



EXECUTIVE SUMMARY

The Fort Lyon Supportive Residential Community provides transitional housing and supportive services to homeless individuals from across Colorado, with an emphasis on serving homeless Veterans. The Fort Lyon campus is situated on over 520 acres in rural Bent County and is representative of joint efforts to re-purpose the facility, stimulate the local economy and offer a supportive environment to homeless individuals.

In the two years since its inception, Fort Lyon has served 500 individuals. In the last year, Fort Lyon has served 363 people, 93 of those being Veterans. Through education, vocation, case management, and recovery-oriented peer support, Fort Lyon retains on average 93% of residents per month. Fort Lyon residents represent the entire state of Colorado, with large populations coming from Denver, El Paso, Larimer, Mesa and Weld counties. The average resident exiting the program stayed engaged in services at Fort Lyon for over 6 months, increasing their odds of obtaining long-term sobriety.¹

Last year alone, 135 people participated in education, either through our GED preparation program or by taking classes at Otero Junior College or Lamar Community College. Sixty percent, or 219 people, participated in vocational modules on campus, which help to improve and maintain the campus as well as provide residents with valuable work experience. A large majority of residents actively participated in Recovery-oriented services such as New Beginnings Drug and Alcohol Education, Relapse Prevention, Alcoholics/Narcotics Anonymous, and Community Meeting.

The average Fort Lyon resident arrives on campus with no cash income and multiple, untreated health conditions after experiencing homelessness for over a year. Fifty-nine percent of residents leave Fort Lyon for permanent or transitional destinations, with more than one-third securing permanent housing.

The following report details program information from the last year, including total resident and retention numbers, demographics, program participation, history of homelessness, income, health, and discharges.

¹ Broome, K., Flynn, P., & Simpson, D. (1999). Psychiatric Comorbidity Measures as Predictors of Retention in Drug Abuse Treatment Programs. *HSR: Health Services Research*, 34(3), 791-806.

EXECUTIVE SUMMARY

Key Findings:

Population Overview

- 363 residents served, September 2014–August 2015
- 93% average monthly retention rate
- 91% of residents were homeless 12 months or more prior to entering the program
- 33% exited to a permanent destination

Resident Characteristics

- 26% of residents served are Veterans
- 20% of residents served are female
- 56% enter the program with three or more known health conditions

Income/Benefits Sources

- 74% have one or more cash income source at exit

Job Training and Education

- 60% participate in job training opportunities
- 37% participate in educational opportunities

Health Outcomes

- Residents reported improvement across all health categories
- Quality of life scores improved by 45.2% from entry to exit.
- Depression scores decreased (improved) by 54.6% from entry to one month after exit.
- Generalized anxiety scores decreased (improved) by 60.4% from entry to one month after exit.
- Environmental quality of life scores improved by 65.4% from entry to one month after exit, exceeding the norm by 5.7 points

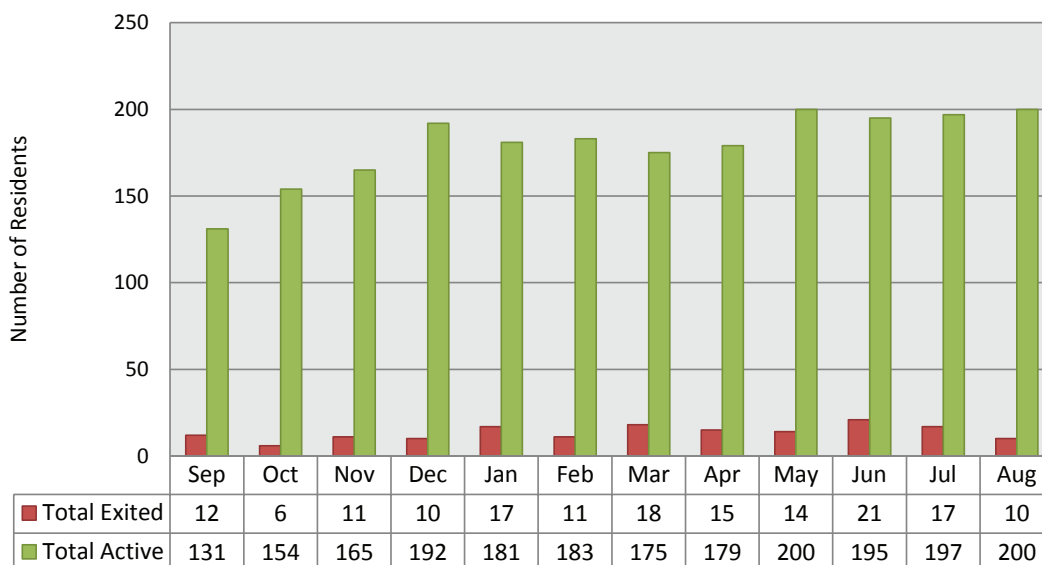
Residents' Satisfaction

- 98% of residents surveyed agreed that the services they received help them deal more effectively with their problems.



