

SECTION VIII.

Social, Behavioral and Medical Health Services

Fort Carson Soldiers and their families avail themselves of a wide variety of social, medical and behavioral health services. Some services are fully or partially provided by the Army on-post. Some services, and their costs, are covered by local, state or not-for-profit agencies. This section investigates the estimated supply of, and demand for, social and outpatient behavioral and medical health services and offers recommendations to improve service provision systems to better meet Soldier and family needs.

Specific research goals related to the social services and behavioral health tasks include:

- Identify the type and frequency of social services and behavioral health services currently used by Fort Carson Soldiers and family members;
- Conduct a needs assessment to determine if current providers will be able to meet the estimated needs of the incoming Soldier population; and
- Develop recommendations for enhancements to the existing referral networks and the military assistance centers of Army Community Services (ACS) and Soldier and Family Assistance Center, (SFAC).

Definition of Social, Medical and Behavioral Health Services

Social and behavioral health providers offer a broad array of services. The Study Team engaged community stakeholders and social service providers to help determine the services that are not exclusively offered by on-post providers. Categories such as “move and deployment planning,” for example, were not included among the defined types of services because they are almost exclusively provided through on-post Army resources. The Study Team focused on the following seven categories for this report:

- Domestic/Family Violence, Child Abuse, and Sexual Assault Services
- Food and Other Emergency Aid
- Financial Counseling
- Legal Services
- Eldercare and Handicapped Accessibility Services
- Outpatient Counseling and Behavioral Health
- Medical Health

Research Methodology

In the broadest terms, the needs assessment compares the estimated demand for certain types of social and behavioral health services (as determined by multiplying specific, non-personally identifiable, demographic projections by appropriate incidence rates), with estimated existing and projected supply. The assessment reflects the ability of community-based providers to effectively respond to increased service demands.

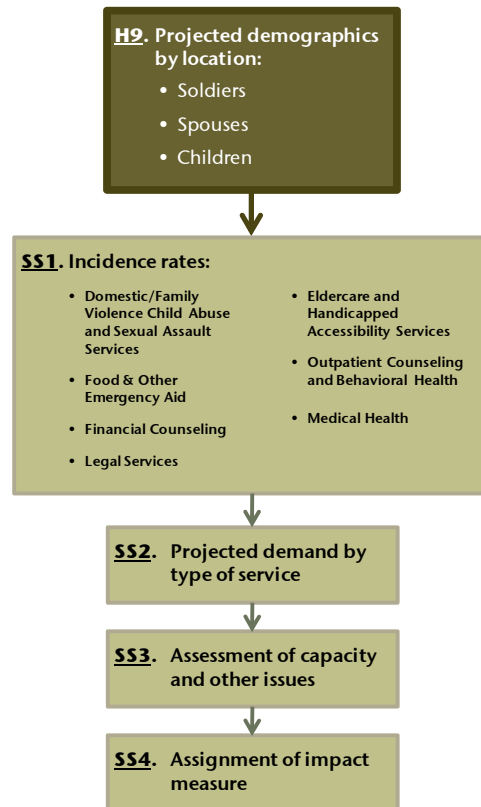
Exhibit VIII-1 to the right shows the methodology used in the evaluation of social and behavioral health services resources. (Medical health service needs are modeled and assessed separately and are discussed later in this report.)

An impact measure was assigned to social services categories based on two factors: 1) the estimated impact the population increase will have on the community-based service provider in relation to current service delivery; and 2) the estimated ability of the provider to absorb the projected impact with new resources or funding opportunities.

The impact assignments used in the analysis include:

- **Manageable impacts.** This rating is coded with green-colored graphics and indicates minimal concerns of providers to meet future demand.
- **Moderate impacts.** Coded with yellow-colored graphics and indicates specific concerns exist related to the provider’s ability to meet future demand.
- **Critical impacts.** Coded with red-colored graphics and indicates multiple concerns exist related to the provision of fundamental social or behavioral health services.

**Exhibit VIII-1.
Social Services / Behavioral
Health Needs Assessment**



Source: BBC Research & Consulting.

Location of services. One important consideration in this research is the location of the social service provider. In most cases, the seven defined types of services can be obtained at both on-post and off-post locations. Typically, Fort Carson Soldiers are strongly encouraged (and in some cases required) to seek services on-post. However, it is acknowledged that some Soldiers may desire to seek services off-post to maintain their privacy or anonymity. That said, throughout this section, it is assumed that Fort Carson services will contribute a large majority of the total service provision.

In certain instances, however, similar services are not readily available on-post. In these cases, Fort Carson growth impacts were given extra weight and were more likely to be assigned a “critical impact,” since there was no alternative vehicle to service provision.

Utilization and incidence rates. Incidence rates were evaluated and established separately for each type of social or behavioral health service, based on one or more of the following data sources:

- Historical utilization statistics from specific service providers (our first, ideal choice);
- National, state-specific, or Army-specific secondary data on rates of incidence; and/or
- Primary data on anticipated needs obtained from Soldier surveys.

As part of the Phase II Fort Carson Regional Growth Plan (Growth Plan) research, the Study Team surveyed Soldiers and spouses during the Fort Carson Mountain Post Welcome event, held in Fort Hood, Texas in early May 2009.¹

As part of the survey, respondents were asked which services they would need upon arrival at Fort Carson. Fifty-five percent of surveyed households anticipated not needing any services, 7 percent anticipate needing financial or credit counseling services and 5 percent anticipate needing marital or divorce counseling.

Exhibit VIII-2 displays a summary of anticipated service needs.²

**Exhibit VIII-2.
Service Needs of Soldiers and Families Moving from Fort Hood to Fort Carson**

Services Needed at Fort Carson	Total			Proportions
	Soldiers	Spouses	Households	
None of these	367	3	370	55%
Child care	129	17	146	22%
Realtor/real estate company	102	1	103	15%
After school programs for kids	87	11	98	15%
Relocation Services	85	8	93	14%
Financial and credit counseling	47	3	50	7%
Spiritual and family counseling	39	7	46	7%
Partner support programs	26	16	42	6%
Marital and divorce counseling	32	2	34	5%
Food aid	30	3	33	5%
Legal aid	24	1	25	4%
Alcohol and drug counseling	13	0	13	2%
Eldercare for military family-members	7	0	7	1%
Handicap accessible transportation	0	1	1	0%
Handicap accessible home improvements	0	0	0	0%
Total Number of Households	633	44	675	

Source: BBC Research & Consulting.

¹ A full analysis of survey data is presented in greater detail in Appendix A.

² Survey participants were not limited to only one service need and could cite a need for multiple services. Thus, the proportions of respondents indicating a need does not sum to 100 percent.

Peak demand. Once the incidence rates were obtained, the Study Team used the Fort Carson Demographic Model (FCDM) (see Section I) to determine the maximum population changes projected for the specific population cohort that was typically utilizing the service (e.g. the Soldier, spouse, family, or children). It is important to note that population changes were based on Soldiers and family members who were assumed to be “present” in the region. Deployed Soldiers and the populations of family members assumed to leave the region during a Soldier’s deployment were not included. This methodology results in a “peak demand” model.

As discussed previously in Section I, Soldier, spouse, child and family population statistics are presented and examined on a quarterly basis utilizing the federal fiscal year (FY), which runs from October 1 through September 30. The baseline population was defined as spring 2009 (or FY09 Q2). The peak quarter in the model is FY12 Q1. Exhibit VIII-3 below shows the peak demand data by population demographic. These projections assume that current deployment cycles will continue in the near term. Therefore, the number of Soldiers and family members physically present in the region will continue to fluctuate throughout the Growth Plan study period. Overall Soldier and family population projections under a scenario of no deployments are discussed in Appendix E.

**Exhibit VIII-3.
Peak Demand
Population Projections**

Note:
All population increases represent Soldiers or family members present in the region.

Source:
BBC Research & Consulting.

Peak Demand Projection Statistics	
Projections of persons:	
Maximum projected increase in present Soldier population (assigned) from FY09 Q2	5,687
Maximum projected increase in spouse population	3,484
Maximum projected increase in child population	4,081
Projections of families:	
Maximum projected increase in families with children	1,273

In this needs assessment, each service provider is assumed to experience growth relative to a selected population metric. For domestic violence and sexual assault service providers, for example, the population metric used is Soldiers. For child abuse providers, the population metric used is children of Soldiers. For food aid, the Study Team used Soldiers who have incomes that make them eligible for the food aid programs.

Quarterly demand. Detailed projections of population impacts on quarterly demand are available by social service type. The changes in demand shown in the projections represent changes due to fluctuations in Soldier populations because of deployments and other strategic military planning—they do not reflect possible changes in demand due to seasonal fluctuations or non-Army population changes.

Current and projected supply. Primary research efforts were conducted in mid- to late- 2009 to quantify, to the extent possible, and understand the current supply of on- and off-post social and behavioral health services. The following research methods were employed:

- **Community-based service provider interviews.** Provider interviews were conducted with social and behavioral health service providers. Data gathered during provider interviews included utilization statistics for overall programs offered and utilization specific to the military or Fort Carson Soldiers, when available. In addition, providers were asked about their current intake procedures, their perception of impacts related to Fort Carson’s projected growth, and other qualitative information on current service delivery methods and referral processes.
- **On-post social services provider interviews.** On June 23, 2009, the Study Team conducted multiple interviews with program directors at Army Community Services (ACS), where active duty Soldiers and family members can gain access to a large number of social services programs.
- **Secondary research and data sources.** Secondary data sources were also utilized to gain a better understanding of the supply and capacity of current social service providers. Secondary sources utilized included Phase I of the Fort Carson Regional Growth Plan, as well as existing needs assessments conducted by community-based social and behavior health service providers.

Summary of Findings

Each of the topic area subsections that follow contain specific findings. The sections conclude with an impact assessment of the severity of the gap in service provision and providers’ ability to manage the increased demand related to the growth and fluctuations in Fort Carson Soldiers and their families. Medical Health findings are addressed separately later in this report.

In sum, the impact assignments for behavioral health and social services are:

- **Manageable impacts.** Coded with green-colored graphics and indicates concerns that the social or behavioral health service provider will be unable to meet future demand are minimal relative to other social service providers. *Assigned to food and other emergency aid; financial counseling; and eldercare and accessibility services.*
- **Moderate impacts.** Coded with yellow-colored graphics and indicates specific concerns exist related to the provider’s ability to meet future demand. *Assigned to legal services.*
- **Critical impacts.** Coded with red-colored graphics and indicates multiple concerns exist related to the provision of fundamental social or behavioral health services. *Assigned to domestic violence, child abuse, sexual assault and behavioral health services.*

Domestic Violence, Child Abuse and Sexual Assault Services

This subsection estimates the impact growth that Fort Carson will have on the utilization of domestic violence, sexual assault and child abuse victim advocacy organizations. It compares new demand for services with existing service provider capacity. This effort focuses on social service organizations that provide prevention services and/or emergency and advocacy assistance to victims of domestic or family violence, or sexual assault, and does not attempt to quantify possible impacts to law enforcement or correctional facilities related to the perpetrator of the violence.

Overview. Domestic violence can be defined broadly to include physical or emotional abuse, or sexual assault by one intimate partner or household member against another, including children. The research shows that domestic violence often results in long lasting negative behavioral outcomes to the victim, including emotional and behavioral problems such as alcohol and drug abuse and eating disorders, in addition to a victim's loss of productivity and earnings in the workplace.³

Child abuse studies have found that in the United States approximately 900,000 children are abused each year, with 1,500 dying annually due to their abuse.⁴ Long-term effects from child abuse include behavioral and psychological disorders, alcohol and drug abuse, difficulty with educational and social relationships, violent and criminal behaviors and repeating the cycle of abuse with their own children.

In 2007 there were 248,300 rapes/sexual assaults in the United States, which equates to more than 500 per day.⁵ Sexual assault is believed to be one of the most underreported violent crimes, with a 2005 study estimating that only 39 percent of sexual assaults were reported to police.⁶ Domestic violence and sexual assault can affect both men and women, but statistics show that women are much more likely to be victimized than men.⁷

The military community is believed to be especially vulnerable to abuse from domestic and family violence and sexual assault due to the emotional effects of battle, family separation and frequent relocations. A higher than average history of family and domestic violence may also be a contributing factor.⁸

The military issued a directive in August 2007 that discusses domestic violence and the actions that should be taken when domestic violence occurs.⁹

3 American Institute on Domestic Violence web page, located at: <http://www.aidv-usa.com/Statistics.htm>, TESSA Year End Report, 2007.

4 U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. (2004).; information obtained from web page located at: http://pediatrics.about.com/od/childabuse/a/209_abuse_prev.htm

5 National Crime Victimization Survey: Criminal Victimization, 2007. U.S. Department of Justice, Bureau of Justice Statistics. 2008.

6 <http://www.rapetraumaservices.org/rape-sexual-assault.html>

7 Family Violence Statistics: Including Statistics on Strangers and Acquaintances. U.S. Department of Justice, Bureau of Justice Statistics. 2005.

8 Domestic Violence and Sexual Assault in the Military, 2007. National Coalition Against Domestic Violence (NCADV).

9 The directive can be found at: <http://www.dtic.mil/whs/directives/corres/pdf/640006p.pdf>

On-Post services. Fort Carson offers many programs aimed at preventing family violence and child abuse, in addition to advocacy programs for certain victims.¹⁰ Utilization of these programs can be mandatory or voluntary, depending on the circumstances and program. Annual 1 to 2 hour training sessions on the dynamics and cycle of family violence are required at the unit level. Other programs offered include:

- **Family Advocacy Program (FAP).** This program offers services for the prevention of intimate partner and child abuse by improving family function and easing stresses that can lead to abuse. Educational classes offered through this program include:
 - ***Marriage enrichment courses:*** Cooperative Parenting & Divorce, Prevention & Relationship Enhancement Program (PREP), Strengthening Stepfamilies, Conflict Resolution, and the 7 Habits of Highly Successful Families/Marriages.
 - ***Child safety/education courses:*** Baby Think it Over (a course designed to educate teenagers on the challenges of raising a baby), Kids on the Block (a volunteer-based program teaching children how to with personal safety, abuse, and violence issues), and Peer Mediation/Conflict Resolution.
 - ***Parenting courses:*** Boot Camp for New Dads, Nurturing Parent Programs, Single Parent Support, and the New Parent Support Program (NPSP)—a home-visitation program designed to assist expectant parents or parents with children ages 3 and under with parenting or other family issues, including information and referrals.
- **Victim Advocacy Program (VAP).** The VAP program provides legal advocacy, trainings and emergency information, resources and referrals to victims of domestic violence. In addition, the VAP program offers *U...Stronghearted*, a family advocacy support group for individuals who have experienced violence in their families.
- **Sexual Assault Prevention & Response Program (SAPRP).** The SAPRP program offers educational trainings, crisis intervention and support services to victims of sexual assault. Every victim utilizing SAPRP is assigned a “Unit” or “Installation Victim’s Advocate” (UVA/IVA), who assists the victim in managing court, medical or other appointments and provides information, support and referrals.

¹⁰ Victim advocacy programs are available only to military ID card holders. In cases where the perpetrator is in the military but the victim is non-military, the victim is referred to community-based service providers.

- **Evans Army Community Hospital, Social Work Service.** This division within Fort Carson is responsible for providing crisis intervention, assessment and treatment of all cases reported as alleged spousal/intimate partner violence, child abuse or neglect where the Soldier is either an alleged offender or a victim. In many cases, the Social Work Service Family Advocacy Program works jointly with El Paso County Department of Human Services as well as with Army Community Service Victim Advocates, the New Parent Support Program visitors, etc. Services provided to victims and offenders include a complete bio-psychosocial assessment, treatment planning and coordination of the treatment plan with both victims and offenders, either active duty or family members. Treatment options include:
 - Individual Therapy
 - Child/Play Therapy
 - Marital Therapy
 - Family Therapy
 - Abuse Intervention Group
 - Court Ordered Domestic Violence Offender Treatment Group (for active duty Soldiers or family members ordered to complete such treatment by off-post courts)
 - Healthy Marriage Group

Off-Post service providers. TESSA, working together with the DVERT program (Domestic Violence Emergency Response Team – discussed below), is one of the main community-based providers of services to victims of domestic violence and sexual assault. The El Paso County Department of Human Services—Child Protective Services Division, CASA (Court Appointed Special Advocates), and Safe Passage are the largest community-based providers of services to victims of child abuse.

