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# Annual Report

October 2023





## **Our Mission:**

**“Creating Pathways to a bright  
future”**

## **Our Vision:**

**“To be the provider of choice  
for a behavioral health  
continuum of care for at risk  
individuals and families”**

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## Board of Directors

**Chairperson.....Jon Soderholm**

**Vice-Chair.....Jason Leach**

**Secretary.....Pam Tiede**

**Treasurer..... Mark Broders**

## Board Members

**Mark Borders, CPA .....RSM US LLP**

**Chad Conaway.....Lennox School District  
Superintendent**

**Daniel Felix, PhD..... Dir. Of Behavioral Health, Center for  
Family Medicine**

**Sandy Frentz .....Retired Public Health Manager  
City of Sioux Falls**

**Capt. Jason Gearman.....Minnehaha County Sheriffs Dept.**

**Emily Herbert .....Minnehaha County Public Defender**

**David Hieb.....Boyce Law Firm, Associate Attorney**

**Lt. Jason Leach .....Operations Lieutenant/Honor Guard  
Sioux Falls Police Dept.**

**Mary Pat Mullen .....KMWF & Associates, Partner**

**Jon Soderholm .....Retired Health Care Executive**

**Pam Tiede.....Minnehaha County States Attorney  
Office, Retired**

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# Executive Director

On behalf of the Carroll Institute Board of Directors and Management Team, we are happy to report that FY23 was another successful year! Our target for FY23 was to continue to prioritize our workforce. We have been providing a variety of ways to recognize, celebrate and reward our employees on a consistent basis. The Employee Recognition Committee has worked hard at implementing monthly events to provide an opportunity for employees to get connected, celebrate, and have some fun throughout the year.

In review of our 2021 Strategic Plan, here is an update on our progress for the priorities identified within the goal of reducing staff attrition:

- **Implement a full-time Human Resources position to address the needs of the growing agency. This position would alleviate HR duties from a variety of leadership positions and streamline the onboarding process and the training needs across all departments of Carroll Institute**
  - FY23 saw significant turnover in staffing structure. We completely revised our residential program staffing and identified areas of improvement and needs for leadership. We continue to work towards successful client outcomes, and we are developing a stronger team in the process.
  - We have been focusing on employee mental health this year as it proves to be a struggle to find the right fit for various positions.
- **Increase the investment in our supervisors and leadership team. Provide support, training, education, ongoing feedback, guidance, and communication to our department supervisors to ensure they are placed appropriately and can best meet the needs of the department they serve.**
  - During FY23, Supervisors and Managers took full advantage of their training dollars. We had a group of managers go to Minnesota for leadership training and came back with ways to implement. We also implemented internal training days to help everyone come together, learn new techniques of implementation, and ask questions to ensure clarity in the expectations of managers and supervisors.
- **Set clear, achievable, specific expectations for all positions. Carroll Institute is a growing entity and we have not implemented additional positions with clear expectations and outcomes. This is an area that needs to be better defined and communicated to staff. Specific areas to address as soon as possible include but are not limited to productivity, scheduling, flexibility/availability, avenues of communication and frequency, outcomes, and advancement opportunities.**
  - FY23 marked an organization of our job descriptions and performance evaluations. We are altering our process for evaluation and ensuring each eval addresses each job description in a more suitable manner. We are also shifting our due dates of evaluations. Historically, Carroll Institute has done annual

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evaluations in June of each year. We are now shifting that process to reflect the employee's actual annual review date. This allows supervisors and managers to focus on one evaluation at a time and make it more personalized to that employee. Rather than doing all direct report evals in the same month and missing the opportunity to personalize. This also helps with celebrating achievements of longevity within the agency and putting more focus on retention efforts and keeping our long-term, high-quality employees.

- Several conversations have been had in reference to the Mission and Vision of Carroll Institute and how to help employees understand and follow these guidelines. This has led to separation for some employees as they were not willing to adopt the foundation of Carroll Institute. But this is a good change and will help us in the long run in achieving our long-term goals as an agency.

Another Strategic Planning goal was to expand services to meet the growing needs, with an emphasis on residential and behavioral health:

- Throughout the year, several counselors accomplished the daunting task of getting certified or licensed. This is a testament to our supervisors and managers to assist staff in getting to this point in their career. Something we have noticed in this process as well is that the employee is not instantly looking to go outside of Carroll Institute. We have made our compensation packages competitive and now they are willing to remain part of the agency and assist us in serving those in the community that others will not serve. Thus, helping us expand our growth within the behavioral health field.
- Although Carroll Counseling Services has not expanded as we had hoped it would, during FY23, it was determined we would be better suited to move the team to the downtown location. This took place in the beginning of FY24 (August). We are hopeful the space will be sublet as soon as possible, and we can focus on team building within our outpatient program to help supplement the growth of CCS.

As we look to FY24, there are some amazing opportunities that Carroll Institute has! We will begin implementing more Board Committees to help us address our needs and how to better serve the community. We will look at the process of getting all services on one campus which will help to streamline services, staffing opportunities and end goals. We will continue to strive to meet our Mission and Vision and live through the work we do within Carroll Institute.

Thank you!

**Tiffany Butler MA, LPC, QMHP**  
**Executive Director**

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# Outpatient Services Annual Report

## In July:

- Melissa began an evening MRT, Shane began an additional evening CBISA Aftercare, Jennifer Holland began a men's Jail treatment group, and Tylese began a Women's Specific evening Aftercare
- Quarterly observations were completed via group and assessment observations and reported in July
- Renew- Bethany Christian Services was a guest speaker at our Clinical Staff Meeting

## In August:

- Jen Plooster began an evening Aftercare group
- Group needs were evaluated.
- Covid/sick leave plans were updated
- Walk-In assessments moved to Monday afternoons with our Clinical Staff Meeting moving to the last Friday of the month.
- The Compass Center was a guest speaker at our Clinical Staff Meeting

## In September:

- Melissa began working on Anger Management and Alyce on a Drug Court targeted group
- Becky Brown from the State's Attorney's Office was a guest speaker at our Clinical Staff Meeting

## October:

- Alyce starting a pilot IOP group targeting our Drug Court client population
- Between the outpatient manager and prevention supervisor, we began monthly staff morale boost events.
- Quarterly observations were completed via group and assessment observations and reported in October
- A representative from the Oxford House was a guest speaker at our Clinical Staff Meeting

## November:

- Earv obtained his CAC in November.
- We had a full-time counselor transition out of the agency. Our counselors did a great job with all coverage and caseload needs.
- We saw an increased use of Methamphetamine that is laced with Fentanyl.
- Counselors reported an increase in relapses and harder recovery from relapses.

## December:

- We had several groups that were conducted virtual via zoom due to weather and travel conditions for both staff and clients. Our attendance numbers were low for the month.
- Megan began facilitating a pre-treatment and opened pre-treatment as an option for clients recommended to all levels of care.

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- After the transition of a counselor in November and in planning for Earv's transition, Shane and Alyce took over running an evening CBISA group each.
  - We had our Staff Christmas party on Monday, December 5<sup>th</sup>
  - Melissa shared on self-care at our Clinical Staff Meeting

**January:**

- Earv transitioned to the Arch
- Jen Plooster began working Full-time with us and began facilitating the MOP groups due to Earv's transition
- Counselors assisted with completing more walk-in assessments in efforts to make up for missed assessments and services in December.
- We had less of a need for virtual services due to slightly more favorable weather conditions.
- Jenn Arnold and Martese McGregor joined our team full-time
- A representative from the Center of Hope and two representatives from the 211 Helpline were guest speakers at our Clinical Staff Meeting
- Quarterly observations were completed primarily via assessment observations and reported in January

**February:**

- We began the planning to incorporate additional groups including evening IOP, CBISA, and Women's Jail treatment groups
- Client engagement and positive attitudes increased in groups
- In February, it was determined that employment for Martese McGregor would not work out.

**March:**

- We incorporated CBISA curriculum into all groups and we phased out all CBISA specific groups focusing on the appropriate recommended treatment for the clients.
- We incorporated additional groups of an evening IOP, Anger management (managing your emotions), Level 1.0 and 2.1 Relapse Prevention groups, and a Level 1.0 Advanced recovery group.
- Client engagement decreased again in March.
- Melissa Wiese received her LPC.
- Kristi J. ended her time with Drug Court at the end of the month.
- Avera Research Institute had two staff members that were our guest speaker for our Clinical Staff Meeting

**April:**

- Client engagement continued to be poor.
- Evening IOP group struggled with overall poor treatment progression
- The trend of using Fentanyl mixed with Xlazine had presented with the clients we serve.
- Shane was interviewed by Keloland News regarding the Fentanyl trends.

