

Agenda

HELEN FARABEE CENTERS BOARD OF TRUSTEES

May 7, 2026

11:00 AM

Sue Nunn conference Room, 1000 Brook Ave., Wichita Falls, TX

Agenda Topics

MEETING STARTS AT 11:00 A.M.

050726-1 CALL TO ORDER

J. Brian Eby

A. INTRODUCTION OF GUESTS

050726-2 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.”*

050726-3 APPROVAL OF MINUTES

J. Brian Eby

Recommended Action: That the Board of Trustees approves the minutes of the March 2026 Board of Trustee meetings.

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Citizen Comment:

050726-4 TRAINING

No Agenda Items

050726-5 RECOMMENDATIONS

A. BOARD OF TRUSTEES

1) Executive Directors Performance Evaluation

Melissa Collins

Recommended Action: That the Board of Trustees approve the Executive Director’s Evaluation Tool prior to the Fiscal Year 2027 Evaluation, and that the Chairman appoint a coordinator.

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Citizen Comment:

2) Appoint Ad-Hoc Committee To Review Slate Of Officers

Melissa Collins

Recommended Action: That the Chair of the Board of Trustees appoint an ad-hoc committee to review the functions of the officers and recommend a slate of officers for fiscal year 2027.

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Citizen Comment:

3) Veteran on the Board

Melissa Collins

Recommended Action: That the Board of Trustees approves the appointment of candidate Ashley Davin to fill the Veteran on the Board position according to SB 1580.

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Citizen Comment:

<i>4) Board of Trustees Meeting Schedule</i>	Melissa Collins
Recommended Action: That the Board of Trustees approves the Meeting and Training Schedule for fiscal year 2027.	Page 21
Citizen Comment:	
B. BUDGET AND FINANCE	
<i>1) Revised Budget</i>	Linda Poenitzsch
Recommended Action: That the Board of Trustees approve the FY 2026 Budget Revisions.	Page 23
Citizen Comment:	
<i>2) Financial Statements February</i>	Linda Poenitzsch
Recommended Action: That the Board of Trustees approves the financial statements for February 2026.	Page 29 February
Citizen Comment:	
<i>3) Status of Investments</i>	Linda Poenitzsch
Recommended Action: That the Board of Trustees review and approve the status of investments.	Page 38
Citizen Comment:	
<i>4) Financial Statements March</i>	Linda Poenitzsch
Recommended Action: That the Board of Trustees approves the financial statements for March 2026.	Page 41 March
Citizen Comment:	
C. CONTRACTS AND PLANS	
<i>1) Approve Lease Extension 1601 9th Street In Wichita Falls</i>	Linda Poenitzsch
Recommended Action: That the Board of Trustees approves the lease renewal for 1601 9th Street in Wichita Falls with 1601 9th Venture, LLC.	Page 50
Citizen Comment:	
D. FACILITIES AND EQUIPMENT	
<i>1) ECI Vehicle Purchase</i>	Bruce Sperry
Recommended Action: That the board approves the purchase of 8 vehicles for the ECI program not to exceed \$190,000.	Page 52
Citizen Comment:	
<i>2) Maintenance Van Purchase</i>	Bruce Sperry
Recommended Action: That the board approves the purchase of 2 vehicles for the maintenance department not to exceed \$84,000.	Page 56
Citizen Comment:	

E. POLICIES AND PROCEDURES	
<i>1) Policy Statement Summary</i>	Cara Mullenix-Artigue
<p>Recommended Action: That the Board of Trustees review and approve the Policy Statements.</p> <p>100.2 Administration Policy Statement – No changes 200.1.2 Performance-Based Work from Home Policy Stmt – No changes 300.2 Contracts and Purchasing Policy Statement – No changes 300.3 Property Management Policy Statement – No changes 300.4 Reimbursement Policy Statement – No changes 500.1.1 Restraint/Seclusion Policy Statement – No changes 500.2 Community Relations Policy Statement – No changes 700.2 Infection Control Policy Statement – No changes 800.3 Utilization Management Policy Statement – No changes 800.4 Medical Records Policy Statement – No changes 900.5 IDD Authority Policy Statement – No changes</p> <p>Citizen Comment:</p>	Page 63
F. PROGRAM AND PERSONNEL	
<i>1) Holiday Schedule FY27</i>	Kelly Wooldridge
<p>Recommended Action: That the Board of Trustees approve the proposed Holiday Schedule for fiscal year 2027 beginning September 1, 2026.</p> <p>Citizen Comment:</p>	Page 104
050726-6 QUARTERLY REPORTS	
A. ESSENTIAL SERVICES AND CLINICAL ACCOUNTABILITY	
<i>1) Essential Services Report</i>	Cara Mullenix-Artigue
<p>Recommended Action: Information Only Item</p> <p>Citizen Comment:</p>	Page 106
<i>No Agenda Items</i>	
B. PLANNING AND NETWORK ADVISORY COMMITTEE	
<i>1) PNAC 1st Quarter Report</i>	Connie Johnston
<p>Recommended Action: Information Only Item</p> <p>Citizen Comment:</p>	Page 111
<i>2) PNAC 2nd Quarter Report</i>	Connie Johnston
<p>Recommended Action: Information Only Item</p> <p>Citizen Comment:</p>	Page 124
C. EXTERNAL AUDITS	
<i>1) Superior MCO External Audit Report</i>	Cara Mullenix-Artigue
<p>Recommended Action: Information Only Item</p> <p>Citizen Comment:</p>	Page 134

2) <i>ECI Subrecipient Determination External Audit</i>	Cara Mullenix-Artigue
Recommended Action: Information Only Item	Page 135
Citizen Comment:	
D. TEXAS COUNCIL BOARD OF DIRECTORS MEETING	
1) <i>Report on TX Council Board of Directors Meeting in April</i>	J. Brian Eby
Recommended Action: Information Only Item	Page 136
Citizen Comment:	
050726-7 EXECUTIVE DIRECTOR'S REPORT	Gianna Harris
A. ADMINISTRATION AND BOARD OF TRUSTEES	
B. BUDGET	
C. LEGISLATIVE ISSUES	
D. SERVICES	
E. HUMAN RESOURCES	
050726-8 CLOSED SESSION	
<i>No Agenda Items</i>	
050726-9 OPEN SESSION	
<i>No Agenda Items</i>	
050726-10 ANNOUNCEMENTS	J. Brian Eby
A. NEXT MEETING	
<i>11 a.m., Thursday, July 2, 2026 at the Administration Building, Sue Nunn Conference Room, 1000 Brook Ave., Wichita Falls, TX.</i>	
050726-11 OTHER BUSINESS	
050726-12 ADJOURN	J. Brian Eby

Minutes	HELEN FARABEE CENTERS BOARD OF TRUSTEES	
	March 5, 2026 11:00 AM TELEVIDEO & 1000 Brook Ave., Sue Nunn Conference, Wichita Falls, TX	
Board of Trustee Members Present:	J. Brian Eby, Chairman; David Cook, Cynthia Kessler, Jessica Traw; Jan Driver Ward	
Board of Trustee Members Absent:	Cindy Barksdale, Tom Johnson, Kathy Thorp, VACANT, Sheriff White, Sheriff Babcock	
Staff Present:	Gianna Harris, Executive Director; Andy Martin, Associate Executive Director; Linda Poenitzsch, Financial Operations Director; Sandra Rapson, Quality Assurance Coordinator, Erin Perkins, IDD, Cara Mullenix-Artigue QM Director, Amanda Cantu, CAS Director	
Other Staff and Guests Present:	Tom Taylor, City Councilman and Liaison Judge Don Thompson, Knox County Melissa Collins, Board of Trustee Liaison, Recorder	
AGENDA TOPICS		
030526-1 CALL TO ORDER		
J. Brian Eby, Board Chair , called meeting to order at 11:00 A.M. with five (5) Board Members in attendance.		
030526-2 PRESENTATIONS		
A. Open Citizen Comment to The Board		
No comments were presented to the Board.		
030526-3 APPROVAL OF MINUTES		
Recommended Action: That the Board of Trustees approves the minutes of the January 2026 Board of Trustee meeting.		
The Board of Trustees reviewed and approved the minutes of the January 2026 Board of Trustee meeting.		
Motion: Jessica Traw	Affirmative: 5	
Second: David Cook	Negative: 0	
Citizen Comment: None		
030526-4 TRAINING		
Andy Martin, Associate Executive Director provided training on the Behavioral Health Services. Presentations were distributed to all members in the board packet, available for review upon request.		
Amanda Cantu, CAS Director provided training on Child and Adolescent Services. Presentations were distributed to all members in the board packet, available for review upon request.		

030526 - 5 RECOMMENDATIONS

A. BOARD OF TRUSTEES

1) Place 4 Vacancy

Recommended Action: Information Only Item.

Welcome to Cynthia Kesler to Place 4 on the board

Citizen Comment: None

2) Place 5 Vacancy

Recommended Action: Information Only Item.

Adhoc committee interviewed candidate Dana Tilton and recommend her to the appointing agencies. We will wait to hear from the commissioners courts who have voted.

Citizen Comment: None

3) Veteran on the Board

Recommended Action: Information Only Item.

Senate Bill 1580 indicates we have to place a Veteran on the board. We have a candidate who is interested in serving. We will extend the application for her to complete and return to us. An ad hoc committee will interview her and make their recommendation to the board.

Citizen Comment: None

B. BUDGET AND FINANCE

1) Financial Statements

Recommended Action: That the Board of Trustees approves the financial statements for December 2025 and January 2026

The Board of Trustees reviewed and approved the financial statements for December 2025 and January 2026.

Motion: Cynthia Kesler	Affirmative: 5
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Second: Jan Driver Ward	Negative: 0
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Citizen Comment: None

2) Additional Fees for Vehicle Purchase

Recommended Action: That the Board of Trustees ratify the expenditure of additional \$2,116.71 for vehicle purchase fees.

The Board of Trustees reviewed and approved the additional fees.

Motion: David Cook	Affirmative: 5
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Second: Jessica Traw	Negative: 0
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Citizen Comment: None

3) Auditors Letter of Engagement

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

The Board of Trustees reviewed and approved the Letter of Engagement (LOE) and authorized the chair to sign the letter.

Motion: Cynthia Kesler	Affirmative: 5
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Second: Jessica Traw	Negative: 0
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Citizen Comment: None

C. CONTRACTS AND PLANS	
1) <i>Quality Management Plan Review</i>	
Recommended Action: Information Only Item	
Sandra Rapson presented QM Plan highlights.	
Citizen Comment: None	
D. FACILITIES AND EQUIPMENT	
<i>No Agenda Items</i>	
E. POLICY AND PROCEDURE	
1) <i>Policy Statement Summary</i>	
Recommended Action: That the Board of Trustees review and approve these Policy Statements:	
<ul style="list-style-type: none"> • 800.2 General Services for Individuals Policy Statement 	
The Board of Trustees reviewed and approved all Policy Statements as presented.	
Motion: David Cook	Affirmative: 5
Second: Jan Driver Ward	Negative: 0
Citizen Comment: None	
F. PROGRAM AND PERSONNEL	
<i>No Agenda Items</i>	
030526-6 QUARTERLY REPORTS	
A. ESSENTIAL SERVICES AND CLINICAL ACCOUNTABILITY	
<i>No Agenda Items</i>	
B. PLANNING AND NETWORK ADVISORY COMMITTEE	
<i>No Agenda Items</i>	
C. EXTERNAL AUDITS	
1) <i>Superior MCO External Audit Report</i>	
Recommended Action: Information Only Item	
Cara Mullenix-Artigue reported.	
D. TEXAS COUNCIL BOARD OF DIRECTORS MEETING	
<i>No Agenda items</i>	
E. FACILITIES MANAGEMENT	
<i>No Agenda Items</i>	

030526 - 7 EXECUTIVE DIRECTOR'S REPORT

OIG Update

The purpose of the Office of Inspector General is to go into facilities and investigate for waste, fraud, and abuse. However two legislative sessions ago, Senator Lois Kolhkorst authored a bill that mandated that the OIG go in to all local MH Authorities and audit us every 5 years for no cause. They've begun and have completed 20 centers so far. Our ticket came up in February. Cara Mullenix-Artigue, Sandra Rapson, and Andy Martin are the main contacts with the audit team.

Cara reports they have had multiple interviews with the auditors. They started with Kyle and Andy for crisis services, then Mandy and Cara met for Intake Services, Lauren Hargrove met for adult mental health and Amanda and Courtney met for children services, Tuesday was IT services, and then billing with Linda and Joni.

Yesterday Cara, Joni, Sandra, and Nick Mariotti of Med Records, met for follow up questions. They were asked to submit policies and procedures. Cara and Sandra have submitted all docs into a web portal called Sharepoint. The next round of interviews will be selected from the whole HFC employee list and they will select two Mgmt staff and 2 direct staff for fraud interviews. Cara and Sandra will not be allowed to join in these meetings, even though they've been keeping time and minutes from each meeting. They want to document how much time is being spent on this venture. They were given a vague explanation of what the interviews will consist of.

Sandra reports they have submitted over 100 policy and procedures, and documents per request of the OIG auditors.

030526-8 CLOSED SESSION

No Agenda Items

030526-9 OPEN SESSION

No Agenda Items

030526-10 ANNOUNCEMENTS

A. *Next Meeting* - The next meeting will be held at 11 A.M., Thursday, **July 2, 2026** at the **Sue Nunn Conference Room, Administration Bldg, 1000 Brook Ave. Wichita Falls, TX.**

030526-11 OTHER BUSINESS

No other business

030526-12 ADJOURN

The Board of Trustees meeting was adjourned by **Board Chairman, J. Brian Eby** at 11:56 am.

Approved as presented:	Approved as corrected:

May 7, 2026	May 7, 2026
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5 RECOMMENDATIONS

A. BOARD OF TRUSTEES

1) EXECUTIVE DIRECTOR'S PERFORMANCE EVALUATION

RECOMMENDED ACTION: That the Board of Trustees approve the Executive Director's Evaluation Tool prior to the Fiscal Year 2027 Evaluation, and that the Chairman appoint a coordinator.

BACKGROUND INFORMATION:

- A.** The Executive Director's Evaluation Tool is distributed to the Board of Trustee members for completion and return for compilation and presentation to the Executive Director in closed session at the August meeting.
- B.** The Performance Evaluation Tool used last year is attached for review and recommended updates.
- C.** A member is appointed by the Chairman to compile the evaluation results from the membership and facilitate the presentation at the July meeting.

**EXECUTIVE DIRECTOR'S
ANNUAL PERFORMANCE EVALUATION**
July 2, 2026

TASK AND PURPOSE	RESPONSE FROM BOARD MEMBERS									TOTAL OF RESPONSES DIVIDED BY NUMBER OF RESPONSES	OVERALL RATING
	1	2	3	4	5	6	7	8	9		
1. Relationship with the Board of Trustees											
2. Contact											
3. Strategic Plans											
4. Governance Duties											
5. Human Resources											
6. Executive Management Team											
7. Fiscal Resources											
8. Performance Contract											
9. Performance Contract Standards											
10. Works Cooperatively											
11. Advocate											
12. Knowledge											
13. Dress Code											
14. Training											
15. Safety/Infection Control											
16. Time and Attendance											
AVERAGE PERFORMANCE FOR ALL TASKS (Total Overall Rating divided by 16)											

Helen Farabee Centers
1000 Brook Street P.O. Box 8266 Wichita Falls, TX 76307-8266
(940) 397-3143

Position Posting, Description and Performance Evaluation Date of Action: 4/29/2026

Type of Action Posting Description Evaluation 1st Quarter 2nd Quarter 3rd Quarter Annual

◆ Identifying Information			
Name Gianna Harris	Employee # 2481	Working Title <i>Executive Director</i>	Classification Title
Salary Group/Step	Hourly Salary \$172,461.74	Division Administration	Program
Hire Date 11/01/1998	Position # 006	Project # 100	Shift 8-5 M-F generally
Location WF Admin	FTE 1.00	*FLSA Exemption Exempt	Classification Number
<input type="checkbox"/> *FLSA Exemption (Exempt Executive): 1. Regularly supervises two or more other employees, and also 2. has management as the primary duty of the position, and also 3. has some genuine input into the job status of other employees (such as hiring, firing, promotions or assignments)	<input type="checkbox"/> *FLSA Exemption (Exempt Professional): The job duties of the traditional "learned professions" are exempt. Professionally exempt work means work which is predominantly intellectual, requires specialized education, and involves the exercise of discretion and judgment.	<input type="checkbox"/> *FLSA Exemption (Exempt Administrative): a. Office or non-manual work, which is b. directly related to management or general business operations of the employer or the employer's customers, and c. a primary component of which involves the exercise of independent judgment and discretion about d. matters of significance	

◆ General Description
<p><i>The Executive Director is the employee and agent of the Board of Trustees. The Executive Director is accountable to the Board of Trustees for the success of the entire organization.</i></p> <p>Responsibilities include, but are not limited to:</p> <ul style="list-style-type: none"> • <i>fiscal, personnel, and program administration</i> • <i>employment of staff or contracting with a network of providers to deliver community-based mental health and IDD services for nineteen counties</i> • <i>development of strategic plans and directing the achievement of those plans</i> • <i>administering, directing, coordinating and evaluating all activities of Helen Farabee Centers to carry out the Centers' goals and objectives.</i> • <i>assuring that policies and procedures are in compliance with Performance Contract requirements and rules and regulations that govern Community Centers</i> • <i>supervision of key administrative personnel and promotion of teamwork to meet the Centers' objectives</i> <p><i>Reassignment is a condition of employment that may occur at the employer's discretion. Your work location and hours could change based on program needs.</i></p>

◆ Education, Training, and Experience (including licensure and certification)
<p>Minimum qualification of a bachelor's degree from an accredited college or university with specialization in psychology, social work, education, public administration, health care/hospital/business administration or closely related field, and six years of work experience in progressively responsible managerial positions, two years' work experience must be in a community center system. Preference for a master's degree, experience as an Executive Director of a community system organization, experience with community programs, experience with board governance, legislative process, and public accountability systems.</p> <p>Must have current driver's license and be insurable under Center insurance. Must pass all Center-mandated trainings.</p>

<p>◆ Knowledge, Skills, and Abilities</p>	
<ul style="list-style-type: none"> • Demonstrated ability to function successfully in a key management position. • Demonstrated ability to relate effectively in the public arena. • Demonstrated knowledge of the Texas Community Center Service Delivery System. 	<ul style="list-style-type: none"> • Demonstrated ability to provide leadership to the organization. • Demonstrated ability to communicate effectively with the Board of Trustees, staff, stakeholders, and collateral agencies. • Ability to effectively manage and meet the requirements of the Performance Contracts.

All employees must be able to participate in and successfully complete all required training within 60 days of employment and thereafter as required and pass all background checks.

**AN EQUAL OPPORTUNITY EMPLOYER
VETERAN'S PREFERENCE GRANTED
DRUG & TOBACCO FREE WORKPLACE**

◆ Acknowledgment of Position Description

I understand my responsibilities as described in this position description. I also understand that I may be given additional assignments not listed here.

Employee _____ Date _____

Supervisor _____ Date _____

◆ Essential Tasks and Standards

1. Task and Purpose: Relationship with the Board of Trustees – Will communicate with the Board of Trustees keeping them informed about issues, needs and operations, and provide orientation for new Board of Trustee members and education for all members on a regular basis.

Performance Standard: No documented incidents of failure to communicate in a current, meaningful, and accurate manner the Centers' fiscal, program and business operation, or to provide orientation and education to Board of Trustee members.

Task Rating: Exceeds Expectations Meets Expectations Needs Improvement Unsatisfactory

2. Task and Purpose: Contact – Will maintain appropriate contact with the Board of Trustees and facilitate involvement of Board of Trustee members and staff as needed.

Performance Standard: No documented incidents of failure to maintain appropriate contact with the Board of Trustees and keeping them informed of agency issues or facilitate involvement of Board of Trustee members and staff as needed in addressing agency needs.

Task Rating: Exceeds Expectations Meets Expectations Needs Improvement Unsatisfactory

3. Task and Purpose: Strategic Plans – Will establish and communicate a strategic vision and direction for the agency.

Performance Standard: No documented incidents of failure to coordinate with the Board of Trustees, and the Planning and Network Advisory Committee to establish and communicate a strategic vision and direction for the agency or to establish policies and procedures that support and ensure execution of the vision and mission of the agency.

Task Rating: Exceeds Expectations Meets Expectations Needs Improvement Unsatisfactory

4. Task and Purpose: Governance Duties – Will assist the Board of Trustees in the performance of its governance duties.

Performance Standard: No documented incidents of failure to coordinate monthly Board of Trustee meetings or oversee the preparation of reports to the Board of Trustees by key management staff to include information regarding services, issues or problems with the delivery of service, and quarterly financial reports.

Task Rating: Exceeds Expectations Meets Expectations Needs Improvement Unsatisfactory

5. Task and Purpose: Human Resources – Will manage the Human Resources of the Centers to carry out its mission and goals.

Performance Standard: No documented and substantiated complaints of personnel decisions being made that are not within established, legally sound policies and procedures or of staff being treated unfairly as evidenced by successful lawsuits related to employment.

Task Rating: Exceeds Expectations Meets Expectations Needs Improvement Unsatisfactory

6. Task and Purpose: Executive Management Team – Will develop and maintain a strong Executive Management Team.

Performance Standard: No documented incidents of failure to clearly communicate duties and responsibilities, delegate the necessary authority to facilitate effective management within each department, routinely meet with the management team, or give the management team the opportunity to provide feedback regarding leadership functions.

Task Rating: Exceeds Expectations Meets Expectations Needs Improvement Unsatisfactory

7. Task and Purpose: Fiscal Resources – Will manage the Fiscal Resources of the Centers to ensure the financial health of the organization.

Performance Standard: No documented incidents of failure to prepare an annual budget and subsequent amendments according to Performance Contract requirements, present annual audit to the Board of Trustees for approval, and/or control revenue and expenditures to ensure a positive cash flow for the Centers.

Task Rating: Exceeds Expectations Meets Expectations Needs Improvement Unsatisfactory

8. Task and Purpose: Performance Contract – Will ensure compliance with HHSC and DADS Performance Contract requirements for an independent audit, and compliance with guidelines for investment funds.

Performance Standard: No documented incidents of failure to be responsive with plans of correction for any deficiencies that might be cited.

Task Rating: Exceeds Expectations Meets Expectations Needs Improvement Unsatisfactory

9. Task and Purpose: Performance Contract Standards – Will plan and direct service delivery so that the Centers meet HHSC and DADS Performance Contract standards, and consumer needs and Internal and External Audits reveal a pattern of quality service.

Performance Standard: No documented incidents of failure to promptly and appropriately implement corrective actions when operation is out of compliance as noted by internal and external reviewers or resolve consumer complaints concerning services.

Task Rating: Exceeds Expectations Meets Expectations Needs Improvement Unsatisfactory

Helen Farabee Centers

10. Task and Purpose: Works Cooperatively – Will work cooperatively with other Community Centers and the Texas Council of Community Centers. Maintains a positive working relationship with contract manager and key State Authority personnel.

Performance Standard: No documented and substantiated complaints from other Executive Directors, contract managers and key State Authority personnel of inability to routinely engage for meetings and communications.

Task Rating: Exceeds Expectations Meets Expectations Needs Improvement Unsatisfactory

11. Task and Purpose: Advocate – Will work as an advocate for the organization and create an environment in which the Centers' visibility is maximized in a positive manner to Sponsoring Agencies, local and state elected officials, state and federal government, other service agencies, consumers, and the general public.

Performance Standard: No documented and substantiated complaints of failure to advocate for the organization.

Task Rating: Exceeds Expectations Meets Expectations Needs Improvement Unsatisfactory

12. Task and Purpose: Knowledge – Will stay informed about current issues, engage in proactive measures, provide leadership at local and state levels, and plan for change.

Performance Standard: No documented incidents of failure to function at the level required on a consistent basis.

Task Rating: Exceeds Expectations Meets Expectations Needs Improvement Unsatisfactory

13. Task and Purpose: Completes staff annual evaluations in a timely manner.

Performance Standard:

Exceeds (100% completed on time) **Meets** (99-93% completed on time) **Needs** (86-92% completed on time), **Unsatisfactory** (<86% completed on-time)

Task Rating: Exceeds Expectations Meets Expectations Needs Improvement Unsatisfactory

◆ Work Behaviors and Standards

14. Task and Purpose: Dress Code: Will comply with all Center/Department/Program policies concerning dress codes.

Performance Standard:

Employee dress will be appropriate to the tasks to be performed. Dress should not be offensive to consumers or other employees and should meet program safety and health guidelines.

Task Rating: Exceeds Expectations Meets Expectations Needs Improvement Unsatisfactory

15. Task and Purpose: Works Cooperatively: Demonstrates courtesy and respect in relationships with all employees and consumers both internal and external to generate a productive, cohesive and culturally diverse work environment. Refrain from participation in discussions that create a negative or hostile environment and establish and maintain a positive rapport.

Performance Standard: No documented and substantiated complaints from other employees and is observed working cooperatively.

Task Rating: Exceeds Expectations Meets Expectations Needs Improvement Unsatisfactory

16. Task and Purpose: Training –

Maintains all Center training, continuing education and licensure training requirements within designated timeframes.

Performance Standard:

100% compliance = Exceeds, One short delinquency = Meets, Up to 14 days delinquent = Needs, >14 days delinquent = Unsatisfactory

Task Rating: Exceeds Expectations Meets Expectations Needs Improvement Unsatisfactory

17. Task and Purpose: Safety/Infection Control – Shall accept safety as a personal responsibility and perform their duties in a manner that is consistent with organizational/departmental safety guidelines and Infection Control practices thus eliminating preventable injuries. Will be compliant with TB screening and immunizations.

Performance Standard:
No documented incidents of unsafe work behaviors.

Task Rating: Exceeds Expectations Meets Expectations Needs Improvement Unsatisfactory

18. Task and Purpose: Time and Attendance – Attends work punctually and as scheduled in compliance with Center and Program policies and procedures regarding call-ins, absenteeism, and tardiness, avoiding unscheduled personal leave.

Performance Standard:
Evaluation of performance will be based upon dependability and availability to perform tasks identified in the position description. All leave will be assessed according to Time and Attendance procedure.

Task Rating: Exceeds Expectations Meets Expectations Needs Improvement Unsatisfactory

19. Task and Purpose: Time and Attendance – Approves completed accurate timesheets within 2 business days (employees are due within 1) of pay period ending.

Performance Standard:
Supervisor will verify that all hours are correct including PTO, Anniversary, Leave No Pay (LNP), and Timesheet Comments with stipends (On-Call & MH Trainer) are accurate and not putting the employee over their Full Time Equivalent (FTE) hours.

Task Rating: Exceeds Expectations Meets Expectations Needs Improvement Unsatisfactory

20. Task and Purpose: Ethical Behavior/Confidentiality – Employee will maintain strict confidentiality and ethical standards by being well acquainted with Center policies and procedures applying to consumers, employees and organizational business with strict adherence to organizational ethical standards and ethical standards of their particular disciplines.

Performance Standard: No documented incidents of unacceptable behavior as identified in Federal and State laws, department guidelines, and Center procedures.

Task Rating: Exceeds Expectations Meets Expectations Needs Improvement Unsatisfactory

◆ Physical and Mental Requirements/Environmental Checklist

INSTRUCTIONS: Check all abilities required to perform the essential and marginal tasks of this job.

<input type="checkbox"/> Heavy lifting, 45 lbs. & over	<input checked="" type="checkbox"/> Walking	<input checked="" type="checkbox"/> Operating office equipment
<input type="checkbox"/> Moderate lifting, 15-44 lbs.	<input checked="" type="checkbox"/> Standing	<input checked="" type="checkbox"/> Operating motor vehicle
<input type="checkbox"/> Light lifting, under 15 lbs.	<input checked="" type="checkbox"/> Sitting	<input checked="" type="checkbox"/> Ability to see
<input type="checkbox"/> Heavy carrying, 45 lbs. & over	<input type="checkbox"/> Crawling	<input checked="" type="checkbox"/> Identify colors
<input type="checkbox"/> Moderate carrying, 15-44 lbs.	<input checked="" type="checkbox"/> Twisting	<input type="checkbox"/> Depth perception needed
<input type="checkbox"/> Light carrying, under 15 lbs.	<input checked="" type="checkbox"/> Kneeling	<input checked="" type="checkbox"/> Hearing (with aid)
<input type="checkbox"/> Straight pulling	<input checked="" type="checkbox"/> Pushing	<input type="checkbox"/> Hearing (without aid)
<input type="checkbox"/> Pulling hand over hand	<input checked="" type="checkbox"/> Stooping	<input checked="" type="checkbox"/> Ability to write
<input type="checkbox"/> Repeated bending	<input checked="" type="checkbox"/> Climbing stairs	<input checked="" type="checkbox"/> Ability to count
<input type="checkbox"/> Reaching above shoulder	<input type="checkbox"/> Climbing ladders	<input checked="" type="checkbox"/> Ability to read
<input type="checkbox"/> Simple grasping	<input type="checkbox"/> Operating mechanical equipment	<input checked="" type="checkbox"/> Ability to speak
<input checked="" type="checkbox"/> Dual simultaneous grasping		

Other (Specify): _____

◆ Supervisor's Comments:

◆ Acknowledgment of Performance Evaluation

I have received, read, and discussed this evaluation with my supervisor. I understand that my signature here does not mean that I agree with this evaluation, and I understand that I may respond to this evaluation in writing.

Employee _____ Date _____

◆ Employee's Comments:

I have discussed this evaluation with the employee and have given him or her a copy.

Supervisor _____ Date _____

Program Director _____ Date _____

HR Director _____ Date _____

5 RECOMMENDATIONS

A. BOARD OF TRUSTEES

2) APPOINT AD-HOC COMMITTEE TO REVIEW SLATE OF OFFICERS

RECOMMENDED ACTION: That the Chair of the Board of Trustees appoint an ad-hoc committee to review the functions of the officers and recommend a slate of officers for fiscal year 2027.

BACKGROUND INFORMATION:

A. Board of Trustee Officer appointments are for one-year terms.

B. Current Board of Trustee officers:

Chair:

J. Brian Eby

Current Office Term Began: April 6, 2023

Current Board Term Expires: August 31, 2026

Vice-Chair:

Kathy Thorp

Current Office Term Began: April 6, 2023

Current Board Term Expires: August 31, 2026

Secretary:

Jessica Traw

Current Office Term Began: September 1, 2025

Current Board Term Expires: August 31, 2026

SPECIFIC REASONS WHY THESE ACTIONS ARE NECESSARY FOR THE CENTER:

To allow the Board of Trustees to vote for officers prior to the new fiscal year in September 2026.

5 RECOMMENDATIONS

A. BOARD OF TRUSTEES

4) VETERAN ON THE BOARD

RECOMMENDED ACTION: That the Board of Trustees approve the appointment of candidate Ashley Davin to fill the position of Veteran on the Board.

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. 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.
- C. Local Mental Health Authorities will have until September 1, 2026 to implement this change, and the bill takes effect on September 1, 2025.

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

A. BOARD OF TRUSTEES

4) MEETING SCHEDULE FOR FISCAL YEAR 2027

RECOMMENDED ACTION: That the Board of Trustees approves the Meeting and Training Schedule for fiscal year 2027.

BACKGROUND INFORMATION:

A. As of August 2023, The Board of Trustees meets every other month on the first Thursday of the month with the full board meeting at 11:00 a.m. with occasional deviation from the schedule. This schedule provides for 6 meetings in fiscal year 2027.

B. Since Covid, the meetings have changed to video, which cuts down on travel time for board members and staff. It also saves money by eliminating the need for meals and reimbursing for travel expenses. We are in compliance with the Open Meetings Act requirements by having the board chairman (and additional board members) attend in person at the Sue Nunn conference room as that room is available to anyone from the public during meeting time.

1. For discussion, the meeting location has remained in Wichita Falls for 6 years. The staff from rural sites have requested that the Board resume holding some meetings in their sites. In March 2025, the board visited Montague County MH Center. Would the board be interested in visiting the Young County BHC Center in Graham in March?

C. In making a decision on the Fiscal Year 2027 meeting schedule, the Board of Trustees should consider whether to:

1. Continue to meet via video or return to meeting in person in Wichita Falls during the year and sometimes at a rural site.
2. Continue to meet the 1st Thursday or change to another day/date. No conflicts are affected by the holidays this year.
3. Continue meeting at 11:00 a.m. or change meeting time.
4. Continue to conduct Annual Training on an ongoing basis. Allow 30 minutes at each Board of Trustee meeting for a member of the Professional staff to conduct their training.

D. The proposed meeting Schedule is presented for approval for next fiscal year.

SPECIFIC REASONS WHY THESE ACTIONS ARE NECESSARY FOR THE CENTER:

To allow publication of the annual Board of Trustees meeting and training schedule.