TESSA. TESSA was founded in 1977 and is the primary provider of services related to domestic violence and sexual assault in El Paso and Teller Counties. Services provided by TESSA include prevention, intervention, advocacy and clinical services. Specific programs/services offered by TESSA include:

- **24-hour Crisis Line:** In 2008, TESSA’s crisis line—(719) 633-3819—fielded over 6,000 phone calls, with average monthly calls of 550. Staff and trained volunteers receive the calls and offer information, intervention and community referral services to callers.
- **Safehouse:** The Safehouse provides emergency shelter, food, case management and counseling to female domestic violence victims and their children for up to six weeks. The Safehouse has a total of 46 beds available; however, based on the layout of the living and sleeping spaces and the fact that many of the female victims have children, total available beds are often less than the total number of beds. In 2008, TESSA’s Safehouse provided 9,231 nights of shelter to 337 people (188 women and 149 children). Demand for Safehouse services is greater than the availability of beds—in 2007, 22 requests for safehousing were turned away due to insufficient capacity.¹¹

¹¹ TESSA Year End Report, 2007, and Spring 2009 TESSA Impact Report.

- **Children’s programs:** TESSA offers children’s programs to children living at the Safehouse as well as “non-residential” children who have experience violence in their homes. More than 100 children received counseling services in 2008.
- **Victim advocacy:** In 2008, TESSA served 1,696 victims of domestic violence with information, support and referral services. In addition, they served 396 victims of sexual assault with advocacy and clinical representation services, often accompanying the victim to the hospital for medical examinations or providing support to the victim in navigating the complexities of the legal process to pursue justice against their assailant.¹²
- **Counseling program:** TESSA offers both individual and group therapy sessions for adult victims of domestic violence, helping to teach victims about healthy relationships and goal setting for the future. Counseling sessions are offered on a sliding-scale fee arrangement.

Funding and staffing. TESSA operates on an annual budget of approximately \$2 million, with 80 percent of the annual budget funded from federal and state grants, along with the remaining 20 percent funded with individual donations. They employ approximately 50 full and part-time paid staff members and have over 150 volunteers.

**Exhibit VIII-4.
TESSA Utilization by Military Status, 2008**

TESSA Utilization by Military Status	Perpetrator	Victim	Total	Percent of Total
Army				
Domestic violence	170	43	213	12.6%
Sexual assault	18	15	33	8.3%
Air Force				
Domestic violence	37	24	61	3.6%
Sexual assault	8	5	13	3.3%
Navy				
Domestic Violence	25	2	27	1.6%
Sexual Assault	1	0	1	0.3%
Marines				
Domestic violence	16	0	16	0.9%
Sexual assault	0	0	0	0.0%
Branch unknown/not specified				
Domestic violence	58	21	79	4.7%
Sexual assault	8	6	14	3.5%
Total military-related utilization				
Domestic violence	248	69	317	18.7%
Sexual assault	35	26	61	15.4%
Total non-military utilization				
Domestic violence	--	--	1,379	81.3%
Sexual assault	--	--	335	84.6%
Grand total TESSA utilization				
Domestic violence	--	--	1,696	100%
Sexual assault	--	--	396	100%

Source: TESSA, BBC Research & Consulting.

Incidence rates and utilization projections.

Future utilization of TESSA services was estimated by examining current advocacy utilization statistics by military affiliation, including both victims who identified their perpetrator as affiliated with a certain military branch, as well as victims who identified themselves as affiliated with the military. Exhibit VIII-4 on the following page displays TESSA’s advocacy services utilization statistics by military status.

¹² Spring 2009 TESSA Impact Report.

As shown, 18.7 percent of TESSA’s domestic violence advocacy services, and 15.4 percent of their sexual assault services, are associated with military populations. The Army has the highest use of military affirmations.

In Exhibit VIII-5 below, TESSA utilization rates for Army populations are derived by dividing the number of Army-identified cases by the average population of Army Soldiers present during that time period. Twenty-five percent of the unspecified military cases, shown in Exhibit VIII-4, were assumed to be attributable to Army populations. This is considered a conservative estimate based on the relative populations of military members in El Paso and Teller counties.

**Exhibit VIII-5.
TESSA Incidence Rates Among
Army Soldiers, 2008**

Note:
(1) Twenty five percent of the unspecified military cases have been allocated to Army utilization, resulting in an estimated increase of 20 annual domestic violence cases and 10 sexual assault cases.

Source:
BBC Research & Consulting.

TESSA Army Incidence Rates	2008
Army utilization (1)	
Domestic violence	233
Sexual assault	43
Total Army-related utilization	276
Average present Soldier population	14,815
Domestic violence cases per 1,000 Soldier population	15.7
Sexual assault cases per 1,000 Soldier population	2.9
Total TESSA cases per 1,000 Soldier population	18.6

According to Exhibit VIII-6, TESSA advocacy utilization for Army populations is equal to 19 cases per 1,000 Soldiers present.

**Exhibit VIII-6.
Projected Fort Carson –related
Increase in Demand for TESSA
Advocacy Services**

Source:
BBC Research & Consulting.

Domestic Violence & Sexual Assault Advocacy Services	
Maximum projected increase in Soldier population	9,813
Domestic violence utilization rate per 1,000 Soldiers	15.7
Sexual assault utilization rate per 1,000 Soldiers	2.9
New demand for domestic violence advocacy services	154
New demand for sexual assault advocacy services	28
Total new demand for TESSA advocacy services	182

An increase of 182 cases represents a 9 percent increase in advocacy service provision.

Safehousing. The new domestic violence advocacy cases, shown in Exhibit VIII-6 above, represent advocacy services only—not the projected increase in requests for safehousing due to domestic violence. The current ratio of domestic violence advocacy requests to safehousing requests equals 11.1 percent.¹³ If this ratio remains stable, 154 new domestic violence advocacy requests can reasonably be assumed to produce approximately 17 new requests for safehousing.

¹³ Determined by dividing total women served at the Safehouse in 2008 (188) by total women who received domestic violence advocacy services in 2008 (1,696). $188 / 1696 = 11.1$ percent.

Domestic Violence Enhanced Response Team (DVERT). DVERT is an interagency effort designed to provide cohesive services and centralized case management to victims of domestic violence. Among other organizations, the following participate in weekly case management meetings to discuss current cases and ongoing actions:

- TESSA;
- El Paso County Sheriff's Department;
- CASA;
- El Paso County Department of Human Services; and
- Colorado Springs, Fountain and Monument Police Departments;
- Fort Carson Social Work Services.

This program is considered unique and extremely valuable because it brings together many subject matter experts in the same room to discuss the most dangerous and potentially lethal cases of domestic violence in the community, recognizing that the co-occurrence of domestic violence and child abuse occur in more than half of all cases.¹⁴ In 2008, DVERT accepted 225 cases. There is a large unmet demand for DVERT services; however, grant funding for the program has recently been cut, causing uncertainty over whether the program can continue to operate.

Incidence rates and utilization projections. This analysis assumes that a new funding source is identified to continue the DVERT program in the future. If an alternate funding source is not identified, the services will simply not be offered in the future, and no analysis would be necessary.

Exhibit VIII-7 shows DVERT utilization by military status in 2008. A large number of cases were referred for DVERT services but were not accepted due to a lack of financial and staff resources.

**Exhibit VIII-7.
DVERT Program Utilization
by Military Status, 2008.**

Note:

⁽¹⁾ Army cases as a percent of total military cases is based on benchmark data on Army social services utilization as compared to total military utilization obtained from TESSA.

Source:

DVERT, BBC Research & Consulting.

DVERT Utilization by Military Status	2008	Percent of Total
Military	11	4.9%
Non-military	214	95.1%
Total cases	225	100%
<i>Percent of military activity related to Army ⁽¹⁾</i>		
Army	8	3.6%
Other military	3	1.3%
Non-military	214	95.1%
Total DVERT cases (allocated)	225	100%

As shown above, DVERT accepted an estimated 8 cases related to Army families in 2008. Because significant unmet demand already exists for DVERT's case management services, projections of Army-based utilization of DVERT-type services are likely understated.

Due to cuts in funding, the DVERT program has lost one detective and two advocates, to date. Therefore, the program will not be able to manage as many cases as it did in 2008, meaning the organization will be unable to accommodate the increase in demand during peak periods at Fort Carson.

¹⁴ Per telephone conversation with Trudy Strewler and Connie Brachtenbach, July 31, 2009.

El Paso County Department of Human Services (DHS). DHS offers many programs and services aimed at assisting members of the community meet life’s challenges. Services specific to family violence and child abuse are provided through the DHS Department of Child Protective Services (CPS), which investigates all allegations of child abuse and neglect in El Paso County. Child Protective Services operates a 24-hour child abuse hotline — (719) 444-5700 — to encourage the public to communicate potential incidences of child abuse. More than 10,000 reports of potential child abuse cases are made annually. Of these referrals, over 5,000 display enough initial evidence to be transferred for detailed investigative assessments by a caseworker.

Funding and staffing. DHS is a critical department of the El Paso County government, with 415 full-time employees, and an annual budget of \$146 million. Over 60 percent of DHS’ annual budget is received from the federal government in support of federal programs such as food assistance. Another 27 percent of the budget is received from the State of Colorado in support of state-funded programs, with \$14 million, or roughly 10 percent of the annual budget funded by El Paso County. All program areas of Child Protective Services operate within the Department of Human Services, with 165 full-time employees, including 44 intake workers and 113 case workers. CPS receives federal, state and local funding to support an annual budget of approximately \$45 million.

Incidence rates and utilization projections. Future utilization of CPS services was estimated by examining current utilization statistics by military affiliation. Exhibit VIII-8 displays CPS’s referral and assessment volume statistics by military status.

**Exhibit VIII-8.
Child Protective Services Utilization by Military Status, 2008–2009**

Child Protective Services Referrals & Assessments	2008	Percent of Total	2009 (Annualized)	Percent of Total
CPS Referrals:				
Military	486	4.4%	590	5.5%
Non-military	10,444	95.6%	10,178	94.5%
Total Referrals	10,930	100%	10,767	100%
<i>Percent of military activity related to Army⁽¹⁾</i>				
	65%		67%	
Army	316	2.9%	395	3.6%
Other military	170	1.6%	195	1.8%
Non-military	10,444	95.6%	10,178	93.1%
Total CPS referrals (allocated)	10,930	100%	10,767	98.5%
<i>Percent of military referrals transferred to assessments</i>				
	77%		75%	
CPS Assessments:				
Army	242		295	
Other military	130		146	
Total CPS Assessments (Allocated)	372		441	

Note: (1) Army cases, as a percent of total military cases, is based on benchmark data on Army social services utilization as compared to total military utilization obtained from TESSA.

Source: DHS Department of Child Protective Services, BBC Research & Consulting.

As shown above, the number of child protection referrals related to military families has risen over one year, from 4.4 percent of all referrals in 2008 to 5.5 percent of referrals in 2009. The number of substantiated referrals that are transferred to assessments, however, has declined slightly among military utilization, from 77 percent in 2008 to 75 percent in 2009.¹⁵

In Exhibit VIII-9, CPS incidence rates for Army populations are derived by dividing the number of Army-identified referrals and assessments by the average population of children of Army Soldiers present during that time period.

**Exhibit VIII-9.
CPS Incidence Rates among
Children of
Army Soldiers, 2009**

Note:
Referrals lead to assessments and are therefore not additive.

Source:
BBC Research & Consulting.

Child Protective Services Army incidence rates		2009
Army utilization		
Referrals		395
Assessments		295
Average children of Soldiers population		14,509
CPS referrals per 1,000 children of Soldiers population		27.2
CPS assessments per 1,000 children of Soldiers population		20.4

Please note that the incidence rates calculated for CPS referrals and assessments are not cumulative, since all cases began as referrals in the CPS system.

**Exhibit VIII-10.
Projected Increase in Demand for
Child Protective Services**

Source:
BBC Research & Consulting.

Child Protective Services	
Maximum projected increase in children of Soldiers	4,840
CPS referral rate per 1,000 children of Soldiers	27.2
CPS assessment rate per 1,000 children of Soldiers	20.4
New demand for CPS referrals	132
New demand for CPS assessments	99

Based on a maximum projected increase of approximately 4,800 children of Soldiers, CPS child abuse referrals may rise by approximately 130 per year, with 100 referrals becoming investigated assessments. This equals an annual increase in services of approximately 2 percent. Note that these numbers reflect overall annual increases based on Soldiers/families present in the region, but do not take into account potential changes in demand that might occur based on deployments which can affect family stress levels and potential utilization rates (prior to and after deployments).

DHS companion study. PPACG has contracted with the Department of Human Services to create an electronic data system to capture data across DHS programs areas in order to track and report on the impact growth at Fort Carson has on DHS services. In addition, DHS provides a more detailed analysis of impacts to its services and makes recommendations regarding improved service delivery and coordination between Fort Carson and DHS in a supplemental report to the Phase II Growth Plan.

¹⁵ Per statistics from Marian Percy, Manager of the Office of Child Protective Services. 2008 statistics showed 372 of 486 military referrals were transferred for assessment, and 2009 year-to-date statistics showed 294 of 393 referrals were transferred for assessment.

Court Appointed Special Advocates (CASA). For the past twenty years, CASA of the Pikes Peak Region has trained and supervised volunteers from the community to provide advocacy services to children who have experienced child abuse, neglect, or severe domestic violence in their home. Specific programs offered by CASA include:

- **Dependency and Neglect (D&N) Program:** Judges in the Fourth Judicial District, covering El Paso and Teller counties, make recommendations on the placement of children into the CASA D&N program. Trained volunteer advocates assigned to these cases spend significant time getting to know the child and meeting with law enforcement, DHS, and other professionals involved in the case. Advocates attend court hearings and write objective reports to the court regarding the information gathered and recommendations the advocate has for the child. For the program year ending June 30, 2009, 285 children were served through the D&N program. Due to funding and staffing limitations, there is a wait list for services through the D&N program of approximately 400 to 600 children.
- **Domestic Relations (DR) Program:** This program addresses the needs of children involved in highly contentious custody disputes. Volunteers provide information and referrals to community resources, visit and understand the needs of the child, monitor compliance with court orders, and make reports to the court regarding the best interests of the child. In the 2008-09 year, 111 children received services from the DR program.
- **Supervised Exchange & Parenting Time (SEPT) Program:** SEPT is a court-ordered exchange and visitation program, designed to provide a safe location to visit with a child or change parenting custody, that eliminates the possibility that the child might witness parental disputes or violence. Trained CASA staff and volunteers operate the one SEPT location; fees are charged associated with utilization of the SEPT facility. In 2008-09, 333 children were served through the SEPT program.
- **Children and Families in Transition (C-FIT) Seminar:** The C-FIT seminar seeks to create a sense of awareness for parents going through divorce proceedings, teaching parents about the impacts of divorce, separation, and parental conflict on children. Approximately 3,400 parents attended C-FIT seminars in 2008-09.
- **Milton Foster Children's Fund:** The Milton Foster Children's Fund was established to foster independence and resiliency among children in foster care. The fund is used to pay for activities deemed appropriate and valuable for the growth of a foster child. Tutoring services and band fees are two examples of payments that have been made for the benefit of a child in the past year.

Funding and staffing. CASA operates on an annual budget of approximately \$1.5 million, with over 40 percent of revenue generated from individual contributions and events and 33 percent generated from federal and state government grants and contracts. Because such a large portion of CASA's annual budget comes from individual contributions, revenue can be relatively volatile alongside the national economy and job markets. CASA employs approximately 19 paid staffers and receives the services of over 275 volunteers.

Utilization. Future utilization of CASA services was estimated by examining current utilization statistics via program and military affiliation. Exhibit VIII-11 displays CASA's current utilization statistics by military status.

**Exhibit VIII-11.
CASA Utilization by Program and Military Status**

CASA Utilization by Program and Military Status	Dependency and Neglect Program	SEPT Program	Domestic Relations Program	C-FIT Seminars	Total	Percent of Total
Military	25	62	16	544	647	15.7%
Non-military	260	271	95	2,856	3,482	84.3%
Total	285	333	111	3,400	4,129	100%
<i>Percent of military activity related to Army ⁽¹⁾</i>	73%					
Army	18	45	12	397	472	11.4%
Other military	7	17	4	147	175	4.2%
Non-military	260	271	95	2,856	3,482	84.3%
Total CASA utilization by program (allocated)	285	333	111	3,400	4,129	100%

Note: (1) Army cases as a percent of total military cases is based on benchmark data on Army social services utilization as compared to total military utilization obtained from TESSA.

Source: CASA, BBC Research & Consulting.

As shown in Exhibit VIII-11, over 11 percent of CASA's utilization is related to Army children or parents.

**Exhibit VIII-12.
CASA Utilization Rates, 2009**

Source: BBC Research & Consulting.