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- Quarterly observations were completed primarily via form of group and assessment observations and reported in April
  - In our clinical meeting, we reviewed SOAP progress notes as this was identified on the quality assurance reviews as a challenge.

**May:**

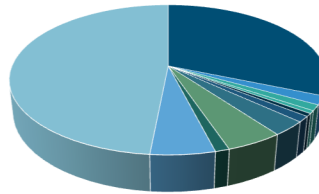
- We initiated a parking lot/sidewalk clean up rotation for all groups
- Staff attended the NAMI walk
- Jen Plooster completed her internship.
- We continued to have poor client engagement and a high no-show rate in nearly all services

**June:**

- Poor client attendance continued to be a trend in June.
- Performance Evaluations were completed
- Our clinical meeting included guest speaker, Jack Fonder from the Transformation Project
- Tiffany also shared at our June Clinical Meeting about the operations of the board as well as training on the new client list.

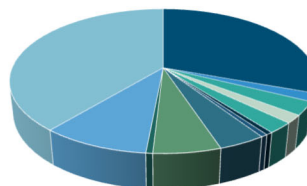
A new format of collecting data began in January 2023 and therefore, only 6 months (January-June) worth of data are listed below. We will continue to tweak the collection of the data to produce relevant outcome information:

### January-March 54% Completion Rate



- No-Show/Lack of Attendance
- No-Show/Other life factors
- Incarceration
- No-Show/Off probation/Parole
- Terminated by the facility
- Other unsuccessful discharge
- Not/No longer Appropriate for level of care
- Deceased
- Transferred to a new level of care internally
- Transferred Out to another treatment provider
- Transferred to other non-treatment agency/for other needs
- Neutral
- Completion/Graduation

### April-June 49% Completion Rate



- No-Show/Lack of Attendance
- No-Show/Other life factors
- Incarceration
- No-Show/Off probation/Parole
- Terminated by the facility
- Other unsuccessful discharge
- Not/No longer Appropriate for level of care
- Deceased
- Transferred to a new level of care internally
- Transferred Out to another treatment provider
- Transferred to other non-treatment agency/for other needs
- Neutral
- Completion/Graduation

**Elizabeth Brown, MA, LAC**  
**Outpatient Services Program Manager**

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# Residential Services Annual Report

- The months of June-January 2023 saw the residential daily occupancy average at 92 individuals in the facility, with an average total service billed of \$189,000 from the census. This period was held by Michelle Worden and then Tiffany Butler overseeing as she transitioned out of residential and opened interviews for a new residential manager.
- The months of February-June saw an average of 94 individuals in the facility with an average total service billed of \$193,000. During this period, there was a transition of managerial duties, with me transitioning into the position mid-January. The transitions involved new positions of a residential coordinator supervisor and a residential clinical supervisor. This month saw counselors establish new roles and other residential employees stepping into positions of leadership to compensate for the transition. The outcomes were improved as far as maintaining that services were continued during the transition and how the staff would accommodate change.
- The months following the transition saw conversations regarding the policies and procedures of residential. This involved an overhaul of the intake process and how we accommodate new referrals into the building. The hope for this was to keep clients engaged with residential, which in turn would assist with our goal of retention, as residential went away from numbers as far as length of stay, and instead focused on the clinical services and getting clients focused on their recovery.
- The month of March saw all residential employees brainstorming ways to keep clients engaged in the services within residential and showing them that we appreciate their efforts. The staff decided to hold a client appreciation day. The outcome of this was a success. Clients were involved in games, arts and crafts, throwing pie at a counselor, and food/movie day. The reviews from the experience with clients was positive and we did see a reduction in behavioral concerns with substance use, but most importantly, strengthened what we wanted to see as far as cohesion within the residential setting from staff and clients.
- The months of April through June were filled with transitions from residential. The residential saw a shift in the clinical team and monitors. These months were focused on the recruiting process. The process did have good outcomes, as we were able to gain more support with our monitors and were able to train them appropriately on the processes of residential in the hopes of reducing the turnover rate with that position.
- The clinical side of residential was also reconstructed during the transition phase. The clinical supervisor assessed what was working in the group settings, as well as conversed with her clinical staff to devise a plan that would ensure clients stayed actively engaged with their

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process. The result of this was that many of the groups that existed in residential were changed. The groups themselves still utilized effective and competent intervention strategies but weren't specifically focused on curriculum like CBISA, IMT, DBT, or MRT, but were more person centered and flexible in the approach. The feedback on why this was better was that clients had been through those curriculums repeatedly and our new method encompassed all of them, with the intent of allowing for flexibility in what could be presented in the groups.

- The clinical supervisor identified that there were some challenges in the documentation of counselors and just their overall professionalism. The goal then was to establish a new form of supervision and get counselors adjusted to what the new clinical process would look like. This was the entire focus in the months of March to June. The challenge with change is that many counselors utilized the verbiage that “this is how it has always been”, which caused some tension throughout the team, and ultimately, resulted in a counselor transitioning out of the facility. This did cause the team to reevaluate their goals in what they want their professional life to be but did result in a better understanding of our expectations in residential. This also opened residential and added additional counselors, as the focus was to recruit counselors who would fit the CI model of service delivery and the mission of the agency.
- The change also shifted referral sources. CJI referrals did not change, as most of the referrals in residential come from this setting. Federal probation referrals shifted slightly, as we did not see as many referrals from federal probation due to their transitional facility opening. Overall, there was no shift in the number of clients being referred to residential, as clients continued to be booked out at least 3 to 4 months, with an increase of 5 to 6 months due to client retention and eliminating length of stay requirements.
- The months of April to June did see challenges with substance use. The biggest substance challenge continues to be alcohol and clients were bringing in alcohol, which resulted in the termination of clients. The other substance that has been becoming more prevalent is K2. This substance is concerning due to the medical concerns. Residential had to call medical services due to clients seizing and a general concern for safety. There were many clients transitioned during this time frame and others were detained back to their legal supervision. These experiences were a talking point for counselors to utilize in the group setting and a continued effort to instill prevention for those in the building and new clients coming in.
- The months of April to June, we went through a federal audit, which was my first experience in this process. There was a review of client documentation and the services that were provided. This was an opportunity to discuss the new process of residential with federal probation and what our goal and vision was moving forward. Overall, the meeting was a positive one with residential continuing to maintain its competency with federal expectations. This is an attest to the training that staff has with the process of federal and the ability to maintain CI expectations in documentation.

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- The primary goal with my transition to residential was to improve client outcomes, with a focus on retention. Although we have seen many changes in our staff in residential, there have been significant changes in our percentages of discharges and the rates. Residential has seen an average of 35% success rates of client discharges. The goal I have had is to continue increasing this number to at least 50%. This is not something that is unattainable and will continue to be one of my focus points when conversing with staff about the expectations of residential and how much of an influence they have with clients.
  - Moving forward, there will be a focus on providing training to all staff in crisis prevention, as well as continuing to work with clinical staff in expanding the services we provide for clients. Whether that be a new training of an evidence-based practice or upgrading licensure/education. There will always be a need for improvement with the focus of shifting the narrative from “this is how it has always been” to “how can we improve residential services” to better meet the needs of clients. There are upcoming training opportunities that will be imperative for staff involving ethics and professionalism in residential.
  - Our average daily census remained consistent since becoming acclimated to the intake and admit process, and our waitlist for clients who have a bed/need a bed is at 400. This shows that there is potential for expansion in residential, which is a positive thing for longevity for CI.

