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# Annual Report

October 2025





## **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.....Mark Broders  
Vice-Chair .....Chad Conaway  
Secretary .....Sandy Frentz  
Treasurer..... Mary Pat Mullen  
Immediate Past Chair.....Lt. Jason Leach

## Board Members

Mark Broders, CPA.....Partner, Tax Services  
Joe Bosman.....Minnehaha County Sheriff's Office  
Chad Conaway.....Harrisburg School District Director of  
Student Services  
Sandy Frentz .....Retired Public Health Manager  
City of Sioux Falls  
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  
Fran Rice .....Health Connect of South Dakota  
Executive Director  
Gary Tuschen .....Retired Executive Director  
Carroll Institute

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# Executive Director

October 30, 2025

## Introduction

This past year marked a significant step forward in Carroll Institute's journey toward One Campus, a vision that will expand our capacity to serve and strengthen our presence in the community. Despite the challenges of construction, our agency remained financially stable, delivered quality services, and reinforced our commitment to workforce development.

Through expanded training opportunities, licensure support, retention bonuses, and the launch of the Carroll Institute Leadership Academy (CILA), we invested deeply in our people. We also prepared diligently for our CARF reaccreditation survey, which—after multiple postponements—was officially scheduled for September 2025.

Underlying all our efforts is our commitment to our Core Agency Values:

## Professionalism

- Building confidence in self and dedication to the work we do through respect, thoroughness, passion, education, and willingness to serve.
- Holding ourselves and those around us in high regard.

## Consideration

- Recognizing the value that different people, perspectives, and cultures can bring to the agency leads us to be the provider of choice.
- Treating everyone with dignity and respect.
- Appreciation for support and guidance.
- Showing gratitude for the benefits of diversity in the work environment.

## Passion

- Being dedicated to the agency, coworkers, clients served, and the community through honesty, integrity, and authenticity.

## Collaboration

- Willingness to work with others to get the job done and done well.
- Readiness to respond positively to instructions and procedures.
- Help where help is needed even if outside of typical daily operations.
- Building strong relationships internally and externally.

These values continue to shape staff development, inform decision-making, and serve as the foundation of our culture.

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## Strategic Plan Progress

### Reducing Staff Attrition

#### Human Resources Capacity

- Marisa obtained her SHRM certification at the end of FY25, equipping her to guide Carroll Institute's workforce development with expertise.
- A redesigned onboarding process for Residential Technicians emphasized early training in policy, procedures, and Core Values. New staff reported this orientation as both impactful and motivating.

#### Supervisor and Leadership Development

- Recognizing the complexity of licensure, certifications, and training requirements, we have identified that we need to strengthen oversight and tracking of professional development.
- To meet leadership needs, we committed to CILA, a two-year leadership academy facilitated by Sagency, involving 11 leaders across the organization. This investment builds supervisory skills and lays the groundwork for our next Strategic Plan.

#### Clear Expectations and Performance Standards

- FY25 focused on productivity standards and staff guidance.
- With Omnitech, we expanded our ability to track client activity across programs.
- We implemented Athelas AI software to reduce paperwork burdens and improve clinical record efficiency. Early adoption is promising, and greater benefits are anticipated in FY26–FY27.
- Core Values were fully integrated into evaluations and daily work, providing a clear framework for feedback and growth.

#### Expanding Services

- Construction and One Campus: Work began in January 2025 on the Arch remodel. Although delays occurred, staff and clients adapted creatively to space limitations, and the project remains a major milestone toward our long-term vision.
- Residential Technician Shift Leads: Set to launch in FY26, this initiative will ensure consistent leadership across shifts, strengthen decision-making capacity, and enhance technician support during nights and weekends.

### Financial Strength

Carroll Institute closed FY25 in a strong financial position, continuing to balance fiscal responsibility with investment in people, programs, and infrastructure. Strategic use of resources including technology integration, staff development, and construction, positioned us well for FY26 despite anticipated challenges tied to ongoing expansion.

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### Looking Ahead: FY26 Priorities

- Complete Arch remodel and continue to prepare for One Campus expansion.
- Launch Residential Technician Shift Lead program to strengthen frontline supervision.
- Advance workforce development with continued CILA sessions and enhanced recruitment/retention efforts.
- Leverage technology (Athelas and Omnitech) to improve service efficiency and outcomes.
- Foster partnerships with behavioral health providers, courts, and community agencies to expand access and impact.
- Sustain our Core Values as the guiding framework for staff engagement and client care.

### Closing

Carroll Institute's progress this year reflects the Professionalism, Consideration, Passion, and Collaboration of our entire team. Despite challenges, we remain focused on growth, innovation, and service excellence. Together, we are building not only a stronger agency but a stronger community.

Thank you to our Board of Directors for the continued support and guidance!

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

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# Outpatient Services Annual Report

## Program Updates & Developments

- Hosted numerous guest speakers throughout the year, including representatives from Emily's Hope, Department of Health, Wounded Healer Recovery, Call to Freedom, Journey of Hope, SMART Recovery, Peer Support (USD), and the American Foundation for Suicide Prevention.
- Piloted Omnitech system for group lists.
- Adjusted counselor schedules for walk-in assessments and improved client access.
- Added and modified several groups, including new MOP, Relapse Prevention, and MRT groups.
- Introduced AI-based documentation tools.
- Converted a group room into a workstation to expand workspace.
- Maintained full staffing despite temporary absences due to medical and maternity leaves.
- Increased community collaboration with Parole, DOC, and local organizations.
- Conducted facility tours at iRecover, Keystone Treatment Center, Safe Home, and more.

## Trends Observed

- Attendance fluctuated across the year, typically dipping during holidays and summer months.
- Clients presented increasing mental health concerns, housing, transportation, and employment barriers.
- Increase in relapse reports and substance use among peers.
- Clients demonstrated preference for individualized sessions over group therapy later in the year.

## Successes

- Counselors maintained strong productivity and revenue generated.
- Successful onboarding and transition of staff including Clint, and return of Megan, and Mindy from leave of absences.
- Increased counselor participation in professional development and trainings.
- Improved openness and honesty from clients regarding lapses and challenges.
- Growth of group offerings, including new MRT and Relapse Prevention groups.
- Strong teamwork and adaptability with schedule changes and coverage needs.

## Challenges

- Persistent no-shows and inconsistent client participation.
- Limited access to mental health services, housing, and childcare resources.
- Difficulty securing employment for clients with criminal backgrounds.
- Balancing time between group facilitation and individual sessions.
- Adapting to new AI-based documentation tools.



**Goals Achieved & Ongoing Objectives**

- Implemented the Omnitech system for improved organization and data management.
- Developed and launched new discharge data collection form (effective July 2025).
- Improved walk-in assessment scheduling and client access.
- Encouraged creative and dynamic approaches to group therapy.
- Ongoing goals include improving attendance, retention, and expanding employment resources for clients with records.
- Continue enhancing AI systems for documentation and expanding peer support programs.

**Wish List & Future Plans**

- Further development of AI-assisted documentation tools.
- Creative strategies to engage resistant or high-risk clients.
- Continued collaboration and tours with partner organizations.
- Explore SAP certification training for DOC referrals.
- Increase integration of mental health services within outpatient programs.
- Improved Intake and orientation process for all new clients.

**Events & Team Culture**

- Company Picnic (August)
- CI Homecoming (September)
- Annual Christmas Party (December)
- Baby showers for Kendra and Megan
- ERC events including winter hats and soda bar for staff appreciation
- Participation in NAMI Walk and adolescent program fundraisers.

**Overall Ratings**

Reporting Period	Rating (1–5)	Notes
July 2024	3	Low group attendance; productivity steady
Aug–Oct 2024	4	Slight improvement in attendance
Nov–Dec 2024	3	Holiday impact on engagement
Jan 2025	3	Increased engagement but high staff illness
Mar 2025	3	Good transition planning; attendance dip
Apr 2025	3	Attendance improving; strong training participation
May 2025	4	Good productivity and teamwork
Jun 2025	3	Attendance decline; focus on data collection

**Overall Average Rating: 3.3 / 5**

**Rating Summary:** Steady productivity, strong teamwork, and commitment to client care despite fluctuating attendance and external challenges.



