	TAYLOR	TX	76574-2998
FREESTONE	Heart of Texas Region MHMR Center	http://www.hotrmhmr.org/	1-866-752-3451 or 254-776-1101	12	TEAGUE ISD	420 N 10TH	TEAGUE	TX	75860-1624

JEFFERSON	Spindletop Center	http://www.strmhmr.org/	800-937-8097	5	TEKOA ACADEMY OF ACCELERATED STUDIES STE	326 THOMAS BLVD	PORT ARTH	TX	77640
BELL	Central Counties Services	https://centralcountiesservices.org/	800-888-4036	12	TEMPLE ISD	P O BOX 788	TEMPLE	TX	76503-0788
SHELBY	Burke Center	http://myburke.org/	800-392-8343	7	TENAHA ISD	P O BOX 318	TENAHA	TX	75974-0318
BREWSTER	Permian Basin Community Centers for MHMR	http://myburke.com/	1-800-542-4005 or 877-475-7322	18	TERLINGUA CSD	P O BOX 256	TERLINGU	TX	79852-0256
TERRELL	West Texas Centers	http://www.wtcmhmr.org/	800-375-4357	18	TERRELL COUNTY ISD	P O BOX 747	SANDERS	TX	79848-0747
KAUFMAN	NTBH - Lakes Regional MHMR Center	http://www.ntbha.org/index.aspx	866-260-8000	10	TERRELL ISD	700 N CATHERINE ST	TERRELL	TX	75160-2161
DALLAS	NTBH - Metrocare Services	http://www.ntbha.org/index.aspx	866-260-8000	10	TEXANS CAN ACADEMIES	325 W 12TH STE 200	DALLAS	TX	75208
BOWIE	Community Healthcore	http://www.communityhealthcore.com/	800-832-1009	8	TEXARKANA ISD	4241 SUMMERHILL RD	TEXARKAN	TX	75503-2733
WEBB	Border Region Behavioral Health Center	http://www.borderregion.org/	800-643-1102	1	TEXAS A&M INTERNATIONAL UNIVERSITY ISD	5201 UNIVERSITY BLVD	LAREDO	TX	78041
JEFFERSON	Spindletop Center	http://www.strmhmr.org/	800-937-8097	5	TEXAS ACADEMY OF LEADERSHIP IN THE HUMAN	P O BOX 10062	BEAUMONT	TX	77710
GALVESTON	Gulf Coast Center	http://www.gulfcoastcenter.org/	866-729-3848	4	TEXAS CITY ISD	P O BOX 1150	TEXAS CIT	TX	77592-1150
TAYLOR	Betty Hardwick Center	https://bettyhardwick.org/	800-758-3344	14	TEXAS COLLEGE PREPARATORY ACADEMIES	P O BOX 292730	LEWISVILL	TX	75029
TRAVIS	Austin Travis County Integral Care	www.integralcare.org/	512-472-4357	13	TEXAS EMPOWERMENT ACADEMY	3613 BLUESTEIN DR	AUSTIN	TX	78721
TRAVIS	Austin Travis County Integral Care	www.integralcare.org/	512-472-4357	13	TEXAS JUVENILE JUSTICE DEPARTMENT	P O BOX 12757	AUSTIN	TX	78711-2757
TOM GREEN	MHMR Services for the Concho Valley	http://www.mhmrcv.org	800-375-8965	15	TEXAS LEADERSHIP	P O BOX 61726	SAN ANGE	TX	76906
HAYS	Hill Country Mental Health & Developmental Disabilities	http://www.hillcountry.org/	877-466-0660	13	TEXAS PREPARATORY SCHOOL	P O BOX 1643	SAN MAR	TX	78667
TRAVIS	Austin Travis County Integral Care	www.integralcare.org/	512-472-4357	13	TEXAS SCH FOR THE BLIND & VISUALLY IMPAIRE	1100 W 45TH ST	AUSTIN	TX	78756-3413
TRAVIS	Austin Travis County Integral Care	www.integralcare.org/	512-472-4357	13	TEXAS SCH FOR THE DEAF	1102 S CONGRESS AVE	AUSTIN	TX	78704
TARRANT	MHMR of Tarrant County	http://www.mhmrtc.org/	800-866-2465	11	TEXAS SCHOOL OF THE ARTS	3901 S HULEN ST	FORT WO	TX	76109
MONTGOME	Tri-County Services	http://www.tricountyservices.org	800-659-6994	6	TEXAS SERENITY ACADEMY	262 N SAM HOUSTON PKWY E ST	HOUSTON	TX	77060
LUBBOCK	StarCare Specialty Health System	http://www.LubbockMHMR.org	806-740-1414 or (800) 687-7581	17	TEXAS TECH UNIVERSITY K-12	P O BOX 42191	LUBBOCK	TX	79409-2191
SHERMAN	Texas Panhandle Centers	http://www.texaspanhandlecenters.org/	800-692-4039 or 806-359-6699	16	TEXHOMA ISD	P O BOX 10080	TEXHOMA	TX	73960-1080
DALLAM	Texas Panhandle Centers	http://www.texaspanhandlecenters.org/	800-692-4039 or 806-359-6699	16	TEXLINE ISD	P O BOX 60	TEXLINE	TX	79087-0060
DALLAS	NTBH - Metrocare Services	http://www.ntbha.org/index.aspx	866-260-8000	10	THE CHILDREN FIRST ELEMENTARY ACADEMY	315 E WHEATLAND RD	DALLAS	TX	75241
TRAVIS	Austin Travis County Integral Care	www.integralcare.org/	512-472-4357	13	THE EXCEL CENTER	1015 NORWOOD PARK BLVD	AUSTIN	TX	78753
TRAVIS	Austin Travis County Integral Care	www.integralcare.org/	512-472-4357	13	THE EXCEL CENTER (FOR ADULTS)	1015 NORWOOD PARK BLVD	AUSTIN	TX	78753
HARRIS	MHMR Authority of Harris County	http://www.mhmraharris.org	866-970-4770	4	THE LAWSON ACADEMY	5052 SCOTT ST	HOUSTON	TX	77004
HARRIS	MHMR Authority of Harris County	http://www.mhmraharris.org	866-970-4770	4	THE PRO-VISION ACADEMY	4590 WILMINGTON ST	HOUSTON	TX	77051
HARRIS	MHMR Authority of Harris County	http://www.mhmraharris.org	866-970-4770	4	THE RHODES SCHOOL	12822 ROBERT E LEE RD	HOUSTON	TX	77044
HARRIS	MHMR Authority of Harris County	http://www.mhmraharris.org	866-970-4770	4	THE VARNETT PUBLIC SCHOOL	P O BOX 1457	HOUSTON	TX	77251-1457
MILAM	Central Counties Services	https://centralcountiesservices.org/	800-888-4036	13	THORNDALE ISD	P O BOX 870	THORNDA	TX	76577-0870
WILLIAMSON	Bluebonnet Trails Community Services	http://www.bbtrails.org/	800-841-1255	13	THRALL ISD	201 S BOUNDS	THRALL	TX	76578-0398
LIVE OAK	Coastal Plains Community Center	http://www.cpmhmr.org/	800-841-6467	2	THREE RIVERS ISD	351 S SCHOOL RD	THREE RIV	TX	78071
ERATH	Pecan Valley Centers for Behavioral & Developmental H	http://www.pvmhmr.org	800-772-5987	11	THREE WAY ISD	247 CR 207	STEPHEN	TX	76401
THROCKMO	Helen Farabee Centers	http://www.helenfarabee.org/	800-621-8504	9	THROCKMORTON ISD	210 COLLEGE ST	THROCKM	TX	76483-5011
MATAGORD	Texana Center	http://www.texanacenter.com/	800-633-5686	3	TIDEHAVEN ISD	P O BOX 129	EL MATO	TX	77440-0129
SHELBY	Burke Center	http://myburke.org/	800-392-8343	7	TIMPSON ISD	P O DRAWER 370	TIMPSON	TX	75975-0370
GRAYSON	Texoma Community Center	http://www.mhmrst.org/	877-277-2226	10	TIOGA ISD	P O BOX 159	TIOGA	TX	76271-0159
HOOD	Pecan Valley Centers for Behavioral & Developmental H	http://www.pvmhmr.org	800-772-5987	11	TOLAR ISD	P O BOX 368	TOLAR	TX	76476-0368
GRAYSON	Texoma Community Center	http://www.mhmrst.org/	877-277-2226	10	TOM BEAN ISD	P O BOX 128	TOM BEA	TX	75489-0128
HARRIS	MHMR Authority of Harris County	http://www.mhmraharris.org	866-970-4770	4	TOMBALL ISD	310 S CHERRY ST	TOMBALL	TX	77375-6668
EL PASO	Emergence Health Network	http://emergencehealthnetwork.org/	915-779-1800	19	TORNILLO ISD	P O BOX 170	TORNILLO	TX	79853-0170
TARRANT	MHMR of Tarrant County	http://www.mhmrtc.org/	800-866-2465	11	TREETOPS SCHOOL INTERNATIONAL	12500 S PIPELINE RD	EULESS	TX	76040-5853
TAYLOR	Betty Hardwick Center	https://bettyhardwick.org/	800-758-3344	14	TRENT ISD	P O BOX 105	TRENT	TX	79561-0105
FANNIN	Texoma Community Center	http://www.mhmrst.org/	877-277-2226	10	TRENTON ISD	P O BOX 5	TRENTON	TX	75490-0005
HENDERSON	Andrews Center Behavioral Healthcare System	http://www.andrewscenter.com/	1-877-934-2131	7	TRINIDAD ISD	105 W EATON ST	TRINIDAD	TX	75163
DALLAS	NTBH - Metrocare Services	http://www.ntbha.org/index.aspx	866-260-8000	10	TRINITY BASIN PREPARATORY	400 S ZANG STE 700	DALLAS	TX	75208
COMAL	Hill Country Mental Health & Developmental Disabilities	http://www.hillcountry.org/	877-466-0660	20	TRINITY CHARTER SCHOOL	P O BOX 141125	AUSTIN	TX	78714-1125

DALLAS	NTBH - Metrocare Services	http://www.ntbha.org/index.aspx	866-260-8000	10	TRINITY ENVIRONMENTAL ACADEMY	P O BOX 570975	DALLAS	TX	75357			
TRINITY	Burke Center	http://myburke.org/	800-392-8343	6	TRINITY ISD	P O BOX 752	TRINITY	TX	75862-0752			
DENTON	Denton County MHMR Center	http://www.dentonmhmr.org/	800-762-0157	11	TRIVIUM ACADEMY	2205 E HEBRON PKWY	CARROLLT	TX	75010			
SMITH	Andrews Center Behavioral Healthcare System	http://www.andrewscenter.com/	1-877-934-2131	7	TROUP ISD	P O BOX 578	TROUP	TX	75789-0578			
BELL	Central Counties Services	https://centralcountiesservices.org/	800-888-4036	12	TROY ISD	P O BOX 409	TROY	TX	76579-0409			
SWISHER	Central Plains Center	http://www.clplains.org/	800-687-1300	16	TULIA ISD	702 NW 8TH ST	TULIA	TX	79088-1199			
NUECES	MHMR of Nueces County	http://www.namhmr.org/	1-888-767-4493	2	TULOSO-MIDWAY ISD	P O BOX 10900	CORPUS C	TX	78460-0900			
HALL	Texas Panhandle Centers	http://www.texaspanhandlecenters.org/	800-692-4039 or 806-359-6699	16	TURKEY-QUITAQUE ISD	11826 HWY 86	TURKEY	TX	79261-0397			
HARRIS	MHMR Authority of Harris County	http://www.mhmraharris.org	866-970-4770	4	TWO DIMENSIONS PREPARATORY ACADEMY	12121 VETERANS MEMORIAL DR	HOUSTON	TX	77067			
SMITH	Andrews Center Behavioral Healthcare System	http://www.andrewscenter.com/	1-877-934-2131	7	TYLER ISD	P O BOX 2035	TYLER	TX	75710-2035			
DALLAS	NTBH - Metrocare Services	http://www.ntbha.org/index.aspx	866-260-8000	10	UME PREPARATORY ACADEMY	3838 SPUR 408	DALLAS	TX	75236			
UPSHUR	Community Healthcore	http://www.communityhealthcore.com/	800-832-1009	7	UNION GROVE ISD	P O BOX 1447	GLADEWA	TX	75647-1447			
UPSHUR	Community Healthcore	http://www.communityhealthcore.com/	800-832-1009	7	UNION HILL ISD	2197 FM 2088	GILMER	TX	75644-5559			
WEBB	Border Region Behavioral Health Center	http://www.borderregion.org/	800-643-1102	1	UNITED ISD	201 LINDENWOOD DR	LAREDO	TX	78045-2499			
DALLAS	NTBH - Metrocare Services	http://www.ntbha.org/index.aspx	866-260-8000	10	UNIVERSAL ACADEMY	2616 N MACARTHUR BLVD	IRVING	TX	75062			
HARRIS	MHMR Authority of Harris County	http://www.mhmraharris.org	866-970-4770	4	UNIVERSITY OF HOUSTON CHARTER SCHOOL	3855 HOLMAN ST MELCHER GYM	HOUSTON	TX	77204-6019			
DENTON	Denton County MHMR Center	http://www.dentonmhmr.org/	800-762-0157	11	UNIVERSITY OF NORTH TEXAS	1155 UNION CIR # 305309	DENTON	TX	76203			
TRAVIS	Austin Travis County Integral Care	www.integralcare.org/	512-472-4357	13	UNIVERSITY OF TEXAS AT AUSTIN H S	P O BOX 7700	AUSTIN	TX	78713-7700			
TRAVIS	Austin Travis County Integral Care	www.integralcare.org/	512-472-4357	13	UNIVERSITY OF TEXAS ELEMENTARY CHARTER SC	2200 E 6TH ST	AUSTIN	TX	78702			
CAMERON	Tropical Texas Behavioral Health	http://www.ttbh.org/	877-289-7199	1	UNIVERSITY OF TEXAS RIO GRANDE VALLEY	ONE W UNIVERSITY BLVD	BROWNS	TX	78520			
TRAVIS	Austin Travis County Integral Care	www.integralcare.org/	512-472-4357	13	UNIVERSITY OF TEXAS UNIVERSITY CHARTER SCH	2200 E 6TH ST	AUSTIN	TX	78702			
DALLAS	NTBH - Metrocare Services	http://www.ntbha.org/index.aspx	866-260-8000	10	UPLIFT EDUCATION	1825 MARKET CENTER BLVD STE	DALLAS	TX	75207			
SMITH	Andrews Center Behavioral Healthcare System	http://www.andrewscenter.com/	1-877-934-2131	7	UT TYLER INNOVATION ACADEMY	3900 UNIVERSITY BLVD INGENUI	TYLER	TX	75799			
UVALDE	Hill Country Mental Health & Developmental Disabilities	http://www.hilcountry.org/	877-466-0660	20	UTOPIA ISD	P O BOX 880	UTOPIA	TX	78884-0880			
ECTOR	Permian Basin Community Centers for MHMR	http://www.pbmhmr.com/	1-800-542-4005 or 877-475-7322	18	UTPB STEM ACADEMY	4901 E UNIVERSITY BLVD	ODESSA	TX	79762			
UVALDE	Hill Country Mental Health & Developmental Disabilities	http://www.hilcountry.org/	877-466-0660	20	UVALDE CISD	P O BOX 1909	UVALDE	TX	78802-1909			
JEFF DAVIS	Permian Basin Community Centers for MHMR	http://www.pbmhmr.com/	1-800-542-4005 or 877-475-7322	18	VALENTINE ISD	P O BOX 188	VALENTIN	TX	79854-0188			
BOSQUE	Heart of Texas Region MHMR Center	http://www.hotrmhmr.org/	1-866-752-3451 or 254-776-1101	12	VALLEY MILLS ISD	P O BOX 518	VALLEY M	TX	76689-0518			
COOKE	Texoma Community Center	http://www.mhmrst.org/	877-277-2226	11	VALLEY VIEW ISD	106 NEWTON	VALLEY VI	TX	76272-9716			
HIDALGO	Tropical Texas Behavioral Health	http://www.ttbh.org/	877-289-7199	1	VALLEY VIEW ISD	9701 S JACKSON RD	PHARR	TX	78577			
GRAYSON	Texoma Community Center	http://www.mhmrst.org/	877-277-2226	10	VAN ALSTYNE ISD	549 MILLER LN	VAN ALST	TX	75495			
VAN ZANDT	Andrews Center Behavioral Healthcare System	http://www.andrewscenter.com/	1-877-934-2131	7	VAN ISD	P O BOX 697	VAN	TX	75790-0697			
MATAGORD	Texana Center	http://www.texanacenter.com/	800-633-5686	3	VAN VLECK ISD	142 S 4TH ST	VAN VLEC	TX	77482-0015			
HIDALGO	Tropical Texas Behavioral Health	http://www.ttbh.org/	877-289-7199	1	VANGUARD ACADEMY	1200 E KELLY	PHARR	TX	78577			
OLDHAM	Texas Panhandle Centers	http://www.texaspanhandlecenters.org/	800-692-4039 or 806-359-6699	16	VEGA ISD	P O BOX 190	VEGA	TX	79092-0190			
JOHNSON	Pecan Valley Centers for Behavioral & Developmental H	http://www.pvmhmr.org	800-772-5987	11	VENUS ISD	P O BOX 364	VENUS	TX	76084-0364			
TOM GREEN	MHMR Services for the Concho Valley	http://www.mhmrcv.org	800-375-8965	15	VERIBEST ISD	P O BOX 490	VERIBEST	TX	76886-0490			
WILBARGER	Helen Farabee Centers	http://www.helenfarabee.org/	800-621-8504	9	VERNON ISD	1713 WILBARGER ST	VERNON	TX	76384-4741			
VICTORIA	Gulf Bend Center	http://www.gulfbend.org/	877-723-3422	3	VICTORIA ISD	P O BOX 1759	VICTORIA	TX	77902-1759			
HARRIS	MHMR Authority of Harris County	http://www.mhmraharris.org	866-970-4770	4	VICTORY PREP	2903 JENSEN DR.	HOUSTON	TX	77026			
ORANGE	Spindletop Center	http://www.stmhmr.org/	800-937-8097	5	VIDOR ISD	120 E BOLIVAR ST	VIDOR	TX	77662-4907			
DALLAS	NTBH - Metrocare Services	http://www.ntbha.org/index.aspx	866-260-8000	10	VILLAGE TECH SCHOOLS	P O BOX 3247	CEDAR HI	TX	75104-3247			
EL PASO	Emergence Health Network	http://emergencehealthnetwork.org/	915-779-1800	19	VISTA DEL FUTURO CHARTER SCHOOL	7310 BISHOP FLORES	EL PASO	TX	79912			
LAVACA	Gulf Bend Center	http://www.gulfbend.org/	877-723-3422	3	VYSEHRAD ISD	595 COUNTY RD 182	HALLETTS	TX	77964-5844			
MCLENNAN	Heart of Texas Region MHMR Center	http://www.hotrmhmr.org/	1-866-752-3451 or 254-776-1101	12	WACO CHARTER SCHOOL	615 N 25TH ST	WACO	TX	76707-3443			
MCLENNAN	Heart of Texas Region MHMR Center	http://www.hotrmhmr.org/	1-866-752-3451 or 254-776-1101	12	WACO ISD	P O BOX 27	WACO	TX	76703-0027			
GONZALES	Bluebonnet Trails Community Services	http://www.bbtrails.org/	800-841-1255	13	WAELDER ISD	P O BOX 247	WAELDER	TX	78959-0247			
DEAF SMITH	Texas Panhandle Centers	http://www.texaspanhandlecenters.org/	800-692-4039 or 806-359-6699	16	WALCOTT ISD	4275 HWY 214	HEREFOR	TX	79045-4153			