**Earv Archambeau, MSW, LAC**  
**Residential Services Program Manager**

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# Prevention Program Annual Report

- Prevention has completed another successful school year. During the 2022-2023 school year, the prevention team provided:
  - 878 classroom lessons
  - 1,065 individual sessions
  - 75 substance abuse screenings/assessments
  - 228 SADD/TATU meetings
  - 24 threat assessments totaling 196.5 hours.
- Prevention Team applied for the United Way Grant, but unfortunately was unsuccessful in securing funding.
- The Prevention Team was able to hire a Prevention Social Worker-Dominique Gunn.
- For school year 23/24 Sioux Falls Lutheran expanded their services to add an additional day and a half of services. This brought them to three days directed at school counseling and one day directed at prevention, for a total of four days. West Central and Brandon Valley expanded to add a half day of counseling services. JDC has expressed an interest in moving to year-round services.
- DEC funds will be coming to an end in the fall of 2023.
- We continue to evaluate the needs of our schools each year. Currently we are seeing a large need for mental health services and continued vaping prevention and cessation efforts.
- The prevention team was present at Zoo Boo to share information on the Project Awareness Program.
- Prevention Program Manager spoke at Mission Possible June 2023.
- Five of our school districts applied for TATU mini grants- most of them through their Prevention Counselor and all five were awarded. Most of our TATU groups have greatly increased in number of TATU participants.
- The Prevention Team was inundated with threat assessments at times last school year. Which prompted them to explore other ways to manage threat assessments.
- The Prevention Program Manager has reached out to 11 new schools to offer contracting for our services.
- School-Wide Awareness flyers were shared with schools and communities on Red Ribbon Week, Suicide Prevention, Great American Smoke out, 4-D (Drinking, Drugged, Distracted, Driving) Month, Making Healthy Resolutions, Teen Dating Violence Awareness month, Digital Reputation, Alcohol Awareness and Social Host Laws, Mental Health Resources, and Boredom Busters for the Summer.
- Lennox TATU students performed an anti-vaping play for 5th and 6th grade students.
- Dominique created an Elephant in the Room (Children of Substance Abusing Parents) Group set to run June 2023. Unfortunately, we did not receive any referrals. We will continue to work on recruitment.
- In addition to monitoring our schools throughout the school year we also continue to take yearly spring surveys. The "Carroll Institute Safe and Drug Free Schools" survey is given online for students in middle school and high school. Upon receiving the results, we can determine what their prevention needs are for the coming school year. We encourage schools to

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participate every year, but some schools have been resistant to do so. Our goal is to have as many of our schools take the survey as possible. Going forward for school year 23/24, if a school opted not to take the surveys, they would have to pay an increased rate. All schools have agreed to take them thus far. We also offer a bully survey for 3rd through 5th grade students. This looks at bully behaviors that may be happening.

**Kristi VanDeRostyne**  
**Prevention Services Program Manager**

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# Carroll Counseling Services Annual Report

- Over the course of this year, focus has been on efficiency, financial growth and clinical care. The management team for CCS had been busy updating paperwork, increasing service fees, implementing an Auto-Pay form, and utilizing the Therapy Notes portal more consistently. The CCS Client Relations Coordinators and the Billing Manager have been working together to communicate regularly with clients that have current balances and outstanding balances. As a whole team, emphasis has been on utilizing the auto-pay form and Square methods to take co-pays and monthly payments. Client Portal utilization has been effective for updating client contact information and insurance information.
- CCS had multiple staff changes throughout this year. Our goal was to hire more licensed clinicians to be on staff at CCS, but that was significantly more difficult than anticipated. Many clinicians in the community are building their private practices, or they were unable to transfer a caseload with them to CCS. However, CCS has built a positive relationship with Amy Marschall, Psy.D. Dr. Marschall partnered with us, starting in October, to provide clinical supervision for Medicare clients, in return she utilized an office space one day per week.
- Gretchen Hartmann provided all CI staff with a Professional Development Day in January. This was a successful event, allowing for ethical and professional consideration across the board for all positions.
- In January, Justin Nielsen agreed to take on CCS administrative duties, relieving duties from Tiffany, and providing more consistent, on-site, support and direction for the CCS team. Gretchen continues to provide regular clinical supervision for the entire CCS team.
- Throughout the year, CCS clinicians continue to utilize professional connections in the community. In July, Justin Nielsen completed a ride-along with SFPD and in December CCS had the first referral for an assessment from The City of Sioux Falls. There were many attempts to meet with Sioux Falls personnel at CCS, but due to scheduling complications the meetings had to be rescheduled. Tiffany eventually met with them downtown in June. Alyssa Mendel continued to work closely with medical personnel and therapists in the community to provide eating recovery services.
- Clinicians worked hard to build their caseloads! Melissa Weise agreed to start shifting more time into CCS, as well as continue CI services. Clinicians continue to market themselves through utilizing Psychology Today, professional relationships in the community, and we continue to experience referrals from clients with positive experiences from CCS.
- It was decided in May that CCS would move from the 5625 S. Southeastern location and return back to the main campus of Carroll Institute, with a move date of September 1st.

Note Count Report from Therapy Notes for 7/1/22-6/30/23:

Intake Notes: 221

Rate Billed: \$616,989.22

Justin Nielsen  
Carroll Counseling Services Program Manager

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# HR & Training Manager Annual Report

The following is a summary of fiscal year 2023 as it pertains to Carroll Institute Training and HR activities.

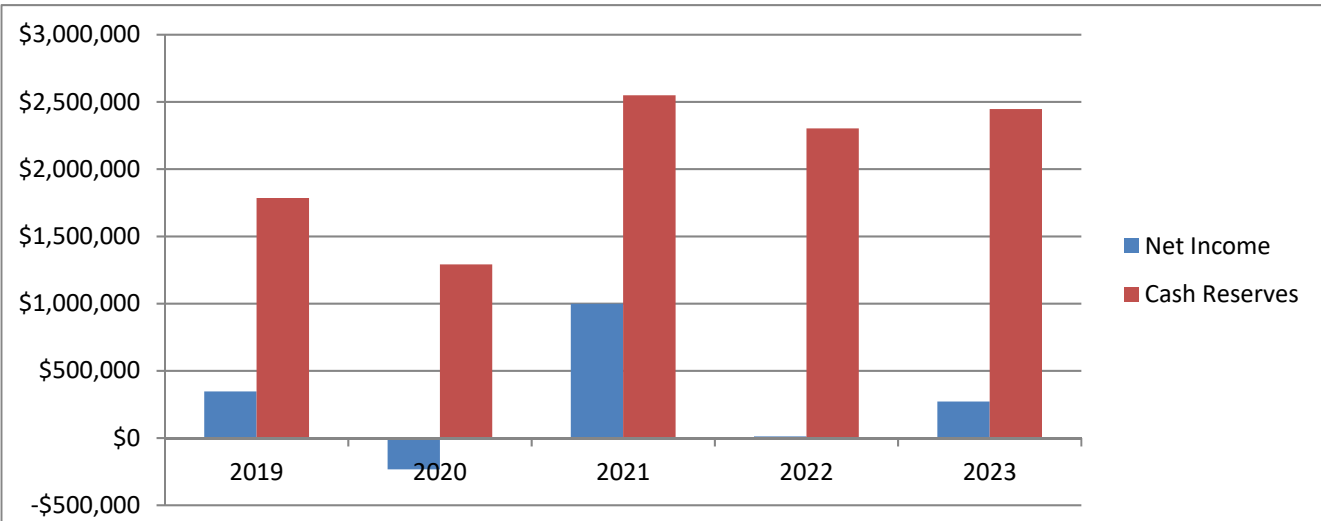
- **July 2022:** Emotional Intelligence training for the Technicians began in July, the first of 8 meetings. There were 5 scheduled interviews and employees started their annual policy signature packets.
- **August 2022:** There were 5 scheduled interviews
- **September 2022:** There were 15 scheduled interviews and four new hires. We also had SFPD officer come to Arch and present on “active shooter” style training, promoting Run Hide Fight response.
- **October 2022:** We had 8 scheduled interviews along with two hires. We also attended a career fair at USD for recruiting purposes.
- **November 2022:** We had 11 scheduled interviews and five new hires.
- **December 2022:** We had 2 scheduled interviews
- **January 2023:** We had 2 scheduled interviews and three new hires. Carroll Institute also hosted an all staff professional development day, off site. In January we started a new restructure of the Arch management team.
- **February 2023:** We had 2 scheduled interviews and one new hire.
- **March 2023:** We had 4 scheduled interviews and two new hires.
- **April 2023:** We had 5 scheduled interviews
- **May 2023:** We had 4 scheduled interviews and four new hires. We also started to have bi-weekly Arch specific management meetings.
- **June 2023:** We had 14 scheduled interviews and one new hire.

Overall employees hired in FY 2023 totaled 22 employees.

