



KARIS COMMUNITY

A PLACE OF HOPE & HEALING SINCE 1976

HISTORY & BACKGROUND

Karis Community offers a community-oriented residential program for adults managing serious and persistent mental illness (SPMI) as well as co-occurring substance use disorders. Founded in 1976, Karis (the Greek word for “grace”) began as a retreat center for those needing respite from life’s stressors. Inspired by Great Britain’s post-WWII discovery that veterans with Post-Traumatic Stress Disorder could significantly recover in communal environments, Karis adopted a therapeutic community model. Our work lies at the intersection of mental health, trauma, and substance use, with recovery goals that include managing and reducing symptoms, learning coping strategies, developing life skills, and restoring the capacity to engage in healthy relationships.

People experiencing mental illness are often marginalized, stigmatized, and made to feel ashamed of their conditions. They face societal barriers, including limited access to healthcare, unemployment, housing instability, and discrimination. Many of our Community Members (CMs) have experienced homelessness, abuse, dysfunctional relationships, suicidal ideation, substance misuse, and institutional isolation. There is an alarming lack of affordable mental health treatment options for individuals who may not require hospitalization but are not ready to live independently. Karis’ program equips CMs with the skills and tools to find employment, reduce costly and traumatic hospitalizations, and strengthen relationships with others. Our mission is to provide a community where people heal together.

OUR GOALS

Our primary goal is for 80% of CMs to achieve measurable progress in their recovery through the Empowerment Program. The program focuses on three key goals:

- Provide a structured and safe environment that fosters self-worth and self-efficacy.
- Empower CMs to develop essential skills for symptom management, healthy coping mechanisms, and independent living.
- Assist CMs in leading meaningful and fulfilling lives, both at Karis and beyond.

OUR CURRENT PROGRAMS

- Karis supports more than 100 adults each year through our residential program, transitional housing (Stepping Stone Cottage), alum services, waitlist support, and community resource navigation. Karis’ program is intentionally designed to provide deeply personalized, trauma-informed support for individuals who are not ready to live independently but do not require hospitalization.
- CMs commit to a minimum of six months’ participation. They may stay up to two years, providing the longevity and stability needed to grow and succeed.
- Each week, there are six support group meetings: Recovery Support, Evidence-Based Interventions, Healthy Relationships, Mindfulness, Life Essentials, and Structure Support. A Community Meeting serves as a forum to express gratitude, discuss relevant issues, provide check-ins for those who are struggling, and offer traditions for those joining or leaving the Community. These groups foster open communication, respectful cooperation, mutual feedback, healthy self-awareness, personal responsibility, autonomy, and interdependence. CMs can learn relationship skills and concepts relevant to their recovery, including empathy, collaboration, and sharing, preparing them for integration into the broader community.
- CMs structure their days by working, volunteering, attending school, or participating in treatment programming for at least 20 hours per week. The weekly Structure Support Group is available to help create a daily schedule and develop relevant skills.



- Karis employs three Peer Support Specialists. Having successfully navigated the program, these specialists are uniquely positioned to provide guidance, practical advice, and emotional support and serve as role models to current CMs and alums. Two specialists live in apartments within Karis' building and are available as a resource to the current Community.
- CMs are encouraged to use a 24-hour on-call phone to contact program staff and receive support through intervention methods designed to enhance internal coping resources and reduce the need for hospitalization.
- Since 2015, Karis has operated the Stepping Stone Cottage, a meaningful continuation of care that has supported program graduates for over a decade, helping them build on their progress at Karis and take important steps toward lasting independence. The Cottage provides housing for seven alums who are ready to practice the coping and life skills gained at Karis in a less structured environment. It offers affordable housing, continuity of care, stability, social integration, reduced risk of homelessness, and crisis prevention. Like the setup at Karis, one of our specialists resides on-site, serving as both a Peer and Property Manager to support these individuals as they continue their journey toward independence.
- We understand that recovery is not a linear journey and are dedicated to providing necessary support even after completion of the program. The Alumni Group offers weekly support meetings facilitated by one of Karis' Peer Support Specialists. Alums can also meet with the Program Director or Executive Director for individual check-ins and ongoing or as-needed case management support.

OUR ORGANIZATIONAL OBJECTIVES

Karis has three main organizational objectives:

Objective 1: CMs will create a daily structure through a minimum of 20 hours per week of employment, volunteering, education, or treatment programming.