Board of Trustee Meeting Schedule Fiscal Year 2027

Meeting Date/Time	Location	Quarterly Reports	Annual Training
September 3, 2026 11:00 am	Administration Building 1000 Brook Ave., WF Sue Nunn Conf. Room	3 rd Quarter External Audits	Gianna Harris Executive Director
November 5, 2026 11:00 am	Administration Building 1000 Brook Ave., WF Sue Nunn Conf. Room	4 th Quarter Essential Services & Clinical Accountability Planning & Network Advisory Committee External Audits	Linda Poenitzsch Fiscal Services Nick Mariotti, Med Records, HIPAA
January 7, 2027 11:00 am	Administration Building 1000 Brook Ave., WF Sue Nunn Conf. Room	1 st Quarter Planning & Network Advisory Committee & Essential Services & Clinical Accountability	Carol Nati, MD Chief Medical Officer Erin Perkins Intellectual & Development Disabilities Services
March 4, 2027 11:00 am	Young County MH Center Conference Room 1720 Fourth Street Graham, TX	1 st Quarter External Audits	Andy Martin Behavioral Health Services Amanda Cantu Child and Adolescent Services
May 6, 2027 11:00 am	Administration Building 1000 Brook Ave., WF Sue Nunn Conf. Room	2 nd Quarter Essential Services & Clinical Accountability Planning and Network Advisory Comm. External Audits	Cara Mullenix-Artigue Utilization/Quality Mgmt Michael Stephenson Information Systems
July 1, 2027 11:00 am	Administration Building 1000 Brook Ave., WF Sue Nunn Conf. Room	3 rd Quarter Planning and Network Advisory Committee 3 rd Quarter Essential Services and Clinical Accountabilit	Kelly Wooldridge Human Resources and Risk Management Connie Johnston Community and Consumer Support

AGENDA ITEM: 050726 – 5B1

MEETING DATE:

MAY 07, 2026

- 5 RECOMMENDATIONS**
- B. BUDGET AND FINANCE**
- 1) FY 2026 BUDGET REVISED**

Page 1 of 1

RECOMMENDED ACTION: That the Board of Trustees approve the FY 2026 Budget Revisions.

BACKGROUND INFORMATION: The FY 2026 budget has been amended to reflect major changes. The Center prepares the budget at the beginning of each fiscal year and makes revisions semi-annually. In the event a significant change does occur throughout the year, adjustments are made and reflected on the monthly financial statements.

SUPPORTING INFORMATION:

- A.** Attached is the revised FY 2026 Center budget with explanations.
- B.** The budget is based on historical data and known changes.

Helen Farabee Centers FY26 BUDGET				
REVENUE				
Account Number	Description	Category	Total	
2-7000	CITY OF WICHITA FALLS	Revenue	\$100,000.00	No Change to contribution
2-7001	CITY OF CHILLICOTHE	Revenue	\$330.00	No Change to contribution
2-7002	CITY OF QUANAH	Revenue	\$660.00	No Change to contribution
2-7003	CITY OF HASKELL	Revenue	\$0.00	no support since FY23
2-7004	CITY OF BURKBURNETT	Revenue	\$5,012.00	No Change to contribution
2-7005	CITY OF GRAHAM	Revenue	\$15,000.00	No Change to contribution
2-7006	CITY OF NOCONA	Revenue	\$1,500.00	No Change to contribution
2-7007	CITY OF BOWIE	Revenue	\$8,000.00	No Change to contribution
2-7020	WICHITA COUNTY	Revenue	\$200,000.00	INCREASE OF \$60,000.00
2-7021	HASKEL COUNTY	Revenue	\$16,652.00	INCREASE OF \$378.46
2-7022	STONEWALL COUNTY	Revenue	\$2,542.70	INCREASE OF \$420.70
2-7023	KNOX COUNTY	Revenue	\$6,650.00	INCREASE OF \$33.20
2-7024	DICKENS COUNTY	Revenue	\$0.00	DECREASE OF \$1,797.73
2-7025	YOUNG COUNTY	Revenue	\$47,500.00	INCREASE OF \$42,700.00
2-7026	THROCKMORTON COUNTY	Revenue	\$3,279.20	INCREASE OF \$1406.54
2-7027	HARDEMAN COUNTY	Revenue	\$4,241.33	INCREASE OF \$4241.33
2-7028	WISE COUNTY	Revenue	\$55,400.00	No Change to contribution
2-7029	BAYLOR COUNTY	Revenue	\$5,200.00	No Change to contribution
2-7030	FOARD COUNTY	Revenue	\$1,320.00	No Change to contribution
2-7031	MONTAGUE COUNTY	Revenue	\$100,656.45	INCREASE OF 3,362.36
2-7032	JACK COUNTY	Revenue	\$35,474.25	INCREASE OF \$15,000.00
2-7033	CLAY COUNTY	Revenue	\$4,000.00	No Change to contribution
2-7034	COTTLE COUNTY	Revenue	\$2,396.98	No Change to contribution
2-7035	CHILDRESS COUNTY	Revenue	\$4,175.00	No Change to contribution
2-7036	ARCHER COUNTY SUPPORT	Revenue	\$11,575.00	INCREASE OF \$11,575.00
2-7037	IN-KIND MATCH	Revenue	\$8,573,717.00	This is the daily rate that we receive for Bed Days with Red River Hospital and other hospitals we have contracts with over the amount that we pay. We get the difference in the form of in-kind. This fluctuates based on the number of bed days actually used.
2-7038	INDEPENDENT SCHOOL DISTRICT	Revenue	\$3,180.00	No Change to contribution
2-7050	CONSUMER FEES	Revenue	\$257,342.54	
2-7060	PRIVATE INSURANCE MCO CARD SERVICES	Revenue	\$407,939.85	
2-7070	PRIVATE INSURANCE MCO CASE MANAGEMENT	Revenue	\$172,438.86	
2-7080	PRIVATE INSURANCE MCO REHAB	Revenue	\$156,106.47	
2-7100	MEDICARE - TITLE XVII	Revenue	\$51,882.91	
2-7102	MEDICAID-CARD SERVICES	Revenue	\$12,694.99	
2-7104	MEDICAID-CASE MANAGEMENT	Revenue	\$66,048.37	

2-7106	MEDICAID-IDD SERV COORDINATION	Revenue	\$677,246.35	
2-7108	MEDICAID REHAB	Revenue	\$238,472.55	
2-7110	MEDICAID PASRR	Revenue	\$8,452.72	
2-7112	MEDICAID-ADMIN CLAIMING	Revenue	\$524,339.31	
2-7114	MEDICAID-HABILITATION COORDINATION	Revenue	\$95,319.36	
2-7120	MH FIRST AID	Revenue	\$150,000.00	INCREASE OF \$13,950.00
2-7122	TCOOMMI EARNED INCOME	Revenue	\$366,842.61	INCREASE OF \$5,814.21
2-7124	SUBSTANCE ABUSE SERVICES	Revenue	\$378,424.60	This only includes our Fee-For-Service Substance abuse services.
2-7125	SUD COMMUNITY MH GRANT PROGRAM	Revenue	\$42,260.00	
2-7126	HOSPITAL TRANSITION PILOT PROGRAM	Revenue	\$653,029.24	
2-7127	OSAR - OUTREACH, SCREENING ASSESSMENT, REFFERAL	Revenue	\$412,224.74	This amount has been reduced to pre-covid amounts. There will no longer be any covid or harm-reduction money that goes along with this contract.
2-7128	RSS - RECOVERY SUPPORT SERVICES	Revenue	\$129,255.33	INCREASE OF \$47,032.44
2-7132	CMHG LPHA EXPANSION	Revenue	\$66,746.58	INCREASE OF \$8,261.34
2-7150	MFP/ECC REVENUE	Revenue	\$32,490.00	Remained the same as last year
2-7152	PASSR IDD SPECIALIZED SERVICES	Revenue	\$11,792.99	INCREASE OF \$4,255.65
2-7153	PASRR IDD SPECIALIZED SERVICES - OBRA - LIDDA	Revenue	\$1,400.00	DECREASE OF \$3,150.00
2-7200	TANF-CAS	Revenue	\$174,789.00	Remained the same as last year
2-7201	TANF-ADULT	Revenue	\$38,491.00	Remained the same as last year
2-7202	TANF-TITLE XX-ADULT	Revenue	\$43,964.00	Remained the same as last year
2-7203	TRANSITION-TITLE XX-CRISIS	Revenue	\$71,907.00	Remained the same as last year
2-7210	MENTAL HEALTH BLOCK GRANT	Revenue	\$438,143.00	Remained the same as last year
2-7215	GENERAL REVENUE - PESC	Revenue	\$2,177,828.00	Remained the same as last year
2-7216	JUSTICE INVOLVED GRANT PROGRAM - JCBR	Revenue	\$228,863.38	This is a newish program this year
2-7217	GENERAL REVENUE - PPB	Revenue	\$937,600.00	Remained the same as last year
2-7218	JUSTICE INVOLVED GRANT PROGRAM - SB292	Revenue	\$3,633,692.41	INCREASE OF \$1,277,866 DUE TO UNSPENT FUNDS FROM PREVIOUS YEAR WHICH WE GET TO USE.
2-7220	GENERAL REVENUE - MH	Revenue	\$7,210,515.00	Remained the same as last year
2-7222	GENERAL REVENUE - VETERANS SERVICES	Revenue	\$70,000.00	Remained the same as last year
2-7224	GENERAL REVENUE - BH SVCS IN EDUC SVC CTR	Revenue	\$115,000.00	Remained the same as last year
2-7230	GENERAL REVENUE - IDD	Revenue	\$1,116,438.37	Remained the same as last year
2-7232	GENERAL REVENUE-CRISIS REDESIG	Revenue	\$478,614.00	Remained the same as last year
2-7235	GENERAL REVENUE-IDD FUNDS	Revenue	\$2,795.39	TO USE AS WE UPDATE OUR EHR SYSTEM
2-7236	IDD GR-CRISIS RESPITE-CIS	Revenue	\$215,768.00	Remained the same as last year
2-7238	PERMANENCY PLANNING	Revenue	\$22,257.00	Remained the same as last year
2-7245	DARS-ECI REVENUE	Revenue	\$1,068,836.00	Slight increase over last year
2-7252	DIRECTED PAYMENT PROGRAM-BEHAVIORAL HEALTH PROGRAM	Revenue	\$427,913.62	DECREASE OF \$134,311.72. PAYMENTS BASED OFF ENCOUNTERS FROM FY2024
2-7254	PUBLIC HEALTH PROVIDER-CHARITY CARE PROGRAM	Revenue	\$2,569,055.57	INCREASE OF \$371,266.54
2-7258	TRANSITION SUPPORT LIAISON	Revenue	\$63,124.00	

2-8076	TELEPHONE-BASIC SERVICE EXPENSE	Expense	\$27,819.97	
2-8078	CELL PHONE SERVICE EXPENSE	Expense	\$24,854.91	
2-8080	LONG DISTANCE TELEPHONE SERVICE EXPENSE	Expense	\$3,111.38	
2-8100	BUILDING RENT	Expense	\$681,933.55	SLIGHT INCREASE OVER LAST YEAR
2-8101	P.O. BOX/STORAGE RENTAL/LEASE	Expense	\$969.81	
2-8102	PROPERTY DAMAGE COVERAGE	Expense	\$140,790.21	Increase over last year of \$21,000
2-8104	BUILDING REPAIR & MAINTENANCE	Expense	\$183,792.38	
2-8106	BUILDING USE FEE	Expense	\$85,130.99	
2-8120	EQUIPMENT RENTAL/LEASE	Expense	\$85,598.90	
2-8124	EQUIPMENT REPAIR & MAINTENANCE	Expense	\$29,052.57	
2-8126	EQUIP/FURN/FIX USE FEE	Expense	\$27,679.55	
2-8140	VEHICLE LEASE	Expense	\$31,333.32	
2-8142	AUTO LIABILITY/PHYS DAMAGE INS	Expense	\$106,378.68	Slight increase from last year due to new cars bought
2-8143	INSURANCE EXP-DEDUCTIBLES PAID	Expense	\$1,000.00	
2-8144	VEHICLE REPAIR & MAINTENANCE	Expense	\$37,401.97	
2-8145	GAS-VEHICLE & EQUIPMENT	Expense	\$87,830.26	Increase of \$15,126.53 due to crisis in the East.
2-8146	VEHICLE USE FEE	Expense	\$92,886.05	Increase of \$24,882.44 due to new cars bought
2-8156	SOFTWARE USE FEE	Expense	\$208.33	
2-8166	COMPUTER & PRINTER USE FEE	Expense	\$49,441.28	
2-8170	CAPITAL OUTLAY	Expense	\$21,048.70	INCREASE OF \$21,048.70
2-8190	MINOR EQUIPMENT PURCHASES	Expense	\$26,273.34	
2-8200	OFFICE SUPPLIES	Expense	\$129,529.43	
2-8202	BOOKS & SUBSCRIPTIONS	Expense	\$57,900.16	INCREASE OF \$15,659.77 FOR MHFA MANUALS
2-8204	JANITORIAL/CLEANING SUPPLIES	Expense	\$8,301.96	
2-8206	OTHER CONSUMABLE SUPPLIES	Expense	\$15,404.45	
2-8208	MEDICAL SUPPLIES	Expense	\$11,591.62	
2-8210	FOOD	Expense	\$3,528.58	
2-8218	CONSUMER ASSISTANCE	Expense	\$9,917.33	
2-8220	PRINTING SERVICES	Expense	\$31,251.59	
2-8221	COURIER DELIVERY SERVICES	Expense	\$386.37	
2-8222	POSTAGE & DELIVERY CHARGES	Expense	\$19,480.94	
2-8228	BNK CHRGS & CREDIT CRD FEES	Expense	\$12,295.39	
2-8232	MISCELLANEOUS CHARGE & EXPENSE	Expense	\$5,666.47	
2-8237	IN-KIND EXPENSES	Expense	\$8,573,717.00	
2-8300	PSYCHIATRIST	Expense	\$276,000.00	
2-8304	PSYCHOLOGIST	Expense	\$6,850.00	
2-8316	PHARMACIST	Expense	\$680,782.85	
2-8318	CRISIS-CONTRACTED	Expense	\$150,151.28	
2-8320	PESC BED DAYS	Expense	\$1,728,000.00	Based on estimate number of bed days used
2-8321	PPB	Expense	\$810,596.00	Based on estimate number of bed days used
2-8322	OSAR-SUBSTANCE ABUSE	Expense	\$412,436.00	Same amount as before covid.

2-8326	LABORATORY CONTRACTS	Expense	\$30,017.97	
2-8336	RESPITE-CONTRACTED	Expense	\$51,351.50	
2-8338	SOFTWARE WEB-BASED	Expense	\$269,041.94	
2-8340	CPA FIRM	Expense	\$39,000.00	
2-8342	ATTORNEY-CONTRACTED/NON-CONTR	Expense	\$756.25	
2-8344	JUSTICE INVOLVED BED DAYS (SB292)	Expense	\$3,296,477.65	Based on estimate number of bed days used
2-8346	HOSPITAL TRANSITION CONTRACTED	Expense	\$546,000.00	
2-8348	BH SVCS IN ESC-REGION 9	Expense	\$8,332.17	
2-8350	OTHER CONTRACTED CONSULTANTS	Expense	\$53,675.56	
2-8352	WFPD-CART	Expense	\$68,906.64	
2-8353	TECHNICAL ASSISTANCE-CART	Expense	\$32,895.00	
2-8354	WFFD-CART	Expense	\$61,332.56	
2-8355	Other Contracted/Non-Contracted Consultants-G & A Services	Expense	\$106,168.65	
2-8359	NON-CONTRACTED RESPITE	Expense	\$1,189.00	
2-8360	NON-CONTRACTED CONSULTANTS	Expense	\$11,483.51	
			\$35,552,958.50	
	NET INCOME		\$281,371.66	

5 RECOMMENDATIONS

B. BUDGET AND FINANCE

2) FINANCIAL STATEMENTS - FEBRUARY 2026

RECOMMENDED ACTION: That the Board of Trustees approves the financial statements for February 2026.

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 *142*.
- ❖ Accounts Receivable *increased* by \$96,815, going from \$1,606,508 to \$1,703,323.
- ❖ Accounts Payable *decreased* by \$95,487, going from \$1,810,787 to \$1,715,300. Most of this is due to the state giving us PPB money late last fiscal year of FY2024, and the Center was unable to use it. We received word in early March 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 \$777,700.
- ❖ **FINANCIAL STATUS:** The Center had a loss of \$115,477 for February and a cumulative loss of \$1,096,014 for the year. This is \$137,922 better than budget and \$212,764 better than FY2025.
- ❖ **REVENUE:** Overall Revenue February 2026 was \$160,820 less than budgeted.
 - **Total County and City Revenue** was \$17,428 more than budgeted. Two (2) counties have now signed the MOA for FY2026. We have recorded 5 months of revenue to catch up. Also, when the budget was voted on, the amount of Wichita County Support was unknown. We received word in November that they are giving us an additional \$60,000 in support over last year. This is reflected in the \$5,000 budget amount. We also had one county give us support for FY2026 when they did not give us support for FY2024 or FY2025.
 - **Patient Fees** were \$829 more than budgeted.
 - This is based on actual cash received in February for services.

5 RECOMMENDATIONS

B. BUDGET AND FINANCE

2) FINANCIAL STATEMENTS - FEBRUARY 2026

- **Miscellaneous** was \$100,829 less than budgeted.
 - In-kind Match was \$119,994 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. 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 \$12,689 more than budgeted. The CART program was on calendar year and ended in December. We have spoken to the group that gave us the grant for the past two years and they are allowing us to continue to use the money until it is gone. Therefore, we will have CART revenue for most of this fiscal year.
 - Opioid Grant revenue is \$7,601 more than budgeted. Helen Farabee Centers received money from Bowie in January to continue Opioid activities. The Center has dedicated 2 staff members to work on these activities in the Bowie and Decatur areas.

- **Other State Funding** was \$74,209 more than budgeted.
 - DARS-ECI revenue was \$34,952 more than budgeted. Less locally collected funds were collected than budgeted; therefore, we ask more from the state to cover expenses.
 - Substance Abuse revenue was \$17,217 more than budgeted. The department has increased their services and revenue over last year.
 - SB292 Revenue was \$24,793 more than budgeted. This is based on client need for the psychiatric beds, and usage will fluctuate.

- **Other Federal Funding** was \$982 less than budgeted.
 - Not one program stands out as making more than budgeted. These revenues are mostly based on cash receipts received in February.

- **General Revenue** was \$151,475 less than budgeted.
 - Private Psychiatric Beds MH/PPB revenue was \$54,164 less than budgeted. PPB revenue fluctuates based on client need for psychiatric beds.
 - PESC revenue was \$97,311 less than budgeted. Just like PPB revenue, PESC revenue fluctuates based on client need for the psychiatric beds.

- **Allocated Federal Funds** were right on budget.

5 RECOMMENDATIONS

B. BUDGET AND FINANCE

2) FINANCIAL STATEMENTS - FEBRUARY 2026

❖ **EXPENSES**: Overall expense for February 2026 was \$229,133 less than budgeted.

- **Personnel** cost was \$3,196 more than budgeted.
 - Salaries were \$481 less than budgeted.
 - Benefits were \$3,678 more than budgeted.
- **Contract** cost was \$17,495 less than budgeted.
 - PESC expense was \$77,971 less than budgeted, Justice Involved Bed Days was \$26,212 more than budgeted, and PPB Bed Days was \$45,613 less than budgeted. These expenses fluctuate based on client need for psychiatric beds.
 - Software Web-based expense was \$28,683 less than budgeted. We noticed that we had been putting expenses into this account but had budgeted them for telecommunications, which is where they belong. This is a reclass adjustment.
- **Travel and Training** expense was \$1,359 less than budgeted.
- **Capital Outlay** expense was \$1,742 more than budgeted.
- **Non-Capitalized Equipment** expense was \$1,321 more than budgeted.
- **Pharmaceutical** expense was \$718 more than budgeted. This is based upon actual expenses and will fluctuate with patient care. As of January 2021, 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 \$107,257 less than budgeted.
 - In-Kind Expense was \$119,994 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. It 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.
 - Telecommunication expense was \$27,446 more than budgeted. This is due to the reclass adjustment we made with the Software Web-based expense.

Helen Farabee Centers
Balance Sheet - As Of February 2026

Assets	Actual
CASH GENERAL OPERATING FUND	\$ 5,459,758.66
CASH INTERNAL SERVICE FUND	\$ 2,361,013.57
CASH SELF FUNDED INSURANCE	\$ 497,236.57
SAVINGS	\$ 18,594.17
PETTY CASH FUNDS-CENTERWIDE	\$ 798.17
INVESTMENTS GENERAL OPERATING FUND	\$ 8,740,636.08
INVESTMENTS INTERNAL SERVICE FUND	\$ 708,829.11
ACCOUNTS RECEIVABLE	\$ 1,703,323.22
PREPAID	\$ 593,736.29
PREPAID MISCELLANEOUS-SELF INSURED FUNDS	\$ 1,374.98
DEPOSITS	\$ 219,948.97
DEPOSITS-SELF INSURED FUNDS	\$ 25,000.00
AMTS PROVIDED-PERSONAL LEAVE	\$ 947,522.78
LAND	\$ 1,057,659.65
BUILDINGS & IMPROVEMENTS	\$ 2,476,885.44
LEASEHOLD IMPROVEMENTS	\$ 132,631.17
EQUIP/FURN/FIX	\$ 428,566.19
COMPUTERS & PERIPHERALS	\$ 796,627.70
VEHICLES & CONTRACTORS EQ	\$ 1,924,081.79
COMPUTER SOFTWARE	\$ 368,100.66
ACCUMULATED DEPRECIATION	\$ (5,174,035.90)
CLINICAL SOFTWARE PROJECT	\$ -
WICHITA FALLS BUILDING PROJECT	\$ 386,012.69
ISF-MAJOR PROJECTS WORK-IN-PROGRESS	\$ (1,228.23)
Total Assets	\$ 23,673,073.73
Liabilities and Net Assets	
Liabilities	
ACCOUNTS PAYABLE GENERAL OPERATING FUND	\$ 646,635.38
ACCOUNTS PAYABLE INTERNAL SERVICE FUND	\$ -
ACCOUNTS PAYABLE-SELF INSURED FUND	\$ 19,339.88
ACCOUNTS PAYABLE-PAYABLE TO STATE	\$ 1,049,324.34
PAYROLL PAYABLE	\$ 509,787.26
UMR PAYABLE	\$ 87,235.86
EMPLOYEE DEDUCTION PAYBLE	\$ 10,412.77
DEFERRED REVENUE	\$ 2,001,954.24
ACCUM PERSONAL LEAVE-CURRENT	\$ 19,117.92
ACCUM PERSONAL LEAVE-LONGTERM	\$ 947,522.78
UMR CLAIMS PAYABLE - IBNR	\$ 140,000.00
Total Liabilities	\$ 5,431,330.43
Net Assets	
UNRESERVED-FUND BALANCE	\$ 11,960,560.70
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	\$ (247,558.52)
RETAINED EARNINGS	\$ 151,301.06
Total Net Assets	\$ 18,241,743.30
Total Liabilities and Net Assets	\$ 23,673,073.73

Helen Farabee Centers FEBRUARY 2026 Income Statement

		FEBRUARY 2026					YEAR TO DATE				
		FEB FY26 Actual	FEB FY26 Budget	FEB 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	\$8,333.34	\$8,333.34	\$8,333.35	\$0.00	(\$0.01)	\$50,000.00	\$50,000.00	\$50,000.00	\$0.00	\$0.00
2-7001	CITY OF CHILLICOTHE	\$27.50	\$27.50	\$27.50	\$0.00	\$0.00	\$165.00	\$165.00	\$165.00	\$0.00	\$0.00
2-7002	CITY OF QUANAH	\$330.00	\$55.00	\$55.00	\$275.00	\$275.00	\$330.00	\$330.00	\$330.00	\$0.00	\$0.00
2-7004	CITY OF BURKBURNETT	\$417.67	\$417.67	\$417.65	\$0.00	\$0.02	\$2,506.00	\$2,506.00	\$2,506.00	\$0.00	\$0.00
2-7005	CITY OF GRAHAM	\$1,250.00	\$1,250.00	\$1,250.00	\$0.00	\$0.00	\$7,500.00	\$7,500.00	\$7,500.00	\$0.00	\$0.00
2-7006	CITY OF NOCONA	\$125.00	\$125.00	\$125.00	\$0.00	\$0.00	\$750.00	\$750.00	\$750.00	\$0.00	\$0.00
2-7007	CITY OF BOWIE	\$666.67	\$666.67	\$666.65	\$0.00	\$0.02	\$4,000.00	\$4,000.00	\$4,000.00	\$0.00	\$0.00
Total City Revenue		\$11,150.18	\$10,875.18	\$10,875.15	\$275.00	\$275.03	\$65,251.00	\$65,251.00	\$65,251.00	\$0.00	\$0.00
County Revenue - Deferred Revenue											
2-7020	WICHITA COUNTY	\$18,333.33	\$13,333.33	\$13,333.33	\$5,000.00	\$5,000.00	\$90,000.02	\$79,999.98	\$66,666.66	\$10,000.04	\$23,333.36
2-7021	HASKEL COUNTY	\$1,387.66	\$1,387.66	\$1,387.67	\$0.00	(\$0.01)	\$8,326.00	\$8,326.00	\$7,947.52	\$0.00	\$378.48
2-7022	STONEWALL COUNTY	\$211.89	\$211.89	\$176.85	\$0.00	\$35.04	\$1,271.34	\$1,271.34	\$1,061.00	\$0.00	\$210.34
2-7023	KNOX COUNTY	\$554.19	\$554.19	\$551.40	\$0.00	\$2.79	\$3,325.00	\$3,325.00	\$3,308.40	\$0.00	\$16.60
2-7024	DICKENS COUNTY	\$0.00	\$149.81	\$149.81	(\$149.81)	(\$149.81)	\$0.00	\$898.86	\$898.86	(\$898.86)	(\$898.86)
2-7025	YOUNG COUNTY	\$3,958.33	\$400.00	\$2,862.00	\$3,558.33	\$1,096.33	\$23,750.00	\$2,400.00	\$17,172.00	\$21,350.00	\$6,578.00
2-7026	THROCKMORTON COUNTY	\$273.28	\$273.28	\$156.07	\$0.00	\$117.21	\$1,639.60	\$1,639.60	\$936.32	\$0.00	\$703.28
2-7027	HARDEMAN COUNTY	\$353.44	\$353.44	\$0.00	\$0.00	\$353.44	\$2,120.64	\$2,120.64	\$0.00	\$0.00	\$2,120.64
2-7028	WISE COUNTY	\$4,616.67	\$4,616.67	\$4,616.65	\$0.00	\$0.02	\$27,699.98	\$27,699.98	\$27,700.00	\$0.00	(\$0.02)
2-7029	BAYLOR COUNTY	\$433.33	\$433.33	\$433.35	\$0.00	(\$0.02)	\$2,599.98	\$2,599.98	\$2,600.00	\$0.00	(\$0.02)
2-7030	FOARD COUNTY	\$110.00	\$110.00	\$205.99	\$0.00	(\$95.99)	\$660.00	\$660.00	\$1,235.94	\$0.00	(\$575.94)
2-7031	MONTAGUE COUNTY	\$8,388.04	\$8,107.84	\$8,107.84	\$280.20	\$280.20	\$50,328.24	\$48,647.04	\$48,647.04	\$1,681.20	\$1,681.20
2-7032	JACK COUNTY	\$9,206.19	\$1,706.19	\$1,250.00	\$7,500.00	\$7,956.19	\$17,737.11	\$10,237.11	\$7,500.00	\$7,500.00	\$10,237.11
2-7033	CLAY COUNTY	\$333.33	\$333.33	\$241.65	\$0.00	\$91.68	\$1,999.98	\$1,999.98	\$1,450.00	\$0.00	\$549.98
2-7034	COTTLE COUNTY	\$199.75	\$199.75	\$199.75	\$0.00	\$0.00	\$1,198.50	\$1,198.50	\$1,198.50	\$0.00	\$0.00
2-7035	CHILDRESS COUNTY	\$347.93	\$347.93	\$347.90	\$0.00	\$0.03	\$2,087.50	\$2,087.50	\$2,087.50	\$0.00	\$0.00
2-7036	ARCHER COUNTY SUPPORT	\$964.58	\$0.00	\$208.35	\$964.58	\$756.23	\$5,787.48	\$0.00	\$1,250.00	\$5,787.48	\$4,537.48
Total County Revenue		\$49,671.94	\$32,518.64	\$34,228.61	\$17,153.30	\$15,443.33	\$240,531.37	\$195,111.51	\$191,659.74	\$45,419.86	\$48,871.63
Other Taxing Authority Funds - Deferred Revenue											
2-7038	INDEPENDENT SCHOOL DISTRICT	\$265.00	\$265.00	\$265.00	\$0.00	\$0.00	\$1,590.00	\$1,590.00	\$1,590.00	\$0.00	\$0.00
Total Other Taxing Authority Funds		\$265.00	\$265.00	\$265.00	\$0.00	\$0.00	\$1,590.00	\$1,590.00	\$1,590.00	\$0.00	\$0.00
Patient Fees - Cash Basis Only											
2-7050	CONSUMER FEES	\$24,431.98	\$19,060.48	\$11,745.05	\$5,371.50	\$12,686.93	\$113,282.44	\$89,762.43	\$79,447.00	\$23,520.01	\$33,835.44
2-7060	PRIVATE INSURANCE MCO CARD SERVICES	\$24,759.82	\$25,129.99	\$26,593.94	(\$370.17)	(\$1,834.12)	\$159,557.53	\$160,137.39	\$157,751.11	(\$579.86)	\$1,806.42
2-7070	PRIVATE INSURANCE MCO CASE MANAGEMENT	\$7,293.40	\$10,791.31	\$10,886.38	(\$3,497.91)	(\$3,592.98)	\$75,888.38	\$58,888.35	\$57,538.60	\$17,000.03	\$18,349.78
2-7080	PRIVATE INSURANCE MCO REHAB	\$7,376.84	\$8,051.37	\$8,051.37	(\$674.53)	(\$674.53)	\$62,328.13	\$53,818.93	\$52,851.27	\$8,509.20	\$9,476.86
Total Patient Fees		\$63,862.04	\$63,033.15	\$57,276.74	\$828.89	\$6,585.30	\$411,056.48	\$362,607.10	\$347,587.98	\$48,449.38	\$63,468.50
Miscellaneous - Cash Basis											
2-7037	IN-KIND MATCH	\$526,413.30	\$646,407.13	\$762,835.39	(\$119,993.83)	(\$236,422.09)	\$3,819,869.81	\$3,878,442.74	\$4,431,562.34	(\$58,572.93)	(\$611,692.53)
2-7100	MEDICARE - TITLE XVII	\$1,304.38	\$1,900.67	\$1,900.67	(\$596.29)	(\$596.29)	\$22,700.53	\$18,987.81	\$18,987.81	\$3,712.72	\$3,712.72
2-7260	RENT	\$2,187.50	\$2,109.80	\$4,968.25	\$77.70	(\$2,780.75)	\$6,825.00	\$8,998.85	\$28,459.50	(\$2,173.85)	(\$21,634.50)
2-7270	DONATIONS/CONTRIBUTIONS	\$233.33	\$319.75	\$419.75	(\$86.42)	(\$186.42)	\$4,307.08	\$1,497.52	\$2,097.52	\$2,809.56	\$2,209.56
2-7272	CART EARNED REVENUE	\$12,688.51	\$0.00	\$0.00	\$12,688.51	\$12,688.51	\$64,998.47	\$97,600.00	\$82,576.79	(\$32,601.53)	(\$17,578.32)
2-7273	WF OPIOID GRANT	\$8,600.53	\$1,000.00	\$0.00	\$7,600.53	\$8,600.53	\$15,746.54	\$6,000.00	\$0.00	\$9,746.54	\$15,746.54
2-7275	INTEREST INCOME	\$26,975.95	\$26,130.36	\$26,130.36	\$845.59	\$845.59	\$108,958.21	\$94,085.83	\$105,787.48	\$14,872.38	\$3,170.73
2-7280	MISCELLANEOUS	\$5,005.06	\$6,369.62	\$50,760.02	(\$1,364.56)	(\$45,754.96)	\$23,212.11	\$20,731.22	\$59,106.43	\$2,480.89	(\$35,894.32)
Total Miscellaneous		\$583,408.56	\$684,237.33	\$847,014.44	(\$100,828.77)	(\$263,605.88)	\$4,066,617.75	\$4,126,343.97	\$4,728,577.87	(\$59,726.22)	(\$661,960.12)