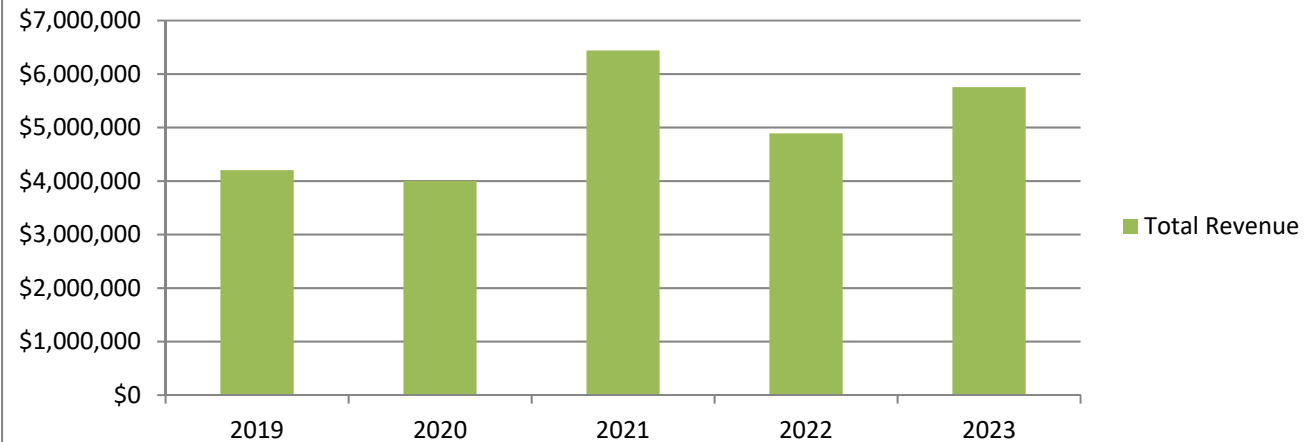
Overall employee loss in FY 23 was 19 employees.

**Josh Disburg**  
**HR & Training Manager**

# Financial Summary

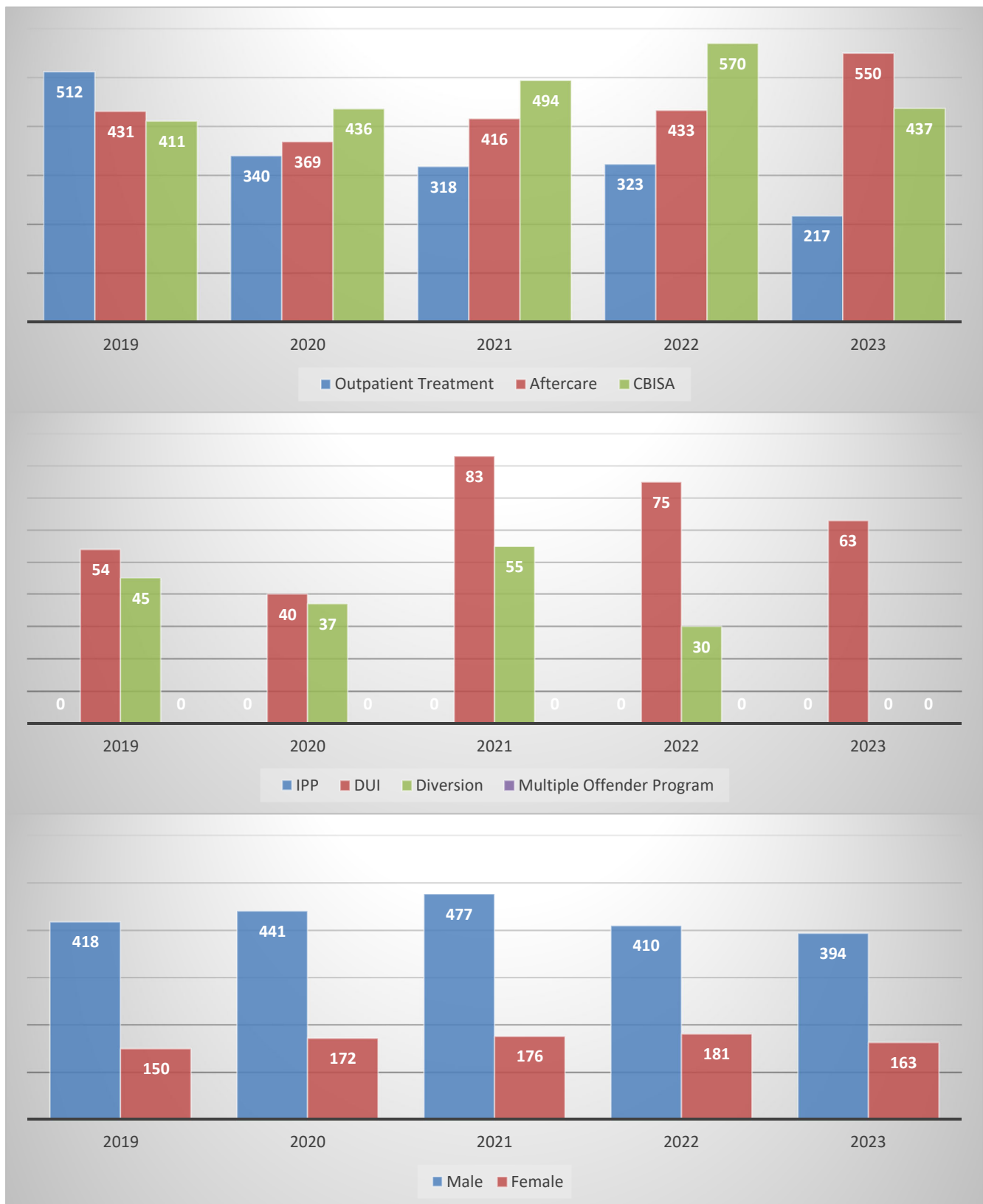


## Total Revenue



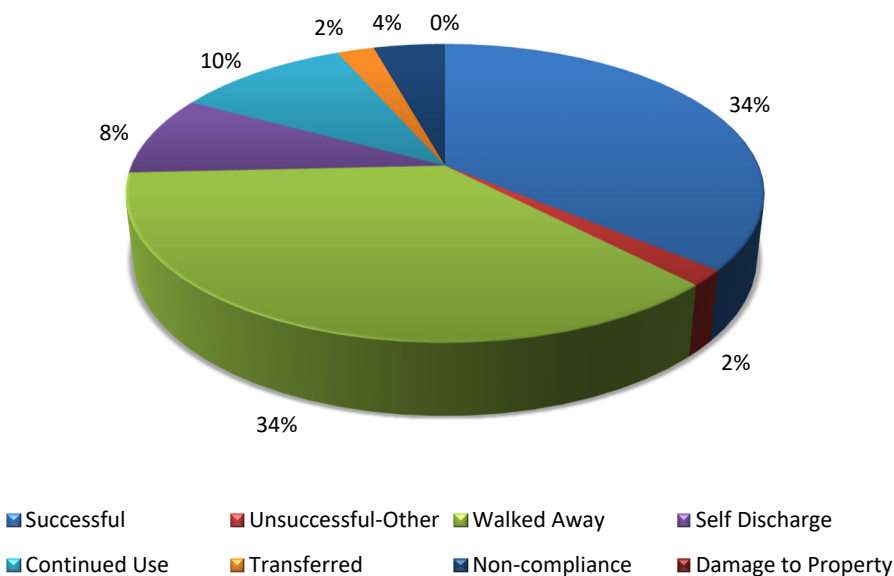
<b>\$1,411,791 · State Contract Outpatient Inc.</b>	<b>\$126,997 · State Prevention Contract</b>
<b>\$37,805 · Client Fees - Outpatient</b>	<b>\$2,190 · Private Donations</b>
<b>\$47,246 · Contracted Counselor Services</b>	<b>\$13,903 · Other Miscellaneous Income</b>
<b>\$74,109 · HHS/Medicaid Provider Stim.</b>	<b>\$2,687,771 · State Contract Residential Inc.</b>
<b>\$9,795 · Grants Income - State of SD</b>	<b>\$112,256 · Department Of Corrections</b>
<b>\$17,508 · Unified Judicial System</b>	<b>\$8,437 · Room &amp; Board</b>
<b>\$93,439 · Interest Income</b>	<b>\$130,413 · US Probation Contract</b>
<b>\$597 · Miscellaneous Income</b>	<b>\$128,948 · Food Stamps</b>
<b>\$235,260 · Local Area School Districts</b>	<b>\$616,642 · CCS Client Fees</b>