Activities to Accomplish Objective:

- CMs meet with program staff to formulate personal and therapeutic goals and target dates within 30 days of moving in.
- CMs meet with program staff to discuss behaviors that inhibit their ability to find or maintain a daily structure.
- With program staff's support, CMs identify and work through conflict areas that pose potential problems in their daily structure during group sessions and individual meetings.

Objective 2: Reduce psychiatric hospitalizations by 80% for all CMs during their time at Karis.

Activities to Accomplish Objective:

- CMs attend weekly group sessions to discuss psycho-social stressors, coping mechanisms, and socialization skills.
- CMs meet with program staff at least once per week to discuss how to manage symptoms that previously led to psychiatric hospitalization.
- CMs have access to a 24-hour on-call phone to contact program staff and receive support through interventions that reduce the need for hospitalization.

Objective 3: 80% of all CMs will complete the program and transition to independent living.

Activities to Accomplish Objective:

- Beginning as early as six months before leaving Karis, CMs engage in transition meetings to establish goals and a move-out date. Plans include finding housing, developing a budget, establishing a support system, and maintaining engagement with mental health providers.

The CDC estimates that one in 25 U.S. adults is living with a SPMI such as schizophrenia, bipolar disorder, or major depression. Karis maximizes mental health resources by helping individuals manage their conditions without relying on costly and often traumatic inpatient care. In Colorado, psychiatric hospitalization averages an astounding \$2,400 per day, a significant financial burden. Karis maximizes mental health resources by helping individuals manage their conditions in a supportive community setting while reducing reliance on costly and often traumatic inpatient care.

EVALUATION & MEASUREMENT OF IMPACT

At least 80% of CMs will achieve each objective: maintaining a consistent daily structure, reducing hospitalizations, and successfully transitioning to independent living. The following methods were used to measure the impact and success of the program in the fiscal year 2025-2026:

- **Personal Well-being:** Journey Maps continue to serve as a collaborative tool between CMs and program staff, helping CMs reflect on key experiences throughout their recovery while at Karis and identify changes in mindset, behavior, and quality of life. Conducted quarterly, this process includes discussions on clinical programming, life skills, case management, relationships, and recovery goals. These insights are then analyzed to evaluate program effectiveness and individual progress. During FY25-26, 93% of CMs reported strengthened connections to community resources, 93% reported increased self-efficacy and quality of life, 92% improved social and interpersonal skills, 90% developed a stronger sense of community through clinical programming, and 78% reported increased confidence in their ability to live independently.
- **Housing:** Before their stay at Karis, 3% of CMs were unhoused or lived in a temporary shelter, 24% lived in a group home or sober living, 27.5% lived in a treatment facility, 36.5% lived with family or friends, and 9% lived independently. Upon graduation, three CMs transitioned to the Cottage, while the remaining graduates moved into varying levels of independence, including apartments and shared housing.
- **Daily Structure:** Before Karis, 15% of CMs reported having no daily structure, while 61% participated in treatment, 39% worked, 12% volunteered, and 6% attended school. During FY25-26, 74% met Karis' goal of at least 20 hours per week of structure through employment (57.5%), volunteering (36.5%), treatment programming (24%), and school (6%). Many CMs participated in more than one activity simultaneously to achieve their goals.
- **Hospitalizations:** CMs experienced a combined total of 133 psychiatric hospitalizations throughout their lifetimes (9,545 days), with 26 hospitalizations the year before their stay at Karis. During FY25-26, there were four psychiatric hospitalizations, representing an approximate 85% reduction compared to the year before Karis. We also monitor utilization of our 24-hour on-call phone to assess when intervention may prevent the need for higher levels of care, which can include residential treatment, crisis stabilization, other intensive behavioral health services, or hospitalization. Staff responded to 22 on-call outreaches, with 91% resolved through immediate staff intervention. Only two situations required additional behavioral health services.
- **Outcome:** CMs enter Karis with complex SPMI, acute, repeated psychiatric hospitalizations, housing instability, co-occurring substance use disorders, and limited support systems. While many CMs made meaningful progress toward their recovery goals, we did not meet our benchmark of having



80% of CMs graduate from the program. 12 CMs either required a higher level of care, chose to leave the program, or were discharged before achieving sufficient stability for independent living. In each case, our staff prioritized appropriate clinical decision-making and individualized care over meeting outcome benchmarks. Recovery is rarely linear, and progress often includes setbacks. Despite our outcome, many CMs demonstrated that progress and healing are possible.