TOM GREEN	MHMR Services for the Concho Valley	http://www.mhmrcv.org	800-375-8965	15	WALL ISD	P O BOX 259	WALL	TX	76957-0259
WALLER	Texana Center	http://www.texanacenter.com/	800-633-5686	4	WALLER ISD	2214 WALLER ST	WALLER	TX	77484
COOKE	Texoma Community Center	http://www.mhmrst.org/	877-277-2226	11	WALNUT BEND ISD	47 C R 198	GAINESVI	TX	76240-1140
BOSQUE	Heart of Texas Region MHMR Center	http://www.hotrmhmr.org/	1-866-752-3451 or 254-776-1101	12	WALNUT SPRINGS ISD	P O BOX 63	WALNUT S	TX	76690-0063
TYLER	Burke Center	http://myburke.org/	800-392-8343	5	WARREN ISD	P O BOX 69	WARREN	TX	77664-0069
HARRISON	Community Healthcore	http://www.communityhealthcore.com/	800-832-1009	7	WASKOM ISD	P O BOX 748	WASKOM	TX	75692-0748
TOM GREEN	MHMR Services for the Concho Valley	http://www.mhmrcv.org	800-375-8965	15	WATER VALLEY ISD	P O BOX 250	WATER V	TX	76958-0250
ELLIS	NTBH - Lakes Regional MHMR Center	http://www.ntbha.org/index.aspx	866-260-8000	10	WAXAHACHIE FAITH FAMILY ACADEMY	1620 FALCON DR	DESOTO	TX	75115
ELLIS	NTBH - Lakes Regional MHMR Center	http://www.ntbha.org/index.aspx	866-260-8000	10	WAXAHACHIE ISD	411 N GIBSON ST	WAXAHA	TX	75165-3007
TRAVIS	Austin Travis County Integral Care	www.integralcare.org/	512-472-4357	13	WAYSIDE SCHOOLS	6405 S IH 35	AUSTIN	TX	78744
PARKER	Pecan Valley Centers for Behavioral & Developmental H	http://www.pvnhmr.org	800-772-5987	11	WEATHERFORD ISD	1100 LONGHORN DR	WEATHER	TX	76086
WEBB	Border Region Behavioral Health Center	http://www.borderregion.org/	800-643-1102	1	WEBB CISD	P O BOX 206	BRUNI	TX	78344-0206
COLORADO	Texana Center	http://www.texanacenter.com/	800-633-5686	3	WEIMAR ISD	506 W MAIN	WEIMAR	TX	78962-1907
COLLINGSW	Texas Panhandle Centers	http://www.texaspanhandlecenters.org/	800-692-4039 or 806-359-6699	16	WELLINGTON ISD	609 15TH ST	WELLINGT	TX	79095-3603
TERRY	West Texas Centers	http://www.wtcmhmr.org/	800-375-4357	17	WELLMAN-UNION CISD	P O BOX 69	WELLMAN	TX	79378-0069
CHEROKEE	ACCESS	http://www.accessmhmr.org/	800-621-1693	7	WELLS ISD	P O BOX 469	WELLS	TX	75976-0469
HIDALGO	Tropical Texas Behavioral Health	http://www.ttbh.org/	877-289-7199	1	WESLACO ISD	P O BOX 266	WESLACO	TX	78599-0266
HARDIN	Spindletop Center	http://www.stmhmr.org/	800-937-8097	5	WEST HARDIN COUNTY CISD	39227 HWY 105	SARATOG	TX	77585
MCLENNAN	Heart of Texas Region MHMR Center	http://www.hotrmhmr.org/	1-866-752-3451 or 254-776-1101	12	WEST ISD	801 N REAGAN ST	WEST	TX	76691-1198
ORANGE	Spindletop Center	http://www.stmhmr.org/	800-937-8097	5	WEST ORANGE-COVE CISD	P O BOX 1107	ORANGE	TX	77631-1107
NUECES	MHMR of Nueces County	http://www.ncmhmr.org/	1-888-767-4493	2	WEST OSO ISD	5050 ROCKFORD DR	CORPUS C	TX	78416-2530
RUSK	Community Healthcore	http://www.communityhealthcore.com/	800-832-1009	7	WEST RUSK COUNTY CONSOLIDATED ISD	P O BOX 168	NEW LON	TX	75682-0168
SABINE	Burke Center	http://myburke.org/	800-392-8343	7	WEST SABINE ISD	P O BOX 869	PINELAND	TX	75968-0869
MITCHELL	West Texas Centers	http://www.wtcmhmr.org/	800-375-4357	14	WESTBROOK ISD	P O BOX 99	WESTBRO	TX	79565-0099
DEWITT	Gulf Bend Center	http://www.gulfbend.org/	877-723-3422	3	WESTHOFF ISD	P O BOX 38	WESTHOF	TX	77994-0038
TARRANT	MHMR of Tarrant County	http://www.mhmrtc.org/	800-866-2465	11	WESTLAKE ACADEMY CHARTER SCHOOL	2600 J T OTTINGER RD	WESTLAK	TX	76262
FALLS	Heart of Texas Region MHMR Center	http://www.hotrmhmr.org/	1-866-752-3451 or 254-776-1101	12	WESTPHALIA ISD	124 COUNTY RD 3000	LOTT	TX	76656-3897
ANDERSON	ACCESS	http://www.accessmhmr.org/	800-621-1693	7	WESTWOOD ISD	P O BOX 260	PALESTIN	TX	75802-0260
WHARTON	Texana Center	http://www.texanacenter.com/	800-633-5686	3	WHARTON ISD	2100 N FULTON ST	WHARTON	TX	77488-3146
WHEELER	Texas Panhandle Centers	http://www.texaspanhandlecenters.org/	800-692-4039 or 806-359-6699	16	WHEELER ISD	P O BOX 1010	WHEELER	TX	79096-1010
CARSON	Texas Panhandle Centers	http://www.texaspanhandlecenters.org/	800-692-4039 or 806-359-6699	16	WHITE DEER ISD	P O BOX 517	WHITE DE	TX	79097-0517
GREGG	Community Healthcore	http://www.communityhealthcore.com/	800-832-1009	7	WHITE OAK ISD	200 S WHITE OAK RD	WHITE OA	TX	75693-1597
TARRANT	MHMR of Tarrant County	http://www.mhmrtc.org/	800-866-2465	11	WHITE SETTLEMENT ISD	401 S CHERRY LN	WHITE SE	TX	76108-2521
COCHRAN	StarCare Specialty Health System	http://www.LubbockMHMR.org	806-740-1414 or (800) 687-7581	17	WHITEFACE CISD	P O BOX 7	WHITEFA	TX	79379-0007
SMITH	Andrews Center Behavioral Healthcare System	http://www.andrewscenter.com/	1-877-934-2131	7	WHITEHOUSE ISD	106 W WILDCAT DR	WHITEHO	TX	75791-3130
GRAYSON	Texoma Community Center	http://www.mhmrst.org/	877-277-2226	10	WHITESBORO ISD	115 4TH ST	WHITESB	TX	76273
GRAYSON	Texoma Community Center	http://www.mhmrst.org/	877-277-2226	10	WHITEWRIGHT ISD	P O BOX 888	WHITEWR	TX	75491-0888
HOCKLEY	StarCare Specialty Health System	http://www.LubbockMHMR.org	806-740-1414 or (800) 687-7581	17	WHITHARRAL ISD	P O BOX 225	WHITHAR	TX	79380-0225
HILL	Heart of Texas Region MHMR Center	http://www.hotrmhmr.org/	1-866-752-3451 or 254-776-1101	12	WHITNEY ISD	P O BOX 518	WHITNEY	TX	76692-0518
WICHITA	Helen Farabee Centers	http://www.helenfarabee.org/	800-621-8504	9	WICHITA FALLS ISD	P O BOX 97533	WICHITA	TX	76307
OLDHAM	Texas Panhandle Centers	http://www.texaspanhandlecenters.org/	800-692-4039 or 806-359-6699	16	WILDORADO ISD	P O BOX 120	WILDORA	TX	79098-0120
MONTGOME	Tri-County Services	http://www.tricountyservices.org	800-659-6994	6	WILLIS ISD	204 W ROGERS ST	WILLIS	TX	77378-9239
VAN ZANDT	Andrews Center Behavioral Healthcare System	http://www.andrewscenter.com/	1-877-934-2131	10	WILLS POINT ISD	338 W N COMMERCE ST	WILLS PO	TX	75169-2504
LYNN	StarCare Specialty Health System	http://www.LubbockMHMR.org	806-740-1414 or (800) 687-7581	17	WILSON ISD	P O BOX 9	WILSON	TX	79381-0009
HAYS	Hill Country Mental Health & Developmental Disabilitie	http://www.hillcountry.org/	877-466-0660	13	WIMBERLEY ISD	951 FM 2325	WIMBERL	TX	78676
WALKER	Tri-County Services	http://www.tricountyservices.org	800-659-6994	6	WINDHAM SCHOOL DISTRICT	P O BOX 40	HUNTSVIL	TX	77342-0040
ARCHER	Helen Farabee Centers	http://www.helenfarabee.org/	800-621-8504	9	WINDTHORST ISD	P O BOX 190	WINDTHO	TX	76389-0190
TITUS	Lakes Regional MHMR Center	http://www.lrmhmrc.org/	(877) 466-0660	8	WINFIELD ISD	P O BOX 298	WINFIELD	TX	75493-0298

DALLAS	NTBH - Metrocare Services	http://www.ntbha.org/index.aspx	866-260-8000	10	WINFREE ACADEMY CHARTER SCHOOLS	1555 VALWOOD PKWY STE 160	CARROLLT	TX	75006
WINKLER	West Texas Centers	http://www.wtcmhmr.org/	800-375-4357	18	WINK-LOVING ISD	P O BOX 637	WINK	TX	79789-0637
WOOD	Andrews Center Behavioral Healthcare System	http://www.andrewscenter.com/	1-877-934-2131	7	WINNSBORO ISD	207 E PINE ST	WINNSBO	TX	75494-2628
SMITH	Andrews Center Behavioral Healthcare System	http://www.andrewscenter.com/	1-877-934-2131	7	WINONA ISD	611 WILDCAT DR	WINONA	TX	75792-0218
RUNNELS	West Texas Centers	http://www.wtcmhmr.org/	800-375-4357	15	WINTERS ISD	603 N HEIGHTS ST	WINTERS	TX	79567-4003
NACOGDOCH	Burke Center	http://myburke.org/	800-392-8343	7	WODEN ISD	P O BOX 100	WODEN	TX	75978-0100
HUNT	NTBH - Lakes Regional MHMR Center	http://www.ntbha.org/index.aspx	866-260-8000	10	WOLFE CITY ISD	505 W DALLAS ST	WOLFE CI	TX	75496-3375
REFUGIO	Gulf Bend Center	http://www.gulfbend.org/	877-723-3422	3	WOODSBORO ISD	P O DRAWER 770	WOODSB	TX	78393-0770
THROCKMOT	Helen Farabee Centers	http://www.helenfarabee.org/	800-621-8504	9	WOODSON ISD	P O BOX 287	WOODSO	TX	76491-0287
TYLER	Burke Center	http://myburke.org/	800-392-8343	5	WOODVILLE ISD	505 N CHARLTON ST	WOODVIL	TX	75979-4504
FREESTONE	Heart of Texas Region MHMR Center	http://www.hotrmhmr.org/	1-866-752-3451 or 254-776-1101	12	WORTHAM ISD	P O BOX 247	WORTHA	TX	76693-0247
COLLIN	LifePath Systems	http://www.lifepathsystems.org	1-877-422-5939	10	WYLIE ISD	P O BOX 490	WYLIE	TX	75098-0490
TAYLOR	Betty Hardwick Center	https://bettyhardwick.org/	800-758-3344	14	WYLIE ISD	6251 BUFFALO GAP RD	ABILENE	TX	79606-5448
WOOD	Andrews Center Behavioral Healthcare System	http://www.andrewscenter.com/	1-877-934-2131	7	YANTIS ISD	105 W OAK ST	YANTIS	TX	75497
HARRIS	MHMR Authority of Harris County	http://www.mhmraharris.org	866-970-4770	4	YES PREP PUBLIC SCHOOLS INC	5515 S LOOP E FREEWAY STE 8	HOUSTON	TX	77033
DEWITT	Gulf Bend Center	http://www.gulfbend.org/	877-723-3422	3	YOAKUM ISD	P O BOX 737	YOAKUM	TX	77995-0737
DEWITT	Gulf Bend Center	http://www.gulfbend.org/	877-723-3422	3	YORKTOWN ISD	P O BOX 487	YORKTOW	TX	78164-0487
EL PASO	Emergence Health Network	http://emergencehealthnetwork.org/	915-779-1800	19	YSLETA ISD	9600 SIMS DR	EL PASO	TX	79925-7225
ZAPATA	Border Region Behavioral Health Center	http://www.borderregion.org/	800-643-1102	1	ZAPATA COUNTY ISD	P O BOX 158	ZAPATA	TX	78076-0158
ANGELINA	Burke Center	http://myburke.org/	800-392-8343	7	ZAVALLA ISD	431 E MAIN ST	ZAVALLA	TX	75980-0045
BROWN	Center for Life Resources	http://www.cflr.us/	800-458-7788	15	ZEPHYR ISD	11625 CR 281	ZEPHYR	TX	76890
HARRIS	MHMR Authority of Harris County	http://www.mhmraharris.org	866-970-4770	4	ZOE LEARNING ACADEMY	3229 HADLEY	HOUSTON	TX	77004

Sample MOUs Between Texas LMHAs and LEAs

Below, we provide sample MOUs between Texas LMHAs and LEAs.

MEMORANDUM OF UNDERSTANDING
BETWEEN
COMMUNITY HEALTH CENTERS OF SOUTH CENTRAL TEXAS
AND
BLUEBONNET TRAILS COMMUNITY MHMR CENTER

Community Health Centers of South Central Texas (CHCSCT) and Bluebonnet Trails Community MHMR Center, d/b/a Bluebonnet Trails Community Services (BTCS) intend by this Memorandum of Understanding (Agreement) to set forth the mutual goals, objectives, and scope of the integrated health in the communities we serve. CHCSCT and BTCS (The Parties) agree as follows:

I. DEFINITIONS

Community Health Centers of South Central Texas (CHCSCT): The community primary care provider is established as a Federally Qualified Health Center (FQHC) as described in the U.S. Department of Health and Human Services, Health Resources and Services Administration, Policy Information Notice (PIN) 98-23.

Bluebonnet Trails Community MHMR Center, d/b/a Bluebonnet Trails Community Services (BTCS): The community mental health services provider is established under Texas Health and Safety Code, Section 534.001 as a Community Center; and Section 533.035 designated by the Commissioner of the Health and Human Services Commission (HHSC) as the local mental health authority and local mental retardation authority for the Local Authority's Service Area.

II. MUTUAL GOALS AND OBJECTIVES

1. Expand quality healthcare resources in our communities through an integrated and collaborative system of healthcare.
2. Enhance access to healthcare and a medical home for persons seeking medical, dental and behavioral healthcare services.
3. Improve the overall health of persons in our communities.
4. Commit to development of an integrated electronic medical record providing meaningful information to best serve our patients.
5. Ensure both entities remain in compliance with PIN 98-23 standards under which CHCSCT is guided; and standards, laws and performance expectations under which BTCS is guided.
6. Strive for best value in the expenditure of the public funds and grant funds supporting the parties.

III. TARGET POPULATION

The target population for integrated services will be adults and children seeking medical and/or behavioral healthcare services.

IV. EXPECTED OUTCOMES, MEASURES, AND BENEFITS

1. Demonstration of an effective public-private relationship as evidenced by:
   - Improved health care for the mutual patient as a result of one integrated team communicating regularly about patient care, and a medical home for the patient;
   - Enhanced services for vulnerable populations through each party as demonstrated through the collaboration in assessing the needs of the patients served by the parties; and
   - Continued expansion of the number of patients served by the parties during each year.

2. Continued development of the blueprint for healthcare in Texas as funded through grants and other funding received supporting integrated healthcare systems and services.

3. Demonstration of specific clinical outcomes including:
   - Increased ability by primary care staff to manage mental health and substance abuse disorders in a primary health care setting;
   - Prevention of medical and psychiatric deterioration via early identification and direct, on-site treatment of at-risk patients and families;
   - Improved health by increasing medication adherence via psychosocial interventions; and
   - Reduction in poverty-related destabilizing events due to illness including, but not limited to, loss of employment, housing, and ability to achieve activities of daily living.

4. Agreement indicator:
   - Provision of a medical home for persons seeking an integrated approach to meet their healthcare needs.

V. REVIEW

A regular review by all stakeholders shall occur regarding the progress toward the expected outcomes, measures and benefits. Included within this review will be opportunities to advance the partnership of the parties through innovative practices meeting the needs of the persons we serve and our communities.

VI. STAFFING PLAN

Staffing: CHCSCT and BTCS agree to the staffing patterns indicated within the Attachments to this Agreement, specific to services location. At all locations:

1. Existing staff of CHCSCT shall be employees or specialty contractors of CHCSCT; and existing staff of BTCS shall be employees or specialty contractors of BTCS.

2. Medical and Dental Services: Services will be made available to patients served by CHCSCT and BTCS and will be performed by the appropriately credentialed staff of CHCSCT.

3. Psychiatric Services: Services will be made available to patients served by BTCS and CHCSCT and will be performed by the appropriately credentialed staff of BTCS.

4. Case Management Services: BTCS agrees to provide necessary case management services to eligible persons in order to support medical/psychiatric coordination and integration of care.

Administrative and Ancillary Services:

1. BTCS agrees to act as HR consultant for the HR coordinator of CHCSCT.

2. CHCSCT and BTCS will work to integrate Lab, and Pharmacy to benefit both parties.

3. CHCSCT will add BTCS to the prescription and medical equipment programs of Pfizer Share the Care program. AstraZeneca pharmaceutical program AZ and me, and direct relief. Efforts to build the benefits coordination and patient assistance programs supporting the persons served will be a priority.

4. BTCS and CHCSCT agree to explore openly all programs that will benefit the treatment success of the persons we serve and the sustainability of the partnership between the parties.

Billing for Services: Unless otherwise noted within this Agreement, each party will be responsible for seeking reimbursement for services provided to patients through the respective normal business practices for which each party is accountable. Each party will be responsible for their employees and contractors ensuring accurate documentation of services and adherence to internal and external billing expectations.