# Clients Served

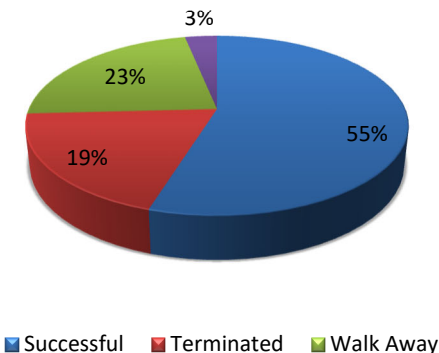


# Residential Discharges

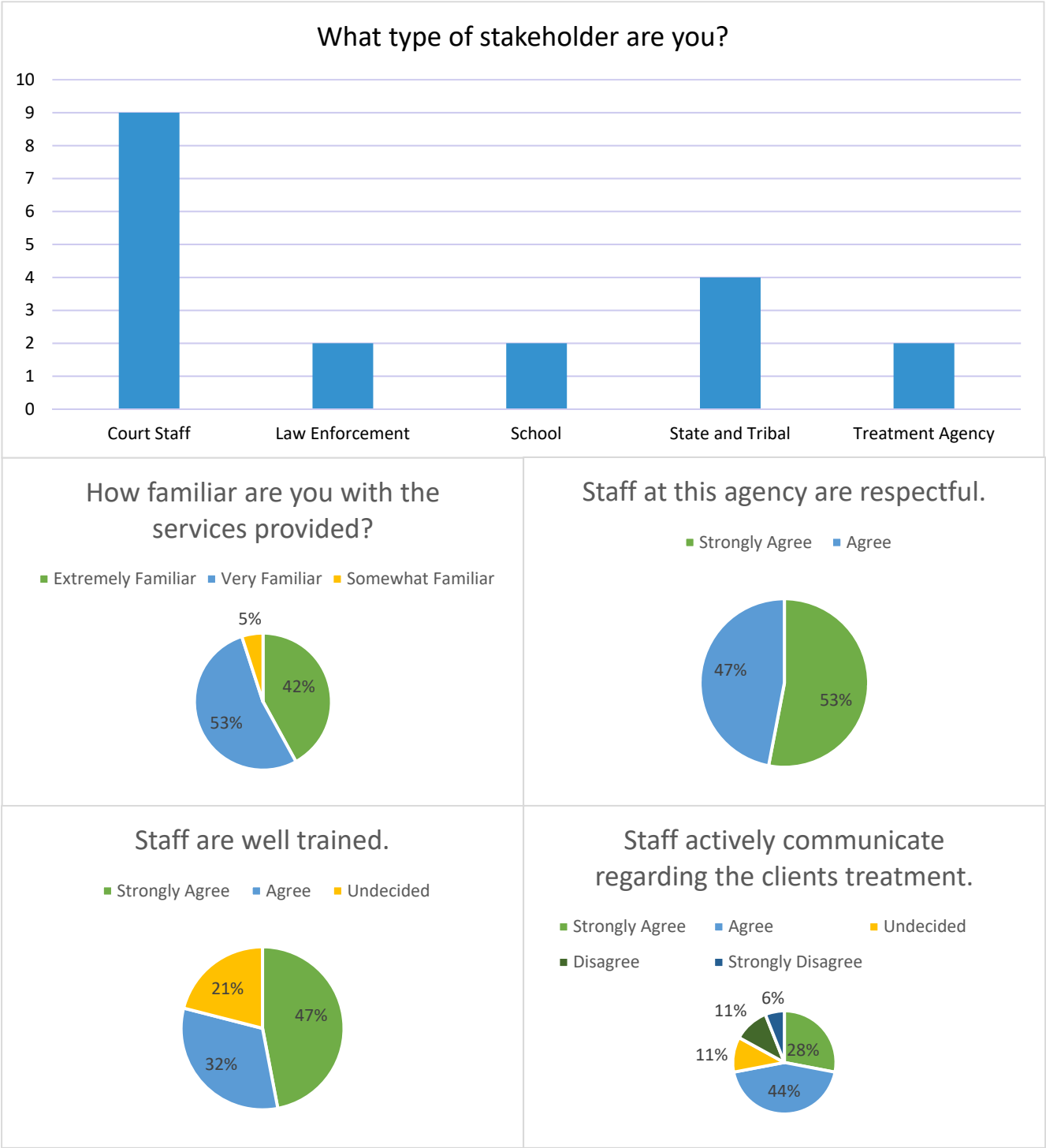
**Arch Discharge Breakdown FY23**



**New Horizons DOC Discharge**

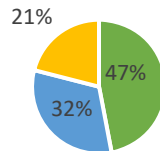


# Stakeholder Survey



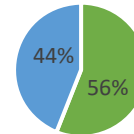
Staff at this agency are competent to deliver treatment services.

Strongly Agree Agree Undecided



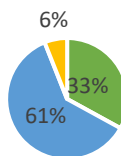
The services are available at locations that are convenient for clients.

Strongly Agree Agree



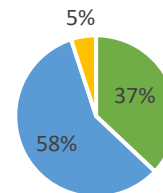
The services are available at times that are convenient for clients.

Strongly Agree Agree Disagree



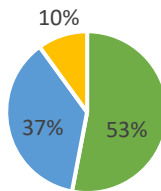
The agency is responsive to the needs within the community.

Strongly Agree Agree Disagree



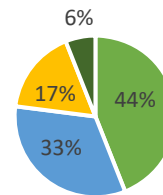
The agency is supportive of client needs.

Strongly Agree Agree Undecided



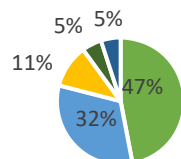
This agency provides quality services.

Strongly Agree Agree Undecided Disagree



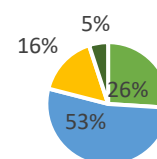
The agency has been responsive to my questions and concerns.