POPULATION OVERVIEW

1 Total Residents

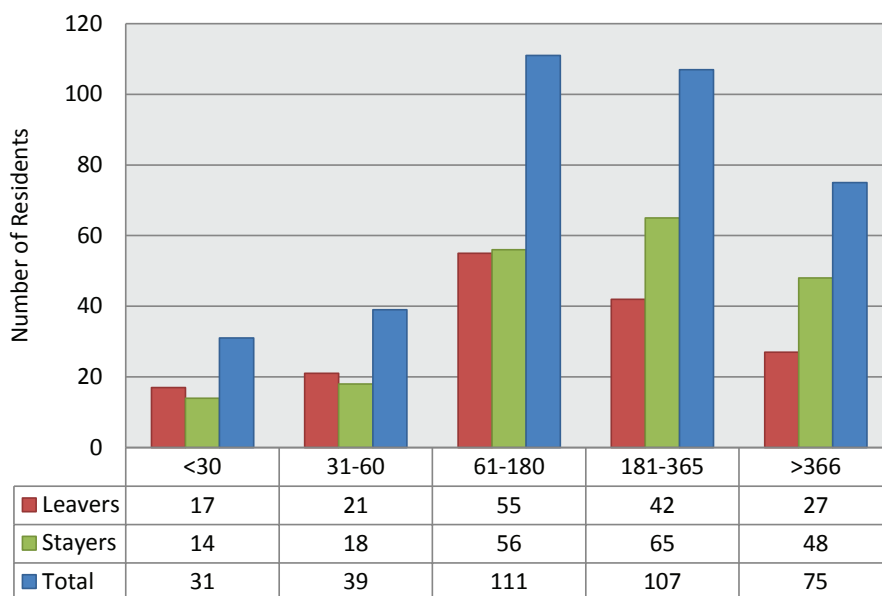


93%
average monthly
retention rate

363
total served
by the program

2 Length of Residency

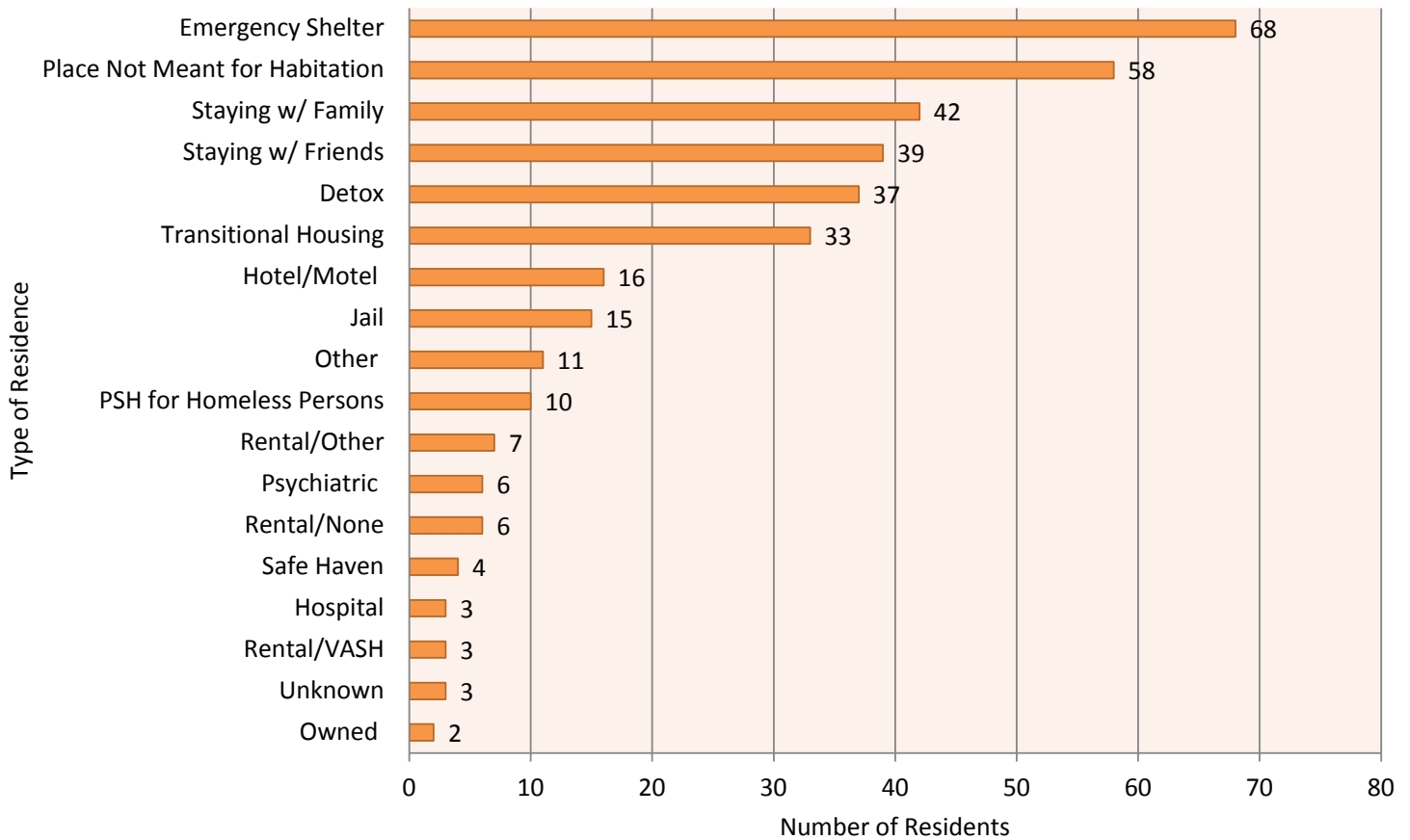
Length of stay, or residency, in programs like Fort Lyon is an indicator of improved health outcomes after discharge. Of the 162 residents who left the Fort Lyon program in 2014–2015, 69 individuals, or 42.6%, remained in the program for six months or longer. When compared to a study of a similarly-modeled program serving homeless adult men that reported 34% of participants stayed in the program six months or longer, Fort Lyon retained 25% more clients for at least six months.¹