VII. POLICIES AND PROCEDURES

Both parties agree to follow the policies, procedures, and administrative directives or other documents as collaboratively developed by the parties, and as required of each party under their respective oversight bodies.

During the term of this Agreement, BTCS shall advise CHCSCT of any applicable modifications to the Mental Health Code or any changes in the Policies and Procedures if BTCS or the performance contract under the Texas Department of State Health Services which have a bearing on this Agreement or CHCSCT. CHCSCT shall expressly acknowledge receipt of any such changes.

VII. HIPAA COMPLIANCE AND CONFIDENTIALITY

Both parties agree to adhere to the Business Associate Agreement contained herein regarding Protected Health Information ("PHI"). If either party receives any individually identifiable health information ("Protected Health Information" or "PHI"), from the other party's agents, authorized personnel, employees, representatives and/or staff members, or creates or receives any PHI on behalf of the other party, both parties shall maintain the security and confidentiality of such PHI as required by applicable laws and regulations, including the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the regulations promulgated thereunder. Without limiting the foregoing:

1. Use of PHI. The parties shall not use PHI otherwise than as expressly permitted by this agreement, or as required by law. However, each party may use PHI for purposes of managing its internal business processes relating to its functions under this agreement.

2. Disclosure of PHI. The party receiving the PHI shall not disclose PHI to any other person

(other than members of the party's workforce), except as approved, in writing, by the submitting party. Any such disclosure shall be made only upon written agreement between the two parties, stating that each party is bound by the provisions of this section. Neither party shall disclose PHI to any member of its workforce unless that party has advised such person of party's obligations under this section, and of the consequences for such person and for the party violating them. Each party shall take appropriate disciplinary action against any member of its workforce who uses or discloses PHI in contravention of its agreement.

3. Safeguards. Each party shall use appropriate safeguards to prevent use or disclosure of PHI otherwise than permitted by this agreement. Each party shall collaboratively consider information concerning such, and shall, upon reasonable request, give the other party access for inspection and copying used for the maintenance or processing of PHI, and to its books, records, practices, policies and procedures concerning the use and disclosure of PHI, for the purpose of determining the party's compliance with this agreement.

4. Accounting/Reporting of Disclosures. Each party shall maintain a record of all disclosures of PHI made otherwise than the purposes of this agreement, including the date of the disclosure, the name and, if known, the address of the recipient of the PHI, a brief description of the PHI disclosed, and the purpose of the disclosure. Each party shall make such record available to the other party on request. Each party shall report to the other party any unauthorized use or disclosure of PHI and the remedial action taken or proposed to be taken with respect to such use or disclosure.

5. Disclosure to U.S. Department of Health and Human Services. If either party is required by law to obtain the following undertaking from the other party, the other party shall make its internal practices, books, and records relating to the use and disclosure of health information available to the Subscriber and to the Secretary of the United States Department of Health and Human Services, for the purposes of determining the Covered Entity's compliance with HIPAA.

6. Amendment. Upon the enactment of any law or regulation affecting the use or disclosure of PHI, or the publication of any decision of a court of the United States or of this state relating to any such law, or the publication of any interpretive policy or opinion of any governmental party charged with the enforcement of any such law or regulation, either party may, by written notice to either party, amend this agreement in such manner as either party determines necessary to comply with such law or regulation. If either party disagrees with any such amendment, it shall so notify the other party in writing within thirty (30) days of notice. If the parties are unable to agree on an amendment within thirty (30) days thereafter, either of them may terminate this agreement on written notice to the other.

7. Breach. If either party breaches its obligations under this section, the other party may, at its option, exercise any of its rights of access and inspection under paragraph 3 of this section. If determined necessary, the parties will develop a compliance action plan and such a plan shall become part of this agreement. If the action plan to eliminate the risk is determined to be insufficient by either party, that party may terminate this agreement, with or without an opportunity to cure the breach.

8. Procedure upon Termination. Upon termination of this agreement, each party shall return or destroy all PHI that it maintains in any form, and shall retain no copies of such information or, if the parties agree that return or destruction is not feasible, it shall continue to extend the protections of this agreement to such information, and limit further use of the information to those purposes that make the return or destruction of the information infeasible.

IX. STAFF SUPERVISION

The need for oversight and supervision, beyond that which is provided by each party for their respective staff, will be based on need.

X. NOTICE

Any notice substantially affecting the terms or conditions of this Agreement shall be directed to:

CHCSCT: Chief Executive Officer
228 St. George Street
Gonzales, Texas 78629

BTCS: Executive Director
1009 N. Georgetown Street
Round Rock, Texas 78664

XI. INDEMNIFICATION

The parties shall protect, defend, and indemnify one another, one another's Board members, officers, agents, volunteers, and employees from any and all liabilities, claims, liens, demands, costs, and judgments, including court costs, costs of administrative proceedings, and attorney's fees, which arise out of the occupancy, use, service, operations, performance or nonperformance of work, or failure to comply with federal, state, or local laws, ordinances, codes, rules and regulations, or court or administrative decisions, negligent acts, intentional wrongdoing, or omissions by either party, its officers, employees, agents, representatives, or subcontractors in connection with this Agreement. Nothing herein shall be construed as a waiver of any public or governmental immunity granted to BTCS and/or any representative of BTSC as provided in statute or court decisions.

XII. TERMINATION

This Memorandum of Understanding may be terminated by either party by giving thirty (30) days written notice to the other party.

The Memorandum of Understanding will be effective through **September 1, 2015 to December 31, 2017** and may be renewed annually thereafter upon mutual agreement by the parties.

XIII. AUTHORITY TO SIGN

The persons signing below certify by their signatures that they are authorized to sign this

Agreement on behalf of the party they represent, and that this Agreement has been authorized by said party.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement:

Community Health Centers of
South Central Texas

Henry Salas, Chief Executive Officer

Date: _____

Bluebonnet Trails Community MHMR Center
d/b/a Bluebonnet Trails Community Services

Andrea Richardson, Executive Director

Date: 3/20/17

Memorandum of Understanding
Community Health Centers of South Central Texas
and Bluebonnet Trails Community Services

Attachment A

Services in Gonzales County, Texas
228 St. George Street
Gonzales, Texas 78629

I. **Ownership of Facilities.** The facilities enabling co-location of Bluebonnet Trails Community Services (BTCS) and the Community Health Centers of South Central Texas (CHCSCT) support the purposes of this Memorandum of Understanding (Agreement). The purpose of this Addendum is to clearly establish the ownership of the facilities used by the CHCSCT and BTCS (collectively, the Parties) for the purpose of integrating medical and behavioral healthcare in our communities.

A. **Facility Plan.** The facility located at 228 St. George Street, Gonzales, Texas 78629, is owned by the CHCSCT. During July 2010, in renovated offices, BTCS was allocated office space for the purpose of partnering with CHCSCT to provide integrated health services including behavioral health and intellectual and developmental disability services.
B. **Costs Related to Facility**. Any terms for the responsibilities of costs related to the facility will be noted within this Attachment to the Agreement.

II. **Staffing Plan Specific to this Location**: In addition to the terms within Section VI of this Agreement:

A. Psychiatric Services: BTCS agrees to provide a minimum of 8 and a maximum of 24 hours of psychiatrist time per month on Wednesdays (day can vary) to see CHCSCT patients or any patients that need to be seen for CHCSCT or BTCS including children. More time may be added with the mutual agreement of all parties. Services provided will be billed by CHCSCT, under the FQHC provider number, to the appropriate payer. At the end of each month, BTCS will invoice CHCSCT for the hours of services the psychiatrist provided during the month. CHCSCT will compensate BTCS at the rate ($112.50/hour) for the psychiatrist's time worked for CHCSCT. The psychiatrist is supervised by the BTCS Medical Director.

B. Counseling Services: Licensed practitioners of the healing arts will be made available to patients served by BTCS and CHCSCT within the treatment regime for those patients who may benefit from the services. The services will be performed by the appropriately credentialed staff of CHCSCT. The counselors will be under the supervision of the designated CHCSCT staff member. Services provided will be billed by CHCSCT, under the FQHC provider number, to the appropriate payer.

C. Behavioral Health Consultant: For the purposes of successfully supporting integration of medical and behavioral healthcare, CHCSCT provides a licensed, credentialed individual to provide timely, patient-centered behavioral health services to patients in the medical setting. The goal is to improve emotional health and coping for persons facing medical

challenges, supporting the individual's ability to lead a healthful life. Providing education, advocacy and services, the Behavioral Health Consultant collaborates with the CHCSCT and BTCS healthcare providers to ensure delivery of comprehensive services. The Behavioral Health Consultant is an employee of CHCSCT under the supervision of a licensed CHCSCT clinician. Services provided will be billed by CHCSCT, under the FQHC provider number, to the appropriate payer.

Memorandum of Understanding

Community Health Centers of South Central Texas
and Bluebonnet Trails Community Services

Attachment B

Services in Guadalupe County, Texas
1104 Jefferson Street
Seguin, Texas 78155

I. **Ownership of Facilities.** The facilities enabling co-location of Bluebonnet Trails Community Services (BTCS) and the Community Health Centers of South Central Texas (CHCSCT) support the purposes of this Memorandum of Understanding (Agreement). The purpose of this Addendum is to clearly establish the ownership of the facilities used by the CHCSCT and BTCS (collectively, the Parties) for the purpose of integrating medical and behavioral healthcare in our communities. BTCS and CHCSCT both acknowledge the existence of a federal interest on the property as filed in Guadalupe County.

A. **Facility Plan.** The facility located at 1104 Jefferson St, Seguin, Texas 78155, was made possible through a 2012 grant award from the Health Resources and Services Administration (HRSA), via a joint application between the parties, for the purpose of integrating medical and behavioral healthcare in Seguin, Texas. In February 2014, the doors were opened for integrated health services in Seguin.
   1. The physical facility, made possible through the HRSA funds, is co-owned by the CHCSCT and BTCS. Should either partner leave the facility, the remaining partner shall retain full ownership of the facility and shall abide by the Warranty Deed for the acreage onto which the facility resides.
   2. BTCS owns fee simple title to the acreage located at 1104 Jefferson Street (Property) in Sequin, Texas. The Property was purchased during 2012 from the Guadalupe County MHMR Party, Inc. (GCMHMR) for the purpose of building a new healthcare facility. The Warranty Deed (Deed) conveying the Property to BTCS contains a fee simple conditional provision which states that the Property could revert back the GCMHMR if the facility is used for purposes other than mental health, intellectual and developmental disability services, as defined in the Texas Health and Safety Code. Further, GCMHMR, its successors and assigns, have retained a "right of first refusal" to re-acquire the Property should BTCS ever desire to sell the Property. Note, however, that the right of first refusal does not negate the above-stated fee simple condition provisions.
   3. If GCMHMR chooses not to acquire the Property pursuant to its "right of first refusal", then BTCS hereby assigns all of the "rights of first refusal" as detailed in the above-described Deed to CHCSCT. If CHCSCT also declines to re-acquire the Property, the Property shall be controlled by the successor to BTCS, as dictated by the Texas Health and Human Services Commission, or its successor.

B. **Shared Costs Related to Facility.** Any terms for the responsibilities of costs related to the facility will be noted within this Attachment to the Agreement.

II. **Staffing Plan Specific to this Location:** In addition to the terms within Section VI of this Agreement:

A. Psychiatric Services: BTCS agrees to provide a minimum of 8 and a maximum of 24 hours of psychiatrist time per month on Wednesdays (day can vary) to see CHCSCT patients or any patients that need to be seen for CHCSCT or BTCS including children. More time may be added with the mutual agreement of all parties. CHCSCT will compensate BTCS at the agreed rate for the psychiatrist ($112.50/ hour) time worked for CHCSCT.

B. Counseling Services: Licensed practitioners of the healing arts will be made available to patients served by BTCS and CHCSCT within the treatment regime for those patients who may benefit from the services. The services will be performed by the appropriately credentialed staff of BTCS and CHCSCT. The counselors will be under the supervision of the designated staff member of their respective agency. Respectively, services rendered will be billed by BTCS and CHCSCT to the appropriate payer.

C. Outpatient Substance Addiction Services: Established under the 2013 Medicaid 1115 Transformation Waiver, outpatient substance addiction services will be provided to the patients served by the parties and will be performed by the appropriately credentialed staff of BTCS. Services provided will be billed by BTCS, under the BTCS provider number, to the appropriate payer. Providers of substance addiction services will be under the supervision of the designated BTCS staff member.

D. Behavioral Health Consultant: For the purposes of successfully supporting integration of medical and behavioral healthcare, BTCS provides a licensed, credentialed individual to provide timely, patient-centered behavioral health services to patients in the medical setting. The goal is to improve emotional health and coping for persons facing medical challenges, supporting the individual's ability to lead a healthful life. Providing education, advocacy and services, the Behavioral Health Consultant collaborates with the CHCSCT healthcare providers to ensure delivery of comprehensive services. The Behavioral Health Consultant is an employee of BTCS under the supervision of a licensed BTCS clinician. Services provided will be billed by CHCSCT, under the FQHC provider number, to the appropriate payer. At the end of each month, BTCS will invoice CHCSCT for the hours of services the Behavioral Health Consultant provided during the month. CHCSCT will compensate BTCS at the rate ($TBD/hour) for the services of the Behavioral Health Consultant. The Behavioral Health Consultant is supervised by the BTCS Director of Behavioral Health Services.

Memorandum of Understanding
Community Health Centers of South Central Texas
and Bluebonnet Trails Community Services

Attachment C

Services in Caldwell County, Texas
2060 South Colorado Street
Lockhart, Texas 78644

I. **Ownership of Facilities.** The facilities enabling co-location of Bluebonnet Trails Community Services (BTCS) and the Community Health Centers of South Central Texas (CHCSCT) support the purposes of this Memorandum of Understanding (Agreement). The purpose of this Addendum is to clearly establish the ownership of the facilities used by the CHCSCT and BTCS (collectively, the Parties) for the purpose of integrating medical and behavioral healthcare in our communities.

A. **Facility Plan.** The renovation and lease of the facility located at 2060 South Colorado Street, Lockhart, Texas 78644, was made possible through the Medicaid 1115 Transformation Waiver. During September 2014, the doors to integrated health services were opened in Lockhart. BTCS is the entity providing the intergovernmental transfer funds for the integrated healthcare project supported by the Medicaid 1115 Transformation Wavier. The physical facility is leased by Bluebonnet Trails Community Services, a lease funded through the Medicaid 1115 Transformation Waiver.

B. **Shared Costs Related to Facility.** Any terms for the responsibilities of costs related to the facility will be noted within this Attachment to the Agreement.

ii. **Staffing Plan Specific to this Location:** In addition to the terms within Section VI of this Agreement:

A. Counseling Services: Licensed practitioners of the healing arts will be made available to patients served by BTCS and CHCSCT within the treatment regime for those patients who may benefit from the services. The services will be performed by the appropriately credentialed staff of BTCS and CHCSCT. The counselors will be under the supervision of the designated staff member of their respective agency. Services rendered by the individual providers will be billed by BTCS and CHCSCT, under the respective provider numbers, to the appropriate payer.

B. Behavioral Health Consultant: For the purposes of successfully supporting integration of medical and behavioral healthcare, BTCS provides a licensed, credentialed individual to provide timely, patient-centered behavioral health services to patients in the medical setting. The goal is to improve emotional health and coping for persons facing medical challenges, supporting the individual's ability to lead a healthful life. Providing education, advocacy and services, the Behavioral Health Consultant collaborates with the CHCSCT healthcare providers to ensure delivery of comprehensive services. The Behavioral Health Consultant is an employee of BTCS under the supervision of a licensed BTCS clinician. Services provided will be billed by CHCSCT, under the FQHC provider number, to the appropriate payer. At the end of each month, BTCS will invoice CHCSCT for the hours of

services the Behavioral Health Consultant provided during the month. CHCSCT will compensate BTCS at the rate ($TBD/hour) for the services of the Behavioral Health Consultant. The Behavioral Health Consultant is supervised by the BTCS Director of Behavioral Health Services.

C. Medical and Dental Staff: Under the Medicaid 1115 Transformation Waiver, an integrated health clinic will be established. BTCS is the entity providing the intergovernmental transfer funds supporting this project. Medical staff for the integrated health clinic will be hired/contracted and supervised by CHCSCT. The medical and dental staff will join the behavioral health staff as a treatment team serving the health needs of persons in this county. Under this Agreement, BTCS will pay the following salary and benefits for the medical staff supporting the outcomes within this project:

Memorandum of Understanding
Community Health Centers of South Central Texas
and Bluebonnet Trails Community Services

Attachment D

Services in Bastrop County, Texas
275 Jackson Street
Bastrop, Texas 78602

I. **Ownership of Facilities.** The facilities enabling co-location of Bluebonnet Trails Community Services (BTCS) and the Community Health Centers of South Central Texas (CHCSCT) support the purposes of this Memorandum of Understanding (Agreement). The purpose of this Addendum is to clearly establish the ownership of the facilities used by the CHCSCT and BTCS (collectively, the Parties) for the purpose of integrating medical and behavioral healthcare in our communities.

A. **Facility Plan.** The facility located at 275 Jackson Street is owned by BTCS. Initiated by a grant award during 2013 through the St. David's Foundation, BTCS has renovated space in an existing building for the purpose of partnering with CHCSCT to provide integrated health services. During January 2014, primary and dental health services opened their doors in Bastrop.
B. **Shared Costs Related to Facility.** Any terms for the responsibilities of costs related to the facility will be noted within this Attachment to the Agreement.

II. **Staffing Plan Specific to this Location:** In addition to the terms within Section VI of this Agreement:

A. Counseling Services: Licensed practitioners of the healing arts will be made available to patients served by BTCS and CHCSCT within the treatment regime for those patients who may benefit from the services. The services will be performed by the appropriately credentialed staff of BTCS and CHCSCT. The counselors will be under the supervision of the designated staff member of their respective agency. Services rendered by the individual providers will be billed by BTCS and CHCSCT, under the respective provider numbers, to the appropriate payer.

B. Outpatient Substance Addiction Services: Established under the 2013 Medicaid 1115 Transformation Waiver, outpatient substance addiction services will be provided to the patients served by the parties and will be performed by the appropriately credentialed staff of BTCS. BTCS is the entity providing the intergovernmental transfer funds supporting this project. Providers of substance addiction services will be under the supervision of the designated BTCS staff member. Services provided will be billed by BTCS to the appropriate payer.

C. Behavioral Health Consultant: For the purposes of successfully supporting integration of medical and behavioral healthcare, BTCS provides a licensed, credentialed individual to provide timely, patient-centered behavioral health services to patients in the medical setting. The goal is to improve emotional health and coping for persons facing medical

challenges, supporting the individual's ability to lead a healthful life. Providing education, advocacy and services, the Behavioral Health Consultant collaborates with the CHCSCT healthcare providers to ensure delivery of comprehensive services. The Behavioral Health Consultant is an employee of BTCS under the supervision of a licensed BTCS clinician. Services provided will be billed by CHCSCT, under the FQHC provider number, to the appropriate payer. At the end of each month, BTCS will invoice CHCSCT for the hours of services the Behavioral Health Consultant provided during the month. CHCSCT will compensate BTCS at the rate ($TBD/hour) for the services of the Behavioral Health Consultant. The Behavioral Health Consultant is supervised by the BTCS Director of Behavioral Health Services.

