VISION

Helen Farabee Centers is a behavioral health and intellectual and developmental disabilities system working in partnership to create options that are responsive to the service needs of individuals and communities we serve.

MISSION

To provide supports, resources, and opportunities to enable individuals with behavioral health issues and intellectual and developmental disabilities to live satisfying, responsible, and productive lives to the fullest of their abilities.

VALUES

We take pride in our commitment to public service and to the support of individuals we are privileged to serve, and value individual worth, self-determination, quality, integrity, innovation, and teamwork throughout our system.

Helen Farabee
CENTERS
a commitment to caring

Center Facts

- Helen Farabee Centers currently serve over **10,000 individuals** with mental illness and/or intellectual and developmental disabilities.
- Our service territory encompasses **19 North Texas Counties**, covering more than **16,665 square miles**. We have more than 15 service locations in 9 towns within our region.
- We have a total annual operating budget of just over **$24,000,000;** most of which comes from federal, state, and local tax sources.

Board Facts

- The Board of Trustees is composed of **nine community volunteers** who are appointed by the Centers' local sponsors and **two Ex-Officio Sheriffs** that participate in the board meetings. (see Organizational Chart).
- Initial appointment would be to complete an existing **two-year term** that began September 1, 2025 and ends August 31, 2027.
- Serving on the Board of Trustees will require attending monthly Board meetings. These meeting are held on the **1st Thursday of every month,** beginning at 11:00 am and generally concluding no later than 12:30 pm. Lunch is sometimes provided, and Board of Trustee members are compensated for mileage to and from these meetings.

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HELEN FARABEE CENTERS

Center Overview

Helen Farabee Centers (HFC) specialize in providing access to community-based treatment and support services for persons with severe, persistent forms of mental illness and persons with intellectual and developmental disabilities. Serving North Texas since 1969, the Center operates more than 15 program sites within our 16,000+ square mile catchment area, including the following counties: Archer, Baylor, Childress, Clay, Cottle, Dickens, Foard, Hardeman, Haskell, Jack, King, Knox, Montague, Stonewall, Throckmorton, Wichita, Wilbarger, Wise, and Young.

Our Center provides or coordinates mental health and intellectual and developmental disability services for more than 10,000 individuals and, in many cases, their families. While our Centers serve a large population over a very broad geographic area, we are dedicated to knowing and meeting the needs of the people who come to us for help as well as the communities we are here to serve.

Our broad base of mental health and intellectual and developmental disability services and supports include: crisis and non-crisis intake and assessment, service coordination, medication services, residential programs, supports for community living and employment, respite care, specialized mental health services for persons under age 18, vocational training opportunities, day habilitation programs, and psychiatric rehabilitation services.

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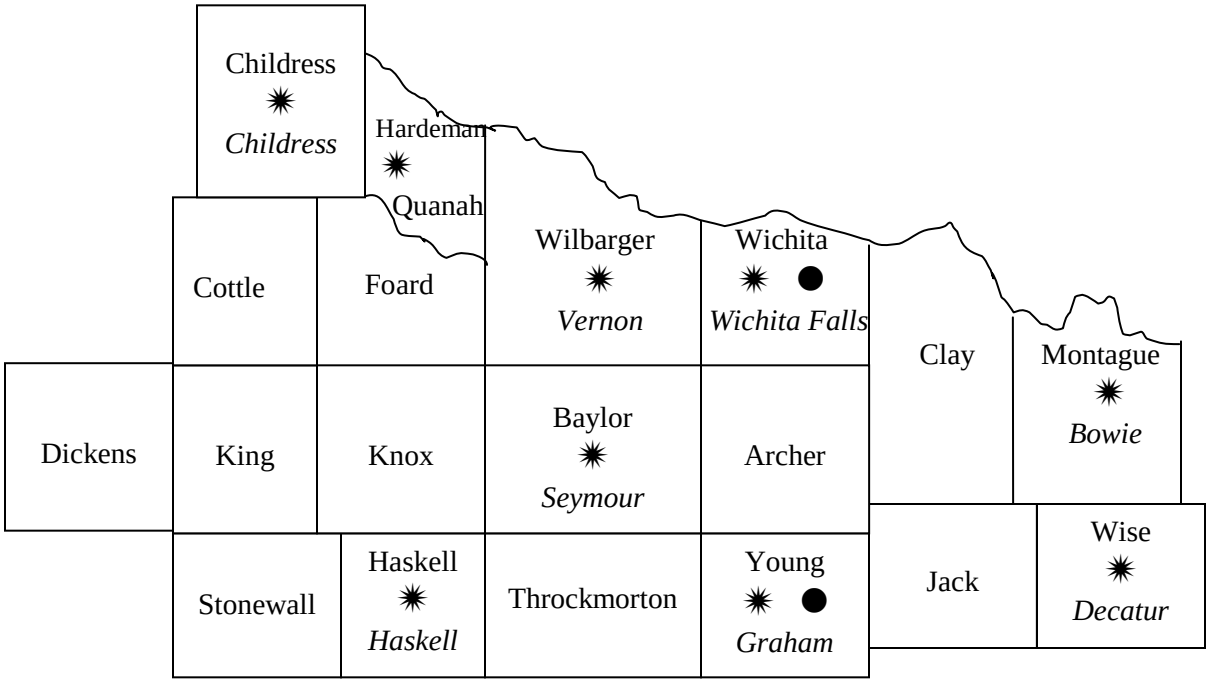
Service Region