	FEBRUARY 2026					YEAR TO DATE					
	FEB FY26	FEB FY26	FEB 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	\$13,800.00	\$16,600.00	\$16,600.00	(\$2,800.00)	(\$2,800.00)	\$47,200.00	\$45,000.00	\$47,000.00	\$2,200.00	\$200.00
2-7122	TCOOMMI EARNED INCOME	\$33,496.66	\$25,910.16	\$29,739.21	\$7,586.50	\$3,757.45	\$183,112.44	\$179,224.14	\$179,275.03	\$3,888.30	\$3,837.41
2-7124	SUBSTANCE ABUSE SERVICES	\$34,049.68	\$16,832.83	\$9,567.41	\$17,216.85	\$24,482.27	\$178,811.21	\$132,968.88	\$130,154.57	\$45,842.33	\$48,656.64
2-7125	SUD COMMUNITY MH GRANT PROGRAM	\$4,095.72	\$3,521.67	\$2,015.58	\$574.05	\$2,080.14	\$21,050.31	\$21,129.98	\$11,672.23	(\$79.67)	\$9,378.08
2-7127	OSAR - OUTREACH, SCREENING ASSESSMENT, REFERRAL	\$23,252.88	\$24,602.40	\$25,972.25	(\$1,349.52)	(\$2,719.37)	\$169,710.54	\$198,054.36	\$220,648.95	(\$28,343.82)	(\$50,938.41)
2-7128	RSS - RECOVERY SUPPORT SERVICES	\$9,948.78	\$6,542.02	\$6,542.02	\$3,406.76	\$3,406.76	\$51,925.84	\$45,690.96	\$39,297.01	\$6,234.88	\$12,628.83
2-7150	MFP/ECC REVENUE	\$4,601.13	\$2,707.50	\$3,870.31	\$1,893.63	\$730.82	\$21,381.15	\$16,244.98	\$17,947.76	\$5,136.17	\$3,433.39
2-7152	PASSR IDD SPECIALIZED SERVICES	\$1,708.77	\$396.34	\$396.34	\$1,312.43	\$1,312.43	\$6,020.17	\$3,364.70	\$3,364.70	\$2,655.47	\$2,655.47
2-7153	PASRR IDD SPECIALIZED SERVICES - OBRA - LIDDA	\$350.00	\$0.00	\$0.00	\$350.00	\$350.00	\$700.00	\$2,450.00	\$2,800.00	(\$1,750.00)	(\$2,100.00)
2-7132	CMHG LPHA EXPANSION	\$4,873.77	\$4,873.77	(\$0.01)	\$0.00	\$4,873.78	\$29,242.63	\$29,242.62	\$21,931.98	\$0.01	\$7,310.65
2-7216	MHGJII NCA - JBCR	\$18,175.22	\$31,902.16	\$0.00	(\$13,726.94)	\$18,175.22	\$109,010.14	\$191,412.91	\$0.00	(\$82,402.77)	\$109,010.14
2-7218	JUSTICE INVOLVED GRANT PROGRAM	\$221,112.02	\$196,318.84	\$81,756.17	\$24,793.18	\$139,355.85	\$1,053,226.30	\$1,177,912.96	\$1,218,405.67	(\$124,686.66)	(\$165,179.37)
2-7245	DARS-ECI REVENUE	\$123,875.58	\$88,923.78	\$81,524.17	\$34,951.80	\$42,351.41	\$727,484.41	\$576,455.92	\$634,274.44	\$151,028.49	\$93,209.97
Total Other State Funding		\$493,340.21	\$419,131.47	\$257,983.45	\$74,208.74	\$235,356.76	\$2,598,875.14	\$2,619,152.41	\$2,526,772.34	(\$20,277.27)	\$72,102.80
Other Federal Funding											
2-7102	MEDICAID-CARD SERVICES	\$2,002.66	\$278.43	\$278.43	\$1,724.23	\$1,724.23	\$9,609.82	\$1,283.72	\$1,408.27	\$8,326.10	\$8,201.55
2-7104	MEDICAID-CASE MANAGEMENT	\$2,009.19	\$2,638.32	\$4,638.32	(\$629.13)	(\$2,629.13)	\$16,762.19	\$23,330.91	\$25,526.34	(\$6,568.72)	(\$8,764.15)
2-7106	MEDICAID-IDD SERV COORDINATION	\$49,984.10	\$50,434.50	\$56,434.50	(\$450.40)	(\$6,450.40)	\$337,573.30	\$338,671.46	\$363,390.01	(\$1,098.16)	(\$25,816.71)
2-7108	MEDICAID REHAB	\$10,787.24	\$22,214.26	\$22,214.26	(\$11,427.02)	(\$11,427.02)	\$101,417.44	\$98,769.18	\$93,211.86	\$2,648.26	\$8,205.58
2-7110	MEDICAID PASRR	\$50.92	\$356.44	\$1,565.79	(\$305.52)	(\$1,514.87)	\$712.88	\$1,973.15	\$3,577.13	(\$1,260.27)	(\$2,864.25)
2-7112	MEDICAID-ADMIN CLAIMING	\$40,000.00	\$40,000.00	\$40,000.00	\$0.00	\$0.00	\$283,169.35	\$252,444.46	\$252,893.60	\$30,724.89	\$30,275.75
2-7114	MEDICAID-HABILITATION COORDINATION	\$9,370.35	\$5,500.68	\$5,500.68	\$3,869.67	\$3,869.67	\$51,016.35	\$41,940.93	\$41,940.93	\$9,075.42	\$9,075.42
2-7120	MH FIRST AID	\$6,634.85	\$6,138.97	\$6,138.97	\$495.88	\$495.88	\$38,310.48	\$35,883.51	\$35,883.51	\$2,426.97	\$2,426.97
2-7126	STATE HOSPITAL STEP-DOWN PROGRAM	\$53,912.25	\$51,185.09	\$51,185.09	\$2,727.16	\$2,727.16	\$328,127.33	\$333,192.56	\$333,192.56	(\$5,065.23)	(\$5,065.23)
2-7130	MH OUTPATIENT CAPACITY EXPANSION	\$0.00	\$0.00	\$16,594.45	\$0.00	(\$16,594.45)	\$0.00	\$0.00	\$100,704.80	\$0.00	(\$100,704.80)
2-7252	DIRECTED PAYMENT PROGRAM - BEHAVIORAL HEALTH SERVICES	\$50,208.53	\$46,852.11	\$22,955.73	\$3,356.42	\$27,252.80	\$209,823.87	\$241,112.66	\$142,453.09	(\$31,288.79)	\$67,370.78
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	\$4,917.45	\$5,260.33	\$0.00	(\$342.88)	\$4,917.45	\$31,775.09	\$31,561.98	\$0.00	\$213.11	\$31,775.09
Total Other Federal Funding		\$229,877.54	\$230,859.13	\$227,506.22	(\$981.59)	\$2,371.32	\$1,408,298.10	\$1,400,164.52	\$1,394,182.10	\$8,133.58	\$14,116.00
General Revenue - Deferred Revenue											
2-7215	PESC	\$84,174.96	\$181,485.66	\$43,432.27	(\$97,310.70)	\$40,742.69	\$1,051,921.95	\$1,088,913.96	\$755,764.68	(\$36,992.01)	\$296,157.27
2-7217	Private Psychiatric Beds MH/PPB	\$23,968.90	\$78,133.33	\$315,650.91	(\$54,164.43)	(\$291,682.01)	\$471,660.87	\$468,799.98	\$755,931.41	\$2,860.89	(\$284,270.54)
2-7220	GENERAL REVENUE - MH	\$600,876.29	\$600,876.29	\$600,876.24	\$0.00	\$0.05	\$3,605,257.50	\$3,605,257.50	\$3,605,257.50	\$0.00	\$0.00
2-7222	GENERAL REVENUE - VETERANS SERVICES	\$5,833.34	\$5,833.34	\$5,833.31	\$0.00	\$0.03	\$35,000.00	\$35,000.00	\$35,000.00	\$0.00	\$0.00
2-7224	GENERAL REVENUE - BH SVCS IN EDUC SVC CTR	\$9,583.34	\$9,583.34	\$9,583.31	\$0.00	\$0.03	\$57,500.00	\$57,500.00	\$57,500.00	\$0.00	\$0.00
2-7230	GENERAL REVENUE - IDD	\$93,036.54	\$93,036.54	\$93,036.52	\$0.00	\$0.02	\$558,219.19	\$558,219.19	\$558,219.18	\$0.00	\$0.01
2-7232	GENERAL REVENUE-CRISIS REDESIG	\$39,884.50	\$39,884.50	\$39,884.49	\$0.00	\$0.01	\$239,307.00	\$239,307.00	\$239,307.00	\$0.00	\$0.00
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	\$107,884.00	\$107,884.00	\$107,884.00	\$0.00	\$0.00
2-7238	PERMANENCY PLANNING	\$1,854.75	\$1,854.75	\$1,854.75	\$0.00	\$0.00	\$11,128.50	\$11,128.50	\$11,128.50	\$0.00	\$0.00
Total General Revenue		\$877,193.29	\$1,028,668.42	\$1,128,132.47	(\$151,475.13)	(\$250,939.18)	\$6,140,674.40	\$6,172,010.13	\$6,125,992.27	(\$31,335.73)	\$14,682.13
Medicaid Waiver											
2-7137	ICF-QAF	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$105.20)	\$0.00	\$105.20
Total Medicaid Waiver		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$105.20)	\$0.00	\$105.20
Allocated Federal Funds - Accrued Basis Only											
2-7200	TANF-CAS	\$14,565.75	\$14,565.75	\$14,565.75	\$0.00	\$0.00	\$87,394.50	\$87,394.50	\$87,394.50	\$0.00	\$0.00
2-7201	TANF-ADULT	\$3,207.59	\$3,207.59	\$3,207.57	\$0.00	\$0.02	\$19,245.50	\$19,245.50	\$19,245.50	\$0.00	\$0.00
2-7202	TANF-TITLE XX-ADULT	\$3,663.67	\$3,663.67	\$3,663.68	\$0.00	(\$0.01)	\$21,982.00	\$21,982.00	\$21,982.00	\$0.00	\$0.00
2-7203	TRANSITION-TITLE XX-CRISIS	\$5,992.25	\$5,992.25	\$5,992.25	\$0.00	\$0.00	\$35,953.50	\$35,953.50	\$35,953.50	\$0.00	\$0.00
2-7210	MENTAL HEALTH BLOCK GRANT	\$36,511.92	\$36,511.92	\$36,511.96	\$0.00	(\$0.04)	\$219,071.50	\$219,071.50	\$219,071.50	\$0.00	\$0.00
Total Allocated Federal Funds		\$63,941.18	\$63,941.18	\$63,941.21	\$0.00	(\$0.03)	\$383,647.00	\$383,647.00	\$383,647.00	\$0.00	\$0.00
Total Revenue		\$2,372,709.94	\$2,533,529.50	\$2,627,223.29	(\$160,819.56)	(\$254,513.35)	\$15,316,541.24	\$15,325,877.64	\$15,765,155.10	(\$9,336.40)	(\$448,613.86)

	FEBRUARY 2026					YEAR TO DATE					
	FEB FY26	FEB FY26	FEB 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	\$941,774.68	\$942,750.01	\$978,218.29	(\$975.33)	(\$36,443.61)	\$5,846,989.38	\$5,860,957.46	\$5,747,619.00	(\$13,968.08)	\$99,370.38
2-8001	OVERTIME	\$9,148.01	\$8,654.08	\$16,030.99	\$493.93	(\$6,882.98)	\$47,059.20	\$40,109.07	\$60,305.56	\$6,950.13	(\$13,246.36)
Total Salaries		\$1,009,310.77	\$1,012,295.37	\$954,461.49	(\$481.40)	(\$43,326.59)	\$1,974,172.10	\$1,966,350.34	\$1,891,678.48	(\$7,017.95)	\$86,124.02
Benefits											
2-8002	EMPLOYER'S FICA/MEDICARE	\$70,222.48	\$72,024.95	\$73,606.10	(\$1,802.47)	(\$3,383.62)	\$428,456.91	\$440,966.10	\$421,896.51	(\$12,509.19)	\$6,560.40
2-8003	TEC UNEMPLOYMENT TAX	\$4,662.41	\$4,333.33	\$9,478.33	\$329.08	(\$4,815.92)	\$12,808.01	\$13,384.26	\$25,181.38	(\$576.25)	(\$12,373.37)
2-8004	WORKER'S COMPENSATION	\$1,829.00	\$1,830.99	\$1,954.00	(\$1.99)	(\$125.00)	\$11,545.00	\$13,049.14	\$11,255.00	(\$1,504.14)	\$290.00
2-8005	RETIREMENT EMPLOYER CONTRIBUTION 401A	\$50,786.87	\$51,575.43	\$51,913.88	(\$788.56)	(\$1,127.01)	\$313,678.22	\$314,279.97	\$304,224.80	(\$601.75)	\$9,453.42
2-8006	HEALTH INSURANCE	\$169,612.66	\$163,686.66	\$154,067.10	\$5,926.00	\$15,545.56	\$975,288.98	\$945,691.12	\$851,821.13	\$29,597.86	\$123,467.85
2-8008	EMPLOYER FUNDED BASIC LIFE	\$959.62	\$943.79	\$0.00	\$15.83	\$959.62	\$5,783.75	\$5,662.74	\$0.00	\$121.01	\$5,783.75
Total Benefits		\$284,233.15	\$285,526.89	\$256,608.09	\$3,677.89	\$7,053.63	\$564,672.54	\$565,309.08	\$509,788.70	\$14,527.54	\$133,182.05
Contracts											
2-8300	PSYCHIATRIST	\$19,875.00	\$20,756.25	\$22,200.00	(\$881.25)	(\$2,325.00)	\$137,400.00	\$136,937.50	\$137,400.00	\$462.50	\$0.00
2-8304	PSYCHOLOGIST	(\$200.00)	\$0.00	\$350.00	(\$200.00)	(\$550.00)	\$1,150.00	\$2,500.00	\$3,050.00	(\$1,350.00)	(\$1,900.00)
2-8306	RN NURSES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$195.00	\$0.00	\$65.00	\$195.00	\$130.00
2-8318	CRISIS-CONTRACTED	\$12,462.00	\$12,516.42	\$12,462.00	(\$54.42)	\$0.00	\$74,772.00	\$75,052.76	\$74,772.00	(\$280.76)	\$0.00
2-8320	PESC BED DAYS	\$63,255.00	\$141,226.00	\$56,000.00	(\$77,971.00)	\$7,255.00	\$847,005.00	\$847,355.96	\$628,140.00	(\$350.96)	\$218,865.00
2-8321	PPB BED DAYS	\$20,800.00	\$66,413.33	\$286,380.00	(\$45,613.33)	(\$265,580.00)	\$409,475.00	\$398,479.98	\$686,635.00	\$10,995.02	(\$277,160.00)
2-8322	OSAR-SUBSTANCE ABUSE	\$22,652.75	\$23,091.47	\$23,091.47	(\$438.72)	(\$438.72)	\$160,785.37	\$187,520.91	\$197,520.91	(\$26,735.54)	(\$36,735.54)
2-8326	LABORATORY CONTRACTS	\$1,766.47	\$1,874.84	\$1,874.84	(\$108.37)	(\$108.37)	\$13,439.98	\$6,666.28	\$6,666.28	\$6,773.70	\$6,773.70
2-8336	RESPIRE-CONTRACTED	\$4,640.00	\$3,505.00	\$1,505.00	\$1,135.00	\$3,135.00	\$25,867.25	\$25,793.00	\$23,793.00	\$74.25	\$2,074.25
2-8338	SOFTWARE WEB-BASED	(\$6,831.07)	\$21,852.04	\$23,599.64	(\$28,683.11)	(\$30,430.71)	\$136,596.81	\$138,153.15	\$147,455.38	(\$1,556.34)	(\$10,858.57)
2-8344	JUSTICE INVOLVED BED DAYS (SB292)	\$199,980.00	\$173,767.75	\$73,685.00	\$26,212.25	\$126,295.00	\$951,405.00	\$1,042,606.46	\$1,100,990.00	(\$91,201.46)	(\$149,585.00)
2-8346	STATE HOSPITAL STEP-DOWN PROGRAM CONTRACTED	\$45,500.00	\$45,500.00	\$45,500.00	\$0.00	\$0.00	\$273,000.00	\$273,000.00	\$273,000.00	\$0.00	\$0.00
2-8348	BH SVCS IN ESC-REGION 9	\$584.52	\$492.92	\$492.92	\$91.60	\$91.60	\$2,970.77	\$3,693.04	\$3,693.04	(\$722.27)	(\$722.27)
2-8350	OTHER CONTRACTED CONSULTANTS	\$2,630.32	\$5,950.19	\$5,950.19	(\$3,319.87)	(\$3,319.87)	\$22,850.94	\$26,439.90	\$26,439.90	(\$3,588.96)	(\$3,588.96)
2-8352	WFPD - CART	\$1,200.00	\$0.00	\$0.00	\$1,200.00	\$1,200.00	\$3,544.24	\$33,985.72	\$0.00	(\$30,441.48)	\$3,544.24
2-8353	TECHNICAL ASSISTANCE - CART	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12,490.00	\$13,000.00	\$7,875.00	(\$510.00)	\$4,615.00
2-8354	WFFD - CART	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$20,000.00	\$20,000.00	\$0.00	\$0.00	\$20,000.00
2-8355	Other Contracted/Non-Contracted Consultants-G & A Services	\$9,703.08	\$8,566.96	\$8,566.96	\$1,136.12	\$1,136.12	\$54,760.08	\$48,591.92	\$48,596.11	\$6,168.16	\$6,163.97
Total Contracts		\$398,018.07	\$525,513.17	\$561,658.02	(\$127,495.10)	(\$163,639.95)	\$3,147,707.44	\$3,279,776.58	\$3,366,091.62	(\$132,069.14)	(\$218,384.18)
Travel and Training											
2-8021	EMPLOYEE MILEAGE	\$1,015.13	\$1,099.55	\$1,099.55	(\$84.42)	(\$84.42)	\$8,538.48	\$10,160.33	\$10,572.49	(\$1,621.85)	(\$2,034.01)
2-8022	EMPLOYEE PER DIEM (MEALS AND HOTEL)	\$470.29	\$921.88	\$921.88	(\$451.59)	(\$451.59)	\$19,540.08	\$16,166.38	\$15,322.31	\$3,373.70	\$4,217.77
2-8023	EMPLOYEE TRAVEL-AIRFARE & CAR RENTAL	\$223.79	\$0.00	\$0.00	\$223.79	\$223.79	\$5,514.46	\$2,840.29	\$2,771.24	\$2,674.17	\$2,743.22
2-8024	EMPLOYEE TRAVEL OVER STATE RATE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$929.59	\$112.75	\$112.75	\$816.84	\$816.84
2-8025	EMPLOYEE DEVELOPMENT & TRAINING	\$2,904.00	\$3,950.96	\$1,556.00	(\$1,046.96)	\$1,348.00	\$16,966.04	\$15,682.99	\$12,290.00	\$1,283.05	\$4,676.04
Total Travel and Training		\$4,613.21	\$5,972.39	\$3,577.43	(\$1,359.18)	\$1,035.78	\$51,488.65	\$44,962.74	\$41,068.79	\$6,525.91	\$10,419.86
Capital Outlay											
2-8106	BUILDING USE FEE	\$6,718.51	\$7,852.71	\$7,853.98	(\$1,134.20)	(\$1,135.47)	\$49,333.66	\$47,737.55	\$47,746.22	\$1,596.11	\$1,587.44
2-8126	EQUIP/FURN/FIX USE FEE	\$2,049.22	\$2,323.00	\$2,323.00	(\$273.78)	(\$273.78)	\$12,131.49	\$14,011.19	\$14,011.19	(\$1,879.70)	(\$1,879.70)
2-8146	VEHICLE USE FEE	\$10,129.53	\$5,899.14	\$5,899.14	\$4,230.39	\$4,230.39	\$37,303.30	\$35,395.04	\$35,395.04	\$1,908.26	\$1,908.26
2-8156	SOFTWARE USE FEE	\$0.00	\$0.00	\$208.33	\$0.00	(\$208.33)	\$208.33	\$624.99	\$1,249.99	(\$416.66)	(\$1,041.66)
2-8166	COMPUTER & PRINTER USE FEE	\$3,732.85	\$4,813.06	\$4,844.52	(\$1,080.21)	(\$1,111.67)	\$25,891.47	\$29,849.79	\$30,038.59	(\$3,958.32)	(\$4,147.12)
2-8170	CAPITAL OUTLAY	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,506.04	\$0.00	\$0.00	\$5,506.04	\$5,506.04
Total Capital Outlay		\$22,630.11	\$20,887.91	\$21,128.97	\$1,742.20	\$1,501.14	\$130,374.29	\$127,618.56	\$128,441.03	\$2,755.73	\$1,933.26
Non-Capitalized Equipment											
2-8190	MINOR EQUIPMENT PURCHASES	\$2,022.65	\$701.95	\$714.52	\$1,320.70	\$1,308.13	\$6,203.24	\$6,970.88	\$19,477.33	(\$767.64)	(\$13,274.09)
Total Non-Capitalized Equipment		\$2,022.65	\$701.95	\$714.52	\$1,320.70	\$1,308.13	\$6,203.24	\$6,970.88	\$19,477.33	(\$767.64)	(\$13,274.09)

		FEBRUARY 2026					YEAR TO DATE				
		FEB FY26	FEB FY26	FEB 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	\$56,906.74	\$56,188.26	\$49,419.42	\$718.48	\$7,487.32	\$341,560.26	\$332,156.21	\$325,412.16	\$9,404.05	\$16,148.10
Total Pharmaceutical		\$56,906.74	\$56,188.26	\$49,419.42	\$718.48	\$7,487.32	\$341,560.26	\$332,156.21	\$325,412.16	\$9,404.05	\$16,148.10
Other Operating											
2-8007	EAP EXPENSE	\$406.40	\$406.40	\$419.20	\$0.00	(\$12.80)	\$2,451.20	\$2,438.40	\$2,315.98	\$12.80	\$135.22
2-8020	HIRING RELATED EXPENSES	\$4,874.20	\$3,299.99	\$3,337.99	\$1,574.21	\$1,536.21	\$21,389.91	\$17,529.32	\$19,463.59	\$3,860.59	\$1,926.32
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&COMMISSIONS	\$2,174.49	\$2,174.49	\$2,410.61	\$0.00	(\$236.12)	\$13,046.94	\$13,046.94	\$14,463.66	\$0.00	(\$1,416.72)
2-8041	LIABILITY COVERAGE	\$103.67	\$103.67	\$295.24	\$0.00	(\$191.57)	\$722.02	\$622.02	\$831.47	\$100.00	(\$109.45)
2-8042	OTHER INSURANCE COVERAGE	\$1,777.85	\$1,777.85	\$1,713.36	\$0.00	\$64.49	\$10,667.10	\$10,667.10	\$10,280.16	\$0.00	\$386.94
2-8050	ADVERTISING EXPENSE	\$2,546.03	\$4,971.16	\$576.52	(\$2,425.13)	\$1,969.51	\$12,436.89	\$13,190.74	\$3,796.10	(\$753.85)	\$8,640.79
2-8055	DUES AND MEMBERSHIPS	\$5,401.41	\$4,188.84	\$4,188.84	\$1,212.57	\$1,212.57	\$34,106.16	\$24,946.00	\$24,998.00	\$9,160.16	\$9,108.16
2-8057	LICENSES	\$2,022.46	\$1,537.29	\$445.15	\$485.17	\$1,577.31	\$11,395.66	\$4,816.86	\$5,108.54	\$6,578.80	\$6,287.12
2-8060	BOARD ACTIVITY EXPENSE	\$192.83	\$0.00	\$0.00	\$192.83	\$192.83	\$1,194.12	\$1,032.22	\$1,763.68	\$161.90	(\$569.56)
2-8065	DPP-BHS RISK AND ADMIN EXPENSE	\$2,044.17	\$2,044.17	\$2,044.16	\$0.00	\$0.01	\$12,265.02	\$12,265.02	\$12,264.96	\$0.00	\$0.06
2-8070	UTILITIES	\$21,414.54	\$19,009.31	\$19,086.23	\$2,405.23	\$2,328.31	\$114,024.95	\$112,107.08	\$113,273.28	\$1,917.87	\$751.67
2-8072	TELECOMMUNICATIONS	\$53,206.10	\$25,759.87	\$27,133.26	\$27,446.23	\$26,072.84	\$157,535.18	\$155,691.20	\$163,638.70	\$1,843.98	(\$6,103.52)
2-8076	TELEPHONE-BASIC SERVICE EXPENSE	\$2,011.73	\$2,426.90	\$2,425.46	(\$415.17)	(\$413.73)	\$12,176.67	\$14,466.41	\$14,515.51	(\$2,289.74)	(\$2,338.84)
2-8078	CELL PHONE SERVICE EXPENSE	\$1,954.85	\$2,341.66	\$2,358.69	(\$386.81)	(\$403.84)	\$11,869.40	\$13,235.03	\$13,285.17	(\$1,365.63)	(\$1,415.77)
2-8080	LONG DISTANCE TELEPHONE SERVICE EXPENSE	\$356.50	\$281.27	\$281.28	\$75.23	\$75.22	\$2,456.42	\$1,521.70	\$1,521.71	\$934.72	\$934.71
2-8100	BUILDING RENT	\$56,405.52	\$61,971.60	\$62,777.76	(\$5,566.08)	(\$6,372.24)	\$341,730.37	\$339,336.37	\$407,173.33	\$2,394.00	(\$65,442.96)
2-8101	P.O. BOX/STORAGE RENTAL/LEASE	\$82.65	\$71.66	\$71.67	\$10.99	\$10.98	\$495.40	\$463.15	\$463.17	\$32.25	\$32.23
2-8102	PROPERTY DAMAGE COVERAGE	\$11,732.53	\$11,732.53	\$10,163.60	\$0.00	\$1,568.93	\$70,395.18	\$70,395.18	\$60,981.60	\$0.00	\$9,413.58
2-8104	BUILDING REPAIR & MAINTENANCE	\$14,455.77	\$15,110.37	\$14,811.91	(\$654.60)	(\$356.14)	\$84,743.99	\$94,029.96	\$97,347.39	(\$9,285.97)	(\$12,603.40)
2-8120	EQUIPMENT RENTAL/LEASE	\$7,179.12	\$7,141.46	\$7,187.50	\$37.66	(\$8.38)	\$43,037.16	\$42,598.03	\$42,876.16	\$439.13	\$161.00
2-8124	EQUIPMENT REPAIR & MAINTENANCE	\$2,269.03	\$3,108.98	\$3,163.79	(\$839.95)	(\$894.76)	\$12,680.17	\$14,411.65	\$18,635.86	(\$1,731.48)	(\$5,955.69)
2-8140	VEHICLE LEASE	\$2,321.85	\$2,611.11	\$2,611.11	(\$289.26)	(\$289.26)	\$14,712.10	\$15,666.66	\$15,666.66	(\$954.56)	(\$954.56)
2-8142	AUTO LIABILITY/PHYS DAMAGE INS	\$9,331.45	\$8,398.33	\$8,566.35	\$933.12	\$765.10	\$51,323.10	\$50,389.98	\$51,398.10	\$933.12	(\$75.00)
2-8143	INSURANCE EXP-DEDUCTIBLES PAID	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,000.00	\$400.00	(\$1,000.00)	(\$400.00)
2-8144	VEHICLE REPAIR & MAINTENANCE	\$3,775.79	\$2,962.15	\$2,962.15	\$813.64	\$813.64	\$22,733.44	\$16,959.44	\$17,101.64	\$5,774.00	\$5,631.80
2-8145	GAS-VEHICLE & EQUIPMENT	\$6,355.28	\$6,025.66	\$6,025.66	\$329.62	\$329.62	\$36,463.76	\$35,864.53	\$36,026.25	\$599.23	\$437.51
2-8200	OFFICE SUPPLIES	\$6,513.68	\$9,503.45	\$9,509.24	(\$2,989.77)	(\$2,995.56)	\$50,140.31	\$47,089.47	\$52,004.09	\$3,050.84	(\$1,863.78)
2-8202	BOOKS & SUBSCRIPTIONS	\$1,969.22	\$6,359.03	\$7,359.03	(\$4,389.81)	(\$5,389.81)	\$29,087.41	\$19,935.04	\$19,935.04	\$9,152.37	\$9,152.37
2-8204	JANITORIAL/CLEANING SUPPLIES	\$613.64	\$188.09	\$67.13	\$425.55	\$546.51	\$4,414.17	\$3,636.04	\$3,692.29	\$778.13	\$721.88
2-8206	OTHER CONSUMABLE SUPPLIES	\$1,038.03	\$1,536.92	\$1,543.69	(\$498.89)	(\$505.66)	\$7,979.27	\$7,317.25	\$7,342.62	\$662.02	\$636.65
2-8208	MEDICAL SUPPLIES	\$483.50	\$1,895.40	\$1,895.40	(\$1,411.90)	(\$1,411.90)	\$5,785.49	\$5,402.71	\$5,514.58	\$382.78	\$270.91
2-8210	FOOD	\$437.95	\$213.87	\$403.19	\$224.08	\$34.76	\$1,805.24	\$1,423.80	\$2,189.06	\$381.44	(\$383.82)
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	\$249.24	\$0.00	\$0.00	\$249.24	\$249.24	\$475.74	\$0.00	\$0.00	\$475.74	\$475.74
2-8218	CONSUMER ASSISTANCE	\$218.72	\$622.23	\$622.23	(\$403.51)	(\$403.51)	\$4,418.42	\$8,764.97	\$16,230.37	(\$4,346.55)	(\$11,811.95)
2-8220	PRINTING SERVICES	\$1,980.70	\$2,702.71	\$2,765.30	(\$722.01)	(\$784.60)	\$16,671.10	\$14,011.15	\$14,116.04	\$2,659.95	\$2,555.06
2-8221	COURIER DELIVERY SERVICES	\$0.00	\$92.84	\$92.84	(\$92.84)	(\$92.84)	\$370.64	\$270.50	\$270.50	\$100.14	\$100.14
2-8222	POSTAGE & DELIVERY CHARGES	\$1,409.78	\$1,595.48	\$1,595.48	(\$185.70)	(\$185.70)	\$9,948.91	\$9,180.73	\$9,184.18	\$768.18	\$764.73
2-8226	SANCTIONS	\$0.00	\$0.00	\$138.70	\$0.00	(\$138.70)	\$0.00	\$0.00	\$3,138.70	\$0.00	(\$3,138.70)
2-8228	BNK CHRGS & CREDIT CRD FEES	\$606.48	\$712.61	\$712.61	(\$106.13)	(\$106.13)	\$5,133.67	\$6,098.69	\$6,102.12	(\$965.02)	(\$968.45)
2-8232	MISCELLANEOUS CHARGE & EXPENSE	\$32.06	\$3,256.16	\$3,256.16	(\$3,224.10)	(\$3,224.10)	\$936.72	\$9,173.29	\$9,202.65	(\$8,236.57)	(\$8,265.93)
2-8237	IN-KIND EXPENSES	\$526,413.30	\$646,407.13	\$762,835.39	(\$119,993.83)	(\$236,422.09)	\$3,819,869.81	\$3,878,442.74	\$4,431,562.34	(\$58,572.93)	(\$611,692.53)
2-8340	CPA FIRM	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$23,500.00	\$25,000.00	\$24,000.00	(\$1,500.00)	(\$500.00)
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	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$361.00	\$0.00	(\$361.00)	\$0.00
2-8360	NON-CONTRACTED CONSULTANTS	\$1,638.35	\$715.03	\$0.00	\$923.32	\$1,638.35	\$1,638.35	\$1,287.19	\$1,162.45	\$351.16	\$475.90
Total Other Operating		\$758,000.87	\$865,257.67	\$977,853.88	(\$107,256.80)	(\$219,853.01)	\$5,093,611.70	\$5,134,229.15	\$5,771,138.44	(\$40,617.45)	(\$677,526.74)
Total Expense		\$2,491,187.38	\$2,720,320.59	\$2,899,620.93	(\$229,133.21)	(\$408,433.55)	\$16,412,555.03	\$16,559,813.98	\$17,073,932.75	(\$147,258.95)	(\$661,377.72)

	FEBRUARY 2026					YEAR TO DATE				
	FEB FY26	FEB FY26	FEB 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	\$12,538,280.85	\$12,538,280.85	\$12,315,115.32	\$0.00	\$223,165.53	\$13,515,817.20	\$13,515,817.20	\$13,351,495.33	\$0.00	\$164,321.87
NET SURPLUS/(DEFICIT)	(\$118,477.44)	(\$186,791.09)	(\$272,397.64)	\$68,313.65	\$153,920.20	(\$1,096,013.79)	(\$1,233,936.34)	(\$1,308,777.65)	\$137,922.55	\$212,763.86
ENDING NET ASSETS	\$12,419,803.41	\$12,351,489.76	\$12,042,717.68	\$68,313.65	\$377,085.73	\$12,419,803.41	\$12,281,880.86	\$12,042,717.68	\$137,922.55	\$377,085.73

- 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 2.74648% in November to 2.5526 % in May.
- C. The Center had 6 Certificate of Deposits (CD) mature and purchased 5 others:
 - **Merrill Lynch:**

In December, a Zions Bankcorp NA CD matured on December 26, 2025, earning 4.05% on \$240,000. In January, a Bank of American California CD was purchased January 7, 2026, for \$241,000 earning 3.50%. In February, a Morgan Stanley PVT BK CD matured on February 12, 2026, earning 4.20% on \$189,000. In February, a Morgan Stanley Bank NA CD matured on February 12, 2026, earning 4.20% on \$109,000. In February, a Comenity Bank CD matured on February 13, 2026, earning 4.02% on \$200,000. In February, a City National Bank of FL CD matured on February 18, 2026, earning 4.20% on \$212,000. In February, a First Citizens Bank CD was purchased on February 12, 2026, for \$241,000 earning 3.70%, and a Simmons Bank CD was purchased February 12, 2026, for \$241,000 earning 3.60%. Also in February, a Associated Bank CD was purchased February 17, 2026, for \$241,000 earning 3.70%.
 - **First National Bank**

In January, a Certificate of Deposit #7987 matured on January 14, 2026, earning 4.18% for \$630,998. The Center automatically renewed this CD for a 6-month term earning 3.60%. In September, a Certificate of Deposit #3037 matured on September 5, 2025, earning 4.81% on \$313,567.