CASA Army Incidence Rates	2009
Army Utilization	
Dependency & Neglect Program	18
SEPT Program	45
Domestic Relations Program	12
C-FIT Seminars	397
Total	472
Average children of Soldiers population	14,509
Average parent (Soldier and spouse) population	15,409
D&N cases per 1,000 children of Soldiers population	1.3
SEPT cases per 1,000 children of Soldiers population	3.1
Domestic Relations cases per 1,000 children of Soldiers population	0.8
C-FIT utilization per 1,000 Fort Carson parents population	25.8

In Exhibit VIII-12 above, utilization rates are derived by program, based on the average population of children of Soldiers (for those programs serving children directly) or the average population of Army parents (for the C-FIT program that exclusively serves parents).

As shown above, for every 1,000 Fort Carson parents, about 25 of them utilized the C-FIT seminar program. The SEPT program served the highest proportion of Army children, with 3.1 cases per 1,000 children. This utilization rate represents individual children served through the program, not the number of exchanges or visits with the child that occur at the facility. For each child served, the average number of annual visits at the facility is equal to just over 10, and the average number of annual exchanges at the facility is equal to approximately 5.

**Exhibit VIII-13.
Projected Increase in
Demand for CASA
Services**

Source:
BBC Research & Consulting.

CASA services	
Maximum projected increase in children of Soldiers population	4,863
Maximum projected increase in Fort Carson parents population	5,284
D&N cases per 1,000 children of Soldiers population	1.3
SEPT cases per 1,000 children of Soldiers population	3.1
Domestic Relations cases per 1,000 children of Soldiers population	0.8
CFIT utilization per 1,000 Fort Carson parents population	25.8
New demand for D&N services	6
New demand for SEPT services	15
New demand for Domestic Relations services	4
New demand for C-FIT seminars	136

Safe Passage. Safe Passage was founded in 1993 as a non-profit children’s advocacy agency dedicated to providing crisis intervention and support services to sexually abused children or children who witness abuse. Safe Passage helps more than 800 children per year with multiple programs and services, including:¹⁶

- **Forensic interviews.** The Safe Passage facility is designed with state-of-the-art, non-intrusive video taping equipment to minimize trauma for the child while maximizing information obtained. Specially trained interviewers understand the court and evidence procedures, so interviews are not contaminated, and are readily accepted as evidence.
- **Medical exams.** Specially trained Sexual Assault Medical Examiners (SANE) offer free medical assessments to sexually assaulted children. Exams are performed in a non-intrusive manner and the facilities are designed to minimize trauma and stress on the child and family.
- **Victim advocacy and support groups.** Safe Passage offers multiple support groups for child victims and their non-offending parents. In addition, advocacy and information referral services are offered to every victim of childhood sexual assault.
- **Court preparation and accompaniment.** Going to court can be a difficult and scary experience for a child abuse victim. This program is designed to ease stress by preparing the child and parents on what to expect.


¹⁶ Safe Passage web site: <http://www.safepassagecac.org/>

Existing limitations of community-based service providers. During interviews with current community-based service providers, several major concerns were discussed. The following issues were among the most critical limitations expressed by service providers:

- **Staffing and funding challenges.** All community-based providers reported that growth in programs and services was constricted by the lack of ability to fund new employees. All providers rely heavily on individual and private contributions as well as federal and state grants, which can be volatile revenue sources during economic downturns.
 - CASA needs to double the current number of paid staff in order to minimize wait lists and meet demand for their services.
 - DHS-CPS currently has only one intake employee who is dedicated to military assessments, but they anticipate need at least one more caseworker to accommodate future growth in military cases.
- **Safehouse capacity.** TESSA reports that its Safehouse is currently operating at maximum capacity. Women and children in need of urgent safehousing have been sent to other jurisdictions due to lack of space. Women and children who have been accepted into the Safehouse program, but personally feel that their situation is not imminently dangerous, have been placed on wait lists. TESSA's Safehouse program is currently unable to absorb any increase in demand.
- **DVERT funding is in jeopardy.** Funding for the DVERT program was originally part of a grant associated with the Violence Against Women Act. DVERT leadership is currently seeking an extension of funding, which may provide essential resources for another two to six months. If long-term funding sources are not secured, DVERT will cease to exist and individual agencies and organizations will be required to absorb all costs associated with a collaborative, centralized command and case management effort, if such efforts continue at all.
- **Safe Passage facility and exam rooms.** Safe Passage reports that the current facility, which is approximately 3,000 square feet and consists of four interview rooms equipped with videotaping equipment, two multi-purpose rooms, and one medical exam room, is currently operating at capacity and is in need of expansion or an addition to accommodate new growth.
- **SEPT facility capacity.** CASA's Supervised Exchange and Parenting Time program currently operates out of one facility located in the El Paso County Courthouse. The facility is currently operating at full capacity, with only one-third of recommended supervised visits occurring.
- **Lack of detailed utilization data.** Very few community-based providers currently track specific data on military affiliation and utilization. This lack of detailed utilization data makes quantitative impact analyses by population cohort difficult to produce, and limits the organizations ability to communicate growth metrics for potential grant funding opportunities.

Impact assessment. Based on the demand analysis and provider interview findings discussed above, an impact assessment was assigned to domestic and family violence and sexual assault providers, as shown below in Exhibit VIII-14.

**Exhibit VIII-14.
Domestic Violence, Child Abuse and Sexual Assault Providers Impact Assessment**

Impact Assignment	Social Service Type	Common Measure of Utilization	Estimated Demand Impact	Factors in Impact
 Critical	Domestic Violence, Child Abuse, and Sexual Assault Service Providers	<ul style="list-style-type: none"> ■ Number of clients/victims served. ■ Nights of safehousing provided (domestic violence provider). ■ Square footage/number of supervised visitation facilities (child abuse provider). 	Increase in demand for services from community-based providers is as high as 12 percent.	<ul style="list-style-type: none"> ■ All providers report being at or above current capacity. ■ DVERT funding has been cut. ■ Army populations tend to utilize services in greater proportion than non-military populations.

Source: BBC Research & Consulting.

A critical impact assignment is given to this service area to indicate that multiple, serious concerns exist with regard to the community-based provider’s ability to absorb the projected demand increases—and the consequences of not meeting demand. Relative to other social service providers, the importance and utilization of services by Army populations is deemed of critical importance.

**Exhibit VIII-15.
Projected Increase in Demand for Domestic Violence/Child Abuse Services**

QUARTER:	FY2009			FY2010				FY2011				FY2012				FY2013		
	2nd	3rd	4th	1st	2nd	3rd	4th	1st	2nd	3rd	4th	1st	2nd	3rd	4th	1st	2nd	3rd
BASELINE																		
TESSA																		
Annual utilization is 2.04% of Soldiers for domestic violence and .037% for sexual assault.																		
Fort Carson Soldiers	10,880	11,514	14,442	18,849	14,441	16,135	14,790	14,886	15,509	16,200	16,110	21,197	17,366	14,213	17,552	17,443	17,841	17,971
Projected Quarterly Service Utilization-DV	43	45	57	74	57	63	58	58	61	64	63	83	68	56	69	68	70	71
Projected Quarterly Service Utilization-SA	8	8	10	14	10	12	11	11	11	12	12	15	13	10	13	13	13	13
Quarterly increase in services (over baseline)	--	3	17	37	17	24	18	19	22	25	24	48	30	15	31	31	32	33
CPS																		
Annual utilization is .272% of children of Soldiers for referrals and .204% for assessments.																		
Fort Carson children of Soldiers	14,430	14,947	17,182	18,345	17,378	18,126	18,102	18,170	18,489	18,444	18,431	19,293	18,511	18,188	18,659	18,573	18,885	18,913
Projected Quarterly Service Utilization-referrals	98	102	117	125	118	123	123	124	126	125	125	131	126	124	127	126	128	129
Projected Quarterly Service Utilization-assessments	74	76	88	94	89	92	92	93	94	94	94	98	94	93	95	95	96	96
Quarterly increase in services (over baseline)	--	6	33	47	35	44	44	45	48	48	48	58	49	45	50	49	53	53
CASA																		
Projected Quarterly Service Utilization-D&N services	5	5	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
Projected Quarterly Service Utilization-SEPT services	11	12	13	14	13	14	14	14	14	14	14	15	14	14	14	14	15	15
Projected Quarterly Service Utilization-domestic relations services	3	3	3	4	3	4	4	4	4	4	4	4	4	4	4	4	4	4
Projected Quarterly Service Utilization-C-FIT	99	102	118	126	119	124	124	125	127	127	127	133	127	125	128	128	130	130
Quarterly increase in services (over baseline)	--	4	23	32	24	30	30	31	33	33	33	40	34	31	35	34	37	37

Note: Highlight indicates peak demand.

Source: BBC Research & Consulting.

Food and Other Emergency Aid

This subsection calculates the estimated increase in demand for food and other emergency aid services related to the growth in Soldier population planned at Fort Carson. It also assesses the ability of community-based service providers to meet this additional demand.

The Study Team assumes that on-post food and emergency aid services available through Army Community Services (ACS) and/or the Army Emergency Relief (AER) program are available to meet the majority of existing and new Soldier demand. However, some Soldiers seek access to these services in the community for various reasons including convenience and anonymity. This section analyzes the impact of off-post providers. The Study Team assumes that ACS and AER are able to accommodate growth in on-post demand.

For this study, five of the largest community-based providers of food and other emergency aid were interviewed, including the Care and Share Food Bank of Southern Colorado (Care and Share)—the sole food bank distributor for all of southern Colorado.

Food service provision. Community-based providers of food and other emergency aid generally supply services in one or more of the following three areas:

- **Emergency food provision.** Emergency food provision is, as the definition suggests, provision of food to persons/families who need food supplements on an irregular basis. Some emergency food providers require clients to reside within certain defined boundaries and be able to provide proof of residency, citizenship and income; others ask no questions and provide emergency food to whoever professes a need. Many emergency food providers are located in and affiliated with religious institutions, are run exclusively through volunteers and most have limited space and supply of food.
- **Commodity food provision.** The provision of commodity food differs from emergency food provision in that commodity food is provided on a regular, monthly basis through a federal subsidy program called Temporary Emergency Food Assistance Program (TEFAP). The program is administered locally by Care and Share and 22 commodity food distributors located throughout El Paso County. The commodity food program is sometimes referred to as “commodity cards,” and is defined to include items such as canned fruits and vegetables, meat/poultry/fish, dried beans, pastas, cereal and peanut butter, among others. The local distributors of commodity foods generally require more square footage, refrigerated and frozen storage, and staff, which differ for providers of emergency food only. Most distributors of commodity foods also provide emergency food provision.

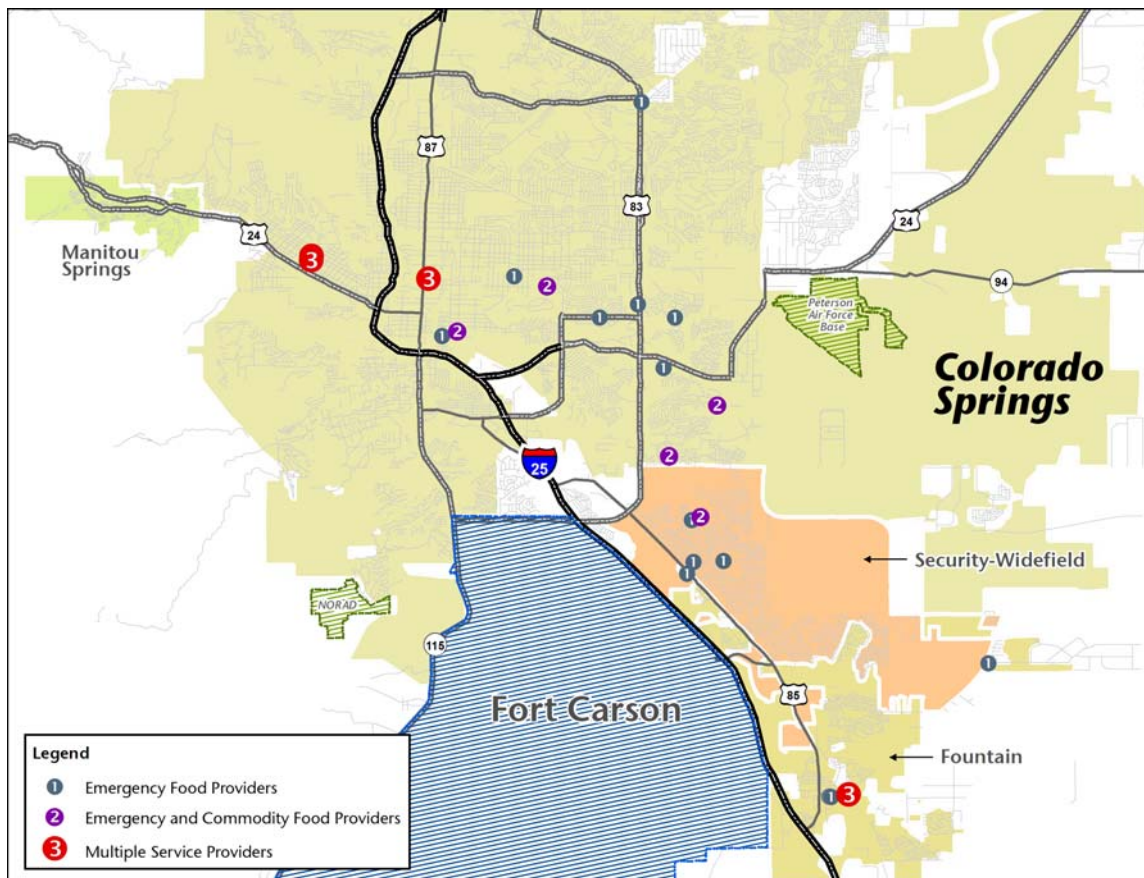
Qualification for a “commodity card” is based on income and family size. A one-person household qualifies for commodity foods if its income is \$1,670 per month or less (about \$20,000 per year; equivalent to 185 percent of the poverty level for a one-person household). Each additional household member adds \$577 per month to the income qualification level.¹⁷

¹⁷ Per “Commodities Application Checklist: USDA TEFAP/Commodities: 2009-2010 Income Eligibility Guidelines,” Effective April 1, 2009.

- Other types of emergency aid/assistance.** In addition to emergency or commodity food, several community providers extend their services to other types of assistance, including rent, mortgage and utility payment assistance, clothing, prescription and medicine assistance, counseling and even transportation. For example, the Pikes Peak Community Action Agency (PPCAA) provides rent and mortgage assistance, utilities assistance, medical prescriptions/eyeglasses and home rehabilitation services to qualifying households in the greater Fort Carson region. In 2009, PPCAA provided 1,052 of food and emergency services to individuals and households. Qualification for services varies by provider, but generally includes income and residency documentation as well as other intake data.

Exhibit VIII-16 below shows a map with locations of food and other emergency aid providers relative to Fort Carson.¹⁸

**Exhibit VIII-16.
Locations of Food and Other Emergency Aid Providers**



Source: BBC Research & Consulting.

¹⁸ The map illustrates only those food and other emergency aid providers closest in proximity to Fort Carson and should not be considered an exhaustive representation of all providers.

Soldier utilization and incidence rates. Research from several sources was used to create plausible utilization rates for off-post providers. This section presents these estimates.

In a recent national study published by the U.S. Department of Agriculture, researchers estimated 3.4 percent of all U.S. households accessed emergency food from a food pantry one or more times in 2007.¹⁹

Survey research conducted by the Study Team of the Soldier population moving to Fort Carson from Fort Hood, indicated that 5 percent of Soldiers and families expect to need food aid.

The Study Team also calculated the percentage of Soldiers who believe their families would qualify for food aid. Exhibit VIII-17 shows the expected increase in the commodity card program based on the increase in the Fort Hood Soldier and family population. These estimates are based on average Soldier pay from Basic Pay Tables, accompaniment rates and spousal workforce participation rates from the Fort Carson Demographic Model (FCDM) and the TEFAP income qualification levels.

A few assumptions should be noted: No Soldiers with pay grades above E-4 were assumed to qualify for commodity food assistance. The Study Team factors in spousal income in determining eligibility because the average spouse salary in addition to basic pay would make a Soldier ineligible for the program. Also, the commodity card program is targeted to pregnant women, women with children, and seniors. As a result, unaccompanied Soldiers are not included in our estimates.