6 months
average time residents
exiting the program stayed
engaged in services

¹ Mierlak, D., Galanter, M., Spivack, N., Dermatis, H., Jurewicz, E., & De Leon, G. (1998). Modified Therapeutic Community Treatment for Homeless Dually Diagnosed Men. *Journal of Substance Abuse Treatment*, 117-121.

3 Residence Prior to Entry



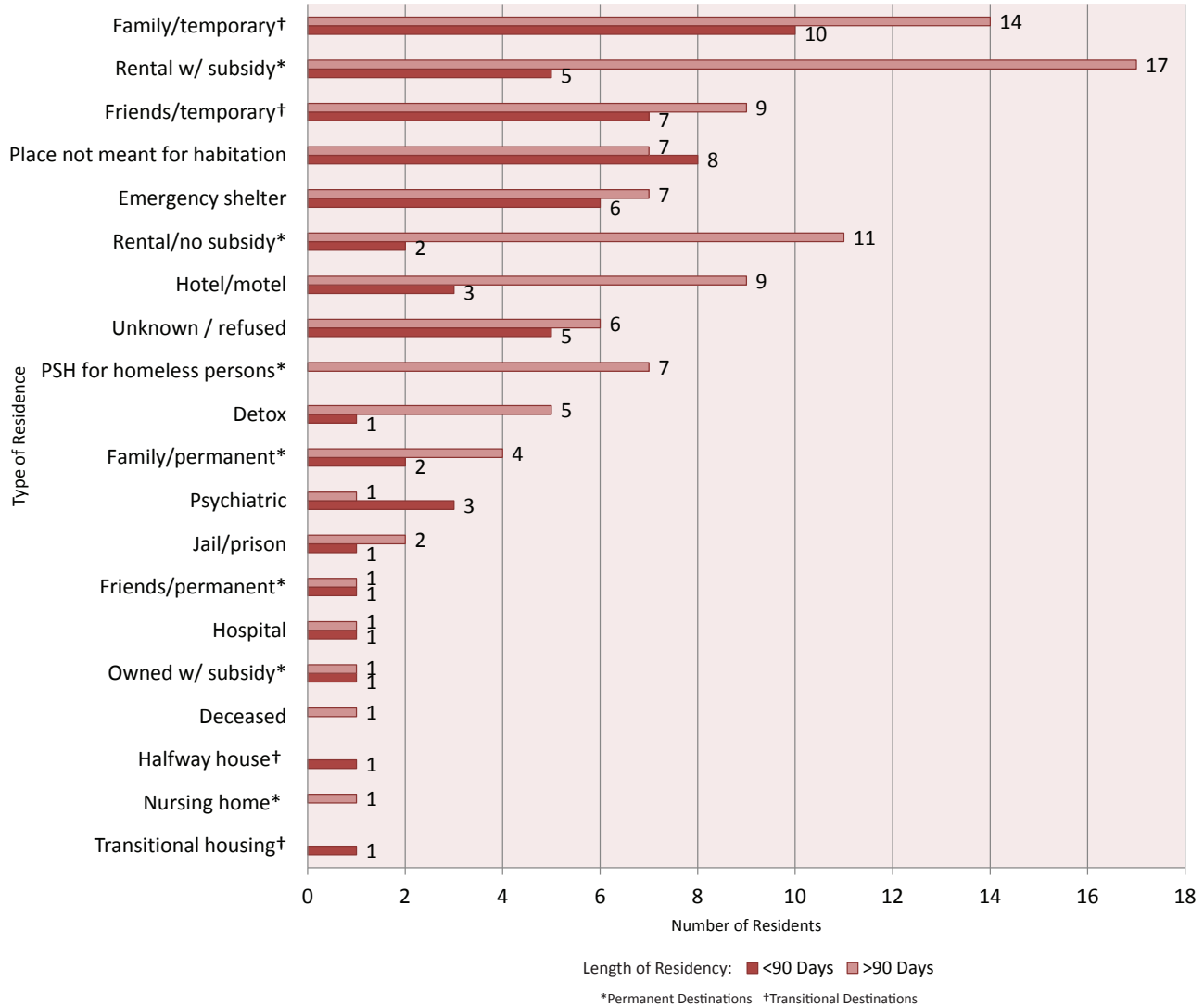
4 Length of Homelessness Prior to Entry

91%

of residents were homeless for 12 months or more prior to entry

5 Destination at Program Exit

Destination at Program Exit



Resident Exits to Permanent or Transitional Destinations