D. Medical and Dental Staff: Initiated under the St. David's Foundation grant award and continued under the Medicaid 1115 Transformation Waiver, an integrated health clinic will be established. BTCS is the grant awardee and the entity providing the intergovernmental transfer funds supporting this project. Medical staff for the integrated health clinic will be hired/contracted and supervised by CHCSCT. The medical and dental staff will join the behavioral health staff as a treatment team serving the health needs of persons in this county. Under this Agreement, BTCS will pay the following rates for the medical staff supporting the outcomes within this project:
   1. Pediatrician: TBD
   2. Obstetrics/Gynecologist: TBD
   3. General Practitioner: TBD
   4. Dentist: TBD
   5. Dental Hygienist: TBD

Memorandum of Understanding
Community Health Centers of South Central Texas
and Bluebonnet Trails Community Services

Attachment E

Services in Bastrop County, Texas
902 West Second Street
Elgin, Texas 78621

I. **Ownership of Facilities.** The facilities enabling co-location of Bluebonnet Trails Community Services (BTCS) and the Community Health Centers of South Central Texas (CHCSCT) support the purposes of this Memorandum of Understanding (Agreement). The purpose of this Addendum is to clearly establish the ownership of the facilities used by the CHCSCT and BTCS (collectively, the Parties) for the purpose of integrating medical and behavioral healthcare in our communities.

A. **Facility Plan.** The facility located at 902 West Second Street is owned by Elgin Independent School District (ISD). The office space is made available through a separate Memorandum of Agreement with the Elgin ISD for the purpose of allowing the partnership of CHCSCT and BTCS to provide integrated health services. This Memorandum of Agreement was initiated during August 2014, making available integrated health services for students, staff, their families and the community.

B. **Shared Costs Related to Facility.** Any terms for the responsibilities of costs related to the facility noted within the Memorandum of Agreement with Elgin ISD will be noted within this Attachment to the Agreement.

III. **Staffing Plan Specific to this Location:** In addition to the terms within Section VI of this Agreement:

A. Medical Staff: Initiated under the Medicaid 1115 Transformation Waiver Integrated Healthcare project for BTCS, an integrated health clinic will be established within the Elgin ISD. BTCS is the entity providing the intergovernmental transfer funds supporting this project. The project will be sustained through reimbursement strategies through CHCSCT and BTCS. Medical staff for the integrated health clinic will be hired/contracted and supervised by CHCSCT. The medical staff will join the behavioral health staff as a treatment team serving the health needs of persons in this county. Under this Agreement, BTCS will pay the following rates for the medical staff supporting the outcomes within this project:
   i. General Practitioner: TBD
   ii. Medical Assistant: TBD

B. Behavioral Health Consultant: For the purposes of successfully supporting integration of medical and behavioral healthcare, BTCS provides a licensed, credentialed individual to provide timely, patient-centered behavioral health services to patients in the medical setting. The goal is to improve emotional health and coping for persons facing medical challenges, supporting the individual's ability to lead a healthful life. Providing counseling,

education, advocacy and services, the Behavioral Health Consultant collaborates with the CHCSCT healthcare providers to ensure delivery of comprehensive services. The Behavioral Health Consultant is an employee of BTCS under the supervision of a licensed BTCS clinician. Services provided will be billed by CHCSCT, under the FQHC provider number, to the appropriate payer. At the end of each month, BTCS will invoice CHCSCT for the hours of services the Behavioral Health Consultant provided during the month. CHCSCT will compensate BTCS at the rate ($TBD/hour) for the services of the Behavioral Health Consultant. The Behavioral Health Consultant is supervised by the BTCS Director of Behavioral Health Services.

MEMORANDUM OF AGREEMENT

FOR THE PROVISION OF SERVICES TO HISD STUDENTS AND EMPLOYEES

This Memorandum of Agreement (***"Agreement"***) is entered on November 6, 2015, by and between Hutto Independent School District (***"HISD"***) and Bluebonnet Trails Community Services (***"BTCS"***).

WHEREAS, HISD currently provides health care services to HISD students through some combination of HISD employed medical assistants, licensed vocational nurses, registered nurses and advanced practice nurses;

WHEREAS, BTCS employs a range of health care professionals committed to providing community-wide access to a behaviorally-enhanced, person centered health home that provides accountable care for all persons, focusing on the underserved;

WHEREAS, BTCS partners and collaborates under a Memorandum of Understanding with the Community Health Centers of South Central Texas, a partnering Federally Qualified Health Center, for the use of their electronic medical record to document services provide under this Agreement;

WHEREAS, in order to reduce costs to HISD and improve health services to HISD's students, students' family members, faculty, staff and their family members (the ***"HISD Patient Population"***), HISD desires to have certain of BTCS's health care professionals deliver health care services to the HISD Patient Population at select HISD campus locations; and

WHEREAS, HISD employs school bus drivers who must complete an annual Texas Department of Public Safety physical examination ***("DPS Physical Exams")*** before driving students in an HISD vehicle; and HISD employs At Risk Employees who must receive Hepatitis B ***("HepB")*** vaccinations; and HISD employs Day Care Workers who must receive HepB vaccinations, Tetanus/Diphteria/Pertusis (***"Tdap"***) vaccinations and Tuberculosis Skin Tests (***"PPD"***); and

WHEREAS, in order to reduce costs to HISD and improve health, HISD desires to have certain of BTCS's health care professionals perform the DPS Physical Exams, HepB and TDap vaccinations and PPD skin tests for HISD employees at the HISD Clinics, WHEREAS, BTCS desires to have certain of its health care professionals deliver health care services to the HISD Patient Population at select HISD campus locations.

NOW, THEREFORE, in consideration of the mutual promises and benefits contained herein, HISD and BTCS agree as follows.

Section 1. **Provision of Services.**

a) In accordance with and subject to the terms contained in this Agreement, and such other ancillary agreements as HISD and BTCS may enter into with respect to the subject matter hereof, HISD agrees to allow, and to make reasonably requested accommodations for, the provision of health care services to the HISD Patient Population at select HISD campus locations by certain of BTCS's health care professionals (the ***"Services"***). In accordance with and subject to the terms contained in this Agreement, and such other ancillary agreements as HISD and BTCS may enter into with respect to the subject matter hereof, BTCS agrees to have certain of BTCS's health care professionals provide the Services. The Services shall include BTCS's provision of BTCS-employed advance practice nurses ***("APNs")*** in a quantity mutually agreed upon by HISD and BTCS as sufficient to provide quality health care services to the specific campuses of HISD

mutually identified and agreed upon by HISD and BTCS. HISD and BTCS understand and agree that such quantity may be as small as one and that a single APN may provide health care services to a cluster of two or three HISD schools. HISD and BTCS shall work together to determine appropriate school clusters (if any), APN office hours (i.e., whether to allow appointments outside of school hours) and seasonality (i.e., whether to offer appointments in the summer). Notwithstanding the foregoing, BTCS shall at all times, subject to acquiring any required consents from parents, managing conservators or legal guardians, retain sole authority to make all decisions relating to or affecting the provision of medical care provided by an APN. BTCS. shall communicate and consult with HISD Coordinator of Health Services prior to authorizing transportation by an Emergency Medical Service to an off campus medical facility provided that the treating BTCS provider believes that such communication and consultation is not contrary to the interests of the patient. HISD shall at all times retain sole authority to make all decisions relating to or affecting the provision of medical care provided by a member of the Existing HISD Health Team (defined below).

b) The Services shall also include BTCS's provision of BTCS-employed licensed professional counselors, licensed clinical social workers (interchangeably referred to herein as ***"Therapists"***) and/or BTCS-employed psychiatrists or psychiatric nurse practitioners (***"Psychiatrists/Psychiatric APNs"***) in a quantity mutually agreed upon by HISD and BTCS as sufficient to provide quality health care services to the specific campuses of HISD mutually identified and agreed upon by HISD and BTCS. The Services may also include medication management by a Psychiatrist or Psychiatric APN for certain members of the HISD Patient Population. HISD and BTCS understand and agree that such number of Therapists and/or Psychiatrists/Psychiatric APNs may be as few as one provider total, and that a single Therapist and/or Psychiatrist/Psychiatric APN may provide health care services to multiple HISD schools. HISD and BTCS shall work together to determine appropriate school clusters (if any), Psychiatrist/Psychiatric APN and/or Therapist office hours (i.e., whether to allow appointments outside of school hours), and seasonality (i.e., whether to offer appointments in the summer). Notwithstanding the foregoing, BTCS shall at all times, subject to acquiring any required consents from parents, managing conservators or legal guardians, retain sole authority to make all decisions relating to or affecting the provision of medical care by the Therapists and/or Psychiatrists/Psychiatric APNs.

c) The Services shall also include DPS Physical Exams, HepB vaccinations, Tdap vaccinations and PPD skin tests to eligible HISD employees at the HISD Clinics. HISD and BTCS shall work together to schedule appropriate times during which such Services shall be available. BTCS shall at all times retain sole authority to make all decisions relating to or affecting the provision of medical care provided by a BTCS-employed medical health provider. The parties recognize and affirm the importance of individual patient choice in the selection of medical services. Nothing contained in this Agreement shall be interpreted to obligate, encourage or solicit, in any way, the referral of any individual patient to BTCS, or to any hospital or facility affiliated in any way with BTCS, contrary to the patient's choice of another medical services provider. Nothing contained in this Agreement shall be interpreted to restrict HISD staff from referring patients to any other provider of services. Consideration provided by either party to the other pursuant to this Agreement is solely for the purpose of facilitating provision of Services to HISD employees and is no way tied to the making of referrals.

d) The Services shall not include any assumption by BTCS of the clinical management of any HISD-employed licensed vocational nurse, registered nurse, advanced practice nurse (unless specifically hired by BTCS) or any HISD-employed administrator of such individuals (all such

HISD-employed individuals collectively referred to herein as the ***"Existing HISD Health Team"***, all of whom will remain under the sole control and direction of HISD. These individuals shall remain, at all times, employees of HISD, and HISD shall retain responsibility for their salary, benefits and professional and general comprehensive liability coverage. These individuals are not eligible for, and shall not receive, any wages, benefits or liability coverage from BTCS.

e) HISD shall ensure that upon the reasonable request of BTCS, HISD staff shall distribute to the HISD Patient Population, in a manner consistent with HISD's other notifications and distributions, all consent forms and other documentation that BTCS reasonably requests. HISD shall further ensure that HISD staff act as ombudsmen for BTCS, communicating through HISD's usual communication methods the availability of the Services and the mission and patient care objectives of BTCS to the HISD Patient Population. Notwithstanding the foregoing and anything else in this Agreement to the contrary, the parties recognize and affirm the importance of individual patient choice in the selection of medical services. Nothing contained in this Agreement shall be interpreted to obligate, encourage or solicit, in any way, the referral of any individual patient to BTCS, or to any hospital or facility affiliated in any way with BTCS, contrary to the patient's choice of another provider of medical services. Nothing contained in this Agreement shall be interpreted to restrict HISD staff from referring patients to any other provider of services. Consideration provided by either party to the other pursuant to this Agreement (if any) is solely for the purpose of facilitating provision of the Services to the HISD Patient Population and is no way tied to the making of referrals.

f) To the extent that BTCS is able to obtain immunizations and vaccinations for the HISD location, then the Services shall include immunizations, vaccinations and well-child checks provided by the APNs.

g) HISD affirms that it is not a school based health center and that provision of the Services by BTCS shall not create a school based health center. HISD affirms that it has no intention of creating a school based health center and will not apply for any funding as a school based health center during the Term (defined below).

Section 2. **Fees.** HISD shall pay BTCS fifty dollars ($50.00) per each yearly initial DPS Physical Exam provided to an HISD employee on the terms set forth in Exhibit "A" attached hereto. If a follow-up evaluation is required for an employee, HISD shall pay BTCS twenty-five dollars ($25.00) per each follow up DPS Physical Exam provided to an employee on the terms set forth in Exhibit "A" attached hereto. HISD shall pay BTCS sixty dollars ($60.00) for the administration of each HepB and Tdap injection to Hutto employees, which includes the cost of the vaccine, on the terms set forth in Exhibit "B" attached hereto. HISD shall pay BTCS forty dollars ($40.00) for the administration of each PPD test to Hutto employees, which includes the cost of the test and the follow-up visit to determine the results of the test, on the terms set forth in Exhibit "B" attached hereto. BTCS agrees to not bill or collect any additional payments from HISD employees for such Services. BTCS shall provide HISD with a completed W-9 Request for Taxpayer Identification Number and Certification. HISD shall not withhold taxes from BTCS's earnings.

Section 3. **HISD's Obligations.** With regard to provision of the Services, HISD agrees to the following obligations and responsibilities, which listing is not meant to be an exhaustive or exclusive listing:

(a) Identify a specific member of the Existing HISD Health Team, acceptable to BTCS in its reasonable discretion, to coordinate with the APNs, Therapists and/or

Psychiatrists/Psychiatric APNs and assist in scheduling the Services, all at no charge to BTCS — BTCS acknowledges that the District Health Coordinator for HISD is acceptable to BTCS;

(b) Provide in each HISD location where Services are to be provided and at a nominal or no charge to BTCS, space sufficient for each Therapist and/or Psychiatrist/Psychiatric APN and APN to see, diagnose and treat the HISD Patient Population on the start date of the Term, and for BTCS staff to handle patient calls, coordinate obtaining parental consents, and perform BTCS's financial screening, which space shall include refrigeration sufficient for each Psychiatrist/Psychiatric APN and APN to store medical supplies and other items that require refrigeration, storage space and which shall comply with BTCS policies and procedures, applicable privacy regulations and governing law;

(c) Provide, at a nominal or no charge to BTCS, (i) utilities to each space, including a working telecommunications system, email accounts, access to the internet and connections necessary for installation of Intergy, BTCS's electronic health record software, and (ii) fixtures and lighting (BTCS will provide furniture and equipment) in each space as necessary for each Therapist and/or Psychiatrist/Psychiatric APN and APN to see, diagnose and treat the HISD Patient Population, and for BTCS staff to handle patient calls, coordinate obtaining parental consents, and perform BTCS's financial screening, all in accordance with BTCS policies and procedures, applicable privacy regulations and governing law;

(d) Maintain and repair the walls, floors, ceilings, windows, lighting, wiring, mechanical, electrical, plumbing, telecommunications systems, internet connections and other fixed assets of the space, and provide janitorial services to the space;

(e) Provide to the Therapists and/or Psychiatrists/Psychiatric APNs, APNs and other BTCS staff access to HISD's immunization information on members of HISD Patient Population;

(f) BTCS Therapists and/or Psychiatrists/Psychiatric APNs, APNs and other BTCS staff are designated as a "school official" as that term is defined in the HISD's Board Policy FL (LOCAL) with a legitimate educational interest in student information for the purposes of the Family Educational Rights Privacy Act ("FERPA"). BTCS agrees to maintain the confidentiality of any and all educational records of students that are disclosed to, or reviewed by, any Therapist and/or Psychiatrist/Psychiatric APN, APN or other BTCS staff in accordance with Federal and State laws, rules and regulations, including but not limited to FERPA, the Individuals with Disabilities Act ("IDEA") and Section 504 of the Rehabilitation Act ("Section 504"). Except for the information provided pursuant to Section 2(e), student information provided to Therapists and/or Psychiatrists/Psychiatric APNs, APNs and other BTCS staff shall be limited to name, address, phone numbers, parents names and phone numbers, social security number and emergency contact information;

(g) Provide the items and actions identified in this Section 2 at one or more HISD campuses during HISD's summer break;

(h) Distribute to the HISD Patient Population, in a manner consistent with HISD's other notifications and distributions, informational fliers and other paperwork reasonably requested by BTCS to notify the HISD Patient Population of the availability of the Services;

(i) Distribute to the HISD Patient Population, in a manner consistent with HISD's other notifications and distributions, parental and other consent forms reasonably requested by BTCS, follow-up on and collect such executed consent forms, and deliver such consent forms to an BTCS

staff member so that BTCS may provide the Services to as many members of the HISD Patient Population as may seek such Services from BTCS;

(j) Maintain on behalf of any HISD employed individual providing health care services professional liability insurance in a minimum amount of $1,000,000 per occurrence and $3,000,000 annual aggregate, general comprehensive liability coverage in a minimum amount of $1,000,000 per occurrence and $3,000,000 annual aggregate, and provide to BTCS evidence of the existence of such insurance policies within two business days of any request from BTCS;

(l) Instruct all HISD staff on the importance of acting as a liaison and ombudsmen for the APNs, Therapists and/or Psychiatrists/Psychiatric APNs, communicating the mission and patient care objectives of BTCS to the HISD Patient Population and communicating to the APNs, Therapists and Psychiatrists/Psychiatric APNs any concerns regarding the medical care of any member of the HISD Patient Population; provided, however, that no member of the HISD Patient Population shall be required to see an APN, Therapist, Psychiatrist, Psychiatric APN or any other BTCS-affiliated provider, that individual patient choice of health care providers will be respected at all times, and that an HISD staff member may refer any member of the HISD Patient Population to another provider either requested by such member or deemed appropriate by the HISD staff.

(m) Provide background data for student performance and assist BTCS in collecting data to demonstrate the benefits associated with BTCS's provision of the Services such as increased attendance, cost savings to HISD, increased level of services provided to the HISD Patient Population, decreased operational costs, etc.;

(n) Promote BTCS as a covered provider on HISD's payor contracts (i.e., that HISD health insurance covers visits by its members to BTCS providers); and

(o) Perform such other duties as may from time to time be agreed to between HISD and BTCS.