**Exhibit VIII-17.
Estimated Increase in Soldier Qualification for Commodity Card Program**

TEFAP / Commodity Food – New Qualifications	E-1	E-2	E-3	E-4	Total - All Pay Grades
Maximum projected increase in accompanied Soldier population, by pay grade ¹	24	144	366	999	3,658
Estimated % of accompanied Soldiers to qualify ²	47%	47%	47%	47%	19.70%
Estimated increase in commodity food qualifications	11	68	172	470	721

Note: (1) Based on the difference between the estimated baseline quarter (FY09 Q2) population and the maximum quarter (FY12 Q1) population;
(2) This is determined by the proportion of Soldiers whose spouse does not work outside the home. Average spouse income in addition to basic pay will make a Soldier ineligible.

Source: USDA TEFAP/Commodities 2009-2010 Income Eligibility Guidelines; BBC Research & Consulting.

Based on the maximum projected increase in the accompanied Soldier population (as compared to the “baseline” time period of FY09 Q2) the Study Team estimates that the proportion of accompanied Soldiers utilizing the commodity card program could be as high as 19.7 percent.

However, not all of these Soldiers will take advantage of the program. This is evidenced by the survey results discussed above which show that just 5 percent of Soldiers and families intended to take advantage of food aid. The Study Team estimates Soldier qualification (as in Exhibit VIII-17—not adjusted for those Soldiers who do not apply for assistance).

¹⁹ Mark Nord, M. Andrews, S. Carlson. *Household Food Security in the United States, 2007*, USDA, www.feedingamerica.org.

Demand projections. Using the FCDM, Exhibit VIII-19 on the following page calculates the estimated impact growth that Fort Carson could have on community-based food and other emergency aid providers by quarter through 2013. Assumptions include a large allocation of service provision to ACS on-post. However, commodity foods are always obtained at off-post, community-based providers.


Existing limitations on community-based service providers. Interviews with community-based providers of food and other emergency aid revealed a strong network of service providers willing to offer assistance to area residents experiencing food insecurity. No providers interviewed reported turning away clients qualifying for assistance or creating wait lists for services. In addition, food aid organizations are considered as providers of a “basic need” for life sustainment. As such, donations and grant funding are generally somewhat sheltered from major declines during economic downturns.

However, limitations and challenges do exist for providers of food and other emergency assistance, including:

- **Square footage of food pantry and space constraints.** Many community-based service providers reported that food pantry space was their primary limitation in providing services to a growing number of clients.
- **Refrigeration, freezing, and storage equipment.** For many community-based food pantries, expansion is limited by insufficient refrigeration and freezing equipment. The equipment is expensive and requires a large footprint of space, which is sometimes unavailable. Grants for expanding services and equipment (e.g., the Community Development Block Grant or CDBG) may be available to fund capital equipment purchases of refrigeration and freezing equipment.
- **Staffing constraints.** Community-based food pantries are almost always staffed by volunteers. Additional demands placed on the system will, in turn, require the charitable organizations to recruit additional volunteers to staff the food pantry.

Impact assessment. Based on the demand analysis and provider interview findings outlined previously, a “manageable” impact assessment was assigned to food aid and other emergency aid, as shown below in Exhibit VIII-18. That said, there is a wide variation of impacts among providers.

**Exhibit VIII-18.
Food and Other Emergency Aid Impact Assessment**

Impact Assignment	Social Service Type	Common Measure of Utilization	Estimated Demand Impact	Factors in Impact
 Manageable	Food / Other Emergency Aid	<ul style="list-style-type: none"> ■ Number of clients served. ■ Pounds of food distributed. ■ Square footage of pantry space. 	Increase in demand for community-based food and other emergency aid, in the maximum impact scenario, is between 51 – 147 Soldiers.	<ul style="list-style-type: none"> ■ Most providers report ability to increase persons served. ■ ACS encourages Soldiers to access services on-post. ■ Grant funding may be available to certain providers.

Source: BBC Research & Consulting.

**Exhibit VIII-19.
Projected Increase in Soldier Demand for Food and Other Emergency Aid**

QUARTER:	FY2009			FY2010				FY2011				FY2012				FY2013		
	2nd	3rd	4th	1st	2nd	3rd	4th	1st	2nd	3rd	4th	1st	2nd	3rd	4th	1st	2nd	3rd
BASELINE																		
Emergency Food Assistance (Food Pantry)																		
Annual utilization is 3.4% of all households																		
Fort Carson Soldier households	10,880	11,514	14,442	18,849	14,441	16,135	14,790	14,886	15,509	16,200	16,110	21,197	17,366	14,213	17,552	17,443	17,841	17,971
<i>Projected quarterly service utilization</i>	92	98	123	160	123	137	126	127	132	138	137	180	148	121	149	148	152	153
Quarterly increase in services (over baseline)	--	5	30	68	30	45	33	34	39	45	44	88	55	28	57	56	59	60
On-post provision		5	26	58	26	38	28	29	33	38	38	75	47	24	48	47	50	51
Off-post provision		1	5	10	5	7	5	5	6	7	7	13	8	4	9	8	9	9
Emergency Kitchen																		
Annual utilization is 0.5% of all households																		
<i>Projected quarterly service utilization</i>	14	14	18	24	18	20	18	19	19	20	20	26	22	18	22	22	22	22
Quarterly increase in services (over baseline)	--	1	4	10	4	7	5	5	6	7	7	13	8	4	8	8	9	9
Commodity Card Program																		
Annual eligibility is 47% of all E-1 through E-4 accompanied Soldiers living in region																		
<i>Projected quarterly service utilization</i>	450	467	542	594	548	576	570	572	583	585	585	631	592	569	597	594	605	606
Quarterly increase in services (over baseline)	--	17	92	144	98	126	120	122	133	135	135	181	142	119	147	144	155	156

Note: Highlighting indicates peak demand.

Source: BBC Research & Consulting.

Financial Counseling

This subsection estimates the impact growth at Fort Carson will have on utilization of financial counseling services by comparing new demand for services with existing service provider capacity.

Off-post organizations providing financial counseling services in the Colorado Springs area are few relative to other services provided in the area. As such, it is likely that many Soldiers opt for financial counseling services offered through the Army Community Service (ACS), where they are able to find a combination of emergency financial assistance and no-cost financial counseling services. However, the presence of off-post financial counseling organizations is crucial, not only for civilians, but also for Soldiers who prefer to seek counseling for sensitive subjects having potential implications on their security clearance and position within the Army. This section is intended to help off-post service providers better understand Soldier demand for provider services, both now and in the near future.

A few key findings regarding financial counseling include:

- The financial health of Soldiers is important, not only for alleviating stress in Soldiers' lives, but also to ensure Soldiers meet security clearance requirements. A combination of Department of Defense (DoD) and ACS online and in-person resources provide Soldiers with information on financial topics such as budgeting and evaluating loan products.
- Off-post resources are important for Soldiers seeking anonymity when discussing their financial difficulties. The primary off-post service provider is the Consumer Credit Counseling Service (CCCS). In 2008, 52 Soldiers (out of 3,000 total cases) sought services from CCCS. Financial services and counseling are also available from non-local service organizations via telephone or online. Although they are not specifically service-oriented, local credit unions and banks commonly used by Soldiers, such as the Security Service Federal Credit Union or USAA, will offer financial assessments to provide basic financial assistance to members.
- The potential increase in Soldiers seeking financial counseling services is expected to be manageable for local service providers for a number of reasons. The importance of Soldiers' financial health incentivizes the DoD and Fort Carson to provide services to Soldiers. Local off-post demand will most likely be served by CCCS. If demand exceeds what is being projected as part of this study and becomes difficult to manage by the CCCS, Soldiers will either be placed on waitlists or will seek assistance from non-local providers via counseling services offered online or through the telephone.

Overview. Financial stability is one of 19 initiatives established by the Department of Defense to improve the overall quality of life for all military personnel and their families. The DoD's vision for financial stability is "to empower our service members with the tools and information they need to develop individual strategies to address their financial challenges, meet their financial goals, and place them on the path to financial freedom."²⁰ To this end, in 2003, the Department began the Financial Readiness Campaign to boost financial literacy among Soldiers and their families and move towards the DoD's vision on financial stability.

²⁰ Department of Defense, "Report of the 2nd Quadrennial Quality of Life Review," January 2009.

The Financial Readiness Campaign contains eight “Pillars of Financial Readiness” for Soldiers, which include:

- Maintaining good credit;
- Achieving financial stability;
- Establishing routine savings;
- Participating in the Thrift Savings Plan and Savings Deposit Program;
- Staying “opted-in” to group life insurance and carrying other appropriate insurance;
- Utilizing low-cost alternative loan products and avoiding payday/subprime and high cost loans;
- Taking advantage of low-cost Morale, Welfare, and Recreation (MWR) programs; and
- Preserving security clearances.

Of note is the importance financial stability has on a Soldier’s security clearance. A security clearance is defined as “an administrative determination made by competent national authority that an individual is eligible, from a security stand-point, for access to classified information.”²¹ Security clearances are required for many, though not all, Soldiers. Financial responsibility is one of six “overall character” proxies investigated to determine an individual’s trust worthiness for a clearance. Excessive debt can be enough to deter an applicant from receiving a security clearance.

A distinct difference exists between financial counseling services discussed in this report section and what is commonly referred to as investment counseling. For the purposes of this report, financial counseling includes services such as debt consolidation, budgeting, credit report review, foreclosure prevention, bankruptcy services, and general education regarding loans, credit card usage, and the importance of regular savings. Financial investment counseling focuses on monetary investment for future usage. In essence, the difference between the two services is temporal, with financial counseling focusing on one’s present financial situation and investment counseling planning for one’s financial future.

Service providers. Both on-post and off-post service providers offer financial counseling services to Soldiers. Given the importance of financial stability for Soldiers, a number of resources are available on-post to all Soldiers needing financial assistance.

Off-post organizations with a presence in the Fort Carson region are less abundant. However, it is difficult to capture the number of Soldiers utilizing financial counseling services online or through the telephone. Unlike other services, in which goods are dispensed (food aid), housing is sought (domestic violence) or in-person counseling is needed (child advocacy), financial counseling services do not require a local presence and can easily be done electronically or over the phone. As such, it is difficult to capture the off-post service providers being used by Soldiers.

²¹ <http://www.army.com/resources/item/786>.

DoD and Fort Carson. Because the financial health of military members is a major priority for the Department of Defense, financial resources are available to all service members through the Military One Source program.²² A variety of articles, audio/video clips, booklets, resource guides and web links are available to simplify topics such as budgeting, paying for child care, caring for elders, buying cars and homes, credit card debt, identity theft, financing education and saving and investing.

In addition to the online resources available on Military One Source, Army One Source provides telephone counseling, as well as referrals to in-person counseling services through the National Foundation for Credit Counseling (NFCC). If a Soldier requests an in-person financial counseling session via the NFCC, he or she will be referred to the Consumer Credit Counseling Service (CCCS). CCCS is discussed in further detail below.

Resources are also available for Fort Carson personnel through Army Community Services (ACS) including “finance education, budget assistance and personalized budget counseling.”²³ ACS financial services are bundled into their “Financial Readiness Program”, which is divided into three primary categories: Army Emergency Relief (AER), Budget Counseling and Debt Management.

The AER is a nonprofit organization based out of Alexandria, VA whose broad, but sole, mission is to “help Soldiers and their dependents.” Through non-interest loans and grants, AER provides emergency financial assistance for expenses related to food, rent, utilities, emergency transportation and vehicle repair, funerals and medical bills. In other words, AER would not necessarily counsel Soldiers and educate them on improving financial health, but would provide immediate support in times of emergency. The AER program is discussed in detail in the previous “Food and Other Emergency Aid” section of this chapter.

Budget counseling and debt management services offered through ACS have an emphasis on managing personal finances and spending habits. For example, ACS financial counselors are available if Soldiers are faced with bankruptcy, want to consult about buying a car or are having difficulty repaying creditors. The Fort Carson ACS also offers a variety of monthly classes geared towards basic money management. A few of those courses include: Check Book Management, Home Buying Workshop and Money Trouble Solutions.

In addition to the “Financial Readiness Program,” the Command Financial NCO program “helps achieve personal financial readiness and deploy-ability through the use of sound money management and consumer skills.”²⁴ A number of services are offered by Command Financial, which include financial evaluations, referrals to appropriate resources and agencies, such as food stamps or Women Infant Children (WIC), and the dissemination of financial and consumer information to Soldiers. Additionally, Command Financial provides follow-up counseling to recipients of AER loans and grants.

²² <http://www.militaryonesource.com/MOS/FindInformation/Category.aspx?CategoryID=138>

²³ http://community.carson.army.mil/ACS/pdf/FR_brochure.html

²⁴ http://community.carson.army.mil/ACS/programs_financialReadi.html#

Other financial counseling services are available through The Home Front Cares program, as well as the Wounded Warriors program. The Home Front Cares primarily offers emergency financial assistance for Soldiers and families. The Wounded Warriors program focuses specifically on “severely wounded, ill and injured Soldiers, Veterans and their families.”

Off-post providers. As a result of the DoD’s financial stability initiative, there exists a number of “official partnerships with several key, financially-related non-profits, all of which offer programs and resources to help service members and families.”²⁵ Some partners include the Financial Industry Regulatory Authority (FIRA), the InCharge Institute, the Consumer Federation of America, the Better Business Bureau Military Line, and the North American Securities Administrators Associates (NASAA).

Given the sensitivity and potential negative career implications of financial instability for Soldiers, it is likely not uncommon for Soldiers to seek financial counseling and assistance online or via the telephone to ensure anonymity. For example, the InCharge Institute provides online financial counseling six days per week.

Consumer Credit Counseling Service. The primary off-post provider with a presence in the Fort Carson region is Consumer Credit Counseling Service (CCCS). Fort Carson Soldiers seeking in-person financial counseling through Military One Source will be directed to CCCS.

Based in Dallas, Texas, CCCS has a strong presence in Colorado, with three of its 22 satellite offices located in Colorado: two in Colorado Springs and one in Pueblo. CCCS provides financial counseling for individuals and couples, specializing in bankruptcy services, credit report review, debt management plans and housing counseling. These services are provided by phone, e-mail, online and in person. In addition to individualized services, CCCS provides financial education workshops and seminars. These seminar topics fall under the broad categories of banking and investing, bankruptcy, credit, housing, money skills, schools (finance for children), shopping, and specialty (e.g. debt psychology, surviving job loss, and welfare to wages).

CCCS is also a Housing and Urban Development (HUD)-approved housing agency and a member of the Better Business Bureau, National Foundation for Credit Counseling, Homeownership Preservation Foundation and the Council on Accreditation.

Funding for the non-profit CCCS comes from The United Way, service contracts, creditor contributions and client fees (associated with the debt management service). CCCS’s clientele typically learns about CCCS by word of mouth or referrals from the United Way’s 2-1-1 service and the Colorado foreclosure hotline. Due to the current housing market, CCCS plans to expand its housing counseling programs to assist with foreclosure prevention.

Utilization. Utilization of financial services is calibrated on three pieces of information: the Mountain Post Welcome survey conducted at Fort Hood, a 2009 military family support survey and utilization rates at CCCS.²⁶

²⁵ Department of Defense, “Report of the 2nd Quadrennial Quality of Life Review,” January 2009.

²⁶ For more information on the Mountain Post Welcome at Fort Hood, TX, please refer Appendix A.

Mountain Post Welcome, Fort Hood. When asked what types of services they would need upon their arrival at Fort Carson, 7 percent of survey respondents (50 out of 675 households) cited a need for financial and credit counseling. The results of this survey are located in Appendix A.

Family support survey. A 2009 military family support survey was administered by the National Military Family Association to determine the utilization and usefulness of support services by military personnel and their families. A total of 780 military personnel completed the survey; 53 percent of the responses were active duty Army or spouses of active duty Soldiers.

A few of the key findings with regards to financial counseling include:

- Three percent of survey respondents deemed financial education/counseling as the most important family support service of the military. Family support/readiness groups were considered the most important service (21 percent of respondents viewed as most important).
- Twenty percent of survey respondents had used military support financial education/counseling services in the last 24 months.
- When asked if financial education/counseling was “very useful”, “somewhat useful”, “not very useful”, “not useful at all” or “not applicable”, 20 percent of survey respondents said financial counseling is “very useful”; however, 63 percent of respondents said that financial education/counseling was “not applicable”, indicating that these services were not used. In other words, it appears that financial counseling is very important and helpful for those that seek the services, but overall, financial services is not a widely used military service.
- Fourteen percent of survey respondents used non-military financial counseling services.

The family support survey provides an upper-bound for estimating Soldier utilization of financial services (20 percent). It also helps determine the percentage of Soldiers that may stay on-post to seek financial counseling, versus the number that seek services off-post (14 percent), either through non-profits like CCCS or through online counseling services.