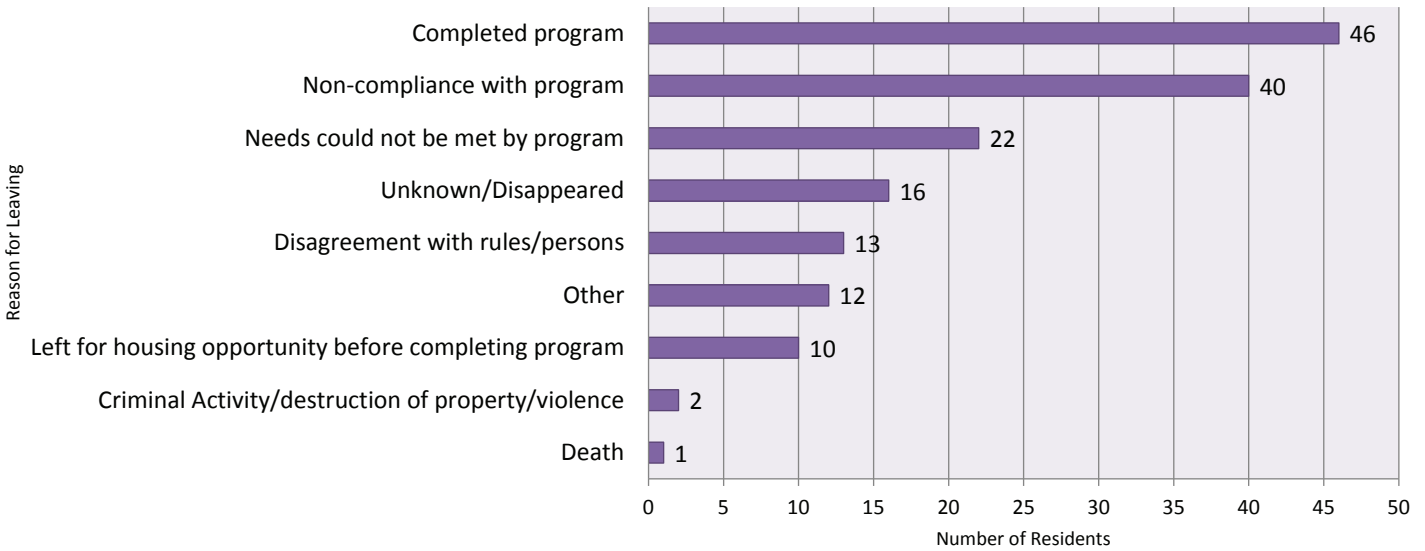
1 in 3

residents exited to a permanent destination

1 in 4

residents exited to a transitional destination

6 Residents' Exits: Reasons for Leaving



56

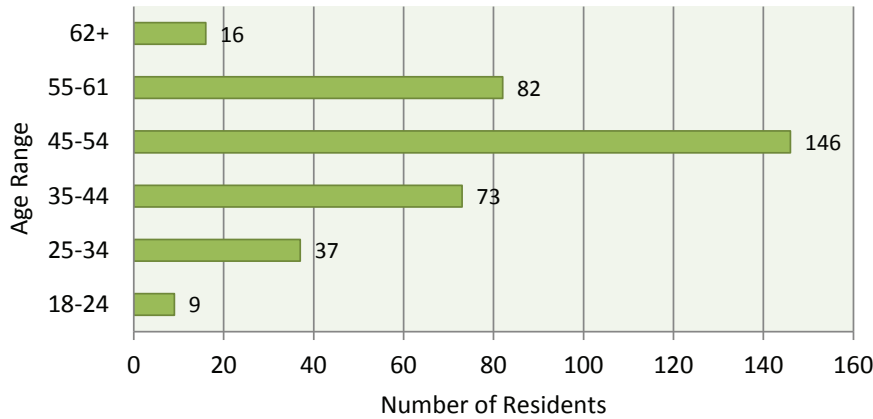
residents completed the program or left for housing opportunity

35%

of residents completed the program or left for housing opportunity

RESIDENT CHARACTERISTICS

7 Age



67%
of residents served are age 45 or older

8 Gender



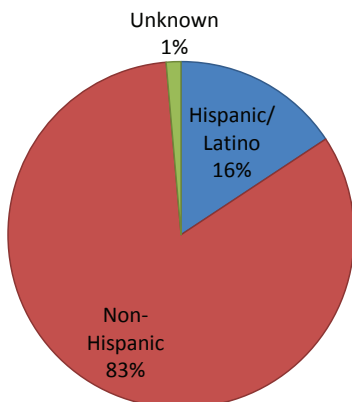
80%
of residents served are male (292 men)