Strongly Agree Agree Undecided Disagree Strongly Disagree

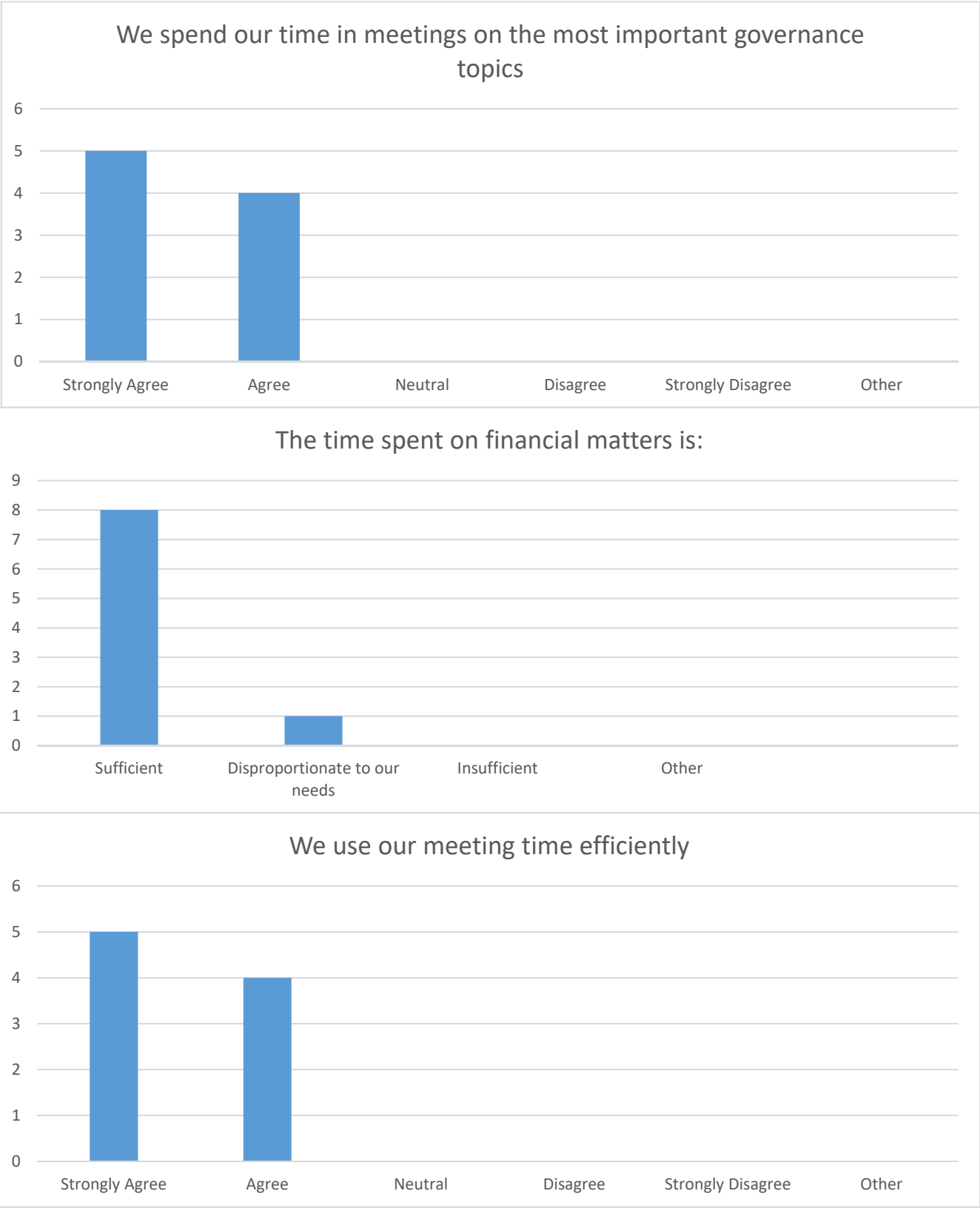


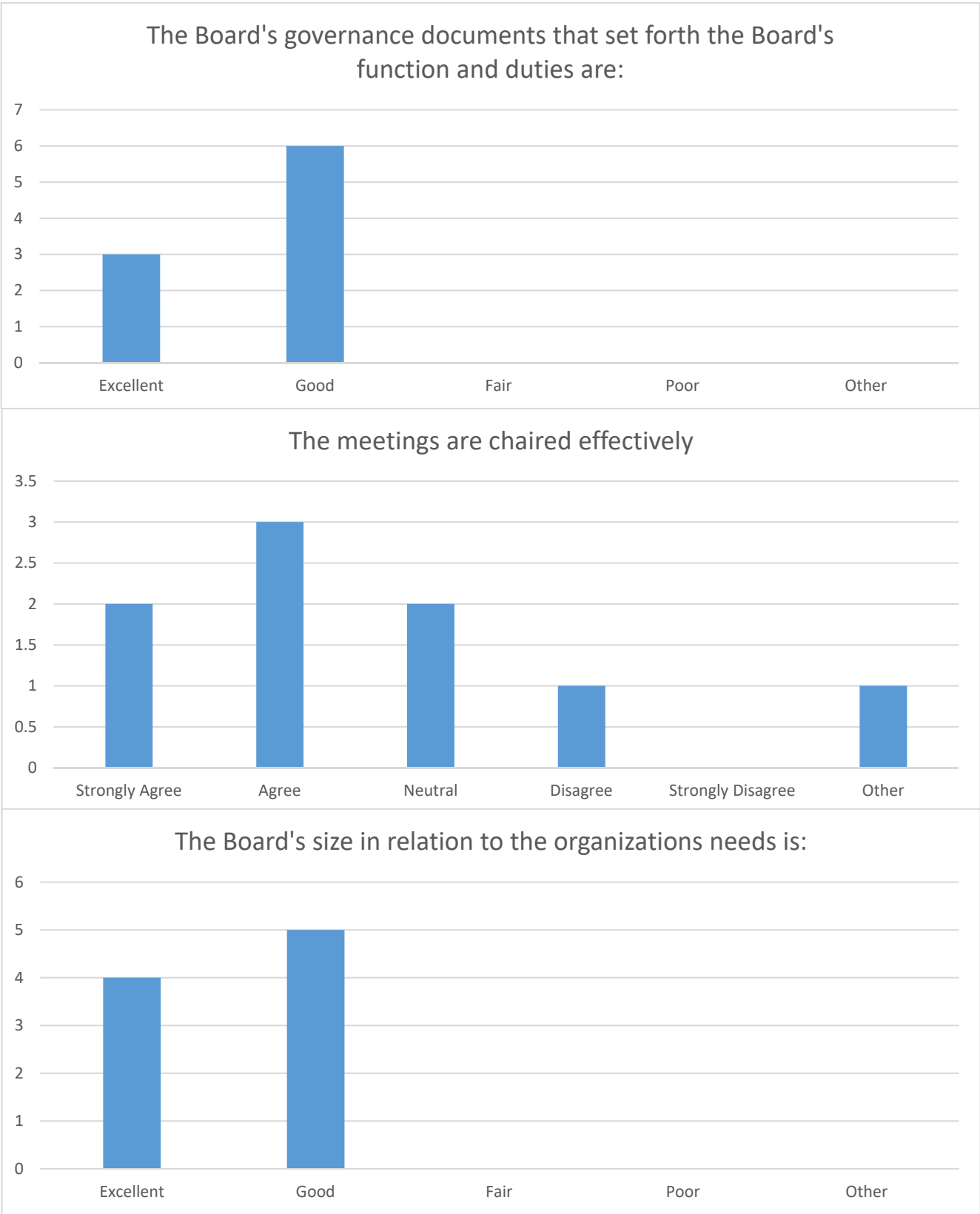
Clients that receive services from this agency have positive outcomes.

