

Agenda

HELEN FARABEE CENTERS BOARD OF TRUSTEES

January 8, 2026

11:00 AM

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

Agenda Topics

MEETING STARTS AT 11:00 A.M.

010826-1 CALL TO ORDER

J. Brian Eby

A. INTRODUCTION OF GUESTS

010826-2 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.”*

010826-3 APPROVAL OF MINUTES

J. Brian Eby

Recommended Action: That the Board of Trustees approves the minutes of the September Board of Trustee meetings.

Page 5

Citizen Comment:

010826-4 TRAINING

Medical Services.....Carol Nati, MD

Page 9

Intellectual & Developmental Disabilities Services..... Erin Perkins

Page 22

010826-5 RECOMMENDATIONS

A. BOARD OF TRUSTEES

1) *Place 4 Vacancy*

Melissa Collins

Recommended Action: Information Only Item.

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Citizen Comment:

2) *Place 5 Vacancy*

Melissa Collins

Recommended Action: That the Chair of the Board of Trustees appoint a three member ad-hoc committee to interview applicant for Place 5 and make a recommendation to the Commissioner's Courts.

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Citizen Comment:

3) *Sheriff on the Board*

Melissa Collins

Recommended Action: Information Only Item.

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Citizen Comment:

4) <i>Veteran on the Board</i>	Melissa Collins
Recommended Action: Information Only Item.	Page 38
Citizen Comment:	
B. BUDGET AND FINANCE	
1) <i>Fiscal Year 2025 Audit</i>	Linda Poenitzsch
Recommended Action: That the Board of Trustees approve and authorize the chair to sign the resolution indicating the Fiscal Year 2025 audit performed by Condley and Company, LLP, has been reviewed and approved.	Page 41
Citizen Comment:	
2) <i>Financial Statements</i>	Linda Poenitzsch
Recommended Action: That the Board of Trustees approves the financial statements for November 2025.	Page 14
Citizen Comment:	
3) <i>Status of Investments</i>	Linda Poenitzsch
Recommended Action: That the Board of Trustees approves the status of investments.	Page 149
Citizen Comment:	
C. CONTRACTS AND PLANS	
1) <i>USDA Distance Learning Grant Security Administrator Resolution</i>	Michael Stephenson
Recommended Action: That the Board of Trustees reviews and approves the assigned security roles outlined in the resolution.	Page 152
Citizen Comment:	
2) <i>Quality Management Plan and Attachments</i>	Cara Mullenix-Artigue
Recommended Action: That the Board of Trustees approves the amended Quality Management Plan and amended attachment for FY 2026.	Page 16
Citizen Comment:	
D. FACILITIES AND EQUIPMENT	
<i>No Agenda Items</i>	
E. POLICIES AND PROCEDURES	
1) <i>Policy Statement Summary</i>	Cara Mullenix-Artigue
Recommended Action: That the Board of Trustees review and approve the Policy Statements and Procedures.	Page 179
100.1 Board of Trustees Policy Statement	
400 Substance Abuse Services Policy Statement	
600 Information Systems Policy Statement – MIS	
900.2 Continuity of Care Policy Statement	
900.3 Behavioral Health Services – Adult – Policy Statement	
900.4 Child and Adolescent Services Policy Statement	
900.10 Transition Home Policy Statement	

Please review and approve the Board of Trustees Procedures. 100.1.1 Policy and Procedure Manual 100.1.2 Organizational Structure 100.1.3 Public Information – No Revisions 100.1.4 Open Meetings – No Revisions 100.1.5 Conflict of Interest – No Revisions 100.1.6 Executive Director – No Revisions 100.1.7 Accessing the Board of Trustees – No Revisions 100.1.9 Sheriff Ex-Officio Board Members – No Revisions 100.1.10 Board Travel – No Revisions	
Citizen Comment:	
F. PROGRAM AND PERSONNEL	
<i>1) CART TEAM</i>	Andy Martin
Recommended Action: Information Only Item	Page 275
Citizen Comment:	
010826-6 QUARTERLY REPORTS	
A. ESSENTIAL SERVICES AND CLINICAL ACCOUNTABILITY	
<i>1) 1st Quarter Report</i>	Cara Mullenix-Artigue
Recommended Action: Information Only Item	Page 276
Citizen Comment:	
<i>2) Death Review Report</i>	Cara Mullenix-Artigue
Recommended Action: Information Only Item	Page 281
Citizen Comment:	
B. PLANNING AND NETWORK ADVISORY COMMITTEE	
<i>No Agenda Item</i>	
C. EXTERNAL AUDITS	
<i>1) TCOOMMI External Audit Report</i>	Cara Mullenix-Artigue
Recommended Action: Information Only Item	Page 282
Citizen Comment:	
<i>2) Behavioral Health QM External Audit</i>	Cara Mullenix-Artigue
Recommended Action: Information Only Item	Page 283
Citizen Comment:	

D. TEXAS COUNCIL BOARD OF DIRECTORS MEETING	
<i>No Agenda Items</i>	
E. FACILITIES MANAGEMENT	
<i>No Agenda Items</i>	
010826-7 EXECUTIVE DIRECTOR'S REPORT	Gianna Harris
A. ADMINISTRATION AND BOARD OF TRUSTEES	
B. BUDGET	
C. LEGISLATIVE ISSUES	
D. SERVICES	
E. HUMAN RESOURCES	
010826-8 CLOSED SESSION	
<i>No Agenda Items</i>	
010826-9 OPEN SESSION	
<i>No Agenda Items</i>	
010826-10 ANNOUNCEMENTS	J. Brian Eby
A. NEXT MEETING	
<i>11 a.m., Thursday, March 5, 2026 at the Young County MH Center Conference Room, Graham, TX</i>	
010826-11 OTHER BUSINESS	
010826-12 ADJOURN	J. Brian Eby

Minutes	<div>HELEN FARABEE CENTERS BOARD OF TRUSTEES</div> <div>November 6, 2025 11:00 AM TELEVIDEO & 1000 Brook Ave., Sue Nunn Conference, Wichita Falls, TX</div>	
	Board of Trustee Members Present:	J. Brian Eby, Chairman; Cindy Barksdale, David Cook, Kathy Thorp, Jessica Traw; Tom Johnson, Jan Driver Ward
	Board of Trustee Members Absent:	VACANT, VACANT, Sheriff-VACANT, Sheriff Babcock
	Staff Present:	Gianna Harris, Executive Director; Andy Martin, Associate Executive Director; Linda Poenitzsch, Director Financial Operations; Kelly Wooldridge, Human Resources Director; Connie Johnston, Director of Consumer Affairs; Nick Mariotti, Director Medical Records
	Other Staff and Guests Present:	Cindy Kessler, Place 4 candidate Melissa Collins, Board of Trustee Liaison, Recorder
AGENDA TOPICS		
110625-1 CALL TO ORDER		
J. Brian Eby, Board Chair called meeting to order at 11:01 A.M. with seven (7) Board Members in attendance.		
110625-2 PRESENTATIONS		
A. Open Citizen Comment to The Board		
No comments were presented to the Board.		
110625-3 APPROVAL OF MINUTES		
Recommended Action: That the Board of Trustees approves the minutes of the September Board of Trustee meeting.		
The Board of Trustees reviewed and approved the minutes of the September Board of Trustee meeting.		
Motion: David Cook		Affirmative: 7
Second: Cindy Barksdale		Negative: 0
Citizen Comment: None		
110625-4 TRAINING		
Linda Poenitzsch, Director of Finance provided training on the Public Funds Investment. Presentations were distributed to all members in the board packet, available for review upon request.		
Nick Mariotti, Medical Records Director along with Lauryn Tuggle, Medical Records, provided training on HIPAA. Presentations were distributed to all members in the board packet, available for review upon request.		

110625 - 5 RECOMMENDATIONS

A. BOARD OF TRUSTEES

1) Place 4 Vacancy

Recommended Action: Information Only Item

The candidate, Cindy Kessler who was in attendance as a guest, had an interview prior to the meeting with the ad hoc committee. They indicated she will be a good fit for the board and now we will notify the appointing agencies and ask them to appoint.

Citizen Comment: None

2) Place 5 Vacancy

Recommended Action: Information Only Item

Judge Brendle has recommended a candidate so we will wait for their application. In the meantime, the Board chair appointed the ad hoc committee to conduct the interview.

Citizen Comment: None

3) Sheriff on the Board

Recommended Action: Information Only Item

The candidate Baylor Co Sheriff Darcy White was interviewed prior to the meeting with the ad hoc committee. They indicated she will be a good fit for the board. She will attend training session with Gianna and be appointed to the ex officio position.

Citizen Comment: None

4) Veteran on the Board

Recommended Action: Information Only Item

Senate Bill 1580 indicates we have to place a Veteran on the board. Elliot with the HFC Vets Dept has recommended a couple of candidates. We have until Sept 2026 to get someone in place.

Citizen Comment: None

B. BUDGET AND FINANCE

1) Financial Statements

Recommended Action: That the Board of Trustees approves the financial statements for August and September 2025.

The Board of Trustees reviewed and approved the financial statements for August and September 2025.

Motion: **Tom Johnson**

Affirmative: 7

Second: **Jan Driver Ward**

Negative: 0

Citizen Comment: None

2) 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: **Cindy Barksdale**

Affirmative: 7

Second: **Tom Johnson**

Negative: 0

Citizen Comment: None

C. CONTRACTS AND PLANS	
<i>1) ECI Lease Renewal 1709 10th St. in WF</i>	
Recommended Action: That the Board of Trustees ratifies the lease renewal for 1709 10th Street in Wichita Falls with ASBA Enterprises, LTD.	
The Board of Trustees reviewed and ratified the lease renewal for 1709 10th Street with ASBA Enterprises, LTD.	
Motion: David Cook	Affirmative: 7
Second: Cindy Barksdale	Negative: 0
Citizen Comment: None	
D. FACILITIES AND EQUIPMENT	
<i>No Agenda Items</i>	
E. POLICY AND PROCEDURE	
<i>1) Policy Statement Summary</i>	
Recommended Action: That the Board of Trustees review and approve these Policy Statements:	
100.1.1 PFIA Investment Policy Statement 200.1 Human Resources Policy Statement 200.2 Human Resources Development (Training) Policy Statement 200.3 Safety/Risk Management Policy Statement 700.1 Medical Services Policy Statement 800.1 Quality Management Policy Statement 900.1 Crisis Services Policy Statement 900.13 Early Childhood Intervention Services – Policy Statement # 2	
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	
<i>No Agenda Items</i>	
110625-6 QUARTERLY REPORTS	
A. ESSENTIAL SERVICES AND CLINICAL ACCOUNTABILITY	
<i>1) 4th Quarter Report</i>	
Recommended Action: Information Only Item	
Andy Martin reported.	
B. PLANNING AND NETWORK ADVISORY COMMITTEE	
<i>1) 4th Quarter Report</i>	
Recommended Action: Information Only Item	
Connie Johnston reported.	

C. EXTERNAL AUDITS	
1) <i>External Audit – Superior MCO</i>	
Recommended Action: Information Only Item	
Andy Martin reported.	
D. TEXAS COUNCIL BOARD OF DIRECTORS MEETING	
<i>Texas Council Board of Directors Meeting</i>	
Recommended Action: Information Only Item	
J. Brian Eby will be traveling to Austin today to attend TX Council Board of Directors meeting in Austin.	
E. FACILITIES MANAGEMENT	
<i>No Agenda Items</i>	
110625 - 7 EXECUTIVE DIRECTOR'S REPORT	
<i>Texas Council Executive Directors Consortia</i>	
Gianna is attending via video and will have more compelling information to report after the meetings are over.	
110625-8 CLOSED SESSION	
<i>No Agenda Items</i>	
110625-9 OPEN SESSION	
<i>No Agenda Items</i>	
110625-10 ANNOUNCEMENTS	
A. <i>Next Meeting</i> - The next meeting will be held at 11 A.M., Thursday, January 8, 2026 at the Sue Nunn Conference Room, 1000 Brook Ave., Wichita Falls, TX.	
110625-11 OTHER BUSINESS	
<i>No other business</i>	
110625-12 ADJOURN	
The Board of Trustees meeting was adjourned by Board Chairman, J. Brian Eby at 11:38 am.	
Approved as presented:	Approved as corrected:
January 8, 2026	January 8, 2026

HFC MEDICAL SERVICES FY 2025

Presented by Carol Nati MD, MS
Chief Medical Officer
January 2026



OVERVIEW:

Medical Staff

- Prescribers
- Delegating Physicians
- Nursing Staff/ Medical Assistants
- PAP

Scope of Work

- Service Delivery
- Med Staff Meetings

Medical Staff Audit Results

Continuous Quality Improvement



PRESCRIBERS

- ❖ Dr. Stuart Crane, M.D. – Adult Services
- ❖ Dr. Rehman Madraswala, M.D.- Child and Adolescent
- ❖ Dr. Margo Shero, M.D. – Adult Services
- ❖ Dr. Olusegun Solano, M.D.- Adult Services
- ❖ Dr. Nita Patterson, Doctor of Nursing, APRN-CNP
- ❖ Taylor Abshier, MSN, APRN-CNP
- ❖ Jorge Cardenas, MSN, APRN-CNP
- ❖ Susan Gladden, MSN, APRN-CNP
- ❖ Staci Gottlieb, MSN, APRN-CNP
- ❖ TaVanna Grant, MSN, APRN-CNP
- ❖ Clement Konadu, MSN, APRN-CNP
- ❖ Christie Ramirez, MSN, APRN-CNP
- ❖ Christie Winfrey, APRN through ETBHN



DELEGATING PHYSICIANS

By law, the Psychiatric Mental Health Nurse Practitioners must work under a psychiatrist's/physician's license. This is called delegation. Our delegating physicians are:

- Dr. Diana Isachievici, M.D.
- Dr. Sandy Le, M.D.
- Dr. Carol Nati, M.D.



MEDICAL STAFF

Nursing Staff:

- ❖ Patrick Allen, RN, BSN, MAM, Director of Nursing
- ❖ Kathy Neal, RN (Infection Control Coordinator)
- ❖ Morgan Baylock, LVN
- ❖ Karra Cates, RN
- ❖ Tammy Gonzales, LVN (JBCR program)

Medical Assistants:

- ❖ Victoria Hrinevich-Austin
- ❖ Melissa Marshall
- ❖ Samantha Perkins
- ❖ Abril Bocanegra

Medication Coordinator of the Patient Prescription Assistance Program (PAP):

- ❖ Renee' Beasley



PREScription ASSISTANCE PROGRAMS

- The Prescription Assistance Program (PAP) allows Helen Farabee Centers (HFC) to provide some of the most expensive medications to our patients with no cost to the patients.
- Injections can range from \$500 to \$24,000 each. By participating in PAP, medications that are offered for free are sent to our Centers for administration to our patients.
- For FY 2025, HFC saved **\$3,696,942** using the PAP program.



SCOPE OF WORK – WE:

- Conduct Psychiatric Evaluations
- Provide routine medication management
- Collaborate with Care Coordination for physical health referrals
- Collaborate with our Substance Use Disorders Team (SUD) for substance use referrals
- Perform Self-Administration of Medication (SAM) evaluations
- Coordinate Medication reconciliation with outside providers
- Review lab work to ensure safety of medications prescribed &
- Conduct peer reviews



SERVICE DELIVERY

- Medical appointments can be delivered by tele-medicine (video conference and telephone) and face to face.
- The ability to use tele-medicine helps individuals access needed services when they can't come into the center. Tele-medicine can be used for Open Access Psychiatric Evaluations, Crisis/Urgent Care, routine medication management, and on-going care.
- In FY 2025 there were 12,024 video conference, telephone, and face to face appointments provided.
- To ensure HFC medical staff are providing quality care, tele-medicine services are monitored using satisfaction surveys and we conduct quarterly medical staff meetings to discuss any opportunities for improvement.



MEDICAL STAFF MEETINGS

On a quarterly basis, medical staff meet with administrative staff and various other staff within HFC.

Meeting topics include:

- SmartCare updates for electronic charting
- Chart audit results
- Drug formulary and medication protocols
- CCBHC updates
- Satisfaction surveys
- Collaboration with HFC departments including Care Coordination and the Substance Use department



CONTINUOUS QUALITY IMPROVEMENT (CQI)

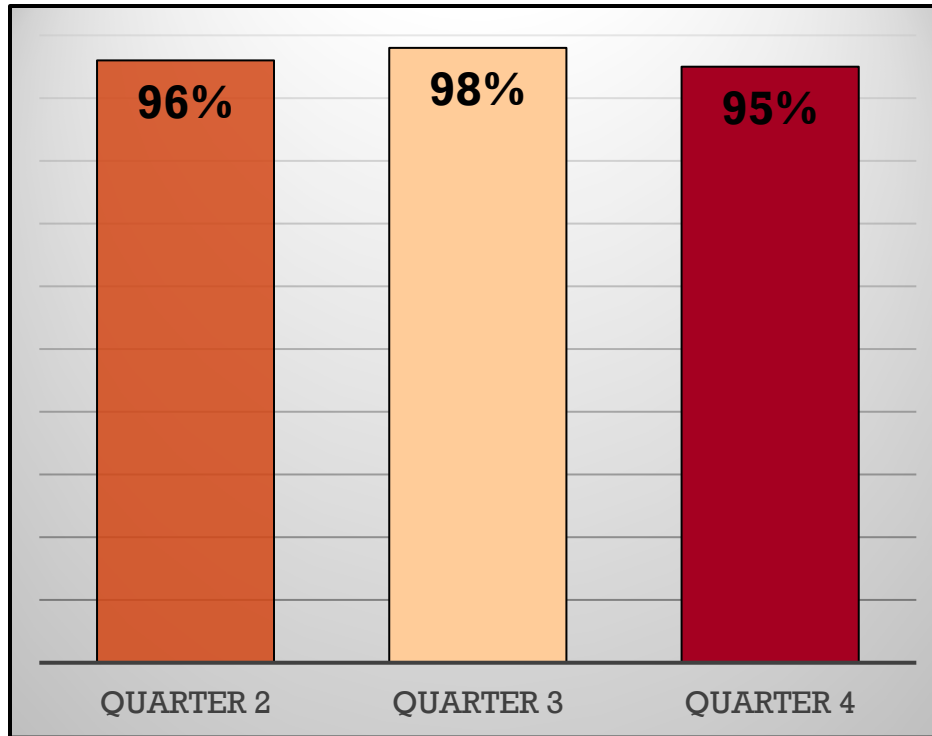
Self-Administration of Medication (SAM) was a large focus of training and discussion in FY 25. Self-Administration of Medication is the evaluation of an individual's ability to take medication safely without assistance from others.

At an initial medication appointment, a prescriber evaluates the individual's ability to self-administer their medication. If the prescriber has safety concerns, the primary case manager is notified to provide education on prescribed meds. This process encourages the prescriber and case manager to work together to ensure the individual is safely taking his or her prescribed medications.

This process is reviewed during medical staff audits and trained on during the quarterly medical staff meetings.



MEDICAL STAFF AUDIT RESULTS



Med staff are reviewed during the second and fourth quarters by peer review and during the third quarter by the Quality Management Department.

The chart to the left shows the overall compliance score of the notes reviewed.



QUESTIONS OR COMMENTS?





*Thank
you*





Helen Farabee
CENTERS

— a commitment to caring —

Local Intellectual & Developmental Disabilities Authority (LIDDA)

Board of Trustees
January 8, 2026

Why we exist?

Our Mission: To empower individuals with intellectual and developmental disabilities (IDD) by ensuring access to quality services and supports that promote independence, dignity, and community inclusion.

Purpose: We serve as the local authority for IDD services, guiding individuals and families through eligibility, planning, and coordination of care.



Who do we serve?

Children and adults within a 19-county local service area who have:

Intellectual Disability

**Impaired general functioning,
intelligence falling two or more
standard deviations below the mean
for an individual's age group (IQ 69 or
below)**

Developmental Disabilities

**IQ of 75 or below and developmental
disability both validated with prior
testing and records before the age of
22**

Common Developmental Disabilities

Autism Spectrum Disorder

Down Syndrome

Deafness/Hearing Loss

Blindness

Traumatic Brain Injury

Cerebral Palsy

Multiple Sclerosis

Encephalopathy

Neurological Disorders

What do we do?

- Intake Screening & Statewide/Local Interest Lists
- Psychological Testing & Evaluations
- Crisis Intervention Services and Therapeutic Supports
- Advocacy (*ARD meetings in schools, Community Resource Coordination Group-CRCGs, Child Fatality Review Teams-CFRTs, etc.*)
- Educational Presentations & Event Attendance
- Community Living Options & Alternate Placement
- Coordination of Services including enrollment and routine case management (Service Coordination/Enhanced Community Coordination)
- Nursing Facility Admission Evaluations & Routine Habilitation Coordination
- State Supported Living Center Court Admissions
- Assessments
- Resource Referrals To Link To Supports

The breakdown:

- Intake/Eligibility: Meets with individuals/families to review potential programs and services available while also gathering historical and diagnosis related information.
- Psychology: Utilizes records and other testing (ICAP, IQ, etc.) to determine eligibility for programs.
- Crisis Services: Provides community training, interim therapeutic supports, and provides supports and consultation to individuals/families with suspicion of IDD.
- Service Coordination (SC): Monitors and coordinates services once an individual is in a program. Programs include Community First Choice (CFC), General Revenue (GR), Texas Home Living (TxHmL), and Home and Community Based Services (HCS).
- Preadmission Screening & Resident Review (PASRR): Monitors and coordinates NF and LIDDA Specialized Services for individuals in a Nursing Facility with IDD.
- Enhanced Community Coordination (ECC): Specialized type of SC for individuals who have transitioned/diverted from a Nursing facility, or a State Supported Living Center.
- Continuity of Care (COC): Completes enrollments, transfers, ICF Group Home referrals, SSLC Applications, and permanency planning.

We are currently serving:

The LIDDA monitors and provides services for the following programs:

Service Coordination

387

- General Revenue (GR)
- Community First Choice (CFC)
- Home & Community Based Services (HCS) Waiver
- Texas Home Living Waiver

Pre-Admission Screening & Resident Review (PASRR)

85

- Habilitation Coordination
- Habilitation Coordination Refusals

Enhanced Community Coordination (ECC)

18

Intake Screening & Eligibility
706

Continuity of Care
62

IDD Crisis Intervention
FY25 = 283 Crisis Follow-Up Cases

LIDDA Department Positions

Positions	Total = 39
Director of IDD Authority Services	1
Team Leads	3
Trainers	4
Clerks	2
Crisis Intervention Specialists	1
Psychological Clinicians	2
Intake Coordinators	3
Continuity of Care Coordinators	3
Enhanced Community Coordinators	Multiple Hats
Service Coordinators	12
PASRR Intake Coordinator	1
PASRR Habilitation Coordinators	3
PASRR Community Support Trainer	2
Respite Coordinator	1
IDD Planner	1

028

Current Vacancies	Position
1	IDD Intake Coordinator-Graham
1	Service Coordinator-Decatur

Vacancies listed as of 12/19/25

Waiver Programs:

We work with two state waiver programs: Texas Home Living (TxHmL) and Home and Community-Based Services (HCS).

These programs have Interest Lists (IL) where individuals may wait 10+ years for a slot.

Alternative ways to obtain an HCS slot exist, but they are considered only after all other programs and resources are exhausted.

Program	Individuals on IL
HCS (Home and Community-based Services)	128,101
TxHmL (Texas Home Living)	116,543
CLASS (Community Living Assistance & Support Services)	96,211
DBMD (Deaf Blind with Multiple Disabilities)	2,324

Revenue & Funding



All funding allocations received from HHSC are specific for use in a designated area only, which limits what the department can use funding on.



The only Medicaid billing that can be received in the IDD Authority Department is Targeted Case Management for Service Coordination and PASRR Habilitation Coordination.



HHSC provides an allocation to the LIDDA for services rendered: Crisis Therapeutic Supports, Crisis Respite, PASRR LIDDA Specialized Services, Permanency Planning, Crisis Intervention Specialist, General Revenue, and Enhanced Community Coordination.

Allocations:

Enhanced Community Coordination (ECC):

- ECC Coordinator and ECC admin staff wages and benefit related expenses.
- Our ECC Emergency Funds also are pulled from this.

General Revenue:

- Used to provide Service Coordination and Respite services to individuals.
- These funds also include out eligibility testing (so our psychology teams wages and benefits).

Crisis Intervention Specialists:

- Crisis intervention specialist wages and benefits related expenses.
- Funding for Crisis staff to provide therapeutic supports to individuals.

Crisis Respite Services:

- Covers our contract with the Wood Group for the Crisis Respite Unit IDD Beds.

Permanency Planning:

- A very small allotment each fiscal year to cover a portion of our Continuity of Care Coordinators wages and benefits expenses when they complete permanency planning activities.

Billable tasks:



Service Coordination:

Targeted Case Management only billed 1 Type A & 3 Type B encounters per individual on caseload only:

Type A Encounters \$92.80 (Face-to-Face)

Type B Encounters \$30.00 (Collateral)

Provided to individuals enrolling in or enrolled in the General Revenue (GR), Community First Choice (CFC), Home & Community Based Services (HCS) Waiver, and Texas Home Living Waiver Programs.

Current Caseload Sizes: 30-40 individuals per Service Coordinator

PASRR:

Habilitation Coordination only billed one time per month for one encounter per individual on caseload.

\$208.33 (Face-to-Face)

PASRR LIDDA Specialized Services

Submit monthly invoices to HHSC to request reimbursement for total of services provided for individuals residing in a Nursing Facility.

- DIDs

- Behavior Support

- Day Habilitation

- Independent Living Skills

- Employment Assistance

- Supported Employment

Increase to Targeted Case Management (TCM) Rate:

Discussion has been ongoing between LIDDAs and Texas Council on getting legislative level increases to budgets to allow for an increase to the TCM rate.

- The current encounter-based rate allows for \$182.80/month per individual, which does not cover the estimated cost of providing TCM of \$339.88/month per individual.
 - This rate has been the same since 2010 and is lower than a 2007 rate of \$242.78.
- The push right now is to move towards a monthly case rate, that would more closely match the average cost.

Thank you

Erin Perkins, B.S.

Director of LIDDA Services

E-mail: PerkinsE@helenfarabee.org

Office: (940) 397-3337

IDD Intake Local Lines:

(940) 397-3335

(940) 397-3383

5 RECOMMENDATIONS

A. BOARD OF TRUSTEES

1) PLACE 4 BOARD POSITION VACANCY

Page 1 of 1

RECOMMENDED ACTION: Information Only Item

BACKGROUND INFORMATION:

- A. Board Member Lou Vail representing Place 4 on the Board of Trustees indicated she was not interested in renewing her appointment for the Place 4 position.
- B. Board vacancy notifications and application packets were sent to the appropriate appointing entity in Baylor, Haskell, and Knox County. “Opportunity to Serve” notices were posted in Center service sites. Public notices of the Board of Trustee vacancy were run in the corresponding (Baylor, Haskell, Knox) County Newspapers.
- C. An applicant has been received.
- D. The Chairman of the board has appointed a three member ad-hoc committee to interview Board of Trustee applicant for Place 4 and make a recommendation to the Commissioner’s Courts.
- E. The ad hoc committee interviewed the applicant, Ms. Cynthia Kessler and made their recommendation to the Commissioners Courts to appoint her.
- F. Waiting on the final appointing agency to appoint.

SPECIFIC REASONS WHY THESE ACTIONS ARE NECESSARY FOR THE CENTER:

- A. To meet the requirements established in Attachment A of the Helen Farabee Centers’ Interlocal Agreement.
- B. To help ensure that Board of Trustee composition meets state and interlocal membership requirements and remains reflective and representative of the communities and persons served by the Helen Farabee Centers.

5 RECOMMENDATIONS

A. BOARD OF TRUSTEES

2) PLACE 5 VACANCY

Page 1 of 1

RECOMMENDED ACTION: That the Chair of the Board of Trustees appoint a three member ad-hoc committee to interview applicant for Place 5 and make a recommendation to the Commissioner's Courts.

BACKGROUND INFORMATION:

- A.** Joan Murray representing Place 5 on the Board of Trustees indicated she does not wish to be considered for reappointment.
- B.** Board vacancy notifications and application packets were sent to the appropriate appointing entity in Cottle, Dickens, King and Stonewall Counties. "Opportunity to Serve" notices were posted in Helen Farabee Centers' service sites.
- C.** Public notices of the Board of Trustee vacancy were run in the, Paducah Post, Stonewall County Courier, and The Texas Spur.
- D.** One potential candidate has applied. Application Form attached.
- E.** The Board Chairman will appoint a three member ad hoc committee to interview the candidate.

SPECIFIC REASONS WHY THESE ACTIONS ARE NECESSARY FOR THE CENTER:

- A.** To meet the requirements established in Attachment A of the Helen Farabee Centers' Interlocal Agreement.
- B.** To help ensure that Board of Trustee composition meets state and interlocal membership requirements and remains reflective and representative of the communities and persons served by the Helen Farabee Centers.

5 RECOMMENDATIONS

A. BOARD OF TRUSTEES

3) Sheriff on the Board of Trustees

Page 1 of 1

RECOMMENDED ACTION: Welcome new Sheriff Darcy White to the Board

BACKGROUND INFORMATION:

A. Senate Bill (SB) 632 passed the 86th Legislature and was signed into law by Governor Abbott on June 14, 2019. This law requires the governing body of the Centers to include two Sheriffs (or each Sheriff's designated representative) to serve on the Board as ex officio nonvoting members.

B. The term of appointment for Sheriff Laughery has expired. A sheriff from the below median group is required to replace that position.

C. Baylor County Sheriff Darcy White was nominated by the group. She is well respected in the district.

D. The ad hoc committee will meet with Sheriff White to determine her interest to be involved.

E. The committee met with Sheriff White and approved of her appointment. She met with Gianna via video to go over the board orientation.

SUPPORTING INFORMATION:

Senate Bill (SB) 632 of the 86th Texas Legislature.

SPECIFIC REASONS WHY THESE ACTIONS ARE NECESSARY FOR THE CENTER:

This allows Helen Farabee Centers to ensure compliance with a new Governing Body requirement by the State of Texas.

5 RECOMMENDATIONS

A. BOARD OF TRUSTEES

4) VETERAN ON THE BOARD

Page 1 of 1

RECOMMENDED ACTION: Information Only Item.

BACKGROUND INFORMATION:

- A. Senate Bill (SB) 1580 passed the 89th Legislature and was signed into law by Governor Abbott. This law requires the governing body of the Centers to include a veteran selected by a majority of the governing body members.
- B. Local Mental Health Authorities will have until September 1, 2026 to implement this change, and the bill takes effect on September 1, 2025.
- C. This addition aims to ensure that veterans have representation in local mental health authority governance, potentially bringing a unique perspective to community health decision making bodies.
- D. The Director of Veterans Services, Elliot Bonner is assisting with locating a suitable Veteran to join the board.

SUPPORTING INFORMATION:

- A. Senate Bill (SB) 1580 of the 89th Texas Legislature.
- B. The Bill does not specify criteria for the veteran's qualifications beyond military service, nor does it elaborate on the veteran's role, whether voting or advisory, within the governing body.

SPECIFIC REASONS WHY THESE ACTIONS ARE NECESSARY FOR THE CENTER:

This allows Helen Farabee Centers to ensure compliance with a new Governing Body requirement by the State of Texas, to ensure veteran representation in local mental health governance and to enhance the relevance and responsiveness of LMHAs to populations that often experience distinct mental health challenges.

AN ACT

relating to the composition of the governing body of a local mental health authority.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Section 533.0351 (a), Health and Safety Code, is amended to read as follows:

(a) If a local mental health authority has a governing body, the governing body must include:

(1) for a local authority that serves only one county, the sheriff of the county as an ex officio nonvoting member; ~~and~~

(2) for a local authority that serves two or more counties, two sheriffs chosen in accordance with Subsection (b) as ex officio nonvoting members; and

(3) a veteran selected by a majority of the governing body members.

SECTION 2. A local mental health authority that has a governing body must be in compliance with Section 533.0351 (a), Health and Safety Code, as amended by this Act, not later than September 1, 2026.

SECTION 3. This Act takes effect September 1, 2025.

President of the Senate

Speaker of the House

I hereby certify that S.B. No. 1580 passed the Senate on April 24, 2025, by the following vote: Yeas 31, Nays 0; and that the Senate concurred in House amendment on May 30, 2025, by the following vote: Yeas 31, Nays 0.

Secretary of the Senate

I hereby certify that S.B. No. 1580 passed the House, with amendment, on May 28, 2025, by the following vote: Yeas 128, Nays 2, one present not voting.

Chief Clerk of the House

Approved:

Date

Governor

5 RECOMMENDATIONS

B. BUDGET AND FINANCE

1) FISCAL YEAR 2025 AUDIT

RECOMMENDED ACTION: That the Board of Trustees approve and authorize the chair to sign the resolution indicating the Fiscal Year 2025 audit performed by Condley and Company, LLP, has been reviewed and approved.

BACKGROUND INFORMATION:

- A. The Center is required by our contracts with Health and Human Services Department to have an annual audit performed by an external audit firm.
- B. Condley and Company, LLP from Abilene TX was selected as the Center's audit firm in May 2025, this being their first year.

SUPPORTING INFORMATION:

- A. The attached audit is a draft as labeled because it is an incomplete report.
- B. The Early Childhood Intervention Program requires us to leave our books open until the end of October in order to capture payment for services in the previous fiscal year. Quarterly reports were submitted mid-November. The State is in the process of reconciling and conducting checks and balances.
- C. Condley and Company, LLP will attend the Board meeting and bring a completed report. Any questions regarding the audit may be asked at that time or questions may be forwarded to the CFO prior to the meeting.



Helen Farabee Centers

Report to the Board of Trustees
August 31, 2025



December 22, 2025

To the Board of Trustees
Helen Farabee Centers
Wichita Falls, Texas

This letter is to inform the Board of Trustees of Helen Farabee Centers (the Center) about significant matters related to the conduct of our audit as of and for the year ended August 31, 2025, so that it can appropriately discharge its oversight responsibility and we comply with our professional responsibilities.

Generally accepted auditing standards (AU-C 260, *The Auditor's Communication With Those Charged With Governance*) require the auditor to promote effective two-way communication between the auditor and those charged with governance. Consistent with this requirement, the following summarizes our responsibilities regarding the financial statement audit as well as observations arising from our audit that are significant and relevant to your responsibility to oversee the financial reporting process.

Our Responsibilities with Regard to the Financial Statement Audit

We described our responsibilities under auditing standards generally accepted in the United States of America to you in our engagement letter dated May 9, 2025. Our audit of the financial statements does not relieve management or those charge with governance of their responsibilities, which are also described in that letter.

Overview of the Planned Scope and Timing of the Financial Statement Audit

We previously issued a separate communication dated May 9, 2025 regarding the planned scope and timing of our audit and identified significant risks.

Significant Risks of Material Misstatement

Our audit of the financial statements included the performance of risk assessment procedures in or to identify risks of material misstatement, whether due to fraud or error. As a part of the risk assessment procedures, we determined whether any risks identified were a significant risk. A significant risk is an identified and assessed risk of material misstatement that, in our professional judgment, requires special audit consideration. As a part of our risk assessment procedures, we identified the following risks as significant risks throughout the audit:

Risk Name	Risk Description	Audit Response
Revenue recognition	Revenue could be recognized as not substantiated and could misstate the financial statements.	Appropriate and sufficient substantive procedures were performed in relation to all revenue streams. In addition, the auditor gained an understanding of the controls and processes surrounding each stream of revenue.

Risk Name	Risk Description	Audit Response
Management Override of Controls	Management override of controls.	The auditor tested a sample of the manual journal entries during the year.
Capital Assets	Listing of assets capitalized is not complete and accurate possibly overstating expenses with capital additions or depreciation on disposed items	The auditor selected a sample of additions for testing and performed a search for uncapitalized assets in repair and maintenance accounts.
Deferred Revenue	Revenue could be recorded in the wrong period based on when it is received instead of for the period it is related to.	The auditor performed a search for unrecorded deferred revenue as well as tested existing revenue to determine if it was recorded in the appropriate period, or should be deferred.
Leases and SBITAs	Leases/SBITAs right-of-use assets and liabilities could be incorrectly recorded or not recorded.	The auditor performed a search for unrecorded lease/SBITAs and tested lease activity during the current year.

Significant Accounting Practices, Including Policies, Estimates and Disclosures

In our meeting with you, we will discuss our views about the qualitative aspects of the Center's significant accounting practices, including significant accounting policies, significant unusual transactions, accounting estimates, and financial statement disclosures. The following is a list of the matters that will be discussed, including the significant estimates that you may wish to monitor for your oversight responsibilities of the financial reporting process:

- Significant accounting estimates during the current audit period included the following:
 1. **Useful lives** – Management estimates the useful lives of the capitalized assets based on the type and life expectancy as well as GAAP guidance. We determined that fixed asset useful lives were within the GAAP guidelines.
 2. **Future Lease/SBITA payments** – Management estimates the value of the lease/SBITA lease liabilities as the sum of the present value of the future lease/SBITA payments. This includes information provided in the lease/SBITA agreements including, the regular payment amount, terms of the lease/SBITA, and the discount rate.
- There were no unusual transactions or alternative treatments of accounting policies and practices related to material items during the current audit period.

Audit Adjustments and Uncorrected Misstatements

Adjustments made to the original trial balance that was provided by management are included in the **Adjusting Journal Entries Exhibit**.

We are not aware of any uncorrected misstatements other than trivial misstatements.

We identified the following misstatements (i.e., omitted, incomplete, and (or) inaccurate disclosures) that management has concluded are immaterial to the financial statements taken as a whole:

- None were noted during the current audit period.

Disagreements With Management

We encountered no disagreements with management over the application of significant accounting principles, the basis for management's judgments or any significant matters, the scope of the audit, or significant disclosures to be included in the financial statements.

Consultation With Other Accountants

We are not aware of any consultations management had with other accountants about accounting or auditing matters.

Significant Issues Discussed With Management

No significant issues arising from the audit were discussed or were the subject of correspondence with management.

Significant Difficulties Encountered in Performing the Audit

We did not encounter any difficulties in dealing with management during the audit.

Management Representations

See the attached **Management Representation Letter Exhibit** for a copy of the management representation letter.

Closing

We will be pleased to respond to any questions you have about the foregoing. We appreciate the opportunity to be of service to the Helen Farabee Centers.

This report is intended solely for the information and use of the Board of Trustees and management and is not intended to be, and should not be, used by anyone other than these specified parties.

Condley and Company, L.L.P.

Certified Public Accountants

Helen Farabee Centers

EXHIBIT – Management Representation Letter

August 31, 2025



Helen Farabee CENTERS

— a commitment to caring —

Wichita Falls Administrative Office
P. O. Box 8266, Wichita Falls, TX 76307-8266
1000 Brook Street, Wichita Falls, TX 76301
Phone (940) 397-3100
Fax (940) 397-3150
www.helenfarabee.org

December 22, 2025

Condley and Company, L.L.P.
302 Pine Street
Abilene, Texas 79601

This representation letter is provided in connection with your audit of the primary government basic financial statements of Helen Farabee Centers as of and for the year ended August 31, 2025, for the purpose of expressing an opinion on whether the financial statements are presented fairly, in all material respects in accordance with accounting principles generally accepted in the United States (U.S. GAAP).

We confirm, to the best of our knowledge and belief, as of December 22, 2025:

Financial Statements

1. We have fulfilled our responsibilities, as set out in the terms of the audit arrangement letter dated May 9, 2025, for the preparation and fair presentation of the financial statements referred to above in accordance with U.S. GAAP.
2. We acknowledge our responsibility for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.
3. We acknowledge our responsibility for the design, implementation, and maintenance of internal control to prevent and detect fraud.
4. The methods, data, and significant assumptions used by us in making accounting estimates and their related disclosures are appropriate to achieve recognition, measurement, or disclosure that is reasonable in the context of U.S. GAAP, and reflect our judgment based on our knowledge and experience about past and current events, and our assumptions about conditions we expect to exist and courses of action we expect to take.
5. Related-party transactions, including those with the primary government having accountability for Helen Farabee Centers, component units for which Helen Farabee Centers is accountable, other organizations for which the nature and significance of their relationship with Helen Farabee Centers are such that exclusion would cause the reporting entity's financial statements to be misleading or incomplete, as defined in Section 2100 of the Governmental Accounting Standards Board's Codification of Governmental Accounting and Financial Reporting Standards, and interfund transactions, including interfund accounts and advances receivable and payable, sale and purchase transactions, interfund transfers, long-term loans, leasing arrangements and guarantees, all of which have been recorded in accordance with the economic substance of the transaction and appropriately classified and reported.
6. All events subsequent to the date of the financial statements and for which U.S. GAAP requires adjustment or disclosure have been adjusted or disclosed.
7. The effects of all known actual or possible litigation and claims have been accounted for and disclosed in accordance with U.S. GAAP.

8. We have no direct or indirect, legal or moral obligation for any debt of any organization, public or private that is not disclosed in the financial statements.
9. We have complied with all aspects of contractual agreements that would have a material effect on the financial statements in the event of noncompliance.
10. We have no knowledge of any uncorrected misstatements in the financial statements.
11. We have requested an unsecured electronic copy of the auditor's report and financial statements and agree that the auditor's report and financial statements will not be modified in any manner.

Information Provided

12. We have provided you with:
 - a. Access to all information, of which we are aware that is relevant to the preparation and fair presentation of the financial statements such as records, documentation, and other matters;
 - b. Additional information that you have requested from us for the purpose of the audit;
 - c. Unrestricted access to persons within the Center from whom you determined it necessary to obtain audit evidence.
 - d. Minutes of the meetings of the governing board and committees, or summaries of actions of recent meetings for which minutes have not yet been prepared.
13. All transactions have been recorded in the accounting records and are reflected in the financial statements.
14. We have disclosed to you the results of our assessment of risk that the financial statements may be materially misstated as a result of fraud.
15. We have no knowledge of allegations of fraud or suspected fraud, affecting the entity's financial statements involving:
 - a. Management.
 - b. Employees who have significant roles in the internal control.
 - c. Others where the fraud could have a material effect on the financial statements.
16. We have no knowledge of any allegations of fraud or suspected fraud affecting the Center's financial statements received in communications from employees, former employees, analysts, regulators, short sellers, or others.
17. We have no knowledge of noncompliance or suspected noncompliance with laws and regulations whose effects were considered when preparing financial statements.
18. We are not aware of any pending or threatened litigation, claims or assessments whose effects should be considered when preparing the financial statements.
19. We have disclosed to you the identity of the Center's related parties and all the related-party relationships and transactions of which we are aware.
20. We are aware of no significant deficiencies, including material weaknesses, in the design or operation of internal controls that could adversely affect the Center's ability to record, process, summarize, and report financial data.
21. We are aware of no communications from regulatory agencies concerning noncompliance with, or deficiencies in, financial reporting practices.

22. We have evaluated the Center's ability to continue as a going concern and prepared the financial statements under the going concern basis.

Compliance Considerations

In connection with your audit, conducted in accordance with *Government Auditing Standards*, we confirm that management:

23. Is responsible for the preparation and fair presentation of the financial statements in accordance with the applicable financial reporting framework.
24. Is responsible for compliance with the laws, regulations, and provisions of contracts and grant agreements applicable to the auditee.
25. Has identified and disclosed to the auditor all instances that have occurred or are likely to have occurred, of fraud and noncompliance with provisions of laws, regulations, contracts and grant agreements that have a material effect on the financial statements or other financial data significant to the audit objectives, and any other instances that warrant the attention of those charged with governance.
26. Has identified and disclosed to the auditor all instances that have occurred or are likely to have occurred of abuse that could be quantitatively or qualitatively material to the financial statements or other financial data significant to the audit objectives.
27. Acknowledges its responsibility for the design, implementation and maintenance of internal controls to prevent and detect fraud.
28. Has taken timely and appropriate steps to remedy fraud; noncompliance with provisions of laws, regulations, contracts, and grant agreements; or abuse that the auditor reports.
29. Has a process to track the status of audit findings and recommendations.
30. Has identified for the auditor previous audits, attestation engagements, and other studies related to the audit objectives and whether related recommendations have been implemented.
31. Has provided views on the auditor's reported findings, conclusions, and recommendations, as well as management's planned corrective actions, for the report.
32. Acknowledges its responsibilities as it relates to nonaudit services performed by the auditor, including a statement that it assumes all management responsibilities; that it oversees the services by designating an individual, preferably within senior management, who possesses suitable skill, knowledge, or experience; that it evaluates the adequacy and results of the services performed; and that it accepts responsibility for the results of the services.

In connection with your audit of federal/state awards conducted in accordance with Subpart F of Title 2 U.S. Code of Federal Regulations (CFR) Part 200, *Uniform Administrative Requirements, Costs Principles, and Audit Requirements for Federal Awards* (Uniform Guidance) and Texas Grant Management Standards, we confirm:

33. Management is responsible for complying, and has complied, with the requirements of Uniform Guidance and Texas Grant Management Standards.
34. Management is responsible for understanding and complying with the requirements of laws, regulations, and the provisions of contracts and grant agreements related to each of its federal/state programs.

35. Management is responsible for establishing and maintaining, and has established and maintained, effective internal control over compliance for federal/state programs that provides reasonable assurance that the auditee is managing federal/state awards in compliance with laws, regulations, and the provisions of contracts or grant agreements that could have a material effect on its federal/state programs.
36. Management has prepared the schedule of expenditures of federal/state awards in accordance with Uniform Guidance, and Texas Grant Management Standards, and has included expenditures made during the period being audited for all awards provided by federal/state agencies in the form of grants, federal cost-reimbursement contracts, loans, loan guarantees, property (including donated surplus property), cooperative agreements, interest subsidies, insurance, food commodities, direct appropriations, and other assistance.
37. Management has identified and disclosed all of its government programs and related activities subject to the Uniform Guidance and Texas Grant Management Standards.
38. Management has identified and disclosed to the auditor the requirements of laws, regulations, and the provisions of contracts and grant agreements that are considered to have a direct and material effect on each major program.
39. Management has made available all federal/state awards (including amendments, if any) and any other correspondence relevant to federal/state programs and related activities that have taken place with federal/state agencies or pass-through entities.
40. Management has identified and disclosed to the auditor all amounts questioned and all known noncompliance with the direct and material compliance requirements of federal/state awards.
41. Management believes that the auditee has complied with the direct and material compliance requirements.
42. Management has made available all documentation related to compliance with the direct and material compliance requirements, including information related to federal/state program financial reports and claims for advances and reimbursements.
43. Management has provided to the auditor its interpretations of any compliance requirements that are subject to varying interpretations.
44. Management has disclosed to the auditor any communications from grantors and pass-through entities concerning possible noncompliance with the direct and material compliance requirements, including communications received from the end of the period covered by the compliance audit to the date of the auditor's report.
45. Management has disclosed to the auditor the findings received and related corrective actions taken for previous audits, attestation engagements, and internal or external monitoring that directly relate to the objectives of the compliance audit, including findings received and corrective actions taken from the end of the period covered by the compliance audit to the date of the auditor's report.
46. Management is responsible for taking corrective action on audit findings of the compliance audit.
47. Management has provided the auditor with all information on the status of the follow-up on prior audit findings by federal/state awarding agencies and pass-through entities, including all management decisions.
48. Management has disclosed the nature of any subsequent events that provide additional evidence with respect to conditions that existed at the end of the reporting period that affect noncompliance during the reporting period.

49. Management has disclosed all known noncompliance with direct and material compliance requirements occurring subsequent to the period covered by the auditor's report or stating that there were no such known instances.
50. Management has disclosed whether any changes in internal control over compliance or other factors that might significantly affect internal control, including any corrective action taken by management with regard to significant deficiencies and material weaknesses in internal control over compliance, have occurred subsequent to the period covered by the auditor's report.
51. Federal/state program financial reports and claims for advances and reimbursements are supported by the books and records from which the basic financial statements have been prepared.
52. The copies of federal/state program financial reports provided to the auditor are true copies of the reports submitted, or electronically transmitted, to the federal/state agency or pass-through entity, as applicable.
53. If applicable, management has monitored subrecipients to determine that they have expended pass-through assistance in accordance with applicable laws and regulations and the terms and conditions of the sub-award and have met the other pass-through entity requirements of the Uniform Guidance and Texas Grant Management Standards.
54. If applicable, management has issued management decisions for audit findings that relate to federal/state awards it makes to subrecipients and that such management decisions are issued within six months or acceptance of the audit report by the FAC. Additionally, management has followed up to ensure that the subrecipient takes timely and appropriate action on all deficiencies detected through audits, on-site reviews and other means that pertain to the federal/state award provided to the subrecipient from the pass-through entity.
55. If applicable, management has considered the results of subrecipient monitoring and audits and has made any necessary adjustments to the auditee's own books and records.
56. Management has charged costs to federal/state awards in accordance with applicable cost principles and the Uniform Guidance and Texas Grant Management Standards.
57. Management is responsible for, and has accurately prepared, the summary schedule of prior audit findings to include all findings required to be included by Uniform Guidance and Texas Grant Management Standards.
58. The reporting package does not contain protected personally identifiable information.
59. Management has accurately completed the appropriate sections of the data collection form.
60. If applicable, management has disclosed all contracts or other agreements with service organizations.
61. If applicable, management has disclosed to the auditor all communications from service organizations relating to noncompliance at those organizations.

Supplementary Information

62. With respect to supplementary information presented in relation to the financial statements as a whole:
 - a. We acknowledge our responsibility for the presentation of such information.
 - b. We believe such information, including its form and content, is fairly presented in accordance with accounting principles generally accepted in the United States of America.
 - c. The methods of measurement or presentation have not changed from those used in the prior period.

- d. When supplementary information is not presented with the audited financial statements, we will make the audited financial statements readily available to the intended users of the supplementary information no later than the date of issuance of the supplementary information and the auditor's report thereon.
63. With respect to Management's Discussion and Analysis presented as required by Governmental Accounting Standards Board to supplement the basic financial statements:
- a. We acknowledge our responsibility for the presentation of such required supplementary information.
 - b. We believe such required supplementary information is measured and presented in accordance with guidelines prescribed by accounting principles generally accepted in the United States of America.
 - c. The methods of measurement or presentation have not changed from those used in the prior period.
64. During the course of your audit, you may have accumulated records containing data that should be reflected in our books and records. All such data have been so reflected. Accordingly, copies of such records in your possession are no longer needed by us.

Helen Farabee Centers


Gianna Harris, Executive Director


Linda Poenitzsch, Chief Financial Officer

Helen Farabee Centers

EXHIBIT – Adjusting Journal Entries

August 31, 2025

Helen Farabee Centers
Adjustments
Year End: August 31, 2025

Number	Description	Account Number	Name	Amount
1	PBC AJE Batch 9753 Corrections and Accruals			
		2-2004	A/R DPP - BHS	(9,383.68)
		2-2016	A/R ECI REVENUE	216.00
		2-2017	A/R MISCELLANEOUS	1,855.31
		2-2030	A/R MH FIRST AID	(146.72)
		2-2155	DEPOSIT DPP-BHS IGT	(32,426.03)
		2-4002	MISC PAYABLES	(3,266.88)
		2-4206	DEFERRED REVENUE-OTHER	29,536.00
		2-7025	YOUNG COUNTY	(29,536.00)
		2-7037	IN-KIND MATCH	(1,300.00)
		2-7120	MH FIRST AID	146.72
		2-7124	SUBSTANCE ABUSE SERVICES	(1,855.31)
		2-7245	DARS-ECI REVENUE	(216.00)
		2-7252	DIRECTED PAYMENT PROGRAM - BEHAVIORAL HEALTH SERVICES	41,809.71
		2-8070	UTILITIES	395.41
		2-8124	EQUIPMENT REPAIR & MAINTENANCE	1,441.22
		2-8228	BNK CHRGES & CREDIT CRD FEES	(395.41)
		2-8237	IN-KIND EXPENSES	1,300.00
		2-8321	PPB BED DAYS	700.00
		2-8338	SOFTWARE WEB-BASED	909.66
		2-8359	NON-CONTRACTED RESPITE	216.00
2	PBC AJE - To record batch 9798 ECI transactions			
		2-2016	A/R ECI REVENUE	2,202.04
		2-7060	PRIVATE INSURANCE MCO CARD SERVICES	(718.41)
		2-7102	MEDICAID-CARD SERVICES	(186.79)
		2-7104	MEDICAID-CASE MANAGEMENT	(1,296.84)
3	PBC AJE - To record batch 9801 ECI transactions			
		2-2016	A/R ECI REVENUE	1,436.14
		2-7050	CONSUMER FEES	(431.19)
		2-7060	PRIVATE INSURANCE MCO CARD SERVICES	(939.13)
		2-7104	MEDICAID-CASE MANAGEMENT	(65.82)
4	PBC AJE - To record batch 9780 October receipts			
		2-2005	A/R MEDICAID-CARD SERVICES	1,226.07
		2-2008	A/R MEDICAID REHAB	737.80
		2-2018	A/R CONSUMER FEES	4,174.17
		2-2027	A/R MEDICARE - TITLE XVII	4,901.17
		2-7050	CONSUMER FEES	(4,174.17)
		2-7100	MEDICARE - TITLE XVII	(4,901.17)
		2-7102	MEDICAID-CARD SERVICES	(1,226.07)
		2-7108	MEDICAID REHAB	(737.80)

Helen Farabee Centers
Adjustments
Year End: August 31, 2025

Number	Description	Account Number	Name	Amount
5 PBC AJE - To record batch 9787 October receipts				
		2-2005	A/R MEDICAID-CARD SERVICES	259.02
		2-2017	A/R MISCELLANEOUS	42.52
		2-2018	A/R CONSUMER FEES	290.00
		2-2025	A/R PRIVATE INSURANCE MCO CARD-CANS 2.0 too	896.48
		2-2026	A/R PRIVATE INS MCO CASE MANAGEMENT	171.36
		2-2027	A/R MEDICARE - TITLE XVII	813.69
		2-2028	A/R PRIVATE INSURANCE MCO REHAB	397.53
		2-7050	CONSUMER FEES	(290.00)
		2-7060	PRIVATE INSURANCE MCO CARD SERVICES	(896.48)
		2-7070	PRIVATE INSURANCE MCO CASE MANAGEMENT	(171.36)
		2-7080	PRIVATE INSURANCE MCO REHAB	(397.53)
		2-7100	MEDICARE - TITLE XVII	(813.69)
		2-7102	MEDICAID-CARD SERVICES	(259.02)
		2-7275	INTEREST INCOME	(5.77)
		2-7280	MISCELLANEOUS	(36.75)
6 PBC AJE - To record batch #9808 ECI transactions				
		2-2016	A/R ECI REVENUE	2,513.16
		2-7050	CONSUMER FEES	(417.31)
		2-7060	PRIVATE INSURANCE MCO CARD SERVICES	(1,511.14)
		2-7102	MEDICAID-CARD SERVICES	(127.81)
		2-7104	MEDICAID-CASE MANAGEMENT	(362.01)
		2-7108	MEDICAID REHAB	(94.89)
7 PBC AJE - To record batch #9856 transactions October receipts				
		2-2007	A/R MEDICAID-IDD SERV COORDINATION	30.00
		2-7106	MEDICAID-IDD SERV COORDINATION	(30.00)
		2-2018	A/R CONSUMER FEES	49.73
		2-7050	CONSUMER FEES	(49.73)
8 PBC AJE - To record batch #9858 ECI transactions				
		2-2016	A/R ECI REVENUE	554.86
		2-7050	CONSUMER FEES	(309.04)
		2-7060	PRIVATE INSURANCE MCO CARD SERVICES	(180.00)
		2-7104	MEDICAID-CASE MANAGEMENT	(65.82)
9 PBC AJE - To record batch #9847 accrual of software				
		2-8338	SOFTWARE WEB-BASED	23,309.76
		2-4002	MISC PAYABLES	(23,309.76)
10 PBC AJE - To record batch #9875 transactions September receipts				
		2-2018	A/R CONSUMER FEES	1,060.68
		2-7050	CONSUMER FEES	(1,060.68)

Helen Farabee Centers
Adjustments
Year End: August 31, 2025

Number	Description	Account Number	Name	Amount
11	PBC AJE - To record batch #9855 transactions October receipts			
		2-2005	A/R MEDICAID-CARD SERVICES	56.15
		2-2007	A/R MEDICAID-IDD SERV COORDINATION	515.60
		2-2009	A/R MEDICAID PASRR	101.84
		2-2018	A/R CONSUMER FEES	415.56
		2-2028	A/R PRIVATE INSURANCE MCO REHAB	323.29
		2-7102	MEDICAID-CARD SERVICES	(56.15)
		2-7106	MEDICAID-IDD SERV COORDINATION	(515.60)
		2-7110	MEDICAID PASRR	(101.84)
		2-7050	CONSUMER FEES	(415.56)
		2-7080	PRIVATE INSURANCE MCO REHAB	(323.29)
12	PBC AJE - To record batch #9829 ECI transactions			
		2-2016	A/R ECI REVENUE	1,168.35
		2-7050	CONSUMER FEES	(88.00)
		2-7060	PRIVATE INSURANCE MCO CARD SERVICES	(1,080.35)
13	To adjust ECI to contact amount			
		2-7245	DARS-ECI REVENUE	1,320.83
		2-2016	A/R ECI REVENUE	(1,320.83)
14	To adjust to lease crunch beginning balances.			
		5-3001	Leases Buildings	(608,730.16)
		5-3002	Leases Equipment	79,875.35
		5-3007	Accum Amortization Bldg Leases	639,741.50
		5-3008	Accum Amortization Equipment Leases	(22,960.89)
		5-6050	Investment Leased Assets	(87,925.80)
		9-5004	Lease Obligations-Current	32,848.63
		9-5005	Lease Obligations-Long-Term	(167,886.03)
		9-3202	Amt to be Provided Lease Obligations	135,037.40
15	To record new leases.			
		5-3001	Leases Buildings	1,809,724.53
		5-6050	Investment Leased Assets	(1,809,724.53)
		9-5004	Lease Obligations-Current	(162,123.96)
		9-5005	Lease Obligations-Long-Term	(1,627,555.93)
		9-3202	Amt to be Provided Lease Obligations	1,789,679.89
16	To disposed of leases.			
		5-3001	Leases Buildings	(181,990.73)
		5-3007	Accum Amortization Bldg Leases	181,990.73

Helen Farabee Centers
Adjustments
Year End: August 31, 2025

Number	Description	Account Number	Name	Amount
17	To record current year lease activity.			
		5-3007	Accum Amortization Bldg Leases	(595,215.50)
		5-3008	Accum Amortization Equipment Leases	(113,281.20)
		5-6050	Investment Leased Assets	708,496.70
		9-5005	Lease Obligations-Long-Term	650,095.59
		9-3202	Amt to be Provided Lease Obligations	(650,095.59)
18	To adjust lease receivable to actual.			
		5-2000	A/R Lease rent receivable	144,178.30
		5-4200	Deferred rent receivable lease	(144,178.30)
19	To reclass lease principal and interest expense.			
		2-8370	Debt service Principal	650,095.59
		2-8371	Debt service Interest	129,606.10
		2-8100	BUILDING RENT	(664,797.46)
		2-8120	EQUIPMENT RENTAL/LEASE	(83,762.53)
		2-8140	VEHICLE LEASE	(31,141.70)



HELEN FARABEE CENTERS

FINANCIAL STATEMENTS AND
INDEPENDENT AUDITOR'S REPORT
AUGUST 31, 2025

HELEN FARABEE CENTERS

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HELEN FARABEE CENTERS

Certificate of Board
Year Ended August 31, 2025

I, Brian Eby, Chairperson of the Board of Trustees of Helen Farabee Centers, do hereby certify that this accompanying audit report for the fiscal year 2025 from Condley and Company, LLP was reviewed and accepted at a meeting of the Board of Trustees held on the 8th day of January, 2026.