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### **Overall Summary**

**During FY2024–2025, Outpatient Services experienced steady growth and innovation while maintaining strong teamwork and community engagement. The program hosted a variety of guest speakers, strengthened collaborations with local organizations, and implemented new systems such as Omnitech and AI-assisted documentation tools to improve efficiency and data management. Despite challenges with client attendance, mental health barriers, and resource limitations, counselors demonstrated resilience through high productivity, flexible scheduling, and expanded group offerings including MRT and Relapse Prevention. Staff transitions were smooth, professional development increased, and client openness improved throughout the year. Looking ahead, the program aims to enhance engagement strategies, expand mental health integration, strengthen employment support for justice-involved clients, and further develop technology tools to streamline documentation and care delivery—all while maintaining a strong, supportive team culture.**

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

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# Residential Services Annual Report

## July through September of 2024

During these months, the Arch housed a monthly average of 94 clients. We initiated a new idea to better organize outside communications by having Technicians report issues in Omni and only Clinicians being responsible for relaying information to referral sources. We also saw a significant decrease with in house substance use due to some key client discharges. Clinicians hosted a client appreciation day where the entire day was spent playing games outside, music and a cookout. The clients enjoyed this greatly. Lastly, we launched the “On Call” counselor program. This gave Technicians an after-hours resource to call when certain situations arose that required clinical advice or direction.

## October through December of 2024

During these months, the Arch housed a monthly average of 91 clients. We observed a steady increase in retention rates of our DOC clients over the time period. Unfortunately, we also noticed an increase in non-clients and ex-clients showing up due to the cold weather. Staff was diligent in addressing these issues as they came up and were able to move them away from our clients. Clinical staff hosted a day long group activity that served as a holiday celebration for their clients.

## January through March 2025

During these months, the Arch housed a monthly average of 89 clients. The vast majority of this time frame was consumed with the start of Phase 1 in the construction project, and the adjustments we all had to make. Phase 1 was the tear down of the exercise area to build our new front entrance/lobby. This caused displacement of a few employees over to the New Horizons building and physical space was limited as a large barrier wall was put up. As bed numbers were tapered down in preparation for the New Horizons demolition, we did notice positive behavior changes in clients with lesser numbers.

## April through June 2025

During these months, the Arch housed a monthly average of 68 clients. Over these months both clients and employees struggled with the Non-smoking campus and there not being any outside space for clients. The construction project was in full swing and took over all of the front area of the Arch. New Horizons was torn down and the initial dig of the new building had begun. We lost 24 bed spaces because of this. To help with the absence of an exercise area, Carroll Institute offered Arch clients a chance to have a free 30-day membership at the YMCA which is a short

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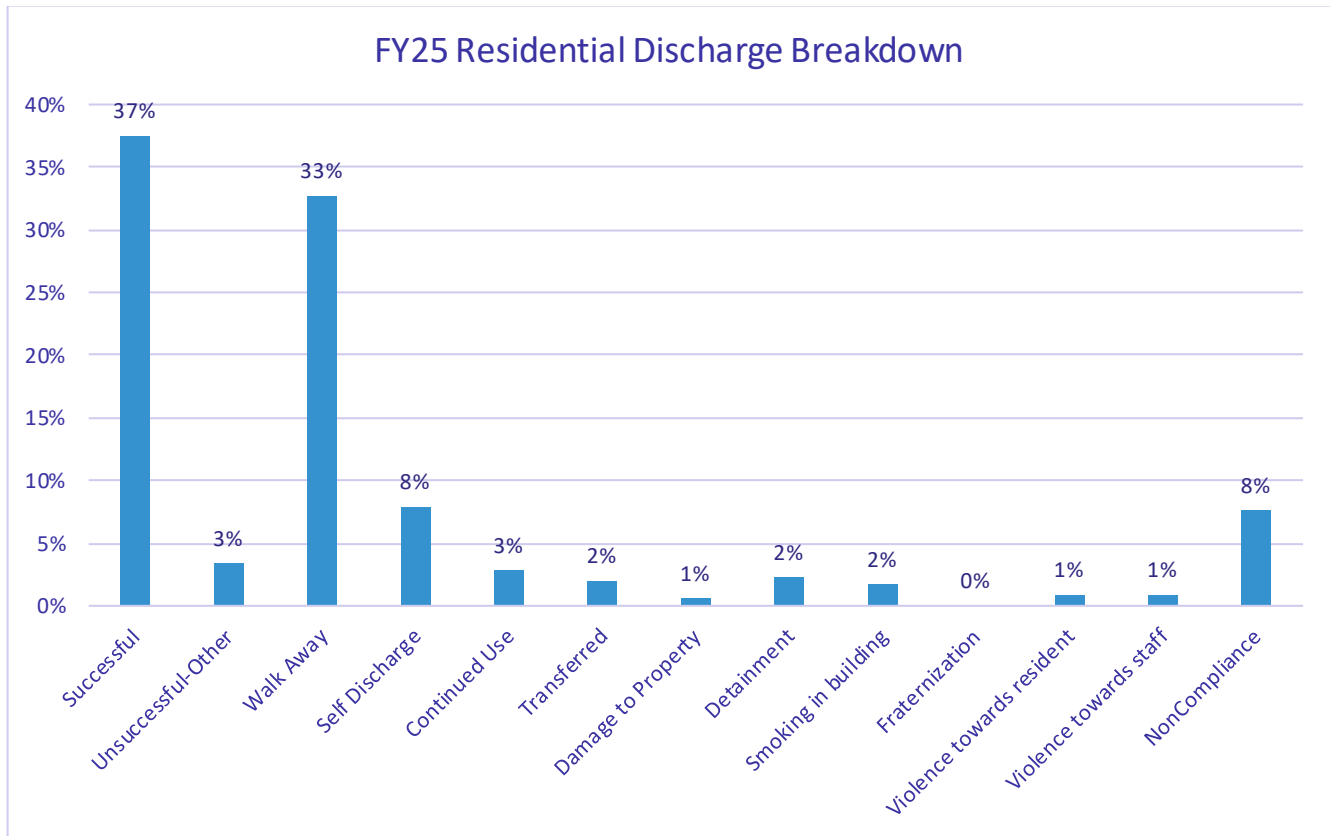
distance away from the Arch. We also had to make some changes to client smoking break areas out of respect for neighboring properties. Thought was also given to the possibility of adjusting group sizes in the near future with the limited number of clients we were treating. Lastly the initial planning started for creating and implementing several new Technician Lead positions. This would provide additional guidance to Technicians after normal work hours in addition to expanding that role.

This overall time period has been challenging to staff and clientele alike. We started out anticipating the changes that were to come and were then thrust into a considerable upheaval of daily routines. This started a lot of procedural changes and demanded flexibility from all of us. As we worked through the demolition and construction challenges, we experienced some staffing and client transitions. We were able to stabilize out closer to the end of this time. We started to see better staff retention and client numbers were on a steady rise.

Staff has accepted our current conditions and we have made everything work with limited space. Everyone gets to witness the daily progress of the new build. It is my goal to keep all of us focused on the future of Carroll Institute, our core values, and the approaching advantages we will have as a unified campus.