Section 4. **BTCS's Obligations.** With regard to provision of the Services, BTCS agrees to the following obligations and responsibilities, which listing is not meant to be an exhaustive or exclusive listing:

(a) Manage and supervise the APNs, Therapists and/or Psychiatrists/Psychiatric APNs, including supervision of their day-to-day work activities and performance;

(b) Identify a medical doctor to assume supervisory responsibility for BTCS medical staff;

(c) Identify a practice administrator to manage the APNs, Therapists and/or Psychiatrists/Psychiatric APNs and ensure they are integrated into the BTCS structure and are in compliance with BTCS's policies and procedures;

(d) Identify a specific contact person, acceptable to HISD in its reasonable discretion, to coordinate with the APNs, Therapists and/or Psychiatrists/Psychiatric APNs and liaison with HISD, the Existing HISD Health Team, HISD faculty and staff, the parents of HISD students and other members of the HISD Patient Population;

(e) Provide staff in a quantity sufficient to handle patient calls, coordinate obtaining parental consents, and perform BTCS's financial screening for the HISD Patient Population;

(f) Provide furniture, equipment and supplies (including point of care supplies such as urine dips and strep tests, as well as bandages, over the counter drugs, cotton balls, gloves, alcohol wipes, and clerical supplies such as notepads and pencils) necessary for each APN, Therapist and/or Psychiatrist/Psychiatric APN to see, diagnose and treat the HISD Patient Population, and for BTCS staff to handle patient calls, coordinate obtaining parental consents, and perform BTCS's financial screening, all in accordance with BTCS policies and procedures, applicable privacy regulations and governing law;

(g) Provide connections and equipment necessary for the installation of Intergy and other fixtures and equipment necessary for each APN, Therapist and/or Psychiatrist/Psychiatric APN to see, diagnose and treat the HISD Patient Population, and for BTCS staff to handle patient calls, coordinate obtaining parental consents, and perform BTCS's financial screening, all in accordance with BTCS policies and procedures, applicable privacy regulations and governing law;

(h) Install Intergy, BTCS's electronic health record software, as necessary for each APN, Therapist and/or Psychiatrist/Psychiatric APN to see, diagnose and treat the HISD Patient Population;

(i) Maintain and repair (i) the furniture, equipment and supplies referenced in Section 3(f) above and (ii) the connections, equipment and fixtures referenced in Section 3(g) above, and provide or procure biohazard remediation and removal for all biohazards generated in connection with provision of the Services;

(j) Instruct the APNs, Therapists and/or Psychiatrists/Psychiatric APNs of the importance of communicating the mission and patient care objectives of BTCS to the HISD Patient Population, and communicating to the Existing HISD Health Team, as appropriate, any concerns regarding the medical care of a member of the HISD Patient Population;

(k) Assist HISD in collecting data to demonstrate the benefits associated with BTCS's provision of the Services such as increased attendance, cost savings to HISD, increased level of services provided to the HISD Patient Population, decreased operational costs, etc.; and

(l) perform such other duties as may from time to time be agreed to between HISD and BTCS.

Section 5. Indemnification.

(a) To the extent authorized under the constitution and laws of the State of Texas, HISD shall hold BTCS harmless from and against any and all liability, loss, damages, claims or causes of action and related expenses, including reasonable attorney's fees, caused by, asserted to have been caused by, arising out of or related to, directly or indirectly, (i) a breach by HISD of any provision of this agreement, (ii) any action or failure to act by HISD, (iii) any action or failure to act by any HISD employee, contractor (other than an BTCS employee providing Services to HISD pursuant to this Agreement) or staff member and (iv) any employment claims brought against BTCS by an HISD employee.

(b) To the extent authorized under the constitution and laws of the State of Texas and the federal government, BTCS shall hold HISD harmless from and against any and all liability, loss, damages, claims or causes of action and related expenses, including reasonable attorney's fees, caused by, asserted to have been caused by, arising out of or related to, directly or indirectly, (i) a breach by BTCS of any provision of this agreement, (ii) any action or failure to act by BTCS, (iii) any action or failure to act by any BTCS employee, contractor (other than an HISD employee

providing Services to BTCS pursuant to this Agreement) or staff member and (iv) any employment claims brought against HISD by an BTCS employee. To the extent that the Services provided under this Agreement fall under BTCS's or its agent representative's "Scope of Services" or "Scope of Project" as a Federally Qualified Health Center ***("FQHC")***, then the terms of this Section 4(b) is further limited to the extent permitted by law and the rules and regulations applicable to FQHCs with Federal Tort Claims Act coverage.

Section 6. **Term.** This Agreement is effective as of the date first written above and shall continue from such date until the earlier of (a) expiration of the Term or (b) termination by either BTCS or HISD upon 30 days' prior written notice from one party to the other. This agreement may be extended by a written agreement signed by both parties. BTCS shall provide the Services described in this Agreement during this Term and during any subsequent terms agreed to in writing by HISD and BTCS. Notwithstanding the foregoing, Sections 4 and 6 of this Agreement shall survive termination.

Section 7. **Notices.** All notices shall be in writing and shall be delivered to the persons and addresses stated below. Either BTCS or HISD may change its notice address by providing written notice to the other.

To BTCS:

Bluebonnet Trails Community Services
Attention: Andrea Richardson,
Executive Director
1009 N. Georgetown Street
Round Rock, Texas 78664
Phone: 512.244.8305
Fax: 512.244.8401

To HISD:

HISD
Attention: Douglas Killian,
Superintendent
200 College Street
Hutto, Texas 78634
Phone: 512.759.3771

Section 8. **Dispute Resolution.** If a dispute relating to this Agreement arises between HISD and BTCS, then HISD and BTCS shall endeavor to settle the dispute first through direct discussions and negotiations between designated representatives of each party. If the dispute cannot be settled through direct discussions, then the parties shall endeavor to settle the dispute by mediation. If a dispute is not resolved within 90 days after the written notice beginning the mediation process (or a longer period, if HISD and BTCS agree to extend the mediation), then the mediation shall terminate and the dispute shall be settled by litigation in the State and Federal Courts serving Georgetown, Williamson County, Texas or such other location as agreed upon by the parties.

Section 9. **Publicity and Publications.**

(a) All joint public announcements (e.g., press releases) about this Agreement shall be mutually agreed upon and issued at a time mutually agreed by the parties, except to the extent disclosures are required by law or necessary to respond to requests of state or federal regulators. Timely written notice shall be provided to the non-disclosing party if a party is required to make such disclosures. During the course of this Agreement, if either party desires to make a public announcement about this Agreement, such party shall give reasonable prior advance notice, but in no event less than fourteen (14) days notice, of the proposed text to the non-disclosing party for its prior review and approval. Neither party may make any public announcement that the non-disclosing party has not approved.

(b) The parties agree that they will issue a joint public announcement with respect to the establishment of this Agreement within thirty (30) days of the execution of this Agreement, in accordance with the terms set forth in this section.

(c) Except as authorized in this Section 8, neither party shall use the corporate or product name or logo of the other party in any presentation, including publications, news releases, promotional materials, advertisement, or other public announcement, whether written or oral, without the prior written approval of the other party.

(d) Subject to the, terms of this Agreement, the parties shall have independent and separate rights to disclose and publish the data and results generated from provision of the Services. Notwithstanding the foregoing, the first public disclosure and publication of such data and results shall be jointly prepared by the parties under this Agreement.

(e) After the first disclosure and publication, each party may make independent disclosures and- publications of any data and results generated from provision of the Services, provided that (i) such disclosure or publication is materially similar to the presentation of the first publication and (ii) the non-disclosing party shall have at least thirty (30) days prior to the date of submission for publication or of public disclosure to review and comment on such material. During any such review period, the non-disclosing party may provide input, make factual corrections, and request the deletion of any reference to the other party's confidential information from the proposed disclosure or publication. All disclosures and publications must expressly acknowledge the other party, unless such party objects to such acknowledgment. Neither party may make any publication or disclosure of any material that the non-disclosing party claims is in violation of the terms of this Agreement until final dispute resolution is reached.

Section 10. General Provisions.

(a) The paragraphs contained in the recitals to this Agreement are incorporated into this Agreement by this reference, and the Parties to this Agreement acknowledge the accuracy thereof. Any reference herein to any exhibit will incorporate such exhibit herein as if it were set out in full in the text of this Agreement.

(b) Neither HISD nor its agents, representatives or employees shall be considered an agent, representative or employee of BTCS. Neither BTCS nor its agents, representatives or employees shall be considered an agent, representative or employee of HISD. In no event shall this Agreement be construed as establishing a partnership, joint venture, or similar relationship between BTCS and HISD. Except as set forth in Sections 1 and 4, BTCS and HISD shall each be liable for their own debts, obligations, acts and omissions.

(c) BTCS and HISD agree that no third persons, including the Existing HISD Health Team, APNs, Therapists and/or Psychiatrists/Psychiatric APNs, are entitled to receive or assert any of the rights under this Agreement.

(d) If any clause or provision of this Agreement is found to be illegal, invalid, or unenforceable, then the remainder of this Agreement shall be unaffected thereby and in lieu of such clause or provision there shall be added a clause or provision as similar in terms as may be possible and be legal, valid, and enforceable.

(e) HISD and BTCS shall provide the Services and activities to be performed under the terms of this Agreement in compliance with the Constitutions of the United States and Texas, and with all applicable federal, state, and local orders, laws, regulations, rules, policies and certifications governing any activities undertaken during the performance of this Agreement. Any

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provision required to be in this Agreement by any of the above shall bind HISD and BTCS regardless of whether provided herein.

(f) HISD and BTCS acknowledge that their officers and directors are familiar with the terms of the Anti-Kickback statute [42 U.S.C. 1320a-7b(b)]. HISD and BTCS intend that the terms and conditions of this Agreement comply fully with the terms of the Anti-Kickback statute. To the extent any term or condition of this Agreement is deemed by legal counsel for either HISD or BTCS to not comply with the Anti-Kickback statute, then the remainder of this Agreement shall be unaffected thereby and in lieu of such term or condition there shall be added as a part of this Agreement a term or condition as similar to such non-compliant term or provision as may be possible and be compliant with the Anti-Kickback statute.

(g) HISD and BTCS agree to execute such additional instruments, agreements and documents, and to take such other actions, as necessary to effect the purposes of this Agreement.

(h) Any action or agreement by HISD and BTCS to modify this Agreement, in whole or in part, is binding upon HISD and BTCS, so long as such modification is in writing and executed by HISD and BTCS with the same formality with which this Agreement is executed.

(i) Neither HISD nor BTCS will, without the prior written consent of the other, which consent shall not be unreasonably withheld, assign, mortgage, pledge or otherwise convey this Agreement or any of its rights or duties hereunder. Any attempted or purported assignment, mortgage, pledge or conveyance by HISD or BTCS without the written consent of the other shall be void and of no force and effect. No assignment, mortgage, pledge or other conveyance by HISD or BTCS relieve it of any liabilities or obligations under this Agreement.

(j) This Agreement is binding upon, and will inure to the benefit of, HISD, BTCS and their respective successors, permitted assigns and legal representatives.

(k) This Agreement may be executed in any number of counterparts, each of which is deemed an original, and all of which together shall constitute one and the same Agreement.

(l) This Agreement shall be governed by and construed in accordance with the laws of the State of Texas.

[Signature page follows.]

AS WITNESS HEREOF, duly authorized representatives of BTCS and HISD have executed this Agreement on the date herein above mentioned.

BLUEBONNET TRAILS COMMUNITY SERVICES

By: _____ 1/25/16
Andrea Richardson,
Executive Director

HUTTO INDEPENDENT SCHOOL DISTRICT

By: _____

Name: Douglas Killian

Title: Superintendent

EXHIBIT A

MONTHLY SERVICES RECORD FOR DPS PHYSICAL EXAMS

BTCS services provided for the month of _____, _____.

BTCS Rates: $50.00 per yearly initial DPS Physical Exam
$25.00 per follow-up DPS Physical Exam, if required

Name of HISD Employee	Date of Service	Type of Service (Initial or Follow-Up)	Fee for Service

Total Due:_____

This is a true record of the Services performed during the referenced month.

Bluebonnet Trails Community Services:

By:_____ Date:_____

Please submit this original form to HISD on or before the 10th day following the close of the month. Records submitted more than 60 days following the end of the month may or may not be paid at the sole discretion of HISD.

HISD:
Attn: Finance
200 College Street
Hutto, TX 78634

EXHIBIT B

MONTHLY SERVICES RECORD FOR VACCINATIONS/SKIN TESTS

BTCS services provided for the month of _____, _____.

BTCS Rates: $60.00 per HepB or Tdap injection
$40.00 per PPD skin test and reading

Name of HISD Employee	Date of Service	Type of Service	Fee

Total Due:_____

This is a true record of the Services performed during the referenced month.

Bluebonnet Trails Community Services:

By:_____ Date:_____

Please submit this original form to HISD on or before the 10th day following the close of the month. Records submitted more than 60 days following the end of the month may or may not be paid at the sole discretion of HISD.

HISD:
Attn: Finance
200 College Street
Hutto, TX 78634

~~AUGUST~~

FY2018

INTERLOCAL COOPERATION AGREEMENT
MHMR of Tarrant County
Facility Usage In-Kind Contribution

This INTERLOCAL COOPERATION AGREEMENT is entered into and by and between the agencies shown as "Cooperating Parties", pursuant to the authority granted and in compliance with the provisions of "The Interlocal Cooperation Act", Texas Government Code, Chapter 791.

I. COOPERATING PARTIES:
MHMR of Tarrant County - ECI Services
Decatur Independent School District

II. REQUIREMENTS OF AGREEMENT:

A) Requirements of MHMR of Tarrant County - ECI Services:

1. MHMR of Tarrant County - ECI will provide Early Childhood Intervention Services to eligible children and families who reside in the Wise County service area.
2. Diagnostic and intervention services will be the financial responsibility of MHMR of Tarrant County in accordance with guidelines established by the Department of Assistive and Rehabilitative Services ECI Division.
3. ECI Staff serving the families of Wise County including children and families residing in the Decatur ISD service area will follow all rules and regulations required for transitioning children into the schools when the children have auditory or visual impairments as well as when children turn three years of age.
4. ECI will partner with Decatur ISD in providing support and education to parents of the district children.
5. ECI Staff will collocate with Decatur ISD sharing designated space within the district facilities.
6. ECI Staff will gain expertise and knowledge related to the Decatur district and service area from the Decatur ISD faculty.

B) Requirements of Decatur Independent School District:

1. Decatur ISD will provide office space to accommodate two to three MHMR of Tarrant County ECI staff at one time. Costs associated with building space and utilities will be contributed by Decatur ISD.
2. Decatur ISD agrees to coordinate with MHMR of Tarrant County to establish and maintain information technology systems.
3. Decatur ISD will assume responsibility for accumulating, compiling, and summarizing data to report to MHMR of Tarrant County - ECI for verification of in-kind contributions.
4. Decatur ISD will partner with ECI in providing support and education to parents of the district children
5. Decatur ISD will follow all regulations required for transitioning children into the schools when the children have auditory or visual impairments as well as when children turn three years of age.
6. SPED faculty will gain expertise and knowledge related to the ECI Program from the ECI Staff.

FY2018

III. TERM OF AGREEMENT:
This agreement is to begin September 1, 2017 and will terminate on August 31, 2018.

IV. TERMINATION OF AGREEMENT:
Either party may terminate this Agreement for any reason, without cause, and at any time by furnishing to the other party thirty (30) days prior written notice.

THE UNDERSIGNED PARTIES do hereby certify that:

1. The services specified above are necessary and essential for activities that are provided within the statutory functions and programs of the Cooperating Parties;
2. The proposed arrangements serve the interest of providing efficient and high quality services to ECI children and their families within the specified service area,
3. Nothing in the performance of this Agreement shall impose nor is it intended to create any liability for claims against any party hereto other than claims for which the Texas Tort Claims Act may impose liability. Further nothing in the entering into this agreement nor in its performance shall waive or is intended to waive the parties' governmental immunity or any of the protections from liability or suit associated therewith; and
4. Any costs associated with this Agreement shall be paid from the entity's then current revenues.

MHMR of Tarrant County - ECI Services

BY: _____
signature

Laura Kender
printed name

TITLE: Chief of ECI

DATE: 8/2/17

Decatur Independent School District

BY: April Whisenant
signature

April Whisenant
printed name

TITLE: Director of Special Programs

DATE: 8/28/17

mhmr tarrant
WE CHANGE LIVES

MEMORANDUM OF AGREEMENT
BETWEEN
MHMR OF TARRANT COUNTY and WEATHERFORD ISD

This Memorandum of Agreement (MOA) is entered into by and between MHMR of Tarrant County located at 3840 Hulen St., Fort Worth, TX 76109 (hereinafter referred to as "MHMR") and WEATHERFORD ISD located at 1100 Longhorn Dr., Weatherford, TX 76086 (hereinafter referred to as "WISD") and is effective for the period of Sept 30, 2016 to September 30, 2018.

Paving the Way (PTW) Services

In partnership with seven North Texas counties, the Texas System of Care, youth, families, child-serving providers, advocates and community leaders, will transform the collection of systems of care into a unified System of Care for Transition Age Youth called Paving the Way: Successful Transitions to Adulthood. The target population being served is young people between the ages of 16 and 21 years of age with Serious Emotional Disturbances (SEDs) who are transitioning from child to adult serving community based mental health services. Emphasis will be placed on youth transitioning out of foster care and juvenile probation services, as well as young people successfully completing adult probation. Catchment areas served will be seven counties geographically diverse, including Erath, Palo Pinto, Somervell, Hood, Parker, Johnson, and Tarrant.

PTW and WISD mutually agree to:

1. Work in coordination with each other's goals and purpose to help promote system of care values, community collaborative efforts and coordinated care for youth.
2. Mutually conduct community outreach efforts to identify any potential youth that can be referred to PTW.
3. Share community resources that would be beneficial to youth, families, caregivers and community providers.
4. Regular participation in monthly local collaboration meetings.
5. Communicate regularly concerning the issues and needs of youth and providers in Parker County regarding available and needed resources.
6. Coordinate care for youth in PTW services.

PTW agrees to:

1. Provide training sessions throughout the year to the staff such as cultural competency, system of care values and principles, poverty simulation, trauma-focused care and other mental health system related topics that arise.
2. Provide Reaching Teens implementation support in the form of free tool kits, technical assistance, ideas for implementation, workshops with staff and preferred reservations at Dr. Ginsburg's local workshops.
3. Priority viewing of Paper Tigers & Resilience films to address trauma informed care.

WISD agrees to:

1. Promote and attend educational opportunities offered by MHMR/PTW.
2. Promote youth group activities provided by PTW.
3. Provide meeting space for trainings and collaborative meetings when able.

MHMR of Tarrant County
3840 Hulen Street Fort Worth, TX 76107
Phone 817.569.5725

4. Implement Reaching Teens core chapters through the use of internal captains to lead the effort and organize weekly or monthly groups for discussion.

5. Be a reference source to other agencies or school districts regarding the Reaching Teens tool kit and implementation strategies.

This MOA may be revised or terminated without cause with thirty (30) days written notice by either party.