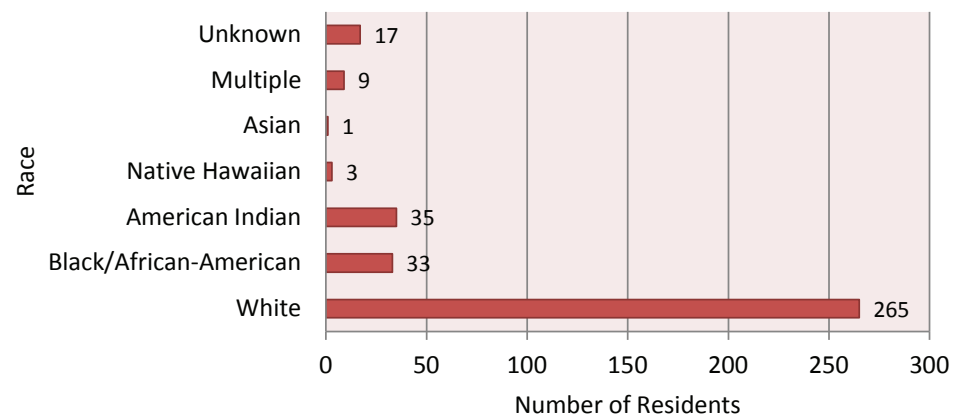
20%
of residents served are female (71 women)

9 Ethnicity and Race

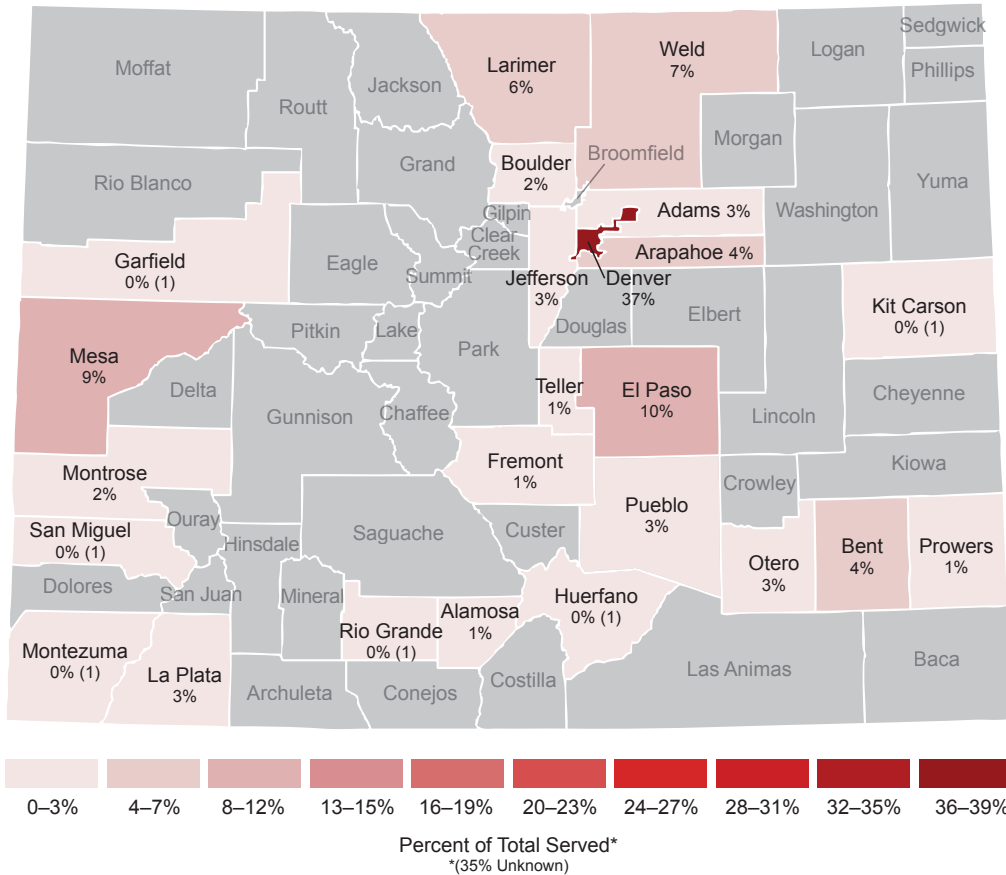
ETHNICITY



RACE



10 County of Origin



24
counties represented
among residents

38%
of Colorado counties
represented among residents

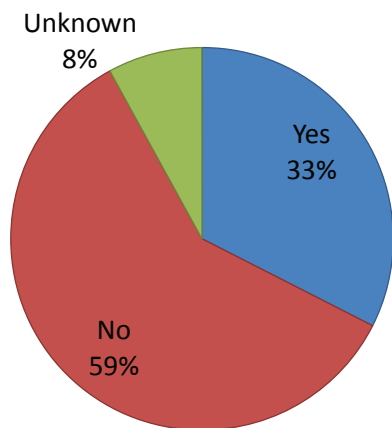
11 Veterans



26%

of residents served
are Veterans (56 Veterans)