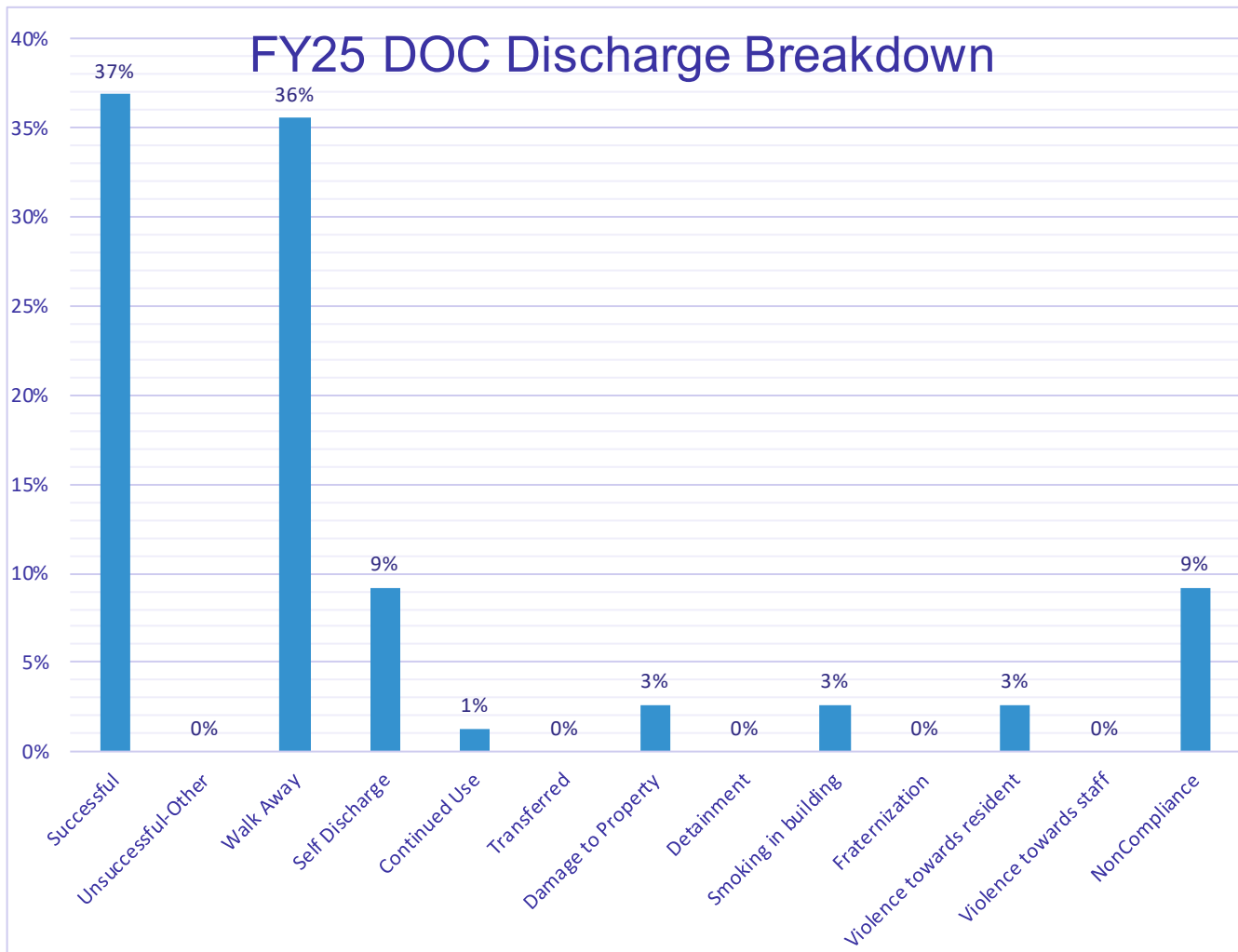
**Josh Disburg**  
**Residential Services Program Manager**

# Residential Graphs



Discharge Breakdown	%	Total
Successful	37%	133
Unsuccessful-Other	3%	12
Walk Away	33%	116
Self Discharge	8%	28
Continued Use	3%	10
Transferred	2%	7
Damage to Property	1%	2
Detainment	2%	8
Smoking in building	2%	6
Fraternization	0%	0
Violence towards resident	1%	3
Violence towards staff	1%	3
NonCompliance	8%	27
Total	100%	355

Average Daily Census	89
Average Length of Stay	69
Discharged within the first 30 days	195
Successful discharges in the first 30	31



Discharge Breakdown	%	Total
Successful	37%	28
Unsuccessful-Other	0%	0
Walk Away	36%	27
Self Discharge	9%	7
Continued Use	1%	1
Transferred	0%	0
Damage to Property	3%	2
Detainment	0%	0
Smoking in building	3%	2
Fraternization	0%	0
Violence towards resident	3%	2
Violence towards staff	0%	0
NonCompliance	9%	7
Total	100%	76

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# Adolescent Program Annual Report

The Adolescent Team has completed another successful school year! During the 2024-2025 school year, the team provided:

- 719 classroom lessons
- 1,621 individual sessions
- 104 substance abuse screenings/assessments
- 202 SADD/TATU meetings
- 17 threat assessments totaling 164.25 hours.

## Department Updates:

- July 2024 the Adolescent Team began offering Level 2.1 for adolescents. The counselors that began running the group were Dominique Gunn and Alexis Harder.
- September 2024 Kristi and Lindsey began intensive work on the Carroll Institute tobacco policy. Kristi gathered sample policies and created a tobacco presentation for clients. Lindsey used this presentation to educate all current clients of the impending change to the policy as well as education on vaping and smoking.
- September 2024 Kristi began work on the state required needs assessment for the prevention program.
- December 2024 Kristi and Lindsey asked CI staff to complete a readiness survey regarding their readiness to implement a new tobacco policy.
- February 2025 Kristi proposed funding for the WhyTry curriculum to the Carroll Institute Board.
- February 2025 and March 2025 Adolescent Team attended parent/teacher conferences.
- April 2025 Staff struggled with anxiety related to funding cuts and impending program changes.
- April 2025 Kristi and Tiffany attended State Prevention Meeting in Pierre.
- April 2025 Kristi presented the draft policy and tobacco education to residential staff. These presentations were created due to the results of the staff readiness surveys showing staff was not ready for implementation.
- April 2025 Adolescent Team began to brainstorm ways to implement WhyTry.
- May 2025 Spring Meetings concluded with the schools.
- May 2025 Kristi presented the draft policy and tobacco education to downtown staff during the All Staff meeting.
- May 2025 Kristi identified long time counselors struggling with the transition to summer work schedules.
- June 2025 Services continued into the summer at JDC and in Adolescent Treatment as planned.
- June 2025 Adolescent Team began doing assessments on Mondays.

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### Training:

- August 2024 six members of the adolescent team completed a 2.5-day training on the Project SUCCESS curriculum. The last time this training was offered was 10 years ago. Kristi and Barb had been trained previously but went through again as a refresh.
- September 2024 Kate, Barb, and Kristi completed Erika's Lighthouse training.
- December 2024, three staff members completed the basic threat assessment training: Kristi Jacobsma, Matt Glanzer (residential counselor), and Lindsey McKague (adolescent counselor).
- February 2025 two additional staff were trained in threat assessments: Jen Presuhn (outpatient counselor) & Deana Hart (residential counselor).
- March 2025 Kristi completed Grant Writing and Grant Management courses that totaled 4 days.
- March 2025 Jessie Bathke completed 31 hours in Substance Abuse Prevention Training as required by the state for new prevention counselors without prior prevention coursework.
- May 2025 Three counselors completed WhyTry training- Kristi, Kate, and Jessie
- June 2025 Lindsey completed WhyTry training

### Funding:

- July 2024 Adolescent Team applied for a suicide mini grant to provide mental health education that had been requested by the schools. We were awarded \$4,000.
- October 2024 Carroll Institute staff raised \$4,008.64 for the Adolescent Program through pledge cards, activities, and selling Halloween shirts.
- January 2025 Kristi and Tiffany met with staff from the state per their request to inquire about our interest in receiving JJRI funding. This is funding for adolescents at risk of becoming justice involved. As a result, the Adolescent Team received \$10,000 to provide services to these adolescent referrals.
- March 2025 Adolescent Program was notified April 1, that as of March 24, \$15,000 was retracted from the current fiscal year's block grant. The team was able to navigate this well, due to the low reimbursement rates, we knew we would be unable to spend all the block grant's dollars this fiscal year already.
- April 2025 Tobacco Youth and School Community Engagement Grant was spent and completed.
- May 2025 Adolescent Team launched T-shirt fundraiser to help raise money for WhyTry. The fundraiser raised \$227.66 dollars and went towards training.
- May 2025 State Block Grant, State Meth Dollars, and Suicide Mini Grant wrapped up for FY25.
- May 2025 Adolescent Team launched T-shirt fundraiser to help raise money for WhyTry.

### Community Events:

- August 2024 SuFu Creative held an event in the Carroll Institute parking lot to raise money for the adolescent program.
- February and March 2025 Adolescent Team attended many parent/teacher conferences.
- March 2025 Kristi had a booth at Our Savior's Lutheran Church to raise awareness on substance use and the adolescent program.

