

HELEN FARABEE CENTERS BOARD OF TRUSTEES

August 7, 2025 11:00 AM

1000 Brook Ave., Sue Nunn Conference, Wichita Falls, TX

Agenda Topics

MEETING STARTS AT 11:00 A.M.		
080725-1 CALL TO ORDER	J. Brian Eby	
A. INTRODUCTION OF GUESTS		
080725-2 PRESENTATIONS		
A. OPEN CITIZEN COMMENT TO THE BOARD "Texas law in the Open Meetings Act permits a member of the public or a member of the governmental body to raise a subject that has not been included in the notice for the meeting, but any discussion of the subject must be limited to a proposal to place the subject on the agenda for a future meeting."		
080725-3 APPROVAL OF MINUTES	J. Brian Eby	
Recommended Action: That the Board of Trustees approves the minutes of the July Board of Trustee meetings.	Page 5	
Citizen Comment:		
080725-4 TRAINING		
Human Resources Kelly Wooldridge	Page 10	
080725-5 RECOMMENDATIONS		
A. BOARD OF TRUSTEES		
1) Recommend Slate Of Officers for FY26	Melissa Collins	
Recommended Action: That the ad-hoc committee recommends a slate of officers for fiscal year 2026. Citizen Comment:	Page 20	
2) PNAC Committee Member Appointment	Connie Johnston	
Recommended Action: That the Board of Trustees review and approve the appointment of a candidate to the Planning and Network Advisory Committee. Citizen Comment:	Page 21	
B. BUDGET AND FINANCE		
1) Financial Statements	Linda Poenitzsch	
Recommended Action: That the Board of Trustees approves the financial statements for June 2025.	Page 22	
Citizen Comment:		

2) Vehicle Purchase Proposal	Bruce Sperry
Recommended Action: That the Board of Trustees approve the purchase of	
new vehicles not to exceed \$200,000.	Page 32
Citizen Comment:	
C. CONTRACTS AND PLANS	
	I :- J- D
1) Renewal of Reverse Leases for TWG Recommended Action: That the Board of Trustees approve the reverse leases	Linda Poenitzsch
for TWG at our 1110 Turtle Creek location.	
	Page 33
Citizen Comment:	
2) Renewal Contract with TWG – Hospital Transition Pilot Program	Linda Poenitzsch
Recommended Action: That the Board of Trustees approve the Contract	
renewal with TWG – Hospital Transition Pilot Program.	Page 38
Citizen Comment:	
D. FACILITIES AND EQUIPMENT	<u>I</u>
<u> </u>	Linda Daanitaani
1) Lease Basement of City of Seymour, 301 N. Washington Recommended Action: That the Board of Trustees approves the Lease	Linda Poenitzsch
renewal for in-kind lease of the office space currently in use at	
301 N. Washington in Seymour, Texas.	Page 57
Citizen Comment:	
2) Roof Replacement at 516 Denver St.	Bruce Sperry
Recommended Action: That The Board of Trustees approve expenditure of \$25,000.00 for roof replacement at 516 Denver St., Wichita Falls, TX.	
\$25,000.00 for foot replacement at 510 Deliver St., within a Palis, 1A.	Page 64
Citizen Comment:	
E. POLICIES AND PROCEDURES	
1) Policy Statement Summary	Cara Mullenix-Artigue
Recommended Action: That the Board of Trustees review and approve the	
Policy Statements.	
200.1.14 Tobacco Free Policy Statement	
• 300.1 Financial Services Policy Statement	Page 70
 900.1.11 Jail Based Competency Restoration (JBCR) Policy Statement 900.12 Veteran's Services Policy Statement 	Tuge 70
900.12 Veteran's Services Policy Statement	
Citizen Comments	
Citizen Comment:	
F. PROGRAM AND PERSONNEL	T
No Agenda Items	
No Agenda Items	
No Agenda Items 080725-6 QUARTERLY REPORTS	
No Agenda Items 080725-6 QUARTERLY REPORTS A. ESSENTIAL SERVICES AND CLINICAL ACCOUNTABILITY	
No Agenda Items 080725-6 QUARTERLY REPORTS A. ESSENTIAL SERVICES AND CLINICAL ACCOUNTABILITY 1) 3 rd Quarter	Page 100

B. PLANNING AND NETWORK ADVISORY COMMITTEE	
No Agenda Item	
C. EXTERNAL AUDITS	
1) External Audit – Superior MCO	Cara Mullenix-Artigue
Recommended Action: Information Only Item Citizen Comment:	Page 107
2) External Audit – IDD Authority	Cara Mullenix-Artigue
Recommended Action: Information Only Item Citizen Comment:	Page 108
3) External Audit – SUD Childress Regulatory	Cara Mullenix-Artigue
Recommended Action: Information Only Item	Page 110
Citizen Comment:	
D. TEXAS COUNCIL BOARD OF DIRECTORS MEETING	
No Agenda Items	
E. FACILITIES MANAGEMENT	
No Agenda Items	
080725-7 EXECUTIVE DIRECTOR'S REPORT	Gianna Harris
A. ADMINISTRATION AND BOARD OF TRUSTEES	
B. BUDGET	
C. LEGISLATIVE ISSUES	
D. SERVICES	
E. HUMAN RESOURCES	
080725-8 CLOSED SESSION	
In accordance with Chapter 551.074 of the Government Code, the Board of Trustees will now meet in closed session for the purpose of discussion of personnel matters.	J. Brian Eby
Review and Discussion of Executive Director Evaluation	
080725-9 OPEN SESSION	
Results of Closed Session	J. Brian Eby

080725-10 ANNOUNCEMENTS	J. Brian Eby	
A. NEXT MEETING		
11 a.m., Thursday, September 4, 2025 at the Administration Building, Sue Nunn Conference Room, 1000 Brook Ave., Wichita Falls, TX.		
080725-11 OTHER BUSINESS		
080725-12 ADJOURN	J. Brian Eby	

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HELEN FARABEE CENTERS BOARD OF TRUSTEES

July 3, 2025 11:00 AM TELEVIDEO &

1000 Brook Ave., Sue Nunn Conference, Wichita Falls, TX

Board of Trustee Members Present:	J. Brian Eby, Chairman; Cindy Barksdale, David Cook, Tom Johnson, Kathy Thorp, Jessica Traw; Jan Driver Ward
Board of Trustee Members Absent:	Joan Murray, Lou Vail, Sheriff Laughery, Sheriff Babcock
Staff Present:	Gianna Harris, Executive Director; Andy Martin, Associate Executive Director; Linda Poenitzsch, Director Financial Operations; Kelly Wooldridge, Human Resources Director; Amanda Cantu, Director Child and Adolescent Services Connie Johnston, Director of Consumer Affairs; Morgan Pham, Accountant III, Sandra Rapson, Quality Assurance Coordinator
Other Staff and Guests Present:	Tom Taylor, City Councilman Liaison, City of Wichita Falls
	Melissa Collins, Board of Trustee Liaison, Recorder

AGENDA TOPICS

070325-1 CALL TO ORDER

Kathy Thorp, Board Vice Chair called meeting to order at 11:01 A.M. with seven (7) Board Members in attendance.

070325-2 PRESENTATIONS

A. Open Citizen Comment to The Board

No comments were presented to the Board.

070325-3 APPROVAL OF MINUTES

Recommended Action: That the Board of Trustees approves the minutes of the May Board of Trustee meeting.

The Board of Trustees reviewed and approved the minutes of the May Board of Trustee meeting.

Motion: Jan Driver Ward	Affirmative: 6
Second: David Cook	Negative: 0

Citizen Comment: None

070325-4 TRAINING

Cara Mullenix-Artigue, Utilization/Quality Management Director provided training UM/QM Services. Presentations were distributed to all members in the board packet, available for review upon request.

070325 - 5 RECOMMENDATIONS

A. BOARD OF TRUSTEES

1) Executive Director Performance Evaluation

Recommended Action: That the Board of Trustees approve the Executive Director's Evaluation Tool prior to the Fiscal Year 2026 Evaluation, and that the Chairman appoint a coordinator.

The Board of Trustees reviewed and approved the ED Evaluation Tool and appointed David Cook as coordinator.

4	
Motion: Cindy Barksdale	Affirmative: 7
Second: Jessica Traw	Negative: 0
Citizen Comment: None	

2) Appoint Ad-Hoc Committee to Recommend Slate Of Officers

Recommended Action: That the Chair of the Board of Trustees appoint an ad-hoc committee to review the functions of the officers and recommend a slate of officers for fiscal year 2026.

The Board of Trustees appointed Kathy Thorp, J. Brian Eby, and Jessica Traw as committee to review and recommend the slate of officers for next fiscal year.

Motion: Cindy Barksdale	Affirmative: 7
Second: Jessica Traw	Negative: 0
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Citizen Comment: None

3) Meeting Schedule for Fiscal Year 2026

Recommended Action: That the Board of Trustees approves the Meeting and Training Schedule for fiscal year 2026.

The Board of Trustees reviewed and approved the meeting and training schedule for FY26.

Motion: J. Brian Eby	Affirmative: 7
Second: Tom Johnson	Negative: 0
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Citizen Comment: None

B. BUDGET AND FINANCE

1) Financial Statements

Recommended Action: That the Board of Trustees approves the financial statements for April and May 2025.

The Board of Trustees reviewed and approved the financial statements for April and May 2025.

	11	<u> </u>	,	
Motion: Jan Driver Ward	Affirmat	tive: 7		
Second: David Cook	Negative	e: 0		
C'' C AN				•

Citizen Comment: None

2) Bank Signer Changes

Recommended Action: That The Board of Trustees approve and authorize the Board Chair and Secretary to sign the resolution to add new signers on all Center related bank and investment accounts and to delete those no longer with the center.

The Board of Trustees reviewed and approved the Board Chair and Secretary to sign the resolution to add new signers on all Center related bank and investment accounts and to delete those no longer with the center.

Motion: Jessica Traw	Affirmative: 7
Second: J. Brian Eby	Negative: 0
Citizen Comment: None	

3) Auditors Letter Of Engagement

Recommended Action: That the Board of Trustees accept the attached Letter of Engagement (LOE) from Condley and Company, LLP and authorize the Chair to sign the letter.

The Board of Trustees reviewed and approved the letter from Condley & Co and authorized the chair to sign.

Motion: J. Brian Eby	Affirmative: 7
Second: David Cook	Negative: 0

Citizen Comment: None

4) Resolution Appointing Investment Officer

Recommended Action: That the Board of Trustees approve and authorize the Board Chair to sign a resolution appointing investment officers.

The Board of Trustees reviewed and authorized the Board Chair to sign a resolution appointing investment officers.

Motion: Jessica Traw	Affirmative: 7
Second: J. Brian Eby	Negative: 0
C4.4 C	

Citizen Comment: None

5) Status of Investments

Recommended Action: That the Board of Trustees review and approve the status of investments.

The Board of Trustees reviewed and approved the status of investments.

Motion: Tom Johnson	Affirmative: 7
Second: Jan Driver Ward	Negative: 0

Citizen Comment: None

C. CONTRACTS AND PLANS

No Agenda Items

D. FACILITIES AND EQUIPMENT

No Agenda Items

E. POLICY AND PROCEDURE

1) Policy Statement Summary

Recommended Action: That the Board of Trustees review and approve these Policy Statements:

- 300.5 Lease Policy Statement No changes
- 500.1 Clients Rights Policy Statement (TAC) Updated
- 900.2 Continuity of Care Policy Statement All contracted hospitals listed

The Board of Trustees reviewed and approved all Policy Statements as presented.

Motion: David Cook	Affirmative: 7
Second: Tom Johnson	Negative: 0
Citizen Comment: None	

F. PROGRAM AND PERSONNEL

1) Holiday Schedule

Recommended Action: That the Board of Trustees approve the proposed Holiday Schedule for fiscal year 2026 beginning September 1, 2025.

The Board of Trustees reviewed and approved the holiday schedule as presented.

Motion: **J. Brian Eby**Second: **Jan Driver Ward**Affirmative: 7
Negative: 0

Citizen Comment: None

Board Member Tom Johnson left the meeting at 11:20 am.

070325-6 OUARTERLY REPORTS

A. ESSENTIAL SERVICES AND CLINICAL ACCOUNTABILITY

No Agenda Items

B. PLANNING AND NETWORK ADVISORY COMMITTEE

1) 3rd Quarter Report

Recommended Action: Information Only Item

Connie Johnston reported.

C. EXTERNAL AUDITS

1) TCOOMMI 3rd Qtr Report

Recommended Action: Information Only Item

Cara Mullenix-Artigue reported.

D. TEXAS COUNCIL BOARD OF DIRECTORS MEETING

No Agenda Items

E. FACILITIES MANAGEMENT

No Agenda Items

070325 - 7 EXECUTIVE DIRECTOR'S REPORT

Legislative Session

it seems at this point, that all centers will not be receiving any increases. All additional funding will go to long term care, state hospitals, centers that have crisis stabil, residentail treatment centers. Same as the last session. The focus in not on patient care or centers. Hoping it will shift back our way soon.

TX Council Annual Conference

Kathy Thorp mentioned that she attended an interesting presentation where staff received a bonus for meeting performance measures goals at the end each quarter. It wasn't just staff, it was support staff, managers, everyone. She thought it was 10% each quarter. It was a good way to reward for hard work.

Andy has some good ideas from that presentation and is working with K. Wooldridge on some items. He says it should be based on productivity and performance as it relates to our mission.

Andy says there will be a push on the culture of performance and doing things well. He says there are incentives that they learned from the presentation of MetroCare. He thinks we could also use some of their ideas as far as incentives for HFC staff.

Kathy says the budget talks were disappointing and they talked about school fuding more than mental health care. Andy adds that Senator Kolkhorst still thinks she is overfunding community centers, but Lee Johnsons team provided her with a bunch of data to the contrary. We will see what she does with that information.

CART Team

The TEAM has intercepted approx 400 calls this year. The majority being calls where the team is proactive with outreach and followup. That means they were listening to the scanner and hearing about a case that they already had contact with and self dispatching to that call instead of waiting to be sent.

Andy says they are still working with the technical assistance Meadows Policy Institute. They are gathering data from the jail and using it for future reports.

Citizens Against Homelessness

He has attended meetings with the group who presented a report to the city council. They tried to inform the council that what they want more people on the ground to intercept homeless population. Dr. Wilson says he wants to get caseworkers out on the street. Andy indicates that we (HFC) are not set up for that type of service.

070325-8 CLOSED SESSION

No Agenda Items

070325-9 OPEN SESSION

No Agenda Items

070325-10 ANNOUNCEMENTS

A. Next Meeting - The next meeting will be held at 11 A.M., Thursday, **August 7, 2025** at the Sue Nunn Conference Room, 1000 Brook Ave., Wichita Falls, TX.

070325-11 OTHER BUSINESS

No other business

070325-12 ADJOURN

The Board of Trustees meeting was adjourned by **Board Vice Chairman, Kathy Thorp** at 11:38 a.m.

Approved as presented:	Approved as corrected:
August 7, 2025	August 7, 2025



HR TEAM



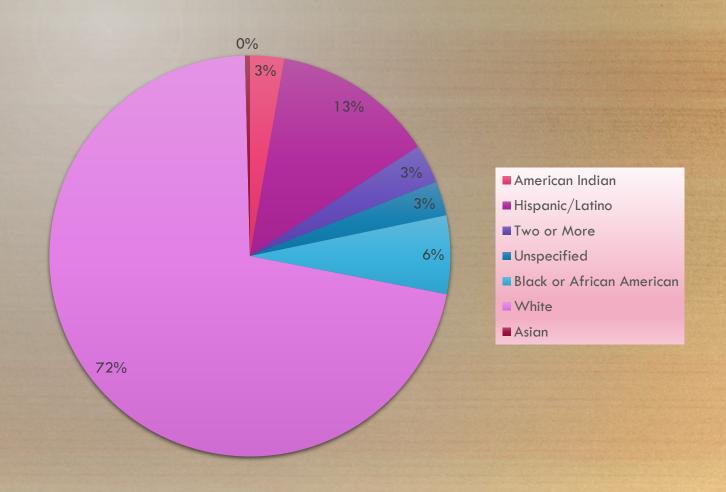






EEO Info FY25

- Avg employee age: 44.7
- Sex:
 - F-211
 - M -42
- Ethnicity (chart)



Captive Health Insurance Plan

- Started in 2021
- Includes 10 Centers
 - Betty Hardwick, Denton County, Central Plains, Gulf Coast, Nueces Center, Spindletop, Texana, Texoma Community, & Tropical Texas
- Positive experience to date
- For current plan year, increased monthly plan cost to employees by \$4 for Base & CoPay Plans and \$13.78 for BuyUp Plan.

Currently 172 employees on the plan and 190 total participants

Center paid portion increased to \$933.73/month

EMPLOYEE HEALTH INSURANCE

Location	WF	Wise	Young	Montague	Remote
	15.8%	2.7%	.4%	2%	.4%
Qty	40	7	1	5	1

Dept.	AMH	CAS	ECI	IDDA	MH Peer	Admin	Clerk	Med Staff	Med Rec	SAS	Other
	4.3%	1.2%	.8%	4.3%	.8%	2.4%	2%	2%	0.4%	1.6%	1.6%
Qty	11	3	2	11	2	6	5	5	1	4	4

CENTER TURNOVER FY25 (SEPT. 1-JUNE 30)

• Center wide 21%

WORKERS' COMPENSATION CLAIMS

Total Claims FY25 (thru May)

15

Claims requiring medical attention

14



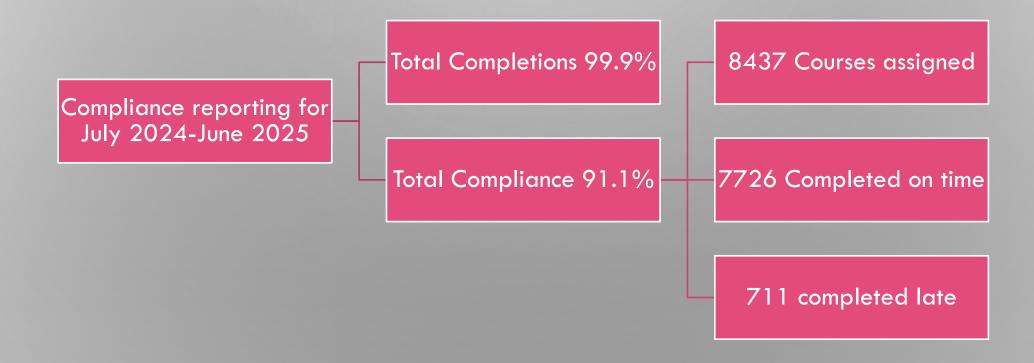
Claim expenses paid out to date \$29,511

Highest number of incidents occur on Tuesdays & Wednesdays, followed by Fridays.

> Highest number of claims come from employees 26-35 years followed by 56+ years.

Fpts are the top incurred claims cost

EMPLOYEE ONLINE TRAINING





- BLOOD DRIVE 4/03 & UPCOMING 8/26
- TEXAS COUNCIL RISK MGMT FUND TRAININGS (8/5-7)
- EMPLOYEE APPRECIATION DAY 9/24
- JOB FAIRS

- OPEN ENROLLMENT
- MONTHLY NEWSLETTER
- REVAMPED NEW EMPLOYEE ORIENTATION

Waske

• RETIREMENT/SAVINGS TRAINING









Leadership is not about being in charge.

Leadership is about taking care of those in your charge.

-SIMON SINEK

AGENDA ITEM: 080725 - 5A1 MEETING DATE: AUGUST 7, 2025

- 5 RECOMMENDATIONS
- A. BOARD OF TRUSTEES
- 1) AD HOC COMMITTEE TO RECOMMEND SLATE OF

Page 1 of 1

OFFICERS FOR FY 2026

RECOMMENDED ACTION: That the ad hoc committee recommend a slate of officers for fiscal year 2026.

BACKGROUND INFORMATION:

- **A.** Board of Trustee Office appointments are for one-year terms.
- **B.** Current Board of Trustee officers:

Chair: J. Brian Eby

Current Office Term Began: April 6, 2023 Current Board Term Expires: August 31, 2026

Vice-Chair: Kathy Thorp

Current Office Term Began: April 6, 2023 Current Board Term Expires: August 31, 2027

Secretary: Joan Murray

Current Office Term Began: April 6, 2023 Current Board Term Expires: August 31, 2025

Will not be renewing her board term.

SPECIFIC REASONS WHY THESE ACTIONS ARE NECESSARY FOR THE CENTER:

To allow the Board of Trustees to vote for new officers for the new fiscal year.

AGENDA ITEM: 080725-5A2 MEETING DATE: AUGUST 7, 2025

- 5 RECOMMENDATIONS
- A. BOARD OF TRUSTEES
- 2) PNAC Committee Appointment Page 1 of 1

RECOMMENDED ACTION: That the Board of Trustees review and approve the appointment of a candidate to the Planning and Network Advisory Committee.

BACKGROUND INFORMATION: The Planning and Network Advisory Committee is a Board appointed committee made up of community shareholders, family members and consumers interested in assisting the Center and the Board of Trustees to better serve the people in our service area.

SUPPORTING INFORMATION: Please consider candidate:

- Larry Workman of Wichita Falls has expressed an interest in serving on the Planning Network Advisory Committee. He would like to serve on the committee to help bridge gaps between systems and individuals. He believes his mix of lived experience, leadership and education positions him to be a strong advocate for practical solutions that help outcomes and dignity.
- Mr. Workman is a military veteran and currently volunteers with our Helen Farabee Military Veteran Peer Network.
- Professionally, Mr. Workman brings 30 years of leadership experience across industries, including multi-unit business operations, and work force development. He has led large teams, managed crisis situations and worked closely with individuals facing serious barriers including trauma, disability and mental health challenges.
- Mr. Workman is currently working on his MBA with a focus on strategic management and organizational effectiveness, further strengthening his ability to contribute to planning and advocate work.
- Asking the Board of Trustees to approve this appointment.

SPECIFIC REASONS WHY THESE ACTIONS ARE NECESSARY FOR THE CENTER:

To ensure the committee meets the requirement of 50% Mental Health representatives and 50% Intellectual and Developmental Disabilities representatives.

- 5 RECOMMENDATIONS
- **B. BUDGET AND FINANCE**
- 1) FINANCIAL STATEMENTS-JUNE 2025

Page 1 of 3

RECOMMENDED ACTION: That the Board of Trustees approves the financial statements for June 2025.

BACKGROUND INFORMATION: Board of Trustee policy requires the periodic presentation of financial and statistical information. Our Performance Contracts with the Texas Health and Human Service Commission require the Board of Trustee Chair, Executive Director, and Financial Officer to certify the accuracy of the financial statements on a quarterly basis. Although this certification does not require Board of Trustee approval, we will continue to present these to the Board of Trustees.

SUPPORTING INFORMATION:

- Number of Days of Operation in Fund Balance 146.
- Accounts Receivable *increased by \$9,267 going* from \$1,755,137 to \$1,764,404.
- Accounts Payable *increased by* \$59,270 going from \$2,095,092 to \$2,154,362. Most of this amount is due to the state giving us PPB money late last fiscal year, and the Center was unable to use it. We received word in early March that the money will have to be returned. The amount is \$937,600. The Center will receive an invoice by the state for recoupment. Until then, it will stay in our Accounts Payable amount. If not for that, Accounts Payable would have been \$1,074,978.
- FINANCIAL STATUS: The Center had a loss of \$118,087 for June and a cumulative gain of \$432,574 for the year.
- ❖ **REVENUE**: Overall Revenue June 2025 was \$877,774 more than budgeted.
 - Total County Revenue was \$25,787 less than budgeted. We had 3 counties that have not signed MOAs with the Center for FY2025, nor have they given us support for the last year. The Center had been recording as if we were to receive it, but with no communication from them, we have decided to back it out of the revenue. Young County has given us \$4,800.00 this year where in the past they gave us \$23,475.00. Archer County has not given us any support this year. Clay County gave \$4,000.00 in support this year, which is \$1,100 more than in years past.
 - > Patient Fees was \$5,363 more than budgeted.
 - This is based on actual cash received in June for services.
 - ➤ Miscellaneous was \$745,200 more than budgeted.
 - In-kind Match was \$532,101 more than budgeted due to the actual usage of the psychiatric bed days at Red River and our other contracted hospitals. This is based on the PESC in-kind match for psychiatric bed days and is provided

- 5 RECOMMENDATIONS
- B. BUDGET AND FINANCE
- 1) FINANCIAL STATEMENTS-JUNE 2025

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by Red River. This is also based on the Justice Involved Grant, also known as Senate Bill 292 contract, that has increased the Center's Mental Health and Substance Abuse bed usage at Red River. We now also have the PPB, or Private Psychiatric Bed revenue through the MH General revenue fund, that also uses bed days from various contracted hospitals where we are receiving in-kind.

- Cart earned revenue was \$53,086 more than budgeted. We accrued our second amount with our SCIP grant that the Center received.
- USDA Grant Revenue for IT Technology was \$161,194 more than budgeted.
 When the budget was revised, no numbers were known, so no budgeted amount was done.
- Other State Funding was \$60,348 more than budgeted.
 - MHGJII NCA or JBCR revenue was \$11,179 more than budgeted. This is another new revenue stream for the Center. When the budget was revised, no contract for this program was signed and, therefore, not budgeted.
 - DARS-ECI Revenue was \$40,840 more than budgeted. The Center needed to make an adjustment from February's invoice. The Center calculated MAC funds to be used when they should not have in the locally collected funds for that period. They were used in March instead.
 - OSAR was \$12,449 more than budgeted. This is subcontracted by Abilene Recovery Council, and monthly expenses are not controlled by the Center.
- > Other Federal Funding was \$2,986 less than budgeted.
 - Directed Payment Program-Behavioral Health Services revenue was \$11,825 more than budgeted.
 - Medicaid-IDD Service Coordination was \$9,429 less than budgeted.
- General Revenue was \$96,130 more than budgeted.
 - Private Psychiatric Bed revenue was \$9,585 less than budgeted. This, just like PESC and SB292, will fluctuate based on client need for the psychiatric beds.
 - PESC revenue was \$105,989 more than budgeted. PESC fluctuates based on client need for the psychiatric beds.
- Medicaid Waiver Revenue was as expected.
 - Department of Human Services-HCS revenue and Department of Human Services-ICF revenue was discontinued last year. Since it is still part of historical data for the comparison to FY24 revenue and expenses, this will stay in the reports until FY2026.