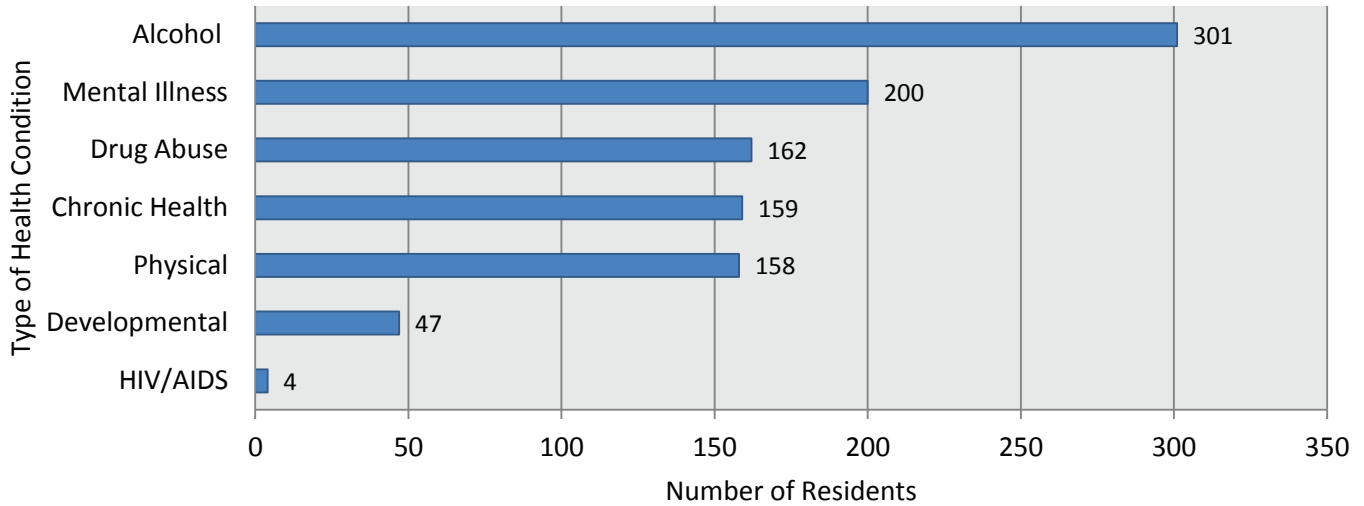
12 Domestic Violence Experience



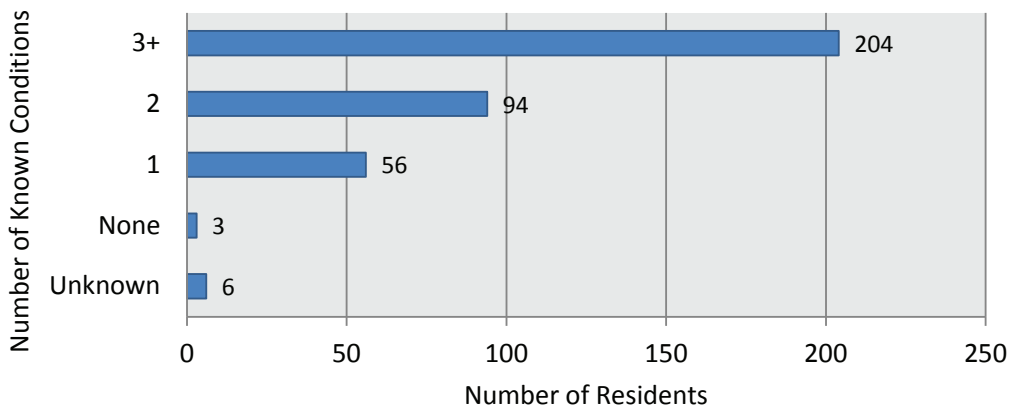
NOTE: Victims of domestic violence struggle to find permanent housing after fleeing abusive relationships. Many have left in the middle of the night, with nothing but the clothes on their backs, and must now entirely rebuild their lives.

13 Physical and Mental Health Conditions at Entry

Known Conditions at Entry



Number of Known Conditions at Entry



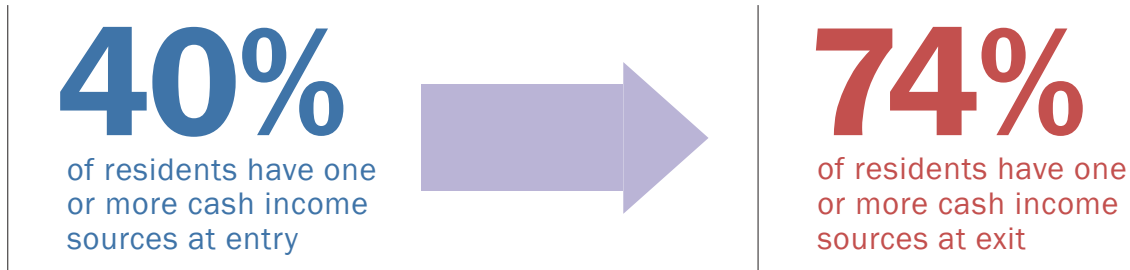
56%
of residents enter with 3 or more health conditions

