Agenda

HELEN FARABEE CENTERS BOARD OF TRUSTEES

November 5, 2026
11:00 AM
Sue Nunn conference Room, 1000 Brook Ave., Wichita Falls, TX

Agenda Topics

MEETING STARTS AT 11:00 A.M.		
110526-1 CALL TO ORDER		**J. Brian Eby**
A. INTRODUCTION OF GUESTS		
110526-2 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."*		
110526-3 APPROVAL OF MINUTES		**J. Brian Eby**
Recommended Action: That the Board of Trustees approves the minutes of the September 2026 Board of Trustee meetings. **Citizen Comment:**		**Page 4**
110526-4 TRAINING		
Public Funds Investments & Financial Training	**Linda Poenitzsch**	**Page 9**
HIPAA Training	**Nick Mariotti**	**Page 70**
110526-5 RECOMMENDATIONS		
A. BOARD OF TRUSTEES		
No Agenda Items		
B. BUDGET AND FINANCE		
1) *Financial Statements August and September*		**Linda Poenitzsch**
Recommended Action: That the Board of Trustees approves the financial statements for August and September 2026. **Citizen Comment:**		**Page 82 August** **Page 91 September**
2) *Status of Investments*		**Linda Poenitzsch**
Recommended Action: That the Board of Trustees approve the status of investments. **Citizen Comment:**		**Page 100**

C. CONTRACTS AND PLANS	
1) Utilization Management Plan	**Cara Mullenix-Artigue**
Recommended Action: That the Board of Trustees review and approve the FY 2027 Utilization Management Plan. **Citizen Comment:**	**Page 103**
2) Staffing Plan	**Sandra Rapson**
Recommended Action: That the Board of Trustees review and approve the FY 2027 Staffing Plan. **Citizen Comment:**	**Page 120**
D. FACILITIES AND EQUIPMENT	
1) New HVAC at 1000 Brook St., Wichita Falls	**Bruce Sperry**
Recommended Action: That the Board of Trustees ratify the expenditure for a new HVAC unit at 1000 Brook St. office. **Citizen Comment:**	**Page 134**
E. POLICIES AND PROCEDURES	
1) Policy Statement Summary	**Cara Mullenix-Artigue**
Recommended Action: That the Board of Trustees review and approve the Policy Statements as presented. 100.1.1.1 PFIA Investment Policy Statement 100.1.8 Planning and Network Advisory Committee 200.1 Human Resources Policy Statement 200.2 Human Resources Development Training Policy Statement 200.3 Safety/Risk Management Policy Statement 700.1 Medical Services Policy Statement 800.1 Quality Management Policy Statement 900.1 Crisis Services Policy Statement 900.13 Early Childhood Intervention Services (ECI) Policy Statement **Citizen Comment:**	**Page 194**
F. PROGRAM AND PERSONNEL	
No Agenda Items	

110526-6 QUARTERLY REPORTS	
A. ESSENTIAL SERVICES AND CLINICAL ACCOUNTABILITY	
1) Essential Services	**Cara Mullenix-Artigue**
Recommended Action: Information Only Item **Citizen Comment:**	**Page 194**
B. PLANNING AND NETWORK ADVISORY COMMITTEE	
1) Fourth Quarter PNAC Report	**Connie Johnston**
Recommended Action: Information Only Item **Citizen Comment:**	**Page 199**
C. EXTERNAL AUDITS	
1) ECI External Audit	**Cara Mullenix-Artigue**
Recommended Action: Information Only Item **Citizen Comment:**	**Page 204**
2) Fourth Quarter External audits	**Cara Mullenix-Artigue**
Recommended Action: Information Only Item **Citizen Comment:**	**Page 205**
D. TEXAS COUNCIL BOARD OF DIRECTORS MEETING	
No Agenda Items	
110526-7 EXECUTIVE DIRECTOR'S REPORT	**Gianna Harris**
A. ADMINISTRATION AND BOARD OF TRUSTEES	
B. BUDGET	
C. LEGISLATIVE ISSUES	
D. SERVICES	
E. HUMAN RESOURCES	
110526-8 CLOSED SESSION	
No Agenda Items	
110526-9 OPEN SESSION	
No Agenda Items	
110526-10 ANNOUNCEMENTS	**J. Brian Eby**
A. NEXT MEETING	
11 a.m., Thursday, ***January 7, 2027*** at the Administration Building, Sue Nunn Conference Room, 1000 Brook Ave., Wichita Falls, TX.	
110526-11 OTHER BUSINESS	
110526-12 ADJOURN	**J. Brian Eby**

Minutes

HELEN FARABEE CENTERS
BOARD OF TRUSTEES

September 3, 2026
1000 Brook Ave., Sue Nunn Conference, Wichita Falls, TX

Board of Trustee Members Present:	**J. Brian Eby,** Chairman**; Cindy Barksdale, Cynthia Kesler, Dana Tilton; Kathy Thorp, Jan Driver Ward, Sheriff Darcy White, Ashley Davin**
Board of Trustee Members Absent:	**David Cook, Place 6 Vacant, Place 8 Vacant, Sheriff Babcock**
Staff Present:	**Gianna Harris,** Executive Director; **Andy Martin**, Associate Executive Director; **Linda Poenitzsch**, Financial Operations Director; **Connie Johnston,** Director of Community, Consumer Support & Client Rights, **Erin Perkins**, Director of IDD, **Sandra Rapson,** Quality Assurance Coordinator; **Bruce Sperry** Facilities Manager; **Kelly Wooldridge,** Director of Human Resources
Other Staff and Guests Present:	**Melissa Collins**, Board of Trustee Liaison, Recorder

AGENDA TOPICS

090326-1 CALL TO ORDER

J. Brian Eby, Board Chair, called meeting to order at 11:03 A.M. with eight (8) Board Members in attendance.

090326-2 PRESENTATIONS

A. Open Citizen Comment to The Board

No comments were presented to the Board.

090326-3 APPROVAL OF MINUTES

Recommended Action: That the Board of Trustees approves the minutes of the July 2026 Board of Trustee meeting.

The Board of Trustees reviewed and approved the minutes of the July 2026 Board of Trustee meeting.

Motion: **Jan Driver Ward**	Affirmative: 8
Second: **Cindy Barksdale**	Negative: 0
Citizen Comment: None	

090326-4 TRAINING

No Agenda Items

080226 - 5 RECOMMENDATIONS

A. BOARD OF TRUSTEES

1) Ad Hoc Committee to Recommend Slate Of Officers

Recommended Action: That the ad hoc committee recommends a slate of officers for fiscal year 2027.

The adhoc committee met and Mr. Eby will continue as Chair, Mrs. Thorp will continue as Vice Chair, and Mrs. Ward will serve as Secretary for FY 27.

Motion: **Cindy Barksdale**	Affirmative: 8
Second: **Cynthia Kesler**	Negative: 0
Citizen Comment: None	

B. BUDGET AND FINANCE	
1) Financial Statements June and July	
Recommended Action: That the Board of Trustees approves the financial statements for June and July 2026. The Board of Trustees approved the financial statements for June and July 2026.	
Motion: **Ashley Davin**	Affirmative: 8
Second: **Cindy Barksdale**	Negative: 0
Citizen Comment: None	
2) Budget FY 27	
Recommended Action: That the Board of Trustees review and approve the Center Budget for FY 27. The Board of Trustees reviewed and approved the center budget.	
Motion: **Jan Driver Ward**	Affirmative: 8
Second: **Cindy Barksdale**	Negative: 0
Citizen Comment: None	
3) Line of Credit	
Recommended Action: That the Board of Trustees approve and authorize the Board Chair and/or Secretary to sign a Borrowing Resolution to renew the line of credit with Investar Bank. The Board of Trustees reviewed and approved the line of credit and authorized the chair to sign.	
Motion: **Jan Driver Ward**	Affirmative: 8
Second: **Ashley Davin**	Negative: 0
Citizen Comment: None	
4) Texas Council Dues	
Recommended Action: That the Board of Trustees approve the Fiscal Year 2027 Dues Commitment with the Texas Council of Community Centers and authorize the Chair and Executive Director to sign the commitment form. The Board of Trustees reviewed and approved the dues and authorized the chair to sign commitment form.	
Motion: **Jan Driver Ward**	Affirmative: 8
Second: **Cindy Barksdale**	Negative: 0
Citizen Comment: None	
C. CONTRACTS AND PLANS	
1) Quality Management Plan	
Recommended Action: That the Board of Trustees review and approve the FY 2027 Quality Management Plan and joint FY 2027 Continuous Quality Improvement Plan. The Board of Trustees reviewed and approved the FY 2027 QM Plan and joint FY 2027 CQI Plan.	
Motion: **Cindy Barksdale**	Affirmative: 8
Second: **Jan Driver Ward**	Negative: 0
Citizen Comment: None	

D. FACILITIES AND EQUIPMENT

1) Plumbing Repairs at 516 Denver St.

Recommended Action: That the Board of Trustees ratify the additional expenditure of $40,000.00 for sewer repairs at 516 Denver St.

The Board approved the expenditure of $40,000 for additional sewer repairs at 516 Denver St.

Motion: **David Cook**	Affirmative: 8
Second: **Tom Johnson**	Negative: 0

Citizen Comment: None

2) New Maintenance Van Replacement

Recommended Action: That the Board of Trustees ratify the expenditure for the purchase of one new maintenance vehicle.

The Board approved the expenditure for the purchase of one new maintenance vehicle after the other one was damaged and totalled by insurance.

Motion: **Cindy Barksdale**	Affirmative: 8
Second: **Jan Driver Ward**	Negative: 0

Citizen Comment: None

E. POLICY AND PROCEDURE

1) Policy Statement Summary

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

- 300.1.1 Charity Care Policy Statement – No changes

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

Motion: **Jan Driver Ward**	Affirmative: 8
Second: **Ashley Davin**	Negative: 0

Citizen Comment: None

F. PROGRAM AND PERSONNEL

1) Public Information Officer Appointment

Recommended Action: That the Board of Trustees delegates the responsibility of responding to Public Information Act request to a Public Information Officer and appoint Connie Johnston.

The Board approved the appointment of Connie Johnston to be the Public Information Officer.

Motion: **Jan Driver Ward**	Affirmative: 8
Second: **Cindy Barksdale**	Negative: 0

Citizen Comment: None

090326-6 QUARTERLY REPORTS

A. ESSENTIAL SERVICES AND CLINICAL ACCOUNTABILITY

No Agenda Items

B. PLANNING AND NETWORK ADVISORY COMMITTEE

No Agenda Items

C. EXTERNAL AUDITS

1) SUD External Audit Report

Recommended Action: Information Only Item

Sandra Rapson reported.

D. TEXAS COUNCIL BOARD OF DIRECTORS MEETING

No Agenda Items

090326 - 7 EXECUTIVE DIRECTOR'S REPORT

Budget Discussion

G. Harris says HHSC has been very slow to deliver contracts this year. Which makes it hard to develop budgets. They are supposed to be learning a new computer programming system, so that could be slowing them down.

OIG Update

We are still undergoing the OIG audit. Per Sandra they have been here since February and really focused on documentation in regard to Recovery Plan and Skills Training sessions and the credentialling of staff, the crisis hotline and the credentialling of their staff. They are really picking apart that whole process. She says they have provided hundreds of documents.

090326-8 CLOSED SESSION

In accordance with Chapter 551.074 of the Government Code, the Board of Trustees will now meet in closed session for the purpose of deliberating the appointment, employment, evaluation, reassignment, duties, discipline, or dismissal of a public officer or employee.

Review and Discussion of Executive Director Evaluation.

Closed Session began at 11:29 am.

090326-9 OPEN SESSION

Open Session was reconvene at 11:41 am. No action was taken in Closed Session.

Executive Directors Contract of Employment

J. Brian Eby, Chair, stated the board members are pleased with the job Gianna Harris, Executive Director, has done.

The motion was made and seconded that the Executive Director's Contract of Employment be revised to reflect an annual salary increase of 4% to be paid effective September 1, 2026.

Motion: **Jan Driver Ward**	Affirmative: 8
Second: **Ashley Davin**	Negative: 0

Citizen Comment: None

090326-10 ANNOUNCEMENTS

A. Next Meeting - The next meeting will be held at 11:00 A.M., Thursday, **November 5**, **2026** at the **Sue Nunn Conference Room,** Administration Bldg, 1000 Brook Ave. Wichita Falls, TX.

090326-11 OTHER BUSINESS

No other business

090326-12 ADJOURN		
The Board of Trustees meeting was adjourned by **Board Chairman, J. Brian Eby** at 11:42 am.		
Approved as presented:		Approved as corrected:
November 5, 2026		November 5, 2026

PUBLIC FUNDS INVESTMENT ACT TRAINING

LINDA POENITZSCH

NOVEMBER 2026

WHAT IS THE PUBLIC FUNDS INVESTMENT ACT?

The Public Funds Investment Act (PFIA) governs the investment of government funds in Texas. Under this law, specific parameters are set for local government, state agencies, and nonprofit entities.

Parameters include:

- Standard of Care
- Investment Policy
- Internal Management Reports
- Authorized Investments
- Investment Training

PFIA was originally approved in 1987 and amended every session of the legislature.

STANDARD OF CARE

- Investments shall be made with judgement and care, under prevailing circumstances, that a person of prudence, discretion, and intelligence would exercise in the management of the person's own affairs, not for speculation, but for investment, considering the probable safety of capital and the probable income to be derived.

- Investment of funds shall be governed by the following investment objectives, in order of priority:

    1. Preservation and safety of principal
    2. Liquidity
    3. Yield

STANDARD OF CARE CONTINUED

In determining whether an investment officer has exercised prudence with respect to an investment decision, the determination shall be made taking into consideration:

- The investment of **all** funds, or funds under the entity's control, over which the officer had responsibility rather than a consideration as to the prudence of a single investment.
- Whether the investment decision was **consistent** with the ***written investment policy*** of the entity.

INVESTMENT POLICY

The policy must:

- Be written

✓ Policy 100.1.1

- Primarily emphasize safety of principal and liquidity

✓ *"Investments shall be made in a manner which will provide the **maximum security** of principal invested through limitations and diversification **while meeting the daily cash flow needs**".*

POLICIES MUST INCLUDE

- Address investment diversification, yield, and maturity and the quality and capability of investment management

✓ 4.4.3.1 "***Diversification*** *of the portfolio will include diversification by maturity and market sector and will include the use of a number of broker and/or dealers for diversification and market coverage".*

✓ 4.4.4.1 *"The investment portfolio shall be designed with the objective of attaining a reasonable market* ***yield*** *throughout budgetary and economic cycles, taking into account the risk constraints and cash flow position."*

✓ 6.1 and 6.3 *"The designated Investment Officers must receive 10 hours of investment training within one year of appointment and receive at least 10 hours of training every succeeding two fiscal years beginning the first day of the fiscal year. The Board of Trustees will approve the training programs and will provide for the Investment Officers to attend this required training."*

POLICIES MUST INCLUDE-AUTHORIZED INVESTMENTS & MAXIMUM MATURITY

- Authorized Investments
  - ✓ 7.6.1 - 7.6.10
  - ✓ Obligations of the United States or its agencies- *includes Federal National Mortgage Association, Federal Home Loan Bank and Student Loan Marketing Association.*
  - ✓ Direct obligations of the United States or its agencies-*includes US Treasury Securities guaranteed by the full faith and credit of the US government.*
  - ✓ General obligation securities-*includes municipal bond secured by a state or local government.*
  - ✓ General obligation of any state or political sub-division in the United States-*includes bonds, notes, warrants which are direct obligations of the US, agency of US, guaranteed or insured by any state of US.*

POLICIES MUST INCLUDE-AUTHORIZED INVESTMENTS & MAXIMUM MATURITY

- ✓ Fully Federal Deposit Insurance Corporation (FDIC) insured or collateralized depository Certificates of Deposit (CD), brokered Certificates of Deposit, or interest bearing or money market account. *Brokered CDs are CDs issued by banks for customers of brokerage firm. Usually bought in larger amounts and divided into smaller denominations.* A maximum stated maturity of one year.

- ✓ Repurchase agreements if they are fully collateralized-*includes short term government securities which usually happens on an overnight basis.* A maximum stated maturity of two years.

- ✓ AAA rated Securities and Exchange Commission registered money market mutual funds. A maximum stated maturity of two years.

- ✓ Texas Local Government Investment Pools. A maximum stated maturity of two years.

POLICIES MUST INCLUDE

- Maximum dollar-weighted average maturity
  - ✓ 4.4.2.2 The total portfolio should maintain a maximum weighted average maturity of no more than one year to protect liquidity needs.
  - ✓ Represents the average time it takes for securities to mature.

- Methods to monitor market price
  - ✓ 4.4.3.1 and 4.4.3.2 Diversification of the portfolio will include diversification by maturity and market sector and will include the use of a number of broker and/or dealers for diversification and market coverage.

- Delivery vs. payment
  - ✓ 7.9 All transactions involving securities (except pool, money market accounts and certificates of deposit) will require settlement on a delivery versus payment (DVP) basis.
  - ✓ DVP ensures that delivery will occur when payment occurs.

POLICIES MUST INCLUDE

- Procedures to monitor rating changes in investments

✓ 7.10 The Investment Officer or investment adviser shall monitor, on no less than a monthly basis, the credit rating on all authorized investments in the portfolio based upon independent information from a nationally recognized rating agency.

✓ 7.10.1 If any security falls below the minimum rating required by Policy, the Investment Officer must disclose the downgrade to the Board, determine the conditions affecting the rating and possible loss of principal and determine liquidation options

INVESTMENT POLICY CONTINUED

- Certificate of deposit bid solicitation methods
  - ✓ Current process includes emailing approved investors and then placing bids on an Excel spreadsheet. Investment officers meet to discuss taking into account current cash needs, investment maturity dates, inter-governmental transfers, etc.

- Written investment strategy must address :
  - Understanding of the suitability of the investment
  - Preservation and safety of principal
  - Liquidity
  - Marketability if the need arises to liquidate
  - Diversification of the portfolio
  - Yield

INVESTMENT POLICY CONTINUED

- Board of Trustees must annually review policy and strategies

  ✓ Normally completed every November.

- Board of Trustees designates one or more investment officers

  ✓ Linda Poenitzsch, CFO and Melinda Wilson, Budget Analyst

  ✓ Must attend at least one training session, ten hours in length, within 12 months after taking office and must take ten hours of instruction every two years after the initial training session.

INVESTMENT POLICY CONTINUED

- Present investment policy to a seller of investments

  ✓ Mailed out annually once the policy has been approved by the Board.

  ✓ Mailed to any potential investor or during the setup process.

- Compliance audit of management controls on investments and adherence to approved investment policies performed in conjunction with annual financial audit.

INTERNAL MANAGEMENT REPORTS

- Quarterly written report
  - Investment position
  - Prepared jointly by all investment officers
  - Signed by all investment officers
  - Summary statement:
    - Beginning market value
    - Additions and changes
    - Ending market value
    - Accrued interest
    - Book value and market value
    - Maturity date
    - Account/Fund



Financial Training

HELEN FARABEE CENTERS

NOVEMBER 5, 2026

023



Cash Basis vs Accrual Basis of Accounting

The main difference between Cash basis and Accrual accounting lies in the timing of when revenue and expenses are recognized. The cash method is a more immediate recognition of revenue and expenses while the accrual method focuses on anticipated revenue and expenses.

024



Revenue Recognition Principle

Revenues are recorded when **two** main criteria are met:

1. The earning process is substantially complete.
2. Cash has either been collected or collection is reasonably assured.

025



Matching Principle

The matching principle states that expenses should be recorded during the period in which they are incurred, regardless of when the transfer of cash occurs. If this were not the case, expenses would likely be recognized as incurred, which might predate or follow the period in which the related amount of revenue is recognized

026

Cash Basis of Accounting

Revenues and expenses are recognized *only* when cash is received, or payments are made.

- Mainly used by small businesses that do not carry inventory.
- Future obligations or anticipated revenues are not recorded in Financial Statements until the cash transaction has occurred.
- Not an accurate picture of true profitability.

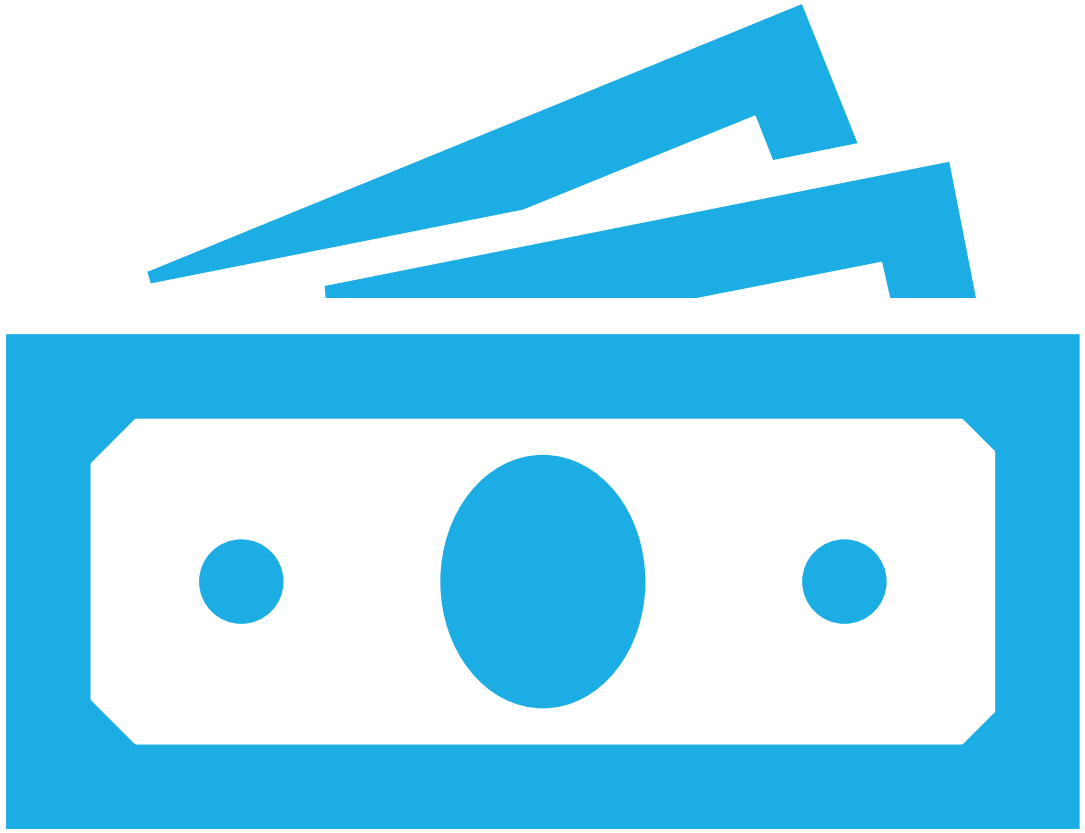


027

Accrual Basis of Accounting

A system of accounting in which revenues and expenses are recorded as they are earned and incurred, not necessarily when cash is received or paid.

- Provides a more accurate picture of a company's profitability.
- Statement users can make *more informed judgments* concerning the company's earnings potential.

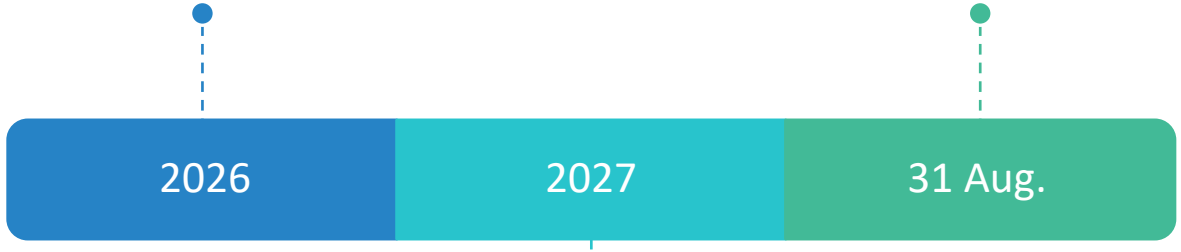


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Accrual vs. Cash Basis Accounting Example

During 2026, Helen Farabee billed clients for $48,000.

Total expenses during 2026 were $31,000 with $3,000 of these costs not yet paid at August 31.



On August 31, 2026, it had received $41,000, with the remaining $7,000 to be received in 2027.

029

Accrual vs. Cash Basis Accounting

Cash-Basis Accounting		***Accrual-Basis Accounting***	
Cash receipts	**$41,000**	**Revenues earned**	**$48,000**
Cash disbursement	**28,000**	**Expenses incurred**	**$31,000**
Income	**$13,000**	**Income**	**$17,000**

Modified Accrual Accounting

The Government Accounting Standards Board (GASB), which is recognized as the official source of Generally Accepted Accounting Principles (GAAP) for state and local governments, establishes modified accrual accounting standards.

Modified accrual accounting is an accounting method commonly used by government agencies that combines accrual-basis accounting with cash-basis accounting.

Modified accrual accounting recognizes revenues when they become available and measurable and recognizes expenditures when liabilities are incurred.

Modified accrual accounting borrows elements from both cash and accrual accounting, depending on whether assets are long-term, such as fixed assets, or short-term, such as accounts receivable.

031

Modified Accrual Accounting

Modified accrual accounting is used and accepted by governmental agencies because they focus on current-year obligations.

Government agencies have two key objectives: to report whether current-year revenues are sufficient enough to finance current-year expenses and to demonstrate whether resources are being used according to legally adopted budgets.

Modified accrual accounting ticks those boxes:

It enables government agencies to focus on short-term financial assets and liabilities.

It also permits them to divide available funds into separate entities within the organization to ensure that money is being spent where it was intended.

032

Financial Statements



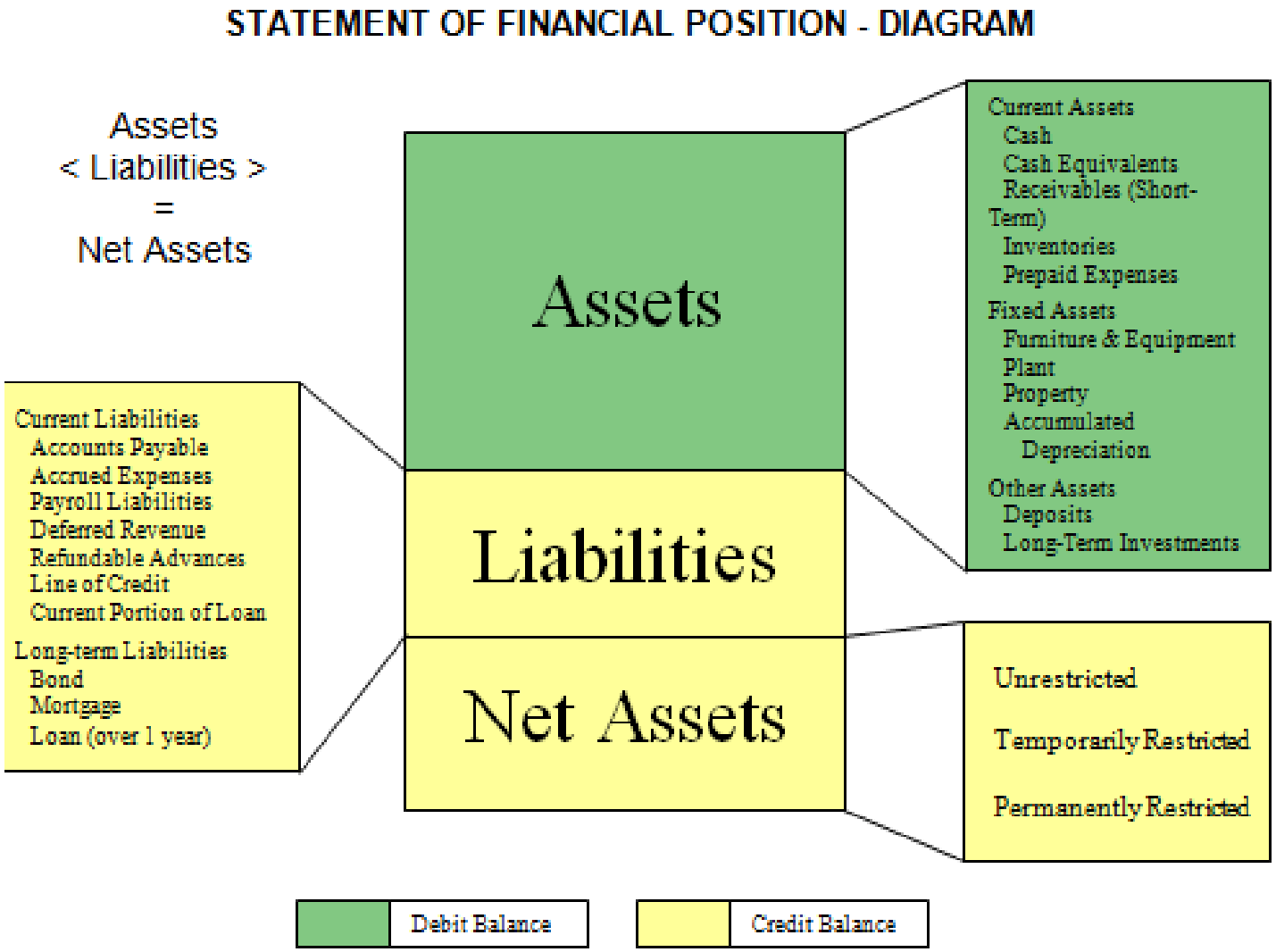
Balance Sheet

The Balance sheet is a statement of the Assets, Liabilities, and Net Assets of a business at a particular point in time, detailing the balance of income and expenditure over the preceding period.

- Provides a snapshot of what a company owns and owes, as well as amount invested into the company.
- Divided into three sections: Assets, Liabilities, and Net Assets.
- Balance sheet is in balance where the value of the Assets equals the combined value of the Liabilities and Net Assets



Balance Sheet continued



Balance Sheet -- Assets

Listed are the assets of the balance sheet in order of liquidity: The presentation of assets in the balance sheet is in the order of the amount of time it would usually take to convert them into cash. Thus, cash is always presented first, followed by accounts receivable, then prepays, deposits, and finally fixed assets.

Helen Farabee Centers

Balance Sheet - As Of September 2026

Assets	**Actual**
CASH GENERAL OPERATING FUND	$ 7,127,373.91
CASH INTERNAL SERVICE FUND	$ 2,173,249.54
CASH SELF FUNDED INSURANCE	$ 212,535.95
SAVINGS	$ 21,955.68
PETTY CASH FUNDS-CENTERWIDE	$ 797.93
INVESTMENTS GENERAL OPERATING FUND	$ 8,919,345.39
INVESTMENTS INTERNAL SERVICE FUND	$ 721,762.98
ACCOUNTS RECEIVABLE	$ 1,288,118.90
PREPAID	$ 657,500.79
PREPAID MISCELLANEOUS-SELF INSURED FUNDS	$ 2,520.83
DEPOSITS	$ 272,516.09
DEPOSITS-SELF INSURED FUNDS	$ 25,000.00
AMTS PROVIDED-PERSONAL LEAVE	$ 1,008,842.19
LAND	$ 1,057,659.65
BUILDINGS & IMPROVEMENTS	$ 2,544,011.16
LEASEHOLD IMPROVEMENTS	$ 132,631.17
EQUIP/FURN/FIX	$ 396,427.35
COMPUTERS & PERIPHERALS	$ 718,459.23
VEHICLES & CONTRACTORS EQ	$ 1,927,382.13
COMPUTER SOFTWARE	$ 368,100.66
ACCUMULATED DEPRECIATION	$ (4,952,882.64)
CLINICAL SOFTWARE PROJECT	$ -
WICHITA FALLS BUILDING PROJECT	$ 386,012.69
ISF-MAJOR PROJECTS WORK-IN-PROGRESS	$ -
Total Assets	**$ 25,009,321.58**

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Balance Sheet -- Liabilities

Listed are the Liabilities of the balance sheet in order of current and long-term liabilities: current liabilities are due within one year while long-term liabilities are obligations of the company that are not payable within one year. Liabilities also include amounts received in advance for future services. This is known as Deferred Revenue.

Liabilities and Net Assets		
Liabilities		
ACCOUNTS PAYABLE GENERAL OPERATING FUND	$	661,864.29
ACCOUNTS PAYABLE INTERNAL SERVICE FUND	$	2,683.37
ACCOUNTS PAYABLE-SELF INSURED FUND	$	40,788.21
ACCOUNTS PAYABLE-PAYABLE TO STATE	$	136,616.10
PAYROLL PAYABLE	$	552,976.02
UMR PAYABLE	$	90,942.99
EMPLOYEE DEDUCTION PAYBLE	$	8,868.46
DEFERRED REVENUE	$	2,939,635.96
ACCUM PERSONAL LEAVE-CURRENT	$	23,345.51
ACCUM PERSONAL LEAVE-LONGTERM	$	1,008,842.19
UMR CLAIMS PAYABLE - IBNR	$	140,000.00
Total Liabilities	**$**	**5,606,563.10**

Balance Sheet – Net Assets

Listed are the Net Assets of the balance sheet: this is the value of a company's assets minus its liabilities. It represents the value of business assets if all liabilities were paid off.

Net Assets		
UNRESERVED-FUND BALANCE	$	13,055,269.76
UNRESERVED-ACCUM PERSONNEL LEAVE	$	1,008,842.19
INCOME SUMMARY-OPERATING FUND	$	(124,008.40)
INCOME SUMMARY-INTERNAL SERVICE FUND	$	5,553,925.68
CONTRIBUTED CAPITAL	$	(242,571.81)
RETAINED EARNINGS	$	151,301.06
Total Net Assets	**$**	**19,402,758.48**
Total Liabilities and Net Assets	**$**	**25,009,321.58**



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Assets-Balance Sheet

Assets

ASSETS
CASH, SAVINGS, PETTY CASH
INVESTMENTS
ACCOUNTS RECEIVABLE
DEPOSITS
LAND, BUILDING, EQUIPMENT,COMPUTERS, VEHICLES, SOFTWARE
ACCUMULATED DEPRECIATION

Cash, Savings, and Petty cash-are the most liquid of assets. These items are placed first on the balance sheet. This is usually recorded as a Debit to the Cash Account and Credit to the Revenue Account. If it is a reimbursement of an expense, then that expense account would be credited.

Investments-are the next most liquid of assets. These would be short-term investments and include such items as Certificates of Deposit, Money market funds, Savings Accounts, Treasury Bills, and Government Bonds.

Accounts receivable-is the balance of money due to a company for services delivered but not yet paid for by consumers. These are generally in the form of invoices created by a business and delivered to the customer for payment within an agreed time frame. This would be recorded as a Debit to the Accounts Receivable account and Credit to the Revenue account.

Deposits-is money given to an entity for possible future financial loss. The money is held by that entity for the term of the contract and refunded at the end of the term. Deposits could be for rent, water, or utilities.

Land, Buildings, Equipment, Computers, Vehicles, and Software-are the physical assets of the business. For accounting purposes, physical assets are considered part of the value of a business. Over time, a physical asset declines in value. If a business needs to be liquidated, the physical assets can be sold to raise funds quickly for the purpose of paying creditors.

Accumulated Depreciation-is the decrease in value of the physical assets. It appears on the balance sheet as a reduction from the gross amount of fixed assets reported.



Liabilities – Balance Sheet

Liability

LIABILITIES
ACCOUNTS PAYABLE
UNITED HEALTHCARE/UMR AND EMPLOYEE DEDUCTION PAYABLE
DEFERRED REVENUE
ACCUM PERSONAL LEAVE

Accounts Payable and Payroll Payable-is an accounting entry that represents a company's obligation to pay off a short-term debt to its creditors or suppliers, or in the instance of the Payroll Payable, the obligation to the company's employees. This would be a debit to the expense account and a credit to accounts payable or payroll payable.

United Healthcare/UMR and Employee Deduction Payable-is the company's obligations to pay the monthly healthcare premiums and employee deductions collected from the employees.

Deferred revenue-also known as unearned revenue, refers to advance payments a company receives for products or services that are to be delivered or performed in the future. The company that receives the prepayment records the amount as unearned revenue on its balance sheet as a liability. Deferred revenue is a liability because it refers to revenue that has not been earned and represents services that are owed to a customer. As the service is delivered over time, it is recognized as revenue on the income statement.

Accumulated Personal Leave-is the company's obligation to pay out for employees earned personal time off, or PTO. This is paid out at the end of an employee's termination from the company.