- 5 RECOMMENDATIONS
- **B. BUDGET AND FINANCE**
- 1) FINANCIAL STATEMENTS-JUNE 2025

Page 3 of 3

- Allocated Federal Funds was right on target with the budgeted amount.
- **EXPENSES:** Overall expense for June 2025 was \$131,355 more than budgeted
 - Personnel cost was \$2,481 less than budgeted.
 - Salaries were \$3,516 less than budgeted.
 - Benefits were \$1,035 more than budgeted.
 - **Contract** cost was \$157,723 more than budgeted.
 - Technical Assistance Cart expense was \$52,490 more than budgeted. This is an expense item that was not budgeted due to the uncertainty of the grant.
 - PESC expense was \$160,045 more than budgeted, but Justice Involved Bed Days was \$63,625 less than budgeted. This fluctuates based on client need for the psychiatric beds.
 - > Travel and Training expense was \$3,834 less than budgeted.
 - **Capital Outlay** expense was \$92,013 more than budgeted.
 - Capital Outlay was \$92,204 more than budgeted. This is the expense for the USDA Grant Revenue for the IT Technology. These are the poly studio all-in-one video bars with cameras. The Center's old ones were past their time and MIS went out to get a grant to replace them.
 - Non-Capitalized Equipment expense was \$1,824 less than budgeted.
 - Pharmaceutical expense was \$4,601 more than budgeted. This is based upon actual expenses and will fluctuate with patient care. As of January 2021, the Community Benefit and Uncompensated Care expired. This means the Center now pays for all medical invoices from Clinical Pathology Laboratories and Integrated Prescription Management that were being paid by SONT, Service Organization of North Texas. The Wood Group invoices, however, will still be paid by SONT up to the time they no longer can or will pay for them.

- 5 RECOMMENDATIONS
- **B. BUDGET AND FINANCE**
- 1) FINANCIAL STATEMENTS-JUNE 2025

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- **Other Operating** expense was \$550,990 more than budgeted.
 - In-Kind Expense was \$532,101 more than budgeted. This, again, is attributed to the contract with Red River for the PESC contract, the Justice Involved Bed Days contract (SB292), and the Private Psychiatric bed Days contract. This is based on bed day usage and will fluctuate based on client need. No actual dollars are exchanged for this; and there is a corresponding revenue, so the net difference is zero.
 - Dues and Memberships expense was \$16,906 more than budgeted. A Data Center Warehouse subscription was put under the Fund 3 and work in progress account when really it should have gone under the subscription account from July 2024 to June 2025. I expensed all in June as it was at the end of its annual expense amount.

Helen Farabee Centers

Balance Sheet - As Of June 2025

Assets		Act	ual
CASH GENERAL OPERATING FUND		\$	8,061,676.71
CASH INTERNAL SERVICE FUND		\$	2,219,423.94
CASH SELF FUNDED INSURANCE		\$	458,807.13
SAVINGS		\$	15,572.98
PETTY CASH FUNDS-CENTERWIDE		\$	798.17
INVESTMENTS GENERAL OPERATING	FUND	\$	8,539,488.34
INVESTMENTS INTERNAL SERVICE FU	JND	\$	693,114.93
ACCOUNTS RECEIVABLE		\$	1,764,403.96
PREPAID		\$	330,229.36
PREPAID MISCELLANEOUS-SELF INSU	RED FUNDS	\$	458.31
DEPOSITS		\$	313,770.32
DEPOSITS-SELF INSURED FUNDS		\$	25,000.00
AMTS PROVIDED-PERSONAL LEAVE		\$	896,049.36
LAND		\$	1,057,659.65
BUILDINGS & IMPROVEMENTS		\$	2,678,486.55
LEASEHOLD IMPROVEMENTS		\$	132,631.17
EQUIP/FURN/FIX		\$	448,640.47
COMPUTERS & PERIPHERALS		\$	974,489.07
VEHICLES & CONTRACTORS EQ		\$	1,734,063.08
COMPUTER SOFTWARE		\$	609,781.56
ACCUMULATED DEPRECIATION		\$	(5,584,844.72)
CLINICAL SOFTWARE PROJECT		\$	-
WICHITA FALLS BUILDING PROJECT		\$	386,012.69
ISF-MAJOR PROJECTS WORK-IN-PROG	RESS	\$	(1,228.23)
Total Assets	RESS	\$ \$	(1,228.23) 25,754,484.80
	RESS		
Total Assets	RESS		
Total Assets Liabilities and Net Assets Liabilities ACCOUNTS PAYABLE GENERAL OPER	AATING FUND		
Total Assets Liabilities and Net Assets Liabilities ACCOUNTS PAYABLE GENERAL OPER ACCOUNTS PAYABLE INTERNAL SER	AATING FUND VICE FUND	\$	25,754,484.80
Total Assets Liabilities and Net Assets Liabilities ACCOUNTS PAYABLE GENERAL OPER	AATING FUND VICE FUND	\$	25,754,484.80 1,064,637.32
Total Assets Liabilities and Net Assets Liabilities ACCOUNTS PAYABLE GENERAL OPER ACCOUNTS PAYABLE INTERNAL SER' ACCOUNTS PAYABLE-SELF INSURED ACCOUNTS PAYABLE-PAYABLE TO S'	RATING FUND VICE FUND FUND	\$ \$ \$	25,754,484.80 1,064,637.32 7,446.41
Total Assets Liabilities and Net Assets Liabilities ACCOUNTS PAYABLE GENERAL OPER ACCOUNTS PAYABLE INTERNAL SERVACCOUNTS PAYABLE-SELF INSURED	RATING FUND VICE FUND FUND	\$ \$ \$ \$	25,754,484.80 1,064,637.32 7,446.41 2,894.35
Total Assets Liabilities and Net Assets Liabilities ACCOUNTS PAYABLE GENERAL OPER ACCOUNTS PAYABLE INTERNAL SER' ACCOUNTS PAYABLE-SELF INSURED ACCOUNTS PAYABLE-PAYABLE TO S' PAYROLL PAYABLE UMR PAYABLE	RATING FUND VICE FUND FUND	\$ \$ \$ \$ \$	25,754,484.80 1,064,637.32 7,446.41 2,894.35 1,079,383.57
Total Assets Liabilities and Net Assets Liabilities ACCOUNTS PAYABLE GENERAL OPER ACCOUNTS PAYABLE INTERNAL SER' ACCOUNTS PAYABLE-SELF INSURED ACCOUNTS PAYABLE-PAYABLE TO S' PAYROLL PAYABLE UMR PAYABLE EMPLOYEE DEDUCTION PAYBLE	RATING FUND VICE FUND FUND	\$ \$ \$ \$ \$	1,064,637.32 7,446.41 2,894.35 1,079,383.57 531,836.02
Total Assets Liabilities and Net Assets Liabilities ACCOUNTS PAYABLE GENERAL OPER ACCOUNTS PAYABLE INTERNAL SER' ACCOUNTS PAYABLE-SELF INSURED ACCOUNTS PAYABLE-PAYABLE TO S' PAYROLL PAYABLE UMR PAYABLE	RATING FUND VICE FUND FUND	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1,064,637.32 7,446.41 2,894.35 1,079,383.57 531,836.02 140,692.88 10,989.41 2,385,549.93
Total Assets Liabilities and Net Assets Liabilities ACCOUNTS PAYABLE GENERAL OPER ACCOUNTS PAYABLE INTERNAL SER' ACCOUNTS PAYABLE-SELF INSURED ACCOUNTS PAYABLE-PAYABLE TO S' PAYROLL PAYABLE UMR PAYABLE EMPLOYEE DEDUCTION PAYBLE	RATING FUND VICE FUND FUND TATE	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1,064,637.32 7,446.41 2,894.35 1,079,383.57 531,836.02 140,692.88 10,989.41
Total Assets Liabilities and Net Assets Liabilities ACCOUNTS PAYABLE GENERAL OPER ACCOUNTS PAYABLE INTERNAL SER' ACCOUNTS PAYABLE-SELF INSURED ACCOUNTS PAYABLE-PAYABLE TO S' PAYROLL PAYABLE UMR PAYABLE EMPLOYEE DEDUCTION PAYBLE DEFERRED REVENUE ACCUM PERSONAL LEAVE-CURRENT ACCUM PERSONAL LEAVE-LONGTER	AATING FUND VICE FUND FUND TATE	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1,064,637.32 7,446.41 2,894.35 1,079,383.57 531,836.02 140,692.88 10,989.41 2,385,549.93
Total Assets Liabilities and Net Assets Liabilities ACCOUNTS PAYABLE GENERAL OPER ACCOUNTS PAYABLE INTERNAL SERVACCOUNTS PAYABLE-SELF INSURED ACCOUNTS PAYABLE-PAYABLE TO SUPAYROLL PAYABLE UMR PAYABLE EMPLOYEE DEDUCTION PAYBLE DEFERRED REVENUE ACCUM PERSONAL LEAVE-CURRENT	AATING FUND VICE FUND FUND TATE	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1,064,637.32 7,446.41 2,894.35 1,079,383.57 531,836.02 140,692.88 10,989.41 2,385,549.93 28,781.56
Total Assets Liabilities and Net Assets Liabilities ACCOUNTS PAYABLE GENERAL OPER ACCOUNTS PAYABLE INTERNAL SERVACCOUNTS PAYABLE-SELF INSURED ACCOUNTS PAYABLE-PAYABLE TO SUPAYROLL PAYABLE UMR PAYABLE EMPLOYEE DEDUCTION PAYBLE DEFERRED REVENUE ACCUM PERSONAL LEAVE-CURRENT ACCUM PERSONAL LEAVE-LONGTERSUM UMR CLAIMS PAYABLE - IBNR Total Liabilities	AATING FUND VICE FUND FUND TATE	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1,064,637.32 7,446.41 2,894.35 1,079,383.57 531,836.02 140,692.88 10,989.41 2,385,549.93 28,781.56 896,049.36
Total Assets Liabilities and Net Assets Liabilities ACCOUNTS PAYABLE GENERAL OPER ACCOUNTS PAYABLE INTERNAL SERY ACCOUNTS PAYABLE-SELF INSURED ACCOUNTS PAYABLE-PAYABLE TO SEPAYROLL PAYABLE UMR PAYABLE EMPLOYEE DEDUCTION PAYBLE DEFERRED REVENUE ACCUM PERSONAL LEAVE-CURRENT ACCUM PERSONAL LEAVE-LONGTERS UMR CLAIMS PAYABLE - IBNR Total Liabilities Net Assets	AATING FUND VICE FUND FUND TATE	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1,064,637.32 7,446.41 2,894.35 1,079,383.57 531,836.02 140,692.88 10,989.41 2,385,549.93 28,781.56 896,049.36 140,000.00 6,288,260.81
Total Assets Liabilities and Net Assets Liabilities ACCOUNTS PAYABLE GENERAL OPER ACCOUNTS PAYABLE INTERNAL SERYACCOUNTS PAYABLE-SELF INSURED ACCOUNTS PAYABLE-PAYABLE TO SYPAYROLL PAYABLE UMR PAYABLE EMPLOYEE DEDUCTION PAYBLE DEFERRED REVENUE ACCUM PERSONAL LEAVE-CURRENT ACCUM PERSONAL LEAVE-LONGTERS UMR CLAIMS PAYABLE - IBNR Total Liabilities Net Assets UNRESERVED-FUND BALANCE	RATING FUND VICE FUND FUND TATE	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1,064,637.32 7,446.41 2,894.35 1,079,383.57 531,836.02 140,692.88 10,989.41 2,385,549.93 28,781.56 896,049.36 140,000.00 6,288,260.81
Total Assets Liabilities and Net Assets Liabilities ACCOUNTS PAYABLE GENERAL OPER ACCOUNTS PAYABLE INTERNAL SERVACCOUNTS PAYABLE-SELF INSURED ACCOUNTS PAYABLE-PAYABLE TO SUPAYROLL PAYABLE UMR PAYABLE EMPLOYEE DEDUCTION PAYBLE DEFERRED REVENUE ACCUM PERSONAL LEAVE-CURRENT ACCUM PERSONAL LEAVE-LONGTERSUMR CLAIMS PAYABLE - IBNR Total Liabilities Net Assets UNRESERVED-FUND BALANCE UNRESERVED-ACCUM PERSONNEL LEAVE-LONGERSUM PERSONNEL LEAVE-LONGTERSUMR ASSETS	RATING FUND VICE FUND FUND TATE	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1,064,637.32 7,446.41 2,894.35 1,079,383.57 531,836.02 140,692.88 10,989.41 2,385,549.93 28,781.56 896,049.36 140,000.00 6,288,260.81 13,353,399.28 896,049.36
Total Assets Liabilities and Net Assets Liabilities ACCOUNTS PAYABLE GENERAL OPER ACCOUNTS PAYABLE INTERNAL SERVACCOUNTS PAYABLE-SELF INSURED ACCOUNTS PAYABLE-PAYABLE TO SUPAYROLL PAYABLE UMR PAYABLE EMPLOYEE DEDUCTION PAYBLE DEFERRED REVENUE ACCUM PERSONAL LEAVE-CURRENT ACCUM PERSONAL LEAVE-LONGTERSUMR CLAIMS PAYABLE - IBNR Total Liabilities Net Assets UNRESERVED-FUND BALANCE UNRESERVED-ACCUM PERSONNEL LIST INCOME SUMMARY-OPERATING FUND	EAVE	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	25,754,484.80 1,064,637.32 7,446.41 2,894.35 1,079,383.57 531,836.02 140,692.88 10,989.41 2,385,549.93 28,781.56 896,049.36 140,000.00 6,288,260.81 13,353,399.28 896,049.36 (124,008.40)
Total Assets Liabilities and Net Assets Liabilities ACCOUNTS PAYABLE GENERAL OPER ACCOUNTS PAYABLE INTERNAL SERYACCOUNTS PAYABLE-SELF INSURED ACCOUNTS PAYABLE-PAYABLE TO SYPAYROLL PAYABLE UMR PAYABLE EMPLOYEE DEDUCTION PAYBLE DEFERRED REVENUE ACCUM PERSONAL LEAVE-CURRENT ACCUM PERSONAL LEAVE-LONGTERS UMR CLAIMS PAYABLE - IBNR Total Liabilities Net Assets UNRESERVED-FUND BALANCE UNRESERVED-ACCUM PERSONNEL LISTING FUNCTIONS INCOME SUMMARY-OPERATING FUNCTIONS	EAVE	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1,064,637.32 7,446.41 2,894.35 1,079,383.57 531,836.02 140,692.88 10,989.41 2,385,549.93 28,781.56 896,049.36 140,000.00 6,288,260.81 13,353,399.28 896,049.36 (124,008.40) 5,553,925.68
Total Assets Liabilities and Net Assets Liabilities ACCOUNTS PAYABLE GENERAL OPER ACCOUNTS PAYABLE INTERNAL SERY ACCOUNTS PAYABLE-SELF INSURED ACCOUNTS PAYABLE-PAYABLE TO STPAYROLL PAYABLE UMR PAYABLE EMPLOYEE DEDUCTION PAYBLE DEFERRED REVENUE ACCUM PERSONAL LEAVE-CURRENT ACCUM PERSONAL LEAVE-LONGTERS UMR CLAIMS PAYABLE - IBNR Total Liabilities Net Assets UNRESERVED-FUND BALANCE UNRESERVED-ACCUM PERSONNEL LIINCOME SUMMARY-OPERATING FUNDING SUMMARY-INTERNAL SERVIC CONTRIBUTED CAPITAL	EAVE	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1,064,637.32 7,446.41 2,894.35 1,079,383.57 531,836.02 140,692.88 10,989.41 2,385,549.93 28,781.56 896,049.36 140,000.00 6,288,260.81 13,353,399.28 896,049.36 (124,008.40) 5,553,925.68 (364,442.99)
Total Assets Liabilities and Net Assets Liabilities ACCOUNTS PAYABLE GENERAL OPER ACCOUNTS PAYABLE INTERNAL SERVACOUNTS PAYABLE-SELF INSURED ACCOUNTS PAYABLE-PAYABLE TO SUPAYROLL PAYABLE UMR PAYABLE EMPLOYEE DEDUCTION PAYBLE DEFERRED REVENUE ACCUM PERSONAL LEAVE-CURRENT ACCUM PERSONAL LEAVE-LONGTERSUMR CLAIMS PAYABLE - IBNR Total Liabilities Net Assets UNRESERVED-FUND BALANCE UNRESERVED-ACCUM PERSONNEL LISTING INCOME SUMMARY-OPERATING FUNSING INCOME SUMMARY-INTERNAL SERVED CONTRIBUTED CAPITAL RETAINED EARNINGS	EAVE	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1,064,637.32 7,446.41 2,894.35 1,079,383.57 531,836.02 140,692.88 10,989.41 2,385,549.93 28,781.56 896,049.36 140,000.00 6,288,260.81 13,353,399.28 896,049.36 (124,008.40) 5,553,925.68
Total Assets Liabilities and Net Assets Liabilities ACCOUNTS PAYABLE GENERAL OPER ACCOUNTS PAYABLE INTERNAL SERY ACCOUNTS PAYABLE-SELF INSURED ACCOUNTS PAYABLE-PAYABLE TO STPAYROLL PAYABLE UMR PAYABLE EMPLOYEE DEDUCTION PAYBLE DEFERRED REVENUE ACCUM PERSONAL LEAVE-CURRENT ACCUM PERSONAL LEAVE-LONGTERS UMR CLAIMS PAYABLE - IBNR Total Liabilities Net Assets UNRESERVED-FUND BALANCE UNRESERVED-ACCUM PERSONNEL LIINCOME SUMMARY-OPERATING FUNDING SUMMARY-INTERNAL SERVIC CONTRIBUTED CAPITAL	EAVE	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1,064,637.32 7,446.41 2,894.35 1,079,383.57 531,836.02 140,692.88 10,989.41 2,385,549.93 28,781.56 896,049.36 140,000.00 6,288,260.81 13,353,399.28 896,049.36 (124,008.40) 5,553,925.68 (364,442.99)