✷ Counties with service sites
● Counties with administrative offices
Number of counties in region: 19
Square miles in region: 16,255
2000 Census: 297,854

Helen Farabee Centers Organizational Chart

(07/02/2026)

Place 1	Place 2	Place 3	Place 4	Place 5	Place 6	Place 7	Place 8	Place 9	Place 10	Ex Officio	Ex Officio
Archer, Clay, Montague Counties	**Jack,** Wise Counties	Throckmorton, **Young** Counties	Baylor, Haskell, **Knox** Counties	**Cottle**, Dickens, King, Stonewall Counties	Childress, Foard, Hardeman, Wilbarger Counties	**Wichita** County	City of **Wichita Falls**	City of **Wichita Falls**	Veteran		
Jan Driver Ward	*Cindy Barksdale*	*Kathy Thorp*	*Cynthia Kesler*	*Dana Tilton*	*VACANT*	*J. Brian Eby*	*David Cook*	*VACANT*	*Ashley Davin*	*Sheriff Travis Babcock*	*Sheriff Darcy White*

Board of Trustees Chairman

J. Brian Eby

Planning and Network Advisory Committee (PNAC)

- Local Input
- Local Planning
- Service Provider Network Development

Administrative Assistant

Melissa Collins

- Administrative Support
- Board Liaison

Executive Director

Gianna Harris

- Strategic and Program Planning
- Board Liaison
- Staff Oversight
- Policy Implementation

Community and Consumer Support Director

Connie Johnston

- Clients Rights
- Planning Network Advisory Committee (PNAC)
- Volunteer Services
- Community Relations
- Public Information

Director of Financial Operations

Linda Poenitzsch

- Accounting
- Contracts Mgmt
- Property Mgmt
- Procurement
- Client Benefits
- Reimbursement
- Medicaid Administrative Claiming Coordination

Human Resources & Risk Management Director

Kelly Wooldridge

- Human Resource Management
- Human Resource Development
- Risk Management Coordination
- Disaster Management

Director of Information Services

Michael Stephenson

- Network Support and Maintenance
- Personal Computer Support
- Core Infor. System
- Security Tracking
- Video Conf.

Associate Executive Director of Operations

Andy Martin

- Med Records
- QM/Utilization Mgmt
- Corporate Compliance
- Crisis Services
- Criminal Justice Div.
- Gate (Intake, Assessment)
- Cont. of Care
- Case Mgmt. IDD Authority
- Child and Adolescent Service Provision
- Adult Mental Health Service Provision
- Substance Abuse Service Provision

Chief Medical Officer

Carol Nati, M.D.