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


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 February 2026, the Center is within the 365 days.
- The Center had \$8,655,674 invested with a 0 to 180-day maturity and \$4,197,087 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 and at the end of November was \$12,766,366.0 The Center’s total investment as of February 2026 is \$12,852,761.

Certificate:

We certify the attached reports accurately reflect the status of all Helen Farabee Centers’ investments as of February 2026. This report was prepared in compliance with the Public Funds Investment Act and our policy.



 Linda S Poentzsch
 Investment Officer/Business Manager
 April 15, 2026



 Melinda Wilson
 Assistant Investment Officer/Budget Analyst I
 April 15, 2026

HELEN FARABEE CENTER
RATE OF RETURN ON INVESTMENTS
 February 28, 2026

				Invested amount/book value	Market Value	Changes in Market Value (Based on Fiscal Year)			
		Date	Maturity	Purchase Beginning	Cur month Estimated				Weighted
	CUSIP #	Purchased	Date	Market Value	Market Value	Changes	Rate		Average
Chase High Yield			Immediate	\$ 3,338,883.14	\$ 3,339,047.22	\$ 164.08	0.01%		0.0026%
Merrill Lynch									
CASH ML Deposit Program			Immediate	\$ 58,894.94	\$ 64,248.37	\$ 5,353.43	0.05%		0.0002%
CASH ISA Accounts			Immediate	\$ 12,001.24	\$ 27,923.60	\$ 15,922.36	0.02%		0.0000%
CD MORGAN STANLEY PVT BK	61776NLE1	2/6/2025	2/12/2026	\$ -	\$ -	\$ -	4.20%		0.0000%
CD MORGAN STANLEY BANK NA	61690DP51	2/6/2025	2/12/2026	\$ -	\$ -	\$ -	4.20%		0.0000%
CD COMENITY BANK	20036NTC9	2/6/2025	2/13/2026	\$ -	\$ -	\$ -	4.20%		0.0000%
CD CITY NATL BANK OF FL	17801DKF2	2/6/2025	2/18/2026	\$ -	\$ -	\$ -	4.20%		0.0000%
CD WELLS FARGO BANK	949764QJ6	2/27/2025	3/5/2026	\$ 239,000.00	\$ 239,011.95	\$ 11.95	4.25%		0.0790%
CD BANK OF AMERICA	06051XRB0	2/27/2025	3/8/2026	\$ 239,000.00	\$ 239,014.34	\$ 14.34	4.25%		0.0790%
CD CITY NATIONAL BANK	17801DKJ4	2/27/2025	3/6/2026	\$ 13,000.00	\$ 13,000.78	\$ 0.78	4.25%		0.0043%
CD PNC BANK	69355NHS7	4/3/2025	4/2/2026	\$ 168,000.00	\$ 168,013.44	\$ 13.44	4.00%		0.0523%
CD POPULAR BANK	73317ADE9	4/16/2025	4/16/2026	\$ 165,000.00	\$ 164,967.00	\$ (33.00)	3.75%		0.0481%
CD AMERICAN EXPR NATL BK	02589AH62	4/16/2025	4/16/2027	\$ 245,000.00	\$ 244,904.45	\$ (95.55)	3.75%		0.0715%
CD ALLY BANK	02007XQ03	4/17/2025	4/17/2026	\$ 240,000.00	\$ 239,949.60	\$ (50.40)	3.75%		0.0700%
CD STEARNS BANK	857894X95	4/21/2025	5/21/2026	\$ 245,000.00	\$ 245,014.70	\$ 14.70	3.75%		0.0715%
CD Firstbank Puerto Rico	33767GJG4	12/17/2024	6/29/2026	\$ 244,000.00	\$ 244,202.52	\$ 202.52	4.05%		0.0770%
CD SAFRA National Bank	78658RRG8	7/10/2025	7/14/2026	\$ 87,000.00	\$ 87,068.73	\$ 68.73	4.10%		0.0278%
CD GOLDMAN SACHS BK	38150VY3	7/21/2025	7/29/2026	\$ 240,000.00	\$ 240,213.60	\$ 213.60	4.10%		0.0766%
CD MORGAN STANLEY BANK NA	61690DZ50	4/2/2025	10/2/2026	\$ 135,000.00	\$ 135,207.90	\$ 207.90	4.10%		0.0431%
CD MORGAN STANLEY PVT BANK	61776NPK3	4/2/2025	10/2/2026	\$ 55,000.00	\$ 55,084.70	\$ 84.70	4.10%		0.0176%
CD BANK OF HOPE	062683ML7	11/12/2025	11/13/2026	\$ 87,000.00	\$ 86,834.70	\$ (165.30)	3.55%		0.0240%
CD Bank of NY Mellon	06405VKJ7	11/12/2025	11/13/2026	\$ 241,000.00	\$ 240,708.39	\$ (291.61)	3.65%		0.0684%
CD UBS BANK USA	90355GA30	11/12/2025	11/18/2027	\$ 248,000.00	\$ 247,340.32	\$ (659.68)	3.65%		0.0702%
CD BANK OF AMERICA CALIF NA	6053CGV2	1/17/2026	1/14/2027	\$ 241,000.00	\$ 240,419.19	\$ (580.81)	3.50%		0.0655%
CD FIRST CTZNS BK & TR	319477BA2	2/12/2026	2/18/2027	\$ 241,000.00	\$ 240,869.86	\$ (130.14)	3.70%		0.0693%
CD SIMMONS BANK	82869ANJ0	2/12/2026	2/19/2027	\$ 241,000.00	\$ 240,643.32	\$ (356.68)	3.60%		0.0674%
CD ASSOCIATED BANK	045491ZT7	2/17/2026	2/25/2027	\$ 241,000.00	\$ 240,879.50	\$ (120.50)	3.70%		0.0693%
Sub Total Merrill Lynch				\$ 3,925,896.18	\$ 3,945,520.96	\$ 19,624.78			0.9461%
TexSTAR			Immediate	\$ 1,205.46	\$ 1,229.05	\$ 23.59	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	\$ 789,454.61	\$ 15,278.55	3.50%		0.2150%
Certificate of Deposit-CD 3624		6/16/2025	6/16/2026	\$ 294,873.99	\$ 300,360.52	\$ 5,486.53	3.69%		0.0862%
Certificate of Deposit-CD 7987		7/11/24	7/14/2026	\$ 630,199.34	\$ 643,869.80	\$ 13,670.46	3.60%		0.1803%
Certificate of Deposit-CD 4314		10/2/25	10/2/2026	\$ 291,635.95	\$ 297,597.70	\$ 5,961.75	3.50%		0.0810%
Certificate of Deposit-CD 0932		9/5/25	3/12/2026	\$ 313,566.41	\$ 320,675.45	\$ 7,109.04	4.18%		0.1043%
Certificate of Deposit- CD 5313		10/21/25	10/21/2026	\$ 1,115,029.12	\$ 1,137,142.57	\$ 22,113.45	3.50%		0.3097%
Money Market 4858		2/25/14	Immediate	\$ 639,600.06	\$ 648,943.74	\$ 9,343.68	3.80%		0.1919%
Sub Total First National Bank				\$ 4,059,080.93	\$ 4,138,044.39	\$ 78,963.46			1.1684%
FIRST NATIONAL BANK CDARS STATEMENT									
FNB: INS CD BOKF # 4214		8/15/25	8/14/2026	\$ 113,632.56	\$ 115,880.17	\$ 2,247.61	3.95%		0.0356%
FNB: INS CD AMERICAN NATIONAL BANK & TRUST #22373		8/15/25	8/14/2026	\$ 236,961.11	\$ 241,648.13	\$ 4,687.02	3.95%		0.0743%
FNB: INS CD CITY FIRST BANK #34352		8/15/25	8/14/2026	\$ 236,961.11	\$ 241,648.13	\$ 4,687.02	3.95%		0.0743%
FNB: INS CD LIVE OAK BANKING CO #58665		8/15/25	8/14/2026	\$ 236,961.11	\$ 241,648.13	\$ 4,687.02	3.95%		0.0743%
FNB: INS CD LOCUS BANK #58658		8/15/25	8/14/2026	\$ 236,961.11	\$ 241,648.13	\$ 4,687.02	3.95%		0.0743%
FNB: INS CD PRIMARY BANK #59086		8/15/25	8/14/2026	\$ 89,282.75	\$ 91,048.74	\$ 1,765.99	3.95%		0.0280%
FNB: INS CD RIVER CITY BANK #18983		8/15/25	8/14/2026	\$ 236,961.11	\$ 241,648.13	\$ 4,687.02	3.95%		0.0743%
Sub Total ICS-First National Bank				\$ 1,387,720.86	\$ 1,415,169.56	\$ 27,448.70			0.4349%
FIRST NATIONAL BANK ICS STATEMENT									
FNB: ICS #858				\$ 1,089.91	\$ 1,095.55	\$ 5.64	1.05%		0.0001%
				\$ 1,089.91	\$ 1,095.55	\$ 5.64			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				\$ 12,726,530.53	\$ 12,852,760.78	\$ 126,230.25			2.5526%
				less than 6 mos	\$ 8,655,673.57				
				greater than 6	\$ 4,197,087.21				

5 RECOMMENDATIONS

B. BUDGET AND FINANCE

2) FINANCIAL STATEMENTS - MARCH 2026

RECOMMENDED ACTION: That the Board of Trustees approves the financial statements for March 2026.

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 *167*. This is a jump up from our normal because we received both the MH General Revenue and the PHP CCP payment in the same month.
- ❖ Accounts Receivable *decreased* by \$268,674, going from \$1,703,323 to \$1,434,649.
- ❖ Accounts Payable *increased* by \$184,258, going from \$1,715,300 to \$1,899,558. Most of this amount is due to the state giving us PPB money late last fiscal year of FY2024, and the Center was unable to use it. We received word in early March 2025 that the money will have to be returned. The amount is \$937,600. The Center received an invoice from the state for recoupment in April 2026. If not for that, Accounts Payable would have been \$1,101,653.
- ❖ **FINANCIAL STATUS:** The Center had a gain of \$2,461,061 for March and a cumulative gain of \$1,365,047 for the year. This is due to the Center receiving it’s PHP-CCP money in March. If not for that, March would have seen a loss of \$107,994.
- ❖ **REVENUE:** Overall Revenue March 2026 was \$8,040 more than budgeted.
 - **Patient Fees** were \$1,766 more than budgeted.
 - This is based on actual cash received in March for services.
 - **Miscellaneous** was \$7,906 more than budgeted.
 - In-kind Match was \$56 more than budgeted due to 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. 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.

5 RECOMMENDATIONS

B. BUDGET AND FINANCE

2) FINANCIAL STATEMENTS - MARCH 2026

We 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.

- Opioid Grant revenue is \$2,566 more than budgeted. Helen Farabee Centers received money from Bowie in January to continue Opioid activities. The Center has dedicated 2 staff members to work on these activities in the Bowie and Decatur areas.
 - Interest Income was \$6,706 more than budgeted.
- **Other State Funding** was \$12,108 less than budgeted.
 - TCOOMMI Revenue was \$2,190 less than budgeted.
 - OSAR revenue was \$8,700 less than budgeted. This program is subcontracted to Abilene Recovery Council, who spend money when needed.
 - JBCR Revenue was \$2,624 less than budgeted.
 - **Other Federal Funding** was \$12,110 more than budgeted.
 - Directed Payment Program – BHS revenue was \$14,794 more than budgeted. HHSC sent out the reconciliation of DPP BHS FY2024 and some MCOs are paying the Center the balance of what is owed.
 - **General Revenue** was \$1,634 less than budgeted.
 - PESC revenue was \$1,634 less than budgeted. PESC revenue fluctuates based on client need for psychiatric beds.
 - **Allocated Federal Funds** were right on budget.
- ❖ **EXPENSES:** Overall expense for March 2026 was \$12,440 less than budgeted.
- **Personnel** cost was \$5,866 less than budgeted.
 - Salaries were \$3,438 less than budgeted.
 - Benefits were \$2,428 less than budgeted.
 - **Contract** cost was \$12,211 more than budgeted.
 - OSAR-Substance Abuse Expense was \$11,579 less than budgeted. This is a subcontracted expense, and the contractor spends the money as needed.
 - WFPD-CART Expense was \$11,520 more than budgeted. They gave us two months' expenses as we did not know until March that the foundation who gave us the grant allowed us to continue.
 - WFFD-CART Expense was \$10,166 more than budgeted. They gave us two months' expenses as we did not know until March that the foundation who gave us the grant allowed us to continue.

5 RECOMMENDATIONS

B. BUDGET AND FINANCE

2) FINANCIAL STATEMENTS - MARCH 2026

- **Travel and Training** expenses were \$2,397 less than budgeted.
- **Capital Outlay** expense was \$45 more than budgeted.
- **Non-Capitalized Equipment** expenses were \$181 more than budgeted.
- **Pharmaceutical** expense was \$469 more than budgeted. This is based upon actual expenses and will fluctuate with patient care. As of January 2021, 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 \$17,085 less than budgeted.
 - Office supplies expense was \$5,688 less than budgeted. We budgeted for some MHFA manuals that were purchased in February instead of March.
 - Utility expense was \$3,098 less than budgeted. The month was warmer than expected.

Helen Farabee Centers
Balance Sheet - As Of March 2026

Assets	Actual
CASH GENERAL OPERATING FUND	\$ 9,465,806.53
CASH INTERNAL SERVICE FUND	\$ 2,381,098.09
CASH SELF FUNDED INSURANCE	\$ 367,382.87
SAVINGS	\$ 18,855.20
PETTY CASH FUNDS-CENTERWIDE	\$ 798.17
INVESTMENTS GENERAL OPERATING FUND	\$ 8,779,708.31
INVESTMENTS INTERNAL SERVICE FUND	\$ 711,770.04
ACCOUNTS RECEIVABLE	\$ 1,434,648.87
PREPAID	\$ 543,822.66
PREPAID MISCELLANEOUS-SELF INSURED FUNDS	\$ 1,145.81
DEPOSITS	\$ 196,240.63
DEPOSITS-SELF INSURED FUNDS	\$ 25,000.00
AMTS PROVIDED-PERSONAL LEAVE	\$ 947,522.78
LAND	\$ 1,057,659.65
BUILDINGS & IMPROVEMENTS	\$ 2,476,885.44
LEASEHOLD IMPROVEMENTS	\$ 132,631.17
EQUIP/FURN/FIX	\$ 418,497.35
COMPUTERS & PERIPHERALS	\$ 767,871.75
VEHICLES & CONTRACTORS EQ	\$ 1,924,081.79
COMPUTER SOFTWARE	\$ 368,100.66
ACCUMULATED DEPRECIATION	\$ (5,156,847.28)
CLINICAL SOFTWARE PROJECT	\$ -
WICHITA FALLS BUILDING PROJECT	\$ 386,012.69
ISF-MAJOR PROJECTS WORK-IN-PROGRESS	\$ (1,228.23)
Total Assets	\$ 27,247,464.95
Liabilities and Net Assets	
Liabilities	
ACCOUNTS PAYABLE GENERAL OPERATING FUND	\$ 808,698.37
ACCOUNTS PAYABLE INTERNAL SERVICE FUND	\$ 5,087.28
ACCOUNTS PAYABLE-SELF INSURED FUND	\$ 11,337.73
ACCOUNTS PAYABLE-PAYABLE TO STATE	\$ 1,074,434.50
PAYROLL PAYABLE	\$ 509,787.26
UMR PAYABLE	\$ 87,235.86
EMPLOYEE DEDUCTION PAYBLE	\$ 9,939.42
DEFERRED REVENUE	\$ 3,057,278.14
ACCUM PERSONAL LEAVE-CURRENT	\$ 19,117.92
ACCUM PERSONAL LEAVE-LONGTERM	\$ 947,522.78
UMR CLAIMS PAYABLE - IBNR	\$ 140,000.00
Total Liabilities	\$ 6,670,439.26
Net Assets	
UNRESERVED-FUND BALANCE	\$ 14,299,541.09
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	\$ (251,256.52)
RETAINED EARNINGS	\$ 151,301.06
Total Net Assets	\$ 20,577,025.69
Total Liabilities and Net Assets	\$ 27,247,464.95

Helen Farabee Centers FEBRUARY 2026 Income Statement

		MARCH 2026					YEAR TO DATE				
		MAR FY26 Actual	MAR FY26 Budget	MAR 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	\$58,333.33	\$58,333.33	\$58,333.33	\$0.00	\$0.00
2-7001	CITY OF CHILLICOTHE	\$27.50	\$27.50	\$27.50	\$0.00	\$0.00	\$192.50	\$192.50	\$192.50	\$0.00	\$0.00
2-7002	CITY OF QUANAH	\$55.00	\$55.00	\$55.00	\$0.00	\$0.00	\$385.00	\$385.00	\$385.00	\$0.00	\$0.00
2-7004	CITY OF BURKBURNETT	\$417.66	\$417.66	\$417.67	\$0.00	(\$0.01)	\$2,923.66	\$2,923.66	\$2,923.67	\$0.00	(\$0.01)
2-7005	CITY OF GRAHAM	\$1,250.00	\$1,250.00	\$1,250.00	\$0.00	\$0.00	\$8,750.00	\$8,750.00	\$8,750.00	\$0.00	\$0.00
2-7006	CITY OF NOCONA	\$125.00	\$125.00	\$125.00	\$0.00	\$0.00	\$875.00	\$875.00	\$875.00	\$0.00	\$0.00
2-7007	CITY OF BOWIE	\$666.66	\$666.66	\$666.67	\$0.00	(\$0.01)	\$4,666.66	\$4,666.66	\$4,666.67	\$0.00	(\$0.01)
Total City Revenue		\$10,875.15	\$10,875.15	\$10,875.17	\$0.00	(\$0.02)	\$76,126.15	\$76,126.15	\$76,126.17	\$0.00	(\$0.02)
County Revenue - Deferred Revenue											
2-7020	WICHITA COUNTY	\$18,333.32	\$18,333.32	\$13,333.33	\$0.00	\$4,999.99	\$108,333.34	\$108,333.34	\$79,999.99	\$0.00	\$28,333.35
2-7021	HASKEL COUNTY	\$1,387.67	\$1,387.67	\$1,387.67	\$0.00	\$0.00	\$9,713.67	\$9,713.67	\$9,335.19	\$0.00	\$378.48
2-7022	STONEWALL COUNTY	\$211.89	\$211.89	\$176.83	\$0.00	\$35.06	\$1,483.23	\$1,483.23	\$1,237.83	\$0.00	\$245.40
2-7023	KNOX COUNTY	\$554.16	\$554.16	\$551.40	\$0.00	\$2.76	\$3,879.16	\$3,879.16	\$3,859.80	\$0.00	\$19.36
2-7024	DICKENS COUNTY	\$0.00	\$0.00	\$149.81	\$0.00	(\$149.81)	\$0.00	\$0.00	\$1,048.67	\$0.00	(\$1,048.67)
2-7025	YOUNG COUNTY	\$3,958.33	\$3,958.33	\$2,862.00	\$0.00	\$1,096.33	\$27,708.33	\$27,708.33	\$20,034.00	\$0.00	\$7,674.33
2-7026	THROCKMORTON COUNTY	\$273.26	\$273.26	\$156.05	\$0.00	\$117.21	\$1,912.86	\$1,912.86	\$1,092.37	\$0.00	\$820.49
2-7027	HARDEMAN COUNTY	\$353.44	\$353.44	\$0.00	\$0.00	\$353.44	\$2,474.08	\$2,474.08	\$0.00	\$0.00	\$2,474.08
2-7028	WISE COUNTY	\$4,616.67	\$4,616.67	\$4,616.67	\$0.00	\$0.00	\$32,316.65	\$32,316.65	\$32,316.67	\$0.00	(\$0.02)
2-7029	BAYLOR COUNTY	\$433.33	\$433.33	\$433.33	\$0.00	\$0.00	\$3,033.31	\$3,033.31	\$3,033.33	\$0.00	(\$0.02)
2-7030	FOARD COUNTY	\$110.00	\$110.00	\$205.99	\$0.00	(\$95.99)	\$770.00	\$770.00	\$1,441.93	\$0.00	(\$671.93)
2-7031	MONTAGUE COUNTY	\$8,388.03	\$8,388.03	\$8,107.84	\$0.00	\$280.19	\$58,716.27	\$58,716.27	\$56,754.88	\$0.00	\$1,961.39
2-7032	JACK COUNTY	\$2,956.19	\$2,956.19	\$1,250.00	\$0.00	\$1,706.19	\$20,693.30	\$20,693.30	\$8,750.00	\$0.00	\$11,943.30
2-7033	CLAY COUNTY	\$333.33	\$333.33	\$241.67	\$0.00	\$91.66	\$2,333.31	\$2,333.31	\$1,691.67	\$0.00	\$641.64
2-7034	COTTLE COUNTY	\$199.75	\$199.75	\$199.75	\$0.00	\$0.00	\$1,398.25	\$1,398.25	\$1,398.25	\$0.00	\$0.00
2-7035	CHILDRESS COUNTY	\$347.91	\$347.91	\$347.92	\$0.00	(\$0.01)	\$2,435.41	\$2,435.41	\$2,435.42	\$0.00	(\$0.01)
2-7036	ARCHER COUNTY SUPPORT	\$964.58	\$964.58	\$208.33	\$0.00	\$756.25	\$6,752.06	\$6,752.06	\$1,458.33	\$0.00	\$5,293.73
Total County Revenue		\$43,421.86	\$43,421.86	\$34,228.59	\$0.00	\$9,193.27	\$283,953.23	\$283,953.23	\$225,888.33	\$0.00	\$58,064.90
Other Taxing Authority Funds - Deferred Revenue											
2-7038	INDEPENDENT SCHOOL DISTRICT	\$265.00	\$265.00	\$265.00	\$0.00	\$0.00	\$1,855.00	\$1,855.00	\$1,855.00	\$0.00	\$0.00
Total Other Taxing Authority Funds		\$265.00	\$265.00	\$265.00	\$0.00	\$0.00	\$1,855.00	\$1,855.00	\$1,855.00	\$0.00	\$0.00
Patient Fees - Cash Basis Only											
2-7050	CONSUMER FEES	\$30,882.52	\$27,850.19	\$27,926.19	\$3,032.33	\$2,956.33	\$144,164.96	\$117,612.62	\$107,373.19	\$26,552.34	\$36,791.77
2-7060	PRIVATE INSURANCE MCO CARD SERVICES	\$40,332.03	\$37,852.07	\$37,352.07	\$2,479.96	\$2,979.96	\$199,889.56	\$197,989.46	\$195,103.18	\$1,900.10	\$4,786.38
2-7070	PRIVATE INSURANCE MCO CASE MANAGEMENT	\$24,018.60	\$22,130.54	\$22,479.13	\$1,888.06	\$1,539.47	\$99,906.98	\$81,018.89	\$80,017.73	\$18,888.09	\$19,889.25
2-7080	PRIVATE INSURANCE MCO REHAB	\$18,260.56	\$23,895.17	\$23,920.19	(\$5,634.61)	(\$5,659.63)	\$80,588.69	\$77,714.10	\$76,771.46	\$2,874.59	\$3,817.23
Total Patient Fees		\$113,493.71	\$111,727.97	\$111,677.58	\$1,765.74	\$1,816.13	\$524,550.19	\$474,335.07	\$459,265.56	\$50,215.12	\$65,284.63
Miscellaneous - Cash Basis											
2-7037	IN-KIND MATCH	\$773,423.30	\$773,367.13	\$667,485.39	\$56.17	\$105,937.91	\$4,593,293.11	\$4,592,899.91	\$5,099,047.73	\$393.20	(\$505,754.62)
2-7100	MEDICARE - TITLE XVII	\$2,849.00	\$2,998.25	\$2,998.25	(\$149.25)	(\$149.25)	\$25,549.53	\$21,986.06	\$21,986.06	\$3,563.47	\$3,563.47
2-7260	RENT	\$1,137.50	\$1,137.50	\$3,868.25	\$0.00	(\$2,730.75)	\$7,962.50	\$7,962.50	\$32,327.75	\$0.00	(\$24,365.25)
2-7270	DONATIONS/CONTRIBUTIONS	\$5,933.37	\$5,933.37	\$6,333.37	\$0.00	(\$400.00)	\$10,240.45	\$7,430.89	\$8,430.89	\$2,809.56	\$1,809.56
2-7272	CART EARNED REVENUE	\$32,680.61	\$31,434.23	\$144,389.24	\$1,246.38	(\$111,708.63)	\$97,679.08	\$96,432.70	\$226,966.03	\$1,246.38	(\$129,286.95)
2-7273	WF OPIOID GRANT	\$15,792.68	\$13,226.33	\$0.00	\$2,566.35	\$15,792.68	\$31,539.22	\$28,972.87	\$0.00	\$2,566.35	\$31,539.22
2-7275	INTEREST INCOME	\$39,124.73	\$32,418.65	\$32,418.65	\$6,706.08	\$6,706.08	\$148,082.94	\$126,504.48	\$138,206.13	\$21,578.46	\$9,876.81
2-7280	MISCELLANEOUS	\$3,306.74	\$5,826.73	\$49,656.58	(\$2,519.99)	(\$46,349.84)	\$26,518.85	\$26,557.95	\$108,763.01	(\$39.10)	(\$82,244.16)
Total Miscellaneous		\$874,247.93	\$866,342.19	\$907,149.73	\$7,905.74	(\$32,901.80)	\$4,940,865.68	\$4,908,747.36	\$5,635,727.60	\$32,118.32	(\$694,861.92)

	MARCH 2026					YEAR TO DATE					
	MAR FY26	MAR FY26	MAR 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	\$7,800.00	\$7,800.00	\$0.00	\$0.00	\$7,800.00	\$55,000.00	\$55,000.00	\$47,000.00	\$0.00	\$8,000.00
2-7122	TCOOMMI EARNED INCOME	\$28,361.30	\$30,551.37	\$30,249.63	(\$2,190.07)	(\$1,888.33)	\$211,473.74	\$211,095.05	\$209,524.66	\$378.69	\$1,949.08
2-7124	SUBSTANCE ABUSE SERVICES	\$41,962.89	\$41,962.89	\$23,078.75	\$0.00	\$18,884.14	\$220,774.10	\$220,774.10	\$153,233.32	\$0.00	\$67,540.78
2-7125	SUD COMMUNITY MH GRANT PROGRAM	\$4,137.00	\$3,521.67	\$2,036.97	\$615.33	\$2,100.03	\$25,187.31	\$24,651.65	\$13,709.20	\$535.66	\$11,478.11
2-7127	OSAR - OUTREACH, SCREENING ASSESSMENT, REFERRAL	\$5,468.72	\$14,168.93	\$42,669.83	(\$8,700.21)	(\$37,201.11)	\$175,179.26	\$191,907.68	\$263,318.78	(\$16,728.42)	(\$88,139.52)
2-7128	RSS - RECOVERY SUPPORT SERVICES	\$9,920.16	\$9,948.78	\$3,950.29	(\$28.62)	\$5,969.87	\$61,846.00	\$62,261.43	\$43,247.30	(\$15.43)	\$18,598.70
2-7150	MFP/ECC REVENUE	\$2,899.51	\$2,707.50	\$2,216.10	\$192.01	\$683.41	\$24,280.66	\$18,952.48	\$20,163.86	\$5,328.18	\$4,116.80
2-7152	PASSR IDD SPECIALIZED SERVICES	\$1,260.56	\$1,095.40	\$945.40	\$165.16	\$315.16	\$7,280.73	\$7,815.57	\$4,310.10	(\$534.84)	\$2,970.63
2-7153	PASRR IDD SPECIALIZED SERVICES - OBRA - LIDDA	\$0.00	\$0.00	\$350.00	\$0.00	(\$350.00)	\$700.00	\$700.00	\$3,150.00	\$0.00	(\$2,450.00)
2-7132	CMHG LPHA EXPANSION	\$6,250.67	\$6,250.66	\$4,873.77	\$0.01	\$1,376.90	\$35,493.30	\$35,493.28	\$26,805.75	\$0.02	\$6,687.55
2-7216	MHGJII NCA - JBCR	\$18,763.43	\$21,387.10	\$0.00	(\$2,623.67)	\$18,763.43	\$127,773.57	\$130,774.74	\$0.00	(\$3,001.17)	\$127,773.57
2-7218	JUSTICE INVOLVED GRANT PROGRAM	\$88,155.87	\$88,154.51	\$52,324.63	\$1.36	\$35,831.24	\$1,141,382.17	\$1,141,379.91	\$1,270,730.30	\$2.26	(\$129,348.13)
2-7245	DARS-ECI REVENUE	\$116,080.43	\$115,619.65	\$70,291.36	\$460.78	\$45,789.07	\$843,564.84	\$835,737.74	\$704,565.80	\$7,827.10	\$138,999.04
Total Other State Funding		\$331,060.54	\$343,168.46	\$232,986.73	(\$12,107.92)	\$98,073.81	\$2,929,935.68	\$2,936,543.63	\$2,759,759.07	(\$6,607.95)	\$170,176.61
Other Federal Funding											
2-7102	MEDICAID-CARD SERVICES	\$3,472.56	\$1,596.90	\$1,840.22	\$1,875.66	\$1,632.34	\$13,082.38	\$2,880.62	\$3,248.49	\$10,201.76	\$9,833.89
2-7104	MEDICAID-CASE MANAGEMENT	\$3,759.39	\$4,562.43	\$4,562.43	(\$803.04)	(\$803.04)	\$20,521.58	\$27,893.34	\$30,088.77	(\$7,371.76)	(\$9,567.19)
2-7106	MEDICAID-IDD SERV COORDINATION	\$51,809.70	\$54,755.77	\$59,755.77	(\$2,946.07)	(\$7,946.07)	\$389,383.00	\$393,427.23	\$423,145.78	(\$4,044.23)	(\$33,762.78)
2-7108	MEDICAID REHAB	\$18,107.73	\$18,734.93	\$18,808.71	(\$627.20)	(\$700.98)	\$119,525.17	\$117,504.11	\$112,020.57	\$2,021.06	\$7,504.60
2-7110	MEDICAID PASRR	\$712.88	\$509.20	\$509.20	\$203.68	\$203.68	\$1,425.76	\$2,482.35	\$4,086.33	(\$1,056.59)	(\$2,660.57)
2-7112	MEDICAID-ADMIN CLAIMING	\$40,000.00	\$40,000.00	\$56,558.70	\$0.00	(\$16,558.70)	\$323,169.35	\$292,444.46	\$309,452.30	\$30,724.89	\$13,717.05
2-7114	MEDICAID-HABILITATION COORDINATION	\$8,953.89	\$6,414.24	\$6,414.24	\$2,539.65	\$2,539.65	\$59,970.24	\$48,355.17	\$48,355.17	\$11,615.07	\$11,615.07
2-7120	MH FIRST AID	\$6,370.49	\$7,470.70	\$5,839.35	(\$1,100.21)	\$531.14	\$44,680.97	\$45,780.68	\$41,722.86	(\$1,099.71)	\$2,958.11
2-7126	STATE HOSPITAL STEP-DOWN PROGRAM	\$49,094.45	\$50,954.23	\$50,954.23	(\$1,859.78)	(\$1,859.78)	\$377,221.78	\$384,146.79	\$384,146.79	(\$6,925.01)	(\$6,925.01)
2-7130	MH OUTPATIENT CAPACITY EXPANSION	\$0.00	\$0.00	\$16,556.03	\$0.00	(\$16,556.03)	\$0.00	\$0.00	\$117,260.83	\$0.00	(\$117,260.83)
2-7252	DIRECTED PAYMENT PROGRAM - BEHAVIORAL HEALTH SERVICES	\$51,109.45	\$36,315.40	\$39,482.13	\$14,794.05	\$11,627.32	\$260,933.32	\$246,336.62	\$181,935.22	\$14,596.70	\$78,998.10
2-7254	PUBLIC HEALTH PROVIDER - CHARITY CARE PROGRAM	\$2,569,055.57	\$2,569,055.57	\$0.00	\$0.00	\$2,569,055.57	\$2,569,055.57	\$2,569,055.57	\$0.00	\$0.00	\$2,569,055.57
2-7258	TRANSITION SUPPORT LIAISON	\$5,293.98	\$5,260.33	\$1,579.60	\$33.65	\$3,714.38	\$37,069.07	\$36,822.31	\$1,579.60	\$246.76	\$35,489.47
Total Other Federal Funding		\$2,807,740.09	\$2,795,629.70	\$262,860.61	\$12,110.39	\$2,544,879.48	\$4,216,038.19	\$4,167,129.25	\$1,657,042.71	\$48,908.94	\$2,558,995.48
General Revenue - Deferred Revenue											
2-7215	PESC	\$282,588.23	\$284,222.38	\$264,790.80	(\$1,634.15)	\$17,797.43	\$1,334,510.18	\$1,336,144.33	\$1,020,555.48	(\$1,634.15)	\$313,954.70
2-7217	Private Psychiatric Beds MH/PPB	\$164,487.78	\$164,487.58	\$136,001.18	\$0.20	\$28,486.60	\$636,148.65	\$636,148.45	\$891,932.59	\$0.20	(\$255,783.94)
2-7220	GENERAL REVENUE - MH	\$600,876.24	\$600,876.24	\$600,876.25	\$0.00	(\$0.01)	\$4,206,133.74	\$4,206,133.74	\$4,206,133.75	\$0.00	(\$0.01)
2-7222	GENERAL REVENUE - VETERANS SERVICES	\$5,833.33	\$5,833.33	\$5,833.33	\$0.00	\$0.00	\$40,833.33	\$40,833.33	\$40,833.33	\$0.00	\$0.00
2-7224	GENERAL REVENUE - BH SVCS IN EDUC SVC CTR	\$9,583.33	\$9,583.33	\$9,583.33	\$0.00	\$0.00	\$67,083.33	\$67,083.33	\$67,083.33	\$0.00	\$0.00
2-7230	GENERAL REVENUE - IDD	\$93,036.53	\$93,036.53	\$93,036.53	\$0.00	\$0.00	\$651,255.72	\$651,255.72	\$651,255.71	\$0.00	\$0.01
2-7232	GENERAL REVENUE-CRISIS REDESIG	\$39,884.50	\$39,884.50	\$39,884.50	\$0.00	\$0.00	\$279,191.50	\$279,191.50	\$279,191.50	\$0.00	\$0.00
2-7235	GENERAL REVENUE - IDD ARPA	\$0.00	\$0.00	\$17,061.96	\$0.00	(\$17,061.96)	\$2,795.39	\$2,795.39	\$17,061.96	\$0.00	(\$14,266.57)
2-7236	IDD GR-CRISIS RESPITE-CIS	\$17,980.67	\$17,980.67	\$17,980.67	\$0.00	\$0.00	\$125,864.67	\$125,864.67	\$125,864.67	\$0.00	\$0.00
2-7238	PERMANENCY PLANNING	\$1,854.75	\$1,854.75	\$1,854.75	\$0.00	\$0.00	\$12,983.25	\$12,983.25	\$12,983.25	\$0.00	\$0.00
Total General Revenue		\$1,216,125.36	\$1,217,759.31	\$1,186,903.30	(\$1,633.95)	\$29,222.06	\$7,356,799.76	\$7,358,433.71	\$7,312,895.57	(\$1,633.95)	\$43,904.19
Medicaid Waiver											
2-7137	ICF-QAF	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$105.20)	\$0.00	\$105.20
Total Medicaid Waiver		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$105.20)	\$0.00	\$105.20
Allocated Federal Funds - Accrued Basis Only											
2-7200	TANF-CAS	\$14,565.75	\$14,565.75	\$14,565.75	\$0.00	\$0.00	\$101,960.25	\$101,960.25	\$101,960.25	\$0.00	\$0.00
2-7201	TANF-ADULT	\$3,207.58	\$3,207.58	\$3,207.58	\$0.00	\$0.00	\$22,453.08	\$22,453.08	\$22,453.08	\$0.00	\$0.00
2-7202	TANF-TITLE XX-ADULT	\$3,663.67	\$3,663.67	\$3,663.67	\$0.00	\$0.00	\$25,645.67	\$25,645.67	\$25,645.67	\$0.00	\$0.00
2-7203	TRANSITION-TITLE XX-CRISIS	\$5,992.25	\$5,992.25	\$5,992.25	\$0.00	\$0.00	\$41,945.75	\$41,945.75	\$41,945.75	\$0.00	\$0.00
2-7210	MENTAL HEALTH BLOCK GRANT	\$36,511.92	\$36,511.92	\$36,511.96	\$0.00	(\$0.04)	\$255,583.42	\$255,583.42	\$255,583.46	\$0.00	(\$0.04)
Total Allocated Federal Funds		\$63,941.17	\$63,941.17	\$63,941.21	\$0.00	(\$0.04)	\$447,588.17	\$447,588.17	\$447,588.21	\$0.00	(\$0.04)
Total Revenue		\$5,461,170.81	\$5,453,130.81	\$2,810,887.92	\$8,040.00	\$2,650,282.89	\$20,777,712.05	\$20,654,711.57	\$18,576,043.02	\$123,000.48	\$2,201,669.03