Consumer Credit Counseling Service. In 2008, CCCS of Colorado Springs served 3,000 people. Of those, 56 (2 percent) were active duty military. If the Study Team created an estimated number of Soldiers seeking services in 2008 and applied the 2008 utilization rate of CCCS, it is assumed that CCCS served about 30 percent of the off-post financial counseling demand.

Impact on demand of financial counseling services. The assumptions used to calculate impact on financial services include the following:

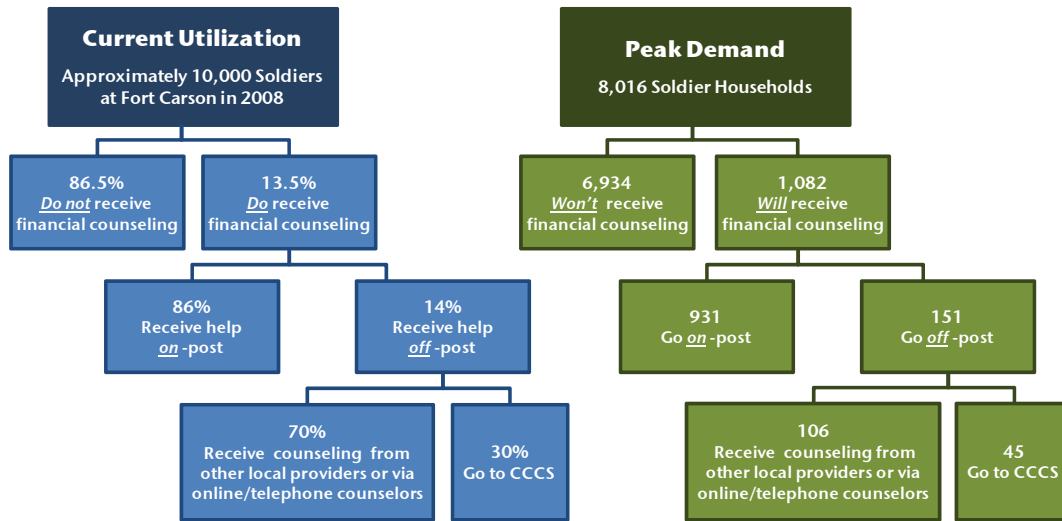
- There are 8,016 Soldier households at peak demand (an increase of 53 percent);²⁷
- Thirteen and a half percent will request financial service counseling (mid-point between 7 percent from Mountain Post Welcome at Fort Hood and 20 percent from 2009 Military Family Support survey). This is equal to 1,082 Soldiers;

²⁷ Please refer to the Social Service Introduction for more information on Fort Carson demographic projections.

- Fourteen percent of Soldiers seeking financial service counseling will use services off-post (151 Soldiers); and
- CCCS will be the most impacted off-post financial service provider. By applying the above ratios to the number of active duty military seeking financial counseling at CCCS in 2008, the Study Team assumes that 30 percent of Soldiers seek off-post financial counseling at CCCS. The remaining 70 percent are assumed to seek financial counseling through other local organizations or via on-line or telephone providers.

With these assumptions, the Study Team projects that 151 Soldiers could seek financial counseling services off-post, with 45 Soldiers seeking services from CCCS and 106 seeking services from other local or on-line providers.

Exhibit VIII-20.
Current and Future Utilization of Financial Counseling Services



Source: BBC Research & Consulting.

Demand projections. Using the Fort Carson Demographic Model, the exhibit on the following page calculates the estimated impact growth at Fort Carson could have on financial counseling services through 2013. Assumptions are based on relying heavily on off-post resources not located in the community, but rather services offered online or through the telephone.


**Exhibit VIII-21.
Projected Quarterly Increase in Soldier Demand for Financial Counseling Services**

QUARTER:	FY2009			FY2010				FY2011				FY2012				FY2013		
	2nd	3rd	4th	1st	2nd	3rd	4th	1st	2nd	3rd	4th	1st	2nd	3rd	4th	1st	2nd	3rd
BASELINE																		
Financial Services Counseling																		
Annual utilization is 7.4% of all households																		
Fort Carson Soldier households	15,056	15,705	18,592	21,383	18,730	20,015	19,398	19,488	19,993	20,269	20,220	23,102	20,838	19,201	21,025	20,916	21,314	21,392
<i>Projected quarterly service utilization</i>	279	291	344	396	347	370	359	361	370	375	374	427	386	355	389	387	394	396
Quarterly increase in services (over baseline)	--	12	65	117	68	92	80	82	91	96	96	149	107	77	110	108	116	117
On-post provision		10	56	101	58	79	69	71	79	83	82	128	92	66	95	93	100	101
Off-post provision		2	9	16	10	13	11	11	13	14	13	21	15	11	15	15	16	16
Consumer Credit Counseling Service																		
Annual utilization is 0.6% of all households																		
<i>Projected quarterly service utilization</i>	23	24	28	32	28	30	29	29	30	30	30	35	31	29	32	31	32	32
Quarterly increase in services (over baseline)	--	1	5	9	6	7	7	7	7	8	8	12	9	6	9	9	9	10

Source: BBC Research & Consulting.

Impact assessment. Based on the demand analysis and provider findings outlined above, an impact assessment was assigned to financial counseling, as shown below in Exhibit VIII-22, demand for financial services counseling is considered manageable. The connection between financial health and Soldiers' security clearance incentivizes the DoD and Fort Carson to ensure the availability of financial counseling resources to Soldiers and their families. Local off-post providers have done well in managing Soldier demand for financial counseling services. Non-local financial counseling services offered online or via telephone will continue to be an attractive option for Soldiers and will help meet future demand.

**Exhibit VIII-22.
Financial Counseling Impact Assessment**

Impact Assignment	Social Service Type	Common Measure of Utilization	Estimated Demand Impact	Factors in Impact
 Manageable	Financial Counseling	■ Number of clients served	Increase in demand for financial counseling in the peak demand scenario is approximately 151 additional counseling sessions per year.	<ul style="list-style-type: none"> ■ CCCS reports limited Soldiers utilization. ■ ACS encourages Soldiers to access services on-post. ■ Military OneSource has abundant resources online. ■ Non-military on-line resources are plentiful.

Source: BBC Research & Consulting.

Legal Services

This section examines the legal services available to Fort Carson Soldiers and their families, both on- and off-post, and assesses the ability of legal service providers to meet additional demand related to Fort Carson growth.

Many legal services that are needed by Soldiers involve preparing for deployment (especially wills and powers of attorney) and family law (e.g., divorce, child support). In some cases, legal representation is needed.

The primary organizations that provide legal assistance to Soldiers and their families, and which were reviewed or consulted for this section include:

- The Judge Advocate General Corps (JAG), on-post;
- Legal Services, off-post in Colorado Springs;
- Programs of the District Attorney of the Fourth Judicial District including:
 - The Neighborhood Justice Center
- The newly established Veteran Trauma Court; and
- The state Public Defender's office located in Colorado Springs.

Judge Advocate General Corps (JAG). The Judge Advocate General's Corps is an organization within the Army that provides a range of legal services to commanders, Soldiers and families of Soldiers. Members of the JAG may be commissioned and warranted officers, enlisted Soldiers, members of the Army Reserve & National Guard, or civilians.

The primary mission of JAG, according to the organization's website, is to support the war fighter through a variety of activities.

There are two divisions within the Fort Carson JAG Office that provide direct services to Soldiers and their families, the Legal Assistance Division and the Trial Defense Service.

Legal Assistance Division. The Legal Assistance Division provides a range of legal services and counseling to Soldiers and their families—but not legal representation. Staff in the office cannot represent Soldiers or their families in Court.

The Legal Assistance Division's website contains materials and links to a variety of topics ranging from divorce forms to child support worksheets to estate planning information.²⁸ The office provides walk-in consultations to Soldiers on a first-come, first-served basis, Mondays and Thursdays from 2:00 to 3:00 p.m. Divorce and separation video briefings are also held by the office on Mondays and Wednesdays. In addition, the office provides notary services, including Power of Attorney executions.

Trial Defense Service. The United States Army Trial Defense Service (TDS) is part of the JAG. The office was established in 1980 as a separate activity of the U.S. Army Legal Services Agency. To ensure objectivity and fairness, TDS counsels are completely independent of local commands and the Post legal advisors. They are supervised and rated by their superiors within TDS.

Unlike public defenders, there is no "means test" required to determine eligibility; all Soldiers are entitled to TDS representation.

Soldiers must call TDS to make an appointment and see an attorney. TDS represents Soldiers in three categories, which are prioritized as:

- **Priority 1.** Criminal representation at trials by court-martial is the top priority of TDS and takes precedence over all other actions. TDS counsel makes motions, is the panel, offers evidence, examines and witnesses, presents argument and negotiates on their client's behalf.
- **Priority 2.** Assistance with administrative separations, non-judicial punishment and summary courts-martial.
- **Priority 3.** All other actions, including advising Soldiers of their rights as a suspect and responding to letters of reprimand. Priority 3 actions may also be handled by legal assistance attorneys, depending on the availability of TDS.

²⁸ <http://www.carson.army.mil/LEGAL/index.html>.

Colorado Legal Services. Colorado Legal Services (more commonly known as Legal Aid) is a nonprofit organization that provides legal services to low-income individuals. Legal Aid has 15 offices throughout the state, including in Colorado Springs.

Legal Aid does not represent clients in criminal matters or in traffic court. For criminal cases, low-income individuals are represented by the Public Defender. The types of legal cases that are handled by Legal Aid include:

- Family law including divorce, custody/parental responsibilities, protection orders;
- Consumer/debt problems including bankruptcy, garnishment, collections and repossessions;
- Housing law including foreclosures, evictions, landlord/tenant issues and discrimination;
- Issues for seniors, including living wills, medical durable powers of attorney;
- Problems with programs like Social Security, Medicare, Medicaid, SSI, unemployment and other government benefits;
- Other civil (not criminal or traffic) problems; and
- Immigration.

Colorado Legal Services is funded by the federal Legal Services Corporation, the State of Colorado, United Way, Legal Aid Foundation of Colorado, cities, counties as well as regional planning organizations and private contributions.

To be eligible for legal services through the organization, households must be at 200 percent of the poverty level or below. This is equivalent to an annual income of \$13,000 for a one-person household; \$17,500 for a two-person household; \$22,000 for a three-person household; and \$26,500 for a four-person household. Households must pass also an asset test.

Neighborhood Justice Services. The organization provides mediation hearings to settle disputes without going to trial; it also assists with establishing restraining orders. Neighborhood Justice Services is a branch of and is funded by the Fourth Judicial District Attorney's office. Cases are referred to the organization from the county court system, municipalities, sheriff's office, police departments, etc.

The Neighborhood Justice Center does not have exact records on the number of Fort Carson clients assisted since it does not track this information. In 2008, the Justice Center opened 1,388 cases; 93-95 percent of these cases resulted in a successful mediation.

Veteran Trauma Court. The Veteran Trauma Court (VTC) in Colorado Springs--established in late 2009 through collaborative efforts among local, state, and federal partners--provides veterans, or “those persons who have been discharged or released from the Armed Forces,” an alternative way to have their cases presented in court. The goal is to decrease the number of veterans entering the criminal justice system while assuring those individuals receive appropriate treatment and care for their identified service-related disorders. The program is funded through a federal Substance Abuse and Mental Health Services Administration (SAMHSA) grant. To be eligible for the court, the following criteria are considered for veterans:

- Be charged with a lower level, non-violent felony and facing criminal prosecution in the Fourth Judicial District;
- Have experienced trauma related to service in the U.S. military which can be documented;
- Have been diagnosed with a trauma spectrum disorder;
- The evidence supports the existence of a connection between the military service trauma and the criminal conduct.
- Not currently involved in the Drug Court program;
- Exhibits a willingness to actively participate in his/her treatment and recovery, and cooperates fully with the court;
- Agreement to authorize release of certain treatment-related information to VTC in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA);
- Agreement to waive the right to a speedy trial during participation in VTC.

Ultimately, the Fourth Judicial District Attorney’s Office decides which cases will be eligible and reserves the right to reject a request for participation. Currently, approximately 30 VTC cases are in court in El Paso County. During the first quarter VTC was established, there were between 15 and 20 cases in process on average. About 10 percent of the El Paso County District Attorney’s cases involving military personnel who are booked into county jail on an average night (this is consistent with the national booking rate).

In the past two years, 22 Veterans Courts have been established across the county to address the unique needs of military personnel who have committed crimes that may be related to the trauma they experienced while at war. On April 16th, 2010, Governor Ritter signed into law House Bill 10-1104, which allows for the establishment of similar programs in Colorado’s judicial districts.²⁹

The Public Defender. The Colorado Public Defender’s office was established after a U.S. Supreme Court ruling that ensured the right of indigent individuals accused of crimes legal representation in criminal cases. Soldiers/households must earn less than 125 percent of the poverty rate to qualify. If they do not income qualify, the Public Defender gives them a list of private attorneys (created by the Colorado Bar) who may take their case. It is unclear if these Soldiers have trouble affording the private services or the level of service they receive.

²⁹ A copy of this bill is available at:
<http://www.statebillinfo.com/SBI/index.cfm?fuseaction=Bills.View&session=10&mode=0&sortby=1&filter=h&srch=treatment%20court&page=1&billnum=HB10-1104>

The state's Public Defender system has 21 regional trial offices. The system employs more than 300 attorneys and has an operating budget of approximately \$55 million. This budget supports an estimated 125,000 cases statewide.

Soldier utilization and incidence rates. The Study Team obtained utilization rates from the Colorado Springs office of Legal Services to better understand how Fort Carson Soldiers and their families use off-post legal services.

Exhibit VIII-23 shows the projected increase in demand for the Colorado Springs office of Legal Services. The projections take into account that to be eligible for legal services, a household must earn less than 200 percent of the poverty level.³⁰ Based on basic pay schedules, no single-Soldier households were determined to be eligible and no accompanied Soldiers with pay grades above E-3 were assumed to qualify for legal services. In addition, E-2 and E-3 grade Soldiers need to have children to meet the household sizes required to qualify. The Study Team also assumed Soldier households would qualify only if they were one-earner households, since a spouse's income would make the household ineligible for services.

**Exhibit VIII-23.
Estimated Increase in Soldier Qualification for Legal Services**

	E-1	E-2	E-3	Total
Maximum projected increase in accompanied Soldier population, by pay grade ¹	24	72	254	350
Estimated percent of accompanied Soldiers to qualify ²	47%	47%	47%	
Estimated increase in legal services qualifications	11	34	120	165

Note: (1) Based on the difference between the estimated baseline quarter (FY09 Q2) population and the maximum quarter (FY12Q1) population. This is determined by the proportion of Soldiers whose spouse does not work outside the home. Average spouse income in addition to basic pay will make a Soldier ineligible.

Source: Legal Services Annual Report, basic pay schedules and BBC Research & Consulting.

Demand projections. Using the FCDM, Exhibit VIII-24 calculates the estimated impact of growth that Fort Carson could have on the Colorado Office of Legal Services. These estimates are based on statistics from Legal Services showing that 10 percent of clientele are family members of military personnel, and 1 to 2 percent are active-duty military.

Because of the small number of Soldiers who qualify for Legal Services, the increase in potential service provision to Soldiers and their families is relatively small, at 32 cases. This is about 3.8 percent of all cases that Legal Services opened in 2008.

³⁰ Households must also pass an asset test. Because the Study Team does not have asset information for Soldiers and families, we assume all Soldiers/families who meet the poverty-level eligibility criteria also pass the asset test.

**Exhibit VIII-24.
Projected Increase in Soldier Demand for Off-post Legal Services**

QUARTER:	FY2009			FY2010				FY2011				FY2012				FY2013		
	2nd	3rd	4th	1st	2nd	3rd	4th	1st	2nd	3rd	4th	1st	2nd	3rd	4th	1st	2nd	3rd
<i>BASELINE</i>																		
Colorado Legal Services																		
Annual utilization is 10.6% of qualifying Soldier households																		
Fort Carson Soldiers who qualify for assistance	906	940	1,089	1,187	1,100	1,155	1,145	1,149	1,172	1,174	1,173	1,172	1,186	1,145	1,196	1,190	1,211	1,214
<i>Projected quarterly service utilization</i>	24	25	29	31	29	30	30	30	31	31	31	31	31	30	32	31	32	32
Quarterly increase in services (over baseline)	--	1	5	7	5	7	6	6	7	7	7	7	7	6	8	7	8	8

Source: BBC Research & Consulting.