Brian Eby
Chairperson, Board of Trustees

HELEN FARABEE CENTERS
LISTING OF OFFICIALS
August 31, 2025

Board of Trustees

J. Brian Eby	Chairperson
Kathy Thorp	Vice-Chairperson
Joan Murray	Secretary
Cindy Barksdale	Member
David Cook	Member
Tom Johnson	Member
Jessica Traw	Member
Lou Vail	Member
Jan Driver Ward	Member
Travis Babcock	Ex-Officio Sheriff
Pat Laughery	Ex-Officio Sheriff

Executive Staff

Ginna Harris, LCSW	Executive Director
Andrew Martin, LPC-S	Associate Executive Director
Linda Poenitzsch	Chief Financial Officer



December 22, 2025

**The Board of Trustees
Helen Farabee Centers
Wichita Falls, Texas**

INDEPENDENT AUDITOR'S REPORT

Report on the Financial Statements

Opinions

We have audited the financial statements of the governmental activities, each major fund, and the aggregate remaining fund information of Helen Farabee Centers (the Center) as of and for the year ended August 31, 2025, and the related notes to the financial statements, which collectively comprise the Center's basic financial statements as listed in the table of contents.

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the governmental activities, each major fund, and the aggregate remaining fund information of Helen Farabee Centers as of August 31, 2025, and the respective changes in financial position, and, where applicable, cash flows thereof for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinions

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Helen Farabee Centers, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe the audit evidence we obtained is sufficient and appropriate to provide a basis for our audit opinions.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Center's ability to continue as a going concern for twelve months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinions. Reasonable assurance is a high level of assurance, but it is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Center's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Center's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis on pages 4-15 and statement of revenues, expenditures, and changes in fund balances – budget and actual – general fund on pages 38-39 be presented to supplement the basic financial statements. Such information, although not part of the basic financial statements, is required by the Governmental Accounting Standards Board, which considers it essential for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied specific limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Supplementary Information

Our audit was conducted to form opinions on the financial statements comprising the Center's basic financial statements. The supplementary information is presented for purposes of additional analysis and is not a required part of the basic financial statements. The schedule of expenditures of federal and state awards is presented for purposes of additional analysis as required by Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, and Texas Grant Management Standards (TxGMS), and also is not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial

statements. The supplemental information and schedule of expenditures of federal and state awards have been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the supplementary information and the schedule of expenditures of federal and state awards are fairly stated, in all material respects, in relation to the basic financial statements as a whole.

Other Information

Management is responsible for the other information included in the annual report. The other information comprises the introductory and statistical sections but does not include the basic financial statements and our auditor's report thereon. Our opinions on the basic financial statements do not cover the other information, and we do not express an opinion or any form of assurance thereon.

In connection with our audit of basic financial statements, our responsibility is to read the other information and consider whether a material inconsistency exists between the other information and the basic financial statements, or the other information otherwise appears to be materially misstated. If, based on the work performed, we conclude that an uncorrected material misstatement of the other information exists, we are required to describe it in our report.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated December 22, 2025, on our consideration of the Helen Farabee Centers' internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Helen Farabee Centers' internal control over financial reporting and compliance.

Condley and Company, L.L.P.

Certified Public Accountants

MANAGEMENT'S DISCUSSION AND ANALYSIS

HELEN FARABEE CENTERS
MANAGEMENT'S DISCUSSION AND ANALYSIS
August 31, 2025

As management of Helen Farabee Centers (the Center), we offer readers of the Center's financial statements this overview and analysis of the financial activities of the Center for the fiscal year ended August 31, 2025.

FINANCIAL HIGHLIGHTS

- The assets of the Center exceeded its liabilities at the close of the most recent fiscal year by \$18,133,802 (net position). Of this amount, \$15,808,125 (unrestricted net position) may be used to meet the Center's ongoing obligations.
- The Center's total net position (government-wide) increased by \$64,406.
- As of the close of the current fiscal year, the Center's general fund reported ending fund balance of \$13,515,815 an increase of \$164,322 in comparison with the prior year.
- At the end of the current fiscal year, unassigned and undesignated fund balance for the general fund was \$11,742,227 or 31.1 percent of total general fund expenditures.

OVERVIEW OF THE FINANCIAL STATEMENTS

This discussion and analysis is intended to serve as an introduction to the Center's basic financial statements. The Center's basic financial statements comprise three components: 1) government-wide financial statements, 2) fund financial statements, and 3) notes to the financial statements. This report also contains other supplementary information in addition to the basic financial statements themselves.

Government-wide Financial Statements – The government-wide financial statements are designed to provide readers with a broad overview of the Center's finances, in a manner similar to a private-sector business.

The *Statement of Net Position* presents all of the Center's assets and liabilities, with the difference between the two reported as net position. Over time, increases or decreases in net position may serve as a useful indicator of whether the financial position of the Center is improving or deteriorating.

The *Statement of Activities* presents information showing how the Center's net position changed during the most recent fiscal year. All changes in net position are reported as soon as the underlying event giving rise to the change occurs, *regardless of the timing of related cash flows*. Thus, revenues and expenses are reported in this statement for some items that will only result in cash flows in future fiscal periods (e.g., earned but unused vacation leave). The accrual basis of accounting is used, which is similar to the accounting used by most private-sector companies. All of the current year's revenues and expenses are taken into account regardless of when cash is received or paid.

In the Statement of Net Position and the Statement of Activities, the Center has only one kind of activity:

- **Governmental activities** – Most of the Center's basic services are reported here, including the Intellectual Developmental Disabilities Program, Mental Health Adult Program, Mental Health Children's Program, Early Childhood Intervention, Substance Abuse, and General Administration.

The government-wide financial statements can be found on pages 16-17 of this report.

Fund financial statements – A *fund* is a grouping of related accounts that is used to maintain control over resources that have been segregated for specific activities or objectives. The Center, like other state and local governments, uses fund accounting to ensure and demonstrate compliance with finance-related legal requirements. The Center utilizes governmental, and proprietary funds.

- **Governmental funds** – Governmental funds are used to account for essentially the same functions reported as *governmental activities* in the government-wide financial statements. However, unlike

the government-wide financial statements, governmental fund financial statements focus on how cash resources flow into and out of those funds and balances remaining at the year-end that are available for spending. These funds are reported using an accounting method called *modified accrual basis of accounting* that requires the recognition of revenue when earned, only so long as the funds are collected within the period or soon enough afterwards to be used to pay liabilities of the current period.

It is useful to compare the information presented for governmental funds with similar information presented for *governmental activities* in the government-wide financial statements. By doing so, readers may better understand the long-term impact of the government's near-term financing decisions. Both the governmental fund balance sheet and the governmental fund statement of revenues, expenditures, and changes in fund balances provide a reconciliation to facilitate this comparison between governmental funds and governmental activities.

The Center adopts an annual budget for its general fund. A budgetary comparison statement has been provided for the general fund to demonstrate compliance with this budget. The basic governmental fund financial statements can be found on pages 18 and 20 of this report.

- **Proprietary funds** – The Center maintains two proprietary funds referred to as the *internal service funds*. The purpose of the *internal service funds* is to provide for the acquisition of selected capital asset groups as well as the future replacement or repair of these existing capital assets using service fees collected internally from the various divisions. The second internal service provides funds for the partially self-funded medical benefit plan for employees. These internal service funds predominantly benefit the governmental functions, and they are included within *governmental activities* in the government-wide financial statements. The basic proprietary fund financial statements can be found on pages 24-26 of this report.

Notes to the Financial Statements – The notes provide additional information that is essential to a full understanding of the data provided in the government-wide and fund financial statements. The notes to the financial statements can be found beginning on page 27 of this report.

Other Information – In addition to the basic financial statements and accompanying notes, this report also presents a *statistical section* containing information concerning the Center that is required by the Texas Health and Human Services Commission. This other supplementary information can be found beginning on page 40 of this report.

GOVERNMENT-WIDE FINANCIAL ANALYSIS

As noted earlier, net position may serve over time as a useful indicator of a government's financial position. In the case of the Center, assets exceeded liabilities by \$18,133,802 at the close of the most recent fiscal year.

A portion of the Center's net position (13 percent) reflects its investment in capital assets (e.g., land, buildings, vehicles, furniture, and equipment), less any related debt used to acquire those assets that is still outstanding. The Center uses these capital assets to provide services to the individuals we serve; consequently, these assets are not available for future spending.

A significant portion of the Center's net position (87 percent) represents unrestricted financial resources available for future operations.

Statement of Net Position

	Governmental Activities	
	2025	2024
Current and other assets	\$ 20,261,286	\$ 19,948,391
Capital assets	4,825,427	3,932,862
Total assets	<u>25,086,713</u>	<u>23,881,253</u>
Long-term liabilities	2,869,139	2,121,178
Other liabilities	3,884,260	3,610,234
Total liabilities	<u>6,753,399</u>	<u>5,731,412</u>
Deferred inflows of resources – related to leases	199,512	55,334
Total deferred inflows	<u>199,512</u>	<u>55,334</u>
Net position:		
Net investment in capital assets	2,325,677	2,707,733
Unrestricted	15,808,125	15,386,774
Total net position	<u>\$ 18,133,802</u>	<u>\$ 18,094,507</u>

Governmental activities – Governmental activities increased the Center’s net position by \$64,406. Key elements of this change are as follows:

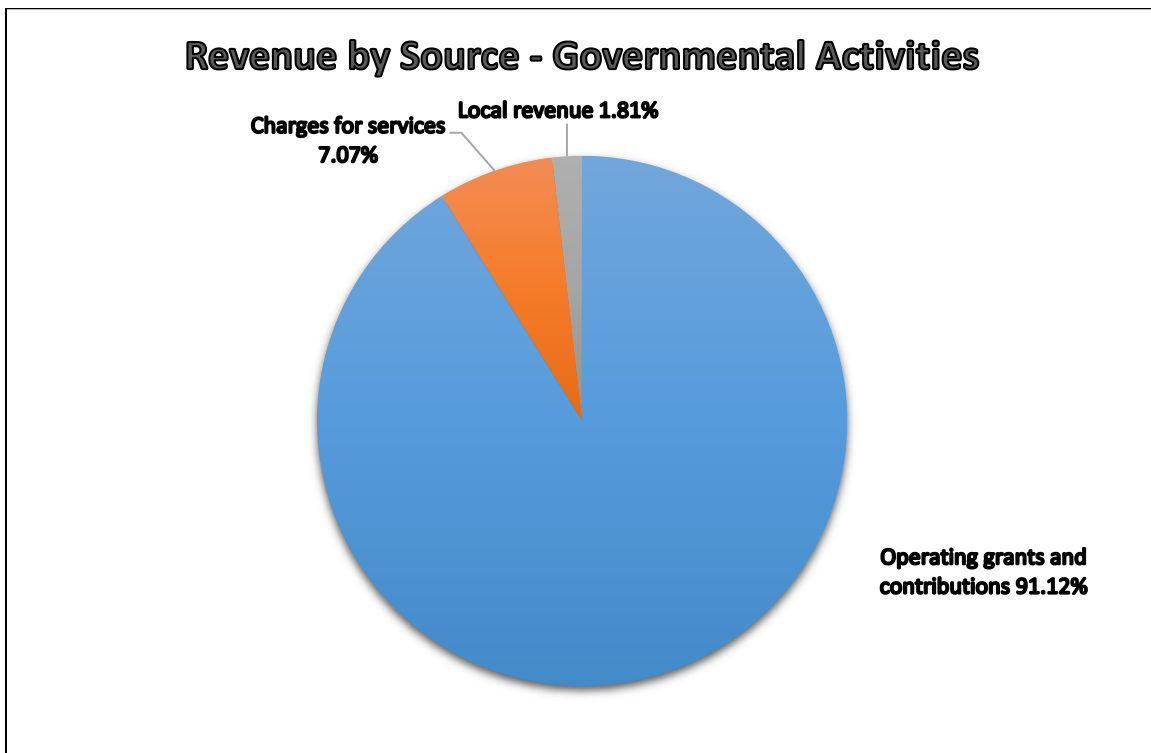
Statement of Activities

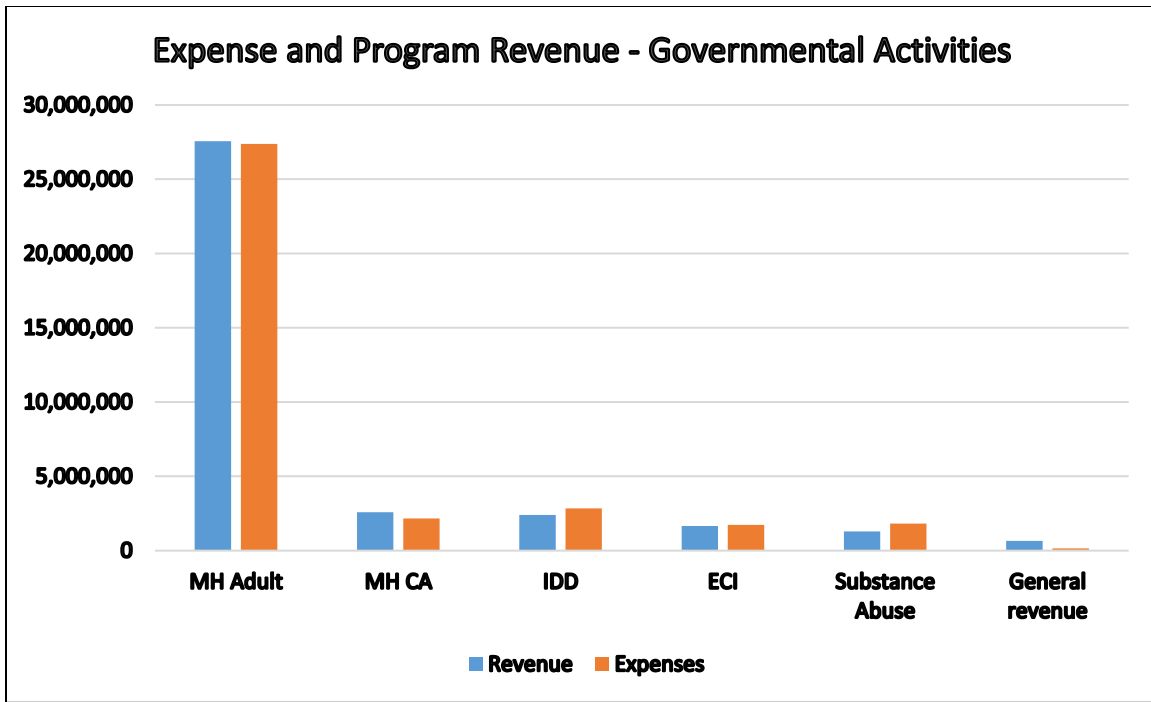
	Governmental Activities	
	2025	2024
Revenues:		
Program revenues		
Charges for services	\$ 2,554,114	\$ 3,657,748
Operating grants and contributions	32,899,744	29,780,133
	<u>35,453,858</u>	<u>33,437,881</u>
General revenues		
Unrestricted investment earnings	346,458	390,070
Other local income	304,191	72,811
Total revenues	<u>36,104,507</u>	<u>33,900,762</u>
Expenses:		
Mental Health Adult	27,369,347	24,893,645
Mental Health Child and Adolescents	2,153,868	1,881,712
Intellectual and Developmental Disabilities	2,839,544	4,366,016
Early Childhood Intervention	1,726,713	1,706,627
Substance Abuse	1,811,420	1,640,969
Interest	139,209	50,496
Total expenses	<u>36,040,101</u>	<u>34,539,465</u>
Change in net position	<u>64,406</u>	<u>(638,703)</u>
Net position – beginning	18,094,507	18,733,210
Prior period adjustment	(25,111)	
Net position – ending	<u>\$ 18,133,802</u>	<u>\$ 18,094,507</u>

The following tables present the cost of each of the Center's programs: Mental Health Adult, Intellectual Developmental Disabilities, Mental Health Children, Early Childhood Intervention and Substance Abuse as well as each program's net cost (cost less revenues generated by the activities). The net cost shows the Center's reliance on local funding.

Cost of Services

	Total Cost of Services	Net Income (Cost) of Services
Expenses:		
Mental Health Adult	\$ 27,369,347	\$ 187,776
Mental Health Children	2,153,868	419,078
Intellectual and Developmental Disabilities	2,839,544	(450,240)
Early Childhood Intervention	1,726,713	(71,664)
Substance Abuse	1,811,420	(531,984)
Interest	139,209	(139,209)
Total expenses	<u>\$ 36,040,101</u>	<u>\$ (586,243)</u>





FINANCIAL ANALYSIS OF THE CENTER'S FUNDS

As the Center completed the year, its governmental funds, as presented in the balance sheet on page 18, reported a fund balance of \$13,515,815, which is an increase of \$164,322 from last year.

Governmental Funds – The focus of the Center's *governmental funds* is to provide information on near-term inflows, outflows, and balances of *spendable* resources. Such information is useful in assessing the Center's financing requirements. In particular, *unassigned fund balance* may serve as a useful measure of a government's net resources available for spending at the end of the fiscal year.

The general fund is the chief operating fund of the Center. At the end of the current fiscal year, unassigned fund balance of the general fund was \$11,742,227 while total fund balance reached \$13,515,815. As a measure of the general fund's liquidity, it may be useful to compare unassigned fund balance to total fund expenditures. Unassigned fund balance represents 31.1 percent of total general fund expenditures.

Proprietary Funds – The Center's proprietary funds provide the same type of information found in the government-wide financial statements, but in more detail. Charges for services and stop loss insurance generated \$2,491,075 in revenues for the funds while expenses were \$2,542,404, which left \$51,329 in operating loss. Net non-operating revenues were \$50,846 which resulted in a \$483 decrease in net position for the fiscal year.

General Fund
Statement of Revenues, Expenditures, and Changes in Fund Balance

	<u>2025</u>	<u>2024</u>
Revenues:		
Local	\$ 15,566,059	\$ 14,372,418
State	16,654,135	15,763,323
Federal	3,537,855	3,374,951
Investment earnings	346,458	390,070
Total revenues	<u>36,104,507</u>	<u>33,900,762</u>
Expenditures:		
Mental Health Adult	24,225,558	22,324,050
Mental Health – Child and Adolescent	1,905,434	1,668,089
Intellectual Disabilities	2,508,753	3,871,784
Early Childhood Intervention	1,526,865	1,512,510
Substance Abuse	1,602,871	1,455,695
Administration	3,391,002	2,576,738
Capital outlay	1,789,680	22,000
Debt service principal	650,096	611,778
Debt service interest	129,606	50,496
Total expenditures	<u>37,729,865</u>	<u>34,093,140</u>
Deficiency of revenue over expenditures	(1,625,358)	(192,378)
Other financing sources (uses):		
Proceeds from leases obligations	1,789,680	
Total other financing sources (uses)	<u>1,789,680</u>	-
Net change in fund balance	\$ <u>164,322</u>	\$ <u>(192,378)</u>

Internal Service Funds
Statement of Revenues, Expenditures, and Changes in Fund Balance

	<u>2025</u>	<u>2024</u>
Operating revenues:		
Charges for service/user fees	\$ 2,305,131	\$ 2,237,765
Stop loss insurance	185,944	182,548
Total operating revenues	<u>2,491,075</u>	<u>2,420,313</u>
Operating expenses:		
Medical benefits	2,179,406	2445,975
Maintenance and repair	12,968	14,625
Depreciation	256,301	276,529
Administrative and other operating expenses	93,729	135,569
Total expenses	<u>2,542,404</u>	<u>2,872,698</u>
Operating Loss	(51,329)	(452,385)
Non-operating revenues (expenses):		
Interest income	31,227	29,230
Miscellaneous income	338	
Gain on disposal of capital assets	19,281	7,372
Total non-operating expenses	<u>50,846</u>	<u>36,602</u>
Change in net position	\$ <u>(483)</u>	\$ <u>(415,783)</u>

GENERAL FUND BUDGETARY HIGHLIGHTS

Differences between the final budget and the actual activity were not significant with total revenues exceeding budget by \$60,936 and total budget exceeding expenditures by \$16,193.

An analysis of the final budget and actual amounts follows:

Senate Bill 292– rural expansion

The Center was awarded a 3-year contract totaling \$7,067,475 in State funding by HHSC in 2019 for the inpatient projects for increased Substance Abuse Detox and Treatment beds with Red River Hospital, MH Crisis Stabilization beds with Red River Hospital, and two dedicated longer-term Adult MH Treatment beds for Criminal Justice Involved residents of Wise County. Since none of the Sponsoring Agencies were able to contribute additional funding, match for this funding is being provided by the daily bed rate discounts from Red River Hospital. The Center was given the go ahead in March of 2019, and for FY25 which is the seventh year of the contract, it has generated around \$2,355,825 per year in revenue. The Center had a meeting with the contract staff and learned that they apply the Center's invoices to the last PO with a balance, not to the current year's contract. The Center carried forward \$995,314 for FY2025.

Community Mental Health Grant Program

The Center was awarded the Community Mental Health Grant Program contract established under House Bill 13, 85th Legislature Regular Session 2017. The value of this contract with match was \$88,128 over the course of 24 months ending on August 31, 2022. The Center has signed an amendment to this contract, adding another \$88,128 to the total of this contract, ending on August 31, 2024. The Center was awarded another 2-year contract in the amount of \$126,780, ending in August of 2026. This allowed us to continue to provide service in the Olney Hospital for substance abuse in the fiscal year of 2025. The Center was also awarded another Community Mental Health Grant Program contract established under Senate Bill 1677, 88th Legislature Regular Session 2023. This is for expanding and retaining our LPHA staff. The value of this contract with match is \$981,280 over the course of 24 months ending on August 31, 2026.

PESC

In comparison to previous fiscal years, there is no change in funding in fiscal year 2025. It remains at \$2,177,828.

Private Psychiatric Beds

In FY2025, the Center was given general revenue funds for Private Psychiatric Beds. This is very similar to our PESC funding that we use from the General Revenue Fund as well. In FY2025, we did use all of the allocation of \$937,600.

Drugs and Medications

The Center continues to participate in the Pharmacy Assistance Program (PAP) and received \$3,696,842 in PAP in fiscal year 2025. The 1115 Waiver allows the Center to cost share pharmaceutical expenses with another provider in the community allowing us to minimize costs.

Hospital Transition Pilot Program

The Center was approached by the state in January of 2020 to see about the feasibility of housing consumers from the state hospital in what they called a step-down kind of program. This program is designed to transition individuals who are psychiatrically and /or medically fragile from inpatient state hospital settings to more appropriate community-based settings. After much thought and discussion, the Center had entered into a 3-year contract with the state in August of 2020 to provide service in the house on Turtle Creek Road. Within the contract, was provisions for repairs needed for the house on Turtle Creek Road to bring it up to code. The Center saw its first occupant in February of 2021. At the beginning of this fiscal year, the Center had 5 consumers in the program.

86th Legislature Funding for HB 19 Partnership with Education Service Centers

HB 19 creates a partnership with the Education Service Centers (ESC) and their primary Local Mental Health Authority (LMHA) to fund a Behavioral Health Specialist employed by the LMHA to work at the ESC. The Behavioral Health Specialist will provide training and consultation to the ESC and the School Districts served with regard to local behavioral health resources, evidenced based practices in the schools, and behavioral health awareness training for school district personnel. The Center was given the Notice to Proceed in April of 2020. This revenue is part of the Mental Health General revenue that we receive quarterly. The Center didn't quite spend all the money and will be returning \$9,743.

86th Legislature Funding for Mental Health First Aid Outreach Worker

The Center has a Mental Health First Aid contract with the state to train others. Additional funds were made available to expand services to include a dedicated Mental Health First Aid Outreach worker. The role of this person is to increase awareness of MHFA training, increase the number of MHFA training sessions available, and increase the number of overall trainings completed during the contract term. With this increase of funding, we are aiming to increase our training with a dedicated person to generate more revenue than we were able to in the past. This revenue in return, stays in the program to pay for more travel, books, and supplies for the Mental Health First Aid Program.

DPP-BHS

The Directed Payment Program for Behavioral Health Services (DPP BHS) is a new value-based payment program for CMHCs to incentivize them to continue providing services to Medicaid-enrolled individuals that are aligned with the Certified Community Behavioral Health Clinic (CCBHC) model of care. The program will continue successful Delivery System Reform Incentive Payment (DSRIP) innovations by CMHCs to promote and improve access to behavioral health services, care coordination, and successful care transitions. DPP BHS payments will be included in MCO capitation rates and distributed through two components to enrolled CMHCs who meet program requirements. DPP BHS payments were approved by the Centers for Medicare and Medicaid Services (CMS) on November 15, 2021. The Center must report all measures for which it is eligible, as a condition of participation. There was no pay-for-performance components in the proposed program in year 1. Reported data will be used for the annual evaluation. The payments were split up into Component 1 and Component 2 payments. Component 1 is a uniform dollar increase issued in monthly payments to all CMHCs participating in the program. As a condition of participation, providers are required to report progress made toward certification or maintenance of CCBHC status. They are also required to report on the implementation status of activities foundational to quality improvement such as telehealth service, collaborative care, integration of physical and behavioral health, and imported data exchange. Component 2 was a uniform percent increase on certain CCBHC services. As a condition of participation, providers are required to report on metrics that align with CCBHC measures and goals. For FY2025, HHSC changed the ruling that only component 1 payments will be disbursed. This was due to the tangle of trying to reconcile the component 2 payments and the nightmare it became. Component 1 payments are now based off the CCBHC cost reports that every center must submit. This is the fourth year that we are participating. At the time of this summary, we remain cautious when trying to predict any revenue amounts due to unknown recoupments by HHSC. We have IGT'd \$440,930 for the fourth year. Scorecards are posted monthly and not in advance, so while we can budget for an estimate, actual amounts are not attainable for component 1 payments for the year.

PHP-CCP

On December 22, 2021, Texas Health and Human Services Commission (HHSC) received federal approval of the Public Health Providers – Charity Care Program (PHP-CCP) Protocol from the Center for Medicaid and Medicare Services (CMS). The Texas Health and Human Services Commission (HHSC) is working to develop the Public Health Provider – Charity Care Program (PHP-CCP) that is designed to allow qualified providers to receive reimbursement for the cost of delivering healthcare services, including behavioral health services, immunizations, and other preventative services, when those costs are not reimbursed by another source. The program is authorized under the 1115 waiver. Year 1 of the program consisted of uncompensated care and Medicaid shortfall. In year 2, the program transferred to charity care only. In accordance with the Special Terms and Conditions of the 1115 waiver, to participate in the program, providers must be funded by a unit of government able to certify public expenditures. Beginning October 1, 2022, the PHP-CCP was operational and allowed certain providers to receive a supplemental payment for certain medical services. Payments from the pool are to defray the cost of uncompensated costs of providing medical services to Medicaid eligible or uninsured individuals. To receive money under this program, the Center submitted a cost report November 14th, 2024, to HHSC, detailing our expenses and revenue received for a full year based on the federal fiscal year for those services that are not reimbursed under another program. HHSC will then go over the cost reports and do reconciliations. Actual payment was expected in April of 2025 and the Center received \$2,197,789.03 in April 2025. This was the Center's fourth year in participating.

ECI Services

The ECI program was granted another year contract at a total of \$1,063,484, this one ending on August 31, 2025. This allowed us to continue to provide services to the community for children ages 0 to 3 years. This year the contracted number of children is 208 to serve. The ECI program was also granted a Personnel Retention Grant in the amount of \$8,427. This was used for targeting early intervention turnover through

proven retention strategies grant services. The ECI program was granted \$10,337 for Preschool Development Grant activities and another \$5,190 for hiring and retention.

Facility Master Plan

The Center will continue its phases of the Facility plan when appropriate. The Center had moved into looking at developing architectural plans and engaging in fund raising to cover the majority of the costs of a new facility in Wichita Falls. The Center had also looked at other ways to fund the project. One of those was by issuing bonds. The other way was by using New Markets Tax Credit Financing. This is financing obtained through Community Development Entities, FKA CDE's. It offers upfront cash at the time of closing that can be used for new development, expansions, everyday capital expenditures, and operating expenses. The Center would carry the loan for seven years on its books and the loan is then forgivable after a one-time payment of \$1,000. The Center will start looking at ways to begin the silent fund-raising campaign when the appropriate time comes along.

HB133-Outpatient Capacity Expansion

The Center was awarded this contract in October of 2021. The purpose of this contract is to expand outpatient mental health services for individuals with serious mental illness and serious emotional disturbance to address growing demand due to population growth, funding disparities, and other local challenges. The Center was given additional targets for adults (16) and children (3). While the contract award went back to March of 2021, the Center's award begin date was November 2, 2021. This contract was for \$200,000 and was active until March 14, 2023. This contract had a second amendment that added services for Crisis Hotline and a Mobile Crisis Outreach team. The Center conducted efforts to expand or enhance MCOT services to increase law enforcement access to crisis service to facilitate jail diversion for individuals experiencing mental health crisis and respond to increased demand for community mental health services stemming from the COVID-19 pandemic. The additional amount to this contract was \$233,469 for FY2025. In March of 2025, the new federal government administration stopped all Covid funding. All funding was terminated on March 24, 2025. The Center had expended \$117,261. These expenses will now be covered by the MH General Revenue.

CART

The Crisis Aid Response Team is a new project entirely supported by grant funding and designated match among HFC, WFPD and WFFD (City of Wichita Falls). The Priddy Foundation has provided grant funds to cover personnel expenses for the three organizations to assemble a 3-person response team to help with efficiently resolving crisis situations and diverting people from arrest or emergency rooms. The grant covers calendar years 2024 and 2025. Additional grant funding through the State Crisis Intervention Program (SCIP) is being used to obtain ongoing Technical Assistance through the Meadows Mental Health Policy Institute. These SCIP grant funds ended September 30, 2025.

CAPITAL ASSETS AND DEBT ADMINISTRATION

Capital Assets – The Center's investment in capital assets (including lease assets) for its governmental activities as of August 31, 2025 amounts to \$2,325,677 (net of accumulated depreciation and amortization). This investment in capital assets includes land, construction in progress, buildings and improvements, furniture and equipment, and vehicles. Additional information regarding the Center's capital assets can be found in **NOTE 6** on page 34 of this report.

Capital Assets (net of depreciation & amortization)

		Governmental Activities	
		2025	2024
Land and construction in progress	\$	1,442,445	\$ 1,518,676
Building and improvements		2,779,042	2,817,792
Furniture and equipment and software		2,025,870	2,103,900
Vehicles		1,734,064	1,864,660
Leased right-of-use assets		3,641,119	2,542,240
Less: accumulated depreciation & amortization		(6,797,113)	(6,914,406)
Total capital assets	\$	4,825,427	\$ 3,932,862

Long-term Liabilities – The Center had a liability of \$966,461 for compensated absences, an increase of \$70,412 from the prior year. The Center had lease liabilities in the amount of \$2,499,750, an increase of \$1,274,621 from the prior year.

Additional information on the Center's long-term obligations can be found in **NOTE 7** to the financial statements.

ECONOMIC FACTORS AND NEXT YEAR'S BUDGET

General Overview

To be sustainable and meet the growing demands of the behavioral health, IDD, and ECI services, the Center needs to operate as efficiently as possible and build on reserves. Programs and services will continually be evaluated and monitored throughout the year. The Center is evaluating new funding opportunities to continue to grow and enhance our service structure and to support our rural communities. We continue to focus on our efforts in developing the Certified Community Behavioral Health Clinic Model that has expanded through the Community Center system with the support of HHSC. IDD Authority and SUD will continue to be a challenge due to inadequate funding and payment rates.

Needs and Capacity Assessment for Senate Bill 292 – rural expansion

The Center was awarded a total of \$7,067,475 in State funding for 3 years, of which \$659,730 was expended in FY'19, \$2,321,963 was expended in FY'20, \$2,355,825 was expended for FY'21, \$2,312,292 was expended in FY'22, and \$2,377,609. was expended in FY'23. The Center was awarded this contract again for FY'24 for two years in the amount of \$4,711,650 plus 50% match. The Center had a meeting with the HHSC contract staff and learned that they apply the Center's invoices to the last PO with a balance, not to the current year's contract. Therefore, we have additional unspent funds to spend in FY25. The Center will be carrying forward from FY2024 \$995,314 and total funds for FY2025 are \$3,351,139. In March of 2025, HHSC sent us requests for both SB292 and JBCR budgets together and made one contract combined. This year's amount is \$2,855,826.

Community Mental Health Grant Program

The Center was awarded the Community Mental Health Grant Program contract established under House Bill 13, 85th Legislature Regular Session 2017. The Center was awarded another 2-year contract in the amount of \$126,780, ending in August of 2026. This will allow us to continue to provide service in the Olney Hospital for substance abuse in the fiscal year of 2026. The Center was also awarded another Community Mental Health Grant Program contract established under Senate Bill 1677, 88th Legislature Regular Session 2023. This is for expanding and retaining our LPHA staff. The value of this contract with match is \$981,280 over the course of 24 months ending on August 31, 2026.

Hospital Transition Pilot Program

The Center was approached by the State in January of 2020 to see about the feasibility of housing consumers from the State Hospital in what they called a step-down kind of program. This program is designed to transition individuals who are psychiatrically and /or medically fragile from inpatient state hospital settings to more appropriate community-based settings. At the beginning of this fiscal year, the Center has 4 consumers in the program. The Center has gotten a new contract with the state for the next two years, at the same amount per year, the same that it has been since FY2020.

DPP-BHS

The Directed Payment Program for Behavioral Health Services (DPP BHS) is a new value-based payment program for CMHCs to incentivize them to continue providing services to Medicaid-enrolled individuals that are aligned with the Certified Community Behavioral Health Clinic (CCBHC) model of care. The program will continue successful Delivery System Reform Incentive Payment (DSRIP) innovations by CMHCs to promote and improve access to behavioral health services, care coordination, and successful care transitions. DPP BHS payments will be included in MCO capitation rates and distributed through two components to enrolled CMHCs who meet program requirements. DPP BHS payments were approved by the Centers for Medicare and Medicaid Services (CMS) on November 15, 2021. The Center must report all measures for which is it eligible, as a condition of participation. There was no pay-for-performance components in the proposed program in year 1. Reported data will be used for the annual evaluation. The payments were split up into Component 1 and Component 2 payments. Component 1 is a uniform dollar increase issued in monthly payments to all CMHCs participating in the program. As a condition of participation, providers are required to report progress made toward certification or maintenance of CCBHC status. They are also required to report on the implementation status of activities foundational to quality

improvement such as telehealth service. Collaborative care, integration of physical and behavioral health, and imported data exchange. Component 2 was a uniform percent increase on certain CCBHC services. As a condition of participation, providers are required to report on metrics that align with CCBHC measures and goals. For FY2025, HHSC changed the ruling that only component 1 payments will be disbursed. This was due to the tangle of trying to reconcile the component 2 payments and the nightmare it became. Component 1 payments are now based off the CCBHC cost reports that every center must submit. This is the fourth year that we are participating. At the time of this summary, we remain cautious when trying to predict any revenue amounts due to unknown recoupments by HHSC. We have IGT'd \$321,913.44 for the fifth year. Scorecards are posted monthly and not in advance, so while we can budget for an estimate, actual amounts are not attainable for component 1 for the year.

PHP-CCP

On December 22, 2021, Texas Health and Human Services Commission (HHSC) received federal approval of the Public Health Providers – Charity Care Program (PHP-CCP) Protocol from the Center for Medicaid and Medicare Services (CMS). The Texas Health and Human Services Commission (HHSC) is working to develop the Public Health Provider – Charity Care Program (PHP-CCP) that is designed to allow qualified providers to receive reimbursement for the cost of delivering healthcare services, including behavioral health services, immunizations, and other preventative services, when those costs are not reimbursed by another source. The program is authorized under the 1115 waiver. Year 1 of the program consisted of uncompensated care and Medicaid shortfall. In year 2, the program transferred to charity care only. In accordance with the Special Terms and Conditions of the 1115 waiver, to participate in the program, providers must be funded by a unit of government able to certify public expenditures. Beginning October 1, 2022, the PHP-CCP will be operational and allow certain providers to receive a supplemental payment for certain medical services. Payments from the pool are to defray the cost of uncompensated costs of providing medical services to Medicaid eligible or uninsured individuals. To receive money under this program, the Center submitted a cost report November 14th, 2025, to HHSC, detailing our expenses and revenue received for a full year based on the federal fiscal year for those services that are not reimbursed under another program. HHSC will then have time to go over the cost reports and do reconciliations. Actual payment for the fourth year is not expected until April of 2026.

CART

The Crisis Aid Response Team is a new project entirely supported by grant funding and designated match among HFC, WFPD and WFFD (City of Wichita Falls). The Priddy Foundation has provided grant funds to cover personnel expenses for the three organizations to assemble a 3-person response team to help with efficiently resolving crisis situations and diverting people from arrest or emergency rooms. The grant covers calendar years 2024 and 2025. Additional grant funding through the State Crisis Intervention Program (SCIP) is being used to obtain ongoing Technical Assistance through the Meadows Mental Health Policy Institute. The City of Wichita Falls has allocated resources to continue supporting the police officer and EMT components of this team moving forward. The Center has received additional matching funds through Wichita County sufficient to support its clinician component moving forward. Therefore, the new team is now self-sustaining beyond the grant cycle.

Substance Abuse Programs

This year, HHSC has done away with the COPSD program. The Center has contracted with HHSC for Substance Abuse Programs on a fee-for-service basis. This means we do not get reimbursed for the actual expenses incurred by the SUD department. Instead, their income comes from just the services they provide. So, as costs for us rise, the rate we can charge remains the same. The fee-for-service programs include Treatment for Adults, Treatment for Females, and Treatment for Youth. This grant is a five-year grant starting with this fiscal year and ending in August 31, 2030. The awarded contractual amount for each program each year is \$300,000 for TRA, \$50,000 for TRY, and \$117,000 for TRF.

Facility Master Plan

The Center will continue its phases of the Facility plan when appropriate. The Center had moved into looking at developing architectural plans and engaging in fund raising to cover the majority of the costs of a new facility in Wichita Falls. The Center had also looked at other ways to fund the project. One of those was by issuing bonds. The other way was by using New Markets Tax Credit Financing. This is financing obtained through Community Development Entities, FKA CDE's. It offers upfront cash at the time of closing that can be used for new development, expansions, everyday capital expenditures, and operating expenses. The Center would carry the loan for seven years on its books and the loan is then forgivable after a one-time payment of \$1,000. The Center will start looking at ways to begin the silent fund-raising campaign when the appropriate time comes along.

REQUEST FOR INFORMATION

This financial report is designed to provide a general overview of the Helen Farabee Centers' finances and accountability. If you have any questions concerning this report, or if you need any additional information, please contact the Helen Farabee Centers' Business Office, Chief Financial Officer, P.O. Box 8266, Wichita Falls, Texas, 76307.

GOVERNMENT-WIDE FINANCIAL STATEMENTS

HELEN FARABEE CENTERS
STATEMENT OF NET POSITION
August 31, 2025

	<u>Governmental Activities</u>
ASSETS:	
Cash and cash equivalents	\$ 8,161,013
Investments	9,310,557
Due from other governments	1,329,846
Accounts receivable, net	409,293
Due from other funds	
Leases receivable	199,512
Advances - Intergovernment transfer	188,990
Prepaid expenses and deposits	662,075
Capital assets:	
Non-depreciable	1,442,445
Depreciable capital assets, net	<u>3,382,982</u>
 TOTAL ASSETS	 <u>25,086,713</u>
LIABILITIES:	
Accounts payable	2,340,022
Accrued salaries and benefits	607,103
Interest payable	9,603
Unearned revenue	330,280
Lease obligations - due within one year	578,134
Compensation absences - due within one year	19,118
Lease obligations - due in more than one year	1,921,616
Compensation absences - due in more than one year	<u>947,523</u>
 TOTAL LIABILITIES	 <u>6,753,399</u>
DEFERRED INFLOWS OF RESOURCES:	
Deferred inflows related to receivables	<u>199,512</u>
 TOTAL DEFERRED INFLOWS OF RESOURCES	 <u>199,512</u>
NET POSITION:	
Net investment in capital assets	2,325,677
Unrestricted	<u>15,808,125</u>
 TOTAL NET POSITION	 <u>\$ 18,133,802</u>

The accompanying notes are an integral part of the financial statements.

HELEN FARABEE CENTERS
STATEMENT OF ACTIVITIES
For the Year Ended August 31, 2025

Function/Program Activities	Expenses			Program Revenues			Net (Expense) Revenues and Changes in Net Position	
	Expenses	Administrative Allocation	Expenses after Allocation of Administrative	Charges for Services	Operating Grants and Contributions	Capital Grants and Contributions	Primary Government	
							Governmental Activities	Total
Governmental Activities:								
Mental Health Adult	\$ 24,730,662	\$ 2,638,685	\$ 27,369,347	\$ 713,815	\$ 26,843,308		\$ 187,776	\$ 187,776
Mental Health Children and Adolescents	1,946,213	207,655	2,153,868	443,659	2,129,287		419,078	419,078
Intellectual and Development Disabilities	2,565,783	273,761	2,839,544	838,933	1,550,371		(450,240)	(450,240)
Early Children Intervention	1,560,240	166,473	1,726,713	497,275	1,157,774		(71,664)	(71,664)
Substance Abuse	1,636,781	174,639	1,811,420	60,432	1,219,004		(531,984)	(531,984)
Administration	3,461,213	(3,461,213)	-				-	-
Interest	139,209		139,209				(139,209)	(139,209)
Total governmental activities	36,040,101	-	36,040,101	2,554,114	32,899,744	-	(586,243)	(586,243)
General Revenues:								
Local income							304,191	
Investment earnings							346,458	
Total general revenues							650,649	
Change in Net Position							64,406	
Net Position - Beginning							18,094,507	
Prior Period Adjustment							(25,111)	
Net Position - Beginning, as restated							18,069,396	
Net Position - Ending							\$ 18,133,802	

The accompanying notes are an integral part of the financial statements.

FUND FINANCIAL STATEMENTS

HELEN FARABEE CENTERS
BALANCE SHEET - GOVERNMENTAL FUNDS
August 31, 2025

	General Fund	Total Governmental Funds
Assets:		
Cash and cash equivalents	\$ 5,392,896	\$ 5,392,896
Investments	8,609,807	8,609,807
Due from other governments	1,329,846	1,329,846
Accounts receivable, net	409,293	409,293
Advances - intergovernmental transfer	188,990	188,990
Prepaid items and deposits	637,075	637,075
	<u>16,567,907</u>	<u>16,567,907</u>
Total Assets	\$ 16,567,907	\$ 16,567,907
Liabilities:		
Accounts payable	\$ 2,095,591	\$ 2,095,591
Accrued salaries and benefits	607,103	607,103
Unearned revenue	330,280	330,280
Compensated absences	19,118	19,118
	<u>3,052,092</u>	<u>3,052,092</u>
Total Liabilities	3,052,092	3,052,092
Fund balances:		
Non-spendable:		
Prepaid items, deposits and advances	826,065	826,065
Committed for:		
Vested vacation leave	947,523	947,523
Unassigned	11,742,227	11,742,227
	<u>13,515,815</u>	<u>13,515,815</u>
Total Fund Balance	13,515,815	13,515,815
Total Liabilities, Deferred Inflows of Resources, and Fund Balance	\$ 16,567,907	\$ 16,567,907

The accompanying notes are an integral part of the financial statements.

HELEN FARABEE CENTERS
RECONCILIATION OF THE BALANCE SHEET - GOVERNMENTAL FUNDS
TO THE STATEMENT OF NET POSITION
August 31, 2025

Total Fund Balances of Governmental Funds	\$ 13,515,815
Internal Service Funds are used by management to accumulate funds for capital asset acquisitions and the payment of medical benefits. The assets and liabilities of the Internal Service Funds are included in governmental activities in the statement of net position.	5,660,580
Long-term leased assets, net \$2,414,283, long-term liabilities related to lease obligations (\$2,499,750) and lease interest payable (\$9,603) are not recorded in the funds.	(95,070)
Long-term liabilities such as compensated absences are not due and payable in the current period and therefore are not reported in the funds.	(947,523)
Net Position of Governmental Activities	\$ <u><u>18,133,802</u></u>

The accompanying notes are an integral part of the financial statements.

HELEN FARABEE CENTERS
STATEMENT OF REVENUES, EXPENDITURES, AND CHANGES IN FUND BALANCES -
GOVERNMENTAL FUNDS
For the Year Ended August 31, 2025

	General Fund	Total Governmental Funds
REVENUES:		
Local funds	\$ 15,566,059	\$ 15,566,059
State programs	16,654,135	16,654,135
Federal programs	3,537,855	3,537,855
Investment earnings	346,458	346,458
	<hr/>	<hr/>
Total Revenues	36,104,507	36,104,507
	<hr/>	<hr/>
EXPENDITURES:		
Current:		
Mental Health Adult	24,225,558	24,225,558
Mental Health Children and Adolescent	1,905,434	1,905,434
Intellectual and Developmental Disabilities	2,508,753	2,508,753
Early Childhood Intervention	1,526,865	1,526,865
Substance Abuse	1,602,871	1,602,871
Administration	3,391,002	3,391,002
Capital outlay	1,789,680	1,789,680
Debt service principal	650,096	650,096
Debt service interest	129,606	129,606
	<hr/>	<hr/>
Total Expenditures	37,729,865	37,729,865
	<hr/>	<hr/>
Deficiency of Revenues Under Expenditures	(1,625,358)	(1,625,358)
	<hr/>	<hr/>
OTHER FINANCING SOURCES:		
Insurance lease obligations	1,789,680	1,789,680
	<hr/>	<hr/>
Total Other Financing Sources	1,789,680	1,789,680
	<hr/>	<hr/>
Net Change in Fund Balance	164,322	164,322
	<hr/>	<hr/>
Fund Balance, Beginning of Year	13,351,493	13,351,493
	<hr/>	<hr/>
Fund Balance, End of Year	\$ 13,515,815	\$ 13,515,815
	<hr/>	<hr/>

The accompanying notes are an integral part of the financial statements.

HELEN FARABEE CENTERS
RECONCILIATION OF THE STATEMENT OF REVENUES, EXPENDITURES,
AND CHANGES IN FUND BALANCES - GOVERNMENTAL FUNDS
TO THE STATEMENT OF ACTIVITIES
For the Year Ended August 31, 2025

Net Changes in Fund Balance	\$ 164,322
Changes in the long-term liability for compensated absences have no effect on current resources and, therefore, are not reported in governmental funds. In the statement of net position, the change flows through the statement of activities on full accrual basis. This is an increase in the compensated absence liability for the year.	(51,474)
Changes in long-term leased assets (\$1,101,228), long-term liabilities related to lease obligations \$1,139,584 and lease interest payable \$9,603 are not recorded in the funds.	(47,959)
Internal service funds are used by management to charge the cost of capital assets to the General Fund for the replacement of capital assets, and for the accumulation and payment of resources to pay medical benefits. This is the change in net position for the internal service funds.	(483)
Net Change in Net Position of Governmental Activities	<u>\$ 64,406</u>

The accompanying notes are an integral part of the financial statements.

HELEN FARABEE CENTERS
STATEMENT OF NET POSITION -
PROPRIETARY FUNDS
August 31, 2025

	Governmental Activities Internal Service Funds
ASSETS:	
Current assets:	
Cash and cash equivalents	\$ 2,768,117
Investments	700,750
Prepaid items	<u>25,000</u>
Total Current Assets	<u>3,493,867</u>
Noncurrent assets:	
Construction in progress	384,785
Land	1,057,660
Capital assets, net	<u>968,699</u>
Total Noncurrent Assets	<u>2,411,144</u>
TOTAL ASSETS	<u>5,905,011</u>
LIABILITIES:	
Current liabilities:	
Accounts payable	<u>244,431</u>
Total Current Liabilities	<u>244,431</u>
TOTAL LIABILITIES	<u>244,431</u>
NET POSITION:	
Investment in capital assets	2,411,144
Unrestricted	<u>3,249,436</u>
TOTAL NET POSITION	<u>\$ 5,660,580</u>

The accompanying notes are an integral part of the financial statements.

HELEN FARABEE CENTERS
STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION -
PROPRIETARY FUNDS

For the Year Ended August 31, 2025

	Governmental Activities Internal Service Funds
OPERATING REVENUES:	
Charges for service/user fees	\$ 2,305,131
Stop loss insurance	<u>185,944</u>
Total Operating Revenues	<u>2,491,075</u>
OPERATING EXPENSES:	
Medical benefits	2,179,406
Maintenance and repair	12,968
Depreciation	256,301
Administrative and other operating expenses	<u>93,729</u>
Total Operating Expenses	<u>2,542,404</u>
Operating Loss	<u>(51,329)</u>
NON-OPERATING REVENUES:	
Interest income	31,227
Miscellaneous income	338
Gain on disposal of capital assets	<u>19,281</u>
Total Non-Operating Revenues	50,846
Change in Net Position	(483)
Net Position - Beginning	<u>5,639,063</u>
Prior Period Adjustment	22,000
Net Position - Beginning, as restated	5,661,063
Net Position - Ending	<u><u>\$ 5,660,580</u></u>

The accompanying notes are an integral part of the financial statements.

HELEN FARABEE CENTERS
STATEMENT OF CASH FLOWS -
PROPRIETARY FUNDS
For the Year Ended August 31, 2025

	Governmental Activities Internal Service Funds
CASH FLOWS FROM OPERATING ACTIVITIES:	
Receipts from interfund services provided	\$ 2,305,131
Receipts from stop-loss insurance	215,568
Payments to vendors	<u>(2,354,776)</u>
Net Cash Provided by Operating Activities	<u>165,923</u>
CASH FLOWS FROM NONCAPITAL AND RELATED FINANCING ACTIVITIES:	
Acquisition of capital assets	(46,795)
Proceeds from disposition of capital assets	<u>103,089</u>
Net Cash Provided by Noncapital and Related Financing Activities	<u>56,294</u>
CASH FLOWS FROM INVESTING ACTIVITIES:	
Purchase of investments	(31,227)
Interest income	<u>31,227</u>
Net Cash Used in Investing Activities	<u>-</u>
Net Change in Cash and Cash Equivalents	<u>222,217</u>
Cash and Cash Equivalents at Beginning of Year	<u>2,545,900</u>
Cash and Cash Equivalents at End of Year	<u><u>\$ 2,768,117</u></u>
Reconciliation of Operating Loss to Net Cash Provided by (Used in) Operating Activities:	
Operating Loss	\$ (51,329)
Adjustments to reconcile operating income to net cash: provided by (used in) operating activities:	
(Increase) Decrease in accounts payable	(41,799)
(Increase) Decrease in stop-loss receivable	2,750
Depreciation	<u>256,301</u>
Net Cash Provided by Operating Activities	<u><u>\$ 165,923</u></u>

The accompanying notes are an integral part of the financial statements.