Expense		MARCH 2026					YEAR TO DATE				
		MAR FY26	MAR FY26	MAR 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
Salaries											
2-8000	SALARIES	\$927,706.26	\$931,144.40	\$913,587.92	(\$3,438.14)	\$14,118.34	\$6,774,695.64	\$6,792,101.86	\$6,661,206.92	(\$17,406.22)	\$113,488.72
2-8001	OVERTIME	\$8,849.10	\$8,849.11	\$5,890.89	(\$0.01)	\$2,958.21	\$55,908.30	\$48,958.18	\$66,196.45	\$6,950.12	(\$10,288.15)
Total Salaries		\$1,009,310.77	\$1,012,295.37	\$954,461.49	(\$3,438.15)	\$17,076.55	\$1,974,172.10	\$1,966,350.34	\$1,891,678.48	(\$10,456.10)	\$103,200.57
Benefits											
2-8002	EMPLOYER'S FICA/MEDICARE	\$69,094.54	\$69,222.24	\$67,914.76	(\$127.70)	\$1,179.78	\$497,551.45	\$510,188.34	\$489,811.27	(\$12,636.89)	\$7,740.18
2-8003	TEC UNEMPLOYMENT TAX	\$26,246.32	\$26,246.32	(\$7,426.24)	\$0.00	\$33,672.56	\$39,054.33	\$39,630.58	\$17,755.14	(\$576.25)	\$21,299.19
2-8004	WORKER'S COMPENSATION	\$11,105.00	\$11,245.65	\$1,725.00	(\$140.65)	\$9,380.00	\$22,650.00	\$24,294.79	\$12,980.00	(\$1,644.79)	\$9,670.00
2-8005	RETIREMENT EMPLOYER CONTRIBUTION 401A	\$49,887.26	\$50,085.64	\$48,529.89	(\$198.38)	\$1,357.37	\$363,565.48	\$364,365.61	\$352,754.69	(\$800.13)	\$10,810.79
2-8006	HEALTH INSURANCE	\$167,651.82	\$169,612.72	\$150,799.01	(\$1,960.90)	\$16,852.81	\$1,142,940.80	\$1,143,998.53	\$1,002,620.14	(\$1,057.73)	\$140,320.66
2-8008	EMPLOYER FUNDED BASIC LIFE	\$950.62	\$950.62	\$2,773.14	\$0.00	(\$1,822.52)	\$6,734.37	\$6,654.34	\$2,773.14	\$80.03	\$3,961.23
Total Benefits		\$284,233.15	\$285,526.89	\$256,608.09	(\$2,427.63)	\$60,620.00	\$564,672.54	\$565,309.08	\$509,788.70	(\$16,635.76)	\$193,802.05
Contracts											
2-8300	PSYCHIATRIST	\$26,400.00	\$26,400.00	\$23,775.00	\$0.00	\$2,625.00	\$163,800.00	\$163,200.00	\$161,175.00	\$600.00	\$2,625.00
2-8304	PSYCHOLOGIST	\$500.00	\$500.00	\$150.00	\$0.00	\$350.00	\$1,650.00	\$3,000.00	\$3,200.00	(\$1,350.00)	(\$1,550.00)
2-8306	RN NURSES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$195.00	\$0.00	\$65.00	\$195.00	\$130.00
2-8318	CRISIS-CONTRACTED	\$12,462.00	\$12,516.42	\$12,462.00	(\$54.42)	\$0.00	\$87,234.00	\$87,569.18	\$87,234.00	(\$335.18)	\$0.00
2-8320	PESC BED DAYS	\$233,955.00	\$233,955.00	\$194,485.00	\$0.00	\$39,470.00	\$1,080,960.00	\$1,080,960.00	\$822,625.00	\$0.00	\$258,335.00
2-8321	PPB BED DAYS	\$142,835.00	\$142,835.00	\$122,925.00	\$0.00	\$19,910.00	\$552,310.00	\$552,310.00	\$809,560.00	\$0.00	(\$257,250.00)
2-8322	OSAR-SUBSTANCE ABUSE	\$26,719.57	\$38,298.53	\$38,298.53	(\$11,578.96)	(\$11,578.96)	\$187,504.94	\$225,819.44	\$235,819.44	(\$38,314.50)	(\$48,314.50)
2-8326	LABORATORY CONTRACTS	\$2,104.33	\$2,717.71	\$2,259.86	(\$613.38)	(\$155.53)	\$15,544.31	\$16,153.54	\$8,926.14	(\$609.23)	\$6,618.17
2-8336	RESPIRE-CONTRACTED	\$3,530.00	\$1,975.00	\$1,975.00	\$1,555.00	\$1,555.00	\$29,397.25	\$27,768.00	\$25,768.00	\$1,629.25	\$3,629.25
2-8338	SOFTWARE WEB-BASED	\$24,090.52	\$23,419.80	\$8,709.60	\$670.72	\$15,380.92	\$160,687.33	\$161,572.95	\$156,164.98	(\$885.62)	\$4,522.35
2-8344	JUSTICE INVOLVED BED DAYS (SB292)	\$79,335.00	\$79,335.00	\$46,835.00	\$0.00	\$32,500.00	\$1,030,740.00	\$1,030,740.00	\$1,147,825.00	\$0.00	(\$117,085.00)
2-8346	STATE HOSPITAL STEP-DOWN PROGRAM CONTRACTED	\$45,500.00	\$45,500.00	\$45,500.00	\$0.00	\$0.00	\$318,500.00	\$318,500.00	\$318,500.00	\$0.00	\$0.00
2-8348	BH SVCS IN ESC-REGION 9	\$584.52	\$808.28	\$808.28	(\$223.76)	(\$223.76)	\$3,555.29	\$4,501.32	\$4,501.32	(\$946.03)	(\$946.03)
2-8350	OTHER CONTRACTED CONSULTANTS	\$4,803.40	\$4,094.64	\$5,616.31	\$708.76	(\$812.91)	\$27,654.34	\$30,534.54	\$32,056.21	(\$2,880.20)	(\$4,401.87)
2-8352	WFPD - CART	\$19,840.59	\$8,320.30	\$68,384.67	\$11,520.29	(\$48,544.08)	\$23,384.83	\$27,305.14	\$68,384.67	(\$3,920.31)	(\$44,999.84)
2-8353	TECHNICAL ASSISTANCE - CART	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12,490.00	\$13,000.00	\$7,875.00	(\$510.00)	\$4,615.00
2-8354	WFFD - CART	\$15,333.14	\$5,166.57	\$60,000.00	\$10,166.57	(\$44,666.86)	\$35,333.14	\$35,499.71	\$60,000.00	(\$166.57)	(\$24,666.86)
2-8355	Other Contracted/Non-Contracted Consultants-G & A Services	\$9,655.59	\$9,595.58	\$21,594.85	\$60.01	(\$11,939.26)	\$64,415.67	\$58,187.50	\$70,190.96	\$6,228.17	(\$5,775.29)
Total Contracts		\$647,648.66	\$635,437.83	\$653,779.10	\$12,210.83	(\$6,130.44)	\$3,795,356.10	\$3,836,621.32	\$4,019,870.72	(\$41,265.22)	(\$224,514.62)
Travel and Training											
2-8021	EMPLOYEE MILEAGE	\$927.02	\$1,957.10	\$2,197.09	(\$1,030.08)	(\$1,270.07)	\$9,465.50	\$12,117.43	\$12,769.58	(\$2,651.93)	(\$3,304.08)
2-8022	EMPLOYEE PER DIEM (MEALS AND HOTEL)	\$0.00	\$380.42	(\$2,054.84)	(\$380.42)	\$2,054.84	\$19,540.08	\$16,546.80	\$13,267.47	\$2,993.28	\$6,272.61
2-8023	EMPLOYEE TRAVEL-AIRFARE & CAR RENTAL	\$0.00	\$587.41	\$1,117.82	(\$587.41)	(\$1,117.82)	\$5,514.46	\$3,427.70	\$3,889.06	\$2,086.76	\$1,625.40
2-8024	EMPLOYEE TRAVEL OVER STATE RATE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$929.59	\$112.75	\$112.75	\$816.84	\$816.84
2-8025	EMPLOYEE DEVELOPMENT & TRAINING	\$1,327.00	\$1,726.00	\$3,504.00	(\$399.00)	(\$2,177.00)	\$18,293.04	\$17,408.99	\$15,794.00	\$884.05	\$2,499.04
Total Travel and Training		\$2,254.02	\$4,650.93	\$4,764.07	(\$2,396.91)	(\$2,510.05)	\$53,742.67	\$49,613.67	\$45,832.86	\$4,129.00	\$7,909.81
Capital Outlay											
2-8106	BUILDING USE FEE	\$6,232.53	\$6,232.24	\$7,854.38	\$0.29	(\$1,621.85)	\$55,566.19	\$53,969.79	\$55,600.60	\$1,596.40	(\$34.41)
2-8126	EQUIP/FURN/FIX USE FEE	\$2,278.17	\$2,278.06	\$2,323.12	\$0.11	(\$44.95)	\$14,409.66	\$16,289.25	\$16,334.31	(\$1,879.59)	(\$1,924.65)
2-8146	VEHICLE USE FEE	\$9,581.85	\$9,581.84	\$5,434.77	\$0.01	\$4,147.08	\$46,885.15	\$44,976.88	\$40,829.81	\$1,908.27	\$6,055.34
2-8156	SOFTWARE USE FEE	\$0.00	\$0.00	\$208.34	\$0.00	(\$208.34)	\$208.33	\$208.33	\$1,458.33	\$0.00	(\$1,250.00)
2-8166	COMPUTER & PRINTER USE FEE	\$3,543.62	\$3,498.70	\$5,182.26	\$44.92	(\$1,638.64)	\$29,435.09	\$33,348.49	\$35,220.85	(\$3,913.40)	(\$5,785.76)
2-8170	CAPITAL OUTLAY	\$0.00	\$0.00	\$22,258.05	\$0.00	(\$22,258.05)	\$5,506.04	\$5,506.04	\$22,258.05	\$0.00	(\$16,752.01)
Total Capital Outlay		\$21,636.17	\$21,590.84	\$43,260.92	\$45.33	(\$21,624.75)	\$152,010.46	\$154,298.78	\$171,701.95	(\$2,288.32)	(\$19,691.49)
Non-Capitalized Equipment											
2-8190	MINOR EQUIPMENT PURCHASES	\$11,866.15	\$11,684.34	\$3,796.91	\$181.81	\$8,069.24	\$18,069.39	\$18,655.22	\$23,274.24	(\$585.83)	(\$5,204.85)
Total Non-Capitalized Equipment		\$11,866.15	\$11,684.34	\$3,796.91	\$181.81	\$8,069.24	\$18,069.39	\$18,655.22	\$23,274.24	(\$585.83)	(\$5,204.85)

	MARCH 2026					YEAR TO DATE					
	MAR FY26	MAR FY26	MAR 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	\$61,133.50	\$60,664.32	\$53,227.93	\$469.18	\$7,905.57	\$402,693.76	\$393,850.49	\$378,640.09	\$8,843.27	\$24,053.67
Total Pharmaceutical		\$61,133.50	\$60,664.32	\$53,227.93	\$469.18	\$7,905.57	\$402,693.76	\$393,850.49	\$378,640.09	\$8,843.27	\$24,053.67
Other Operating											
2-8007	EAP EXPENSE	\$401.60	\$406.40	\$408.00	(\$4.80)	(\$6.40)	\$2,852.80	\$2,844.80	\$2,723.98	\$8.00	\$128.82
2-8020	HIRING RELATED EXPENSES	\$4,575.77	\$4,672.68	\$3,657.75	(\$96.91)	\$918.02	\$25,965.68	\$22,202.00	\$23,121.34	\$3,763.68	\$2,844.34
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&COMMISSIONS	\$2,174.49	\$2,174.49	\$2,410.61	\$0.00	(\$236.12)	\$15,221.43	\$15,221.43	\$16,874.27	\$0.00	(\$1,652.84)
2-8041	LIABILITY COVERAGE	\$103.67	\$103.67	\$107.25	\$0.00	(\$3.58)	\$825.69	\$725.69	\$938.72	\$100.00	(\$113.03)
2-8042	OTHER INSURANCE COVERAGE	\$1,777.85	\$1,777.85	\$1,713.36	\$0.00	\$64.49	\$12,444.95	\$12,444.95	\$11,993.52	\$0.00	\$451.43
2-8050	ADVERTISING EXPENSE	\$1,617.30	\$2,825.52	\$1,825.52	(\$1,208.22)	(\$208.22)	\$14,054.19	\$16,016.26	\$5,621.62	(\$1,962.07)	\$8,432.57
2-8055	DUES AND MEMBERSHIPS	\$5,552.16	\$5,720.53	\$4,502.76	(\$168.37)	\$1,049.40	\$39,658.32	\$36,634.53	\$29,500.76	\$3,023.79	\$10,157.56
2-8057	LICENSES	\$2,224.39	\$2,007.50	\$76.65	\$216.89	\$2,147.74	\$13,620.05	\$6,824.36	\$5,185.19	\$6,795.69	\$8,434.86
2-8060	BOARD ACTIVITY EXPENSE	\$49.30	\$0.00	\$0.00	\$49.30	\$49.30	\$1,243.42	\$1,032.22	\$1,763.68	\$211.20	(\$520.26)
2-8065	DPP-BHS RISK AND ADMIN EXPENSE	\$2,044.17	\$2,044.17	\$2,044.16	\$0.00	\$0.01	\$14,309.19	\$14,309.19	\$14,309.12	\$0.00	\$0.07
2-8070	UTILITIES	\$17,021.32	\$20,119.80	\$20,120.90	(\$3,098.48)	(\$3,099.58)	\$131,046.27	\$132,226.88	\$133,394.18	(\$1,180.61)	(\$2,347.91)
2-8072	TELECOMMUNICATIONS	\$24,073.57	\$25,474.37	\$26,417.77	(\$1,400.80)	(\$2,344.20)	\$181,608.75	\$181,165.57	\$190,056.47	\$443.18	(\$8,447.72)
2-8076	TELEPHONE-BASIC SERVICE EXPENSE	\$2,014.48	\$2,460.54	\$2,425.16	(\$446.06)	(\$410.68)	\$14,191.15	\$16,926.95	\$16,940.67	(\$2,735.80)	(\$2,749.52)
2-8078	CELL PHONE SERVICE EXPENSE	\$1,968.87	\$1,753.31	\$1,778.38	\$215.56	\$190.49	\$13,838.27	\$14,988.34	\$15,063.55	(\$1,150.07)	(\$1,225.28)
2-8080	LONG DISTANCE TELEPHONE SERVICE EXPENSE	\$373.63	\$273.79	\$273.79	\$99.84	\$99.84	\$2,830.05	\$1,795.49	\$1,795.50	\$1,034.56	\$1,034.55
2-8100	BUILDING RENT	\$57,099.53	\$57,099.53	\$56,826.57	\$0.00	\$272.96	\$398,829.90	\$396,435.90	\$463,999.90	\$2,394.00	(\$65,170.00)
2-8101	P.O. BOX/STORAGE RENTAL/LEASE	\$82.65	\$96.65	\$96.66	(\$14.00)	(\$14.01)	\$578.05	\$559.80	\$559.83	\$18.25	\$18.22
2-8102	PROPERTY DAMAGE COVERAGE	\$11,025.81	\$11,732.53	\$10,024.60	(\$706.72)	\$1,001.21	\$81,420.99	\$82,127.71	\$71,006.20	(\$706.72)	\$10,414.79
2-8104	BUILDING REPAIR & MAINTENANCE	\$14,314.77	\$15,195.77	\$14,386.59	(\$881.00)	(\$71.82)	\$99,058.76	\$109,225.73	\$111,733.98	(\$10,166.97)	(\$12,675.22)
2-8120	EQUIPMENT RENTAL/LEASE	\$7,195.70	\$7,248.73	\$7,182.35	(\$53.03)	\$13.35	\$50,232.86	\$49,846.76	\$50,058.51	\$386.10	\$174.35
2-8124	EQUIPMENT REPAIR & MAINTENANCE	\$2,169.53	\$1,995.37	\$1,940.17	\$174.16	\$229.36	\$14,849.70	\$16,407.02	\$20,576.03	(\$1,557.32)	(\$5,726.33)
2-8140	VEHICLE LEASE	\$2,235.07	\$2,611.11	\$2,611.11	(\$376.04)	(\$376.04)	\$16,947.17	\$18,277.77	\$18,277.77	(\$1,330.60)	(\$1,330.60)
2-8142	AUTO LIABILITY/PHYS DAMAGE INS	\$9,331.45	\$9,331.45	\$6,460.33	\$0.00	\$2,871.12	\$60,654.55	\$59,721.43	\$57,858.43	\$933.12	\$2,796.12
2-8143	INSURANCE EXP-DEDUCTIBLES PAID	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$400.00	\$0.00	(\$400.00)
2-8144	VEHICLE REPAIR & MAINTENANCE	\$1,172.73	\$4,025.78	\$4,025.78	(\$2,313.05)	(\$2,313.05)	\$24,446.17	\$20,985.22	\$21,127.42	\$3,460.95	\$3,318.75
2-8145	GAS-VEHICLE & EQUIPMENT	\$8,820.90	\$8,635.20	\$6,308.62	\$185.70	\$2,512.28	\$45,284.66	\$44,499.73	\$42,334.87	\$784.93	\$2,949.79
2-8200	OFFICE SUPPLIES	\$27,566.40	\$33,254.58	\$1,887.00	(\$5,688.18)	\$25,679.40	\$77,706.71	\$80,344.05	\$53,891.09	(\$2,637.34)	\$23,815.62
2-8202	BOOKS & SUBSCRIPTIONS	\$2,043.82	\$1,969.22	\$527.18	\$74.60	\$1,516.64	\$31,131.23	\$30,990.20	\$20,462.22	\$141.03	\$10,669.01
2-8204	JANITORIAL/CLEANING SUPPLIES	\$929.17	\$715.95	\$699.20	\$213.22	\$229.97	\$5,343.34	\$4,351.99	\$4,391.49	\$991.35	\$951.85
2-8206	OTHER CONSUMABLE SUPPLIES	\$1,284.96	\$1,031.43	\$1,016.52	\$253.53	\$268.44	\$9,264.23	\$8,348.68	\$8,359.14	\$915.55	\$905.09
2-8208	MEDICAL SUPPLIES	\$423.98	\$741.08	\$740.17	(\$317.10)	(\$316.19)	\$6,209.47	\$6,143.79	\$6,254.75	\$65.68	(\$45.28)
2-8210	FOOD	\$316.84	\$308.26	\$660.61	\$8.58	(\$343.77)	\$2,122.08	\$1,732.06	\$2,849.67	\$390.02	(\$727.59)
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	\$52.95	\$0.00	\$0.00	\$52.95	\$52.95	\$528.69	\$0.00	\$0.00	\$528.69	\$528.69
2-8218	CONSUMER ASSISTANCE	\$432.27	\$1,368.34	\$623.66	(\$936.07)	(\$191.39)	\$4,850.69	\$5,786.76	\$16,854.03	(\$936.07)	(\$12,003.34)
2-8220	PRINTING SERVICES	\$2,059.00	\$1,857.33	\$1,854.55	\$201.67	\$204.45	\$18,730.10	\$18,475.87	\$15,970.59	\$254.23	\$2,759.51
2-8221	COURIER DELIVERY SERVICES	\$0.00	\$66.16	\$66.16	(\$66.16)	(\$66.16)	\$370.64	\$336.66	\$336.66	\$33.98	\$33.98
2-8222	POSTAGE & DELIVERY CHARGES	\$1,997.16	\$2,532.60	\$2,532.60	(\$535.44)	(\$535.44)	\$11,946.07	\$11,713.33	\$11,716.78	\$232.74	\$229.29
2-8226	SANCTIONS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,138.70	\$0.00	(\$3,138.70)
2-8228	BNK CHRGS & CREDIT CRD FEES	\$291.13	\$803.83	\$803.83	(\$512.70)	(\$512.70)	\$5,424.80	\$6,902.52	\$6,905.95	(\$1,477.72)	(\$1,481.15)
2-8232	MISCELLANEOUS CHARGE & EXPENSE	\$25.39	\$89.10	\$89.10	(\$63.71)	(\$63.71)	\$962.11	\$2,581.38	\$9,291.75	(\$1,619.27)	(\$8,329.64)
2-8237	IN-KIND EXPENSES	\$773,423.30	\$773,367.13	\$667,485.39	\$56.17	\$105,937.91	\$4,593,293.11	\$4,592,899.91	\$5,099,047.73	\$393.20	(\$505,754.62)
2-8340	CPA FIRM	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$23,500.00	\$25,000.00	\$24,000.00	(\$1,500.00)	(\$500.00)
2-8342	ATTORNEY-CONTRACTED/NON-CONTR	\$756.25	\$756.25	\$0.00	\$0.00	\$756.25	\$756.25	\$756.25	\$0.00	\$0.00	\$756.25
2-8359	NON-CONTRACTED RESPITE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$361.00	\$0.00	(\$361.00)	\$0.00
2-8360	NON-CONTRACTED CONSULTANTS	\$2,516.95	\$2,516.95	\$124.74	\$0.00	\$2,392.21	\$4,155.30	\$3,804.14	\$1,287.19	\$351.16	\$2,868.11
Total Other Operating		\$994,080.28	\$1,011,164.95	\$856,735.55	(\$17,084.67)	\$137,344.73	\$6,087,691.98	\$6,092,117.91	\$6,627,873.99	(\$4,425.93)	(\$540,182.01)
Total Expense		\$3,000,109.70	\$3,012,549.91	\$2,799,358.85	(\$12,440.21)	\$200,750.85	\$19,412,664.73	\$19,475,349.62	\$19,873,291.60	(\$62,684.89)	(\$460,626.87)

	MARCH 2026					YEAR TO DATE				
	MAR FY26	MAR FY26	MAR 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	\$12,419,803.41	\$12,419,803.41	\$12,042,717.68	\$0.00	\$377,085.73	\$13,515,817.20	\$13,515,817.20	\$13,351,495.33	\$0.00	\$164,321.87
NET SURPLUS/(DEFICIT)	\$2,461,061.11	\$2,440,580.90	\$11,529.07	\$20,480.21	\$2,449,532.04	\$1,365,047.32	\$1,179,361.95	(\$1,297,248.58)	\$185,685.37	\$2,662,295.90
ENDING NET ASSETS	\$14,880,864.52	\$14,860,384.31	\$12,054,246.75	\$20,480.21	\$2,826,617.77	\$14,880,864.52	\$14,695,179.15	\$12,054,246.75	\$185,685.37	\$2,826,617.77

5 RECOMMENDATIONS

C. CONTRACTS AND PLANS

1) APPROVE LEASE EXTENSION 1601 9TH ST IN WICHITA FALLS Page 1 of 1

RECOMMENDED ACTION: That the Board of Trustees approves the lease renewal for 1601 9th Street in Wichita Falls with 1601 9th Venture, LLC.

BACKGROUND INFORMATION:

- A. The IDD Authority Department and IDD Provider departments have been providing services out of this location since December 2018.
- B. All leases must be approved by the Board of Trustees.
- C. Lease requires a 120 day notice of renewal or termination of lease.

SUPPORTING INFORMATION:

- A. The building was originally obtained for the IDD Authority and IDD Provider Programs to allow room for the growing MH Programs at 500 Broad St.
- B. The building is 10,805 square feet.
- C. The early signing is due to conditions beyond our control.
 - 1. The building is and has been for sale.
 - 2. A new owner would be obligated to honor any signed lease, however, would not be obligated to renew.
 - 3. Signing the extension now provides security until 2030.
- D. Lease extension offered is (3) years extension (Dec 1, 2027 – Nov 30, 2030) at base rate of \$14,871.73 which is an increase of 10% from the current amount of \$13,519.75 for date span of Dec 1, 2024 – Nov 30, 2027).
- E. Taxes and insurance will remain at \$2,831.04 monthly and adjusted annually based on actual charges.
- F. Total lease amount starting December 1, 2027 = \$17,702.77. for 36/month. A total increase of \$1,351.98/month from December 1, 2027, through November 30, 2030.
- G. The lease will be renewed beginning December 1, 2027.
- H. Center will pay for lawn care at a rate of \$225/month, which includes mowing, edging, weed eating, blowing off sidewalks and ice melt. (Landlord will pay for upkeep of shrubbery and trees.)



To: Bruce Sperry
Helen Farabee Centers
Wichita Falls, TX

03/16/26

From: Lance Cannedy
Meadowlake Management LLC
3808 Kemp Blvd. Ste. B155
Wichita Falls, TX 76308

Bruce,

Per conversations regarding the extension of the lease for 1601 9th Street, Wichita Falls, TX, we propose to extend the lease on the following terms:

Base rent: \$14,871.73 (increase of 10% from current rate)
Recoveries: \$2,831.04 monthly (no change to existing agreement, adjusted annually)
Total per month: \$17,702.77
Term: Three years
Start Date: 12/01/27
End Date: 11/30/30
Other: Landlord will continue to be responsible for all repairs and maintenance

To accept the above terms, please sign and date the bottom of this term sheet. After this, a formal extension agreement will be prepared for your review and signature.

Please let me know if you have any questions. We appreciate you.

Best Regards,

Lance Cannedy
Meadowlake Management LLC

Gianna Harris LCSW

Executive Director
Helen Farabee Centers
03/16/2026

5 RECOMMENDATIONS
D. FACILITIES AND EQUIPMENT
1) ECI VEHICLE PURCHASE

RECOMMENDED ACTION: That the board approves the purchase of 8 vehicles for the ECI program not to exceed \$190,000.

BACKGROUND INFORMATION:

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

SUPPORTING INFORMATION:

- A. We have been leasing ECI program vehicles since they joined HFC from Enterprise Leasing.
- B. Enterprise Leasing has informed us that due to the low number of vehicles we have leased from them, we are not eligible to renew the lease.
- C. The current lease ends November of 2026.
- D. Lag time to receive vehicles is approximately 4 to 6 months.
- E. We currently have 3 bids.
 - 1. Lipscomb Chevrolet (Chevy Trax) \$22,993.99 per unit.
 - 2. Grubbs Hyundai (2026 Elantra) \$23,635.00 per unit.
 - 3. Grubbs Kia (2026 K4) \$23,746.65 per unit.
- F. The Center has chosen Lipscomb for the Chevy Trax due to the rural area ECI providers travel.