COLLABORATION

- Karis has built enduring partnerships with over 40 agencies and hospitals, including WellPower, Jefferson Center for Mental Health, AllHealth Network, Community Reach Center, Stride Denver, Sanare, Cypress Cares, Colorado Mental Health Institute in Pueblo (CMHIP), as well as Housed, Working, & Healthy. These relationships demonstrate our commitment to receiving referrals, fostering diversity, equity, and inclusion, and providing continuity of care for CMs.
- We have also partnered with Rocky Mountain PBS and "Next with Kyle Clark" on 9News to share the stories and experiences of our CMs. These collaborations help reduce stigma and educate the public about mental health.
- Karis serves as a teaching site for students in the University of Denver's Doctor of Clinical Psychology, Counseling Psychology, and Master of Social Work programs as well as Metropolitan State University's Master of Social Work program. These collaborations not only provide excellent service to our CMs but also offer graduate students valuable learning experiences that enhance their skills and knowledge. This mutually beneficial relationship underscores our commitment to education and mental health support.

INCLUSIVENESS

- Karis welcomes individuals from diverse ethnicities, gender identities, ages, and life stages. We are dedicated to breaking down barriers of shame and stigma, providing a safe space where adults can openly discuss their struggles and gain the necessary tools to manage their illnesses.
- Current CMs play a key role in welcoming potential new members. Our process begins with a thorough screening and assessment conducted by Karis' Program Director to ensure the program is aligned with the applicant's needs and goals. If they are a good fit, they are invited to dinner with the CMs, a meaningful opportunity for mutual connection. Afterward, current CMs share their perspectives on the potential new housemate, considering compatibility, motivation, and the household's collective well-being.
- Studies indicate that mental illness is roughly twice as common among low-income populations, primarily due to additional barriers and stressful living conditions. Our comprehensive approach aims to remove these obstacles by providing affordable housing, access to mental health support and basic healthcare resources, and food security, so participants can successfully work toward their goals.
- Karis is committed to ensuring that financial circumstances do not prevent individuals from accessing the mental health support and community they need. Recognizing that individuals living in poverty face disproportionate barriers to mental healthcare, we intentionally keep our program affordable and accessible. For just \$685 per month, CMs receive housing, meals, utilities, clinical services, community activities, and 24-hour staff availability. With the major of our Community Members living at or below 30% of the Area Median Income and many having experienced homelessness, our approach helps remove financial and systemic barriers, ensuring that some of our community's most vulnerable individuals have equitable access to healing, stability, and belonging.



BOARD/GOVERNANCE

The Board of Directors plays a crucial role in advancing Karis' mission by providing governance, guidance, financial support, and advocacy. The board meets six times per year, with each member making a three-year commitment, renewable for an additional three-year term. We currently have two former CMs serving on the board, offering invaluable insights from their lived experience. Notably, 100% of board members contribute financially to Karis, reinforcing our collective commitment to being part of a larger movement.

VOLUNTEERS

In the fiscal year 2025-2026, 25 volunteers contributed a total of 584 hours to various volunteer projects. Their roles included: serving on the Board, maintaining the grounds and planting flowers on Beautification Day, planning and executing our annual spring fundraiser, and ongoing facility and maintenance projects.

PLANNING

Fiscal year 2025-2026 reinforced that CMs enter Karis with increasingly complex mental health and recovery needs. We learned the importance of balancing long-term outcome goals with recognition of smaller, incremental successes, such as establishing trust, maintaining housing stability, reducing crisis events, and engaging consistently in treatment. Moving forward, we will continue refining our evaluation methods and support strategies to capture these milestones and ensure CMs receive the care and stabilization they need.

Primary goals for the fiscal year 2026–2027:

- Raising a total of \$164,000 for our Hope & Healing Infrastructure Campaign.
- Beginning the implementation of infrastructure upgrades that incorporate trauma-informed design elements, reflecting the lived experiences and feedback of our CMs, staff, and alums.
- Expanding early intervention efforts and individualized support to help CMs identify barriers to maintaining daily structure, increase engagement in meaningful activities, and prevent the need for higher levels of care by prioritizing intervention before issues worsen.
- Improving evaluation methods to measure incremental recovery milestones and enhance reflection on necessary areas of support for long-term outcomes.