Signature
Dr. Kathy Ray
Typed/Printed Name
Deputy Superintendent
Title
Date 9-29-16

Signature
DONNA MARTIN
Typed/Printed Name
CFO
Title
Date 11-18-16

MHMR of Tarrant County
3840 Hulen Street Fort Worth, TX 76107
Phone 817.569.5725

Local Arrangement Structures

- Memorandum of Understanding (MOU)
- Memorandum of Agreement (MOA)
- Interlocal Cooperation Agreement
- Professional Service Provider Agreement

Bluebonnet Trails MOUs

- Statement of purpose
- List of services to be provided by Center
    - Such as assessments, consultation, case management, telemedicine, staff training
- List of services to be provided by ISD
    - Such as office space, utilities, referrals to the program, student information, funding
- Location of services
- Payment of services
- Term of agreement
    - One year, with either party able to terminate with 30 days' notice and potential to extend through written agreement
- Provisions for amendments as needed
- Confidentiality
- Indemnification/hold harmless provisions
    - Parties agree to hold each other harmless from and against any liability, loss, damages, claims or causes of action arising out of breach of the agreement, action or failure to act
- Identification of contact persons for notice
- Governing law/venue
    - Governed by Texas law, venue in Center and ISD's county
- Binding Authority/signatures

Bluebonnet Trails MOA

- Statement of purpose (formatted as "whereas" statements of need for the agreement)
- Provision of services statement
    - Includes agreement that parties will work together to determine appropriate locations, office hours, number of providers, services to be provided (including certain vaccinations and testing for school staff)
    - Details that Center will not clinically manage ISD staff and that ISD will distribute consent forms and other materials to students, families and staff as needed
- Fees
- ISD's obligations
    - Include identifying staff member to coordinate with Center providers, office space, utilities, designating Center providers as "school officials" with regard to Family Educational Rights and Privacy Act (FERPA) confidentiality provisions, distributing forms and information, providing data as needed
- Center's obligations

    - Include managing and supervising providers, providing infrastructure for electronic health records, instructing Center staff on communicating program mission and objectives
- Indemnification/hold harmless provisions
    - Parties agree to hold each other harmless from and against any liability, loss, damages, claims or causes of action arising out of breach of the agreement, action or failure to act
- Term of agreement
    - One year, with either party able to terminate with 30 days' notice and potential to extend through written agreement
- Identification of contact persons for notice
- Governing law/venue/dispute resolution
    - Parties will endeavor to settle disputes through direct discussions and negotiations, if unsuccessful will attempt through mediation. If not resolved, will be settled through litigation in Center and ISD's county or other location as agreed upon
- Publicity and publication provisions
    - All press releases shall be mutually agreed upon, if either party wants to make a public announcement regarding program, must give reasonable advance notice of at least 14 days. Parties have separate and independent rights to disclose and publish data on program, but first disclosure of results shall be jointly prepared.
- General provisions
    - ISD and employees not considered agents of Center and vice versa, etc.
- Binding Authority/signatures

Tarrant County Interlocal Cooperation Agreement

- Cooperating parties
- Requirements of agreement
    - Requirements of Center
        - Center will provide services to eligible children and families, will partner with ISD in providing support and education to parents, staff will follow all rules and regulations and will learn about ISD and its service area
    - Requirements of ISD
        - ISD will provide office space and coordinate to establish and maintain IT systems, will compile and summarize data, will partner with Center in providing support and education to parents, will follow all regulations and will learn about Center program
- Term of agreement
    - One year
- Termination of agreement
    - Either party may terminate at any time with 30 days' notice
- Signatures
    - Include certifications that services are necessary, serve the interest of families, nothing in agreement creates liability, costs to be paid from current revenues

Tarrant County MOA

- Description of services and population to be served

- Description of mutual agreement
    - Both will work in coordination to promote system of care values, collaborative efforts, and coordinated care. Parties will mutually conduct outreach efforts and share community resources, participate in monthly meetings, etc.
- Description of Center services
    - Center will provide staff training, implementation supports
- Description of ISD services
    - ISD will promote Center educational opportunities, promote Center youth groups, provide meeting space for training and collaborative meetings
- Provision for revision or termination of MOA
    - Either party may terminate at any time with 30 days' notice

Heart of Texas Professional Service Provider Agreement:

- Description of parties
- Recitals
    - Provider types, office arrangements
    - Collaboration goals
        - Service coordination, referrals, access to services, training and consultation for ISD staff, coordination and dissemination of clinical information for planning
- Term
    - One year
- Termination
    - Either party may terminate at any time with 30 days' notice
    - ISD may terminate whole or part with 10 days' notice if Center breaches agreement, but Center can avoid termination by curing within the notice period
    - ISD can request corrective action by Center upon breach
- ISD responsibilities
    - ISD will provide office space, utilities, access to students and staff, identification of caseload, identification of staff to work with Center staff
- Confidentiality
- Family Educational Rights and Privacy Act (FERPA) provisions
    - ISD designates Center as school official for FERPA purposes
- Consent of medical care of a minor provisions
    - Informed consent required for treatment
- Center responsibilities
    - Funding for provider positions, including travel and training expenses, clinical and administrative support, services to be provided at schools, supplies and materials
- Payment
- Records
    - Center will maintain and make available for inspection by ISD for 6 years
- Compliance with laws
- Confidentiality
- Certification
- General provisions

- Notice
- Governing law and venue
- Independent contractor
- Entirety of agreement
- Amendment
- Assignment
- Severability
- Validity and enforceability
- Waiver
- Benefit
- Public Information Act
- Prohibition on gratuities
- Survives agreement
- Headings
- Exhibits
    - Services to be provided by various provider types
    - Training to be provided to ISD staff
    - Fees to be paid to Center

MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding (MOU) is entered into between Bluebonnet Trails Community Mental Health and Mental Retardation Center d/b/a Bluebonnet Trails Community Services (BTCS) and Lockhart ISD (Entity) for the purposes of;

- Completing a Behavior Improvement Plan for an Individual Student
- Providing Training on plan implementation and monitoring

I. SERVICES TO BE PERFORMED BY BTCS

- Create Behavior Improvement Plan
- Behavior Plan will be specific for home and school use
- Training will be provided for school staff on plan implementation and monitoring
- Training will be provided for parents on plan implementation and monitoring

II. PAYMENT FOR SERVICES

Payments for services performed shall be provided in a monthly itemized invoice which will include the date, time, service rendered and name of individual, family and support system by mailing invoice to:

Monica Parks, Executive Director for Special Education
401 Bois 'd Arc
Lockhart TX 78644

BCBA Rates	$90 per hour for 18 hours, not to exceed $1,620
Skills Training	$20 per hour for 25 hours, not to exceed $500
Total Estimated Costs for Services	$2,120

Payments shall be made to:

Bluebonnet Trails Community Services
Attn: Accounting Department
1009 N Georgetown St
Round Rock, TX 78664

III. TERM OF AGREEMENT

This Agreement is to begin November 1, 2016 and shall terminate March 1, 2017. The Agreement may be renewed for additional months upon mutual agreement of the parties. This Agreement may be terminated by either party with 30 days written notice to the corresponding party.

IV. AMENDMENT

Any change, addition or deletion to the terms of this Agreement shall be in writing and executed by both parties. An executed facsimile copy will be sufficient to evidence the parties' agreement to any change, addition, or deletion to this Agreement.

V. CONFIDENTIALITY

Both parties acknowledge that in receiving, storing and processing or otherwise dealing with any information about clients in the program, they are fully bound by the provision of the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR.

Both parties agree to undertake to resist in judicial preceding any effort to obtain access to information pertaining to clients otherwise than as expressly provided for in the federal confidentiality regulations, 42 CFR, Part 2.

VI. INDEMNIFICATION

BTCS hereby agrees to the extent permitted under the Constitution and the laws of the State of Texas to indemnify and hold harmless **Lockhart ISD** and all of its trustees, directors, officers, employees, and agents from all liability suits, actions, claims, expenses (including attorney's fees and costs related to the investigation of any such claim, action, or proceeding) or cost of any character, type, or description (including obligations, losses, fines, penalties, and assessments) brought or made on account of any injuries, death, or damage received or sustained by any person or persons or property, including but not limited to clients, arising out of or occasioned by non-performance or any negligent acts of BTCS or BTCS's personnel, if any, or its agents or employees occurring during the performance of the services hereunder or in the execution of the performance of any of its duties under this Agreement.

Lockhart ISD hereby agrees to the extent permitted under the Constitution and the laws of the State of Texas to indemnify and hold harmless Burnet and all of its trustees, directors, officers, employees, and agents from all liability suits, actions, claims, expenses (including attorney's fees and costs related to the investigation of any such claim, action, or proceeding) or cost of any character, type, or description (including obligations, losses, fines, penalties, and assessments) brought or made on account of any injuries, death, or damage received or sustained by any person or persons or property, including but not limited to clients, arising out of or occasioned by non-performance or any negligent acts of **Lockhart ISD** or **LISD**'s personnel, if any, or its agents or employees occurring during the performance of the services hereunder or in the execution of the performance of any of its duties under this Agreement.

NOTICE

All notices and correspondence given pursuant to this MOU must be in writing and sent to the following individuals and addresses;

Beth McClary
Bluebonnet Trails Community Services
1009 N. Georgetown St.
Round Rock, TX 78664

Monica Parks
Lockhart Independent School District
401 Bois 'd Arc
Lockhart TX 78644

GOVERNING LAW

The laws of the State of Texas will govern this MOU. Venue shall be in Williamson County, Texas.

VII. BINDING AUTHORITY

The individuals represented by the BTCS and Lockhart ISD signatures below represent that they have full authority to enter into this MOU.

Andrea Richardson, Executive Director
Bluebonnet Trails Community Services

11/14/16
Date

Monica Parks
Monica Parks
Lockhart Independent School District

11-10-16
Date

MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding (MOU) is entered into between Bluebonnet Trails Community Mental Health and Mental Retardation Center d/b/a Bluebonnet Trails Community Services (BTCS) and Marble Falls Independent School District (Marble Falls ISD) for the purposes of;

- Outlining the partner goal of providing school-based skills groups to Marble Falls ISD students in alternative school in order to promote positive behavior modification and improved emotion self-regulation.

I. SERVICES TO BE PERFORMED BY BTCS FOR EXISTING CLIENTS;

BTCS will assign a Youth and Family Case Manager (CM), credentialed as a Qualified Mental Health Professional (QMHP), to provide skills groups to students in alternative school. The CM will use a combination of evidenced-based curricula such as Preparing Adolescents for Young Adulthood (PAYA), Aggression Replacement Training (ART) and Why Try in addition to mindfulness and yoga exercises.

BTCS will also provide the following under this agreement:

- Two 90 minute skills groups per week for 36 weeks (108 hours)
- One hour a week of group preparation for 36 weeks (36 hours)
- The curricula noted above to provide group services
- Clinical supervision to the CM
- BTCS will cover costs for the CM to travel to and from the school in order to carry out the above functions.
- Participation in regularly scheduled conference calls or meetings to evaluate the effectiveness of the partnership and to implement improvements to process or information flow
- Monthly invoicing to Marble Falls ISD
- As-needed consultation with the Center Director regarding the mental health needs of students
- Youth Mental Health First Aid (YMFHA) training for school staff if requested, at no cost to the school

II. SERVICES TO BE PROVIDED BY MARBLE FALLS INDEPENDENT SCHOOL DISTRICT (MARBLE FALLS ISD);

- A confidential space for the CM to provide group services
- Access to a printer/copier, copy paper, and ink to print student handouts for groups
- Access to a projector or TV
- Orientation for the CM on Marble Falls ISD policies that the CM will need to follow when on the school campus
- Participation in regularly scheduled conference calls or face-to-face meetings to evaluate the effectiveness of the partnership and to implement improvements to process or information flow
- $24.11 per hour for up to 144 hours of the CM's time to prepare and provide groups, not to exceed $3,471.84 for this agreement

III. TERM OF AGREEMENT

This Agreement is to begin August 1, 2017 and shall terminate July 31, 2018. The Agreement may be renewed for additional years upon mutual agreement of the parties. This Agreement may be terminated by either party with 30 days written notice to the corresponding party.

IV. AMENDMENT

Any change, addition or deletion to the terms of this Agreement shall be in writing and executed by both parties. An executed facsimile copy will be sufficient to evidence the parties' agreement to any change, addition, or deletion to this Agreement.

V. CONFIDENTIALITY OF RECORDS OF COVERED INDIVIDUALS SERVED by THIS AGREEMENT

BTCS shall comply with all applicable laws, rules and regulations relating to the confidentiality of information regarding Covered Individuals and shall establish a method to secure the confidentiality of records and other information pertaining to Covered Individuals as required by the applicable provisions of Texas law, the privacy and security regulations promulgated pursuant to Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act ("HITECH").

(a) Provider agrees and acknowledges that in receiving, storing, processing, or otherwise dealing with client information, if any, accessed or generated during services as a Provider for Authority that Provider and its officers, employees, agents and subcontractors are bound by the provisions of laws, statues, and regulations protecting the confidentiality of this information.

(b) Provider agrees and acknowledges that in receiving, storing, processing or otherwise dealing with information, if any, pertaining to or about a person with respect to alcohol or drug abuse, Provider and its officers, employees and agents are bound by the provisions of 42 C.F.R. Part 2.

(c) Provider agrees to follow, undertake, or institute appropriate procedures of safeguarding client information, if any, with particular reference to client identifying information or protected health information. The term "client identifying information" and/or "protected health information" includes, but is not limited to, a client's medical record, graphs, or charts; statements made by the client, either orally or in writing, while receiving services; photographs, videotapes, etc., and any acknowledgment that a person is or has received services at the facility, center, or other designated provider.

(d) Provider agrees to resist in judicial proceedings any efforts to obtain access to information pertaining to clients except as expressly stated in applicable laws, rules and regulations. Provider agrees to inform Authority of any attempts to gain access to information pertaining to clients.

(e) Provider agrees to report to Authority any use or disclosure of protected health information not provided for by this agreement of which it becomes aware. As well as to mitigate, to the extent practicable, any harmful effect that it is aware of that results from a use or disclosure of protected health information by it in violation of the requirements of this Agreement.

(f) Provider agrees to make available to the Secretary of State or its designee its internal practices, books, and records and policies and procedures or those of Authority used by Provider related to the use and disclosure of protected health information for the purpose of determining Provider's compliance with the Privacy Rule.

(g) Provider agrees to maintain documentation of and information related to its uses and disclosures of protected health information to permit Authority to provide an accounting of disclosures as prescribed by 45 CFR §164.528.

VI. INDEMNIFICATION

BTCS hereby agrees to the extent permitted under the Constitution and the laws of the State of Texas to indemnify and hold harmless **Marble Falls ISD** and all of its trustees, directors, officers, employees, and agents from all liability

suits, actions, claims, expenses (including attorney's fees and costs related to the investigation of any such claim, action, or proceeding) or cost of any character, type, or description (including obligations, losses, fines, penalties, and assessments) brought or made on account of any injuries, death, or damage received or sustained by any person or persons or property, including but not limited to clients, arising out of or occasioned by non-performance or any negligent acts of **Marble Falls ISD** or **Marble Falls ISD's** personnel, if any, or its agents or employees occurring during the performance of the services hereunder or in the execution of the performance of any of its duties under this Agreement.

Marble Falls ISD hereby agrees to the extent permitted under the Constitution and the laws of the State of Texas to indemnify and hold harmless **BTCS** and all of its trustees, directors, officers, employees, and agents from all liability suits, actions, claims, expenses (including attorney's fees and costs related to the investigation of any such claim, action, or proceeding) or cost of any character, type, or description (including obligations, losses, fines, penalties, and assessments) brought or made on account of any injuries, death, or damage received or sustained by any person or persons or property, including but not limited to clients, arising out of or occasioned by non-performance or any negligent acts of **BTCS** or **BTCS'** personnel, if any, or its agents or employees occurring during the performance of the services hereunder or in the execution of the performance of any of its duties under this Agreement.

VII. NOTICE

All notices and correspondence given pursuant to this MOU must be in writing and sent to the following individuals and addresses;

Tiffany Gonzalez, LCSW
Bluebonnet Trails Community Services
1009 N. Georgetown St.
Round Rock, TX 78644

Jeff Gasaway
Marble Falls ISD
1800 Colt Circle
Marble Falls, TX 78654

VIII. GOVERNING LAW

The laws of the State of Texas will govern this MOU. Venue shall be in Burnet County, Texas.

IX. BINDING AUTHORITY

The individuals represented by the BTCS and Marble Falls ISD signatures below represent that they have full authority to enter into this MOU.

In signing this MOU, BTCS and Marble Falls ISD affirm their mutual goal is to provide school-based skills groups to Marble Falls ISD students in alternative school in order to promote positive behavior modification and improved emotion self-regulation.

Andrea Richardson, Executive Director
Bluebonnet Trails Community Services

8/22/17
Date

Jeff Gasaway, Assistant Superintendent
Marble Falls Independent School District

8/23/17
Date

BUSINESS ASSOCIATE ATTACHMENT

This Business Associate Agreement ("**Agreement**"), is entered into by and between **Bluebonnet Trails Community Services** ("**Covered Entity**") and the Marble Falls ISD (the "**Business Associate**") (each a "**Party**" and collectively the "**Parties**")

WHEREAS, Covered Entity and Business Associate are parties to one or more agreements and/or may in the future become parties to additional agreements (collectively, the "Underlying Agreements"), pursuant to which Business Associate provides certain services to Covered Entity and, in connection with such services, creates, receives, uses or discloses for or on behalf of Covered Entity certain individually identifiable Protected Health Information relating to patients of Covered Entity ("PHI") that is subject to protection under the Health Insurance Portability and Accountability Act of 1996 as amended by the Health Information Technology for Economic and Clinical Health Act Title XIII of Division A of the American Recovery and Reinvestment Act, 2009 (HITECH Act) and regulations promulgated there under, as such law and regulations may be amended from time to time (collectively, "HIPAA"); and

WHEREAS, Covered Entity and Business Associate wish to comply in all respects with the requirements of HIPAA, including requirements applicable to the relationship between a covered entity and its business associates;

NOW, THEREFORE, the parties agree that each of the Underlying Agreements shall hereby be amended as follows:

1. Catch-all definition: The following terms used in this Agreement shall have the same meaning as those terms in the Health Information Portability and Accountability Act of 1996, as codified at 42 U.S.C. § 1320d ("**HIPAA**"), the Health Information Technology Act of 2009, as codified at 42 U.S.C.A. prec. § 17901 ("**HITECH**"), and any current and future regulations promulgated under HIPAA or HITECH: Breach, Data Aggregation, Designated Record Set, Disclosure, Health Care Operations, Individual, Minimum Necessary, Notice of Privacy Practices, Protected Health Information, Required By Law, Secretary, Security Incident, Subcontractor, Unsecured Protected Health Information, and Use.

   Definitions.
   (a) "Breach"- shall have same meaning given to such term as defined in 45 CFR § 164.402.
   (b) "Business Associate" shall have the same meaning given to such term as defined in 45 CFR § 160.103.
   (c) "Covered Entity" shall have the same meaning given to such term as defined in 45 CFR § 160.103.
   (d) "Designated Record Set" shall have the same meaning given to such term as defined in 45 CFR § 164.501.
   (e) "Disclosure" shall have the same meaning given to such terms as defined in 45 CFR §160.103.
   (f) "Electronic Protected Health Information" or "e-PHI" shall have the same meaning given to such term as defined in 45 CFR §160.103 limited to the information transmitted or maintained by the Business Associate in electronic form format or media.
   (g) "Individual" shall have the same meaning given to such term as defined in 45 CFR § 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR § 164.502(g).
   (h) "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR part 160 and part 164, subparts A and E respectively.
   (i) "Protected Health Information" or "PHI" shall have the same meaning given to such term as defined in 45 CFR §160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity.
   (j) "Required By Law" shall have the same meaning given such term as defined in 45 CFR§ 164.103 and The Health Information Technology for Economic and Clinical Health Act (HITECH) Division A: Title XIII, Subtitle D.

(k) "Security" or "Security Measures" encompass all of the administrative, physical, and technical safeguards in an information system specified in subpart C of 45, CFR § 164.

(l) "Security Rule" shall mean the Standards for Security of Electronic Protected Health Information as specified in subparts A and C in 45 C.F.R. Parts 160 and 164, respectively.

(m) "Secretary" shall mean the Secretary of the Department of Health and Human Services or his/her designee.