- **March 2025** Kristi presented at West Central Career Day.
- **School Year 24/25** Staff created a variety of awareness flyers for parents and staff. Including, but not limited to: 4D Month (Drinking, Drugged, Distracted Driving), Bullying, Self-Esteem, No Name Calling Week, Marijuana, Prom Safety, Nicotine, Red Ribbon Week, social media, and Vaping.

#### **Staffing:**

- **August 2024** Jessie Bathke was hired to the Adolescent Team and Lindsey McKague began her internship through USD with the Adolescent Team.
- **November 2024** Lindsey McKague USD intern began a part-time position within the Adolescent Program.
- **April 2025** Lindsey McKague shifted to full-time and Alexis Harder wrapped up her internship and part time position with Carroll Institute and moved out of Sioux Falls.

#### **Success:**

- **August 2024** Jessie Bathke was hired.
- **August 2024** Carroll Institute hosted an event with SuFu Creative to raise money for our adolescent program.
- **August 2024** Kate Telkamp celebrated 5 years with Carroll Institute and Barb DeVos celebrated 15 years.
- **October 2024** Adolescent Team orchestrated a successful round of fundraising for their program.
- **December 2024** Additional staff became trained in threat assessments.
- **February 2025** Adolescent Team officially adopted a new logo.
- **March 2025** Adolescent Team entered into partnership with JJRI.
- **March 2025** Kristi was asked to be on a panel in Pierre at the Spring Tobacco Institute to talk about the team's multifaceted services and successes.
- **March 2025** Adolescent Team completed another great round of observations.
- **May 2025** Continued partnership with most of our schools, JDC, and added in Harrisburg School District.
- **May 2025** The state requested needs assessment was completed for the Adolescent Program.
- **June 2025** Most of the adolescent team rose to the challenge of relearning adult assessments and completing some throughout the summer.

#### **Challenge:**

- **July 2024** Adolescent Team knew they would be working some in the summers going forward. This was a hard transition for some of the staff.
- **July 2024- June 2025** balancing four grants with all their requirements for testing students, billing, and activities was difficult. Especially when many of the grants cover the same activities.
- **Fall 2024** staff appeared to struggle early on with feelings of overwhelm. Many of them went from having 1.5 days in the office to just one day in the office. Which seemed to factor



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into the overwhelm. Staff seemed to struggle with overbooking themselves and setting boundaries at school.

- November & December 2024 we noted the challenges that would come with our efforts in becoming tobacco free campuses.
- January 2025 new staff members struggled with illness. This can be typical for our first-year counselors.
- February 2025 noted the low state reimbursement rates continue to be a challenge in allowing us to access all funds.
- March 2025 the team struggles to see the adolescent resources around our community continue to shrink, which in turn makes it harder to help students find the resources they need.
- April 2025 Schools were excited about WhyTry, but we were still battling to find funding sources for our time to pay to teach the curriculum.
- May 2025 created a lot of anxiety for staff with funding cuts and budgets. They know the program has always had a deficit and they struggle to realize why this matters so much now. They also feared for their jobs and their students. It was a month of uneasiness. They knew they were heading into summer work, which for some of them they had not done in years.
- May 2025 Kristi sat in on the President's FY26 budget as it pertains to our work, and it was unsettling. There were no real answers at the time.
- June 2025 The biggest challenges were keeping up staff morale amid transition to summer work. Many of them were not happy to be working. Additionally, despite different training and opportunities for shadowing, many of them still felt unprepared to do adult assessments. This may also be due to most of the staff's lack of interest in working with adults. These stresses along with the budget stresses would ultimately lead to the resignation of two staff members this summer.

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

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# Carroll Counseling Services Annual Report

## Q1

During the start of this quarter, we had ongoing discussions of the OneCampus with CCS clinicians, as well as discussions of the Carroll Institute Core Values. In July, CCS implemented increased session rates, in attempts to stay competitive with insurance companies. Justin attended the SD Suicide Prevention Conference with other CI managers, as well as completed a Cognitive Processing Therapy training. Gretchen started the Clinical Education and Supervision trainings, which has been a positive experience. Intern Lexie also completed her first couple's therapy session!

## Q2

October was the highest billing month for the fiscal year. This was likely due to increased session fees. During November and December, we experienced lower session numbers due to increased Holidays and scheduled PTO. For the whole month of November, we also had a clinician out on FMLA.

## Q3

January brought an increase in session and billing numbers after the holidays! January is also when the subleasing of the Southeastern office ended. In February, we had a full-time clinician resign from CI/CCS. This left CCS with three primary clinicians: Gretchen, Justin and Alyssa. Sanford Insurance had some type of billing update in February that caused claims to be rejected profession wide. February and March had all of us monitoring any policy changes for Medicaid and Medicare and how that might impact CCS and accessibility for clients in the future. In March, Justin completed EMDR training, which has been a useful additional tool for clients.

## Q4

In April, we started discussing the role of AI in record keeping, ethical considerations and time management, as CI explored the Athelas program. Alyssa participated in the Tri-State Eating Disorders Conference, learning about Internal Family Systems, as well as an Emotion Focused Family Therapy training, as Alyssa often works with families within her Eating Recovery work. During this quarter, we've also taken a closer look at reviewing the Patient Aging Report in TherapyNotes, and identifying outstanding balances. We then made attempts at connecting with clients and either creating a payment plan, allowing for payment in-full, or sending clients to collections as a last resort. In May, intern Lexie completed her internship with CI/CCS. A positive experience within the whole CCS/Outpatient clinical team: One of the CCS clients utilizes rock painting as a coping

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mechanism and had been leaving inspirational rocks out for clients. Clients often pick these up and have been so appreciative, an Outpatient client painted a rock for this CCS client. The rock was left for the CCS client at the Front Desk. This was a wonderful example of mutual support from anonymous sources.

**General Comments:**

- At the end of June, it was determined that Justin would take over the supervision of the Front Desk staff. During this transition period, one of the full-time front desk staff members resigned from their position.
- One major theme over the course of this fiscal year has been clinical training for CCS staff. Justin and Alyssa have been able to complete larger trainings that provided well-rounded and evidenced-based care for clients. Gretchen continues to provide clinical group supervision and continued education for clinical staff. This is something that proves CI is a step-above other organizations, and CCS clinicians appreciate and value that ongoing support.
- Even though we've had some staff transition over the course of this year, I am very proud of the consistency of the current CCS staff. We continue to provide the best possible care for clients, as well as consistency in completion of administrative tasks and collaboration internally and externally.

**Data:**

- **TherapyNotes Reports between 7/1/24-6/30/25 (Generated 10/1/25):**
  - Intake Notes: 78
  - Progress Notes: 2774
  - Consultation Notes: 208
  - Contact Notes: 852
  - Missed Appointments: 502
- **Rate Billed: \$588,393.68**
- **Revenue Report: \$379,030.08**

**Justin Nielsen**  
**Carroll Counseling Services Program Manager**

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# HR & Training Manager Annual Report

During the months of July, August and September of 2024, employees were provided with an online opportunity for harassment training. Supervisors were also provided an online option directed to their skill set. Residential employees were sent AED, CPR and NARCAN training online. We also delivered 6 new employee onboard trainings over this period.

October, November and December of 2024 were slow months for training as we started feeling the effect more of not having a larger, designated space to conduct group trainings. Online options appeared to be the best option for now. We did conduct 5 more employee onboardings over these months.

During the months of January, February and March of 2025, training was “on-the-go” as we started our construction project. This changed the way we handled a lot of aspects of daily Arch activities. Onboarding is shifted from room to room and sometimes even to our other building. Plans began to hold more in-house trainings when we have ample space to do so.

April, May and June of 2025 there was an open training offered for Adolescent Services employees before their summer break. This was AED, CPR and NARCAN training. Onboardings continued with a total of 9 employees going through it. The revision of the Technician Manual began to help train them to better understand the rules that are in place and help strengthen our team to better communicate to clients when enforcing rules.

Moving forward from this point, we all look forward to the one campus Carroll Institute. It is becoming clear that employees could greatly benefit from a concentrated effort of consistent, and frequent training, beyond their onboarding. This also appears to require someone who can dedicate the time and efforts into this type of commitment. Numerous ideas, thoughts and plans are being gathered and saved for the near future when we can implement such directed training. The hope would be to keep employees safe, interested and motivated more to stay employed with Carroll Institute.