NOTES TO THE FINANCIAL STATEMENTS

HELEN FARABEE CENTERS
NOTES TO FINANCIAL STATEMENTS
August 31, 2025

NOTE 1: REPORTING ENTITY

Helen Farabee Centers ("Center") is a public entity that was established under the Texas Mental Health and Mental Retardation Act of 1965 and organized under Chapter 534, Title 7 of the Texas Health and Safety Code. This act provided for the creation of local boards of trustees. The Center's current Board of Trustees was appointed by the Commissioner's Court of Wichita, Archer, Clay, Montague, Jack, Wise, Throckmorton, Young, Baylor, Haskell, Knox, Cottle, Dickens, King, Stonewall, Hardeman, Wilbarger, Childress, and Foard Counties, along with the City of Wichita Falls, Texas to develop and implement community-based mental health and intellectual developmental disability services. An independent board governs the Center, with the authority to make decisions, appoint administrators and managers, significantly influence operations, and bear primary accountability for fiscal matters. The Center is not included in any other governmental "reporting entity" as defined in Section 2100, codification of Governmental Accounting and Financial Reporting Standards.

The criteria used by the Center for including activities in preparing its financial statements conform with the Government Accounting Standards Board (GASB) Statement No. 14, and GASB Statement No. 61, *The Financial Reporting Entity: Omnibus* – an amendment of GASB Statement No. 14, and No. 23, the Center's management has determined that all component units should be reported as discrete component units of the Center because of the nature and significance of its financial relationship with the Center.

NOTE 2: GOVERNMENT-WIDE AND FUND FINANCIAL STATEMENTS

Government-Wide Financial Statements:

The government-wide financial statements include the statement of net position and the statement of activities. These statements report financial information for the Center as a whole, excluding fiduciary activities. Individual funds are not displayed, but the statements distinguish *governmental activities*, generally supported by charges for services and operating grants, from *business-type activities*, generally financed in whole or in part with fees charged to external customers. The Center does not maintain any *business-type activities*.

The statement of activities reports the expenses of a given function offset by program revenues directly connected with the functional program. A function is an assembly of similar activities and may include portions of a fund or summarize more than one fund to capture the expenses and program revenues associated with a distinct functional activity. *Program revenues* include: (1) charges for services which report fees and other charges to users of the Center's services; and (2) *operating grants and contributions* which finance annual operating activities. These revenues are subject to externally imposed restrictions to these specific program uses. Other revenues not properly included among program revenues are reported as *general revenues*. Administrative expenses are allocated among the Center's programs, excluding interest on long-term debt, based on each program's proportionate share of expenses.

Fund Financial Statements:

Separate financial statements are provided for governmental and proprietary funds.

HELEN FARABEE CENTERS
NOTES TO FINANCIAL STATEMENTS
August 31, 2025

NOTE 3: MEASUREMENT, FOCUS, BASIS OF ACCOUNTING, AND FINANCIAL STATEMENTS PRESENTATION

The financial statements of the Center are prepared in accordance with generally accepted accounting principles (GAAP). The Center applies all relevant Governmental Accounting Standards Board (GASB) pronouncements.

The government-wide statements report using the *economic resources measurement focus* and the *accrual basis of accounting* generally includes the reclassification or elimination of internal activity (between or within funds). Proprietary fund financial statements also report using this same focus and basis of accounting, although internal activity is not eliminated in these statements. Revenues are recorded when earned, and expenses are recorded when a liability is incurred, regardless of the timing of related cash flows. Charges for services are recognized in the year for which they are provided, while grants are recognized as revenue as soon as all eligibility requirements imposed by the grantor have been met. In kind contributions of goods and services are recorded as revenue at estimated fair value with a corresponding charge to expense.

Governmental fund financial statements report using the *current financial resources measurement focus* and the *modified accrual basis of accounting*. Revenues are recognized when they are both measurable and available. Available means collectible within the current period or soon enough thereafter to pay current liabilities. The Center considers revenues to be available if they are collected within 120 days of the end of the fiscal year. Expenditures are recorded when the related fund liability is incurred, except for debt service expenditures and long-term compensated absences, which are reported as expenditures in the year due. In kind contributions of goods and services are recorded as revenue at estimated fair value with a corresponding charge to expenditure.

Major revenues susceptible to accrual include billings on reimbursable-type grants and awards, where revenues are recognized when services are rendered or when reimbursable expenditures are incurred. Client fees are recorded at the net realizable amounts. Unearned revenues arise when resources are received before there is a legal claim to them, such as when grant monies are received prior to the incurrence of qualifying expenditures. In subsequent periods when there is a legal claim to the resources, the liability for unearned revenue is removed from the balance sheet, and revenue is recognized.

The Center reports the following major governmental fund:

Governmental Funds

General Fund - reports as the primary operating fund of the Center. This fund is used to account for all financial resources of the entity, except for those required to be accounted for in another fund.

Other Fund Types

Capital Asset Internal Service Fund - This fund is a proprietary fund type used to account for internal charges to the General Fund for the use of capital assets on a cost reimbursement basis. These funds are used to replace capital assets when necessary.

Health Benefits Internal Service Fund - This fund is a proprietary fund type used to account for internal charges to the General Fund for the cost of providing partially self-funded medical benefits for employees.

Amounts reported as program revenues include 1) charges to customers or applicants for goods, services, or privileges provided, 2) operating grants and contributions, and 3) capital grants and contributions. Internally dedicated resources are reported as general revenues rather than as program revenues. Administrative expenses are allocated among the Center's programs, excluding interest on long-term debt, based on each program's proportionate share of total expenses.

HELEN FARABEE CENTERS
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Proprietary funds distinguish operating revenue and expenses from nonoperating items. Operating revenue and expenses generally result from providing services and producing and delivering goods in connection with a proprietary fund's principal ongoing operations. The principal operating revenue of the Center's internal service funds are charges to the General Fund for the cost of health benefits and vehicle usage.

Operating expenses for the internal service funds include the cost of health benefits and related administrative expenses. All revenue and expenses not meeting this definition are reported as nonoperating revenue and expenses.

Stewardship, Compliance, and Accountability

The budget for the General Fund is prepared on an accounting basis consistent with generally accepted accounting principles. The budgetary comparison schedule is presented using the same format, terminology, and classifications used in the budget document. The Chief Financial Officer is responsible for preparing the Center's budget required by the State for the General Fund. An estimate of revenue and a compilation of requested departmental expenditures by service are prepared and submitted to the Executive Director and the Board of Trustees.

At a regularly scheduled Board meeting, the Board of Trustees considers the recommendations and may revise the amounts submitted in the budget before approving it. Then, it is submitted to the State for approval. The State schedules a budget hearing, usually between June 1 and July 15, at which time the budget is either approved or the Center is directed to make necessary changes and resubmit the budget. The final budget is approved by the State generally before September 1.

Budgeted expenditures for current operating funds cannot exceed the available cash balances in such funds at September 1 plus the estimated revenues for the ensuing year. Budgetary control is maintained at the program level. The Center may transfer existing surpluses between budget categories during the year and increase or decrease the budget according to budgeting and expenditure guidelines of the Texas Health and Human Services Commission (HHSC) for Community Mental Health and Mental Retardation Centers. The Board must approve changes in the total appropriations. Expenditures may not exceed appropriations at the fund level.

Cash and Cash Equivalents

The Center's cash and cash equivalents include cash on hand, demand deposits, and short-term investments with original maturities of three months or less from the date of acquisition.

Investments consist primarily of investments in interest-bearing bank accounts and bank certificates of deposit. Interest revenue on investments is recorded in the applicable operating fund.

Accounts Receivable

Accounts receivable from consumers and insurance companies for services are reduced by the amount of these billings deemed by management to be ultimately uncollectible. At year-end, the Center adjusted accounts receivable balances to actual amounts received during the measurable and available time period, accordingly, no allowance for doubtful accounts was recorded at year end. Management estimates that this method did not produce a material difference compared to using an allowance for uncollectible accounts.

HELEN FARABEE CENTERS
NOTES TO FINANCIAL STATEMENTS
August 31, 2025

Net Patient and Client Service Revenue

The Center has agreements with third-party payors that provide for payments to the Center at contractually agreed upon rates. Net patient and client service revenue is reported at the estimated net realizable amounts from patients, clients, third-party payors, and others for services rendered. The Center also entered into payment agreements with Medicare, certain commercial insurance carriers (managed care organizations), and other organizations. The basis for payment under these agreements is chiefly on fee-for-service arrangements.

For uninsured patients, the Center recognizes revenue on the basis of its standard rates for services provided, adjusted for the minimum monthly fee provisions as mandated by the state of Texas. Revenue from Medicaid Waiver programs (such as Directed Payment Program, Home and Community Based Services, Texas Home Living, YES Waiver) is recognized when services are rendered. These programs are billed based on state-negotiated rates. Laws and regulations governing the Medicare, Medicaid, and other programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term.

Grants

The Center receives grants from private organizations, as well as state and federal agencies. Revenues from grants are recognized when all eligibility requirements, including time requirements, are met.

Other Revenues

Revenue is recognized when earned. Program service fees and payments under cost-reimbursable contracts received in advance are deferred to the applicable period in which the related services are performed, or expenditures are incurred, respectively. Contributions are recognized when cash, securities or other assets, an unconditional promise to give, or notification of a beneficial interest is received.

Intergovernmental Transfer (IGT)

The Center has enrolled in the Directed Payment Program (DPP) for Behavioral Health Services and, as of August 31, 2025, has a deposit balance of \$188,990 of their intergovernmental transfer (IGT) sent to HHSC in order to leverage federal funding, which is reported in the statement of net position and the governmental funds balance sheet.

Source of Funds

Some funds from federal and other state sources represent fee-for-service reimbursements, as well as project grants. The funds that are specifically for individual patient service reimbursements are reported as local funds under patient fees and insurance reimbursements, identified by source as directed by the Texas Health and Human Services Commission.

Capital Assets

Capital assets include property, plant, equipment, and vehicles with an initial cost of \$1,000 or more and useful lives of more than one year. Capital assets are stated at historical cost and comprehensively reported in the government-wide financial statements. Donated assets are stated at acquisition value. Capital assets also include right-of-use intangible leased assets, which are recorded at the present value of the future lease payments. The costs of routine maintenance and repairs that do not increase the asset value or materially extend its useful life are not capitalized. Capital assets are depreciated or amortized using the straight-line method. When capital assets are disposed of, the cost and applicable accumulated depreciation are removed from the respective accounts, and the resulting gain or loss is recorded in operations. Estimated useful lives, in years, for depreciable and amortizable assets are as follows:

HELEN FARABEE CENTERS
NOTES TO FINANCIAL STATEMENTS
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<u>Asset Class</u>	<u>Estimated Useful Lives</u>
Buildings and related improvements	30
Leasehold improvements	10-30
Furniture and equipment	5-20
Computer software	5
Computer equipment	3
Vehicles	5
Right-of-use assets	Lease term

Long-Term Obligations

In the government-wide financial statements, long-term debt is reported as liabilities and premiums and discounts are reported as deferred charges and amortized over the term of the related debt.

The governmental fund financial statements recognize the proceeds of debt and related premiums along with the issuance of lease and subscription-based information technology (SBITA) obligations as other financing sources of the current period. Issuance costs are reported as expenditures.

Compensated absences - Full-time employees earn paid time off (PTO) for each month of work performed. Progressive accrual of PTO is based on the number of years the individual has been employed by the Center. The maximum amount of PTO that may be accrued and carried over from year to year is 480 hours. PTO vests with employees after completing two years of service and is paid upon separation from service.

Vested compensated absence amounts are fully accrued in the government-wide financial statements. The General Fund accrues an estimate for compensated absences expected to be paid out of current resources.

Fund Balance

In the fund financial statements, governmental funds reported the following classifications of fund balance:

Non-spendable - this includes amounts that cannot be spent because they are either not spendable due to their form or are legally or contractually required to be maintained intact.

Restricted - this includes amounts that can be spent only for specific purposes stipulated by external resource providers.

Committed - this includes amounts that can only be used for specific purposes as established by a formal resolution of the Board of Trustees. The Board of Trustees is the Center's highest level of decision-making authority. The amount of committed fund balance may only be revised upon expenditure of funds for the committed purpose or by a formal resolution of the Board of Trustees. Board policy commits fund balance in an amount equal to accrued vacation leave.

Assigned - this includes amounts that can be used for specific purposes as established by an official designated by the Board of Trustees. The Board's fund balance policy delegates authority to assign fund balance to the Chief Financial Officer and the Chief Accountant.

Unassigned - this includes amounts that have not been assigned to other funds or restricted, committed or assigned to a specific purpose within the fund.

The Center's fund balance policy specifies that the General Fund should achieve and maintain a minimum fund balance required for between 90 and 120 days of operation. The Capital Asset internal service fund should achieve and maintain a minimum equity of \$2,000,000 with no maximum balance.

HELEN FARABEE CENTERS
NOTES TO FINANCIAL STATEMENTS
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Risk Management

The Center is exposed to various risks of loss related to general liability, torts, theft of, damage to, and destruction of assets, errors and omissions, injuries to employees, doctors' malpractice, and natural disasters. During the year, The Center was covered under a general liability insurance plan with a combined single limit of \$2 million at a cost it considered to be economically justifiable.

The Center has entered into an agreement with the Texas Council Risk Management Fund (TCRMF). This public entity risk pool operates as a common risk management and insurance program for members of the Texas Council of Mental Health Mental Retardation Community Centers. The agreement provides that the trust established by TCRMF will be self-sustaining through member premiums. The Center pays an annual premium to TCRMF for workers' compensation, general and auto liability, and property insurance coverages. There was no significant reduction in insurance coverage in the prior year. The amount of settlements has not exceeded insurance coverage for any of the past three years. Management does not anticipate any additional assessments for insurance premiums as a result of activities in the year ending August 31, 2025.

Estimates

The preparation of financial statements in accordance with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from these estimates.

Tax-Exempt Status

The Internal Revenue Service has issued a determination letter dated May 1968, stating that the Center qualifies as an organization described in Section 501(c)(3) of the Internal Revenue Code and, accordingly, is exempt from Federal income taxes.

Deferred Inflows and Outflows of Resources

Deferred inflows of resources represent the acquisition of resources that apply to a future period and so will not be recognized as an inflow of resources (revenue) until that time. Deferred outflows of resources represent a consumption of resources that applies to a future period and so will not be recognized as an outflow of resources (expense) until that time.

NOTE 4: CASH, CASH EQUIVALENTS, AND INVESTMENTS

Custodial credit risk is the risk the Center's policy requires deposits to be fully secured by collateral valued at market or par, whichever is lower, less than the amount of Federal Deposit Insurance Corporation (FDIC) insurance. The Center's deposits were fully secured at August 31, 2025 by federal deposit insurance and by pledge securities held by the Center's agent in the Center's name. Such total collateralization and insurance coverage are required by the Rules of the Commissioner of the Texas HHSC and the Board of Trustees of the Center.

Concentration of credit risk is the risk of loss attributed to the magnitude of the Center's investment in a single issuer. Center investment policy requires that investments be diversified to protect against market risk and credit risk in any one sector and will include the use of a number of broker-dealers for diversification and market coverage. Diversification objectives may be accomplished through the use of an authorized investment pool or money market fund.

HELEN FARABEE CENTERS
NOTES TO FINANCIAL STATEMENTS
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At year-end, the Center held the following investments:

Investment Type	Fair Value	Percentage of Total	Credit Rating	Weighted Average Days to Maturity
Bank certificates of deposits	\$ 8,608,602	92.23%	N/A	186
Money market accounts	700,750	7.76%	N/A	N/A
TexSTAR local government pool	1,205	0.01%	AAAm	27
Total	\$ 9,310,557	100%		

The Texas Short Term Asset Reserve Fund (TexSTAR) is a local government investment pool organized under the authority of the Interlocal Cooperation Act, chapter 791, of the Texas Government Code, and the Public Funds Investment Act, chapter 2256, of the Texas Government Code. J.P. Morgan Investment Management Inc. serves as investment advisor and co-administrator with FirstSouthwest, a division of Hilltop Securities. TexSTAR invests in treasury and agency securities and repurchase agreements fully collateralized by government securities. The pool maintains a weighted average maturity of 60 days or less. The pool seeks to maintain a constant dollar objective. The reported value of the pool is the same as the fair value of the pool shares.

The Center categorizes its fair value measurements within the fair value hierarchy established by generally accepted accounting principles. The hierarchy is based on the valuation inputs used to measure the fair value of the asset. Level 1 inputs are quoted prices in active markets for identical assets; Level 2 inputs are significant other observable inputs; Level 3 inputs are significant unobservable inputs. The Center's investments in public funds investment pools and certificates of deposit are measured at net asset fair value per share for the public funds investment pools and at amortized cost for certificates of deposit.

NOTE 5: RECEIVABLES FROM OTHER GOVERNMENTS

Receivables from other governments are for reimbursement of expenditures and fees for services provided under various programs and grants. All amounts are expected to be collected within the next year. The Center had the following receivables from other governments:

Medicaid Administrative Claiming	\$ 461,836
HHSC Mental Health programs	150,820
Direct Payment Program (DPP)	108,134
Early Childhood Intervention	42,911
HHSC IDD programs	956
HHSC Substance Abuse programs	54,431
HHSC SB292	424,188
TCOOMMI	60,483
Intermediate Care Facilities (ICF)	26,087
Total	\$ 1,329,846

HELEN FARABEE CENTERS
NOTES TO FINANCIAL STATEMENTS
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NOTE 6: CAPITAL ASSETS

The following is a summary of changes in capital assets, including leased assets, for the year:

	Beginning Balance	Increases	Decreases	Ending Balance
Governmental activities:				
Non-depreciable assets:				
Land	\$ 1,057,660	\$ -	\$ -	\$ 1,057,660
Construction in progress	461,017	-	76,232	384,785
Depreciable assets:				
Buildings and improvements	2,817,793	9,080	47,831	2,779,042
Furniture and fixtures	457,502	-	7,440	450,062
Computer equipment	1,035,436	37,715	108,305	964,846
Computer software	610,962	-	-	610,962
Vehicles	1,864,660	-	130,596	1,734,064
Right-of-use leased buildings	2,088,846	1,809,725	790,721	3,107,850
Right-of-use leased equipment	453,394	79,875	-	533,269
Total at historical cost	<u>9,328,593</u>	<u>1,936,395</u>	<u>1,084,893</u>	<u>10,180,095</u>
Less accumulated depreciation for:				
Buildings and improvements	2,029,967	93,442	47,828	2,075,581
Furniture and fixtures	355,628	27,949	6,343	377,234
Computer equipment	903,681	64,406	108,305	859,782
Computer software	1,699,765	68,004	120,843	1,646,926
Vehicles	608,254	2,500	-	610,754
Right-of-use leased buildings	1,135,680	595,216	821,733	909,163
Right-of-use leased equipment	181,431	136,242	-	317,673
Total accumulated depreciation	<u>6,914,406</u>	<u>987,759</u>	<u>1,105,052</u>	<u>6,797,113</u>
Governmental activity capital assets, net	<u>\$ 3,932,864</u>	<u>\$ 948,636</u>	<u>\$ 56,073</u>	<u>\$ 4,825,427</u>

Depreciation expense of \$256,301 and amortization expense of \$708,497 were charged to functions as follows:

Mental Health – Adult	\$ 664,610
Mental Health – Child	52,302
Intellectual Developmental Disability	68,953
Early Childhood Intervention	41,930
Substance Abuse	43,987
Administration and other	93,016
Total	<u>\$ 964,798</u>

NOTE 7: LONG-TERM LIABILITIES

The Center has entered into lease agreements for real estate with total combined monthly payments ranging from \$809 to \$18,792 per month over the next four fiscal years, with an estimated incremental borrowing rate of 3.5%. Terms of existing agreements expire on various dates over the next five fiscal years.

The Center has entered into lease agreements for equipment with total combined monthly payments ranging from \$743 to \$5,898 per month over the next four fiscal years, with an estimated incremental borrowing rate of 3.5%. Terms of existing agreements expire on various dates over the next five fiscal years.

HELEN FARABEE CENTERS
NOTES TO FINANCIAL STATEMENTS
August 31, 2025

The Center entered into lease agreements for vehicles. These lease payments were completed during the year. There is no remaining liability at year-end.

There were no material variable payments that were not included in the measurement of the lease liability. There are no material residual value guarantees or termination penalties that were not previously included in the measurement of the lease liability.

The following is a summary of changes in long-term liabilities, including lease obligations, for the year:

Governmental activities:

	Beginning Balance	Increases	Decreases	Ending Balance	Amount Due Within One Year
Lease obligations	\$ 1,225,129	\$ 1,926,278	\$ 651,657	\$ 2,499,750	\$ 578,134
Compensated Absences	896,049	966,461	896,049	966,461	19,118
Total	\$ 2,121,178	\$ 2,892,739	\$ 1,547,705	\$ 3,466,211	\$ 597,252

The following is a summary of future lease payment requirements as of year-end:

Fiscal Year Ending December 31,	Principal	Interest	Total
2026	\$ 578,134	\$ 104,687	\$ 684,452
2027	535,923	81,179	615,471
2028	218,009	63,061	281,070
2029	171,259	54,277	225,536
2030	179,985	45,551	225,536
2031-2035	816,440	85,703	902,143
	\$ 2,499,750	\$ 434,458	\$ 2,934,208

NOTE 8: LEASED ASSETS

The Center entered into agreements to lease real estate that will provide monthly rental income in the amount of \$2,100 per month. Management has not applied an implicit interest rate to this rental income because the amount would not be material to the financial statements. These agreements provide for future rental income by fiscal year as follows:

Year Ending August 31,	Rental Income
2026	\$ 25,200
2027	25,200
Subsequent	191,400
Total Future Rents	\$ 241,800

\$199,512 is reflected as a lease receivable with a corresponding amount in deferred inflows of resources related to leases in the government-wide statement of net assets.

Rental income for the fiscal year ending August 31, 2025 was \$56,069.

HELEN FARABEE CENTERS
NOTES TO FINANCIAL STATEMENTS
August 31, 2025

NOTE 9: RETIREMENT PLAN

The Center maintains a 401(a) defined contribution money purchase pension plan for the benefit of eligible employees and their beneficiaries. The name of the plan is the Helen Farabee Centers Retirement Plan. The Center contributes 6% of each covered employee's compensation to the plan. Eligible employees are full-time employees and part-time employees (50%) of the Center. Eligible employees participate in the plan on their first date of employment. Employees direct the investment of contributions which are used to purchase mutual funds and/or annuity contracts. Investments are managed and held in trust on behalf of employees by ISC Group. Employees vest in the Center's contributions to the plan on their behalf over a five-year period as follows:

<u>Years of Service</u>	<u>Percentage</u>
Less than 1	0%
1	20%
2	40%
3	60%
4	80%
5	100%

Retirement contributions by the Center for the fiscal year were \$611,500, of which \$28,837 was funded by employee forfeitures of non-vested amounts. Forfeitures consist of amounts returned to the Center for the non-vested portion of benefits for terminated employees. The plan document provides that plan forfeitures shall first be made available to reinstate previously forfeited amounts to participants, if any. Remaining forfeitures shall be used to pay the expenses associated with the administration and operation of the plan. Vesting and forfeiture policies are established in the plan document. At year-end, the final contribution to the plan was due in the amount of \$24,633.

NOTE 10: DEFERRED COMPENSATION PLANS

The Center offers its employees a deferred Compensation Plan (the "Plan") consistent with Internal Revenue Code Section 457(a). The name of the plan is the Helen Farabee Centers 457 Plan. Vesting in the Plan is immediate with plan assets held in trust until the employee terminates employment, retires, or experiences an unforeseeable emergency. Employees may contribute voluntarily to the Plan an amount not to exceed limits established by the Internal Revenue Code. The employees contributed \$142,527 in deferred compensation for the year.

The Center offers its employees a tax-sheltered annuity plan consistent with Internal Revenue Code Section 403(b). The name of the plan is the Helen Farabee Centers 403(b) Plan. Vesting in the Plan is immediate, with plan assets held in trust until the employee terminates employment, retires, or experiences an unforeseeable emergency. Employees may contribute voluntarily to the Plan an amount not to exceed limits established by the Internal Revenue Code. Employees contributed \$191,610 in deferred compensation for the year.

NOTE 11: PARTIALLY SELF-FUNDED HEALTH BENEFIT PLAN

The Center maintains a partially self-funded health benefit plan for employee health benefits. The Center purchases commercial stop-loss coverage for medical claims in excess of \$100,000 per plan participant, per policy period, with an unlimited specific benefit lifetime maximum. The policy annual aggregate deductible limit is one million dollars. Settled claims have not exceeded insurance coverage for the fiscal year.

HELEN FARABEE CENTERS
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Liabilities for health benefits are calculated considering known claims and estimates of future claims based on the lag time for medical claims. The Center accounts for this activity in an internal service fund. This internal service fund reflects a claims liability in the amount of \$236,955 at year end. This claims liability is based on the requirement that a liability for claims be reported if information prior to the issuance of the financial statements indicates a liability has been incurred at the date of the financial statements and the amount of the liability can be reasonably estimated. The Center does not discount its claims liabilities. All claims liabilities are expected to be paid within one year.

Changes in the claims liability were as follows for the last two years of plan operation:

<u>Year ending August 31,</u>	<u>Claims Liability Beginning of Year</u>	<u>Claims Expenses Incurred</u>	<u>Claims Expenses Paid</u>	<u>Claims Liability End of Year</u>
2024	\$ 290,223	\$ 2,434,506	\$ 2,445,975	\$ 278,754
2025	278,754	2,220,665	2,262,464	236,955

NOTE 12: COMMITMENTS AND CONTINGENCIES

The Center has participated in numerous state and federally assisted grant programs, as well as Medicare and Medicaid programs. These programs are subject to financial and compliance audits by the grantors or their representatives and regulatory authorities. The purpose of the audits is to ensure compliance with conditions relating to the granting of funds and other reimbursement regulations. The Center's management believes that any liability for reimbursement that may arise as a result of these audits is not considered material to the Center's financial position. The Center is subject to specific penalties in the event that targets are not met.

The Center participates in the workers' compensation risk management fund through the Texas Council Risk Management Fund (TCRMF). As a participant in this risk management fund, the Center pays monthly premiums based on a standard premium rate calculated by TCRMF. TCRMF may assess additional amounts to the Center if actual losses should exceed premiums paid up to specified limits for a look-back period of up to six years. Management does not anticipate any such assessments at year end.

At August 31, 2025 the Center maintained a \$1,600,000 line of credit with the First National Bank. The interest rate of this line of credit is 6.27%. The line of credit is secured by the Center's certificates of deposit. To date, the Center has not utilized this line of credit.

NOTE 13: CONCENTRATION OF CREDIT RISK

The Center receives a substantial portion of its revenues in the form of annual performance contracts with the Texas Health and Human Services Commission (HHSC) for providing mental health and intellectual and developmental disabilities services to its service area. The Center is economically dependent on the continuation of these contracts. At August 31, 2025, these contracts have been continued through August 31, 2026.

NOTE 14: IN-KIND CONTRIBUTIONS

The Center receives in-kind contributions for bed day services and occupancy expenses. During 2025, the Center received \$9,546,613 in discounted hospital bed day services. These amounts were recorded at the estimated fair value of the services provided based on current hospital rates for the services, less any actual amounts paid.

HELEN FARABEE CENTERS
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The Center also receives free or discounted rent and utilities from local governments in its service area. During 2025, the Center received \$140,825 in discounted rent and utility costs. These amounts are recorded at the estimated fair rental value or utility cost less any actual amounts paid. In-kind contributions are reflected as in-kind revenues in the financial statements with a corresponding charge to expense or expenditure, as applicable. In-kind contributions are liquidated as they are received.

NOTE 15: PATIENT ASSISTED PHARMACY

Consumers periodically receive prescription medications through a program known as Patient Assisted Pharmacy (PAP). These prescriptions are provided at no cost to the consumer. These items do not meet the criteria for recognition in the Center's financial statements, however they do provide significant assistance to the consumers the Center serves. The Center estimates that consumers received prescription medications through this program valued at \$3,696,942 during the year ending August 31, 2025.

NOTE 16: COST REPORT RECONCILIATION – CHARITY CARE PROGRAM (CCP)

Community Centers participate in a state-wide Medicaid 1115 waiver program identified as the Charity Care Pool (CCP). As a part of the CCP program, all Centers file a cost report based on the cost of the program and the services provided. The Center's cost report will be considered as a part of a statewide reconciliation process for the cost of CCP services. The cost report reconciliation will result in a settlement of an amount due to the Center. The results of the final reconciliation will not be known for several months after the report release date. Due to the uncertainty associated with this estimate and the effects of the statewide reconciliation, management has determined that an estimate is not possible at year-end. Revenues associated with this program are recorded as revenues when actually received. The amount received in FY 2025 was \$2,197,789.

NOTE 17: PRIOR PERIOD ADJUSTMENT

During the fiscal year 2025, management identified errors in the August 31, 2024 financial statements that originated from audit procedures performed by the previous independent auditor. These errors affect the fund financial statements and the government-wide financial statements. The August 31, 2025 financial statements have been restated to correct these matters. A summary of the adjustments is presented below:

An error was identified in the recording of capital outlay in the Internal Service Fund – Capital Assets. Specifically, an asset recognized in the General Fund. There was an adjustment to transfer the asset to the Internal Service Fund – Capital Assets in error.

Fund Financial Statements

<u>Fund</u>	<u>Previously Reported Fund Balance</u>	<u>Adjustment</u>	<u>Restated Beginning Fund Balance</u>
Internal Service Fund – Capital Assets	\$ 5,297,921	\$ 22,000	\$ 5,319,921

HELEN FARABEE CENTERS
NOTES TO FINANCIAL STATEMENTS
August 31, 2025

Government-Wide Financial Statements

An error was identified in the recording of Depreciable capital assets, net. The asset was recorded in the General Fund and the Internal Service Fund – Capital Assets.

An error was identified in recording the Depreciable capital assets, net and the Lease obligations in the calculation of the future lease payment of the right-of-use assets and the lease obligations.

<u>Fund</u>	<u>Previously Reported Balance</u>	<u>Adjustment</u>	<u>Restated Beginning Balance</u>
Previously reported beginning net position	\$ 18,094,507	\$ (25,111)	\$ 18,069,396
Depreciable capital assets, net	2,414,186	(109,926)	2,304,260
Lease obligations	1,225,129	135,037	1,360,166

NOTE 18: SUBSEQUENT EVENTS

Management has evaluated subsequent events through December 22, 2025, the date the financial statements were available to be issued.

REQUIRED SUPPLEMENTARY INFORMATION

HELEN FARABEE CENTERS
SCHEDULE OF REVENUES, EXPENDITURES, AND CHANGES IN FUND BALANCE
BUDGET AND ACTUAL - GENERAL FUND
For the Year Ended August 31, 2025

	Budgeted Amounts		Actual	Variance with
	Original	Final	Amount	Final Budget
Local Revenues:				
County tax funds	\$ 409,801	\$ 408,472	\$ 395,623	\$ (12,849)
City tax funds	132,252	130,502	132,169	1,667
Patient fees	830,000	877,365	996,407	119,042
Local independent school districts	3,180	3,180	3,180	-
In-kind contributions	7,452,125	9,708,747	9,687,438	(21,309)
Contributions	11,000	11,000	9,898	(1,102)
Miscellaneous income	125,000	125,000	125,796	796
Rental income	59,019	45,377	56,069	10,692
Title XIX Medicaid	1,013,000	1,025,408	1,047,261	21,853
Medicare	50,000	48,756	50,707	1,951
Mobile Crisis Aid Response Team	238,107	407,723	417,792	10,069
Charity Care Pool	1,300,000	2,197,789	2,197,789	-
Medicaid Waiver - Direct Payment Program	630,816	431,331	445,930	14,599
Total Local Revenues	12,254,300	15,420,650	15,566,059	145,409
State Program Revenues:				
General revenue	9,206,335	9,253,335	9,202,834	(50,501)
Early Childhood Intervention	408,892	621,495	631,103	9,608
Permanency Planning	22,257	22,257	22,257	-
Psychiatric Emergency Service Center	2,177,828	2,177,828	2,177,828	-
Private Psychiatric Beds	937,600	937,600	937,600	-
General revenue - special services	14,000	14,000	11,373	(2,627)
Mental Health Grant Program for Justice Involved Individuals	2,355,000	3,351,139	2,982,129	(369,010)
Community Mental Health Grant Program	-	79,066	75,892	(3,174)
TCOOMMI	335,012	338,761	360,628	21,867
Mental Health First Aid	136,050	89,050	138,945	49,895
Substance Abuse Contracts - state portion	114,325	99,554	107,550	7,996
Opioid Settlement Fund Grant	-	-	5,996	5,996
Total State Program Revenues	15,707,299	16,984,085	16,654,135	(329,950)
Federal Program Revenues:				
Mental Health Block Grant	1,358,640	1,241,976	1,206,267	(35,709)
Early Childhood Intervention	654,592	450,416	457,379	6,963
Temporary Assistance for Needy Families	213,280	213,280	213,280	-
Social Service Block Grant	115,871	115,871	115,871	-
Block Grants for Community MH Services	29,375	33,461	24,877	(8,584)
Substance Abuse Contracts - federal portion	760,582	650,894	703,171	52,277
Money Follows the Person - Rebalancing Demonstration	32,490	32,490	32,490	-
Medical Assistance Program	570,000	614,846	623,326	8,480
IT technology grant	-	-	161,194	161,194
Total Federal Program Revenues	3,734,830	3,353,234	3,537,855	184,621
Investment earnings	325,000	285,602	346,458	60,856
Total Revenues	32,021,429	36,043,571	36,104,507	60,936

The accompanying notes are an integral part of the financial statements.

HELEN FARABEE CENTERS
SCHEDULE OF REVENUES, EXPENDITURES, AND CHANGES IN FUND BALANCE
BUDGET AND ACTUAL - GENERAL FUND
For the Year Ended August 31, 2025

	<u>Budgeted Amounts</u>		<u>Actual</u>	<u>Variance with</u>
	<u>Original</u>	<u>Final</u>	<u>Amount</u>	<u>Final Budget</u>
Expenditures				
Current:				
Salaries	\$ 11,785,201	\$ 11,522,794	\$ 11,634,823	\$ 112,029
Employee benefits	3,459,775	3,269,607	3,222,231	(47,376)
Contracted and professional fees	6,309,214	7,911,537	7,351,012	(560,525)
In-kind expenditures - contract services	7,256,937	9,565,351	9,546,613	(18,738)
In-kind services - occupancy	107,049	141,101	140,825	(276)
Dues and license fees	92,827	99,734	139,135	39,401
Audit and legal	47,475	46,165	47,500	1,335
Utilities	596,100	612,098	586,491	(25,607)
Postage	17,180	18,348	20,367	2,019
Printing and advertising	38,000	41,411	47,425	6,014
Travel	98,500	85,123	67,608	(17,515)
Staff development	116,000	110,286	89,427	(20,859)
Insurance	280,340	280,168	271,476	(8,692)
Consumable supplies	69,600	74,423	145,911	71,488
Drugs and medications	700,000	724,211	666,705	(57,506)
Repair and lease expense	334,000	341,636	324,712	(16,924)
Rent and lease expense	847,869	750,161	383,984	(366,177)
Client costs	32,260	30,545	24,306	(6,239)
Build/equipment/vehicle user fees	251,300	259,558	250,956	(8,602)
Minor equipment	23,000	20,727	150,860	130,133
Miscellaneous	47,832	51,394	48,116	(3,278)
Capital outlay	-	-	1,789,680	1,789,680
Debt service principal	-	-	650,096	650,096
Debt service interest	-	-	129,606	129,606
Total Expenditures	<u>32,510,459</u>	<u>35,956,378</u>	<u>37,729,865</u>	<u>1,773,487</u>
Excess (deficiency) of revenues over (under) expenditures	<u>(489,030)</u>	<u>87,193</u>	<u>(1,625,358)</u>	<u>(1,712,551)</u>
Other Financing Sources:				
Issuance of lease obligations	<u>-</u>	<u>-</u>	<u>1,789,680</u>	<u>1,789,680</u>
Total Other Financing Sources	<u>-</u>	<u>-</u>	<u>1,789,680</u>	<u>1,789,680</u>
Net Change in Fund Balance	<u>(489,030)</u>	<u>87,193</u>	<u>164,322</u>	<u>77,129</u>
Fund Balance, Beginning of Year	12,255,900	12,211,160	13,351,493	-
Fund Balance, End of Year	<u>\$ 11,766,870</u>	<u>\$ 12,298,353</u>	<u>\$ 13,515,815</u>	<u>\$ -</u>

The accompanying notes are an integral part of the financial statements.

SUPPLEMENTARY INFORMATION

HELEN FARABEE CENTERS
COMBINING STATEMENT OF NET POSITION -
PROPRIETARY FUNDS
August 31, 2025

	Governmental Activities Capital Assets Internal Service Funds	Governmental Activities Partially Self-Funded Health Benefits Internal Service Funds	Governmental Activities Total Internal Service Funds
ASSETS:			
Current assets:			
Cash and cash equivalents	\$ 2,248,036	\$ 520,081	\$ 2,768,117
Investments	700,750		700,750
Prepaid items		25,000	25,000
Total Current Assets	2,948,786	545,081	3,493,867
Noncurrent assets:			
Construction in progress	384,785		384,785
Land	1,057,660		1,057,660
Capital assets, net	968,699		968,699
Total Noncurrent Assets	2,411,144	-	2,411,144
TOTAL ASSETS	5,359,930	545,081	5,905,011
LIABILITIES:			
Current liabilities:			
Accounts payable	7,476	236,955	244,431
Total Current Liabilities	7,476	236,955	244,431
TOTAL LIABILITIES	7,476	236,955	244,431
NET POSITION:			
Investment in capital assets	2,411,144		2,411,144
Unrestricted	2,941,310	308,126	3,249,436
TOTAL NET POSITION	\$ 5,352,454	\$ 308,126	\$ 5,660,580

The accompanying notes are an integral part of the financial statements.

HELEN FARABEE CENTERS
COMBINING STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION -
PROPRIETARY FUNDS

For the Year Ended August 31, 2025

	Governmental Activities Capital Assets Internal Service Funds	Governmental Activities Partially Self-Funded Health Benefits Internal Service Funds	Governmental Activities Total Internal Service Funds
OPERATING REVENUES:			
Charges for service/user fees	\$ 250,956	\$ 2,054,175	\$ 2,305,131
Stop loss insurance		185,944	185,944
Total Operating Revenues	<u>250,956</u>	<u>2,240,119</u>	<u>2,491,075</u>
OPERATING EXPENSES:			
Medical benefits		2,179,406	2,179,406
Maintenance and repair	12,968		12,968
Depreciation	256,301		256,301
Administrative and other operating expenses		93,729	93,729
Total Operating Expenses	<u>269,269</u>	<u>2,273,135</u>	<u>2,542,404</u>
Operating Loss	<u>(18,313)</u>	<u>(33,016)</u>	<u>(51,329)</u>
NON-OPERATING REVENUES:			
Interest income	31,227		31,227
Miscellaneous income	338		338
Gain on disposal of capital assets	19,281		19,281
Total Non-Operating Revenues	<u>50,846</u>	<u>-</u>	<u>50,846</u>
Change in Net Position	32,533	(33,016)	(483)
Net Positions - Beginning	<u>5,297,921</u>	<u>341,142</u>	<u>5,639,063</u>
Prior Period Adjustment	22,000		22,000
Net Positions - Beginning, as restated	5,319,921	341,142	5,661,063
Net Position - Ending	<u>\$ 5,352,454</u>	<u>\$ 308,126</u>	<u>\$ 5,660,580</u>

The accompanying notes are an integral part of the financial statements.

HELEN FARABEE CENTERS
COMBINING STATEMENT OF CASH FLOWS -
PROPRIETARY FUNDS
For the Year Ended August 31, 2025

	Governmental Activities Capital Assets	Governmental Activities Partially Self-Funded Health Benefits	Governmental Activities Total
	Internal Service Funds	Internal Service Funds	Internal Service Funds
CASH FLOWS FROM OPERATING ACTIVITIES:			
Receipts from interfund services provided	\$ 250,956	\$ 2,054,175	\$ 2,305,131
Receipts from stop-loss insurance		215,568	215,568
Payments to vendors and medical claims	<u>(12,968)</u>	<u>(2,341,808)</u>	<u>(2,354,776)</u>
Net Cash Provided by (Used in)	<u>237,988</u>	<u>(72,065)</u>	<u>165,923</u>
CASH FLOWS FROM NONCAPITAL AND RELATED FINANCING ACTIVITIES:			
Acquisition of capital assets	(46,795)		(46,795)
Proceeds from disposition of capital assets	<u>103,089</u>		<u>103,089</u>
Net Cash Provided by Capital and Related Financing Activities	<u>56,294</u>	<u>-</u>	<u>56,294</u>
CASH FLOWS FROM INVESTING ACTIVITIES:			
Purchase of investments	(31,227)		(31,227)
Interest income	<u>31,227</u>		<u>31,227</u>
Net Cash Provided by Investing Activities	<u>-</u>	<u>-</u>	<u>-</u>
Net Change in Cash and Cash Equivalents	<u>294,282</u>	<u>(72,065)</u>	<u>222,217</u>
Cash and Cash Equivalents at Beginning of Year	<u>1,953,754</u>	<u>592,146</u>	<u>2,545,900</u>
Cash and Cash Equivalents at End of Year	<u><u>\$ 2,248,036</u></u>	<u><u>\$ 520,081</u></u>	<u><u>\$ 2,768,117</u></u>
Reconciliation of Operating Loss to Net Cash Provided by (Used in) Operating Activities:			
Operating Loss	\$ (18,313)	\$ (33,016)	\$ (51,329)
Adjustments to reconcile operating income to net cash provided by (used in) operating activities:			
Increase (Decrease) in accounts payable		(41,799)	(41,799)
Increase (Decrease) in prepaid items		2,750	2,750
Depreciation	<u>256,301</u>		<u>256,301</u>
Net Cash Provided by (Used in) Operating Activities	<u><u>\$ 237,988</u></u>	<u><u>(72,065)</u></u>	<u><u>\$ 165,923</u></u>

The accompanying notes are an integral part of the financial statements.

HELEN FARABEE CENTERS
CAPITAL ASSETS USED IN THE OPERATION OF GOVERNMENTAL FUNDS
SCHEDULE BY SOURCE
August 31, 2025

GOVERNMENTAL FUNDS CAPITAL ASSETS:

Land	\$ 1,057,660
Construction in progress	384,784
Computers	964,846
Software	610,962
Buildings and improvements	2,779,042
Furniture and equipment	450,062
Vehicles	<u>1,734,064</u>
 Total Governmental Funds Capital Assets	 \$ <u><u>7,981,420</u></u>

INVESTMENT IN GOVERNMENTAL FUNDS CAPITAL ASSETS BY SOURCE:

Internal service fund	\$ <u>7,981,420</u>
 Total Investment Governmental Funds Capital Assets	 \$ <u><u>7,981,420</u></u>

HELEN FARABEE CENTERS
CAPITAL ASSETS USED IN THE OPERATION OF GOVERNMENTAL FUNDS
SCHEDULE BY FUNCTION AND ACTIVITY
August 31, 2025

Function	Land	Construction in Progress	Buildings and Improvements	Computers, Software Furniture and Equipment	Vehicles	Total
Mental Health	\$ 303,751	\$	\$ 1,177,039	\$ 997,941	\$ 618,127	\$ 3,096,858
Intellectual and Developmental Disabilities	183,238		522,175	331,147	1,038,169	2,074,729
Early Childhood Intervention	85,548			43,269		128,817
Other	147,044		382,668	67,034	26,677	623,423
Administrative	<u>338,079</u>	<u>384,784</u>	<u>697,160</u>	<u>586,479</u>	<u>51,091</u>	<u>2,057,593</u>
Total Governmental Funds						
Capital Assets	<u>\$ 1,057,660</u>	<u>\$ 384,784</u>	<u>\$ 2,779,042</u>	<u>\$ 2,025,870</u>	<u>\$ 1,734,064</u>	<u>\$ 7,981,420</u>

HELEN FARABEE CENTERS
CAPITAL ASSETS USED IN THE OPERATION OF GOVERNMENTAL FUNDS
SCHEDULE OF CHANGES BY FUNCTION AND ACTIVITY
August 31, 2025

Function	September 1, 2024	Additions	Transfers and Retirements	August 31, 2025
Mental Health	\$ 3,209,802	\$ 5,449	\$ (118,393)	\$ 3,096,858
Intellectual and Developmental Disabilities	2,140,818		(66,089)	2,074,729
Early Childhood Intervention	137,662		(8,845)	128,817
Other	662,629	2,390	(41,596)	623,423
Administrative	<u>2,154,117</u>	<u>38,356</u>	<u>(134,880)</u>	<u>2,057,593</u>
Total Governmental Funds Capital Assets	\$ <u>8,305,028</u>	\$ <u>46,195</u>	\$ <u>(369,803)</u>	\$ <u>7,981,420</u>

STATISTICAL SECTION (UNAUDITED)

HELEN FARABEE CENTERS
SCHEDULE OF REVENUE AND EXPENDITURES BY SOURCE OF FUNDS
GENERAL FUND (UNAUDITED)
Year Ended August 31, 2025

Fund Source	Total Revenue	Total Mental Health Adult Expenditures	Total Mental Health Children Expenditures	Total Mental Health Crisis Expenditures	Total Intellectual and Developmental Disabilities Expenditures	Total Other Services Expenditures	Total Center Expenditures
Objects of Expense:							
Personnel	9,797,787	4,589,983	1,188,490	242,294	1,451,855	2,325,165	9,797,787
Employee benefits	2,698,388	1,224,703	294,983	60,044	473,286	645,372	2,698,388
Professional and consultant services	7,364,343	205,102	21,206	2,881,557	98,005	4,158,473	7,364,343
Training and travel	75,961	31,144	8,934	123	5,511	30,249	75,961
Capital outlay	222,127	109,253	15,476	2,175	45,938	49,285	222,127
Non-capitalized equipment	16,302	6,580	1,840	370	1,974	5,538	16,302
Pharmaceutical expenses	666,705	626,578	4,054			36,073	666,705
Pharmaceutical expenses (PAP only)	3,696,942	3,512,095	184,847				3,696,942
Other operating expense	11,779,119	880,492	239,139	4,774,567	448,778	5,436,143	11,779,119
Allocation of general administration and allocation of authority administration to strategies	3,319,454	655,422	191,636	663,463	292,768	1,516,165	3,319,454
Total expenditures	\$ 39,637,128	\$ 11,841,352	\$ 2,150,605	\$ 8,624,593	\$ 2,818,115	\$ 14,202,463	\$ 39,637,128
Method of Finance:							
General Revenue - Mental Health	7,205,034	4,332,118	936,920	1,935,996			7,205,034
General Revenue - IDD	1,360,704				1,360,704		1,360,704
Transfer from reserves							-
Other MH GR	222,257		105,257			117,000	222,257
Crisis Services - General	484,095			484,095			484,095
Crisis Services - PESC	1,023,911			1,023,911			1,023,911
Substance Abuse-PESC	1,153,917			1,153,917			1,153,917
Private Psychiatric Beds	937,600			937,600			937,600
HTPP	650,863					650,863	650,863
CMHGP	234,083		108,177	9,083		116,823	234,083
Other Federal (MFP/ECC, LIDDA)	43,863				43,863		43,863
Crisis and Behavioral Supports	138,740				138,740		138,740
IDD Crisis Respite	77,028				77,028		77,028
TANF (AL 93.558)	13,983		13,983				13,983
TANF (AL 93.558.667)	199,297	38,491	160,806				199,297
Title XX Social Services Block Grant (AL 93.667)	115,871			115,871			115,871
DSHS - Substance Abuse	736,163					736,163	736,163
DARS - ECI	1,088,482					1,088,482	1,088,482
Mental Health Block Grant	438,143	326,064	112,079				438,143
Permanency Planning	22,257				22,257		22,257
OBRA Funds/PASSR	8,071	4,201			3,870		8,071
Tx Correctional Office on Offenders	360,628					360,628	360,628
Other State Agencies	3,765,327				632,747	3,132,580	3,765,327
PHP CCP/DDP-BHS	2,643,719	1,489,681	713,383	440,655			2,643,719
Required local match - program income	19,584				19,584		19,584
Required local match - non-program income	2,328,569	761,078		1,567,491			2,328,569
Earned income	14,529,261	4,889,720		1,390,615	519,322	7,565,282	14,364,939
Total expended sources	39,801,450	11,841,353	2,150,605	9,059,234	2,818,115	13,767,821	39,637,128
Reconciliation:							
Add Lease capital outlay							1,789,680
Less PAP							(3,696,942)
Rounding							(1)
Expenditures per financial statements							37,729,865

HELEN FARABEE CENTERS
RECONCILIATION OF TOTAL REVENUE TO FOURTH QUARTER
FINANCIAL REPORT (UNAUDITED)
For the Year Ended August 31, 2025

	Revenues			Audited
	Care Report III	Additions	Deletions	Financial Statements
Local Revenues:				
County tax funds	\$ 395,623	\$	\$	395,623
City tax funds	132,169			132,169
Patient fees	996,407			996,407
Local independent school districts	3,180			3,180
In-kind contributions	9,687,438			9,687,438
Contributions	9,898			9,898
Miscellaneous income	125,796			125,796
Rental income	56,069			56,069
Title XIX Medicaid	1,047,261			1,047,261
Medicare	50,707			50,707
Patient Assistance Program	3,696,942		(3,696,942) a	-
Mobile Crisis Aid Response Team	417,792			417,792
Charity Care Pool	2,197,789			2,197,789
Medicaid Waiver - Direct Payment Program	445,930			445,930
Total Local Revenues	<u>19,263,001</u>	<u>-</u>	<u>(3,696,942)</u>	<u>15,566,059</u>
State Program Revenues:				
General Revenue	9,202,834			9,202,834
Early Childhood Intervention	631,103			631,103
Permanency Planning	22,257			22,257
Psychiatric Emergency Service Center	2,177,828			2,177,828
Private Psychiatric Beds	937,600			937,600
General Revenue - Special Services	11,373			11,373
Mental Health Grant Program for Justice Involved Individuals	2,982,129			2,982,129
Community Mental Health Grant Program	75,892			75,892
TCOOMMI	360,628			360,628
Mental Health First Aid	138,945			138,945
Substance Abuse Contracts - state portion	107,550			107,550
Opioid Settlement Fund Grant	5,996			5,996
Total State Program Revenues	<u>16,654,135</u>	<u>-</u>	<u>-</u>	<u>16,654,135</u>
Federal Program Revenues:				
Mental Health Block Grant	1,206,267			1,206,267
Early Childhood Intervention	457,379			457,379
Temporary Assistance for Needy Families	213,280			213,280
Social Service Block Grant	115,871			115,871
Block Grants for Community MH Services	24,877			24,877
Substance Abuse Contracts - federal portion	703,171			703,171
Money Follows the Person - Rebalancing Demonstration	32,490			32,490
Medical Assistance Program	623,326			623,326
IT Technology Grant	161,194			161,194
Total Federal Program Revenues	<u>3,537,855</u>	<u>-</u>	<u>-</u>	<u>3,537,855</u>
Investment Earnings	346,458			346,458
Total Revenues	<u>\$ 39,801,449</u>	<u>\$ -</u>	<u>\$ (3,696,942)</u>	<u>\$ 36,104,507</u>

HELEN FARABEE CENTERS
RECONCILIATION OF TOTAL EXPENDITURES TO FOURTH QUARTER
FINANCIAL REPORT (UNAUDITED)
For the Year Ended August 31, 2025

Function	Expenses			Audited Financial Statements
	Care Report III	Additions	Deletions	
Personnel	\$ 9,797,787	\$	\$	\$ 9,797,787
Employee benefits	2,698,388			2,698,388
Professional and consultant services	7,364,343			7,364,343
Capital outlay	222,127	1,789,680 c	(222,127) b	1,789,680
Non-capitalized equipment	16,302	222,127 b		238,429
Pharmaceutical expenses	666,705			666,705
Pharmaceutical expenses (PAP only)	3,696,942		(3,696,942) a	-
Other operating expenses	15,174,534		(1) d	15,174,533
Total Expenditures	\$ <u>39,637,128</u>	\$ <u>2,011,807</u>	\$ <u>(3,919,070)</u>	\$ <u>37,729,865</u>

(a) Value of PAP medicine used not recorded in the financial statements.

(b) Reclassification of assets not capitalized.

(c) Capital outlay under lease standard.