Net Assets – Balance Sheet

043

Net Assets

NET ASSETS
UNRESERVED-FUND BALANCE
UNRESERVED-ACCUM PERSONAL LEAVE
INCOME SUMMARY
CONTRIBUTED CAPITAL
RETAINED EARNINGS

Unreserved Fund Balance-is the balance when liabilities are subtracted from assets. A positive fund balance means there are more assets than liabilities; a negative fund balance means just the opposite. The unreserved can potentially be authorized for future expenditure. Additionally, the fund balance is a residual and not necessarily a cash amount.

Unreserved Accumulated Personal Leave-is the amount set aside for the company's obligation to pay out employees' personnel leave. This can also be authorized for future expenditures.

Income Summary-is the net revenue or loss that a company made over a particular accounting period that is typically one year. The income summary for a business is a temporary account in which all income and costs are netted at year end. We have one for Fund 2 which is the General Operating Account and one for Fund 3 which is the Internal Service Fund.

Contributed Capital and Retained Earnings-contributed capital is one part of the company's equity portion of a balance sheet. The other portion of the company's equity on a balance sheet is retained earnings. The Contributed Capital on Helen Farabee's balance sheet is comprised of assets acquired during the merger of Rolling Plains and Helen Farabee. It also includes assets not bought out of the Internal Service Fund. The retained earnings amount fluctuates as money comes into and goes out of the business.

Income Statement

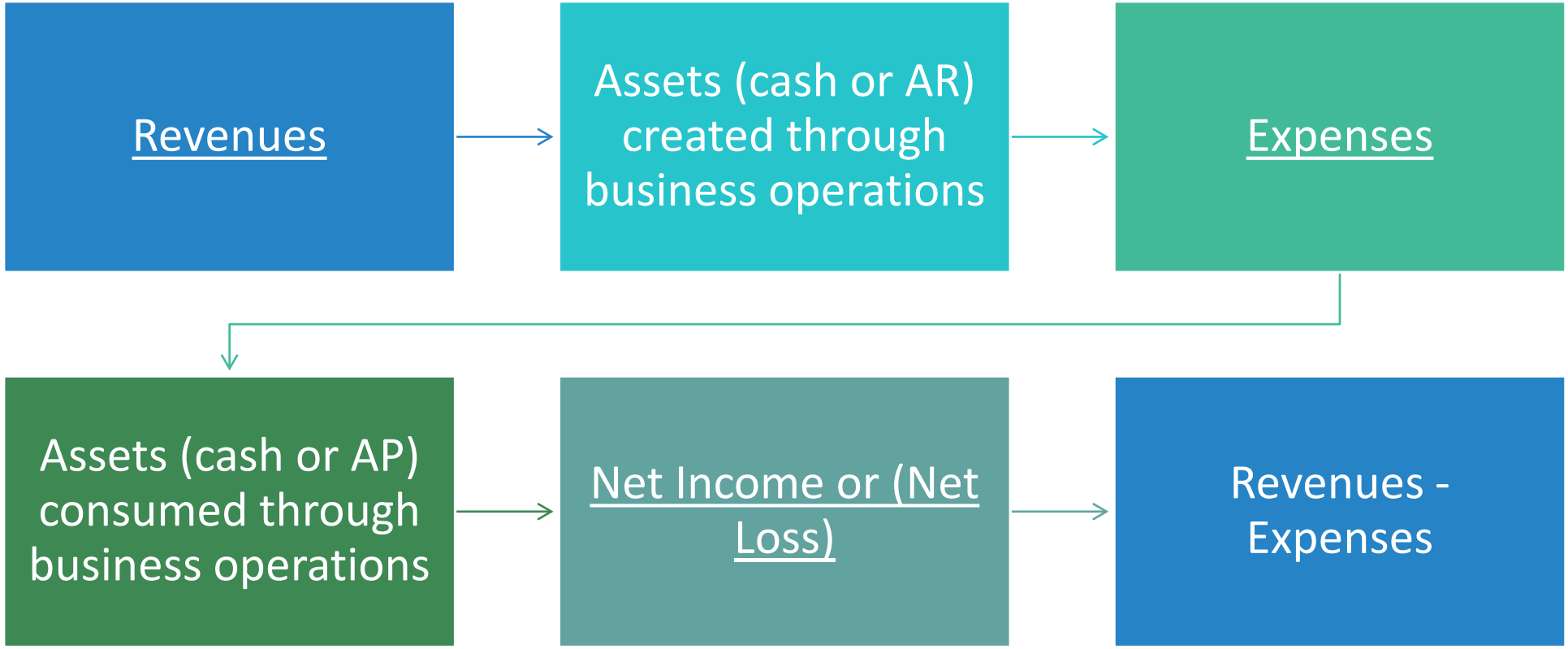
Shows the results of a company's operations over a period of time.

- What goods were sold, or services performed that provided revenue for the company?
- What costs were incurred in normal operations to generate these revenues?
- What are the earnings or company profit?



045

Income Statement Continued



Income Statement—Revenue

The Revenue section of an income statement is typically the first section of the report. It can include revenue generated from services rendered and is recorded at the time the service is rendered. Total Revenue is the amount of money a business brought in during the time period covered by the income statement.

Helen Farabee Centers - Income Statement

Income Statement

	SEPTEMBER 2026					YEAR TO DATE				
	SEP FY27 Actual	SEP FY27 Budget	SEP FY26 Actual	Variance Budget	Variance FY 2026	FY2027 Y-T-D Actual	FY2027 Y-T-D Budget	FY2026 Y-T-D Actual	Variance Y-T-D FY2027 Budget	Variance Y-T-D FY 2026 Actual
Total City Revenue	$10,875.16	$10,875.16	$10,820.16	$0.00	$55.00	$10,875.16	$10,875.16	$10,820.16	$0.00	$55.00
Total County Revenue	$44,885.36	$45,218.12	$28,596.86	($332.76)	$16,288.50	$44,885.36	$45,218.12	$28,596.86	($332.76)	$16,288.50
Total Other Taxing Authority Funds	$265.00	$265.00	$265.00	$0.00	$0.00	$265.00	$265.00	$265.00	$0.00	$0.00
Total Patient Fees	$6,814.18	$7,095.89	$7,095.89	($281.71)	($281.71)	$6,814.18	$7,095.89	$7,095.89	($281.71)	($281.71)
Total Miscellaneous	$518,137.76	$516,396.02	$750,996.57	$1,741.74	($232,858.81)	$518,137.76	$516,396.02	$750,996.57	$1,741.74	($232,858.81)
Total Other State Funding	$315,290.01	$343,425.63	$476,213.60	($28,135.62)	($160,923.59)	$315,290.01	$343,425.63	$476,213.60	($28,135.62)	($160,923.59)
Total Other Federal Funding	$231,859.86	$245,734.58	$196,461.87	($13,874.72)	$35,397.99	$231,859.86	$245,734.58	$196,461.87	($13,874.72)	$35,397.99
Total General Revenue	$1,093,333.27	$1,084,720.26	$1,089,280.08	$8,613.01	$4,053.19	$1,093,333.27	$1,084,720.26	$1,089,280.08	$8,613.01	$4,053.19
Total Allocated Federal Funds	$63,941.18	$63,941.18	$63,941.16	$0.00	$0.02	$63,941.18	$63,941.18	$63,941.16	$0.00	$0.02
Total Revenue	$2,285,401.78	$2,317,671.84	$2,623,671.19	($32,270.06)	($338,269.41)	$2,285,401.78	$2,317,671.84	$2,623,671.19	($32,270.06)	($338,269.41)

Income Statement-- Expenses

The Expense section of an income statement is typically the second section of the report. It can include expenses generated from services rendered and is recorded at the time the expense is incurred. Total Expense is the amount of money a business paid in during the time period covered by the income statement.

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Helen Farabee Centers - Income Statement

Income Statement

	SEPTEMBER 2026				YEAR TO DATE					
	SEP FY27 Actual	SEP FY27 Budget	SEP FY26 Actual	Variance Budget	Variance FY 2026	FY2027 Y-T-D Actual	FY2027 Y-T-D Budget	FY2026 Y-T-D Actual	Variance Y-T-D FY2027 Budget	Variance Y-T-D FY 2026 Actual
Expense										
Salaries										
Total Salaries	$1,005,346.78	$1,008,436.74	$964,861.33	($3,089.96)	$40,485.45	$1,005,346.78	$1,008,436.74	$964,861.33	($3,089.96)	$40,485.45
Total Benefits	$294,317.04	$281,048.01	$280,439.39	$13,269.03	$13,877.65	$294,317.04	$281,048.01	$280,439.39	$13,269.03	$13,877.65
Total Contracts	$480,716.15	$502,785.05	$621,616.29	($22,068.90)	($140,900.14)	$480,716.15	$502,785.05	$621,616.29	($22,068.90)	($140,900.14)
Total Travel and Training	$6,493.89	$7,740.81	$11,771.47	($1,246.92)	($5,277.58)	$6,493.89	$7,740.81	$11,771.47	($1,246.92)	($5,277.58)
Total Capital Outlay	$25,799.72	$27,730.38	$20,084.46	($1,930.66)	$5,715.26	$25,799.72	$27,730.38	$20,084.46	($1,930.66)	$5,715.26
Total Non-Capitalized Equipment	$9,305.69	$9,103.95	$1,189.92	$201.74	$8,115.77	$9,305.69	$9,103.95	$1,189.92	$201.74	$8,115.77
Total Pharmaceutical	$54,760.82	$58,269.61	$58,269.61	($3,508.79)	($3,508.79)	$54,760.82	$58,269.61	$58,269.61	($3,508.79)	($3,508.79)
Total Other Operating	$782,540.88	$769,847.71	$982,129.81	$12,693.17	($199,588.93)	$782,540.88	$769,847.71	$982,129.81	$12,693.17	($199,588.93)
Total Expense	$2,659,280.97	$2,664,962.26	$2,940,362.28	($5,681.29)	($281,081.31)	$2,659,280.97	$2,664,962.26	$2,940,362.28	($5,681.29)	($281,081.31)

Income Statement—Net Income

Net income on an income statement serves as the company's bottom line for the reporting period. To find the net surplus/(Deficit) you subtract Total Expenses from Total Revenue.

Helen Farabee Centers - Income Statement

Income Statement

	SEPTEMBER 2026					YEAR TO DATE				
	SEP FY27 Actual	SEP FY27 Budget	SEP FY26 Actual	Variance Budget	Variance FY 2026	FY2027 Y-T-D Actual	FY2027 Y-T-D Budget	FY2026 Y-T-D Actual	Variance Y-T-D FY2027 Budget	Variance Y-T-D FY 2026 Actual
BEGINNING NET ASSETS	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
NET SURPLUS/(DEFICIT)	($373,879.19)	($347,290.42)	($316,691.09)	($26,588.77)	($57,188.10)	($373,879.19)	($347,290.42)	($316,691.09)	($26,588.77)	($57,188.10)
ENDING NET ASSETS	($373,879.19)	($347,290.42)	($316,691.09)	($26,588.77)	($57,188.10)	($373,879.19)	($347,290.42)	($316,691.09)	($26,588.77)	($57,188.10)

Revenue – Income Statement



City Revenue

City Revenue
CITY OF WICHITA FALLS
CITY OF CHILLICOTHE
CITY OF QUANAH
CITY OF HASKELL
CITY OF BURKBURNETT
CITY OF GRAHAM
CITY OF NOCONA
CITY OF BOWIE

Cities are sponsoring agencies. The Center has a Memorandum of Agreement (MOA) with each City.

Revenue is recognized monthly based on 1/12 of the amount committed by each city for the year.

Debit to accounts receivable (A/R) and a credit to revenue

County Revenue

County Revenue
WICHITA COUNTY
HASKEL COUNTY
STONEWALL COUNTY
KNOX COUNTY
DICKENS COUNTY
YOUNG COUNTY
THROCKMORTON COUNTY
HARDEMAN COUNTY
WISE COUNTY
BAYLOR COUNTY
FOARD COUNTY
MONTAGUE COUNTY
JACK COUNTY
CLAY COUNTY
COTTLE COUNTY
CHILDRESS COUNTY
ARCHER COUNTY

Counties are also sponsoring agencies. The Center has a Memorandum of Agreement (MOA) with each County.

Revenue is recognized monthly based on 1/12 of the amount committed by each county for the year.

Debit to A/R and a credit to revenue

Other Taxing Authority Funds and Patient Fees

Other Taxing Authority Funds
INDEPENDENT SCHOOL DISTRICT
Total Other Taxing Authority Funds
Patient Fees
CONSUMER FEES
Total Patient Fees

Quanah and Seymour ISD are sponsoring agencies. The Center has a written MOA with each. Quanah contributes $1,200 and Seymour $1,980 annually. 1/12 of the amount is recognized monthly with a debit to A/R and credit to revenue.

Consumer fees include private insurance, Managed Care Organizations (MCO), and client payments. These are strictly on a *cash basis* and only recognized as a debit to cash and credit to revenue when received.

Miscellaneous Revenue

Miscellaneous
IN-KIND MATCH
MEDICARE - TITLE XVII
RENT
DONATIONS/CONTRIBUTIONS
INTEREST INCOME
MISCELLANEOUS

In Kind Match is match provided by another agency to meet a state matching requirement. PESC requires a 25% match and is provided by the contractual hospital based on a reduction to the bed day rate. SB292 requires a 50% match and is also provided by the contractual hospital based on a reduction to the bed day rate. This is recognized monthly when the invoices are processed. This entry is an accounting entry and is a debit to expense and a credit to revenue.

The Center receives other in-kind match from city and county sponsoring agencies, and that match is recorded annually at year end.

Miscellaneous Revenue continued

Miscellaneous
IN-KIND MATCH
MEDICARE - TITLE XVII
RENT
DONATIONS/CONTRIBUTIONS
INTEREST INCOME
MISCELLANEOUS

Medicare is a billable service based on clients who are eligible. This is recognized on a *cash basis* as received. A debit to cash and a credit to revenue.

Rent is generated from several contracts that lease space from us at various locations:

- Denver Street-Integrated Pharmacy pays $1,050 monthly or $12,600 annually
- Kimball Drive-Lindmark pays $87.50 monthly or $1,050.00 annually.
- These are recognized monthly when they are received. Therefore, this is recognized on a *cash basis* and is recorded as a debit to cash and a credit to revenue.

Miscellaneous Revenue continued

Miscellaneous
IN-KIND MATCH
MEDICARE - TITLE XVII
RENT
DONATIONS/CONTRIBUTIONS
INTEREST INCOME
MISCELLANEOUS
Total Miscellaneous

Donations include various donations and contributions received. This is generally on the *cash basis* since we do not invoice for donations and often is unexpected funds.

Interest Income is recorded on a *cash basis* and is based on interest earned on bank accounts and investment activities. This is reported from the monthly or quarterly statements.

Miscellaneous Revenue continued

Miscellaneous
IN-KIND MATCH
MEDICARE - TITLE XVII
RENT
DONATIONS/CONTRIBUTIONS
INTEREST INCOME
MISCELLANEOUS
Total Miscellaneous

Miscellaneous includes MMPI testing, pharmacy rebates, and chase card rebate. The MMPI testings are billed as earned. The revenue amounts are recorded based on the invoices generated or the amount received as in the case of the rebates.

Miscellaneous also captures revenue for medical records. This is recorded on a *cash basis* as received. Therefore, it is a debit to cash and credit to revenue.

Other State Funding

Other State Funding
MH FIRST AID
TCOOMMI EARNED INCOME
SUBSTANCE ABUSE SERVICES

MH First Aid revenue is based on the number of people the Center trains (state funded) and on the expenses of the MH First Aid Outreach Worker (Federal funded). The Center invoices HHSC every month and the invoice is recorded when issued. Therefore, it is *accrued* and recorded as a debit to A/R and credit to revenue.

TCOOMMI -Texas Correctional Office on Offenders with Medical or Mental Impairments is also *accrued* monthly based on the invoice generated. Journal entry is a debit to A/R and a credit to revenue.

Substance abuse includes a contract to provide Adult, Youth and Female services in all our catchment area. This contract is based on fee for service and is billed monthly.

Other State Funding continued

Other State Funding
SUD COMMUNITY MH GRANT PROGRAM
OSAR - OUTREACH, SCREENING ASSESSMENT, REFFERAL
MFP/ECC REVENUE
PASSR IDD SPECIALIZED SERVICES

SUD COMMUNITY MH GRANT PROGRAM, OR HB13, is also *accrued* monthly based on the invoice generated. These are services generated in the Olney area. Journal entry is a debit to A/R and a credit to revenue.

OSAR-Outreach, Screening, Assessment and Referral is another contract that serves a specific area, Region 2, and overlaps service area with another LMHA. This is billed monthly and *accrued* for each month. Therefore, this is a debit to A/R and a credit to revenue.

MFP/ECC Enhanced Community Care Coordination and PASRR IDD SPECIALIZED SERVICES-Local IDD Authority is billed monthly based on very specific reporting. These are *accrued*, recording a debit to A/R and credit to revenue. Both programs are centered around nursing and state facilities. ECC helps individuals divert from those facilities helping them find placement in the community. LIDDA are individuals in those facilities wanting program specific services like psychology, community living, outings, etc. Billing is very specific to these individuals.

Other State Funding continued

Other State Funding
CMHG LPHA EXPANSION
MHGJII NCA - JBCR
JUSTICE INVOLVED GRANT PROGRAM
TEXAS VETERANS COMMISSION
DARS-ECI REVENUE

The CMHG LPHA Expansion program is a relatively new contract that was first signed in August 2022. The purpose of the grant is to fulfill goals and strategies identified by the Texas statewide Behavioral Health Strategic plan. The goals of this program is to mitigate specific gaps in Texas' behavioral health system at the community level.

The MHGJII NCA –Jail Based Competency Restoration program is also relatively new to Helen Farabee Centers. The purpose is to provide matching grants to county-based community collaboratives to reduce rates of recidivism, arrests, and incarcerations amongst individuals with mental illness and to also reduce wait times for individuals with mental illness placed on forensic commitment to a state hospital.

Justice Involved Grant Program-or SB292,is funding the Center receives for MH and Substance abuse bed days. This is in addition to the PESC and PPB bed days. This is also *accrued* monthly based on the invoice generated. Journal entry is a debit to A/R and a credit to revenue.

Texas Veterans Commission took over the MH General Revenue for Veterans that the Center used to receive from HHSC. Instead of receiving the money quarterly, we now must invoice expenses quarterly. Therefore, we will make a debit to A/R and a credit to revenue.

ECI-Early Childhood Intervention program is a grant to make available Early Childhood Intervention program services to eligible children from birth to 36 months of age with developmental delays or disabilities, and their families. The contract is invoiced each month and based on actual expenses less any revenue earned. ECI is *accrued* based on that invoice. Therefore, a debit to A/R and credit to revenue.

Other Federal Funding

Other Federal Funding
MEDICAID-CARD SERVICES
MEDICAID-CASE MANAGEMENT
MEDICAID-IDD SERV COORDINATION
MEDICAID REHAB
MEDICAID PASRR
MEDICAID-ADMIN CLAIMING
Medicaid-Habilitation Coordination
STATE HOSPITAL STEP DOWN PROGRAM

Medicaid services are billed weekly and are on a *cash basis*. The exception is IDD Service Coordination and Medicaid-Habilitation Coordination which is billed monthly and accrued based on actual billing.

Medicaid Admin Claiming is based on a fixed amount determined by the amount normally generated in a quarter. Each month the Center accrues the fixed amount and once the invoice is generated reverses accrual and accrues the invoice. Therefore, a debit to A/R and a credit to revenue.

State Hospital Step Down Program, is also accrued monthly based on the invoice generated. This is a program for those coming out of a state hospital and spend up to one year with Helen Farabee and TWG staff in a home like setting to prepare them for living on their own. Journal entry is a debit to A/R and a credit to revenue.

Other Federal Funding

Other Federal Funding
RSS – RECOVERY SUPPORT SERVICES
DIRECTED PAYMENT PROGRAM – BEHAVIORAL HEALTH SERVICES
PUBLIC HEALTH PROVIDER – CHARITY CARE POOL
TRANSITION SUPPORT LIAISON

RSS-Recovery Support Services is a grant to increase access to low barrier, evidence-based opioid and/or stimulant use disorder treatment and sustainable recovery through the provision of recovery support for individuals within Texas. Journal entry is a debit to A/R and a credit to revenue.

Directed Payment Program – Behavioral Health Services is a new source of funding, taking over where the 1115 Waiver revenue ended. While the Center must report all measures for which it is eligible, as a condition of participation, the payments will be included in MCO capitation rates and distributed through one component. HHSC publishes scorecards every month as to what each MCO should pay for the month. If not received within the month, the amount is *accrued*.

Public Health Provider – Charity Care Pool is also a new source of funding, also taking over where the 1115 Waiver revenue ended. This program is designed to allow qualified providers to receive reimbursement for the cost of delivery healthcare services, including behavioral health services, immunizations, and other preventative services, when those costs are not reimbursed by another source. The Center processes a cost report, which the state audits and determines what the one time out pay will be. As this is not known in advance, the is recorded on a cash basis.

Transition Support Liaison program is invoiced based on actual expenses. The purpose of this grant is to provide transition support and service coordination for children, adolescents, and adults with mental health needs, facilitating their transition from an inpatient to a community setting. This revenue will be *accrued* by recording a debit to A/R and a credit to revenue.

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General Revenue

General Revenue
PESC and PPB
GENERAL REVENUE – MH includes BH SVC IN EDUC SVC CTR
GENERAL REVENUE - IDD
GENERAL REVENUE-CRISIS REDESIG
IDD GR-CRISIS RESPITE-CIS
PERMANENCY PLANNING

General Revenue is funding the Center receives quarterly. This is recorded as received as a credit to deferred revenue (liability) and a debit to cash.

Each month the Center recognizes 1/12 of the revenue. The monthly entry is a debit to deferred revenue and a credit to revenue.

The Exception is PESC-Psychiatric Emergency Services Contract and PPB – Private Psychiatric Beds. The Center receives this funding quarterly for psychiatric bed days and records as a credit to deferred revenue (liability) and a debit to cash. Each month the Center recognizes a portion based on the actual expenses incurred. The monthly entry is a debit to deferred revenue and a credit to revenue.

Allocated Federal Funds

Allocated Federal Funds
TANF-CAS
TANF-ADULT
TANF-TITLE XX-ADULT
MENTAL HEALTH BLOCK GRANT

TANF -Temporary Assistance for Needy Families and MH Block Grant is funding the Center receives quarterly, but it is received at the end of the quarter instead of at the beginning.

The Center does *accrue* for this recognizing 1/12 each month. This is recorded as debit to A/R and a credit to revenue each month.



Expenses – Income Statement

Expenses

Salaries and Benefits
Contracts
Travel and Training
Capital Outlay
Minor Equipment Purchases
Pharmaceutical
Other Operating

Salaries and Benefits-are expenses that are recorded as they are incurred. This includes salary, overtime pay, FICA and Medicare, Unemployment Tax, Worker's Compensation, 401A, Employer Funded Basic Life insurance and health insurance. This will be a debit to the salaries and benefits account and a credit to the payroll account.

Contracts are expenses incurred with the Center's contracted vendors.

Travel and Training-are expenses incurred by employees. This includes mileage, meals, hotel, airfare, car rental, development and training.

Capital Outlay includes the Center's depreciation expense for fixed assets.

Minor Equipment Purchases are expenses that are less than the $5,000 threshold for fixed assets yet are usable for more than a year. This could include desks, chairs, chair mats, etc.

Pharmaceutical are the drug expenses incurred by our consumers at our centers, in-patient hospital clients and those in the State Hospital Step Down Program.

Other Operating-are expenses incurred during the daily operations of the business. This includes insurance, advertising, licenses, utilities, rents, leases, supplies, consumer assistance, postage, bank charges and non-contracted consultants.



067

Net Income or Net (Loss)

Net Income or Net (Loss)

BEGINNING NET ASSETS
NET INCOME/(NET LOSS)
ENDING NET ASSETS

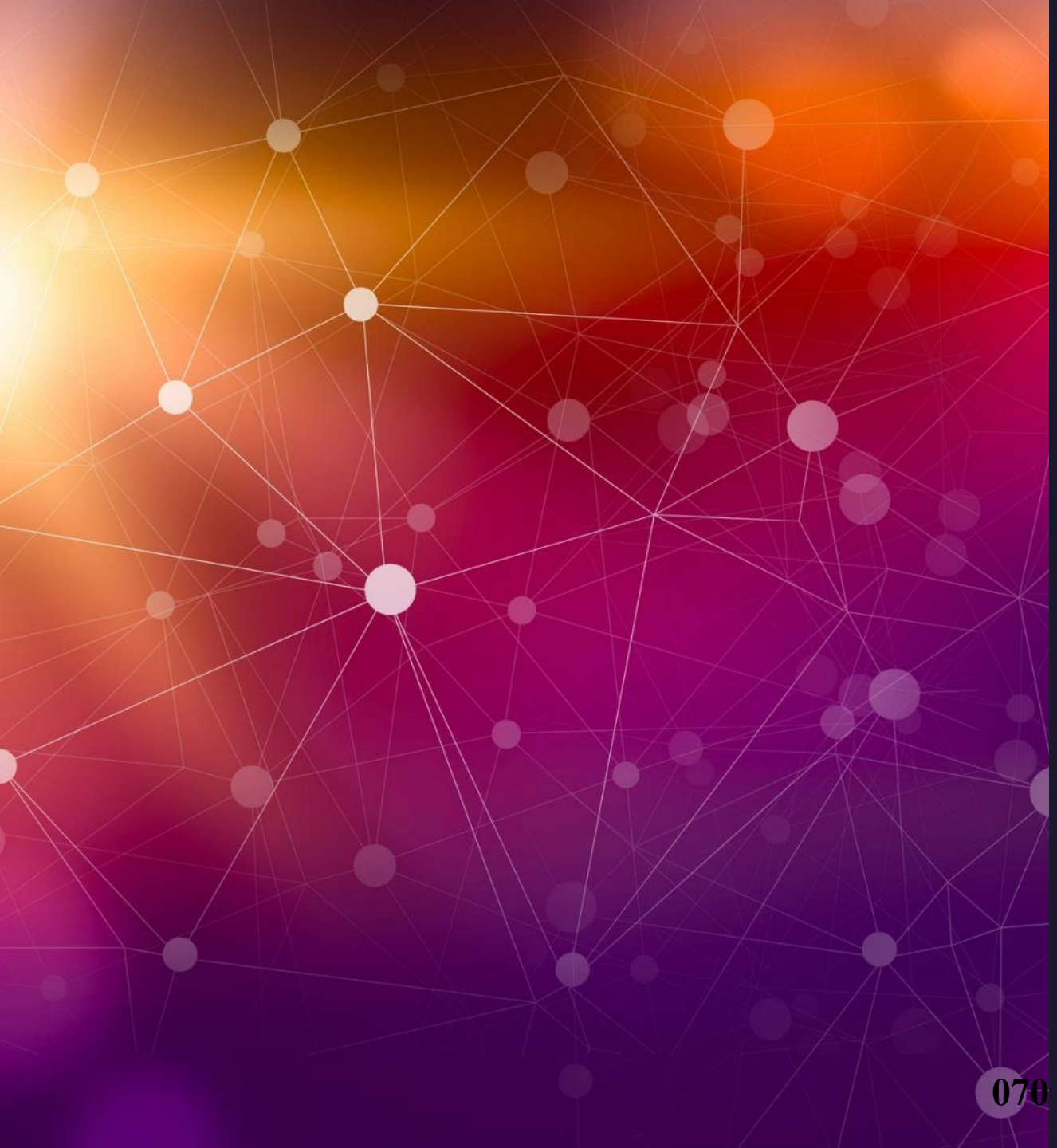
Beginning net assets-is the total of net assets beginning before the reported period.

Net Income-is the money left over after paying all the expenses of the company for a given period.

Net Loss-occurs when expenses exceed the income or total revenue produced for a given period.

Ending Net Assets-is the total of the change in net assets (net income/loss) to the beginning net asset balance.


I AM
VERY
Busy
When someone asks if I'm busy
Saint James



HIPAA

(Health Insurance Portability & Accountability Act)

Overview

- What is HIPAA
- The HIPAA Privacy Rule
- The HIPAA Security Rule
- Authorizations



HIPAA is a FEDERAL law that required the creation of national standards to protect sensitive patient health information from being disclosed without the patients consent or knowledge.

Privacy Rule

- Provides the framework for protecting PHI from unauthorized access and disclosure.
- Addresses the use and disclosure of individuals PHI by entities subjected to the Privacy Rule
    - These individuals and organizations are also called “covered entities”



PHI

(Protected Health Information)

1. PHI is individually identifiable health information, including demographic data, that relates to:
    - An individual's past, present, or future physical or mental health or condition
    - The provision of health care to an individual –or-
    - The past, present, or future payment for the provision of health care to an individual
    - Examples of PHI include:
        - Information your doctors, nurses, and other health care providers put in a participant's medical record
        - Conversations a health plan participant's doctor has about the participant's care or treatment with nurses and others
        - Information about a health plan participant's condition residing in a health insurer's (or other covered entity's) computer system
        - Billing information about a participant – and-
        - Most other health information about a participant held by a covered entity or its business associate

What are Covered Entities?

- - Healthcare providers
  - Every provider regardless of size of practice.
- - Health Plans:
  - Health plans include Health, dental, vision etc.
  - Insurers. Medicare, Medicaid, Employer health plans etc…

Security Rule

- Establishes national standards to protect individuals' personal health information that is created, received, used or maintained by a covered entity.
- This requires appropriate safeguards to ensure the confidentiality, integrity and security of electronic and protected health information
- Safeguards to protect electronic PHI in the way of
  - Access
  - Alteration
  - Deletion other than under recordkeeping processes
  - Transmission

Privacy, Security & Electronic Health Records

- EHR's or Electronic Health Records

- Versions of paper charts in your doctor's office

INFORMTION IN THESE RECORDS SHOULD ONLY BE SHARED BY YOU OR AUTHORIZED BY LAW.

- What can be included in your EHR?
  - An EHR can include medical history, notes, diagnosis, medications, lab results, immunizations and reports from diagnostic testing.
- YOU HAVE PRIVACY RIGHTS WHETHER IT IS STORED IN PAPER COPIES OR E.H.R's. THE SAME FEDERAL LAW THAT ALREADY PROTECTS YOUR HEALTH INFORMATION ALSO APPLY TO INFORMATION IN E.H.R.

Know Who Has Seen It

- By Law, your health information can be shared for specific reasons not directly related to your care (i.e., Coordination of Care, making sure nursing homes or other health care facilities are clean and safe.)

- In many cases you can find out who has seen your health information. You can also learn how your health information is used and shared by your doctor or health insurer.

- You've probably received a notice containing how your health information may be used on your first visit to a new health provider or upon receiving new health insurance.

- Let providers or health insurance know if there is information you DO NOT want to share. You can ask for information in your medical records not to be shared to anyone, but if it restricts or affects your care, they do not have to agree to not release your information.

- You can also ask your healthcare provider OR pharmacy not to tell your health insurance company about the care you receive or pharmaceuticals in full & the provider or pharmacy does not need to be paid by your insurance.

- You may also ask to be reached somewhere other than home. You can ask to be contacted at different places or in a different way. (i.e. contacted at your office or send mail to you inside an envelope.



When your Health Information can be Shared

- With you face to face, over the phone or in writing
- You give permission
- You are present and do not object
- You are not present, and the provider determines based on professional judgement that it is in your best interest.



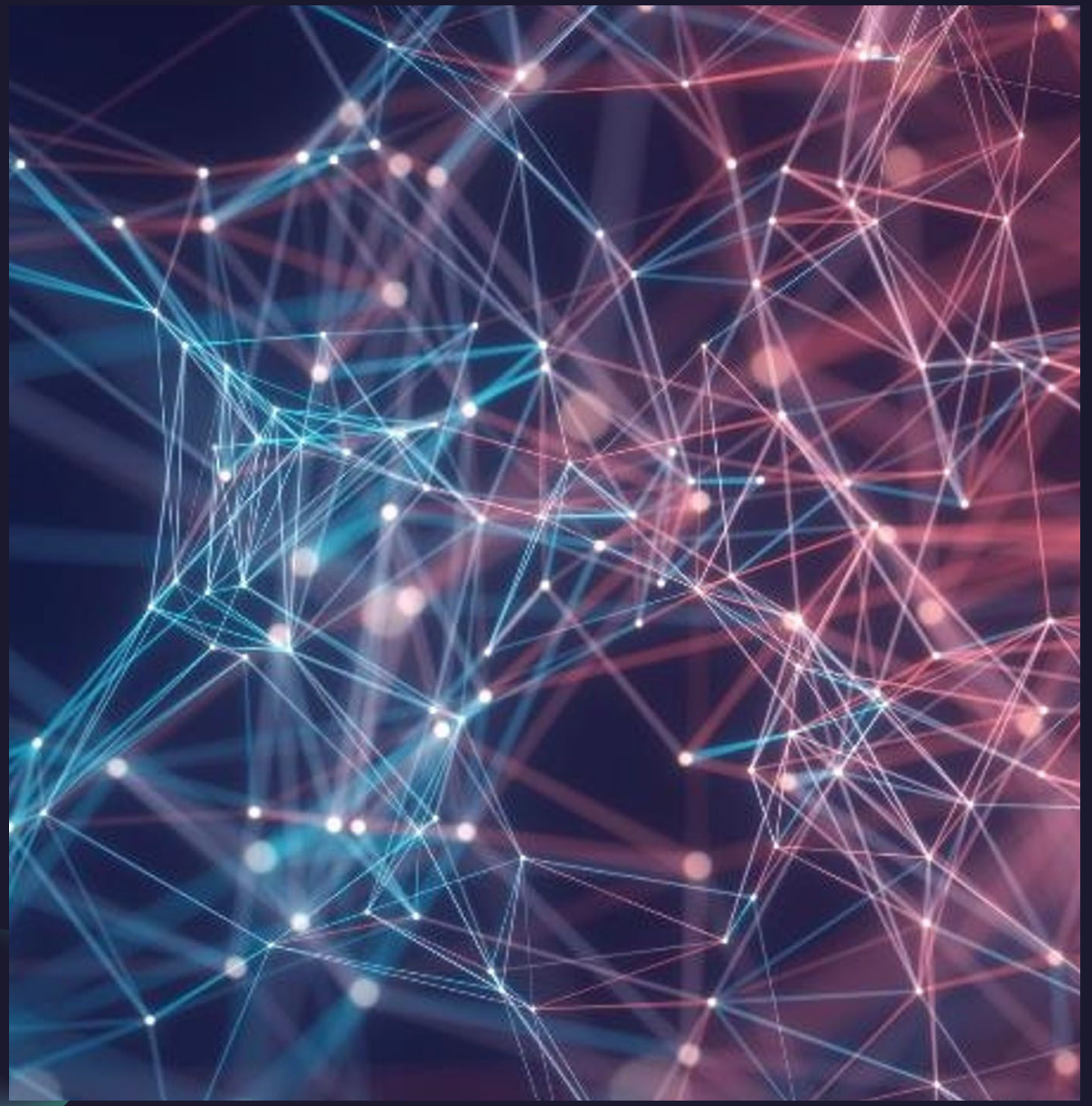
Thank you

Medical Records Department

Office: 940-720-3505

Fax: 940-696-6248

medicalrecords@helenfarabee.org



Helen Farabee CENTERS
— a commitment to caring —

AUTHORIZATION TO RELEASE/EXCHANGE INFORMATION

Office Use Only
Client ID #

INDIVIDUAL'S NAME:_____ DOB:_____ Last 4 of SS#: _____

I Hereby Authorize:

Helen Farabee Centers
516 Denver
Wichita Falls, Tx 76301

Medical Records
Fax #940-696-6248
Email: Medicalrecords@helenfarabee.org

To Release to: ___ To Obtain from: ____

Name (individual or family member) / Specific Practitioner/ Facility: _____
Address: _____
City: _____ State: _____ Zip code: _____
Phone: _____ Fax: _____
Action required by Medical Records: ___ No action required (file only): __

This release is for the following person (be specific):

- ☐ Parent
- ☐ Grandparent
- ☐ Step-parent
- ☐ Sibling
- ☐ Attorney
- ☐ Doctor
- ☐ Relative
- ☐ Friend
- ☐ Other _____

Mental Health/IDD to be Released: (Check all that apply): _____Past 6 months ____Past Year ____Past 2 years _____All Records

- ☐ Verbal Exchange
- ☐ Psychiatric Evaluation
- ☐ Physician Notes/Orders
- ☐ Lab Reports
- ☐ Case Worker Notes/ANSA/CANS
- ☐ Recovery Plan
- ☐ Safety Plan
- ☐ Treatment Plan
- ☐ Special Ed/Testing
- ☐ Discharge Summary
- ☐ Behavioral Support Plan
- ☐ Intervention Progress Notes
- ☐ Admission Review Dismissal
- ☐ Psychological Evaluation/DID
- ☐ Discharge Information/ Furlough Referral
- ☐ Full Individual Evaluation
- ☐ Nursing Observation Notes
- ☐ Transcript
- ☐ Daily Functioning Check List
- ☐ ICAP/Testing/Summary/ Assessments
- ☐ Other

Form must be completed before signing:

_____ _____
Individual's Signature **Date** **Witness Signature** **Date**

_____
Legal Authorized Representative **Date**

Note: Depending on consent, the above information may include drug and alcohol/mental health/communicable disease information, including HIV test results, and/or AIDS related information. While general psychiatric and/or medical information may be released to other components of Health and Human Services, records related to HIV/AIDS and/or alcohol/drug abuse treatment cannot be disclosed without additional consent specific to that content as noted above (Code of Federal Regulations Title 42, Chapter I, Sub A, Part 2). If signing as a parent of a minor child or guardian of an individual note that the information released may contain references to family (except for information related to alcohol or drug abuse treatment). The authorizing person through written notice may revoke this authorization at any time, except to the extent that the Center has already relied upon authorization to use or disclose health information as described in the Notice of Privacy Practices. If not earlier revoked, this consent SHALL EXPIRE ONE (1) YEAR FROM THE DATE OF THE INDIVIDUAL'S SIGNATURE.