INCOME/BENEFITS SOURCES

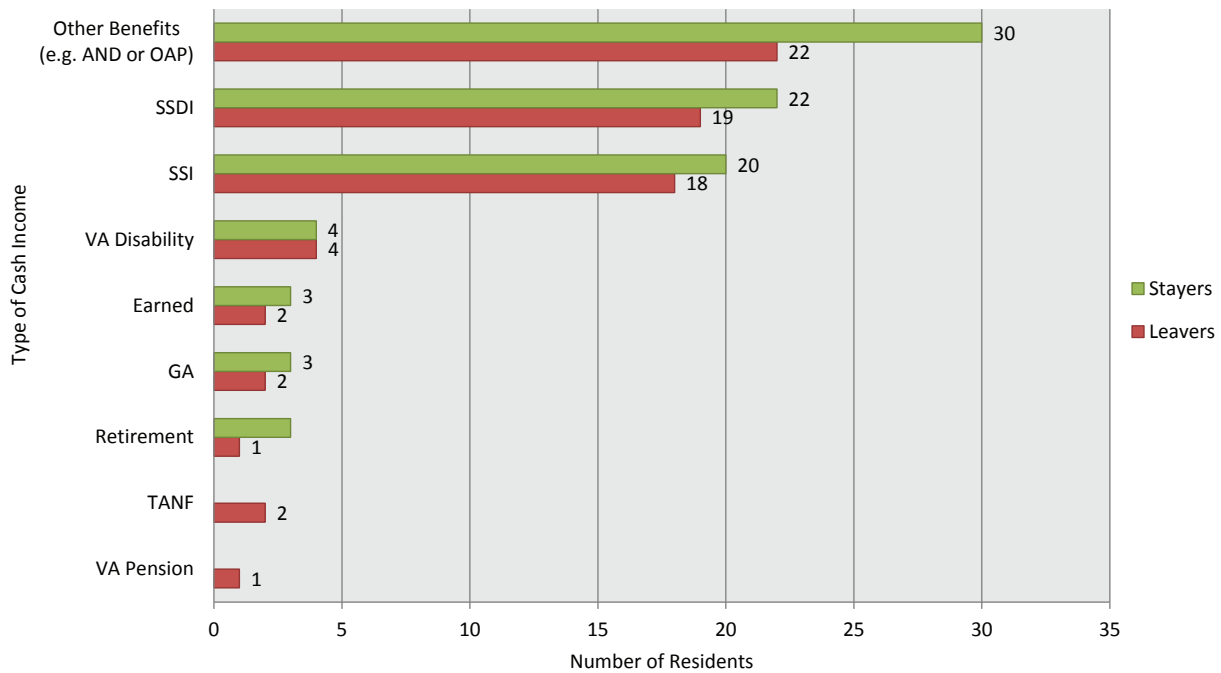
14 Cash Income Sources

Residents with Cash Income at Entry

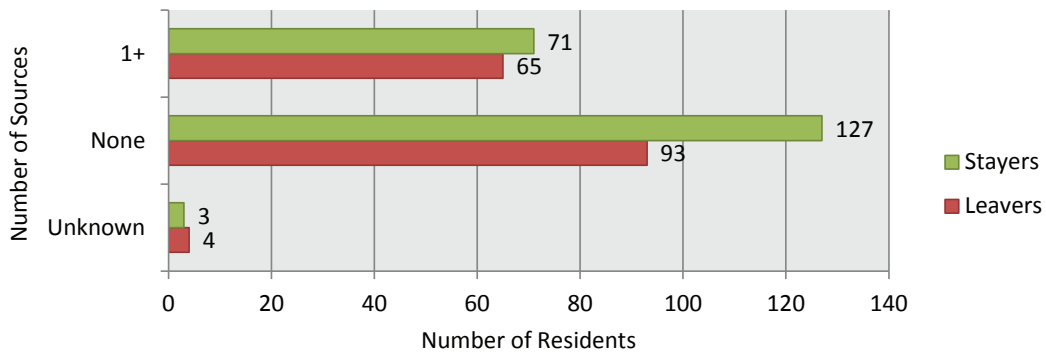
Residents with Cash Income at Exit



Type of Cash Income Sources

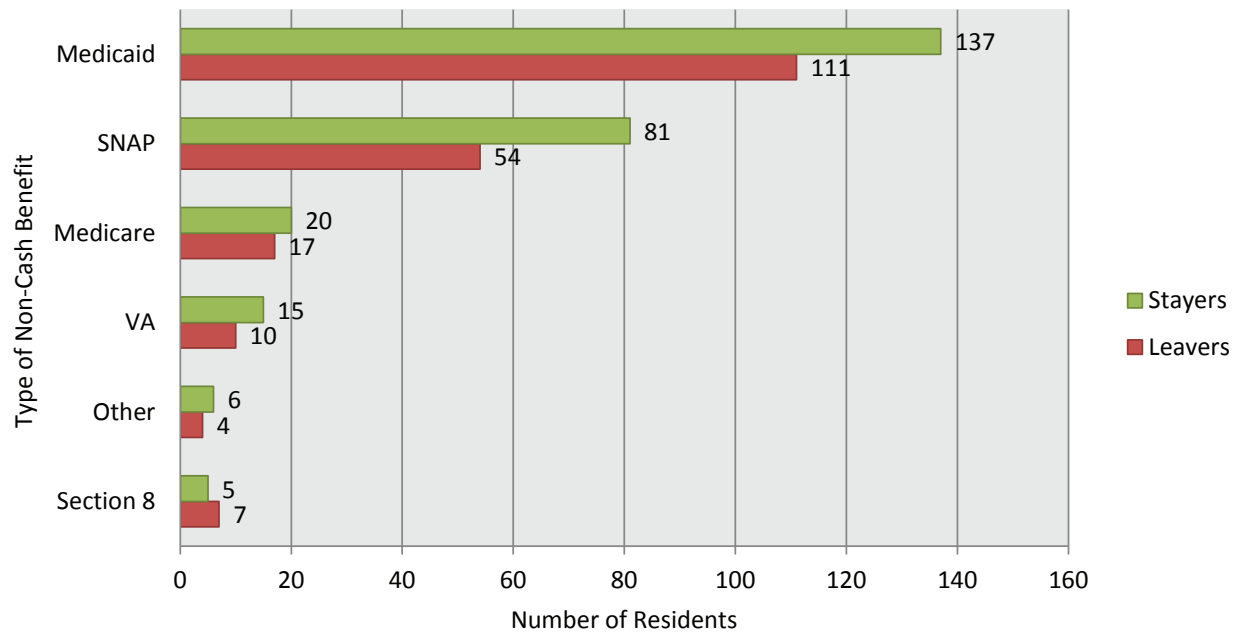


Number of Cash Income Sources

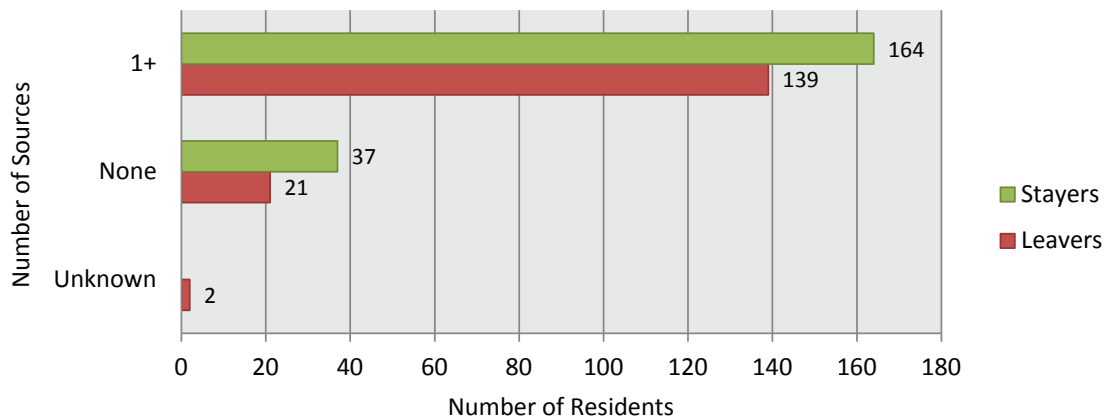


15 Non-Cash Benefit Sources

Type of Non-Cash Benefit Sources



Number of Non-Cash Benefit Sources



JOB TRAINING AND EDUCATIONAL PARTICIPATION