Constraints in future provision. Legal assistance is a rare case in the social services arena where there appears to be capacity to meet demand. This is largely related to legal requirements that certain households be represented in court. That said, as caseloads increase and attorneys are representing more individuals, the level of service given to clients may be compromised.

Colorado Legal Services and the Public Defender both reportedly have the capability to serve as many individuals as need services, assuming their case falls within the priorities of the organization (for Legal Aid) and eligibility requirements (Public Defender). If Legal Services cannot assist an individual, they refer them to other attorneys or better qualified nonprofit organizations. The Public Defender refers individuals to private attorneys. It is unclear if these are adequate solutions for the individuals.

For criminal representation, the Public Defender’s office is required to represent eligible households in defending their case.


However, how many Soldiers will require services through the Veterans Trauma Court, projected over time, is unknown. Demand for Veteran Trauma Court is directly related to Soldiers who are facing criminal prosecution in the Fourth Judicial District and the decision of the Court to hear the cases through VTC. Demand will depend on the Fourth Judicial District’s decision to hear certain cases and, ultimately, the prevalence of trauma and related criminal activity among the Soldier population, which is affected by a number of factors including deployments and mental health and treatment.

The biggest issue in legal services provision is related to the lack of supportive service beds for veterans going through Veteran Trauma Court and receiving treatment through the Veterans Center. The center has quickly become overwhelmed by the needs of the veterans going through the court process and is unable to house the veterans who need housing while they receive treatment (only 5 beds exist to serve them).

Another significant issue, which the Study Team was unable to measure, is the growing number of spouses separated from their Soldiers who need legal services. The Public Defender reports that it sees many cases of divorcees who are destitute and have engaged in petty crime to support their households.

Impact assessment. Based on the demand analysis and provider interview findings outlined above, a “moderate” impact assessment was assigned to legal services, as shown below in Exhibit VIII-25.

**Exhibit VIII-25.
Legal Services Impact Assessment**

Impact Assignment	Social Service Type	Common Measure of Utilization	Estimated Demand Impact	Factors in Impact
 <p>Moderate</p>	Legal Services	<ul style="list-style-type: none"> ■ Number of clients served. ■ Unmet demand for services. 	<ul style="list-style-type: none"> ■ Increase in demand is small for nonprofit providers due to income qualification criteria. ■ Unmet demand for separated spouses of Soldiers is unknown. ■ There is inadequate housing to support veterans in Veterans Trauma Court. 	<ul style="list-style-type: none"> ■ Except for constraints in Veterans Court (housing), most providers report ability to increase persons served.

Source: BBC Research & Consulting.

Eldercare and Accessibility Services

This subsection discusses the availability of services for aging and disabled veterans in Fort Carson, as well as the surrounding region.

Population base. The Phase II study of the Fort Carson Regional Growth Plan focuses on the short-term effects of the growth of Fort Carson on the region. There are also long-term effects, one of which may be an increased demand for senior and accessibility services as Fort Carson's veterans decide to make their permanent homes in the immediate area.

National data suggest that the presence of a military base correlates with higher levels of local veteran populations in all age groups. It is likely that this relationship is more pronounced in physically attractive areas, or larger communities with broader employment options, such as Colorado Springs. A Study Team analysis of data on veterans found the following³¹:

- The presence of Fort Carson and other military facilities appears to have increased the veteran population of El Paso County aged of 55 and above by 50 percent above the national norms; 30 percent of this age group, versus 21 percent nationally, are veterans.
- The presence of the local military facilities, or perhaps other undetermined factors, has an even greater impact on the demography of the area's *middle-aged* residents. As a percent of all residents, the veteran population of El Paso County for persons age 35 to 54 is far greater than national norms; 18 percent versus 7 percent, respectively.
- For reasons that may have to do with the changing role of Fort Carson in Army operations, national and local economic conditions, the changing demography of the military, or other factors that have not been identified, Fort Carson's presence (and the other military installations in the region) appears to have greatly influenced the composition of the region's *younger population* also. For El Paso County residents, aged 18 to 34, veterans make up 10 percent of the local population, which compares with 3 percent at a national level.
- Based on historical relationships, a reasonable correlation can be drawn between the number of active duty military personnel in the region (including Soldiers assigned to Fort Carson) and the presence of veterans within El Paso County—in essence is an additional direct impact of Fort Carson on overall population growth.
- Over a long period of time, it appears that for every twelve active duty personnel assigned to one of the region's military facilities, one person will remain in the region (or return to the region) after their service is completed. These data suggest that, based on the peak number of Soldiers who are present in the Fort Carson region between 2009 and 2013, the growth at Fort Carson could bring 850 new veterans to the region. Not all of these veterans will be seniors; some will be younger and disabled and others will be young and able-bodied.

This subsection discusses the services available to the subset of these new veterans who are older or need disability services.

³¹ See Appendix ____ for the full report on the Study Team's finding on veterans.

Senior services. Several service providers in the Fort Carson region are able, collectively, to offer a wide variety of services to seniors. Senior services are provided by private, public and nonprofit sectors. The private sector typically handles the provision of most senior housing (except affordable senior rentals) and in-home health care. Some private sector companies also offer accessibility modifications.

The public sector, through local Area Agencies on Aging, administers senior referral services and may provide transportation services and affordable rentals for seniors. Nonprofits and faith-based providers may supply all of the above services.

Seniors may have more trouble finding the services they need than non-seniors, however, especially as reliance on electronic forms of communication increase. It is critical, therefore, for seniors to have access to a comprehensive, “one-stop shopping,” walk-in and telephone referral system.

Referral agency. The region’s central referral system for senior services is the Pikes Peak Area Agency on Aging (PPAAA). PPAAA offers both referral and advocacy services to the elderly and to care providers of the elderly. Each year, the PPAAA publishes the Senior Information Directory (the “Yellow Book”), which offers information on more than 700 services for older adults in El Paso, Park and Teller counties. The guide contains information on adult day care, elder abuse prevention, home-delivered meals, legal services and many other resources.

PPAAA also provides counseling and referral services directly to seniors, their family members and their caregivers. In 2007, PPAAA provided services to approximately 330 persons.

PPAAA estimates providing 30 to 40 hours of counseling per month, averaging 1.5 hours per session, for an average of 52.5 hours of counseling each month.

On an annual basis, PPAAA provides counseling to 280 client caregivers. Of these, an estimated two-thirds of client caregivers provide care in the home and one-third provide care with the support of an adult day care.

PPAAA does not maintain statistics on how many of their clients have military affiliations.

PPAAA also offers a number of direct services and programs for seniors, including the following:

- **Senior insurance assistance.** Assistance staff review and compare insurance policies, including supplemental, long-term care programs, employer group health plans, Medicare Part D, and Medicare Advantage Plans. Their purpose is to help seniors understand Medicare and health insurance plans.
- **Ombudsman.** Through its Ombudsman Program, PPAAA provides advocacy and assistance to residents of long-term care facilities and their families when problems in these settings arise. They also provide community education about the long-term care system and help identify gaps in services to achieve equitable solutions.

- **Respite care vouchers.** PPAAA recently launched a new program called the Respite Care voucher program to help family caregivers provide needed care for their elder parents and other relatives. This program is designed to provide qualified caregivers with vouchers for respite care for their loved ones. There are three different types of vouchers:
 - **Homemaker.** Example of services provided include: general home cleaning, laundry, etc. Caregivers who qualify can access one voucher per month; each voucher provides 12 hours of homemaker services.
 - **Personal care.** Includes bathing, clothing and feeding of care receiver. This type of voucher can be issued one time per month and is also worth 12 hours of services.
 - **Adult day care.** This is for the provision of formal care arrangements away from the home at an adult day care center. One voucher provides 32 hours per month of this type of service.

Once a caregiver has qualified for a voucher, they have 30 days to arrange and use the voucher. The provider faxes the voucher to PPAAA after the services are rendered, and then PPAAA reimburses the provider at previously agreed upon rates.

To qualify for respite care vouchers, caregivers must provide evidence of the following:

1. They are a resident of El Paso County;
2. They are living with the care receiver; and
3. The care receiver is deficient in at least 2 of the 7 Basic Activities of Daily Living (BADL) or requires care due to dementia. BADL's seven activities are: toileting, walking, bathing, dressing, eating, grooming and transferring from bed to chair..

Finally, the care receiver cannot already be receiving assistance through Medicaid Home and Community Based Services (HCBS), Alzheimer's respite grants, LT care insurance coverage, or hospice coverage for respite care.

Funding. Local Area Agencies on Aging, including PPAAA, are funded by the federal government as part of the Older Americans Act (OAA). The State of Colorado also provides funding, as do private donations including donations to cover services. A person must be 60 years of age or older to be eligible for a service provided by the Older Americans Act (OAA). There is no fee charged for services and no one is denied services because of an inability to pay.

Disability services. In many communities, Independent Living Centers (ILC) take the lead on providing independent living services for persons with all types of disabilities. In the Fort Carson region, the local ILC is the Independence Center. The Center's programs include advocacy, attendant services, skills classes, information and referral services, representative payee as well as housing referral information. In addition, The Independence Center offers home health care services.


The Independence Center served approximately 600 individuals in 2009. Most of the Center's clients are repeat clients. Of the 600, approximately 130 were home health clients and 470 were other independent living clients. An additional 100 per month are served informally through phone information and referrals. The Center estimates that perhaps 1 percent of its clients are Soldiers or

family members of Soldiers from Fort Carson—or about 6 of their total clients. The Center does not believe that the Fort Carson presence affects the capacity of the Center in a significant way.

Funding for the Independence Center is provided by federal and state funds, as well as through fees for services on certain independent living classes, and Medicaid and/or health insurance for home health care services. In addition, the Center receives money for the administration of Section 8 housing vouchers that are targeted for persons with disabilities. The Center’s annual budget is between \$1 and \$2 million per year, with state funding making up approximately \$250,000 of their budget.

Impact assessment. Based on potential demand and provider interview findings outlined above, a “manageable” impact assessment was assigned to senior and disability services. This impact assessment was chosen because of the presence of veteran services within the military, the existence of senior and disability services that are already serving the larger community, and the relatively small number of seniors and veterans that the growth at Fort Carson will generate relative to senior growth in the region overall.

**Exhibit VIII-26.
Senior and Disability Impact Assessment**

Impact Assignment	Social Service Type	Common Measure of Utilization	Estimated Demand Impact	Factors in Impact
 Manageable	Senior and Disability Services	<ul style="list-style-type: none"> ■ Number of clients served. ■ Percent of clients who are military. 	Minimal due to the small number of Veterans relative to growth in seniors/disabled overall.	<ul style="list-style-type: none"> ■ Most providers report little effect of Fort Carson presence.

Source: BBC Research & Consulting.

Behavioral Health

This section tackles one of the most difficult issues for projecting demand—behavioral health services for Fort Carson Soldiers and their families. Behavioral health needs are complex by their very nature, can be hard to detect and require continued patient involvement in identification and treatment. This makes projecting behavioral health needs particularly challenging.

Unlike a physical wound, mental wounds and behavioral health needs can be difficult to identify. In a culture where strength, power and war readiness are highly valued, admitting that one has behavioral health needs can carry a heavy stigma. Although treatment may be initiated by friends, family, coworkers and/or medical professionals, to successfully treat behavioral health needs, the patient is a key player in both diagnosis and treatment.

Children with behavioral health needs may show symptoms of their needs, but these can go undetected by parents who do not recognize signs of distress and/or dismiss their behavior as being typical of children. Schools are very important in identifying behaviors that need treatment and informing parents. Parents, however, play a large role in how seriously these needs are taken, how they are treated, and, sometimes, are part of the cause.

The Study Team acknowledges that behavioral health is unique in that it can encompass traditional medical treatment and supportive social services. Some patients will need psychiatric care to address their behavioral health needs; others will have their needs addressed through counseling, modifications to family/life/work situation; and many will need both. To that end, the Study Team has combined outpatient behavioral health care with the social services task analysis. This decision was made for several reasons, including:

- Mental and behavioral health care can include a wide range of services, from inpatient hospitalization to informal outpatient counseling. The provision of outpatient behavioral health care services can be achieved through multiple channels, including from TriWest providers, Military One Source counseling services, and/or community-based providers offering services on a fee-for-service or sliding fee scale basis. The provision of inpatient behavioral health care services for an active duty service member or family member, however, would in almost all cases be obtained through TriWest. Therefore, care provision for inpatient behavioral health care more closely resembles traditional medical health care delivery, while outpatient behavioral health care offers a wide range of offerings and availability.
- The provision of social services includes a similarly wide range of offerings. Inclusion of outpatient behavioral health care in the social services task allows better synergy in examining the full spectrum of service delivery.
- Providers of most outpatient behavioral health care services share a common sense of purpose with providers of social services.
- Medical health care and inpatient behavioral health care service providers are clearly defined and have a very well defined presence in the Fort Carson region.

Overview. The general term behavioral health encompasses a wide range of needs, from very treatable conditions like Attention Deficit Hyperactivity Disorder (ADHD) to more serious and difficult-to-treat conditions like severe depression or bipolar disorder. The behavioral health topics that the National Institute of Mental Health (NIMH) supports in research and outreach include³²:

- Anxiety Disorders
- Attention Deficit Hyperactivity Disorder (ADHD, ADD)
- Autism Spectrum Disorders (Pervasive Developmental Disorders)
- Bipolar Disorder (Manic-Depressive Illness)
- Borderline Personality Disorder
- Depression
- Eating Disorders
- Generalized Anxiety Disorder
- Obsessive-Compulsive Disorder (OCD)
- Panic Disorder

³² <http://www.nimh.nih.gov/health/index.shtml>

- Prevention
- Post-Traumatic Stress Disorder (PTSD)
- Schizophrenia
- Social Phobia (Social Anxiety Disorder)
- Suicide Prevention

Incidence rates. According to the Centers for Disease Control (CDC), nationally³³:

- 5.4 percent of non-institutionalized people 12 years of age and older experience depression. The rate of depression for children between the ages of 4 and 17 is 5.3 percent;
- 18 percent of parents of boys and 11 percent of parents of girls have talked to a medical professional or someone at their school about their child’s emotional or behavioral difficulties;
- 3.1 percent of non-institutionalized adults have experienced serious psychological distress in the past 30 days;
- One in 10,000 adults and children commits suicide; and
- There are 0.62 homicides per 10,000 adults and children.

Until 2008, the suicide rate in the military was lower than in civilian populations. During 2008, the suicide rate in the Army exceeded the age-adjusted rate in the civilian population (20.2 out of 100,000 v. 19.2 for civilians). A study completed in 2006 which was based on interviews and surveys about health from 1986 to 1994 (therefore not catching Iraq or Afghanistan veterans) found that veterans were twice as likely to commit suicide than non-veterans³⁴.

A May 2009 study by the Pikes Peak Behavioral Health Group (PPBHG) analyzed suicide rates in El Paso County and Colorado Springs relative to other large cities in the U.S. The study reports that the metropolitan area of Colorado Springs has the second highest suicide rate (2.6 per 10,000 residents) compared to 53 similar large cities (Las Vegas had the highest rate). It also found that El Paso County has slightly higher suicide rates than the State of Colorado for specific demographic groups—such as males aged 25 to 54, Whites and Hispanics. An analysis of suicide rates by zip codes found the highest rates in the central metro and downtown Colorado Springs area.

A recent study by the RAND Center for Military Health Policy Research found that 18.5 percent of active duty service members returning from Afghanistan and Iraq have PTSD or depression, and 19.5 percent report experiencing a traumatic brain injury during deployment³⁵. More specifically,

- 14 percent of service members surveyed for the RAND study reported characteristics of PTSD;
- Another 14 percent reported characteristics of depression;
- 12.2 percent reported a traumatic brain injury (TBI);

³³ <http://www.cdc.gov/InjuryViolenceSafety/>

³⁴ “Suicide among male veterans: a prospective population-based study,” Mark Kaplan, Nathalie Huguet, Bentson H. McFarland and Jason T. Newsom, *J Epidemiol Community Health* 2007, www.jech.com.

³⁵ “Invisible Wounds: Mental Health and Cognitive Care Needs of America’s Returning Veterans,” www.rand.org.

- 7.3 percent reported having PTSD and TBI or depression and TBI; and
- The majority reported having no disorder.

The study also found that half of those who need treatment for these conditions seek it—but less than half of those treated get the right care. The main reasons that service members who may need care do not seek it were:

- Potential side effects of medications;
- Potential harm to the service member’s career;
- Potential denial for security clearance;
- Belief that family/friends are more helpful than medical professionals; and
- Potential for coworkers’ confidence in service member to diminish.