FOR OFFICE USE ONLY: **This Authorization is hereby revoked at my request**

_____ _____
Individual's Signature Date Witness Signature Date

_____
Legal Authorized Representative Date

_____ (Initials) I do not authorize the Disclosure of HIV/AIDS or Alcohol and Substance Abuse Treatment

RECOMMENDED ACTION: That the Board of Trustees approves the financial statements for August 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 is *156*.
- Accounts Receivable *increased* by $234,574, going from $1,111,303 to $1,345,877.
- Accounts Payable *decreased by* $74,753, going from $1,091,367 to $1,016,614.
- FINANCIAL STATUS: The Center had a gain of $43,787 for August and a cumulative gain of $658,354 for the year**.**
- **REVENUE**: Overall Revenue received in August 2026 was $76,362 more than budgeted.
  - **Patient Fees** were $55,306 more than budgeted.
    - This is based on actual cash received in August for services.
  - **Miscellaneous** was $232,846 more than budgeted.
    - In-kind Match was $56,600 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 also have the PPB, or Private Psychiatric Bed revenue through the MH General revenue fund, that uses bed days from various contracted hospitals where we are receiving in-kind.
    - Miscellaneous was $233,555 more than budgeted. This was due to one time sale of the leased vehicles for ECI, the remaining money that was not accrued for HCS fees from FY2024, and a RHC reimbursement.

- **Other State Funding** was $273,111 less than budgeted.
  - Justice Involved Grant Program (SB292) Revenue was $267,366 less than budgeted. We were given notice from the state that we had money from FY2025 to expend in FY2026 and so the budget was increased accordingly. This is all based on need for psychiatric beds which will vary greatly from month to month.

- **Other Federal Funding** was $5,161 less than budgeted.
  - Medicaid Service revenue is $15,623 less than budgeted.
  - DPP-BHS revenue is $4,151 more than budgeted.
  - Medicaid Admin Claiming Revenue was; $7,217 more than budgeted.

- **General Revenue** was $66,492 more than budgeted.
  - PESC revenue was $17,193 less than budgeted. PESC revenue fluctuates based on client need for psychiatric beds.
  - Private Psychiatric Beds MH/PPB Revenue was $57,558 more than budgeted. This revenue also fluctuates based on client need for psychiatric beds.
  - General Revenue-IDD Arpa was $27,151 more than budgeted. The Center used the remaining amount for technical work.

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

❖ **EXPENSES:** Overall expense for August 2026 was $185,756 less than budgeted.

- **Personnel** cost was $31,313 more than budgeted.
  - Salaries were $28,922 more than budgeted.
  - Benefits were $2,392 more than budgeted.

- **Contract** cost was $196,848 less than budgeted.
  - SB292 Bed Day Expense was $244,723 less than budgeted, PPB Bed Day expense was $63,432 more than budgeted, and PESC Bed Day expense was $9,153 less than budgeted. All these expenses fluctuate based on client need for the psychiatric beds.

- **Travel and Training** expenses were $6,845 more than budgeted.

- **Capital Outlay** expense was $10,054 more than budgeted. When the adjusted budget was completed, it was without knowing that we would receive the new cars for ECI almost immediately. Our last endeavor to acquire cars took 8 months.

- **Non-Capitalized Equipment** expenses were $4,102 more than budgeted.

- **Pharmaceutical** expense was $4,373 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 $45,596 less than budgeted.
    - In-Kind Expense was $56,600 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.
    - Telecommunications were $27,335 more than budgeted. A CDW invoice that we had been going back and forth with the Vendor on was finally determined that the Center did in fact owe this bill.

Helen Farabee Centers

Balance Sheet - As Of August 2026

Assets	**Actual**	
CASH GENERAL OPERATING FUND	$	4,725,153.08
CASH INTERNAL SERVICE FUND	$	2,166,383.84
CASH SELF FUNDED INSURANCE	$	585,706.31
SAVINGS	$	21,847.50
PETTY CASH FUNDS-CENTERWIDE	$	797.93
INVESTMENTS GENERAL OPERATING FUND	$	8,963,630.61
INVESTMENTS INTERNAL SERVICE FUND	$	725,096.27
ACCOUNTS RECEIVABLE	$	1,345,876.59
PREPAID	$	402,005.49
PREPAID MISCELLANEOUS-SELF INSURED FUNDS	$	-
DEPOSITS	$	299,385.95
DEPOSITS-SELF INSURED FUNDS	$	25,000.00
AMTS PROVIDED-PERSONAL LEAVE	$	947,522.78
LAND	$	1,057,659.65
BUILDINGS & IMPROVEMENTS	$	2,529,784.16
LEASEHOLD IMPROVEMENTS	$	132,631.17
EQUIP/FURN/FIX	$	396,427.35
COMPUTERS & PERIPHERALS	$	718,459.23
VEHICLES & CONTRACTORS EQ	$	1,927,382.13
COMPUTER SOFTWARE	$	368,100.66
ACCUMULATED DEPRECIATION	$	(4,926,853.39)
CLINICAL SOFTWARE PROJECT	$	-
WICHITA FALLS BUILDING PROJECT	$	386,012.69
ISF-MAJOR PROJECTS WORK-IN-PROGRESS	$	-
Total Assets	**$**	**22,798,010.00**
Liabilities and Net Assets		
Liabilities		
ACCOUNTS PAYABLE GENERAL OPERATING FUND	$	701,448.30
ACCOUNTS PAYABLE INTERNAL SERVICE FUND	$	4,727.02
ACCOUNTS PAYABLE-SELF INSURED FUND	$	177,175.42
ACCOUNTS PAYABLE-PAYABLE TO STATE	$	133,263.30
PAYROLL PAYABLE	$	552,976.02
UMR PAYABLE	$	90,942.99
EMPLOYEE DEDUCTION PAYBLE	$	8,700.58
DEFERRED REVENUE	$	85,690.32
ACCUM PERSONAL LEAVE-CURRENT	$	18,979.99
ACCUM PERSONAL LEAVE-LONGTERM	$	947,522.78
UMR CLAIMS PAYABLE - IBNR	$	140,000.00
Total Liabilities	**$**	**2,861,426.72**
Net Assets		
UNRESERVED-FUND BALANCE	$	13,644,187.78
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	$	(236,345.62)
RETAINED EARNINGS	$	151,301.06
Total Net Assets	**$**	**19,936,583.28**
Total Liabilities and Net Assets	**$**	**22,798,010.00**

Helen Farabee Centers
AUGUST 2026 Income Statement

		AUGUST 2026					YEAR TO DATE				
		AUG FY26 Actual	AUG FY26 Budget	AUG FY25 Actual	Variance Budget	Variance FY 2025	FY2026 Y-T-D Actual	FY2026 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	$8,333.32	$0.00	$0.02	$100,000.00	$100,000.00	$100,000.00	$0.00	$0.00
2-7001	CITY OF CHILLICOTHE	$27.50	$27.50	$27.50	$0.00	$0.00	$330.00	$330.00	$330.00	$0.00	$0.00
2-7002	CITY OF QUANAH	$55.00	$55.00	$55.00	$0.00	$0.00	$660.00	$660.00	$660.00	$0.00	$0.00
2-7004	CITY OF BURKBURNETT	$417.68	$417.68	$417.68	$0.00	$0.00	$5,012.00	$5,012.00	$5,012.00	$0.00	$0.00
2-7005	CITY OF GRAHAM	$1,250.00	$1,250.00	$2,916.67	$0.00	($1,666.67)	$15,000.00	$15,000.00	$16,666.67	$0.00	($1,666.67)
2-7006	CITY OF NOCONA	$125.00	$125.00	$125.00	$0.00	$0.00	$1,500.00	$1,500.00	$1,500.00	$0.00	$0.00
2-7007	CITY OF BOWIE	$666.66	$666.66	$666.68	$0.00	($0.02)	$8,000.00	$8,000.00	$8,000.00	$0.00	$0.00
Total City Revenue		**$10,875.18**	**$10,875.18**	**$12,541.85**	**$0.00**	**($1,666.67)**	**$130,502.00**	**$130,502.00**	**$132,168.67**	**$0.00**	**($1,666.67)**
County Revenue - Deferred Revenue											
2-7020	WICHITA COUNTY	$18,333.34	$18,333.34	$13,333.33	$0.00	$5,000.01	$200,000.00	$200,000.00	$146,666.64	$0.00	$53,333.36
2-7021	HASKEL COUNTY	$1,387.65	$1,387.65	$1,387.67	$0.00	($0.02)	$16,652.04	$16,652.04	$16,273.54	$0.00	$378.50
2-7022	STONEWALL COUNTY	$211.91	$211.91	$176.82	$0.00	$35.09	$2,542.70	$2,542.70	$2,122.00	$0.00	$420.70
2-7023	KNOX COUNTY	$554.16	$554.16	$551.40	$0.00	$2.76	$6,650.00	$6,650.00	$6,616.80	$0.00	$33.20
2-7024	DICKENS COUNTY	$0.00	$0.00	$149.82	$0.00	($149.82)	$0.00	$0.00	$1,797.73	$0.00	($1,797.73)
2-7025	YOUNG COUNTY	$3,958.32	$3,958.32	$29,936.00	$0.00	($25,977.68)	$47,500.00	$47,500.00	$34,336.00	$0.00	$13,164.00
2-7026	THROCKMORTON COUNTY	$273.26	$273.26	$156.04	$0.00	$117.22	$3,279.20	$3,279.20	$1,872.64	$0.00	$1,406.56
2-7027	HARDEMAN COUNTY	$353.45	$353.45	$0.00	$0.00	$353.45	$4,241.33	$4,241.33	$0.00	$0.00	$4,241.33
2-7028	WISE COUNTY	$4,616.67	$4,616.67	$4,616.68	$0.00	($0.01)	$55,400.00	$55,400.00	$55,400.00	$0.00	$0.00
2-7029	BAYLOR COUNTY	$433.34	$433.34	$433.32	$0.00	$0.02	$5,200.00	$5,200.00	$5,200.00	$0.00	$0.00
2-7030	FOARD COUNTY	$110.00	$110.00	$205.99	$0.00	($95.99)	$1,320.00	$1,320.00	$2,471.88	$0.00	($1,151.88)
2-7031	MONTAGUE COUNTY	$8,388.05	$8,388.05	$8,107.85	$0.00	$280.20	$100,656.45	$100,656.45	$97,294.09	$0.00	$3,362.36
2-7032	JACK COUNTY	$2,956.19	$2,956.19	$1,250.00	$0.00	$1,706.19	$35,474.25	$35,474.25	$15,000.00	$0.00	$20,474.25
2-7033	CLAY COUNTY	$333.34	$333.34	$333.35	$0.00	($0.01)	$4,000.00	$4,000.00	$4,000.00	$0.00	$0.00
2-7034	COTTLE COUNTY	$199.73	$199.73	$199.73	$0.00	$0.00	$2,396.98	$2,396.98	$2,396.98	$0.00	$0.00
2-7035	CHILDRESS COUNTY	$347.91	$347.91	$347.90	$0.00	$0.01	$4,175.00	$4,175.00	$4,175.00	$0.00	$0.00
2-7036	ARCHER COUNTY SUPPORT	$964.59	$964.59	($0.02)	$0.00	$964.61	$11,575.00	$11,575.00	$0.00	$0.00	$11,575.00
Total County Revenue		**$43,421.91**	**$43,421.91**	**$61,185.88**	**$0.00**	**($17,763.97)**	**$501,062.95**	**$501,062.95**	**$395,623.30**	**$0.00**	**$105,439.65**
Other Taxing Authority Funds - Deferred Revenue											
2-7038	INDEPENDENT SCHOOL DISTRICT	$265.00	$265.00	$265.00	$0.00	$0.00	$3,180.00	$3,180.00	$3,180.00	$0.00	$0.00
Total Other Taxing Authority Funds		**$265.00**	**$265.00**	**$265.00**	**$0.00**	**$0.00**	**$3,180.00**	**$3,180.00**	**$3,180.00**	**$0.00**	**$0.00**
Patient Fees - Cash Basis Only											
2-7050	CONSUMER FEES	$56,176.23	$31,184.70	$51,693.25	$24,991.53	$4,482.98	$329,561.22	$257,342.54	$257,384.09	$72,218.68	$72,177.13
2-7060	PRIVATE INSURANCE MCO CARD SERVICES	$70,674.46	$55,763.73	$60,275.66	$14,910.73	$10,398.80	$426,064.08	$407,939.85	$393,243.83	$18,124.23	$32,820.25
2-7070	PRIVATE INSURANCE MCO CASE MANAGEMENT	$31,632.11	$23,376.14	$36,736.05	$8,255.97	($5,103.94)	$202,571.71	$172,438.86	$184,883.95	$30,132.85	$17,687.76
2-7080	PRIVATE INSURANCE MCO REHAB	$26,850.03	$19,702.70	$26,633.84	$7,147.33	$216.19	$170,113.56	$156,106.47	$160,894.97	$14,007.09	$9,218.59
Total Patient Fees		**$185,332.83**	**$130,027.27**	**$175,338.80**	**$55,305.56**	**$9,994.03**	**$1,128,310.57**	**$993,827.72**	**$996,406.84**	**$134,482.85**	**$131,903.73**
Miscellaneous - Cash Basis											
2-7037	IN-KIND MATCH	$739,563.30	$796,163.45	$876,045.39	($56,600.15)	($136,482.09)	$8,096,894.83	$8,573,717.00	$9,687,437.54	($476,822.17)	($1,590,542.71)
2-7100	MEDICARE - TITLE XVII	$10,603.48	$15,734.80	$14,558.77	($5,131.32)	($3,955.29)	$53,742.93	$51,882.91	$50,706.88	$1,860.02	$3,036.05
2-7260	RENT	$1,137.50	$1,137.50	$3,918.25	$0.00	($2,780.75)	$12,687.50	$13,650.00	$56,069.00	($962.50)	($43,381.50)
2-7270	DONATIONS/CONTRIBUTIONS	$0.00	$0.00	$233.33	$0.00	($233.33)	$11,089.47	$7,730.89	$9,897.54	$3,358.58	$1,191.93
2-7272	CART EARNED REVENUE	($0.99)	$0.00	$15,081.45	($0.99)	($15,082.44)	$189,494.63	$192,169.50	$417,792.37	($2,674.87)	($228,297.74)
2-7273	OPIOID GRANT	$8,983.26	$8,600.53	$1,000.00	$382.73	$7,983.26	$99,604.00	$87,349.72	$5,996.00	$12,254.28	$93,608.00
2-7274	USDA GRANT REVENUE- IT TECHNOLOGY	$0.00	$0.00	$0.00	$0.00	$0.00	$12,949.00	$0.00	$161,194.00	$12,949.00	($148,245.00)
2-7275	INTEREST INCOME	$68,639.94	$8,000.00	$66,625.55	$60,639.94	$2,014.39	$342,894.33	$256,118.56	$346,458.03	$86,775.77	($3,563.70)
2-7280	MISCELLANEOUS	$241,617.41	$8,062.10	$10,253.81	$233,555.31	$231,363.60	$279,999.07	$50,504.47	$125,901.24	$229,494.60	$154,097.83
Total Miscellaneous		**$1,070,543.90**	**$837,698.38**	**$987,716.55**	**$232,845.52**	**$82,827.35**	**$9,099,355.76**	**$9,233,123.05**	**$10,861,452.60**	**($133,767.29)**	**($1,762,096.84)**

		AUGUST 2026					YEAR TO DATE				
		AUG FY26 Actual	AUG FY26 Budget	AUG FY25 Actual	Variance Budget	Variance FY 2025	FY2026 Y-T-D Actual	FY2026 Y-T-D Budget	FY2025 Y-T-D Actual	Variance Y-T-D Budget	Variance Y-T-D FY 2025
Other State Funding - Accrued Basis Only											
2-7120	MH FIRST AID	$0.00	$0.00	$0.00	$0.00	$0.00	$55,000.00	$55,000.00	$47,000.00	$0.00	$8,000.00
2-7122	TCOOMMI EARNED INCOME	$27,075.16	$30,580.22	$28,878.58	($3,505.06)	($1,803.42)	$368,198.02	$366,842.61	$360,628.09	$1,355.41	$7,569.93
2-7124	SUBSTANCE ABUSE SERVICES	$29,704.76	$28,530.10	$40,387.87	$1,174.66	($10,683.11)	$385,583.63	$378,424.60	$287,781.68	$7,159.03	$97,801.95
2-7125	SUD COMMUNITY MH GRANT PROGRAM	$0.00	$3,521.67	$3,121.17	($3,521.67)	($3,121.17)	$42,260.00	$42,260.00	$24,717.45	$0.00	$17,542.55
2-7127	OSAR - OUTREACH, SCREENING ASSESSMENT, REFFERAL	$38,237.52	$44,063.46	$40,995.37	($5,825.94)	($2,757.85)	$362,483.34	$412,224.74	$448,381.12	($49,741.40)	($85,897.78)
2-7150	MFP/ECC REVENUE	$0.00	$2,707.51	$5,947.53	($2,707.51)	($5,947.53)	$36,061.91	$32,490.00	$32,490.00	$3,571.91	$3,571.91
2-7152	PASSR IDD SPECIALIZED SERVICES	$369.76	$909.96	$395.25	($540.20)	($25.49)	$9,163.17	$11,792.99	$7,172.63	($2,629.82)	$1,990.54
2-7153	PASRR IDD SPECIALIZED SERVICES - OBRA - LIDDA	$0.00	$350.00	$0.00	($350.00)	$0.00	$1,400.00	$1,400.00	$4,200.00	$0.00	($2,800.00)
2-7132	CMHG LPHA EXPANSION	$5,628.73	$6,250.66	$4,873.76	($621.93)	$754.97	$62,373.96	$66,746.58	$51,174.59	($4,372.62)	$11,199.37
2-7216	MHGJII NCA - JBCR	$28,649.49	$18,184.56	$12,615.58	$10,464.93	$16,033.91	$240,831.60	$228,863.38	$53,825.48	$11,968.22	$187,006.12
2-7218	JUSTICE INVOLVED GRANT PROGRAM	$231,096.31	$498,462.50	$424,187.86	($267,366.19)	($193,091.55)	$2,412,381.19	$3,633,692.41	$2,928,303.69	($1,221,311.22)	($515,922.50)
2-7245	DARS-ECI REVENUE	$308.00	$619.66	$15,239.93	($311.66)	($14,931.93)	$1,076,510.32	$1,068,836.00	$1,088,482.00	$7,674.32	($11,971.68)
Total Other State Funding		**$361,069.73**	**$634,180.30**	**$576,642.90**	**($273,110.57)**	**($215,573.17)**	**$5,052,247.14**	**$6,298,573.31**	**$5,334,156.73**	**($1,246,326.17)**	**($281,909.59)**
Other Federal Funding											
2-7102	MEDICAID-CARD SERVICES	$1,785.85	$2,143.42	$4,870.01	($357.57)	($3,084.16)	$21,445.71	$12,694.99	$16,227.57	$8,750.72	$5,218.14
2-7104	MEDICAID-CASE MANAGEMENT	$7,859.00	$14,157.03	$13,481.01	($6,298.03)	($5,622.01)	$43,611.15	$66,048.37	$65,567.78	($22,437.22)	($21,956.63)
2-7106	MEDICAID-IDD SERV COORDINATION	$62,182.00	$56,505.60	$78,790.80	$5,676.40	($16,608.80)	$669,897.00	$677,246.35	$721,250.10	($7,349.35)	($51,353.10)
2-7108	MEDICAID REHAB	$29,104.11	$38,071.85	$36,917.06	($8,967.74)	($7,812.95)	$221,368.13	$238,472.55	$236,144.38	($17,104.42)	($14,776.25)
2-7110	MEDICAID PASRR	$356.44	$1,705.82	$929.29	($1,349.38)	($572.85)	$5,967.73	$8,452.72	$8,070.82	($2,484.99)	($2,103.09)
2-7112	MEDICAID-ADMIN CLAIMING	$40,000.00	$32,782.85	$40,000.00	$7,217.15	$0.00	$512,025.20	$524,339.31	$531,288.45	($12,314.11)	($19,263.25)
2-7114	MEDICAID-HABILITATION COORDINATION	$7,496.28	$7,862.76	$4,581.06	($366.48)	$2,915.22	$132,896.66	$95,319.36	$92,037.66	$37,577.30	$40,859.00
2-7120	MH FIRST AID	$11,459.35	$7,537.48	$9,233.33	$3,921.87	$2,226.02	$94,999.98	$95,000.00	$91,945.10	($0.02)	$3,054.88
2-7126	STATE HOSPITAL STEP-DOWN PROGRAM	$49,357.56	$55,016.51	$53,262.84	($5,658.95)	($3,905.28)	$620,068.46	$653,029.24	$650,862.78	($32,960.78)	($30,794.32)
2-7128	RSS - RECOVERY SUPPORT SERVICES	$13,869.58	$13,398.78	$6,851.03	$470.80	$7,018.55	$120,128.61	$129,255.33	$74,558.89	($9,126.72)	$45,569.72
2-7130	MH OUTPATIENT CAPACITY EXPANSION	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$117,260.83	$0.00	($117,260.83)
2-7252	DIRECTED PAYMENT PROGRAM - BEHAVIORAL HEALTH SERVICES	$40,466.41	$36,315.40	$46,921.77	$4,151.01	($6,455.36)	$601,836.48	$427,913.62	$445,930.34	$173,922.86	$155,906.14
2-7254	PUBLIC HEALTH PROVIDER - CHARITY CARE PROGRAM	$0.00	$0.00	$0.00	$0.00	$0.00	$2,569,055.57	$2,569,055.57	$2,197,789.03	$0.00	$371,266.54
2-7258	TRANSITION SUPPORT LIAISON	$1,659.98	$5,260.34	$6,160.94	($3,600.36)	($4,500.96)	$60,366.00	$63,124.00	$24,876.68	($2,758.00)	$35,489.32
Total Other Federal Funding		**$265,596.56**	**$270,757.84**	**$301,999.14**	**($5,161.28)**	**($36,402.58)**	**$5,673,666.68**	**$5,559,951.41**	**$5,273,810.41**	**$113,715.27**	**$399,856.27**
General Revenue - Deferred Revenue											
2-7215	PESC	$151,143.82	$168,336.75	$85,632.69	($17,192.93)	$65,511.13	$2,177,828.00	$2,177,828.00	$2,177,828.00	$0.00	$0.00
2-7217	Private Psychiatric Beds MH/PPB	$117,848.69	$60,290.31	$15,618.97	$57,558.38	$102,229.72	$937,600.00	$937,600.00	$937,600.00	$0.00	$0.00
2-7220	GENERAL REVENUE - MH	$600,876.23	$600,876.23	$600,876.25	$0.00	($0.02)	$7,210,515.00	$7,210,515.00	$7,210,515.00	$0.00	$0.00
2-7222	GENERAL REVENUE - VETERANS SERVICES	$4,809.12	$5,833.32	$5,833.32	($1,024.20)	($1,024.20)	$68,975.80	$70,000.00	$70,000.00	($1,024.20)	($1,024.20)
2-7224	GENERAL REVENUE - BH SVCS IN EDUC SVC CTR	$9,583.32	$9,583.32	($159.21)	$0.00	$9,742.53	$115,000.00	$115,000.00	$105,257.47	$0.00	$9,742.53
2-7230	GENERAL REVENUE - IDD	$93,036.53	$93,036.53	$93,036.54	$0.00	($0.01)	$1,116,438.37	$1,116,438.37	$1,116,438.37	$0.00	$0.00
2-7232	GENERAL REVENUE-CRISIS REDESIG	$39,884.50	$39,884.50	$39,884.50	$0.00	$0.00	$478,614.00	$478,614.00	$478,614.00	$0.00	$0.00
2-7235	GENERAL REVENUE - IDD ARPA	$27,151.17	$0.00	($10,820.58)	$27,151.17	$37,971.75	$29,946.56	$2,795.39	$6,241.38	$27,151.17	$23,705.18
2-7236	IDD GR-CRISIS RESPITE-CIS	$17,980.68	$17,980.68	$17,980.68	$0.00	$0.00	$215,768.00	$215,768.00	$215,768.00	$0.00	$0.00
2-7238	PERMANENCY PLANNING	$1,854.75	$1,854.75	$1,854.75	$0.00	$0.00	$22,257.00	$22,257.00	$22,257.00	$0.00	$0.00
Total General Revenue		**$1,064,168.81**	**$997,676.39**	**$849,737.91**	**$66,492.42**	**$214,430.90**	**$12,372,942.73**	**$12,346,815.76**	**$12,340,519.22**	**$26,126.97**	**$32,423.51**
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	$174,789.00	$174,789.00	$174,789.00	$0.00	$0.00
2-7201	TANF-ADULT	$3,207.57	$3,207.57	$3,207.57	$0.00	$0.00	$38,491.00	$38,491.00	$38,491.00	$0.00	$0.00
2-7202	TANF-TITLE XX-ADULT	$3,663.68	$3,663.68	$3,663.68	$0.00	$0.00	$43,964.00	$43,964.00	$43,964.00	$0.00	$0.00
2-7203	TRANSITION-TITLE XX-CRISIS	$5,992.25	$5,992.25	$5,992.25	$0.00	$0.00	$71,907.00	$71,907.00	$71,907.00	$0.00	$0.00
2-7210	MENTAL HEALTH BLOCK GRANT	$36,511.94	$36,511.94	$36,512.01	$0.00	($0.07)	$438,143.00	$438,143.00	$438,143.00	$0.00	$0.00
Total Allocated Federal Funds		**$63,941.19**	**$63,941.19**	**$63,941.26**	**$0.00**	**($0.07)**	**$767,294.00**	**$767,294.00**	**$767,294.00**	**$0.00**	**$0.00**
Total Revenue		**$3,065,215.11**	**$2,988,843.46**	**$3,029,369.29**	**$76,371.65**	**$35,845.82**	**$34,728,561.83**	**$35,834,330.20**	**$36,104,506.57**	**($1,105,768.37)**	**($1,375,944.74)**

		AUGUST 2026					YEAR TO DATE				
		AUG FY26 Actual	AUG FY26 Budget	AUG FY25 Actual	Variance Budget	Variance FY 2025	FY2026 Y-T-D Actual	FY2026 Y-T-D Budget	FY2025 Y-T-D Actual	Variance Y-T-D Budget	Variance Y-T-D FY 2025
Expense											
Salaries											
2-8000	SALARIES	$1,008,611.52	$988,100.02	$982,796.23	$20,511.50	$25,815.29	$11,708,508.28	$11,733,398.16	$11,531,333.23	($24,889.88)	$177,175.05
2-8001	OVERTIME	$16,358.02	$7,948.02	$5,022.66	$8,410.00	$11,335.36	$115,128.15	$88,698.21	$103,489.98	$26,429.94	$11,638.17
Total Salaries		**$1,009,310.77**	**$1,012,295.37**	**$954,461.49**	**$28,921.50**	**$37,150.65**	**$1,974,172.10**	**$1,966,350.34**	**$1,891,678.48**	**$1,540.06**	**$188,813.22**
Benefits											
2-8002	EMPLOYER'S FICA/MEDICARE	$75,980.17	$73,397.41	$73,202.83	$2,582.76	$2,777.34	$868,122.14	$877,619.42	$853,194.16	($9,497.28)	$14,927.98
2-8003	TEC UNEMPLOYMENT TAX	$1,846.78	$996.03	($30.41)	$850.75	$1,877.19	$47,963.78	$47,717.50	$20,279.68	$246.28	$27,684.10
2-8004	WORKER'S COMPENSATION	$2,072.71	$2,041.46	$1,476.24	$31.25	$596.47	$32,578.71	$34,502.00	$22,123.24	($1,923.29)	$10,455.47
2-8005	RETIREMENT EMPLOYER CONTRIBUTION 401A	$54,514.23	$53,036.55	$52,477.58	$1,477.68	$2,036.65	$630,205.32	$629,970.44	$587,614.32	$234.88	$42,591.00
2-8006	HEALTH INSURANCE	$167,114.37	$169,612.72	$102,400.83	($2,498.35)	$64,713.54	$1,989,486.23	$1,992,062.13	$1,724,557.46	($2,575.90)	$264,928.77
2-8008	EMPLOYER FUNDED BASIC LIFE	$910.47	$962.66	$1,440.18	($52.19)	($529.71)	$11,469.60	$11,467.64	$8,140.03	$1.96	$3,329.57
Total Benefits		**$284,233.15**	**$285,526.89**	**$256,608.09**	**$2,391.90**	**$71,471.48**	**$564,672.54**	**$565,309.08**	**$509,788.70**	**($13,513.35)**	**$363,916.89**
Contracts											
2-8300	PSYCHIATRIST	$23,315.00	$20,000.00	$22,650.00	$3,315.00	$665.00	$285,055.00	$276,000.00	$281,325.00	$9,055.00	$3,730.00
2-8302	MEDICAL DIRECTOR	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$29,200.00	$0.00	($29,200.00)
2-8304	PSYCHOLOGIST	$1,300.00	$1,050.00	$3,365.00	$250.00	($2,065.00)	$5,300.00	$6,850.00	$9,165.00	($1,550.00)	($3,865.00)
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	$149,544.00	$150,151.28	$149,544.00	($607.28)	$0.00
2-8320	PESC BED DAYS	$120,255.00	$129,408.00	$82,600.00	($9,153.00)	$37,655.00	$1,756,910.00	$1,728,000.00	$1,834,860.00	$28,910.00	($77,950.00)
2-8321	PPB BED DAYS	$115,090.00	$51,658.00	$15,090.00	$63,432.00	$100,000.00	$826,155.00	$810,596.00	$851,940.00	$15,559.00	($25,785.00)
2-8322	OSAR-SUBSTANCE ABUSE	$37,435.46	$39,103.91	$40,402.75	($1,668.45)	($2,967.29)	$371,835.65	$412,436.00	$414,734.84	($40,600.35)	($42,899.19)
2-8326	LABORATORY CONTRACTS	$2,585.92	$3,041.97	$2,260.79	($456.05)	$325.13	$25,405.57	$30,017.97	$23,552.56	($4,612.40)	$1,853.01
2-8336	RESPITE-CONTRACTED	$9,637.50	$4,530.00	$4,045.00	$5,107.50	$5,592.50	$61,915.25	$51,351.50	$49,866.50	$10,563.75	$12,048.75
2-8338	SOFTWARE WEB-BASED	$22,490.59	$21,660.93	$51,031.08	$829.66	($28,540.49)	$272,537.12	$269,041.94	$297,307.72	$3,495.18	($24,770.60)
2-8344	JUSTICE INVOLVED BED DAYS (SB292)	$208,425.00	$453,147.53	$384,335.00	($244,722.53)	($175,910.00)	$2,179,240.00	$3,296,477.65	$2,647,960.00	($1,117,237.65)	($468,720.00)
2-8346	STATE HOSPITAL STEP-DOWN PROGRAM CONTRACTED	$45,500.00	$45,500.00	$45,500.00	$0.00	$0.00	$546,000.00	$546,000.00	$546,000.00	$0.00	$0.00
2-8348	BH SVCS IN ESC-REGION 9	$799.07	$808.28	$1,342.57	($9.21)	($543.50)	$6,907.25	$8,332.17	$8,866.46	($1,424.92)	($1,959.21)
2-8350	OTHER CONTRACTED CONSULTANTS	$3,733.92	$6,044.72	$5,384.57	($2,310.80)	($1,650.65)	$44,048.89	$53,675.56	$63,162.30	($9,626.67)	($19,113.41)
2-8352	WFPD - CART	$0.00	$8,320.30	$586.06	($8,320.30)	($586.06)	$68,457.28	$68,906.64	$93,039.73	($449.36)	($24,582.45)
2-8353	TECHNICAL ASSISTANCE - CART	$0.00	$0.00	$4,980.00	$0.00	($4,980.00)	$12,490.00	$32,895.00	$123,960.00	($20,405.00)	($111,470.00)
2-8354	WFFD - CART	$0.00	$5,166.57	$5,000.00	($5,166.57)	($5,000.00)	$52,313.87	$61,332.56	$100,000.00	($9,018.69)	($47,686.13)
2-8355	Other Contracted/Non-Contracted Consultants-G & A Services	$11,677.51	$9,598.83	$13,415.15	$2,078.68	($1,737.64)	$116,980.45	$106,168.65	$123,770.66	$10,811.80	($6,790.21)
Total Contracts		**$614,706.97**	**$811,555.46**	**$694,449.97**	**($196,848.49)**	**($79,743.00)**	**$6,781,290.33**	**$7,908,232.92**	**$7,648,319.77**	**($1,126,942.59)**	**($867,029.44)**
Travel and Training											
2-8021	EMPLOYEE MILEAGE	$1,914.89	$0.00	$1,800.00	$1,914.89	$114.89	$16,215.77	$18,055.96	$20,668.79	($1,840.19)	($4,453.02)
2-8022	EMPLOYEE PER DIEM (MEALS AND HOTEL)	$2,832.39	$38.00	$3,588.49	$2,794.39	($756.10)	$43,296.44	$32,077.20	$36,045.07	$11,219.24	$7,251.37
2-8023	EMPLOYEE TRAVEL-AIRFARE & CAR RENTAL	$1,027.47	$50.00	$573.29	$977.47	$454.18	$11,556.67	$8,459.11	$9,695.53	$3,097.56	$1,861.14
2-8024	EMPLOYEE TRAVEL OVER STATE RATE	$0.00	$0.00	$0.00	$0.00	$0.00	$4,190.18	$1,198.87	$1,198.87	$2,991.31	$2,991.31
2-8025	EMPLOYEE DEVELOPMENT & TRAINING	$1,158.70	$0.00	$2,748.66	$1,158.70	($1,589.96)	$31,735.07	$30,929.36	$34,062.94	$805.71	($2,327.87)
Total Travel and Training		**$6,933.45**	**$88.00**	**$8,710.44**	**$6,845.45**	**($1,776.99)**	**$106,994.13**	**$90,720.50**	**$101,671.20**	**$16,273.63**	**$5,322.93**
Capital Outlay											
2-8106	BUILDING USE FEE	$6,313.68	$6,232.24	$7,580.27	$81.44	($1,266.59)	$86,861.11	$85,130.99	$93,441.88	$1,730.12	($6,580.77)
2-8126	EQUIP/FURN/FIX USE FEE	$2,721.81	$2,278.06	$2,060.87	$443.75	$660.94	$25,687.69	$27,679.55	$27,321.57	($1,991.86)	($1,633.88)
2-8146	VEHICLE USE FEE	$15,016.39	$9,581.84	$5,434.70	$5,434.55	$9,581.69	$116,370.38	$92,886.05	$68,003.52	$23,484.33	$48,366.86
2-8156	SOFTWARE USE FEE	$0.00	$0.00	$208.33	$0.00	($208.33)	$208.33	$208.33	$2,500.00	$0.00	($2,291.67)
2-8166	COMPUTER & PRINTER USE FEE	$2,646.41	$2,725.12	$4,750.43	($78.71)	($2,104.02)	$44,682.53	$49,441.28	$59,688.74	($4,758.75)	($15,006.21)
2-8170	CAPITAL OUTLAY	$8,882.46	$4,709.25	$2,795.40	$4,173.21	$6,087.06	$21,539.87	$21,048.70	$118,478.15	$491.17	($96,938.28)
Total Capital Outlay		**$35,580.75**	**$25,526.51**	**$22,830.00**	**$10,054.24**	**$12,750.75**	**$295,349.91**	**$276,394.90**	**$369,433.86**	**$18,955.01**	**($74,083.95)**
Non-Capitalized Equipment											
2-8190	MINOR EQUIPMENT PURCHASES	$4,654.51	$552.11	$3,460.38	$4,102.40	$1,194.13	$58,404.01	$26,273.34	$32,382.25	$32,130.67	$26,021.76
Total Non-Capitalized Equipment		**$4,654.51**	**$552.11**	**$3,460.38**	**$4,102.40**	**$1,194.13**	**$58,404.01**	**$26,273.34**	**$32,382.25**	**$32,130.67**	**$26,021.76**