- Peer Review
- Nursing Practice Supervision
- Medical Practice Supervision
- Medication Clinic

Early Childhood Intervention Services

Charlcie Flinn

- Developmental Evaluation & IFSP
- Home /Comm. Based Services
- Service Coordination
- Skills Training
- Therapy (OT, PT, ST) Services

APPLICATION FOR APPOINTMENT
For
Helen Farabee Centers
Board of Trustees

Helen Farabee CENTERS
— a commitment to caring —

Name: _____

Mailing Address: _____

Daytime Phone: _____ Evening Phone: _____

FAX #: _____ E-mail address: _____

Portions of the Texas Health and Safety Code – Title 7, Subtitle A, Chapter 534, require that local agencies appoint members to the board from among the qualified voters who reside within the region to be served by the Center. The Chapter also requires an attempt for board appointments to reflect the ethnic and geographic diversity of the local service area of the community center. The Chapter requires at least one member of the Centers' Board of Trustees to be a consumer of the types of services the center provides or a family member of a consumer of the types of services the center provides. In order to assist the appointing entity in assuring these requirements are met, we ask that you please complete the following.

County of Residence: _____ Length of Residence in County: _____

Are you a qualified voter? _____ Yes _____ No

Consumer / Family: ____ I am a consumer of the types of services provided by the center.
____ I am a family member of a consumer of the types of services provided by the center.

Ethnic Background: ___ Black ____ Caucasian ___ Asian ___ Hispanic ___ Other

Gender *(optional)*: _____ Male _____ Female

Age group *(optional)*: _____ 18-30 _____ 31-45 _____ 46-60 _____ 60+

Current Business / Profession / Employment:

Name of Company: _____

Address: _____

Phone: _____

Current Position: _____

Educational Background: _____

Previous Community Volunteer Experience: _____

Current Community Service Commitments: _____

References:

Name: _____ Daytime Phone: _____

Name: _____ Daytime Phone: _____

Explain your interest in community based mental health and/or intellectual and developmental disabilities services: _____

Explain what talents / perspectives you feel you would bring to the Board: _____

Are you related to a current employee of the Center? _____ Yes _____ No

If yes, please give staff name and how related: _____

Are you available to give an average of 8 hours per month (excluding travel time) to Center business? ____ Yes ____ No

Board and Committee meetings are held on the 1st Thursday of every month from 11 am – 4 pm. Meeting location rotates each month to different Center service sites throughout our region. Would you be able to accommodate this schedule? ____ Yes ____ No

Barring unforeseen circumstances, can you make at least a two-year commitment to serve on this Board? ____ Yes ____ No

Are you available to attend quarterly out-of-town board related activities that would require overnight stays? ____ Yes ____ No

In addition to monthly committee and Board meetings, are you available to occasionally consult with other Board members or staff regarding Center business? ____ Yes ____ No

Are you available to visit Center service sites within your appointment area? ____ Yes ____ No

Other than specific conflict of interest disclosures made on the attached Conflict of Interest Questionnaire, do you feel you have any personal or professional perspectives that would inhibit your ability to perform Board duties in a fair and objective manner? ____ Yes ____ No

If "yes," please describe: _____

_____

_____

_____

_____ Date _____

Signature of Applicant

CONFLICT OF INTEREST QUESTIONNAIRE
for
Helen Farabee Centers
Board of Trustee Applicant

To be completed and submitted with application to serve on Board of Trustees.

Applicant Name: _____

County of Residence: _____

In responding to these questions, please note that a "yes" answer does not imply that the relationship or transaction was necessarily inappropriate.

1. Are you an officer or director of any corporation with which the Centers' Board of Trustees has business dealings? ____ Yes ____ No

   If "yes," please list the names of such corporations, the office held and the approximate dollar amount of business involved with the Centers' Board of Trustees last year.

   _____

   _____

   _____

2. Do you, or does any member of your family, have a financial interest in, or receive any remuneration or income from, any business organization with which the Centers' Board of Trustees have business dealings? ____ Yes ____ No

   If "yes," please provide the following information:

   A. Names of the business organizations in which the interest is held and the persons by whom the interest is held:

   _____

   B. Nature and amount of each such financial interest, remuneration or income:

   _____

3. Did you, or any member of your family, receive during the past twelve months any gifts or loans from any source from which the Centers' Board of Trustees buys goods or services or with which the nonprofit has significant business dealings? Yes No

If "yes," list the gifts or loans as follows:

Name of Source	**Item**	**Approximate Value**

4. Were you involved in any other activity during the past year that might be interpreted as possible conflict of interest? Yes No

If "yes," please describe:

I certify that the foregoing information is true and complete to the best of my knowledge.

Signature of Applicant

Date