

**MEMORANDUM OF AGREEMENT (MOA)
Inter-local Government Agreement**

Helen Farabee Centers

is a non-profit governmental entity headquartered in Wichita Falls, Texas, established in TITLE 7. Mental Health and Intellectual Disability, Subtitle A. Chapter 534 Subchapter A. of the Texas Health and Safety Code. Helen Farabee Centers provides community-based services to adults and children residing in the counties of: Archer, Baylor, Childress, Clay, Cottle, Dickens, Foard, Hardeman, Haskell, Jack, King, Knox, Montague, Stonewall, Throckmorton, Wichita, Wilbarger, Wise, and Young.

This Memorandum of Agreement (MOA) is effective as referenced above, by and between:

Helen Farabee Centers ("Center")

P. O. Box 8266

Wichita Falls, TX 76307

acting by and through its Executive Director

and

Clay County ("Agency")

P.O. Box 548

Henrietta, TX 76365

acting by and through its role as a Sponsoring Agency of the Center per the Interlocal Governmental Agreement effective September 1, 1998.

This MOA sets forth the terms and conditions under which the Center will provide Public Behavioral Health and Intellectual Disability Services pursuant to the authority contained in the Texas Health and Safety Code, Section 534.

Agency agrees to:

1. Allow the Helen Farabee Centers to supervise and administer Behavioral Health Services at Center's location(s) in compliance with appropriate standards.
2. Center Contacts are as follows:
Contracts Manager, Angela Dove, 940.397.3116, dovea@helenfarabee.org
Executive Director, Gianna Harris, 940.397.3355, harrisg@helenfarabee.org
Associate Executive Director, Andrew Martin, 940.397.3333, martina@helenfarabee.org

or by mail at
P. O. Box 8266
Wichita Falls, TX 76307
3. We are now letting each county know their full calculated matching fund amount per HHS guidelines. These matching county funds are what the state requires each LMHA to ask for to

complete our annual budgets. If a county has increased its support toward these requested amounts, thank you! If a county is unable to meet the full amount requested, we would appreciate any incremental increases toward that amount this year.

a) Requested contribution per HHS guidelines: \$32,824.37

4. Contribute support for Center's services made available for Agency's residents, as follows:
a) Cash contribution in the amount of:

1) \$ 4,000.00 (please fill in when you sign)

and/or

b) In-kind contribution, as follows:

- 1) No in-kind contribution at this time.

The total value of cash contribution and in-kind support from Agency to Center is:

\$ 4,000.00 (please fill in when you sign)

Center agrees to:

1. Provide sufficient staff to offer Behavioral Health Services at Center's location(s). All services will be in compliance with the standards set forth in Texas Department of State Health Services Rules and Community Standards.
2. Furnish all staff and program monies to support local service delivery including staff training, travel monies, cost for medications, laboratory, and other medical supplies, telephone costs to Helen Farabee Centers and other phone calls for administrative purposes, telephone line(s) for facsimile communication, computer support and equipment, and other supplies as may be deemed necessary.
3. Provide services in or from other locations, including:
 - a) Crisis Hotline for all local residents,
 - b) residential options,
 - c) laboratory testing,
 - d) psychological testing as deemed necessary,
 - e) continuity of care/discharge planning for those hospitalized, and
 - f) all other available services provided by Center, upon eligibility.

4. Continually promote and upgrade communications and services allowing both the Community and Center to offer quality services to residents of Center's catchment area.

It is mutually agreed that:

1. Fees charged and collected from residents for services shall be retained by Center. No one is refused services solely on inability to pay.
2. This Agreement shall be a continuing until either party desires to revise or cancel the agreement.
3. A review of this agreement will be conducted annually for the purpose of making revisions that might be required; either party may request an additional review at any time.
4. This agreement may be canceled by either party by giving written notice to the other party thirty (30) days in advance.

Correspondence regarding this Agreement should be directed to:

Clay County

Judge

Email Mike.Campbell@co.clay.tx.us

940-538-4651

Center

Angela Dove, Contracts Manager

dovea@helenfarabee.org

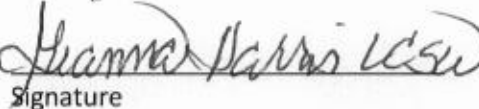
940.397.3116

Duly authorized signatories for each party:

Agency

Helen Farabee Centers


Signature


Signature

MIKE CAMPBELL
Printed Name

Gianna Harris

COUNTY JUDGE
Title

Executive Director

8/25/2025
Date

05/29/2025
Date