Helen Farabee Centers JUNE 2025 Income Statement

				JUNE 2025					YEAR TO DATE		
		JUN FY25	JUN FY25	JUN FY24	Variance	Variance	FY2025 Y-T-D	FY2025 Y-T-D	FY2024 Y-T-D	Variance	Variance
Davanua		Actual	Budget	Actual	Budget	FY 2024	Actual	Budget	Actual	Y-T-D Budget	Y-T-D FY 2024
Revenue City Poyony	e - Deferred Revenue										
2-7000		\$8,333.34	\$8,333.34	\$8,333.33	\$0.00	\$0.01	\$83,333.34	\$83,333.34	\$83,333.33	\$0.00	\$0.01
2-7000	CITY OF CHILLICOTHE	\$0,333.34 \$27.50	\$0,333.34 \$27.50	\$0,555.55 \$27.50	\$0.00	\$0.00	\$275.00	\$275.00	\$275.00	\$0.00	\$0.01
2-7001	CITY OF CHILLICOTHE CITY OF QUANAH	\$27.30 \$55.00	\$27.30 \$55.00	\$27.30 \$55.00	\$0.00	\$0.00	\$550.00	\$550.00	\$550.00	\$0.00	\$0.00
2-7003	CITY OF PURPERLANDITT	\$0.00	\$0.00	\$145.83 \$417.67	\$0.00	(\$145.83)	\$0.00	\$0.00	\$1,458.33	\$0.00	(\$1,458.33)
2-7004	CITY OF BURKBURNETT	\$417.66	\$417.66	\$417.67	\$0.00	(\$0.01)	\$4,176.66	\$4,176.66	\$4,176.67	\$0.00	(\$0.01)
2-7005	CITY OF GRAHAM	\$1,250.00	\$1,250.00	\$1,666.67	\$0.00	(\$416.67)	\$12,500.00	\$12,500.00	\$16,666.70	\$0.00	(\$4,166.70)
2-7006	CITY OF NOCONA	\$125.00	\$125.00	\$125.00	\$0.00	\$0.00	\$1,250.00	\$1,250.00	\$1,250.00	\$0.00	\$0.00
2-7007	CITY OF BOWIE	\$666.66	\$666.66	\$666.67	\$0.00	(\$0.01)	\$6,666.66	\$6,666.66	\$6,666.67	\$0.00	(\$0.01)
Total City R	evenue	\$10,875.16	\$10,875.16	\$11,437.67	\$0.00	(\$562.51)	\$108,751.66	\$108,751.66	\$114,376.70	\$0.00	(\$5,625.04)
County Rev	enue - Deferred Revenue										
2-7020	WICHITA COUNTY	\$13,333.33	\$13,333.33	\$10,000.00	\$0.00	\$3,333.33	\$119,999.98	\$133,333.31	\$100,000.00	(\$13,333.33)	\$19,999.98
2-7021	HASKEL COUNTY	\$1,387.67	\$1,387.67	\$1,009.17	\$0.00	\$378.50	\$13,498.20	\$11,605.66	\$10,091.70	\$1,892.54	\$3,406.50
2-7022	STONEWALL COUNTY	\$176.84	\$176.84	\$176.83	\$0.00	\$0.01	\$1,768.34	\$1,768.34	\$1,768.33	\$0.00	\$0.01
2-7023	KNOX COUNTY	\$551.40	\$551.40	\$306.33	\$0.00	\$245.07	\$5,514.00	\$5,514.00	\$3,063.33	\$0.00	\$2,450.67
2-7024	DICKENS COUNTY	\$149.81	\$149.81	\$56.25	\$0.00	\$93.56	\$1,498.10	\$1,498.10	\$562.50	\$0.00	\$935.60
2-7025	YOUNG COUNTY	(\$21,758.00)	\$2,862.00	\$1,622.92	(\$24,620.00)	(\$23,380.92)	\$4,000.00	\$28,620.00	\$16,229.17	(\$24,620.00)	(\$12,229.17)
2-7026	THROCKMORTON COUNTY	\$156.06	\$156.06	\$110.00	\$0.00	\$46.06	\$1,560.54	\$1,560.54	\$1,100.00	\$0.00	\$460.54
2-7027	HARDEMAN COUNTY	\$0.00	\$0.00	\$300.00	\$0.00	(\$300.00)	\$0.00	\$0.00	\$3,000.00	\$0.00	(\$3,000.00)
2-7028	WISE COUNTY	\$4,616.66	\$4,616.66	\$4,616.67	\$0.00	(\$0.01)	\$46,166.66	\$46,166.66	\$46,166.67	\$0.00	(\$0.01)
2-7029	BAYLOR COUNTY	\$433.34	\$433.34	\$183.33	\$0.00	\$250.01	\$4,333.34	\$4,333.34	\$1,833.33	\$0.00	\$2,500.01
2-7029	FOARD COUNTY	\$205.99	\$205.99	\$103.33	\$0.00	\$95.99	\$2,059.90	\$2,059.90	\$1,000.00	\$0.00	\$959.90
2-7030	MONTAGUE COUNTY	\$8,107.84	\$8,107.84	\$1,333.33	\$0.00	\$6,774.51	\$81,078.40	\$81,078.40	\$13,333.33	\$0.00	\$67,745.07
2-7031							\$12,500.00		\$3,250.00		\$9,250.00
	JACK COUNTY	\$1,250.00	\$1,250.00	\$325.00	\$0.00	\$925.00		\$12,500.00		\$0.00	
2-7033	CLAY COUNTY	\$1,158.32	\$241.66	\$241.67	\$916.66	\$916.65	\$3,333.33	\$2,416.67	\$2,416.67	\$916.66	\$916.66
2-7034	COTTLE COUNTY	\$199.75	\$199.75	\$100.00	\$0.00	\$99.75	\$1,997.50	\$1,997.50	\$1,000.00	\$0.00	\$997.50
2-7035	CHILDRESS COUNTY	\$347.92	\$347.92	\$347.92	\$0.00	\$0.00	\$3,479.18	\$3,479.18	\$3,479.17	\$0.00	\$0.01
2-7036	ARCHER COUNTY SUPPORT	(\$1,875.00)	\$208.33	\$208.33	(\$2,083.33)	(\$2,083.33)	\$0.00	\$2,083.33	\$2,083.33	(\$2,083.33)	(\$2,083.33)
Total Count	y Revenue	\$8,441.93	\$34,228.60	\$21,047.75	(\$25,786.67)	(\$12,605.82)	\$302,787.47	\$340,014.93	\$210,477.53	(\$37,227.46)	\$92,309.94
Other Taxin	g Authority Funds - Deferred Revenue										
2-7038	INDEPENDENT SCHOOL DISTRICT	\$265.00	\$265.00	\$265.00	\$0.00	\$0.00	\$2,650.00	\$2,650.00	\$2,650.00	\$0.00	\$0.00
Total Other	Taxing Authority Funds	\$265.00	\$265.00	\$265.00	\$0.00	\$0.00	\$2,650.00	\$2,650.00	\$2,650.00	\$0.00	\$0.00
Patient Fee	s - Cash Basis Only										
2-7050	CONSUMER FEES	\$22,986.46	\$15,509.50	\$15,703.12	\$7,476.96	\$7,283.34	\$178,362.30	\$128,183.64	\$143,253.55	\$50,178.66	\$35,108.75
2-7060	PRIVATE INSURANCE MCO CARD SERVICES	\$32,104.74	\$42,868.13	\$44,002.00	(\$10,763.39)	(\$11,897.26)	\$298,697.49	\$316,182.65	\$317,537.61	(\$17,485.16)	(\$18,840.12)
2-7070	PRIVATE INSURANCE MCO CASE MANAGEMENT	\$18,629.38	\$12,438.14	\$12,438.14	\$6,191.24	\$6,191.24	\$131,520.25	\$110,108.13	\$110,108.13	\$21,412.12	\$21,412.12
2-7080	PRIVATE INSURANCE MCO REHAB	\$14,491.80	\$12,033.90	\$11,863.92	\$2,457.90	\$2,627.88	\$121,263.78	\$100,695.35	\$100,015.43	\$20,568.43	\$21,248.35
Total Patien		\$88,212.38	\$82,849.67	\$84,007.18	\$5,362.71	\$4,205.20	\$729,843.82	\$655,169.77	\$670,914.72	\$74,674.05	\$58,929.10
	ous - Cash Basis	** *** ***	* * * * * * * * * * * * * * * * * * * *	************************	t=20.404.0=	A	t= 0=4 00 = ==	to one en- :-	*C =0= 000 ==	*********	t4 075 005 :-
2-7037	IN-KIND MATCH	\$1,011,628.25	\$479,527.00	\$556,460.39	\$532,101.25	\$455,167.86	\$7,871,826.76	\$8,036,639.17	\$6,595,833.59	(\$164,812.41)	\$1,275,993.17
2-7100	MEDICARE - TITLE XVII	\$3,651.99	\$3,897.17	\$5,178.24	(\$245.18)	(\$1,526.25)	\$30,366.11	\$33,054.79	\$35,228.81	(\$2,688.68)	(\$4,862.70)
2-7260	RENT	\$2,868.25	\$3,713.26	\$5,918.25	(\$845.01)	(\$3,050.00)	\$47,182.50	\$37,950.46	\$43,099.15	\$9,232.04	\$4,083.35
2-7265	FUNDRAISING	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$164.09	\$0.00	(\$164.09)
2-7270	DONATIONS/CONTRIBUTIONS	\$283.33	\$353.33	\$353.33	(\$70.00)	(\$70.00)	\$9,430.88	\$12,549.30	\$12,981.25	(\$3,118.42)	(\$3,550.37)
2-7272	CART EARNED REVENUE	\$68,846.90	\$15,761.00	\$0.00	\$53,085.90	\$68,846.90	\$369,727.79	\$258,234.79	\$0.00	\$111,493.00	\$369,727.79
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		JUNE 2025				YEAR TO DATE					
		JUN FY25	JUN FY25	JUN FY24	Variance	Variance	FY2025 Y-T-D	FY2025 Y-T-D	FY2024 Y-T-D	Variance	Variance
		Actual	Budget	Actual	Budget	FY 2024	Actual	Budget	Actual	Y-T-D Budget	Y-T-D FY 2024
2 7272	WE ORIGIN CRANT	¢1,000,00	#0.00	£0.00	¢1 000 00	£1 000 00	£2,00C,00	#0.00	#0.00	£2,000,00	#2.00C.00
2-7273 2-7274	WF OPIOID GRANT USDA GRANT REVENUE- IT TECHNOLOGY	\$1,000.00 \$161,194.00	\$0.00 \$0.00	\$0.00 \$0.00	\$1,000.00 \$161,194.00	\$1,000.00 \$161,194.00	\$3,996.00 \$161,194.00	\$0.00 \$0.00	\$0.00 \$0.00	\$3,996.00 \$161,194.00	\$3,996.00 \$161,194.00
2-7274	INTEREST INCOME	\$161,194.00	\$0.00	\$29,618.07	(\$190.50)	(\$190.50)	\$244,742.35	\$221,909.34	\$260,255.34	\$22,833.01	(\$15,512.99)
2-7273	MISCELLANEOUS	\$1,660.92	\$2,490.94	\$2,490.94	(\$130.30)	(\$830.02)	\$113,250.93	\$151,648.79	\$47,545.46	(\$38,397.86)	\$65,705.47
Total Misce		\$1,280,561.21	\$535,360.77	\$600,019.22	\$745,200.44	\$680,541.99	\$8,851,717.32	\$8,751,986.64	\$6,995,107.69	\$99,730.68	\$1,856,609.63
		- · · · · · · · · · · · · · · · · · · ·	4555/550111	+++++++++++++++++++++++++++++++++++++	<i>ψ.</i> 15/200111	4000/511155	40/03 1/1 17102	+0,101,000.01	40,000,101.00	4557150100	+ 1,000,000
Other State	Funding - Accrued Basis Only										
2-7120	MH FIRST AID	\$0.00	\$0.00	\$8,500.00	\$0.00	(\$8,500.00)	\$47,000.00	\$47,000.00	\$27,300.00	\$0.00	\$19,700.00
2-7122	TCOOMMI EARNED INCOME	\$30,081.49	\$32,193.21	\$19,212.02	(\$2,111.72)	\$10,869.47	\$300,144.91	\$274,374.34	\$227,175.43	\$25,770.57	\$72,969.48
2-7124	SUBSTANCE ABUSE SERVICES	\$26,364.55	\$22,189.01	\$12,525.61	\$4,175.54	\$13,838.94	\$224,057.01	\$163,701.47	\$165,069.77	\$60,355.54	\$58,987.24
2-7125	SUD COMMUNITY MH GRANT PROGRAM	\$2,310.73	\$1,963.43	\$1,872.78	\$347.30	\$437.95	\$18,907.51	\$19,311.71	\$18,096.32	(\$404.20)	\$811.19
2-7127	OSAR - OUTREACH, SCREENING ASSESSMENT, REFFERAL	\$50,687.41	\$38,238.17	\$40,769.54	\$12,449.24	\$9,917.87	\$374,340.60	\$391,309.41	\$532,806.61	(\$16,968.81)	(\$158,466.01)
2-7128	RSS - RECOVERY SUPPORT SERVICES	\$6,393.95	\$6,626.91	\$3,739.20	(\$232.96)	\$2,654.75	\$61,122.98	\$64,163.65	\$53,688.23	(\$3,040.67)	\$7,434.75
2-7150	MFP/ECC REVENUE	\$2,593.10	\$0.00	\$0.00	\$2,593.10	\$2,593.10	\$26,542.47	\$32,490.00	\$32,490.00	(\$5,947.53)	(\$5,947.53)
2-7152	PASSR IDD SPECIALIZED SERVICES	\$504.77	\$300.00	\$375.36	\$204.77	\$129.41	\$6,216.59	\$13,537.27	\$15,443.26	(\$7,320.68)	(\$9,226.67)
2-7153	PASRR IDD SPECIALIZED SERVICES - OBRA - LIDDA	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,200.00	\$4,000.00	\$4,200.00	\$200.00	\$0.00
2-7132	CMHG LPHA EXPANSION	\$4,873.77	\$5,316.84	\$0.00	(\$443.07)	\$4,873.77	\$41,427.06	\$45,193.17	\$0.00	(\$3,766.11)	\$41,427.06
2-7216	MHGJII NCA - JBCR	\$11,179.01	\$0.00	\$0.00	\$11,179.01	\$11,179.01	\$11,179.01	\$0.00	\$0.00	\$11,179.01	\$11,179.01
2-7218	JUSTICE INVOLVED GRANT PROGRAM	\$287,757.12	\$296,410.81	\$216,266.79	(\$8,653.69)	\$71,490.33	\$2,067,718.81	\$2,769,173.10	\$2,449,101.09	(\$701,454.29)	(\$381,382.28)
2-7245	DARS-ECI REVENUE	\$130,035.56	\$89,690.24	\$89,090.24	\$40,345.32	\$40,945.32	\$1,040,695.28	\$969,480.76	\$889,253.76	\$71,214.52	\$151,441.52
	State Funding	\$552,781.46	\$492,928.62	\$392,351.54	\$59,852.84	\$160,429.92	\$4,223,552.23	\$4,793,734.88	\$4,414,624.47	(\$570,182.65)	(\$191,072.24)
Other Fede	_										
2-7102	MEDICAID-CARD SERVICES	\$2,153.23	\$646.78	\$1,477.55	\$1,506.45	\$675.68	\$9,664.89	\$6,559.57	\$12,097.46	\$3,105.32	(\$2,432.57)
2-7104	MEDICAID-CASE MANAGEMENT	\$5,934.15	\$3,874.80	\$3,874.80	\$2,059.35	\$2,059.35	\$47,873.84	\$58,882.34	\$58,882.34	(\$11,008.50)	(\$11,008.50)
2-7106	MEDICAID-IDD SERV COORDINATION	\$49,602.60	\$59,031.50	\$59,031.50	(\$9,428.90)	(\$9,428.90)	\$578,269.38	\$566,924.40	\$626,924.40	\$11,344.98	(\$48,655.02)
2-7108	MEDICAID RACED	\$17,658.58	\$20,798.19	\$20,798.19	(\$3,139.61)	(\$3,139.61)	\$176,298.75	\$188,933.41	\$188,960.47	(\$12,634.66)	(\$12,661.72)
2-7110	MEDICAID PASRR	\$585.58	\$151.84	\$852.91	\$433.74	(\$267.33)	\$6,670.52	\$4,636.33	\$7,638.00	\$2,034.19	(\$967.48)
2-7112	MEDICAID HARBITATION COORDINATION	\$40,000.00	\$40,000.00	\$40,000.00	\$0.00	\$0.00	\$429,452.30	\$451,198.00	\$453,158.80	(\$21,745.70)	(\$23,706.50)
2-7114	MEDICAID-HABILITATION COORDINATION	\$7,862.76	\$7,288.05	\$2,840.26	\$574.71	\$5,022.50	\$76,166.37	\$66,096.37	\$66,046.39	\$10,070.00	\$10,119.98
2-7120	MH FIRST AID	\$13,294.01 \$52,445.84	\$11,506.24 \$61,239.75	\$11,506.24	\$1,787.77	\$1,787.77	\$75,033.51 \$543,725.55	\$72,208.67	\$72,208.67	\$2,824.84	\$2,824.84 \$7,029.29
2-7126 2-7130	HOSPITAL TRANSITION PILOT PROGRAM MH OUTPATIENT CAPACITY EXPANSION	\$32,443.84	\$0.00	\$54,786.00 \$16,079.75	(\$8,793.91) \$0.00	(\$2,340.16) (\$16,079.75)	\$117,260.83	\$564,546.10 \$116,806.10	\$536,696.26 \$201,454.12	(\$20,820.55) \$454.73	(\$84,193.29)
2-7150	1115 WAIVER FEDERAL REVENUE	\$0.00	\$0.00	\$7,665.95	\$0.00	(\$7,665.95)	\$0.00	\$0.00	\$46,071.30	\$0.00	(\$46,071.30)
2-7252	DIRECTED PAYMENT PROGRAM - BEHAVIORAL HEALTH SERVICES	\$41,824.80	\$30,000.00	\$27,470.31	\$11,824.80	\$14,354.49	\$357,050.13	\$371,330.72	\$544,458.16	(\$14,280.59)	(\$187,408.03)
2-7254	PUBLIC HEALTH PROVIDER - CHARITY CARE PROGRAM	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,197,789.03	\$2,197,789.03	\$2,126,313.73	\$0.00	\$71,475.30
2-7258	TRANSITION SUPPORT LIAISON	\$5,414.74	\$5,225.30	\$0.00	\$189.44	\$5,414.74	\$12,668.17	\$23,010.20	\$0.00	(\$10,342.03)	\$12,668.17
	Federal Funding	\$236,776.29	\$239,762.45	\$246,383.46	(\$2,986.16)	(\$9,607.17)	\$4,627,923.27	\$4,688,921.24	\$4,940,910.10	(\$60,997.97)	(\$312,986.83)
	venue - Deferred Revenue	4227/11022	7-00,000	, ,	(+-,,	(40,400,400,400,400,400,400,400,400,400,	7 -77	+ 44	7 ,,5 10,6 10111	(+,,	(4012/00007)
2-7215	PESC	\$386,062.14	\$280,073.41	\$136,829.60	\$105,988.73	\$249,232.54	\$1,962,468.67	\$1,670,149.92	\$1,760,457.45	\$292,318.75	\$202,011.22
2-7217	Private Psychiatric Beds MH/PPB	\$5,390.00	\$15,248.30	\$0.00	(\$9,858.30)	\$5,390.00	\$908,594.03	\$907,103.36	\$0.00	\$1,490.67	\$908,594.03
2-7220	GENERAL REVENUE - MH	\$600,876.25	\$600,876.25	\$586,882.00	\$0.00	\$13,994.25	\$6,008,762.50	\$6,008,762.50	\$5,868,820.00	\$0.00	\$139,942.50
2-7222	GENERAL REVENUE - VETERANS SERVICES	\$5,833.34	\$5,833.34	\$5,833.33	\$0.00	\$0.01	\$58,333.34	\$58,333.34	\$58,333.32	\$0.00	\$0.02
2-7224	GENERAL REVENUE - BH SVCS IN EDUC SVC CTR	\$9,583.34	\$9,583.34	\$9,583.33	\$0.00	\$0.01	\$95,833.34	\$95,833.34	\$95,833.32	\$0.00	\$0.02
2-7230	GENERAL REVENUE - IDD	\$93,036.53	\$93,036.53	\$93,036.53	\$0.00	\$0.00	\$930,365.30	\$930,365.30	\$930,365.30	\$0.00	\$0.00
2-7232	GENERAL REVENUE-CRISIS REDESIG	\$39,884.50	\$39,884.50	\$37,168.75	\$0.00	\$2,715.75	\$398,845.00	\$398,845.00	\$371,687.50	\$0.00	\$27,157.50
2-7235	GENERAL REVENUE - IDD ARPA	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$17,061.96	\$0.00	\$5,196.09	\$17,061.96	\$11,865.87
2-7236	IDD GR-CRISIS RESPITE-CIS	\$17,980.66	\$17,980.66	\$17,980.67	\$0.00	(\$0.01)	\$179,806.66	\$179,806.66	\$179,806.67	\$0.00	(\$0.01)
2-7238	PERMANENCY PLANNING	\$1,854.75	\$1,854.75	\$1,854.75	\$0.00	\$0.00	\$18,547.50	\$18,547.50	\$18,547.50	\$0.00	\$0.00
Total Gener	al Revenue	\$1,160,501.51	\$1,064,371.08	\$889,168.96	\$96,130.43	\$271,332.55	\$10,578,618.30	\$10,267,746.92	\$9,289,047.15	\$310,871.38	\$1,289,571.15
Medicaid V	aiver - Accrued Basis Only										
2-7135	DEPT OF HUMAN SERVICES-ICF	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$167,572.74	\$0.00	(\$167,572.74)
2-7137	ICF-QAF	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$105.20)	\$0.00	(\$9,620.94)	(\$105.20)	\$9,515.74
2-7145	DEPT OF HUMAN SVCS-HCS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$475,611.20	\$0.00	(\$475,611.20)
Total Medic	aid Waiver	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$105.20)	\$0.00	\$633,563.00	(\$105.20)	(\$633,668.20)
				117X							

JUNE 2025 YEAR TO DATE

				JUNE 2025					YEAR TO DATE		
		JUN FY25	JUN FY25	JUN FY24	Variance	Variance	FY2025 Y-T-D	FY2025 Y-T-D	FY2024 Y-T-D	Variance	Variance
		Actual	Budget	Actual	Budget	FY 2024	Actual	Budget	Actual	Y-T-D Budget	Y-T-D FY 2024
	ederal Funds - Accrued Basis Only										
2-7200	TANF-CAS	\$14,565.75	\$14,565.75	\$14,565.75	\$0.00	\$0.00	\$145,657.50	\$145,657.50	\$145,657.50	\$0.00	\$0.00
2-7201	TANE-ADULT	\$3,207.59 \$3,663.66	\$3,207.59	\$3,207.58	\$0.00	\$0.01	\$32,075.84	\$32,075.84	\$32,075.83	\$0.00	\$0.01
2-7202 2-7203	TANF-TITLE XX-ADULT TRANSITION-TITLE XX-CRISIS	\$5,992.25	\$3,663.66 \$5,992.25	\$3,663.67 \$5,992.25	\$0.00 \$0.00	(\$0.01) \$0.00	\$36,636.66 \$59,922.50	\$36,636.66 \$59,922.50	\$36,636.67 \$59,922.50	\$0.00 \$0.00	(\$0.01) \$0.00
2-7203	MENTAL HEALTH BLOCK GRANT	\$3,992.23 \$36,511.87	\$36,511.87	\$36,511.92	\$0.00	(\$0.05)	\$365,119.12	\$365,119.12	\$365,119.17	\$0.00	(\$0.05)
	ted Federal Funds	\$63,941.12	\$63,941.16	\$63,941.16	\$0.00	(\$0.05)	\$575,470.50	\$575,470.50	\$575,470.50	\$0.00	(\$0.05)
		+00/011112	400/5	400/011110	70.00	(40.00)	40.070.00	4575, 110,55	45.576.56	70.00	(+0.00)
Total Revenue		\$3,402,356.06	\$2,524,582.47	\$2,308,621.95	\$877,773.59	\$1,093,734.11	\$30,065,150.49	\$30,248,387.66	\$27,911,083.03	(\$183,237.17)	\$2,154,067.46
Expense Salaries											
2-8000	SALARIES	\$942,098.19	\$944,187.45	\$922,529.05	(\$2,089.26)	\$19,569.14	\$9,550,894.26	\$9,445,461.67	\$9,913,666.02	\$105,432.59	(\$362,771.76)
2-8001	OVERTIME	\$8,756.61	\$10,182.96	\$10,182.96	(\$1,426.35)	(\$1,426.35)	\$93,299.40	\$100,143.03	\$107,322.92	(\$6,843.63)	(\$14,023.52)
Total Salarie		\$950,854.80	\$954,370.41	\$932,712.01	(\$3,515.61)	\$18,142.79	\$9,644,193.66		\$10,020,988.94	\$98,588.96	(\$376,795.28)
						· · ·					
Benefits											
2-8002	EMPLOYER'S FICA/MEDICARE	\$70,284.54	\$69,783.42	\$69,053.40	\$501.12	\$1,231.14	\$705,725.79	\$693,147.15	\$733,547.47	\$12,578.64	(\$27,821.68)
2-8003	TEC UNEMPLOYMENT TAX	\$389.97	\$686.88	\$687.60	(\$296.91)	(\$297.63)	\$19,918.41	\$30,021.18	\$32,946.89	(\$10,102.77)	(\$13,028.48)
2-8004	WORKER'S COMPENSATION	\$1,824.00	\$2,366.18	\$2,352.00	(\$542.18)	(\$528.00)	\$18,655.00	\$25,239.26	\$26,824.00	(\$6,584.26)	(\$8,169.00)
2-8005	RETIREMENT EMPLOYER CONTRIBUTION 401A	\$50,067.23	\$49,181.54	\$48,652.91	\$885.69	\$1,414.32	\$482,626.32	\$455,537.51	\$496,691.80	\$27,088.81	(\$14,065.48)
2-8006	HEALTH INSURANCE	\$156,401.45	\$155,949.14	\$135,473.94	\$452.31	\$20,927.51	\$1,467,155.79	\$1,482,638.54	\$1,500,502.50	(\$15,482.75)	(\$33,346.71)
2-8008	EMPLOYER FUNDED BASIC LIFE	\$958.91	\$924.38 \$278,891.54	\$0.00	\$34.53	\$958.91	\$5,759.15 \$2,699,840.46	\$5,546.28	\$0.00	\$212.87	\$5,759.15
Total Benefi <u>Contracts</u>	ts .	\$279,926.10	\$270,091.34	\$256,219.85	\$1,034.56	\$23,706.25	\$2,033,040.40	\$2,692,129.92	\$2,790,512.66	\$7,710.54	(\$90,672.20)
2-8300	PSYCHIATRIST	\$22,800.00	\$22,200.00	\$23,925.00	\$600.00	(\$1,125.00)	\$233,475.00	\$227,250.00	\$230,475.00	\$6,225.00	\$3,000.00
2-8302	MEDICAL DIRECTOR	\$7,300.00	\$0.00	\$0.00	\$7,300.00	\$7,300.00	\$21,900.00	\$0.00	\$0.00	\$21,900.00	\$21,900.00
2-8304	PSYCHOLOGIST	\$750.00	\$1,675.00	\$1,525.00	(\$925.00)	(\$775.00)	\$4,750.00	\$8,100.00	\$7,725.00	(\$3,350.00)	(\$2,975.00)
2-8306	RN NURSES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$65.00	\$0.00	\$0.00	\$65.00	\$65.00
2-8310	DENTIST	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,375.00	\$1,561.00	(\$1,375.00)	(\$1,561.00)
2-8318	CRISIS-CONTRACTED	\$12,462.00	\$12,462.00	\$12,262.00	\$0.00	\$200.00	\$124,620.00	\$123,420.00	\$122,620.00	\$1,200.00	\$2,000.00
2-8320	PESC BED DAYS	\$339,810.00	\$179,765.00	\$110,245.00	\$160,045.00	\$229,565.00	\$1,645,150.00	\$1,654,975.00	\$1,453,010.00	(\$9,825.00)	\$192,140.00
2-8321	PPB BED DAYS	\$4,900.00	\$12,880.00	\$0.00	(\$7,980.00)	\$4,900.00	\$824,680.00	\$825,375.00	\$0.00	(\$695.00)	\$824,680.00
2-8322	OSAR-SUBSTANCE ABUSE	\$50,163.97	\$34,407.67	\$36,268.53	\$15,756.30	\$13,895.44	\$341,802.14	\$350,753.87	\$477,507.24	(\$8,951.73)	(\$135,705.10)
2-8326	LABORATORY CONTRACTS	\$1,280.80	\$1,496.40	\$1,550.55	(\$215.60)	(\$269.75)	\$19,180.57	\$16,504.35	\$16,572.90	\$2,676.22	\$2,607.67
2-8330	HOST HOME	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$299,863.11	\$0.00	(\$299,863.11)
2-8332	ISS CONTRACTED	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$38,704.19	\$0.00	(\$38,704.19)
2-8336	RESPITE-CONTRACTED	\$3,670.00	\$3,600.00	\$3,600.00	\$70.00	\$70.00	\$39,588.00	\$51,287.50	\$56,287.50	(\$11,699.50)	(\$16,699.50)
2-8338	SOFTWARE WEB-BASED	\$21,544.58	\$23,600.67	\$19,936.71	(\$2,056.09)	\$1,607.87	\$224,930.31	\$225,849.49	\$217,325.52	(\$919.18)	\$7,604.79
2-8344	JUSTICE INVOLVED BED DAYS (SB292)	\$260,475.00	\$324,100.00	\$195,155.00	(\$63,625.00)	\$65,320.00	\$1,868,400.00	\$2,397,390.00	\$2,215,175.00	(\$528,990.00)	(\$346,775.00)
2-8346	STATE HOSPITAL STEP-DOWN PROGRAM CONTRACTED	\$45,500.00	\$45,500.00	\$45,500.00	\$0.00	\$0.00	\$455,000.00	\$455,000.00	\$455,000.00	\$0.00	\$0.00
2-8348	BH SVCS IN ESC-REGION 9	\$703.00	\$492.82	\$708.54	\$210.18	(\$5.54)	\$6,610.52	\$5,635.34	\$5,259.15	\$975.18	\$1,351.37
2-8350	OTHER CONTRACTED CONSULTANTS	\$7,275.56	\$5,965.08	\$2,729.61	\$1,310.48	\$4,545.95	\$51,088.35	\$34,785.52	\$58,871.63	\$16,302.83	(\$7,783.28)
2-8352	WFPD - CART	\$6,554.98	\$8,260.55	\$0.00	(\$1,705.57)	\$6,554.98	\$91,696.08	\$84,905.77	\$0.00	\$6,790.31	\$91,696.08
2-8353	TECHNICAL ASSISTANCE - CART	\$52,490.00	\$0.00	\$0.00	\$52,490.00	\$52,490.00	\$98,980.00	\$0.00	\$16,125.00	\$98,980.00	\$82,855.00
2-8354	WFFD - CART	\$5,000.00	\$7,500.00	\$0.00	(\$2,500.00)	\$5,000.00	\$90,000.00	\$82,500.00	\$0.00	\$7,500.00	\$90,000.00
2-8355	Other Contracted/Non-Contracted Consultants-G & A Services	\$9,261.70	\$10,313.47	\$10,381.84	(\$1,051.77)	(\$1,120.14)	\$96,990.31	\$103,500.81	\$98,415.54	(\$6,510.50)	(\$1,425.23)
Total Contra		\$851,941.59	\$694,218.66	\$463,787.78	\$157,722.93	\$388,153.81	\$6,238,906.28	\$6,648,607.65	\$5,770,497.78	(\$409,701.37)	\$468,408.50
Travel and		¢1.053.01	¢1.476.52	¢1.764.00	¢ 476 20	£107.00	£17.0c0.20	¢1.4.412.72	£14072 F7	¢2.555.57	£2.004.72
2-8021	EMPLOYEE MILEAGE	\$1,952.91	\$1,476.53	\$1,764.93	\$476.38	\$187.98	\$17,968.30	\$14,412.73	\$14,973.57	\$3,555.57	\$2,994.73
2-8022	EMPLOYEE PER DIEM (MEALS AND HOTEL)	\$8,498.15	\$8,035.21	\$8,035.21	\$462.94	\$462.94	\$31,111.71	\$43,825.78	\$46,337.29	(\$12,714.07)	(\$15,225.58)
2-8023	EMPLOYEE TRAVEL-AIRFARE & CAR RENTAL	\$765.65	\$1,301.02	\$1,331.04	(\$535.37)	(\$565.39)	\$8,503.12	\$10,921.88	\$11,918.96	(\$2,418.76)	(\$3,415.84)
2-8024	EMPLOYEE TRAVEL OVER STATE RATE	\$986.00	\$2,346.03	\$2,346.03	(\$1,360.03)	(\$1,360.03)	\$1,198.87	\$4,668.05	\$4,668.05	(\$3,469.18)	(\$3,469.18)
2-8025	EMPLOYEE DEVELOPMENT & TRAINING	\$6,627.83 \$18,830.54	\$9,505.49	\$9,985.49 .70	(\$2,877.66)	(\$3,357.66)	\$30,807.28	\$44,387.28 \$119.215.72	\$48,186.43	(\$13,580.00)	(\$17,379.15)
i otai i ravel	and Training	\$18,83U.54	\$22,664.28	U <u>49</u> 2./0	(\$3,833.74)	(\$4,632.16)	\$89,589.28	\$118,215.72	\$126,084.30	(\$28,626.44)	(\$36,495.02)