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

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# Facilities and Maintenance Department

## Program Overview

The Facilities and Maintenance Department, led by Keith with assistance from Travis, maintains, repairs, and improves all Carroll Institute properties, including the Downtown, Arch and New Horizons buildings. The team ensures all facilities are safe, functional, and compliant with codes. In 2025, they addressed daily maintenance needs and supported major transitions, including preparing the New Horizons building for demolition.

## Program Updates

### General Maintenance and Repairs

- Performed ongoing maintenance and repairs across all locations to reduce costs and downtime.
- Handled plumbing, lighting, HVAC, and appliance repairs and maintenance.
- Oversaw landscaping and snow removal.
- Maintained vans, addressing wiring and mechanical issues.
- Kept furnace and air filter schedules current.

### Special Projects

- Cleared and prepared New Horizons for demolition; sorted, stored, and donated items.
- Transitioned fire panel systems from Midwest Alarm to 3D Security.
- Supported remodeling and relocations between the Arch and New Horizons.
- Developed and executed a plan to prepare the New Horizons building for demolition, and assisted with plans for the One Campus project.
- Relocated Keith's workspace for operational efficiency.
- Monitored construction and safety at the Arch during demolition.

### Safety and Compliance

- Conducted quarterly fire drills and replaced safety equipment batteries.
- Ensured code compliance through scheduled range hood cleanings and dishwasher maintenance.

### Administrative and Support

- Managed procurement for all departments and maintained data in CSI, Omnitech, and STARS.
- Handled cosmetic repairs and assisted with relocations and logistics.

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## **Trends and Observations**

- **Maintenance challenges often result from aging facilities and heavy use.**
- **Recurring issues are linked to user inattention or misuse of equipment.**

## **Successes**

- **Cleared New Horizons efficiently ahead of demolition.**
- **Maintained operations during remodeling and construction.**
- **Responded quickly to maintenance needs, minimizing disruption.**

## **Challenges**

- **Delays due to supply chain issues.**
- **Inconsistent cooperation from users/residents during repairs.**
- **Managing expectations amid construction disruptions.**

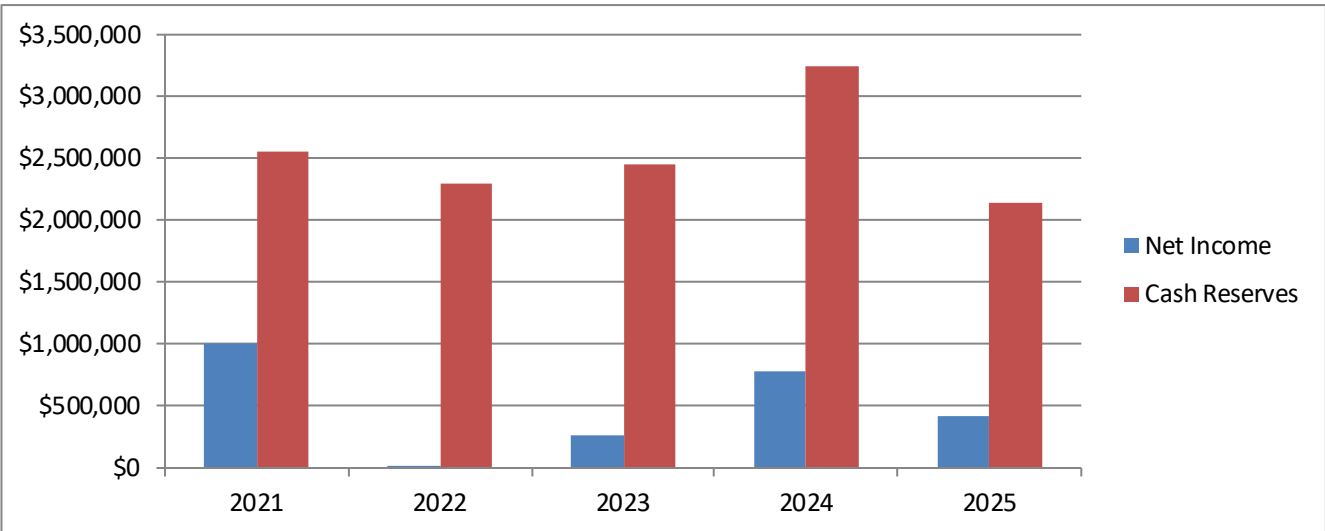
## **Goals for 2026**

- **Prepare facilities for the One Campus transition.**
- **Maintain prompt, efficient response to maintenance needs.**
- **Improve communication and coordination during projects.**

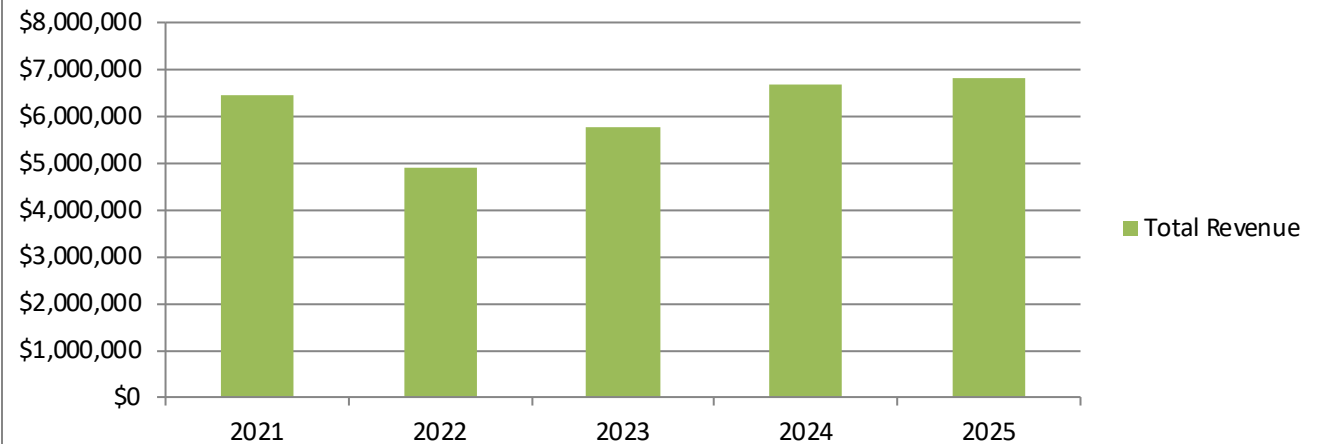
## **Wish List and Future Considerations**

- **Provide staff training on safety and basic maintenance.**
- **Develop preventative maintenance programs to reduce recurring issues.**