PTSD. Although Soldiers may experience any of the above conditions, the most common disorder related to military combat is Post-Traumatic Stress Disorder (PTSD). According to the NIMH, PTSD occurs when the “fight-or-flight” response—a healthy reaction meant to protect a person from harm—is “changed or damaged”. PTSD is an anxiety disorder that can be caused by exposure to a terrifying event or ordeal in which grave physical harm was experienced or threatened.

People with PTSD may feel stressed or frightened even when they are no longer in danger. These “hyperarousal” symptoms are usually constant, rather than triggered by something that reminds one of the traumatic event experienced. They can make the person feel stressed and angry and may prevent a person from sleeping, eating, or concentrating.

When the PTSD symptoms go away after a few weeks, the diagnosis is called acute stress disorder, or ASD. When the symptoms last more than a few weeks and become an ongoing problem, they might be PTSD.

Some people with PTSD don’t show any symptoms for weeks or months. This is a critical issue for the Army, as PTSD symptoms may show up many weeks after a Soldier has returned from war and gone through reintegration training.

Children can also experience PTSD. In older children, symptoms may be similar to adult symptoms. In younger children, symptoms can include:

- Bedwetting;
- Forgetting how or being unable to talk;
- Acting out the scary event during playtime; and
- Being unusually clingy with a parent or other adult.

According to the NIMH, is important for people with PTSD to be treated by a mental health care provider *who is experienced with PTSD*. PTSD is usually treated through a combination of medications (anti-depressants) and counseling/therapy. Sometimes it may take trying different treatments before finding a treatment that works.

On-post services. Fort Carson provides direct medical care to Soldiers with behavioral and other health care needs. The Department of Defense also offers a counseling service for families and their members. Soldiers and their families may also choose off-post counselors/behavioral health care providers.

Warrior Transition Unit. This Army-wide program was created in 2007 to support wounded Soldiers when they return from battle. The Warrior Transition Units (WTUs) provide support to Soldiers and their families as they heal. WTUs are staffed by nurses, military leaders and mental health professionals.

According to the Army, caseload in the WTU system doubled in one year, from 6,000 in 2007 to 12,000 in 2008. The Army reports that the WTU system “has completely reformed how the Army cares for wounded warriors and continues to update policies and increase staff to meet the needs of Soldiers and their Families.”

The WTU at Fort Carson is called the Warrior Transition Battalion.

Military One Source. Military OneSource offers three kinds of short-term, non-medical counseling options to active duty members and their families. These counseling services are designed to assist with short-term problems—stress management, communication skills, parenting skills—rather than critical behavioral health care needs. Each eligible service member or family member may receive up to 12 sessions, per issue, per counselor at no cost. Those requiring counseling for long-term medical issues will be referred to other care providers (TriWest or on-post health facilities).

It should be noted—and this disclosed up front on the website—that Military OneSource consultants “have a duty to report family maltreatment (spouse, child, elder abuse), threats of harm to self or others, substance abuse, and illegal activities. These reports are made to the appropriate military and civilian authorities.” The reasons for this are obvious; however, this “duty to warn” may dissuade Soldiers and their families from getting the counseling they need for fear of the consequences.

Off-post services. Behavioral health is different from other social services in that some of the costs of care are covered by health insurance covers (in this case TRICARE, the health care program for active duty military personnel and their families). TriWest Healthcare Alliance is the local provider of TRICARE to Fort Carson.

Researchers at TriWest have internal models that analyze use of health care services both on- and off-post and project future demand. Understanding future demand is important for TriWest because as part of their contract with Fort Carson, the company must work to ensure that adequate numbers of providers exist to support the demand for services of Soldiers and families. Recent internal analyses have shown large increases in off-post behavioral health care visits of active duty Soldiers, especially during 2008. The utilization rates of family members utilizing on- and off-post providers have shown less variance over time. The vast majority of family members receive off-post care.

TriWest projects significant demand for new outpatient behavioral health providers between 2008 and 2011—from 33 providers in 2008 to 59 in 2011. Demand for inpatient beds will also increase. On average, there will be a need for 29 more “acute behavioral health” beds, 21 “substance abuse” beds and 13 “residential treatment” beds.

In its 2009 analysis of behavioral health care demand, TriWest concludes that the Colorado Springs mental health community is willing to expand to meet the behavioral health care demands of Fort Carson growth. The following subsection describes some of the major behavioral health care programs in the Fort Carson region and how they may play a role in meeting the growing demand.

Warrior Support Center. The Warrior Support Center was started in Colorado Springs with the specific goal of providing behavioral health services to Soldiers and their families.

Between July and December, the number of active families at the support center increased by 40 percent. There was also an increase of younger (0 to 8 years) clients than in the past.

Stakeholders from the school districts in the Fort Carson region report that many families seek out the Warrior Support Center services, especially for the treatment of younger children.

Cedar Springs. Cedar Springs Hospital in Colorado Springs (Cedar Springs) is the only off-post psychiatric hospital in the Fort Carson region. The hospital provides both in- and outpatient services. Cedar Springs’ programs include:

- Reactive Attachment Disorder (RAD) Residential Treatment. The hospital’s “Connections” program treats children up to age 12 who suffer from reactive attachment disorder; the program also provides family education and training workshops. This behavioral disorder can be caused by sudden separation from primary caretaker; frequent moves or placements; abuse and neglect; inconsistent or inadequate day care and/or unprepared mothers with poor parenting skills. Children of Fort Carson Soldiers experience some of these conditions and as such, may be at greater risk of the disorder.
- The hospital provides inpatient care to adults and children who exhibit: significant impairment in functioning at home, work, school, with peers or in the community, including posing danger to themselves or others; seriously impaired judgment; and, substance abuse.
- The hospital also couples substance abuse/detox services with stabilization and specialized services for adults with co-occurring mental health issues such as bi-polar disorder, depression, and a range of anxiety disorders, including PTSD and other trauma related issues.
- There is also a school on site at the hospital that both children and adults can attend to learn skills to reintegrate into the community outside of Cedar Springs.

Cedar Springs works very closely with TriWest and is an active participant in TriWest’s efforts to facilitate better coordination among off-post providers and Fort Carson. Cedar Springs’ management also works with TriWest to ensure that the hospital has the ability to meet TriWest’s demand for psychiatric services (Cedar Springs’ management reports that it does).

Cedar Springs offers a wide range of specialized services for individuals of every age who are struggling with emotional, behavioral, or addictive disorders. Since mental health disorders occur across a spectrum, from mild to severe, Cedar Springs Hospital tailors its services accordingly. Cedar Springs provides a full continuum of care, including outpatient, case management, residential, and continuing care services.

As a progressive organization, Cedar Springs Hospital is always working to improve access, convenience, and quality of care through innovation, research, and training.

Pikes Peak Behavioral Health Group. Pikes Peak Behavioral Health Group (PPBHG) provides a broad range of services including mental health, substance abuse, vocational skills training and employment, education and restorative justice. The organization’s vision is to establish “a mentally healthy community in which the worth and dignity of every person is promoted and encouraged.”

PPBHG has several divisions and provides services to address a range of behavioral health issues including:

- **Mental health.** Identification and treatment of ADHD, bipolar disorder, depression, schizophrenia, and PTSD.
- **Substance abuse.** Treatment services.
- **Suicide.** Prevention and community education and outreach.
- **Care management.** For depression and other mental health services, PPBHG provides outreach and advocacy for the institution of care management programs by employers, in addition to training and establishing best practices for behavioral health providers.
- **Housing.** PPBHG assists clients with accessing subsidized housing programs and finding affordable housing.
- **Education/job training.** PPBHG provides career counseling and job training to clients, specialist services for children at school, special programs (e.g., anger management) for children and their families outside of traditional classrooms, family support groups and other support and education services.
- **Military specific programs.** First Choice Counseling Center within PPBHG serves military personnel in the region. First Choice has access to the full continuum of Pikes PPBHG's services and customizes them for the commercial healthcare market.
First Choice provides a full range of outpatient mental health services that includes family, individual, couples and group psychotherapy. Medication prescription appointments for both adults and children are also available. All mental health services are offered by licensed therapists and medication management is provided by a nurse prescriber. First Choice fills a unique niche in serving active duty military, military families and veterans.

PPBHG’s newest program to serve military is called Peer Navigator. The purpose of the Peer Navigator program is to translate and coordinate civilian behavioral health systems for current and former military personnel, as well as their families, and provides a “friendly face” to navigate the numerous, complex systems available to support them. All Peer Navigators are themselves veterans or

family members of veterans with invaluable insight and credibility in dealing with military personnel, veterans and their families. An individual peer navigator helps military members, veterans and their families “plot a course” through the sometimes overwhelming challenges of day-to-day life. These individuals often experience difficulty coping with the physical, psychological, and emotional effects of war, and frequently have problems transitioning to, and integrating with, the civilian world. Peer Navigators are well versed in community resources, and are available to mentor and guide military members, veterans, and their family members towards the resources available to them in order to meet their needs. After running the program for one year, statistics showed 83 percent of participants experience positive and meaningful life changes ninety days after starting the Peer Navigator Program.

PPBHG has taken the lead on a number of recent efforts to address gaps in behavioral health service provision in the Fort Carson region. These efforts include seeking funding for behavioral health projects (including service expansion and improving outreach and referral systems); working with TriWest to bring together providers on- and off-post to discuss Fort Carson’s desired “Soldier-centric” approach to mental health care; and creating new programs to serve the growing behavioral health needs of the Fort Carson community (e.g., Peer Navigator).

Veteran Trauma Court. The Veteran Trauma Court (VTC) in Colorado Springs, established in late 2009 by the El Paso County District Attorney’s office, provides veterans “or those persons who have been discharged or released from the Armed Forces” an alternative way to have their cases presented in court. See the Legal Services subsection above for a description of the VTC.

The following community providers are smaller and/or have more specific service niches.

- **Bridge to Awareness Counseling Center.** Bridge to Awareness Counseling Center (BTACC) provides substance abuse treatment and therapy services. BTACC provides outpatient care specializing in individuals who are DUI/DWI offenders, criminal justice clients, adolescents, women, and persons with dual diagnosis. Adolescents and adults combined, BTACC has a steady caseload of 1,400 clients each month. There are an estimated 15 active duty service members among the 1,400 each month (or about 1 percent of all clients). Recently, BTACC has been set up with Fort Carson as a referral agency (they recently hired a nurse practitioner who used to work on-post); therefore, the number of active duty military served may increase. Funding is provided through federal grants/programs and is mostly stable. Staff at the Bridge noted that they would like more help/referrals from the Fort Carson community in reaching individuals who need help.
- **Lighthouse Assessment Center.** Lighthouse Assessment Center (LAC) is a drug crisis treatment center serving adults. (The organization used to have a detox unit, but it was recently closed). The treatment center typically keeps individuals at for 3-7 days. The organization is funded through Medicaid, TRICARE and local government funds.

The center averages 800 to 900 clients per year of which 72 (or 8 percent) are active duty service members. Dependents (spouses) of active duty service members are also served by LAC, but the number is unknown. Prior to losing the detox facility there were substantially more service members who utilized the facilities at LAC (for detox). LAC has a current capacity of 16 beds for acute treatment, 6 of which are reserved for military. Prior to the closure of the detox facility, there were an additional 20 beds. Military individuals find out about LAC through the Warrior Transition Unit (WTU) meetings. LAC reports a noticeable increase pre- and post-deployment.

LAC experiences times when its facility is full and cannot meet demand. When LAC fills to capacity, staff makes referrals to Cedar Springs when there are cases of severe chemical dependency. Because LAC does not have a large capacity, it is difficult to readily accommodate fluctuations in demand.

LAC has worked with TriWest to determine projections in demand for behavioral health services. The issue for LAC is not so much predicting demand, but accommodating it.

- **Suicide Prevention Partnership of the Pikes Peak Region (SPPPPR).** The SPPPPR, established in 1993, is a non-profit organization whose purpose is to provide education, intervention, and survivor support services for the reduction of suicide rates in the Pikes Peak Region. The organization provides a local 24-hour hotline for suicide prevention as well as the National Suicide Crisis line. Due to increases in female and teen suicides, SPPPPR has initiated several educational outreaches to local schools.


During the last year, 3,919 individuals called into the hotline and received services. The organization estimates that 15 percent of this number was either active duty service members from Fort Carson or their family members. SPPPPR notes that it is very difficult to measure demand for suicide prevention services; however, the organization notices an increase before and after deployments. Serving Fort Carson Soldiers is challenging because the Soldiers are hard to reach and they are afraid of giving information in fear that it will get back to their superiors.

SPPPPR's is funded through grants, donations, fundraisers and the Office of Suicide Prevention education. Funding can be volatile.

- **Franciscan Community Counseling.** This organization provides outpatient mental health counseling on a sliding scale/fee for services basis. Annually, they provide between 400 and 450 people 10 sessions each per year (for between 4,000 and 4,500 sessions total). The organization has a wait list for between 30 to 40 people. Franciscan Community Counseling reports serving more families than individual Soldiers.
- **Them Bones Veteran Community Spiritual/Family Counseling (Them Bones).** Them Bones is a non-profit organization that was founded by a psychotherapist for combat victims. The organization provides services in psycho-educational sessions for community leaders about the effects of military deployment, veteran integration sessions that are gender specific, healthy self-care groups for military wives, veteran training groups around panic attacks, and 12-Step War Trauma Recovery groups. Since July 2008, Them Bones has served 113 individuals. Six percent or 7 out of 113 were Active Duty Soldiers at Fort Carson. Them Bones is funded by two private 3-year grants. There is no charge for their services but they accept donations
- **Talking with Heroes.** Talking with Heroes is a radio-based interview program, interviewing troops, veterans, military and veteran support groups, and cover current and critical issues such as PTSD and TBI. They are not a direct provider of behavioral health services, but rather a vehicle for communicating the complexities of mental health issues to a broad audience.

Impact assessment. Based on the severe consequences of behavioral health issues going unaddressed, unpredictable funding for some of the key service providers (e.g., LAC and SPPPPR), TriWest’s identification of potential gaps in future service provision and provider interview findings, a “critical” impact assessment was assigned to behavioral health, as shown below in Exhibit VIII-27.

**Exhibit VIII-27.
Behavioral Health Providers Impact Assessment**

Impact Assignment	Social Service Type	Common Measure of Utilization	Estimated Demand Impact	Factors in Impact
 Critical	Behavioral Health Services	<ul style="list-style-type: none"> ■ Number of clients served. ■ Percent of clients who are military. ■ Projected increase in demand due to future deployments. 	Increase in demand for services from community-based providers will increase with future deployments.	<ul style="list-style-type: none"> ■ Many providers report being at or above current capacity. ■ TriWest identification of gap in supply of providers. ■ Funding is unpredictable for some providers.

Source: BBC Research & Consulting.

A critical impact assignment is given to this service area to indicate that multiple, serious concerns exist with regard to the community-based provider’s ability to absorb the projected demand increases—and the consequences of not meeting demand. Relative to other social service providers, the importance and utilization of services by Army populations is deemed of critical importance.

Medical Health

This subsection addresses the ability of the region’s medical providers and Fort Carson to accommodate the increase in Fort Carson troops and families. Phase I of the Growth Plan detailed the overall off-post provider and service capacity to serve Fort Carson Soldiers and families. The findings of Phase I indicated in general the overall adequacy of supply for health care services, with exceptions particularly in nursing and behavioral health needs. The Phase II analysis objectives are discussed below.

Medical health issues. There are three research objectives for the medical health task:

- Investigate current or potential gaps in the provision of medical health care by active-duty military, or their dependents, at Fort Carson and in the greater Colorado Springs area;
- Identify any current or potential barriers to service access; and
- Make recommendations for short and long-term improvements in medical health care service provision.

Fort Carson Medical Health Services. Fort Carson serves active duty service members, family members and non-active duty service members and their families (e.g., retirees) through Evans Army Community Hospital (EACH). This military treatment facility (MTF) provides hospital services for the region, including Air Force and other personnel assigned to other installations in the region. These installations continue to provide outpatient and clinic services. In order to accommodate BRAC and other growth, EACH is currently expanding and renovating its facilities. In late 2009, Fort Carson also opened a 16,000 square foot off-post clinic in the community to serve primarily families (including women’s health, family medicine and pediatrics). In June 2010, Fort Carson opened a 13,000 square foot facility on-post to serve Warriors in Transition.