Lipscomb Chevrolet, LP

905 Sheppard Road - Burkburnett, TX 76354
Phone: 940-569-5271

Purchase Date: 04/02/26
Salesperson: Ethan Oden

Cash Disclosure

Phone: 940-569-5271
Fax: 940-434-3095

Buyer:

Co-Buyer:

Purchased Vehicle

Stock #	Vehicle	Color	Miles	VIN
TT9577	2026 CHEVROLET TRAX 1RS	BLACK	12	KL77LGEP0TC109577

Purchases & Fees

Selling Price	Selling Price	\$22,790.00
Fees	Documentation	\$150.00
	New Inspection	\$16.75
	CHILD SAFETY	\$3.00
	Road/Bridge	\$20.00
	Processing and Handling Fee	\$4.75
	License	\$118.00
	Registration	\$2.00
	Certificate of Title	\$36.00
	Temp Tag	\$10.00
	Taxes	Tax 1
Tax 2		\$43.49
Tax 3		\$0.00
Total Cash Price		\$23,193.99

Monies Received

Rebates		\$200.00
Trades	Total Trade Allowance	\$0.00
	Total Trade Payoff	\$0.00
	Total Trade Net	\$0.00
Down Payment	Cash Deposit	\$0.00
	Cash Down Payment	\$0.00
	Deferred Cash	\$0.00
	Rebates	\$200.00
	Total Credits	\$200.00
Total Cash Price		\$23,193.99
Total Credits (-)		\$200.00
Balance Due		\$22,993.99

Signature: _____

Grubbs CDJR Kia
2900 Old Jacksboro Hwy
Wichita Falls, TX 76301
(940)782-8255

April 23, 2026
Helen Farabee

8- 2026 Kia K4 LXS

STANDARD LX FEATURES MECHANICAL 2.0L Multi-Point Fuel Injection (MPI) 4-Cyl Engine Intelligent Variable Automatic Transmission Electronic Parking Brake w/ Auto Hold

ADVANCED DRIVER-ASSISTANCE SYSTEMS Forward Collision-Avoidance Assist - Cyclist/Jct Turning Lane Keeping Assist & Lane Following Assist Driver Attention Warning & High Beam Assist Smart Cruise Control w/Stop & Go

SAFETY Dual Front Advanced Airbags Front and Rear Seat-Mounted Side Airbags Front and Rear Side Curtain Airbags Electronic Stability Control & Hill-Start Assist Control

INTERIOR, COMFORT & CONVENIENCE 12.3" Touchscreen w/Wireless Android Auto & Apple CarPlay Kia Connect w/Comp 3-Yr Ultimate.* Where Available** SIRIUSXM® w/Free 3-Mo. Subscription* Rear View Camera with Dynamic Guidelines 4.0" Instrument Display Smart Key w/ Push Button & Remote Start Smart Trunk (Open) USB Multimedia Port, Front & Rear USB Charge Ports Multi-Adjustable Manual Front Seats Tilt & Telescopic Steering Column Rear Occupant Alert

EXTERIOR 16" Steel Wheels with Wheel Covers LED Reflector Headlights w/Auto-On/Off & Amber LED DRLs LED Tail Lights Power Adjustable Heated Outside Mirrors Compact Spare Tire

LXS FEATURES 16" Alloy Wheels Included - Drive Mode Select Included - Blind-Spot Collision-Avoidance Assist Included - Rear Cross-Traffic Collision-Avoidance Assist Included - Safe Exit Warning Included - 60/40 Split-Folding Rear Seats

List	24485.00
Discount	-1197.00
Title Fee	13.00
Registration Fee	7.00
Doc Fee	225.00
Vehicle Inventory Tax	55.40
Temp Tag	20.00
State Fee	20.00
Inspection Fee	118.25
**Total Delivered Price Per K4	23746.65

**Excludes Sales Tax. Fees may vary slightly but Total Delivered Price is Guaranteed.

Should you have any questions concerning this bid please feel free to contact me. Thank you for the opportunity and have a Blessed day.

Michael Mason
Fleet Manager
Grubbs CDJR Kia
940-782-8255

5 RECOMMENDATIONS
D. FACILITIES AND EQUIPMENT
2) MAINTENANCE VAN PURCHASE

RECOMMENDED ACTION: That the board approves the purchase of 2 vehicles for the maintenance department not to exceed \$84,000.

BACKGROUND INFORMATION:

- A. Center policy requires Board of Trustee approval for any purchase over \$10,000.
- B. The Center vehicle fleet currently has approximately 107 vehicles.
- C. Vehicles qualify for replacement if they reach at least 2 of the following
 - 1. Mileage of 110,000 or more
 - 2. Age of 5 years or more
 - 3. Annual repair or maintenance cost equal to or greater than 20% of the market value a comparable replacement vehicle.
 - 4. Annual repair or maintenance cost equal to or greater than 50% of the current book value of the vehicle.
- D. Of the current fleet the vast majority meets at least one criteria for replacement. At least 30 meet the age and mileage criteria.

SUPPORTING INFORMATION:

- A. The last time maintenance received any vehicles was 2015.
- B. The vehicle purchased was a 2015 Sierra pick-up. Current mileage is more than 250,000 miles.
- C. Repair costs are getting higher, and replacement is recommended.
- D. We currently have 3 bids for replacement.
 - 1. Lipscomb Chevrolet (Chevy 1500 van) \$39,360.12 per unit
 - 2. Grubbs Dodge (2026 Ram Promaster) \$43,846.65 per unit
 - 3. Pruitt Ford (2026 Transit) \$48,697.92 per unit
- E. The center has chosen Lipscomb Chevrolet to provide the vehicles.

Lipscomb Auto Center

P.O. Box 1699
BOWIE, TX 76230
(940) 872 - 5455

Buyer's Order

TS2755
Stock Number
4/14/2026
Date
MIKE MELDRUM
Salesman
Home
Work (940) 397 - 3100

Purchase's Name(s) Helen Farabee Driver's License Number(s) _____ Date of Birth _____

Street _____ City _____ County _____ State _____ Zip _____

I (or we) hereby agree to purchase from you ONE NEW USED DEMO

2025 Chevrolet Express Carg Cargo 6 1GCWGAFPOS1272755 WHITE TS2755 2
Year Make Model Body Cyl Serial Number Color Stock # Miles

Trade-in Information:

Year	Make	Model	Body	Cyl	Serial Number	Color	Stock #	Miles

Payoff Information: Good Until _____

Bank Name _____

Street _____

City State Zip _____

Contact & Phone _____

Vehicle Insurance Information

Company _____

Policy# _____

Agent _____

Street _____

City State Zip _____

Phone# _____

Valid Dates _____

Lienholder Information

Name _____

Street _____

City State Zip _____

Contact & Phone _____

Vehicle Net Selling Price	38,977.00
Accessories	N/A
Maintenance	N/A
State Fees	29.50
PRICE	39,006.50
Trade-in Allowance	N/A
DIFFERENCE	39,006.50
Doc Fee	150.00
SUB TOTAL	39,156.50
Sales Tax 0.00 %	43.62
Title (28.00) Tag #####	160.00
Service/Warranty Contract	N/A
GAP	N/A
Life A&H	N/A
SUB TOTAL	39,360.12
Payoff on Trade-In	N/A
Cash Down Payment	N/A
Rebate(s)	N/A
BALANCE	39,360.12

DISCLAIMER OF WARRANTIES

The seller, Lipscomb Auto Center hereby expressly disclaims all warranties, either expressed or implied, including any implied warranty of merchantability or fitness for a particular purpose and the seller, Lipscomb Auto Center, neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of the herein described vehicle.

04/14/2026
Manager Signature _____ Date
Must be signed & dated by dealership manager to be valid

04/14/2026
Purchaser #1 Signature _____ Date

Purchaser #2 Signature _____ Date

Helen Farabee

+1-(940) 531 - 8443 | SPERRYB@HELENFARABEE.ORG

2026 Hyundai Elantra

SE

VIN : KMHLL4DGXTU185492 | Stock # : 52599

Color : Serenity White

SE | Front-wheel drive | Automatic | Sedan | Car | 5

Cash

\$0.00

\$23,635.00

Payment Detail

MSRP	\$24,610.00
Discount	\$1,200.00
Selling Price	\$23,410.00
Your Price	\$23,410.00
Accessories	\$0.00
Fees	\$225.00
Total Taxes	\$0.00
Unpaid Cash Balance	\$23,635.00
Amount Financed	\$23,635.00

X

Customer Signature & Date

X

Tim Howell | Manager Signature & Date

Payments offered here are all subject to final credit approval from the lending institution. Vehicle Price does not include accessories and is before Taxes and/or applicable fees. Leases in some cases require additional cash for Security Deposit, and at Lease's End, Lessee is responsible for \$0.25 per Mile over 15000 Miles per year. Wear and tear guidelines apply. All prices, specifications, and availability subject to change without notice.

Grubbs CDJR Kia
2900 Old Jacksboro Hwy
Wichita Falls, TX 76301
(940)782-8255

April 23, 2026
Helen Farabee

2- 2026 Ram Promaster 118" WB- Low Roof
Bright White Clear Coat
Cloth Bucket Seats
3.6L V6 24V VVT Engine
Tradesman Package 22B
TorqueFlite FWD Automatic Transmission

STANDARD EQUIPMENT

Supplemental Front Seat-Mounted Side Air Bag Supplemental Side-Curtain Front Air Bag Drowsy Driver Detection Traffic Sign Recognition Electronic Park Brake Full-Speed Forward-Collision Warning Plus Pedestrian / Cyclist Emergency Braking Multi-Collision Braking Electronic Stability Control Crosswind Assist Electronic Roll Mitigation Trailer Sway Damping All-Speed Traction Control ParkView® Rear Back-Up Camera Tire Pressure Monitoring Display Push-Button Start Remote Keyless-Entry Speed-Sensitive Power-Locks Ram Connect (Connected Services) with Trial Global Telematics Box Module (TBM) 24-Gallon Fuel Tank 180-Amp Alternator 95-Amp Battery Light-Duty Suspension Spare Tire Delete

INTERIOR FEATURES 4-Way Manual Adjustable Driver Seat Uconnect® 5 with 7-Inch Touch Screen Display SiriusXM® with 3-Month Handsfree Phone and Audio Google Android Auto™ Apple CarPlay® 4 Speakers Steering-Wheel-Mounted Audio Controls Media Input Hub Instrument Panel 12-Volt Power Outlet Upfit Interface Connector Air Conditioning Power Windows with Front One-Touch-Down Feature Passenger Seat Delete Deactivate Passenger Air Bag Delete Inside Rear-View Mirror

EXTERIOR FEATURES 16-Inch x 6.0-Inch Steel Wheels LT225/75R16E BSW 10-Ply Rated All-Season Tires 260-Degree Opening Rear Hinged Doors Manual Fold-Away Mirrors

List	49,200.00
Discount	-6222.00
Install Trailer Hitch W/ Wiring	495.00
Title Fee	13.00
Registration Fee	7.00
Doc Fee	225.00
Vehicle Inventory Tax	95.40
Temp Tag	20.00
State Fee	20.00
Inspection Fee	118.25
**Total Delivered Price Per Van	43846.65

**Excludes Sales Tax. Fees may vary slightly but Total Delivered Price is Guaranteed.

Should you have any questions concerning this bid please feel free to contact me. Thank you for the opportunity and have a Blessed day.

Michael Mason
Fleet Manager
Grubbs CDJR Kia
940-782-8255

PRUITT FORD

912 SHEPPARD ROAD - BURKBURNETT, TX 76354

Phone: 940-569-5226

Purchase Date: 04/21/26
Salesperson: Henry Broadus

Cash Disclosure

Phone: 940-569-5226
Fax: 940-235-3098

Buyer:
Helen Farabee

Co-Buyer:

Purchased Vehicle

<u>Stock #</u>	<u>Vehicle</u>	<u>Color</u>	<u>Miles</u>	<u>VIN</u>
FT1541	2026 FORD TRANSIT T-	WHITE	14	1FTBR1C82TKA31541

Purchases & Fees

Selling Price	Selling Price	\$53,400.00
Fees	Documentation	\$150.00
	Misc	\$16.75
	Certificate of Title	\$28.00
	Temp Tag	\$10.00
Taxes	Tax 1	\$0.00
	Tax 2	\$93.17
	Tax 3	\$0.00
Total Cash Price		\$53,697.92

Monies Received

Rebates		\$5,000.00
Trades	Total Trade Allowance	\$0.00
	Total Trade Payoff	\$0.00
	Total Trade Net	\$0.00
Down Payment	Cash Deposit	\$0.00
	Cash Down Payment	\$0.00
	Deferred Cash	\$0.00
	Rebates	\$5,000.00
	Total Credits	\$5,000.00
Total Cash Price		\$53,697.92
Total Credits (-)		\$5,000.00
Balance Due		\$48,697.92

Signature: _____



VEHICLE DESCRIPTION
 2026 T-250 MR CARGO RVWD
 2 PASSENGER 145" WB
 3.5L PFDI V6 (GAS)
 10-SPEED TRANSMISSION

EXTERIOR
 OFFROAD WHITE
INTERIOR
 DARK PALAZZO GRAY VINYL

TK A31541

STANDARD EQUIPMENT INCLUDED AT NO EXTRA CHARGE

- EXTERIOR**
 - ADJ. FUEL FILL PORT
 - BODY SIDE MOLDINGS - BLACK
 - BUMPERS - CARBON BLACK
 - DOOR MOLDINGS - BLACK
 - DOOR MOLDINGS - PERFORATED
 - EASY FUEL CAPLESS FILLER
 - GLASS - SOLAR-TINTED
 - HEADLAMP COURTESY DELAY
 - HEADLAMP
 - IONOFF
 - SINGLE SLIDING SIDE DOOR
 - TIRE INFLATION/SEALANT KIT
 - WIPERS - RAM-SENSING
- INTERIOR**
 - AC CLIMATE CONTROL
 - ACCESSORY TURN-OFF DELAY
 - ASSIST HANDLES - A-PILLAR
 - CENTER CONSOLE
 - DUAL SUNVISORS
 - INTERLOCKING AUTO TEMP CTRL
 - IP CLUSTER WITH DIGITAL SCRIN
 - LOCKING GLOVE BOX
 - POWERPOINT - 12V/FRONT
 - STEERING/TILT/TELESCOPE CRUISE & AUDIO CONTROLS
 - TACHOMETER
 - USB ANI AND CFI-1ST ROW
- FUNCTIONAL**
 - 5G MODEM
 - AWF/RAW/BLUETOOTH & USB
 - FORD CO-PILOT360
 - FORWARD COLLISION WARNING
 - FRONT PARKING SENSORS
 - KEYLESS ENTRY WITH PUSH START
 - LANE-KEEPING SYSTEM/ELERT
 - POST-COLLISION ASSIST W/AB
 - PRE-COLLISION ASSIST W/AB
 - REAR HIGH MOUNT STOP LAMP
 - SECURITY LOCKER ANTI-THEFT SYS
 - TRAILER BRAKE ASSIST W/AB
 - TRE PRESURE MONIT SYS
- SAFETY/SECURITY**
 - ADVANCEDTRAC™ WITH RSC®
 - AMBAGS FRONT, SIDE AND SAFETY CANOPY SYSTEM
 - BRAKES - 4-WHEEL DISC W/ABS
 - ELECTR STABILIT/TRACTION CTL
 - EVAPORATIVE EMISSIONS CONTROL SYSTEM
 - PRE-COLLISION ASSIST W/AB
 - REAR HIGH MOUNT STOP LAMP
 - SECURITY LOCKER ANTI-THEFT SYS
 - TRAILER BRAKE ASSIST W/AB
 - TRE PRESURE MONIT SYS
- WARRANTY**
 - 3-YR/60,000 BUMPER-TO-BUMPER
 - 5-YR/60,000 POWERTRAIN
 - 5-YR/60,000 ROADSIDE ASSIST

INCLUDED ON THIS VEHICLE

(MSRP)	(MSRP)
NO CHARGE	NO CHARGE
NO CHARGE	NO CHARGE
23.00	NO CHARGE
163.00	NO CHARGE
NO CHARGE	NO CHARGE
NO CHARGE	NO CHARGE
126.00	NO CHARGE
NO CHARGE	NO CHARGE
75.00	NO CHARGE
485.00	NO CHARGE



PRICE INFORMATION

BASE PRICE \$51,800.00
 TOTAL OPTIONS/OTHER 1,103.00
 TOTAL VEHICLE & OPTIONS/OTHER 52,903.00
 DESTINATION & DELIVERY 2,095.00

NAME ONE	NAME TWO	TRUCK #	52-1897 OCT 2
CS15	CONVOY		
<p>TOTAL MSRP \$55,000.00</p> <p>Scan The QR Code to get more details about this vehicle</p>			
<p>Information Disclosure Act, Gasoline, License, and Title Fees, State and local taxes are not included. Dealer installed options or accessories are not included unless listed above.</p>			
<p>SK272 N RB 2X 630 001710 10 27 25</p>			

California Air Resources Board

Environmental Performance

Gasoline Vehicle

These ratings are not directly comparable to the U.S. EPA/DOT light-duty vehicle label ratings. For information on how to compare, please see www.arb.ca.gov/lep_label.



Vehicle emissions are a primary contributor to climate change and smog. Ratings are determined by the California Air Resources Board based on this vehicle's measured emissions.

GOVERNMENT 5-STAR SAFETY RATINGS

Overall Vehicle Score **Not Rated**

Based on the combined ratings of frontal, side and rollover. Should ONLY be compared to other vehicles of similar size and weight.

Frontal	Driver	Not Rated
Crash	Passenger	Not Rated
Side	Front seat	Not Rated
Crash	Rear seat	Not Rated
Rollover		Not Rated

Based on the risk of rollover in a side impact.

Based on the risk of injury in a frontal impact. Should ONLY be compared to other vehicles of similar size and weight.

FordPass Connect™

Download the FordPass™ app* and you can:

- Access Vehicle Control Features
- Remotely start, lock and unlock your vehicle
- Locate your vehicle and check approximate fuel range
- Receive vehicle health alerts

Activate 4G LTE Wi-Fi hotspot

- How vehicle to Link 3-in-1 or 3GB 4-in-1 (Whichever comes first) Wi-Fi Hotspot
- Connect up to ten Wi-Fi-equipped devices.

*The FordPass Connect™ products are active and sending vehicle data (e.g. diagnostics) to Ford. See In-Vehicle Settings for connectivity options.

WARNING: Operating, servicing and maintaining a passenger vehicle, pickup truck, van, or off-road vehicle can expose you to chemicals including engine exhaust, carbon monoxide, phthalates, and lead, which are known to the State of California to cause cancer and birth defects or other reproductive harm. To minimize exposure, avoid breathing exhaust; do not idle the engine except as necessary; service your vehicle in a well-ventilated area and wear gloves or wash your hands frequently when servicing your vehicle. For more information go to www.P65Warnings.ca.gov/passenger-vehicle.

1202511058498

Ford Protect™

Must on Ford Protect! The only extended service plan fully backed by Ford and honored at every Ford dealership in the US, Canada and Mexico. See your Ford dealer or visit www.fordwarranty.com.

Ford Credit

Get Prequalified now at www.ford.com/finance

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

RECOMMENDED ACTION: The Board of Trustees approves the attached Policy Statements.

- 100.2 Administration Policy Statement – No changes
- 200.1.2 Performance-Based Work from Home Policy Statement – No changes
- 300.2 Contracts and Purchasing Policy Statement – No changes
- 300.3 Property Management Policy Statement – No changes
- 300.4 Reimbursement Policy Statement – No changes
- 500.1.1 Restraint/Seclusion Policy Statement – No changes
- 500.2 Community Relations Policy Statement – No changes
- 700.2 Infection Control Policy Statement – No changes
- 800.3 Utilization Management Policy Statement – No changes
- 800.4 Medical Records Policy Statement – No changes
- 900.5 IDD Authority Policy Statement – No changes

SPECIFIC REASONS WHY THESE ACTIONS ARE NECESSARY FOR THE CENTER:

Policies and Procedures are to be reviewed at least every year.

HELEN FARABEE CENTERS	
ADMINISTRATIVE SERVICES POLICY 100.2	
SECTION: ADMINISTRATION	
SUBJECT: POLICY STATEMENT	Page 1 of 2
EFFECTIVE: 5/7/2026	ORIGINAL: 06/22/82
REVIEWED BY: Cara Mullenix <hr/> Cara Mullenix-Artigue Director of Utilization & Quality Management	CONCURRED: Gianna Harris <hr/> Gianna Harris Executive Director
	APPROVED BY: <hr/> J. Brian Eby Vice-Chair, Board of Trustees

POLICY:

1. It is the policy of the Board of Trustees:
 - 1.1 To provide guidelines to the Executive Director by way of policy statements to announce policies, assign responsibilities, direct actions, and prescribe procedures accomplished through the maintenance of Policy and Procedure Manuals.
 - 1.2 To ensure there is a current organizational structure that outlines which members of the administrative staff report directly to the Executive Director and that there will always be a person who has authority to act for Helen Farabee Centers (HFC) during the absence of the Executive Director when the absence will be in excess of seventy-two (72) hours or it is either impractical or impossible to locate the Executive Director and immediate decision must be rendered.
 - 1.3 That records containing public information shall be made available according to Government Code Title 5, Subtitle A, Chapter 552.
 - 1.4 That there will be a written procedure to outline the responsibilities of the Executive Director to the Board of Trustees, Sponsoring Entities, Staff and Department of Health and Human Services.

HELEN FARABEE CENTERS	
ADMINISTRATIVE SERVICES POLICY 100.2	
SECTION: ADMINISTRATION	
SUBJECT: POLICY STATEMENT	Page 2 of 2

- 1.5 To comply with the development of a Governmental Entity Plan which outlines the objectives established to meet the documented mental health and intellectual and developmental disability needs of the catchment area.
- 1.6 To eliminate any interference with the delivery of services or work of employees that is caused by solicitation and/or distributing literature on HFC property.
- 1.7 That HFC does not participate in experimental research activities.
- 1.8 To ensure the timely distribution of mail throughout the organization in a cost-effective manner.
- 1.9 To ensure HFC staff are trained in the concept of being a trauma-informed treatment environment.
- 1.10 To ensure all employees and affiliated professional staff comply with all state and federal laws and will conduct themselves in accordance with the highest ethical standards.

Signature: *Cara Mullenix*
Cara Mullenix (Apr 14, 2026 12:46:10 CDT)

Email: mullenixc@helenfarabee.org

Signature: *Gianna Harris*
Gianna Harris (Apr 15, 2026 09:30:16 CDT)

Email: harrisg@helenfarabee.org









100.2 Administration Policy Statement

Final Audit Report

2026-04-15

Created:	2026-04-14
By:	Cara Mullenix (mullenixc@helenfarabee.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAAbOjw_8ZkzB1UsbY5hLYLJ21KMmdQNkEz

"100.2 Administration Policy Statement" History

-  Document created by Cara Mullenix (mullenixc@helenfarabee.org)
2026-04-14 - 5:45:17 PM GMT
-  Document emailed to Cara Mullenix (mullenixc@helenfarabee.org) for signature
2026-04-14 - 5:45:21 PM GMT
-  Email viewed by Cara Mullenix (mullenixc@helenfarabee.org)
2026-04-14 - 5:46:01 PM GMT
-  Document e-signed by Cara Mullenix (mullenixc@helenfarabee.org)
Signature Date: 2026-04-14 - 5:46:10 PM GMT - Time Source: server
-  Document emailed to Gianna Harris (harrisg@helenfarabee.org) for signature
2026-04-14 - 5:46:11 PM GMT
-  Email viewed by Gianna Harris (harrisg@helenfarabee.org)
2026-04-15 - 2:30:02 PM GMT
-  Document e-signed by Gianna Harris (harrisg@helenfarabee.org)
Signature Date: 2026-04-15 - 2:30:16 PM GMT - Time Source: server
-  Agreement completed.
2026-04-15 - 2:30:16 PM GMT

HELEN FARABEE CENTERS	
HUMAN RESOURCES MANAGEMENT POLICY 200.1.2	
SECTION: HUMAN RESOURCES	
SUBJECT: PERFORMANCE-BASED WORK SCHEDULE	Page 1 of 2

EFFECTIVE: 5/7/2026	ORIGINAL: 12/02/2021
APPROVED BY: <hr/> Kelly Wooldridge Kelly Wooldridge Human Resources Director	REVIEWED BY: <hr/> Cara Mullenix Cara Mullenix-Artigue Director of Utilization & Quality Management
CONCURRED: <hr/> Gianna Harris Gianna Harris Executive Director	APPROVED BY: <hr/> J. Brian Eby Chair, Board of Trustees

POLICY:

1. A policy to guide the creation of department-specific Performance-based work-from-home rotation schedules or alternative work schedules.
 - 1.1 Department Directors may develop a procedure defining a work-from-home rotation schedule or an alternative work schedule for designated employees.
 - 1.2 Placement on a performance-based schedule is considered an incentive which is earned through meeting required performance measures per Position-Job Descriptions.
 - 1.3 Department Directors in conjunction with HR have the discretion to modify the requirements and expectations as needed.
 - 1.4 The suggested work-from-home rotation is three (3) days in office, two (2) days from home.
 - 1.5 The days/hours worked will be on a consistent schedule each week.
 - 1.6 Procedures must define parameters around new or transferring employees that require a probationary period prior to granting a performance-based work schedule.

HELEN FARABEE CENTERS	
HUMAN RESOURCES MANAGEMENT POLICY 200.1.2	
SECTION: HUMAN RESOURCES	
SUBJECT: PERFORMANCE-BASED WORK SCHEDULE	Page 2 of 2

- 1.7 Procedures should address disciplinary actions for failure to meet quality and/or performance standards which result in the suspension of the performance-based work schedule incentive.
- 1.8 Procedures must define acceptable work hour expectations and for the work-from-home rotation, availability via phone, email, Teams, etc.
- 1.9 Procedures must define appropriate physical conditions of a work-from-home environment that address maintaining confidentiality, being free from interruption, dress code while on duty remotely, etc.
- 1.10 Each department's procedure must be approved by the Associate Executive Director and the Human Resources Director.

Signature: *Cara Mullenix*
Cara Mullenix (Apr 15 2026 17:52:50 CDT)
Email: mullenixc@helenfarabee.org

Signature: *Kelly Wooldridge*
Kelly Wooldridge (Apr 15 2026 17:52:50 CDT)
Email: wooldridgek@helenfarabee.org

Signature: *Gianna Harris*
Gianna Harris (Apr 16 2026 09:43:36 CDT)
Email: harrisg@helenfarabee.org











200.1.2 Human Resources Performance-Based Work Schedule

Final Audit Report

2026-04-16

Created:	2026-04-15
By:	Cara Mullenix (mullenixc@helenfarabee.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAAPnW4AfJly8hvUXY2yoEx10G3nqnZVErp

"200.1.2 Human Resources Performance-Based Work Schedule" History

-  Document created by Cara Mullenix (mullenixc@helenfarabee.org)
2026-04-15 - 10:50:56 PM GMT
-  Document emailed to Cara Mullenix (mullenixc@helenfarabee.org) for signature
2026-04-15 - 10:51:00 PM GMT
-  Email viewed by Cara Mullenix (mullenixc@helenfarabee.org)
2026-04-15 - 10:52:38 PM GMT
-  Document e-signed by Cara Mullenix (mullenixc@helenfarabee.org)
Signature Date: 2026-04-15 - 10:52:50 PM GMT - Time Source: server
-  Document emailed to Kelly Wooldridge (WooldridgeK@helenfarabee.org) for signature
2026-04-15 - 10:52:52 PM GMT
-  Email viewed by Kelly Wooldridge (WooldridgeK@helenfarabee.org)
2026-04-16 - 1:07:49 PM GMT
-  Document e-signed by Kelly Wooldridge (WooldridgeK@helenfarabee.org)
Signature Date: 2026-04-16 - 1:08:01 PM GMT - Time Source: server
-  Document emailed to Gianna Harris (harrisg@helenfarabee.org) for signature
2026-04-16 - 1:08:03 PM GMT
-  Email viewed by Gianna Harris (harrisg@helenfarabee.org)
2026-04-16 - 2:43:20 PM GMT
-  Document e-signed by Gianna Harris (harrisg@helenfarabee.org)
Signature Date: 2026-04-16 - 2:43:36 PM GMT - Time Source: server

✔ Agreement completed.

2026-04-16 - 2:43 36 PM GMT

HELEN FARABEE CENTERS	
FISCAL MANAGEMENT POLICY 300.2	
SECTION: CONTRACTS-PURCHASING	
SUBJECT: POLICY STATEMENT	Page 1 of 2

EFFECTIVE: 5/7/2026	ORIGINAL: 06/01/17
APPROVED BY: <u>Angela Dove</u> Angela Dove Contracts and Purchasing Manager	APPROVED BY: <u>Linda Poenitzsch</u> Linda Poenitzsch Chief Financial Officer
REVIEWED BY: <u>Cara Mullenix</u> Cara Mullenix-Artigue Director of Utilization and Quality Management	CONCURRED: <u>Gianna Harris</u> Gianna Harris Executive Director
	APPROVED BY: <u>J. Brian Eby</u> J. Brian Eby Chair, Board of Trustees

POLICY:

1. It is the policy of Helen Farabee Centers' Board of Trustees to:
 - 1.1 Utilize Center resources to respond to procurement needs based on established Purchasing Policy and Procedures.
 - 1.2 Procure equipment, supplies, and services used to support the mission of the Center through purchasing and contracting.
 - 1.3 Determine fulfillment of procurement need based on best value practices.
 - 1.3.1 Quality of goods and services is as important as price and can be ensured by preparing precise specifications for competitive bidding describing quality requirements.
 - 1.3.2 All such specifications shall permit competition whenever practicable.
 - 1.3.3 Bids shall be evaluated and awarded based on the overall best value.

HELEN FARABEE CENTERS	
FISCAL MANAGEMENT POLICY 300.2	
SECTION: CONTRACTS-PURCHASING	
SUBJECT: POLICY STATEMENT	Page 2 of 2

- 1.4 Fulfill procurement needs of the Center in an unbiased and ethical manner.
- 1.5 Generate, organize, maintain, and monitor purchase order and contract records and procurement card purchases along with associated documentation.
- 1.6 Assure procurement of products and services are fulfilled accurately regarding request, quantity, and price.
- 1.7 Review invoices and attach appropriate backup and approval(s) for accurate processing by Accounts Payable.
- 1.8 Correspond in congenial manner with fellow employees, superiors, vendors, and contractors to maintain amicable relationships and strive for continued favorable outcomes.
- 1.9 Work in coordination and cooperation with Center departments to fulfill contracted services according to Texas Administrative Code for Local Mental Health and Intellectual Developmental Disability Authorities (Title 40, Part 1, Chapter 2, Subchapter B and Title 25, Part 1, Chapter 412, Subchapter B).
- 1.10 Monitors compliance with Center's purchasing policy and procedures, Uniform Grant Management Standards, and other applicable laws.
- 1.11 To promote impartiality, conservation of funds and competition while ensuring accountability.

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Cara Mullenix (Apr 15, 2026 19:04:45 CDT)

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Signature: Angela Dove

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Linda Poenitzsch (Apr 18, 2026 08:07:59 CDT)

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300.2 Contracts-Purchasing Policy Statement


Final Audit Report


2026-04-16


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"300.2 Contracts-Purchasing Policy Statement" History

-  Document created by Cara Mullenix (mullenixc@helenfarabee.org)
2026-04-15 - 11:00:17 PM GMT
-  Document emailed to Cara Mullenix (mullenixc@helenfarabee.org) for signature
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-  Email viewed by Cara Mullenix (mullenixc@helenfarabee.org)
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-  Document e-signed by Cara Mullenix (mullenixc@helenfarabee.org)
Signature Date: 2026-04-15 - 11:04:45 PM GMT - Time Source: server
-  Document emailed to Angela Dove (dovea@helenfarabee.org) for signature
2026-04-15 - 11:04:47 PM GMT
-  Email viewed by Angela Dove (dovea@helenfarabee.org)
2026-04-16 - 1:05:44 PM GMT
-  Document e-signed by Angela Dove (dovea@helenfarabee.org)
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-  Document emailed to Linda Poenitzsch (poenitzschl@helenfarabee.org) for signature
2026-04-16 - 1:06:00 PM GMT
-  Email viewed by Linda Poenitzsch (poenitzschl@helenfarabee.org)
2026-04-16 - 1:07:45 PM GMT
-  Document e-signed by Linda Poenitzsch (poenitzschl@helenfarabee.org)
Signature Date: 2026-04-16 - 1:07:59 PM GMT - Time Source: server
-  Document emailed to Gianna Harris (harrisg@helenfarabee.org) for signature
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2026-04-16 - 2:43:47 PM GMT

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HELEN FARABEE CENTERS	
FISCAL MANAGEMENT POLICY 300.3	
SECTION: PROPERTY MANAGEMENT	
SUBJECT: POLICY STATEMENT	Page 1 of 2

EFFECTIVE: 5/7/2026	ORIGINAL: 05/04/2017
APPROVED BY: Bruce Sperry <hr/> Bruce Sperry Property Manager	REVIEWED BY: Linda Poenitzsch <hr/> Linda Poenitzsch Chief Financial Officer
REVIEWED BY: Cara Mullenix <hr/> Cara Mullenix-Artigue Director of Utilization and Quality Management	CONCURRED: Gianna Harris <hr/> Gianna Harris Executive Director
	APPROVED BY: <hr/> J. Brian Eby Chair, Board of Trustees

POLICY:

It is the policy of Helen Farabee Centers' Board of Trustees to:

1. Ensure all property maintained by Helen Farabee Centers (HFC) is to be kept in a safe working condition for staff, individuals served, and visitors.
 - 1.1 The term "property," as used in this policy statement refers to all pieces of equipment, furnishings, vehicles, and buildings (owned or leased) that is in the care of HFC employees.
2. Ensure all HFC facilities including parking lots comply with Americans with Disabilities Act (ADA) rules and regulations.
3. Ensure a safe working and living environment for all staff, individuals served, and visitors at all the HFC facilities by timely and appropriate work order completion, completing required inspections, updating evacuation routes, and maintaining up-to-date Center insurance policies.
4. Ensure well-manicured properties as stated within approved contracts.