(d) Rounding

HELEN FARABEE CENTERS
SCHEDULE OF INDIRECT COSTS (UNAUDITED)
Year Ended August 31, 2025

	<u>Total Costs</u>	<u>Non- allowable Costs</u>	<u>Depreciation</u>	<u>Total Adjusted Costs</u>	<u>Direct Costs</u>	<u>Indirect Costs</u>
Personnel	\$ 11,634,823	\$	\$	\$ 11,634,823	\$ 10,187,744	\$ 1,447,079
Fringe benefits	3,215,909			3,215,909	2,812,957	402,952
Contract direct services - external provider	7,338,839			7,338,839	6,917,761	421,078
Contract direct services - internal provider	310,525			310,525	310,525	
Capital outlay	1,789,680			1,789,680		1,789,680
User fees	250,956	(250,956)	256,301	256,301	213,820	42,481
Other operating expenses	13,189,133	(59,703)		13,129,430	12,735,174	394,256
Total expenses	<u>\$ 37,729,865</u>	<u>\$ (310,659)</u>	<u>\$ 256,301</u>	<u>\$ 37,675,507</u>	<u>\$ 33,177,981</u>	<u>\$ 4,497,526</u>
Indirect costs						4,497,526
Direct costs						33,177,981
Indirect cost rate						14%

HELEN FARABEE CENTERS
SCHEDULE OF LEASE AND RENTAL AGREEMENTS (UNAUDITED)
Year Ended August 31, 2025

Lessor	Location	Termination	Monthly Amount
Wagonseller, LaAnna	605 Decatur Street, Bowie, Texas	8/31/2027 \$	5,464
Wagonseller, LaAnna	1515 N Hwy 81/287 Business, Decatur, Texas	8/31/1934	18,792
Graham, City of	1720 Fourth Street, Graham, Texas	8/31/2025	6,000
Scott and Betsy Langford	1201 N 1st Street, Haskell, Texas	8/31/2026	3,557
ASBA Enterprises - Sukie Desire	1709 10th Street, Wichita Falls, Texas	10/31/2025	4,536
Hill Oxford One LLC	1604 Arlington Street, Wichita Falls, Texas	11/15/2024	1,786
Enterprise Mazdas (6)	1709 10th Street, Wichita Falls, Texas	9/30/2026	2,170
Enterprise Trailblazers (2)	1709 10th Street, Wichita Falls, Texas	11/30/2026	809
Meadowlake Mgmt	1601 9th Street, Wichita Falls, Texas	11/30/2027	17,520
IPM Pharmacy	516 Denver St, Wichita Falls, Texas	12/31/2027	1,050
TWG	1406 6th Street, Wichita Falls, Texas	10/31/2024	-
TWG	1110 Turtle Creek, Wichita Falls, Texas	8/31/2025	2,944
Lindmark Sign	Kickapoo Business Park, Wichita Falls, Texas	8/31/2024	850
The ARC	1720 4th Street, Graham, Texas	8/31/2025	1,000

HELEN FARABEE CENTERS
SCHEDULE OF SPACE OCCUPIED IN STATE-OWNED FACILITIES (UNAUDITED)
Year Ended August 31, 2025

Location	Building Utilized	Cost	
		Monthly	Annual
No state-owned facilities occupied			

HELEN FARABEE CENTERS
SCHEDULE OF INSURANCE IN FORCE (UNAUDITED)
Year Ended August 31, 2025

Insurer	Policy Period	Coverage	Limits or Amounts
Texas Council Risk Management Fund	9/1/2024-9/1/2025	Workers' Compensation	Statutory
Texas Council Risk Management Fund	9/1/2024-9/1/2025	Automobile Liability	\$ 2,000,000
Texas Council Risk Management Fund	9/1/2024-9/1/2025	General Liability	2,000,000
Texas Council Risk Management Fund	9/1/2024-9/1/2025	Professional Liability	2,000,000
Texas Council Risk Management Fund	9/1/2024-9/1/2025	Errors and Omissions	2,000,000
Texas Council Risk Management Fund	9/1/2024-9/1/2025	Property Coverages:	
		Buildings	9,665,985
		Contents	4,109,018
		Computer Equipment	2,847,784
Texas Council Risk Management Fund	9/1/2024-9/1/2025	Automobile Physical	1,000,000
Texas Council Risk Management Fund	9/1/2024-9/1/2025	Sexual Misconduct	300,000
Jl Companies/Corvus Smart Cyber Insurance	9/1/2024-9/1/2025	Cyber Liability	1,000,000
Travelers	9/1/2023-9/1/2026	Crime Coverage	500,000
Travelers	9/1/2024-9/1/2025	Fiduciary Bond	3,000,000
American Bankers Insurance of Florida	9/1/2024-9/1/2025	Flood Insurance - 500 Broad St.	
		Building	500,000
		Contents	365,000
		Limit	
Aon Edge Insurance Agency	9/1/2024-9/1/2025	Excess Flood Insurance	1,833,388
Neptune Flood Incorporated	9/9/2024-9/9/2025	Flood Insurance - 506 Broad St.	
		Building	150,000
		Contents	50,000
Neptune Flood Incorporated	9/9/2024-9/9/2025	Flood Insurance - 1406 6th St.	
		Building	450,000

HELEN FARABEE CENTERS
SCHEDULE OF BOND COVERAGE (UNAUDITED)
Year Ended August 31, 2025

Title	Surety Company	Scope of Coverage	Bond Amount
Crime Coverage	Travelers	All employees	\$ 500,000
Fiduciary Bond	Travelers	All employees	3,000,000

HELEN FARABEE CENTERS
SCHEDULE OF PROFESSIONAL AND CONSULTING FEES (UNAUDITED)
Year Ended August 31, 2025

Name	City, State	Type of Service	Amount
Scott Singleton Fincher & Co	Greenville, TX	Auditors	\$ 32,500
Condley and Company	Abilene, TX	Auditors	15,000
Red River Hospital, LLC	Wichita Falls, TX	Community Based Services	5,142,805
Medical City Decatur	Decatur, TX	Community Based Services	140,540
Millwood Hospital	Arlington, TX	Community Based Services	26,280
Oceans Behavioral Hospital	Abilene, TX	Community Based Services	24,500
Avail Solutions	Tyler, TX	Crisis Hot Line	88,800
Family Dentistry of Texoma	Wichita Falls, TX	Dental Care Services	2,305
Stacey Lynn Shipley	Wichita Falls, TX	Forensic Psychology	7,900
Clinical Pathology	Austin, TX	Medical Services	23,553
North Texas Rehab Center	Austin, TX	Medical Services	
Occupational Health Centers of the Southwest	San Antonio, TX	Medical Services	1,520
Radiology Associates of WF	Wichita Falls, TX	Medical Services	104
U.S. OCCMED Texas, PLLC	Dallas, TX	Medical Services	331
United Regional Health Care System	Wichita Falls, TX	Medical Services	390
Diana Isachievici	Wichita Falls, TX	Medical Services	641
Thu Le	Wichita Falls, TX	Medical Services	20,000
Wichita Falls Gastroenterology Associates	Wichita Falls, TX	Medical Services	9,200
Candice Sloan	Wichita Falls, TX	ECI Respite Care	298
Sarah Scroggins	Wichita Falls, TX	ECI Respite Care	576
Ariel Webb	Wichita Falls, TX	GR Respite Care	252
Ashley Munoz	Wichita Falls, TX	GR Respite Care	960
Caryn Boland Blackmon	Wichita Falls, TX	GR Respite Care	2,085
Ernesto Breceda Jr.	Wichita Falls, TX	GR Respite Care	50
Jennifer Deann Townsend	Wichita Falls, TX	GR Respite Care	3,990
Jenny Hurst King	Graham, TX	GR Respite Care	5,110
Lana Jean Meek	Iowa Park, Tx	GR Respite Care	1,700
Lareka Smith	Woodson, TX	GR Respite Care	2,990
Lois M. Walton	Wichita Falls, TX	GR Respite Care	12,080
Lorrie Marie Leonard	Wichita Falls, TX	GR Respite Care	108
Lynda D. Wetherall	Iowa Park, Tx	GR Respite Care	2,500
Michael Jerrod Moffitt	Wichita Falls, TX	GR Respite Care	4,310
Sally Ann Stacy	Graham, TX	GR Respite Care	1,900
Stacie Thompson	Wichita Falls, TX	GR Respite Care	6,070
Tonya Renee Cameron	Wichita Falls, TX	GR Respite Care	1,060
Camp Summit, Inc	Dallas, TX	HSC Respite Care	2,640
Champion Rehabilitation and Support Services	Plano, TX	Occupational Therapy	3,371
Healthy Young Minds	Denver, CO	Occupational Therapy	1,000
Abilene Recovery Council, Inc.	Abilene, TX	Outreach, Screening, Assessment ar	17,650
Integrated Prescription Medicine	Fresno, CA	Pharmacy Services	414,735
Burke Center	Lufkin, TX	Psychiatric Consulting	668,273
T and C Consolidated, PLLC	Graham, TX	Physical Therapy	258,675
Aunalytics	South Bend, IN	Software	2,933
			76,669

HELEN FARABEE CENTERS
SCHEDULE OF PROFESSIONAL AND CONSULTING FEES (UNAUDITED)
Year Ended August 31, 2025

Name	City, State	Type of Service	Amount
Blackbaud, INC.	Charleston, SC	Software	\$ 27,038
OMATIC	Charleston, SC	Software	1,290
Paycom	Oklahoma City, OK	Software	78,656
PDQ.COM Corporation	South Salt Lake, UT	Software	3,443
Provider Soft, LLC	Woodbury, NY	Software	11,860
SHI Government Solutions	Austin, TX	Software	3,068
Streamline Healthcare Solutions	Kalamazoo, MI	Software	77,758
Alert Media, Inc	Austin, TX	Staff Training	31,966
Relias Learning, LLC	Palatine, IL	Staff Training	51,932
CDW	Chicago, IL	Technology	59,143
Data Center Warehouse	Wichita Falls, TX	Technology	203,703
EM3 Networks LLC	Lawrence, KS	Technology	
Meadows Mental Health			155,277
Policy Institute	Dallas, TX	Technology	123,960
Meriplex Solutions, LLC	Houston, TX	Technology	2,325
MHDD Reciprocal Program	Des Moines, IA	Health Insurance Consulting	455
MLW Consulting	Newcastle, TX	Technology Consulting	
AMN Healthcare Language			16,200
Services	Dallas, TX	Translation Service	13,575
Language Lines	Dallas, TX	Translation Service	9,011
Talking Hands	Wichita Falls, TX	Translation Service	16,716
TWG Investments-WF/Quanah	Wichita Falls/ Quanah, TX	Residential & Crisis Services	573,375
Lonesome Prairie Publications Of Wyoming	Casper, Wyoming	Grant Consultation	10,189

HELEN FARABEE CENTERS
SCHEDULE OF LEGAL SERVICES (UNAUDITED)
Year Ended August 31, 2025

<u>Name</u>	<u>City, State</u>	<u>Type of Service</u>	<u>Amount</u>
No legal fees			

SINGLE AUDIT SECTION



December 22, 2025

Independent Auditor's Report on Internal Control Over Financial Reporting
and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in
Accordance with Government Auditing Standards

**The Board of Trustees
Helen Farabee Centers
Wichita Falls, Texas**

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, the financial statements of the governmental activities, each major fund, and the aggregate remaining fund information of Helen Farabee Centers (the Center), as of and for the year ended August 31, 2025, and the related notes to the financial statements, which collectively comprise the Center's basic financial statements, and have issued our report thereon dated December 22, 2025.

Report on Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Center's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Center's internal control. Accordingly, we do not express an opinion on the effectiveness of the Center's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis. *A material weakness* is a deficiency, or combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented or detected and corrected on a timely basis. *A significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over financial reporting was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit, we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Center's financial statements are free of material misstatement, we performed tests of the Center's compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of This Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing and not to provide an opinion on the effectiveness of the entity's internal control or compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Condley and Company, L.L.P.

Certified Public Accountants



December 22, 2025

Independent Auditor's Report on Compliance for Each Major Federal and State Program and on
Internal Control over Compliance in Accordance with the Uniform Guidance
and Texas Grant Management Standards

**The Board of Trustees
Helen Farabee Centers
Wichita Falls, Texas**

Report on Compliance for Each Major Federal and State Program

Opinion on Each Major Federal and State Program

We have audited Helen Farabee Centers' (the Center) compliance with the types of compliance requirements identified as subject to audit in the OMB *Compliance Supplement* and Texas Grant Management Standards (TxGMS) that could have a direct and material effect on each of Helen Farabee Centers' major federal and state programs for the year ended August 31, 2025. The Center's major federal and state programs are identified in the summary of the auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, Helen Farabee Centers complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on each of its major federal and state programs for the year ended August 31, 2025.

Basis for Opinion on Each Major Federal and State Program

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America (GAAS); the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States (*Government Auditing Standards*); the audit requirements of Title 2 U.S. *Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements, for Federal Awards* (Uniform Guidance) and Texas Grant Management Standards (TxGMS). Our responsibilities under those standards, the Uniform Guidance and TxGMS are further described in the Auditor's Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of the Center and to meet our other ethical requirements, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal and state program. Our audit does not provide a legal determination of the Center's compliance with the compliance requirements referred to above.

Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules and provisions of contracts and grants agreements applicable to the Center's federal and state programs.

Auditor's Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error and express an opinion on the Center's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with GAAS, *Government Auditing Standards*, the Uniform Guidance, and the Texas Grant Management Standards will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material, if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about the Center's compliance with the requirements of each major federal and state program as a whole.

In performing an audit in accordance with GAAS, *Government Auditing Standards*, the Uniform Guidance, and *Texas Grant Management Standards* we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the Center's compliance with the compliance requirements referred to above and performing such other procedures as we consider necessary in the circumstances.
- Obtain an understanding of the Center's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, and *Texas Grant Management Standards* but not for the purpose of expressing an opinion on the effectiveness of the Center's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

Report on Internal Control Over Compliance

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect and correct noncompliance with a type of compliance requirement of the federal and state program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal or state program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal and state program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance, and *Texas Grant Management Standards*. Accordingly, this report is not suitable for any other purpose.

Condley and Company, L.L.P.

Certified Public Accountants

HELEN FARABEE CENTERS
SCHEDULE OF EXPENDITURES OF FEDERAL AND STATE AWARDS
YEAR ENDED AUGUST 31, 2025

Federal Grantor / Pass-Through Grantor / Program or Cluster Title	Federal Financial Assistance Listing	Pass-Through Entity Identifying Number	Expenditures
<u>FEDERAL AWARDS</u>			
U.S. Department of Health and Human Services			
Passed through the Texas Health and Human Services Commission			
Every Student Succeeds Act/Preschool Development Grants	93.434	HHS000640200018	\$ 12,347
Temporary Assistance for Needy Families (TANF)	93.558	HHS001022200019	213,280
Social Services Block Grant	93.667	HHS001022200019	115,871
Medicaid Cluster:			
Medicaid Administrative Claiming - Medical Assistance Program	93.778	HHS000537900322	531,288
Habilitation Coordination - Medical Assistance Program	93.778	HHS000996700001	92,038
Total Medicaid Cluster			623,326
Opioid State Targeted Response (STR)	93.788	HHS001545000001 SA/TTOR	74,559
Money Follows the Person Rebalancing Demonstration	93.791	HHS001333300020	32,490
Block Grants for Community Mental Health Services	93.958	HHS001022200019	438,143
Block Grants for Community Mental Health Services	93.958	HHS000187200001	24,877
Block Grants for Community Mental Health Services	93.958	HHS001392500040	650,863
COVID-19 Block Grants for Community Mental Health Services	93.958	HHS00110840019	117,261
Block Grants for the Treatment and Prevention of Substance Abuse	93.959	HHS000663700122 SA/TRA	193,785
Block Grants for the Treatment and Prevention of Substance Abuse	93.959	HHS000663700040 SA/COPSD	2,040
Block Grants for the Treatment and Prevention of Substance Abuse	93.959	HHS000663700209 SA/TRY	1,097
Block Grants for the Treatment and Prevention of Substance Abuse	93.959	HHS000663700175 SA/TRF	55,898
Block Grants for the Treatment and Prevention of Substance Abuse	93.959	HHS000782500001 SA/OSR	315,827
Total passed through HHSC			2,871,664
Passed through the University of Texas Health Science Center at San Antonio			
Opioid State Targeted Response (STR)	93.788	HHS001054500001	59,965
Total U.S. Department of Health and Human Services			2,931,629
U.S. Department of Agriculture			
Distance Learning and Telemedicine Grant	10.855	TX0797-A17	161,194
Total U.S. Department of Agriculture			161,194
U.S. Department of Education			
Passed through the Texas Health and Human Services Commission			
Special Education - Grants for to States (IDEA, Part B) -			
Special Education Cluster	84.027	HHS000640200018	24,480
Special Education - Grants for Infants and Families (IDEA C)	84.181	HHS000640200018	419,479
Special Education - Personnel Development to Improve Services and Results for Children with Disabilities	84.325	HHS000640200018	1,073
Total U.S. Department of Education			445,032
Total Expenditures of Federal Awards			3,537,855
Total ALN 93.778 623,326			
Total ALN 93.958 1,231,144			
Total ALN 93.959 568,647			

HELEN FARABEE CENTERS
SCHEDULE OF EXPENDITURES OF FEDERAL AND STATE AWARDS
YEAR ENDED AUGUST 31, 2025

Federal Grantor / Pass-Through Grantor / Program or Cluster Title	Federal Financial Assistance Listing	Pass-Through Entity Identifying Number	Expenditures
<u>STATE AWARDS</u>			
Texas Health and Human Services Commission (HHSC)			
General Revenue - Mental Health - Adult		HHS001324500019	\$ 9,821,051
General Revenue - Mental Health - Child & Adolescents		HHS001324500019	1,158,764
General Revenue - Intellectual and Developmental Disabilities (IDD)		HHS001333300020	1,116,438
General Revenue - Permanency Planning		HHS001333300020	22,257
General Revenue - IDD Crisis Intervention Specialists		HHS001333300020	138,740
General Revenue - IDD Crisis Respite Services		HHS001333300020	77,028
COVID-19 General Revenue - ARPA Texas Workforce Challenge		HHS001333300020	6,241
General Revenue - Nursing Facility Specialized Services		HHS001333300020	11,373
General Revenue - Mental Health - First Aid		HHS001335500020	138,945
General Revenue - Substance Abuse - Outreach, Screening, Assessment & Referral		HHS000782500001 SA/OSR	72,589
General Revenue - Substance Abuse - Treatment Adult Services		HHS000663700122 SA/TRA	34,961
Mental Health Grant Program for Justice-Involved Individuals		HHS001545200009	1,746,313
Mental Health Grant Program for Justice-Involved Individuals		HHS000134400014	1,235,816
Community Mental Health Grant Program		HHS001392500003	75,892
Early Childhood Intervention		HHS000640200018	630,851
Early Childhood Intervention - Respite		HHS000640200018	252
Passed through the City of Wichita Falls, Texas			
Opioid Settlement Funding Grant		N/A	5,996
Total HHSC			<u>16,293,507</u>
Total Expenditures of State Awards			<u>16,293,507</u>
Total Expenditures of Federal and State Awards			\$ <u><u>19,831,362</u></u>

HELEN FARABEE CENTERS
NOTES TO THE SCHEDULE OF EXPENDITURES OF
FEDERAL AND STATE AWARDS
August 31, 2025

NOTE 1: BASIS OF PRESENTATION

The accompanying schedule of expenditures of federal and state awards (the Schedule) includes the federal and state award activity of Helen Farabee Centers (the Center) under programs of the federal and state governments for the year ended August 31, 2025. The information in this Schedule is presented in accordance with the requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance) and Texas Grant Management Standards (TxGMS). Because the Schedule presents only a selected portion of the operations of the Center, it is not intended to and does not present the financial position, changes in financial position, or cash flows of the Center.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Expenditures reported on the Schedule are reported on the modified accrual basis of accounting. Such expenditures are recognized following, as applicable, the cost principles contained in the Uniform Guidance and TxGMS, wherein certain types of expenditures are not allowable or are limited as to reimbursement. Therefore, some amounts presented in the Schedule may differ from amounts presented in, or used in the preparation of the financial statements.

Expenditures reported for the Medical Assistance Program (Medicaid; Title XIX) ALN 93.778 represent expenditures incurred during the audit period that the Center anticipates will be reimbursed through invoices submitted to the Texas Health and Human Services Commission. Due to the timing of the submission of these invoices, actual reimbursements received during the year will differ from these amounts.

NOTE 3: INDIRECT COST RATE

The Center has elected to use the 10-percent de minimis indirect cost rate allowed under the Uniform Guidance.

NOTE 4: NATURE OF ACTIVITIES

The Center receives various grants to cover costs of specified programs. Final determination of eligibility of costs will be made by the grantors. Should any costs be found ineligible, the Center will be responsible for reimbursing the grantors for these amounts.

NOTE 5: RELATIONSHIP TO BASIC FINANCIAL STATEMENTS

Federal and state awards are reported in the Center's basic financial statements in the General Fund. Certain state program expenditures have been excluded from the Schedule by specific request of the funding agency. The state program excluded from the Schedule is the Texas Correctional Office on Offenders with Medical or Mental Impairments program in the amount of \$360,628. This state program excluded from the accompanying Schedule is not considered financial assistance as defined in Texas Grant Management Standards (TxGMS).

HELEN FARABEE CENTERS
NOTES TO THE SCHEDULE OF EXPENDITURES OF
FEDERAL AND STATE AWARDS
August 31, 2025

Following is a reconciliation of the basic financial statements to the Schedule of Expenditures of Federal and State awards:

State expenditures per schedule:	\$	16,293,507
TCOOMMI program		<u>360,628</u>
State revenues per basic financial statements	\$	<u><u>16,654,135</u></u>

NOTE 6: STATE AWARD GUIDELINES

State awards are subject to HHSC's *Guidelines for Annual Financial and Compliance Audits of Community MHMR Centers*. Such guidelines are consistent with those required under the Single Audit Act of 1996, the Uniform Guidance, Texas Grant Management Standards, and *Government Auditing Standards*, issued by the Comptroller General of the United States.

HELEN FARABEE CENTERS
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
Year Ended August 31, 2025

Identification of major programs:

<u>Assistance Listing Number</u>	<u>Name of Federal/State Program</u>
93.958	Block Grants for Community Mental Health Services originating from U.S. Department of Health and Human Services passed through the Texas Health and Human Services Commission
N/A – State	General Revenue – Mental Health Adult passed through the Texas Health and Human Services Commission
N/A – State	General Revenue – Mental Health Children passed through the Texas Health and Human Services Commission
N/A – State	General Revenue – Intellectual Developmental Disabilities passed through the Texas Health and Human Services Commission
N/A – State	Mental Health Grant Program for Justice-Involved Individuals passed through the Texas Health and Human Services Commission
Dollar threshold used to distinguish between Type A and Type B programs:	\$750,000
Auditee qualified as low-risk auditee? - State	Yes
Auditee qualified as low-risk auditee? - Federal	Yes

HELEN FARABEE CENTERS
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
Year Ended August 31, 2025

SECTION II – FINANCIAL STATEMENT FINDINGS

This section should identify the significant deficiencies, material weaknesses, fraud, noncompliance with provisions of laws, regulations, contracts, grant agreements, and abuse related to the financial statements for which *Government Auditing Standards* requires reporting.

No findings were noted.

SECTION III – FEDERAL AWARD FINDINGS AND QUESTION COSTS

This section identifies the audit findings required by the 2 CFR 200.516(a) (for example, significant deficiencies, material weaknesses, material instances of noncompliance, including questioned costs, and material abuse).

No findings were noted.

SECTION IV – STATE AWARD FINDINGS AND QUESTION COSTS

This section identifies the audit findings required by Section 510(a) of the Texas Grant Management Standards, Part IV (for example, significant deficiencies, material weaknesses, material instances of noncompliance, including questioned costs, and material abuse).

No findings were noted.

HELEN FARABEE CENTERS
SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS
Year Ended August 31, 2025

The summary schedule of prior audit findings reports the status of all audit findings included in the prior audit's schedule of findings and questioned costs. The summary schedule also includes audit findings reported in the prior audit's summary schedule of prior auditing findings, except audit findings listed as corrected in accordance with 2 CFR 200.511(b)(1), or no longer valid or not warranting further action in accordance with paragraph 2 CFR 200.511(b)(3).

No findings were noted in 2024.

5 RECOMMENDATIONS

B. BUDGET AND FINANCE

2) FINANCIAL STATEMENTS-NOVEMBER 2025

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RECOMMENDED ACTION: That the Board of Trustees approves the financial statements for November 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 *144*.
- ❖ Accounts Receivable *increased by* \$151,068 going from \$1,437,818 to \$1,588,886.
- ❖ Accounts Payable *decreased by* \$120,150 going from \$2,117,402 to \$1,997,252. 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 of 2025 that the money will have to be returned. The amount is \$937,600. The Center will receive an invoice from the state for recoupment. Until then, it will stay in our Accounts Payable amount. If not for that, Accounts Payable would have been \$1,059,652.
- ❖ FINANCIAL STATUS: The Center had a loss of \$272,491 for November and a cumulative loss of \$723,792 for the year.
- ❖ REVENUE: Overall Revenue November 2025 was \$256,334 less than budgeted.
 - Total County and City Revenue was \$3,977 less than budgeted. We have 3 counties and 1 city that have not given us a signed MOA for FY2026. We will wait to record revenue when the MOAs are signed. We also had one county give us support for FY2026 when in the past they have not given us support for FY2024 or FY2025.
 - Patient Fees was \$35,802 less than budgeted.
 - This is based on actual cash received in November for services.
 - Miscellaneous was \$97,901 less than budgeted.
 - In-kind Match was \$76,907 less 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 by Red River.

5 RECOMMENDATIONS

B. BUDGET AND FINANCE

2) FINANCIAL STATEMENTS-NOVEMBER 2025

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It 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 \$27,717.00 less than budgeted. We anticipated more expenses for our grant which in turn would be reimbursed.
- **Other State Funding** was \$91,927 more than budgeted.
 - DARS-ECI Revenue was \$14,494 more than budgeted. Less Locally Collected Funds were collected than budgeted, therefore we ask more from the state to cover expenses.
 - MHFA was \$14,800 more than budgeted. The MHFA staff have been busy training in the field. The Center receives a set amount for each personnel the staff trains.
 - MHGJII NCA – JBCR revenue is \$13,804 less than budgeted. The program did not really get going until October, and we are still in startup mode.
 - SB292 Revenue was \$78,167 more than budgeted. This is based on client need for the psychiatric beds, and usage will fluctuate.
- **Other Federal Funding** was \$65,963 less than budgeted.
 - Directed Payment Program revenue is \$47,049 less than budgeted. Two of the MCOs November payments did not reach us until December. This is not a revenue that we accrue as we do not know what we will receive until the scorecards from HHSC are put out.
- **General Revenue** was \$144,619 less than budgeted.
 - Private Psychiatric Beds MH/PPB revenue was \$68,689 less than budgeted. PPB revenue fluctuates based on client need for psychiatric beds.
 - PESC revenue was \$75,930 less than budgeted. Just like PPB revenue, PESC revenue fluctuates based on client need for the psychiatric beds.
- **Allocated Federal Funds** was right on budget.

5 RECOMMENDATIONS

B. BUDGET AND FINANCE

2) FINANCIAL STATEMENTS-NOVEMBER 2025

❖ **EXPENSES:** Overall expense for November 2025 was \$69,176 less than budgeted.

- **Personnel** cost was \$26,365 less than budgeted.
 - Salaries were \$26,056 less than budgeted.
 - Benefits were \$309 less than budgeted.
- **Contract** cost was \$46,082 less than budgeted.
 - PESC expense was \$61,141 less than budgeted, Justice Involved Bed Days was \$74,737 more than budgeted, and PPB Bed Days was \$58,283 less than budgeted. All these expenses fluctuate based on client need for the psychiatric beds.
- **Travel and Training** expense was \$4,241 more than budgeted.
- **Capital Outlay** expense was \$236 more than budgeted.
- **Non-Capitalized Equipment** expense was \$213 less than budgeted.
- **Pharmaceutical** expense was \$3,197 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 will still be paid by SONT up to the time they no longer can or will pay for them.
- **Other Operating** expense was \$69,176 less than budgeted.
 - In-Kind Expense was \$76,907 less than budgeted. This 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; and there is a corresponding revenue, so the net difference is zero.

Helen Farabee Centers
Balance Sheet - As Of November 2025

Assets	Actual
CASH GENERAL OPERATING FUND	\$ 5,381,556.51
CASH INTERNAL SERVICE FUND	\$ 2,266,005.11
CASH SELF FUNDED INSURANCE	\$ 499,495.34
SAVINGS	\$ 16,611.84
PETTY CASH FUNDS-CENTERWIDE	\$ 798.17
INVESTMENTS GENERAL OPERATING FUND	\$ 8,664,417.95
INVESTMENTS INTERNAL SERVICE FUND	\$ 702,529.54
ACCOUNTS RECEIVABLE	\$ 1,588,886.07
PREPAID	\$ 609,805.36
PREPAID MISCELLANEOUS-SELF INSURED FUNDS	\$ 2,062.49
DEPOSITS	\$ 280,698.72
DEPOSITS-SELF INSURED FUNDS	\$ 25,000.00
AMTS PROVIDED-PERSONAL LEAVE	\$ 947,522.78
LAND	\$ 1,057,659.65
BUILDINGS & IMPROVEMENTS	\$ 2,803,140.64
LEASEHOLD IMPROVEMENTS	\$ 132,631.17
EQUIP/FURN/FIX	\$ 442,585.99
COMPUTERS & PERIPHERALS	\$ 964,845.07
VEHICLES & CONTRACTORS EQ	\$ 1,734,063.08
COMPUTER SOFTWARE	\$ 610,961.56
ACCUMULATED DEPRECIATION	\$ (5,633,616.83)
CLINICAL SOFTWARE PROJECT	\$ -
WICHITA FALLS BUILDING PROJECT	\$ 386,012.69
ISF-MAJOR PROJECTS WORK-IN-PROGRESS	\$ (1,228.23)
Total Assets	\$ 23,482,444.67
Liabilities and Net Assets	
Liabilities	
ACCOUNTS PAYABLE GENERAL OPERATING FUND	\$ 768,869.84
ACCOUNTS PAYABLE INTERNAL SERVICE FUND	\$ 115,838.81
ACCOUNTS PAYABLE-SELF INSURED FUND	\$ 5,663.57
ACCOUNTS PAYABLE-PAYABLE TO STATE	\$ 1,106,880.10
PAYROLL PAYABLE	\$ 509,787.26
UMR PAYABLE	\$ 87,235.86
EMPLOYEE DEDUCTION PAYBLE	\$ 9,925.37
DEFERRED REVENUE	\$ 1,248,423.07
ACCUM PERSONAL LEAVE-CURRENT	\$ 19,117.92
ACCUM PERSONAL LEAVE-LONGTERM	\$ 947,522.78
UMR CLAIMS PAYABLE - IBNR	\$ 140,000.00
Total Liabilities	\$ 4,959,264.58
Net Assets	
UNRESERVED-FUND BALANCE	\$ 12,349,405.11
UNRESERVED-ACCUM PERSONNEL LEAVE	\$ 947,522.78
INCOME SUMMARY-OPERATING FUND	\$ (124,008.40)
INCOME SUMMARY-INTERNAL SERVICE FUND	\$ 5,553,925.68
CONTRIBUTED CAPITAL	\$ (354,966.14)
RETAINED EARNINGS	\$ 151,301.06
Total Net Assets	\$ 18,523,180.09
Total Liabilities and Net Assets	\$ 23,482,444.67

Helen Farabee Centers

NOVEMBER 2025 Income Statement

		NOVEMBER 2025					YEAR TO DATE				
		NOV FY26 Actual	NOV FY26 Budget	NOV FY25 Actual	Variance Budget	Variance FY 2025	FY2026 Y-T-D Actual	FY2025 Y-T-D Budget	FY2025 Y-T-D Actual	Variance Y-T-D Budget	Variance Y-T-D FY 2025
Revenue											
City Revenue - Deferred Revenue											
2-7000	CITY OF WICHITA FALLS	\$8,333.33	\$8,333.33	\$8,333.33	\$0.00	\$0.00	\$25,000.00	\$25,000.00	\$25,000.00	\$0.00	\$0.00
2-7001	CITY OF CHILLICOTHE	\$27.50	\$27.50	\$27.50	\$0.00	\$0.00	\$82.50	\$82.50	\$82.50	\$0.00	\$0.00
2-7002	CITY OF QUANAH	\$0.00	\$55.00	\$55.00	(\$55.00)	(\$55.00)	\$0.00	\$165.00	\$165.00	(\$165.00)	(\$165.00)
2-7004	CITY OF BURKBURNETT	\$417.67	\$417.67	\$417.67	\$0.00	\$0.00	\$1,252.99	\$1,252.99	\$1,252.99	\$0.00	\$0.00
2-7005	CITY OF GRAHAM	\$1,250.00	\$1,250.00	\$1,250.00	\$0.00	\$0.00	\$3,750.00	\$3,750.00	\$4,166.63	\$0.00	(\$416.63)
2-7006	CITY OF NOCONA	\$125.00	\$125.00	\$125.00	\$0.00	\$0.00	\$375.00	\$375.00	\$375.00	\$0.00	\$0.00
2-7007	CITY OF BOWIE	\$666.68	\$666.68	\$666.67	\$0.00	\$0.01	\$2,000.00	\$2,000.00	\$1,999.99	\$0.00	\$0.01
Total City Revenue		\$10,820.18	\$10,875.18	\$10,875.17	(\$55.00)	(\$54.99)	\$32,460.49	\$32,625.49	\$33,042.11	(\$165.00)	(\$581.62)
County Revenue - Deferred Revenue											
2-7020	WICHITA COUNTY	\$13,333.33	\$13,333.33	\$10,000.00	\$0.00	\$3,333.33	\$39,999.99	\$39,999.99	\$30,000.00	\$0.00	\$9,999.99
2-7021	HASKEL COUNTY	\$1,387.68	\$1,387.68	\$1,387.67	\$0.00	\$0.01	\$4,163.00	\$4,163.00	\$2,775.34	\$0.00	\$1,387.66
2-7022	STONEWALL COUNTY	\$211.89	\$211.89	\$176.83	\$0.00	\$35.06	\$635.67	\$635.67	\$530.50	\$0.00	\$105.17
2-7023	KNOX COUNTY	\$554.16	\$554.16	\$551.40	\$0.00	\$2.76	\$1,662.48	\$1,662.48	\$1,654.20	\$0.00	\$8.28
2-7024	DICKENS COUNTY	\$0.00	\$149.81	\$149.81	(\$149.81)	(\$149.81)	\$0.00	\$449.43	\$449.43	(\$449.43)	(\$449.43)
2-7025	YOUNG COUNTY	\$0.00	\$400.00	\$2,862.00	(\$400.00)	(\$2,862.00)	\$0.00	\$1,200.00	\$8,586.00	(\$1,200.00)	(\$8,586.00)
2-7026	THROCKMORTON COUNTY	\$273.26	\$273.26	\$156.05	\$0.00	\$117.21	\$819.78	\$819.78	\$468.15	\$0.00	\$351.63
2-7027	HARDEMAN COUNTY	\$353.44	\$353.44	\$0.00	\$0.00	\$353.44	\$1,060.32	\$1,060.32	\$0.00	\$0.00	\$1,060.32
2-7028	WISE COUNTY	\$0.00	\$4,616.66	\$4,616.67	(\$4,616.66)	(\$4,616.67)	\$0.00	\$13,849.98	\$13,849.99	(\$13,849.98)	(\$13,849.99)
2-7029	BAYLOR COUNTY	\$433.33	\$433.33	\$433.33	\$0.00	\$0.00	\$1,299.99	\$1,299.99	\$1,299.99	\$0.00	\$0.00
2-7030	FOARD COUNTY	\$110.00	\$110.00	\$205.99	\$0.00	(\$95.99)	\$330.00	\$330.00	\$617.97	\$0.00	(\$287.97)
2-7031	MONTAGUE COUNTY	\$8,388.04	\$8,107.84	\$8,107.84	\$280.20	\$280.20	\$25,164.12	\$24,323.52	\$24,323.52	\$840.60	\$840.60
2-7032	JACK COUNTY	\$1,706.18	\$1,706.18	\$1,250.00	\$0.00	\$456.18	\$5,118.54	\$5,118.54	\$3,750.00	\$0.00	\$1,368.54
2-7033	CLAY COUNTY	\$333.33	\$333.33	\$241.66	\$0.00	\$91.67	\$999.99	\$999.99	\$724.98	\$0.00	\$275.01
2-7034	COTTLE COUNTY	\$199.75	\$199.75	\$199.75	\$0.00	\$0.00	\$599.25	\$599.25	\$599.25	\$0.00	\$0.00
2-7035	CHILDRESS COUNTY	\$347.91	\$347.91	\$347.92	\$0.00	(\$0.01)	\$1,043.73	\$1,043.73	\$1,043.73	\$0.00	\$0.00
2-7036	ARCHER COUNTY SUPPORT	\$964.58	\$0.00	\$416.66	\$964.58	\$547.92	\$2,893.74	\$0.00	\$624.99	\$2,893.74	\$2,268.75
Total County Revenue		\$28,596.88	\$32,518.57	\$31,103.58	(\$3,921.69)	(\$2,506.70)	\$85,790.60	\$97,555.67	\$91,298.04	(\$11,765.07)	(\$5,507.44)
Other Taxing Authority Funds - Deferred Revenue											
2-7038	INDEPENDENT SCHOOL DISTRICT	\$265.00	\$265.00	\$265.00	\$0.00	\$0.00	\$795.00	\$795.00	\$795.00	\$0.00	\$0.00
Total Other Taxing Authority Funds		\$265.00	\$265.00	\$265.00	\$0.00	\$0.00	\$795.00	\$795.00	\$795.00	\$0.00	\$0.00
Patient Fees - Cash Basis Only											
2-7050	CONSUMER FEES	\$20,502.85	\$28,675.64	\$28,675.64	(\$8,172.79)	(\$8,172.79)	\$30,277.22	\$31,618.19	\$31,618.19	(\$1,340.97)	(\$1,340.97)
2-7060	PRIVATE INSURANCE MCO CARD SERVICES	\$21,400.78	\$39,645.89	\$48,795.66	(\$18,245.11)	(\$27,394.88)	\$56,902.80	\$65,435.88	\$74,585.65	(\$8,533.08)	(\$17,682.85)
2-7070	PRIVATE INSURANCE MCO CASE MANAGEMENT	\$15,610.96	\$20,609.81	\$25,804.71	(\$4,998.85)	(\$10,193.75)	\$33,371.65	\$25,503.05	\$25,804.71	\$7,868.60	\$7,566.94
2-7080	PRIVATE INSURANCE MCO REHAB	\$11,710.11	\$16,095.71	\$24,795.72	(\$4,385.60)	(\$13,085.61)	\$25,195.73	\$24,795.72	\$24,795.72	\$400.01	\$400.01
Total Patient Fees		\$69,224.70	\$105,027.05	\$128,071.73	(\$35,802.35)	(\$58,847.03)	\$145,747.40	\$147,352.84	\$156,804.27	(\$1,605.44)	(\$11,056.87)
Miscellaneous - Cash Basis											
2-7037	IN-KIND MATCH	\$569,499.97	\$646,407.12	\$639,760.39	(\$76,907.15)	(\$70,260.42)	\$1,990,329.91	\$1,939,221.36	\$2,212,206.17	\$51,108.55	(\$221,876.26)
2-7100	MEDICARE - TITLE XVII	\$4,876.71	\$6,019.67	\$6,019.67	(\$1,142.96)	(\$1,142.96)	\$4,876.71	\$6,019.67	\$6,019.67	(\$1,142.96)	(\$1,142.96)
2-7260	RENT	\$0.00	\$1,098.65	\$3,918.25	(\$1,098.65)	(\$3,918.25)	\$2,362.50	\$4,985.15	\$14,754.75	(\$2,622.65)	(\$12,392.25)
2-7270	DONATIONS/CONTRIBUTIONS	\$233.33	\$234.45	\$334.45	(\$1.12)	(\$101.12)	\$806.39	\$711.11	\$1,011.11	\$95.28	(\$204.72)
2-7272	CART EARNED REVENUE	\$13,183.00	\$35,900.00	\$0.00	(\$22,717.00)	\$13,183.00	\$45,312.00	\$73,700.00	\$0.00	(\$28,388.00)	\$45,312.00
2-7273	WF OPIOID GRANT	\$1,468.57	\$1,000.00	\$0.00	\$468.57	\$1,468.57	\$3,752.94	\$3,000.00	\$0.00	\$752.94	\$3,752.94
2-7275	INTEREST INCOME	\$10,571.51	\$8,767.26	\$8,767.26	\$1,804.25	\$1,804.25	\$23,734.62	(\$430.33)	(\$9,092.61)	\$24,164.95	\$32,827.23
2-7280	MISCELLANEOUS	\$9,750.22	\$3,056.87	\$10,175.28	\$6,693.35	(\$425.06)	\$13,172.31	\$10,502.50	\$4,487.31	\$2,669.81	\$8,685.00
Total Miscellaneous		\$609,583.31	\$702,484.02	\$668,975.30	(\$92,900.71)	(\$59,391.99)	\$2,084,347.38	\$2,037,709.46	\$2,229,386.40	\$46,637.92	(\$145,039.02)

		NOVEMBER 2025					YEAR TO DATE				
		NOV FY26	NOV FY26	NOV FY25	Variance	Variance	FY2026 Y-T-D	FY2025 Y-T-D	FY2025 Y-T-D	Variance	Variance
		Actual	Budget	Actual	Budget	FY 2025	Actual	Budget	Actual	Y-T-D Budget	Y-T-D FY 2025
Other State Funding - Accrued Basis Only											
2-7120	MH FIRST AID	\$21,400.00	\$6,600.00	\$6,600.00	\$14,800.00	\$14,800.00	\$31,200.00	\$17,700.00	\$22,700.00	\$13,500.00	\$8,500.00
2-7122	TCOOMMI EARNED INCOME	\$30,562.73	\$31,185.83	\$28,399.67	(\$623.10)	\$2,163.06	\$93,994.72	\$92,255.57	\$89,520.30	\$1,739.15	\$4,474.42
2-7124	SUBSTANCE ABUSE SERVICES	\$24,571.49	\$19,659.59	\$19,760.10	\$4,911.90	\$4,811.39	\$83,848.12	\$64,754.61	\$67,744.13	\$19,093.51	\$16,103.99
2-7125	SUD COMMUNITY MH GRANT PROGRAM	\$3,602.48	\$3,521.66	\$1,533.75	\$80.82	\$2,068.73	\$9,118.82	\$10,564.98	\$5,907.52	(\$1,446.16)	\$3,211.30
2-7127	OSAR - OUTREACH, SCREENING ASSESSMENT, REFFERAL	\$38,393.17	\$44,092.59	\$47,463.50	(\$5,699.42)	(\$9,070.33)	\$88,024.97	\$99,668.08	\$126,817.27	(\$11,643.11)	(\$38,792.30)
2-7128	RSS - RECOVERY SUPPORT SERVICES	\$7,719.72	\$6,793.07	\$6,793.07	\$926.65	\$926.65	\$22,958.36	\$26,162.69	\$19,768.74	(\$3,204.33)	\$3,189.62
2-7150	MFP/ECC REVENUE	\$1,422.97	\$2,707.50	\$2,545.24	(\$1,284.53)	(\$1,122.27)	\$10,830.00	\$8,122.48	\$9,468.06	\$2,707.52	\$1,361.94
2-7152	PASSR IDD SPECIALIZED SERVICES	\$358.56	\$400.85	\$400.85	(\$42.29)	(\$42.29)	\$1,459.74	\$1,354.39	\$1,354.39	\$105.35	\$105.35
2-7153	PASRR IDD SPECIALIZED SERVICES - OBRA - LIDDA	\$350.00	\$350.00	\$350.00	\$0.00	\$0.00	\$350.00	\$1,750.00	\$1,750.00	(\$1,400.00)	(\$1,400.00)
2-7132	CMHG LPHA EXPANSION	\$4,873.77	\$4,873.77	\$7,310.67	\$0.00	(\$2,436.90)	\$14,621.32	\$14,621.31	\$7,310.67	\$0.01	\$7,310.65
2-7216	MHGJII NCA - JBCR	\$18,098.12	\$31,902.15	\$0.00	(\$13,804.03)	\$18,098.12	\$50,706.56	\$95,706.45	\$0.00	(\$44,999.89)	\$50,706.56
2-7218	JUSTICE INVOLVED GRANT PROGRAM	\$274,486.17	\$196,318.82	\$284,364.38	\$78,167.35	(\$9,878.21)	\$578,598.53	\$588,956.46	\$901,806.77	(\$10,357.93)	(\$323,208.24)
2-7245	DARS-ECI REVENUE	\$104,417.84	\$89,923.77	\$115,075.05	\$14,494.07	(\$10,657.21)	\$364,694.71	\$308,744.59	\$343,727.52	\$55,950.12	\$20,967.19
Total Other State Funding		\$530,257.02	\$438,329.60	\$520,596.28	\$91,927.42	\$9,660.74	\$1,350,405.85	\$1,330,361.61	\$1,597,875.37	\$20,044.24	(\$247,469.52)
Other Federal Funding											
2-7102	MEDICAID-CARD SERVICES	\$1,788.31	\$174.37	\$224.19	\$1,613.94	\$1,564.12	\$2,629.87	\$174.37	\$224.19	\$2,455.50	\$2,405.68
2-7104	MEDICAID-CASE MANAGEMENT	\$2,681.55	\$9,106.14	\$9,205.29	(\$6,424.59)	(\$6,523.74)	\$6,409.58	\$12,423.53	\$12,522.68	(\$6,013.95)	(\$6,113.10)
2-7106	MEDICAID-IDD SERV COORDINATION	\$51,520.90	\$56,914.40	\$57,914.40	(\$5,393.50)	(\$6,393.50)	\$166,923.80	\$177,864.60	\$181,864.60	(\$10,940.80)	(\$14,940.80)
2-7108	MEDICAID REHAB	\$13,151.63	\$18,588.88	\$18,588.88	(\$5,437.25)	(\$5,437.25)	\$44,160.07	\$37,535.25	\$37,535.25	\$6,624.82	\$6,624.82
2-7110	MEDICAID PASRR	\$509.20	\$1,323.92	\$1,323.92	(\$814.72)	(\$814.72)	\$661.96	\$1,616.71	\$2,011.34	(\$954.75)	(\$1,349.38)
2-7112	MEDICAID-ADMIN CLAIMING	\$40,000.00	\$40,000.00	\$40,000.00	\$0.00	\$0.00	\$162,826.20	\$132,444.46	\$132,893.60	\$30,381.74	\$29,932.60
2-7114	MEDICAID-HABILITATION COORDINATION	\$5,413.98	\$5,626.37	\$5,626.37	(\$212.39)	(\$212.39)	\$24,571.14	\$22,301.43	\$22,301.43	\$2,269.71	\$2,269.71
2-7120	MH FIRST AID	\$5,712.19	\$6,966.61	\$6,966.61	(\$1,254.42)	(\$1,254.42)	\$17,223.23	\$18,432.77	\$18,432.77	(\$1,209.54)	(\$1,209.54)
2-7126	STATE HOSPITAL STEP-DOWN PROGRAM	\$54,609.78	\$55,673.59	\$55,673.59	(\$1,063.81)	(\$1,063.81)	\$164,269.14	\$171,375.25	\$171,375.25	(\$7,106.11)	(\$7,106.11)
2-7130	MH OUTPATIENT CAPACITY EXPANSION	\$0.00	\$0.00	\$16,550.69	\$0.00	(\$16,550.69)	\$0.00	\$0.00	\$50,816.08	\$0.00	(\$50,816.08)
2-7252	DIRECTED PAYMENT PROGRAM - BEHAVIORAL HEALTH SERVICES	(\$197.35)	\$46,852.11	\$28,980.49	(\$47,049.46)	(\$29,177.84)	\$64,728.71	\$100,556.33	\$35,028.06	(\$35,827.62)	\$29,700.65
2-7254	PUBLIC HEALTH PROVIDER - CHARITY CARE PROGRAM	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2-7258	TRANSITION SUPPORT LIAISON	\$5,333.11	\$5,260.33	\$0.00	\$72.78	\$5,333.11	\$15,843.39	\$15,780.99	\$0.00	\$62.40	\$15,843.39
Total Other Federal Funding		\$180,523.30	\$246,486.72	\$241,054.43	(\$65,963.42)	(\$60,531.13)	\$670,247.09	\$690,505.69	\$665,005.25	(\$20,258.60)	\$5,241.84
General Revenue - Deferred Revenue											
2-7215	PESC	\$105,555.97	\$181,485.66	\$115,368.80	(\$75,929.69)	(\$9,812.83)	\$575,588.39	\$544,456.98	\$488,565.36	\$31,131.41	\$87,023.03
2-7217	Private Psychiatric Beds MH/PPB	\$9,444.42	\$78,133.33	\$0.00	(\$68,688.91)	\$9,444.42	\$239,703.48	\$234,399.99	\$0.00	\$5,303.49	\$239,703.48
2-7220	GENERAL REVENUE - MH	\$600,876.24	\$600,876.24	\$600,876.25	\$0.00	(\$0.01)	\$1,802,628.72	\$1,802,628.72	\$1,802,628.76	\$0.00	(\$0.04)
2-7222	GENERAL REVENUE - VETERANS SERVICES	\$5,833.34	\$5,833.34	\$5,833.34	\$0.00	\$0.00	\$17,500.00	\$17,500.00	\$17,500.02	\$0.00	(\$0.02)
2-7224	GENERAL REVENUE - BH SVCS IN EDUC SVC CTR	\$9,583.34	\$9,583.34	\$9,583.34	\$0.00	\$0.00	\$28,750.00	\$28,750.00	\$28,750.02	\$0.00	(\$0.02)
2-7230	GENERAL REVENUE - IDD	\$93,036.53	\$93,036.53	\$93,036.53	\$0.00	\$0.00	\$279,109.59	\$279,109.59	\$279,109.60	\$0.00	(\$0.01)
2-7232	GENERAL REVENUE-CRISIS REDESIG	\$39,884.51	\$39,884.51	\$39,884.50	\$0.00	\$0.01	\$119,653.50	\$119,653.50	\$119,653.51	\$0.00	(\$0.01)
2-7235	GENERAL REVENUE - IDD ARPA	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,795.39	\$0.00	\$0.00	\$2,795.39	\$2,795.39
2-7236	IDD GR-CRISIS RESPITE-CIS	\$17,980.67	\$17,980.67	\$17,980.67	\$0.00	\$0.00	\$53,942.00	\$53,942.00	\$53,941.99	\$0.00	\$0.01
2-7238	PERMANENCY PLANNING	\$1,854.76	\$1,854.76	\$1,854.75	\$0.00	\$0.01	\$5,564.25	\$5,564.25	\$5,564.25	\$0.00	\$0.00
Total General Revenue		\$884,049.78	\$1,028,668.38	\$884,418.18	(\$144,618.60)	(\$368.40)	\$3,125,235.32	\$3,086,005.03	\$2,795,713.51	\$39,230.29	\$329,521.81
Allocated Federal Funds - Accrued Basis Only											
2-7200	TANF-CAS	\$14,565.75	\$14,565.75	\$14,565.75	\$0.00	\$0.00	\$43,697.25	\$43,697.25	\$43,697.25	\$0.00	\$0.00
2-7201	TANF-ADULT	\$3,207.59	\$3,207.59	\$3,207.59	\$0.00	\$0.00	\$9,622.75	\$9,622.75	\$9,622.76	\$0.00	(\$0.01)
2-7202	TANF-TITLE XX-ADULT	\$3,663.68	\$3,663.68	\$3,663.66	\$0.00	\$0.02	\$10,991.00	\$10,991.00	\$10,990.99	\$0.00	\$0.01
2-7203	TRANSITION-TITLE XX-CRISIS	\$5,992.25	\$5,992.25	\$5,992.25	\$0.00	\$0.00	\$17,976.75	\$17,976.75	\$17,976.75	\$0.00	\$0.00
2-7210	MENTAL HEALTH BLOCK GRANT	\$36,511.92	\$36,511.92	\$36,511.91	\$0.00	\$0.01	\$109,535.75	\$109,535.75	\$109,535.71	\$0.00	\$0.04
Total Allocated Federal Funds		\$63,941.19	\$63,941.19	\$63,941.16	\$0.00	\$0.03	\$191,823.50	\$191,823.50	\$191,823.46	\$0.00	\$0.04
Total Revenue		\$2,377,261.36	\$2,628,595.71	\$2,549,300.83	(\$251,334.35)	(\$172,039.47)	\$7,686,852.63	\$7,614,734.29	\$7,761,743.41	\$72,118.34	(\$74,890.78)