		AUGUST 2026					YEAR TO DATE				
		AUG FY26 Actual	AUG FY26 Budget	AUG FY25 Actual	Variance Budget	Variance FY 2025	FY2026 Y-T-D Actual	FY2026 Y-T-D Budget	FY2025 Y-T-D Actual	Variance Y-T-D Budget	Variance Y-T-D FY 2025
Pharmaceutical											
2-8316	PHARMACIST	$55,839.26	$51,466.38	$55,492.85	$4,372.88	$346.41	$699,463.63	$680,782.85	$666,705.13	$18,680.78	$32,758.50
Total Pharmaceutical		**$55,839.26**	**$51,466.38**	**$55,492.85**	**$4,372.88**	**$346.41**	**$699,463.63**	**$680,782.85**	**$666,705.13**	**$18,680.78**	**$32,758.50**
Other Operating											
2-8007	EAP EXPENSE	$404.80	$406.40	$404.80	($1.60)	$0.00	$4,854.40	$4,876.80	$4,754.38	($22.40)	$100.02
2-8020	HIRING RELATED EXPENSES	$3,140.50	$4,300.41	$4,004.76	($1,159.91)	($864.26)	$45,900.17	$45,698.16	$40,567.43	$202.01	$5,332.74
2-8026	EMPLOYEE AWARDS & BANQUETS	$0.00	$0.00	$39.60	$0.00	($39.60)	$14,827.58	$17,000.00	$14,796.75	($2,172.42)	$30.83
2-8027	EMPLOYEE FLU SHOTS AND TB	$606.56	$0.00	$0.00	$606.56	$606.56	$1,163.12	$1,567.89	$1,567.89	($404.77)	($404.77)
2-8040	PROFESSIONAL/ERROR&OMMISSIONS	$2,174.46	$2,174.46	$2,410.57	$0.00	($236.11)	$26,093.85	$26,093.85	$28,927.28	$0.00	($2,833.43)
2-8041	LIABILITY COVERAGE	$103.63	$103.63	$107.28	$0.00	($3.65)	$1,344.00	$1,244.00	$1,475.00	$100.00	($131.00)
2-8042	OTHER INSURANCE COVERAGE	$1,777.80	$1,777.80	$1,713.35	$0.00	$64.45	$21,334.15	$21,334.15	$20,560.31	$0.00	$773.84
2-8050	ADVERTISING EXPENSE	$655.82	$1,594.77	$2,871.30	($938.95)	($2,215.48)	$20,837.72	$23,925.92	$17,421.15	($3,088.20)	$3,416.57
2-8055	DUES AND MEMBERSHIPS	$5,401.38	$5,720.53	$5,687.90	($319.15)	($286.52)	$66,700.38	$65,237.18	$69,600.06	$1,463.20	($2,899.68)
2-8057	LICENSES	$2,538.30	$1,839.22	$1,682.34	$699.08	$855.96	$28,451.81	$18,069.22	$27,399.92	$10,382.59	$1,051.89
2-8060	BOARD ACTIVITY EXPENSE	$682.48	$1,055.26	$974.37	($372.78)	($291.89)	$4,927.28	$4,436.46	$5,410.83	$490.82	($483.55)
2-8065	DPP-BHS RISK AND ADMIN EXPENSE	$2,044.14	$2,044.13	$2,044.17	$0.01	($0.03)	$24,530.01	$24,530.00	$24,529.97	$0.01	$0.04
2-8070	UTILITIES	$23,730.54	$19,977.94	$21,891.17	$3,752.60	$1,839.37	$229,082.38	$215,856.57	$220,293.18	$13,225.81	$8,789.20
2-8072	TELECOMMUNICATIONS	$50,792.90	$23,458.12	$21,748.76	$27,334.78	$29,044.14	$341,453.22	$311,980.33	$309,963.57	$29,472.89	$31,489.65
2-8076	TELEPHONE-BASIC SERVICE EXPENSE	$1,768.60	$1,804.11	$1,823.36	($35.51)	($54.76)	$23,800.45	$27,819.97	$27,965.87	($4,019.52)	($4,165.42)
2-8078	CELL PHONE SERVICE EXPENSE	$2,156.84	$1,963.86	$1,926.53	$192.98	$230.31	$22,386.40	$24,854.91	$25,013.08	($2,468.51)	($2,626.68)
2-8080	LONG DISTANCE TELEPHONE SERVICE EXPENSE	$681.88	$246.96	$391.29	$434.92	$290.59	$4,695.49	$3,111.38	$3,255.73	$1,584.11	$1,439.76
2-8100	BUILDING RENT	$57,099.53	$57,099.53	$56,826.57	$0.00	$272.96	$684,327.55	$681,933.55	$748,132.75	$2,394.00	($63,805.20)
2-8101	P.O. BOX/STORAGE RENTAL/LEASE	$86.83	$82.19	$82.20	$4.64	$4.63	$1,008.68	$969.81	$970.10	$38.87	$38.58
2-8102	PROPERTY DAMAGE COVERAGE	$10,934.99	$11,732.38	$10,163.63	($797.39)	$771.36	$136,096.38	$140,790.21	$121,824.23	($4,693.83)	$14,272.15
2-8104	BUILDING REPAIR & MAINTENANCE	$12,495.24	$15,244.72	$14,621.87	($2,749.48)	($2,126.63)	$196,906.03	$183,792.38	$184,463.98	$13,113.65	$12,442.05
2-8120	EQUIPMENT RENTAL/LEASE	$7,263.11	$7,161.08	$7,170.12	$102.03	$92.99	$86,201.92	$85,598.90	$85,941.32	$603.02	$260.60
2-8124	EQUIPMENT REPAIR & MAINTENANCE	$2,105.00	$1,816.19	$3,202.64	$288.81	($1,097.64)	$26,501.02	$29,052.57	$30,608.03	($2,551.55)	($4,107.01)
2-8140	VEHICLE LEASE	$0.00	$2,611.11	$2,611.11	($2,611.11)	($2,611.11)	$23,998.26	$31,333.32	$31,333.32	($7,335.06)	($7,335.06)
2-8142	AUTO LIABILITY/PHYS DAMAGE INS	$8,568.99	$9,331.45	$7,886.18	($762.46)	$682.81	$104,105.00	$106,378.68	$97,289.27	($2,273.68)	$6,815.73
2-8143	INSURANCE EXP-DEDUCTIBLES PAID	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1,000.00	$1,400.00	($1,000.00)	($1,400.00)
2-8144	VEHICLE REPAIR & MAINTENANCE	$3,046.73	$3,592.81	$2,624.85	($546.08)	$421.88	$36,647.32	$37,401.97	$36,681.72	($754.65)	($34.40)
2-8145	GAS-VEHICLE & EQUIPMENT	$8,617.89	$8,648.12	$6,247.00	($30.23)	$2,370.89	$91,999.60	$87,830.26	$72,957.77	$4,169.34	$19,041.83
2-8200	OFFICE SUPPLIES	$10,063.57	$7,248.56	$5,956.51	$2,815.01	$4,107.06	$135,721.81	$129,529.43	$106,123.32	$6,192.38	$29,598.49
2-8202	BOOKS & SUBSCRIPTIONS	$1,993.85	$9,495.62	$3,297.51	($7,501.77)	($1,303.66)	$41,049.89	$57,900.16	$42,134.61	($16,850.27)	($1,084.72)
2-8204	JANITORIAL/CLEANING SUPPLIES	$712.89	$317.91	$555.33	$394.98	$157.56	$2,961.94	$8,301.96	$8,668.62	($5,340.02)	($5,706.68)
2-8206	OTHER CONSUMABLE SUPPLIES	$1,264.37	$1,632.15	$774.98	($367.78)	$489.39	$16,091.37	$15,404.45	$14,600.25	$686.92	$1,491.12
2-8208	MEDICAL SUPPLIES	$4,369.98	$366.95	$292.14	$4,003.03	$4,077.84	$16,676.76	$11,591.62	$11,651.25	$5,085.14	$5,025.51
2-8210	FOOD	$686.72	$454.83	$648.45	$231.89	$38.27	$4,182.32	$3,528.58	$4,867.45	$653.74	($685.13)
2-8214	PERSONAL CARE/HYGENE SUPPLIES	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$128.32	$0.00	($128.32)
2-8216	TRAINING/BEHAVIOR MODIFICATION	$535.91	$0.00	$50.66	$535.91	$485.25	$1,839.03	$0.00	$50.66	$1,839.03	$1,788.37
2-8218	CONSUMER ASSISTANCE	$1,819.25	$885.70	$229.96	$933.55	$1,589.29	$9,863.52	$9,917.33	$21,563.79	($53.81)	($11,700.27)
2-8220	PRINTING SERVICES	$2,478.40	$2,345.70	$3,563.52	$132.70	($1,085.12)	$33,549.71	$31,251.59	$30,003.80	$2,298.12	$3,545.91
2-8221	COURIER DELIVERY SERVICES	$117.83	$0.00	$0.00	$117.83	$117.83	$488.47	$386.37	$386.37	$102.10	$102.10
2-8222	POSTAGE & DELIVERY CHARGES	$1,468.11	$1,557.43	$2,052.31	($89.32)	($584.20)	$19,903.80	$19,480.94	$19,980.65	$422.86	($76.85)
2-8226	SANCTIONS	$0.00	$0.00	$138.70	$0.00	($138.70)	$3,560.06	$0.00	$3,277.40	$3,560.06	$282.66
2-8228	BNK CHRGES & CREDIT CRD FEES	$1,640.73	$987.92	$856.49	$652.81	$784.24	$12,408.60	$12,295.39	$12,366.36	$113.21	$42.24
2-8232	MISCELLANEOUS CHARGE & EXPENSE	$158.65	$1,525.17	($9,207.91)	($1,366.52)	$9,366.56	$20,642.43	$5,666.47	$2,531.50	$14,975.96	$18,110.93
2-8237	IN-KIND EXPENSES	$739,563.30	$796,163.42	$876,045.39	($56,600.12)	($136,482.09)	$8,096,894.83	$8,573,717.00	$9,687,437.54	($476,822.17)	($1,590,542.71)
2-8340	CPA FIRM	$0.00	$12,400.00	$15,000.00	($12,400.00)	($15,000.00)	$25,708.20	$39,000.00	$47,500.00	($13,291.80)	($21,791.80)
2-8342	ATTORNEY-CONTRACTED/NON-CONTR	$202.42	$0.00	$0.00	$202.42	$202.42	$1,168.58	$756.25	$0.00	$412.33	$1,168.58
2-8359	NON-CONTRACTED RESPITE	$350.00	$0.00	$216.00	$350.00	$134.00	$826.00	$1,189.00	$1,044.00	($363.00)	($218.00)
2-8360	NON-CONTRACTED CONSULTANTS	$0.00	$732.50	$0.00	($732.50)	$0.00	$11,532.05	$11,483.51	$1,519.61	$48.54	$10,012.44
Total Other Operating		**$976,304.92**	**$1,021,901.04**	**$1,081,627.76**	**($45,596.12)**	**($105,322.84)**	**$10,725,243.54**	**$11,155,118.49**	**$12,270,940.39**	**($429,874.95)**	**($1,545,696.85)**
Total Expense		$3,021,428.13	$3,207,184.37	$3,085,357.54	($185,756.24)	($63,929.41)	$34,070,207.76	$35,552,958.50	$35,940,184.70	($1,482,750.74)	($1,869,976.94)

	AUGUST 2026					YEAR TO DATE				
	AUG FY26 Actual	AUG FY26 Budget	AUG FY25 Actual	Variance Budget	Variance FY 2025	FY2026 Y-T-D Actual	FY2026 Y-T-D Budget	FY2025 Y-T-D Actual	Variance Y-T-D Budget	Variance Y-T-D FY 2025
BEGINNING NET ASSETS	$14,130,384.29	$14,130,384.29	$13,571,805.45	$0.00	$518,362.50	$13,515,817.20	$13,515,817.20	$13,351,495.33	$0.00	$164,321.87
NET SURPLUS/(DEFICIT)	$43,786.98	($218,340.91)	($55,988.25)	$262,127.89	$99,775.23	$658,354.07	$281,371.70	$164,321.87	$376,982.37	$494,032.20
ENDING NET ASSETS	$14,174,171.27	$13,912,043.38	$13,515,817.20	$262,127.89	$618,137.73	$14,174,171.27	$13,797,188.90	$13,515,817.20	$376,982.37	$658,354.07

RECOMMENDED ACTION: The Board of Trustees approves the financial statements for September 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 is *159*.
- Account Receivables *decreased* by $57,758, going from $1,345,877 to $1,288,119.
- Account Payables *decreased* by $17,662, going from $1,016,614 to $841,952.
- FINANCIAL STATUS: The Center had a loss of $373,879 for September and a cumulative loss of $373,879 for the year**.**
- **REVENUE**: Overall Revenue received in September 2026 was $32,270 less than budgeted.
  - **Patient Fees** were $282 less than budgeted.
    - This is based on actual cash received in September for FY2027 services.
  - **Miscellaneous wa**s $1,742 more than budgeted.
    - In-kind Match was $4,268 more than budgeted due to the actual usage of the psychiatric bed days at Red River and our other contracted hospitals. This is based on the PESC in-kind match for psychiatric bed days and is provided 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.
    - Miscellaneous was $8,245 more than budgeted. This was due to the one-time sale of the leased vehicles for ECI.

- Interest Income was $10,496 less than budgeted. The Center records the Merrill Lynch FY2026 Accrued Interest in August and then reverses it out in September, hence the negative balance in interest.

➢ **Other State Funding** was $28,136 less than budgeted.
- Justice Involved Grant Program (SB292) Revenue was $44,800 less than budgeted. This is all based on need for psychiatric beds which will vary greatly from month to month.
- DARS-ECI Revenue was $12,129 more than budgeted. This is due to the practice that money received in September and October for FY2026 services or earlier are recorded back to August 2026 for FY2026. Therefore, locally collected funds are lower for September and are not available to cover expenses and more contract money is requested.

➢ **Other Federal Funding** was $13,875 less than budgeted.
- Medicaid IDD service Coordination revenue is $9,860 less than budgeted.
- DPP-BHS revenue is $6,048 is less than budgeted.
  Revenue received in September and October for FY2026 services is recorded back to August 2026.

➢ **General Revenue** was $8,613 more than budgeted.
- PESC revenue was $4,065 more than budgeted. PESC revenue fluctuates based on client need for psychiatric beds.
- Private Psychiatric Beds MH/PPB Revenue was $4,548 more than budgeted. This revenue also fluctuates based on client need for psychiatric beds.

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

❖ **EXPENSES:** Overall expense for September 2026 was $5,682 less than budgeted.

➢ **Personnel** cost was $10,179 more than budgeted.
- Salaries were $3,090 less than budgeted.
- Benefits were $13,269 more than budgeted.

➢ **Contract** cost was $22,069 less than budgeted.
- SB292 Bed Day Expense was $8,615 less than budgeted, PPB Bed Day expense was $7,235 less than budgeted, and PESC Bed Day expense was $7,325 less than budgeted. All these expenses fluctuate based on client need for the psychiatric beds.

- **Travel and Training** expenses were $1,247 less than budgeted.

- **Capital Outlay** expense was $1,931 less than budgeted. When the adjusted budget was completed, it was without knowing that we would receive the new cars for ECI almost immediately. Our last endeavor to acquire cars took 8 months.

- **Non-Capitalized Equipment** expense was $202 more than budgeted.

- **Pharmaceutical** expense was $3,509 less than budgeted. This is based upon actual expenses and will fluctuate with patient care. As of January 2021, Community Benefit and Uncompensated Care program 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 for by SONT up to the time they no longer can or will pay for them.

- **Other Operating** expense was $12,693 more than budgeted.
    - In-Kind Expense was $4,268 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.
    - No other expense really stands out in excess loss or gain.

Helen Farabee Centers

Balance Sheet - As Of September 2026

Assets	**Actual**	
CASH GENERAL OPERATING FUND	$	7,127,373.91
CASH INTERNAL SERVICE FUND	$	2,173,249.54
CASH SELF FUNDED INSURANCE	$	212,535.95
SAVINGS	$	21,955.68
PETTY CASH FUNDS-CENTERWIDE	$	797.93
INVESTMENTS GENERAL OPERATING FUND	$	8,919,345.39
INVESTMENTS INTERNAL SERVICE FUND	$	721,762.98
ACCOUNTS RECEIVABLE	$	1,288,118.90
PREPAID	$	657,500.79
PREPAID MISCELLANEOUS-SELF INSURED FUNDS	$	2,520.83
DEPOSITS	$	272,516.09
DEPOSITS-SELF INSURED FUNDS	$	25,000.00
AMTS PROVIDED-PERSONAL LEAVE	$	1,008,842.19
LAND	$	1,057,659.65
BUILDINGS & IMPROVEMENTS	$	2,544,011.16
LEASEHOLD IMPROVEMENTS	$	132,631.17
EQUIP/FURN/FIX	$	396,427.35
COMPUTERS & PERIPHERALS	$	718,459.23
VEHICLES & CONTRACTORS EQ	$	1,927,382.13
COMPUTER SOFTWARE	$	368,100.66
ACCUMULATED DEPRECIATION	$	(4,952,882.64)
CLINICAL SOFTWARE PROJECT	$	-
WICHITA FALLS BUILDING PROJECT	$	386,012.69
ISF-MAJOR PROJECTS WORK-IN-PROGRESS	$	-
Total Assets	**$**	**25,009,321.58**
Liabilities and Net Assets		
Liabilities		
ACCOUNTS PAYABLE GENERAL OPERATING FUND	$	661,864.29
ACCOUNTS PAYABLE INTERNAL SERVICE FUND	$	2,683.37
ACCOUNTS PAYABLE-SELF INSURED FUND	$	40,788.21
ACCOUNTS PAYABLE-PAYABLE TO STATE	$	136,616.10
PAYROLL PAYABLE	$	552,976.02
UMR PAYABLE	$	90,942.99
EMPLOYEE DEDUCTION PAYBLE	$	8,868.46
DEFERRED REVENUE	$	2,939,635.96
ACCUM PERSONAL LEAVE-CURRENT	$	23,345.51
ACCUM PERSONAL LEAVE-LONGTERM	$	1,008,842.19
UMR CLAIMS PAYABLE - IBNR	$	140,000.00
Total Liabilities	**$**	**5,606,563.10**
Net Assets		
UNRESERVED-FUND BALANCE	$	13,055,269.76
UNRESERVED-ACCUM PERSONNEL LEAVE	$	1,008,842.19
INCOME SUMMARY-OPERATING FUND	$	(124,008.40)
INCOME SUMMARY-INTERNAL SERVICE FUND	$	5,553,925.68
CONTRIBUTED CAPITAL	$	(242,571.81)
RETAINED EARNINGS	$	151,301.06
Total Net Assets	**$**	**19,402,758.48**
Total Liabilities and Net Assets	**$**	**25,009,321.58**

Helen Farabee Centers
SEPTEMBER 2026 Income Statement

		SEPTEMBER 2026					YEAR TO DATE				
		SEP FY27 Actual	SEP FY27 Budget	SEP FY26 Actual	Variance Budget	Variance FY 2026	FY2027 Y-T-D Actual	FY2027 Y-T-D Budget	FY2026 Y-T-D Actual	Y-T-D FY2027 Budget	Y-T-D FY 2026 Actual
Revenue											
City Revenue - Deferred Revenue											
2-7000	CITY OF WICHITA FALLS	$8,333.34	$8,333.34	$8,333.34	$0.00	$0.00	$8,333.34	$8,333.34	$8,333.34	$0.00	$0.00
2-7001	CITY OF CHILLICOTHE	$27.50	$27.50	$27.50	$0.00	$0.00	$27.50	$27.50	$27.50	$0.00	$0.00
2-7002	CITY OF QUANAH	$55.00	$55.00	$0.00	$0.00	$55.00	$55.00	$55.00	$0.00	$0.00	$55.00
2-7004	CITY OF BURKBURNETT	$417.66	$417.66	$417.66	$0.00	$0.00	$417.66	$417.66	$417.66	$0.00	$0.00
2-7005	CITY OF GRAHAM	$1,250.00	$1,250.00	$1,250.00	$0.00	$0.00	$1,250.00	$1,250.00	$1,250.00	$0.00	$0.00
2-7006	CITY OF NOCONA	$125.00	$125.00	$125.00	$0.00	$0.00	$125.00	$125.00	$125.00	$0.00	$0.00
2-7007	CITY OF BOWIE	$666.66	$666.66	$666.66	$0.00	$0.00	$666.66	$666.66	$666.66	$0.00	$0.00
Total City Revenue		**$10,875.16**	**$10,875.16**	**$10,820.16**	**$0.00**	**$55.00**	**$10,875.16**	**$10,875.16**	**$10,820.16**	**$0.00**	**$55.00**
County Revenue - Deferred Revenue											
2-7020	WICHITA COUNTY	$18,333.34	$18,333.34	$13,333.33	$0.00	$5,000.01	$18,333.34	$18,333.34	$13,333.33	$0.00	$5,000.01
2-7021	HASKEL COUNTY	$1,387.66	$1,387.66	$1,387.66	$0.00	$0.00	$1,387.66	$1,387.66	$1,387.66	$0.00	$0.00
2-7022	STONEWALL COUNTY	$211.91	$211.91	$211.89	$0.00	$0.02	$211.91	$211.91	$211.89	$0.00	$0.02
2-7023	KNOX COUNTY	$554.16	$554.16	$554.16	$0.00	$0.00	$554.16	$554.16	$554.16	$0.00	$0.00
2-7024	DICKENS COUNTY	$130.68	$0.00	$0.00	$130.68	$130.68	$130.68	$0.00	$0.00	$130.68	$130.68
2-7025	YOUNG COUNTY	$4,583.33	$4,583.33	$0.00	$0.00	$4,583.33	$4,583.33	$4,583.33	$0.00	$0.00	$4,583.33
2-7026	THROCKMORTON COUNTY	$150.28	$150.28	$273.26	$0.00	($122.98)	$150.28	$150.28	$273.26	$0.00	($122.98)
2-7027	HARDEMAN COUNTY	$0.00	$353.44	$353.44	($353.44)	($353.44)	$0.00	$353.44	$353.44	($353.44)	($353.44)
2-7028	WISE COUNTY	$4,616.66	$4,616.66	$0.00	$0.00	$4,616.66	$4,616.66	$4,616.66	$0.00	$0.00	$4,616.66
2-7029	BAYLOR COUNTY	$433.33	$433.33	$433.33	$0.00	$0.00	$433.33	$433.33	$433.33	$0.00	$0.00
2-7030	FOARD COUNTY	$0.00	$110.00	$110.00	($110.00)	($110.00)	$0.00	$110.00	$110.00	($110.00)	($110.00)
2-7031	MONTAGUE COUNTY	$9,521.37	$9,521.37	$8,388.04	$0.00	$1,133.33	$9,521.37	$9,521.37	$8,388.04	$0.00	$1,133.33
2-7032	JACK COUNTY	$2,956.18	$2,956.18	$1,706.18	$0.00	$1,250.00	$2,956.18	$2,956.18	$1,706.18	$0.00	$1,250.00
2-7033	CLAY COUNTY	$0.00	$0.00	$333.33	$0.00	($333.33)	$0.00	$0.00	$333.33	$0.00	($333.33)
2-7034	COTTLE COUNTY	$150.28	$150.28	$199.75	$0.00	($49.47)	$150.28	$150.28	$199.75	$0.00	($49.47)
2-7035	CHILDRESS COUNTY	$416.67	$416.67	$347.91	$0.00	$68.76	$416.67	$416.67	$347.91	$0.00	$68.76
2-7036	ARCHER COUNTY SUPPORT	$1,439.51	$1,439.51	$964.58	$0.00	$474.93	$1,439.51	$1,439.51	$964.58	$0.00	$474.93
Total County Revenue		**$44,885.36**	**$45,218.12**	**$28,596.86**	**($332.76)**	**$16,288.50**	**$44,885.36**	**$45,218.12**	**$28,596.86**	**($332.76)**	**$16,288.50**
Other Taxing Authority Funds - Deferred Revenue											
2-7038	INDEPENDENT SCHOOL DISTRICT	$265.00	$265.00	$265.00	$0.00	$0.00	$265.00	$265.00	$265.00	$0.00	$0.00
Total Other Taxing Authority Funds		**$265.00**	**$265.00**	**$265.00**	**$0.00**	**$0.00**	**$265.00**	**$265.00**	**$265.00**	**$0.00**	**$0.00**
Patient Fees - Cash Basis Only											
2-7050	CONSUMER FEES	$1,309.14	$442.32	$442.32	$866.82	$866.82	$1,309.14	$442.32	$442.32	$866.82	$866.82
2-7060	PRIVATE INSURANCE MCO CARD SERVICES	$5,505.04	$6,653.57	$6,653.57	($1,148.53)	($1,148.53)	$5,505.04	$6,653.57	$6,653.57	($1,148.53)	($1,148.53)
2-7070	PRIVATE INSURANCE MCO CASE MANAGEMENT	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
2-7080	PRIVATE INSURANCE MCO REHAB	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total Patient Fees		**$6,814.18**	**$7,095.89**	**$7,095.89**	**($281.71)**	**($281.71)**	**$6,814.18**	**$7,095.89**	**$7,095.89**	**($281.71)**	**($281.71)**
Miscellaneous - Cash Basis											
2-7037	IN-KIND MATCH	$552,919.50	$548,651.71	$758,949.97	$4,267.79	($206,030.47)	$552,919.50	$548,651.71	$758,949.97	$4,267.79	($206,030.47)
2-7100	MEDICARE - TITLE XVII	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
2-7260	RENT	$1,050.00	$1,225.00	$1,225.00	($175.00)	($175.00)	$1,050.00	$1,225.00	$1,225.00	($175.00)	($175.00)
2-7270	DONATIONS/CONTRIBUTIONS	$0.00	$99.99	$339.73	($99.99)	($339.73)	$0.00	$99.99	$339.73	($99.99)	($339.73)
2-7272	CART EARNED REVENUE	$0.00	$0.00	$22,378.55	$0.00	($22,378.55)	$0.00	$0.00	$22,378.55	$0.00	($22,378.55)
2-7273	OPIOID GRANT	$0.00	$0.00	$1,000.00	$0.00	($1,000.00)	$0.00	$0.00	$1,000.00	$0.00	($1,000.00)
2-7274	USDA GRANT REVENUE- IT TECHNOLOGY	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
2-7275	INTEREST INCOME	($44,251.52)	($33,755.68)	($33,755.68)	($10,495.84)	($10,495.84)	($44,251.52)	($33,755.68)	($33,755.68)	($10,495.84)	($10,495.84)
2-7280	MISCELLANEOUS	$8,419.78	$175.00	$859.00	$8,244.78	$7,560.78	$8,419.78	$175.00	$859.00	$8,244.78	$7,560.78
Total Miscellaneous		**$518,137.76**	**$516,396.02**	**$750,996.57**	**$1,741.74**	**($232,858.81)**	**$518,137.76**	**$516,396.02**	**$750,996.57**	**$1,741.74**	**($232,858.81)**

		SEPTEMBER 2026					YEAR TO DATE				
		SEP FY27 Actual	SEP FY27 Budget	SEP FY26 Actual	Variance Budget	Variance FY 2026	FY2027 Y-T-D Actual	FY2027 Y-T-D Budget	FY2026 Y-T-D Actual	Y-T-D FY2027 Budget	Y-T-D FY 2026 Actual
Other State Funding - Accrued Basis Only											
2-7120	MH FIRST AID	$0.00	$3,000.00	$5,300.00	($3,000.00)	($5,300.00)	$0.00	$3,000.00	$5,300.00	($3,000.00)	($5,300.00)
2-7122	TCOOMMI EARNED INCOME	$30,000.00	$30,000.00	$30,000.00	$0.00	$0.00	$30,000.00	$30,000.00	$30,000.00	$0.00	$0.00
2-7124	SUBSTANCE ABUSE SERVICES	$29,643.76	$27,890.55	$27,890.55	$1,753.21	$1,753.21	$29,643.76	$27,890.55	$27,890.55	$1,753.21	$1,753.21
2-7125	SUD COMMUNITY MH GRANT PROGRAM	$3,707.66	$2,295.90	$2,295.90	$1,411.76	$1,411.76	$3,707.66	$2,295.90	$2,295.90	$1,411.76	$1,411.76
2-7127	OSAR - OUTREACH, SCREENING ASSESSMENT, REFFERAL	$34,390.35	$32,758.39	$22,858.39	$1,631.96	$11,531.96	$34,390.35	$32,758.39	$22,858.39	$1,631.96	$11,531.96
2-7150	MFP/ECC REVENUE	$3,385.53	$4,895.39	$4,895.73	($1,509.86)	($1,510.20)	$3,385.53	$4,895.39	$4,895.73	($1,509.86)	($1,510.20)
2-7152	PASRR IDD SPECIALIZED SERVICES	$521.03	$490.49	$490.49	$30.54	$30.54	$521.03	$490.49	$490.49	$30.54	$30.54
2-7153	PASRR IDD SPECIALIZED SERVICES - OBRA - LIDDA	$350.00	$0.00	$0.00	$350.00	$350.00	$350.00	$0.00	$0.00	$350.00	$350.00
2-7132	CMHG LPHA EXPANSION	$4,515.78	$5,628.73	$5,095.31	($1,112.95)	($579.53)	$4,515.78	$5,628.73	$5,095.31	($1,112.95)	($579.53)
2-7216	MHGJII NCA - JBCR	$21,148.13	$15,973.99	$15,973.99	$5,174.14	$5,174.14	$21,148.13	$15,973.99	$15,973.99	$5,174.14	$5,174.14
2-7218	JUSTICE INVOLVED GRANT PROGRAM (SB292)	$56,401.60	$101,201.35	$205,701.36	($44,799.75)	($149,299.76)	$56,401.60	$101,201.35	$205,701.36	($44,799.75)	($149,299.76)
2-7222	TEXAS VETERANS SERVICES COMMISSION	$5,639.73	$5,833.33	$5,833.33	($193.60)	($193.60)	$5,639.73	$5,833.33	$5,833.33	($193.60)	($193.60)
2-7245	DARS-ECI REVENUE	$125,586.44	$113,457.51	$149,878.55	$12,128.93	($24,292.11)	$125,586.44	$113,457.51	$149,878.55	$12,128.93	($24,292.11)
Total Other State Funding		**$315,290.01**	**$343,425.63**	**$476,213.60**	**($28,135.62)**	**($160,923.59)**	**$315,290.01**	**$343,425.63**	**$476,213.60**	**($28,135.62)**	**($160,923.59)**
Other Federal Funding											
2-7102	MEDICAID-CARD SERVICES	$142.27	$0.00	$0.00	$142.27	$142.27	$142.27	$0.00	$0.00	$142.27	$142.27
2-7104	MEDICAID-CASE MANAGEMENT	$329.10	$592.38	$592.38	($263.28)	($263.28)	$329.10	$592.38	$592.38	($263.28)	($263.28)
2-7106	MEDICAID-IDD SERV COORDINATION	$51,333.20	$61,192.70	$61,192.70	($9,859.50)	($9,859.50)	$51,333.20	$61,192.70	$61,192.70	($9,859.50)	($9,859.50)
2-7108	MEDICAID REHAB	$5,377.10	$8,065.65	$8,065.65	($2,688.55)	($2,688.55)	$5,377.10	$8,065.65	$8,065.65	($2,688.55)	($2,688.55)
2-7110	MEDICAID PASRR	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
2-7112	MEDICAID-ADMIN CLAIMING	$40,000.00	$40,000.00	$40,000.00	$0.00	$0.00	$40,000.00	$40,000.00	$40,000.00	$0.00	$0.00
2-7114	MEDICAID-HABILITATION COORDINATION	$11,036.19	$9,745.16	$9,745.16	$1,291.03	$1,291.03	$11,036.19	$9,745.16	$9,745.16	$1,291.03	$1,291.03
2-7120	MH FIRST AID	$6,794.01	$5,679.71	$5,679.71	$1,114.30	$1,114.30	$6,794.01	$5,679.71	$5,679.71	$1,114.30	$1,114.30
2-7126	STATE HOSPITAL STEP-DOWN PROGRAM	$55,041.47	$57,416.07	$53,014.43	($2,374.60)	$2,027.04	$55,041.47	$57,416.07	$53,014.43	($2,374.60)	$2,027.04
2-7128	RSS - RECOVERY SUPPORT SERVICES	$11,792.32	$7,629.07	$7,629.07	$4,163.25	$4,163.25	$11,792.32	$7,629.07	$7,629.07	$4,163.25	$4,163.25
2-7252	DIRECTED PAYMENT PROGRAM - BEHAVIORAL HEALTH SERVICES	$44,355.25	$50,403.68	$5,532.61	($6,048.43)	$38,822.64	$44,355.25	$50,403.68	$5,532.61	($6,048.43)	$38,822.64
2-7254	PUBLIC HEALTH PROVIDER - CHARITY CARE PROGRAM	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
2-7258	TRANSITION SUPPORT LIAISON	$5,658.95	$5,010.16	$5,010.16	$648.79	$648.79	$5,658.95	$5,010.16	$5,010.16	$648.79	$648.79
Total Other Federal Funding		**$231,859.86**	**$245,734.58**	**$196,461.87**	**($13,874.72)**	**$35,397.99**	**$231,859.86**	**$245,734.58**	**$196,461.87**	**($13,874.72)**	**$35,397.99**
General Revenue - Deferred Revenue											
2-7215	PESC	$305,709.76	$301,644.45	$224,594.45	$4,065.31	$81,115.31	$305,709.76	$301,644.45	$224,594.45	$4,065.31	$81,115.31
2-7217	Private Psychiatric Beds MH/PPB	$24,407.49	$19,859.79	$101,469.61	$4,547.70	($77,062.12)	$24,407.49	$19,859.79	$101,469.61	$4,547.70	($77,062.12)
2-7220	GENERAL REVENUE - MH	$600,876.24	$600,876.24	$600,876.24	$0.00	$0.00	$600,876.24	$600,876.24	$600,876.24	$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	$9,583.33	$9,583.33	$9,583.33	$0.00	$0.00
2-7230	GENERAL REVENUE - IDD	$93,036.53	$93,036.53	$93,036.53	$0.00	$0.00	$93,036.53	$93,036.53	$93,036.53	$0.00	$0.00
2-7232	GENERAL REVENUE-CRISIS REDESIG	$39,884.50	$39,884.50	$39,884.50	$0.00	$0.00	$39,884.50	$39,884.50	$39,884.50	$0.00	$0.00
2-7235	GENERAL REVENUE - IDD ARPA	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
2-7236	IDD GR-CRISIS RESPITE-CIS	$17,980.67	$17,980.67	$17,980.67	$0.00	$0.00	$17,980.67	$17,980.67	$17,980.67	$0.00	$0.00
2-7238	PERMANENCY PLANNING	$1,854.75	$1,854.75	$1,854.75	$0.00	$0.00	$1,854.75	$1,854.75	$1,854.75	$0.00	$0.00
Total General Revenue		**$1,093,333.27**	**$1,084,720.26**	**$1,089,280.08**	**$8,613.01**	**$4,053.19**	**$1,093,333.27**	**$1,084,720.26**	**$1,089,280.08**	**$8,613.01**	**$4,053.19**
Allocated Federal Funds - Accrued Basis Only											
2-7200	TANF-CAS	$14,565.75	$14,565.75	$14,565.75	$0.00	$0.00	$14,565.75	$14,565.75	$14,565.75	$0.00	$0.00
2-7201	TANF-ADULT	$3,207.59	$3,207.59	$3,207.58	$0.00	$0.01	$3,207.59	$3,207.59	$3,207.58	$0.00	$0.01
2-7202	TANF-TITLE XX-ADULT	$3,663.66	$3,663.66	$3,663.66	$0.00	$0.00	$3,663.66	$3,663.66	$3,663.66	$0.00	$0.00
2-7203	TRANSITION-TITLE XX-CRISIS	$5,992.25	$5,992.25	$5,992.25	$0.00	$0.00	$5,992.25	$5,992.25	$5,992.25	$0.00	$0.00
2-7210	MENTAL HEALTH BLOCK GRANT	$36,511.93	$36,511.93	$36,511.92	$0.00	$0.01	$36,511.93	$36,511.93	$36,511.92	$0.00	$0.01
Total Allocated Federal Funds		**$63,941.18**	**$63,941.18**	**$63,941.16**	**$0.00**	**$0.02**	**$63,941.18**	**$63,941.18**	**$63,941.16**	**$0.00**	**$0.02**
Total Revenue		**$2,285,401.78**	**$2,317,671.84**	**$2,623,671.19**	**($32,270.06)**	**($338,269.41)**	**$2,285,401.78**	**$2,317,671.84**	**$2,623,671.19**	**($32,270.06)**	**($338,269.41)**