# Financial Summary

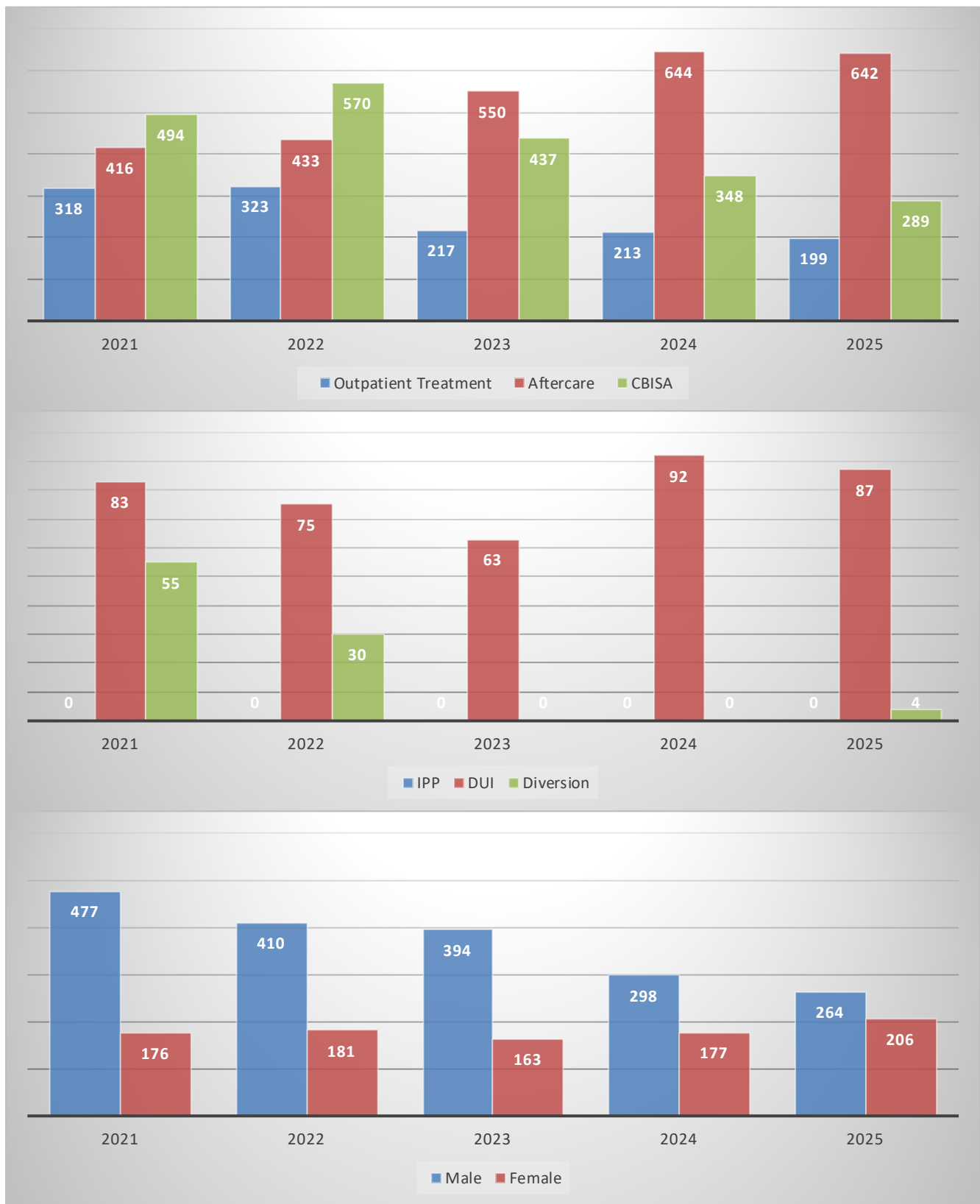


## Total Revenue



<b>\$1,629,164 · State Contract Outpatient Inc.</b>	<b>\$121,512 · State Prevention Contract</b>
<b>\$44,259 · Client Fees - Outpatient</b>	<b>\$938 · Diversion Class &amp; Link Services</b>
<b>\$14,190 · Contracted Counselor Services</b>	<b>\$32,700 · Rental Income Received</b>
<b>\$0 · HHS/Medicaid Provider Stim.</b>	<b>\$3,293,753 · State Contract Residential Inc.</b>
<b>\$46,992 · Grants Income - State of SD</b>	<b>\$363,811 · Department Of Corrections</b>
<b>\$18,800 · Unified Judicial System</b>	<b>\$3,763 · Room &amp; Board</b>
<b>\$199,728 · Interest Income</b>	<b>\$94,266 · US Probation Contract</b>
<b>\$9,578 · Miscellaneous Income</b>	<b>\$205,783 · Food Stamps</b>
<b>\$157,450 · Local Area School Districts</b>	<b>\$588,583 · CCS Client Fees</b>