		NOVEMBER 2025					YEAR TO DATE				
		NOV FY26	NOV FY26	NOV FY25	Variance	Variance	FY2026 Y-T-D	FY2025 Y-T-D	FY2025 Y-T-D	Variance	Variance
		Actual	Budget	Actual	Budget	FY 2025	Actual	Budget	Actual	Y-T-D Budget	Y-T-D FY 2025
Expense											
Salaries											
2-8000	SALARIES	\$975,689.29	\$1,007,150.17	\$979,043.19	(\$31,460.88)	(\$3,353.90)	\$2,934,920.59	\$2,959,686.35	\$2,848,558.57	(\$24,765.76)	\$86,362.02
2-8001	OVERTIME	\$10,550.34	\$5,145.20	\$9,914.73	\$5,405.14	\$635.61	\$25,491.14	\$18,959.36	\$32,077.83	\$6,531.78	(\$6,586.69)
Total Salaries		\$1,009,310.77	\$1,012,295.37	\$954,461.49	(\$26,055.74)	(\$2,718.29)	\$1,974,172.10	\$1,966,350.34	\$1,891,678.48	(\$18,233.98)	\$79,775.33
Benefits											
2-8002	EMPLOYER'S FICA/MEDICARE	\$70,589.73	\$73,941.50	\$70,911.77	(\$3,351.77)	(\$322.04)	\$214,095.84	\$219,611.86	\$207,672.74	(\$5,516.02)	\$6,423.10
2-8003	TEC UNEMPLOYMENT TAX	\$385.47	\$372.22	\$842.99	\$13.25	(\$457.52)	\$1,175.68	\$1,392.23	\$2,698.66	(\$216.55)	(\$1,522.98)
2-8004	WORKER'S COMPENSATION	\$1,934.00	\$1,991.45	\$1,943.00	(\$57.45)	(\$9.00)	\$5,811.00	\$5,843.89	\$5,550.00	(\$32.89)	\$261.00
2-8005	RETIREMENT EMPLOYER CONTRIBUTION 401A	\$52,385.21	\$53,480.15	\$51,864.08	(\$1,094.94)	\$521.13	\$156,979.30	\$157,199.94	\$150,196.12	(\$220.64)	\$6,783.18
2-8006	HEALTH INSURANCE	\$158,735.80	\$154,579.45	\$136,331.37	\$4,156.35	\$22,404.43	\$468,737.48	\$463,738.35	\$405,564.39	\$4,999.13	\$63,173.09
2-8008	EMPLOYER FUNDED BASIC LIFE	\$969.28	\$943.79	\$0.00	\$25.49	\$969.28	\$2,872.73	\$2,831.37	\$0.00	\$41.36	\$2,872.73
Total Benefits		\$284,233.15	\$285,526.89	\$256,608.09	(\$309.07)	\$23,106.28	\$564,672.54	\$565,309.08	\$509,788.70	(\$945.61)	\$77,990.12
Contracts											
2-8300	PSYCHIATRIST	\$20,400.00	\$21,756.25	\$21,525.00	(\$1,356.25)	(\$1,125.00)	\$68,775.00	\$74,268.75	\$69,525.00	(\$5,493.75)	(\$750.00)
2-8304	PSYCHOLOGIST	\$150.00	\$500.00	\$500.00	(\$350.00)	(\$350.00)	\$700.00	\$2,200.00	\$2,200.00	(\$1,500.00)	(\$1,500.00)
2-8306	RN NURSES	\$65.00	\$0.00	\$0.00	\$65.00	\$65.00	\$130.00	\$0.00	\$65.00	\$130.00	\$65.00
2-8318	CRISIS-CONTRACTED	\$12,462.00	\$12,516.41	\$12,462.00	(\$54.41)	\$0.00	\$37,386.00	\$37,503.51	\$37,386.00	(\$117.51)	\$0.00
2-8320	PESC BED DAYS	\$80,085.00	\$141,225.99	\$100,425.00	(\$61,140.99)	(\$20,340.00)	\$465,855.00	\$423,677.97	\$407,230.00	\$42,177.03	\$58,625.00
2-8321	PPB BED DAYS	\$8,130.00	\$66,413.33	\$0.00	(\$58,283.33)	\$8,130.00	\$208,245.00	\$199,239.99	\$0.00	\$9,005.01	\$208,245.00
2-8322	OSAR-SUBSTANCE ABUSE	\$37,580.41	\$42,587.10	\$42,587.10	(\$5,006.69)	(\$5,006.69)	\$80,749.66	\$93,669.57	\$113,669.57	(\$12,919.91)	(\$32,919.91)
2-8326	LABORATORY CONTRACTS	\$3,130.11	\$364.15	\$364.15	\$2,765.96	\$2,765.96	\$8,352.17	\$3,436.75	\$3,436.75	\$4,915.42	\$4,915.42
2-8336	RESPITE-CONTRACTED	\$6,292.00	\$1,850.00	\$1,850.00	\$4,442.00	\$4,442.00	\$12,870.50	\$17,061.00	\$17,061.00	(\$4,190.50)	(\$4,190.50)
2-8338	SOFTWARE WEB-BASED	\$27,974.69	\$23,820.29	\$26,189.70	\$4,154.40	\$1,784.99	\$85,205.46	\$70,321.25	\$71,885.76	\$14,884.21	\$13,319.70
2-8344	JUSTICE INVOLVED BED DAYS (SB292)	\$248,505.00	\$173,767.74	\$257,145.00	\$74,737.26	(\$8,640.00)	\$522,880.00	\$521,303.22	\$815,630.00	\$1,576.78	(\$292,750.00)
2-8346	STATE HOSPITAL STEP-DOWN PROGRAM CONTRACTED	\$45,500.00	\$45,500.00	\$45,500.00	\$0.00	\$0.00	\$136,500.00	\$136,500.00	\$136,500.00	\$0.00	\$0.00
2-8348	BH SVCS IN ESC-REGION 9	\$477.25	\$703.09	\$703.09	(\$225.84)	(\$225.84)	\$1,431.75	\$2,109.29	\$2,109.29	(\$677.54)	(\$677.54)
2-8350	OTHER CONTRACTED CONSULTANTS	\$3,624.74	\$3,202.67	\$3,202.67	\$422.07	\$422.07	\$13,094.99	\$11,526.84	\$11,526.84	\$1,568.15	\$1,568.15
2-8352	WFPD - CART	\$586.06	\$8,496.43	\$0.00	(\$7,910.37)	\$586.06	\$1,972.12	\$25,489.29	\$0.00	(\$23,517.17)	\$1,972.12
2-8353	TECHNICAL ASSISTANCE - CART	\$0.00	\$3,000.00	\$0.00	(\$3,000.00)	\$0.00	\$12,490.00	\$13,000.00	\$7,875.00	(\$510.00)	\$4,615.00
2-8354	WFFD - CART	\$5,000.00	\$5,000.00	\$0.00	\$0.00	\$5,000.00	\$15,000.00	\$15,000.00	\$0.00	\$0.00	\$15,000.00
2-8355	Other Contracted/Non-Contracted Consultants-G & A Services	\$8,890.83	\$4,231.83	\$4,231.83	\$4,659.00	\$4,659.00	\$26,478.59	\$16,865.36	\$16,869.55	\$9,613.23	\$9,609.04
Total Contracts		\$508,853.09	\$554,935.28	\$516,685.54	(\$46,082.19)	(\$7,832.45)	\$1,698,116.24	\$1,663,172.79	\$1,712,969.76	\$34,943.45	(\$14,853.52)
Travel and Training											
2-8021	EMPLOYEE MILEAGE	\$2,374.96	\$2,148.19	\$2,148.19	\$226.77	\$226.77	\$5,493.99	\$5,381.24	\$5,735.72	\$112.75	(\$241.73)
2-8022	EMPLOYEE PER DIEM (MEALS AND HOTEL)	\$5,518.33	\$4,440.93	\$3,211.63	\$1,077.40	\$2,306.70	\$13,059.04	\$10,451.40	\$12,426.19	\$2,607.64	\$632.85
2-8023	EMPLOYEE TRAVEL-AIRFARE & CAR RENTAL	\$2,058.02	\$856.35	\$877.11	\$1,201.67	\$1,180.91	\$4,107.27	\$2,536.66	\$2,288.89	\$1,570.61	\$1,818.38
2-8024	EMPLOYEE TRAVEL OVER STATE RATE	\$0.00	\$36.44	\$36.44	(\$36.44)	(\$36.44)	\$337.59	\$70.26	\$70.26	\$267.33	\$267.33
2-8025	EMPLOYEE DEVELOPMENT & TRAINING	\$6,194.04	\$4,422.00	\$4,922.00	\$1,772.04	\$1,272.04	\$10,334.04	\$7,299.03	\$7,302.00	\$3,035.01	\$3,032.04
Total Travel and Training		\$16,145.35	\$11,903.91	\$11,195.37	\$4,241.44	\$4,949.98	\$33,331.93	\$25,738.59	\$27,823.06	\$7,593.34	\$5,508.87
Capital Outlay											
2-8106	BUILDING USE FEE	\$8,875.97	\$8,014.10	\$8,015.62	\$861.87	\$860.35	\$25,408.24	\$24,064.98	\$24,069.84	\$1,343.26	\$1,338.40
2-8126	EQUIP/FURN/FIX USE FEE	\$1,990.69	\$2,332.73	\$2,332.73	(\$342.04)	(\$342.04)	\$5,983.68	\$7,022.81	\$7,022.81	(\$1,039.13)	(\$1,039.13)
2-8146	VEHICLE USE FEE	\$5,434.76	\$5,899.19	\$5,899.19	(\$464.43)	(\$464.43)	\$16,304.26	\$17,697.53	\$17,697.53	(\$1,393.27)	(\$1,393.27)
2-8156	SOFTWARE USE FEE	\$0.00	\$208.33	\$208.33	(\$208.33)	(\$208.33)	\$208.33	\$624.99	\$624.99	(\$416.66)	(\$416.66)
2-8166	COMPUTER & PRINTER USE FEE	\$4,695.88	\$5,136.74	\$5,168.21	(\$440.86)	(\$472.33)	\$14,216.89	\$15,410.27	\$15,504.68	(\$1,193.38)	(\$1,287.79)
2-8170	CAPITAL OUTLAY	\$830.00	\$0.00	\$0.00	\$830.00	\$830.00	\$5,506.04	\$0.00	\$0.00	\$5,506.04	\$5,506.04
Total Capital Outlay		\$21,827.30	\$21,591.09	\$21,624.08	\$236.21	\$203.22	\$67,627.44	\$64,820.58	\$64,919.85	\$2,806.86	\$2,707.59
Non-Capitalized Equipment											
2-8190	MINOR EQUIPMENT PURCHASES	\$446.26	\$659.40	\$659.40	(\$213.14)	(\$213.14)	\$1,526.72	\$4,303.99	\$18,193.16	(\$2,777.27)	(\$16,666.44)
Total Non-Capitalized Equipment		\$446.26	\$659.40	\$659.40	(\$213.14)	(\$213.14)	\$1,526.72	\$4,303.99	\$18,193.16	(\$2,777.27)	(\$16,666.44)

		NOVEMBER 2025					YEAR TO DATE				
		NOV FY26	NOV FY26	NOV FY25	Variance	Variance	FY2026 Y-T-D	FY2025 Y-T-D	FY2025 Y-T-D	Variance	Variance
		Actual	Budget	Actual	Budget	FY 2025	Actual	Budget	Actual	Y-T-D Budget	Y-T-D FY 2025
Pharmaceutical											
2-8316	PHARMACIST	\$49,625.02	\$46,427.83	\$46,430.50	\$3,197.19	\$3,194.52	\$167,697.84	\$162,805.02	\$162,807.69	\$4,892.82	\$4,890.15
Total Pharmaceutical		\$49,625.02	\$46,427.83	\$46,430.50	\$3,197.19	\$3,194.52	\$167,697.84	\$162,805.02	\$162,807.69	\$4,892.82	\$4,890.15
Other Operating											
2-8007	EAP EXPENSE	\$409.60	\$406.40	\$375.22	\$3.20	\$34.38	\$1,238.40	\$1,219.20	\$1,121.28	\$19.20	\$117.12
2-8020	HIRING RELATED EXPENSES	\$3,287.28	\$2,476.50	\$3,603.70	\$810.78	(\$316.42)	\$9,409.11	\$8,197.95	\$10,039.60	\$1,211.16	(\$630.49)
2-8026	EMPLOYEE AWARDS & BANQUETS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14,827.58	\$17,000.00	\$14,757.15	(\$2,172.42)	\$70.43
2-8027	EMPLOYEE FLU SHOTS AND TB	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$556.56	\$1,143.59	\$1,143.59	(\$587.03)	(\$587.03)
2-8040	PROFESSIONAL/ERROR&OMMISSIONS	\$2,174.49	\$2,174.49	\$2,410.61	\$0.00	(\$236.12)	\$6,523.47	\$6,523.47	\$7,231.83	\$0.00	(\$708.36)
2-8041	LIABILITY COVERAGE	\$103.67	\$103.67	\$107.25	\$0.00	(\$3.58)	\$311.01	\$311.01	\$321.75	\$0.00	(\$10.74)
2-8042	OTHER INSURANCE COVERAGE	\$1,777.85	\$1,777.85	\$1,713.36	\$0.00	\$64.49	\$5,333.55	\$5,333.55	\$5,140.08	\$0.00	\$193.47
2-8050	ADVERTISING EXPENSE	\$3,413.66	\$1,576.52	\$576.52	\$1,837.14	\$2,837.14	\$6,656.26	\$5,066.54	\$2,066.54	\$1,589.72	\$4,589.72
2-8055	DUES AND MEMBERSHIPS	\$5,511.41	\$3,831.42	\$3,831.42	\$1,679.99	\$1,679.99	\$16,529.93	\$12,289.32	\$12,341.32	\$4,240.61	\$4,188.61
2-8057	LICENSES	\$1,818.05	\$1,027.66	\$1,385.56	\$790.39	\$432.49	\$5,510.10	\$2,199.31	\$3,040.18	\$3,310.79	\$2,469.92
2-8060	BOARD ACTIVITY EXPENSE	\$1,001.29	\$837.90	\$837.90	\$163.39	\$163.39	\$1,001.29	\$1,032.22	\$1,032.22	(\$30.93)	(\$30.93)
2-8065	DPP-BHS RISK AND ADMIN EXPENSE	\$2,044.17	\$2,044.17	\$2,044.16	\$0.00	\$0.01	\$6,132.51	\$6,132.51	\$6,132.48	\$0.00	\$0.03
2-8070	UTILITIES	\$16,604.53	\$19,479.66	\$21,605.51	(\$2,875.13)	(\$5,000.98)	\$56,203.34	\$60,180.14	\$60,974.75	(\$3,976.80)	(\$4,771.41)
2-8072	TELECOMMUNICATIONS	\$21,151.11	\$25,806.42	\$27,463.07	(\$4,655.31)	(\$6,311.96)	\$64,264.23	\$77,809.03	\$81,613.83	(\$13,544.80)	(\$17,349.60)
2-8076	TELEPHONE-BASIC SERVICE EXPENSE	\$2,019.29	\$2,498.47	\$2,517.31	(\$479.18)	(\$498.02)	\$6,102.03	\$7,263.35	\$7,310.72	(\$1,161.32)	(\$1,208.69)
2-8078	CELL PHONE SERVICE EXPENSE	\$1,906.45	\$2,145.47	\$2,167.11	(\$239.02)	(\$260.66)	\$5,902.42	\$6,509.21	\$6,530.85	(\$606.79)	(\$628.43)
2-8080	LONG DISTANCE TELEPHONE SERVICE EXPENSE	\$257.67	\$240.98	\$240.98	\$16.69	\$16.69	\$1,543.19	\$686.38	\$686.38	\$856.81	\$856.81
2-8100	BUILDING RENT	\$57,117.81	\$55,672.34	\$56,478.50	\$1,445.47	\$639.31	\$171,089.23	\$165,259.01	\$167,677.49	\$5,830.22	\$3,411.74
2-8101	P.O. BOX/STORAGE RENTAL/LEASE	\$82.65	\$80.00	\$80.00	\$2.65	\$2.65	\$247.45	\$239.83	\$239.83	\$7.62	\$7.62
2-8102	PROPERTY DAMAGE COVERAGE	\$11,732.53	\$11,732.53	\$10,163.60	\$0.00	\$1,568.93	\$35,197.59	\$35,197.59	\$30,490.80	\$0.00	\$4,706.79
2-8104	BUILDING REPAIR & MAINTENANCE	\$15,451.66	\$14,159.62	\$13,862.00	\$1,292.04	\$1,589.66	\$41,007.06	\$45,591.08	\$49,802.29	(\$4,584.02)	(\$8,795.23)
2-8120	EQUIPMENT RENTAL/LEASE	\$7,153.12	\$6,838.73	\$6,883.15	\$314.39	\$269.97	\$21,445.36	\$20,960.54	\$21,098.36	\$484.82	\$347.00
2-8124	EQUIPMENT REPAIR & MAINTENANCE	\$2,297.71	\$2,015.35	\$2,015.35	\$282.36	\$282.36	\$6,096.58	\$6,423.35	\$6,592.75	(\$326.77)	(\$496.17)
2-8140	VEHICLE LEASE	\$2,611.11	\$2,611.11	\$2,611.11	\$0.00	\$0.00	\$7,833.33	\$7,833.33	\$7,833.33	\$0.00	\$0.00
2-8142	AUTO LIABILITY/PHYS DAMAGE INS	\$8,398.33	\$8,398.33	\$8,566.35	\$0.00	(\$168.02)	\$25,194.99	\$25,194.99	\$25,699.05	\$0.00	(\$504.06)
2-8143	INSURANCE EXP-DEDUCTIBLES PAID	\$0.00	\$1,000.00	\$1,000.00	(\$1,000.00)	(\$1,000.00)	\$0.00	\$1,000.00	\$1,000.00	(\$1,000.00)	(\$1,000.00)
2-8144	VEHICLE REPAIR & MAINTENANCE	\$3,793.47	\$2,166.60	\$2,159.60	\$1,626.87	\$1,633.87	\$13,325.03	\$7,741.63	\$7,742.30	\$5,583.40	\$5,582.73
2-8145	GAS-VEHICLE & EQUIPMENT	\$5,870.59	\$5,698.38	\$5,701.40	\$172.21	\$169.19	\$20,528.40	\$18,269.54	\$18,287.97	\$2,258.86	\$2,240.43
2-8200	OFFICE SUPPLIES	\$4,334.18	\$1,464.49	\$1,465.51	\$2,869.69	\$2,868.67	\$26,846.53	\$23,931.81	\$23,838.68	\$2,914.72	\$3,007.85
2-8202	BOOKS & SUBSCRIPTIONS	\$3,648.34	\$527.17	\$527.17	\$3,121.17	\$3,121.17	\$11,471.81	\$6,294.25	\$6,294.25	\$5,177.56	\$5,177.56
2-8204	JANITORIAL/CLEANING SUPPLIES	\$725.70	\$418.88	\$418.95	\$306.82	\$306.75	\$4,760.69	\$2,101.52	\$2,182.71	\$2,659.17	\$2,577.98
2-8206	OTHER CONSUMABLE SUPPLIES	\$276.28	\$645.25	\$648.93	(\$368.97)	(\$372.65)	\$4,074.40	\$3,231.95	\$3,249.69	\$842.45	\$824.71
2-8208	MEDICAL SUPPLIES	\$3,926.74	\$563.47	\$563.47	\$3,363.27	\$3,363.27	\$4,850.20	\$1,011.32	\$1,122.28	\$3,838.88	\$3,727.92
2-8210	FOOD	\$109.07	\$55.73	\$60.00	\$53.34	\$49.07	\$852.80	\$734.47	\$1,303.13	\$118.33	(\$450.33)
2-8214	PERSONAL CARE/HYGENE SUPPLIES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2-8216	TRAINING/BEHAVIOR MODIFICATION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2-8218	CONSUMER ASSISTANCE	\$502.29	\$3,900.30	\$2,900.30	(\$3,398.01)	(\$2,398.01)	\$1,532.70	\$6,509.79	\$10,509.79	(\$4,977.09)	(\$8,977.09)
2-8220	PRINTING SERVICES	\$3,927.13	\$2,605.23	\$2,425.07	\$1,321.90	\$1,502.06	\$9,253.24	\$7,164.02	\$7,316.76	\$2,089.22	\$1,936.48
2-8221	COURIER DELIVERY SERVICES	\$64.93	\$0.00	\$0.00	\$64.93	\$64.93	\$257.07	\$96.53	\$96.53	\$160.54	\$160.54
2-8222	POSTAGE & DELIVERY CHARGES	\$1,475.79	\$1,457.58	\$1,461.03	\$18.21	\$14.76	\$4,637.07	\$4,063.08	\$4,066.53	\$573.99	\$570.54
2-8226	SANCTIONS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2-8228	BNK CHRGS & CREDIT CRD FEES	\$960.81	\$1,149.24	\$1,149.24	(\$188.43)	(\$188.43)	\$2,703.65	\$3,473.47	\$3,476.90	(\$769.82)	(\$773.25)
2-8232	MISCELLANEOUS CHARGE & EXPENSE	(\$824.40)	\$1,216.80	\$1,246.15	(\$2,041.20)	(\$2,070.55)	\$680.60	\$3,614.47	\$3,643.82	(\$2,933.87)	(\$2,963.22)
2-8237	IN-KIND EXPENSES	\$569,499.97	\$646,407.12	\$639,760.39	(\$76,907.15)	(\$70,260.42)	\$1,990,329.91	\$1,939,221.36	\$2,212,206.17	\$51,108.55	(\$221,876.26)
2-8340	CPA FIRM	\$15,000.00	\$13,500.00	\$7,000.00	\$1,500.00	\$8,000.00	\$20,000.00	\$13,500.00	\$7,000.00	\$6,500.00	\$13,000.00
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	\$0.00	\$81.00	\$0.00	(\$81.00)	\$0.00	\$0.00	\$81.00	\$0.00	(\$81.00)	\$0.00
2-8360	NON-CONTRACTED CONSULTANTS	\$0.00	\$0.00	\$590.29	\$0.00	(\$590.29)	\$0.00	\$0.00	\$590.29	\$0.00	(\$590.29)
Total Other Operating		\$781,616.33	\$850,792.83	\$840,617.24	(\$69,176.50)	(\$59,000.91)	\$2,632,260.67	\$2,567,636.71	\$2,844,846.25	\$64,623.96	(\$212,585.58)
Total Expense		\$2,649,752.47	\$2,783,914.27	\$2,688,063.26	(\$134,161.80)	(\$38,310.79)	\$8,410,644.60	\$8,317,741.03	\$8,483,878.08	\$92,903.57	(\$73,233.48)

	NOVEMBER 2025					YEAR TO DATE				
	NOV FY26	NOV FY26	NOV FY25	Variance	Variance	FY2026 Y-T-D	FY2025 Y-T-D	FY2025 Y-T-D	Variance	Variance
	Actual	Budget	Actual	Budget	FY 2025	Actual	Budget	Actual	Y-T-D Budget	Y-T-D FY 2025
BEGINNING NET ASSETS	\$13,064,516.34	\$13,064,516.34	\$12,768,123.09	\$0.00	\$296,393.25	\$13,515,817.20	\$13,515,817.20	\$13,351,495.33	\$0.00	\$164,321.87
NET SURPLUS/(DEFICIT)	(\$272,491.11)	(\$155,318.56)	(\$138,762.43)	(\$117,172.55)	(\$133,728.68)	(\$723,791.97)	(\$703,006.74)	(\$722,134.67)	(\$20,785.23)	(\$1,657.30)
ENDING NET ASSETS	\$12,792,025.23	\$12,909,197.78	\$12,629,360.66	(\$117,172.55)	\$162,664.57	\$12,792,025.23	\$12,812,810.46	\$12,629,360.66	(\$20,785.23)	\$162,664.57

5 RECOMMENDATIONS
B. BUDGET AND FINANCE
3) STATUS OF INVESTMENTS

RECOMMENDED ACTION: That the Board of Trustees review and approve the status of investments.

BACKGROUND INFORMATION: Board of Trustee policy and State Law require the quarterly presentation and approval of the status of Helen Farabee Center's investments.

SUPPORTING INFORMATION:

- A. The main purpose of this quarterly management report is to give the Board both detail and summary information on the portfolio in accordance with the Act. Any investments in a new instrument or institution that did not have prior Board of Trustees approval are presented to the Board of Trustees at its next meeting in accordance with the Investment Policy and Procedure. The portfolio must maintain a maximum Weighted Average Maturity no longer than one (1) year as established by the Board Policy, and no investment may exceed two (2) years. The report gives the Board the detail on each position and shows the diversification in the portfolio.
- B. The Center's overall yield had a decrease from 2.9598% in August to 2.7464 % in November.
- C. The Center had 7 Certificate of Deposits (CD) mature and purchased 7 others:
- **Merrill Lynch:**
In October, a BNY Mellon CD matured on October 15, 2025, earning 4.95% on \$243,000. In October, a Valley National Bank CD matured on October 23, 2025, earning 5.00% on \$50,000. In November, a Bank of NY Mellon CD matured on November 3, 2025, earning 5.00% on \$243,000. In November, A Bank of Hope CD was purchased November 12, 2025, for \$87,000 earning 3.55%, a Bank of NY Mellon CD was purchased on November 12, 2025, for \$241,000 earning 3.65%, and a UBS Bank CD was purchased November 12, 2025, for \$248,000 earning 3.65%.
 - **First National Bank**
In September, a Certificate of Deposit #2266 matured on September 28, 2025, earning 4.43% for \$774,176. The Center automatically renewed this CD for a 12-month term earning 3.50%. In September, a Certificate of Deposit #3037 matured on September 5, 2025, earning 4.81% on \$313,567. The Center purchased Certificate of Deposit #0932 for the same amount earning 4.18%. In October, a Certificate of Deposit #4314 matured on October 2, 2025, earning 4.57% on \$291,636. The Center automatically renewed this CD for a 12-month term earning 3.50%. In October, a Certificate of Deposit #5313 matured on October 21, 2025, earning 4.33% on \$1,115,029. The Center automatically renewed this CD for a 12-month term earning 3.50%.

5 RECOMMENDATIONS
B. BUDGET AND FINANCE
3) STATUS OF INVESTMENTS

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D. The weighted average maturity (WAM) is the dollar weight of the portfolio which is a measure of risk. The WAM is 365 days. This is intended to prevent investment officers from making investments for a longer term than specified by the Policy.

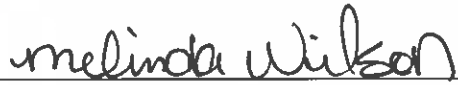
- As of November 2025, the Center is within the 365 days.
- The Center had \$7,279,972 invested with a 0 to 180-day maturity and \$5,486,394 invested with a 6 month to 2-year maturity.

E. The Investment Value chart shows our total portfolio's book value over time rather than just a snapshot of each quarter. The Center's total investment at the end of August 2025 was \$12,672,930. The Center's total investment as of November 2025 is \$12,766,366.

Certificate:

We certify the attached reports accurately reflect the status of all Helen Farabee Centers' investments as of November 2025. This report was prepared in compliance with the Public Funds Investment Act and our policy.


Linda S Poenitzsch
Investment Officer/Business Manager
December 15, 2025


Melinda Wilson
Assistant Investment Officer/Budget Analyst I
December 15, 2025

HELEN FARABEE CENTER								
RATE OF RETURN ON INVESTMENTS								
November 30, 2025								
				Invested amount/book value	Market Value	Changes in Market Value (Based on Fiscal Year)		
				Purchase	Cur month			
		Date	Maturity	Beginning	Estimated			Weighted
	CUSIP #	Purchased	Date	Market Value	Market Value	Changes	Rate	Average
Chase High Yield			Immediate	\$ 3,338,883.14	\$ 3,338,965.18	\$ 82.04	0.01%	0.0026%
Merrill Lynch								
CASH ML Deposit Program			Immediate	\$ 58,894.94	\$ 67,928.68	\$ 9,033.74	0.05%	0.0003%
CASH ISA Accounts			Immediate	\$ 12,001.24	\$ 1,310.90	\$ (10,690.34)	0.02%	0.0000%
CD BNY Mellon NA	05584CMR4	4/5/24	10/15/2025	\$ 243,000.00		\$ (243,000.00)	4.95%	0.0000%
CD Valley Natl Bk	919853LH2	4/17/24	10/23/2025	\$ 50,000.00		\$ (50,000.00)	5.00%	0.0000%
CD Bank of NY Mellon	06405VGG8	4/25/24	11/3/2025	\$ 243,000.00	\$ -	\$ (243,000.00)	5.00%	0.0000%
CD Zions Bankcorp NA	98970LNB5	12/17/24	12/26/2025	\$ 240,000.00	\$ 240,009.60	\$ 9.60	4.05%	0.0761%
CD MORGAN STANLEY PVT BK	61776NLE1	2/6/25	2/12/2026	\$ 189,000.00	\$ 189,075.60	\$ 75.60	4.20%	0.0622%
CD MORGAN STANLEY BANK NA	61690DP51	2/6/25	2/12/2026	\$ 109,000.00	\$ 109,043.60	\$ 43.60	4.20%	0.0359%
CD COMENITY BANK	20036NTC9	2/6/25	2/13/2026	\$ 200,000.00	\$ 200,080.00	\$ 80.00	4.20%	0.0658%
CD CITY NATL BANK OF FL	17801DKF2	2/6/25	2/18/2026	\$ 212,000.00	\$ 212,091.16	\$ 91.16	4.20%	0.0698%
CD WELLS FARGO BANK	949764QJ6	2/27/25	3/5/2026	\$ 239,000.00	\$ 239,162.52	\$ 162.52	4.25%	0.0796%
CD BANK OF AMERICA	06051XRB0	2/27/25	3/6/2026	\$ 239,000.00	\$ 239,164.91	\$ 164.91	4.25%	0.0796%
CD CITY NATIONAL BANK	17801DKJ4	2/27/25	3/6/2026	\$ 13,000.00	\$ 13,008.97	\$ 8.97	4.25%	0.0043%
CD PNC BANK	69355NHS7	4/3/25	4/2/2026	\$ 168,000.00	\$ 168,028.56	\$ 28.56	4.00%	0.0526%
CD POPULAR BANK	73317ADE9	4/16/25	4/16/2026	\$ 165,000.00	\$ 164,889.45	\$ (110.55)	3.75%	0.0484%
CD AMERICAN EXPR NATL BK	02589AH62	4/16/25	4/16/2027	\$ 245,000.00	\$ 244,977.95	\$ (22.05)	3.75%	0.0720%
CD ALLY BANK	02007G4Q3	4/17/25	4/17/2026	\$ 240,000.00	\$ 239,839.20	\$ (160.80)	3.75%	0.0705%
CD STEARNS BANK	857894X95	4/21/25	5/21/2026	\$ 245,000.00	\$ 245,041.65	\$ 41.65	3.75%	0.0720%
CD Firstbank Puerto Rico	33767GJG4	12/17/24	6/29/2026	\$ 244,000.00	\$ 244,314.76	\$ 314.76	4.05%	0.0775%
CD SAFRA National Bank	78658RRG8	7/10/25	7/14/2026	\$ 87,000.00	\$ 87,129.63	\$ 129.63	4.10%	0.0280%
CD GOLDMAN SACHS BK	38150V3Y3	7/21/25	7/29/2026	\$ 240,000.00	\$ 240,391.20	\$ 391.20	4.10%	0.0772%
CD MORGAN STANLEY BANK NA	61690DZ50	4/2/25	10/2/2026	\$ 135,000.00	\$ 135,321.30	\$ 321.30	4.10%	0.0435%
CD MORGAN STANLEY PVT BANK	61776NPK3	4/2/25	10/2/2026	\$ 55,000.00	\$ 55,130.90	\$ 130.90	4.10%	0.0177%
CD BANK OF HOPE	062683ML7	11/12/25	11/13/2026	\$ 87,000.00	\$ 86,826.00	\$ (174.00)	3.55%	0.0241%
CD Bank of NY Mellon	06405VKJ7	11/12/25	11/13/2026	\$ 241,000.00	\$ 240,744.54	\$ (255.46)	3.65%	0.0688%
CD UBS BANK USA	90355GA30	11/12/25	11/18/2027	\$ 248,000.00	\$ 247,665.20	\$ (334.80)	3.65%	0.0708%
						\$ -	5.00%	0.0000%
Sub Total Merrill Lynch				\$ 4,447,896.18	\$ 3,911,176.28	\$ (536,719.90)		1.1968%
TexSTAR			Immediate	\$ 1,205.46	\$ 1,217.87	\$ 12.41	4.3394%	0.0004%
First National Bank CDs								
Certificate of Deposit-CD 3037		4/5/24	9/5/2025	\$ -	\$ -	\$ -	4.81%	0.0000%
Certificate of Deposit-CD 2266		9/28/25	9/28/2026	\$ 774,176.06	\$ 782,625.40	\$ 8,449.34	3.50%	0.2146%
Certificate of Deposit-CD 3624		6/16/2025	6/16/2026	\$ 294,873.99	\$ 297,619.53	\$ 2,745.54	3.69%	0.0860%
Certificate of Deposit-CD 7987		7/11/24	1/14/2026	\$ 630,199.34	\$ 636,997.90	\$ 6,798.56	4.91%	0.2450%
Certificate of Deposit-CD 4314		10/2/25	10/2/2026	\$ 291,635.95	\$ 294,995.28	\$ 3,359.33	3.50%	0.0809%
Certificate of Deposit-CD 0932		9/5/25	3/12/2026	\$ 313,566.41	\$ 317,368.04	\$ 3,801.63	4.18%	0.1039%
Certificate of Deposit- CD 5313		10/21/25	10/21/2026	\$ 1,115,029.12	\$ 1,127,198.52	\$ 12,169.40	3.50%	0.3090%
Money Market 4858		2/25/14	Immediate	\$ 639,600.06	\$ 643,001.13	\$ 3,401.07	1.46%	0.0735%
Sub Total First National Bank				\$ 4,059,080.93	\$ 4,099,805.80	\$ 40,724.87		1.1129%
FIRST NATIONAL BANK CDARS STATEMENT								
FNB: INS CD BOKF # 4214		8/15/25	8/14/2026	\$ 113,632.56	\$ 114,757.07	\$ 1,124.51	3.95%	0.0355%
FNB: INS CD AMERICAN NATIONAL BANK & TRUST #22373		8/15/25	8/14/2026	\$ 236,961.11	\$ 239,306.09	\$ 2,344.98	3.95%	0.0740%
FNB: INS CD CITY FIRST BANK #34352		8/15/25	8/14/2026	\$ 236,961.11	\$ 239,306.09	\$ 2,344.98	3.95%	0.0740%
FNB: INS CD LIVE OAK BANKING CO #58665		8/15/25	8/14/2026	\$ 236,961.11	\$ 239,306.09	\$ 2,344.98	3.95%	0.0740%
FNB: INS CD LOCUS BANK #58658		8/15/25	8/14/2026	\$ 236,961.11	\$ 239,306.09	\$ 2,344.98	3.95%	0.0740%
FNB: INS CD PRIMARY BANK #59086		8/15/25	8/14/2026	\$ 89,282.75	\$ 90,166.30	\$ 883.55	3.95%	0.0279%
FNB: INS CD RIVER CITY BANK #18983		8/15/25	8/14/2026	\$ 236,961.11	\$ 239,306.09	\$ 2,344.98	3.95%	0.0740%
Sub Total ICS-First National Bank				\$ 1,387,720.86	\$ 1,401,453.82	\$ 13,732.96		0.4336%
FIRST NATIONAL BANK ICS STATEMENT								
FNB: ICS #858				\$ 1,089.91	\$ 1,092.73	\$ 2.82	1.05%	0.0001%
				\$ 1,089.91	\$ 1,092.73	\$ 2.82		0.0001%
Frost								
Frost Bank FHLB		3/5/13		\$ 12,654.05	\$ 12,654.05	\$ -	0.00%	0.0000%
Sub Total Frost Bank				\$ 12,654.05	\$ 12,654.05	\$ -		0.0000%
Total Investments				\$ 13,248,530.53	\$ 12,766,365.73	\$ (482,164.80)		2.7464%
				less than 6 mos	\$ 7,279,971.70			
				greater than 6	\$ 5,486,394.03			

5 RECOMMENDATIONS

C. CONTRACTS AND PLANS

1) USDA Distance Learning Grant Security Administrator Resolution

Page 1 of 1

RECOMMENDED ACTION: That the Board of Trustees review and approve the assigned security roles outlined in the resolution.

BACKGROUND INFORMATION:

- A. Helen Farabee Centers applied for the USDA RUS Distance Learning and Telemedicine Grant in 2024 and was awarded \$291,123 for new video conference systems, supporting network hardware, three years of software licensing and three years of warranty support.
- B. As part of the grant requirements, HFC personnel must upload documents and report activities on the USDA Reporting and Compliance website to justify reimbursement of allowable expenditures under the grant.
- C. The resolutions in the accompanying LOCAL GOVERNMENT ENTITY BOARD RESOLUTIONS document specify which HFC personnel are allowed to create reports, justify expenditures and keep HFC in compliance with requirements.

SUPPORTING INFORMATION:

- A. Information Systems Director Michael Stephenson and Network Administrator Scott Reeves will function as the administrators of the program and Chief Financial Officer Linda Poenitzsch will oversee compliance.
- B. The USDA RUS DLT grant provides funds to upgrade our video conference infrastructure at all HFC locations. We pay for the approved items upfront and then request reimbursement for expenditures. The grant includes thirty-four video conference systems, network infrastructure to support video conferencing, three years of software licenses and three years of warranty support.

The Rural Utilities Service Distance and Learning Telemedicine Program					
Governed by the Code of Federal Regulations 7 CFR 1734					
Helen Farabee Regional MHMR Centers					
DLT-2024-205					
TX0797-A17					
Line Item Budget - Approved As-Is					
Notwithstanding the prior approval by RUS of the budget for the grant project, if the additional documentation accompanying a request for advance of grant funds demonstrates that the advance is to fund a non-approved purpose for grants in accordance with 7 CFR 1734.23, that advance will not be made.					
Items being funded by Grant and Cash Match					
Line Item #	Site Number & Name	Description	Unit Cost	# of Units	Extended Cost
	1 Brook Admin	Large Room System Configuration includes:			
1		Poly Studio X70 All-in-one Video Bar with TC10 Controller	\$5,319.98	1	\$ 5,319.98
2		Poly+ Partner - X70 3 Year Warranty	\$988.00	1	\$ 988.00
3		QBC 43" 4K UHD Commercial LED Display	\$ 602.41	1	\$ 602.41
4		Tripp Lite Heavy-Duty Tilt Wall Mount for 26" to 70" Curved or Flat-Screen Displays	\$ 35.60	1	\$ 35.60
5		Teams Rooms Pro Licensing - 3 Years	\$ 360.00	1	\$ 360.00
6		Video Infrastructure Configuration includes:			\$ -
7		Video Infrastructure Switch - Meraki MS210-48FP 1G L2 48x GigE 740W	\$ 4,328.11	1	\$ 4,328.11
8		Meraki Enterprise + 3 Years Subscription License - for Meraki Switch	\$ 528.16	1	\$ 528.16
9		Pexip PolyPlus Poly - Part#: U71V6PX - Includes a single Management Node, an unlimited number of Conferencing and Proxying Edge nodes, and software upgrades for the duration of the subscription term. Includes remote installation of 1 management node, license application and activation, configuration of up to 3 conferencing nodes and up to 10 virtual meeting rooms. The license enables the creation, management, and use of up to 500 VMRs on the purchased management node for the duration of the subscription term. Includes 24 capacity license	\$ 91,500.00	1	\$ 91,500.00
10		Installation and Training	\$ 10,000.00	1	\$ 10,000.00
	2 Denver Med Clinic/ CAS	Large Room System Configuration includes:			\$ -
11		Poly Studio X70 All-in-one Video Bar with TC10 Controller	\$5,319.98	1	\$ 5,319.98
12		Poly+ Partner - X70 3 Year Warranty	\$988.00	1	\$ 988.00
13		QBC 43" 4K UHD Commercial LED Display	\$ 602.41	1	\$ 602.41
14		Tripp Lite Heavy-Duty Tilt Wall Mount for 26" to 70" Curved or Flat-Screen Displays	\$ 35.60	1	\$ 35.60
15		Teams Rooms Pro Licensing - 3 Years	\$ 360.00	1	\$ 360.00
		Standard Room System Configuration includes:			\$ -
16		Poly Studio X52 All-In-One Video Bar With TC10 Controller	\$3,539.61	5	\$ 17,698.05
17		3Y POLY+ Studio X52 TC10 Warranty	\$ 747.00	5	\$ 3,735.00

18		QBC 43" 4K UHD COMMERCIAL LED DISPLAY	\$ 602.41	5	\$ 3,012.05
19		Tripp Lite Heavy-Duty Tilt Wall Mount for 26" to 70" Curved or Flat-Screen Displays	\$ 35.60	5	\$ 178.00
20		Teams Rooms Pro Licensing - 3 Years	\$ 360.00	5	\$ 1,800.00
		Video Infrastructure Configuration includes:			\$ -
21		Video Infrastructure Switch - Meraki MS210-48FP 1G L2 48x GigE 740W	\$ 4,328.11	1	\$ 4,328.11
22		Meraki Enterprise + 3 Years Subscription License - for Meraki Switch	\$ 528.16	1	\$ 528.16
	3 Broad BHC	Large Room System Configuration includes:			\$ -
23		Poly Studio X70 All-in-one Video Bar with TC10 Controller	\$5,319.98	1	\$ 5,319.98
24		Poly+ Partner - X70 3 Year Warranty	\$ 988.00	1	\$ 988.00
25		QBC 43" 4K UHD Commercial LED Display	\$ 602.41	1	\$ 602.41
26		Tripp Lite Heavy-Duty Tilt Wall Mount for 26" to 70" Curved or Flat-Screen Displays	\$ 35.60	1	\$ 35.60
27		Teams Rooms Pro Licensing - 3 Years	\$ 360.00	1	\$ 360.00
		Very Large Room System Configuration includes:			\$ -
28		Poly G7500 Video System with E70 Camera and TC10 Controller Kit	\$6,362.95	1	\$ 6,362.95
29		3Y PARTNER POLY+ G7500 TC10 E70 Warranty	\$ 2,186.95	1	\$ 2,186.95
30		QBC 43" 4K UHD COMMERCIAL LED DISPLAY	\$ 602.41	1	\$ 602.41
31		Tripp Lite Heavy-Duty Tilt Wall Mount for 26" to 70" Curved or Flat-Screen Displays	\$ 35.60	1	\$ 35.60
32		Teams Rooms Pro Licensing - 3 Years	\$ 360.00	1	\$ 360.00
		Standard Room System Configuration includes:			\$ -
33		Poly Studio X52 All-In-One Video Bar With TC10 Controller	\$3,539.61	2	\$ 7,079.22
34		3Y POLY+ Studio X52 TC10 Warranty	\$ 747.00	2	\$ 1,494.00
35		QBC 43" 4K UHD COMMERCIAL LED DISPLAY	\$ 602.41	2	\$ 1,204.82
36		Tripp Lite Heavy-Duty Tilt Wall Mount for 26" to 70" Curved or Flat-Screen Displays	\$ 35.60	2	\$ 71.20
37		Teams Rooms Pro Licensing - 3 Years	\$ 360.00	2	\$ 720.00
		Video Infrastructure Configuration includes:			\$ -
38		Video Infrastructure Switch - Meraki MS210-48FP 1G L2 48x GigE 740W	\$ 4,328.11	1	\$ 4,328.11
39		Meraki Enterprise + 3 Years Subscription License - for Meraki Switch	\$ 528.16	1	\$ 528.16
	4 Ninth IDD	Standard Room System Configuration includes:			\$ -
40		Controller	\$3,539.61	2	\$ 7,079.22
41		3Y POLY+ Studio X52 TC10 Warranty	\$ 747.00	2	\$ 1,494.00
42		QBC 43" 4K UHD COMMERCIAL LED DISPLAY	\$ 602.41	2	\$ 1,204.82
43		70" Curved or Flat-Screen Displays	\$ 35.60	2	\$ 71.20
44		Teams Rooms Pro Licensing - 3 Years	\$ 360.00	2	\$ 720.00
	5 Early Childhood Intervention Core	Standard Room System Configuration includes:			\$ -

45		Controller	\$3,539.61	2	\$ 7,079.22
46		3Y POLY+ Studio X52 TC10 Warranty	\$ 747.00	2	\$ 1,494.00
47		QBC 43" 4K UHD COMMERCIAL LED DISPLAY	\$ 602.41	2	\$ 1,204.82
48		70" Curved or Flat-Screen Displays	\$ 35.60	2	\$ 71.20
49		Teams Rooms Pro Licensing - 3 Years	\$ 360.00	2	\$ 720.00
		Video Infrastructure Configuration includes:			\$ -
50		Video Infrastructure Switch - Meraki MS210-48FP 1G L2 48x GigE 740W	\$ 4,328.11	1	\$ 4,328.11
51		Meraki Enterprise + 3 Years Subscription License - for Meraki Switch	\$ 528.16	1	\$ 528.16
	6 Childress BHC	Standard Room System Configuration includes:			\$ -
52		Controller	\$3,539.61	2	\$ 7,079.22
53		3Y POLY+ Studio X52 TC10 Warranty	\$ 747.00	2	\$ 1,494.00
54		QBC 43" 4K UHD COMMERCIAL LED DISPLAY	\$ 602.41	2	\$ 1,204.82
55		70" Curved or Flat-Screen Displays	\$ 35.60	2	\$ 71.20
56		Teams Rooms Pro Licensing - 3 Years	\$ 360.00	2	\$ 720.00
		Video Infrastructure Configuration includes:			\$ -
57		Meraki MS210-24P - 24 Port, 448W PoE Switch	\$ 2,380.15	1	\$ 2,380.15
58		Meraki 3 Years License - for 24 Port Switch	\$ 299.96	1	\$ 299.96
	7 Hardeman/ Foard BHC	Standard Room System Configuration includes:			\$ -
59		Controller	\$3,539.61	2	\$ 7,079.22
60		3Y POLY+ Studio X52 TC10 Warranty	\$ 747.00	2	\$ 1,494.00
61		QBC 43" 4K UHD COMMERCIAL LED DISPLAY	\$ 602.41	2	\$ 1,204.82
62		70" Curved or Flat-Screen Displays	\$ 35.60	2	\$ 71.20
63		Teams Rooms Pro Licensing - 3 Years	\$ 360.00	2	\$ 720.00
		Video Infrastructure Configuration includes:			\$ -
64		Meraki MS210-24P - 24 Port, 448W PoE Switch	\$ 2,380.15	1	\$ 2,380.15
65		Meraki 3 Years License - for 24 Port Switch	\$ 299.96	1	\$ 299.96
	8 Baylor/ Throckmorton BHC	Standard Room System Configuration includes:			\$ -
66		Controller	\$3,539.61	2	\$ 7,079.22
67		3Y POLY+ Studio X52 TC10 Warranty	\$ 747.00	2	\$ 1,494.00
68		QBC 43" 4K UHD COMMERCIAL LED DISPLAY	\$ 602.41	2	\$ 1,204.82
69		70" Curved or Flat-Screen Displays	\$ 35.60	2	\$ 71.20
70		Teams Rooms Pro Licensing - 3 Years	\$ 360.00	2	\$ 720.00
		Video Infrastructure Configuration includes:			\$ -
71		Meraki MS210-24P - 24 Port, 448W PoE Switch	\$ 2,380.15	1	\$ 2,380.15
72		Meraki 3 Years License - for 24 Port Switch	\$ 299.96	1	\$ 299.96
	9 Headstream BHC	Standard Room System Configuration includes:			\$ -
73		Controller	\$3,539.61	3	\$ 10,618.83
74		3Y POLY+ Studio X52 TC10 Warranty	\$ 747.00	3	\$ 2,241.00
75		QBC 43" 4K UHD COMMERCIAL LED DISPLAY	\$ 602.41	3	\$ 1,807.23
76		Tripp Lite Heavy-Duty Tilt Wall Mount for 26" to 70" Curved or Flat-Screen Displays	\$ 35.60	3	\$ 106.80
77		Teams Rooms Pro Licensing - 3 Years	\$ 360.00	3	\$ 1,080.00
		Video Infrastructure Configuration includes:			\$ -
78		Video Infrastructure Switch - Meraki MS210-48FP 1G L2 48x GigE 740W	\$ 4,328.11	1	\$ 4,328.11

79		Meraki Enterprise + 3 Years Enterprise Support - Subscription License - 1 Switch - 3 Year - MS210-48FP	\$ 528.16	1	\$ 528.16
	10 Graham Admin	Standard Room System Configuration includes:			\$ -
80		Poly Studio X52 All-In-One Video Bar With TC10 Controller	\$3,539.61	4	\$ 14,158.44
81		3Y POLY+ Studio X52 TC10 Warranty	\$ 747.00	4	\$ 2,988.00
82		QBC 43" 4K UHD COMMERCIAL LED DISPLAY	\$ 602.41	4	\$ 2,409.64
83		Tripp Lite Heavy-Duty Tilt Wall Mount for 26" to 70" Curved or Flat-Screen Displays	\$ 35.60	4	\$ 142.40
84		Teams Rooms Pro Licensing - 3 Years	\$ 360.00	4	\$ 1,440.00
		Video Infrastructure Configuration includes:			\$ -
85		1G L2 48x GigE 740W	\$ 4,328.11	1	\$ 4,328.11
86		Meraki Enterprise + 3 Years Enterprise Support - Subscription License - 1 Switch - 3 Year - MS210-48FP	\$ 528.16	1	\$ 528.16
	11 Montague BHC	Standard Room System Configuration includes:			\$ -
87		Controller	\$3,539.61	4	\$ 14,158.44
88		3Y POLY+ Studio X52 TC10 Warranty	\$ 747.00	4	\$ 2,988.00
89		QBC 43" 4K UHD COMMERCIAL LED DISPLAY	\$ 602.41	4	\$ 2,409.64
90		Tripp Lite Heavy-Duty Tilt Wall Mount for 26" to 70" Curved or Flat-Screen Displays	\$ 35.60	4	\$ 142.40
91		Teams Rooms Pro Licensing - 3 Years	\$ 360.00	4	\$ 1,440.00
		Video Infrastructure Configuration includes:			\$ -
92		Video Infrastructure Switch - Meraki MS210-48FP 1G L2 48x GigE 740W	\$ 4,328.11	1	\$ 4,328.11
93		Meraki Enterprise + 3 Years Enterprise Support - Subscription License - 1 Switch - 3 Year - MS210-48FP	\$ 528.16	1	\$ 528.16
	12 Olney Substance Abuse	Standard Room System Configuration includes:			\$ -
94		Poly Studio X52 All-In-One Video Bar With TC10 Controller	\$3,539.61	1	\$ 3,539.61
95		3Y POLY+ Studio X52 TC10 Warranty	\$ 747.00	1	\$ 747.00
96		QBC 43" 4K UHD COMMERCIAL LED DISPLAY	\$ 602.41	1	\$ 602.41
97		Tripp Lite Heavy-Duty Tilt Wall Mount for 26" to 70" Curved or Flat-Screen Displays	\$ 35.60	1	\$ 35.60
98		Teams Rooms Pro Licensing - 3 Years	\$ 360.00	1	\$ 360.00
	13 Jacksboro Satellite Site	Standard Room System Configuration includes:			\$ -
99		Poly Studio X52 All-In-One Video Bar With TC10 Controller	\$3,539.61	1	\$ 3,539.61
100		3Y POLY+ Studio X52 TC10 Warranty	\$ 747.00	1	\$ 747.00
101		QBC 43" 4K UHD COMMERCIAL LED DISPLAY	\$ 602.41	1	\$ 602.41
102		Tripp Lite Heavy-Duty Tilt Wall Mount for 26" to 70" Curved or Flat-Screen Displays	\$ 35.60	1	\$ 35.60
103		Teams Rooms Pro Licensing - 3 Years	\$ 360.00	1	\$ 360.00
		Video Infrastructure Configuration includes:			\$ -
104		Meraki MX68 Network Security/ Firewall/ Router Appliance	\$ 474.56	1	\$ 474.56

105		Meraki Advanced Security + 3 Years Enterprise Supp - Subscription License - 1 Security Appliance - 3 Year - MX68	\$ 778.40	1	\$ 778.40
Total Grant and Cash Match					\$ 334,792.00
Items being contributed as In-Kind Match (if applicable)					
Item #	Site Number & Name	Description	Unit Cost	Units	Extended Cost
1					\$ -
Total In-Kind Match					\$ -
A	Overall DLT Project Budget (Sum of Total Grant & Cash Match and Total In-Kind Match)				\$ 334,792.00
B	Less Proposed Cash Match (As documented on Match Calculation Worksheet)				\$ 43,669.00
C	Less In-Kind Match				
D	DLT Grant Request (A-B-C)				\$ 291,123.00
		Grant to Match % (minimum of 15% required)			15.00%

LOCAL GOVERNMENT ENTITY BOARD RESOLUTIONS

I, Gianna Harris do hereby certify that: I am the Executive Director of Helen Farabee Centers (hereinafter the "Agency"); that the following are true and correct copies of resolutions duly adopted by the Board of Trustees of the Agency at the regular meeting held on January 8, 2026, and entered in the minutes of the Agency; that the meeting was duly and regularly called and held in accordance with the bylaws of the Agency; and that none of the following resolutions have been rescinded or modified:

RESOLUTION

1. RESOLVED that Linda Poenitzsch, the Chief Financial Officer of the Agency, has the assigned Representative-Signature-Certifier security role on behalf of the Agency, who shall be responsible for providing signatures, authorizing certifications, entering/updating applications, submitting applications for consideration, and assigning access to new users in USDA's Online Application Intake System for Telecommunications Programs. If application(s) are awarded under these Programs, the Representative-Signature-Certifier security role on behalf of the Agency, shall also be responsible for authorizing certifications, entering/updating compliance reports, submitting compliance reports, and assigning access to new users in USDA's Online Financial Reporting and Compliance System.

2. RESOLVED that Michael Stephenson and Scott Reeves, of the Agency have the assigned Administrator security role on behalf of the Agency, who shall be responsible for assigning access to new users and entering/updating applications in USDA's Online Application Intake System for Telecommunications Programs. If applications are awarded under these Programs, the Administrator security role on behalf of the Agency, shall also be responsible for assigning access to new users and entering/updating compliance reports in USDA's Online Financial Reporting and Compliance System.

3. RESOLVED that the Representative-Signature-Certifier and Administrators for the Agency shall comply fully with all security procedures and policies of the Online Application Intake System for Telecommunications Programs and USDA's Online Financial Reporting and Compliance System.

I FURTHER CERTIFY THAT each member of the Agency's Board of Trustees was furnished with notice of said meeting in compliance with the bylaws of the Agency.

IN WITNESS WHEREOF I have hereunto set my hand and affixed the seal of the Agency this 8th day of January, 2026.

_____ .

Executive Director

_____ .

Board of Trustees Chair

5 RECOMMENDATIONS

C. CONTRACTS AND PLANS

2) QUALITY MANAGEMENT PLAN AND ATTACHMENTS

Page 1 of 2

RECOMMENDED ACTION: That the Board of Trustees approves the amended Quality Management Plan and amended attachment for FY 2026.

BACKGROUND INFORMATION: The Quality Management Plan has been in place for many years and an annual review/evaluation of the Plan is completed to ensure ongoing monitoring of our services.

Attachments include **H - Continuous Quality Improvement (CQI) Annual Projects**

Review and updates have been coordinated with the Associate Executive Director of Operations, the Director of Utilization and Quality Management, and the Quality Assurance Coordinator to comply with Texas-Certified Community Behavioral Health Clinic (T-CCBHC) requirements.

Under the section titled “QM Monitoring of Medical Services” revisions include:

- Chief Medical Officer endorses Continuous Quality Improvement plans and projects.
- Chief Medical Officer is a member of the Utilization Committee, Death Review Committee, Improvement and Oversight Committee, and Continuous Quality Improvement Committee.
- Chief Medical Officer ensures the quality of medical components of care to include integration of primary care.
- Chief Medical Officer authors and/or reviews all procedures related to clinical practices of prescribing providers.

Under “Annual Projects Attachment H”

Project # 3 Quality Measures

- Added: The Chief Medical Officer will review measures and outcomes for primary care issues.
- Staff Responsible: Added Chief Medical Director

Project # 4 Death Review

- Added: Process: The UM Reviewer is a member of HFC’s Safety Committee. During quarterly committee meeting the UM Reviewer reports any incidents or events that occurred during the quarter. The Safety Committee reviews the incident reports and will make recommendations if needed. The CQI Committee will revise procedures and update training based off the recommendations. The CQI Committee members will train staff during weekly staffing.

5 RECOMMENDATIONS**C. CONTRACTS AND PLANS****2) QUALITY MANAGEMENT PLAN AND ATTACHMENTS****Page 2 of 2**

If the death requires a review from the Death Review Committee, then a similar process occurs. The Director of UM/QM is a member of the Death Review Committee. Deaths requiring a review are assessed with the Chief Medical Officer and other appointed members to determine if there is a recommendation by the Chief Medical Officer or other committee members to revise procedures or update training. That information is relayed to the CQI Committee by the Director of UM/QM who then revises the procedures and the CQI Committee will train staff during weekly staffing.

Tools: Added Incident Reports

Staff Responsible: Added Chief Medical Officer

Project # 5 30-day hospital re-admission

- Added: Process: The Director of UM/QM tracks 30-day re-admissions. Each quarter, the CQI Committee discusses the information provided by the CARE database and other reports. If there are patterns or clients identified, those individuals are discussed to create a plan with the Continuity of Care Liaison. The Director of UM/QM also reports to the Improvement and Oversight Committee if there are issues noted on hospital readmission.
- Staff responsible: Added Continuity of Care Liaison and CQI Committee

SUPPORTING INFORMATION: In accordance with Texas Administrative Code, Title 26, Part 1, Chapter 301, Subchapter G, Division 2, Rule § 301.333as well as performance contracts, the QM Plan needs a review and approval by the Board of Trustees.

SPECIFIC REASONS WHY THESE ACTIONS ARE NECESSARY FOR THE CENTER:

- Guide the activities of the organizational quality management program.
- Establish processes for assessing the quality of services.
- Identify the standards against which performance is measured.
- Establish a cohesive and focused work plan that directs time, effort, and resources.

HELEN FARABEE CENTERS

Quality Management Plan Fiscal Year 2026



**Helen Farabee Centers Quality Management Plan including
Attachments:**

Approved by Gianna Harris, Executive Director **Date**

Approved by J. Brian Eby, Chair, Board of Trustees **Date**

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Program Specific Quality Management Plan Attachments:

- A Mental Health Services-Adults and Child & Adolescents
- B Archived- Home and Community based services-Adult Mental Health
- C Child/ Adolescent –Youth Empowerment Services (YES)
- D Intellectual and Developmentally Disabled Authority Services
- E Archived- Intellectual and Developmentally Disabled Provider Services
- F Substance Abuse Services
- G Evidenced-Based Practices and Fidelity Elements
- H CQI- Annual Projects
- I Early Childhood Intervention Services (ECI)
- J Subcontracting

Introduction/CQI

Helen Farabee Centers (Center) maintains an annual Quality Management (QM) Plan, which identifies the internal and external processes of our quality management program per Texas Administrative Code Title 26, Part 1, Chapter 301, Subchapter G, Division 2, Rule § 301.333- Quality Management. Additional requirements for the Quality Management Plan also exist for IDD Services, Substance Abuse Services, YES Waiver and Early Childhood Intervention Services.