		SEPTEMBER 2026					YEAR TO DATE				
		SEP FY27 Actual	SEP FY27 Budget	SEP FY26 Actual	Variance Budget	Variance FY 2026	FY2027 Y-T-D Actual	FY2027 Y-T-D Budget	FY2026 Y-T-D Actual	Y-T-D FY2027 Budget	Y-T-D FY 2026 Actual
Expense											
Salaries											
2-8000	SALARIES	$996,511.51	$1,000,404.29	$958,889.87	($3,892.78)	$37,621.64	$996,511.51	$1,000,404.29	$958,889.87	($3,892.78)	$37,621.64
2-8001	OVERTIME	$8,835.27	$8,032.45	$5,971.46	$802.82	$2,863.81	$8,835.27	$8,032.45	$5,971.46	$802.82	$2,863.81
Total Salaries		**$1,009,310.77**	**$1,012,295.37**	**$954,461.49**	**($3,089.96)**	**$40,485.45**	**$1,974,172.10**	**$1,966,350.34**	**$1,891,678.48**	**($3,089.96)**	**$40,485.45**
Benefits											
2-8002	EMPLOYER'S FICA/MEDICARE	$74,525.68	$72,158.43	$71,158.43	$2,367.25	$3,367.25	$74,525.68	$72,158.43	$71,158.43	$2,367.25	$3,367.25
2-8003	TEC UNEMPLOYMENT TAX	$1,483.92	$352.19	$352.19	$1,131.73	$1,131.73	$1,483.92	$352.19	$352.19	$1,131.73	$1,131.73
2-8004	WORKER'S COMPENSATION	$1,993.00	$1,995.11	$1,873.00	($2.11)	$120.00	$1,993.00	$1,995.11	$1,873.00	($2.11)	$120.00
2-8005	RETIREMENT EMPLOYER CONTRIBUTION 401A	$53,625.12	$50,695.57	$51,096.68	$2,929.55	$2,528.44	$53,625.12	$50,695.57	$51,096.68	$2,929.55	$2,528.44
2-8006	HEALTH INSURANCE	$161,769.30	$154,893.28	$155,000.84	$6,876.02	$6,768.46	$161,769.30	$154,893.28	$155,000.84	$6,876.02	$6,768.46
2-8008	EMPLOYER FUNDED BASIC LIFE	$920.02	$953.43	$958.25	($33.41)	($38.23)	$920.02	$953.43	$958.25	($33.41)	($38.23)
Total Benefits		**$284,233.15**	**$285,526.89**	**$256,608.09**	**$13,269.03**	**$13,877.65**	**$564,672.54**	**$565,309.08**	**$509,788.70**	**$13,269.03**	**$13,877.65**
Contracts											
2-8300	PSYCHIATRIST	$22,900.00	$23,250.00	$23,250.00	($350.00)	($350.00)	$22,900.00	$23,250.00	$23,250.00	($350.00)	($350.00)
2-8304	PSYCHOLOGIST	$100.00	$350.00	$350.00	($250.00)	($250.00)	$100.00	$350.00	$350.00	($250.00)	($250.00)
2-8306	RN NURSES	$0.00	$0.00	$65.00	$0.00	($65.00)	$0.00	$0.00	$65.00	$0.00	($65.00)
2-8318	CRISIS-CONTRACTED	$12,862.00	$12,462.00	$12,462.00	$400.00	$400.00	$12,862.00	$12,462.00	$12,462.00	$400.00	$400.00
2-8320	PESC BED DAYS	$253,515.00	$260,840.00	$183,840.00	($7,325.00)	$69,675.00	$253,515.00	$260,840.00	$183,840.00	($7,325.00)	$69,675.00
2-8321	PPB BED DAYS	$20,950.00	$28,185.00	$88,185.00	($7,235.00)	($67,235.00)	$20,950.00	$28,185.00	$88,185.00	($7,235.00)	($67,235.00)
2-8322	OSAR-SUBSTANCE ABUSE	$29,296.12	$29,184.47	$18,884.47	$111.65	$10,411.65	$29,296.12	$29,184.47	$18,884.47	$111.65	$10,411.65
2-8326	LABORATORY CONTRACTS	$2,358.19	$4,410.21	$4,479.71	($2,052.02)	($2,121.52)	$2,358.19	$4,410.21	$4,479.71	($2,052.02)	($2,121.52)
2-8336	RESPITE-CONTRACTED	$8,394.50	$5,095.00	$3,095.00	$3,299.50	$5,299.50	$8,394.50	$5,095.00	$3,095.00	$3,299.50	$5,299.50
2-8338	SOFTWARE WEB-BASED	$22,597.59	$22,660.27	$22,864.58	($62.68)	($266.99)	$22,597.59	$22,660.27	$22,864.58	($62.68)	($266.99)
2-8344	JUSTICE INVOLVED BED DAYS (SB292)	$47,835.00	$56,450.00	$185,950.00	($8,615.00)	($138,115.00)	$47,835.00	$56,450.00	$185,950.00	($8,615.00)	($138,115.00)
2-8346	STATE HOSPITAL STEP-DOWN PROGRAM CONTRACTED	$45,500.00	$45,500.00	$45,500.00	$0.00	$0.00	$45,500.00	$45,500.00	$45,500.00	$0.00	$0.00
2-8348	BH SVCS IN ESC-REGION 9	$481.71	$477.25	$477.25	$4.46	$4.46	$481.71	$477.25	$477.25	$4.46	$4.46
2-8350	OTHER CONTRACTED CONSULTANTS	$3,520.58	$5,233.85	$5,233.85	($1,713.27)	($1,713.27)	$3,520.58	$5,233.85	$5,233.85	($1,713.27)	($1,713.27)
2-8352	WFPD - CART	$0.00	$0.00	$800.00	$0.00	($800.00)	$0.00	$0.00	$800.00	$0.00	($800.00)
2-8353	TECHNICAL ASSISTANCE - CART	$0.00	$0.00	$12,490.00	$0.00	($12,490.00)	$0.00	$0.00	$12,490.00	$0.00	($12,490.00)
2-8354	WFFD - CART	$0.00	$0.00	$5,000.00	$0.00	($5,000.00)	$0.00	$0.00	$5,000.00	$0.00	($5,000.00)
2-8355	Other Contracted/Non-Contracted Consultants-G & A Services	$10,405.46	$8,687.00	$8,689.43	$1,718.46	$1,716.03	$10,405.46	$8,687.00	$8,689.43	$1,718.46	$1,716.03
Total Contracts		**$480,716.15**	**$502,785.05**	**$621,616.29**	**($22,068.90)**	**($140,900.14)**	**$480,716.15**	**$502,785.05**	**$621,616.29**	**($22,068.90)**	**($140,900.14)**
Travel and Training											
2-8021	EMPLOYEE MILEAGE	$760.21	$1,632.27	$1,632.27	($872.06)	($872.06)	$760.21	$1,632.27	$1,632.27	($872.06)	($872.06)
2-8022	EMPLOYEE PER DIEM (MEALS AND HOTEL)	$1,813.75	$2,545.44	$5,854.35	($731.69)	($4,040.60)	$1,813.75	$2,545.44	$5,854.35	($731.69)	($4,040.60)
2-8023	EMPLOYEE TRAVEL-AIRFARE & CAR RENTAL	$1,376.76	$1,056.10	$1,441.85	$320.66	($65.09)	$1,376.76	$1,056.10	$1,441.85	$320.66	($65.09)
2-8024	EMPLOYEE TRAVEL OVER STATE RATE	$0.00	$0.00	$336.00	$0.00	($336.00)	$0.00	$0.00	$336.00	$0.00	($336.00)
2-8025	EMPLOYEE DEVELOPMENT & TRAINING	$2,543.17	$2,507.00	$2,507.00	$36.17	$36.17	$2,543.17	$2,507.00	$2,507.00	$36.17	$36.17
Total Travel and Training		**$6,493.89**	**$7,740.81**	**$11,771.47**	**($1,246.92)**	**($5,277.58)**	**$6,493.89**	**$7,740.81**	**$11,771.47**	**($1,246.92)**	**($5,277.58)**
Capital Outlay											
2-8106	BUILDING USE FEE	$6,423.46	$6,408.16	$7,656.35	$15.30	($1,232.89)	$6,423.46	$6,408.16	$7,656.35	$15.30	($1,232.89)
2-8126	EQUIP/FURN/FIX USE FEE	$2,490.86	$2,742.56	$2,002.35	($251.70)	$488.51	$2,490.86	$2,742.56	$2,002.35	($251.70)	$488.51
2-8146	VEHICLE USE FEE	$14,215.55	$15,467.63	$5,434.76	($1,252.08)	$8,780.79	$14,215.55	$15,467.63	$5,434.76	($1,252.08)	$8,780.79
2-8156	SOFTWARE USE FEE	$0.00	$0.00	$208.33	$0.00	($208.33)	$0.00	$0.00	$208.33	$0.00	($208.33)
2-8166	COMPUTER & PRINTER USE FEE	$2,669.85	$3,112.03	$4,782.67	($442.18)	($2,112.82)	$2,669.85	$3,112.03	$4,782.67	($442.18)	($2,112.82)
2-8170	CAPITAL OUTLAY	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total Capital Outlay		**$25,799.72**	**$27,730.38**	**$20,084.46**	**($1,930.66)**	**$5,715.26**	**$25,799.72**	**$27,730.38**	**$20,084.46**	**($1,930.66)**	**$5,715.26**
Non-Capitalized Equipment											
2-8190	MINOR EQUIPMENT PURCHASES	$9,305.69	$9,103.95	$1,189.92	$201.74	$8,115.77	$9,305.69	$9,103.95	$1,189.92	$201.74	$8,115.77
Total Non-Capitalized Equipment		**$9,305.69**	**$9,103.95**	**$1,189.92**	**$201.74**	**$8,115.77**	**$9,305.69**	**$9,103.95**	**$1,189.92**	**$201.74**	**$8,115.77**

		SEPTEMBER 2026					YEAR TO DATE				
		SEP FY27 Actual	SEP FY27 Budget	SEP FY26 Actual	Variance Budget	Variance FY 2026	FY2027 Y-T-D Actual	FY2027 Y-T-D Budget	FY2026 Y-T-D Actual	Y-T-D FY2027 Budget	Y-T-D FY 2026 Actual
Pharmaceutical											
2-8316	PHARMACIST	$54,760.82	$58,269.61	$58,269.61	($3,508.79)	($3,508.79)	$54,760.82	$58,269.61	$58,269.61	($3,508.79)	($3,508.79)
Total Pharmaceutical		**$54,760.82**	**$58,269.61**	**$58,269.61**	**($3,508.79)**	**($3,508.79)**	**$54,760.82**	**$58,269.61**	**$58,269.61**	**($3,508.79)**	**($3,508.79)**
Other Operating											
2-8007	EAP EXPENSE	$400.00	$416.00	$416.00	($16.00)	($16.00)	$400.00	$416.00	$416.00	($16.00)	($16.00)
2-8020	HIRING RELATED EXPENSES	$3,009.00	$3,039.08	$3,039.08	($30.08)	($30.08)	$3,009.00	$3,039.08	$3,039.08	($30.08)	($30.08)
2-8026	EMPLOYEE AWARDS & BANQUETS	$14,839.07	$14,500.00	$14,827.58	$339.07	$11.49	$14,839.07	$14,500.00	$14,827.58	$339.07	$11.49
2-8027	EMPLOYEE FLU SHOTS AND TB	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
2-8040	PROFESSIONAL/ERROR&OMMISSIONS	$2,600.98	$2,600.15	$2,174.49	$0.83	$426.49	$2,600.98	$2,600.15	$2,174.49	$0.83	$426.49
2-8041	LIABILITY COVERAGE	$120.74	$103.67	$103.67	$17.07	$17.07	$120.74	$103.67	$103.67	$17.07	$17.07
2-8042	OTHER INSURANCE COVERAGE	$1,808.47	$1,777.85	$1,777.85	$30.62	$30.62	$1,808.47	$1,777.85	$1,777.85	$30.62	$30.62
2-8050	ADVERTISING EXPENSE	$680.82	$1,621.30	$1,621.30	($940.48)	($940.48)	$680.82	$1,621.30	$1,621.30	($940.48)	($940.48)
2-8055	DUES AND MEMBERSHIPS	$6,074.60	$5,530.41	$5,530.41	$544.19	$544.19	$6,074.60	$5,530.41	$5,530.41	$544.19	$544.19
2-8057	LICENSES	$3,255.16	$1,594.75	$1,594.75	$1,660.41	$1,660.41	$3,255.16	$1,594.75	$1,594.75	$1,660.41	$1,660.41
2-8060	BOARD ACTIVITY EXPENSE	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
2-8065	DPP-BHS RISK AND ADMIN EXPENSE	$2,044.17	$2,044.17	$2,044.17	$0.00	$0.00	$2,044.17	$2,044.17	$2,044.17	$0.00	$0.00
2-8070	UTILITIES	$25,047.62	$21,003.78	$20,717.49	$4,043.84	$4,330.13	$25,047.62	$21,003.78	$20,717.49	$4,043.84	$4,330.13
2-8072	TELECOMMUNICATIONS	$27,337.96	$24,048.82	$21,152.69	$3,289.14	$6,185.27	$27,337.96	$24,048.82	$21,152.69	$3,289.14	$6,185.27
2-8076	TELEPHONE-BASIC SERVICE EXPENSE	$1,826.92	$2,037.61	$2,042.50	($210.69)	($215.58)	$1,826.92	$2,037.61	$2,042.50	($210.69)	($215.58)
2-8078	CELL PHONE SERVICE EXPENSE	$1,783.85	$1,781.07	$1,989.13	$2.78	($205.28)	$1,783.85	$1,781.07	$1,989.13	$2.78	($205.28)
2-8080	LONG DISTANCE TELEPHONE SERVICE EXPENSE	$420.57	$647.27	$662.79	($226.70)	($242.22)	$420.57	$647.27	$662.79	($226.70)	($242.22)
2-8100	BUILDING RENT	$57,263.43	$57,306.16	$56,985.71	($42.73)	$277.72	$57,263.43	$57,306.16	$56,985.71	($42.73)	$277.72
2-8101	P.O. BOX/STORAGE RENTAL/LEASE	$86.87	$88.05	$82.15	($1.18)	$4.72	$86.87	$88.05	$82.15	($1.18)	$4.72
2-8102	PROPERTY DAMAGE COVERAGE	$5,506.42	$5,506.09	$11,732.53	$0.33	($6,226.11)	$5,506.42	$5,506.09	$11,732.53	$0.33	($6,226.11)
2-8104	BUILDING REPAIR & MAINTENANCE	$14,526.27	$11,663.84	$11,702.50	$2,862.43	$2,823.77	$14,526.27	$11,663.84	$11,702.50	$2,862.43	$2,823.77
2-8120	EQUIPMENT RENTAL/LEASE	$7,171.11	$7,140.30	$7,155.12	$30.81	$15.99	$7,171.11	$7,140.30	$7,155.12	$30.81	$15.99
2-8124	EQUIPMENT REPAIR & MAINTENANCE	$4,750.08	$2,612.04	$2,612.04	$2,138.04	$2,138.04	$4,750.08	$2,612.04	$2,612.04	$2,138.04	$2,138.04
2-8140	VEHICLE LEASE	$0.00	$0.00	$2,611.11	$0.00	($2,611.11)	$0.00	$0.00	$2,611.11	$0.00	($2,611.11)
2-8142	AUTO LIABILITY/PHYS DAMAGE INS	$8,692.98	$8,398.33	$8,398.33	$294.65	$294.65	$8,692.98	$8,398.33	$8,398.33	$294.65	$294.65
2-8143	INSURANCE EXP-DEDUCTIBLES PAID	$1,000.00	$1,000.00	$0.00	$0.00	$1,000.00	$1,000.00	$1,000.00	$0.00	$0.00	$1,000.00
2-8144	VEHICLE REPAIR & MAINTENANCE	$1,019.88	$4,192.43	$4,200.38	($3,172.55)	($3,180.50)	$1,019.88	$4,192.43	$4,200.38	($3,172.55)	($3,180.50)
2-8145	GAS-VEHICLE & EQUIPMENT	$9,092.42	$7,738.04	$7,067.90	$1,354.38	$2,024.52	$9,092.42	$7,738.04	$7,067.90	$1,354.38	$2,024.52
2-8200	OFFICE SUPPLIES	$15,975.68	$16,795.02	$10,381.12	($819.34)	$5,594.56	$15,975.68	$16,795.02	$10,381.12	($819.34)	$5,594.56
2-8202	BOOKS & SUBSCRIPTIONS	$2,002.07	$5,787.82	$5,787.82	($3,785.75)	($3,785.75)	$2,002.07	$5,787.82	$5,787.82	($3,785.75)	($3,785.75)
2-8204	JANITORIAL/CLEANING SUPPLIES	$1,080.75	$228.59	$1,386.07	$852.16	($305.32)	$1,080.75	$228.59	$1,386.07	$852.16	($305.32)
2-8206	OTHER CONSUMABLE SUPPLIES	$1,440.47	$1,899.71	$1,912.64	($459.24)	($472.17)	$1,440.47	$1,899.71	$1,912.64	($459.24)	($472.17)
2-8208	MEDICAL SUPPLIES	$567.67	$563.91	$565.88	$3.76	$1.79	$567.67	$563.91	$565.88	$3.76	$1.79
2-8210	FOOD	$129.00	$429.82	$430.21	($300.82)	($301.21)	$129.00	$429.82	$430.21	($300.82)	($301.21)
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	$466.09	$0.00	$0.00	$466.09	$466.09	$466.09	$0.00	$0.00	$466.09	$466.09
2-8218	CONSUMER ASSISTANCE	$0.00	$0.00	$246.53	$0.00	($246.53)	$0.00	$0.00	$246.53	$0.00	($246.53)
2-8220	PRINTING SERVICES	$1,598.42	$3,172.05	$3,172.05	($1,573.63)	($1,573.63)	$1,598.42	$3,172.05	$3,172.05	($1,573.63)	($1,573.63)
2-8221	COURIER DELIVERY SERVICES	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
2-8222	POSTAGE & DELIVERY CHARGES	$1,451.56	$1,349.63	$1,349.63	$101.93	$101.93	$1,451.56	$1,349.63	$1,349.63	$101.93	$101.93
2-8226	SANCTIONS	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
2-8228	BNK CHRGES & CREDIT CRD FEES	$1,428.04	$706.22	$706.22	$721.82	$721.82	$1,428.04	$706.22	$706.22	$721.82	$721.82
2-8232	MISCELLANEOUS CHARGE & EXPENSE	$3,122.24	$1,872.02	$0.00	$1,250.22	$3,122.24	$3,122.24	$1,872.02	$0.00	$1,250.22	$3,122.24
2-8237	IN-KIND EXPENSES	$552,919.50	$548,651.71	$758,949.97	$4,267.79	($206,030.47)	$552,919.50	$548,651.71	$758,949.97	$4,267.79	($206,030.47)
2-8340	CPA FIRM	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
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	$0.00	$0.00	$0.00	$0.00
2-8360	NON-CONTRACTED CONSULTANTS	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total Other Operating		**$782,540.88**	**$769,847.71**	**$977,129.81**	**$12,693.17**	**($194,588.93)**	**$782,540.88**	**$769,847.71**	**$977,129.81**	**$12,693.17**	**($194,588.93)**
Total Expense		$2,659,280.97	$2,664,962.26	$2,940,362.28	($5,681.29)	($281,081.31)	$2,659,280.97	$2,664,962.26	$2,940,362.28	($5,681.29)	($281,081.31)

	SEPTEMBER 2026					YEAR TO DATE				
	SEP FY27 Actual	SEP FY27 Budget	SEP FY26 Actual	Variance Budget	Variance FY 2026	FY2027 Y-T-D Actual	FY2027 Y-T-D Budget	FY2026 Y-T-D Actual	Y-T-D FY2027 Budget	Y-T-D FY 2026 Actual
BEGINNING NET ASSETS	$14,254,714.17	$14,254,714.17	$13,515,817.20	$0.00	$738,896.97	$14,254,714.17	$14,254,714.17	$13,515,817.20	$0.00	$738,896.97
NET SURPLUS/(DEFICIT)	($373,879.19)	($347,290.42)	($316,691.09)	($26,588.77)	($57,188.10)	($373,879.19)	($347,290.42)	($316,691.09)	($26,588.77)	($57,188.10)
ENDING NET ASSETS	$13,880,834.98	$13,907,423.75	$13,199,126.11	($26,588.77)	$681,708.87	$13,880,834.98	$13,907,423.75	$13,199,126.11	($26,588.77)	$681,708.87

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 an increase from 2.6773% in May to 2.7269 % in August.

C. The Center had 10 Certificate of Deposits (CD) matured and purchased 12 others:

- **Merrill Lynch**:
  In June, a Firstbank Puerto Rico CD matured on June 29, 2026, earning 4.05% on $244,000. In July, a Wells Fargo Bank CD was purchased on July 7, 2026, for $53,000 earning 4.25% and a Comenity Bank CD was purchased on July 15, 2026, for $200,000 earning 4.25%. In July, a Safra National Bank CD matured on July 14, 2026, earning 4.10% on $87,000 and a Goldman Sachs BK CD matured on July 29, 2026, earning 4.10% on $240,000. In August, a BMO Bank CD was purchased on August 13, 2026, for $97,000 earning 4.05%, and a Key Bank National Assn CD was purchased on August 7, 2026, for $244,000 earning 4.15%.

- **First National Bank**
  The August 2025 purchase of CDARS matured on August 14, 2026, earning 3.95%. The Center reinvested into the CDARS program again at an interest rate of 3.55% for one year.

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 August 2026, the Center is within the 365 days.
- The Center had $8,151,761 invested with a 0 to 180-day maturity and $4,876,180 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, at the end of November was $12,766,366.0, at the end of February was $12,852,761 and at the end of May was $12,932,935. The Center's total investment as of August 2026 is $13,027,941.

Certificate:

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

Linda S Poenitzsch
Investment Officer/Business Manager
October 15, 2026

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

HELEN FARABEE CENTER

RATE OF RETURN ON INVESTMENTS

August 31, 2026

	CUSIP #	Date Purchased	Maturity Date	Invested amount/book value Purchase Beginning Market Value	Market Value Cur month Estimated Market Value	Changes in Market Value (Based on Fiscal Year) Changes	Rate	Weighted Average
Chase High Yield			Immediate	$ 3,338,883.14	**$ 3,339,214.02**	$ 330.88	0.01%	0.0026%
Merrill Lynch								
CASH ML Deposit Program			Immediate	$ 58,894.94	$ 56,969.42	$ (1,925.52)	0.05%	0.0002%
CASH ISA Accounts			Immediate	$ 12,001.24	$ 2,125.85	$ (9,875.39)	0.02%	0.0000%
CD BNY Mellon NA	05584CMR4	4/5/2024	10/15/2025	$ -	$ -	$ -	4.95%	0.0000%
CD Valley Natl Bk	919853LH2	4/17/2024	10/23/2025	$ -	$ -	$ -	5.00%	0.0000%
CD Bank of NY Mellon	06405VGG8	4/25/2024	11/3/2025	$ -	$ -	$ -	5.00%	0.0000%
CD Zions Bankcorp NA	98970LNB5	12/17/2024	12/26/2025	$ -	$ -	$ -	4.05%	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	$ -	$ -	$ -	4.25%	0.0000%
CD BANK OF AMERICA	06051XRB0	2/27/2025	3/6/2026	$ -	$ -	$ -	4.25%	0.0000%
CD CITY NATIONAL BANK	17801DKJ4	2/27/2025	3/6/2026	$ -	$ -	$ -	4.25%	0.0000%
CD PNC BANK	69355NHS7	4/3/2025	4/2/2026	$ -	$ -	$ -	4.00%	0.0000%
CD POPULAR BANK	73317ADE9	4/16/2025	4/16/2026	$ -	$ -	$ -	3.75%	0.0000%
CD AMERICAN EXPR NATL BK	02589AH62	4/16/2025	4/16/2027	$ 245,000.00	$ 244,573.70	$ (426.30)	3.75%	0.0704%
CD ALLY BANK	02007G4Q3	4/17/2025	4/17/2026	$ -	$ -	$ -	3.75%	0.0000%
CD STEARNS BANK	857894X95	4/21/2025	5/21/2026	$ -	$ -	$ -	3.75%	0.0000%
CD Firstbank Puerto Rico	33767GJG4	12/17/2024	6/29/2026	$ -	$ -	$ -	4.05%	0.0000%
CD SAFRA National Bank	78658RRG8	7/10/2025	7/14/2026	$ -	$ -	$ -	4.10%	0.0000%
CD GOLDMAN SACHS BK	38150V3Y3	7/21/2025	7/29/2026	$ -	$ -	$ -	4.10%	0.0000%
CD MORGAN STANLEY BANK NA	61690DZ50	4/2/2025	10/2/2026	$ 135,000.00	$ 134,975.70	$ (24.30)	4.10%	0.0425%
CD MORGAN STANLEY PVT BANK	61776NPK3	4/2/2025	10/2/2026	$ 55,000.00	$ 54,990.10	$ (9.90)	4.10%	0.0173%
CD BANK OF HOPE	062683ML7	11/12/2025	11/13/2026	$ 87,000.00	$ 86,919.96	$ (80.04)	3.55%	0.0237%
CD Bank of NY Mellon	06405VKJ7	11/12/2025	11/13/2026	$ 241,000.00	$ 240,826.48	$ (173.52)	3.65%	0.0675%
CD UBS BANK USA	90355GA30	11/12/2025	11/18/2027	$ 248,000.00	$ 246,673.20	$ (1,326.80)	3.65%	0.0691%
CD BANK OF AMERICA CALIF NA	6053CGV2	1/7/2026	1/14/2027	$ 241,000.00	$ 240,539.69	$ (460.31)	3.50%	0.0646%
CD FIRST CTZNS BK & TR	319477BA2	2/12/2026	2/18/2027	$ 241,000.00	$ 240,636.09	$ (363.91)	3.70%	0.0683%
CD SIMMONS BANK	82869ANJ0	2/12/2026	2/19/2027	$ 241,000.00	$ 240,522.82	$ (477.18)	3.60%	0.0665%
CD ASSOCIATED BANK	045491ZT7	2/17/2026	2/25/2027	$ 241,000.00	$ 240,621.63	$ (378.37)	3.75%	0.0693%
CD WELLS FARGO BANK	949764UJ1	2/27/2026	2/25/2027	$ 27,000.00	$ 26,962.20	$ (37.80)	3.75%	0.0078%
CD WELLS FARGO BANK	949764UM4	3/11/2026	3/12/2027	$ 32,000.00	$ 31,953.28	$ (46.72)	3.75%	0.0092%
CD BANK OF AMERICA NA	06O51X4Q2	3/10/2026	3/18/2027	$ 240,000.00	$ 239,637.60	$ (362.40)	3.75%	0.0690%
CD HUNTINGTON NATL BANK	446438UT8	3/11/2026	3/23/2027	$ 240,000.00	$ 239,628.00	$ (372.00)	3.75%	0.0690%
CD ALLY BANK	02007QBX8	4/23/2026	4/30/2027	$ 240,000.00	$ 239,707.20	$ (292.80)	3.85%	0.0708%
CD BMO BANK	05610LE75	4/24/2026	4/30/2027	$ 80,000.00	$ 79,902.40	$ (97.60)	3.85%	0.0236%
CD MORGAN STANLEY PVT BANK	61776N4M2	4/7/2026	4/17/2028	$ 180,000.00	$ 179,494.20	$ (505.80)	4.00%	0.0551%
CD MORGAN TANLEY BK	61778ETJ0	4/17/2026	4/24/2028	$ 110,000.00	$ 109,594.10	$ (405.90)	3.95%	0.0332%
CD MANUFACTURERS AND TRADERS TRUST COMPANY	564759TW8	6/2/2026	6/2/2028	$ 244,000.00	$ 243,285.08	$ (714.92)	4.05%	0.0756%
CD WELLS FARGO BANK NAT	949764YS7	6/30/2026	7/7/2028	$ 53,000.00	$ 53,021.73	$ 21.73	4.25%	0.0173%
CD COMENITY BANK	20036NWF8	6/30/2026	7/17/2028	$ 200,000.00	$ 200,064.00	$ 64.00	4.25%	0.0653%
CD BMO BANK	05610LN75	8/5/2026	8/13/2027	$ 97,000.00	$ 97,000.97	$ 0.97	4.05%	0.0302%
CD KEY BANK NATIONAL ASSN	49306SY67	7/31/2026	2/7/2028	$ 244,000.00	$ 243,924.36	$ (75.64)	4.15%	0.0777%
						$ -	4.10%	0.0000%
						$ -	3.70%	0.0000%
						$ -	3.60%	0.0000%
						$ -	3.70%	0.0000%
						$ -	3.75%	0.0000%
						$ -	3.75%	0.0000%
						$ -	3.75%	0.0000%
						$ -	3.75%	0.0000%
Sub Total Merrill Lynch				$ 4,032,896.18	**$ 4,014,549.76**	**$ (18,346.42)**		1.1631%
TexSTAR			Immediate	**$ 1,205.46**	**$ 1,251.46**	$ 46.00	3.6513%	0.0004%
First National Bank/INVESTAR 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	$ 803,292.31	$ 29,116.25	3.50%	0.2158%
Certificate of Deposit-CD 3624		6/16/2025	12/16/2026	$ 294,873.99	$ 307,633.57	$ 12,759.58	3.35%	0.0791%
Certificate of Deposit-CD 7987		7/11/25	8/14/2027	$ 630,199.34	$ 657,630.97	$ 27,431.63	3.98%	0.2009%
Certificate of Deposit-CD 4314		10/2/25	10/2/2026	$ 291,635.95	$ 302,785.26	$ 11,149.31	3.50%	0.0813%
Certificate of Deposit-CD 5087812		3/13/26	3/13/2027	$ 313,566.41	$ 326,806.06	$ 13,239.65	3.46%	0.0868%
Certificate of Deposit-CD 5313		10/21/25	10/21/2026	$ 1,115,029.12	$ 1,156,964.64	$ 41,935.52	3.50%	0.3108%
Money Market 4858		2/25/14	Immediate	$ 639,600.06	$ 660,774.46	$ 21,174.40	3.80%	0.1927%
Sub Total First National Bank				$ 4,059,080.93	$ 4,215,887.27	$ 156,806.34		1.1675%
FIRST NATIONAL BANK/INVESTAR CDARS STATEMENT								
FNB: INS CD BOKF # 4214		8/15/25	8/14/2026	$ 113,632.56	$ -	$ (113,632.56)	3.95%	0.0000%
FBN: INS CD AMERICAN NATIONAL BANK & TRUST #14531		8/15/25	8/14/2026	$ 236,961.11	$ -	$ (236,961.11)	3.95%	0.0000%
FNB: INS CD CITY FIRST BANK #34352		8/15/25	8/14/2026	$ 236,961.11	$ -	$ (236,961.11)	3.95%	0.0000%
FNB: INS CD LIVE OAK BANKING CO #58665		8/15/25	8/14/2026	$ 236,961.11	$ -	$ (236,961.11)	3.95%	0.0000%
FNB: INS CD LOCUS BANK #58658		8/15/25	8/14/2026	$ 236,961.11	$ -	$ (236,961.11)	3.95%	0.0000%
FNB: INS CD PRIMARY BANK #59086		8/15/25	8/14/2026	$ 89,282.75	$ -	$ (89,282.75)	3.95%	0.0000%
FNB: INS CD RIVER CITY BANK #18983		8/15/25	8/14/2026	$ 236,961.11	$ -	$ (236,961.11)	3.95%	0.0000%
INVESTAR: INS CD AMARILLO NATIONAL BANK 14531		8/15/26	8/12/2027	$ 82,712.34	$ 150.33	$ 150.33	3.55%	0.0226%
INVESTAR: INS CD BENEFICIAL STATE BANK 58490		8/15/26	8/12/2027	$ 236,500.00	$ 429.85	$ 429.85	3.55%	0.0646%
INVESTAR: INS CD FIRST CITIZENS BANK&TRUST 11063		8/15/26	8/12/2027	$ 236,500.00	$ 429.85	$ 429.85	3.55%	0.0646%
INVESTAR: INS CD OUTDOOR BANK 17685		8/15/26	8/12/2027	$ 236,500.00	$ 429.85	$ 429.85	3.55%	0.0646%
INVESTAR: INS CD POPPY ANAK 57903		8/15/26	8/12/2027	$ 236,500.00	$ 429.85	$ 429.85	3.55%	0.0646%
INVESTAR: INS CD ROYAL BUSINESS BANK 58816		8/15/26	8/12/2027	$ 166,596.59	$ 302.79	$ 302.79	3.55%	0.0455%
INVESTAR: INS CD UNITED BANK 22858		8/15/26	8/12/2027	$ 8,855.66	$ 16.09	$ 16.09	3.55%	0.0024%
INVESTAR: INS CD WESTERN ALLIANCE BANK 57512		8/15/26	8/12/2027	$ 236,500.00	$ 429.85	$ 429.85	3.55%	0.0646%
Sub Total ICS-First National Bank				$ 1,387,720.86	$ 1,443,283.05	$ (1,385,102.40)		0.3933%
FIRST NATIONAL BANK/INVESTAR ICS STATEMENT								
FNB: ICS #858				$ 1,089.91	$ 1,101.29	$ 11.38	1.05%	0.0001%
				$ 1,089.91	**$ 1,101.29**	$ 11.38		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				**$ 12,833,530.53**	**$ 13,027,940.90**	**$ (1,246,254.22)**		2.7269%

5 RECOMMENDATIONS
C. CONTRACTS AND PLANS
1) UTILIZATION MANAGEMENT PLAN

RECOMMENDED ACTION: That the Board of Trustees approves the attached Utilization Management Plan for FY 2027.

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

SUPPORTING INFORMATION: In accordance with Texas Administrative Code, Title 26, Part 1, Chapter 301, Subchapter G, Division 2, Rule § 301.335 as well as performance contracts, the UM Plan needs review and approval by the Board of Trustees.

SPECIFIC REASONS WHY THESE ACTIONS ARE NECESSARY FOR THE CENTER:

- Guide the activities of the Utilization Management program.
- Establish processes for assessing the utilization of services.
- Identify the standards against which performance is measured.

Utilization Management Plan

FY 2027

October 2026

The Utilization Management Plan describes the Utilization Management program and is reviewed, evaluated, and updated every two (2) years in conjunction with the Quality Management Plan.

Helen Farabee Centers Utilization Management Plan

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

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

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Utilization Management Plan
Helen Farabee Centers

The Utilization Management Committee

Purpose:
The primary function of the Utilization Management (UM) Committee is to monitor utilization of the Local Mental Health Authority's (LMHA's) clinical resources to assist in the promotion, maintenance and availability of high-quality care in conjunction with effective and efficient utilization of resources.

Objectives:
• Assure the overall integrity of the LMHA utilization management process to include timely and appropriate assignment of levels of care (LOC's) based on the Texas Health and Human Services Commission (HHSC) UM Guidelines;
• Assure that LMHA personnel involved in the UM process are qualified to fulfill their functions and that inter-rater reliability is being maintained,
• Approve the process used to review and authorize the provision of mental health services, including an appeal system for adverse determination decisions,
• Analyze utilization patterns and trends to include gaps in services, rates of no shows for appointments/services, billing issues, underdeveloped frequently requested services, existing services that are under-and over-utilized, and barriers to access,
• Establish mechanisms to report quantitative and qualitative information on service utilization and service delivery to LMHA management and staff, the LMHA Board, providers and other interested persons in a timely manner,
• Provide a mechanism to identify potential quality issues and to forward them to the Quality Management Department,
• Assist in the ongoing modification of screening criteria, standards, and review methods under the control of the LMHA and provide relevant feedback to HHSC as required, and
• Prepare and arrange educational programs to address deficiencies noted by review findings.