JUNE 2025 YEAR TO DATE

Part					JUNE 2025					TEAR TO DATE		
Page Minder March Marc			Actual	Buaget	Actual	виадет	FY 2024	Actual	Buaget	Actual	Y-1-D Budget	Y-1-D FY 2024
Page Minder March Marc	Canital Out	lav										
Part	-	-	\$7 428 99	\$7.853.98	\$7 482 30	(\$424 99)	(\$53.31)	\$78 432 05	\$76 529 38	\$75,059,18	\$1 902 67	\$3 372 87
Part												
Part												
Part												
Part Cart												
Part												
Part	•	•		<u> </u>			ii					
Parametric Pa	Non-Capita	lized Equipment										
Part	2-8190	MINOR EQUIPMENT PURCHASES	\$513.83	\$2,337.98	\$2,337.98	(\$1,824.15)	(\$1,824.15)	\$30,635.49	\$17,878.86	\$19,916.86	\$12,756.63	\$10,718.63
Page	Total Non-C	Capitalized Equipment	\$513.83	\$2,337.98	\$2,337.98	(\$1,824.15)	(\$1,824.15)	\$30,635.49	\$17,878.86	\$19,916.86	\$12,756.63	\$10,718.63
Page												
	Pharmaceu	<u>tical</u>										
	2-8316	PHARMACIST	\$58,805.25	\$54,204.28	\$51,620.55	\$4,600.97	\$7,184.70	\$553,015.78	\$615,802.90	\$633,676.17	(\$62,787.12)	
2-8007 1-80	Total Pharm	naceutical	\$58,805.25	\$54,204.28	\$51,620.55	\$4,600.97	\$7,184.70	\$553,015.78	\$615,802.90	\$633,676.17	(\$62,787.12)	(\$80,660.39)
2-8002 HINNO RELATED CONTRISTS \$3,241.55 \$3,241.55 \$3,241.55 \$3,241.55 \$3,241.55 \$3,241.55 \$3,000 \$3000 \$3000 \$3000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000												
2-9006 BMR/OYEE AWARDS & BANQUISTS \$1,000 \$0,000 \$1,000												
2-4007 PARFOYMER LUS SIGNED AND TO S. 15,000 50,00 50,00 50,00 51,007 8 51,513.00 51,516.00 51,5												
PAGES PAGES SALAJARA SALA					\$0.00	\$0.00			\$14,820.88			
LABBILTY COVERAGE \$1171336 \$1712316 \$1718279 \$1128274 \$1128274 \$1128274 \$1171336 \$1718275 \$1178279 \$101825 \$1158267 \$1158267 \$1158267 \$1158275 \$												
2-802 OTHEN INSURANCE COVERAGE \$1,733.6 \$1,733.6 \$1,786.7 \$1,786.												
ADVERTININE EVPENSE												
2-8005 DUES AND MEMBERSHIPS \$10,074.00 \$1,578.01 \$1,519.00 \$1,511.57 \$1,588.98.00 \$49,095.00 \$39,475.11 \$34,40.43 \$(880.00) \$2,000.00 \$1												
BOADD ACTIVITY EXPENSE \$1,617.52 \$2,601.04 \$2,601.04 \$2,601.04 \$3,000 \$0,001 \$2,044.66 \$4,303.76 \$4,475.02 \$13,270 \$(53,05.06) \$1,000.02 \$2,000.00 \$1,000.00 \$0,001 \$2,044.67 \$2,044.16 \$0,000 \$0,001 \$2,044.16 \$2,044.16 \$1,000.00 \$0,000 \$0,000 \$1,000.00												
2-8065 DP-9-BIR SIRX AND ADMINI EXPENSE \$2,044.17 \$2,044.16 \$0.00 \$0.01 \$2,044.16 \$1,026.71 \$1,044.16 \$1,026.71 \$1,044.16 \$1,0												
2-8070 UTILITIES \$17,977.95 \$14,330.06 \$14,330.89 \$3,647.96 \$178,059.73 \$152,433.42 \$154,219.99 \$25,626.31 \$23,839.74 \$2.807.72 TELECOMMUNICATIONS \$25,011.63 \$35,038.34 \$35,038												
2-8072 TELECOMMUNICATIONS \$25,01163 \$35,038.34 \$35,038.34 \$(10,026.71) \$(510,026.71) \$(526,763.22) \$300,792.72\$ \$302,683.22\$ \$(335,029.40) \$(36,920.00) \$2,007 \$2,0												
2-8074 CARLE TELEVISION \$0.0 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$46.194 \$0.00 \$46.194 \$2.00 \$46.194 \$2.00 \$2.246.33 \$2.256.37 \$2.246.01 \$2.566.07 \$(\$136.68) \$(\$136.74) \$24.2196 \$25.72.03 \$2.256.03 \$2.256.007 \$(\$17.076.01) \$2.274.07 \$2.274.01 \$2.18.68 \$(\$291.94) \$2.233.61) \$2.21.0776 \$4.261.333 \$2.2596.689 \$(\$15.00.47) \$(\$17.470.31) \$2.28080 \$1.00.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$1.00 \$												
2-8076 TELEPHONE-BASIC SERVICE EXPENSE \$2,463.3 \$2,565.01 \$2,565.07 \$(\$138.68) \$(\$138.74) \$24,219.66 \$25,720.33 \$25,966.89 \$(\$1,500.47) \$(\$1,747.03)\$ \$2,800.75 \$2,244.01 \$2,185.68 \$(\$291.94) \$(\$233.61) \$21,077.64 \$26,153.91 \$27,530.82 \$(\$5,076.27) \$(\$6,453.18)\$ \$2,800.01 \$0.000 \$151.000.000 \$151.000.000 \$151.000.000 \$1,000.000 \$												
2-8078 CELL PHONE SERVICE EXPENSE \$1,952.07 \$2,244.01 \$2,185.68 \$(\$291.94) \$(\$233.61) \$21,077.64 \$26,153.91 \$27,530.82 \$(\$5,076.27) \$(\$6,453.18)\$ 2-8080 LIONG DISTANCE TELEPHONE SERVICE EXPENSE \$262.51 \$214.04 \$214.04 \$48.47 \$48.47 \$2,559.21 \$2,688.35 \$2,688.42 \$(\$129.14) \$(\$129.14)\$ \$1,000.00 \$1,000.00 \$1,000.00 \$1,000.00 \$1,000.00 \$2,000.00 \$0.												
2-8080 LONG DISTANCE TELEPHONE SERVICE EXPENSE \$26.51 \$214.04 \$214.04 \$48.47 \$48.47 \$2,559.21 \$2,688.35 \$2,688.42 \$(\$129.14) \$(\$129.21)\$ 2-8100 BUILDING RENT \$56,826.67 \$55,826.67 \$52,790.34 \$0.40 \$4,036.63 \$654.479.61 \$520.229.88 \$526,062.92 \$114,24773 \$108.416.69\$ 2-8101 P.O. BOX/STORAGE RENTAL/LEASE \$82.00 \$80.00 \$79.33 \$2.20 \$2.37 \$805.70 \$616.81 \$585.51 \$188.89 \$22.019\$ 2-8102 PROPERTY DAMAGE COVERAGE \$10,163.60 \$10,163.60 \$10,095.09 \$0.00 \$685.1 \$101,497.00 \$101,169.89 \$100.895.82 \$327.11 \$601.18\$ 2-8104 BUILDING REPAIR & MAINTENANCE \$13,875.99 \$18,003.84 \$181,31.13 \$(\$4,128.25) \$(\$4,255.54) \$157,014.50 \$163,573.18 \$163,384.34 \$(\$6,586.60) \$(\$83,098.4)\$ 2-8102 EQUIPMENT RENTAL/LEASE \$7,187.00 \$6,871.82 \$(\$32.08) \$283.00 \$71,980.08 \$69,793.99 \$68,510.895.82 \$327.11 \$601.18\$ 2-8104 EQUIPMENT REPAIR & MAINTENANCE \$13,875.99 \$1,428.99 \$2,228.41 \$5,843.03 \$(\$799.42) \$(\$4,414.04) \$225,590.77 \$304.256 \$5,973.79 \$68,510.86 \$3,987.22\$ 2-8124 EQUIPMENT REPAIR & MAINTENANCE \$1,428.99 \$2,228.41 \$5,843.03 \$(\$799.42) \$(\$4,414.04) \$225,590.77 \$304.256 \$5,973.77 \$(\$4,834.85) \$(\$11),563.00] 2-8140 VEHICLE LEASE \$2,400.00 \$1,000.00 \$1,000.00 \$0.00 \$2,611.11.0 \$26,111.10 \$26,111.10 \$26,111.10 \$26,111.10 \$26,111.10 \$26,111.10 \$26,111.10 \$26,111.10 \$26,111.10 \$26,111.10 \$2,111.10												
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2-8143 INSURANCE EXP-DEDUCTIBLES PAID \$1,000.00 \$1,000.00 \$2,000.00 \$0.00 \$1,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$8,000.00 \$6,600.00 \$6,600.00 \$2,800.00 \$2												
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	2-8212	MISC HOUSHOLD SUPPLIES	\$0.00	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$143.83	\$0.00	(\$143.83)

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		JUNE 2025				YEAR TO DATE					
		JUN FY25	JUN FY25	JUN FY24	Variance	Variance	FY2025 Y-T-D	FY2025 Y-T-D	FY2024 Y-T-D	Variance	Variance
		Actual	Budget	Actual	Budget	FY 2024	Actual	Budget	Actual	Y-T-D Budget	Y-T-D FY 2024
											<u> </u>
2-8214	PERSONAL CARE/HYGENE SUPPLIES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,452.29	\$1,466.20	(\$1,452.29)	(\$1,466.20)
2-8216	TRAINING/BEHAVIOR MODIFICATION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$220.38	\$694.00	(\$220.38)	(\$694.00)
2-8218	CONSUMER ASSISTANCE	\$1,004.05	\$1,539.72	\$1,751.23	(\$535.67)	(\$747.18)	\$20,183.11	\$24,520.91	\$27,726.81	(\$4,337.80)	(\$7,543.70)
2-8220	PRINTING SERVICES	\$2,050.00	\$1,984.52	\$1,985.68	\$65.48	\$64.32	\$23,009.83	\$25,516.71	\$25,756.19	(\$2,506.88)	(\$2,746.36)
2-8221	COURIER DELIVERY SERVICES	\$0.00	\$43.09	\$43.09	(\$43.09)	(\$43.09)	\$386.37	\$105.99	\$105.99	\$280.38	\$280.38
2-8222	POSTAGE & DELIVERY CHARGES	\$1,675.03	\$1,111.48	\$1,111.48	\$563.55	\$563.55	\$16,376.60	\$14,884.69	\$14,892.14	\$1,491.91	\$1,484.46
2-8226	SANCTIONS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,138.70	\$0.00	\$2,000.00	\$3,138.70	\$1,138.70
2-8228	BNK CHRGES & CREDIT CRD FEES	\$964.32	\$1,244.92	\$1,244.92	(\$280.60)	(\$280.60)	\$10,287.96	\$12,804.56	\$12,804.56	(\$2,516.60)	(\$2,516.60)
2-8232	MISCELLANEOUS CHARGE & EXPENSE	\$902.27	\$1,012.71	\$1,012.71	(\$110.44)	(\$110.44)	\$10,835.13	\$2,141.99	\$3,669.34	\$8,693.14	\$7,165.79
2-8237	IN-KIND EXPENSES	\$1,011,628.25	\$479,527.00	\$556,460.39	\$532,101.25	\$455,167.86	\$7,871,826.76	\$8,036,639.17	\$6,595,833.59	(\$164,812.41)	\$1,275,993.17
2-8340	CPA FIRM	\$0.00	\$8,000.00	\$0.00	(\$8,000.00)	\$0.00	\$32,500.00	\$46,165.09	\$33,195.00	(\$13,665.09)	(\$695.00)
2-8342	ATTORNEY-CONTRACTED/NON-CONTR	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2-8359	NON-CONTRACTED RESPITE	\$84.00	\$0.00	\$0.00	\$84.00	\$84.00	\$252.00	\$652.00	\$512.00	(\$400.00)	(\$260.00)
2-8360	NON-CONTRACTED CONSULTANTS	\$0.00	\$0.00	\$93.54	\$0.00	(\$93.54)	\$1,519.61	\$1,877.48	\$8,466.27	(\$357.87)	(\$6,946.66)
Total Other	Operating	\$1,246,893.64	\$695,903.17	\$763,914.65	\$550,990.47	\$482,978.99	\$10,051,353.55	\$10,060,390.50	\$8,665,271.78	(\$9,036.95)	\$1,386,081.77
Total Expense		\$3,521,443.45	\$2,723,254.86	\$2,516,062.00	\$798,188.59	\$1,005,381.45	\$29,632,576.67	\$29,916,859.11	\$28,271,514.73	(\$284,282.44)	\$1,361,061.94
BEGINNING NET ASSETS		\$13,902,156.54	\$13,902,156.54	\$13,390,880.40	\$0.00	\$511,276.14	\$13,351,495.33	\$13,351,495.33	\$13,543,872.05	\$0.00	(\$192,376.72)
NET SURPLUS/(DEFICIT)		(\$118,087.39)	(\$198,672.39)	(\$207,440.05)	\$80,585.00	\$89,352.66	\$432,573.82	\$331,528.55	(\$360,431.70)	\$101,045.27	\$793,005.52
		(+1.0,007.55)	(+.55,012.55)	(+20.7,1-10.03)	+00,505.00	#53,332.00	Ţ.52,515.0 <u>2</u>	+55 1,520.55	(4555,451.10)	Ų.U.,U43.E1	Ţ. 55,003.3L
ENDING NET ASSETS		\$13,784,069.15	\$13,703,484.15	\$13,183,440.35	\$80,585.00	\$600,628.80	\$13,784,069.15	\$13,683,023.88	\$13,183,440.35	\$101,045.27	\$600,628.80

AGENDA ITEM: 080725-5B2 MEETING DATE: AUGUST 7, 2025

- 5 RECOMMENDATIONS
- **B.** BUDGET AND FINANCE
- 2) VEHICLE PURCHASE PROPOSAL

Page 1 of 1

RECOMMENDED ACTION: That the Board of Trustees approve the purchase of new vehicles not to exceed \$200,000.

BACKGROUND INFORMATION:

- A. Center policy requires Board of Trustee approval for any purchase over \$10,000.
- B. The Center vehicle fleet currently has approximately 107 vehicles.
- C. Vehicles qualify for replacement if they reach at least 2 of the following
 - 1. Mileage of 110,000 or more
 - 2. Age of 5 years or more
 - 3. Annual repair or maintenance cost equal to or greater than 20% of the market value a comparable replacement vehicle.
 - 4. Annual repair or maintenance cost equal to or greater than 50% of the current book value of the vehicle.
- D. Of the current fleet the vast majority meets at least one criteria for replacement. At least 45 meet the age and mileage criteria.

SUPPORTING INFORMATION:

- A. The fleet vehicle program was suspended in 2015 and reopened in 2019.
- B. During the pandemic (2020- 2021) the program was again suspended and reopened in 2022.
- C. Aside from the vehicles purchased in 2019 and 2022, and 2023 our fleet vehicles do not have any safety features standard on most vehicles manufactured, such as lane departure warning, forward collision avoidance, etc.
- D. Repair costs for the aging vehicles have skyrocketed in recent months.
- E. We have called for bids, but none have been received as of the deadline for submission.
- F. We are requesting the Board approve the funding so we may act when vehicles are available.

AGENDA ITEM: 080725 - 5C1 MEETING DATE: AUGUST 7, 2025

- 5 RECOMMENDATIONS
- C. CONTRACTS AND PLANS
- 1) Renewal of Reverse Leases for TWG

Page 1 of 1

RECOMMENDED ACTION: That the Board of Trustees approves the <u>reverse</u> leases for TWG at our 1110 Turtle Creek location.

BACKGROUND INFORMATION: Board Policy requires Board approval of all leases.

- This building is owned by Helen Farabee Centers and leased to TWG for use as Hospital Transition Step Down Unit.
- The original lease was entered into for (32) months to expire August 31, 2023, at the amount paid to HFC of \$2,780.75 per month which includes \$1,893.75 for 2,525 sq ft (\$.75 p/sf) plus \$575.20 average utility cost. There was a two-year extension in effect from September 1, 2023 through August 31, 2025 at the same rate.
- TWG's lease and utility cost is deducted from the Hospital Transition Program monthly invoice for services.

SUPPORTING INFORMATION:

TWG-1110 Turtle Creek, Wichita Falls –

- This building is owned by Helen Farabee Centers and leased to TWG for use as Hospital Transition Step Down Unit.
- The new lease will be for (24) months to expire August 31, 2027 decreasing to a "zero" dollar lease.
- TWG requested an increase in funding for the State Hospital Step Down Program, since there was not an increase from the State to cover this increase it was agreed upon to not charge the lease amount.
- TWG's lease and utility cost were being deducted from the Hospital Transition Program monthly invoice for services.

SPECIFIC REASONS WHY THESE ACTIONS ARE NECESSARY FOR THE CENTER:

TWG – began Hospital Transition Program service in February 2021

Contract ID No. <u>21-TWG-TLF</u> <u>Effective: September 1,2025</u> Expires: August 31, 2027

Vendor#: T5501

LEASE AGREEMENT

1. PARTIES

This lease is made and entered into by and between:

Helen Farabee Centers ("Lessor" or "HFC")
P. O. Box 8266, 1000 Brook Avenue 76301
Wichita Falls, TX 76307
940.397.3116
and
TWG Investments, LTD, ("TWG" or "Lessee")
of Wichita County
3610 Barnett Road
Wichita Falls, TX 76310
940.767.0463

2. PROPERTY LEASED

Lessor promises, in return for the consideration described herein to be paid by the Lessee and the agreements set out herein to be kept by Lessee, to lease to Lessee the following described premises:

1110 Turtle Creek Wichita Falls, Texas 76309 Wichita County, Texas

3. MONTHLY RENTAL

Lessee agrees to pay Lessor \$ (0 dollars) per month during the term of this Lease.

Lessee will deduct total amount from Lessor's charges on monthly invoice from TWG's Wood Crisis Center of Wichita Falls.

4. TERM OF LEASE

The term of this Lease will be for 24 months as outlined in the heading, unless sooner terminated as provided herein.

a) A lease renewal contract will be issued every two years thereafter upon approval of both parties.

5. GENERAL TERMS AND CONDITIONS

- (a) Lessor covenants and agrees to keep the leased premises, property, building and equipment in good repair and condition during the term of this lease, unless damaged by Lessee.
- (b) Lessor further convenants that it has good and sufficient title to the said premises, and has full power and authority to execute this lease and to place Lessee in possession of the premises in full satisfaction of and compliance with the terms and conditions herein. Lessor also agrees that it will not attempt to impose upon Lessee any requirements of other legal instruments related to these premises not referred to herein or made a part hereof. Lessor warrants and defends unto Lessee against the claims of all persons to the leasehold interests of the Lessee.
- (c) Lessor hereby covenants and agrees that Lessee may bring on the leased premises any and all equipment and improvements reasonably necessary for the efficient exercise of Lessee's responsibilities. Any and all improvements which may have been made by the Lessee as shall be agreed to and adopted by the parties hereto shall become the property of the Lessee.

Contract ID No. <u>21-TWG-TLF</u> <u>Effective: September 1,2025</u> Expires: August 31, 2027

Vendor#: <u>T5501</u>

(d) Any signs necessary to indicate Lessee's name, location and purpose shall be prepared and installed in accord with Lessor's applicable rules and regulations and in keeping with building décor. Any special requirements of Lessee contrary to the above must be made a part of this lease.

- (e) On termination of this Lease, by lapse of time or otherwise, Lessee may, within a reasonable time thereafter, at its option and expense, remove from said premises any and all improvements, equipment, appliances, or other property placed or owned by it thereon, and will deliver up said premises and property to Lessor in as good order and condition as they now are, or may be put by Lessor, provided, however, that reasonable use, ordinary wear and tear, depreciation, damages, or destruction by fire or the elements of unavoidable casualty and repairs, and replacements, for which Lessor is obligated, are excepted.
- (f) If during the term of this Lease, the leased premises, or any portion thereof is condemned for any public purpose, either party hereto will have the option of terminating and canceling this Lease upon thirty (30) days notice to the other party of its election so to do.
- It is mutually agreed between Lessor and Lessee that if the leased premises are, during the term of this Lease slightly damaged by fire or any other cause or causes, Lessor will promptly repair the premises. During the time of such repair, if the space cannot be fully utilized by Lessee, lease payments due hereunder shall be either reduced or withheld in accord with the degree of non-use. But, if the premises are so damaged as to render them unfit for occupancy, then, and from the date of such damage, this Lease will cease and be void, and rent and other obligations hereunder will be due and payable only to the date of such damage. If Lessor has available under his control space that will meet Lessee's needs and offers same to Lessee, Lessee may at its option occupy that space under the same terms and conditions of this Lease.
- (h) Lessee reserves the right to assign any program to occupy all or any part of the space described herein, but covenants and agrees that it will not assign or sublet all or any part of the leased premises to any private parties (persons or corporations).
- In the event Lessee shall be in default in the payment of rentals or other charges hereunder or shall otherwise breach its covenants or obligations hereunder, and shall be and remain in default for a period of thirty (30) days after written notice from Lessor to it of such default. Lessor shall have the right and privilege of terminating this lease and declaring the same at an end, and of entering upon and taking possession of said Leased Premises, and shall have the remedies now or hereafter provided by law for recovery of rent, repossession of the premises and damages occasioned by such default.
- (j) The failure of Lessee or Lessor to insist in any one or more instances on a strict performance of any of the covenants of this Lease will not be construed as a waiver or relinquishment of such covenants in future instances, but the same will continue and remain in full force and effect.
- (k) This agreement and each and all of its covenants, obligations, and conditions hereof will insure to the benefit of and be binding upon the heirs, personal representatives, successors, and assigns of Lessee, and the successor in office of Lessor.
- (l) This lease shall be effective as of the date the Lessee accepts this lease contract. All proposals, negotiations, notices and representations with reference to matters covered by this lease are merged in this instrument and no amendment or modification thereof shall be valid unless evidenced in writing and signed by both parties as identified below.
- (m) Lessee covenants and agrees to abide by any and all reasonable rules promulgated by Lessor for the proper operation of the subject property and surrounds; provided only that all rules promulgated subsequent to commencement of this lease be submitted to Lessee for consideration and comment at least thirty days prior to implementation.

6. SPECIAL TERMS AND CONDITIONS

(a) A sixty (60) day cancellation clause is in force. This lease may be cancelled within sixty days upon written notice of intention to exercise the clause.

Contract ID No. 21-TWG-TLF Effective: September 1,2025 Expires: August 31, 2027 Vendor#: T5501

- (b) Lessor agrees to be responsible for repairs of heating and air conditioning units, major plumbing, electrical and gas lines unless damaged by Lessee.
- (c) Lessor has furnished the Refrigerator, Freezer, Washer & Dryer but will not be responsible for repairs or replacements.

Lessor - Helen Farabee Centers	Lessee - TWG Investments, LTD				
By: Gianna Harris Signature – Gianna Harris Signature – Gianna Harris	By: Braden Wood (Jul 16, 2025 16:34 CDT) Signature — Braden Wood				
Title – Executive Director	Title: CEO				
17/07/25	16/07/25				
Date	Date				

26-TWG-TLF - LEASE AGREEMENT - 1110 Turtle Creek - WF 76309

Final Audit Report

2025-07-17

Created:

2025-07-16

Ву

Angie Dove (dovea@helenfarabee.org)

Status:

Signed

Transaction ID:

CBJCHBCAABAAMe44uGQFJtX9GC7tp3_1tknW1Qrcw6Zq

"26-TWG-TLF - LEASE AGREEMENT - 1110 Turtle Creek - WF 76309" History

- Document created by Angie Dove (dovea@helenfarabee.org) 2025-07-16 3:38:57 PM GMT
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- Email viewed by Braden Wood (braden.wood@thewoodgroup.us) 2025-07-16 9:33:41 PM GMT
 - Document e-signed by Braden Wood (braden.wood@thewoodgroup.us)
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- Document e-signed by Gianna Harris (harrisg@helenfarabee.org)
 Signature Date: 2025-07-17 2:45:52 PM GMT Time Source: server
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AGENDA ITEM: 080725 - 5C2 MEETING DATE: AUGUST 7, 2025

- 5 RECOMMENDATIONS
- C. CONTRACTS AND PLANS
- 2) Renewal Contract with TWG Hospital Transition Pilot Program

Page 1 of 1

RECOMMENDED ACTION: That the Board of Trustees approve the Contract renewal with TWG – Hospital Transition Pilot Program.

BACKGROUND INFORMATION:

- Board Policy requires Board approval of any contract over \$100,000.
- HFC has contracted with TWG-Hospital Transition Pilot Program since February 1, 2020.
- For the purpose of providing Transitional Residential Living to individuals who are psychiatrically and/or medically fragile from inpatient state hospital setting to more appropriate community-based settings.

SUPPORTING INFORMATION:

TWG-HTPP

- Funding from State Contract HHS000866900002 Awarding \$546,000 in FY26
- Contracted amount is \$45,500 per month projected to pay for FY 25 is \$546,000
- Contract term is September 1, 2025 August 31, 2026
- Fiscal Year 2026 will be the 6th year for this contract.

SPECIFIC REASONS WHY THESE ACTIONS ARE NECESSARY FOR THE CENTER: To provide services to individuals that need transition from a hospital environment before going out into the world on their own.

COMMUNITY SERVICES CONTRACT

THIS RESIDENTIAL SERVICES CONTRACT (this "Contract") is entered into by and between Helen Farabee Centers ("Authority"), and TWG Investments, LTD ("Contractor"), a Texas Corporation, whose address is 3610 Barnett Rd, Wichita Falls, Texas, 76310 and whose vendor number is T5501, for the purpose of providing community-based step-down / transitional residential living to individuals who are psychiatrically and/or medically fragile from inpatient state hospital settings to more appropriate community-based settings.