The Center's Quality Management Plan addresses services provided by internal providers and contractors serving those individuals with Behavioral Health disorders (Mental Health and Substance Abuse disorders), Intellectual and Developmental Disabilities (IDD) and Early Childhood Intervention (ECI) services.

The QM activities, described in this plan, are supported by the principles of **Continuous Quality Improvement (CQI)**:

- *Commitment to quality leadership*
- *Building organizational culture*
- *Focusing on individual's recovery*
- *Most problems are found in processes, not in people*
- *Using a systematic approach*
- *Measuring processes with valid and reliable data*
- *Using feedback to improve processes*
- *Partnering with staff to improve quality*
- *Identifying defects in quality and tracing them to their source*
- *Improving coordination and collaboration between different functions in the organization*
- *Working closely with internal and external stakeholders*

The Center promotes these values to individuals, families, and other stakeholders in the provision of our services:

- *Person-centered* – the individual's needs will be at the core of all plans and services.
- *Respect* – the presence of respect to individuals, families, providers and staff.
- *Independence* –promoting the individual's personal and economic independence.
- *Choice* – individuals will have options for services and supports.
- *Self-determination* – individuals will direct their own lives.
- *Living well* – the individual's services and supports will promote health and well-being.
- *Trauma-informed care*- the treatment environment and communications will reflect an understanding, recognition, and response to all types of traumas.

Meeting minutes of the Board of Trustees approval will be on file.

- Contributing to the community – individuals are able to work, volunteer, and participate in local communities.
- Cultural awareness– individuals can interact effectively with people of different cultures.
- Diversity, Inclusion, & Equality– equality means making sure everyone can access the same opportunities, diversity means valuing the differences between people, and inclusion is a measure of how safe and welcome people feel.
- Flexibility – individual strengths and needs will guide our actions.
- Effective and efficient – individual’s needs will be met in a timely and cost-effective way.
- Collaboration – partnerships with families, communities, providers, and other federal, state and local organizations result in better services.

The purpose of the Quality Management Plan is to:

- Guide the activities of the organizational quality management (QM) program and services provided by the Quality Management staff.
- Identify the standards against which performance is measured.
- Establish a cohesive and focused work plan that directs time, effort, and resources.
- Communicate and coordinate significant changes in monitoring procedures with other departments.
- Establish process to review outcomes and implement changes to staffing, services, and availability that will improve the quality and timeliness of services.
- Improve patterns of care delivery in the reduction of emergency department use, rehospitalization, and repeated crisis episodes.
- Integration of mental health, substance use, and physical health services to adhere to a whole health model.

QM activities are initiated in the following ways:

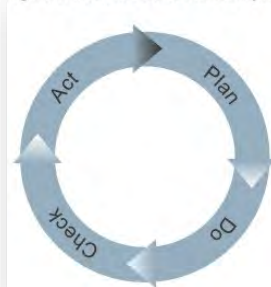
- On-going performance review activities to include the completion of fidelity reviews on identified evidence-based practices by qualified staff.
- Monitoring standards identified within relevant contracts.
- Locally selected performance improvement initiatives.
- Participating in audits conducted by external sources including any required corrective action plans.

In order to ensure the improvement of service delivery and Center practices, the Quality Management staff should offer or employ the following strategies to the employees of Helen Farabee Centers:

1. **Consultation** as it relates to compliance standards, performance measure on contracts and policy/procedures.

2. **Oversight of policy and procedures** within the organization to ensure that they are clear and relevant and direct processes and systems across the organization.
3. **Completion of monitoring and evaluation** activities as identified related to our processes to ensure appropriate services, competent staff, safe environment, and ensuring that corrective action plans are established. The monitoring and evaluation activities are internally directed reviews for purposes of performance improvement. **Closing the Loop:** Therefore, corrective action/ responses of these activities are requested through the Quality Action Management Plan process (QMAP) or as governed by a requested corrective action plan.
4. **Seeking stakeholder input/ satisfaction** as it relates to providing opportunities for individuals to provide feedback. This information is provided in a manner for which discussion and follow up can occur.
5. **Data entry/ Integrity** as it relates to identified data/measures being entered or tracked by the Quality Management staff.
6. **Ongoing assessment** or review of systems and processes of the organization as identified. The use of Plan, Do, Check, Act¹ is a recommended tool for quality improvement activities.

Figure 1: The Plan-Do-Check-Act Cycle



The four phases of this problem-solving model include Plan = recognize an opportunity and plan a change; Do = develop and test the change or potential solution; Check = review the test, analyze the results, and identify what you have learned; Act = take action, implementing the improved solution fully.

¹ <http://asq.org/learn-about-quality/project-planning-tools/overview/pdca-cycle.html>

QM staff will assist in encouraging the use of steps toward a Continuous Quality Improvement model of business:

- Use of a workgroup that has knowledge of the system needing improvement.
- Define the outcome desired.
- Understand the needs of the individual served by the process/ system.
- Identify and define measures of success toward the outcome.
- Brainstorm strategies for producing improvement.
- Plan, collect, and use data in decision-making.

On a routine basis, QM staff will provide objective feedback in terms of data, data analysis, patterns and trends related to areas monitored to leadership.

Committees/Staff Meetings

The structure of the Center's various committees, including the Board of Trustees, assists the leadership in effectively administering the primary functions/services of the organization. The committee structure includes representatives who speak on behalf of their assigned area for the purpose of information sharing, identification of issues/ concerns and to assist in any corrective actions that are required within the organization. Established committees at this time include Board of Trustees (BOT), Improvement and Oversight Committee (IOC), Expanded Improvement and Oversight Committee (Ex-IOC), Utilization Review Committee, Medical Staff Committee, Clinical and Environmental Safety Committee, Human Rights Committee, and Trauma Informed Care Team. A variety of staff meetings also occur, and QM staff may attend at the request of the Department Head/ Program Manager for consultation.

Quality Management Infrastructure

The Center works with individuals, families, and other stakeholders to ensure quality management activities address issues identified in the Quality Management Infrastructure. The domains of our Center's infrastructure include:

Board of Trustees
<ul style="list-style-type: none">• Board of Trustees receives formal training to clarify their roles and responsibilities.• Board members receive formal training regarding all the services delivered by the Center.• Board members receive formal training regarding the populations served by the Center.

Meeting minutes of the Board of Trustees approval will be on file.
Page 7 of 14

- Board members have a responsibility to perform a performance evaluation(s) of the Executive Director.
- Board members approve policy statements of the Center.
- Board members receive regular reports about the operations and community involvement of the Center provided to them by the Executive Team-Improvement and Oversight Committee – (IOC) of the Center.

QM Monitoring of the Board of Trustees

- Board members receive required training.
- Board members receive Policy Statements for annual review and approval.
- Board members receive budget/ budget issues for review and approval.
- Board members receive additional information on business operations for endorsement and recommendations.

Center Leadership

- The Executive Team meets regularly with the Board of Trustees in order to apprise them of the Center’s budget, operations, external audits, etc.
- The Executive team is responsible for maintaining a safe and healthy environment.
- The Executive Team is responsible for maintaining financially sound business practices.
- The Executive Team is responsible for the development of and maintaining organizational plans such as Emergency Management Plan, Accessibility Plan, Cultural Plan, Strategic Plan, Staffing Plan, Training Plan, Quality Management Plan and Utilization Management Plan.
- The Executive Team is responsible for ensuring all aspects of performance contracts and statements of work.
- The Executive Team is responsible for the development of and maintaining center specific procedures.
- The Executive Team is responsible to ensure on going monitoring and corrective actions as appropriate in relation to their quality management activities.
- The Executive Team is responsible to ensure the use and adherence to the governing documents for service provision and compliance requirements in the State of Texas and Helen Farabee Centers:
 - Code of Federal Regulations (CFR) including Health Information Portability and Accountability Act
 - Texas Administrative Code (TAC)
 - Texas Health and Safety Code
 - Performance Contracts and Statements of Work

<ul style="list-style-type: none"> ➤ Criteria of the Certified Community Behavioral Health Clinic (CCBHC) ➤ Memoranda of Understanding ➤ Memoranda of Agreement ➤ Care Coordination Agreements • Policy and Procedures • The Executive Team is responsible to ensure data integrity processes. Such as Mental Retardation and Behavioral Health Outpatient Data Warehouse (MBOW); Clinical Management Behavior Health System (CMBHS); electronic medical record, human resource/payroll system Pay Com; CARE, Texas Medicaid and Healthcare Partnership (TMHP) and any required data portals used at the Center. • The Executive Team is responsible for ensuring appointed committees in accordance with established requirements. <ul style="list-style-type: none"> ➤ Improvement and Oversight Committee (IOC) ➤ Expanded Improvement and Oversight Committee (Ex-IOC) ➤ Medical Staff Committee ➤ Utilization Review Committee ➤ Planning and Network Advisory Committee ➤ Human Rights Committee ➤ Clinical and Environmental Safety Committee ➤ Trauma Informed Care Team
QM Monitoring of the Center's Leadership
<ul style="list-style-type: none"> • Executive Team routinely monitors center activities and implement performance improvement activities as identified. • Executive Team ensures the annual review and revision of policies and procedures. • Executive Team ensures the annual review and revisions of required Plans. • Executive Team ensures ongoing monitoring/ reporting on performance contracts. • Executive Team ensures full cooperation with external audits and compliance with corrective action plans. • Executive Team ensures the adherence to the CCBHC criteria. • Executive Team ensures a trauma-informed care environment.

Services offered to Individuals- (Mental Health, Intellectual and Developmentally Disabilities -IDD, Substance Abuse and Early Childhood Intervention)
Individuals served of Helen Farabee Centers are provided or offered:

- Person-centered/family-centered services.
- Services that are culturally sensitive.
- Communications maintained and in compliance with HIPAA regulations.
- Immediate and appropriate crisis intervention services; or referral to an appropriate provider.
- Assessment in a timely manner for appropriate services.
- Timely and appropriate access to services.
- Evidence-based services as available.
- Necessary medical screenings/ interventions as identified.
- Age-appropriate services.
- Collaboration of clinical staff as appropriate.
- Continuity of care services if hospitalized or incarcerated.
- Their rights and opportunity to grieve or appeal treatment decisions.
- A safe and healthy environment for treatment services.
- Services as defined by the performance contracts or statement of work.
- Opportunities to work with Certified Peer Support Specialists, Recovery Coaches, and Certified Family Partners as appropriate.
- Opportunities to work with a Certified Veterans Peer Coordinator as appropriate.

QM Monitoring of Services

Service provision is ensured by the Center Managers/ Department heads for:

- Use of person-centered, family-centered recovery planning.
- Any violations of HIPAA regulations.
- The completeness and confidentiality of an individual's medical record.
- Use of fidelity on identified evidence-based treatments.
- Use of appropriate prescribing practices.
- For completion of rights, confidentiality and privacy requirements.
- Use of culturally sensitive services and communication.
- Focus on populations experiencing health disparities.

Medical Services

Services include:

- Psychiatric Evaluations and ongoing follow up.
- Screening and referral services for designed health care conditions (i.e., A1C lab for diabetes screening, blood pressure readings, body mass index scores, vital signs).
- Integrate primary care with care coordination for untreated medical conditions.
- Self-administration of medications assessment (SAM)
- Medication reconciliation
- Medication management/education.

Meeting minutes of the Board of Trustees approval will be on file.

<ul style="list-style-type: none"> • Informed consent related to medication management. • A clean environment and clear practices to reduce the spread of infections.
QM Monitoring of Medical Services
<ul style="list-style-type: none"> • Chief Medical Officer ensures appropriate clinical practices of our prescribing providers. • Chief Medical Officer endorses Continuous Quality Improvement plans and projects. • Chief Medical Officer is a member of the Utilization Committee, Death Review Committee, Improvement and Oversight Committee, and Continuous Quality Improvement Committee. • Chief Medical Officer ensures the quality of medical components of care to include integration of primary care. • Chief Medical Officer authors and/or reviews all procedures related to clinical practices of prescribing providers. • Director of Nursing ensures appropriate nursing practices of our licensed nurses and medical assistants. • Infection Control Coordinator ensures development and revision of the Infection Control Plan to include oversight of the Infection Control Program. • Infection Control Coordinator monitors infectious conditions of individuals served/ staff and ensure appropriate follow up.

Client Rights
<ul style="list-style-type: none"> • Center affords all individuals served the rights provided to them through the Texas Administrative Code and local policy and procedure. • Follow up on any complaints related to one's rights being violated or associated concerns. • Follow up on any reports of abuse, neglect and/or exploitation in accordance with Texas Administrative Code and the Department of Family Protection Services (DFPS).
QM Monitoring of Client Rights
<ul style="list-style-type: none"> • Director of Client Rights performs internal QM reviews on: <ul style="list-style-type: none"> ➤ A mechanism to improve individual's rights protection processes. ➤ A mechanism to measure, assess, and reduce incidents or abuse, neglect and exploitation. ➤ A mechanism to track and address grievances reported.

Clinical Accountability
<ul style="list-style-type: none"> • Services reviewed for appropriate utilization of services. • Services reviewed for quality of services, along with timeliness of documentation.

<ul style="list-style-type: none"> Center ensures clinical staff are appropriately trained to clinical practices and credentialed for the provision of services.
QM Monitoring of Clinical Accountability
<ul style="list-style-type: none"> Director of Utilization and Quality Management will establish needed monitoring practices and reports based on the needs of the organization. Director of Utilization and Quality Management will monitor CCBHC measures and report findings to oversight committees.

Safety and Risk Management Activities
<ul style="list-style-type: none"> Center maintains facilities as required by local, state, and federal requirements regarding individual health and safety. Center maintains appropriate licenses for facilities. Center maintains compliance with applicable Health and Safety rules and standards. Center maintains policies and procedures related to emergency management, safety practices, safe environment, and the safety disposal of bio-hazardous waste as applicable.
QM Monitoring of Safety and Risk Management
<p>Director of Risk Management and Safety Officer performs internal QM reviews on:</p> <ul style="list-style-type: none"> Available and accuracy of documentation related to critical incidents/unsafe conditions. Ensure completion of monthly Center environmental inspections. Ensure completion of required evacuation drills. Ensure completion of annual fire extinguisher reviews and Fire Marshall visits.

Community Services
<ul style="list-style-type: none"> Center will actively involve individuals served and family members in planning activities (Consolidated Local Service Plan and Local Network Development Plan). Center will assess community needs and resources. Center will participate in community coalitions. Center will collaborate with legislative resources. Center will seek input on satisfaction with services provided. Center will develop and maintain formal agreements between service providers, as needed.
QM Monitoring of Community Services
<p>Director of Community and Client Support (CCS) performs internal QM reviews on:</p> <ul style="list-style-type: none"> Documentation of community activities through social media. Individuals served involvement in community planning activities.

- Compliance with requirements for formal agreements between service providers (e.g., volunteers, interns).
- Scheduling and coordinating activities for the Planning and Network Advisory Committee (PNAC).

Human Resources

- Center ensures legal and appropriate hiring practices.
- Center ensures proper background screening is conducted prior to hiring.
- Center ensures proper licenses/ certifications are verified by way of the Primary Source for this information-initially and prior to expiration.
- Center maintains policies and procedures on personnel requirements.
- Center ensures that staff training, and development is conducted on any changes to service delivery rules or contract requirements.
- Center maintains appropriate documentation of new employee orientation-training, annual refresher training, as needed training such as evidence-based practices, along with competency tested.

QM Monitoring of Human Resources

Director of Human Resources performs internal QM reviews on:

- Credentials/Licensure
- Position Descriptions
- Performance Evaluations
- Staff Training
- Employee Injuries and associated costs

Financial Processes

- Center ensures fiscal accounting and business processes within local policy and procedures.
- Center ensures accurate billing practices that ensure department funds are used as a last resort.
- Center ensures we follow the instructions/ guidelines of the Uniform Grant Management Standards, Office of Management and Budget, circulars, local and state requirements as appropriate.
- Center ensures routine financial reports to the Board of Trustees.
- Center ensures that any financial activities conducted, on behalf of individuals served, will be monitored routinely.
- Center ensures compliance with the Texas Administrative Code on financial requirements.

QM Monitoring of Financial Processes

Meeting minutes of the Board of Trustees approval will be on file.

Under the direction of the Chief Financial Officer, the department ensures a variety of checks and balances through:

- Reconciliations
- Reporting
- External Audits
- Other internal processes

Information Services

- Center ensures upkeep of center technology/ equipment.
- Center ensures security guidelines as it relates to electronic equipment: phone system, cell phones, projectors, printers, faxes, Xerox machines, desktop and laptop computers.
- Center provides education and guidance to staff related to responsibilities of assigned equipment.
- Center provides “help-desk” services by way of email contact @Helpdesk or phone contact.
- Center ensures the electronic medical record that is designed to meet collection of required measures, standards of practices and is functional for the clinical staff’s use.

QM Monitoring of Information Services

- Director of Information Services performs internal QM activities on
 - Issues surrounding the center technology/ equipment.
 - Issues surrounding the electronic medical record.
 - Issues surrounding virus protection or scams.

Role and Responsibilities of Quality Management Staff

It is the responsibility of the Quality Management staff, unless otherwise designated, to measure, assess and improve the accuracy of data from across Center departments. Continual analysis of internal processes, outcomes, and external forces provides the Center with valuable information that guides the development and redevelopment of Quality Management, service delivery systems, and business practices.

Annual Evaluation of Quality Management Plan

On an annual basis, an evaluation/review of the Helen Farabee Centers Quality Management Plan will be completed in order to identify any additions, deletions, or changes needed to the plan.

FY 2026 QM Plan for Continuous Quality Improvement (CQI)

Annual Projects Attachment H

Project # 1	Literacy
Activity Description:	<ul style="list-style-type: none"> The Quality Management department will identify community literacy level and HFC forms, documents, or signage related to accessing services. Perform SMOG literacy test on forms, documents, and signs identified. Rewrite documents that score above the community literacy level.
Tools:	SMOG literacy tool
Staff Responsible	Utilization and Quality Management Departments
Frequency:	Annual
Target:	Forms, documents, or signs related to accessing services will undergo the SMOG literacy test. At the end of the year, at least 10 documents will have lower literacy versions.

Project # 2	Increase Skills Training Services
Activity Description:	<ul style="list-style-type: none"> UM/ QM will address skills training with staff on how to improve client buy-in and expectations. Quarterly skills training refreshers for staff members. Study indirect benefits of skills to improve buy-in from staff and clients. Encourage clients to engage in skills training before participating in CPT counseling. Monitor skills training hours compared to direct time.
Tools:	EBP and Approved curricula; Client Billed Services reporting; Counseling tracking spreadsheet; PDSA worksheet
Staff Responsible	Quality and Utilization Management team; MH trainers; Associate Executive Director; management team
Frequency:	Monthly, quarterly, and annual tracking
Target:	Increase skills training to 30% of case manager direct time.

Project # 3	Quality Measures
Activity Description:	<p>Helen Farabee Centers will participate in HHSC data and evaluation activities as outlined in the T-CCBHC Quality Measure Workbook.</p> <ul style="list-style-type: none"> Time to Services (I-Serv) Depression Remission at six months (DEP-REM-6) Preventive Care Screening: Unhealthy Alcohol Use: Screening and Brief Counseling (ASC). Screening for Social Drivers of Health (SDOH) Controlling High Blood Pressure (CBP-AD) Follow-Up after Hospitalization for Mental Illness (FUH). <p>The CQI committee will review outcomes for trends and patterns to ensure the center is meeting quality goals and objectives.</p> <p>The Chief Medical Officer will review measures and outcomes for primary care issues.</p>

August 2025- Attachment H- CQI Annual Projects

Tools:	T-CCBHC criterion and Quality Measure Workbook
Staff Responsible:	Quality Management Team and Chief Medical Officer
Frequency:	Annual
Target:	100% of above data points are able to be produced for reporting.

Project # 4	Death Review
Activity Description:	<p>The Director of Utilization and Quality Management will review significant events such as deaths in accordance with Procedure 800.2.2- Reporting a Death of a Mental Health Person Served and 800.2.2.1- Death Review Process-All Services</p> <p>Process:</p> <p>The UM Reviewer is a member of HFC's Safety Committee. During quarterly committee meeting the UM Reviewer reports any incidents or events that occurred during the quarter. The Safety Committee reviews the incident reports and will make recommendations if needed. The UM Reviewer then informs the CQI Committee of the recommendations. The CQI Committee will revise procedures and update training based off the recommendations. The CQI Committee members will train staff during weekly staffing.</p> <p>If the death requires a review from the Death Review Committee, then a similar process occurs. The Director of UM/QM is a member of the Death Review Committee. Deaths requiring review are assessed with the Chief Medical Officer and other appointed members to determine . If there is a recommendation by the Chief Medical Office or other committee members to revise procedures or update training, that information is relayed to the CQI Committee by the Director of UM/ QM who then revises the procedures and the CQI Committee will train staff during weekly staffing.</p> <p>Significant events can be defined as:</p> <ul style="list-style-type: none"> • Suicide or suicide attempts • Fatal or non-fatal overdose • Any Death of a person receiving services
Tools:	Incident Reports (HFC Form #25-Report of Death of a Person Served) 8490 HHSC -Report of Death, 8492-Preliminary Review.
Staff Responsible:	Members of the Safety Committee, Members of the CQI Committee, Members of the Death Review Committee, Director of Utilization and Quality Management, and Chief Medical Officer.
Frequency	Review Quarterly
Target:	100% of known deaths will be reviewed in accordance with Procedure.

Project # 5	30-Day hospital re-admission
Activity Description:	<p>The Director of Utilization and Quality Management will review significant events such as 30-day hospital readmissions for psychiatric or substance use reason.</p> <p>Process:</p> <p>The Director of UM/QM tracks 30 day re-admissions. Each quarter, the CQI Committee discusses the information provided by the CARE database and other reports. If there are patterns or clients identified, those individuals are discussed to create a plan with the Continuity of Care Liaison.</p>

	The Director of UM/ QM also reports to the Improvement and Oversight Committee if there are issues noted on hospital readmission.
Tools:	CARE database, 292-Report, Target Report
Staff Responsible:	Director of Utilization and Quality Management will report to the Improvement and Oversight Committee, Continuity of Care Liaison, and CQI Committee
Frequency	Review Quarterly
Target:	100% of rehospitalizations within 30 days will be reviewed and reported.

5 RECOMMENDATIONS

E. POLICIES AND PROCEDURES

1) POLICY STATEMENT SUMMARY

Page 1 of 1

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

- 100.1 Board of Trustees Policy Statement – Revisions – # 9 and # 10 are new to meet CCBHC requirements
- 400 Substance Abuse Services Policy Statement – Updated Texas Administrative Code (TAC)
- 600 Information Systems Policy Statement – MIS – No Revisions
- 900.3 Behavioral Health Services – Adult – Policy Statement – Added Guidelines in handling requests from individuals served as it relates to benefits eligibility, community assistance with food stamps, Section 8 housing, etc.
- 900 Child and Adolescent Services Policy Statement – Revision – changed “child and adolescents” to “youth/s”
- 900.2 Continuity of Care Policy Statement – Revision - # 2 change to reflect continuity of care and compliance with Not Guilty by Reason of Insanity (NGRI) Outpatient Court Commitments, Procedure 900.2.4.
- 900.10 Transition Home Policy Statement – Revision – Changed name from Hospital Transition Pilot Program (HTPP) to State Hospital Step Down Program (SHSDP)

RECOMMENDED ACTION: The Board of Trustees review and approve the Procedures.

- 100.1.1 Policy and Procedure Manual – No Revisions
- 100.1.2 Organizational Structure – Revisions – Updated Texas Administrative Code (TAC); Section # 2.12.1. is new to meet CCBHC requirement; # 8.3.2 changed to read “Any Board of Trustee member who attends less than four (4) of the six (6) regularly scheduled Board of Trustees meetings shall be reported to the appropriate appointing agency for appropriate review and possible removal.
- 100.1.3 Public Information – No Revisions
- 100.1.4 Open Meetings – No Revisions
- 100.1.5 Conflict of Interest – No Revisions
- 100.1.6 Executive Director – No Revisions
- 100.1.7 Accessing the Board of Trustees – No Revisions
- 100.1.9 Sheriff Ex-Officio Board Members – No Revisions
- 100.1.10 Board Travel – No Revisions

HELEN FARABEE CENTERS	
ADMINISTRATIVE SERVICES POLICY 100.1	
SECTION: BOARD OF TRUSTEES	
SUBJECT: POLICY STATEMENT	Page 1 of 2
EFFECTIVE: 1/8/2026	ORIGINAL: 06/22/82
REVIEWED BY: <div style="border-bottom: 1px solid black; display: inline-block; width: 100%;"> Cara Mullenix </div> Cara Mullenix-Artigue Director of Utilization & Quality Management	APPROVED BY: <div style="border-bottom: 1px solid black; display: inline-block; width: 100%;"> Gianna Harris </div> Gianna Harris Executive Director
	CONCURRED:
	<div style="border-bottom: 1px solid black; display: inline-block; width: 100%;"> J. Brian Eby </div> J. Brian Eby Chair, Board of Trustees

POLICY:

1. It is the policy of the Board of Trustees:
 - 1.1 To provide guidelines to announce policies, assign responsibilities, direct actions and prescribe procedures accomplished through the maintenance of Policy and Procedure Manuals.
 - 1.2 To review and approve the structure of the Board of Trustees and procedures for the conduct of Board of Trustee affairs.
 - 1.3 That records containing public information shall be made available according to Government Code Title 5, Subtitle A, Chapter 552.
 - 1.4 To conduct its meetings in accordance with Government Code Title 5, Subtitle A, Chapter 551.
 - 1.5 That no Board of Trustees member or Helen Farabee Centers' employee shall have any interest, financial or otherwise, direct or indirect, or engage in any business transaction or professional activity or incur any obligation of any nature which conflicts with the proper discharge of duty.
 - 1.6 That the Executive Director be appointed by the Board of Trustees in accordance with the Texas Administrative Code Title 22, Part 22, Chapter 507, Rule §507.1 and the Performance Contracts.

HELEN FARABEE CENTERS	
ADMINISTRATIVE SERVICES POLICY 100.1	
SECTION: BOARD OF TRUSTEES	
SUBJECT: POLICY STATEMENT	Page 2 of 2

- 1.7 That there be written procedures for any staff member, individual or organization to access the Board of Trustees at their meetings.
- 1.8 That the Planning and Network Advisory Committee shall be appointed and function in accordance with written procedures.
- 1.9 That the Planning and Network Advisory Committee shall relay information to the Board of Trustees via a Planning and Network Advisory Committee liaison.
- 1.10 That the Board of Trustees shall relay information to the Planning and Network Advisory Committee via a Planning and Network Advisory Committee liaison.
- 1.11 That the administration of its funds and the investment of those funds shall be handled in accordance with written procedures and shall be reviewed annually.

Signature: *Cara Mullenix*

Email: mullenixc@helenfarabee.org

Signature: *Gianna Harris*
Gianna Harris (Dec 18, 2025 10:20:34 CST)

Email: harrisg@helenfarabee.org









100.1 Board of Trustees Policy Statement

Final Audit Report

2025-12-18

Created:	2025-12-17
By:	Cara Mullenix (mullenixc@helenfarabee.org)
Status:	Signed
Transaction ID:	CBJCH8CAABAA1vZk__yCuNKS0em-L4gU45aFwcMf8iNS

"100.1 Board of Trustees Policy Statement" History

-  Document created by Cara Mullenix (mullenixc@helenfarabee.org)
2025-12-17 - 5:25:49 PM GMT
-  Document emailed to Cara Mullenix (mullenixc@helenfarabee.org) for signature
2025-12-17 - 5:25:52 PM GMT
-  Email viewed by Cara Mullenix (mullenixc@helenfarabee.org)
2025-12-17 - 5:26:11 PM GMT
-  Document e-signed by Cara Mullenix (mullenixc@helenfarabee.org)
Signature Date: 2025-12-17 - 5:26:22 PM GMT - Time Source: server
-  Document emailed to Gianna Harris (harrisg@helenfarabee.org) for signature
2025-12-17 - 5:26:23 PM GMT
-  Email viewed by Gianna Harris (harrisg@helenfarabee.org)
2025-12-18 - 4:20:18 PM GMT
-  Document e-signed by Gianna Harris (harrisg@helenfarabee.org)
Signature Date: 2025-12-18 - 4:20:34 PM GMT - Time Source: server
-  Agreement completed.
2025-12-18 - 4:20:34 PM GMT



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HELEN FARABEE CENTERS	
ADMINISTRATION PROCEDURE 100.1.1	
SECTION: BOARD OF TRUSTEES	
SUBJECT: POLICY AND PROCEDURE MANUAL	Page 1 of 3

EFFECTIVE: 1/8/2026	ORIGINAL: 06/22/82
REVIEWED BY: _____ Cara Mullenix Cara Mullenix-Artigue Director of Utilization and Quality Management	APPROVED BY: _____ Gianna Harris Gianna Harris Executive Director
	CONCURRED: _____ J. Brian Eby Chair, Board of Trustees

PROCEDURE:

1. According to the Texas Administrative Code Title 26, Part 1, Chapter 301, Subchapter G, Division 2, Rule §301.321 Helen Farabee Centers (HFC) must implement organizational plans, systems, policies, and procedures to ensure there are mechanisms in place to facilitate effective communication throughout the organization to promote the provision of quality mental health community services.
2. Policies will be approved by the Board of Trustees and reviewed at least annually and revised as needed.
3. Procedures will be approved by the Executive Director and reviewed at least annually and revised as needed.
4. The Policy and Procedure Manual shall be used to:
 - 4.1 Implement the policies of the Board of Trustees and other regulatory authorities.
 - 4.2 Establish and disseminate the policies and authority of the Executive Director and other management staff, and
 - 4.3 Define and delineate functions and assign responsibilities within the various programs.

HELEN FARABEE CENTERS	
ADMINISTRATION PROCEDURE 100.1.1	
SECTION: BOARD OF TRUSTEES	
SUBJECT: POLICY AND PROCEDURE MANUAL	Page 2 of 3

5. Responsibilities:

- 5.1 It is the responsibility of the Board of Trustees to establish an effective system for communicating its' policies to the staff.
- 5.2 It is the responsibility of the Executive Director to:
 - 5.2.1 Keep the Policy and Procedures and Texas Administrative Codes current,
 - 5.2.2 Ensure the distribution of the Policies, Procedures, and Texas Administrative Codes throughout the organization,
 - 5.2.3 Make available upon request to the Board of Trustees members, advisory committee members, and the public,
 - 5.2.4 Schedule policy matters and policy administration review with the Board of Trustees chair,
 - 5.2.5 Review and edit formal staff documents for the Board of Trustees consideration and assessment,
 - 5.2.6 Furnish information to the Board of Trustees on the subject under consideration, and
 - 5.2.7 Modify policy recommendations, as appropriate, in response to the Board of Trustees suggestion.

6. Distribution

- 6.1 Within ten (10) days of all signatures being obtained the Director of Utilization and Quality Management or the Quality Assurance Coordinator will:
 - 6.1.1 Ensure a copy of the Policy Statement and/or the Procedure is placed in the Policy and Procedures Shared folder.
[\\hfc-domain\storage\Policy and Procedures](#)
 - 6.1.2 Email all HFC staff through the global distribution email group advising of and changes made to the Policy Statement and/or Procedure.
 - 6.1.3 Maintain signed copies are kept electronically in the Policy and Procedure Shared folder.

HELEN FARABEE CENTERS	
ADMINISTRATION PROCEDURE 100.1.1	
SECTION: BOARD OF TRUSTEES	
SUBJECT: POLICY AND PROCEDURE MANUAL	Page 3 of 3

7. The retention period for Policy Statements and Procedures will be:
 - 7.1 The policy and procedures will remain on file for a total of seven (7) years in accordance with performance contract(s).
 - 7.2 There may be circumstances that dictate a longer retention period base on such elements of:
 - 7.2.1 Audit requirements.
 - 7.2.2 Administrative proceedings.
 - 7.2.3 Litigations or
 - 7.2.4 If administrative decisions are made to keep for historical purposes.

Signature: *Cara Mullnix*

Email: mullenixc@helenfarabee.org

Signature: *Gianna Harris*
Gianna Harris (Dec 15, 2025 09:51:26 CST)

Email: harrisg@helenfarabee.org






100.1.1 Board of Trustees Policy and Procedure Manual

Final Audit Report

2025-12-15

Created:	2025-12-14
By:	Cara Mullenix (mullenixc@helenfarabee.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAAvpu-nXl1i0qn0gqQJyBycK1AZZnHW4PX

"100.1.1 Board of Trustees Policy and Procedure Manual" History

-  Document created by Cara Mullenix (mullenixc@helenfarabee.org)
2025-12-14 - 10:18:29 PM GMT
-  Document emailed to Cara Mullenix (mullenixc@helenfarabee.org) for signature
2025-12-14 - 10:18:32 PM GMT
-  Email viewed by Cara Mullenix (mullenixc@helenfarabee.org)
2025-12-14 - 10:19:05 PM GMT
-  Document e-signed by Cara Mullenix (mullenixc@helenfarabee.org)
Signature Date: 2025-12-14 - 10:19:16 PM GMT - Time Source: server
-  Document emailed to Gianna Harris (harrisg@helenfarabee.org) for signature
2025-12-14 - 10:19:17 PM GMT
-  Email viewed by Gianna Harris (harrisg@helenfarabee.org)
2025-12-15 - 3:51:00 PM GMT
-  Document e-signed by Gianna Harris (harrisg@helenfarabee.org)
Signature Date: 2025-12-15 - 3:51:26 PM GMT - Time Source: server
-  Agreement completed.
2025-12-15 - 3:51:26 PM GMT

HELEN FARABEE CENTERS	
ADMINISTRATION PROCEDURE 100.1.2	
SECTION: BOARD OF TRUSTEES	
SUBJECT: ORGANIZATIONAL STRUCTURE	Page 1 of 13

EFFECTIVE: 1/8/2026	ORIGINAL: 02/01/87
REVIEWED BY: Cara Mullenix Cara Mullenix-Artigue Director of Utilization & Quality Management	APPROVED BY: Gianna Harris Gianna Harris Executive Director
	CONCURRED: J. Brian Eby Chair, Board of Trustees

PROCEDURE:

1. According to the Texas Health and Safety Code, Title 7, Chapter 534, Subchapter A, Section 534.008 and Texas Administrative Code Title 26, Part 1, Chapter 300, Subchapter A, Rule §300.15 Helen Farabee Centers will have a governing body, Board of Trustees, that is legally responsible for the integrity of the fiscal and programmatic management of the organization.
 - 1.1 The Board of Trustees will be a distinct business entity with legal authority to operate in the state of Texas.
 - 1.2 Staff members, including the Executive Director, will not serve on the Board of Trustees.
2. The Board of Trustees will:
 - 2.1 Appoint an Executive Director to manage the day-to-day operations of the organization and ensure the organization has the programmatic, managerial, and financial capability to ensure proper planning, management, and delivery of funded services.
 - 2.2 Establish codes of conduct for the governing body.
 - 2.3 Approve program descriptions and policies.

HELEN FARABEE CENTERS	
ADMINISTRATION PROCEDURE 100.1.2	
SECTION: BOARD OF TRUSTEES	
SUBJECT: ORGANIZATIONAL STRUCTURE	Page 2 of 13

- 2.4 Set up and maintain effective systems from planning, budgeting, and managing all resources.
- 2.5 Review and approve an annual budget.
- 2.6 Ensure compliance with all applicable laws, rules, and Texas Health and Human Services Commission (HHCS) requirements.
- 2.7 Ensure professional and ethical operations.
- 2.8 Ensure timely correction of identified organizational, fiscal, and program deficiencies.
- 2.9 Have meetings scheduled every other month, but not less than once per quarter.
- 2.10 Maintain minutes that include:
 - 2.10.1 Date, time, place of the meeting,
 - 2.10.2 Names of members present and absent, and
 - 2.10.3 A summary of the discussion and action taken.
- 2.11 Allow the Chair the right to make motions and to speak in debate; but refrain from voting except when the vote is by ballot or whenever the vote will affect the results such as in the case of a tie; or to create a tie to cause the motion to fail.
- 2.12 Provide all members with information and training on the responsibilities and liabilities of the Board of Trustees and its individual members; and
- 2.13 Ensure that all members are familiar with Helen Farabee Centers' target population and sensitive to the needs of the different cultures represented.
- 3. The Board of Trustees functions in a policy making accessing role.
 - 3.1 Authority to establish policy rests with the full Board of Trustees unless otherwise delegated to the Executive Director.

HELEN FARABEE CENTERS	
ADMINISTRATION PROCEDURE 100.1.2	
SECTION: BOARD OF TRUSTEES	
SUBJECT: ORGANIZATIONAL STRUCTURE	Page 3 of 13

- 3.1.1 Such delegations will be in writing and included in the Policy Manual.
 - 3.2 All policy action taken by the full Board of Trustees will be in response to written proposals.
4. The Board of Trustees will function as a committee of the whole.
5. Per Interlocal Agreement, available in Public Folder/All Public Folders/Board of Trustees/Forms/Interlocal Agreement (Attachment A) the composition of the Board of Trustees shall consist of nine members appointed to their assigned places by the Commissioners' Courts and the City of Wichita Falls. The members shall serve two-year terms commencing September 1 and terminating August 31 or until a successor is appointed.
 - 5.1 Place 1 appointed by Archer, Clay, and Montague Counties.
 - 5.2 Place 2 appointed by Jack and Wise Counties.
 - 5.3 Place 3 appointed by Throckmorton and Young Counties.
 - 5.4 Place 4 appointed by Baylor, Haskell, and Knox Counties.
 - 5.5 Place 5 appointed by Cottle, Dickens, King, and Stonewall Counties.
 - 5.6 Place 6 appointed by Childress, Foard, Hardeman, and Wilbarger Counties.
 - 5.7 Place 7 appointed by Wichita County.
 - 5.8 Place 8 appointed by the City of Wichita Falls.
 - 5.9 Place 9 appointed by the City of Wichita Falls.
6. According to the Health and Safety Code Title 7, Subtitle A, Chapter 534, Subchapter A, Section 534.004, appointments to the Board of Trustees shall:
 - 6.1 Attempt to reflect the ethnic and geographic diversity of the region served.

HELEN FARABEE CENTERS	
ADMINISTRATION PROCEDURE 100.1.2	
SECTION: BOARD OF TRUSTEES	
SUBJECT: ORGANIZATIONAL STRUCTURE	Page 4 of 13

- 6.2 Include one or more person otherwise qualified under this chapter who are consumers, or family members of consumers, of the types of services the center provides; and
- 6.3 Be made in accordance with the eligibility criteria and membership procedures set forth in Attachment A To Interlocal Agreement Helen Farabee Regional MHMR Centers Eligibility Criteria and Membership Procedures, available in Public Folder/All Public Folders/Board of Trustees/Forms/Attachment A to Interlocal Agreement (Attachment B).
- 7. According to the Health and Safety Code Title 7, Subtitle A, Chapter 534, Subchapter A, Section 534.003, and Section 534.0065, to be considered to qualify and to remain as a member of the Board of Trustees the following eligibility criteria must be met:
 - 7.1 To be considered as a potential appointee, each individual must:
 - 7.1.1 Be a qualified voter whose primary residence is in the region served by that Place; and
 - 7.1.2 Meet eligibility qualifications prohibiting appointment if the individual or individual's spouse:
 - 7.1.2.1 Owns or controls, directly or indirectly, more than ten percent interest in a business entity or organization receiving funds from the Helen Farabee Centers by contract or other method; or
 - 7.1.2.2 Uses or receives a substantial amount of tangible goods or funds from the Helen Farabee Centers, other than compensation or reimbursement authorized by law for Board of Trustees membership, attendance, or expenses; or as a consumer or family member of a consumer receiving services from Helen Farabee Centers.
 - 7.2 To be qualified as a Trustee, each appointee shall:

HELEN FARABEE CENTERS	
ADMINISTRATION PROCEDURE 100.1.2	
SECTION: BOARD OF TRUSTEES	
SUBJECT: ORGANIZATIONAL STRUCTURE	Page 5 of 13

7.2.1 Complete an Application for Appointment, available in Public Folder/All Public Folders/Board of Trustees/Forms/Application for Appointment (Attachment C).

7.2.2 Complete a Conflict-of-Interest Questionnaire, available in Public Folder/All Public Folders/Board of Trustees/Forms/Conflict of Interest Questionnaire (Attachment D).

7.2.3 According to Health and Safety Code Title 7, Subtitle A, Chapter 534, Subchapter A, Section 534.006, attend appropriate pre-assumption of office training documented on the Required Pre-Service Board of Trustee Training, available in Public Folder/All Public Folders/Board of Trustees/Forms/Required Pre-Service Board of Trustee Training (Attachment E) that includes:

7.2.3.1 The roles and functions of the Board of Trustees.

7.2.3.2 Enabling legislation that created the community center.

7.2.3.3 Applicable state and federal laws, rules, standards, and regulations.

7.2.3.4 The importance of local planning and the role of the Board of Trustees, Planning and Network Advisory Committee, staff, and other local service organizations in developing the Local Plan.

7.2.3.5 Current philosophies and program principles upon which service delivery systems are founded.

7.2.3.6 Information about the service and support needs of people with mental illness and intellectual or developmental disability, and the condition or surroundings in which those services and supports may be delivered.

HELEN FARABEE CENTERS	
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- 7.2.3.7 An overview of mental illness, intellectual and developmental disability, and related conditions.
- 7.2.3.8 An overview of the current state Mental Health and Intellectual and Developmental Disability service delivery system.
- 7.2.3.9 Any Ethics Policies adopted.
- 7.2.3.10 Budget for the current fiscal year.
- 7.2.3.11 Results of the most recent formal audit.
- 7.2.3.12 Our relationship with other human service organizations.
- 7.2.3.13 Types of services we provide and the range of environment in which services are provided, to include services we operate and services we contract from other organizations.
- 7.2.3.14 Persons eligible for our services.
- 7.2.3.15 Overview of the local Mental Health and Intellectual and Developmental Disability service delivery system.
- 7.2.3.16 Orientation to the perspectives and issues of persons receiving services.
- 7.2.3.17 The requirements of Government Code, Title 5 Open Government, Ethics, Subtitle an Open Government, Chapter 551 Open Meetings, and Chapter 552 Public Information: and
- 7.2.3.18 The requirements of conflict-of-interest laws and other laws relating to public officials.
- 7.2.4 Execute Form A Affidavit of Board Member for the Texas Health and Human Services (Attachment F), available on-line at

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<https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/behavioral-health-provider/community-mh-contracts/form-a.docx>

acknowledging the reading according to the Health and Safety Code Title 7, Subtitle A, Chapter 534, Subchapter A, Section 534.0065 of the requirements for qualification, conflict of interest and removal.

- 7.2.5 Complete a Statement of Appointed Officer, available in Public Folder/All Public Folders/Board of Trustees/Forms/Statement of Appointed Officer (Attachment H) and the Oath of Office, available in Public Folder/All Public Folders/Board of Trustees/Forms/Oath of Office (Attachment I) pursuant to the requirements of the Texas Secretary of State per The Texas Constitution, Article 16 – General Provisions, Section 1 – Official Oath; and
- 7.2.6 Complete the Confidentiality Statement, available in Public Folder/All Public Folders/Board of Trustees/Forms/Confidentiality Statement (Attachment J).
- 7.2.7 All completed documentation is filed in the Board of Trustees' folder in Administrative File Cabinet # 1 Board of Trustee in the Board of Trustee Liaison's office.
- 7.3 To remain in office, each Trustee must:
 - 7.3.1 Comply with the Health and Safety Code Title 7, Subtitle A, Chapter 534, Subchapter A, Section 534.006 concerning an annual training program for members of the Board of Trustees administered by the professional staff, including the legal counsel.
 - 7.3.2 Annually execute Form A Affidavit of Board Member for the Texas Health and Human Services at <https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/behavioral-health-provider/community-mh-contracts/form-a.docx> acknowledging the reading according to the Health and Safety Code Title 7, Subtitle A, Chapter 534, Subchapter A, Section 534.0065 of the requirements for qualification, conflict of interest and removal.

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7.3.3 Complete an Annual Conflict of Interest Questionnaire, available in Public Folder/All Public Folders/Board of Trustees/Forms/Annual Conflict of Interest Questionnaire (Attachment K) in accordance with the Health and Safety Code Title 7, Subtitle A, Chapter 534, Subchapter A, Section 534.0065.

7.3.4 Complete annually the Confidentiality Statement, available in Public Folder/All Public Folders/Board of Trustees/Forms/Confidentiality Statement (Attachment J).

7.3.5 To remain in office, each Trustee must not:

7.3.5.1 Refer for services a consumer to a business entity owned or controlled by a Board of Trustee, unless the entity is the only entity that provides the needed services within the jurisdiction of Helen Farabee Centers.

7.3.5.2 Use a Helen Farabee Centers' facility in the conduct of a business entity owned or controlled by that Board of Trustee.

7.3.5.3 Solicit, accept, or agree to accept a benefit in exchange for the Board of Trustee's decision, opinion, recommendation, vote, or other exercise of discretion as a local public official or for a violation of a duty imposed by law.

7.3.5.4 Receive any benefit for the referral of a consumer to Helen Farabee Centers or other business entity.

7.3.5.5 Appoint, vote for, or confirm the appointment to a paid office or a position with Helen Farabee Centers if the person is related to the Board of Trustee by affinity within the second degree or by consanguinity within the third degree; or violate other nepotism prohibitions in accordance with the Health and Safety Code, Title 7, Subtitle A, Chapter 534, Subchapter A, Section 534.0115; or

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7.3.5.6 Solicit or receive a political contribution from a supplier to or contractor with Helen Farabee Centers.

8. Health and Safety Code Title 7, Subtitle A, Chapter 534, Subchapter A, Section 534.004 requires that certain procedures relating to Board of Trustee membership be prescribed by an organizational combination of local agencies that establish a community center, these are:

8.1 Appointment

8.1.1 At least 60 days prior to the termination of a place's two-year term, the Executive Director shall assist the appropriate appointing agency by notifying it of such termination.

8.1.2 The appointing agency may then choose to either reappoint the member currently serving in that place if they are still meeting criteria in 7.1, by acting in accordance with the Texas Open Meetings Act; or

8.1.3 Consider the place to be becoming vacant.

8.1.4 The appointing agency will also notify the other appointing agencies for that place and Helen Farabee Centers of such reappointment.

8.1.5 When a place on the Board of Trustees becomes vacant, through resignation, inability to serve or removal and/or non-reappointment, the Executive Director shall assist the appropriate appointing agency by:

8.1.5.1 Initiating a posting of the vacancy at the Helen Farabee Centers' offices in the applicable county(ies).

8.1.5.2 Initiating a posting of the vacancy at the county courthouse(s); and

8.1.5.3 Through placement for a minimum of five days in a publication of daily county wide circulation and a minimum, of two days in a publication of weekly county wide circulation.

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8.1.6 All applicants responding to the posting will be given a "Board Member Packet" for review which includes:

- 8.1.6.1 Vision, Mission, and Values Statements, available in Public Folder/All Public Folders/Board of Trustees/Forms/ Vision (Attachment L).
- 8.1.6.2 Center Facts and Board Facts, available in Public Folder/All Public Folders/Board of Trustees/Forms/ Center Facts (Attachment M).
- 8.1.6.3 Center Overview, available in Public Folder/All Public Folders/Board of Trustees/Forms/ Center Overview (Attachment N).
- 8.1.6.4 Map of Service Region, available in Public Folder/All Public Folders/Board of Trustees/Forms/ Service Region (Attachment O).
- 8.1.6.5 Table of Organization, available in Public Folder/All Public Folders/Organizational Structure/ (Attachment P); and
- 8.1.6.6 Will be asked to complete an Application for Appointment, available in Public Folder/All Public Folders/Board of Trustees/Forms/ Application for Appointment (Attachment C); and
- 8.1.6.7 Complete a Conflict-of-Interest Questionnaire, available in Public Folder/All Public Folders/Board of Trustees/Forms/ Conflict of Interest (Attachment D).

8.1.7 The Board of Trustee Chairperson will appoint a team of three (3) Trustees who shall be responsible for screening for qualifications, interviewing applicants and making recommendations(s) to the appropriate appointing agency.

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8.1.7.1 All Applications will be forwarded to the appointing agency along with the Screening Team's recommendation(s).

8.1.8 The appointing agency shall review the information and recommendations as part of its deliberations in making an appointment to fill the vacant place.

8.1.8.1 Such appointment shall be in accordance with the Government Code, Title 5 Open Government, Ethics, Subtitle an Open Government, Chapter 551 Open Meetings, and the requirements of Section 7.1 above.

8.1.8.2 The appointing agency will also notify the other appointing agencies for that place and Helen Farabee Centers of such appointment.

8.1.8.3 In cases where the appointing agencies do not agree on the appointment or are non-responsive to the appointment request, majority rules.

8.2 Resignation

8.2.1 A member may resign by submitting their written resignation to the Chairperson of the Board of Trustees and to the appropriate appointing agency.

8.2.2 A resignation shall be effective as of the date of submission.

8.3 Removal

8.3.1 All Board of Trustee members serve at the pleasure of the appointing agency and may be removed without cause by majority vote of that appointing agency.

8.3.2 Any Board of Trustee member who attends less than four (4) of the six (6) regularly scheduled Board of Trustee meetings shall be reported to the appropriate appointing agency for appropriate review and possible removal.

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8.3.3 According to Attachment A To Interlocal Agreement Helen Farabee Centers Eligibility Criteria and Membership Procedures, available in Public Folder/All Public Folders/Board of Trustees/Forms/Attachment A to Interlocal Agreement (Attachment B) any Board of Trustee member who is absent from three consecutive regularly scheduled Board of Trustee meeting shall be reported by Helen Farabee Centers to the appropriate appointing agency for appropriate review and possible removal.

8.3.4 In accordance with the Health and Safety Code Title 7, Subtitle A, Chapter 534, Subchapter A, Section 534.0065, it shall be grounds for removal if a Board of Trustee member:

8.3.4.1 Did not meet eligibility criteria of 7.1 above, at appointment; or

8.3.4.2 Does not maintain during service on the Board of Trustees the eligibility criteria of 7.1 above.

9. Officers

9.1 The Officers of the Board of Trustee shall consist of a:

9.1.1 Chair – The Chair shall preside at all meetings and perform other duties as designated or delegated by the Board of Trustees.

9.1.2 Vice-Chair – The Vice-Chair shall preside at meetings in the absence of the Chair and perform other duties as designated or delegated by the Chair.

9.1.3 Secretary – The Secretary shall preside at meetings in the absence of the Chair and Vice-Chair and perform other duties as designated or delegated by the Chair.

9.2 Officers shall serve for a period of one year and may be re-elected for consecutive terms.

9.3 At the July meeting the Board of Trustee Chair will appoint an ad hoc committee to recommend a slate of officers.

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9.3.1 In the event an ad hoc committee is not appointed, slate of officer recommendations can come from the floor at the last meeting of the fiscal year.

9.4 The officers shall be elected by a majority of the votes cast at an election to be held at the last regular meeting of the fiscal year, usually in August, to allow the Board of Trustees to vote for the next fiscal year's officers prior to the September meeting.

9.5 Should an office become vacant during the year due to the resignation or removal of a member, an election will be held at the next scheduled meeting with nominations coming from the floor.

10. Ad hoc committees may be formed, as permitted, in response to specific problems or issues.

ATTACHMENT LETTER	FORM NAME	FORM NUMBER
A	Interlocal Agreement	Public Folder
B	Attachment A to Interlocal Agreement Helen Farabee Regional MHMR Centers Eligibility Criteria and Membership Procedures	Public Folder
C	Application for Appointment	Public Folder
D	Conflict of Interest Questionnaire	Public Folder
E	Required Pre-Service Board of Trustee Training	Public Folder
G	Form an Affidavit of Board Member	HHSC Website
H	Statement of Appointed Officer	Public Folder
I	Oath of Office	Public Folder
J	Confidentiality Statement	Public Folder
K	Annual Conflict of Interest Questionnaire	Public Folder
L	Vision, Mission, Values Statement	Public Folder
M	Center Facts and Board Facts	Public Folder
N	Center Overview	Public Folder
O	Service Region	Public Folder
P	Table of Organization	Public Folder

Signature: *Cara Mullenix*

Email: mullenixc@helenfarabee.org

Signature: *Gianna Harris*
Gianna Harris (Dec 15, 2025 09:51:57 CST)

Email: harrisg@helenfarabee.org









100.1.2 Board of Trustees Organizational Structure

Final Audit Report

2025-12-15

Created:	2025-12-14
By:	Cara Mullenix (mullenixc@helenfarabee.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAAGTGvu7onQzCD-Ak6LvOXW5s-05k0eElk

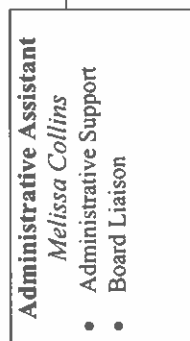
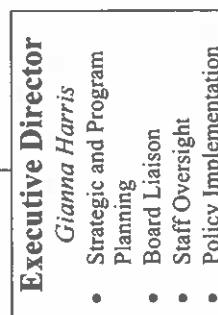
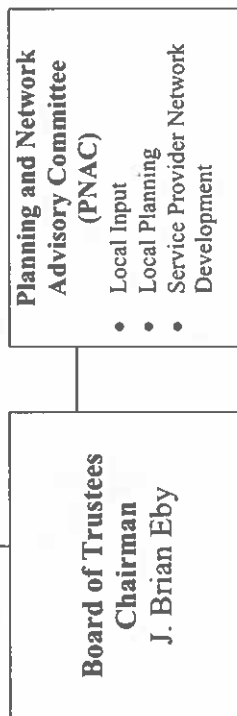
"100.1.2 Board of Trustees Organizational Structure" History

-  Document created by Cara Mullenix (mullenixc@helenfarabee.org)
2025-12-14 - 10:42:03 PM GMT
-  Document emailed to Cara Mullenix (mullenixc@helenfarabee.org) for signature
2025-12-14 - 10:42:07 PM GMT
-  Email viewed by Cara Mullenix (mullenixc@helenfarabee.org)
2025-12-14 - 10:43:01 PM GMT
-  Document e-signed by Cara Mullenix (mullenixc@helenfarabee.org)
Signature Date: 2025-12-14 - 10:43:29 PM GMT - Time Source: server
-  Document emailed to Gianna Harris (harrisg@helenfarabee.org) for signature
2025-12-14 - 10:43:30 PM GMT
-  Email viewed by Gianna Harris (harrisg@helenfarabee.org)
2025-12-15 - 3:51:39 PM GMT
-  Document e-signed by Gianna Harris (harrisg@helenfarabee.org)
Signature Date: 2025-12-15 - 3:51:57 PM GMT - Time Source: server
-  Agreement completed.
2025-12-15 - 3:51:57 PM GMT



Adobe Acrobat Sign

Place 1 Archer, Clay, Montague Counties	Place 2 Jack, Wise Counties	Place 3 Throckmorton, Young Counties	Place 4 Baylor, Haskell, Knox Counties	Place 5 Cottle, Dickens, King, Stonewall Counties	Place 6 Childress, Foard, Hardeman, Wilbarger Counties	Place 7 Wichita County	Place 8 City of Wichita Falls	Place 9 City of Wichita Falls	Ex Officio	Ex Officio
<i>Jan Driver Ward</i>	<i>Cindy Barksdale</i>	<i>Kathy Thorp</i>	<i>VACANT</i>	<i>VACANT</i>	<i>Tom Johnson</i>	<i>J. Brian Eby</i>	<i>David Cook</i>	<i>Jessica Traw</i>	<i>Sheriff Travis Babcock</i>	<i>Sheriff VACANT</i>



Community and Consumer Support Director:	Director of Financial Operations	Human Resources & Risk Management Director:	Director of Information Services:	Associate Executive Director of Operations:	Chief Medical Officer:	Early Childhood Intervention Services
<i>Connie Johnston</i>	<i>Linda Poenitzsch</i>	<i>Kelly Woodridge</i>	<i>Michael Stephenson</i>	<i>Andy Martin</i>	<i>Carol Nati, M.D.</i>	<i>Charlie Flinn</i>
<ul style="list-style-type: none"> • Clients Rights • Planning Network Advisory Comm • Volunteer Services • Community Relations • Public Infor. 	<ul style="list-style-type: none"> • Accounting • Contracts Mgmt • Property Mgmt • Procurement • Client Benefits • Reimbursement • Medicaid Administrative Claiming Coordination 	<ul style="list-style-type: none"> • Human Resource Management • Human Resource Development • Risk Management Coordination • Disaster Management 	<ul style="list-style-type: none"> • Network Support and Maintenance • Personal Computer Support • Core Infor. System • Security Tracking • Video Conf. 	<ul style="list-style-type: none"> • Med Records • QM/Utilization Mgmt • Corporate Compliance • Crisis Services • Criminal Justice Div. • Gate (Intake, Assessment) • Cont. of Care 	<ul style="list-style-type: none"> • Peer Review • Nursing Practice Supervision • Medical Practice Supervision • Medication Clinic • Updated 9-3-2025 	<ul style="list-style-type: none"> • Developmental Evaluation & IFSP • Home /Comm. Based Services • Service Coordination • Skills Training • Therapy (OT, PT, ST) Services

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EFFECTIVE: 1/8/2026	ORIGINAL: 02/01/87
REVIEWED BY: Cara Mullenix <hr/> Cara Mullenix-Artigue Director of Utilization and Quality Management	APPROVED BY: Gianna Harris <hr/> Gianna Harris Executive Director
	CONCURRED: <hr/> J. Brian Eby Chair, Board of Trustees

PROCEDURE:

1. According to Government Code Title 5, Subtitle A, Chapter 552, Subchapter A, Section 552.002 public information means information that is written, produced, collected, assembled, or maintained under a law or ordinance or in connection with the transaction of official business.
2. The media on which public information is recorded include:
 - 2.1 Paper.
 - 2.2 Film.
 - 2.3 A magnetic, optical, or solid-state device that can store an electronic signal.
 - 2.4 Tape.
 - 2.5 Mylar.
 - 2.6 Linen.
 - 2.7 Silk and
 - 2.8 Vellum.
3. The general forms in which the media containing public information exist include:
 - 3.1 A book.
 - 3.2 Paper.
 - 3.3 Letter.
 - 3.4 Document.
 - 3.5 E-mail.
 - 3.6 Internet posting.