Core committee members include:

- Carol Nati, MD, UM Physician
- Andrew Martin, Associate Executive Director of Operations
- Cara Mullenix, Director of Utilization & Quality Management (UM Director/UM Manager)
- Sandra Rapson, Quality Assurance Coordinator
- Courtney Brown, Utilization Management Reviewer
- Taryn Miller, Quality Management/Utilization Management Reviewer
- Linda Poenitzsch, Chief Financial Officer
- Michael Stephenson, Management and Information Systems Director

The committee may call additional staff to specific meetings as indicated by the committee agenda, their role in cases being formally appealed, etc. The committee will have access to copies of this UM Plan, the UM Guidelines, and other information necessary to perform their functions. The committee will meet a minimum of quarterly as called by the Utilization Director. A copy of the minutes will be maintained by the UM Department. Committee members will avoid conflicts of interest and adhere to confidentiality requirements as specified in the UM Program Manual, pp. 16-17.

Utilization Management Personnel and Duties

Utilization Management Physician (required): **M.D. -** Fully trained (board eligible psychiatrist) and possesses a license to practice medicine in Texas.

• Is responsible for providing consultation on all adverse determinations upon request of the UM Director, and for reviewing all first level appeals of adverse determinations.
• Resolves conflicts that may arise regarding the authorization of services that are not resolved through usual procedures.
• Is a member of the Utilization Management Committee.
• Provides physician-to-physician peer review as indicated.

Utilization Management Director: **RN, RN-APN, PA, PhD psychologist, LCSW (LMSW-ACP), LPC, or LMFT** and is licensed in Texas. The Utilization Management Director has at least **three (3)** years of clinical experience in the treatment of persons with mental illness or chemically dependency.

• **Primary function is to ensure consistent application of the Utilization Management Guidelines and processes through supervision of the Utilization Reviewer and to manage Utilization Management operations.**
• Works under the supervision of the Associate Director of Operations and ensures effective communication regarding UM operations, performance and problems.
• Ensures the annual update and makes necessary changes as needed to the LMHA UM Program Plan.
• The LMHA recognizes if the Utilization Management Director does not meet the qualifications for Utilization Manager, he/she can administratively but not clinically oversee the Utilization Management program and functions.
• May function as a Utilization Reviewer or Utilization Care Manager with the same limitations regarding denials and prospective authorizations.
• May function as a Utilization Manager only if all credentials and requirements are met and documented.

**The UM Director can authorize any continuation of stay in any service package as well as overrides into more/less intense services if clinically indicated. If the UM Director is classified as an LPHA, he/she may authorize Medical Necessity.

Utilization Manager (required): **RN, RN-APN, PA, PhD psychologist, LCSW (LMSW-ACP), LPC, or LMFT** licensed in Texas and found by the LMHA to be fully qualified to perform all LMHA UM functions.
• Has at least **five (5)** years of experience in direct care of persons with a serious mental illness, including experience in an acute care setting,
• Has at least **five (5)** years of experience participating as a member of a treatment team that develops and monitors Recovery Plans for persons with chronic and serious mental illness,
• Has at least **one (1)** year of experience supervising Mental Health (MH) providers, and
• Has demonstrated competence in performing utilization management and review activities.

• **The Primary function is utilization management, conducting utilization review and granting and denying authorizations for all MH LOC's and services as per the Utilization Management Guidelines.**
• Conducts prospective, concurrent and retrospective reviews for authorization of LOC's/services for individuals served.
• Conducts reviews using clinical information submitted by providers, direct contact with providers, review of medical records and contact with the individual served and family members when needed and appropriate.
• Makes initial adverse determinations/denials and all clinical overrides and exceptions to the UM Guidelines.
• Monitors service delivery and outcomes to ensure services are not over-utilized or under-utilized.
• Reviews data to detect outliers and unusual patterns of utilization and recommends interventions to the UM Committee and/or the Associate Director of Operations.
• Informs individuals served and providers relative to appropriate treatment alternatives and community resources**.**
• Performs Utilization Care Management for those individuals with special circumstances needing special authorization by a LMHA representative.
• Participates in provider training on the UM process, monitors provider adherence to UM guidelines and provides consultation when needed.
• This position can fulfill all UM functions except provide physician oversight for the LMHA UM process

**The Utilization Manager can authorize any continuation of stay in any service package as well as overrides into more/less intense services if clinically indicated. The Utilization Manager will authorize all overrides that are in conflict with the established Utilization Management Guidelines, but are deemed to be medically necessary. If the Utilization Manager is classified as an LPHA, he/she may authorize Medical Necessity.

Utilization Management Reviewer QMHP-CS Level: At least a **Qualified Mental Health Professional – Community Services (QMHP-CS)** Minimum qualifications as defined in the current Texas Health and Human Services Commission (HHSC) Mental Health Community Services Standards and has at least **three (3)** years clinically appropriate experience in treatment of persons with mental illness and chemical dependency.

• Primary function is to collect, analyze and document information from medical records and providers to be used by the Utilization Manager in prospective reviews, authorization or in making initial adverse determinations.
• Conducts retrospective reviews and review of data to detect outliers.
• May conduct utilization review and grant authorization decisions for continued stays to individuals who are already receiving authorized services from the LMHA when the request is complete, accurate, and clearly falls within the HHSC UM Guidelines. Any requests for authorization that do not clearly meet the guidelines must be reviewed by the Utilization Manager.
• May not conduct prior authorizations for LOC's or hospitalizations.
• May assist the Utilization Manager if the QMHP-CS Level Utilization Reviewer staff possesses the required credentials.
• The Utilization Manager supervises and approves the work of the QMHP-CS Level-Utilization Reviewer.

LPHA Level Authorizations

- All Intake assessments (requires Medical Necessity Attestation)
- Update assessments
- Discharge assessments
- Any increase or decrease in a Level of Care (requires Medical Necessity Attestation)

QMHP-CS Level Authorizations

- Continued stays in all Adult and Child/Youth Levels of Care. No medical necessity required for continued stays
- Discharge assessments

Utilization Reviewer—Licensed Practitioner of the Healing Arts (LPHA) Level: At least meets LPHA minimum qualifications as defined in the current HHSC Mental Health Community Services Standards and has at least **three (3)** years clinically appropriate experience in treatment of persons with mental illness and chemical dependency.

- Primary function is to authorize updates and discharges into any service package.
- Authorize overrides according to the UM Guideline override criteria.
- Authorize according to the UM Guidelines as clinically indicated in the absence of the Utilization Manager.
- The Utilization Manager supervises and approves the UM related work of the LPHA Level-Utilization Reviewer.

Authorization Backup Guide

The Utilization Manager and the Utilization Management Reviewer are responsible for routine authorizations. The Utilization Management Director may take over any authorizations in the absence of the Utilization Manager. The UM Director will be aware of requests for leave from all UM staff to ensure either the Utilization Manager or UM Director is present to process non-routine authorizations. In the event the Utilization Manager and UM Director are both unavailable for more than **two (2)** days at the same time, the Associate Executive Director will authorize those LOCs typically authorized by the UM Manager/UM Director, completing the requirement of an LPHA for Attestations of Medical Necessity.

Access to Utilization and Review System

Utilization Management staff are available throughout each business day to ensure timely authorizations to LOCs is not compromised. Authorization requests can be reviewed and authorized 24-hours a day through the electronic health record (EHR) "client flag" list. Requests are sent to the Utilization Manager/Reviewer for authorization. The UM staff is also available by phone and/or instant messaging during business hours and can take voice-messages 24-hours a day.

Utilization Review

Requests for authorization are sent to the Utilization Manager or Reviewer through the EHR. The determination is made and the provider is informed of the decision through the EHR. The time periods required for review do not differ from those specified in the UM Program Manual, p. 19.

Automatic Authorization

Automatic Authorization is an alternative method of authorizing LOCs in which authorization is "automatically" granted to qualified providers for specified individuals or populations. The requests are authorized and processed electronically and are not individually reviewed by UM staff.

Automatic Authorization may be used for Initial Adult LOCR 1M and Update Adult LOCR 1S and LOCR 3. The UM department, in conjunction with the Management of Information Systems (MIS) division determines which LOC will be automatically authorized according to these guidelines.

To be automatically authorized into the following Levels of Care, these criteria must be met:

- LOC1M; the current LOCR must = 1M
- LOC1S; the LOCR must = 1S and the previous LOCR/LOCA must = 1S

- LOC3; the LOCR must = 3 and the previous LOCR/LOCA must = 3

Overrides cannot be automatically authorized. Continued stay in Adult LOC4 cannot be automatically authorized since this is considered a high-risk population. Automatic Authorizations are limited to **two (2)** consecutive automatic authorizations. The third request for authorization must be reviewed by UM staff. An Automatic Authorization cannot be used in conjunction with the Extended Review option.

The justification for using automatic authorization may be found in the latest UM Program Manual, p. 18.

Review of Authorization Trends

The Utilization Manager is responsible for monitoring trends in authorization requests and approvals for all LOCs. The Utilization Manager will monitor trends in automatically authorized cases and those cases using the Extended Review option. Statistical and/or clinical outliers will be identified using these reports to ensure that automatic authorization and extended review is applied according to the rules outlined in this plan, and according to best practices in clinical care. The Utilization Manager will have the ability to void the Extended Review option for certain cases in which this option may be inadvertently abused or misused.

If Automatic Authorization and/or Extended Review functions are used, the Utilization Manager will work with MIS to create and monitor reports that show:

- The number and percentage of cases being automatically authorized in each adult and child service package,
- The number of cases being automatically authorized for six (6) months or more in any LOC,
- The percentage of cases meeting/not meeting minimum or average direct service hours that have been automatically authorized. This report should be able to identify individual cases within those percentages so that automatic authorization can be disallowed for that individual if indicated.
- The number and percentage of Adult LOC 1S and Child LOC 4 cases in which the Extended Review option has been requested and allowed.
- The number of days that each assessment has remained active by choosing the Extended Review option.
- The percentage of cases meeting/not meeting minimum or average direct service hours that have been using the Extended Review option. This report should be able to identify individual cases within those percentages so that Extended Review can be disallowed for that individual if indicated.
- The number and percentage of cases that have been automatically authorized **and** selected for Extended Review at the same time. This report should be able to identify individual cases.

- All reports should have an option to view the individual staff and the individuals served contributing to total numbers and percentages to easily locate outlying situations.

Clinical Overrides and Exceptions

The Utilization Reviewer can grant authorizations and overrides that are described in the UM Guidelines. The Utilization Director/Manager can make exceptions and override the UM Guidelines if indicated by clinical need. Overrides are based on the individual's need, continuity of care, the individual's choice, or on resource limitations. Basic criteria for overrides under these headings are listed in the UM Guidelines, however these can be overridden when Utilization Manager/Director sees a clinical reason to do so, and no other alternative is available.

Requests for overrides to a higher or lower LOC must be accompanied by clinical evidence for this request. The electronic request for authorization form has a "comments section" for this information. The Utilization Director/Manager will consider all clinical information relevant to the case and has the authority to interview the staff requesting override as well as the individual with or without the staff present.

The rate of overrides/exceptions will be monitored through Mental Health and ID Business Objects Warehouse (**MBOW**) reports. This data will be reviewed periodically by the UM Committee.

Attesting to Medical Necessity

An LPHA must sign an attestation to Medical Necessity upon intake/admission into any LOC, or when an individual's LOC changes. The LPHA does not have to be a part of the Utilization Management team.

Services that are authorized according to the Recommended Level of Care (LOCR) are considered Medically Necessary, as well as services requiring an override according to the UM Guidelines.

In some cases, overrides are clinically indicated which fall outside the override criteria established in the UM Guidelines. In these cases, the Utilization Manager/Director must authorize the override, and attest to Medical Necessity.

The UM Appeal Process

Individuals requesting services and individuals currently in treatment have the right to appeal decisions made by the Utilization Management (UM) department. A notice of the right to appeal will be posted at all service sites. The Texas Administrative Code, Title 26,

Part 1, Chapter 301, Subchapter G, Division 2, Rule §301.335 details the legal right of individuals to appeal the following decisions:

- Individual is found ineligible for services at intake,
- Individual is terminated from services based on clinical determination,
- Individual's services are reduced involuntarily based on clinical determination,
- Individual is denied access to a service/support they request to receive,
- The individual is referred by Helen Farabee Centers (HFC) to their third-party coverage.

When one of the above "adverse determination" decisions is made and authorized by the Utilization Manager, the provider will verbally notify the individual. The individual has thirty (30) days from receipt to request an appeal through the caseworker or through the UM department. This begins the formal appeals process. From the time the individual requests the appeal, the UM staff takes over handling the process and will receive and send out all appropriate letters needed to resolve the issue.

1. Once Helen Farabee Centers receives notice of the appeal, an Appeal Acknowledgement letter will be mailed to the individual by UM. The individual should receive the letter within one week of requesting the appeal.
2. The individual may be asked to provide additional information.
3. Within 20 business days after the date all necessary information is received by Helen Farabee Centers UM Department, a decision shall be made.
4. Within one business day of the decision, the Utilization Management staff assigned to the case shall notify the individual in person or by telephone of the decision.
5. Within three business days, the UM staff assigned to the individual's case will mail an Appeal Resolution letter to the individual informing them of the decision and offer additional information. The Appeal Resolution letter will include notice that the decision is final.
6. If the individual disagrees with the decision, they have ten (10) calendar days to request a review of their concerns by contacting the Texas Health and Human Services Commission (HHSC) Office of the Behavioral Health Ombudsman at 1-800-252-8154 or they may contact Complaint and Incident Complaint Hotline at 1-800-458-9858.

A representative from Utilization Management will submit the appeal along with any other required information to a designated individual who was not involved in the original decision and who is not directly supervised by the staff making the original decision (to avoid ethical conflicts). This individual will either uphold the original decision or reverse/modify the decision based on evidence. A decision reversal/proposal which contradicts the UM Guidelines cannot be acted upon without the approval of the full UM Committee. The individual is contacted by UM staff regarding the resolution. If the decision is reversed or modified, then a plan for re-engagement is also sent to the individual and the caseworker will be advised of the changes in treatment. The caseworker can then modify the Recovery Plan accordingly.

The Appeals process noted above is based on that suggested in the UM Program Manual pp. 25-29. The letters referred to are based on the examples given in the UM Program Manual pp. 29-31.

Waiting List Placement and Management

The UM Committee will monitor the supply/demand for services and will create waiting lists as suggested in the UM Program Manual p. 42 if indicated. The UM Committee will monitor this list when created and will adjust them as needed. The UM Director or designee will submit data concerning any waiting list to HHSC according to the criteria set forth in the performance contract on a quarterly basis. (Refer to the Wait List Manual for specific instructions regarding wait list maintenance).

UM Performance Measures

The UM Director/Manager, in conjunction with any designee, and the UM Committee may perform annual evaluations of the UM program by completing the UM Program Self-Assessment provided in the UM Program Manual pp. 54-57. The program will be evaluated to ensure that:

- 90% of authorization requests are turned around within two (2) business days of receiving a complete request (i.e., all information relevant to the case/decision has been gathered by the reviewer).
- 95% of urgent requests are turned around within one (1) business day of receiving a complete request.
- 80% of inpatient admissions are reviewed every four (4) days for the duration of the admission.
- 85% of individual and provider appeals are reviewed within forty-five (45) days.
- The number of complaints against the UM Department is less than fourteen (14) per 1000 individuals.
- The number of appeals is less than fifteen (15) per 1000 individuals.
- The percent of appeals decisions overturned is equal to or less than 15% of all appeals.

Inter-Rater Reliability

This measure will only be scheduled and performed if there is more than one Utilization Reviewer other than the Utilization Manager, and/or if there is more than one UM Physician who is responsible for making adverse determinations. The Utilization Director retains the duty of monitoring authorization trends and to investigate reviewer practices to ensure that they are consistent and clinically appropriate.

Provider Profiling

The UM Department will gather any data needed to describe and evaluate a provider's mental health practice performance in relation to the use of resources. This information can be referred to as a "profile" of that provider. Profiles can be used to provide education, to provide a basis for compensation, and/or to inform decisions regarding provider retention. Data sources for utilization profiles may range from claims databases maintained by the LMHA to individual consumer records kept in providers' offices and at service sites.

Professional Conduct for UM Staff

"Utilization Management functions shall be conducted in a manner which upholds ethical principles, prevents conflict of interest, supports collaborative relationships between the LMHA and providers and demonstrates professional behavior." UM Program Manual, p.51.

All UM personnel will adhere to the guidelines concerning Ethics, Conflicts of Interest, and Appropriate/Professional Relationships as listed in the UM Program Manual, pp. 51-52.

All UM staff have the duty to expose any unethical practices within the program either to the UM staff who has violated the rule, or to the UM Director/Manager if they so choose. Breaches of professional conduct by the UM Director can be directly reported by any UM staff to the Associate Executive Director. UM staff will not be sanctioned or otherwise punished for questioning the ethics of other UM staff or of UM policy.

Appendix A: UM in the IDD Context

Justifications – All services an individual receives will be justified by the Inter-Disciplinary Team (IDT) in Home/Community Based (HCS) services or the Service Coordinator in general revenue services. The justification for each service will include the following:

1. Why does the individual need the service?
2. How will the service help the individual?
3. When and how often will the services be needed?
4. Document whether or not there are any outside resources that can give the services.

Authorization of Services – When a PDP/ISP/Recovery Plan is completed on an individual, the Case Manager/Service Coordinators will authorize the services the individual will receive. The Plan will need to be specific and outline when and where the service will take place.

Admissions:

Admissions to the Wichita Falls State Hospital (WFSH) previously known as the North Texas State Hospital (NTSH) require attestation of Medical Necessity and Authorization by a Licensed Practitioner of the Healing Arts (LPHA) employed by the Local Mental Health Authority (LMHA). Despite this being the intent of the state and local authority, there are barriers to this attestation and authorization being carried out as intended:

- Law Enforcement directly transporting individuals to a hospital based on their own judgment and without LPHA consultation/ authorization.

- The clinical information given to the LPHA when the on-call clinician is requesting admission authorization is inaccurate or incomplete resulting in an admission that is not in fact medically necessary.

The LMHA will demand the discharge of any admissions that were not ultimately found to be Medically Necessary per criteria contained in this UM Plan and will provide a sound Discharge Plan.

- Staff Responsible: Crisis Continuity of Care staff

- Report Demand of Discharge to: UM Department and the Director of Crisis and Continuity of Care

County of Residence (COR) Changes: Any individual assigned to Helen Farabee Centers (HFC) with an address in another catchment area should be reassigned to that catchment area so HFC is not charged the bed days associated with that individual's hospital stay. This must be monitored daily since HFC can only accomplish COR changes while the individual is physically in the facility.

Steps involved:

- Verify the COR for individuals on the daily admissions list. This information must be correct daily since this is the information that will be reported in the Client Assignment and Registration (CARE) system.

- Staff Responsible: Director of Crisis and Continuity of Care will track COR status and communicate daily with NTSH or other State Mental Health Facilities (SMHF) to ensure needed changes are made.

- NOTE: In the event an individual is admitted to another SMHF but charged to Helen Farabee Centers' component code (230) and this is not reflected in CARE until after the individual has been discharged or has accumulated bed days, an appeal should be sought through HHSC.

Length of Stay and Discharge

All individuals' team meetings should be attended by Helen Farabee Centers staff for Continuity of Care purposes and to determine possible discharge opportunities.

- Staff Responsible: Crisis Continuity of Care staff will attend each team meeting and document individual discharge status/plan.

Individuals who are admitted to a SMHF for thirty (30) days or less will be classified as acute. The individual should be classified as sub-acute on the 31st and following days unless there is clear medical evidence indicating acute status is still applicable.

- The LMHA must ensure that other SMHF's who have admitted individuals with Helen Farabee Centers' component code (230) are moved to sub-acute status after thirty (30) days to avoid being charged the higher acute rate.

- The LMHA must ensure that NTSH or another SMHF classified 46b commitments as sub-acute by the 31st day.

- Staff Responsible: Crisis Continuity of Care staff and a Business Office designee will monitor acute/sub-acute status and challenge these designations with the applicable SMHF.

Upon Discharge

For new or existing individuals discharged from WFSH or a private psychiatric facility, Crisis follow-up staff should assess the individual and complete an assessment to determine LOC and ensure all follow up appointments are scheduled, and the individual is aware.

References

Adult Needs and Strengths Assessment (ANSA)

https://hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/local-mental-health-authorities/adult-needs-strengths-assessment

Child & Adolescent Needs and Strengths Assessment (CANS)

https://hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/local-mental-health-authorities/child-adolescent-needs-strengths-assessment

Utilization Management Program Manual

https://hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/utilization-management-guidelines-manual

Utilization Management Guidelines

Adult Services

https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/behavioral-health-provider/um-guidelines/trr-utilization-management-guidelines-adult.pdf

Child and Adolescent Services

https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/behavioral-health-provider/um-guidelines/trr-utilization-management-guidelines-child.pdf

RECOMMENDED ACTION: Review and approve the 2026 Staffing Plan.

BACKGROUND INFORMATION:
The Staffing Plan is required by Texas Administrative Code (TAC) and by Certified Community Behavioral Health Clinics (CCBHC). The plan provides and overview of Helen Farabee Centers staff employed, roles they perform, locations where services are provided, and contingencies for staff shortages.

SUPPORTING INFORMATION:
Few changes have been made since the previous plan was issued in 2024. One area of expansion is the use of telephone and tele-video services, which Centers now widely use to maintain coverage in areas experiencing staff shortages. The Henrietta location was also added as a satellite site.

SPECIFIC REASONS WHY THESE ACTIONS ARE NECESSARY FOR THE CENTER:
The Staffing Plan is a requirement for TAC and CCBHC certification.

Helen Farabee Centers

Staffing Plan

November 2026

Helen Farabee Centers
Staffing Plan 2026

Approved by:

Gianna Harris LCSW
Gianna Harris LCSW (Oct 28, 2026 09:50:15 CDT)

Oct 28, 2026

Gianna Harris, LCSW
Executive Director
Helen Farabee Centers

Date

Brian Eby
Chair, Board of Trustees
Helen Farabee Centers

Date

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Introduction

Purpose

This document describes the processes and procedures used to staff the Helen Farabee Centers (HFC), a local mental health authority covering nineteen counties in North Texas. This plan is intended to address the staffing requirements for our services along with any contracts needed to supplement our staffing. The Staffing Plan is intended to be a living document, reviewed at least once every two years and updated as needed. The Staffing Plan is completed in such a manner that it will reflect the identified need for services, accessibility of services, and competency training requirements across the organization. A review of the most recent FY24 Needs Assessment, surveys, or similar tools will be incorporated into the Staffing Plan.

Audience

The intended audience for the plan is all Center stakeholders, senior leadership and as needed for certification/ accreditation bodies.

Services/ Center Locations

Services

HFC provides services in the preferred language of the individual while being aware of any cultural situations that may impact their care and treatment. Based on our population served demographics, HFC primarily serves individuals who speak English, Spanish, or both languages. We have identified that we may occasionally serve an individual who speaks another language. In that case, HFC contracts with Language Line, a translation service, to effectively serve all individuals. HFC also has a contract for a Sign Language Interpreter (Talking Hands) when needed.

Services include:

A. Crisis Mental Health Services; including 24-hour mobile crisis team members, emergency crisis intervention services, and crisis stabilization.

B. Screening, Assessment, and Diagnosis, including Risk Assessment.

C. Patient/ Family-Centered recovery planning, including Risk Assessment and Crisis Planning.

D. Outpatient Mental Health and Substance Use Services.

E. Contracted access for inpatient Mental Health and Substance Use Services

F. Outpatient Clinic Primary Care Screening and Monitoring of Key Health Indicators and Health Risk.

G. Targeted Case Management.

H. Psychiatric Rehabilitation Services.

I. Peer Support, Counselor Services, and Family Supports.

J. Intensive, Community-based Mental Health Care for Members of the Armed Forces, Veterans.

K. Local Intellectual and Developmental Disabilities Authority (LIDDA) Services.

L. Intake and Screening, Eligibility Determination, Enrollment, Service Coordination, Community Access: PASRR & Continuity of Care

M. IDD Behavioral Crisis (provided at CRU) & Respite (provided through IDD provider services)

N. Behavioral Health Respite Services

O. Supported Employment

P. Early Childhood Intervention Services

Center Locations

Center Locations	Counties Served
Wichita Falls	Wichita, Archer, Clay
Bowie	Montague
Henrietta	Clay
Decatur	Wise
Graham	Young
Jacksboro	Jack
Seymour	Baylor, Throckmorton

Haskell	Haskell, Stonewall, Knox, King, Dickens
Childress	Childress, Cottle
Quanah	Hardeman, Foard
Vernon	Wilbarger

Hours of Operation

Helen Farabee Centers provide services Monday-Friday 8:00am- 5:00pm throughout all of the Centers' locations, with the exceptions of Baylor/Throckmorton Behavioral Health Center (BHC) which is open Monday & Wednesday 8:00am- 5:00pm, the Hardeman/Foard BHC which is open, Monday, Wednesday, and Friday from 8:00am-5:00pm, and the newest the Jacksboro Satellite location which is open Tuesday and Friday 8:00am to 5:00pm and the newest Henrietta Satellite location which is open Wednesdays 8:00am to 5:00pm. Additionally, we offer some services outside of normal business hours such as Substance Abuse and Peer Services group meetings and Crisis Intervention Services that occur after normal business hours, weekends, and holidays. Service hours are evaluated annually based on business need and public input (information collected from Satisfaction/Outcome surveys).

Due to vast coverage across nineteen counties, Helen Farabee Centers utilizes the services of contracted staff or agencies when possible. Contractors may assist with Initial Psychiatric Evaluations as part of our Open Access services as well as a medically trained behavioral health care providers who can prescribe and manage medications independently under state law, including buprenorphine, naltrexone and other medications used to treat opioid and alcohol use disorders.

Telehealth

Transportation is a barrier for individuals receiving services according to the FY 24 Needs Assessment. To help remove this barrier, HFC uses tele-video communications to complete timely services such as psychiatrists for medication monitoring. We use trained support personnel for the role of taking vital signs for prescriber appointments to ensure access to a patient's current vital signs when staffing does not allow for a medical services staff to physically cover a Center. The Nurse is available by phone/ email to complete follow up for the patient. Medical Assistants provide coverage such as lab draws and may also assist with taking vital signs.

Licensed Professionals of the Health Arts (LPHAs) can complete intake assessments, preliminary diagnoses, and counseling sessions. Qualified Mental Health Professionals-Community Standards (QMHP-CS) can provide on-going services such as targeted case

management, routine case management, and skills training. Peer Providers can engage with individuals through skills training and peer services.

Video conferencing is often used for staff meetings and ongoing communication to avoid travel between locations.

Individuals can also participate in telephone only services when the need arises and conditions are met. The flexibility in service delivery accommodates individuals when illness, transportation, or emergency situations occur preventing disruptions in recovery.

Staffing Management

To maintain an appropriate staffing ratio for each facility that can provide the full array of required mental health and intellectual and developmental disability services, Helen Farabee Centers uses multiple resources for posting vacant positions. Refer to Procedure 200.1.1 *Recruitment and Hiring*.

Staffing at each site (both clinical and non-clinical) has been designed based on size and composition for the population to be served by each location to meet utilization, clinical, and crisis need requirements. Although staffing meets the population's needs, results from the FY 24 Needs Assessment states additional staff could be beneficial. Community partners expressed a need for more mental health providers and mental health education within the community. Individuals Served commented on a need for more counselors. HFC staff members reported a need for more support staff and credential/ licensed staff members.

Required Staff

Management

Helen Farabee Centers has an active management team structure with key personnel including:

A. Executive Director

B. Associate Executive Director of Operations

C. Director of Utilization and Quality Management

D. Chief Medical Director (psychiatrist)

E. Chief Financial Officer

F. Director of Community Support and Client Rights

G. Director of IDD Authority Services

H. Director of Nursing

I. Director of Management Information Services

J. Director of Human Resources/Risk Management

K. Director of Early Childhood Intervention Services

L. Director of Adult Mental Health

M. Director of Child-Adolescent Services

N. Director of Substance Abuse Services

O. Director of Crisis Services

P. Director of Medical Records

Center Staff

Each Center is staffed with clinical and administrative personnel that provide care to individuals. Staff include:

A. **Center Manager** who oversees the day-to-day operations of the Center and may carry a mental health caseload. This position may be a Qualified Mental Health Professional-Community Standards (QMHP-CS) or a Licensed Professional of the Health Arts (LPHA).

B. **Clerical staff** to complete financial documentation, schedule appointments, assist individuals with picking up medications, and serves as the Center's receptionist.

C. **Mental Health Adult Case Manager** (QMHP-CS) who carries a caseload and provides person-family centered services of case management, assessment, skills training, and psychosocial rehabilitation. Depending on the needs of the individual, appointments maybe held at the Center or the individual's home.

D. **Mental Health Child/Adolescent Case Manager** (QMHP-CS) who carries a caseload and provides person-family centered services of case management, assessment, skills training, and psychosocial rehabilitation. Depending on the needs of the individual, appointments maybe held at the Center, the school, or the individual's home.

E. **Substance Abuse Counselor** who carries a caseload and provides services related to the abuse of alcohol and illegal medications or inappropriate use of prescribed medications. Services are provided within the Center locations and referrals are made based on need for inpatient treatment including detox services. This position may be qualified as a Licensed Chemical Dependency Counselor (LCDC) or a Qualified Credentialed Counselor (QCC).

F. **Intellectual and Developmental Disabilities Caseworker** (Service Coordinator, Quality Intellectual Disability Professional-QIDP and Provider Care Coordinator-PCC) who carries a caseload and aids in accessing medical, social, educational, and other appropriate services and supports. Also, may provide crisis prevention and management, monitoring, assessment, service planning and coordination.

Other staff positions include:

A. **Certified Peer Specialist** receives referrals from other mental health professionals for services to adults including skills training or engagement contacts. This specialist becomes qualified by attending and completing elements of training from Centralized Training and certification from the Texas Certification Board.

B. **Certified Peer Specialist-Recovery Coach** is responsible for the delivery of support services to individuals with opioid and other substance use disorders and those having co-occurring disorders. This specialist becomes certified through the Texas Certification Board of Addiction Professionals.

C. **Certified Family Partner** receives referrals from other mental health professionals for services to parents/guardians/LARs of youth enrolled in CAS services. Services include skills training and family support. This specialist becomes qualified by attending and completing training through the Centralized Training website and obtaining credentialing as a Certified Family Partner from the Texas Certification Board.

D. **Supported Employment Specialist** receives referrals from other mental health professionals for services to individuals indicating a need to pursue employment.

E. **Veteran Peer Support Coordinator** receives referrals from other mental health professionals or may be in contact with other agencies to assist Service Members, Veterans, and Families (SMVF) re-engage or engage with our community by fostering an integrated approach to well-being and establishing mutually supportive group activities to include peer groups for each diverse group of SMVF. There is also a collaboration of services for mental health treatment, substance abuse treatment or primary care treatment. This coordinator becomes qualified by

attending and completing elements of the certification program as a Military Veteran Peer Network (MVPN) Peer Service Coordinator by the Texas Veterans Commission.

F. **Psychiatrist or Advanced Family Nurse Practitioner** schedules appointments either in person or via tele video to evaluate patients for medication management as it relates to their mental health diagnosis. This position is qualified based on their standing with the Texas Medical Board and Board of Nursing.

G. **Licensed Vocational Nurse** (LVN), or **Registered Nurse** (RN) schedules appointments to provide support with the Prescribing Professional, to draw blood work for lab, to give scheduled injections, or to provide Medication Training and Support services. This position is qualified based on their standing with the Board of Nursing.

There is also a variety of other positions that support the Center's services including but not limited to; Medical Assistants, Care Coordinators, Utilization Management, Quality Management, Safety, Training, Infection Control, Property, Community Services-Client Rights, Business Office, Reimbursement, Crisis Staff, Human Resources, Medical Records, and administrative leadership.

Supervision-Competency

Supervision

Due to the clinical nature of the care and treatment provided, the employees of the Helen Farabee Center are screened for requirements based on local procedure 200.1.10 *Provider Credentialing Program* and Professional Licensure with ongoing verifications completed. Procedures meet the requirements of a state behavioral health authority, and this plan identifies specific staff disciplines that are required. Staff receive varying degrees of supervision.

For unlicensed staff working towards licensure there are opportunities to obtain clinical supervision. This is handled in collaboration with the Director of Community Support-Client Rights, Human Resources, and the Director of Utilization and Quality Management as appropriate.

Credentialed substance abuse specialists are required to maintain competency and are supervised by the Director of Substance Abuse Services and the Clinical Supervisor of Substance Abuse Services.

The Center employs individuals with expertise in addressing trauma and promoting the recovery of children and adolescents with serious emotional disturbance (SED) and adults

with serious mental illness (SMI). Evidence-based practices are used to assist with this population. Licensed staff are trained in Trauma Focused Cognitive Behavioral Therapy (TF-CBT) and all staff are trained in Trauma Informed Care. All service planning and treatment for adults and children is recovery-oriented, person and family-centered.

HFC has volunteer opportunities for individuals who need hours of clinical observation. These volunteers may be interns needing college credit. This aspect of our staffing plan is managed through the Director of Community Support Client Rights.

Training Required

All required training for all new employees is addressed within the Procedure 200.2.1 *Training Plan*. The following list includes additional training opportunities provided to our staff based on the nature of their duties.

Trainings:
Standardized and validated screening (S-BIRT)
Standardized and validated assessment tools (Adult Needs and Screening Assessment-ANSA and Child-Adolescent Needs Assessment-CANS)
Motivational interviewing techniques
Co-occurring and substance abuse disorders (COPSD)
Cultural Competency
Military Culture
Person and Family Centered services (including roles of families and peers)
Recovery oriented care
Evidence based practices
Safety
Infection Control
Confidentiality requirements
Ethical Code of Conduct
Corporate Compliance
Rights of Persons Served
CPR-First Aid

Trauma informed care
Risk Assessment, Suicide Prevention, Suicide Response (completed through Applied Suicide Intervention Skills Training -ASIST)
Primary care/ behavioral care integration
Continuity of care planning

Strategies for workforce shortages

The area served by Helen Farabee Centers has been designated as a Heath Professional Shortage Area by The Health Resources and during the most recent review in FY 2023. This information is on file and available at https://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx

Due to the designation of Helen Farabee Center as a shortage area, there are times that a Center experiences a workforce shortage. As the need arises, administrative leadership may request existing staff to aid in coverage of other Centers for the purpose on ongoing care and treatment. This may result in overtime or flexing of one's schedule to manage coverage needs. The Centers may also utilize temporary workers or contracted staff as needed.

Staffing issues related to Community Needs Assessment (FY 24)

The most recent Community Needs Assessment FY24 indicates a favorable impression of staff held by individuals served and community partners. Community respondents reported that Helen Farabee Centers' staff were courteous, friendly, and professional. Operationally, HFC faces significant vacancies but can maintain crisis and caseload coverage. The Needs Assessment indicates staff could be retained with increased pay, incentives or merit increases, improved employee appreciation, and additional team-building activities. Generally, staff are satisfied working for Helen Farabee Centers.

HFC Staffing Plan 2026

Final Audit Report 2026-10-28

Created:	2026-10-28
By:	Cara Mullenix (mullenixc@helenfarabee.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAAcDEOfKNHNCs4M2OIFksmCDFYgfjEiEqi

"HFC Staffing Plan 2026" History

Document created by Cara Mullenix (mullenixc@helenfarabee.org)
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Email viewed by harrisg@helenfarabee.org
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Signer harrisg@helenfarabee.org entered name at signing as Gianna Harris LCSW
2026-10-28 - 2:50:13 PM GMT

Document e-signed by Gianna Harris LCSW (harrisg@helenfarabee.org)
Signature Date: 2026-10-28 - 2:50:15 PM GMT - Time Source: server - Signature Appearance Selected: TYPE

Agreement completed.
2026-10-28 - 2:50:15 PM GMT

Adobe Acrobat Sign

5 RECOMMENDATIONS
D. FACILITIES AND EQUIPMENT
1) NEW HVAC UNIT AT 1000 BROOK ST.

RECOMMENDED ACTION: That the Board of Trustees ratify the expenditure of $14,227.00 for a new HVAC unit at the 1000 Brook St. office.