2. **Obligations and Activities of Business Associate.**

(a) Business Associate may not use or disclose protected health information other than as permitted or required by the Underlying Agreement or as required by law:

(b) Business Associate agrees to use appropriate safeguards, including without limitation, administrative, physical and technical safeguards, to prevent use or disclosure of the Protected Health Information other than as provided for by this Agreement and to reasonably and appropriately employ the same standards as required by law to, protect the confidentiality, integrity and availability of any electronic Protected Health Information (e-PHI) that it may receive, maintain or transmit on behalf of the Covered Entity in compliance with Subpart C of 45 CFR Part 164.

(c) Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of Protected Health Information by Business Associate in violation of the requirements of this Agreement.

(d) Business Associate agrees to report to Covered Entity any use or disclosure of the Protected Health Information not provided for by this Agreement or any security incident of which it becomes aware, involving Protected Health Information of the Covered Entity as required at 45 CFR 164.410.

(e) Business Associate must in accordance with 45 CFR §164.502(e)(l)(ll) and 164.308(b)(2), if applicable, ensure that any subcontractors, agents or affiliates of the Business Associate that create, receive, maintain, or transmit PHI on behalf of the Business Associate agree to the same restrictions, conditions, and requirements that apply to the Business Associate with respect to such information. Subject to the United States and State of Texas export control and foreign outsourcing laws, rules and regulations, the Business Associate will require any of its subcontractors and agents either based in the United States or a foreign country, to provide a reasonable assurance, evidenced in writing, that the subcontractor or agent will comply with the same privacy and security obligations as the Business Associate with respect to such PHI either set forth in this Agreement or in applicable law, rules and regulations.

(f) Business Associate agrees to provide access, at the written request of Covered Entity, and in the time and manner designated by Covered Entity, to Protected Health Information in a Designated Record Set, to Covered Entity in order to meet the requirements under 45 CFR §164.524.

(g) Business Associate agrees to make any amendment(s) to Protected Health Information in a Designated Record Set that the Covered Entity directs or agrees to pursuant to 45 CFR §164.526 at the written request of Covered Entity or an individual, and in the time and manner designated by Covered Entity.

(h) Business Associate agrees to make available internal practices, books, and records relating to the use and disclosure of Protected Health Information received from, or created or received by Business Associate on behalf of, Covered Entity, or at the request of the Covered Entity to the Secretary, in a time and manner designated by the Covered Entity or the Secretary, for purposes of the Secretary determining Covered Entity's compliance with the Privacy and Security Rules.

(i) Business Associate agrees to document such disclosures of Protected Health Information and information related to such disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR §164.528.

(j) Business Associate agrees to provide to Covered Entity or an individual, in time and manner designated by Covered Entity, information collected in accordance with Section (2)(i) of this

Agreement, to permit Covered Entity to respond to a request by an individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR §164.528.

(k) Business Associate hereby acknowledges and agrees that Covered Entity has notified Business Associate that Business Associate is required to comply with the confidentiality, disclosure and re-disclosure requirements of Texas law to the extent such requirements may be applicable.

(l) If Business Associate, in performance of the contracted services, extends, renews or continues credit to patients or regularly allows patients to defer payment for services including setting up payment plans in connection with one or more covered accounts, as defined at 16 C.F.R. § 681.2(b)(3), the Business Associate shall comply with the Federal Trade Commission's "Red Flag" Rules, if applicable, or develop and implement a written identity theft prevention program designed to identify, detect, mitigate and respond to suspicious activities that could indicate that identity theft has occurred in the Business Associate practice or business.

(m) Business Associate understands and agrees that it will not access or use any Protected Health Information of any patient except for those patients whose accounts have been assigned to Business Associate, and it will further limit access to that Protected Health Information that is necessary to the activities undertaken by Business Associate on behalf of Covered Entity.

(n) Business Associate will, pursuant to the HITECH Act and its implementing regulations, comply with all additional applicable requirements of the Privacy Rule, including those contained in 45 CFR §§ 164.502(e) and 164.504(e)(l)(ii), at such time as the requirements are applicable to Business Associate. Business Associate will not directly or indirectly receive remuneration in exchange for any Protected Health Information, subject to the exceptions contained in the HITECH Act, without a valid authorization from the applicable individual. Business Associate will not engage in any communication which might be deemed to be "Marketing" under the HITECH Act. In addition, Business Associate will, pursuant to the HITECH Act and its implementing regulations, comply with all applicable requirements of the Security Rule, contained in 45 CFR §§ 164.308, 164.310, 164.312, and 164.316, at such time as the requirements are applicable to Business Associate.

3. Permitted Uses and Disclosures by Business Associate.

In case Business Associate obtains or creates Protected Health Information, Business Associate may use or disclose Protected Health Information, or any information derived from that Protected Health Information, only as explicitly permitted in the underlying agreement, and only if such use or disclosure, respectively, is in compliance with each applicable requirement of 45 CFR § 164.504(e). It means that:

(a) Except as otherwise limited in this Agreement, Business Associate may use Protected Health Information for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate.

(b) Except as otherwise limited in this Agreement, Business Associate may disclose Protected Health Information for the proper management and administration of the Business Associate, provided that disclosures are Required By Law, or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as Required By Law or for the purpose for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.

(c) Business Associate understands and agrees that its access to Protected Health Information stored in databases and information systems at the Covered Entity is subject to review and audit by the Covered Entity or agents of the State of Texas at any time, that remote audits of such access may occur at any time, that on-site audits of such access will be conducted during regular business hours, and that any review or audit may occur with or without prior notice by the Covered Entity.

4. Responsibilities of the Parties with Respect to Protected Health Information

(a) Responsibilities of Covered Entity. With regard to the use and/or disclosure of Protected Health Information by the Business Associate, Covered Entity hereby agrees:

(1) to inform the Business Associate of any limitations in the form of notice of privacy practices that Covered Entity provides to individuals pursuant to 45CFR §164.520, to the extent that such limitation may affect Business Associate's use or disclosure of PHI.

(2) to inform the Business Associate of any changes in, or revocation of, the permission by an individual to use or disclose Protected Health Information, to the extent that such limitation may affect Business Associate's use or disclosure of Protected Health Information.

(3) to notify the Business Associate, in writing and in a timely manner, of any restriction on the use or disclosure of Protected Health Information that Covered Entity has agreed to or is required to abide by under 45 CFR §164.522, to the extent that such restriction may impact in any manner the use and/or disclosure of Protected Health Information by the Business Associate under this Agreement. Except if the Business Associate will use or disclose Protected Health Information for (and the Underlying Agreement includes provisions for) data aggregation or management and administration and legal responsibilities of the Business Associate, Covered Entity will not request Business Associate to use or disclose Protected Health Information in any manner that would not be permissible under the Privacy and Security Rule if done by the Covered Entity.

5. **Application of Security and Privacy Provisions to Business Associate.**

(a) Security Measures: 45 CFR §164.308, 164.310, 164.312 and 164.316, dealing with the administrative, physical and technical safeguards as well as policies, procedures and documentation requirements that apply to Covered Entity shall in the same manner apply to Business Associate as Required By Law. Any additional security requirements contained in Division A Title XIII Health Information Technology of the American Recovery and Reinvestment Act that apply to Covered Entity shall also apply to Business Associate as of February 17, 2010. Business Associates that require access to Covered Entity electronic patient systems and electronic infrastructure systems (either on site or remote) will supply the necessary information of employees to uniquely identify such employees, as employees with a need to access systems and will supply to Covered Entity Information Security Officer a valid state or federal issued photo ID for such employees to receive a unique user name and password to access the system(s).

(b) Application of Civil and Criminal Penalties- If Business Associate violates any security provision as Required By Law specified in subparagraph (a) above, sections 1176 and 1177 of the Social Security Act 42 U.S.C. §1320d-5, 1320d-6 shall apply to Business Associate with respect to such violation in the same manner that such sections apply to Covered Entity if it violates such security provision.

6. **Information Breach Notification Requirements.**

(a) Business Associate expressly recognizes that Covered Entity has certain reporting and disclosure obligations to the Secretary of the Department of Health and Human Services and the individual in case of a security breach of unsecured Protected Health Information (as defined in 45 CFR §164.402).

(b) Where Business Associate accesses, maintains, retains, modifies, records, stores, destroys, or otherwise holds, uses, or discloses unsecured Protected Health Information, Business Associate without unreasonable delay and in no case later than thirty (30) days following the discovery of a breach of such information, shall notify Covered Entity of such breach. Such notice shall include the identification of each individual whose Unsecured Protected Health Information has been, or is reasonably believed by the Business Associate to have been, accessed, acquired or disclosed during the breach.

(c) Covered Entity and Business Associate recognizes that the Unsecured Protected Health Information may contain the social security numbers, financial account information or driver's license number or non-driver identification card number. Business Associate shall be liable for the costs associated with such breach if caused by the Business Associate's negligent or willful acts or omissions, or the negligent or willful acts or omissions of Business Associate's agents, officers, employees or subcontractors.

7. Term and Termination.

(a) Term. The Term of this Agreement shall be effective as of the Effective Date (as defined below), and shall terminate at termination of underlying agreement or on the date Covered Entity terminates this agreement for cause as authorized on paragraph (b) of this section, whichever is sooner.

(b) Termination for Cause. The parties acknowledge that in the event the Covered Entity learns of a pattern or activity or practice of the Business Associate that constitutes violation of a material term of this Agreement, then the parties promptly shall take reasonable steps to cure the violation. If such steps are, in the judgment of the Covered Entity, unsuccessful, ineffective or not feasible, then the Covered Entity may terminate, in its sole discretion, any or all of the Underlying Agreements upon written notice to the Business Associate, if feasible, and if not feasible, shall report the violation to the Secretary of the Department of Health and Human Services.

(c) Effect of Termination.

(1) Except as provided in paragraph (2) of this section, upon termination of this Agreement or the Underlying Agreement(s) for any reason, Business Associate shall return or destroy all Protected Health Information pursuant to 45 CFR § 164.504(e)(2)(I) received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity. This provision shall apply to Protected Health Information that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the Protected Health Information.

(2) In the event that Business Associate determines that returning or destroying the Protected Health Information is infeasible, Business Associate shall provide to Covered Entity notification, in writing, of the conditions that make return or destruction infeasible. Said notification shall include: (i) a statement that the Business Associate has determined that it is not feasible to return or destroy the Protected Health Information in its possession, and (ii) the specific reasons for such determination. The Covered Entity may disagree with the Business Associate's determination. Upon mutual agreement of the Parties that return or destruction of Protected Health Information is infeasible, Business Associate shall extend the protections of this Agreement to such Protected Health Information and limit further uses and disclosures of such Protected Health Information to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such Protected Health Information. If it is infeasible for the Business Associate to obtain, from a subcontractor or agent, any Protected Health Information in the possession of the subcontractor or agent, the Business Associate must provide a written explanation to the Covered Entity and require the subcontractors and agents to agree to extend any and all protections, limitations, and restrictions contained in this Agreement to the subcontractors and/or agents' use and/or disclosure of any Protected Health Information retained after the termination of this Agreement, and to limit any further uses and/or disclosures to the purposes that make the return or destruction of Protected Health Information infeasible.

(d) Automatic Termination. This Agreement will automatically terminate without any further action of the Parties upon termination or expiration of the Underlying Agreement.

(e) Effective Date. The effective date of this Agreement (the "Effective Date") shall be the date of the last signature below.

8. Insurance and Indemnification.

Indemnification. The Business Associate agrees to indemnify, defend and hold harmless Covered Entity and Covered Entity's employees, directors, officers, subcontractors, agents or other members of its workforce from any costs, damages, expenses, judgments, losses, and attorney's fees arising from any breach of this Agreement by Business Associate, or arising from any negligent or wrongful acts or omissions of Business Associate, including failure to perform its obligations under the Privacy Rule. The Business Associate's indemnification obligation shall survive the expiration or termination of this Agreement for any reason.

9. **Miscellaneous.**

(a) Regulatory References. A reference in this Agreement to a section in the Privacy and Security Rules means the section as in effect or as amended, and for which compliance is required.

(b) Agreement. The Parties agree to take such action as is necessary to amend the Underlying Agreement from time to time as is necessary for Covered Entity to comply with the requirements of the Privacy and Security Rules and the Health Insurance Portability and Accountability Act, Public Law §104-191; provided, however, that no Agreement shall be deemed valid unless signed by both parties.

(c) Amendments / Waiver. This agreement may not be modified, not shall any provision hereof be waived or amended, except in a writing duly signed by authorized representatives of the Parties. A waiver with respect to one event shall not be construed as continuing, or as a bar to a waiver of any right or remedy as to subsequent events. The Parties agree to take such actions as is necessary to amend this agreement from time to time as is necessary for compliance with the requirements of the HIPAA rules and any other applicable law.

(d) Survival. The respective rights and obligations of Business Associate under Section 6(c) of this Agreement shall survive the termination of this Agreement and/or the Underlying Agreements, as shall the rights of access and inspection of Covered Entity.

(e) No Third Party Beneficiaries. Nothing expressed or implied in this Agreement is intended to confer, nor shall anything herein confer, upon any person other than the parties and the respective successors or assigns of the Parties, any rights, remedies, obligations, or liabilities whatsoever.

(f) Interpretation. Any ambiguity in this Agreement shall be resolved in favor of a meaning that permits Covered Entity to comply with the HIPAA Privacy and Security Rules.

(g) **Equitable Relief.** Business Associate understands and acknowledges that any disclosure or misappropriation of any PHI in violation of this Attachment will cause Covered Entity irreparable harm, the amount of which may be difficult to ascertain, and therefore agrees that Covered Entity shall have the right to apply to a court of competent jurisdiction for specific performance and/or an order restraining and enjoining any such further disclosure or breach and for such other relief as Covered Entity shall deem appropriate. Such right of Covered Entity is to be in addition to the remedies otherwise available to Covered Entity at law or in equity. Business Associate expressly waives the defense that a remedy in damages will be adequate and further waives any requirement in an action for specific performance or injunction for the posting of a bond by Covered Entity.

10. Governing Law; Conflict.

This Agreement shall be construed and enforced in accordance with the laws of the State of Texas, and venue shall lie in Galveston County, Texas. In the event of a conflict between the terms of this Agreement and the terms of any of the Underlying Agreements, the terms of this Agreement shall control.

Executed this 23RD day of August, 2017.

BLUEBONNET TRAILS COMMUNITY SERVICES

By: _____
ANDREA RICHARDSON
Executive Director

BUSINESS ASSOCIATE

By: _____
JEFF GASAWAY
ASSISTANT SUPERINTENDENT
MARBLE FALLS ISD

Level of Care (LOC) Overview

Below, we provide a brief overview of the target populations and services for each level of care (LOC) assigned by the Child and Adolescent Needs and Strengths (CANS). A full description can be found in the *Texas Resilience and Recovery Utilization Management Guidelines: Children and Adolescent Services*, which is available through the following link: https://www.dshs.texas.gov/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=8590007207

Level of Care	Population/Purpose	Services
LOC-0: Crisis Services	**Population:** A child or youth experiencing a mental health crisis who is not currently enrolled in services. A CANS assessment is not required. **Purpose:** Brief interventions provided in the community to prevent utilization of more intensive services. **Services Authorized for 7 Days**	Brief community-based crisis intervention services.
LOC-1: Medication Management	**Population:** Children and youth whose only treatment need is medication management. **Purpose:** To maintain stability while developing natural supports and, when possible, transitioning to a community provider. **Monthly Average Utilization:** 0.5 hours	Medication management is the only routine service provided in LOC-1. Additional services include: **Core Services** • Psychiatric Diagnostic Interview Examination • Pharmacological Management **Adjunct Services** • Medication Training • Routine Case Management • Parent Support Group • Family Partner Support • Family Case Management

Level of Care	Population/Purpose	Services
LOC-2: Targeted Services	**Population:** Children and youth who have an emotional **or** behavioral need with limited to no life domain functioning needs. **Purpose:** To improve mood symptoms **or** address behavioral needs. **Monthly Average Utilization:** 3 hours	All services in LOC-1 are available to children and youth in LOC-2, but they can be delivered at a greater frequency. **Additional Core Services** • Counseling (individual, group, family) **or** • Skills Training & Development (individual, group) • Routine Case Management **Additional Adjunct Services** • Engagement Activity • Caregiver Skills Training & Development • Family Training & Development (individual, group)
LOC-3: Complex Services	**Population:** Children and youth with identified behavioral and emotional needs who exhibit a moderate degree of risk behaviors or impairments in basic life functioning, and require multiple service interventions from multiple providers. **Purpose:** To stabilize symptoms and risk behaviors, improve overall functioning, and build strength and resiliency in the child, youth, and caregiver so they can transition to a lower level of care. **Monthly Average Utilization:** 5 hours	The majority of the services in LOC-3 are the same as in LOC-2. However, services are delivered more frequently, and children and youth can receive both Counseling and Skills Training & Development services. **Additional Core Services** • Counseling (individual, group, family) • Skills Training & Development (individual, group) • Routine Case Management **Additional Adjunct Services** • Flexible Funds • Respite Services–Community Based • Respite Services–Program Based

Level of Care	Population/Purpose	Services
LOC-4: Intensive Family Services (Wraparound*)	**Population:** Children and youth who have been identified as having behavioral and/or emotional treatment needs, and have significant involvement with multiple service systems. These children and youth are likely to be at risk for out-of-home placement, and their behavior or mood symptoms may result in or have resulted in juvenile justice involvement, expulsion from school, displacement from home, hospitalization, residential treatment, serious injury to self or others, or death. **Purpose:** To reduce or stabilize symptoms and risk behaviors, improve overall functioning, and build strengths and resiliency in the child and caregiver through a team approach. Caregiver resiliency is fostered by building on strengths and natural supports and linking to community resources using the Wraparound planning process. **Average Monthly Utilization:** 7.5 hours	Services from LOC-3 are available to children and youth in LOC-4 at a higher frequency because of a higher level of need. **Additional Core Services** • Intensive Case Management (Wraparound) • Family Partner Supports • Individual, Group, and Family Counseling **Additional Adjunct Services** Additional services available in LOC-4 include: • Stronger emphasis on Family Partner Services and integrated care • Flexible Community Supports • Routine Case Management • Additional adjunct services for transition-age youth. DSHS has identified the National Wraparound Initiative (NWI) model for Wraparound for the delivery of Intensive Case Management services. This model requires a treatment team member to provide 24/7 crisis response. In addition, a Wraparound team meeting is required within 72 hours of any crisis.
LOC-5: Transitional Services	**Population:** Children and youth have been discharged from LOC-0 who need continued support to prevent further crisis while they are engaged in appropriate services and supports. **Purpose:** To maintain stability and prevent further crisis events.	This level of care is highly individualized. The level of service intensity and length of stay varies based on individual needs. All services are available at this level.