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- 3.7 Text message.
 - 3.8 Instant message.
 - 3.9 Other electronic communication.
 - 3.10 Printout.
 - 3.11 Photograph.
 - 3.12 Film.
 - 3.13 Tape.
 - 3.14 Microfiche.
 - 3.15 Microfilm.
 - 3.16 Photostat.
 - 3.17 Sound recording.
 - 3.18 Map.
 - 3.19 Drawing.
 - 3.20 A voice, data, or video representation held in computer memory.
- 4. Actions taken by the Board of Trustees will be reflected in the minutes of the Board of Trustees.
 - 5. According to Government Code Title 5, Subtitle A, Chapter 552, Subchapter B, Section 552.021 public information is available to the public at a minimum during the normal business hours of Helen Farabee Centers.
 - 6. According to Government Code Title 5, Subtitle A, Chapter 552, Subchapter B, Section 552.022 without limiting the amount or kind of information that is public information under this procedure, the following categories of information are public information and not excepted from required disclosure unless they are expressly confidential under other law:
 - 6.1 A completed report, audit, evaluation, or investigation made of, for, or by Helen Farabee Centers, except as provided by Government Code Title 5, Subtitle A, Chapter 552, Subchapter C, Section 552.108.
 - 6.2 The name, sex, ethnicity, salary, title, and dates of employment of each employee and officer.
 - 6.3 Information in an account, voucher, or contract relating to the receipt or expenditure of public or other funds.

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- 6.4 The name of each official and the final record of voting on all proceedings of the Board of Trustees.
- 6.5 All working papers, research material, and information used to estimate the need for or expenditure of public funds or taxes on completion of the estimate.
- 6.6 The name, place of business, and the name of the municipality to which local sales and use taxes are credited, if any, for the named person, of a person reporting or paying sales and use taxes under Texas Statutes, Tax Code, Title 2, Chapter 151.
- 6.7 A description of Helen Farabee Centers central and field organizations, including:
 - 6.7.1 The established places at which the public may obtain information, submit information or requests, or obtain decisions.
 - 6.7.2 The employees from whom the public may obtain information, submit information or requests, or obtain decisions; and
 - 6.7.3 The methods by which the public may obtain information, submit information or requests, or obtain decisions.
- 6.8 A statement of the general course and method by which functions are channeled and determined, including the nature and requirements of all formal and informal policies and procedures.
- 6.9 A rule or procedure, a description of forms available or the places at which forms may be obtained, and instructions relating to the scope and content of all papers, reports, or examinations.
- 6.10 A substantive rule of general applicability adopted or issued by Helen Farabee Centers as authorized by law, and a statement of general policy or interpretation of general applicability formulated and adopted by Helen Farabee Centers.
- 6.11 Each amendment, revision, or repeal of information described by Government Code Title 5, Subtitle A, Chapter 552, Subchapter B, Section 552.022 Subdivisions (7)-(10).
- 6.12 Final opinions, including concurring and dissenting opinions, and orders issued in the adjudication of cases.

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- 6.13 A policy statement or interpretation that has been adopted or issued by Helen Farabee Centers.
- 6.14 Administrative staff manuals and instructions to staff that affect a member of the public.
- 6.15 Information regarded as open to the public under Helen Farabee Centers' policies.
- 6.16 Information that is in a bill for attorney's fees and that is not privileged under the attorney-client privilege.
- 6.17 Information that is also contained in a public court record.
- 6.18 A settlement agreement to which Helen Farabee Centers is a party.
- 7. Information Excepted from Required Disclosure
 - 7.1 According to Government Code Title 5, Subtitle A, Chapter 552, Subchapter C, Section 552.101 information is excepted from the requirements of Government Code Title 5, Subtitle A, Chapter 552, Subchapter B, Section 552.021 if it is information considered to be confidential by law, either constitutional, statutory, or by judicial decision.
 - 7.2 According to Government Code Title 5, Subtitle A, Chapter 552, Subchapter C, Section 552.102 information is excepted from the requirements of Government Code Title 5, Subtitle A, Chapter 552, Subchapter B, Section 552.021 if it is information in a personnel file, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.
 - 7.2.1 All information in the personnel file of an employee is to be made available to that employee or the employee's designated representative as public information is made available under this procedure.
 - 7.2.2 The exception to public disclosure created by this subsection is in addition to any exception created by Government Code Title 5, Subtitle A, Chapter 552, Subchapter B, Section 552.024.
 - 7.2.3 Public access to personnel information covered by Government Code Title 5, Subtitle A, Chapter 552,

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Subchapter B, Section 552.024 is denied to the extent provided by that section.

- 7.2.4 Information is excepted from the requirements of Government Code Title 5, Subtitle A, Chapter 552, Subchapter B, Section 552.021 if it is a transcript from an institution of higher education maintained in the personnel file of a professional public-school employee, except that this section does not exempt from disclosure the degree obtained or the curriculum on a transcript in the personnel file of the employee.
- 7.3 According to Government Code Title 5, Subtitle A, Chapter 552, Subchapter C, Section 552.103 information is excepted from the requirements of Government Code Title 5, Subtitle A, Chapter 552, Subchapter B, Section 552.021 if it is information relating to litigation of a civil or criminal nature to which the state or a political subdivision is or may be a party or to which an officer or employee of the state or a political subdivision, as a consequence of the person's office or employment, is or may be a party.
 - 7.3.1 For purposes of Government Code Title 5, Subtitle A, Chapter 552, Subchapter C, Section 552.103, the state, or a political subdivision is considered to be a party to litigation of a criminal nature until the applicable statute of limitations has expired or until the defendant has exhausted all appellate and postconviction remedies in state and federal court.
 - 7.3.2 Information relating to litigation involving a governmental body or an officer or employee of a governmental body is excepted from disclosure under Government Code Title 5, Subtitle A, Chapter 552, Subchapter C, Section 552.103 Subsection (a) only if the litigation is pending or reasonably anticipated on the date that the requestor applies to the officer for public information for access to or duplication of the information.
- 7.4 According to Government Code Title 5, Subtitle A, Chapter 552, Subchapter C, Section 552.104 information is excepted from the requirements of Government Code Title 5, Subtitle A, Chapter 552, Subchapter B, Section 552.021 if Helen Farabee Centers demonstrates that release of the information would harm its interests by providing an advantage to a competitor or bidder in a particular ongoing competitive situation.

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7.5 According to Government Code Title 5, Subtitle A, Chapter 552, Subchapter C, Section 552.105 information is excepted from the requirements of Government Code Title 5, Subtitle A, Chapter 552, Subchapter B, Section 552.021 if it is information relating to:

7.5.1 The location of real or personal property for a public purpose prior to public announcement of the project; or

7.5.2 Appraisals or purchase price of real or personal property for a public purpose prior to the formal award of contracts for the property.

7.6 According to Government Code Title 5, Subtitle A, Chapter 552, Subchapter C, Section 552.106:

7.6.1 A draft or working paper involved in the preparation of proposed legislation is excepted from the requirements of Government Code Title 5, Subtitle A, Chapter 552, Subchapter B, Section 552.021.

7.6.2 An internal bill analysis or working paper prepared by the governor's office for the purpose of evaluating proposed legislation is excepted from the requirements of Government Code Title 5, Subtitle A, Chapter 552, Subchapter B, Section 552.021.

7.7 According to Government Code Title 5, Subtitle A, Chapter 552, Subchapter C, Section 552.107 information is excepted from the requirements of Government Code Title 5, Subtitle A, Chapter 552, Subchapter B, Section 552.021 if:

7.7.1 It is information that the attorney general or an attorney of Helen Farabee Centers is prohibited from disclosing because of a duty to the client under the Texas Rules of Evidence, or the Texas Disciplinary Rules of Professional Conduct; or

7.7.2 A court by order has prohibited disclosure of the information.

8. Application for Public Information

8.1 In the Administrative Office, upon receipt of application for public information, the custodian of the information shall promptly produce such information for inspection or duplication, or both.

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- 8.2 If the requested information is in active use or in storage and therefore, unavailable at the time a person asks to examine it, the custodian shall certify this in writing to the applicant and set a date and hour within a reasonable time when the record will be available for inspection.
- 8.3 Nothing in this policy shall authorize any person to remove original copies of public records from the offices of Helen Farabee Centers without the written permission of the custodian of the records.
- 8.4 Upon receipt of application for public information, the custodian of the information shall certify in writing to the applicant any charges to copy and retrieve the requested information that must be paid in full prior to release of the information.
 - 8.4.1 According to the 2020 Public Information Act, Helen Farabee Centers' charge for producing copies of the requested documents is ten cents per page. If the request is for 50 or fewer pages of paper records, only the charge for the photocopy may be imposed.
 - 8.4.2 In addition a \$15.00 labor charge is assessed for retrieving the requested documents.
 - 8.4.3 The applicant must be informed they have ten (10) business days to provide Helen Farabee Centers with a written response stating whether:
 - 8.4.3.1 The charges are accepted.
 - 8.4.3.2 The request is modified; or
 - 8.4.3.3 A complaint has been lodged with the Attorney General's office alleging overcharge for providing the copies.
 - 8.4.4 The applicant must be informed that failure to respond to this statement within ten (10) business days will result in the automatic withdrawal of the open records request.
 - 8.4.5 Upon receipt of the applicable charges, the requested documents will be provided to the applicant.

Signature: *Cara Mullenix*

Email: mullenixc@helenfarabee.org

Signature: *Gianna Harris*
Gianna Harris (Dec 15, 2025 09:53:03 CST)

Email: harrisg@helenfarabee.org









100.1.3 Board of Trustees Public Information

Final Audit Report

2025-12-15

Created:	2025-12-14
By:	Cara Mullenix (mullenixc@helenfarabee.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAAAdCXzmDGzhPSrjGeZjmTuAjd77p3CTuHB

"100.1.3 Board of Trustees Public Information" History

-  Document created by Cara Mullenix (mullenixc@helenfarabee.org)
2025-12-14 - 10:48:52 PM GMT
-  Document emailed to Cara Mullenix (mullenixc@helenfarabee.org) for signature
2025-12-14 - 10:48:56 PM GMT
-  Email viewed by Cara Mullenix (mullenixc@helenfarabee.org)
2025-12-14 - 10:49:28 PM GMT
-  Document e-signed by Cara Mullenix (mullenixc@helenfarabee.org)
Signature Date: 2025-12-14 - 10:49:38 PM GMT - Time Source: server
-  Document emailed to Gianna Harris (harrisg@helenfarabee.org) for signature
2025-12-14 - 10:49:40 PM GMT
-  Email viewed by Gianna Harris (harrisg@helenfarabee.org)
2025-12-15 - 3:52:44 PM GMT
-  Document e-signed by Gianna Harris (harrisg@helenfarabee.org)
Signature Date: 2025-12-15 - 3:53:03 PM GMT - Time Source: server
-  Agreement completed.
2025-12-15 - 3:53:03 PM GMT



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HELEN FARABEE CENTERS	
ADMINISTRATION PROCEDURE 100.1.4	
SECTION: BOARD OF TRUSTEES	
SUBJECT: OPEN MEETINGS	Page 1 of 12

EFFECTIVE: 1/8/2026	ORIGINAL: 02/01/87
REVIEWED BY: Cara Mullenix <hr/> Cara Mullenix-Artigue Director of Utilization and Quality Management	APPROVED BY: Gianna Harris <hr/> Gianna Harris Executive Director
	CONCURRED: <hr/> J. Brian Eby Chair, Board of Trustees

PROCEDURE:

1. According to Government Code Title 5, Subtitle A, Chapter 551, Subchapter A, Section 551.002 every regular, special, or called meeting shall be open to the public except as provided by Government Code Title 5, Subtitle A, Chapter 551.
2. Open Meetings Training
 - 2.1 According to Government Code Title 5, Subtitle A, Chapter 551, Subchapter A, Section 551.005 each appointed Board of Trustee member shall complete a course of training of not less than one and not more than two hours regarding the responsibilities of the governmental body and its members under Government Code Title 5, Subtitle A, Chapter 551 not later than the 90th day after the date the member assumes responsibility as a Board of Trustee member.
 - 2.2 The Attorney General has an approved training online that includes instructions in:
 - 2.2.1 The general background of the legal requirements for open meetings.
 - 2.2.2 The applicability of this chapter to governmental bodies.

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- 2.2.3 Procedures and requirements regarding quorums, notice, and recordkeeping under this chapter.
- 2.2.4 Procedures and requirements for holding an open meeting and for holding a closed meeting under this chapter.
- 2.2.5 Penalties and other consequences for failure to comply with this chapter.
- 2.3 The office of the Attorney General provides a certificate of course completion to persons who complete the training.
 - 2.3.1 Copies of the certificate are filed in the Board of Trustees' folder in Administrative File Cabinet # 1 Board of Trustee in the Board Liaison's office.
- 2.4 Completing the required training as a member of the Board of Trustees satisfies the requirements of this section regarding the member's service on a committee or subcommittee of the Board of Trustees and the member's ex officio service on any other governmental body.
- 2.5 The failure of one or more members of the Board of Trustees to complete the training required by this section does not affect the validity of an action taken by the Board of Trustees.
- 3. Record of Open Meeting
 - 3.1 According to Government Code Title 5, Subtitle A, Chapter 551, Subchapter B, Section 551.021 the Board of Trustees shall prepare and keep minutes or make a recording of each open meeting.
 - 3.2 The minutes are available in Public Folder/All Public Folders/Board of Trustees/Forms/Minutes and the minutes must:
 - 3.2.1 State the subject of each deliberation and
 - 3.2.2 Indicate each vote, order, decision, or other action taken.
 - 3.3 According to Government Code Title 5, Subtitle A, Chapter 551, Subchapter B, Section 551.022 the minutes and recordings of an open meeting are public records and shall be available for public inspection and copying on request to the Executive Director.

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- 3.4 According to Government Code Title 5, Subtitle A, Chapter 551, Subchapter B, Section 551.023 a person in attendance may record all or any part of an open meeting of the Board of Trustees by means of a recorder, video camera, or other means of aural or visual reproduction.
- 3.5 According to Government Code Title 5, Subtitle A, Chapter 551, Subchapter B, Section 551.023 The Board of Trustees may adopt reasonable rules to maintain order at a meeting, including rules relating to the location of recording equipment, and the manner in which the recording is conducted, but may not prevent or unreasonably impair a person from exercising their right to record all or any part of an open meeting.

4. Notice of Meetings

- 4.1 According to Government Code Title 5, Subtitle A, Chapter 551, Subchapter C, Section 551.041 the Board of Trustees of Helen Farabee Centers will give written notice of the date, hour, place, and subject of each meeting held by Helen Farabee Centers.
- 4.2 Notices will consist of the announcement of the meeting, and the meeting agenda and are available in Public Folder/All Public Folders/Board of Trustees/Forms/Announcement of Meeting and Agenda. The notices and the agendas must include the date, hour, place of the meeting, and all topics scheduled for discussion and/or action at the meeting.
- 4.3 According to Government Code Title 5, Subtitle A, Chapter 551, Subchapter C, Section 551.0411 if the Board of Trustees recesses an open meeting to the following regular business day it is not required to post notice of the continued meeting if the action is taken in good faith and not to circumvent Government Code Title 5, Subtitle A, Chapter 551, Subchapter C.
- 4.4 If an open meeting is continued to the following regular business day and, on that following day, the Board of Trustees continues the meeting to another day, the Board of Trustees must give written notice as required by Government Code Title 5, Subtitle A, Chapter 551, Subchapter C of the meeting continued to that other day.
- 4.5 If the Board of Trustees is prevented from convening an open meeting that was otherwise properly posted under Government Code Title 5, Subtitle A, Chapter 551, Subchapter C, Section

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551.041 because of a catastrophe they may convene the meeting in a convenient location within 72 hours pursuant to Government Code Title 5, Subtitle A, Chapter 551, Subchapter C, Section 551.045 if the action is taken in good faith and not to circumvent Government Code Title 5, Subtitle A, Chapter 551, Subchapter C.

4.5.1 If the Board of Trustees is unable to convene the open meeting within those 72 hours, the Board of Trustees may subsequently convene the meeting only if the Board of Trustees gives written notice of the meeting as required by Government Code Title 5, Subtitle A, Chapter 551, Subchapter C.

4.5.2 According to Government Code Title 5, Subtitle A, Chapter 551, Subchapter C, Section 551.0411 a catastrophe means a condition or occurrence that interferes physically with the ability of the Board of Trustees to conduct a meeting, including:

4.5.2.1 Fire, flood, earthquake, hurricane, tornado, or wind, rain, or snowstorm.

4.5.2.2 Power failure, transportation failure, or interruption of communication facilities.

4.5.2.3 Epidemic.

4.5.2.4 Riot, civil disturbance, enemy attack, or other actual or threatened act of lawlessness or violence.

4.6 According to Government Code Title 5, Subtitle A, Chapter 551, Subchapter C, Section 551.042 if, at a meeting of the Board of Trustees, a member of the public or of the Board of Trustees inquires about a subject for which notice has not been given as required by Government Code Title 5, Subtitle A, Chapter 551, Subchapter C:

4.6.1 The notice provisions of this subchapter do not apply to:

4.6.1.1 A statement of specific information given in response to the inquiry.

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4.6.1.2 A recitation of existing policy in response to the inquiry.

4.6.2 Any deliberation of or decision about the subject of the inquiry shall be limited to a proposal to place the subject on the agenda for a subsequent meeting.

4.7 According to Government Code Title 5, Subtitle A, Chapter 551, Subchapter C, Section 551.043 the notice of a meeting of the Board of Trustees must be posted in a place readily accessible to the general public at all times for at least 72 hours before the scheduled time of the meeting, except as provided by Government Code Title 5, Subtitle A, Chapter 551, Subchapter C, Section 551.044 through 551.046.

4.8 Notices will be distributed for posting to:

4.8.1 The County Clerk's office of all nineteen counties in Helen Farabee Centers' service area.

4.8.2 The City Clerk, City of Wichita Falls.

4.8.3 The Helen Farabee Centers Administrative Building and

4.8.4 Electronically in the Texas Register.

4.9 The Board of Trustees does not require the posting of the notice on the internet.

4.10 The purpose of posting notice of meetings is to provide the public with timely information about topics to be considered by the Board of Trustees so the public can make an informed decision about attending the meeting.

5. Emergency Meeting

5.1 The legal definition of an emergency or urgent public necessity which allows an emergency meeting are exceedingly strict, and the attorney will be consulted before such action is considered.

6. Closed Meeting

6.1 A closed meeting may be a part of a regularly called meeting and may also be a part of a special or called (emergency) meeting.

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- 6.2 A closed meeting may be held only for the purpose of discussing specific topics listed in the Government Code Title 5, Subtitle A, Chapter 551, Subchapter D, Sections 551.071 through 551.074:
 - 6.2.1 Seeking the advice of its attorney about pending or contemplated litigation or a settlement offer.
 - 6.2.2 Deliberating the purchase, exchange, lease, or value of real property if deliberation in an open meeting would have a detrimental effect on the position of the Board of Trustees in negotiations with a third person.
 - 6.2.3 Deliberating a negotiated contract for a prospective gift or donation to the state or the Board of Trustees if deliberation in an open meeting would have a detrimental effect on the position of the Board of Trustees in negotiations with a third person.
 - 6.2.4 Deliberating the appointment, employment, evaluation, reassignment, duties, discipline, or dismissal of a Trustee or employee or to hear a complaint or charge against a Trustee or employee.
 - 6.2.4.1 Closed meeting does not apply if the Trustee or employee who is the subject of the deliberation or hearing requests a public hearing.
- 6.3 According to Government Code Title 5, Subtitle A, Chapter 551, Subchapter E, Section 551.101 the Board of Trustees may not conduct the closed meeting unless a quorum of the Board of Trustees first convenes in an open meeting for which notice has been given as provided by Government Code Title 5, Subtitle A, Chapter 551 and during which the presiding officer publicly:
 - 6.3.1 Announces a closed meeting will be held; and
 - 6.3.2 Identifies the section or sections of Government Code Title 5, Subtitle A, Chapter 551 under which the closed meeting is held.
- 6.4 According to Government Code Title 5, Subtitle A, Chapter 551, Subchapter E, Section 551.102 a final action, decision, or vote on a matter deliberated in a closed meeting may only be made in an open

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meeting that is held in compliance with the notice provisions of this chapter.

- 6.5 According to Government Code Title 5, Subtitle A, Chapter 551, Subchapter E, Section 551.103 the Board of Trustees shall either keep a certified agenda, available in Public Folder/All Public Folders/Board of Trustees/Forms/Certified Agenda or make a recording of the proceedings of each closed meeting, except for a private consultation permitted under Government Code Title 5, Subtitle A, Chapter 551, Subchapter D, Section 55.071.
- 6.6 The presiding officer shall certify that an agenda kept under Government Code Title 5, Subtitle A, Chapter 551, Subchapter E, Section 551.103, Subsection (a) is a true and correct record of the proceedings.
- 6.7 The Certified Agenda, available in Public Folder/All Public Folders/Board of Trustees/Forms/Certified Agenda must include:
 - 6.7.1 A statement of the subject matter of each deliberation.
 - 6.7.2 A record of any further action taken.
 - 6.7.3 An announcement by the presiding officer at the beginning and the end of the meeting indicating the date and time.
- 6.8 A recording must include announcements by the presiding officer at the beginning and the end of the meeting indicating the date and time.
- 6.9 While closed meetings can be recorded, a Certified Agenda, available in Public Folder/All Public Folders/Board of Trustees/Forms/ Certified Agenda is the preferred method of recording closed meetings.
- 6.10 According to Government Code Title 5, Subtitle A, Chapter 551, Subchapter E, Section 551.104 Certified Agendas of a closed meeting must be preserved for at least two years after the date of the meeting.
 - 6.10.1 If there is a lawsuit concerning the meeting, the certified agenda must be kept pending resolution of the lawsuit.

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6.10.2 At Helen Farabee Centers certified agendas of closed meetings will be preserved for two (2) years after the date of the meeting.

6.11 The certified agenda or recording of a closed meeting is available for public inspection and copying only under a court order issued under Government Code Title 5, Subtitle A, Chapter 551, Subchapter E, Section 551.104, Subsection (b) (3).

7. Meetings Held Using Telephone, Videoconference, or Internet

7.1 According to Government Code Title 5, Subtitle A, Chapter 551, Subchapter F, Section 551.125, the Board of Trustees is not prohibited from holding an open or closed meeting by telephone conference call.

7.1.2 A meeting held by telephone conference call may be held only if:

7.1.2.1 An emergency or urgent public necessity exists within the meaning of Government Code Title 5, Subtitle A, Chapter 551, Subchapter C, Section 551.045; and

7.1.2.2 The convening at one location of a quorum of the governmental body is difficult or impossible.

7.1.3 The telephone conference call meeting is subject to the notice requirements applicable to other meetings.

7.1.4 The Announcement of Meeting via a telephone conference call must specify the location of the meeting (such as Child and Adolescent Services, 516 Denver Street, Wichita Falls, Texas), which is the location where meetings of the Board of Trustees are usually held.

7.1.5 Each part of the telephone conference call meeting that is required to be open to the public shall be audible to the public at the location specified in the notice of the meeting as the location of the meeting and shall be recorded.

7.1.5.1 The recording shall be made available to the public.

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- 7.1.6 The location designated in the notice as the location of the meeting shall provide two-way communication during the entire telephone conference call meeting and the identification of each party to the telephone conference shall be clearly stated prior to speaking.

7.2 Videoconference Call

- 7.2.1 According to Government Code Title 5, Subtitle A, Chapter 551, Subchapter F, Section 551.127 except as otherwise provided by Government Code Title 5, Subtitle A, Chapter 551, Subchapter F, the Board of Trustees is not prohibited from holding an open or closed meeting by videoconference call.
- 7.2.2 According to Government Code Title 5, Subtitle A, Chapter 551, Subchapter F, Section 551.127, Subsection (c) the Board of Trustee meeting extending into three (3) or more counties may be held via videoconference call only if the member presiding over the meeting is physically present at one location that is open to the public.
- 7.2.3 A meeting held via videoconference call is subject to the notice requirements applicable to other meetings in addition to the notice requirements prescribed by Government Code Title 5, Subtitle A, Chapter 551, Subchapter F, Section 551.127.
- 7.2.4 The notice of meeting to be held by videoconference call must specify:
- 7.2.4.1 The location where the member presiding over the meeting is physically present.
 - 7.2.4.2 Other locations where a member of the Board of Trustees who will participate in the meeting will be physically present during the meeting.
 - 7.2.4.3 Each of the locations shall be open to the public during the open portions of the meeting.
- 7.2.5 Each portion of the meeting held by videoconference call that is required to be open to the public shall be visible and audible to the public at each location specified in the notice.

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7.2.6 At least an audio recording of the meeting shall be made and made available to the public.

7.2.7 Each location shall have two-way communication with each other location during the entire meeting.

7.2.8 Each participant in the videoconference call, while speaking, shall be clearly visible and audible to each other participant and, during the open portion of the meeting, to the members of the public in attendance at a location of the meeting.

7.2.9 The Department of Information Resources by rule shall specify the minimum standards for audio and video signals at a meeting held by videoconference call.

7.2.9.1 The quality of the audio and video signals perceptible at each location must meet or exceed those standards.

7.2.10 The quality of the audio and video signals perceptible by members of the public at each location of the meeting must:

7.2.10.1 Meet or exceed the quality of the audio and video signals perceptible by the members of the Board of Trustees participating in the meeting and

7.2.10.2 Be of sufficient quality so that members of the public at each location of the meeting can observe the demeanor and hear the voice of each participant in the open portion of the meeting.

7.2.11 Without regard to whether a member of the Board of Trustees is participating in a meeting from a remote location by videoconference call, the Board of Trustees may allow a member of the public to testify as a meeting from a remote location by videoconference call.

7.3 Internet Broadcast of Open Meeting

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7.3.1 According to Government Code Title 5, Subtitle A, Chapter 551, Subchapter F, Section 551.128 the Board of Trustees may broadcast an open meeting over the internet.

7.3.2 For the Board of Trustees to broadcast a meeting over the Internet they must establish an Internet site and provide access to the broadcast from that site.

7.3.2.1 The Board of Trustees shall provide on the Internet site the same notice of the meeting that the Board of Trustees is required to post under Government Code Title 5, Subtitle A, Chapter 551, Subchapter C.

7.3.2.2 The notice on the Internet must be posted within the time required for posting notice under Government Code Title 5, Subtitle A, Chapter 551, Subchapter C, which is for at least 72 hours.

8. Meeting Quorum

8.1 A quorum means having a majority of the Board of Trustees present, which is five (5).

8.2 If, at the time for which a meeting is posted, there is no quorum a delay of no more than one (1) hour can be announced.

8.2.1 The delay must be announced publicly, explaining the reason for the delay, how long the delay will be, and whether or not the Board of Trustees will meet as a committee-of-the-whole in the interim, items to be discussed if Board of Trustee members present meet as a committee-of-the-whole, and that there will be no action taken.

8.3 If a quorum is not assembled within the time announced, the meeting must be cancelled, not adjourned since the meeting was never convened, and a meeting posted before the Board of Trustees meet again.

9. Recess and Adjournment

9.1 A meeting cannot be adjourned and reconvened.

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- 9.2 If it is necessary to break for a period of time, the meeting should be recessed for an announced period of time, not exceeding an hour, so that the public knows when to return.
- 9.3 A meeting cannot be recessed from one day to the next unless the posting explicitly states that it will be a two-day meeting and gives the time the meeting will be recessed on the first day and the time it will be reconvened the second day.

ATTACHMENT LETTER	FORM NAME	FORM NUMBER
A	Minutes	Public Folder
B	Announcement of Meeting	Public Folder
C	Agenda	Public Folder
D	Certified Agenda	Public Folder

Signature: *Cara Mullenix*

Email: mullenixc@helenfarabee.org

Signature: *Gianna Harris*
Gianna Harris (Dec 15, 2025 09:53:33 CST)

Email: harrisg@helenfarabee.org









100.1.4 Board of Trustees Open Meetings

Final Audit Report

2025-12-15

Created:	2025-12-14
By:	Cara Mullenix (mullenixc@helenfarabee.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAACuMtqI18uXaMh2oWMjUqikCvBoS9G9AY

"100.1.4 Board of Trustees Open Meetings" History

-  Document created by Cara Mullenix (mullenixc@helenfarabee.org)
2025-12-14 - 11:00:44 PM GMT
-  Document emailed to Cara Mullenix (mullenixc@helenfarabee.org) for signature
2025-12-14 - 11:00:48 PM GMT
-  Email viewed by Cara Mullenix (mullenixc@helenfarabee.org)
2025-12-14 - 11:01:07 PM GMT
-  Document e-signed by Cara Mullenix (mullenixc@helenfarabee.org)
Signature Date: 2025-12-14 - 11:01:20 PM GMT - Time Source: server
-  Document emailed to Gianna Harris (harrisg@helenfarabee.org) for signature
2025-12-14 - 11:01:21 PM GMT
-  Email viewed by Gianna Harris (harrisg@helenfarabee.org)
2025-12-15 - 3:53:16 PM GMT
-  Document e-signed by Gianna Harris (harrisg@helenfarabee.org)
Signature Date: 2025-12-15 - 3:53:33 PM GMT - Time Source: server
-  Agreement completed.
2025-12-15 - 3:53:33 PM GMT

HELEN FARABEE CENTERS	
ADMINISTRATION PROCEDURE 100.1.5	
SECTION: BOARD OF TRUSTEES	
SUBJECT: CONFLICT OF INTEREST	Page 1 of 2

EFFECTIVE: 1/8/2026	ORIGINAL: 02/01/87
REVIEWED BY: Cara Mullenix <hr/> Cara Mullenix-Artigue Director of Utilization and Quality Management	APPROVED BY: Gianna Harris <hr/> Gianna Harris Executive Director
	CONCURRED: <hr/> J. Brian Eby Chair, Board of Trustees

PROCEDURE:

1. According to Government Code Title 5, Subtitle B, Chapter 572, Subchapter C, Sections 572.051 Standard of Conduct a Board of Trustee member or employee of Helen Farabee Center should not:
 - 1.1 Accept or solicit any gift, favor or service that might reasonably tend to influence them in the discharge of official duties or that they know or should know is being offered with the intent to influence official conduct.
 - 1.2 Accept other employment or engage in a business or professional activity that they might reasonably expect would require or induce them to disclose confidential information acquired by reason of their position.
 - 1.3 Accept other employment or compensation that could reasonably be expected to impair their independence of judgment in the performance of their official duties.
 - 1.4 Make personal investments that could reasonably be expected to create a substantial conflict between their private interest and the public interest; or
 - 1.5 Intentionally or knowingly solicit, accept, or agree to accept any benefit for having exercised their official powers or performed their official duties in favor of another.
2. To be qualified as a Trustee, each appointee shall:

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- 2.1 Complete a Conflict-of-Interest Questionnaire, available in Public Folder/All Public Folders/Board of Trustees/Forms/Conflict of Interest Questionnaire.
 - 2.2 According to Health and Safety Code Title 7, Subtitle A, Chapter 534, Subchapter A, Section 534.006, attend appropriate pre-assumption of office training documented on the Required Pre-Service Board of Trustee Training, available in Public Folder/All Public Folders/Board of Trustees/Forms/Required Pre-Service Board of Trustee Training that includes the requirements of conflict-of-interest laws and other laws relating to public officials.
 - 2.3 Execute Form A, Affidavit of Board Member for the Texas Health & Human Services available online at <https://hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts> and acknowledge reading the Health and Safety Code Title 7, Subtitle A, Chapter 534, Subchapter A, Section 534.0065, qualifications, conflict of interest and removal.
3. Annually Board of Trustee Members will be required to:
- 3.1 Execute Form A, Affidavit of Board Member for the Texas Health & Human Services, available online at <https://hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts> and acknowledge reading the Health and Safety Code Title 7, Subtitle A, Chapter 534, Subchapter A, Section 534.0065, qualifications, conflict of interest and removal.
 - 3.2 Complete an Annual Conflict of Interest Questionnaire, available in Public Folder/All Public Folders/Board of Trustees/Forms/Annual Conflict of Interest Questionnaire in accordance with the Health and Safety Code Title 7, Subtitle A, Chapter 534, Subchapter A, Section 534.0065.

ATTACHMENT LETTER	FORM NAME	FORM NUMBER
A	Conflict of Interest Questionnaire	Public Folder
B	Required Pre-Service Board of Trustee Training	Public Folder
D	Form A, Affidavit of Board Member	HHSC Website
E	Annual Conflict of Interest Questionnaire	Public Folder

Signature: *Cara Mullenix*

Email: mullenixc@helenfarabee.org

Signature: *Gianna Harris*
Gianna Harris (Dec 15, 2025 09:54:20 CST)

Email: harrisg@helenfarabee.org









100.1.5 Board of Trustees Conflict of Interest

Final Audit Report

2025-12-15

Created:	2025-12-14
By:	Cara Mullenix (mullenixc@helenfarabee.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAAsrg8xXHrvYBoKy44Y9lZijC4eYaO2nRT

"100.1.5 Board of Trustees Conflict of Interest" History

-  Document created by Cara Mullenix (mullenixc@helenfarabee.org)
2025-12-14 - 11:06:09 PM GMT
-  Document emailed to Cara Mullenix (mullenixc@helenfarabee.org) for signature
2025-12-14 - 11:06:12 PM GMT
-  Email viewed by Cara Mullenix (mullenixc@helenfarabee.org)
2025-12-14 - 11:06:30 PM GMT
-  Document e-signed by Cara Mullenix (mullenixc@helenfarabee.org)
Signature Date: 2025-12-14 - 11:06:42 PM GMT - Time Source: server
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2025-12-14 - 11:06:43 PM GMT
-  Email viewed by Gianna Harris (harrisg@helenfarabee.org)
2025-12-15 - 3:54:03 PM GMT
-  Document e-signed by Gianna Harris (harrisg@helenfarabee.org)
Signature Date: 2025-12-15 - 3:54:20 PM GMT - Time Source: server
-  Agreement completed.
2025-12-15 - 3:54:20 PM GMT

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ADMINISTRATION PROCEDURE 100.1.6	
SECTION: BOARD OF TRUSTEES	
SUBJECT: EXECUTIVE DIRECTOR	Page 1 of 9

EFFECTIVE: 1/8/2026	ORIGINAL: 01/01/78
REVIEWED BY: Cara Mullenix <hr/> Cara Mullenix-Artigue Director of Utilization and Quality Management	APPROVED BY: Gianna Harris <hr/> Gianna Harris Executive Director
	CONCURRED: <hr/> J. Brian Eby Chair, Board of Trustees

PROCEDURE:

1. According to the Health and Safety Code Title 7 Mental Health and Intellectual Disability, Subtitle A. Chapter 534, Subchapter A, Section. 534.010, the governing body shall appoint an Executive Director to manage the day-to-day operations of the organization and ensure the organization has the programmatic, managerial, and financial capability to ensure proper planning, management, and delivery of funded services.
2. The Executive Director is the employee and agent of the Board of Trustees.
3. The Executive Director is accountable to the Board of Trustees for the success of the entire organization.
4. The Executive Director's responsibilities include, but are not limited to:
 - 4.1 Fiscal, personnel, and program administration,
 - 4.2 Employment of staff or contracting with a network of providers to deliver community-based mental health and intellectual and developmental disabilities services for Helen Farabee Centers' (HFC) nineteen (19) counties,
 - 4.3 Development of strategic plans and directing the achievement of those plans,

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- 4.4 Administering, directing, coordinating, and evaluating all activities to carry out the goals and objectives of HFC,
- 4.5 Assuring all policies and procedures follow the Performance Contract requirements and rules and regulations that govern Community Centers,
- 4.6 Supervision of key administrative personnel and promotion of teamwork to meet objectives,
- 4.7 Signing authority on behalf of HFC for all contracts, memorandums, or other agreements, related to service provision and delivery. (i.e., Health and Human Services Contracts, federal and other grant fund agreements, other local service agreements). See Attachment D – Governing Authority Resolution Governmental Entity, and
- 4.8 Authority to sign contracts for expenditures up to \$100,000.
- 5. The Board of Trustees shall:
 - 5.1 Establish minimum and preferred qualifications,
 - 5.2 Annually report to each local agency that appoints members of the Board of Trustees, the executive director's total compensation and benefits,
 - 5.3 Establish and follow a process for recruiting, selecting, and hiring an executive director which, at a minimum, requires:
 - 5.3.1 Verification of applicant's educational qualifications and work experience,
 - 5.3.2 Conducting a criminal history check before hiring the applicant and,
 - 5.4 Hire only a person who meets the Board of Trustees minimum qualifications and give preference to persons who meet the Board of Trustees preferred qualifications.
- 6. Education, Training, and Experience

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- 6.1 Applicants who possess the following Minimum Qualifications are eligible for the position.
 - 6.1.1 A bachelor's degree from an accredited college or university with specialization in,
 - 6.1.1.1 Psychology,
 - 6.1.1.2 Social work,
 - 6.1.1.3 Education,
 - 6.1.1.4 Public administration,
 - 6.1.1.5 Health care administration,
 - 6.1.1.6 Hospital administration,
 - 6.1.1.7 Business administration, or
 - 6.1.1.8 A closely related field.
 - 6.1.2 Six (6) years of work experience in progressively responsible managerial positions.
 - 6.1.2.1 Two (2) years' work experience must be in a community system.
- 6.2 Applicants who possess one or more of the following qualifications are preferred,
 - 6.2.1 A master's degree,
 - 6.2.2 Experience as an Executive Director of a community system organization,
 - 6.2.3 Experience with Community programs,
 - 6.2.4 Experience with Board Governance,
 - 6.2.5 Experience with the Legislative process, and

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6.2.6 Experience with public accountability systems.

7. Demonstrated Knowledge, Skills and Abilities

- 7.1 Demonstrated ability to function successfully in a key management position.
- 7.2 Demonstrated ability to relate effectively in the public arena.
- 7.3 Demonstrated knowledge of the Texas Community programs Service Delivery System.
- 7.4 Demonstrated ability to provide leadership to the organization.
- 7.5 Demonstrated ability to communicate effectively with the Board of Trustees, staff, stakeholders, and collateral agencies.
- 7.6 Ability to effectively manage and meet the requirements of the Performance Contracts.

8. Contract of Employment

- 8.1 Upon selection of the preferred applicant, HFC, acting through its Board of Trustees, will enter a Contract of Employment as documented on the Contract of Employment, available in Public Folder/All Public Folders/Board of Trustees/Forms/ Contract of Employment (Attachment A).
- 8.2 The Executive Director agrees to:
 - 8.2.1 Faithfully perform the duties of a full-time executive officer,
 - 8.2.2 Devote his/her best efforts and professional services to the interests of the Board of Trustees and HFC in accordance with the Job Description for the position,
 - 8.2.3 Not have a private practice or other employment without written approval of the Board of Trustees,
 - 8.2.4 Perform the customary duties as prescribed in the job description and perform other duties as assigned by the Board of Trustees during the term of the contract,

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8.2.5 Comply with all applicable state and federal laws, rules, and regulations as they exist or may hereafter be adopted or amended, and

8.2.6 Be bound, within legal and reasonably interpreted ethical standards, to follow policies and execute the directives of the Board of Trustees acting as a body, though not of any individual member unless said member is acting within scope of authority properly and specifically set forth by the Board of Trustees.

8.3 The Board of Trustees agrees to:

8.3.1 Grant the Executive Director sole authority among the staff to interpret and implement policies of the Board of Trustees, including the authority to promulgate procedures to implement such policies,

8.3.2 Grant the Executive Director sole authority, acting within limitations set forth by the Board of Trustees Policies and directives to,

8.3.2.1 Direct the action of staff,

8.3.2.2 Assign and utilize resources,

8.3.2.3 Employ and discharge staff,

8.3.2.4 Design organizational structure and function,

8.3.3 Grant the Executive Director all other authorities customarily delegated to a chief executive officer,

8.3.4 Compensate the Executive Director by providing an annual salary rate paid in installments consistent with Board of Trustees Policy,

8.3.5 Provide the Executive Director with benefits consistent with those of all other staff,

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- 8.3.6 Authorize the Executive Director to use his/her personal vehicle or the use of a vehicle and credit card in accordance with established guidelines, and
- 8.3.7 Reimburse the Executive Director for expenses incurred during the conduct of official business in accordance with established policies and procedures.
- 8.4 In accordance with the laws of the State of Texas, HFC shall indemnify the Executive Director and hold him/her harmless for any acts or decisions made in good faith during the performance of his/her duties as Executive Director.
 - 8.4.1 HFC shall provide insurance coverage for the Executive Director along with the coverage allowed by Texas laws for members of the Board of Trustees.
 - 8.4.2 To the extent allowed by such Texas laws, HFC will pay all expenses, including attorney fees, actually and necessarily incurred by the Executive Director in connection with defense of such good faith action or decision.
- 8.5 The term of the Contract of Employment can be amended only upon written agreement of both parties.
- 8.6 Unless sooner terminated by written notice, the Contract of Employment, after expiration of the first year of the agreement, shall be automatically extended for an additional one year on each anniversary date thereafter, which is intended to make the term of the agreement a continual two-year contract.
- 8.7 If the Contract of Employment is not renewed by the Board of Trustees at the end of such term, the Board of Trustees shall pay the Executive Director an agreed upon sum from the Executive Directors contract not including any salary or other benefits actually incurred and earned up to the termination date of the contract.
- 8.8 The Board of Trustees shall resolve as a body to accept the Contract of Employment, empowering signatory authority to the Chairperson of the Board of Trustees.

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9. Termination of Contract of Employment

- 9.1 The Contract of Employment may be terminated with cause immediately by the Board of Trustees without any financial obligation other than the amount of salary and benefits actually incurred and earned up to the date of such notice, by giving the Executive Director written notice of cause in accordance with Human Resource Management Policy 200.1.
- 9.2 The Contract of Employment may be terminated without cause at any time during the term of the contract by a two-thirds vote of a quorum of the Board of Trustees after meeting in Executive Session of a duly authorized meeting posted and conducted in accordance with the Texas Open Meetings Act.
 - 9.2.1 If such action to terminate the contract without cause is taken, the Board of Trustees shall pay the Executive Director a sum equivalent to twelve months salary only, as total compensation for the remainder of the contract period.
 - 9.2.2 The provision does not include any salary or other benefits actually incurred and earned up to date of such termination.
 - 9.2.3 Such payment will relieve the Board of Trustees and HFC from any contractual or other obligation to the Executive Director in excess of or in addition to such payment.
- 9.3 The Contract of Employment may be terminated by the Executive Director by giving one month written notice to the Board of Trustees.
 - 9.3.1 Such termination notice and payment by the Board of Trustees of salary and benefits for one-month period will relieve the Board of Trustees and HFC from any contractual or other obligation in excess of such payment.

10. Performance Evaluation

- 10.1 The Board of Trustees will complete an Annual Performance Evaluation documented on the Position Posting, Description and Performance Evaluation, HFC Form # 292 (Attachment B).

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- 10.2 Ninety days (90) prior to the anniversary date of the current Contract of Employment, the Chairman of the Board of Trustee will,
 - 10.2.1 Appoint a member to coordinate the evaluation,
 - 10.2.2 Instruct the Board of Trustee Liaison to mail to all current members an approved Position Posting, Description and Performance Evaluation available in Public Folder/All Public Folders/Board of Trustees/Forms/ Position Posting, Description and Performance Evaluation (Attachment C), and
 - 10.2.3 Designate a date by which members must return their completed form to the coordinator.
- 10.3 There are sixteen (16) tasks with assigned Performance Standards.
 - 10.3.1 The members are to evaluate the Executive Director's performance over the past twelve (12) months on each task using a task rating of:
 - 10.3.1.1 Exceeds Standards = 2
 - 10.3.1.2 Meets Standards = 1 and
 - 10.3.1.3 Below Standards = 0
- 10.4 The coordinator will tabulate the final scores of all forms and divide the sum by the number of forms received.
 - 10.4.1 The quotient thus obtained will be the rating of the Executive Director.
- 10.5 Sixty (60) days prior to the anniversary date of the current Contract of Employment, a closed session will be held at which the Board of Trustees will submit a preliminary evaluation and assessment to the Executive Director.
- 10.6 Prior to the anniversary date of the current Contract of Employment, a closed session will be held at which the Board of Trustees will complete the evaluation and assessment, go over the

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SECTION: BOARD OF TRUSTEES	
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results with the Executive Director, and review the salary and benefits.

11. Acting Executive Director:

- 11.1 The Executive Director will ensure there will always be a person who has authority to act for HFC during the absence of the Executive Director when the absence will be in excess of 72 hours, or it is either impractical or impossible to locate the Executive Director.

12. Interim Executive Director

- 12.1 During a period of prolonged absence of the Executive Director, the Chair of the Board of Trustees may appoint an Interim Executive Director.
- 12.2 Appointment of the position of Interim Executive Director will carry with it all the duties, responsibilities and authority normally awarded to the Executive Director's position.
- 12.3 Prolonged absence is defined to be any continuous period in excess of two weeks.
- 12.4 If the appointment of Interim Executive Director is for a period of thirty days or more, the Board of Trustees may award a temporary adjustment in salary during the period an individual is serving as Interim Executive Director in an amount for which the employee's total salary will not exceed that which is currently budgeted for the Executive Director's position.

ATTACHMENT LETTER	FORM NAME	FORM NUMBER
A	Contract of Employment	Public Folder
B	Position Posting, Description and Performance Evaluation	292
C	Position Posting, Description and Performance Evaluation	Public Folder
D	Governing Authority Resolution Governmental Entity	Form 2031-G

Signature: *Cara Mullenix*

Email: mullenixc@helenfarabee.org

Signature: *Gianna Harris*
Gianna Harris (Dec 15, 2025 09:54:52 CST)

Email: harrisg@helenfarabee.org









100.1.6 Board of Trustees Executive Director

Final Audit Report

2025-12-15

Created:	2025-12-14
By:	Cara Mullenix (mullenixc@helenfarabee.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAAkXysvxFET4-uwOrW0pRrRZM-qk-wlb89

"100.1.6 Board of Trustees Executive Director" History

-  Document created by Cara Mullenix (mullenixc@helenfarabee.org)
2025-12-14 - 11:18:25 PM GMT
-  Document emailed to Cara Mullenix (mullenixc@helenfarabee.org) for signature
2025-12-14 - 11:18:29 PM GMT
-  Email viewed by Cara Mullenix (mullenixc@helenfarabee.org)
2025-12-14 - 11:18:48 PM GMT
-  Document e-signed by Cara Mullenix (mullenixc@helenfarabee.org)
Signature Date: 2025-12-14 - 11:18:59 PM GMT - Time Source: server
-  Document emailed to Gianna Harris (harrisg@helenfarabee.org) for signature
2025-12-14 - 11:19:01 PM GMT
-  Email viewed by Gianna Harris (harrisg@helenfarabee.org)
2025-12-15 - 3:54:33 PM GMT
-  Document e-signed by Gianna Harris (harrisg@helenfarabee.org)
Signature Date: 2025-12-15 - 3:54:52 PM GMT - Time Source: server
-  Agreement completed.
2025-12-15 - 3:54:52 PM GMT

HELEN FARABEE CENTERS	
ADMINISTRATION PROCEDURE 100.1.7	
SECTION: BOARD OF TRUSTEES	
SUBJECT: ACCESSING THE BOARD OF TRUSTEES	Page 1 of 3

EFFECTIVE: 1/8/2026	ORIGINAL: 12/01/80
REVIEWED BY: Cara Mullenix _____ Cara Mullenix-Artigue Director of Utilization and Quality Management	APPROVED BY: Gianna Harris _____ Gianna Harris Executive Director
	CONCURRED: _____ J .Brian Eby Chair, Board of Trustees

PROCEDURE:

1. If a staff member, individual or organization desires to have an item added to the Board of Trustees agenda, they shall:
 - 1.1 Make the request at least fourteen (14) calendar days prior to the meeting for which the agenda item and/or presentation is requested.
 - 1.2 Ask to do so in a written request to the Executive Director that includes:
 - 1.2.1 The subject matter to be placed on the agenda and
 - 1.2.2 An outline of the presentation.
 - 1.3 The Executive Director will notify the party requesting to be placed on the agenda of the decision regarding that request prior to the date of the meeting in question.
 - 1.4 According to Government Code Title 5, Subtitle A, Chapter 551, Subchapter C, Sections 551.042 if, at a meeting of the Board of Trustees, a member of the public or of the Board of Trustees inquiries about a subject for which notice has not been given as required by Government Code Title 5, Subtitle A, Chapter 551, Subchapter C:

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ADMINISTRATION PROCEDURE 100.1.7	
SECTION: BOARD OF TRUSTEES	
SUBJECT: ACCESSING THE BOARD OF TRUSTEES	Page 2 of 3

1.4.1 The notice provisions of this subchapter do not apply to:

1.4.1.1 A statement of specific information given in response to the inquiry; or

1.4.1.2 A recitation of existing policy in response to the inquiry.

1.4.2 Any deliberation of or decision about the subject of the inquiry shall be limited to a proposal to place the subject on the agenda for a subsequent meeting.

2. If a staff member, individual or organization desire to comment on an agenda item at the meeting, they shall immediately, preceding the meeting, complete a Registration and Request to Appear Before the Helen Farabee Centers Board of Trustee, available in Public Folder/All Public Folders/Board of Trustees/Forms/Registration and Request to Appear which shall contain a description of the subject matter of the presentation.

2.1 Requests to comment received after the beginning of the meeting and prior to the conclusion of the Citizens' Comment period will be allowed at the discretion of the chairman.

3. Each agenda, available in Public Folder/All Public Folders/Board of Trustees/Forms/Agenda for the Board of Trustees meeting shall have an item entitled A, "Open Citizen Comment to the Board.

3.1 The purpose of this agenda item is to allow persons or organizations to make presentations to the Board of Trustees.

3.2 The Chairman of the Board of Trustees requests that time allowed for Open Citizen Comment to the Board be limited to fifteen (15) minutes.

4. In addition, each agenda, available in Public Folder/All Public Folders/Board of Trustees/Forms/Agenda for the Board of Trustees meeting allows for Citizen Comments pertaining to each agenda topic, which complies with Government Code Section 551.007 added in October 2019 after HB 2840 passed,

4.1 Attendees are encouraged to limit their Citizen Comments to three (3) minutes in length.

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ADMINISTRATION PROCEDURE 100.1.7	
SECTION: BOARD OF TRUSTEES	
SUBJECT: ACCESSING THE BOARD OF TRUSTEES	Page 3 of 3

ATTACHMENT LETTER	FORM NAME	FORM NUMBER
A	Registration and request to appear before the Helen Farabee Center Board of Trustees	Public Folder
B	Board of Trustees Agenda	Public Folder

Signature: *Cara Mullenix*

Email: mullenixc@helenfarabee.org

Signature: *Gianna Harris*
Gianna Harris (Dec 15, 2025 09:55:26 CST)

Email: harrisg@helenfarabee.org








100.1.7 Board of Trustees Accessing the Board of Trustees

Final Audit Report

2025-12-15

Created:	2025-12-14
By:	Cara Mullenix (mullenixc@helenfarabee.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAA7xBqKXUyn_3n8jGmy_50YM8jgUWEv_j2

"100.1.7 Board of Trustees Accessing the Board of Trustees" History

-  Document created by Cara Mullenix (mullenixc@helenfarabee.org)
2025-12-14 - 11:23:22 PM GMT
-  Document emailed to Cara Mullenix (mullenixc@helenfarabee.org) for signature
2025-12-14 - 11:23:25 PM GMT
-  Email viewed by Cara Mullenix (mullenixc@helenfarabee.org)
2025-12-14 - 11:23:41 PM GMT
-  Document e-signed by Cara Mullenix (mullenixc@helenfarabee.org)
Signature Date: 2025-12-14 - 11:23:52 PM GMT - Time Source: server
-  Document emailed to Gianna Harris (harrisg@helenfarabee.org) for signature
2025-12-14 - 11:23:53 PM GMT
-  Email viewed by Gianna Harris (harrisg@helenfarabee.org)
2025-12-15 - 3:55:07 PM GMT
-  Document e-signed by Gianna Harris (harrisg@helenfarabee.org)
Signature Date: 2025-12-15 - 3:55:26 PM GMT - Time Source: server
-  Agreement completed.
2025-12-15 - 3:55:26 PM GMT

HELEN FARABEE CENTERS	
ADMINISTRATIVE SERVICES POLICY 100.1.9	
SECTION: BOARD OF TRUSTEES	
SUBJECT: SHERIFF EX-OFFICIO BOARD MEMBERS	Page 1 of 2

EFFECTIVE: 1/8/2026	ORIGINAL: 09/01/2019
REVIEWED BY: Cara Mullenix Cara Mullenix-Artigue Director of Utilization & Quality Management	APPROVED BY: Gianna Harris Gianna Harris Executive Director
	CONCURRED: J. Brian Eby Chair, Board of Trustees

PROCEDURE:

1. APPOINTMENT CHARGE:

- 1.1 Senate Bill (SB) 623, passed in the 86th Legislature and amended Section 533.0351 of the Texas Health and Safety Code relating to the composition of the governing body of a Community Center and the consultation policies of local mental health authorities with respect to sheriffs, their representatives, and local law enforcement agencies. The act creates a process for a Sheriff(s) or Sheriff's designee to be appointed as an Ex-Officio Board Member of the Board of Trustees to serve as a resource to the Board of Trustees and staff.
- 1.2 Sheriff Ex-Officio Board Members are to advise, recommend, be involved in board deliberations and participate in other activities with the Board of Trustees but shall have no voting rights.
- 1.3 Operate in accordance with procedures approved by the Board of Trustees.