Authority desires to contract for rehabilitative services for residential consumers in Wichita Falls, Texas.

Contractor desires to provide rehabilitative services to residential consumers at the Authority's facility located at 1110 Turtle Creek, Wichita Falls, Texas 76309.

In consideration of the mutual agreements contained herein and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Authority and Contractor agree as follows:

Personnel

The Authority staff member responsible for managing this agreement is Angela Dove, Contracts Manager, 940-397-3116, dovea@helenfarabee.org.

The Authority staff member responsible for approving billing and monitoring the terms of this agreement is Cara Mullenix-Artigue, Director of Utilization and Quality Management, 940-397-3369 or 940-456-1574, mullenixc@helenfarabee.org

The Contractor staff member responsible for managing this agreement is Braden Wood, Chief Executive Officer, 940-337-4349. Braden.wood@thewoodgroup.us

I. Contractor's Obligations

- 1.1. Services. Contractor shall provide Supervised Living Group services to individuals residing at 1110 Turtle Creek, Wichita Falls, Texas 76309. Contractor will provide a structured, supervised setting for individuals with serious mental illness. Homes are integrated in a community-based setting and provide a safe environment which promotes recovery, choice, and independence. Homes will constantly strive to enable residents to move to less restrictive living settings.
- 1.2 <u>Services.</u> Clarification of Liability: Contractor shall be familiar with and adhere to all aspects of the Texas Administrative Code (TAC) Title 1, Part 15, Chapter 354, Subchapter M, Division 3, "Mental Health Rehabilitative Services."
- 1.3 Confidentiality of Records of Individuals Served by this Agreement

- a. Contractor agrees to keep all resident's information confidential in accordance with all applicable state and federal laws, statutes, and regulations protecting the confidentiality of such information.
- b. Contractor agrees to institute appropriate procedures for safeguarding client information, especially client identifying information. The term "client identifying 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 been a client of the facility, center, or other designated provider.
- c. Contractor agrees to comply with all applicable Health Insurance Portability and Accountability Act regulations.
- 1.4 Access. Contractor must permit representatives and agents of Authority to have unrestricted access to all residents, facilities, records, data, and other information under the control of Contractor as necessary to enable Authority to audit, monitor and review all financial and programmatic activities and services associated with departmental funds, as required by Texas Health and Safety Code, Sections 534.060 and 534.061.
 - a. Reports and Records. Contractor must complete and enter all documentation in Authority Electronic Medical Record, SmartCare. Documentation is to be entered within 24 hours of the provided service. Progress Notes are to summarize Psychosocial Rehabilitation and/or Skills Training individual or group sessions in the format specified by Authority. Contractor will ensure all documentation submitted to Authority will be legible, accurate and complete with signature.
- 1.5 <u>W-9 Form</u>. Contractor must provide Authority with a completed IRS Form W-9, Payer's Request for Taxpayer Identification Number and Certification, upon execution of this Contract.
- 1.6 <u>Record Retention</u>. Contractor must retain all financial records, supporting documents, statistical records, and any documents pertinent to this Contract until seven (7) years after termination of this Contract or until any audits in progress at the end of the seven (7) years period are complete, whichever is later.
- Meetings and Training. Contractor must ensure that appropriate representatives of Contractor will attend staffing meetings relevant to this Contract when requested by Authority. Contractor will be notified by Authority seven (7) days prior to the date of the staffing at which attendance is requested. Additionally, Contractor's staff must attend an initial orientation training and annual training thereafter, which shall include instruction in the identifying and reporting of abuse, neglect and exploitation and client confidentiality. The cost of Contractor's staff to attend meetings, staffing, or training programs will be Contractor's sole responsibility. In addition to the orientation training, required training includes, but is not limited to: Prevention and Management of Aggressive Behavior, Medication Management, Basic Pharmacology,

Basic Cardiac Life Support (CPR), First Aid, Mental Health Education and Sensitivity Training, Illness Management & Recovery (IMR), and Cognitive Adaptation Training (CAT).

- 1.8 <u>Compliance</u>. Contractor must provide services in compliance with the following:
 - a. All applicable local, state, and federal laws, rules and regulations now in effect or that become effective during the term of this Contract, including but not limited to the:
 - 1) Civil Rights Act of 1964,
 - 2) Rehabilitation Act of 1973, Section 504
 - 3) Age Discrimination in Employment Act, and
 - 4) Americans with Disabilities Act of 1990.

And all amendments to each and all requirements imposed by the regulations issued pursuant to these acts. These named statutes provide in part that no persons in the United States shall, on the grounds of race, color, national origin, sex, age, disability, political beliefs, or religion be excluded from participation in, or denied, any aid, care, service, or other benefits provided by federal and/or state funding, or otherwise be subjected to discrimination.

- b. All applicable settlements of lawsuits and judicial resolutions involving the Authority's obligation to provide services to persons with mental illness.
- c. Title 25, Texas Administrative Code, Part 1:

Chapter 415, Subchapter A (relating to Prescribing of Psychoactive Medication)

Chapter 405, Subchapter K (relating to Client Deaths)

Chapter 404, Subchapter E, (relating to Rights and Protection)

Chapter 510, Subchapter A, Private Psychiatric Hospitals and Crisis Stabilization Units)

Chapter 412, Subchapter B (relating to Contracts Management for Local Authorities)

Chapter 414, Subchapter L (relating to Abuse, Neglect, Exploitation)

d. Title 26, Texas Administrative Code:

Chapter 306, Subchapter A (relating to Mental Health Services – Admission, Continuity and Discharge)

Part 1, Chapter 564, Subchapter I (Relating to standards applicable to the delivery of in-patient substance abuse treatment and detoxification)

e. Title 1, Administrative Code:

Chapter 354, Subchapter M, Division 3 (Mental Health Rehabilitative Services)

1.9 <u>Permits, Licenses, and Certifications</u>. Contractor staff must maintain current and in good standing, any permits, licenses, or certifications listed below or required by law to provide services pursuant to this Contract:

Expiration: August 31,2026

a. Minimum staff certification will be a Community Services Specialist (CSSP) to provide Rehab services to individuals of Authority.

b. Contractor certifies that any Health and Human Services agency or Public Safety and Criminal Justice Agency have not revoked its license, permit, or certificate.

1.10 Conviction Disclosure.

- 1.10.1 Contractor must disclose the following information:
 - a. The identity of any employee, officer or agent of Contractor who has been convicted of any crime related to any state or federally funded program; and
 - b. The identity of any employee, officer, volunteer, or agent of Contractor who is in direct contact with residents and has been convicted, received a probated sentence, arrested (or for whom there exists an arrest warrant), or for whom there exists a wanted persons notice, related to any crime relevant to the person's employment and/or duties.
 - c. For purposes of this contract, a crime relevant to a person's employment and/or duties shall be defined as any sexual offense, drug-related offense, homicide, theft, assault, battery, or any other crime involving personal injury or threat to another person.
- 1.10.2 Contractor certifies that no employee, officer, or director of Contractor has been or is convicted of any crime related to any state or federally funded program.
- 1.10.3 Contractor must provide information required by Authority and authorizes Authority to obtain conviction data about crimes relevant to employment and/or duties as defined in paragraph 1.10.1, on Contractor's employees whose duties may place them in direct contact with the residents.
- 1.10.4 Failure to disclose any information required under Section 1.10.1 herein or making a false certification relating thereto shall be cause for immediate termination by the Department.
- 1.10.5 The Authority may terminate this Contract if any employee, officer, volunteer, or agent of Contractor is in direct contact with residents and has been convicted of a crime referenced in 1.10.1.
- 1.11 Removal of Persons in Direct Contact with Residents. If any employee, officer, volunteer, or agent of Contractor has been convicted of any crime relevant to that person's employment and/or duties as defined in paragraph 1.10.1, Contractor agrees to immediately remove that employee, officer, volunteer or agent from direct contact with residents, unless otherwise agreed to by the Authority.
- 1.12 <u>Contractual Abeyance, Bar or Exclusion</u>. Contractor certifies that neither the entity nor any of its staff who will provide client services is held in abeyance, barred, or excluded from the award of a federal or state contract. Further, the contractor must check the appropriate federal and states lists monthly to verify that none of the direct care staff have been held in abeyance,

Contract ID No. <u>26-T5501-TLF</u> Vendor No. <u>T5501</u> Effective: September 1, 2025

Expiration: August 31,2026

disbarred, or excluded. The contractor must notify Authority immediately of any such abeyance, disbarment, or exclusion.

- 1.13 <u>Franchise Tax.</u> Contractor certifies it is current in its payment of any required Texas franchise tax. A false statement regarding franchise tax status will be treated as a material breach of this Contract and will constitute grounds for termination of this Contract. If Contractor becomes delinquent in the payment of its Texas franchise tax during the term of this Contract, payment to Contractor may be withheld until such delinquency is remedied.
- 1.14 Reporting Requirements.
- 1.14.1 Reporting to the Texas Department of Family and Protective Services (TDFPS). Contractor must report to the TDFPS/MHMR Abuse and Neglect Investigator by telephone at (800) 647-7418 any suspicion, knowledge, or allegations any person has committed abuse, neglect, or exploitation of any individual. Such reports must be made immediately, if possible, but in no case more than one hour after the Contractor learns of the incident. Contractor is required to follow the procedures described in Texas Administrative Code, Title 25, Chapter 414, Subchapter L (relating to Abuse, Neglect and Exploitation).

1.14.2 Reporting to Authority.

- a. Abuse and Other Emergencies. Contractor must report any emergency, significant event, or change affecting a client of Authority, including death, serious injury and allegations of abuse and neglect, as soon as possible, by telephone to (940) 397-3370 or cell phone 940-636-8109. Contractor must confirm all such reports, in writing, to Authority within twenty-four (24) hours of the reported incident.
- b. <u>Professional Misconduct.</u> Contractor must report to Authority, in writing, any allegation an individual who is professional, licensed or certified by the State of Texas and employed by Contractor, has committed an action that constitutes grounds for denial or revocation of certification or licensure. The Authority will immediately submit a copy of such report to the appropriate state agency.
- c. Additionally, the Contractor must notify the Authority of any action taken against any of Contractor's employees accused of abuse, neglect, or exploitation of any client of Authority.
- 1.15 Workplace and Confidentiality Guidelines Regarding AIDS/HIV. As required by the Texas Health and Safety Code, Title 2, Subtitle D, Chapter 85, Subchapter A, Contractor must adopt and implement workplace guidelines for Contractor and/or Contractor's employees, similar to the guidelines of Authority, concerning persons with AIDS/HIV infection. As required by above referenced Texas Health and Safety Code, Contractor further must adopt and implement guidelines for Contractor and/or Contractor's employees and for residents, consistent with guidelines published by Department of Health and state and federal laws and regulations, regarding confidentiality of AIDS and HIV-related medical information.
- 1.16 <u>Certification of Child Support Payment Obligor</u>. As required by Texas Family Code, Section 231.006, a child support obligor who is more than 30 days delinquent in paying child support and

Expiration: August 31,2026

business entity in which the obligor is a sole proprietor, partner, shareholder, or owner with an ownership interest of at least 25% is not eligible to receive payments from state funds under a contract to provide property, materials, or services or receive a state-funded grant or loan.

Under Section 231.006. Contractor certifies that he/it is not ineligible to receive the payments specified in this Contract and acknowledges that this Contract may be terminated. and payment may be withheld if this certification is inaccurate.

- 1.17 <u>Certification Regarding Procurement</u>. Contractor certifies that it has not offered, given, or agreed to give anything of value to an employee of Authority in connection with procurement of this Contract.
- 1.18 <u>Conflict of Interest</u>. Contractor certifies that neither Contractor nor any employee or officer of Contractor has participated in the selection, award, or administration of this Contract so that a conflict of interest, as defined in the Contracts Management Rule (TAC, Title 25, Chapter 412, Subchapter B). exists.

II. Authority's Obligations

2.1 Payment:

a. Authority will pay contractor \$45,500.00 per month or \$546,000.00 annually for services performed.

III. Independent Contractor

It is the intent of Authority and Contractor that Contractor is an independent contractor and not an employee of Authority for any purpose. Contractor and Authority understand and agree that (a) Authority will not withhold or pay on behalf of Contractor any sums for income tax, unemployment insurance, social security, or any other withholding pursuant to any law or requirement of any governmental body, or make available to Contractor any of the benefits, including workers' compensation insurance coverage, afforded to employees of Authority, (b) all such withholdings, payments and benefits, if any, are the sole responsibility of Contractor, and (c) Contractor will indemnify and hold harmless Authority from any damages or liability, including attorneys' fees and legal expenses, incurred by Department with respect to such payments, withholdings, and benefits. d) Contractor and its personnel shall exercise its own professional judgment in the performance of services to the persons served.

IV. Insurance

4.1 Contractor agrees to maintain at its sole cost and expense, policies of general and professional liability, worker's compensation, and auto insurance coverage to insure the Contractor and Authority against any claims for damages arising in connection with Contractor's responsibilities under this agreement.

Contract ID No. <u>26-T5501-TLF</u> Vendor No. <u>T5501</u> Effective: September 1, 2025

Expiration: August 31,2026

4.2 Upon request of Authority, Contractor must provide written proof of the above-described insurance to Authority and provide proof that insurance remains in force and effect during the term of this Contract. Authority may withhold payments payable under this Contract until Contractor furnishes to Authority copies or other proof of such insurance.

V. Indemnification

Contractor hereby agrees to the extent permitted under the laws of the State of Texas to indemnify and hold harmless the Authority, its trustees, officers, employees and agents from and against all liabilities, claims, actions, expenses (including attorney's fees and costs related to the investigation of any such claim, action or proceeding), obligations, losses, fines, penalties, and assessments resulting from or arising out of the non-performance or the negligent performance of Contractor's obligations under this Agreement, whether by the Contractor, its directors, officers, employees or agents.

VI. Miscellaneous

- 6.1 Term. This Contract shall be in force at 12:00 a.m. on the effective date and shall terminate at 11:59 p.m. on the expiration date, unless otherwise terminated. This Contract is subject to appropriated funds. In the event funds are not appropriated, this Contract will be terminated immediately.
- 6.2 <u>Amendments</u>. This Contract may only be amended by written agreement between Contractor and Authority.
- 6.3 <u>Termination</u>.
 - 6.3.1 Termination for Cause. In addition to other provisions herein allowing termination, this Contract may be terminated for the following:
 - a. By either party, if the other party fails to perform or comply with any covenant, terms, or condition of this Contract.
 - b. By Authority, if Contractor submits falsified documents or fraudulent billings or makes false representations concerning this Contract; or
 - c. This Contract may be terminated immediately by Authority when the life, health, welfare, or safety of any individual served is endangered or could be endangered either directly or through Contractor's willful or negligent discharge of its duties under this Contract.
 - 6.3.2 Termination without Cause. This Contract may be terminated by either party upon thirty (30) days written notice to the other party of its intent to terminate.
 - 6.3.3 Termination by Mutual Agreement. The Authority and Contractor may mutually agree

to termination of this Contract at any time.

- 6.3.4 Other Action. Nothing in this subsection prevents or limits Authority from taking action which it considers necessary under the circumstances to protect the health and safety of individuals being served under this Contract.
- 6.3.5 Dispute Resolution. In the event a dispute arises between the parties involving the provision or interpretation of any term or condition of this Contract, and both parties desire to attempt to resolve the dispute prior to termination or expiration of the Contract, or withholding of payments, then the parties may refer the issue to a resolution panel composed of at least three persons selected by the Authority's Board of Trustees and adhere to the following steps:
 - a. At least one member of the panel must be an employee of the Contractor and at least one member must be an employee of the Authority.
 - b. The panel shall hold a conference within the time-period specified by the Board.
 - c. The panel shall make written recommendations concerning the resolution of the dispute based upon information presented by Authority and Contractor.
 - d. The recommendations shall be submitted to the Contractor within the specified time frame.
 - e. The Board of Trustees serves as the final authority in the resolution process and may accept or reject all or part of the panel's recommendations.
 - f. Contractor shall be notified of the Board's final determination in writing.
- 6.4 <u>Responsibilities Prior to Termination</u>. Following written notification of intent to terminate and until the agreed upon date of termination, Contractor will continue to have the responsibility to provide services under this contract and Authority will continue to have the responsibility to pay for the services in the manner specified in this contract.
- 6.5 <u>Removal of a Resident</u>. Authority may, at any time, with or without notice to Contractor, remove a resident from the program.
- 6.6 <u>Effect of Termination</u>. Except as expressly provided herein, upon termination of this contract, Contractor and Authority will be discharged from any further obligation created under the terms of this contract, except for the equitable settlement of the respective accrued interests or obligations incurred prior to termination. Termination does not, however, constitute a waiver of any remedies for breach of this contract. In addition, the obligations of Contractor to retain records and maintain the confidentiality of information shall survive this contract.
- 6.7 <u>Renegotiation</u>. In the event Contractor is required to comply with an addition to or change in any law, rule, regulation, directive, standard, settlement, or resolution pursuant to this Contract, and the addition or change results in a material change in Contractor's rights or obligations under this

Contract or places a significant financial burden on Contractor, Contractor and Authority may renegotiate the terms of this Contract.

- 6.8 Withholding of Payment. Notwithstanding anything to the contrary herein, the Contractor agrees that payments due under this Contract may be withheld, in whole or in part, in the event of noncompliance with any federal or state law, rule or regulation applicable to the services provided, or if the services specified in 1.1 have not been satisfactorily completed in accordance with the terms and conditions of this Contract.
- 6.9 <u>Severability.</u> In the event any provision of this Contract becomes unenforceable or void, such shall not invalidate any other provision of this Contract.
- 6.10 <u>Assignability.</u> No assignment of this Contract or the rights and obligations hereunder will be valid without the written consent of the non-assigning party.
- 6.11 Entire Agreement. This Contract constitutes the entire agreement of the parties and supersedes any prior understandings or oral or written agreements between Authority and Contractor on the matters contained herein.
- 6.12 <u>Waiver</u>. In no event shall any payment by Authority to Contractor or any act or failure of Authority constitute or be construed in any way to be a waiver by Authority of any breach or default of this Contract which may then or subsequently be committed by Contractor. Neither shall such payment, act or omission in any manner impair or prejudice any right, power, privilege, or remedy available to Authority to enforce its rights hereunder, as such rights, powers, privileges or remedies are specifically preserved. No employee or agent of Authority may waive the effect of this provision.
- 6.13 Notice. Except as expressly provided herein, any notice required or permitted to be given under this Contract must be in writing and delivered in person or by registered or certified mail, return receipt requested, postage prepaid, to the individual and address shown below:

CONTRACTOR Attention: Braden Wood TWG Investments, LTD 3610 Barnett Rd Wichita Falls, TX 76310 940-767-0463

AUTHORITY
Helen Farabee Centers
PO Box 8266
Wichita Falls, TX 76307
Attn: Contracts Department
940-397-3116

Contract ID No. <u>26-T5501-TLF</u> Vendor No. <u>T5501</u> Effective: September 1, 2025 Expiration: August 31,2026

- or to such other individual and address as provided in writing to the other party by the means specified above. The notice shall be effective on the date of delivery.
- 6.14 Governing Law. This Contract is being executed, delivered, and shall be performed in the State of Texas; the laws of Texas shall govern its validity, construction, enforcement, and interpretation. Proper venue for any litigation arising from this Contract shall be in Wichita County, Texas.
- 6.15 <u>Captions</u>. The captions contained herein are for reference purposes only and do not affect the meaning of this Contract.
- 6.16 Authority to Bind Authority. This Contract is not binding upon Authority unless and until the Chair of the Board of Trustees or designee has executed it.
- 6.17 <u>Contractor's Authority</u>. The person or persons signing and executing this Contract on behalf of the Contractor or representing themselves as signing and executing the Contract on behalf of the Contractor, guarantee they have been fully authorized by the Contractor to execute the Contract on behalf of the Contractor and to validly and legally bind the Contractor to all the terms and provisions contained in the Contract.

The parties have executed this Contract on the dates set forth below their signatures.

i we investments, Lib	rielen Farabee Centers		
Brader Wood (Jul 17, 2025 10-31 CDT)	Gianna Harris		
Signature	Signature		
Braden Wood	Gianna Harris		
Printed Name	Printed Name		
Chief Executive Officer	Executive Director		
Title	Title		
17/07/25	17/07/25		
Date	Date		

Contract ID No. 26-T5501-TLF

Vendor No. T5501 Effective: September 1, 2025 Expiration: August 31,2026

ACKNOWLEDGEMENT

TWG Investments, LTD ("Contractor) hereby acknowledges it is aware of and familiar with federal and state rules, regulations, laws, and executive orders that govern the provision of services to persons with mental illness. Contractor also acknowledges it has received and read the applicable standards, rules, and directives of the Texas Department of Health and Human Services (Department) as set forth in Section 1.8 of the Contract dated September 1, 2025 between Contractor and Authority, and listed below:

The following Department rules published at Titles 1, 25, & 26, Texas Administrative Code (TAC):

Title 1, Texas Administrative Code:

1) Chapter 354, Subchapter M, Division 3 (relating to Medicaid Rehabilitative Services)

Title 25, Texas Administrative Code:

- 1) Chapter 404, (relating to Rights and Protection)
- 2) Chapter 415, Subchapter A (relating to Prescribing Psychoactive Medications)
- 3) Chapter 405, Subchapter K (relating to Client Deaths)
- 4) Chapter 412, Subchapter B (relating to Contracts Management for Local Authorities)
- 5) Chapter 414, Subchapter L (relating to Abuse, Neglect, Exploitation)

Title 26, Part 1 Texas Administrative Code:

6) Chapter 306, Subchapter A (relating to Mental Health Services-Admission, Continuity and Discharge)

TWG Investments, LTD

1	301		
Brade	n Wood (Jul 17, 2025	10:31 CDT)	
Date	17/07/25		

Helen Farabee Centers Business Code of Conduct

Statement of Policy

- 1.1 Helen Farabee Centers' employees, contract providers, affiliate providers, or external providers will exhibit behavior based on honesty, integrity, and a sense of fairness.
- 1.2 It is the responsibility of each employee, contract provider, affiliate provider, or external provider to maintain the highest standard of business ethics.
 - 1.2.1 This includes taking timely and responsive positive action to prevent or correct any improper or inappropriate acts.
- 1.3 The Helen Farabee Centers' Board of Trustees and Management are committed to providing avenues through which ethical issues may be raised, reviewed, and resolved openly and honestly.

Ethical Standards

- 2.1 The business conducted by Helen Farabee Centers will be delivered in an environment with the highest ethical, legal, and professional standards.
- 2.2 Honesty, integrity, and impartiality will be demonstrated when dealing with Helen Farabee Centers' customers, providers, vendors, regulators, competitors, community, and employees.
- 2.3 The Board of Trustees, employees, contract providers, affiliate providers, or external providers will make every effort to avoid even the appearance of illegal, unethical, or unprofessional conduct.

3 Conflict of Interest

- 3.1 Employees, contract providers, affiliate providers, or external providers are expected to exhibit professional loyalty to the Center.
- 3.2 Employees, contract providers, affiliate providers, or external providers are expected to avoid conflicts of interest and opportunities for personal gain for themselves individually, members of their immediate families, and others which may impede their best judgment.
- 3.3 The following are expectations of Helen Farabee Centers' employees, contract providers, affiliate providers, or external providers regarding gifts:

- 3.3.1 Gifts of entertainment from vendors should be limited to common business courtesies which may include an occasional lunch or dinner or gift of limited value.
- 3.3.2 Monetary gifts or any favors in attempt to gain unfair influence or advantage are never acceptable.
- 3.3.3 Employees, contract providers, affiliate providers, or external providers should not seek to gain influence or advantage of a customer, potential customer or business, by providing inappropriate gifts or entertainment.
 - 3.3.3.1 Any gift should be limited in value and consistent with common business courtesies.
 - 3.3.3.2 Giving monetary gifts is never acceptable.

3.4 Setting Appropriate Boundaries

- 3.4.1 Professional boundaries are maintained between employees to ensure that no personal relationships formed outside the work environment negatively impact the employee's performance.
- 3.4.2 Clinical boundaries are maintained between all employees and prospective, current, and/or past clients. Employees licensed under a governing body are subject to the rules and regulations of that body regarding dual relationships, sexual misconduct and exploitation. Additionally, all employees will ensure the following:
 - 3.4.2.1 No employee will directly provide services to a previous or current family member, personal friend, educational associate, or business associate.
 - 3.4.2.2 No employee will pursue a social relationship of any kind with clients under their direct care or influence.
 - 3.4.2.3 Attempts by clients to begin a social relationship with a member of their clinical treatment team are not reciprocated and are clinically redirected. If such relationships are solicited by a client, the employee will obtain immediate supervision and document the resolution.
 - 3.4.2.4 An employee shall not engage in sexual contact with or sexual exploitation of a client under their direct care or influence.

4. Out-side Business and Financial Interests

- 4.1 The following are Guidelines for employees, contract providers, affiliate providers, or external providers regarding interests outside of the business conducted by Helen Farabee Centers:
 - 4.1.1 Employees, or members of their respective families; contract providers; affiliate providers; or external providers should not have substantial financial or business interest with a competitor, customer, or supplier of Helen Farabee Centers, without first reviewing the nature of activity with the Helen Farabee Centers' Executive Director, Chief Financial Officer or Human Resource Director.
 - 4.1.2 Each employee's employment at the Center should be their first priority.
 - 4.1.3 Any other employment or business activity will be considered secondary and should not interfere with individual employee job performance and responsibilities.
- 4.2 Our "marketing" process consists of notifying others in our communities of our services.