BACKGROUND INFORMATION:

A. This unit services the West side of the Administration Building.

B. Three companies responded to our request for bid in a timely manner

1. Ferguson Veresh – $15, 607.00
2. James Lane – $ 16,688.55
3. Trinity A/C - $14,227.00

C. The Center chose Trinity A/C due to having the lowest bid.

SUPPORTING INFORMATION:

A. Center policy requires Board of Trustee approval for any expenditure over $7,500.

B. The non-working unit was installed in 2010.

Trinity Air Conditioning, Inc.
PO Box 2461, Wichita Falls, Texas 76307 United States
940-761-1808

BILL TO
HELEN FARABEE CENTER
PO Box 8266
Wichita Falls, TX 76307 USA

ESTIMATE	ESTIMATE DATE
84602822	Aug 27, 2026

JOB ADDRESS
HELEN FARABEE CENTER
1000 Brook Avenue
Wichita Falls, TX 76301 USA

Job: 47998
Technician: Stephen Ross

Technician: Trinity Technician

ESTIMATE DETAILS

8.5 ton Package Unit: Install Carrier 8.5 ton Gas Heat Package Unit - Horizontal Application on Stand

Existing Unit is Serial#1709G30552

TASK	DESCRIPTION	QTY	PRICE	TOTAL
T11210	Package Unit: Carrier 8.5 ton 230-3 Gas Heat Package Unit - Horizontal Application Unit Accessories: Hail Guard, Manual Damper Includes: Labor, Material Mechanical Permit Crane Excludes: Carpentry, Painting, Electrical Circuits, Breakers, Wiring. Sales Tax Commercial Warranty: 10 Year Heat Exchanger 1 Year Parts 5 Year Compressor 1 Year Labor	1.00	$14,227.00	$14,227.00
48FE	Carrier WeatherMaker Puron Advance R454b Single-Packaged Rooftop Units with EcoBlue™ Technology • Puron Advance (R-454B) refrigerant meets and exceeds EPA's	1.00	$0.00	$0.00

new Low GWP requirements
- New – UL 60335-2-40 Certified A2L leak detection and dissipation system factory installed
- Direct Drive EcoBlue™ Technology indoor fan system uses Vane Axial fan design & electronically commutated motor
- Single-stage cooling capacity 04-06 models, two-stage on 07+ models
- SEER2 up to 13.4, IEER up to 15.5
- Gas efficiencies up to 81%
- Innovative corrosive-resistant composite condensate pan in accordance with ASHRAE 62 Standard, sloping design; side or center drain

Warranty

- 5 years parts only compressor
- 10 Year Heat Exchanger
- 3 years parts only on Novation™ condenser coil
- 1 year parts only on all other parts
- 1 Year Labor

Carrier 48FEDM09A2A5

SUB-TOTAL	$14,227.00
TAX	$0.00
TOTAL	$14,227.00

Thank you for choosing Trinity Air Conditioning TACLA#008546E
Regulated by The Texas Department of Licensing and Regulation, P.O. Box 12157, Austin, Texas 78711, 1-800-803-9202, 512-463-6599, www.license.state.tx.us

CUSTOMER AUTHORIZATION

Estimate Valid for 30 Days. THIS IS AN ESTIMATE, NOT A CONTRACT FOR SERVICES. The summary above is furnished by Trinity Air Conditioning as a good faith estimate of work to be performed at the location described above and is based on our evaluation and does not include material price increases or additional labor and materials which may be required should unforeseen problems arise after the work has started. I understand that the final cost of the work may differ from the estimate, perhaps materially. THIS IS NOT A GUARANTEE OF THE FINAL PRICE OF WORK TO BE PERFORMED. I agree and authorize the work as summarized on these estimated terms, and I agree to pay the full amount for all work performed.

Sign here Date

Proposal and Acceptance

703 E. Scott Wichita Falls, TX 76301
Ph. 940-692-4600 Fax 940-692-1774

Ferguson Veresh
HVAC | Plumbing | Fire Protection

HVAC # TACLA116953C
PLUMBING # M-42923
TEXAS SCR-G 2856281
TEXAS ENGINEERING FIRM F-12872

Proposal Submitted to:	Date
HELEN FARABEE	8/26/2026
Street	**Job Name**
1000 BROOK	
City, State, and Zip Code	**Job Location**
WICHITA FALLS, TEXAS	
Attention	**Phone**
BRUCE	940-531-8443

We hereby submit specifications and estimates for:

REMOVE EXISTING MODEL #48TCDA09A1A50A0A0 SERIAL # 1709G30552 AND REPLACE WITH THE FOLLOWING

48FEDM09A2A5 RTU 8.5 TON GAS HEAT
CRLVHLGD051A00 LOUVERED HAIL GUARDS
CRMANDPR002A03 MANUAL FRESH AIR DAMPER

TOTAL INSTALLED INCLUDING CRANE NO TAX. $ 15,607.00

WARRANTY IS 1 YEAR PARTS AND LABOR WITH 5 YEARS ON COMPRESSOR PART ONLY

CONNECT TO EXISTING DUCT, ELECTRICAL AND GAS.

We Propose hereby to furnish material and labor - complete in accordance with above specifications, for the sum of: (see above)dollars

Payment to be made as follows: Net 30

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alterations or deviations from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents, or delays beyond our control. Owner to carry fire, tornado, and other necessary insurance. Our workers are fully covered by Workmen's Compensation Insurance. Public Liability Insurance on above work to be taken out by Higginbotham.

Authorized
Signature_____

Note: This proposal may be
withdrawn by us if not accepted with in **30** days.

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

Signature _____

Date of Acceptance _____

Signature _____

Helen Farabee

Proposed Project Agreement

Date:
8/27/2026

Proposal Number:
P58787

Prepared for:
Helen Farabee
1000 Brook Avenue
Wichita Falls, TX 76301

Prepared by:
Chad La Belle
(940) 766-0244

PROJECT PROPOSAL

Company
James Lane AC & Plumbing
5024 Old Jacksboro Hwy
Wichita Falls, TX 76302

Proposal Date: 8/27/2026
Proposal Number: P58787
Agreement Number:
Contractor License: Regulated by: Texas State Board of Plumbing Examiners 929 E. St. Austin TX. 78765 800.845.6584 & Texas Dept. of Licensing and Registration P.O. Box 12157, Austin TX 78711, 800.803.9202, Bradford Cooper RMP TACLA 123813C| M 16324 | SCRG 3413473 | ACR 2851962 | ECR 2876161 | OK 211125/151952 | AC 1785

Ph: (940) 766-0244 Fax:

Bill To Identity
Helen Farabee
1000 Brook Avenue
Wichita Falls, TX 76301
Bruce Sperry

Agreement Location
Helen Farabee
1000 Brook Avenue
Wichita Falls, TX 76301
Bruce Sperry

James Lane Air Conditioning & Plumbing, a Fidelity Building Services Group Company, is pleased to submit our proposal to
OUR PROPOSED SCOPE OF WORK INCLUDES: Change out 4 ton RTU M# 48TCDA09A1A5A0A0A0 S# 1709G30552

- Recover and remove 8.5 ton RTU
- Provide and install new RUDD 8.5 ton RTU
- Install Hail Guards
- Sub-contract crane and rigging
- Connect to existing electrical, duct, controls and plumbing
- Start up and check operation

WARRANTY: Our warranty on work performed is one (1) year, parts and labor, 5 yr. compressor , 10 year heat exchanger

YOUR INVESTMENT FOR THIS SCOPE OF WORK $16,688.55

(This Price Does Not Include Taxes)

This proposal is valid for a period of fifteen (15) days, and if not accepted within that time frame, it shall be automatically rescinded, and any replacement proposal may be subject to increased costs.Upon execution as provided below, this agreement, including the following pages attached hereto (collectively, the "Agreement"), shall become a binding and enforceable agreement against both parties hereto. Customer, by execution of this Agreement, acknowledges that it has reviewed and understands the attached terms and conditions and has the authority to enter into this Agreement.

Contractor

Signature (Authorized Representative)
Chad La Belle
Name (Print/ Type)
(940) 766-0244
Phone
8/27/2026 P58787
Date Proposal #

Customer

Signature (Authorized Representative)
Name (Print/ Type)
Title
Date PO#

Exclusions

- All Engineering and drawings, to include Coordinated Drawings
- BIM coordination and clash detection of other trades
- Building Permits
- Davis Bacon Wage Act
- Bond
- Liquidated damages
- Overtime/night work or phasing of work
- Any repair work to existing systems or equipment
- Repairs or replacement parts for existing to remain or relocated equipment
- Expedited shipping unless noted in scope of work
- Any cost or delays associated with COVID-19
- Duct cleaning of existing and new
- Abatement
- Hazardous Material remediation
- Demolition is cut, cap, make safe only
- Dumpsters, palletizing, and disposal
- Fire protection
- Lighting controls
- Roofing- pitch pockets and equipment curbs
- Electrical disconnects & motor starters for HVAC equipment unless shown on the mechanical equipment schedule
- Installing or mounting VFD's
- Core drilling, saw cutting, and slab scanning
- GPR or X-Ray
- Supply and install smoke detectors
- Any fire/smoke dampers not shown on the drawings
- Cutting, patching, painting
- Architectural access panels
- IAQ Testing and Leeds
- Hiring 3rd party commissioning agent
- Leak test or pressure test ductwork
- Seal, insulate or repairs to existing ductwork
- 2lb density duct liner
- Security bars
- All lintels for HVAC & Plumbing openings
- Plumbing work of any kind unless noted in the scope of work
- Rigging, if required to install rooftop equipment
- Temporary heating and cooling units
- Temporary fans for positive and negative pressurization
- Kitchen equipment-including dishwashers, refrigerators, ice makers, coffee makers
- Water meters
- 120 volt and up power
- Any work not indicated in the project documents

Project Agreement Terms and Conditions

Throughout this Agreement:

Helen Farabee shall be known as the Customer.

James Lane AC & Plumbing shall be known as the Contractor.

These terms and conditions of the Agreement (the "Agreement") and all of the sections included, are integral parts of and form the Agreement between the Contractor and the Customer. In the event the Customer seeks to have the Contractor enter into a separate written contract for the scope of work of this Agreement (the "Work"): (1) the separate written contract must be acceptable to the Contractor; (2) the entire Agreement shall be attached to and incorporated by reference in such separate written contract, (3) to the extent that there is a conflict between the terms and conditions of the Agreement and the terms and conditions of the separate written contract, the terms and conditions of this Agreement shall control; and (4) if the Contractor and the Customer are unable to agree upon a mutually acceptable separate written contract, the Contractor shall have the right to rescind the quote included with this Agreement without liability to the Contractor.

This Agreement shall not include maintenance, repairs, service or replacements necessitated by any loss or damage resulting from any cause beyond the control of the Contractor, including but not limited to damage or loss due to lack of water, freezing, loss or insufficient electric power or fuel source, hail, flood, windstorm, excessive rain, snow, freezing weather, lightning, earthquake, theft, fire, riots of any origin, strikes, wars, misuse, negligence by person(s) other than those representing the Contractor, vandalism, acts of government, building code requirements, insurance company requirements, unauthorized adjustments or repairs, or any other peril or act of God. The cost of all repairs, modifications, or alterations necessitated by the above shall be the responsibility of the Customer and payable to the Contractor at the Contractor's current service rates.

All reasonable efforts shall be extended in performing the Work as requested by the Customer, but the Contractor shall not be liable for any losses, liquidated damages or consequential damages that arise out of delays, misuse by the Customer, or the Customer's agents or employees. The Customer acknowledges that, to the extent the Work requires the Contractor to order materials and/or equipment from its suppliers and vendors, any lead times communicated to the Customer or included in the Agreement are estimates only based upon information provided by such suppliers and vendors, and such estimates are outside the reasonable control of the Contractor. The Contractor agrees to use its reasonable efforts to obtain materials and equipment consistent with such estimated lead times; however, to the extent any deliveries occur beyond such estimated lead times, the Contractor: (1) will communicate such delays within three (3) days of when the Contractor discovers such delay; (2) shall be entitled to an extension of time to perform its Work; and (3) shall not be liable for any liquidated damages associated with such delays in delivery.

The Customer agrees to pay the Contractor the price set forth in the Agreement (the "Price"). The terms of payment for all invoices submitted by the Contractor are net thirty (30) days from the Customer's receipt of such invoice. The Customer's obligation to pay the Contractor shall not be contingent upon or delayed by prior payment of a third-party, including but not limited to any insurance companies or the Customer's client. In the event that the Customer objects to the charges in any invoice, the Customer shall notify the Contractor in writing the basis for such objection within fifteen (15) days of its receipt of such invoice, and if the Customer fails to provide written notice within such timeframe, the Customer's objection shall be deemed waived, and the invoice shall be deemed due and payable for the amount of such invoice. The Price does not include any costs associated with using any invoicing software, portals or services required by the Customer or of any requirement by the Customer for the Contractor to procure additional insurance or higher limits of insurance than are typically carried by the Contractor. To the extent there are any costs incurred by the Contractor to comply with any such requirements, the Customer agrees to reimburse the Contractor for such additional costs. The Customer will be responsible for any price increases that the Contractor incurs as a result of any tariffs imposed on the equipment and materials reflected in its scope of work, including any tariffs on any component parts of the equipment and materials. In the event the Contractor incurs any such tariff-related price increase, the Customer will issue a change order to the Contractor to adjust the contract price to reflect the tariff-related price increase.

The Customer further agrees to pay finance charges of 1½% per month for invoices not paid within thirty (30) days of the Customer's receipt of such invoice. In the event that the Customer fails to pay the Contractor in accordance with the agreed payment terms: (1) the Contractor may, at its sole discretion, stop all work under this Agreement and any other Agreement between the Contractor and the Customer until such time as the Customer's account is brought current; and (2) the Customer agrees to reimburse the Contractor for any and all costs of collection of the outstanding balance, including but not limited to the Contractor's attorneys' fees, expert fees, court costs and any other legal expenses that the Contractor incurs, even if the costs of collection exceed the outstanding balance. The Contractor and the Customer agree that in the event a dispute arises with respect to this Agreement, such dispute shall be resolved

in a court of competent jurisdiction in the county in which the Contractor's home office is located and this Agreement shall be governed and interpreted by the laws of the state in which the Contractor's home office is located, exclusive of its conflict of laws principles. THE CONTRACTOR AND THE CUSTOMER EXPRESSLY CONSENT TO THE PERSONAL JURISDICTION OF THE AFORMENTIONED STATE, AGREE TO THE AFOREMENTIONED COUNTY AS THE APPROPRIATE VENUE FOR DISPUTES, AND IRREVOCABLY WAIVE TRIAL BY JURY IN ANY ACTION, PROCEEDING, OR COUNTERCLAIM, WHETHER AT LAW OR IN EQUITY, BROUGHT BY EITHER PARTY IN CONNECTION WITH THIS AGREEMENT.

The Contractor's liability hereunder shall not exceed the amount paid to the Contractor under this Agreement. In no event shall the Contractor be liable for consequential damages or losses, including but not limited to loss of profits, loss of use of the Work, loss of the use of any associated or supported equipment, high or unusual utility cost, investment cost of substitute facilities, or rental of equipment. In the event the project for which the Work is being performed is covered by builder's risk insurance, the Contractor shall be named as an additional insured on such builder's risk policy, and within three (3) days of the execution of the Agreement, the Customer shall provide the Contractor with a certificate of insurance reflecting the Contractor's status as an additional insured of such policy. If, during the performance of the Agreement, the Work is damaged as a result of the acts or omissions of the Customer, of the Customer's other contractors and/or subcontractors, and/or any other third-parties, the Customer shall be responsible for reimbursing the Contractor for reasonable charges associated with the repair and/or replacement of the Work.

The Contractor agrees to warrant the labor and installation of materials, part and equipment used in connection with the Work for a period of one (1) year from substantial completion of the Work (the "Warranty Period"). Provided the Customer notifies the Contractor in writing so that it is received by the Contractor during the Warranty Period, the Contractor agrees to either repair or replace any defective installation performed by the Contractor. The determination as to whether such work is to be repaired or replaced is within the sole discretion of the Contractor. In the event the Customer requires the Contractor to enter into a separate written contract, and such document requires a longer warranty period than as stated herein, including but not limited to the point at which the Warranty Period commences, the Customer agrees that, to the extent the Contractor can obtain an extended warranty from the manufacturer(s) of the of materials, part and equipment to comply with such longer warranty period, the Customer agrees to pay the Contractor for any additional charges associated with obtaining such extended warranty. Any warranty of the materials, parts and equipment installed by the Contractor shall be subject to the manufacturers' standard warranty terms, if any, and the Customer's exclusive remedy with respect to any claims of defects in such materials, parts or equipment shall be governed by the manufacturers' standard warranty. To the fullest extent permitted by law, the Customer shall defend, indemnify and hold harmless the Contractor, its agent and employees from and against all claims, damages, losses and expenses (including but not limited to attorneys' fees) arising out of or resulting from the performance of work hereunder, provided that such claim, damage, loss or expense is caused in whole or in part by an active or passive act or omission of the Customer, anyone directly or indirectly employed by the Customer, or anyone for whose acts the Customer may be liable, regardless of whether it is caused in part by the negligence of the Contractor. Further and notwithstanding the preceding sentence, the Contractor shall be held harmless by the Customer and shall not be liable to the Customer for any claims, liabilities, damages, losses and expenses related to mold or the creation of mold at the Customer's location(s) and shall have no obligation to treat, identify or remove such mold. In the event the Customer requires the Contractor to enter into a separate written contract, and such document requires the Contractor to hold harmless, indemnify, and/or defend the Customer and/or third parties, any such requirement shall be limited to the extent of the Contractor's negligence, and the Contractor shall have no obligation to hold harmless, indemnify or defend the Customer and/or third parties for the negligence of the Customer and third parties.

The Customer and the Contractor acknowledge that pandemics and/or epidemics may severely impact the location where the services will be performed. As a result, in the event of a pandemic and/or epidemic, Federal, State and Local guidelines and requirements may be imposed and modified, which may impact the timing and cost of the services under the Agreement.

The Customer and the Contractor agree that: (1) the Customer and the Contractor will both use commercially reasonable efforts with respect to the services under the Agreement; (2) the Customer and the Contractor and their respective employees, agents and representatives will comply with applicable Federal, State and Local government quarantines, shelter-in-place orders, regulations, executive orders and/or directives, including but not limited to any recommendations or requirements of the Centers for Disease Control, U.S. Department of Labor, U.S. Department of Health and Human Services, and/or any comparable State or Local agencies (collectively, "Pandemic/Epidemic Requirements"); (3) the Customer and the Contractor will both use commercially reasonable efforts to keep each other informed of pertinent updates or developments regarding their obligations to comply with Pandemic/Epidemic Requirements; and (4) if the Contractor's performance of the Work is delayed, suspended and/or effected by Pandemic/Epidemic Requirements and/or by their direct or indirect impacts, the Contractor shall be entitled to adjustments to the schedule and/or the prices under the Agreement, provided the Contractor notifies the Customer within a reasonable period of time after the Contractor learns of the delay, suspension and/or effect.

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

RECOMMENDED ACTION: That the Board of Trustees approves the Policy Statements.

- 100.1.1.1 PFIA Investment Policy Statement – No Revisions
- 100.1.8 Planning and Network Advisory Committee – No Revisions
- 200.1 Human Resources Policy Statement – No Revisions
- 200.2 Human Resources Development (Training) Policy Statement – No Revisions
- 200.3 Safety/Risk Management Policy Statement – No Revisions
- 700.1 Medical Services Policy Statement – 1. It is the policy of the Board of Trustees to ensure the safe and appropriate provision of medical services to individuals served by Helen Farabee Centers. Procedures have been established to guide the following areas of practice. (Reworded for "smoother wording").
  1.11 "Following Established Protocols" changed to "Adherence to Established Protocols" for consistency with policy language.
  2. Clarified purpose of quarterly meetings.
  3. Simplified and strengthened the age-related prescribing statement.
  All revisions made by Dr. Nati, Chief Medical Officer
- 800.1 Quality Management Policy Statement – No Revisions
- 900.1 Crisis Services Policy Statement – Revisions – Inpatient Care Waitlist (ICW)
- 900.13 Early Childhood Intervention Services (ECI) – Policy Statement – No Revisions

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

SUPPORTING INFORMATION: As part of our annual review process, these Policy Statements are due currently.

SPECIFIC REASONS WHY THESE ACTIONS ARE NECESSARY FOR THE CENTER:
The review of Policies and Procedures is held on an annual basis or revised when needed.

HELEN FARABEE CENTERS	
ADMINISTRATION POLICY 100.1.1.1 INVESTMENT POLICY AND STRATEGY STATEMENT	
SECTION: BOARD OF TRUSTEES	
SUBJECT: PFIA INVESTMENT POLICY STATEMENT	Page 1 of 10

EFFECTIVE: 11/5/2026	ORIGINAL: 06/22/82
REVIEWED BY: Cara Mullenix **Cara Mullenix-Artigue** **Director of Utilization and Quality Management**	APPROVED BY: Linda Poenitzsch **Linda Poenitzsch** **Chief Financial Officer**
APPROVED BY: Gianna Harris LCSW **Gianna Harris** **Executive Director**	CONCURRED: **J. Brian Eby** **Chair, Board of Trustees**

PROCEDURE:

1. This policy applies to all the financial assets and funds of Helen Farabee Centers (HFC).

2. The administration of funds and the investment of those funds shall be handled as its highest public trust.

3. Investments shall be made in a manner which will provide the maximum security of principal invested through limitations and diversification while meeting the daily cash flow needs.

4. Objectives and Strategy:

   4.1 The receipt of a market rate of return will be secondary to the requirements for safety, diversification, and liquidity.

   4.2 Funds may be commingled in one or more pooled investments for efficiency and maximum investment opportunity.

      4.2.1 These funds include:

         4.2.1.1 The General Funds; and

         4.2.1.2 The Internal Service fund.

   4.3 All investments of Center funds must be in accordance with Government Code Title 10, Subtitle F, Chapter 2256 Public Funds

Investment Act (the "Act").

4.4 All funds shall be managed and invested with four primary objectives, listed in order of their priority:

4.4.1 Safety of Principal:

4.4.1.1 Safety of principal is the foremost objective of the Center.

4.4.1.2 Investments shall be undertaken in a manner that seeks to ensure the preservation of capital in the overall portfolio.

4.4.1.3 To obtain this goal, diversification is required in the portfolio's composition.

4.4.2 Liquidity:

4.4.2.1 The investment portfolio will remain sufficiently liquid to enable it to meet all operating requirements which might be reasonably anticipated.

4.4.2.2 The total portfolio should maintain a maximum weighted average maturity of no more than one year to protect liquidity needs.

4.4.2.3 The maximum maturity of an investment shall not exceed two years.

4.4.2.4 Liquidity or cash flow will be presented on a quarterly basis.

4.4.3 Diversification:

4.4.3.1 Diversification of the portfolio will include diversification by maturity and market sector and will include the use of a number of brokers and/or dealers for diversification and market coverage.

4.4.3.2 Competitive bidding will be used on each sale and purchase transaction excluding local government pools and money market mutual funds.

4.4.4 Yield:

4.4.4.1 The investment portfolio shall be designed with the objective of attaining a reasonable market yield throughout budgetary and economic cycles, considering the risk constraints and cash flow position.

4.5 The choice of high-grade government investments and high-grade money market instruments are designed to assure the marketability of those investments should liquidity needs arise.

4.6 The authorized securities chosen, or funds utilized for this portfolio will be of the highest credit quality and marketability supporting the objectives of safety and liquidity.

4.7 Securities, when not matched to a specific liability, will be short term and of a liquid nature to provide adequate liquidity.

4.8 The portfolio shall be diversified to protect against market and credit risk in any one sector.

4.9 Diversification objectives can be met through an authorized pool or money market fund.

4.10 Fund balances shall be classified in accordance with Governmental Accounting Standards Board (GASB) Statement 54 – "Fund Balance Reporting and Governmental Fund Type Definition" as follows:

4.10.1 **Non-spendable Fund balance** includes amounts not in spendable form, such as inventory, prepaid, or amounts required to be maintained intact legally or contractually.

4.10.2 **Restricted Fund Balance** includes amounts constrained for a specific purpose by external parties, such as Debt Services, Capital Projects, State and Federal Grant Funds.

4.10.3 **Committed Fund Balance** includes amounts constrained for a specific purpose by a government using its highest level of decision-making authority (e.g., Major Maintenance, Capital Replacement Reserve, Land, Hail Reserve, and Campus Activity Funds).

4.10.4 **Assigned Fund Balance** includes general fund amounts constrained for a specific purpose by a governing board or by an official that has been delegated authority to assign amounts; or

4.10.4.1 The Board of Trustees delegate authority for assigning funds to the Assigned Fund Balance to the Chief Financial Officer and the Budget Analyst I.

4.10.5 **Unassigned Fund Balance** is the residual classification for the general fund.

4.11 The Board of Trustees is Helen Farabee Centers' highest level of decision-making authority, and the Board of Trustees has designated that Accumulated Vacation be designated as Committed Fund Balance.

4.11.1 This can only be changed by a resolution approved by the Board of Trustees at a Board of Trustees meeting.

4.12 Any balances in the Unassigned Fund Balance are available to cover operating expenses when required.

4.13 The Board of Trustees directs that fiscal policies should achieve and maintain a minimum balance as shown below:

4.13.1 The Internal Service Fund should achieve and maintain a minimum balance of $2,000,000 with no maximum balance.

4.13.2 The Operating Reserve should achieve and maintain a balance required for between 90 and 120 days of operation.

4.13.3 The Board of Trustees must approve any revisions to these amounts.

5. Investment Officers:

5.1 The positions of Chief Financial Officer and the Budget Analyst I are designated as the Investment Officers for the Center by resolution of the Board of Trustees.

5.2 Any additions or deletions must be approved by the Board of Trustees by resolution.

5.2.1 This will be documented by completing A Resolution Appointing Investment Officers, HFC Form # 653 (Attachment A).

5.3 Only these Investment Officers may make investments as approved by the Board of Trustees.

5.4 The Investment Officers may designate other persons in the Business Office to transfer funds from short-term investments into the general operations checking account to meet expenses such as payroll and accounts payable.

5.5 The Investment Officer will disclose to the Board of Trustees any personal or business relationship with individuals or firms requesting to do business.

5.5.1 Any relationship within two (2) degrees of blood or marriage should also be disclosed to the Texas Ethics Commission.

6. Training:

6.1 The designated Investment Officers must receive ten (10) hours of investment training within one (1) year of appointment and receive at least 10 (ten) hours of training every succeeding two (2) fiscal years beginning the first day of the fiscal year.

6.2 Board of Trustee responsibilities regarding the Public Funds Investment Act and related Policy will be included in their annual training.

6.3 The Board of Trustees will approve the training programs and will provide for the Investment Officers to attend this required training.

7. Investments:

7.1 The Investment Officer may unilaterally make investments as authorized by the Policy while assuring that cash flow needs are met.

7.2 These investments must be reported at the next Board of Trustee meeting and recorded on quarterly reporting.

7.3 Anticipated investments or changes in investment strategy should be presented to and approved by the Board of Trustees.

7.4 Investments must be structured to protect liquidity to meet current liabilities.

7.5 Based on historic cash flow patterns and the resulting maturity schedule, three months weighted average maturity, the overall investment yield should approximate the period average yield of the one (1) year Treasury Bill reflecting that average life and authorized investment types.

7.6 Only the following are authorized investments:

7.6.1 Obligations, including letters of credit, of the United States or its agencies and instrumentalities.

7.6.2 Direct obligations of the United States or its agencies and instrumentalities.

7.6.3 Collateralized mortgage obligations directly issued by a federal agency or instrumentality of the United States, the underlying security for which is guaranteed by an agency or instrumentality of the United States.

7.6.4 Other obligations, the principal and interest of which are unconditionally guaranteed or insured by, or backed by the full faith and credit of the United States or their respective agencies and instrumentalities, including obligations that are fully guaranteed or insured by the Federal Deposit Insurance Corporation (FDIC) or by the explicit full faith and credit of the United States.

7.6.5 Obligations of states, agencies, counties, cities, and other political sub-divisions of any state rated as to investment quality by a nationally recognized investment rating firm not less than A or its equivalent.

7.6.6 Bonds issued, assumed, or guaranteed by the State of Israel, and

7.6.7 Interest-bearing banking deposits that are guaranteed or insured by:

7.6.7.1 The Federal Deposit Insurance Corporation (FDIC) or its successor; or

7.6.7.2 The National Credit Union Share Insurance Fund or its successor.

7.6.8 Fully Federal Deposit Insurance Corporation (FDIC) insured or collateralized depository Certificates of Deposit if issued by a state bank or national bank doing business in Texas.

7.6.9 Federal Deposit Insurance Corporation (FDIC) insured, brokered certificates of deposit securities from a bank in any stated in the United States, delivered versus payment to the Helen Farabee Centers' safekeeping agent.

7.6.9.1 Before purchase, the Investment Officer must verify the Federal Deposit Insurance Corporation (FDIC) status of the bank on www.fdic.gov to assure that the bank is Federal Deposit Insurance Corporation (FDIC) insured.

7.6.10 Repurchase agreements if they are fully collateralized, have a defined termination date, or are secured by obligations otherwise authorized by this policy.

7.6.11 AAA-rated SEC (Securities and Exchange Commission) registered money market mutual funds which strive to maintain a $1.00 net asset value.

7.6.12 Texas Local Government Investment Pools as defined by the Public Funds Investment Act which strives to maintain a $1.00 next asset value.

7.6.13 Fully Federal Deposit Insurance Corporation (FDIC) insured or collateralized interest bearing or money market account in any state or national bank in Texas.

7.7 Prohibited Investments:

7.7.1 Corporate bonds, stocks, or mutual funds.

7.7.2 Obligations whose payment represents the coupon payments on the outstanding principal balance of the underlying mortgage-backed security collateral and pay no

principal.

7.7.3 An obligation whose payment represents the principal stream of cash flow from the underlying mortgage-backed security collateral and bears no interest.

7.7.4 Collateralized mortgage obligations that have a stated final maturity date of greater than ten (10) years.

7.7.5 Collateralized mortgage obligations where the interest rate is determined by an index that adjusts opposite to changes in the market index.

7.8 Collateral provided for time and demand deposits shall be maintained by an independent third-party institution and equal 102% of the total principal and interest of the deposits.

7.8.1 The depository will be responsible for monitoring and maintaining collateral levels daily.

7.8.2 Collateral reports will be provided at least monthly by the custodian.

7.9 All transactions involving securities (except pool, money market accounts and certificates of deposit) will require settlement on a delivery versus payment (DVP) basis.

7.10 The Investment Officer or investment advisor shall monitor, on no less than a monthly basis, the credit rating on all authorized investments in the portfolio based upon independent information from a nationally recognized rating agency.

7.10.1 If any security falls below the minimum rating required by Policy, the Investment Officer must disclose the downgrade to the Board, determine the conditions affecting the rating and possible loss of principal and determine liquidation options.

8. Policy Review Certification:

8.1 Any broker, person or firm wishing to sell an investment to the Centers (broker/dealers, pools, and banks) must provide a signed Policy Certification substantially in the form required by the Act that acknowledges receipt and review of the Center's policy and

establishment of reasonable internal controls within that organization so that only authorized transactions occur. The broker, person, or firm will disclose to the Center any personal business relationships with an organization offering to engage in an investment transaction with that broker, person, or firm on behalf of the Center. Broker, person, or firm shall file a statement disclosing that personal business interest. The broker, person, or firm who is related within the second degree by affinity or consanguinity to an individual within the organization seeking to sell an investment to the broker, person, or firm on behalf of the Center, shall file a statement disclosing that relationship.

8.2 The Chief Financial Officer must provide each salesperson offering to sell an investment transaction or institution where funds will be deposited or invested a copy of this policy and a copy of the Policy Certification, HFC Form # 676 (Attachment B).

8.3 A list of broker/dealers must be approved by the Board of Trustees annually in conjunction with review of policy.

8.3.1 The most current list of Approved Brokers/Dealers, HFC Form # 678 (Attachment C).

9. Reporting requirements:

9.1 Quarterly, the status of investments must be presented to the Board of Trustees for their review and recommended changes in strategy.

9.1.1 This review will be prepared in accordance with the Public Funds Investment Act and include at a minimum:

9.1.1.1 The amount invested by institution and investment.

9.1.1.2 Changes in book and market values from the previous quarter.

9.1.1.3 Overall yield of the portfolio.

9.1.1.4 Any computed market gains or losses.

9.1.1.5 Description of each individual security or position held, and

9.1.1.6 A compliance statement signed by the Investment Officers that the report is prepared in compliance with the Public Funds Investment Act and this Investment Policy.

9.1.2 Prices used to calculate market values of securities will be obtained from an independent source.

10. Policy Adoption:

10.1 Annually, the Board of Trustees must review and adopt the Investment Policy citing any changes made using A Resolution Adopting Investment Policy, HFC Form # 686 (Attachment D).

ATTACHMENT LETTER	FORM NAME	FORM NUMBER
A	A Resolution Appointing Investment Officers	653
B	Policy Certification (Broker Dealer Affidavit)	676
C	Approved Brokers	678
D	A Resolution Adopting Investment Policy	686

Signature: Cara Mullenix

Email: mullenixc@helenfarabee.org

Signature: Linda Poenitzsch
Linda Poenitzsch (Oct 8, 2026 11:42:54 CDT)

Email: poenitzschl@helenfarabee.org

Signature: Gianna Harris LCSW
Gianna Harris LCSW (Oct 8, 2026 11:44:04 CDT)

Email: harrisg@helenfarabee.org

100.1.1.1 PFIA Investment Policy Statement

Final Audit Report 2026-10-08

Created:	2026-10-08
By:	Cara Mullenix (mullenixc@helenfarabee.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAA5p1Ni5J_U2Yv7Ks_5GXDiRVGwpbj2Kdr

"100.1.1.1 PFIA Investment Policy Statement" History

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Signer poenitzschl@helenfarabee.org entered name at signing as Linda Poenitzsch
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Signer harrisg@helenfarabee.org entered name at signing as Gianna Harris LCSW
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Document e-signed by Gianna Harris LCSW (harrisg@helenfarabee.org)
Signature Date: 2026-10-08 - 4:44:04 PM GMT - Time Source: server - Signature Appearance Selected: TYPE

Agreement completed.
2026-10-08 - 4:44:04 PM GMT

Adobe Acrobat Sign

HELEN FARABEE CENTERS	
ADMINISTRATION PROCEDURE 100.1.8	
SECTION: BOARD OF TRUSTEES	
SUBJECT: PLANNING AND NETWORK ADVISORY COMMITTEE	Page 1 of 10

EFFECTIVE: 11/5/2026	ORIGINAL: 05/24/99
APPROVED BY: Connie Johnston **Connie Johnston** **Director of Community and Consumer Support**	REVIEWED BY: Cara Mullenix **Cara Mullenix- Artigue** **Director of Utilization and Quality Management**
APPROVED BY: Gianna Harris LCSW **Gianna Harris** **Executive Director**	CONCURRED: **J. Brian Eby** **Chair, Board of Trustees**

PROCEDURE:

1. Committee Charge

1.1 The Planning and Network Advisory Committee shall be appointed by and serve as a resource to the Board of Trustees and staff.

1.2 The Planning and Network Advisory Committee advises, recommends, reviews, and works with the Board of Trustees in assessing:

1.2.1 Behavioral health and intellectual and developmental disabilities issues of most strategic importance to the community,

1.2.2 The most important behavioral health and intellectual and developmental disabilities service needs of the community,

1.2.3 The development of a formal needs' assessment,

1.2.4 The development of a Local Network Development Plan,

1.2.5 Progress toward implementation of the Provider Network Development Plan, once established,

1.2.6 Ethnic and diversity issues related to the Provider Network Development Plan,

1.2.7 Determination of best value for the public dollar,

1.2.8 Existing and proposed service contracts,

1.2.9 What services should go out for bids,

1.2.10 Provider selection,

1.2.11 Provider evaluations,

1.2.12 Access to culturally and linguistically competent providers, and

1.2.13 Service network expansion.

1.3 Advise in the development of the Provider Network Development Plan.

1.4 Operate in accordance with procedures approved by the Board of Trustees.

2. According to the Health and Human Services Commission (HHSC) Performance Contracts, Authority Program Attachment, the Board of Trustees shall:

2.1 Appoint, charge and support a Planning and Network Advisory Committee as necessary to perform the committee's advisory functions, as follows:

2.1.1 Establish outcomes and reporting requirements,

2.1.2 Ensure access to all information regarding total funds available in each program area and required performance targets and outcomes,

2.1.3 Ensure they receive a written copy of the final annual budget,

2.1.4 Ensure they receive a written copy of the biannual plan for each program area, and

2.1.5 Ensure they receive a written explanation of any variance from their recommendations.

3. Appointment and Application Process

3.1. The Board of Trustees will appoint, charge, and support a Planning and Network Advisory Committee.

3.2 According to the HHSC Performance Contracts, Authority Program Attachment, Board of Trustee members and current employees are ineligible for service to avoid even the appearance of conflicts of interest in performing the responsibilities of the committee.