2. APPOINTMENT PROCESS:

- 2.1 The Board of Trustees will appoint, charge, and support two Sheriff Ex-Officio members who are chosen or recommended by the Sheriffs: one from the county/counties above the median county

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ADMINISTRATIVE SERVICES POLICY 100.1.9	
SECTION: BOARD OF TRUSTEES	
SUBJECT: SHERIFF EX-OFFICIO BOARD MEMBERS	Page 2 of 2

population and one from below the median county/counties population in Helen Farabee Centers designated local service area.

- 2.2 Individuals who have any current or potential fiduciary interest: or their contractors, which could create a conflict of interest or unfair advantage to providers bidding on services, will disclose the interest fully prior to the appointment to the board.
- 2.3 Appointments are for two-year terms. Appointees are eligible for reappointment if recommended by Sheriffs from the county groupings as defined above in 2.1.

3. TRAINING:

- 3.1 According to SB 632, the two members will receive initial and ongoing training and information at each scheduled board meeting.
- 3.2 Members will receive training and information as described in the Health and Safety Code, Title 7, Mental Health and Intellectual Disability, Subtitle A, Services for Persons with Mental Illness or an Intellectual Disability, Chapter 534, Community Services, Subchapter A, Community Centers.
- 3.3 Orientation to Board of Trustee policies and procedures relevant to the committee will be initially provided in a training session with the Executive Director.
- 3.4 Orientation to legal, legislative, and professional issues.

4. MISCELLANEOUS:

- 4.1 No expenses are expected to be associated with Ex-Officio membership. If Helen Farabee Centers requests a member travel, the expenses all under Helen Farabee Centers' policy.
- 4.2 Staff will provide secretarial, clerical, and technical support as needed.
- 4.3 Minutes of each meeting will be kept and presented to members for review.

Signature: *Cara Muller*

Email: mullenixc@helenfarabee.org

Signature: *Gianna Harris*
Gianna Harris (Dec 15, 2025 09:56:20 CST)

Email: harrisg@helenfarabee.org









100.1.9 Board of Trustees Sheriff Ex-Officio Board Members

Final Audit Report

2025-12-15

Created:	2025-12-14
By:	Cara Mullenix (mullenixc@helenfarabee.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAA_isuJzCEnNUirllCwIYFipv9lsXmvH52

"100.1.9 Board of Trustees Sheriff Ex-Officio Board Members" History

-  Document created by Cara Mullenix (mullenixc@helenfarabee.org)
2025-12-14 - 11:29:46 PM GMT
-  Document emailed to Cara Mullenix (mullenixc@helenfarabee.org) for signature
2025-12-14 - 11:29:50 PM GMT
-  Email viewed by Cara Mullenix (mullenixc@helenfarabee.org)
2025-12-14 - 11:30:24 PM GMT
-  Document e-signed by Cara Mullenix (mullenixc@helenfarabee.org)
Signature Date: 2025-12-14 - 11:30:37 PM GMT - Time Source: server
-  Document emailed to Gianna Harris (harrisg@helenfarabee.org) for signature
2025-12-14 - 11:30:38 PM GMT
-  Email viewed by Gianna Harris (harrisg@helenfarabee.org)
2025-12-15 - 3:56:01 PM GMT
-  Document e-signed by Gianna Harris (harrisg@helenfarabee.org)
Signature Date: 2025-12-15 - 3:56:20 PM GMT - Time Source: server
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2025-12-15 - 3:56:20 PM GMT

HELEN FARABEE CENTERS	
ADMINISTRATION PROCEDURE 100.1.10	
SECTION: BOARD OF TRUSTEES	
SUBJECT: BOARD MEMBER TRAVEL	Page 1 of 5

EFFECTIVE: 1/8/2026	ORIGINAL: 1/5/2023
REVIEWED BY: Cara Mullenix _____ Cara Mullenix-Artigue Director of Utilization and Quality Management	APPROVED BY: Gianna Harris _____ Gianna Harris Executive Director
	CONCURRED: _____ J .Brian Eby Chair, Board of Trustees

PROCEDURE:

General Information:

1. The purpose of this policy is to establish guidelines for travel related to Board Member's attendance at seminars, conferences, and other meetings associated with Helen Farabee Centers' business. "Travel" shall mean attendance at meetings, conferences, events, or other functions related to the Center's business that may occur in places other than the Center's offices or facilities. Travel may or may not include overnight stays.
2. Authorization of attendance and expenses incurred is predicated on the understanding that each attendee is returning with knowledge that will be of benefit to the Center.
3. The procedure is intended to comply with all Internal Revenue Service requirements for an accountable plan so that reimbursements are not treated as part of wages for tax purposes.
4. Board members are expected to exercise good judgment and a proper regard for economy when incurring expenses. They should be cost conscious and spend the Center's money as carefully and judiciously as they would spend his or her own funds.
5. Any non-business travel or expenses will be the responsibility of the Board Member(s). When traveling, Board Member(s) will be expected

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SECTION: BOARD OF TRUSTEES	
SUBJECT: BOARD MEMBER TRAVEL	Page 2 of 5

to use the most direct route and the most economical mode of transportation available considering travel time, costs, and work requirements. Expenses due to deviation for convenience will be absorbed by the Board Member(s).

6. In determining the reasonableness and necessity of travel expenses, the Board Member(s) and the board shall consider the ways in which the Center will benefit from the travel and weigh those benefits against the anticipated costs of the travel. The same considerations shall be considered in deciding whether a particular Board Member's presence on a trip is necessary.
7. Board members are required to provide the board with a written report for attendance at all seminars, conferences, and meetings consisting of more than one (1) day. The conference report will be included in the next published regular agenda packet.
8. Board Members should turn in all receipts for travel expenses to the designated administrative staff no later than sixty (60) days after the charges are incurred. Any advances a Board Member(s) receives to cover costs which are not later substantiated, must be returned within 120 days of the advance.

Travel Expenses:

9. **Registration Fees:** the cost of registration is an eligible travel expense. The Board Liaison will register the Board Member(s) for eligible conferences. Board Member(s) should notify the designated administrative staff of their desire to attend events requiring pre-registration well in advance of the event.
10. **Lodging:** the Board Liaison will assist Board Member(s) in scheduling lodging to assure bookings reflect the desired schedules and promotes efficiencies.
 - 10.1. Whenever possible, lodging should be arranged at the facility where the event is being held at the event rate.
 - 10.2. Lodging shall be limited to the minimum number of nights required for the attendance at the event. Reservations will only cover the period the Board Member(s) are authorized to stay unless the Board Member(s) inform the Center Staff of

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ADMINISTRATION PROCEDURE 100.1.10	
SECTION: BOARD OF TRUSTEES	
SUBJECT: BOARD MEMBER TRAVEL	Page 3 of 5

additional nights they wish to stay and pay for at their own expense.

10.3. It is anticipated that overnight lodging will be required only in the following circumstances:

10.3.1. When Center business extends beyond a normal working day (i.e., after 5:00 p.m.) and travel back to a Board Member(s) residence would be impractical, or

10.3.2. When the business meeting begins in the morning and long-distance travel (> 350 miles) early in the day would be impractical.

Meals:

11. Meals while traveling are covered under a per diem allowance. Meals and incidental expenses incurred for overnight business travel will be based on the Internal Revenue Service using the Specific Locality Method for Meals and Incidental Expenses only. These can be found at <https://www.gas.gov>.

11.1. Receipts are not required to receive per diem. No amounts more than the U.S. General Services Administration (www.gsa.gov) limits will be reimbursed.

11.2. If a meal is provided as part of the conference, reimbursement will not be provided for an attendee choosing to skip that meal.

11.3. If a meal is provided by the occupying hotel, that meal will not be reimbursed.

11.4. Snacks or refreshments outside of regular mealtimes are not eligible for reimbursement.

11.5. Tips are non-reimbursable.

11.6. Breakfast is reimbursed if a Board Member departs from their home location before 7:01 a.m. or has had an overnight stay and the hotel did not offer breakfast.

11.7. Lunch is reimbursed if a Board Member departs from their home location before 12:01 p.m. or returns to their home location after

HELEN FARABEE CENTERS	
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SECTION: BOARD OF TRUSTEES	
SUBJECT: BOARD MEMBER TRAVEL	Page 4 of 5

12:59 p.m. or has had an overnight stay and lunch was not provided for by the hotel or covered in the registration fees for the training/meeting the Board Member attended.

- 11.8. Dinner is reimbursed if a Board Member departs from their home location before 5:01 p.m. or returns to their home location after 5:59 p.m. or has an overnight stay and dinner is not provided by the hotel or covered in the registration fees for the training/meeting the Board Member attended.
- 11.9. Meals should not be claimed when the trip is extended for personal reasons and the Board Member returns to their home location later. For Board Members who use personal leave in conjunction with Center business, cannot claim meals for any time they use personal leave.

Rental Cars:

12. Rental Cars: Rental Car expense will be reimbursed. The vehicle size shall be no larger than mid-size (intermediate).
 - 12.1. The Center will not pay for any unnecessary additional costs for the rental of a vehicle.
 - 12.2. Under no circumstances can a rental vehicle paid for with Center funds be used for personal reasons. Anyone mixing business with pleasure are required to take their own vehicle.
 - 12.3. The owner/driver of the vehicle is responsible for all parking fines and moving violation tickets.

Use of Personal Vehicle:

13. Use of Personal Vehicle: Reimbursement for the use of personal vehicles shall be at the rate established by the Internal Revenue Service, <https://www.irs.gov>. Board Member(s) who use personal vehicles for business purposes are required to have a valid driver's license and at least the minimum insurance coverage required by law. Primary insurance for use of a personal vehicle for business purposes shall be through the Board Member's personal automobile insurance policy and the Board Member will be responsible for any damage to the vehicle, as well as liability.

HELEN FARABEE CENTERS	
ADMINISTRATION PROCEDURE 100.1.10	
SECTION: BOARD OF TRUSTEES	
SUBJECT: BOARD MEMBER TRAVEL	Page 5 of 5

14. The owner/driver of the vehicle is responsible for all parking fines and moving violation tickets.
15. Board Member(s) can only claim mileage for the miles to and from the event and a fifteen-mile radius from the event location unless the hotel is separate from the event and is further than fifteen miles. No claims should be made for any personal elective activities during their free time or extended personal leave time.
16. Board Member(s) is responsible for all expenses associated with employee's use of his or her vehicle. Example: gas, flat tire, insurance, tows, etc.
17. Parking Fees and Bridge Tolls: Any parking charges or bridge tolls necessary for the business purpose of the trip will be reimbursed.

Restrictions:

18. The Center will not reimburse any expenses attributable to any companion.
19. The Center will not reimburse any purchase of an alcoholic beverage or any other intoxicant.
20. The Center will not reimburse for personal expenses such as newspapers, laundry and dry cleaning, magazines, haircuts, shoeshines, spa services, personal telephone calls, in room movies, snacks, clothing, travel insurance, late check-out and room guarantee charges, transportation to procure meals further than fifteen miles, transportation not connected with the purpose of the business trip, entertainment expenses, and other personal expenses.
21. The Center is not responsible for reimbursing for lost time from private work and other responsibilities or duties of a Board Member that are outside of those duties and responsibilities to the Center as a Trustee.
22. Board Member(s) shall not arrange travel at a time that is less advantageous to the Center or involves any greater expense incurred because of personal travel, including, but not limited to, extra hotel nights, additional stopovers, meals, or transportation.

Signature: *Cara Mullenix*

Email: mullenixc@helenfarabee.org

Signature: *Gianna Harris*

Gianna Harris (Dec 15, 2025 09:36:47 CST)

Email: harrisg@helenfarabee.org









100.1.10 Board of Trustees Board Travel

Final Audit Report

2025-12-15

Created:	2025-12-14
By:	Cara Mullenix (mullenixc@helenfarabee.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAATE1EH78iipJhA3rqIVWCwVwohDpQYR4q

"100.1.10 Board of Trustees Board Travel" History

-  Document created by Cara Mullenix (mullenixc@helenfarabee.org)
2025-12-14 - 11:35:20 PM GMT
-  Document emailed to Cara Mullenix (mullenixc@helenfarabee.org) for signature
2025-12-14 - 11:35:24 PM GMT
-  Email viewed by Cara Mullenix (mullenixc@helenfarabee.org)
2025-12-14 - 11:36:08 PM GMT
-  Document e-signed by Cara Mullenix (mullenixc@helenfarabee.org)
Signature Date: 2025-12-14 - 11:36:18 PM GMT - Time Source: server
-  Document emailed to Gianna Harris (harrisg@helenfarabee.org) for signature
2025-12-14 - 11:36:20 PM GMT
-  Email viewed by Gianna Harris (harrisg@helenfarabee.org)
2025-12-15 - 3:56:31 PM GMT
-  Document e-signed by Gianna Harris (harrisg@helenfarabee.org)
Signature Date: 2025-12-15 - 3:56:47 PM GMT - Time Source: server
-  Agreement completed.
2025-12-15 - 3:56:47 PM GMT

HELEN FARABEE CENTERS	
PROGRAMS AND SERVICES POLICY 400	
SECTION: SUBSTANCE ABUSE SERVICES	
SUBJECT: POLICY STATEMENT	Page 1 of 4

EFFECTIVE: 01/08/2026	ORIGINAL: 02/01/2006
APPROVED BY: Bradley Fisk Bradley Fisk Director Substance Abuse Services	REVIEWED BY: Cara Mullenix Cara Mullenix-Artigue Director of Utilization and Quality Management
APPROVED BY: Andrew Martin Andrew Martin Associate Executive Director of Operations	CONCURRED: Gianna Harris Gianna Harris Executive Director
	APPROVED BY: J. Brian Eby Chair, Board of Trustees

POLICY:

1. It is the policy of the Board of Trustees the Helen Farabee Centers (HFC) Substance Abuse Services provides individual and group services in accordance with Performance Contracts with Health and Human Services Commission (HHSC) as well as Texas Administrative Codes (TAC).
2. The Substance Abuse Services has revised the formatting of local procedures which now represents:
 - 2.1. Administrative Section found in 400.1 procedures.
 - 2.2. Clinical Practice Section found in 400.2 procedures.
 - 2.3. Substance Abuse Services Section found in 400.3 procedures.
3. To highlight those policies for which approval is needed, the following is provided for this oversight by the Board of Trustees.

HELEN FARABEE CENTERS	
PROGRAMS AND SERVICES POLICY 400	
SECTION: SUBSTANCE ABUSE SERVICES	
SUBJECT: POLICY STATEMENT	Page 2 of 4

- 3.1. Substance Abuse Services (SAS) will ensure a marketing plan has been established and operationalized.
- 3.2. Ensure the development of memorandums of understanding as well as collaborative agreements.
- 3.3. Ensure that facility licensure is obtained, and appropriate actions taken to maintain.
- 3.4. Ensure multiple locations are available for the provision of services and guidelines are in place for access to these services.
- 3.5. Ensure administrative oversight per an organization structure and assigned responsibilities. This includes the annual review of policy and procedures to ensure current documents are on file and available to staff.
- 3.6. Establishes and maintains financial controls to ensure that Health and Human Services (HHSC) funded programs are operated efficiently and effectively. HFC will maintain compliance with other funding and regulatory agencies. HFC has appropriate controls in place to safeguard assets and to ensure funds are properly spent and accounted for.
- 3.7. Establishes personnel requirements and hiring practices.
- 3.8. Establishes a quality management program and operationalizes as reflected within the Quality Management Plan.
- 3.9. Ensure reporting measures are handled as directed through the contract process.
- 3.10. Report and track any incidents occurring in services or as appropriate related to those individuals in services.
- 3.11. Ensure a safe and secure environment, which is also a tobacco-free environment.
- 3.12. Ensure that clinical licensure requirements follow TAC Title 26, Part 1, Chapter 562, Licensed Chemical Dependency Counselors, Licensure and Ethical Standards to be maintained which also includes the prohibited use of personal or mechanical restraint or

HELEN FARABEE CENTERS	
PROGRAMS AND SERVICES POLICY 400	
SECTION: SUBSTANCE ABUSE SERVICES	
SUBJECT: POLICY STATEMENT	Page 3 of 4

seclusion and prohibited searches for those individuals in our services.

- 3.13. Ensure services are provided in accordance with TAC Title 26, Part 1, Chapter 564. This chapter identifies general program and service descriptions and requires individuals seeking substance abuse services be offered an efficient, effective, and appropriate continuum of services that will enable them to lead a life of recovery as a productive member of society. These rules further serve to protect the health, safety, and welfare of those receiving substance abuse services.
- 3.14. Ensure services are to be provided in a non-threatening, culturally competent manner, be consistent with best practices and industry standards. Services are to respect an individual's dignity, and not engage in any action that may cause injury and will always act with integrity in provides services. The use of Recovery Coaches will be offered within services.
- 3.15. Ensure clinical screenings (including detoxification needs), diagnosis using current Diagnostic and Statistical Manual of Mental Disorders (DSM-5) criteria, admission authorization and consent, and assessment. Also ensuring treatment planning (including individual and group services, education, counseling, any mental health referrals, and consideration of family education or involvement in treatment). Crisis services will be available and accessed when appropriate and discharge from the services will be in accordance with established procedures.
- 3.16. Ensure that employee policies and treatment modalities promote a person-centered care along with use of trauma informed principles.
- 3.17. Ensure established criteria that place individuals seeking services from priority populations are considered for top waiting list placement. Priority populations are as follows:
 - 3.17.1. Pregnant injecting individuals admitted within 48 hours,
 - 3.17.2. Pregnant individuals admitted within 48 hours,
 - 3.17.3. Injecting drug users admitted within 14 days,
 - 3.17.4. High risk for overdose admitted within 72 hours,
 - 3.17.5. Individuals referred by Texas Department of Family and Protective Services (DFPS) admitted within 72 hours,

HELEN FARABEE CENTERS	
PROGRAMS AND SERVICES POLICY 400	
SECTION: SUBSTANCE ABUSE SERVICES	
SUBJECT: POLICY STATEMENT	Page 4 of 4

- 3.17.6. Individuals experiencing homelessness or housing instability,
- 3.17.7. All other populations

3.18. As needed distribution and use of antagonist medication will be available.

- 4. Abides by HFC procedures to protect client/participant records and client/participant-identifying information from unauthorized disclosure in accordance with the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2 and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) in accordance with Medical Records Procedure 800.4.8.
- 5. Abides by HFC procedures prohibiting discrimination against an individual or group based on race, religion or ethnicity, country of origin, age, disability (including mental illness), sexual orientation, or gender in accordance with Human Resources Procedure 200.1.12 Non-discrimination, Harassment and Retaliation and Client Rights Procedure 500.1.6 Grievance Procedure for Non-discrimination.
- 6. Abides by the HFC procedure for handling complaints.
- 7. Abides by HFC procedure on standards of conduct in accordance with Administrative Procedure 100.2.10 Corporate Compliance and Human Resource 200.1.5 Condition of Employment, Business Code of Conduct.

Signature: Cara Mullenix

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Signature: Bradley Fisk
Bradley Fisk (Dec 15, 2025 13:19 CST)

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Signature: Andrew Martin
Andrew Martin (Dec 15, 2025 13:33:30 CST)

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Gianna Harris (Dec 15, 2025 14:42:36 CST)

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400 Substance Abuse Services Policy Statement

Final Audit Report

2025-12-15

Created:	2025-12-15
By:	Cara Mullenix (mullenixc@helenfarabee.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAAqk0wnAlf9ln753olQkYldm0Z2wVGqh4G

"400 Substance Abuse Services Policy Statement" History



Document created by Cara Mullenix (mullenixc@helenfarabee.org)

2025-12-15 - 6:56:46 PM GMT



Document emailed to Cara Mullenix (mullenixc@helenfarabee.org) for signature

2025-12-15 - 6:56:50 PM GMT



Email viewed by Cara Mullenix (mullenixc@helenfarabee.org)

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Document e-signed by Cara Mullenix (mullenixc@helenfarabee.org)

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Document emailed to Bradley Fisk (fiskb@helenfarabee.org) for signature

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2025-12-15 - 7:12:59 PM GMT



Document e-signed by Bradley Fisk (fiskb@helenfarabee.org)

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Document emailed to Andrew Martin (martina@helenfarabee.org) for signature

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Email viewed by Andrew Martin (martina@helenfarabee.org)

2025-12-15 - 7:33:29 PM GMT




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Signature Date: 2025-12-15 - 7:33:50 PM GMT - Time Source: server



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 Document emailed to Gianna Harris (harrisg@helenfarabee.org) for signature

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 Email viewed by Gianna Harris (harrisg@helenfarabee.org)

2025-12-15 - 8:42:02 PM GMT

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Signature Date: 2025-12-15 - 8:42:36 PM GMT - Time Source: server

 Agreement completed.

2025-12-15 - 8:42:36 PM GMT

HELEN FARABEE CENTERS	
PROGRAMS AND SERVICES POLICY 600	
SECTION: INFORMATION SERVICES	
SUBJECT: POLICY STATEMENT	Page 1 of 2

EFFECTIVE: 01/08/2026	ORIGINAL: 03/03/2016
APPROVED BY: Michael Stephenson Michael Stephenson Director, Information Services	REVIEWED BY: Cara Mullenix Cara Mullenix-Artigue Director of Utilization and Quality Management
CONCURRED: Gianna Harris Gianna Harris Executive Director	APPROVED BY: J. Brian Eby J. Brian Eby Chair, Board of Trustees

POLICY:

1. It is the policy of the Board of Trustees that the Helen Farabee Centers participates actively in the maintenance and protection of the center owned/center operated information management systems and data.
2. The Information Services Department, also known as Management Information Services (MIS) will support staff in their access to these systems and provide a contact number and email for needed assistance.
3. The Information Services Department will evaluate any identified needs/requests through the view of fiscal priorities and urgency of needs.
4. The Information Services Department will ensure procedures are in place for safeguarding equipment and data for purposes of ongoing access and the privacy of individuals served.
5. The Information Services Department will ensure an emergency response process/plan is in place regarding the equipment and data of our business practices and individuals served.
 - 5.1 They assist with the public address (PA) systems and phone systems for accessing in case of center emergencies.

HELEN FARABEE CENTERS	
PROGRAMS AND SERVICES POLICY 600	
SECTION: INFORMATION SERVICES	
SUBJECT: POLICY STATEMENT	Page 2 of 2

6. The Information Services Department works in concert with Financial Services and Human Resources as it relates to the issuance of computer equipment, phone services, and equipment as well as security access requirements required for data.

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Signature: *Michael Stephenson*

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Signature: *Gianna Harris*
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600 Information Services Policy Statement

Final Audit Report

2025-12-15

Created:	2025-12-14
By:	Cara Mullenix (mullenixc@helenfarabee.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAAexSSyhNZgXBzH9VBWS38RSSunQNN96XW

"600 Information Services Policy Statement" History



Document created by Cara Mullenix (mullenixc@helenfarabee.org)

2025-12-14 - 3:08:58 AM GMT



Document emailed to Cara Mullenix (mullenixc@helenfarabee.org) for signature

2025-12-14 - 3:09:01 AM GMT



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2025-12-14 - 4:14:42 AM GMT



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2025-12-14 - 4:14:54 AM GMT



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2025-12-14 - 1:08:40 PM GMT



Document e-signed by Michael Stephenson (stephensonm@helenfarabee.org)

Signature Date: 2025-12-14 - 1:08:59 PM GMT - Time Source: server



Document emailed to Gianna Harris (harrisg@helenfarabee.org) for signature

2025-12-14 - 1:09:01 PM GMT



Email viewed by Gianna Harris (harrisg@helenfarabee.org)

2025-12-15 - 3:49:03 PM GMT



Document e-signed by Gianna Harris (harrisg@helenfarabee.org)

Signature Date: 2025-12-15 - 3:50:11 PM GMT - Time Source: server



Agreement completed.

2025-12-15 - 3:50:11 PM GMT



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HELEN FARABEE CENTERS	
SERVICES AND PROGRAMS POLICY 900.2	
SECTION: CONTINUITY OF CARE	
SUBJECT: POLICY STATEMENT	Page 1 of 2

EFFECTIVE: 1/8/2026	ORIGINAL: 10/23/1997
APPROVED BY: Kyle Gullette Kyle Gullette Director of Crisis Services and Continuity of Care	APPROVED BY: Cara Mullenix Cara Mullenix-Artigue Director of Utilization and Quality Management
APPROVED BY: Andrew Martin Andrew Martin Associate Executive Director of Operations	CONCURRED: Gianna Harris Gianna Harris Executive Director
	APPROVED BY: J. Brian Eby Chair, Board of Trustees

POLICY:

1. It is the policy of the Board of Trustees:
 - 1.1. To ensure that Helen Farabee Centers (HFC) offers Continuity of Care services to ensure an individuals' treatment is not disrupted as they transition from an inpatient hospitalization or residential placement back to the community.
 - 1.2. Continuity of Care begins upon admission for individuals who have been in an acute state of distress or decompensation that has necessitated inpatient hospitalization or residential placement.
 - 1.3. These placements are most likely the Crisis Respite Unit (CRU), Red River Hospital (RRH), Medical City Mental Health and Wellness Center Alliance, (MCA), Perimeter Behavioral Hospital – Arlington, Oceans Behavioral Hospital – Abilene, The Pavillion at Northwest Texas Hospital, and Millwood Hospital (Private psychiatric care facilities), or North Texas State Hospital – Wichita Falls campus (NTSH-WF).

HELEN FARABEE CENTERS	
SERVICES AND PROGRAMS POLICY 900.2	
SECTION: CONTINUITY OF CARE	
SUBJECT: POLICY STATEMENT	Page 2 of 2

- 1.4. To ensure individuals will receive treatment within the least restrictive environment (Health and Safety Code 571.004) and that discharge planning begins at the time of admission to a hospital or residential placement.
- 1.5. To ensure access to relapse and prevention Case Managers who will assist individuals in transitioning to, or establishing, outpatient care within the community.
- 1.6. To ensure that a viable discharge plan is created through collaboration with the individual served and their support system to promote a successful and less intimidating reentry into the community.
2. To ensure continuity of care and compliance with Outpatient Court Commitments and required communication with the court of record (Procedure Outpatient Court Commitments 900.2.2) and Not Guilty by Reason of Insanity (NGRI) Outpatient Court Commitments (900.2.4).

Signature: Cara Mullenix

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900.2 Continuity of Care Policy Statement

Final Audit Report

2025-12-18

Created:	2025-12-17
By:	Cara Mullenix (mullenixc@helenfarabee.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAA7s0VSGi2ik2qexMR6Fz8wALfNd7WBRWZ

"900.2 Continuity of Care Policy Statement" History



Document created by Cara Mullenix (mullenixc@helenfarabee.org)

2025-12-17 - 7:13:34 PM GMT



Document emailed to Cara Mullenix (mullenixc@helenfarabee.org) for signature

2025-12-17 - 7:13:38 PM GMT



Email viewed by Cara Mullenix (mullenixc@helenfarabee.org)

2025-12-17 - 8:27:47 PM GMT



Document e-signed by Cara Mullenix (mullenixc@helenfarabee.org)

Signature Date: 2025-12-17 - 8:27:58 PM GMT - Time Source: server



Document emailed to Kyle Gullette (gullettek@helenfarabee.org) for signature

2025-12-17 - 8:28:00 PM GMT



Email viewed by Kyle Gullette (gullettek@helenfarabee.org)

2025-12-17 - 8:28:30 PM GMT



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Signature Date: 2025-12-17 - 8:28:46 PM GMT - Time Source: server



Document emailed to Andrew Martin (martina@helenfarabee.org) for signature

2025-12-17 - 8:28:48 PM GMT



Email viewed by Andrew Martin (martina@helenfarabee.org)

2025-12-17 - 8:37:39 PM GMT



Document e-signed by Andrew Martin (martina@helenfarabee.org)

Signature Date: 2025-12-17 - 8:37:54 PM GMT - Time Source: server



Document emailed to Gianna Harris (harrisg@helenfarabee.org) for signature

2025-12-17 - 8:37:55 PM GMT



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Email viewed by Gianna Harris (harrisg@helenfarabee.org)

2025-12-18 - 4:22:31 PM GMT



Document e-signed by Gianna Harris (harrisg@helenfarabee.org)

Signature Date: 2025-12-18 - 4:22:47 PM GMT - Time Source: server



Agreement completed.

2025-12-18 - 4:22:47 PM GMT



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HELEN FARABEE CENTERS	
PROGRAMS AND SERVICES POLICY 900.3	
SECTION: BEHAVIORAL HEALTH – ADULTS	
SUBJECT: POLICY STATEMENT	Page 1 of 2

EFFECTIVE: 01/08/2026	ORIGINAL: 3/3/2016
APPROVED BY: Lauren Hargrove Lauren Hargrove Director of Adult Mental Health Services	REVIEWED BY: Cara Mullenix Cara Mullenix-Artigue Director of Utilization and Quality Management
APPROVED BY: Andrew Martin Andrew Martin Associate Executive Director of Operations	CONCURRED: Gianna Harris Gianna Harris Executive Director
	APPROVED BY: J. Brian Eby Chair, Board of Trustees

POLICY:

1. It is the policy of the Board of Trustees to have established procedures that are utilized across the services of behavioral health for adult individuals served by the Helen Farabee Centers (HFC). Procedures covered in this section include:
 - The clinical supervision of staff.
 - The recovery planning requirements for individuals served.
 - The use of Peer Providers.
 - The Pre-Assessment and Screening for Residential Review (PASRR).

HELEN FARABEE CENTERS	
PROGRAMS AND SERVICES POLICY 900.3	
SECTION: BEHAVIORAL HEALTH – ADULTS	
SUBJECT: POLICY STATEMENT	Page 2 of 2

- Processing of incoming and outgoing referral for Long-term Services and Supports
- Guidelines in handling requests from individuals served as it relates to benefits eligibility, community assistance with food stamps, Section 8 housing, etc.
- Provision of targeted case management services to eligible adults according to their individual needs, such as sustaining recovery, gaining access to medical, social, legal, educational, and other supports.
- Oversight of Care Coordination services.
- Use of evidence-based practices including Co-Occurring Psychiatric and Substance Abuse Services (COPSD), Supported Employment, Illness Management and Recovery (IMR), Seeking Safety, Cognitive Adaptation Techniques (CAT), Permanent Supportive Housing, Person-Family Centered Recovery, etc., as defined within the Quality Management Plan, Attachment G – Evidence-based Practices and Fidelity.

Signature: Cara Mullenix

Email: mullenixc@helenfarabee.org

Signature: Lauren Hargrove

Lauren Hargrove (Dec 15, 2025 08:05:29 CST)

Email: hargrovel@helenfarabee.org

Signature: Andrew Martin

Andrew Martin (Dec 15, 2025 08:23:58 CST)

Email: martina@helenfarabee.org

Signature: Gianna Harris

Gianna Harris (Dec 15, 2025 10:00:28 CST)

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900.3 Behavioral Health Services Adult Policy Statement

Final Audit Report

2025-12-15

Created:	2025-12-14
By:	Cara Mullenix (mullenixc@helenfarabee.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAAJYnD_z3Qc-gWzoyr28AACQ2Xu29oL4U6

"900.3 Behavioral Health Services Adult Policy Statement" History

-  Document created by Cara Mullenix (mullenixc@helenfarabee.org)
2025-12-14 - 2:28:26 AM GMT
-  Document emailed to Cara Mullenix (mullenixc@helenfarabee.org) for signature
2025-12-14 - 2:28:30 AM GMT
-  Email viewed by Cara Mullenix (mullenixc@helenfarabee.org)
2025-12-14 - 4:13:44 AM GMT
-  Document e-signed by Cara Mullenix (mullenixc@helenfarabee.org)
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-  Document emailed to Lauren Hargrove (hargrovel@helenfarabee.org) for signature
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-  Email viewed by Lauren Hargrove (hargrovel@helenfarabee.org)
2025-12-15 - 2:05:13 PM GMT
-  Document e-signed by Lauren Hargrove (hargrovel@helenfarabee.org)
Signature Date: 2025-12-15 - 2:05:29 PM GMT - Time Source: server
-  Document emailed to Andrew Martin (martina@helenfarabee.org) for signature
2025-12-15 - 2:05:31 PM GMT
-  Email viewed by Andrew Martin (martina@helenfarabee.org)
2025-12-15 - 2:23:44 PM GMT
-  Document e-signed by Andrew Martin (martina@helenfarabee.org)
Signature Date: 2025-12-15 - 2:23:58 PM GMT - Time Source: server



Document emailed to Gianna Harris (harrisg@helenfarabee.org) for signature

2025-12-15 - 2:23:59 PM GMT



Email viewed by Gianna Harris (harrisg@helenfarabee.org)

2025-12-15 - 4:00:02 PM GMT



Document e-signed by Gianna Harris (harrisg@helenfarabee.org)

Signature Date: 2025-12-15 - 4:00:28 PM GMT - Time Source: server



Agreement completed.

2025-12-15 - 4:00:28 PM GMT



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HELEN FARABEE CENTERS	
PROGRAMS AND SERVICES POLICY 900.4	
SECTION: CHILD & ADOLESCENT SERVICES (CAS)	
SUBJECT: POLICY STATEMENT	Page 1 of 2

EFFECTIVE: 01/08/2026	ORIGINAL: 03/03/2016
APPROVED BY: Amanda Cantu	REVIEWED BY: Cara Mullenix
Amanda Cantu Director of Child & Adolescent Services	Cara Mullenix-Artigue Director of Utilization and Quality Management
APPROVED BY: Andrew Martin	CONCURRED: Gianna Harris
Andrew Martin Associate Executive Director of Operations	Gianna Harris Executive Director
	APPROVED BY: J. Brian Eby Chair, Board of Trustees

POLICY:

1. It is the policy of the Board of Trustees to have established procedures that are utilized across the services for youth ages 3 to 18 served by Helen Farabee Centers. Procedures covered in this section include:
 - The clinical supervision of staff.
 - The recovery planning requirements for individuals served.
 - Provision of targeted case management services to eligible youth according to their individual needs, such as sustaining recovery and gaining access to medical, social, legal, educational, and other supports.
 - Use of evidence-based practices including Nurturing Parenting, Seeking Safety, Skillstreaming, Aggression Replacement Training,

HELEN FARABEE CENTERS	
PROGRAMS AND SERVICES POLICY 900.4	
SECTION: CHILD & ADOLESCENT SERVICES (CAS)	
SUBJECT: POLICY STATEMENT	Page 2 of 2

Co-Occurring Psychiatric and Substance Abuse Services (COPSD), Intensive Case Management using Wraparound Model, and Person-Family Centered Recovery, etc., as defined within the Quality Management Plan.

- The use of additional curriculum is authorized and known as promising practices includes Barkley's Defiant Child, Barkley's Defiant Teen, and Preparing Adolescents for Young Adulthood (PAYA).
- Provision of Youth Empowerment Services (YES) Waiver services and supports including Adaptive Aids, Minor Home Modifications, and Transitional Services.

Signature: Cara Mullenix

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Signature: Amanda Cantu
Amanda Cantu (Dec 15, 2025 08:29:19 CST)

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Andrew Martin (Dec 15, 2025 08:36:43 CST)

Email: martina@helenfarabee.org

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Gianna Harris (Dec 15, 2025 10:07:39 CST)

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900.4 Child & Adolescent Services (CAS) Policy Statement

Final Audit Report

2025-12-15

Created:	2025-12-14
By:	Cara Mullenix (mullenixc@helenfarabee.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAANKIPJMzsl3eQSGRGQfRn3yFrFrD7Tzat

"900.4 Child & Adolescent Services (CAS) Policy Statement" History

-  Document created by Cara Mullenix (mullenixc@helenfarabee.org)
2025-12-14 - 2:18:36 AM GMT
-  Document emailed to Cara Mullenix (mullenixc@helenfarabee.org) for signature
2025-12-14 - 2:18:40 AM GMT
-  Email viewed by Cara Mullenix (mullenixc@helenfarabee.org)
2025-12-14 - 4:13:01 AM GMT
-  Document e-signed by Cara Mullenix (mullenixc@helenfarabee.org)
Signature Date: 2025-12-14 - 4:13:14 AM GMT - Time Source: server
-  Document emailed to Amanda Cantu (cantua@helenfarabee.org) for signature
2025-12-14 - 4:13:16 AM GMT
-  Email viewed by Amanda Cantu (cantua@helenfarabee.org)
2025-12-15 - 2:29:08 PM GMT
-  Document e-signed by Amanda Cantu (cantua@helenfarabee.org)
Signature Date: 2025-12-15 - 2:29:19 PM GMT - Time Source: server
-  Document emailed to Andrew Martin (martina@helenfarabee.org) for signature
2025-12-15 - 2:29:21 PM GMT
-  Email viewed by Andrew Martin (martina@helenfarabee.org)
2025-12-15 - 2:36:31 PM GMT
-  Document e-signed by Andrew Martin (martina@helenfarabee.org)
Signature Date: 2025-12-15 - 2:36:43 PM GMT - Time Source: server



Document emailed to Gianna Harris (harrisg@helenfarabee.org) for signature

2025-12-15 - 2:36:44 PM GMT



Email viewed by Gianna Harris (harrisg@helenfarabee.org)

2025-12-15 - 4:02:19 PM GMT



Document e-signed by Gianna Harris (harrisg@helenfarabee.org)

Signature Date: 2025-12-15 - 4:02:39 PM GMT - Time Source: server



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2025-12-15 - 4:02:39 PM GMT



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HELEN FARABEE CENTERS	
SERVICES AND PROGRAMS PROCEDURE 900.10	
SECTION: STATE HOSPITAL STEP DOWN PROGRAM	
SUBJECT: POLICY STATEMENT	Page 1 of 2

EFFECTIVE: 1/8/2026	ORIGINAL: 03/04/2021
APPROVED BY: Cara Mullenix _____ Cara Mullenix-Artigue Director of Utilization and Quality Management	APPROVED BY: Andrew Martin _____ Andrew Martin Associate Executive Director of Operations
CONCURRED: Gianna Harris _____ Gianna Harris Executive Director	APPROVED BY: _____ J. Brian Eby Chair, Board of Trustees

PROCEDURE:

1. It is the policy of the Board of Trustees to endorse the State Hospital Step Down Program (SHSDP), formerly known as the Hospital Transition Pilot Program (HTPP) which is designed to provide a step-down/transition service for individuals who are psychiatrically and/or medically fragile from long-term state hospital admission to a less restrictive community-based setting. This home will be referred to as the Step-Down Home.
2. The direct supervision of the Step-Down home will be contracted through The Wood Group (TWG) and the clinical services for the residents will be provided by Helen Farabee Centers (HFC).
3. TWG will have a set of applicable operational policy and procedures.
4. HFC will have a set of operational policy and procedures.
5. Procedures will cover a variety of topics and responsibilities and will be reviewed at least annually or as needed for accuracy, timeliness and relevance.
 - 5.1. General Operations,
 - 5.2. Screening, Admissions, Services and Treatment, and Discharge of Services,

HELEN FARABEE CENTERS	
SERVICES AND PROGRAMS PROCEDURE 900.10	
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- 5.3. Dietary Needs,
- 5.4. Rights and Grievances,
- 5.5. Infection Control,
- 5.6. Personnel and Training,
- 5.7. Environmental Safety to include Emergency Management, American Disabilities Act (ADA) requirements, evaluations, fire safety, and general safety,
- 5.8. Quality Management,
- 5.9. Clinical Records and Retention,
- 5.10. Personal Belongings,
- 5.11. Behavioral Support, and
- 5.12. Self-Administration of Medication and Medication Training and Support

Signature: Cara Mullnix

Email: mullenixc@helenfarabee.org

Signature: Andrew Martin
Andrew Martin (Dec 15, 2025 14:44:59 CST)

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900.10 State Hospital Step Down Program Policy Statement

Final Audit Report

2025-12-16

Created:	2025-12-15
By:	Cara Mullenix (mullenixc@helenfarabee.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAASVplvoELyqiJPSHoCgY9PE-D9qA8qZe5

"900.10 State Hospital Step Down Program Policy Statement" History

-  Document created by Cara Mullenix (mullenixc@helenfarabee.org)
2025-12-15 - 8:32:47 PM GMT
-  Document emailed to Cara Mullenix (mullenixc@helenfarabee.org) for signature
2025-12-15 - 8:32:51 PM GMT
-  Email viewed by Cara Mullenix (mullenixc@helenfarabee.org)
2025-12-15 - 8:33:27 PM GMT
-  Document e-signed by Cara Mullenix (mullenixc@helenfarabee.org)
Signature Date: 2025-12-15 - 8:33:37 PM GMT - Time Source: server
-  Document emailed to Andrew Martin (martina@helenfarabee.org) for signature
2025-12-15 - 8:33:39 PM GMT
-  Email viewed by Andrew Martin (martina@helenfarabee.org)
2025-12-15 - 8:44:46 PM GMT
-  Document e-signed by Andrew Martin (martina@helenfarabee.org)
Signature Date: 2025-12-15 - 8:44:59 PM GMT - Time Source: server
-  Document emailed to Gianna Harris (harrisg@helenfarabee.org) for signature
2025-12-15 - 8:45:00 PM GMT
-  Email viewed by Gianna Harris (harrisg@helenfarabee.org)
2025-12-16 - 3:54:49 PM GMT
-  Document e-signed by Gianna Harris (harrisg@helenfarabee.org)
Signature Date: 2025-12-16 - 3:55:06 PM GMT - Time Source: server



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5 RECOMMENDATIONS

F. PROGRAM AND PERSONNEL

1) CART TEAM

RECOMMENDED ACTION: Information Only Item.

BACKGROUND INFORMATION: When HFC received the Priddy Foundation grant to establish the Crisis Aid Response Team (CART), we also obtained a second grant through the Office of the Governor to pay for technical assistance through the Meadows MH Policy Institute. They helped us implement a proven model and gathered data to assess the new project's impact. Their final report is being presented to the BOT for review.

SUPPORTING INFORMATION: The 44-page report describes the MMHPI technical assistance activities, the data gathered, and presents these conclusions regarding the CART team's implementation:

- WFPD, WFFD, and HFC have transformed Wichita Falls' response to behavioral health-related calls for service.
- CART outcomes meet or exceed national best practice standards for crisis intervention.
- These improvements "position Wichita Falls as one of the Texas' modern, multidisciplinary crisis response programs, demonstrating early success in delivering safer, more humane, and more effective services for individuals experiencing behavioral health crises".

SPECIFIC REASONS WHY THESE ACTIONS ARE NECESSARY FOR THE CENTER:

This information is being shared so the BOT can see the impact HFC is having on the community around crisis response and to appreciate how grant funds are being used when available.

Helen Farabee Centers

Essential Services and Clinical Accountability, Quarter 1 FY2026

Intellectual and Developmental Disability Services				
Item	Criteria	Definition	Target	Achieved
1.1	Service Targets (NEW) 88% to 77%	Quarterly IDD Community Service Target. <i>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.</i>	≥77% per Q	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	100%
1.3	TxHmL Enrollments	Percent of all enrollments into TxHmL (Texas Home Living Services) that meet timelines in the LIDDA Handbook.	≥ 95% per Q	100%
1.4	Permanency Plans	Percent of Permanency Plans completed within twenty (20) calendar days after the first business day a person's name first appears as never been done on a report HC021395. W Reviews Needed. See A-10: Permanency Planning Requirements LIDDA	≥ 95% per Q	100%
1.5	Permanency Plans	Percent of Permanency Plan reviews completed within six (6) months after the initial plan or previous review was completed. See A-10: Permanency Planning Requirements LIDDA	≥ 95% per Q	100%
1.6	PASRR Evaluations	PASSR Evaluations (PEs) or resident reviews completed and entered into the Long-Term Care Online portal (LTCOP) within seven (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%
1.7	PASRR Habilitation Coordination (HC)	Percent of compliance with assigning a habilitation coordinator to an eligible individual within two (2) business days after the PE is entered in the LTCOP as described in section 4200 Assignment of Habilitation Coordinator of the IDD PASRR Handbook.	≥ 95% per Q	100%

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1.8	PASRR CLO	Percent of compliance with conducting Community Living Option (CLO) during the PE and at least every six (6) months thereafter as required by 26 Texas Administrative Code (TAC) §303.601(c)(1)(B)(i).	≥ 95% per Q	100%
1.9	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% per Q	100%
1.10	SSLC Transition Monitoring - NEW ** to begin monitoring 1/1/2026	Percent compliance with conducting in-person SSLC transition monitoring visits at least once every thirty (30) days for the first year after transition as described in Section 9000 of the LIDDA Handbook	≥ 95% per Q	N/A - no cases Q1
1.11	Transition Support Team (TST) - NEW ** to begin monitoring 1/1/2026	Percent compliance with requesting a TST case consult prior to consideration for SSLC admission or readmission to an institution.	≥ 95% per Q	N/A
1.12	Transition Support Team (TST) - NEW ** to begin monitoring 1/1/2026	Percent compliance with requesting a TST case consult prior to seeking and HCS crisis diversion	≥ 95% per Q	N/A
1.13	Transition Support Team (TST) - NEW ** to begin monitoring 1/1/2026	Percent compliance with requesting a TST case consult prior to HCS enrollment for all individuals transitioning out of an SSLC.	≥ 95% per Q	N/A
1.14	Deliverables Upload SFTP Globalscape	Percent of compliance adhering to the deliverable dates described in section A-7, IDD Submission Calendar	≥ 95% per Q	100%
1.15	Statewide Interest Lists	Percent of HCS and TxHmL interest list population contacted for biennial review as described in Section 7500 of the LIDDA Handbook (Biennial Contact).	At least 50% by end of FY2026 100% by end of FY2027	15% *ahead on current goal
1.16	Community First Choice (CFC) assessments*	Percent of all CFC Intellectual Disability/Related Condition (ID/RC) assessments completed and submitted to the appropriate HHSC system within 90 calendar days of receiving a referral, or as otherwise agreed.	≥ 95% per Q	100%

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10% Risk Measures				
Item	Criteria	Definition	Target	Achieved
2.1	Adult Mental Health Improvement - Modified from 20% to 32.5%	At least 32.5% 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.	≥ 32.5% per FY 1/2	44%
2.2	Child and Youth Improvement - Modified from 25% to 42.8%	At least 42.8% 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.	≥ 42.8% per FY 1/2	34.9%
2.3	School Performance - Modified from 60% to 65.2%	At least 65.2% of children authorized in a FLOC shall have acceptable or improved school performance.	≥ 65.2% per FY 1/2	75.6%
2.4	Community Tenure - Modified from 96.8% to 98.2%	At least 98.2% of individuals (adults and children) authorized in a FLOC shall avoid hospitalization in an HHSC Inpatient Bed throughout the measurement period.	≥ 98.2% per FY 1/2	99%
2.5	Effective Crisis Response - Modified from 75.1% to 78.6%	At least 78.6% 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.	≥ 78.6% per FY 1/2	86.7%
2.6	Hospital Follow-up within 7 Days - Modified from 62.3% to 57.4%	At least 57.4% of individuals discharged from a state hospital, an HHSC Contracted Bed, a CMHH, or a PPB shall receive contact within 0 - 7 days of discharge.	≥ 57.4% per FY 1/2	79.1%

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	98%

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3.2	Adult Monthly Service Provision	An average of at least 49.6% of adults authorized in a FLOC shall receive at least one encounter each month. FLOCs included in this measure are LOC1S, LOC2, LOC3, LOC4, LOCTAY. LOC1M is excluded from this measure. Additionally, individuals who are both recommended and authorized for LOC1S are excluded from this measure. Encounters may be for any service and for any length of time.	≥ 49.6% Per FY 1/2	59.3%
3.3	Employment Functioning - Modified from 39.8% to 51.7%	At least 51.7% of adults authorized in a FLOC shall have acceptable or improved employment.	≥ 51.7% Per FY 1/2	95%
3.4	Education/ Volunteer Strengths - Modified from 26.5% to 28.4%	At least 28.4% 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.	≥ 28.4% Per FY 1/2	27%
3.5	Residential Stability - Modified from 84% to 82.4%	At least 82.4% of adults authorized in a FLOC shall have acceptable or improved functioning on the ANSA residential stability item.	≥ 82.4% Per FY 1/2	91%
3.6	Depression Response at 6 months - Modified from 10.4% to 15.1%	At least 15.1% 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.	≥ 15.1% Per FY 1/2	34%
3.7	High Need Adults Functioning NEW	At least 17.6% of adults authorized in a FLOC and recommended for LOC3 or LOC4 shall have acceptable or improved functioning in the Life Domain Functioning OR the Strengths domain of the ANSA. HHSC will not employ remedies or sanctions for failure to achieve this measure during FY2026.	≥ 17.6% Per FY 1/2	39.6%

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 425 per FY 1/2	93%

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4.2	Child Monthly Service Provision	An average of at least 64.5% of children authorized in a FLOC or LOCYES shall receive at least one encounter each month. Encounters may be for any service and for any length of time.	≥ 64.5% per FY 1/2	82.7%
4.3	Family Partner Response	At least 56.2% of children authorized in a FLOC who receive any Family Partner Support Service, as defined in information Item C, shall have acceptable or improved functioning in one or more of the following CANS Caregivers Strengths & Needs domain items: Family Stress, Involvement, or Knowledge. HHSC will not employ remedies or sanctions for failure to achieve this measure during fiscal year 2026.	≥ 56.2%	No data for all of Q1
4.4	Family and Living Situation	At least 72.6% of children authorized in a FLOC shall have acceptable or improved functioning on the CANS Family and Living Situation.	≥ 72.6% Per FY 1/2	79%

Crisis Services

Item	Criteria	Definition	Target	Achieved
5.1	Access to Crisis Response Services	At least 69.9% of crisis hotline calls shall result in an encounter on the same day or within one day of a hotline call.	≥ 69.9% per FY 1/2	83.3%
5.4	Hospital 30-day Readmission	No more than 11.3% of those discharged from a state hospital, an HHSC Contracted Bed, a CMHH, or a PPB and reassigned to the LMHA/LBHA shall be readmitted to an HHSC Inpatient Bed within 30 days of discharge.	≤ 11.3%	12.5%

6 QUARTERLY REPORTS

A. ESSENTIAL SERVICES AND CLINICAL ACCOUNTABILITY

2) FY 25 DEATH REVIEW REPORT

Page 1 of 1

RECOMMENDED ACTION: Information Only Item

BACKGROUND INFORMATION: Texas Administrative Code (TAC) §405.276 Reporting of Systemic Issues Emerging from Death Reviews reads: Utilizing information gathered from the elements of this subchapter relating to Community Centers: Administrative Death Reviews, the community center CEO shall report to the community center’s board of trustees any systemic issues emerging from death reviews and the corrective actions taken on a routine basis or when necessary.

All deaths are reviewed by the Quality Management Department and submitted to the Executive Director for additional review and direction on any further action needed. Further actions include requesting autopsies and scheduling clinical reviews with the death review committee.

Summary of deaths for FY 2025:

49 deaths. The average age was 51.2. There were 31 males and 18 females.

29 were Mental Health. 11 were IDD (all programs). 1 was ECI, and 8 were PASRR (MH and IDD).

Causes of death for FY 2025:

3 were motor vehicle accidents. 2 were accidental choking. 1 was accident. 34 were medical. 6 were unknown cause. 3 were suicide.

Autopsies were requested on 12 individuals.

In FY 25 the death review committee met three times for clinical reviews on 6 individuals.

The results of the clinical reviews were reminders to refer and document substance abuse referrals. If substance abuse referrals are made, it needs to be documented.

All staff were trained/re-trained concerning substance abuse referrals and documentation of the referral.

Helen Farabee Centers has not had any systemic issues in FY 25.

AGENDA ITEM: 010826-6C1

MEETING DATE: JANUARY 8, 2026

6 QUARTERLY REPORTS

C. EXTERNAL AUDITS

1) FOURTH QUARTER REPORT

Page 1 of 1

RECOMMENDED ACTION: Information Item Only

BACKGROUND INFORMATION: On November 21, 2025, a site visit was conducted by the Texas Department of Criminal Justice (TDCJ) TCOOMMI division and on December 10, 2025, we received word all responses were acceptable, and the site visit is closed.

SUPPORTING INFORMATION: Results from the site visit indicated TCOOMMI clients should be screened for benefits eligibility and if they decline benefits and/or refuse to apply, it must be communicated to the TCCOOMMI compliance monitor and the client's parole/probation officer.

SPECIFIC REASONS WHY THESE ACTIONS ARE NECESSARY FOR THE CENTER:

All TCCOOMMI clients are reviewed for compliance regarding benefits eligibility.

AGENDA ITEM: 010826-6C2

MEETING DATE: JANUARY 8, 2026

6 QUARTERLY REPORTS

C. EXTERNAL AUDITS

2) FOURTH QUARTER REPORT

Page 1 of 1

RECOMMENDED ACTION: Information Item Only

BACKGROUND INFORMATION: In April 2025, the Health and Human Service Commission (HHSC) completed a Behavioral Health Quality Management review in March 2025. We submitted our Corrective Action Plan (CAP) in May 2025. In November 2025, we submitted documents indicating we had implemented all items on our CAP and on December 9, 2025, we were informed we completed all actions identified in the CAP.

SUPPORTING INFORMATION: All supporting documents were submitted to HHSC as requested according to deadlines.

SPECIFIC REASONS WHY THESE ACTIONS ARE NECESSARY FOR THE CENTER:
As the Local Mental Health Authority (LMHA), we are subject to reviews by HHSC to ensure we are in continuous compliance.