5. Compliance

- 5.1 The following are guidelines for compliance with this Business Code of Conduct:
 - 5.1.1 Employees, contract providers affiliate providers, or External providers are committed to complying with all federal and state laws and regulations, with an emphasis on preventing fraud and abuse.
 - 5.1.2 Helen Farabee Centers will conduct audits and other risk evaluation to monitor compliance and assist in the reduction of identified problem areas.
 - 5.1.3 Helen Farabee Centers will maintain processes to:
 - 5.1.3.1 Detect Medicaid and/or Medicare or other third party payer offenses;
 - 5.1.3.2 Initiate corrective and preventive action:
 - 5.1.3.3 Report to appropriate oversight authorities, both professional and regulatory, when appropriate; and
 - 5.1.3.4 Address consequences for employees, contract providers, affiliate providers, or external providers for failure to comply with standards, policies, and procedures.

6. Medical Necessity

- 6.1 Any authorized service provided to consumer or patient by center personnel must be covered by a statement of Medical Necessity which is attested to by a Licensed Practitioner of the Healing Arts (LPHA).
- 6.2 The statement of Medical Necessity asserts that the service:
 - 6.2.1 Is reasonable and necessary for the diagnosis and treatment of a mental health disorder or a mental health and chemical dependency disorder in order to improve or maintain an individual's level of functioning;
 - 6.2.2 Is in accordance with professionally accepted clinical guidelines and standards of practice in behavioral health care;
 - 6.2.3 Is furnished in the most appropriate and least restrictive setting in which the service can be safely provided;
 - 6.2.4 Is provided at the most appropriate level and supply that is safe for the individual; and
 - 6.2.5 Could not be omitted without adversely affecting the individual's mental or physical health or the quality of care rendered.
- 6.3 The Medical Necessity of a service can be objectively confirmed by verifying that the service as described in the progress note is found in the current plan of care and that the planned interventions correspond to needs identified through the most current assessment.

7. Accounting and Reporting

7.1 Each employee, contract provider, affiliate provider, or external provider will ensure the integrity of the Centers by accurately and truthfully recording all corporate information, accounting, and operational data through strict adherence to established accounting and business procedures.

8. Corporate Resources

8.1 In an effort to prevent waste, fraud and abuse of resources, each employee, contract provider, affiliate provider, or external provider is expected to use corporate resources economically and safeguard corporate assets at all time.

9. Political Activities

- 9.1 As good citizens, each employee, contract provider, affiliate provider, or external provider is encouraged to participate in the political process.
- 9.2 Helen Farabee Centers must, however, ensure that employee, contract provider, affiliate provider, or external provider political activities and contributions do not appear to represent the opinion of Helen Farabee Centers.

10. Confidentiality

10.1 Each employee, contract provider, affiliate provider, or external provider is expected to diligently safeguard all Helen Farabee Centers' records deemed confidential including information about Helen Farabee Centers' consumers or clients, and their families; internal operation; and fellow employees, contract providers, affiliate providers, or external providers as described in Helen Farabee Centers' policy and federal and state law.

11. Quality of Care

11.1 Because Helen Farabee Centers' clients, customers, or consumers are the primary focus of every activity, each employee and contract provider or external provider will be committed to continually improving our products, services, and cost competitiveness to meet the individual needs of Helen Farabee Centers' clients, customers, or consumers.

12. Employee Relations

12.1 Each employee is expected to perform assigned tasks in a responsible, reliable and cooperative manner and treat each other with mutual respect, dignity, and trust.

13. Controlled Substances

- 13.1 The illegal use or possession of any controlled substance is unacceptable and will not be tolerated
- 13.2 These acts are illegal and jeopardize the safety of employees, contract providers, affiliate providers, or external providers and client, customers, or consumers; and reduce productivity, reliability and trustworthiness.
- 13.3 Consequences, per Center policy and contract provision, will be adhered to in instances of these actions.

14. Reporting Misconduct

14.1 Employees are expected to report misconduct without fear of reprisal. The following are obligations for reporting misconduct:

- 14.1.1 Each employee, contract provider, affiliate provider, or external provider is responsible for bringing to the attention of their Helen Farabee Centers' supervisor, any situation that appears to be in violation of the Business Code of Conduct.
- 14.1.2 Supervisors receiving a report will suggest appropriate actions and will assist with contacting the Corporate Compliance Officer if warranted (reference procedure 100.2.10 Corporate Compliance).
 - 14.1.2.1 If it is inappropriate to discuss with one's immediate supervisor or contact person, the individual may address the issue directly with the Corporate Compliance Officer.
 - 14.1.2.2 If it is inappropriate to directly contact the Corporate Compliance Officer, the Associate Executive Director of Operations or the Executive Director may be contacted.
 - 14.1.2.3 Reporting violations will remain confidential unless otherwise obliged by professional code of conduct, state, or federal law.
 - 14.1.2.4 Employees, contract providers, affiliate providers, or external providers may, however, be required to substantiate any allegations of wrongdoing.
- 14.1.3 No employee, contract provider, affiliate provider, or external provider will be punished or subjected to reprisal because they, in good faith:
 - 14.1.3.1 Report a violation of this Business Code of Conduct
 - 14.1.3.2 Report a suspected incident of waste, fraud, or abuse
 - 14.1.3.3 Report any other questionable activity or practice.

Vendor/Business Name	The Wood Group	
and the United States of States	<u> </u>	17/07/25
Signature		Date
Braden Wood		Chief Executive Officer
Printed Name		Title

26-T5501-TLF - Step Down Transition Housing Program - CONTRACT

Final Audit Report

2025-07-17

Created

2025-07-16

By:

Angie Dove (dovea@helenfarabee.org)

Status.

Signed

Transaction ID:

CBJCHBCAABAAJ0ZZZHw4KJP5n2ka1ilaX1zGWCQSEqJP

"26-T5501-TLF - Step Down Transition Housing Program - CON TRACT" History

- Document created by Angie Dove (dovea@helenfarabee.org) 2025-07-16 = 3:36:58 PM GMT
- Document emailed to Braden Wood (braden.wood@thewoodgroup.us) for signature 2025-07-16 3:37:03 PM GMT
- Email viewed by Braden Wood (braden.wood@thewoodgroup.us) 2025-07-16 9:34:42 PM GMT
 - Document e-signed by Braden Wood (braden.wood@thewoodgroup.us)
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 - Document e-signed by Gianna Harris (harrisg@helenfarabee.org)
 Signature Date: 2025-07-17 3:53:52 PM GMT Time Source: server
- Agreement completed. 2025-07-17 - 3:53:52 PM GMT

AGENDA ITEM: 080725 – 5D1 **MEETING DATE: AUGUST 7, 2025**

- 5 RECOMMENDATIONS
- D. FACILITIES AND EQUIPMENT
- 1) LEASE Basement of City of Seymour, 301 N. Washington

Page 1 of 1

RECOMMENDED ACTION: That the Board of Trustees approves the Lease renewal for in-kind lease of the office space currently in use at 301 N. Washington in Seymour, Texas.

BACKGROUND INFORMATION:

- A. The City of Seymour (City) provides the Center office space in their basement as an in-kind contribution.
- B. The City maintains the space for repairs including HVAC but not repairs caused due to Center business.
- C. Additionally, the City provides access to a ground floor office in the event a client is unable to walk the stairs.
- D. The City invoices the Center for a portion of the utilities based on square footage (33%, averaging \$91 per month for last 11 months).
- E. All leases must be approved by the Board of Trustees.

SUPPORTING INFORMATION:

- A. The office in the building is open on Mondays and Wednesdays.
- B. The lease will be for five years, September 1, 2025 through August 31, 2030
- C. The lease includes a sixty (60) day termination clause.
- D. Office space includes four (4) spaces and is approximately 500 square feet.
- E. Cleaning of the office is paid by the Center at a rate of \$150 per month.

AGREEMENT FOR PUBLIC BEHAVIORAL HEALTH SERVICES AND INTELLECTUAL DISABILITY SERVICES BETWEEN THE CITY OF SEYMOUR, TEXAS AND HELEN FARABEE CENTERS

ARTICLE I Parties

This Agreement for Public Health Services ("Agreement") is made between the City of Seymour, Texas, a Texas municipal corporation, with offices located at 301 N. Washington Street, Seymour, Texas 76380 ("City" or "Landlord") and Helen Farabee Center, a Behavioral Health Center with offices located at 1000 Brook Street, Wichita Falls, Texas 76301, ("Center" or "Tenant").

ARTICLE 2 Public Behavioral Health Services and Intellectual Disability Services to be Provided by Helen Farabee Center

- 2.1 The Center shall provide Public Behavioral Health Services and Intellectual Disability Services authorized by Texas Health and Safety code, Section 553.034 and in compliance with the standards set forth in the Texas Department of State Health Services and the Texas Department of Aging and Disability Services in the Texas Health and Safety Code and the Texas Administrative Code ("Services") to residents of the City and Baylor County, Texas. The Center may also provide such Services to residents of Young County, Texas from the leased premises.
 - 2.2 No other services shall be provided by the Center from the Leased Premises.
- 2.3 No other agency, entity or person shall occupy or provide services from the Leased Premises.
- 2.4 Services shall be provided during the regular business hours of the City of Seymour. In the event that the City closes its offices at this location, the Center shall also close its offices.

ARTICLE 3 Compensation for Services

- 3.1 As compensation for the Services described in Article 2 of this Agreement, the City of Seymour shall contribute Four Thousand Dollars (\$4,000) annually as in-kind match by means of:
 - (i) office space for the Center at the location described herein as leased premises;
- (ii) maintain and repair the office space, heating and air conditioning in the same manner in which the City maintains and repairs its own office space, heating and air conditioning (so long as the damage is not the fault of the Center; then the Center shall be responsible) at this location;
 - (iii) provide access to utilities (including but not limited to water, gas and electric).
 - 3.1.1. Utilities shall be pro-rated between City and Center based on the square footage of the Leased Premises, Center portion in the amount of 33.33%.
- 3.2 Tenant shall promptly pay its percentage of the utilities to Landlord. In the event of non-payment, Tenant shall be given the same notice and opportunity to pay as other utility customers and if not

paid within stated time, Landlord may turn off Tenant's utilities until payment is made and satisfactory arrangements (e.g. deposit) are made to turn utilities back on.

ARTICLE 4 Leased Premises

- 4.1 The office space to be provided by City / Landlord ("Leased Premises") to the Center / Tenant consists four (4) offices (approximately 500 to 600 square feet) located in the basement City Hall at 301 N. Washington Street, Seymour, Texas 76380.
- 4.2 Tenant shall have access to common entrances and common areas of the building. If needed and if available, parties may agree that Tenant can meet with clients in space controlled by Landlord, at a mutually agreeable time, so long as Tenant indemnifies (per Section 7) Landlord for any and all damage to property and personal injury, including death.
- 4.3 With the exception of ordinary repairs and maintenance (the same as Landlord makes to its own offices located at City Hall and on the same schedule, except in the event of an emergency in the Leased Premises), Tenant accepts the Leased Premises "as is" condition. By accepting the Leased Premises in "as is" condition, Tenant acknowledges that it is able to provide the Services described in Article 2 of this Agreement from the Leased Premises in the condition in which they exist as of the effective date of this Agreement.
- 4.4 Tenant shall not use, store or allow hazardous materials to be brought into the Leased Premises. In such event, Tenant shall fully indemnify and hold harmless (per Section 7) Landlord for all liability and costs arising from the presence of hazardous materials in the Leased Premises.
- 4.5 Tenant shall take good care of the Leased Premises and shall comply with Landlord's policies as well as all applicable city, state and federal rules and regulations.
- 4.6 Tenant shall be responsible for the costs of repairs of damages caused by Tenant, its employees, agents, Centers, or clients.
 - 4.7 Tenant shall keep the property free from all claims and liens arising directly through Tenant.
- 4.8 Tenant shall not make any structural changes, additions or improvements to the Leased Premises without Landlord's prior written consent.
- 4.9 Any change or improvement attached to the property becomes the property of the City when this Agreement is terminated.
- 4.10 Tenant shall have enjoyment of the Leased Premises so long as Tenant is in compliance with the terms and conditions of this Agreement.
- 4.11 Tenant shall have all of its property removed from the Leased Premises and the Leased Premises shall be clean and in the same condition as when Tenant moved in, except for normal wear and tear.
- 4.12 Unless otherwise mutually agreed, all property of Tenant remaining on the premises after the last day of the term of this lease shall be conclusively deemed abandoned and may be removed by Landlord, and Tenant shall reimburse Landlord for the cost of such removal. Landlord may have any such property stored at Tenant's risk and expense.

ARTICLE 5 Term and Termination

The term of this Agreement begins on September 1, 2022 ("Effective Date") and ends August 31, 2025 ("Termination Date"). Either party may, at any time, terminate this Agreement by providing the other party sixty (60) days prior written notice to the address provided in the "Notice" section of this Agreement. Unless terminated as previously set forth, this Agreement shall continue on a month-to-month basis.

ARTICLE 6 Insurance

The Center shall obtain and maintain, in full force and effect until the completion of this Agreement insurance with limits of not less than:

- a. Workman's compensation insurance in compliance with the laws of the states in which the services is to be performed and employer's liability insurance with minimum limits of \$1,000,000.00.
- b. Commercial general liability insurance, including contractual liability covering CENTER with minimum limits of \$1,000,000.00 each occurrence and \$1,000,000.00 aggregate for bodily injury, and \$1,000,000.00 each occurrence and \$1,000,000.00 aggregate for property damage.
- c. Automobile liability insurance with minimum limits of \$1,000,000.00 each person, and \$1,000,000.00 each accident for bodily injury, and \$1,000,000.00 each accident for property damage.

Center shall furnish to CITY a certificate evidencing such insurance coverage under subparagraphs, naming the City as an additional insured. The policy shall waive subrogation rights in favor of CITY and shall be primary to any insurance carried by CITY for its own account.

ARTICLE 7 SOVERIEGN IMMUNITY & INDEMNITY

- 7.1 SOVERIEGN IMMUNITY: PARTIES HERETO ACKNOWLEDGE THAT THE CITY OF SEYMOUR, TEXAS ("CITY") IS AFFORDED SOVEREIGN IMMUNITY UNDER STATE AND FEDERAL LAWS. NOTHING IN THIS AGREEMENT OR ANY ATTACHMENT HERETO SHALL BE CONSTRUED AS A WAIVER OF THE SOVEREIGN IMMUNITY PROTECTIONS TO WHICH THE CITY IS LEGALLY ENTITLED.
- 7.2 INDEMNITY: CENTER AGREES, PER THE LIMITS OF THE LAWS OF TEXAS AND THE TEXAS CONSTITUTION, TO DEFEND, INDEMNIFY AND HOLD CITY HARMLESS FROM ANY AND ALL CLAIMS, ACTIONS, CAUSES OF ACTION ("CLAIMS") WHICH MAY, ARISE OUT OF THE PERFORMANCE OR NON-PERFORMANCE OF THIS AGREEMENT: I) WHETHER SUCH CLAIMS ARE ALLEGED TO BE THE RESULTS OF ANY ACT OR OMISSION OF CENTER, ITS EMPLOYEES OR AGENTS. CENTER FURTHER AGREES TO DEFEND, INDEMNIFY AND HOLD HARMLESS CITY FROM AND AGAINST ALL CLAIMS AND ALL EXPENSES AND ATTORNEY FEES INCIDENTAL TO THE DEFENSE OF ANY SUCH CLAIMS INCLUDING ALL REASONABLE EXPENSES AND ATTORNEY FEES INCURRED BY CITY IN ESTABLISHING ITS RIGHT TO INDEMNIFICATION; AND TO PAY ANY JUDGMENTS RENDERED AGAINST CITY AND/OR CENTER FOR INJURIES (INCLUDING DEATH) TO ANY PERSON OR DAMAGES TO ANY PROPERTY RESULTING

FROM OR ARISING OUT OF SERVICES PERFORMED UNDER THIS AGREEMENT OR CAUSED BY OR SUSTAINED IN CONNECTION WITH THIS AGREEMENT, INCLUDING CITY'S STRICT LIABILITY, OR CONCURRENT NEGLIGENCE OF CENTER AND CITY.

ARTICLE 8 Notice & Invoices

8.1 Notice: Any notice required under this Agreement (each a "Notice") shall be in writing and shall be delivered personally (including by Federal Express or other recognized overnight courier), sent by facsimile transmission (with appropriate documented receipt thereof) or sent by certified or registered mail, postage prepaid, return receipt requested. Notices shall be deemed given when so delivered personally, or upon transmission if sent by facsimile, or if mailed, two (2) business days following the date of deposit in the United States Mail, sent to the addresses provided in Section I of this Agreement; however, either Party may provide written notice to the other of a different address to send notices.

If to CITY:

Mr. Steven Biedermann
City Administrator
City of Seymour
PO Box 31
301 North Washington Street
Seymour, Texas 76380

Tel: 940-889-3148 Fax: 940-889-4701

If to CENTER:

Contracts Manager Contracts & Purchasing Department P. O. Box 8266 1000 Brook Street Wichita Falls, TX 76307

Tel: 940-397-3116 Fax: 940-397-3150

8.2 Invoices: Invoices for the Center's portion of the utilities, shall be sent to:

Helen Farabee Centers 1720 4th Street Graham, TX 76450

ARTICLE 9 Assignment or Sublease

Tenant shall not, without first obtaining Landlord's written consent, assign, mortgage, pledge, or encumber this lease, in whole or in part, or sublet the premises or any part thereof This covenant shall be binding upon the legal representatives of Tenant, and upon every person to whom Tenant's interest under this lease passes by operation of law, but shall not apply to an assignment or subletting to the parent or

subsidiary of a corporate Tenant or to a transfer of the leasehold interest occasioned by a consolidation or merger involving such Tenant.

ARTICLE 10 Damages to Building / Eminent Domain

- 10.1. If the building is damaged by fire or any other cause to such extent that Landlord, in its sole discretion, deems it uneconomical to repair or rebuild, Landlord shall notify Tenant in writing within ten (10) days of such determination and this Agreement shall be terminated within thirty (30) days of date of such notice.
- 10.2 If the property is the subject of eminent domain proceedings, Landlord shall promptly notify Tenant of such proceedings. Tenant shall vacate the Leased Premises within the time prescribed the condemning authority.

Landlord shall have no liability to Tenant in either situation.

ARTICLE 11 Miscellaneous

- A. No Third Party Beneficiaries: This Agreement is entered into by and between, and may be enforced only by, the Parties, and this Agreement shall not be deemed to create any rights in third parties.
- B. Notifications of Injury of Damage: CENTER shall promptly notify CITY of any injury, death, loss, or damage to persons, animals, or property which is in any way related to the Services performed under this Agreement, even though such occurrence was not caused, or contributed to, by CENTER, its employees and agents.
- C. No Assignment: CENTER shall not assign this Agreement or any part thereof, or enter into any contract with any person, firm, or corporation for performance of CENTER's obligations hereunder, or any part of such obligations, without the prior written approval of CITY.
- **D. Survival:** All of the rights and obligations of the parties contained in this Agreement shall survive the termination of this Agreement and shall continue until the full discharge of all obligations hereunder, except CITY's obligation to pay CENTER.
- E. Entire Agreement: This written Agreement contains the entire understanding of the parties and supersedes all previous oral and written communications, agreements and understandings between the parties with respect to the subject matter herein. No change, modification or amendment of this Agreement shall be binding unless made in writing and signed by authorized representatives of both parties.
- F. Conflict of Terms and Conditions: The terms and conditions of this Agreement shall control in the event of a conflict of the terms and conditions of any exhibit or attachment hereto.

The remainder of this page is intentionally left blank. Signatures follow.

ARTICLE 12 SIGNATURES

By signing this Agreement, parties acknowledge that they have read, understood and agreed to the terms and conditions of this Agreement.

CITY OF SEYMOUR

TEST TEXT BRASTON

NAME: Steven C. Biedermann City Administrator

DATE: 10/12/22

HELEN FARABEE CENTER,

A BEHAVORIAL HEALTH CENTER

BY: Hama Darris

NAME: Gianna Harris TITLE: Executive Director

DATE: 10/18/ 2023

AGENDA ITEM: 080725 - 5D2 MEETING DATE: AUGUST 7, 2025

- 5 RECOMMENDATIONS
- D. FACILITIES AND EQUIPMENT
- 2) DENVER ROOF REPLACEMENT Page 1 of 1

RECOMMENDED ACTION: That The Board of Trustees approve expenditure of \$25,000.00 for roof replacement at 516 Denver St., Wichita Falls, TX

BACKGROUND INFORMATION:

- Center policy requires Board of Trustee approval for any expenditure over \$10,000.
- The roof sustained major hail damage and is in need of replacement.
- The roof was replaced in 2014 by Bradley Foam Roofing.
- Our wind/ hail deductible is \$25,000.00

SUPPORTING INFORMATION:

- A. A major hailstorm in May of 2025 caused extensive damage to the roof.
- B. A small leak led to the discovery of the damage.
- C. Consensus among all roofers contacted (except Bradley roofing) is that foam roofs in this area are not advisable due to the extremes in our weather.
- D. The current roof will be replaced with a TPO roof with 20 year warranty on the material.
- E. The following companies were contacted for bids.
 - 1. Marchand Roofing \$134,610.89
 - 2. Lydick Hooks \$174,800.00
 - 3. CStone Roofing \$182,500.00
 - 4. Bradley Foam Roofing \$72,000 to put additional foam roofing on the building.
- F. The center has chosen the Marchand Roofing bid due to cost and reputation of quality workmanship.

Building

Statement of Settlement of Loss Texas Council Risk Management Fund

: Helen Farabee Centers

TCRMF Member

Contract Number	: TC0021			
Date of Loss	: 04/23/202	25		
Claim Number				
Loss Location Total Coverage:	: 516 Denv	er St,. Wichita Fa	alls, TX 76301	
Total Coverage:	: \$ 2,608,9	35.00		
Loss Amount	: \$ 134,6	510.89		
Report Date	: 04/24/20	24		
Description of Damage: I	Flat foam ro	of damaged by ha	ailstorm.	
Loss Amount Original	*	\$ 134,610.89		
Less Depreciation	:	\$ (70,978.89))	
Actual Cash Value		\$ 63,632.70		
Less Wind/Hail Deductible	e :			
Total Undisputed Payabl				
number identified above. COUNTY OF		}	STATE OF TE	XAS
Signature and Title of Sign	ner		Printed Name	
		On this	day of	20
the signer of the foregoing that the same is true and co behalf of a corporation, is	orrect to the	of Loss Personal best of his/her kn	lly appeared before me nowledge and belief and	
			Notary Public	, State of Texas

ESTIMATE



Prepared For

Hellon Farabee Center 515 Denver Street Wichita Falls , Texas 76301

Estimate #

1060

Date

07/21/2025

Marchand Construction

3136 Arena Road Wichita Falls, Texas 76310 Phone: (940) 782-5276 Email: dougm99@live.com

Description

TPO ROOF

Remove all foam and built up roof
Detach and reset drains
Install 3.5 insulation board using 12 fasteners per sheet
Install full adhesion TPO
replace all flashings and vents with TPO vents
Paint all pipes to match with UV protection paint
Price includes dump fee and inspections

Subtotal	\$134,610.89

Total \$134,610.89

BRADLEY INDUSTRIAL COATINGS & FOAM ROOFING, LLC.

1973 J.B. Riley Road Burkburnett, TX 76354

(940)569-9053

Acceptance of Proposal - The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Date of Acceptance:

PROPOSAL SUBMITTED TO: Via email: sperryb@helenfarabee.org Helen Farabee CITY Attn: Bruce Sperry PHONE Wichita Falls, TX 6/5/25 WE HEREBY SUBMIT SPECIFICATIONS AND ESTIMATES FOR Denver Street Scarify Existing Foam Roof & Prime Apply Approx. 1" - 1 1/2" of Polyurethane Foam Apply 1 1/2 gas. per sq. of Acrylic Base Coat Apply 1 1/2 gas. per sq. of Acrylic Top Coat *5 Year Warranty We hereby propose to furnish material and labor, complete in accordance with above specifications, for the Seventy-two Thousand and no/100----- dollars (\$____ with payment to be made as follows: _____ At Completion of Job All material is guaranteed to be as specified. All work is to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from specifications involving extra cost will be executed upon written orders, and will become and extra charge over and above the estimate. All agreements contingent upon strikes, accidents Authorized Signature Note: This proposal may be withdrawn by us if not accepted or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Worker's Compensation Insurance.

Signature:

Signature:

Page No.

ARCHITECT

DESCRIPTION OF JOB

DATE OF PLANS



LYDICK-HOOKS Roofing Company of Wichita Falls, Inc. 1501 CENTRAL EXPRESSWAY EAST • WICHITA FALLS, TEXAS 76302 (940) 322-6991 FAX (940) 322-1048



Member: National Roofing Contractors Association Associate Member: Associated General Contractors Member: Construction Specifications Institute

Helen Farabee Center 516 Denver St. Wichita Falls, TX June 4, 2025

We are pleased to offer our proposal for roof replacement on the above project based on the following specifications:

- Tear off existing spray foam/built up roof down to deck.
- Mechanically attach 3.5" ISO insulation and ½" HD coverboard.
- Install GAF's 60 mil TPO roofing.
- Mechanically attach ½" plywood or ½" HD coverboard and install TPO base flashing on walls (encapsulating walls).
- Flash all roof penetrations / curbs / and remove any obsolete roof penetrations.
- Fabricate and install new 24gauge pre-finished perimeter edge metal stripped in per manufacturer's specifications for guarantee.

20yr NDL (No Dollar Limit) manufacturer's guarantee included.