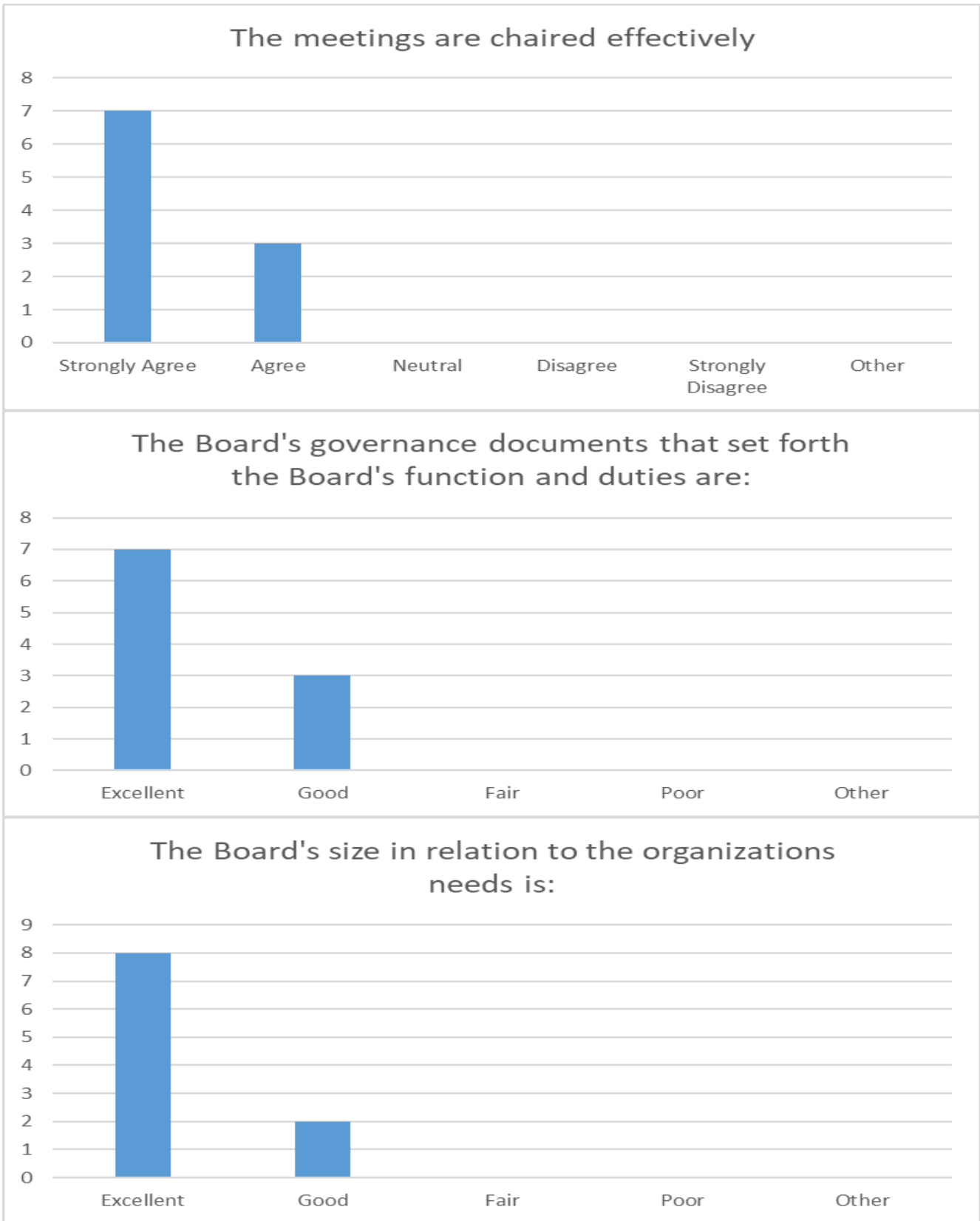
# Clients Served



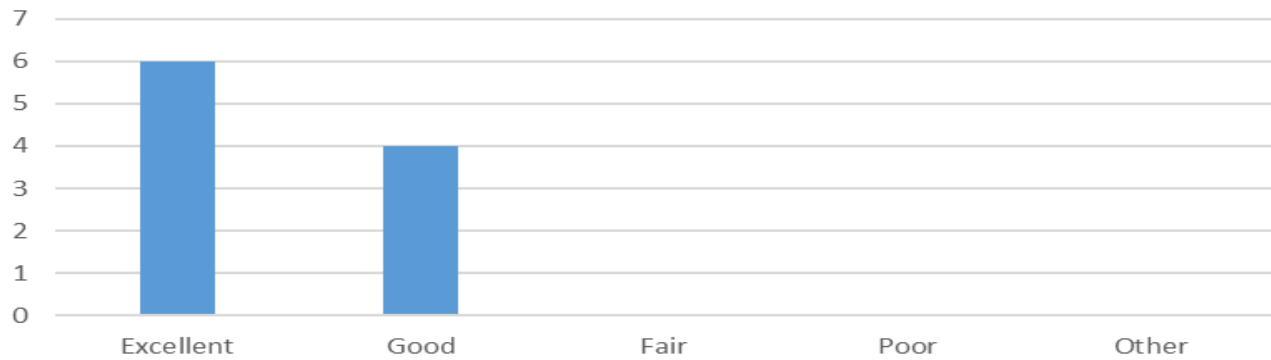


# Board Assessment

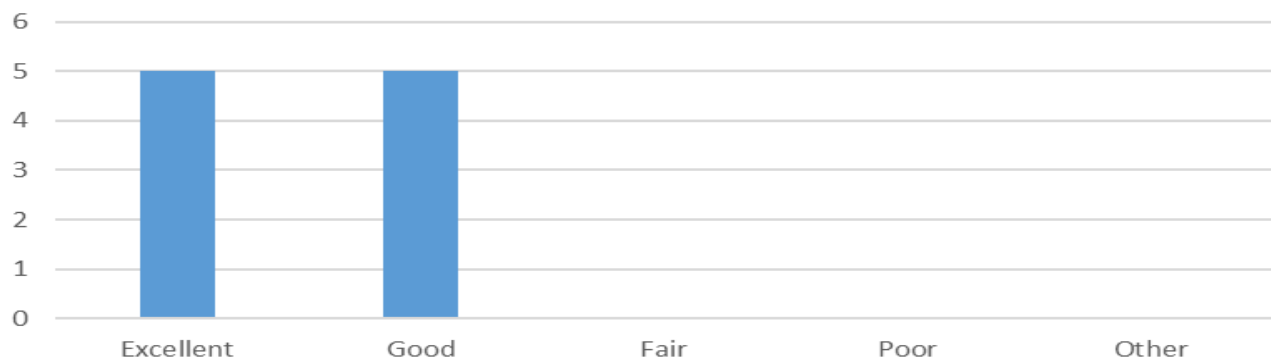




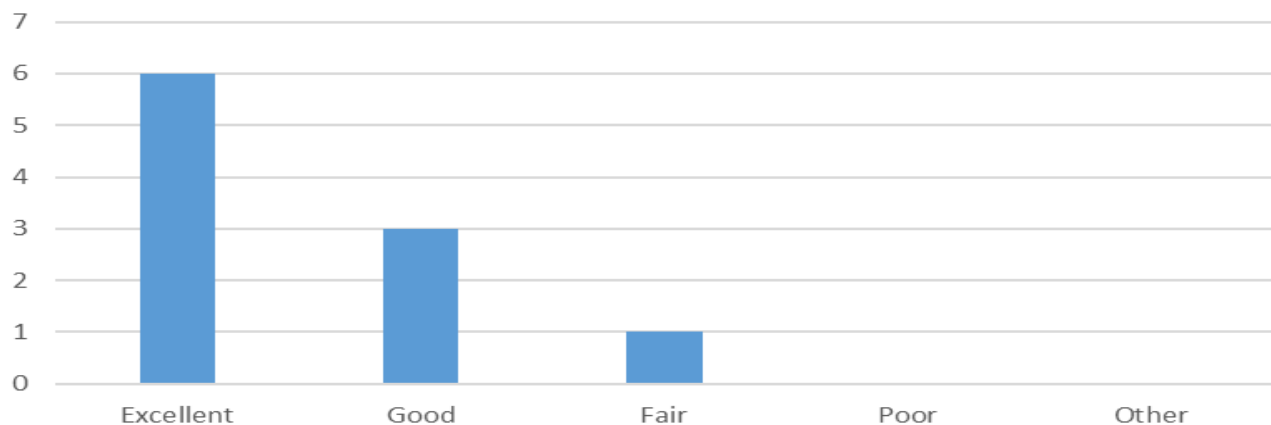
The Board's spread and balance in regards to expertise, age, diversity, interest and point of view are:



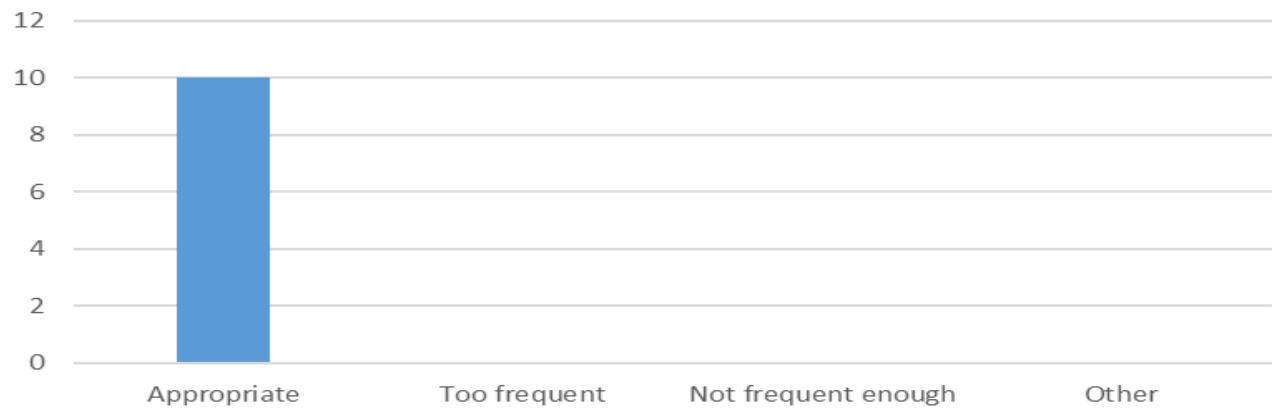
The Board's comprehension of the interests of various constituents with which the organization deal is:



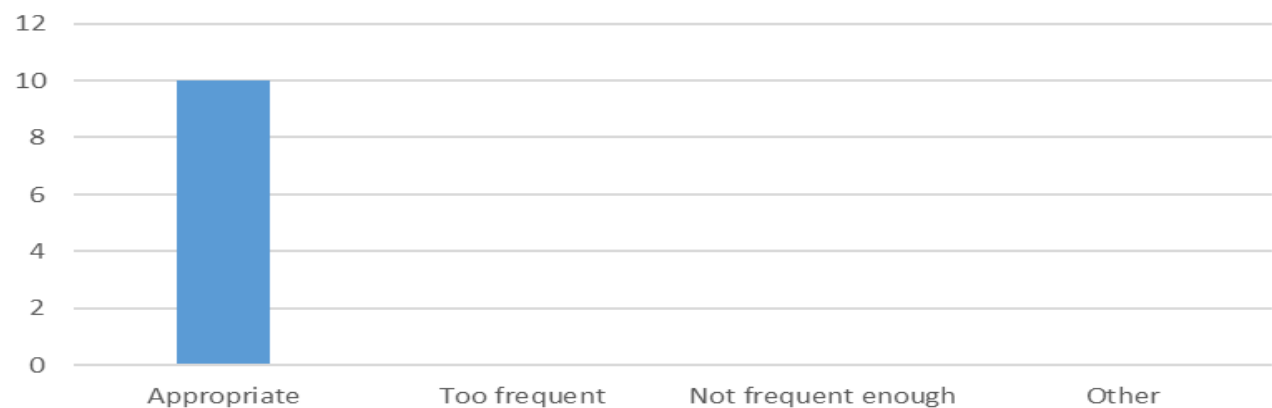
The Board's orientation to the organization is:



The frequency of Board meetings in relation to the organization needs is:



The Board's practices with regard to amendments of the bylaws are:



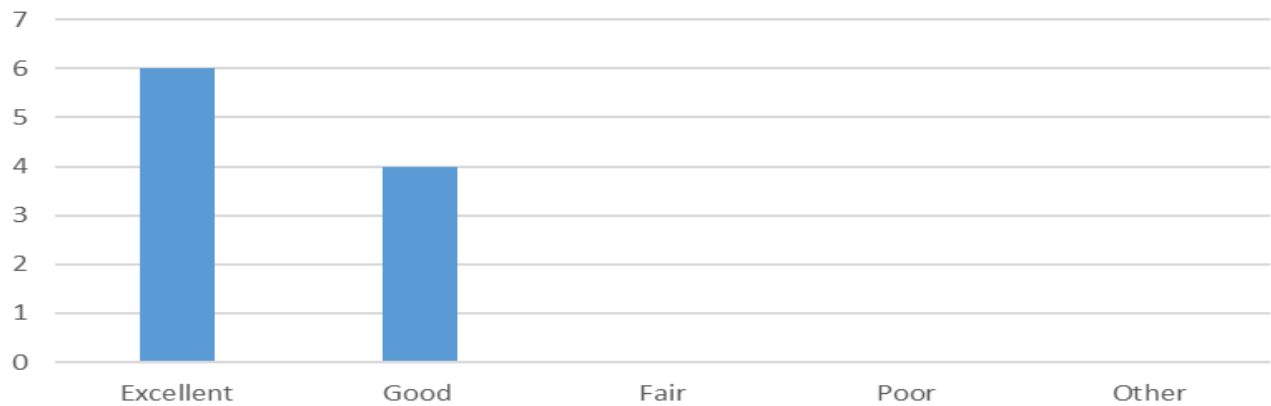
The Board's practices with regard to election of officers are:



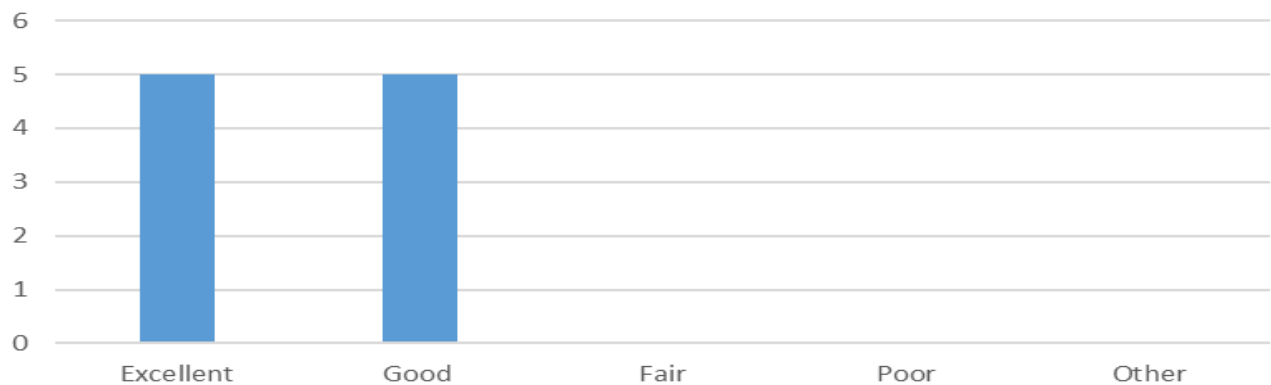
The Board's practices with regard to establishing committees and their mandates are:



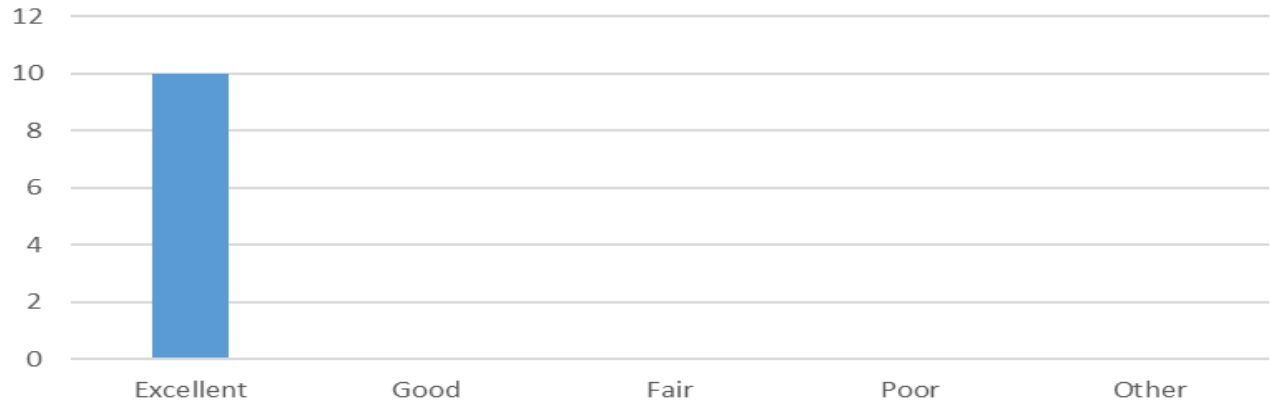
The Board's performance in formulating the organization's long term goals is:



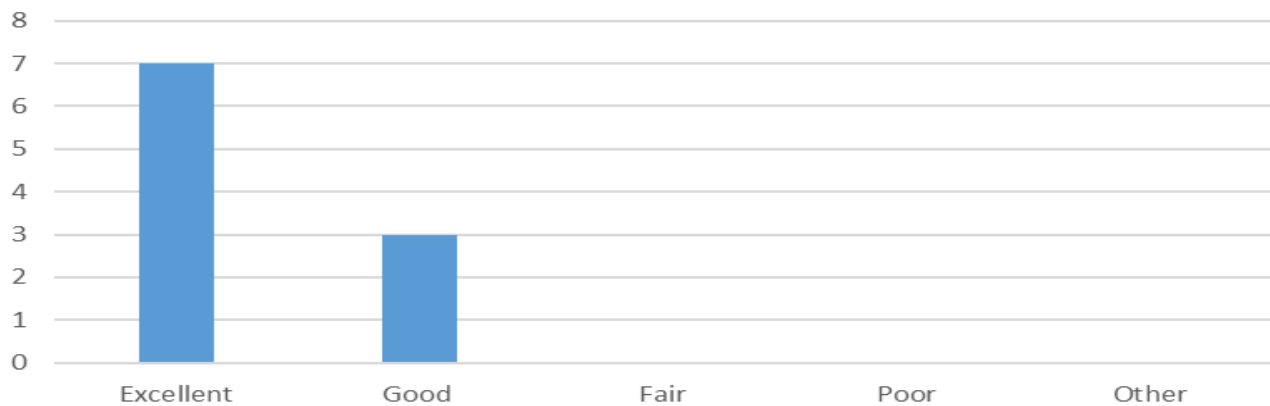
The Board's ability to monitor its own accomplishments and progress is:



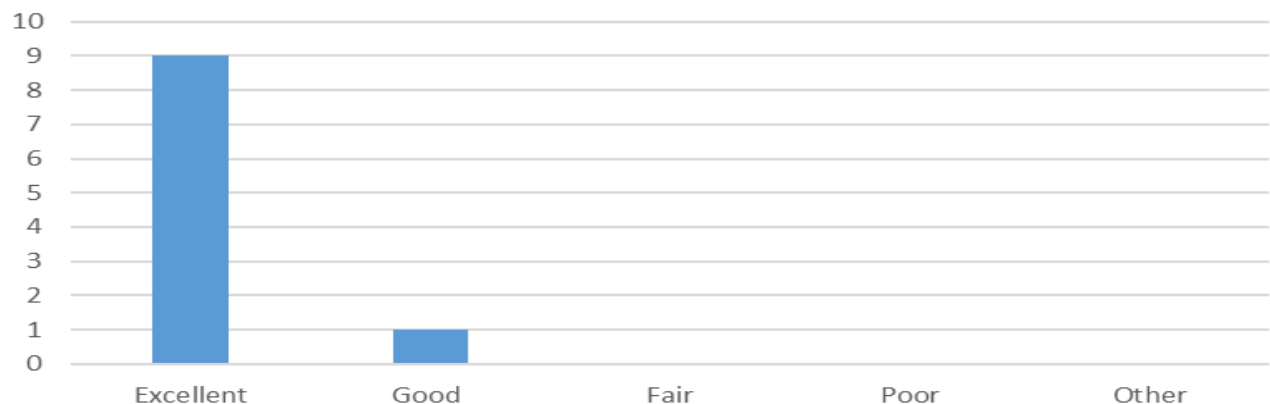
The Board's working relationship with the Executive Director (Tiffany Butler) is:



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:





**All data referenced in our annual report is available upon request.  
Please feel free to reach out if you require any specific details or additional information.**

# Organizational Chart