HELEN FARABEE CENTERS	
FISCAL MANAGEMENT POLICY 300.3	
SECTION: PROPERTY MANAGEMENT	
SUBJECT: POLICY STATEMENT	Page 2 of 2

5. Ensure housekeeping services (HFC employees or contract) keeps all buildings sanitized and well maintained.

6. Ensure all center vehicles are covered under the center insurance policies, maintained to ensure they are in good working condition and have needed safety equipment available.

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Cara Mullenix (Apr 14, 2026 14:13:26 CDT)

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Signature: *Bruce Sperry*
Bruce Sperry (Apr 14, 2026 14:25:41 CDT)

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Email: poenitzschl@helenfarabee.org

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300.3 Property Management Policy Statement

Final Audit Report


2026-04-15

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"300.3 Property Management Policy Statement" History

-  Document created by Cara Mullenix (mullenixc@helenfarabee.org)
2026-04-14 - 7:12:25 PM GMT
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-  Document e-signed by Cara Mullenix (mullenixc@helenfarabee.org)
Signature Date: 2026-04-14 - 7:13:26 PM GMT - Time Source: server
-  Document emailed to Bruce Sperry (sperryb@helenfarabee.org) for signature
2026-04-14 - 7:13:27 PM GMT
-  Email viewed by Bruce Sperry (sperryb@helenfarabee.org)
2026-04-14 - 7:28:18 PM GMT
-  Document e-signed by Bruce Sperry (sperryb@helenfarabee.org)
Signature Date: 2026-04-14 - 7:28:41 PM GMT - Time Source: server
-  Document emailed to Linda Poenitzsch (poenitzschl@helenfarabee.org) for signature
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-  Email viewed by Linda Poenitzsch (poenitzschl@helenfarabee.org)
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HELEN FARABEE CENTERS	
FISCAL MANAGEMENT POLICY 300.4	
SECTION: REIMBURSEMENT	
SUBJECT: POLICY STATEMENT	Page 1 of 2

EFFECTIVE: 5/7/2026	ORIGINAL: 04/06/17
APPROVED BY: Joni Pruitt	APPROVED BY: Linda Poenitzsch
Joni Pruitt Billing and Consumer Benefits Eligibility Manager	Linda Poenitzsch Chief Financial Officer
REVIEWED BY: Cara Mullenix	CONCURRED: Gianna Harris
Cara Mullenix-Artigue Director of Utilization and Quality Management	Gianna Harris Executive Director
	APPROVED BY: J. Brian Eby Chair, Board of Trustees

POLICY:

It is the policy of the Board of Trustees to:

1. Comply with Texas Administrative Code (TAC) Title 25, Part 1, Chapter 412, Subchapter C for charging individuals for services as outlined in Fiscal Management Procedure 300.4.1 Charges for Community Based Services.
2. Clearly communicate with individuals in services regarding financial expectations to include:
 - a. Ensure individuals understand their financial obligation to pay for services as early in the process as possible,
 - b. Ensuring individuals understand they are responsible for paying any assessed fees related to the sliding fee scale as outlined in Fiscal Management Procedure 300.4.1 Charges for Community Based Services,
 - c. Ensuring individuals understand they are responsible for knowing their insurance coverage and for providing needed documentation to aid in the insurance collection process,

HELEN FARABEE CENTERS	
FISCAL MANAGEMENT POLICY 300.4	
SECTION: REIMBURSEMENT	
SUBJECT: POLICY STATEMENT	Page 2 of 2

- d. Notify individuals of information received from insurance payers related to the verification of eligibility benefits so the individual understands covered services and the amount of their financial responsibility i.e. copayments, deductibles, co-insurance, and
 - e. Ensuring individuals understand they are responsible for notifying the Helen Farabee Centers (HFC) regarding any change in their insurance coverage.
3. Ensure the timely and accurate submission of claims to all known primary health plans or insurance payers clearly identified by the individual in services.
 4. Make every reasonable attempt to collect from all known payers with whom Helen Farabee Centers has a contract and non-contracted payers for services provided to assist the individuals in resolving their bills.
 5. Post all payments received from payers to the designated service on the individuals accounts.
 6. Mail monthly statements to individuals with outstanding balances.
 7. Make every reasonable attempt to collect any assessed fees i.e. maximum monthly fee, copayments, deductibles, co-insurance, etc. from the individual receiving service.
 8. Coordination with clinical staff as necessary to determine if any individual's non-payment of assessed fees i.e. maximum monthly fee, copayments, deductibles, co-insurance, etc. is related to their clinical diagnosis.
 9. Conduct internal monitoring and auditing for potential fraud, waste, and abuse through random sampling and manual inspection.

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Cara Mullenix (Apr 14 2026 17:56:58 CDT)
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Signature: *Joni Pruitt*
Joni Pruitt (Apr 15 2026 09:19:40 CDT)
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300.4 Reimbursement Policy Statement

Final Audit Report


2026-04-15


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"300.4 Reimbursement Policy Statement" History

-  Document created by Cara Mullenix (mullenixc@helenfarabee.org)
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-  Document emailed to Cara Mullenix (mullenixc@helenfarabee.org) for signature
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-  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 Joni Pruitt (pruittj@helenfarabee.org) for signature
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-  Email viewed by Joni Pruitt (pruittj@helenfarabee.org)
2026-04-15 - 2:19:21 PM GMT
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-  Document emailed to Linda Poenitzsch (poenitzschl@helenfarabee.org) for signature
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-  Email viewed by Linda Poenitzsch (poenitzschl@helenfarabee.org)
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Signature Date: 2026-04-15 - 2:21:55 PM GMT - Time Source: server
-  Document emailed to Gianna Harris (harrisg@helenfarabee.org) for signature
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HELEN FARABEE CENTERS	
COMMUNITY AND CONSUMER SUPPORT 500.1.1	
SECTION: CLIENT RIGHTS	
SUBJECT: POLICY STATEMENT-RESTRAINT AND SECLUSION	Page 1 of 2

EFFECTIVE: 5/7/2026	ORIGINAL: 08/06/15
REVIEWED BY: Connie Johnston Connie Johnston Director of Community and Consumer Support	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 Chair, Board of Trustees

POLICY:

1. Helen Farabee Centers (HFC) strives to offer a treatment environment which engages in recovery-based, non-traumatic practices.
2. It is the policy of the Board of Trustees that:
 - 2.1 Within the mental health facilities of HFC use of restraint and/or seclusion is prohibited. This includes individuals receiving treatment through our mental health or substance abuse services.
 - 2.1.1 HFC believes in a restraint-free environment and if needed, local law enforcement will be contacted.
 - 2.2 However, the use of a restraint is authorized if it meets the following requirements in accordance with Texas Administrative Code (TAC), Title 26, Part 1, Chapter 320, Subchapter C, Rule §320.107:
 - 2.2.1.1 in a behavioral emergency,
 - 2.2.1.2 to protect the individual from involuntary self-injury and,
 - 2.2.1.5 if used as a protective device.
3. Physical guidance or prompting is not considered a restraint unless the individual resists the physical guidance or prompting.

HELEN FARABEE CENTERS	
COMMUNITY AND CONSUMER SUPPORT 500.1.1	
SECTION: CLIENT RIGHTS	
SUBJECT: POLICY STATEMENT-RESTRAINT AND SECLUSION	Page 2 of 2

- 3.2 Physical Restraints are classified as Critical Incidents and must be reported as such per TAC, Title 25, Part 1, Chapter 448, Subchapter G, Rule §448.706.
- 4. HFC does not use "chemical restraint" as defined by the Department of State Health Services.
 - 4.1 Chemical restraint is the use of any chemical, including pharmaceuticals, through topical application, oral administration, injection, or other means, for purposes of restraining an individual and which is not a standard treatment for the individual's medical or psychiatric condition.
- 5. In accordance with TAC Title 25, Part 1, Chapter 448, Subchapter G, Rule §448.706, HFC will report any Critical Incidents to the Texas Health and Human Services Commission-Department of Aging and Disability Services (HHSC-DADS) data system monthly.
 - 5.1 Within HFC, a review of Critical Incident data is completed through the Clinical and Environment Safety Committee.
- 6. As part of new employee orientation, as well as refresher training, designated staff members are trained in the use of self-protection skills and de-escalation of aggression actions. Training will address the following standards.
 - 6.1 Attempts are made to de-escalate or redirect prior to the use of restraint.
 - 6.2 Staff must be current in training prior to the use of any restraint.
 - 6.3 Restraint can only be used in an emergency situation.
 - 6.4 Restraint is not used as coercion, discipline, convenience, or retaliation by staff.

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Cara Mullenix (Apr 14, 2026 14:05:02 CDT)
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Signature: Connie Johnston
Connie Johnston (Apr 14, 2026 14:50:09 CDT)
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500.1.1 Restraint and Seclusion Policy Statement

Final Audit Report

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"500.1.1 Restraint and Seclusion Policy Statement" History

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-  Email viewed by Cara Mullenix (mullenixc@helenfarabee.org)
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-  Email viewed by Connie Johnston (johnstonc@helenfarabee.org)
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HELEN FARABEE CENTERS	
MEDICAL SERVICES POLICY 700.2	
SECTION: INFECTION CONTROL	
SUBJECT: POLICY STATEMENT	Page 1 of 1

EFFECTIVE: 5/7/2026	ORIGINAL: 09/11/15
APPROVED BY: Patrick Allen, RN, BSN, DON	APPROVED BY: Carol Nati MD, MS
Patrick Allen, RN Director of Nursing	Carol Nati, MD Chief Medical Officer
REVIEWED BY: Cara Mullenix	CONCURRED: Gianna Harris
Cara Mullenix-Artigue Director of Utilization and Quality Management	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 infection control/prevention activities for services utilized across the Helen Farabee Centers (HFC).
 - 1.1 HFC will follow the guidelines of the Centers of Disease Control (CDC) as well as with the Centers for Medicare and Medicaid Services (CMS) regarding infections such as COVID-19, Influenza, and RSV.
 - 1.2 Updates will be provided to staff by the infection control nurse annually, and/or as needed.
 - 1.2 Training and reporting requirements will be completed.

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Carol Nati MD, MS (Apr 16 2026 13:39:57 CDT)
Email: natic@helenfarabee.org

Signature: Patrick Allen, RN, BSN, DON
Patrick Allen, RN, BSN, DON (Apr 16 2026 14:22:50 CDT)
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Gianna Harris (Apr 16 2026 14:22:44 CDT)
Email: harrisg@helenfarabee.org












700.2 Infection Control Policy Statement

Final Audit Report

2026-04-16

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"700.2 Infection Control Policy Statement" History

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-  Document emailed to Carol Nati (natic@helenfarabee.org) for signature
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-  Email viewed by Carol Nati (natic@helenfarabee.org)
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-  Signer Carol Nati (natic@helenfarabee.org) entered name at signing as Carol Nati MD, MS
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-  Document e-signed by Carol Nati MD, MS (natic@helenfarabee.org)
Signature Date: 2026-04-16 - 6:39:57 PM GMT - Time Source: server
-  Document emailed to Patrick Allen (allenp@helenfarabee.org) for signature
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-  Email viewed by Patrick Allen (allenp@helenfarabee.org)
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-  Signer Patrick Allen (allenp@helenfarabee.org) entered name at signing as Patrick Allen, RN, BSN, DON
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HELEN FARABEE CENTERS	
CLINICAL ACCOUNTABILITY POLICY 800.3	
SECTION: UTILIZATION MANAGEMENT	
SUBJECT: POLICY STATEMENT	Page 1 of 2

EFFECTIVE: 5/7/2026	ORIGINAL: 04/01/10
APPROVED BY: Cara Mullenix	REVIEWED BY: Andrew Martin
Cara Mullenix-Artigue Director of Utilization and Quality Management	Andrew Martin Associate Executive Director of Operations
CONCURRED: Gianna Harris	APPROVED BY: J. Brian Eby
Gianna Harris Executive Director	J. Brian Eby Chair, Board of Trustees

POLICY:

1. It is the policy of the Board of Trustees to have an ongoing Utilization Management Program, under the direction of the Director of Utilization and Quality Management, which addresses:
 - 1.1 Registration, Waiting List Assignment, Admission, Transfer, and Discharges for Mental Health Services,
 - 1.2 Waiting List and Interim Services for Substance Abuse Services,
 - 1.3 Medical Necessity of services upon Intake and/or admission into a Level of Care (LOC) and when a LOC changes,
 - 1.4 The responsibility for the authorization of access to services and the review of such service,
 - 1.5 The appeal process for individuals who requested services and were denied services at intake.
 - 1.6 The appeal process for individuals currently in treatment who appeal LOC authorizations made by the Utilization Management (UM) Department.

HELEN FARABEE CENTERS	
CLINICAL ACCOUNTABILITY POLICY 800.3	
SECTION: UTILIZATION MANAGEMENT	
SUBJECT: POLICY STATEMENT	Page 2 of 2

- 1.7 The performance of annual evaluations of the Utilization Management department, including studies of inter-rater reliability, if applicable, and the completion of an annual Utilization Management Department Self-Assessment to measure program effectiveness.
- 1.8 The authorization of each LOC, including overrides, by following the Utilization Management Guidelines and indicated by clinical need.
- 1.9 The management of Flexible Benefits (Flex Funds), which are monies designated to assist individuals served in meeting housing and independent living needs in the community.
- 1.10 The management of the "Resource Limitation Wait List" for individuals who are authorized into a less intensive LOC to gain access to services based on need, and
- 1.11 The monitoring of in-patient facility bed days, including state mental health facility and psychiatric emergency service center bed days.

Signature: *Cara Mullenix*
Cara Mullenix (Apr 14 2026 12:59:39 © DT)
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Andrew Martin (Apr 14 2026 14:19:49 © DT)
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800.3 Utilization Management Policy Statement

Final Audit Report

2026-04-15

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By:	Cara Mullenix (mullenixc@helenfarabee.org)
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-  Document created by Cara Mullenix (mullenixc@helenfarabee.org)
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HELEN FARABEE CENTERS	
CLINICAL ACCOUNTABILITY POLICY 800.4	
SECTION: MEDICAL RECORDS	
SUBJECT: POLICY STATEMENT	Page 1 of 2

EFFECTIVE: 5/7/2026	ORIGINAL: 12/03/15
APPROVED BY: Nicholas Mariotti	APPROVED BY: Andrew Martin
<hr/> Nicholas Mariotti Medical Records Director	<hr/> Andrew Martin Associate Executive Director of Operations
REVIEWED BY: Cara Mullenix	CONCURRED: Gianna Harris
<hr/> Cara Mullenix-Artigue Director of Utilization & Quality Management	<hr/> Gianna Harris Executive Director
	APPROVED BY: <hr/> J. Brian Eby Vice-Chair, Board of Trustees

POLICY:

1. It is the policy of the Board of Trustees that:
 - 1.1. Helen Farabee Centers (HFC) provides procedures for the purpose of ensuring appropriate steps are taken regarding an individual served medical record.
 - 1.2. Ensure that all protected health information (PHI) is released and obtained in the regular course of business is done so in accordance with both Federal and State Regulations. These regulations include, Code of Federal Regulations, Title 42; The Health Insurance Portability and Accountability Act (HIPAA) of 1996; Texas Health and Safety Code, Title 7, Subtitle E, Chapter 611; and Texas Administrative Code Title 22, Part 9, Chapter 165.
 - 1.3. Ensure that there is proper procedure in place regarding reporting HIPAA violations and informing individual served of how to report HIPAA violations.

HELEN FARABEE CENTERS	
CLINICAL ACCOUNTABILITY POLICY 800.4	
SECTION: MEDICAL RECORDS	
SUBJECT: POLICY STATEMENT	Page 2 of 2

- 1.4. Ensure proper medical record retention is met in accordance with Texas Administrative Code Title 22, Part 9, Chapter 165.
- 1.5. Maintain the most current reasonable fees for copying documents.
- 1.6. Respond to subpoenas and cooperate with all legal summons for records or legal requests as stated by policy.
- 1.7. Maintain all forms, assign numbers to new forms and assist in removing outdated forms.
- 1.8. Ensure all individual's information is properly stored and secure from unauthorized personnel.
- 1.9. Establish role of electronic signatures.
- 1.10. Ensure practices of informed consent.
- 1.11. Provide guidance on the structure of the clinical record and how to address corrections, amendments and delayed entries.

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800.4 Medical Records Policy Statement


Final Audit Report


2026-04-15


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HELEN FARABEE CENTERS	
SERVICES AND PROGRAMS	
SECTION: INTELLECTUAL AND DEVELOPMENTAL DISABILITY - AUTHORITY 900.5	
SUBJECT: POLICY STATEMENT	Page 1 of 5

EFFECTIVE: 5/7/2026	ORIGINAL: 04/06/17
APPROVED BY: Erin Perkins _____ Erin Perkins Director of Intellectual and Developmental Disabilities (IDD) Authority Services	APPROVED BY: Andrew Martin _____ Andrew Martin Associate Executive Director of Operations
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 Board of Trustees Chair

POLICY:

1. It is the policy of Helen Farabee Centers (HFC) to provide services to persons who meet eligibility requirements in accordance with Texas Administrative Code (TAC), Title 26, Part 1 Health and Human Services Commission, Chapter 330 LIDDA Roles and Responsibilities as it relates to:
 - 1.1. Access to Services
 - 1.1.1. Interest List maintenance and reviews for the following programs:
 - 1.1.1.1. General Revenue,
 - 1.1.1.2. Texas Home Living Waiver, and
 - 1.1.1.3. Home & Community Based Services (HCS) Waiver.

HELEN FARABEE CENTERS	
SERVICES AND PROGRAMS	
SECTION: INTELLECTUAL AND DEVELOPMENTAL DISABILITY - AUTHORITY 900.5	
SUBJECT: POLICY STATEMENT	Page 2 of 5

- 1.1.2. Admission Review Dismissal (ARD) Meetings attendance to advocate for individuals with or without services in the 19-county service area.
- 1.1.3. Screening and Determining Eligibility for Intellectual or Developmental Disabilities programs and services.
- 1.1.4. Community Resource Coordination Group (CRCG) LIDDA attendance for children, adolescents, or adults that present with multi-agency service needs within the 19-county service area.
 - 1.1.4.1. LIDDA shall notify the CRCG in the county of residence of the parent or guardian of a person younger than 22 years of age with a developmental disability if such a person will be placed by the LIDDA in a group home or other residential facility, as required by Tex. Gov't Code 531.154(a)(3).
- 1.1.5. Community education at events to promote Intellectual and Development Disability (IDD) services.

1.2. Enrollments into Services

- 1.2.1. General Revenue program,
- 1.2.2. Texas Home Living Waiver program,
- 1.2.3. HCS Waiver program,
- 1.2.4. Community First Choice via Managed Care Organization program, and
- 1.2.5. Pre-Admission Screening & Resident Review (PASRR) program.

1.3. Service Coordination

- 1.3.1. Provide monitoring, service planning, crisis prevention, and assessment activities for individuals who meet the priority population and have a diagnosed intellectual disability or developmental disability as defined in the TAC.

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SECTION: INTELLECTUAL AND DEVELOPMENTAL DISABILITY - AUTHORITY 900.5	
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- 1.4. IDD Crisis Respite Services and Crisis Intervention Specialist Services.
 - 1.4.1. Serve individuals with IDD or suspicion who present with a crisis respite needs through the Crisis Respite Unit (CRU).
 - 1.4.2. IDD Crisis Intervention Specialist assists in providing training, information, guidance, and assistance to family members, agencies, Service Coordinators, and individuals with IDD who are at risk of crisis, collaborating with the Transition Support Team, reviewing prevention strategies, and support, including supporting the Service Coordinator's ongoing follow-up for crisis cases.
 - 1.4.3. A jail match report is created and identifies persons who have been processed into a correctional institution, and for whom facility personnel used the Department of Public Safety (DPS) Texas Law Enforcement Telecommunication System (TLETS) to determine whether a person has received intellectual and/or developmental disability (IDD) services for the purposes of establishing continuity of care.

- 1.5. Permanency Plans
 - 1.5.1. Completed initially and every six (6) months thereafter for individuals under the age of 22 who require out-of-home placement in a residential HCS, State Supported Living Center, Nursing Facility, or Intermediate Care Facility with the goal of returning to the home.

- 1.6. Pre-Admission Screening and Resident Review (PASRR)
 - 1.6.1. PASRR Habilitation Coordination for those who desire to transition from or remain at a nursing facility. Monitors all Nursing Facility and LIDDA Specialized Services.

- 1.7. Enhanced Community Coordination
 - 1.7.1. Coordination activities for individuals transitioning from the Nursing Facility, State Supported Living Facility, diverting from the Nursing Facility or State Supported Living Facility,

HELEN FARABEE CENTERS	
SERVICES AND PROGRAMS	
SECTION: INTELLECTUAL AND DEVELOPMENTAL DISABILITY - AUTHORITY 900.5	
SUBJECT: POLICY STATEMENT	Page 4 of 5

or Transitioning from a medium/large Intermediate Care Facility to the community pre-move and post-move for one year. Monitoring includes a more intensive approach with quarterly service planning team meetings and transition planning.

- 1.8. Complaints regarding services provided.
 - 1.8.1. Individuals and Legally Authorized Representatives have the right to request a Service Coordinator change at any time and report complaints to the Client's Rights Officer, Health and Human Services Commission (HHSC) Consumer Rights Services, HHSC-Protective Services, and/or the Director of IDD Authority Services.
 - 1.8.2 Change of staff requests can occur with Habilitation Coordination, Intake, Continuity of Care, and Crisis.

- 1.9. Continuity of Care
 - 1.9.1. Local Intellectual and Developmentally Disabled Authority (LIDDA) Liaison for all IDD individuals admitted to the North Texas State Hospital (NTSH) to review service options and attend service planning team meetings when held and requested.
 - 1.9.2. Complete court commitment applications to the State Supported Living Center as required.
 - 1.9.3. Monitor individuals annually that were admitted and discharged from a State Supported Living Center prior to 1997 known as "Pre-97".
 - 1.9.4. Enroll and transfer individuals into the Home & Community Based Services (HCS) Medicaid Waiver Program and Texas Home Living Medicaid Waiver programs.
 - 1.9.5. Permanency Planning Activities.

HELEN FARABEE CENTERS	
SERVICES AND PROGRAMS	
SECTION: INTELLECTUAL AND DEVELOPMENTAL DISABILITY - AUTHORITY 900.5	
SUBJECT: POLICY STATEMENT	Page 5 of 5

1.9.6. Intermediate Care Facility for individuals with an intellectual disability or related condition (ICF/IID) Referrals and Placement.

1.9.7 Divert individuals from being admitted to a Nursing Facility or State Supported Living Centers.

1.10 Sensory Bags & Sensory Items

1.10.1 Individuals will be provided with access to sensory related items for use in a safe manner within the designated location when delivering a service.

1.11 LIDDA Performance Based Work from Home

1.11.1 Employees will be offered an incentive to effectively deliver services in their home virtually based on their performance and each position's unique job duties and requirements of the role.

1.12 Correspondence process

1.12.1 The LIDDA department is responsible for submitting copies of certain documentation that the Health and Human Services Commission (HHSC) has deemed mandatory by contract to submit to the individual receiving services, Legally Authorized Representative (LAR), and in some instances the provider agency or Managed Care Organization (MCO) and other Service Planning Team (SPT) members.

1.12.2 Documentation is submitted by a process called "Correspondence" to ensure all documents are provided timely within required timeframes that HHSC has deemed for the LIDDA to meet

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900.5 IDD Authority Policy Statement

Final Audit Report


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AGENDA ITEM: 050726 – 5F1

MEETING DATE:

MAY 7, 2026

- 5 RECOMMENDATIONS**
- F. PROGRAM AND PERSONNEL**
- 1) HOLIDAY SCHEDULE**

Page 1 of 1

RECOMMENDED ACTION: That the Board Of Trustees approve the proposed Holiday Schedule for fiscal year 2027 beginning September 1, 2026.

BACKGROUND INFORMATION: Helen Farabee Centers has had the long standing practice of offering holiday time in accordance with the Federal holiday schedule and dates of observation. Christmas and Spring holidays provide the staff with 11 holidays in total. This number is similar to the number of holidays offered by other Centers.

SPECIFIC REASONS WHY THESE ACTIONS ARE NECESSARY FOR THE CENTER:
Board of Trustee approval prior to implementing a Holiday schedule for the next fiscal year.



FY 2027 HOLIDAY SCHEDULE

HOLIDAY	DATE OBSERVED
Labor Day	Monday September 7, 2026
Veterans Day	Wednesday November 11, 2026
Thanksgiving	Thursday November 26, 2026
Day-After Thanksgiving	Friday November 27, 2026
Christmas Eve	Thursday December 24, 2026
Christmas Day	Friday December 25, 2026
New Year's Day	Friday January 1, 2027
Presidents Day	Monday February 15, 2027
Good Friday/Spring Break	Friday March 26, 2027
Memorial Day	Monday May 31, 2027
Independence Day (observed)	Monday July 5, 2027

Helen Farabee Centers

Essential Services and Clinical Accountability, Quarter 2 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	94%
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	89%
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	86%
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%

Helen Farabee Centers

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 Q2
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	29.57% *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%

Helen Farabee Centers

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	39%
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	45.6%
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	68.1%
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	98.3%
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	86.2%
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	77.2%

Adult MH Services				
Item	Criteria	Definition	Target	Achieved
3.1	Adult Service Target	The average monthly number of adults authorized in a FLOC. (1st half of year 1.4% penalty)	100% of 2750 per FY 1/2	97%

Helen Farabee Centers

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	60.5%
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	93.5%
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	32.8%
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	87%
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	37.7%
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	43%

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. (1st half of year 1.4% penalty)	100% of 425 per FY 1/2	91%

Helen Farabee Centers

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	82.2%
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 Q2
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	86.3%

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	80.4%
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%	6.82%

6 QUARTERLY REPORTS
B PLANNING AND NETWORK ADVISORY COMMITTEE
1) 1ST QUARTER REPORT

RECOMMENDED ACTION: For information only.

BACKGROUND INFORMATION: Board policy requires the quarterly presentation on the activities of the Planning and Network Advisory Committee (PNAC)

1st Quarter PNAC Meeting, November 17, 2025

SUPPORTING INFORMATION: June, July and August

Report by Linda Poenitzsch

Balance Sheet is based on AUGUST 2025

- ❖ Number of Days of Operation in Fund Balance *141* - less nine days from last quarter.
- ❖ Accounts Receivable *decreased* by \$87,772 going from \$1,755,137 to \$1,667,365.
- ❖ Accounts Payable *increased* by \$170,863 going from \$2,095,092 to \$2,265,955. Most of this amount is due to the state giving us PPB money late last fiscal year, and the Center was unable to use it. We received word in early March that the money will have to be returned. The amount is \$937,600. The Center will receive an invoice by the state for recoupment. Until then, it will stay in our Accounts Payable amount. If not for that, Accounts Payable would have been \$1,228,355.

- ❖ **FINANCIAL STATUS:** The Center had a loss of \$435,202 for the fourth quarter and a cumulative gain of \$115,460 for the year.

- ❖ **REVENUE:** FY25 fourth quarter revenue (\$9,374,624) was \$1,054,858 more than budgeted (\$8,319,766).
 - **Patient fees** for the fourth quarter were \$5,425 more than budgeted. This is based on actual cash received and no accrual. Money reported would have been money received directly from a client, private insurance, and Managed Care Organizations.
 - **Miscellaneous** revenue for the fourth quarter was \$867,641 more than budgeted.
 - In-Kind Match was \$676,599 more than budgeted due to the actual usage of the psychiatric bed days at Red River and Wise. This is based on the PESC in-kind match for psychiatric bed days and is provided by Red River and Wise Health System. This is also based on the Justice Involved Grant, also known as Senate Bill 292 contract, that has increased the Center’s Mental Health and Substance Abuse bed usage at Red River. And it is also based on the new program Private Psychiatric Beds match. This will eventually take over PESC as a revenue stream.
 - CART earned revenue was \$69,628 more than budgeted. This is from a grant received back in January of 2024 and we are catching up on the revenue earned after receiving the expenses just recently.

- Miscellaneous revenue was \$79,553 less than budgeted. The Center had budgeted for a Rural Health Care Grant receipt that did not materialize.
 - USDA Grant for MIS Technology was \$161,194 more than budgeted. This was a grant that was not received until this year and so was not budgeted.
 - **Other State Funding** for the fourth quarter was \$634,951.87 more than budgeted. This is all service driven so the expectation is that this will fluctuate.
 - The Justice Involved Grant Program was \$269,965 more than budgeted. This is based on client need for psychiatric beds.
 - MJGJII NCA – JBCR revenue was \$53,825 more than budgeted. Again, this is a new revenue stream for this year; the contracts were signed in March, so the revenue was not budgeted.
 - **Other Federal Funding** for the fourth quarter was \$80,124 more than budgeted.
 - DPP-BHS revenue was \$76,228 more than budgeted. This is based off actual cash received for services rendered.
 - **General Revenue** for the fourth quarter was \$218,242 less than budgeted.
 - PPB revenue was \$11,349 less than budgeted. PPB fluctuates based on client need for psychiatric beds. The Center did use all its allocated money for the year.
 - PESC revenue was \$186,330 less than budgeted. This fluctuates based on client need for psychiatric beds. The Center did use all its allocated money for the year.
 - General IDD ARPA money was \$10,821 less than budgeted. The Center had to make an adjustment for the year before.
 - **Medicaid Waiver** is now a defunct revenue stream since the Center closed its IDD provider side. This will be taken off reports in the future.
 - **Allocated Federal Funds** for the fourth quarter were right on budget.
- ❖ **EXPENSES:** FY25 fourth quarter expense (\$9,809,826) was \$1,047,053 more than budgeted (\$8,762,773).
 - **Personnel** cost for the fourth quarter was \$42,281 less than budgeted.
 - Salaries were \$9,926 more than budgeted.
 - Benefits were \$52,207 less than budgeted.
 - **Contract** cost for the fourth quarter was \$282,670 more than budgeted.
 - Justice Involved Bed Day expense was \$167,735 more than budgeted. Justice Involved Bed Days fluctuate based on client need for psychiatric beds.
 - PESC Bed Day Expense is \$24,885 more than budgeted. This fluctuates based on client need for psychiatric beds.
 - Technical Assistance – CART expense was \$77,470 more than budgeted.
 - We finally received expenses from October to current month.
 - **Travel** cost for the fourth quarter was \$7,918 less than budgeted.
 - ❖ **Capital Outlay** cost for the fourth quarter was \$95,076 more than budgeted. This included the costs of the equipment that will be paid by the USDA Grant for MIS technology.

- ❖ **Non-Capitalized Equipment** cost for the fourth quarter was \$2,926 less than budgeted.
- ❖ **Pharmaceutical** costs for the fourth quarter was \$9,882 more than budgeted.
 - As of January 2021, Community Benefit and Uncompensated Care, part of the 1115 Waiver, expired. This means the Center now pays for all medical invoices from Clinical Pathology Laboratories and Integrated Prescription Management that were being paid by SONT, Service Organization of North Texas. The Wood Group invoices, however, will still be paid by SONT up to the time they no longer can or are willing to pay for them. Pharmaceutical costs will fluctuate with the need for medication by our clients.
- ❖ **Other Operating** cost for the fourth quarter was \$712,549 more than budgeted.
 - In-kind Expenses was \$676,599 more than budgeted. This, again, is attributed to the contract with Red River and Wise Health System for the PESC contract, the PPB Beds general revenue contract and the Justice Involved Bed Days contract (SB292). This is based on bed day usage and will fluctuate based on client need. No actual dollars are exchanged for this; and there is a corresponding revenue, so the net difference is zero.

PNAC Discussion Questions:

1. *Do we see any unmet community needs based on this discussion? Make sure that we spend the money that was awarded through grants, so we don't have to send any money back.*
2. *Do we see any services that need to be developed? Are there any quality improvement issues to address? None*
3. *Does the PNAC need to make any budget recommendations to the BOARD? None*
4. *Are there any leadership ideas to convey to the Board (HR activity, leadership recruitment, etc.)? TD*
Discussed having PNAC members attend Board of Trustee Meeting to represent PNAC. Next meeting will discuss and get a PNAC member/members attending Board Meeting quarterly.