Level of Care	Population/Purpose	Services
LOC-CEO: Children Early Onset	**Population:** Youth ages 15 through 17 years who have a diagnosis of psychosis that was given in the last two years. The youth must live in the service areas of the pilot sight. **Purpose:** To stabilize symptoms and maintain stability while the youth develops additional skills to work toward recovery and gain or maintain meaningful educational opportunities or employment.	**Core Services** • Psychiatric Diagnostic Interview • Pharmacological Management • Individual and Group Skills Training & Development • Supportive Employment and Education • Supportive Housing • Individual and Group Medication Training and Support Services • Individual Psychotherapy • Family Counseling • Multiple Family Psychotherapy • Group Counseling • Family Partner Services • Case Management for Youth and Their Family • Family Training • Parent Support Group • Engagement Activity • Flexible Funds • Flexible Community Supports • All Services Within the Crisis Array

Level of Care	Population/Purpose	Services
LOC-TAY: Transition Age Youth (LOC-TAY)[366]	**Population:** Youth ages 16 through 20 years who may undergo tremendous change in all life domains. **Purpose:** To provide access to evidence-based assessments, treatment models, and recovery services by strengthening the existing service model for this group of young adults.	**Core Services** • Psychiatric Diagnostic Interview Examination • Intensive Case Management • Skills Training & Development • Peer Support • Pharmacological Management • Administration of an Injection • Medication Training & Support Services • Family Counseling • Individual Psychotherapy • Group Counseling • Supported Housing • Supported Employment • Flexible Funds **Adjunct Services** • Flexible Community Supports • Family Partner Supports

Additional Providers, Partners, and Coalitions

Schools and school districts can partner with a variety of other statewide organizations, partners, and coalitions for additional mental and behavioral services and supports. The following table provides a summary of these community providers, as well as contact information.

Community Providers, Partners, and Coalitions		
Name	**Website**	**Resource Information**
National Organizations		
Whole School, Whole Community, Whole Child (WSCC)	https://www.cdc.gov/healthyschools/wscc/index.htm https://www.cdc.gov/healthyschools/wscc/index.htm	Developed by the CDC, the WSCC model combines and builds on the traditional coordinated school health approach and recognizes the effect of the social-emotional climate on the academic success of students. It also divides family and community partnerships.

[366] LOC-TAY are provided by the LMHA/LBHP through the adult division.

Community Providers, Partners, and Coalitions		
Name	**Website**	**Resource Information**
Statewide Organizations		
Community Partner Program (CPP)	https://www.texascommunitypartnerprogram.com	HHSC partners with a statewide network of community-based organizations through the Community Partner Program. Organizations that become Community Partners help people apply for and manage their HHSC benefits through YourTexasBenefits.com. There is no fee to become a Community Partner; however, organizations may incur operational costs. Organizations who wish to become Community Partners must have a computer with internet access and the most recent version of Adobe Flash installed.
Federally Qualified Community Health Center	https://www.hrsa.gov/opa/eligibility-and-registration/health-centers/fqhc/index.html	Federally qualified health centers are community-based health care providers that can access enhanced funding through Medicare and Medicaid, as well as receive grants from the Health Resources and Services Administration (HRSA). Schools can partners with FQHCs in various ways.
School Health Advisory Committees (SHACs)	Resources: https://www.dshs.state.tx.us/schoolhealth/sdhac.shtm https://itstimetexas.org/shac/ https://tea.texas.gov/Texas_Schools/Safe_and_Healthy_Schools/Coordinated_School_Health/Coordinated_School_Health_Requirements_and_Approved_Programs/	All Texas school districts are required by state law to have a SHAC. As required by Section 28.004 of the Texas Education Code, the majority of SHAC members must be parents not employed by the district. SHACs are tasked with ensuring community values are represented in school health instruction and policy. SHACs are also required to recommend policies and procedures, strategies, and curriculum to prevent mental health concerns through coordinated school-based services.

Community Providers, Partners, and Coalitions		
Name	**Website**	**Resource Information**
Texas Parent Teacher Association (PTA)	https://www.txpta.org/national-standards	PTAs provide resources to implement the National Standards Family-School Partnerships to help foster family engagement for every student. Standards include help for collaborating with community partners and building family partnerships for collaborative decision making.
Texas Behavior Support Network at Region 4 Education Service Center	http://www.txbehaviorsupport.org	Housed in ESC Region 4 offices, the Texas Behavior Support Network provides state-level training mandated by Senate Bill 1196 and the Texas Administrative Code §89.1053. The TBSI training provides foundational knowledge for implementing positive behavior interventions and supports for all students, including those with disabilities. The TBSI training meets legislative requirements related to procedures for the use of restraint and time-out, and it provides a framework for sharing a wide range of foundation-level behavioral strategies and prevention-based interventions that can be implemented school-wide, in classrooms, and with individual students.
National Alliance on Mental Illness (NAMI) Texas	https://namitexas.org/about-us/ https://www.nami.org/Find-Support/NAMI-Programs/NAMI-Ending-the-Silence	NAMI Texas is affiliated with the National Alliance on Mental Illness (NAMI) and has 27 local affiliates throughout Texas. NAMI Texas has nearly 2,000 members, including people living with mental illness, family members, friends, and professionals. The purpose of NAMI Texas is to help improve the lives of people affected by mental illness through education, support, and advocacy.
Communities In Schools (CIS)	https://www.communitiesinschools.org	CIS site coordinators work with school leadership and staff to prioritize the needs of the school, determine which supports need to be increased or improved, and identify supports that the school needs but does not currently have. Site coordinators also identify students at risk of dropping out, assess what they need, and then find the right supports to ensure they stay on track to graduate. CIS also utilizes an MTSS in its model.

Community Providers, Partners, and Coalitions		
Name	**Website**	**Resource Information**
Community Resource Coordination Groups (CRCG)	https://crcg.hhs.texas.gov/about.html	Community Resource Coordination Groups (CRCG) are groups of local partners and community members that work with parents, caregivers, youth, and adults to make a service plan. The service plan helps a person with special needs obtain benefits and services. CRCGs exist in almost every county in Texas.
Regional and Local Organizations		
Denton County Behavioral Health Leadership Team	https://www.dentoncountybhlt.org	The Children and Family workgroup is working towards implementing Texas Systems of Care in Denton County. This model implements a community-wide approach to supporting and addressing the mental health needs of Denton County youth.
The Center for School Behavioral Health at Mental Health America (MHA) of Greater Houston	https://mhahouston.org/what-we-do/	MHA partnered with administrators from local school districts, behavioral health providers, school administrators, and other child-serving agencies and organizations to collectively identify 37 recommendations to promote school behavioral health through prevention, early identification/intervention, and treatment practices and policies. Because educators, administrators, and child serving organizations demonstrated a need for ongoing support to implement the recommendations, MHA of Greater Houston created a platform to increase support, collaboration, and coordination: the Center for School Behavioral Health (Center). Through the Center, a variety opportunities are offered to the 25 school districts and 80 organizations currently affiliated with the initiative. The Center works to fulfill its mandate for collective impact and systemic change by providing training in children's mental health, youth suicide prevention, trauma-informed classroom practice, advocacy consortiums, stigma reduction initiatives, best practices demonstration grants, and a regional conference.

Community Providers, Partners, and Coalitions		
Name	**Website**	**Resource Information**
The Budd Center at SMU	https://www.smu.edu/simmons/Community/BuddCenter/SchoolZone	The School Zone for West Dallas is a collective impact partnership between 32 nonprofits, 15 public and charter schools, Dallas Independent School District, and Southern Methodist University.
Baylor University's BEAR Project in Waco ISD	https://www.baylor.edu/social_work/index.php?id=935667	The Be Emotionally Aware and Responsive (BEAR) Project engages schools and families in the development of internal and external emotional resources that will contribute to the social and academic success of our children and families.

Telemedicine and Telehealth

Telemedicine and telehealth are key strategies for linking schools and students to off-campus health resources. This technology uses web-based software and equipment to connect students to providers of health care services, such as primary care, counseling, psychiatry, and other services. Several Texas school districts have initiated efforts to expand school-linked health care through the use of telemedicine and telehealth. Telemedicine[367] refers to medical services provided through telecommunication technology by a physician or a health professional under the supervision of a physician. Telehealth services are non-physician services provided through telecommunication technology by a licensed or certified health professional; for behavioral health services this is typically a licensed social worker, counselor, marriage and family therapist, or specialist in school psychology. Studies have proved that telemedicine and tele-mental health is effective for various age groups, including children, and conditions, such as trauma and depression.[368] Furthermore, mental health interventions delivered via telepsychiatry have demonstrated similar or superior treatment outcomes for patients, and both patients and providers have reported satisfaction with telepsychiatry.[369] While telemedicine and telehealth services can also include services that support physical health, for the purposes of this roadmap and toolkit, we focus specifically on counseling and psychiatry services delivered through telemedicine and telehealth technology.

Before districts decide whether telemedicine and telehealth services should be implemented at a district or open-enrollment charter school, it is important to consider the following:

- How many students (estimated) would be interested in accessing telemedicine and telehealth services?
- Will telemedicine and telehealth services be available to all grade levels across the district? Additional resources may be needed to support younger children who receive services through telemedicine/telehealth.
- How will parents/caregivers participate in and consent to the treatment process?
- Does the district have staff who can be responsible for turning on a computer and the telemedicine and telehealth "answer" button at the beginning, and then turning them off at the end of every day?
- Does the district have nursing staff or other qualified staff to take and document vitals prior to psychiatric visits provided through telemedicine?

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[367] Telemedicine and telehealth services are defined in the Texas Government Occupations Code, Section 111.001. These definitions can be found at the following link: https://statutes.capitol.texas.gov/Docs/OC/htm/OC.111.htm#111.001

[368] Hilty, D. M., Ferrer, D. C., Parish, M. B., Johnston, B., Callahan, E. J., & Yellowlees, P. M. (2013). The effectiveness of telemental health: A 2013 review. *Telemedicine and E-Health*, *19*(6), 444–454. doi.org/10.1089/tmj.2013.0075

[369] Hubley, S., Lynch, S. B., Schneck, C., Thomas, M. & Shor, J. (2016). Review of key telepsychiatry outcomes. *World Journal of Psychiatry, 6(*2), 269-282. doi.org/10.5498/wjp.v6.i2.269

- Does the district have videoconferencing technology, either through a desktop or laptop computer, or through a separate webcam and microphone, speaker, or headset?
- Does the district have internet connectivity that meets the following connectivity standards?
  - Ethernet connection capable of full duplex (100 MBs connectivity);
  - Network connection speeds of at least 768 kbps, two-way data streams, and no more than 3% packet loss;
  - HIPAA-compliant encryption.
- Does the district have a room that can be solely dedicated to telemedicine and telehealth services, year-round? If so:
  - Is the internet accessible in this room?
  - Does the room have space for a computer and seating for up to four people (preferably)?
  - Does the district have seating in this room, such as comfortable chairs and/or a couch appropriate for school-aged children, that can be solely dedicated to the use of telemedicine and telehealth services?
  - Does the room have windows in the wall or door and, if so, are there curtains that can be placed over the windows and/or door for privacy?

Once a district has determined the student population who would benefit from telemedicine and telehealth services and that it has the physical capacity to support these services, it can determine the best strategy for implementing telemedicine and telehealth services.

Districts can employ one of two primary strategies to make telemedicine and telehealth services available for students: 1) establishing or using their own school-based clinic; or 2) contracting or partnering with an existing provider.

In the first strategy, the district is already operating or plans to operate its own school-based health clinic. Therefore, in order to incorporate telemedicine and telehealth, the district needs to:

- Purchase telemedicine and telehealth equipment;
- Maintain medical records and bill for all of the telemedicine and telehealth services that are being provided by the distant site provider;
- Become an enrolled/authorized health care provider under Medicaid or other health plans (e.g., Blue Cross/Blue Shield, Aetna, etc.);
- Employ or contract with distant site health professionals and bill health plans directly for reimbursement (the health professionals would be employed or contracted by the district but would provide services at a distant site via telemedicine or telehealth); and

- Provide or hire staff to manage scheduling, greet recipients of services, maintain medical records, turn equipment on and off, and handle other related operational duties.

Districts may also consider sharing the cost of employing or contracting with health professionals by partnering with neighboring districts to share the distant site position.

The second strategy is for the district to contract or partner with an existing provider of telemedicine and telehealth services. This model is similar to contracting with community-based providers who deliver services in the school building, except they will be connecting with providers through the equipment. The district would still need staff to manage scheduling, greet recipients of services, maintain some student records, turn equipment on and off, and handle other related operational duties. However, the district would not assume the risk of paying for a health professional's salary or be responsible for billing for the services. Depending on the provider organization, equipment may be provided to the district while under contract to provide telemedicine and telehealth services.

Finally, it is important for a district to be aware of federal laws and state's regulations governing telemedicine and telehealth. Federal laws affecting prescribing that should be evaluated if establishing a program. Applicable state laws and rules pertaining to telemedicine and telehealth in Texas can be found here: ***TX Government Code, Sec. 531.001.***, ***TX Government Code, Sec. 531.001***, ***TX Occupations Code 111.001 (SB 1107 – 2017),*** *http://www.tmhp.com/Manuals_PDF/TMPPM/TMPPM_Living_Manual_Current/2_Telecommunication_Srvs.pdf .*

Stakeholder List

MMHPI engaged the many stakeholders for assistance with the content, development, and focus of the Mental and Behavioral Health Roadmap and Toolkit for Schools. The following table lists the people who generously contributed to our effort.

2018 Stakeholders

Name	Title	Organizational/Departmental Affiliation
State Agencies		
Kelly Kravitz	Director – Highly Mobile and At-Risk Student Programs, Department of Special Populations, Office of Academics	Texas Education Agency (TEA)
Julie Wayman	Manager – Mental Health & Behavioral Health Coordination	Texas Education Agency (TEA)
Brenda Garcia	Manager – Educator Equity and Support	Texas Education Agency (TEA)
Sara Grunberger	Communities In Schools (CIS) State Coordinator	Texas Education Agency (TEA)
Anita Villarreal	Title I State Director – Department of Contracts, Grants and Financial Administration	Texas Education Agency (TEA)
Chance Freeman	Director – Hurricane Harvey Crisis Counseling Program	Health and Human Services Commission (HHSC)
Melissa Pattison	Child Program Specialist VII	Health and Human Services Commission (HHSC) Hurricane Harvey Crisis Counseling Program Disaster Behavioral Health Services
Lillian Nguyen	Director of Policy, Systems Coordination, and Programming	Health and Human Services Commission (HHSC)
Education Service Centers (ESCs)		
Ginger Gates, Ph.D	Director of Special Education	ESC 4
Robert Zinglemann	Chief Financial Officer	ESC 4

Name	Title	Organizational/Departmental Affiliation
Claudia Garcia	Education Specialist, Office of School Improvement Accountability and Compliance	ESC 1
Kenda Matson	Director Academic Services -SpEd	ESC 3
Phyllis Hamilton, M.A., LSSP, NCSP, CTPE	Licensed Specialist in School Psychology & Mental Health Specialist Certified Trauma Professional for Education Mental Health & Counselors Symposium, Academic Services – Special Education Co-Program Manager, Texans Recovering Together Crisis Counseling Outreach Program	ESC 3
April Estrada	Director of Special Populations	ESC 10
Jana Burns	Director of Teaching and Learning	ESC 10
Alex Dominguez	Coordinator III, Federal and State Programs	ESC 20
Larry Rodriguez	Counseling Specialist	ESC 20
School Districts		
Manny Castruita	Director of Counseling and Advising	El Paso ISD
Stacy Venson	Assistant Superintendent – Special Education and Special Services, Director of Nursing	El Paso ISD
Tracy Spinner, M.Ed.	Director of Health Services	Austin ISD
Starla Simmons	Secondary Behavioral Health Specialist	Austin ISD
Lindsey Stuart	Development Coordinator	Austin ISD
John Fuerst	Executive Director of Special Programs	Hays CISD

Name	Title	Organizational/Departmental Affiliation
Charlotte Winkelmann, M.Ed., PSC	Director of Guidance – College and Career Readiness	Hays CISD
Natalie Uranga	Director of Counseling and Student Services	Clear Creek ISD
Craig Straw	Director of Safe and Secure Schools	Clear Creek ISD
Steven Ebell, Ed. D	Deputy Superintendent of Curriculum and Instruction	Clear Creek ISD
Linda Rodriguez, Ed. D	Coordinator of Behavioral Multi-tiered System of Support	Pasadena ISD
Lori May	Director of Special Education	Denison ISD
Brian Eaves	Communication Coordinator	Denison ISD
Tamara Banks	Special Education Behavior Specialist	Denison ISD
Montie Parker	Executive Director of Special Services	Allen ISD
Sharon McKinney	Superintendent	Port Aransas ISD
Schools		
Mandy Clarson	High School Art Teacher	John Marshall Harlan High School, Northside ISD
Yadira Reyes	Early Education School Counselor	Crockett Early Education School, Grand Prairie ISD
Jasmine Gaines	Early Education Behavior Specialist	Crockett Early Education School, Grand Prairie ISD
Kelye Garcie	Principal	Olsen Elementary School, Port Aransas ISD
James Garrett	Principal	Brundrett Middle School, Port Aransas ISD
Jim Potts	Principal	Port Aransas High School, Port Aransas ISD
Megan Counihan	Principal	Baranoff Elementary, Austin ISD
Denise Solis, M.Ed.	Counselor	Baranoff Elementary, Austin ISD
Eva Ornelas, M.Ed.	Counselor	Baranoff Elementary, Austin ISD

Name	Title	Organizational/Departmental Affiliation
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Community Partners		
Stacy L. Spencer, LCSW	Practice Manager – School-Based System of Care	Integral Care
Keisha Martinez, LPC-S	School-Based Therapist	Integral Care
Natalie Beck, LCSW	Team Lead – School-Based Counseling Team	Integral Care
Brenda Fierro, LCSW	Program Manager – Families with Voices	Integral Care
Julie B. Kaplaw, Ph.D, A.B.P.P.	Director	The Trauma and Grief Center at Texas Children's Hospital
Janet Pozmantier, M.S., LPC, LMFT, RPT	Director	Center for School Behavioral Health, Mental Health America of Greater Houston
Suki Steinhauser, MBA	CEO	CIS Central Texas
Kris Downing, MSW, LCSW	Clinical and Professional Development Coordinator	CIS Central Texas
Jennifer Griffis, MSW, LCSW	Chief Program Officer	CIS Central Texas
Ron Kimbell, LCSW-S	Director of Klaras Center for Families	Heart of Texas Region MHMR Center
Telawna Kirbie, LCSW	Director of Clinical Services – Klaras Center for Families	Heart of Texas Region MHMR Center
Kenna West	CEO	CIS South Plains
Fiona May	Chief Federal Program Officer	CIS South Plains
Eloisa Vigil	Chief State and Local Program Officer	CIS South Plains
Hannah Kuhl, LMSW	Chief Operations Officer	CIS Heart of Texas (HOT)
Tammy Taylor	Site Coordinator	CIS Heart of Texas (HOT)
Other		
Josette Saxton, MSSW	Director of Mental Health Policy	Texans Care for Children

Name	Title	Organizational/Departmental Affiliation
Melissa A. Reeves, Ph.D, NCSP, LPC	Immediate Past President	National Association of School Psychologists (NASP)
Kim Ratcliffe, Ed. D	Associate Executive Director – Student Services	Missouri School Boards Association