All material and labor	for the above specificati	on to be furnished for the	total sum of:
			\$174,800.00

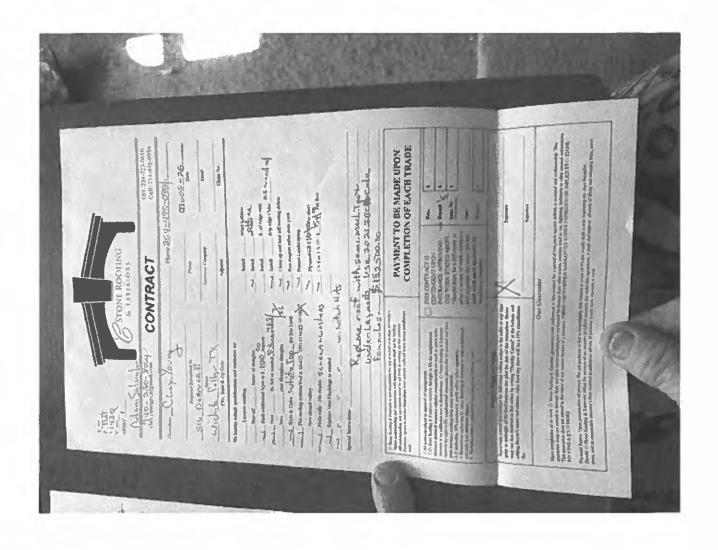
- No deck repair (should any be needed) is included in proposal.
- Price dependent on satisfactory pull test (testing fasteners in roof deck).
- An additional amount of contingency money will be needed for mechanical work to be completed (detaching & resetting air conditioners, electrical work, etc..). This price is not included in estimate.
- Tax is not included in price.

	Gutter Option:
•	Remove existing gutters/downspouts. Fabricate and install new 24 gauge pre-finished
	metal gutters and downspout

Costton Ontion

Thank you fo	r the opportunity	and please let me	know if there are	e any question	s I can answer for
you. B.	Camp				
Brian Camp	,				

Accepted byDate	
-----------------	--



AGENDA ITEM: 080725-5E1 MEETING DATE: AUGUST 7, 2025

- 5 RECOMMENDATIONS
- E. POLICIES AND PROCEDURES
- 1) POLICY STATEMENT SUMMARY Page 1 of 1

RECOMMENDED ACTION: That The Board of Trustees approve the Policy Statements.

- 200.1.14 Tobacco Free Policy Statement
- 300.1 Financial Services Policy Statement
- 900.1.11 Jail Based Competency Restoration (JBCR) Policy Statement
- 900.12 Veteran's Services Policy Statement

BACKGROUND INFORMATION:

Helen Farabee Centers ensures Policy Statements are available for each department as a guide for developing procedures.

- 200.1.14 Tobacco Free Policy Statement No changes
- 300.1 Financial Services Policy Statement Title changes, i.e., CFO, Accountant I, and Clerk III
- 900.1.11 Jail Based Competency Restoration (JBCR) Policy Statement New Program/New Policy Statement/Procedure also attached
- 900.12 Veteran's Services Policy Statement No changes

SUPPORTING INFORMATION:

As part of our annual review process, these Policy Statements are due at this time.

SPECIFIC REASONS WHY THESE ACTIONS ARE NECESSARY FOR THE CENTER:

The review of Policies and Procedures are held on an annual basis or revised when needed.

HELEN FARABEE CENTERS HUMAN RESOURCE MANAGEMENT 200.1.14 SECTION: HUMAN RESOURCES SUBJECT: POLICY STATEMENT-TOBACCO FREE FACILITY Page 1 of 2

EFFECTIVE: 8/7/2025	ORIGINAL: 10/01/15
APPROVED BY:	REVIEWED BY:
Kelly Wooldridge	Cara Mullenix
Kelly Wooldridge	Cara Mullenix-Artigue
Human Resources Director/Risk Management	Director of Utilization and Quality Management
CONCURRED:	APPROVED BY:
Gianna Harris	
Gianna Harris	J. Brian Eby
Executive Director	Chair, Board of Trustees

POLICY:

- 1. Helen Farabee Centers strives to offer a treatment environment, which promotes a clean and healthy working and living environment for the benefit of individuals served and our employees.
- 2. It is the policy of the Board of Trustees that within the mental health (MH) and intellectually and developmentally disabled (IDD) facilities of Helen Farabee Centers, Early Childhood Intervention, and Crisis Respite Units (CRU), the use of tobacco products will not be allowed on the property, grounds, parking lots or vehicles.
- 3. The Hospital Transition Step-down homes and the Crisis Respite Unit Assisted Living are allowed the use of tobacco products in designated, outside areas as these facilities are the homes of these residents and their right to smoke and/or use tobacco products will not be removed, but staff will educate and provide support to stop the use of tobacco products and promote wellness.
- Helen Farabee Centers employees are held to the no tobacco use procedure when on Helen Farabee Centers property and/or work time.

HELEN FARABEE CENTERS

HUMAN RESOURCE MANAGEMENT 200.1.14

SECTION: HUMAN RESOURCES

SUBJECT: POLICY STATEMENT-TOBACCO FREE

FACILITY

Page 2 of 2

5. Contracted providers of the transition homes and the Crisis Respite Unit Assisted Living unit will be informed of the Tobacco Free Policy and encouraged to consider smoking and/or tobacco use cessation.

Signature: Cara Mullany

Email: mullenixc@helenfarabee.org

Signature: Killy Wooldinger

Email: WooldridgeK@helenfarabee.org

Signature: Gianna Harris

Gianna Marris (Jul 28, 2025 09 40 41 EDT)

Email: harrisg@helenfarabee.org

200.1.14 Human Resources - Policy Statement - Tobacco Free Facility

Final Audit Report 2025-07-28

Created:

2025-07-25

By:

Cara Mullenix (mullenixc@helenfarabee.org)

Status:

Signed

Transaction ID:

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HELEN FARABEE CENTERS FISCAL MANAGEMENT POLICY 300.1 SECTION: Fiscal Management SUBJECT: POLICY STATEMENT Page 1 of 5

EFFECTIVE: 8/7/2025	ORIGINAL: 03/01/87
APPROVED BY:	REVIEWED BY:
Linda Poenitzsch	Cara Mullenix
Linda Poenitzsch	Cara Mullenix-Artigue
Chief Financial Officer	Director of Utilization and Quality Management
CONCURRED:	APPROVED BY:
Gianna Harris	
Gianna Harris	J. Brian Eby
Executive Director	Chair, Board of Trustees

POLICY:

- It is the policy of the Board Trustees to establish guidelines for developing financial goals and objectives, making financial decisions, budget, reporting the financial status of the Center, and managing the Center's funds.
- 2. The Board of Trustees shares this responsibility through delegation with the Center's Executive Director (ED) and Chief Financial Officer (CFO).
 - 2.1 The Center's CFO acts as the primary fiscal agent, implementing all financial policies and procedures.
- The CFO, with oversight of the ED and Board of Trustees is responsible for the coordination of the following: Annual budget presentation, management of investments, selection of the outside auditors, and approving revenue and expenditure objectives in accordance with the Board of Trustees approved long-term plans.
- 4. The CFO has the day-to-day operations responsibility for managing Center funds, ensuring the accuracy of the accounting records, internal controls, financial objectives and procedures, financial statement preparation, preparation of the Chart of Accounts, Cash Receipts input and bank reconciliation review and approval.

HELEN FARABEE CENTERS FISCAL MANAGEMENT POLICY 300.1

SECTION: Fiscal Management

SUBJECT: POLICY STATEMENT Page 2 of 5

- The Accountant I and Clerk III are directly supervised by the CFO and are responsible for the Reporting Formats, Accounts Payable Processing, Payroll input and Payroll processing, Cash Receipts input reconciliation, Journal Entries for General Ledger, Form 1099 reporting as well as Bank Reconciliations.
- 6. The CFO will be responsible for presenting to the Board of Trustees and other Board Committees an annual operating budget. The Board of Trustees shall review and approve the recommended fiscal year budget revenues, expenditures, and cash flow.
 - 6.1 The Center's budget will be prepared in accordance with guidelines furnished by Texas Health and Human Services Commission (HHSC).
 - 6.2 The budget will be developed based on the goals of the Center and approved by the Board of Trustees.
 - 6.3 Budget adjustments made during the year that do not impact total income nor expenses do not need further Board of Trustees approval.
- 7. The CFO shall prepare and present Monthly Financial Statements in a format approved by the Center's ED and Board of Trustees.
 - 7.1 The Center's financial statements shall be prepared on a modified accrual basis in accordance with the Government Accounting Standards Board (GASB).
 - 7.2 The presentation of the Financial Statements shall follow the recommendation of the Financial Accounting Standards (SFAS) No. 117, "Financial Statements of Not-For-Profit Organizations".
- 8. The Center will have an audit of its financial statements annually, within 2 months of the end of each the fiscal year.
 - 8.1 The audit shall be completed by a firm of Independent Certified Public Accountants.
 - 8.1.1 Per HHSC guidelines, the Center must RFP for audit firms every six years.
 - 8.1.2 The CFO will form an audit committee comprising of at least one Board of Trustees, one Planning and Network Advisory Committee Member, CFO, Accountant I, and Contracts Manager for the review and selection of the audit firm.

HELEN FARABEE CENTERS FISCAL MANAGEMENT POLICY 300.1

SECTION: Fiscal Management

SUBJECT: POLICY STATEMENT Page 3 of 5

- 8.1.3 The Audit Committee shall recommend and submit approval of the audit firm selected to the Board of Trustees.
- 8.2 The CFO and Accountant I shall have direct responsibility in overseeing the implementation of the Annual Financial Audit but delegating as needed to various departments.
- 8.3 A representative of the audit firm shall be invited to attend the annual presentation to the Board of Trustees.
- 8.4. The Center is exempt from filing the Form 990 per IRS letter dated 01/15/2011.
- 8.5 The Agency is exempt from federal income taxes under Section 501 (c) (3) of the Internal Revenue Service's Code (IRS) as amended. Accordingly, no provisions for income taxes shall be reflected in the financial statements.
- 9. All checks will be signed by the Board of Trustees Chair via electronic signature.
- 10. Payroll is executed periodically.
 - 10.1 Paychecks or direct deposits will be provided to each employee by the Payroll Accountant.
 - 10.2 Monthly payroll expenses shall be verified by the accountant against payroll reports and direct deposit reports and reconciled with checking account reports.
 - 10.3 The compensation of the ED shall be determined by the Board of Trustees.
 - 10.4 The salaries of all other employees shall be determined by the ED.
 - 10.4.1 Compensation ranges for all staff positions shall be approved by the ED.
 - 10.4.2 No employee of the Center may be compensated outside of the approved range, without the approval of the ED.
- 11. Employees must abide by the Center's Travel and Expense procedure.

HELEN FARABEE CENTERS FISCAL MANAGEMENT POLICY 300.1

SECTION: Fiscal Management

SUBJECT: POLICY STATEMENT Page 4 of 5

- 11.1 Travel and expense reports for mileage, meals, hotel, supplies, etc., will be maintained by each employee and then submitted to the supervisor for approval and payment by Accounts Payable as defined in Center procedures.
- 11.2 Reimbursements will be based on the travel rate established by the ED and CFO and approved by the Board of Trustees. Travel reimbursement shall not be above IRS or HHSC Guidelines.
 - 11.2.1 When costs exceed the amounts allowed but are paid due to market prices, expenses will be coded to unallowable expense.
- 12. The CFO shall maintain and oversee Bank and Investment accounts, ensuring adequate cash flow for the Center's day-to-day financial operations. Accounts may be changed as the Center's financial conditions and requirements change.
 - 12.1 The Center has three staff designated, as approved, by the Board of Trustees as signer on the bank accounts which does not include the ED.
 - 12.2 The ED can sign documents as needed to establish bank accounts and designated signers.
 - 12.3 Daily balances will be checked and reviewed by two staff members which does not include the CFO or Accountant I.
- 13. All checks, cash, money orders, and credit card deposits, are reviewed by the Clerk III and deposited in the appropriate Accounts. Monies shall be transferred from the checking account into the Money Market/High Yield Account and into investment accounts when necessary, per the Investment Policy. Checks are written weekly to meet obligations, or ongoing operational expenditures.
 - 13.1 Bank reconciliations shall be completed monthly by the Accountant I and approved by the CFO prior to closing the monthly books, exception is only made when closing early for the quarter and bank statement is not available. Only those bank statements received quarterly are reconciled quarterly.
 - 13.2 The Financial Statements shall be compiled by the Accountant I. The Statements shall then be reviewed by the CFO. All Accounts Receivable, Accounts Payable, Prepaid, Deferred accounts, Bank Statements, Credit Card Statements, and Investment Reports with

FISCAL MANAGEMENT POLICY 300.1

SECTION: Fiscal Management

SUBJECT: POLICY STATEMENT

Page 5 of 5

coordinating revenue and expense accounts will be reconciled every month by the Accountant I, and records will be kept in the accounting office.

- 14. A petty cash fund provides a systematic method for paying and recording out-of-pocket cash payments too small to be made by check or credit card.
 - 14.1 The Agency shall maintain a Two Hundred and fifty (\$250.00) petty cash fund that is replenished as needed.
 - 14.2 The Accountant I shall maintain control of, and responsibility for, payments disbursed from the Petty Cash fund; however, amounts should not exceed an amount determined by policy for each transaction.
- 15. Financial documents are retained for a period of time in keeping with State law and the recommendations of the IRS.
- 16. Accounting Software Systems should provide adequate internal controls and safeguards of the financial operations and resources of the Center. The system should adequately meet the needs of normal business operations, as well as, state and federal guidelines and requirements.

Signature: Cara Mullanix

Signature: Linda Poenitzsch

Unda Poentzsch Liul 29, 2025 9129 27 c DT

Email: mullenixc@helenfarabee.org

Email: poenitzschl@helenfarabee.org

Signature: Gianna Harris

Email: harrisg@helenfarabee.org

300.1 Fiscal Management - Policy Statement

Final Audit Report 2025-07-28

Created:

2025-07-25

Ву:

Cara Mullenix (mullenixc@helenfarabee.org)

Status:

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Transaction ID:

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"300.1 Fiscal Management - Policy Statement" History

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HELEN FARABEE CENTERS PROGRAMS AND SERVICES POLICY 900.1.11

SECTION: Jail Based Competency Restoration

SUBJECT: POLICY STATEMENT Page 1 of 2

EFFECTIVE: 08/07/25	ORIGINAL: 08/07/25
APPROVED BY:	REVIEWED BY:
Kyle Gullette	Cara Mullenix
Kyle Gullette	Cara Mullenix
Director of Crisis and Continuity	Director of Utilization and Quality
of Care	Management
APPROVED BY:	APPROVED BY:
	3
Andrew Martin	Carol Nati MD, MS
Andrew Martin	Carol Nati, M.D.
Associate Executive Director of	Chief Medical Officer
Operations	
CONCURRED:	APPROVED BY:
Gianna Harris	
Gianna Harris	J. Brian Eby
Executive Director	Chair, Board of Trustees

POLICY:

- 1. It is the policy of the Board of Trustees:
 - 1.1. Helen Farabee Centers (HFC) will provide Jail Based Competency Restoration (JBCR) services within the Wichita County Jail to inmates who:
 - 1.1.1. Are found Incompetent to Stand Trial (IST) pursuant to the Texas Code of Criminal Procedure (CCP) Chapter 46B, and
 - 1.1.2. Are determined to be appropriate for participation in the JBCR program.
 - 1.2. Goals of this program are:
 - 1.2.1. To reduce the demand for forensic state hospital beds within the local area and to maximize access to HFC services,

HELEN FARABEE CENTERS PROGRAMS AND SERVICES POLICY 900.1.11

SECTION: Jail Based Competency Restoration

SUBJECT: POLICY STATEMENT

Page 2 of 2

- 1.2.2. Provide participants with prompt access to appropriate treatment and competency restoration services, and
- 1.2.3 Avoid the stress associated with lengthy wait times for state hospital admission.
- 1.3. HFC staff will follow Texas Administrative Code (TAC) guidelines and the Code of Criminal Procedure (CCP) with court ordered medications for inmates, as indicated.
- 1.4. The JBCR program will also complete continuity of care activities to ensure access to appropriate care for inmates transferring to or from state mental health facilities, returning to treatment with the jail mental health provider (CorrHealth), or returning to the community.

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900.1.11 Jail Based Competency Restoration (JBCR) Policy Statement

Final Audit Report 2025-07-29

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2025-07-27

By:

Cara Mullenix (mullenixc@helenfarabee.org)

Status:

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HELEN FARABEE CENTERS SERVICES AND PROGRAMS PROCEDURE 900.1.11.1 SECTION: Jail Based Competency Restoration SUBJECT: Jail Based Competency Restoration Page 1 of 5

FFECTIVE: 8/7/2025	ORIGINAL: 8/7/2025
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	APPROVED BY:
ndy Martin ssociate Executive Director of	Carol Nati MD, MS Carol Nati, M.D. Chief Medical Officer
perations	
	Gianna Harris Gianna Harris Executive Director
7	Gianna Harris

PROCEDURE:

 Jail Based Competency Restoration (JBCR) services are provided in compliance with Texas Administrative Code (TAC) Chapter 307, Subchapter C for individuals within the Wichita County Jail who have been found Incompetent to Stand Trial (IST) pursuant to the Texas Code of Criminal Procedure (CCP) Chapter 46B.

ELIGIBILITY

- 2. Upon an initial finding of IST, an inmate of the Wichita County Jail is screened for JBCR eligibility by a JBCR case manager (QMHP-CS).
 - 2.1. Screening includes:
 - 2.1.1. Risk of suicide and/or homicide.
 - 2.1.2. Decompensation of mental health and/or cognitive functioning, and

SERVICES AND PROGRAMS PROCEDURE 900.1.11.1

SECTION: Jail Based Competency Restoration

SUBJECT: Jail Based Competency Restoration

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- 2.1.3. Historical Clinical Risk Management-20 (HCR-20)
- 2.2. Eligibility criteria include:
 - 2.2.1. Finding of IST,
 - 2.2.2. Individual is not determined to be acutely psychotic,
 - 2.2.3. Individual is not determined to be acutely suicidal,
 - 2.2.4. Individual is not determined to be at high risk for harm to others, and
 - 2.2.5 Individual exhibits appropriate behavior within the jail milieu.
- 3. The results of the eligibility screening are presented to the JBCR treatment team during a weekly staffing meeting for discussion and eligibility determination.
 - 3.1. The JBCR treatment team consists of:
 - 3.1.1. Two (2) Competency Case Managers (QMHP-CS)
 - 3.1.2. JBCR Licensed Professional of the Healing Arts (LPHA)/Court Liaison,
 - 3.1.3. JBCR Licensed Vocational Nurse (LVN), and
 - 3.1.4. JBCR Psychiatric Provider
- 4. The determination of the treatment team is returned to the court of origin using Helen Farabee Centers (HFC) Form # 186, JBCR Eligibility Form, (Attachment A).
 - 4.1. If the treatment team recommends JBCR treatment, but the court disagrees, the inmate is placed on the forensic waitlist per existing court procedures.
 - 4.2. If the court agrees and orders the inmate to the JBCR program, intake must be completed within one (1) working day.
 - 4.3. If the treatment team recommends against JBCR placement, the inmate is placed on the forensic waitlist per existing court procedures.
 - 4.4. If evaluation for court ordered medications is recommended, the inmate should be added to the forensic waitlist per existing court procedures but may be re-evaluated for JBCR eligibility if court ordered medications are granted.

SERVICES AND PROGRAMS PROCEDURE 900.1.11.1

SECTION: Jail Based Competency Restoration

SUBJECT: Jail Based Competency Restoration Page 3 of 5

INTAKE

- 5. JBCR LPHA completes intake with inmate within one (1) working day of JBCR court order receipt.
- 6. Following intake, the JBCR Case Manager will coordinate an appointment with a psychiatric provider the following day.
- 7. The JBCR will complete an initial appointment with the inmate to establish a recovery plan and complete orientation to the JBCR program.
 - 7.1. Orientation documents required for services from HFC, include:
 - Consent to Treatment, HFC Form # 40, (Attachment B)
 - Authorization to Release and/or Exchange Information Form, HFC Form # 4, (Attachment C)

Competency Training

- 8. Program participants will receive three (3) hours of competency training daily (Monday through Friday) including educational training as well as mock trial sessions.
- 9. Participants will also receive up to two (2) hours weekly of one-on-one training to further participants' individual competency goals.
- 10. JBCR QMHP-CS will complete a biweekly Standardized Clinically Based Competency Screening (SCCS), HFC Form # 188, (Attachment D) (adopted from Texas Health and Human Services Commission (HHSS)) for each program participant.
 - 10.1. Results will be discussed in weekly treatment team meetings with other JBCR staff.
 - 10.2. Copies of the completed SCCS forms will be sent, along with the JBCR Recommendation for Re-evaluation, HFC Form # 187, (Attachment E) to the @MedicalRecords email group to be uploaded in the participants electronic health record (EHR).
- 11. When the JBCR Treatment Team concurs, a participant has regained competency, a JBCR Recommendation for Re-evaluation, HFC Form # 187, (Attachment E) is sent to the court of origin by the JBCR LPHA.

SERVICES AND PROGRAMS PROCEDURE 900.1.11.1

SECTION: Jail Based Competency Restoration

SUBJECT: Jail Based Competency Restoration Page 4 of 5

- 11.1. If re-evaluation is ordered by the court, the Wichita County Jail will coordinate an appointment with the court appointed evaluator.
 - 11.1.1 JBCR staff will not be involved in the scheduling of this appointment beyond confirming availability of space and/or resources as needed to maintain the objectivity of the assigned evaluator.
 - 11.1.2. JBCR staff will not provide information to or discuss a participant's case with the evaluator in any capacity.

Court Ordered Medications

Probate Court (First Step)

- 12. For inmates ordered to inpatient competency restoration who are refusing medications, the Helen Farabee Centers (HFC) JBCR psychiatric provider will complete an application for court ordered medications (COMs) consistent with the Texas Administrative Code (TAC) 574.104.
 - If the inmate lacks capacity to make a decision regarding medications and it is in their best interest (TAC 574.106 (a-1) (1)), or
 - 12.2. If the inmate presents as a danger to self or others because of their mental illness and treatment with medication is in their best interest (TAC 574.106 (a-1) (2)(B)).
- 13. The application for COMs is sent to the County Attorney or District Attorney's office to be filed.

<u>Criminal Court (Second Step)</u>

- 14. If application is denied by the Probate Court, the Director of Crisis Services and Continuity of Care, or designee must notify the court of intent to pursue COMs through the criminal court no later than the next business day following denial (Code of Criminal Procedure (CCP) 46B.086).
 - 14.1. The attorney representing the state files written motion with the court within fifteen (15) days of probate court denial.

SERVICES AND PROGRAMS PROCEDURE 900.1.11.1

SECTION: Jail Based Competency Restoration

SUBJECT: Jail Based Competency Restoration Page 5 of 5

Continuity of Care

- 15. For inmates successfully restored competency, JBCR QMHP-CS's will staff with jail mental health providers (CorrHealth) including current medication regimen.
 - 15.1. JBCR QMHP-CS's will complete weekly check ins with inmates for up to one (1) month to ensure inmates have successfully resumed care with CorrHealth.
- 16. For inmates transferred to a state mental health facility for competency restoration, JBCR QMHP's will provide a summary including diagnosis and medication regimen to the receiving hospital.
- 17. For inmates returning to the jail after being restored to competency, JBCR QMHP's will ensure CorrHealth staff have received information needed and have resumed care.
- 18. For inmates returning to the community due to charges being dismissed or otherwise resolved or being released on bond, JBCR QMHP's will coordinate transfer to HFC outpatient services or schedule an intake appointment.

ATTACHMENT LETTER	FORM NAME	FORM NUMBER
Α	JBCR Eligibility From	186
В	Consent to Treatment	40
С	Authorization to Release and/or Exchange Information Form	4
D	Standardized Clinically Based Competency Screening (SCCS)	188
E	JBCR Recommendation for Re- evaluation	187

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900.1.11.1 Jail Based Competency Restoration

Final Audit Report 2025-07-29

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2025-07-27

By:

Cara Mullenix (mullenixc@helenfarabee.org)

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HELEN FARABEE CENTERS PROGRAMS AND SERVICES POLICY 900.1.2

SECTION: Jail Based Competency Restoration

SUBJECT: POLICY STATEMENT Page 1 of 2

EFFECTIVE : 08/07/25	ORIGINAL: 08/07/25
APPROVED BY:	REVIEWED BY:
Kyle Gullette	Cara Mullenix
Kyle Gullette	Cara Mullenix
Director of Crisis and Continuity	Director of Utilization and Quality
of Care	Management
APPROVED BY:	APPROVED BY:
Andrew Martin	Carol Nati MD, MS
Andrew Martin	Carol Nati, M.D.
Associate Executive Director of	Chief Medical Officer
Operations	
CONCURRED:	APPROVED BY:
Gianna Harris	
Gianna Harris	J. Brian Eby
Executive Director	Chair, Board of Trustees

POLICY:

- 1. It is the policy of the Board of Trustees:
 - 1.1. Helen Farabee Centers (HFC) will provide Jail Based Competency Restoration (JBCR) services within the Wichita County Jail to inmates who:
 - 1.1.1. Are found Incompetent to Stand Trial (IST) pursuant to the Texas Code of Criminal Procedure (CCP) Chapter 46B, and
 - 1.1.2. Are determined to be appropriate for participation in the JBCR program.
 - 1.2. Goals of this program are:
 - 1.2.1. To reduce the demand for forensic state hospital beds within the local area and to maximize access to HFC services.

PROGRAMS AND SERVICES POLICY 900.1.2

SECTION: Jail Based Competency Restoration

SUBJECT: POLICY STATEMENT

Page 2 of 2

- 1.2.2. Provide participants with prompt access to appropriate treatment and competency restoration services, and
- 1.2.3 Avoid the stress associated with lengthy wait times for state hospital admission.
- 1.3. HFC staff will follow Texas Administrative Code (TAC) guidelines and the Code of Criminal Procedure (CCP) with court ordered medications for inmates, as indicated.
- 1.4. The JBCR program will also complete continuity of care activities to ensure access to appropriated care for inmates transferring to or from state mental health facilities, returning to treatment with the jail mental health provider (CorrHealth), or returning to the community.