Local Intellectual and Developmental Disability Authority (LIDDA) Department
Erin Perkins, Director of IDD Authority Services
11/17/25

ARPA Funds-Electronic Interface Funds:

We received ARPA funds from the state this FY that must specifically be utilized to enhance our electronic note/medical records system. We are looking at using the funds to get enhancements to the

IDD related forms within the system we use, SmartCare. The forms are currently available in the system, but they are either not up to date with the state forms or there are functionality issues with the forms.

HHSC Audit:

We received our final audit scores and did not have to have a secondary review based on our scores. At

a recent consortium Helen Farabee Centers received praise for their scores and were listed as #1 in the

state for FY25 for our LIDDA Audit scores. Due to our scores, we will not receive a state audit until FY27.

Currently Serving:

Program Label	Count
CFC	19
CFC/GR	28
ECC	5
GR	21
HCS	295
HCS-ECC	6
PASRR-ECC	6
PASRR-HC	57
PASRR-Refusal	22
Refusal-ECC	0
TxHmL	24
Total:	483

Open Positions & Coverage:

We currently have 2 Service Coordinator positions open, one in the WF area and one in the Decatur area. We had a new WF/Decatur Service Coordinator start in the middle of November who is still in training. One Vernon Service Coordinator that has been assigned their full caseload but still requires quite a bit of oversight and support. We have two new PASRR Habilitation coordinators, one has a full caseload and is doing well, the other is still in training. We have a new IDD clerk that started at the beginning of November who is still in training.

- **IDD Service Coordinator-Decatur & WF:** No applications yet.
- **PASRR Community Support Trainer:** Starts 11/17.

PNAC Discussion Questions:

1. **Do we see any unmet community needs based on this discussion? Need more staff and unified forms for clients.**
2. **Do we see any services that need to be developed? Any quality improvement issues to address? None**
3. **Does the PNAC need to make any budget recommendations to the Board? None**
4. **Are there any leadership ideas to convey to the Board (HR activity, leadership recruitment, etc.)? Staff (Erin is actively recruiting staff for her open positions with Human Resources) None**

Substance Use Report – Brad Fisk

SUD services contracts renewed 9/1/25 for the next 5 years

Recovery Support Services renewed 9/1/25 for next 4 years. Funds have been increased, and we are adding another Recovery Coach position

HFC now has Narcan distribution containers at all centers but Vernon and Haskell. Containers have been ordered and are on the way for those centers.

Narcan Distribution: WF 200 doses monthly, Childress 50 doses monthly, Quanah 50 doses monthly, Graham 100 doses monthly, Decatur 100 doses monthly, Bowie 96 doses monthly.

HFC Free Narcan WF campaign: 35,913 reaches, 259,033 Impressions, 983 Clicks, 256,967 views, 9,464 6-second views, 3,171 15-second views. Thus far the campaign has utilized Tick/Tock as the

focus platform, but we are moving into a CTV network which will broaden our exposure to reach more audiences such as live sports broadcast and streaming platforms like Tubi TV, Roku, Hulu, Peacock, ESPN, NFL, TNT, Slings TV, and Max to name a few.

PNAC Discussion Questions:

1. *Do we see any unmet community needs based on this discussion? Not currently*
2. *Do we see any services that need to be developed? Any quality improvement issues to Address at this time? Looks like you are educating the communities with your Narcan Campaign. Keep up the great work you all are doing.*
3. *Does the PNAC need to make any budget recommendations to the Board? None*
4. *Are there any leadership ideas to convey to the BOARD (HR activity, leadership recruitment, Etc..)? None currently*

Essential Services Report & External Reports – Cara Mullenix

RECOMMENDED ACTION: Information Item Only

BACKGROUND INFORMATION

On a quarterly basis, Superior, a managed care organization, reviews selected charts for purposes of compliance. This review was held on August 28, 2025, and the review period was April 1, 2025 – June 30, 2025.

SUPPORTING INFORMATION:

For this review, two (2) Child & Adolescent Services (CAS) and two (2) Adult Mental Health (AMH) were reviewed. Our chart compliance averaged **92.75%** and our claims compliance was **89.58%**

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

SPECIFIC REASONS WHY THESE ACTIONS ARE NECESSARY FOR THE CENTER:

As an organization who contracts with Medicaid Managed Care Organizations (MCO’s). Superior is our largest MCO and has scheduled quarterly reviews with Helen Farabee Centers for over the past nine + years.

Essential Services and Clinical Accountability, Quarter 4 FY2025

Intellectual and Developmental Disability Services				
Item	Criteria	Definition	Target	Achieved

1.1	Service Targets	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>	88 per Q, >100%	91%
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 that meet timeline requirements specified in Permanency Planning Requirements	> 95% per Q	100%
1.5	PASRR Evaluations	PASSR Evaluations (PEs) or resident reviews completed & entered into the Long-Term Care Online portal (LTCOP) within 7 calendar days after receiving a copy of the PASRR Level 1 (PL1) screening from the Referring Entity or notification on the LTCOP portal.	> 95% per Q	100%
1.6	PASRR Habilitation Coordination (HC)	Percent of compliance with assigning a Habilitation Coordinator to an eligible individual within 2 business days after the PE is entered in the LTCOP as described in section 4200 Assignment of Habilitation Coordinator of the IDD PASRR Handbook.	> 95% per Q	100%
1.7	PASRR PE Referrals	Percent of all PEs or resident reviews completed in field F1000 "Referrals" section of the PE if field F0500 "Would this individual like to live somewhere other than Nursing Facility" is marked 1. Yes.	> 95% per Q	100%
1.8	PASRR CLO	Percent of compliance with conducting Community Living Option (CLO) during the PE and at least every 6 months thereafter, but no more than 30 days before a scheduled quarterly service planning team (SPT) meeting.	> 95% per Q	100%

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

* New measures for FY2024

10% Risk Measures				
Item	Criteria	Definition	Target	Achieved

2.1	Adult Improvement - possible modification?	At least 20.0% of adults authorized in a FLOC shall show improvement in at least one of the following ANSA domains/modules: Risk Behaviors, Behavioral Health Needs, Life Domain Functioning, Strengths, Adjustment to Trauma, Substance Use.	≥ 20% per FY 1/2	49%
2.2	Child and Youth Improvement - possible modification?	At least 25.0% of all children and youth authorized in a FLOC shall show improvement in at least one of the following CANS domains/modules: Child Risk Behaviors, Behavioral and Emotional Needs, Life Domain Functioning, Child Strengths, Adjustment to Trauma, Substance Use.	≥ 25% per FY 1/2	62.9%
2.3	School Improvement (12%)	At least 60.0% of children and youth authorized in a FLOC shall have acceptable or improved school performance.	≥ 60% per FY 1/2	71.0%
2.4	Community Tenure - possible removal?	At least 96.8% of adults, children and youth authorized in a full level of care (FLOC) shall avoid hospitalization in an HHSC Inpatient Bed throughout the measurement period.	≥ 96.8% per FY 1/2	99.2%
2.5	Effective Crisis Response (12%)	At least 75.1% of crisis episodes during the measurement period shall not be followed by admission to an HHSC Inpatient Bed within 30 days of the first day of the crisis episode.	≥ 75.1% per FY 1/2	80.5%
2.6	Hospital Follow-up within 7 Days (Encounter) *NEW (12%)	At least 62.3% of individuals discharged from a state hospital, an HHSC Contracted Bed, a CMHH, or a PPB shall receive an in-person, synchronous audiovisual, or synchronous audio-only follow-up within seven days of discharge.	≥ 62.3% per FY 1/2	80.6%
2.7	Crisis 7-day Follow-up BENCHMARK *NEW (12%)^	The percentage of crisis episodes for adults, children, and youth in LOC-A 0 with a follow-up service contact 1-7 days after the date of the last crisis service in the crisis episode.	TBD - No sanctions will be assessed for the fiscal years of 2024 - 2025.	10.8%

* **NEW** measures for
FY2024

^Held Harmless FY24 -
FY25

Adult MH Services				
Item	Criteria	Definition	Target	Achieved
3.1	Adult Service Target	The average monthly number of adults authorized in a FLOC.	100% of 2750 per FY 1/2	97%
3.2	Assertive Community Treatment Target (ACT) - possible removal?	An average of at least 54.0% of all adults recommended for LOC-4 shall be authorized into LOC-3 or LOC-4.	≥ 54% Per FY 1/2	85.5%
3.3	Employment Functioning	At least 39.8% of adults authorized in a FLOC shall have acceptable or improved employment.	≥ 39.8% Per FY 1/2	92.2%
3.4	Education/ Volunteer Strengths	At least 26.5% of adults authorized in a FLOC shall have acceptable or improved employment-preparatory skills as evidenced by either the Educational or Volunteering Strengths item on the ANSA.	≥ 26.5% Per FY 1/2	24.7%
3.5	Residential Stability	At least 84.0% of adults authorized in a FLOC shall have acceptable or improved residential stability.	≥ 84% Per FY 1/2	91.1%
3.6	Depression Response at 6 months BENCHMARK *NEW - possible modification?	An average of 10.4% of adults authorized in a FLOC with a diagnosis of major depression and an initial QIDS score greater than or equal to 11 shall have a follow-up QIDS score at six months that is reduced by 50% or greater from the initial QIDS score and/or is less than or equal to 7.	≥ 10.4% Per FY 1/2	41.6%
3.7	Retention of High Need Adults BENCHMARK *NEW^ - possible modification? remove?	The percentage of adults authorized in a FLOC in the prior measurement period with Assessment Type A (admit) and LOC-R 4 who have (a) an in-person, synchronous audiovisual, or synchronous audio-only service contact 90 - 180 days following the admit assessment; and (b) a second Assessment Type A (admit) or C (continuing) 90 - 210 days after the admit assessment.	TBD - No sanctions will be assessed for the fiscal years of 2024 - 2025.	44.7%

3.8	High Need Adults Functioning BENCHMARK *NEW[^]	The percentage of adults authorized in a FLOC with LOC-R 4 who have acceptable or improved functioning in the Life Domain Functioning OR the Strengths domain of the ANSA	TBD - No sanctions will be assessed for the fiscal years of 2024 - 2025.	4940.0%
3.9	Retention of Justice-involved Adults BENCHMARK *NEW[^]/remove?	The percentage of adults authorized in a FLOC in the prior measurement period with Assessment Type A (admit) and ANSA scores that trigger the Criminal Behavior module who have (a) an in-person, synchronous audiovisual, or synchronous audio-only service contact 90 - 180 days following the admit assessment and (b) a second assessment Type A (admit) or C (continuing) 90 - 210 days after the admit assessment.	TBD - No sanctions will be assessed for the fiscal years of 2024 - 2025.	49.4%
3.10	Criminal Justice Outcomes BENCHMARK *NEW[^]/possible modification?	The percentage of adults authorized in a FLOC with ANSA scores that trigger the Criminal Behavior module who have acceptable or improved functioning in the Criminal Behavior module.	TBD - No sanctions will be assessed for the fiscal years of 2024 - 2025.	0%

* New measures for FY2024

[^]Held Harmless FY24 - FY25

Child and Youth Services				
Item	Criteria	Definition	Target	Achieved
4.1	Child/Youth Service Target	The average monthly number of children/adolescents authorized in a FLOC.	100% of 425 per FY 1/2	88%
4.2	Juvenile Justice Avoidance - possible removal?	At least 95.0% of children/youth authorized in a FLOC shall have no arrests (acceptable) or a reduction of arrests (improving) from time of first assessment to time of last assessment.	≥ 95% by end of FY	99%

4.3	Family Partner Response BENCHMARK *NEW - possible modification?	At least 65.2% of children and youth authorized in a FLOC receiving any Family Partner Support Services who have acceptable or improved functioning in one or more of the following CANS Caregivers Needs domain items: Family Stress, Involvement with Care, and Knowledge.	≥ 65.2%	100.0%
4.4	Family and Living Situation	At least 67.5% of children and youth authorized in a FLOC shall have acceptable or improved family and living situations.	≥ 67.5% Per FY 1/2	82.6%
4.5	Retention of Justice-involved Youth BENCHMARK *NEW^ - possible removal?	The percentage of children and youth authorized in a FLOC in the previous measurement period with Assessment Type A (admit) and CANS scores that trigger the Juvenile Justice module who have (a) an in-person, synchronous audiovisual, or synchronous audio-only service contact 75 - 180 days following the admit assessment; and (b) a second Assessment Type A (admit) or C (continuing) 75 - 210 days after the admit assessment.	TBD - No sanctions will be assessed for the fiscal years of 2024 - 2025.	0%
4.6	Juvenile Justice Outcomes BENCHMARK *NEW^ - possible modification?	The percentage of children and youth authorized in a FLOC with CANS scores that trigger the Juvenile Justice module who have acceptable or improved functioning in the Juvenile Justice module.	TBD - No sanctions will be assessed for the fiscal years of 2024 - 2025.	26.09%

* New measures for FY2024

^Held Harmless FY24 - FY25

Crisis Services

Item	Criteria	Definition	Target	Achieved
5.1	Hospitalization Rate - possible removal?	The equity-adjusted rate of HHSC Inpatient Bed Days in the population of the local service area shall be less than or equal to 1.9%.	≤ 1.9% per FY 1/2	1.46%

5.2	Access to Crisis Response Services	At least 61.9% of crisis hotline calls shall result in in-person, synchronous audiovisual, or synchronous audio-only encounters.	$\geq 61.9\%$ per FY 1/2	82.0%
5.3	Adult Jail Diversion	The equity-adjusted percentage of valid Texas Law Enforcement Telecommunications System (TLETS) bookings across the adult population with a match in CARE shall be less than or equal to 10.46%.	$\leq 10.46\%$ per FY 1/2	13.57%
5.4	Hospital 30-day Readmission BENCHMARK* NEW^	No more than 10.2% of adults, children, and youth who are discharged from a state hospital, an HHSC Contracted Bed, a CMHH, or a PPB shall be readmitted within 30 days of discharge.	$\leq 10.2\%$, but no sanctions will be assessed for the fiscal years of 2024 - 2025.	0.0%

* New measures for FY2024

^Held Harmless FY24 - FY25

OTHER

Item	Criteria	Definition	Target	Achieved
6.1	Long-Term Services and Supports	Contractor shall act upon referrals within 15 calendar days of receipt from the LTSS Screen.	$\geq 70\%$	no data

PNAC Discussion Questions:

1. *Do we see any unmet community needs based on this discussion? Get numbers of adults and children back up.*
2. *Do we see any services that need to be developed? Any quality improvement issues to address at this time? none*
3. *Does the PNAC need to make any budget recommendations to the Board? None*
4. *Are there any leadership ideas to convey to the BOARD (HR activity, leadership recruitment, Etc.)? None*

CART Report – Andy Martin

- We will be getting the Wichita Falls CART Annual Report in the next couple of weeks.
- PNAC will be sent the report to review.
- Meadows Mental Health Policy team had organized a focus group comprised of CART service recipients and they were to provide some feedback on their experience. Despite advertising, confirming on the phone, etc., no one showed up.

Do we see any unmet community needs based on this discussion? Funding to Continue the CART.

Do we see any services that need to be developed? Any quality improvement issues to address at this time? none

Does the PNAC need to make any budget recommendations to the Board? None

Are there any leadership ideas to convey to the BOARD (HR activity, leadership recruitment, Etc.)? None

Questions/Discussions/Membership Report/Meeting Date – Connie Johnston

- Membership Report – provide names of individuals that would be interested
- February will be the next month for the 2nd Quarter Meeting. I will send out dates through email to confirm next meeting.

6 QUARTERLY REPORTS
 B. PLANNING AND NETWORK ADVISORY COMMITTEE
 2) 2ND QUARTER REPORT

RECOMMENDED ACTION: For information only.

BACKGROUND INFORMATION: Board policy requires the quarterly presentation on the activities of the Planning and Network Advisory Committee (PNAC)

2nd Quarter FY26 PNAC Meeting, February 24, 2026

1st Quarter Presented by Linda Poenitzsch for 2nd Quarter PNAC Meeting

SUPPORTING INFORMATION:

Balance Sheet is based on NOVEMBER 2025

- ❖ Number of Days of Operation in Fund Balance *144* – three more days from last quarter.
- ❖ Accounts Receivable *decreased* by \$78,479 going from \$1,667,365 to \$1,588,886.
- ❖ Accounts Payable *decreased* by \$268,703 going from \$2,265,955 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 2025 that the money will have to be returned. The amount is \$937,600. The Center will receive an invoice by the state for recoupment. Until then, it will stay in our Accounts Payable amount. If not for that, Accounts Payable would have been \$1,059,652.

❖ **FINANCIAL STATUS:** The Center had a loss of \$272,491 for the first quarter and a cumulative loss of \$272,491 for the year.

❖ **REVENUE:** FY26 first quarter revenue (\$7,683,636) was \$68,902 more than budgeted (\$7,614,734).

- **Patient fees** for the first quarter were \$1,605 less than budgeted. This is based on actual cash received and no accrual. Money reported would have been money received directly from a client, private insurance, and Managed Care Organizations.

- **Miscellaneous** revenue for the first quarter was \$43,421 more than budgeted.
 - In-Kind Match was \$51,109 more than budgeted due to the actual usage of the psychiatric bed days at Red River and Wise. This is based on the PESC in-kind match for psychiatric bed days and is provided by Red River and Wise Health System. This is also based on the Justice Involved Grant, also known as Senate Bill 292 contract, that has increased the Center’s Mental Health and Substance Abuse bed usage at Red River. And it is also based on the new program Private Psychiatric Beds match. This will eventually take over PESC as a revenue stream.
 - CART earned revenue was \$31,605 less than budgeted. I over budgeted on the amount expected in FY26.
 - Interest Income revenue was \$24,165 more than budgeted. The Center had some CDs with 5.0% rates that matured during this quarter.
- **Other State Funding** for the first quarter was \$20,044 more than budgeted. This is all service driven so the expectation is that this will fluctuate.
 - SUD revenue was \$19,904 more than budgeted. This is based on client need for the psychiatric beds.

- MJGJII NCA – JBCR revenue was \$45,000 less than budgeted. We are short 2 positions that we budgeted for.
 - **Other Federal Funding** for the first quarter was \$20,259 less than budgeted.
 - DPP-BHS revenue was \$35,828 less than budgeted. This is based off actual cash received for services rendered.
 - **General Revenue** for the first quarter was \$39,230 more than budgeted.
 - PPB revenue was \$5,303 less than budgeted. PPB fluctuates based on client need for the psychiatric beds.
 - PESC revenue was \$31,131 more than budgeted. This fluctuates based on client need for the psychiatric beds.
 - General IDD ARPA money was \$2,795 more than budgeted. This is money to cover changes in Smartcare, our EHR system.
 - **Allocated Federal Funds** for the first quarter was right on budget.
- ❖ **EXPENSES:** FY26 first quarter expense (\$8,410,135) was \$92,394 more than budgeted (\$8,317,74)
 - **Personnel** cost for the first quarter was \$19,180 less than budgeted.
 - Salaries were \$18,234 less than budgeted.
 - Benefits were \$946 less than budgeted.
 - **Contract** cost for the first quarter was \$34,943 more than budgeted.
 - PESC Bed Day Expense is \$42,177 more than budgeted. This fluctuates based on client need for the psychiatric beds.
 - WFPD – Cart expense was \$23,517 less than budgeted. Their budgeted costs were more than the actual expensed invoices we are receiving from them.
 - **Travel** cost for the first quarter was \$7,593 more than budgeted.
 - ❖ **Capital Outlay** cost for the first quarter was \$2,807 more than budgeted. This included the costs of the equipment that will be paid by the USDA Grant for MIS technology.
 - ❖ **Non-Capitalized Equipment** cost for the first quarter was \$2,777 less than budgeted.
 - ❖ **Pharmaceutical** cost for the first quarter was \$4,893 more than budgeted.
 - As of January 2021, the Community Benefit and Uncompensated Care, part of the 111 Waiver, expired. This means the Center now pays for all medical invoices from Clinical Pathology Laboratories and Integrated Prescription Management that were being paid by SONT, Service Organization of North Texas. The Wood Group invoices, however, will still be paid by SONT up to the time they no longer can or are willing to pay for them. Pharmaceutical costs will fluctuate with the need for medication by our clients.
 - ❖ **Other Operating** cost for the first quarter was \$51,109 more than budgeted.
 - In-kind Expenses was \$676,599 more than budgeted. This, again, is attributed to the contract with Red River and Wise Health System for the PESC contract, the PPB Beds general revenue contract and the Justice Involved Bed Days contract (SB292). This is based on bed day usage and will fluctuate based on client need. No actual dollars are exchanged for this; and there is a corresponding revenue, so the net difference is zero.

Quality Management Annual Report – Sandra Rapson

PNAC Members were given the QM Annual Report to review before the meeting.

The QM Annual Report was presented on the screen for visual viewing.

FY 25 Quality Management Review:

- The Quality Management Department conducted 396 internal chart reviews during the year.
- Most reviews conducted met our internal compliance target.
- Case Management audits showed steady decline from previous years.
- During internal analysis, a contributing factor for declined case manager audits is with the increased requirements for the recovery plan document.
- This is the most scrutinized document in internal and external audits.
- Another contributing factor is the increase in staff turnover compared to the prior year.
- For the continuous quality improvement project, the team is focused on increasing skills training service provision.
- Over the year, we met the target of 30% in November and December. Again, quality management believes that is due to staff turnover.
- This project will continue in FY 26.

CART Report – Andy Martin

1. Police Department Partnership Update
 - a. Police Department wants to fund another CART Team
Looking at city funding or their own grant
 - b. Priddy Foundation let us spend the remaining \$100K in 2026 which will help everyone.
 - c. Meadows wants to continue collecting data and establish Wichita Falls as a national best practice site for these teams.
 - d. Andy Martin is helping Police Department with Mental Health Policy review (how they respond to crisis in the community) – 10-member team that will have 30 days to review.
2. United Regional Partnership
 - a. Involved in Behavioral Health Coalition (Andy Martin and Lauren Hargrove)
 - b. This turned into United Regional wanting to seriously partner with Helen Farabee Centers on Access and Integration (Behavioral Health/Primary Care). By having a a primary care provider located in one of our locations to provide physical care for the individuals coming in for Mental Health Services. Early in the partnership, but the CEO has already green-lit a large chunk of money for it.
3. County Contributions
 - a. We decided in 2024 to start asking counties for their fully calculated contribution.
Revenue increased over \$250K
 - b. Now, we need to establish jail service contracts to shift the burden of inmate MH care to counties where it statutorily belongs
2026, sent out packets with a request to set up contracts, discounted at a rate matching their current contribution.

Opioid Abatement Funds from the City of Bowie – Brad Fisk

The City of Bowie awarded HFC with \$20,000.00 per year for the next 3 years from the opioid abatement funds they had received. These funds will go toward providing individuals with opioid use problems treatment and to provide education to the community on the dangers of opioid use/overdose and how to prevent overdose deaths.

Using the funds supplement our Substance Use Counselors salary in Bowie.
 Some of the things we are doing are outreach focusing on education with the school system and senior health care systems.
 Narcan training and how to recognize an overdose.
 Training at the college campus in Bowie.
 This is not a grant this is just money to be used.

LIDDA Report – Erin Perkins

New staff are being trained.
 Signed up in community events
 We have a PASRR Community Trainer. He provides LIDDA Specialized services for our PASRR individuals. Getting individuals out into the community.

Essential Services Report and External Reports – Cara Mullenix-Artigue

Essential Services and Clinical Accountability, Quarter 1 FY2026

Intellectual and Developmental Disability Services				
Item	Criteria	Definition	Target	Achieved
1.1	Service Targets <i>(NEW) 88% to 77%</i>	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%
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%

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 monthly number of adults authorized in a FLOC.	100% of 2750 per FY 1/2	98%
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%
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%

BACKGROUND INFORMATION: On a quarterly basis, Superior, a Medicaid Managed Care Organization (MCO), reviews selected charts for purposes of compliance. This review was held November 14, 2025, and the review period was 7/1/2025 – 9/30/2025.

SUPPORTING INFORMATION: For this review, three (3) Child & Adolescent Services (CAS) charts and one (1) Adult Mental Health (AMH) charts were reviewed. Our chart compliance averaged **86.59%** and our claims compliance averaged **54.43%**. I rebutted the findings and our final average for chart compliance was **87.63%** and our final average for claims compliance was **77.31%**

SPECIFIC REASONS WHY THESE ACTIONS ARE NECESSARY FOR THE CENTER:

As an organization who contracts with MCO’s Program Provider, we must be in continuous compliance with Superior as it is our largest MCO. They schedule quarterly reviews with Helen Farabee Centers and have for the past ten (10) + years. Our most recent review was held on February 26, 2026, and that review period was from 10/1/2025 – 12/31/2025.

OIG Report – Gianna Harris

Office of Inspector General is auditing all 39 Centers that came out of Texas Senate Bill 26. These audits will be conducted every five years. February 24, 2026, entered the audit at HFC.

Social Media – Kiersten Mastalsz

165 events for FY 2025

29 events so far FY26

Facebook is where we get our followers. HFC has 3.2 followers with a 4.1 Google rating.

Questions/Membership Report/Meeting Date – Connie Johnston

Members are needed and will continue to pursue names that are given as possible members. Next meeting will be in May.

PNAC Discussion Questions

1. Do we see any unmet community needs based on this discussion? None
2. Do we see any services that need to be developed? Any quality improvement issues to address? None
3. Does the PNAC need to make any budget recommendations to the Board? None
4. Are there any leadership ideas to convey to the board (HR activity, leadership recruitment, etc.)? None

AGENDA ITEM: 050726-6C1

MEETING DATE:

MAY 7, 2026

6 QUARTERLY REPORTS

C. EXTERNAL AUDITS

1) FIRST QUARTER REPORT

Page 1 of 1

RECOMMENDED ACTION: Information Item Only

BACKGROUND INFORMATION: On a quarterly basis, Superior, a Medicaid Managed Care Organization (MCO), reviews selected charts for purposes of compliance. This review was held February 26, 2026, and the review period was 10/1/2025 – 12/31/2025.

SUPPORTING INFORMATION: For this review, four (4) Child & Adolescent Services (CAS) charts were reviewed. Our chart compliance averaged **86.97%** and our claims compliance averaged **83.64%**.

SPECIFIC REASONS WHY THESE ACTIONS ARE NECESSARY FOR THE CENTER:

As an organization who contracts with MCO's Program Provider, we must be in continuous compliance with Superior as it is our largest MCO. They schedule quarterly reviews with Helen Farabee Centers and have for the past ten (10) + years. Our next scheduled review is May 20, 2026 and the review period is 1/1/2026 – 3/31/2026.

6 QUARTERLY REPORTS

C. EXTERNAL AUDITS

2) ECI Subrecipient Determination External Audit

RECOMMENDED ACTION: Information Item Only

BACKGROUND INFORMATION: The Texas Health and Human Services Commission (HHSC) Early Childhood Intervention (ECI) program is required under Section 616 of the Individuals with Disabilities Education Act to make annual determinations on the performance of local ECI programs.

States must assign one of the following three (3) determinations:

- Meets requirements of Part C
- Needs assistance to meet the requirements of Part C
- Needs intervention to meet the requirements of Part C

DETERMINATION: HHSC ECI has determined Helen Farabee Centers meets the requirements of Part C, which means our ECI performance is at or above statewide average, consider all compliance indicators across the network of Texas ECI providers.

SUPPORTING DOCUMENTATION: The following are the factors used in making FY 2025 determinations:

1. Timely Services
2. Natural Environments
3. Family Outcomes (helped their child develop and learn)
4. Percentage of the population 0 – 3 years served
5. 45 days referral to enrollment
6. Transition conference
7. Average delivered hours of service per child per month (not parent choice)
8. Timely submission of TKIDS data
9. Timely submission of required financial reports
10. Accurate financial data
11. Results from monitoring visits, if applicable

SPECIFIC REASON/S WHY THIS REVIEW IS IMPORTANT: Annual review results of Texas ECI Programs impact statewide performance in compliance with federal IDEA requirements. It also serves as a continual quality improvement process in the program, serving to identify specific areas requiring targeted improvement. Many of the performance indicators are included in the Helen Farabee Centers Quality Management review to ensure monthly oversight and monitoring.

Things Every Board Member Should be Talking About Back Home January 2026

From the Chief Executive Officer

Sunset Commission Review

On December 9, 2025, Texas Council met with Sunset Advisory Commission staff leads for the Health and Human Services Commission (HHSC) and Department of Family and Protective Services (DFPS) review. The Texas Council team provided an overview of our system of care and the major dynamics shaping the intellectual and developmental disabilities, mental health, substance use disorder, and crisis services our system is charged to develop, manage, and provide.

The overview included information about the statutory foundation for our system, described the delegated functions of Local Mental Health / Behavioral Health and Intellectual and Developmental Disability Authorities, and highlighted current data on the local resources generated by the system compared to what is required by our performance contract with HHSC as the state authority.

Appointment of HHSC Executive Commissioner Stephanie Muth

On December 3, 2025, Governor Greg Abbott announced Stephanie Muth as the new Executive Commissioner for Texas Health and Human Services (HHS) effective January 3, 2026, for a term set to expire on February 1, 2027. Executive Commissioner Muth has served in various senior executive positions at HHSC and we look forward to working closely with her and the team she establishes. She has a deep understanding of the challenges our system faces and the critically important role our members fulfill in the communities they serve.

988 Suicide & Crisis Lifeline Update

988 has been operational since July 16, 2022, and can be accessed using any cell phone, landline, or voice-over internet device. HHSC launched a marketing strategy to increase awareness of 988, which ran from September through mid-November 2025. HHSC provided some high-level campaign statistics:

- In total, the media campaign delivered 1,149,570,774 impressions from September through November, with 38% of impressions on traditional media and 62% on digital media.
- The campaign exceeded planned impressions by 163%, delivering 712,464,423 additional impressions over the planned 437,106,351 impressions.
- Paid media also generated 608,678 clicks to the campaign's English & Spanish landing pages.
- Paid social media saw high engagement with a total of 3,697,784 engagements during the campaign, indicating strong interest in and engagement with the content.
- The paid media campaign reached 99% of all Texans with an average frequency of 7.5 times from its September launch through November.

IDD Services

OBI Program Expansion

HHSC announced expansion of the Outpatient Biopsychosocial Interventions (OBI) program to eight new sites in FY26, funded by the 89th Legislature. The program provides specialized outpatient mental health services for children and adults with IDD who have co-occurring mental health conditions and behavioral support needs.

New Sites: Central Counties Services, Emergence Health Network, Denton County MHMR Center, Nueces Center for MHID, PermianCare, Spindletop Center, Texana Center, Texas Panhandle Centers

Current Sites: Bluebonnet Trails Community Services, The Harris Center for MH and IDD, Integral Care, Lakes Regional Community Center, MHMR of Tarrant County

Things Every Board Member Should be Talking About Back Home January 2026

Mental Health First Aid (MHFA) Special Interest Group

Texas Council established the Koalafied Outreach Worker Star Award (KOWSA) to recognize MHFA Outreach Workers who exemplify outstanding leadership. Recent recipients include:

- October 2025 – Sandra Lang, Betty Hardwick Center
- November 2025 – Karen Coleman, The Center for Health Care Services
- December 2025 – Crystal Morton, Texas Panhandle Centers

Annual Conference Update

Conference Co-Hosts for 2026

As San Antonio returns to the conference rotation earlier than usual, Camino Real Community Services and The Center for Health Care Services have partnered to co-host the 2026 Conference. We look forward to working with them to create a memorable and enriching event.

Frank M. Adams Awards Nominations Open

Nominations for the Frank M. Adams Awards are due Friday, January 30, 2026. If you have observed exceptional volunteerism by an individual, community organization, media outlet, or board member, Texas Council invites you to submit a nomination in the following categories:

- **Individual Award** – Any person (e.g., individual, advocate, employee, consumer) who has provided outstanding volunteer service in a Community Center and who has best exemplified the Frank M. Adams spirit of caring. (Note: Paid staff of volunteer services are ineligible.)
- **Community Award** – A civic or social organization or business firm (or a portion of one) for the collective efforts of its membership or employees in volunteer work within the Community Center system.
- **Media Award** – For exceptional print or electronic media coverage or benefits on behalf of persons who are served by the Community Center system.
- **Gladdie Fowler Outstanding Board Service Award** – A currently active or former member of a Board of Trustees for a Community Center who best exemplifies an exceptional spirit of servant leadership by demonstrating an enduring and tireless commitment to advocacy and support for the public mission of Centers in ways that yield positive impacts for individuals and families served by our system of care.

Nomination instructions and applications are available below:

- [2026 Frank M. Adams Award Nomination Instructions](#) (PDF)
- [2026 Frank M. Adams Award Nomination Application](#) (PDF)

All nominations with required attachments must be postmarked, hand-delivered or e-mailed to the Texas Council office no later than 5:00 p.m. on Friday, January 30, 2026.