TRICARE/TriWest. All active duty military personnel and their dependent families receive medical and behavioral health benefits through a program called TRICARE. TRICARE has many different programs for various types of beneficiaries and geographic locations, but for non-deployed active duty members and their families, the TRICARE name implies that three primary benefit coverage options are offered:

- **TRICARE Prime.** TRICARE Prime is a managed care type program that requires all enrollees to select a primary care manager (PCM) who manages most of their primary care and authorizes referrals within the medical treatment facility (MTF) or to TRICARE network providers. In most cases, Active duty service members (ADSM) and family members (ADFM) pay nothing for their care. TRICARE Prime *is mandatory* for all active duty service members (but not their family members).
- **TRICARE Extra.** TRICARE Extra is a preferred provider, or PPO-type plan, offering care from TRICARE network providers or from the MTF on a space available basis. The plan is available for beneficiaries (e.g. family members) who choose not to enroll in TRICARE Prime. This plan requires modest annual deductibles and discounted cost-shares, making this care option more expensive than TRICARE Prime.
- **TRICARE Standard.** TRICARE Standard is a fee-for-service plan available for beneficiaries who choose not to enroll in TRICARE Prime. Care can be received from TRICARE-authorized non-network providers, with care at the MTF provided on a space-available basis only. Annual deductibles and cost-shares apply to this plan, making Standard a higher cost option than TRICARE Prime and Extra.

TRICARE benefits are administered through regional contractors based in three U.S. regions — North, South, and West. Fort Carson falls within the West region, where TRICARE benefits are administered through the TriWest Healthcare Alliance (TriWest).

TriWest continues to work with Fort Carson and network providers to assess supply and demand. The Study Team worked with TriWest and medical providers through the Growth Plan's Health, Behavioral Health and Social Services Partnership Group to look more closely at the challenges identified in Phase I, including provider recruitment and expected gaps in behavioral health and key specialties. It should be noted that the Military Community Collaborative, an ad-hoc consortium of health and behavioral health providers and other stakeholders originally expected to address medical and behavioral health issues as part of the Phase II analysis, stopped meeting early in the Phase II planning process; therefore, the Growth Plan partnership group took on the role of providing subject matter expertise and review of the analysis and recommendations presented by the Study Team.

Approach. In late 2008 and early 2009, TriWest presented the results of a complex modeling effort that the organization had completed to understand demand for medical service provision related to the growth at Fort Carson. TriWest must do these analyses as part of its contract with the Department of Defense. TriWest must also help find providers to meet the gaps identified.

Because the TriWest model utilizes data on medical services that are not available to the Study Team (e.g., statistics on enrollment, military treatment facilities' service levels and network provider supply), the TriWest projected gaps analysis in medical health care provision is the source for the Phase II medical care needs assessment. The methodology for this task differs from the methodology of many previous tasks in that the supply and demand projections discussed are not actively linked to the Fort Carson Demographic Model (FCDM).

However, the Study Team shared the results of the FCDM with TriWest, to help inform their gaps analysis. The Study Team also compared the number of assigned Soldiers with TriWest's active duty enrollment numbers (in the 2008 model), which are used as a basis for the gaps analysis. Although the numbers differed somewhat, in most cases, TriWest's projections of active duty enrollees had more variability and were higher than the FCDM's projections of assigned Soldiers. This suggests that the gaps determined by TriWest's 2008 modeling are unlikely to be larger based on the new data. At the time that Phase II of the Fort Carson Regional Growth Plan was being completed, TriWest was finishing an update to its medical and behavioral service gaps model. PPACG and the Health, Behavioral Health and Social Services Partnership Group will continue to work with Fort Carson and TriWest to address the trends, issues and gaps identified in this updated analysis.

The TriWest model evaluates demand and supply for medical and behavioral health care for:

- Active Duty Service Members (ADSM)
- Active Duty Family Members (ADFM)
- Non Active Duty Members (i.e., veterans and their family members)³⁶.

Medical health findings. TriWest's projections as of fall 2008 found that the medical health areas most affected by the increases in the ADSM and ADFM populations at Fort Carson have sufficient capacity for most of the incoming population. This is because of increased staffing, in anticipation of the Fort Carson growth.

These areas with sufficient capacity include:

- Primary Care
- Emergency Care
- OB/GYN
- General Surgery

Areas where there are likely to be provider gaps in the network of care include:

- Neurosurgery (1 network and 7 non-network providers needed).
- Endocrinology (1 network and 5 non-network providers needed).
- Infectious Disease (1 network and 5 non-network providers needed).
- Urology (3 network and 11 non-network providers needed).
- Dermatology

³⁶ It should be noted that the 2008 model assumes no growth for enrollment of this group.

- Rheumatology

TriWest’s recommended mitigation plan for addressing the gaps is to:

1. Continue to recruit providers to the network, especially in the fields of Neurosurgery, Endocrinology and Infectious Disease, and
2. Utilize capacity in Denver and Pueblo. According to TriWest, there is “ample supply” in Denver to fulfill the gaps in providers by specialty.

The Study Team presents additional recommendations addressing the need for continued information-sharing and collaboration to address these identified gaps. See below for those recommendations.

Recommendations

Recommendations—Social Services, overall. The top level need for improving social services delivery to Fort Carson families while ensuring adequate services for the region’s civilians with social services demands is to improve communication and coordination between Fort Carson and community-based service providers. This is needed to create a more collaborative relationship and to provide a broader safety net to military and civilian populations. Although a handful of groups have been established with this goal (e.g., the Southern Colorado Acute Behavioral Health Coalition), these groups are organized around a narrower issue than the broad provision of social services.

To achieve this, the following needs to be implemented:

1. Establish one primary point of entry for a social services directory and call center. Currently, there are several online and paper directories in El Paso County; United Way’s 2-1-1 information and referral system (2-1-1) and Army One Source are the largest. 2-1-1 also serves as a call center. It is unclear if any or all are comprehensive (2-1-1 may be the closest), if the directories are current, or which are most widely used by and publicized to military families.
 - Create a new, comprehensive directory (perhaps using the existing Network of Care framework employed by many cities) and call center. 211 should be a part of the development of the directory. The directory development should be initially organized by PPACG.
 - Receive funding, perhaps through OEA, to operate the online directory and call center and online directory for 3-4 years.
 - Develop and implement a communications plan for disseminating information about the directory to military families on and off-post.
2. Provide Fort Carson gate access (e.g., contractor badges, VIP passes) to community-based service providers who must visit on-post locations frequently. This would save time and make service delivery more efficient.

3. Ensure community-based providers are trained in appropriate military culture and customs by military institutions (i.e., training should be provided by Fort Carson, Department of Defense or other military organizations) to ensure seamless service delivery, on- or off-post..
 - Responsible party—PPACG, through quarterly community partnership trainings.
 - Goal—Hold 4 meetings per year.

4. Encourage all community-based providers to implement standardized intake form data. These data should be aggregated and shared community wide to track and communicate the ongoing impact of Fort Carson growth on social service provision in the region. The basic variables that all social service providers should be collecting include:
 - Affiliation with the military and what branch;
 - Military status/military experience (ever served, active duty, veteran);
 - Service period;
 - If the Soldier has received services on-post or off-post (and from what providers) recently;
 - Other services that are needed (e.g., domestic violence, financial counseling); and
 - How client found out about the service (to help measure effectiveness of the online directory and best ways to conduct outreach).

Recommendations—Domestic violence, child abuse and sexual assault services. Our analysis of the likely growth in demand for domestic violence, child abuse and sexual assault services concluded that it will be difficult for service providers to manage expected demand. Relative to other social service providers, the utilization of domestic violence services by Army populations is deemed of critical importance. To improve domestic violence services, in addition to the above recommendations, the following should be implemented:

- **Assist in the development of an action plan for the Domestic Violence Enhanced Response Team (DVERT) program.** This would include targeting potential ongoing grant opportunities and developing a contingency plan if funding is not secured.

- **Assist Court Appointed Special Advocates (CASA)** with strategic planning for an additional Supervised Exchange & Parenting Time (SEPT) facility, potentially in the southeast section of Colorado Springs, near Fort Carson. Explore partnership opportunities with the Lorraine Center (close to Fort Carson) and assist with capital campaign planning or grant funding.

- **Continue efforts to minimize stigma associated with seeking assistance for family and relationship difficulties.**

- **Seek increased funding** to assist existing providers of domestic violence, child abuse and sexual assault services meet increased demand, which is likely to peak at the end of 2011.

Recommendations—Food and emergency aid. Although the Phase II analysis concludes that community-based providers of food and other emergency assistance should be able to effectively manage any increase in demand for services in the future, there are several improvements that could be made to the existing network of providers to enhance current service delivery and eliminate uncertainties among Soldiers and providers. These improvements include:

- **Better communication of Army policies.** A frequent comment made during interviews with community-based providers was that there was a lot of uncertainty surrounding whether they “should” provide emergency food assistance to a Soldier or Soldier’s family. Some providers believed that they should not assist a Soldier, but rather direct the Soldier to ACS on-post. Others were unsure of the appropriate policy. To minimize confusion among providers, ACS should provide detailed information and communications to community-based providers on their policies and preferences regarding Soldier assistance. This is especially true for the commodity food card program, where there appears to be the most confusion.
- **Increase provider outreach and education through Member Campus.** Care and Share Food Bank for Southern Colorado (Care and Share) created a “Member Campus” program to assist partnering agencies (generally food pantries) in education on relevant issues, including general food aid issues, how to retain and recruit volunteers, and how to pursue grant funding to support operations. Grant funding can be of critical importance in allowing community-based providers to meet growing service needs. Sources of grant funds may include the Community Development Block Grant (CDBG), federal stimulus dollars, as well as various local foundations, including the El Pomar Foundation and the Coors Foundation. Care and Share can work together with small food pantries to assist in obtaining grant funding to efficiently build program capacity.

Currently, Care and Share’s partnering agencies are not taking full advantage of all the Member Campus has to offer. The Study Team recommends ACS and Care and Share, in conjunction with the Member Campus, work together to better communicate and coordinate assistance to a growing population. This should be achieved through formalized meetings—quarterly would be ideal—to discuss service demands, unmet needs, opportunities for grant funding, gaps in the system, etc.

Recommendations—Financial readiness. The Study Team anticipates manageable demand with meeting the needs of financial counseling needs of Soldiers. As such, these recommendations focus on how financial counseling organizations in the Fort Carson region can assist Soldiers with their financial health. If the financial health of Soldiers is intact, organizations such as Consumer Credit Counseling Services (CCCS) are likely to be able to manage demand for their services.

- **Continue and enhance partnerships with local financial institutions and credit counseling services.** Fort Carson leadership should continue to partner with local organizations and lenders to offer counseling and lending opportunities within the community.

Although credible organizations with services offered online may provide sound financial advice to Soldiers, face to face interaction with local counselors is invaluable. These services, such as those offered by CCCS, should be marketed and promoted so that Soldiers interested in services off-post are aware of local options.

- **Promote VA and FHA loans.** Veteran Affairs (VA) and Federal Housing Administration (FHA) loan products offered competitive interest rates to its recipients. These loans products perform well by offering consistent interest rates across all race and ethnicities. To continue efforts in ensuring Soldiers are receiving competitive loan products, VA and FHA loans should continue to be promoted.
- **Continue to provide financial relief and aid to Soldiers.** Financial instability often occurs when Soldiers are unprepared for financial emergencies. It is important that Fort Carson and ACS continue to partner with nonprofits that provide financial assistance to Soldiers, such as The Home Front Cares and Army Emergency Relief (AER), to ensure that a financial emergency does not result in unmanageable debt. Financial counseling services would also benefit from having a strong web of other social services within the region that provide food aid or other basic necessities in times of emergency for Soldiers.

Recommendations—Legal services. The legal services analysis conducted for Phase II found that public providers of legal assistance will meet increased demand for services, largely because they are mandated to do so. The exception is housing for veterans in the El Paso County Veteran Trauma Court, where there is a shortage of beds to serve veterans receiving outpatient services through the Colorado Springs Veterans Center. The Study Team’s recommendations for continuing a strong legal services system in the Fort Carson region include:

- **Establish a transitional housing facility for homeless veterans.** Fort Carson veterans who are in unstable living conditions have very few housing resources in the Fort Carson region. There are only 5 beds for homeless veterans who are proceeding through the Veteran Trauma Court process and receiving treatment. Veterans who do not have stable housing stay with friends or family members or are homeless. Unstable housing makes it harder for veterans who are receiving treatment to become self-sufficient and “get back on their feet.” One solution is to expand the Crawford House established by the Colorado Veterans Resource Coalition in Colorado Springs.
- **Continue programs like the Veteran Trauma Court.** It is too early to tell the outcome of the newly established Veteran Trauma Court in the Fourth Judicial District. It is likely, however, that this program will offer an effective alternative to veterans who have experienced trauma and are engaged in criminal activity. It is unknown whether the Court’s early intervention and assistance to veterans with mental health issues will prevent further criminal behavior in the long term. However, the creation of additional opportunities to help Soldiers address the adverse effects of trauma is a very positive step.
- **Develop strong access points and referral systems.** For Soldiers and their families to get the legal services they need and, more critically, to avoid further victimization, it is critical that Soldiers and families are able to access legal services when they need them. For example, a spouse needing a restraining order is potentially at risk of further harm until the order is issued. It is critical that Soldiers, their family members and civilians can easily access points of contact for legal services and that proper referral systems are in place.

Recommendations—Behavioral Health Services. Demand projections and the recent experiences of providers indicate growing demand for behavioral health services for Soldiers and their families, especially as deployments continue. During the course of this study, a number of efforts were initiated to address the current and projected needs. These efforts (described below) should be continued and bolstered so that behavioral health needs can be met and the network of services is reinforced.

- **Continue quarterly Community Provider Training workshops.** PPACG has been instrumental in bringing together off-post providers of a range of social services, including behavioral health services, to receive training beyond the Army 101 – an introduction to military culture and services offered on-post. These quarterly sessions should continue. Not only do they help to establish a more formalized network for on- and off-post providers, they help off-post providers keep abreast of current issues at Fort Carson and military culture.
- **Continue TriWest-led behavioral health group meetings.** In the fall of 2009, on- and off-post behavioral health providers (the “Southern Colorado Acute Behavioral Health Coalition”) began meeting to discuss how off-post providers can adjust their programs to be more responsive to some of the current behavioral health issues on Post (including adoption of a “Soldier-centric” focus in behavioral health care provision). These meetings should continue, as the behavioral health care needs of Soldiers and their families are likely to change with combat situations and deployments.

In addition, as TriWest completes its modeling efforts and projections for behavioral health needs and provider demand, these findings should be shared first with providers and then with a broader audience to develop a community-wide effort for broadening the base of providers and grant funding to meet the growing needs.

- **Actively pursue funding to address shortages in behavioral health services.** As many providers told us in our interviews, it is difficult to accurately project demand for behavioral health services (particularly in very serious cases) because of the complexities of mental health issues. That said, given the very high levels of stress faced by many Soldiers in combat, it is likely that the demand for all types of behavioral health services will continue and likely peak in late 2011 and early 2012, as a very large number of Soldiers are scheduled to return from combat. Some service providers are budget-constrained and will have difficulty meeting increased demand. Other providers will not meet demand, as there is little duplication of services in the Fort Carson region.

To best serve Soldiers and their families as they prepare for and return from combat—and minimize community impacts of untreated mental health issues—the Fort Carson region needs to have a strong access point for services; an organized, an easy-to-access and well-published education, referral and outreach system; and enough (and the right kind of) providers to meet behavioral health needs. This will take increased funding. Pikes Peak Behavioral Health Group (PPBHG) and PPACG have begun to pursue grants to address these key issues and these efforts should continue.

Recommendations – Medical Health. Phase 1 of the Regional Growth Plan found a deficiency in the supply of primary care physicians and specialists to meet growing demand. As a result, it was recommended to “Create a regional strategy and plan for recruiting physicians to the region to address the projected shortfall. The regional organization should identify if there would be a large enough volume of patients under the projected growth scenario to substantiate the recruiting of highly specialized physicians to treat disorders that currently are migrating out of the area.”

TriWest is partially fulfilling this recommendation through its gaps analyses. However, the model data and outcomes of TriWest’s analyses have not been widely shared in the region, especially with the business community who could play a role in recruiting and attracting medical professionals to the area. TriWest is willing to do undertake this effort at better informing the community.

Therefore, the Study Team makes the following recommendations:

1. TriWest should work with PPACG, the Growth Plan partnership group and other entities to provide information to the region regarding TriWest gaps analysis findings and provide updates as additional information becomes available.
2. TriWest should continue to work with Fort Carson (EACH), local hospitals and the El Paso County Medical Society to enhance recruiting strategies to meet regional needs related to Fort Carson growth. This coordination should include sharing of resumes received from providers outside the region seeking to relocate and other strategies to minimize competition among institutions to fill position openings.