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900.1.2 Jail Based Competency Restoration Policy Statement

Final Audit Report 2025-07-29

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HELEN FARABEE CENTERS SERVICES AND PROGRAMS PROCEDURE 900.12 SECTION: VETERAN SERVICES SUBJECT: POLICY STATEMENT Page 1 of 2

EFFECTIVE: 8/7/2025	ORIGINAL: 09/01/16
APPROVED BY:	APPROVED BY:
Elliot Bonner	Andrew Martin
Elliot Bonner Certified Veterans Peer Coordinator	Andrew Martin Associate Executive Director of Operations
REVIEWED BY:	CONCURRED:
Cara Mullenix	Gianna Harris
Cara Mullenix-Artigue Director of Utilization and Quality Management	Gianna Harris Executive Director
	CONCURRED:
	J. Bryan Eby Chairman, Board of Trustees

POLICY:

- It is the policy of Board of Trustees that Helen Farabee Centers (HFC)
 participates actively in treatment and services to assist Service
 Members, Veterans, and Families (SMVF) to re-engage or engage with
 the community by fostering an integrated approach to well-being and
 establishing mutually supportive group activities to include peer groups
 for each diverse group of SMVF.
- 2. Services will be provided throughout HFC's nineteen (19) county catchment areas, including Archer, Baylor, Childress, Clay, Cottle, Dickens, Foard, Hardeman, Hasell, Jack, King, Knox, Montague, Stonewall, Throckmorton, Wichita, Wilbarger, Wise, and Young.
- 3. HFC offers an available Military Veteran Peer Network (MVPN) as a single

SERVICES AND PROGRAMS PROCEDURE 900.12

SECTION: VETERAN SERVICES

SUBJECT: POLICY STATEMENT

Page 2 of 2

point of contact for all mental health services and support for SMVF. The MVPN is a network of trained volunteers and staff who the SMVF can turn to for nonjudgmental peer support.

4. The coordination of care, as needed, is facilitated across our mental health services, substance abuse services, and or needed primary care screenings.

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Signature: Elliot Bonner

Elliot Bonner | Jul 18, 2025 08:16-43 CDT |

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900.12 Veterans Services Policy Statement

Final Audit Report 2025-07-29

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Cara Mullenix (mullenixc@helenfarabee.org)

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Essential Services and Clinical Accountability, Quarter 3 FY2025

	Intellectual and Developmental Disability Services				
Item	Criteria	Definition	Target	Achieved	
1.1	Service Targets	Quarterly IDD Community Service Target. Note: HFC decided to limit services to required respite services only with the General Revenue (GR) program. This has reduced the number served. Similar issue statewide.	88 per Q, >100%	92%	
1.2	HCS Enrollments	Percent of all enrollments into HCS (Home and Community Services) that meet timelines in the LIDDA Handbook.	> 95% per Q	95%	
1.3	TxHmL Enrollments	Percent of all enrollments into TxHmL (Texas Home Living Services) that meet timelines in the LIDDA Handbook.	> 95% per Q	86%	
1.4	Permanency Plans	Percent of Permanency Plans completed that meet timeline requirements specified in Permanency Planning Requirements	> 95% per Q	100%	
1.5	PASRR Evaluations	PASSR Evaluations (PEs) or resident reviews completed & entered into the Long-Term Care Online portal (LTCOP) within 7 calendar days after receiving a copy of the PASRR Level 1 (PL1) screening from the Referring Entity or notification on the LTCOP portal.	> 95% per Q	100%	
1.6	PASRR Habilitation Coordination (HC)	Percent of compliance with assigning a Habilitation Coordinator to an eligible individual within 2 business days after the PE is entered in the LTCOP as described in section 4200 Assignment of Habiliation Coordinator of the IDD PASRR Handbook.	> 95% per Q	100%	
1.7	PASRR PE Referrals	Percent of all PEs or resident reviews completed in field F1000 "Referrals" section of the PE if field F0500 "Would this individual like to live somewhere other than Nursing Facility" is marked 1. Yes.	> 95% per Q	100%	
1.8	PASRR CLO	Percent of compliance with conducting Community Living Option (CLO) during the PE and at least every 6 months thereafter, but no more than 30 days before a scheduled quarterly service planning team (SPT) meeting.	> 95% per Q	100%	

1.9	PASRR Alternative Placement Disposition	Percent of completed PL1s in which the "Alternative Placement (Disposition)" field is completed within 7 days of a PASRR positive person's enrollment in a community program as described in section 2320 PL1 Screening Form of the IDD PASRR Handbook.	> 95% per Q	100%
1.10	SSLC Annual Meetings	The Contracted LIDDA will attend the SSLC annual planning meeting in person or by teleconference 100% of the time unless the resident and/or their LAR has specifically requested the LIDDA not participate.	95%	Note: If SSLCs contact the LIDDA, participation occurs 100%
1.11	SSLC Transitions*	Percent compliance of SSLC Transition Reporting that meet timeline requirements specified for an individual who is on community placement status from an SSLC.	95%	100%
1.12	Deliverables Upload SFTP Globalscape	Percent of compliance adhering to the deliverable dates described in section A-7, IDD Submission Calendar	> 95% per Q	100%
1.13	Statewide Interest Lists	Percent of HCS and TxHmL interest list population contacted for biennial review as described in Section 7500 of the LIDDA Handbook. Note: Erin reported a full team is now in place and this will meet the 100% by end of FY25.	At least 50% by end of FY2024 100% by end of FY2025	88%
1.14	Community First Choice (CFC) assessments*	Percent of all CFC Intellecutal Disability/Related Condition (ID/RC) assessments completed and submitted to the appropriate HHSC system within 90 calendar days after notification from HHSC of a referral, or as otherwise agreed.	> 95% per Q	100%

^{*} New measures for FY2024

	10% Risk Measures					
Item		Criteria	Definition	Target	Achieved	
2.	1	possible modification?	At least 20.0% of adults authorized in a FLOC shall show improvement in at least one of the following ANSA domains/modules: Risk Behaviors, Behavioral Health Needs, Life Domain Functioning, Strengths, Adjustment to Trauma, Substance Use.	≥ 20% per FY 1/2	43%	

2.2	Child and Youth Improvement - possible modification?	At least 25.0% of all children and youth authorized in a FLOC shall show improvement in at least one of the following CANS domains/modules: Child Risk Behaviors, Behavioral and Emotional Needs, Life Domain Functioning, Child Strengths, Adjustment to Trauma, Substance Use.	≥ 25% per FY 1/2	59.1%
2.3	School Improvement (12%)	At least 60.0% of children and youth authorized in a FLOC shall have acceptable or improved school performance.	≥ 60% per FY 1/2	66.5%
2.4	Community Tenure - possible removal?	At least 96.8% of adults, children and youth authorized in a full level of care (FLOC) shall avoid hospitalization in an HHSC Inpatient Bed throughout the measurement period.	≥ 96.8% per FY 1/2	99.0%
2.5	Effective Crisis Response (12%)	At least 75.1% of crisis episodes during the measurement period shall not be followed by admission to an HHSC Inpatient Bed within 30 days of the first day of the crisis episode.	≥ 75.1% per FY 1/2	83.1%
2.6	Hospital Follow-up within 7 Days (Encounter) *NEW (12%)	At least 62.3% of individuals discharged from a state hospital, an HHSC Contracted Bed, a CMHH, or a PPB shall receive an in-person, synchronous audiovisual, or synchronous audio-only follow—up within seven days of discharge.	≥ 62.3% per FY 1/2	92.0%
2.7	Crisis 7-day Follow-up BENCHMARK *NEW (12%)^	The percentage of crisis episodes for adults, children, and youth in LOC–A 0 with a follow–up service contact 1–7 days after the date of the last crisis service in the crisis episode.	TBD - No sanctions will be assessed for the fiscal years of 2024 -2025.	3.0%

^{*} NEW measures for FY2024

[^]Held Harmless FY24 -FY25

Adult MH Services				
Item	Criteria	Definition	Target	Achieved
3.1	Adult Service Target	The average montly number of adults authorized in a FLOC.	100% of 2750 per FY 1/2	97%

3.2	Assertive Community Treatment Target (ACT) - possible removal?	An average of at least 54.0% of all adults recommended for LOC-4 shall be authorized into LOC-3 or LOC-4.	≥ 54% Per FY 1/2	88.3%
3.3	Employment Functioning	At least 39.8% of adults authorized in a FLOC shall have acceptable or improved employment.	≥ 39.8% Per FY 1/2	92.6%
3.4	Education/ Volunteer Strengths	At least 26.5% of adults authorized in a FLOC shall have acceptable or improved employment–preparatory skills as evidenced by either the Educational or Volunteering Strengths item on the ANSA.	≥ 26.5% Per FY 1/2	26.2%
3.5	Residential Stability	At least 84.0% of adults authorized in a FLOC shall have acceptable or improved residential stability.	≥ 84% Per FY 1/2	91.8%
3.6	Depression Response at 6 months BENCHMARK *NEW - possible modification?	An average of 10.4% of adults authorized in a FLOC with a diagnosis of major depression and an initial QIDS score greater than or equal to 11 shall have a follow-up QIDS score at six months that is reduced by 50% or greater from the initial QIDS score and/or is less than or equal to 7.	≥ 10.4% Per FY 1/2	41.6%
3.7		The percentage of adults authorized in a FLOC in the prior measurement period with Assessment Type A (admit) and LOC-R 4 who have (a) an in-person, synchronous audiovisual, or synchronous audio-only service contact 90 - 180 days following the admit assessment; and (b) a second Assessment Type A (admit) or C (continuing) 90 - 210 days after the admit assessment.	TBD - No sanctions will be assessed for the fiscal years of 2024 -2025.	45.9%
3.8	High Need Adults Functioning BENCHMARK *NEW^	The percentage of adults authorized in a FLOC with LOC-R 4 who have acceptable or improved functioning in the Life Domain Functioning OR the Strengths domain of the ANSA	TBD - No sanctions will be assessed for the fiscal years of 2024 -2025.	34.2%

3.9	Retention of Justice- involved Adults BENCHMARK *NEW^/remove?	The percentage of adults authorized in a FLOC in the prior measurement period with Assessment Type A (admit) and ANSA scores that trigger the Criminal Behavior module who have (a) an in-person, synchronous audiovisual, or synchronous audio-only service contact 90 - 180 days following the admit assessment and (b) a second assessment Type A (admit) or C (continuing) 90 - 210 days after the admit assessment.	TBD - No sanctions will be assessed for the fiscal years of 2024 -2025.	35.0%
3.10	Criminal Justice Outcomes BENCHMARK *NEW^/possible modification?	The percentage of adults authorized in a FLOC with ANSA scores that trigger the Criminal Behavior module who have acceptable or improved functioning in the Criminal Behavior module.	TBD - No sanctions will be assessed for the fiscal years of 2024 -2025.	0%

^{*} New measures for FY2024

[^]Held Harmless FY24 -FY25

	Child and Youth Services				
Item	Criteria	Definition	Target	Achieved	
4.1	Child/Youth Service Target	The average monthly number of children/adolescents authorized in a FLOC.	100% of <mark>425</mark> per FY 1/2	91%	
4.2	Juvenile Justice Avoidance - possible removal?	At least 95.0% of children/youth authorized in a FLOC shall have no arrests (acceptable) or a reduction of arrests (improving) from time of first assessment to time of last assessment.	≥ 95% by end of FY	99%	
4.3	Family Partner Response BENCHMARK *NEW - possible modification?	At least 65.2% of children and youth authorized in a FLOC receiving any Family Partner Support Services who have acceptable or improved functioning in one or more of the following CANS Caregivers Needs domain items: Family Stress, Involvement with Care, and Knowledge.	<u>></u> 65.2%	68.1%	
4.4	Family and Living Situation	At least 67.5% of children and youth authorized in a FLOC shall have acceptable or improved family and living situations.	≥ 67.5% Per FY 1/2	82.0%	

4.5	Retention of Justice- involved Youth BENCHMARK *NEW^ - possible removal?	The percentage of children and youth authorized in a FLOC in the previous measurement period with Assessment Type A (admit) and CANS scores that trigger the Juvenile Justice module who have (a) an inperson, synchronous audiovisual, or synchronous audio-only service contact 75-180 days following the admit assessment; and (b) a second Assessment Type A (admit) or C (continuing) 75 - 210 days after the admit assessment.	TBD - No sanctions will be assessed for the fiscal years of 2024 -2025.	0%
4.6		The percentage of children and youth authorized in a FLOC with CANS scores that trigger the Juvenile Justice module who have acceptable or improved functioning in the Juvenile Justice module.	TBD - No sanctions will be assessed for the fiscal years of 2024 -2025.	21.05%

^{*} New measures for FY2024

[^]Held Harmless FY24 -FY25

Crisis Services				
Item	Criteria	Definition	Target	Achieved
5.1	Hospitalization Rate - possible removal?	The equity-adjusted rate of HHSC Inpatient Bed Days in the population of the local service area shall be less than or equal to 1.9%.	≤ 1.9% per FY 1/2	1.37%
5.2	Access to Crisis Response Services	At least 61.9% of crisis hotline calls shall result in in-person, synchronous audiovisual, or synchronous audio-only encounters.	≥ 61.9% per FY 1/2	78.9%
5.3	Adult Jail Diversion	The equity-adjusted percentage of valid Texas Law Enforcement Telecommunications System (TLETS) bookings across the adult population with a match in CARE shall be less than or equal to 10.46%.	<u><</u> 10.46%	13.11%

	Hospital 30-day	No more than 10.2% of adults, children, and		
	Readmission	youth who are discharged from a state	≤ 10.2%, but	
	BENCHMARK* NEW^	hospital, an HHSC Contracted Bed, a CMHH,	no sanctions	
		or a PPB shall be readmitted within 30 days	will be	
5.4		of discharge.	assessed for	8.0%
			the fiscal	
			years of	
			2024 -2025.	

	OTHER				
Item	Criteria	Definition	Target	Achieved	
6.1	Long-Term Services and Supports	Contractor shall act upon referrals within 15 calendar days of receipt from the LTSS Screen.	<u>></u> 70%	100%	

AGENDA ITEM: 080725-6C1 MEETING DATE: AUGUST 7, 2025

- **6 QUARTERLY REPORTS**
- C. EXTERNAL AUDITS
- 1) THIRD QUARTER EXTERNAL AUDITS

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Superior Managed Care Organization (MCO) Audit

RECOMMENDED ACTION: Information item only

BACKGROUND INFORMATION

On a quarterly basis, Superior, a managed care organization, reviews selected charts for purposes of compliance. This review was held on June 11, 2025, and the review period was January 1, 2025 – March 31, 2025

SUPPORTING INFORMATION:

For this review, three (3) Adult Mental Health and one (1) Child & Adolescent Services (CAS) clinical records were reviewed. Our chart compliance averaged **91.57%** and our claims compliance was **91.38%**.

Historically, HFC has done well in Superior audits and scores are always in the 90th percentile.

UM/QM will continue relaying audit scores with case managers and adding/adjusting training as needed.

SPECIFIC REASONS WHY THESE ACTIONS ARE NECESSARY FOR THE CENTER:

As a Provider, we are subject to reviews by Medicaid Managed Care Organizations (MCO's). Superior is our largest MCO has scheduled quarterly reviews with Helen Farabee Centers for over the past nine + years.

AGENDA ITEM: 080725-6C2 MEETING DATE: AUGUST 7, 2025

- **6 QUARTERLY REPORTS**
- C. EXTERNAL AUDITS
- 2) THIRD QUARTER REPORT Page 1 of 2

RECOMMENDED ACTION: Information Item Only

BACKGROUND INFORMATION:

The Health and Human Services Commission (HHSC) conducted a remote desk review with the IDD Authority Service on May 19-22, 2025, to determine programmatic issue in compliance with contract requirements. This audit was conducted through virtual means with HHSC utilizing the Electronic Health Record (EHR), and Microsoft Teams video debriefings.

29 comprehensive records were reviewed extensively for the General Revenue (GR), Community First Choice (CFC) non-waiver, Home & Community Based Services (HCS) Waiver, Texas Home Living (TxHmL) Waiver, and Pre-Admission Screening & Resident Review (PASRR) programs. In addition, Human Resources and Director training information, critical incident and data reporting, priority population of Determinations of Intellectual Disability (DID) psychology report reviews, Permanency Planning, Community Resource Coordination Group (CRCG), Admission Review & Dismissal (ARDs), Emergency Plan, Data Verification, Internal Interest List Maintenance, Data Integrity, Protected Health Information (PHI), Transition Planning in Schools, System Access Termination, Quality Management Plan, Local Service Plan, Provider Complaint Process, List of Excluded Individual and Entities (LEIE), Planning and Network Advisory Committee (PNAC), and Abuse/Neglect/Exploitation (ANE) reporting were reviewed.

This review is conducted on an annual or biennial basis by HHSC. The frequency of review depends on the scores from the most recent audit. Based on our audit scores for FY25 put us in the range to have a biennial audit schedule. A Corrective Action Plan (CAP) has been implemented. CAP training is scheduled to occur on August 1, 2025. CAP process has been modified from previous years resulting in only 7 areas requiring a CAP. The areas are addressed as systematic findings resulting in an overall retraining with the department on these items to meet CAP requirements. The LIDDA leadership team is still monitoring several items outside of these areas to ensure that additional areas that resulted in findings but did not require a CAP are addressed. The next annual Quality Assurance Audit for FY27 should occur May 2027 with HHSC.

HHSC has still waived the need for a Corrective Compliance Review, though LIDDA leadership is closely monitoring all items listed on the CAP to ensure compliance.

The IDD Authority Department's staff, Trainers, Team Leads, and IDD Authority Director along with the Quality Management staff are continuing to work together to ensure the provision and monitoring of IDD Authority Services.

AGENDA ITEM: 080725-6C2 MEETING DATE: AUGUST 7, 2025

- **6 QUARTERLY REPORTS**
- C. EXTERNAL AUDITS
- 2) THIRD QUARTER REPORT Page 2 of 2

SUPPORTING INFORMATION:

Quality Assurance Authority Review—99.38%

Findings related to Permanency Planning and Planning and Network Advisory Committee.

Texas Home Living---98.16%

Findings related to Process for Enrollment, Provide Provider Records, PDP Content, Monitoring Service Delivery, and Plan of Services Updates.

Home and Community-Based Services —99.81%

Discovery Process and Person Directed Planning.

Pre-Admission Screening & Resident Review (PASRR)----99.18%

Findings related to Habilitation Coordinator/Enhanced Community Coordinator Contact, Service Planning Team Meeting, SPT Membership Requirements, Habilitation Service Plan Development, Community Living Options, Habilitative Assessment, and Post-Move Monitoring,

General Revenue and Community First Choice --- 100%

No findings.

Overall Score—98.97%

The IDD Quality Assurance audit Report of Findings, Corrective Action Plans, and letters of approval from HHSC are on file.

SPECIFIC REASONS WHY THESE ACTIONS ARE NECESSARY FOR THE CENTER:

As the LIDDA, we are subject to reviews by the State of our Performance Contracts.

AGENDA ITEM: 080725-6C1 MEETING DATE: AUGUST 7, 2025

- **6 QUARTERLY REPORTS**
- C. EXTERNAL AUDITS
- 1) THIRD QUARTER REPORT Page 1 of 1

RECOMMENDED ACTION: Information Item Only

BACKGROUND INFORMATION: Each Helen Farabee Centers location is licensed by the Texas Health and Human Services Commission (HHSC) substance use disorder and Professional Licensing Division. The Childress County Center was inspected May 14, 2025 – May 15, 2025. Three (3) client files were reviewed and one (1) employee file, facility policies and procedures. A physical site inspection was also completed. Three (3) findings needed to be corrected. They were corrected and a closure letter from HHSC was received on June 25, 2025.

SUPPORTING INFORMATION: Please find attached closure letter and Notice of Findings (NOF) Report.

SPECIFIC REASONS WHY THESE ACTIONS ARE NECESSARY FOR THE CENTER:

As a Program Provider, we must be in continuous compliance with Texas Health and Human Services Commission (HHSC) substance use disorder compliance group.



TEXAS HEALTH AND HUMAN SERVICES COMMISION Substance Use Disorder Compliance Group Notice of Findings Report

Name of Facility:				Facility License Number:
Helen Farabee Centers				2464
Address of Facility: 8150 US Highway 287 Childress, Texas 79201				Site(s): 3676
Inspector Name(s): Gina Estrada	Type of Inspection 181 Routine Status □ New □ Other: Pre-	□ Change-in-	Start:	May 14, 2025 May 15, 2025

IN RESPONSE TO AN INSPECTION OF HELEN FARABEE CENTERS, FACILITY LOCATED AT 8150 US HIGHWAY 287, CHILDRESS, TX YOUR ATTENTION IS DIRECTED TO THE FINDINGS OF NON-COMPLIANCE WITH 26 TEXAS ADMINISTRATIVE CODE, CHAPTER 564, STANDARD OF CARE RULES, AS NOTED BELOW:

At the time of the inspection, the facility census reported two (2) outpatient clients receiving services at the facility. The inspector reviewed three (3) client files, one (1) employee files, the facility's policies, and procedures, and completed a physical site inspection to determine compliance status.

Citation	Statement	Finding	Provide the Corrective Action	Commission Response (for Commission use ONLY)
§564.505 General Environment. (a)	(a) The facility shall comply with applicable requirements of the Americans with Disabilities Act (ADA). The facility shall maintain documentation that it has conducted a self-inspection to evaluate compliance and implemented a corrective action plan, as necessary, with reasonable time frames to address identified deficiencies.	 The facility is not in compliance with ADA requirements, as evidenced by: The entrance to where group sessions are held has a threshold of 4 inches high and does not have an accessible entrance to the group room, (in accordance with 2010 ADA Standards for accessible design 1.43). The door to where group sessions are held is not equipped with hardware that is operable with one hand and does not require tight grasping, pinching, or twisting of the wrist, (in accordance with 2010 ADA Standards for accessible design 1.44). 	ramp to where group sessions are held in this facility has been installed (in	6-25-25. Accepted. The facility provided photos of completed ADA renovations.
§564.505 General Environment. (b)	(b) The facility shall have a certificate of occupancy from the local authority that reflects the current use by the occupant or documentation that the locality does not issue occupancy certificates.	The facility does not have a certificate of occupancy in accordance with rule requirement.	located outside of the City of Childress city limits. Childress County does not	6-25-25. Accepted. The facility provided letter from the Childress County.

Citation	Statement	Finding	Provide the Corrective Action	Commission Response (for Commission use ONLY)
§564.804 Treatment Planning, Implementati on and Review. (1)-(2)	(I) Program staff shall document all treatment services (counseling, chemical dependency education, and life skills training) in the client record within 72 hours, including the date, nature, and duration of the contact, and the signature and credentials of the person providing the service. (2) Individual counseling notes shall include the goals addressed, clinical observation and new issues or needs identified during the session.	The individual notes for the following clients did not include clinical observation, as evidenced by documentation provided by the facility: • AW individual counseling note on date 11-07-24. • JC individual counseling note on date 03-18-25. • EM individual counseling note date on 03-27-25.	Program clinical staff will document individual counseling notes to include the goals addressed, clinical observation, and new issues or needs identified during the session. Updated training was provided on 06/09/2025 as evidenced by the attached sign-in sheet.	6-25-25. Accepted. The facility provided training to staff and a plan to ensure compliance going forward.
§564.805 Discharge. (e).	(e) Discharge planning shall be completed before the client's scheduled discharge.	The discharge plan dated 01-21-25 was not completed before the clients scheduled discharge for client AW discharge date 01-21-25 as evidenced by review of documentation provided by the facility.	was provided on 04/25/2025	6-25-25. Accepted. The facility provided training to staff and a plan to ensure compliance going forward.

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Citation	Statement	Finding	Provide the Corrective Action	Commission Response (for Commission use ONLY)
			evidenced by the attached training sign-in sheet.	
§564.901 Requirements Applicable to All Treatment Services	(d) The program shall provide education about Tuberculosis (TB), HIV, Hepatitis B and C, and sexually transmitted diseases (STDs) based on the Texas Commission on Alcohol and Drug Abuse Workplace and Education Guidelines for HIV and Other Communicable Diseases.	The facility did not provide education about Tuberculosis (TB), HIV, Hepatitis Band C, and sexually transmitted diseases (STDs) to the following client: • AW date of admission 10-03-24, discharge date 01-21-25.	Updated training ensuring all clients are provided education about Tuberculasis (TB), HIV, Hepatitis B and C, and sexually transmitted diseases was held on 04/25/25 as evidenced by the attached training sign-in sheet.	6-25-25. Accepted. The facility provided training to staff and a plan to ensure compliance going forward.

You are required to submit a written response within twenty (20) business days from the receipt of this report (by COB: 06/24/2025) addressing each finding and detailing the corrective action you have taken to achieve compliance with 26 Texas Administrative Code Chapter 564. In your Plan of Correction (POC), cite the rule number and corrective action taken. Compile all pertinent documentation, the signed Notice of Finding, and submit with your POC. Forward all responsive documents by email to: gina.estrada@hhs.texas.gov, or by mail to the following address:

Gina Estrada, Inspector VI
Substance Use Disorder Compliance Unit
Texas Health and Human Services Commission
701 W. sist Location code: 1001; Mail code: 1979
Austin, TX. 78751

Gina	Estrada
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Substance Use Disorder Compliance Inspector

Date

Facility Representative





June 25, 2025

Gianna Harris, Executive Director Helen Farabee Centers 8150 US Highway 287 Childress, TX 79201

Dear Ms. Harris,

Thank you for your corrective action response to the Notice of Findings regarding your licensed facility number 3676. The deficiencies noted from the Notice of Findings have been sufficiently corrected and no further documentation regarding this inspection is required. While no further action is needed from the licensee at this time, HHSC may consider administrative action regarding the deficient practices cited. This will serve as notification the inspection is closed.

Please note that the items cited in this inspection may be reviewed by other HHSC units, and during subsequent inspections to ensure the plan of correction has been adequately implemented.

Should the facility discontinue services or make changes to the existing services, please notify the Facility Licensing Department in writing prior to implementing the change.

I want to thank you for your assistance during the inspection process. Please contact me at 512-839-5864, or gina.estrada@hhs.texas.gov if you have any questions regarding facility inspections.

Sincerely,

Gina Estrada

Inspector VI Substance Use Disorder Compliance Unit Texas Health and Human Services Commission

CC: Bradley Fisk, S.A. Program Director, Parris Green, S.A. Clinical Manager