3.3 Individuals who have any current or potential fiduciary interest or its contractors, which could create a conflict of interest or unfair advantage to providers bidding on services, will disclose the interest fully prior to appointment to the Committee.

3.4 The Planning and Network Advisory Committee will be structured as a single Committee, with members representing behavioral health, intellectual and developmental disabilities and children issues.

3.5 Individuals seeking appointment will complete an application packet for Board of Trustees consideration.

3.6 The Planning and Network Advisory Committee may make recommendations to the Board of Trustees on appointment of additional individuals to the committee.

3.7 Appointments are for two (2) year terms and individuals are eligible for reappointment by the Board of Trustees.

3.7.1 The application packet is available from the Volunteer Coordinator and consists of:

3.7.1.1 Helen Farabee Centers Volunteer Application, HFC Form # 174 (Attachment A),

3.7.1.2 Conflict of Interest and Disclosure Statement, HFC Form # 696 (Attachment B),

3.7.1.3 Authorization for Volunteer Criminal History Check, HFC Form # 163 (Attachment C), and

3.7.1.4 DPS Computerized Criminal History (CCH) Verification, HFC Form # 695 (Attachment D).

3.7.2 Completed Application Packet

3.7.2.1 Upon receipt of the completed application packet from the volunteer, the Volunteer Coordinator and Planning and Network Advisory Committee Liaison reviews the Volunteer Application, HFC Form # 174 (Attachment A) and Conflict of Interest and Disclosure Statement, HFC Form # 696 (Attachment B) for eligibility.

3.7.2.2 The Authorization for Volunteer Criminal History Check, HFC Form # 163 (Attachment C) and the DPS Computerized Criminal History (CCH) Verification, HFC Form # 695 (Attachment D) is forwarded to the Director of Human Resources for the completion of a background check.

3.7.2.3 Following Criminal History Check clearing, the applicant is given their on-line training assignment from the Director of Human Resource Development.

3.7.2.4 Upon completion of the on-line training the applicant is presented to the Board of Trustees with a recommendation they be appointed.

4. Functions

4.1 The Committee will meet as often as needed to meet its responsibilities, but not less than once per quarter.

4.2 According to the HHSC Performance Contracts, Authority Program Attachment, the committee will have access to and report to the Board of Trustees at least quarterly on issues related to:

4.2.1 The needs and priorities of the Local Service Area,

4.2.2 Implementation of plans and contracts, and

4.2.3 Actions that respond to special assignments given to them by the Board of Trustees.

4.2.4 The Planning and Network Advisory committee may be represented by a member of the committee or the Director of Community and Consumer Support.

4.3 The Chair of the Committee, with agreement by the membership present, invites guests or expert witnesses to committee meetings to provide additional information regarding any issue under discussion.

4.4 The Community and Consumer Support Division of Helen Farabee Centers will ensure communication between the Board of Trustees and the Planning and Network Advisory Committee.

4.4.1 This communication may be facilitated by participation of a committee liaison in Board of Trustees meetings.

4.4.2 Establish protocols for incorporating the Planning and Network Advisory Committee input by addressing the five (5) questions listed below with each item presented on the Planning and Network Advisory Committee agenda.

4.4.2.1 Does the committee see any unmet community needs?

4.4.2.2 Does the committee see any services that need to be developed?

4.4.2.3 Are there any quality improvement issues to address?

4.4.2.4 Does the committee need to make any budget recommendations to the Board of Trustees?

4.4.2.5 Are there any leadership ideas to convey to the Board of Trustees (human resources activity, leadership recruitment, etc.)?

5. Membership

5.1 According to the HHSC Performance Contracts, Authority Program Attachment, the Committee will consist of:

5.1.1 At least nine (9) voting members.

5.1.2 At least fifty-one (51) percent of advisory committee members are people with lived experience of mental health and/or substance use disorders and their families.

5.1.3 Individuals at least half of whom are:

5.1.3.1 Consumers that may include:

5.1.3.1.1 Current consumers,

5.1.3.1.2 Former consumers,

5.1.3.1.3 Persons on waiting lists,

5.1.3.1.4 Persons receiving behavioral health or intellectual and developmental disabilities services from an entity other than Helen Farabee Centers,

5.1.3.2 Family members of consumers, or

5.1.3.3 Family members of adults and children who have or have had a diagnosis of mental illness, serious emotional disturbance, or intellectual and developmental disabilities.

5.1.3.4 For purposes of this procedure, family member means:

5.1.3.4.1 Father,

5.1.3.4.2 Mother,

5.1.3.4.3 Sister,

5.1.3.4.4 Brother,

5.1.3.4.5 Grandmother,

5.1.3.4.6 Granddaughter,

5.1.3.4.7 Grandfather,

5.1.3.4.8 Grandson,

5.1.3.4.9 Son,

5.1.3.4.10 Daughter,

5.1.3.4.11 Husband,

5.1.3.4.12 Wife,

5.1.3.4.13 Aunt,

5.1.3.4.14 Niece,

5.1.3.4.15 Uncle,

5.1.3.4.16 Nephew,

5.1.3.4.17 Primary care provider, or

5.1.3.4.18 Legally authorized representative.

5.2 Include representation by:

5.2.1 Local advocacy groups,

5.2.2 Local providers, or

5.2.3 Local agencies serving adults and children with mental illness, serious emotional disturbance, intellectual and developmental disabilities or developmental disabilities.

5.3 The Board of Trustees will attempt to appoint members to the Planning and Network Advisory Committee to reflect the ethnic and cultural diversity of the community and will not discriminate based on sex, race, color, creed, national origin, age, or disability.

5.4 In selecting the membership, the Board of Trustees shall consider the individual's knowledgeable and experienced in:

5.4.1 Business management,

5.4.2 Healthcare administration and credentialing,

5.4.3 Legal issues and contracts,

5.4.4 Quality reviews of service,

5.4.5 Involvement in services to persons with mental illness and/or intellectual and developmental disabilities, and

5.4.6 Ability to be impartial in developing and implementing the charges.

5.5 Committee members are to excuse themselves from all discussions and voting if any potential conflict of interest exists.

5.6 Members guarantee confidentiality of any proprietary information disclosed.

6. Chair and Vice-Chair

6.1 The membership elects the Chair and Vice-Chair for a one (1) year term.

6.2 The Chair is responsible for:

6.2.1 Ensuring the development and maintenance of a schedule for meetings and agendas,

6.2.2 Convening and conducting all meetings,

6.2.3 Ensuring the submission of recommendations and reports to the Board of Trustees,

6.2.4 Appointing *ad hoc* subgroups to complete assignments, and

6.2.5 Serving as the representative to other committees or assigning this role to another member.

6.3 The Vice-Chair is responsible for:

6.3.1 Substituting for the Chair,

6.3.2 Maintaining a directory and list of members, and

6.3.3 Maintaining a list of applicants seeking membership to the Committee.

7. Training:

7.1 According to the HHSC Performance Contracts, Authority Program Attachment, members will receive initial and ongoing training and information necessary to achieve expected outcomes.

7.2 According to the HHSC Performance Contracts, Authority Program Attachment, members will receive training and information related to the Texas Administrative Code Title 26, Part 1, Chapter 301, Subchapter F and be actively involved in the development of the Local Service Area Plan, including the Provider Network Development Plan.

7.3 Orientation to Board of Trustee policies and procedures relevant to the committee.

7.4 Orientation to legal, legislative and professional issues.

7.5 Other specialized training related to specific Committee assignments.

8. No expenses are expected to be associated with Committee membership.

8.1 If Helen Farabee Centers requests a member travel, the expenses fall under Helen Farabee Centers' policy.

9. Staff will provide secretarial, clerical and technical support as needed.

10. Minutes of each meeting will be kept and presented to members for approval at the next meeting.

11. In order for a recommendation to be presented to the Board of Trustees, the recommendation must pass by a two-thirds majority of the members present at the meeting.

ATTACHMENT LETTER	FORM NAME	FORM NUMBER
A	Helen Farabee Centers Volunteer Application	174 (Community and Consumer Support)
B	Conflict of Interest and Disclosure Statement	696 (Human Resource)
C	Authorization for Volunteer Criminal History Check	163 (Human Resource)
D	DPS Computerized Criminal History (CCH) Verification	695 (Human Resource)

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Email: mullenixc@helenfarabee.org

Signature: Connie Johnston
Connie Johnston (Oct 5, 2026 14 46 02 CDT)

Email: johnstonc@helenfarabee.org

Signature: Gianna Harris LCSW
Gianna Harris LCSW (Oct 5, 2026 14 55 34 CDT)

Email: harrisg@helenfarabee.org

100.1.8 Planning and Network Advisory Committee

Final Audit Report 2026-10-05

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"100.1.8 Planning and Network Advisory Committee" History

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Agreement completed.

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HELEN FARABEE CENTERS	
HUMAN RESOURCE MANAGEMENT 200.1	
SECTION: HUMAN RESOURCES	
SUBJECT: POLICY STATEMENT	Page 1 of 3

EFFECTIVE: 11/5/2026	ORIGINAL: 10/01/15
APPROVED BY: Kelly Wooldridge **Kelly Wooldridge** **Human Resources Director/Risk Management**	REVIEWED BY: Cara Mullenix **Cara Mullenix-Artigue** **Director of Utilization and Quality Management**
CONCURRED: Gianna Harris LCSW **Gianna Harris** **Executive Director**	APPROVED BY: **J. Brian Eby** **Chair, Board of Trustees**

POLICY:

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

1. Establish parameters for hiring from a diverse and qualified pool of applicants for vacant and new Center positions, ensuring all applicants for employment are provided equal employment opportunity or any other protections afforded by federal or state law.

2. Allow the Executive Director the use of employment agreements in the hiring and management of center Physicians and Division Directors.

    2.1.1. These agreements shall comply with all policy statements sited above, while providing the Executive Director with options related to offers of annual salary and compensation, reimbursement of relocation costs and travel expenses.

3. Establish guidelines to ensure Personal Leave, Longevity Pay, Retirement Plan, Insurance, On-Call Pay, Workers' Compensation, Professional Liability Insurance, and Unemployment Compensation are handled equitably.

4. Ensure procedures are implemented that inform all employees who, upon accepting a position with the Center, understand they have voluntarily entered an "employment-at-will" relationship and outline performance standards and conditions of employment, compliance and non-compliance

issues and how these cases are managed within our progressive discipline program.

5. Establish procedures regarding tobacco use to ensure we meet our obligations to provide our employees, customers, and the public with a safe, healthy environment.

6. Ensure drug testing shall be performed in accordance with written established procedures to ensure we provide a safe work environment to foster the well-being and health of our employees, customers, and the public.

7. Ensure procedures are implemented to group and classify similar positions into classes that can be described by the same job titles, organize these positions, and assign them to pay groups with other classes. This procedure should assure equity across departmental lines and a fair system of compensation for employee services.

8. Adopt guidelines to provide an orderly, fair, and organized system of compensating employees for their services and making decisions in personnel matters.

9. Ensure we can meet our obligations to our employees, customers, and the public by following our procedures regarding tobacco, alcohol, and other drugs. Thus, solidifying our commitment to provide a safe work environment and to fostering the well-being and health of our employees.

10. Ensure personnel employment files are maintained in a manner that reflects confidentiality of information, the access to credentialing information, and personnel management records.

11. Have a process by which Credentialing, Privileging, and training activities that are conducted are compliant with state payer, contract, and certification requirements, are assessed, verified, and reviewed for approval, and Applicants are notified of approval or denial.

12. Maintain procedures related to the use of cell phones within the work environment.

13. Establish guidelines to ensure laws related to non-discrimination, harassment and retaliation, equal employment opportunity, and Americans with Disability Act are followed.

14. Have procedures implemented for complaint and conflict resolution.

Signature: Cara Mullenix

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Signature: Kelly Wooldridge

Email: WooldridgeK@helenfarabee.org

Signature: Gianna Harris LCSW
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200.1 Human Resources Policy Statement

Final Audit Report 2026-10-12

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By:	Cara Mullenix (mullenixc@helenfarabee.org)
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"200.1 Human Resources Policy Statement" History

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HELEN FARABEE CENTERS	
HUMAN RESOURCE MANAGEMENT 200.2	
SECTION: HUMAN RESOURCE DEVELOPMENT (TRAINING)	
SUBJECT: POLICY STATEMENT	Page 1 of 2

EFFECTIVE: 11/5/2026	ORIGINAL: 10/01/15
APPROVED BY:	REVIEWED BY:
Kelly Wooldridge Human Resources Director/Risk Management	Cara Mullenix-Artigue Director of Utilization and Quality Management
CONCURRED:	APPROVED BY:
Gianna Harris Executive Director	J. Brian Eby Chair, Board of Trustees

POLICY:

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

1. Develop and maintain a comprehensive training program for employees and volunteers based on required guidelines such as the Texas Administrative Code, local policies and procedures, and new initiatives of the organization.

2. Ensure training will be provided for new employees, annually, and on an as needed basis.

3. Ensure training will be accomplished through the Human Resource Department, supervisors, and using the on-line training program, Relias.

4. Ensure a Training Plan endorses New Employee Orientation and annual trainings by the Human Resource Department, as well as required departmental trainings.

5. Ensure a training record or file will be maintained to reflect training compliance.

6. Ensure all employees are expected to maintain their required training in a timely manner. Timely completion of training will be part of an employee's performance evaluation.

7. Ensure employees will not be eligible for raises, promotions, or other compensation until all required trainings are complete. Completion of required training does not guarantee raises, promotions, or other compensation or in any way alter the "at will" status of employment.

8. Ensure supervisors are expected to allow training time within normal work hours.

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Signature: Kelly Wooldridge
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Signature: Gianna Harris LCSW
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200.2 Human Resource Development (Training) Policy Statement

Final Audit Report 2026-10-14

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By:	Cara Mullenix (mullenixc@helenfarabee.org)
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"200.2 Human Resource Development (Training) Policy Statement" History

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HELEN FARABEE CENTERS	
HUMAN RESOURCE MANAGEMENT 200.3	
SECTION: SAFETY AND RISK MANAGEMENT	
SUBJECT: POLICY STATEMENT	Page 1 of 2

EFFECTIVE: 11/5/2026	ORIGINAL: 10/01/15
APPROVED BY: Kelly Wooldridge Human Resources Director/Risk Management	REVIEWED BY: Cara Mullenix-Artigue Director of Utilization and Quality Management
CONCURRED: Gianna Harris Executive Director	APPROVED BY: J. Brian Eby Chair, Board of Trustees

POLICY:

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

1. Ensure the elements of risk associated with our normal course of business are mitigated and these elements are reviewed as part of our decision-making processes.

2. Ensure the Center will have an individual identified, Risk Manager, to provide coordination of risk management activities within the organization. This individual will work under the direction of the Executive Director. The Risk Manager will attend specialized training courses to maintain a high degree of knowledge in this area.

    2.1. Helen Farabee Centers will maintain a Safety and Loss Control Program.

3. Ensure Helen Farabee Centers will have an individual identified as the Safety Officer to manage the Safety Program. This individual will work under the direction of the Human Resource Director/Risk Manager. This individual will, at a minimum, receive specialized Safety Officer Training offered by the Texas Council Risk Management Fund.

    3.1. The Safety Program will be integrated into all Helen Farabee Centers operated facilities and functions associated with center operations. The program will support the health and safety of all

individuals engaged in doing business with our organization. The Safety Program will meet all Federal, State, and local laws and guidelines applicable to center operations.

3.2. At New Employee Orientation and on an annual basis, Helen Farabee Centers' employees will complete safety/risk management training.

4. Ensure Helen Farabee Center's required formalized Emergency Management Plan (Disaster Plan) is coordinated at the Division level that, at a minimum, addresses safety and security needs of staff, individuals served, facilities, property, and the continuation of services within our communities.

Signature: Cara Mullenix
Cara Mullenix (Oct 13, 2026 12:18:34 CDT)
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200.3 Safety and Risk Management Policy Statement

Final Audit Report 2026-10-14

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By:	Cara Mullenix (mullenixc@helenfarabee.org)
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"200.3 Safety and Risk Management Policy Statement" History

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HELEN FARABEE CENTERS	
MEDICAL SERVICES 700.1	
SECTION: MEDICAL SERVICES (Psychiatry, Nursing, Patient Assistance Program)	
SUBJECT: POLICY STATEMENT	Page 1 of 2

EFFECTIVE: 11/5/2026	ORIGINAL: 04/01/1987
APPROVED BY: Patrick Allen, RN, BSN, DON **Patrick Allen** **Director of Nursing**	REVIEWED BY: Cara Mullenix **Cara Mullenix-Artigue** **Director of Utilization and Quality Management**
APPROVED BY: Carol Nati MD, MS **Carol Nati, M.D.** **Chief Medical Officer**	CONCURRED: Gianna Harris LCSW **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 ensure the safe and appropriate provision of medical services to individuals served by Helen Farabee Centers. Procedures have been established to guide the following areas of practice:

   1.1. Initiation of Drug Therapy
   1.2. Informed Consent
   1.3. Special Patient Populations
   1.4. Self-Administration of Medications/Medication Training and Support (Procedure 800.2.7)
   1.5. Evaluation of Dyskinesia
   1.6. Monitoring of Drug Therapy
   1.7. Medication Storage and Handling
   1.8. Delegation of Duties
   1.9. Patient Assistance Program
   1.10. Telemedicine Communications
   1.11. Adherence to Established Protocols

1.12. Clinical Evaluations
1.13. Emergency Medical Situations
1.14. Medical and Nursing Appointments
1.15. Prescriber Requests
1.16. Medication Refill Process
1.17. Termination of Patients from Treatment

2. Members of the medical services team, including Psychiatrists, Psychiatric Nurse Practitioners, Physician Assistants, Nurses, Medical Assistants, and the Medication Coordinator, shall meet quarterly with designated administrative staff to discuss clinical and operational issues, share information, and address areas of concern.

3. It is the practice of the Helen Farabee Centers that medical providers generally do not prescribe medications to individuals under the age of six (6) years of age unless such treatment has been approved by a Child Psychiatrist or the Chief Medical Officer.

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Cara Mullenix (Oct 21, 2026 12 21 18 CDT)
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Signature: Carol Nati MD, MS
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700.1 Medical Services Policy Statement

Final Audit Report 2026-10-22

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By:	Cara Mullenix (mullenixc@helenfarabee.org)
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"700.1 Medical Services Policy Statement" History

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2026-10-21 - 9:40:12 PM GMT

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HELEN FARABEE CENTERS	
ADMINISTRATIVE SERVICES POLICY 800.1	
SECTION: QUALITY MANAGEMENT	
SUBJECT: POLICY STATEMENT	**Page 1 of 2**

EFFECTIVE: 11/5/2026	**ORIGINAL:** 06/22/82
REVIEWED BY: Cara Mullenix **Cara Mullenix-Artigue** **Director of Utilization & Quality Management**	**APPROVED BY:** Gianna Harris LCSW **Gianna Harris** **Executive Director**
APPROVED BY: Andrew Martin **Andrew Martin** **Associate Executive Director of Operations**	**CONCURRED:** **J. Brian Eby** **Chair, Board of Trustees**

POLICY:

1. It is the policy of the Board of Trustees to have an ongoing Quality Management Program under the direction of the Director of Utilization and Quality Management.

2. The program ensures:

   2.1 Monitoring of Mental Health and Intellectual and Developmental Disability Services including oversight of corrective actions process known as Quality Management Action Plan (QMAP), HFC Form # 17.

   2.2 Collaborative activities with Substance Abuse Services and Early Childhood Intervention Services related to their quality management activities.

   2.3 Oversight of the organization's policy and procedures annual review process in accordance with Administrative Procedure 100.2.1.

   2.4 Development and oversight of the Quality Management Plan for the organization.

2.5 Development and oversight of the Cultural Competency Plan, the Staffing Plan, and the Continuous Quality Improvement Plan.

2.6 The oversight of the Satisfaction Survey processes for the organization, as designated.

2.7 Data entry and verification processes.

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800.1 Quality Management Policy Statement

Final Audit Report 2026-10-05

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HELEN FARABEE CENTERS	
PROGRAMS AND SERVICES POLICY 900.1	
SECTION: CRISIS SERVICES	
SUBJECT: POLICY STATEMENT	**Page 1 of 2**

EFFECTIVE: 11/5/2026	**ORIGINAL:** 10/27/1992
APPROVED BY: Kyle Gullette **Kyle Gullette** **Director of Crisis Services and Continuity of Care**	**REVIEWED BY:** Cara Mullenix **Cara Mullenix-Artigue** **Director of Utilization and Quality Management**
APPROVED BY: Andrew Martin **Andrew Martin** **Associate Executive Director of Operations**	**APPROVED BY:** Carol Nati MD, MS **Carol Nati, M.D** **Chief Medical Officer**
CONCURRED: Gianna Harris LCSW **Gianna Harris** **Executive Director**	**APPROVED BY:** **J. Brian Eby** **Chair, Board of Trustees**

POLICY:

1. It is the policy of the Board of Trustees:

   1.1. Helen Farabee Centers (HFC) will not refuse crisis services due to an individual's current residence. Any individual seeking crisis services within HFC catchment area will be provided services regardless of residential status within or without our catchment.

   1.2. HFC will not deny behavioral health services to anyone who may identify as being homeless, nor will they be denied due to a lack of permanent address.

   1.3. To ensure there are established guidelines for accessing the Crisis Hotline for services as well as walk-in crisis intervention services.

1.3.1 To ensure guidelines for the assessment of emergency services, medical screening, consideration of least restrictive interventions and how to resolve a crisis and as appropriate establish ongoing outpatient treatment services.

1.4. To ensure established procedures including criteria for admission, assessment, and discharge for the Crisis Respite Unit (CRU).

1.5. To ensure procedures for the admission to a State Mental Health Facility that follows qualifying reported criteria as published in the most current edition of the *Texas Laws Relating to Mental Health*. The facility has established discharge readiness decisions that are based upon observation, review of clinical documentation, and collaboration with the person served.

1.6. To ensure procedures for the admission to a contracted hospital bed or a private hospital selected by the individual or their legally authorized representative (LAR). The contracted facility has established discharge readiness decisions that are based upon observation, review of clinical documentation, and collaboration with the person served.

1.7. To ensure established guidelines that outline the limited transportation provisions upon admission to the Crisis Respite Unit.

1.8. To ensure established procedures for the addition of individuals to the Inpatient Care Waitlist (ICW) within the Clinical Management for Behavioral Health Services (CMBHS) system when placement in an appropriate inpatient facility is not available as well as monitoring of individuals maintained on that waitlist.

1.9. To ensure guidelines are in place for the use of tele-video crisis assessments.

1.10 To ensure established guidelines for the training(s) required of any staff involved covering crisis service/interventions.

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900.1 Crisis Services Policy Statement

Final Audit Report 2026-10-14

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HELEN FARABEE CENTERS	
SERVICES AND PROGRAMS PROCEDURE 900.13	
SECTION: EARLY CHILDHOOD INTERVENTION SERVICES (ECI)	
SUBJECT: POLICY STATEMENT	Page 1 of 3

EFFECTIVE: 11/5/2026	ORIGINAL: 11/2/2017
REVIEWED BY: Cara Mullenix-Artigue Director of Utilization & Quality Management	APPROVED BY: Charlcie Flinn ECI Program Director
APPROVED BY: Gianna Harris Executive Director	CONCURRED: J. Brian Eby Chair, Board of Trustees

POLICY:

1. It is the policy of the Board of Trustees that Helen Farabee Centers provide Early Childhood Intervention (ECI) services in accordance with our performance contract with the Health and Human Services Commission (HHSC).

2. ECI is a statewide program in **Texas** for families with children birth to age 3 (36 months) who have developmental delays, disabilities, auditory and/or visual impairments, or a medical diagnosis with a high probability of resultant developmental delay.

   2.1 Qualifying diagnoses can be found through the following link: https://diagsearch.hhsc.state.tex.us

   2.2 Eligibility for ECI services is determined by an interdisciplinary team of professionals.

3. ECI services are provided in settings that are natural or typical for a same-aged infant or toddler without a disability. Setting may include home or community.

4. ECI staff provides services such as:

   4.1 Developmental screenings,

4.2 Eligibility determination,

4.3 Development of a plan for services known as the Individualized Family Service Plan (IFSP),

4.4 Service Coordination,

4.5 Occupational, Physical, and Speech/Language Therapy,

4.6 Specialized Skills Training (includes Family Education Training), and

4.7 Transition education and planning for the next steps when a child ages out of ECI services.

5. A Family Cost Share system of payments is administered by ECI staff in compliance with TAC Title 26, Part 1, Chapter 350, Subchapter N, and local procedures. The system is designed to involve families in a cost share program for those who can pay for the services. A sliding fee schedule is used for this activity.

6. Written program-specific procedures for third-party authorization, verification, billing, collection, management, family cost share, and record-keeping are maintained by the ECI program.

7. ECI staff assists families in identifying and accessing other available funding sources to pay for a child's ECI services, including commercial insurance, Medicaid, and CHIP.

8. ECI staff complies with federal and state requirements related to procedural safeguards, confidentiality and due process pertaining to ECI services.

9. ECI service providers practice universal precautions in compliance with the Texas Communicable Disease Prevention and Control Act.

10. The Helen Farabee Centers' ECI Program is committed to the provision of home and community-based services for children and families while promoting and encouraging safe practices among employees. Specific procedures are implemented for staff safety.

11. ECI services may be provided via telehealth with the written consent of the parent. If the parent declines to consent to telehealth for some or all services, those services must be provided in person.

12. Helen Farabee Centers ensures ECI services are provided by qualified, competent staff, who receive clinical, educational, and procedural training initially and on an ongoing basis.

13. The ECI Program Director plans and implements child find, public awareness, and interagency coordination strategies in accordance with IDEA, Part C requirements and in conjunction with Helen Farabee Centers' awareness activities. Major policies changes or initiatives are recognized and incorporated into activities.

14. ECI staff complete global child outcome ratings for each child enrolled in ECI. Information obtained from subsequent and exit ratings are analyzed to improve results for children and families.

15. ECI Service Coordinators engage in active management of each child's case, including access to community resources, coordination of services within the program and across agencies, and transition to needed services when the child exits ECI.

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900.13 Early Childhood Intervention Services (ECI) Policy Statement

Final Audit Report 2026-10-26

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Helen Farabee Centers

Essential Services and Clinical Accountability, Quarter 4 FY2026

Intellectual and Developmental Disability Services				
Item	**Criteria**	**Definition**	**Target**	**Achieved**
1.1	Service Targets (NEW) 88% to 77%	Quarterly IDD Community Service Target. *Note: HFC decided to limit services to required respite services only with the General Revenue (GR) program. This has reduced the number served. Similar issue statewide.*	≥77% per Q	112%
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 Habiliation 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 Q4
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	100%
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	100%
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	52% *ahead on current goal
1.16	Community First Choice (CFC) assessments*	Percent of all CFC Intellecutal Disability/Related Condition (ID/RC) assessments completed and submitted to the appropriate HHSC system within 90 calendar days 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 - Modifed 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	35%
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	43.2%
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	67.5%
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	98.5%
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	85.29%
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	76.1%

Adult MH Services

Item	Criteria	Definition	Target	Achieved
3.1	Adult Service Target	The average montly number of adults authorized in a FLOC. (2nd half of year 1.4% penalty)	100% of 2750 per FY 1/2	93%

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	61.7%
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	89.9%
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	28.6%
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	92.3%
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	43%
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	42.9%

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. (2nd half of year 1.4% penalty)	100% of 425 per FY 1/2	93%

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. Encouters may be for any service and for any length of time.	≥ 64.5% per FY 1/2	82.3%
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 Strenghts & 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%	37.5%
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	74.3%

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	78.6%
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%	4.49%

RECOMMENDED ACTION: Information Item Only

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

4th Quarter PNAC Meeting, August 10, 2026

Quality Management Plan FY2027 & Continuous Quality Improvement Plan FY2027 – Sandra Rapson

- Purpose of the Continuous Quality Improvement Plan is a structured oversight plan that allows for continuous improvement. It is to guide the organization's activities based on improving services and outcomes.
- Purpose of the Quality Management Plan is to identify the standards against which performance is measured. Establish cohesive and focused work plan that directs time, effort and resources. Communicate and coordinate significant changes in monitoring procedures with other departments. Establish a process to review outcomes and implement changes to staffing, services, and availability that will improve the quality and timeliness of services.
- The Continuous Quality Improvement Plan is a separate plan that falls under Quality Management. It is monitored quarterly by Quality Management and Continuous Quality Improvement Committee.
- Planning Network Planning Advisory Committee approved the plans.

Henrietta Satellite Location – Andy Martin

- Henrietta has a satellite location to help the citizens in Clay County to receive services in Henrietta. This provides a shorter drive for services and pharmacy services.
- By receiving the location in Henrietta which is valued over $31,000 the county will have a Jail Services Contract with Helen Farabee Centers. We will continue to go to the jail for services instead of them traveling to Wichita Falls.
- Counties are required to have a contract with Helen Farabee to provide ongoing services to inmates. We have until 2028 for the counties to come up with the match to provide these services. (Counties are responsible for ongoing services)
- We have two other satellite locations in Seymour and Jacksboro.

LIDDA Teams Report – Erin Perkins

Performance Contract: We have a new performance contract year starting 9/1/26. A lot of the expectations in the contract are the same, though there are a few additional requirements we are working on fitting into our processes.

Currently Serving:

Program Label	Count
CFC	20
CFC/GR	27
ECC	6
GR	17
HCS	290
HCS-ECC	10
PASRR-ECC	4
PASRR-HC	62
PASRR-Refusal	23
Refusal-ECC	1
TxHmL	27
Total:	487

Open Positions & Coverage:

We currently have 2 Service Coordinator positions open, one in the WF area and one in the Graham area. We also have an open IDD Clerk position.

- **IDD Service Coordinator-Graham & WF:** We have had a couple applicants so far, one for the WF position that we like and have put in a Wish to Hire for.
- **IDD Clerk:** We have attempted to hold several interviews for this position. We had a lot of no shows. We had a wish to hire in, though it ended up not working out. We are continuing to search & interview.

Financial Report – Linda Poenitzsch

SUPPORTING INFORMATION:

Balance Sheet is based on May 2026

- Number of Days of Operation in Fund Balance *142* – two less days from last quarter.
- Account Receivables *increased* by $114,437 going from $1,588,886 to $1,703,323.
- Account Payables *decreased* by $281,952 going from $1,997,252 to $1,715,300. 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 $777,700.

- **FINANCIAL STATUS**: The Center had a gain of $2,165,645 for the third quarter and a cumulative gain of $1,069,631 for the year**.**

- **REVENUE:** FY26 third quarter revenue ($11,068,638) was $537,611 less than budgeted ($11,606,249).

  - **Patient fees** for the third quarter were $12,976 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 third quarter was $103,147 less than budgeted.
    - In-Kind Match was $120,019 less 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. 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. And it is also based on the new program Private Psychiatric Beds match. This will eventually take over PESC as a revenue stream.
    - Opioid Grant revenue was $8,760 more than budgeted. The Center received Opioid grant money from the City of Bowie in January.

  - **Other State Funding** for the third quarter was $319,727 less than budgeted. This is all service driven so the expectation is that this will fluctuate.
    - OSAR-SUD Revenue was $26,040 less than budgeted. This program is run by a subcontractor, and we don't know how their expenses fall from month to month, so our revenue from the state contract will fluctuate based on their expenses.
    - MJGJII NCA – JBCR revenue was $311,476 less than budgeted.

  - **Other Federal Funding** for the third quarter was $40,681 more than budgeted.
    - DPP – BHS was $19,461 more than budgeted. We received some extra money due to the reconciliation of past fiscal years.
    - Medicaid-Admin Claiming revenue was $36,092 more than budgeted. This was due to a formula error in HHSC's new STEP system. This will be corrected in July, the month we were notified of the error.

  - **General Revenue** for the third quarter was $156,459 less than budgeted.
    - PPB revenue was $57,576 less than budgeted. PPB fluctuates based on client need for the psychiatric beds.
    - PESC revenue was $98,883 less than budgeted. This fluctuates based on client need for the psychiatric beds.

- **Allocated Federal Funds** for the third quarter were right on budget.

❖ EXPENSES: FY26 third quarter expense ($8,902,993) was $490,238 less than budgeted ($9,393,231).

- **Personnel expenses** for the third quarter were $1,297 less than budgeted.
  - Salaries were $590 more than budgeted.
  - Benefits were $1,887 less than budgeted.

- **Contract cost** for the third quarter was $389,901 less than budgeted.
  - PESC Bed Day Expense is $73,971 less than budgeted. This fluctuates based on client need for psychiatric beds.
  - Justice Involved Bed Days expense was $286,320 less than budgeted. This also fluctuates based on client need for the psychiatric beds.
  - PPB Bed Day Expense was $49,099 less than budgeted. This also fluctuates based on client need for the psychiatric beds.
  - WFPD-CART expense was $19,814 more than budgeted. We received the go ahead with our grant partner to use up any outstanding funds for the CART program. I had not budgeted that much for the WFPD.
  - WFFD-CART expense was $11,016 more than budgeted. This is the same scenario as the WFPD-CART expense.

- **Travel costs** for the third quarter were $456 less than budgeted.

❖ **Capital Outlay** for the third quarter was $4,525 more than budgeted. This is due to the new cars for the ECI program. I had not budgeted in the depreciation yet because last time it took the Center 8 months to receive cars, this time it was two months.

❖ **Non-Capitalized Equipment cost** for the third quarter was $12,429 more than budgeted. The MIS department bought smart TVs with the USDA grant money for the centers for Telemedicine.

❖ **Pharmaceutical costs** for the third quarter were $323 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 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.

- **<u>Other Operating cost</u>** for the third quarter was $115,861 less than budgeted.
  - In-kind Expense was $120,019 less than budgeted. This 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; and there is a corresponding revenue, so the net difference is zero.

RECOMMENDED ACTION: Information Item Only

BACKGROUND INFORMATION
Effective December 30, 2025, HHSC-ECI implemented an enhanced process of reviewing 9 key indicators and performance metrics on a quarterly basis with the intent of providing additional support and technical assistance as needed. HHSC-ECI began issuing quarterly findings in quarter one of fiscal year 2026.

SUPPORTING INFORMATION:
HFC-ECI Program received findings of noncompliance related to two areas in quarter 3 of FY 2026:
Performance Metric: Average delivered service hours meet or exceed an average of 2.35 hours of program-provided services per child per month. HFC-ECI averaged 1.88 hours per child for the 3rd quarter year-to-date despite increasing service hours during each month of the quarter. (March – 2.02 hours/child; April 2.13 hours/child and May 2.14 hours/child were delivered.)

Performance Metric: Locally collected funds meet or exceed the projected LCF in HFC-ECI's approved budget. This is assessed during the 3rd and 4th quarters of the fiscal year and may not be more than 40% or more below the projected LCF year-to-date. HFC-ECI was slightly below this metric at 38.85% collection of projected LCF year-to-date.

Specific, detailed Corrective Action Plans were submitted for both findings, and have been implemented.

SPECIFIC REASONS WHY THESE ACTIONS ARE NECESSARY FOR THE CENTER:

RECOMMENDED ACTION: Information Item Only

BACKGROUND INFORMATION:
The Health and Human Services Commission (HHSC) Contract Coordination Oversight and Support staff conducted a virtual fiscal monitoring review of IDD services, the week of August 31, 2026.

SUPPORTING INFORMATION:
The review examined financial and administrative compliance with federal and state regulations for fiscal year 2025 and fiscal year 2026. Additionally, the review verified the accuracy of data submitted to HHSC through financial statements and Report III. The financial records, expenditures, indirect costs, and cost methodology as reported in the fiscal year 2025 single audit was also reviewed.

No corrective action plan (CAP) was required for this review as there were no reportable findings.

SPECIFIC REASONS WHY THESE ACTIONS ARE NECESSARY FOR THE CENTER:
The purpose of the monitoring is to review the Center's internal controls, ensure the Center is in compliance with the state contract, ensure the Center is in compliance with state and federal guidelines, and the Center is financially stable.