Strongly Agree Agree Undecided Disagree

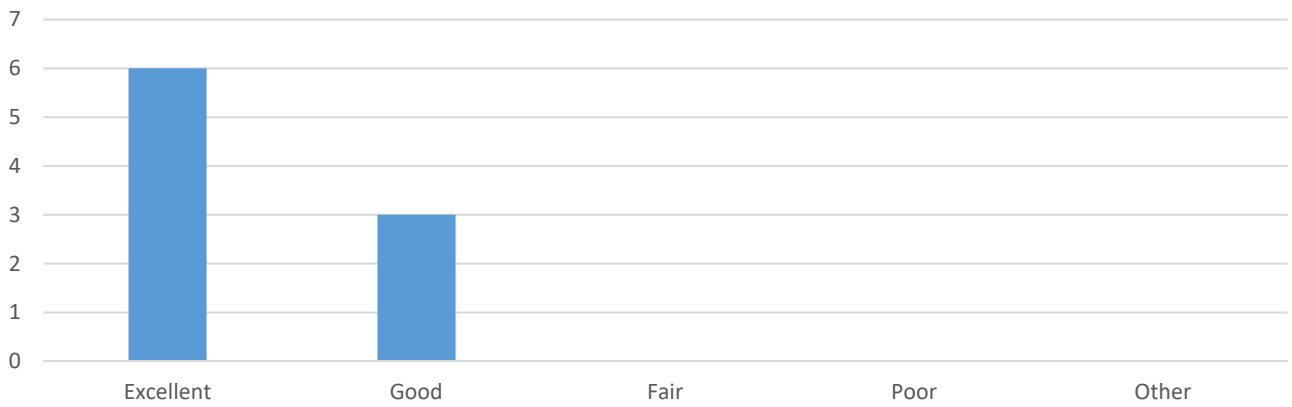


# Board Assessment

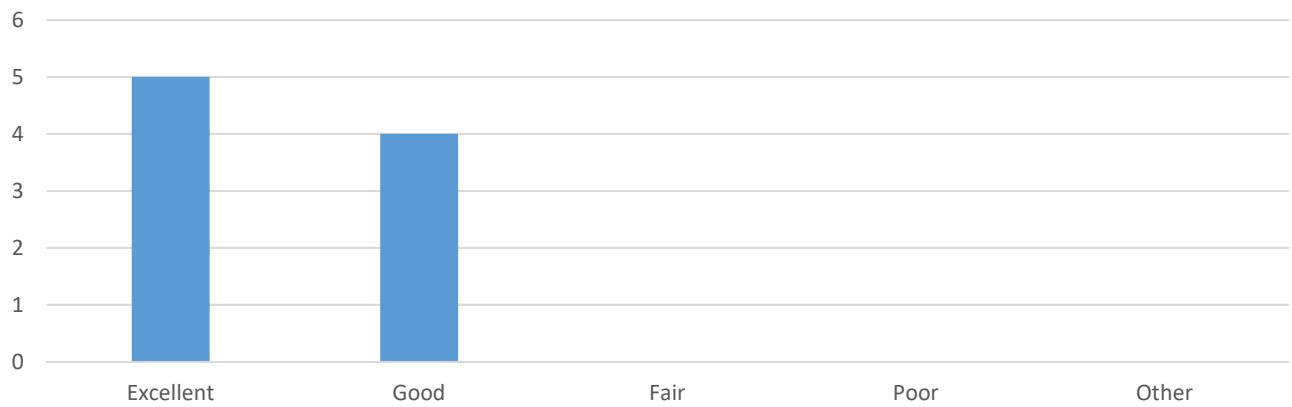




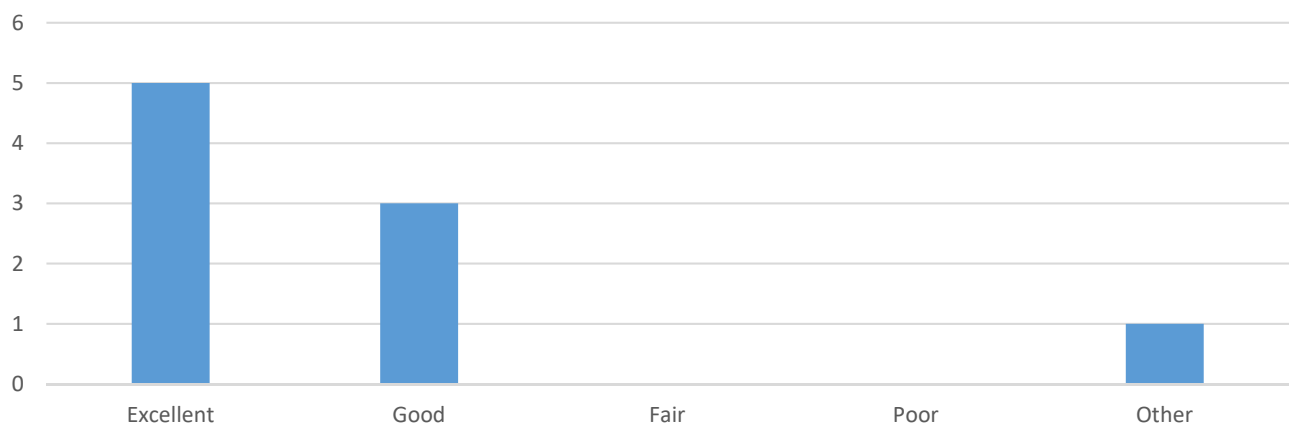
The Board's spread and balance in regards to expertise, age, diversity, interest and point of view are:

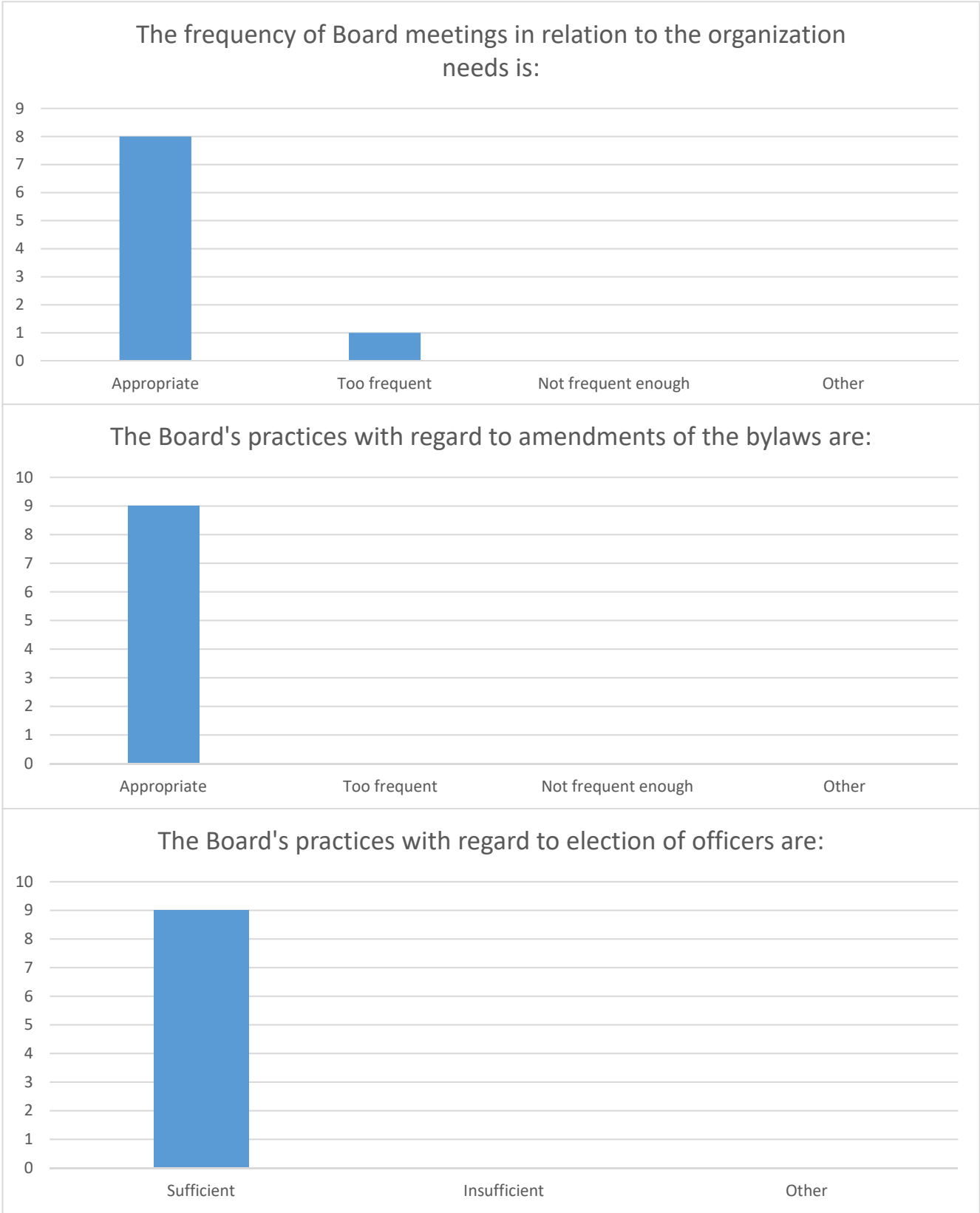


The Board's comprehension of the interests of various constituents with which the organization deal is:



The Board's orientation to the organization is:

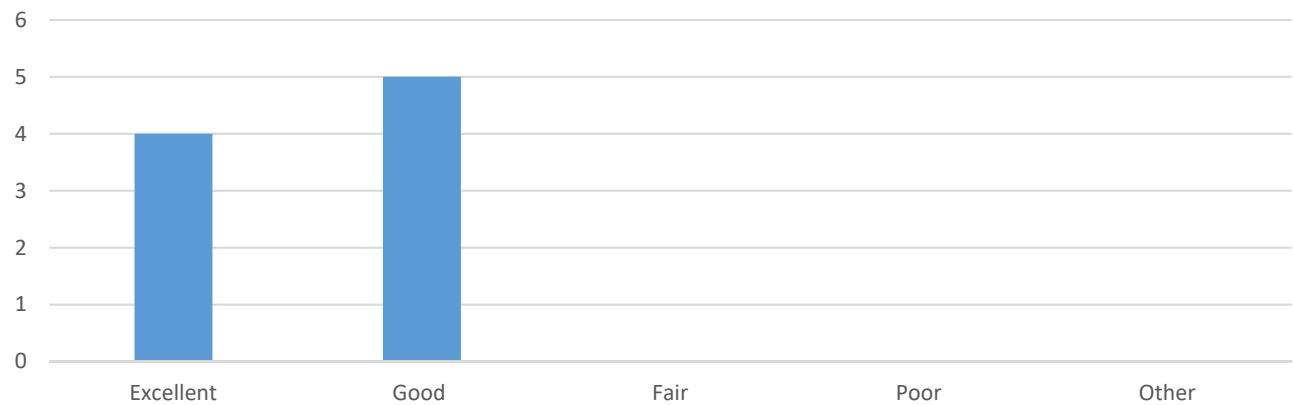




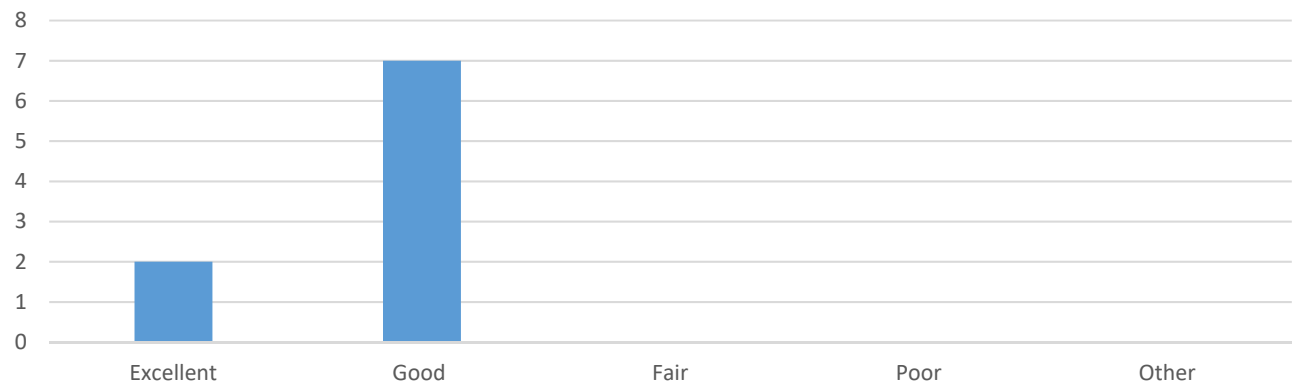
The Board's practices with regard to establishing committees and their mandates are:



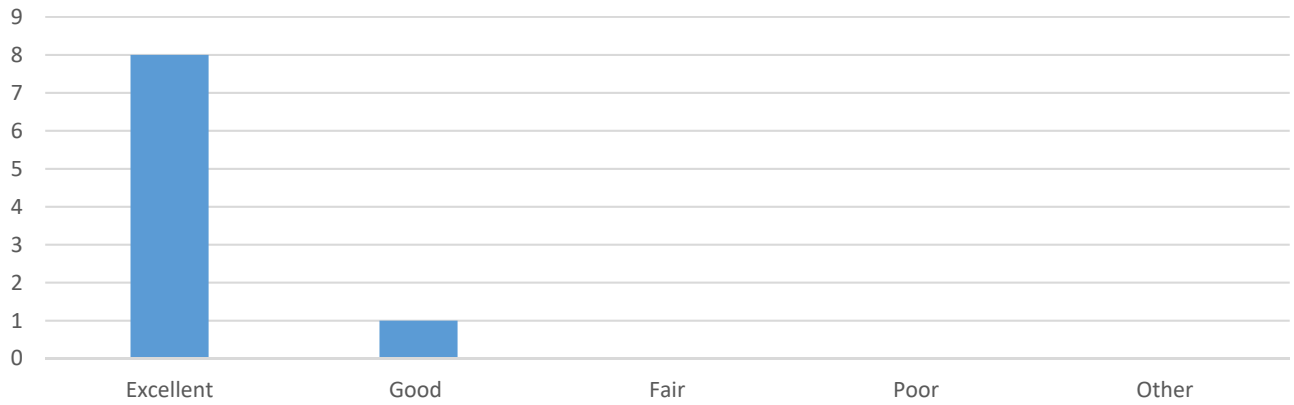
The Board's performance in formulating the organization's long term goals is:



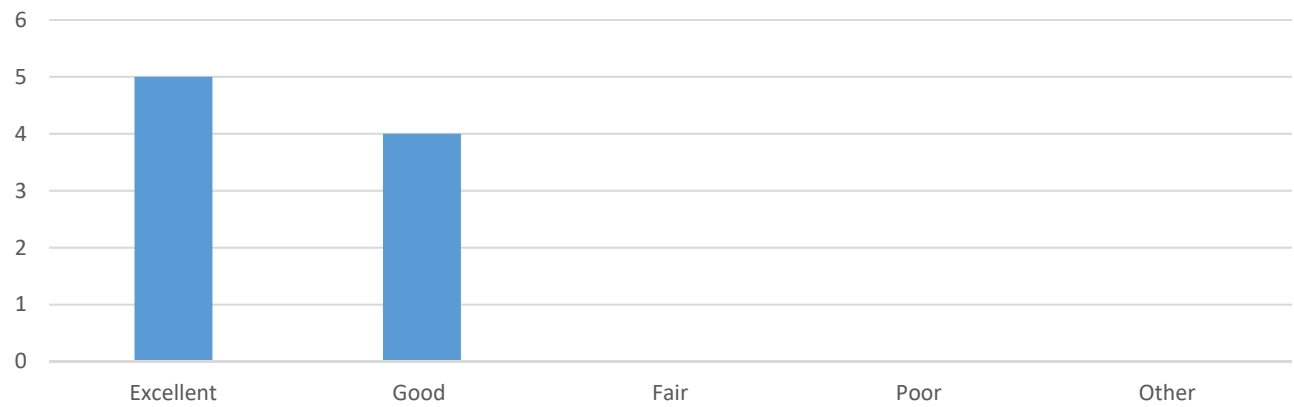
The Board's ability to monitor its own accomplishments and progress is:



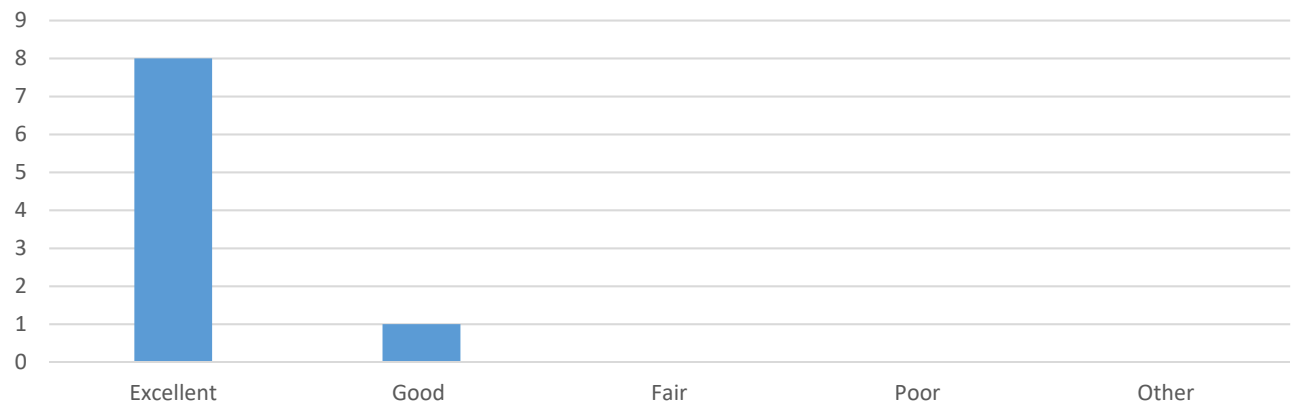
The Board's working relationship with the Executive Director (Tiffany Butler) is:



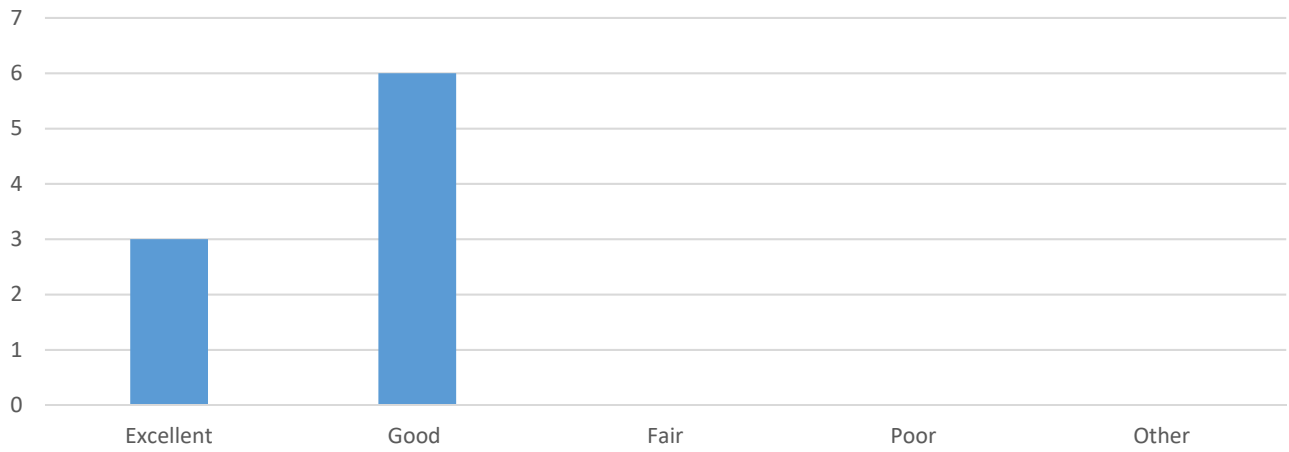
The Board's working relationship with the Training Manager/HR (Josh Disburg) is:



The Board's working relationship with the Finance/HR Manager (Marisa Draper) is:



### The Board's working relationship with other agency staff is:



# Organizational Chart