16 Job Training and Education

Residents Participating in Job Training

219
participants
in job training

60%
of residents participate
in job training opportunities

Residents Participating in Higher Education

105
participants
in higher education

29%
of residents participate in
higher education opportunities

Residents Participating in GED Preparation

30
participants
in GED preparation

8%
of residents participate
in GED preparation

HEALTH OUTCOMES

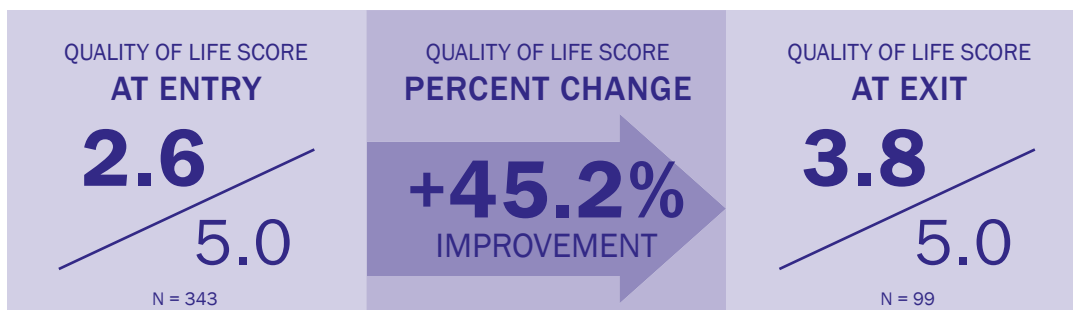
17 Health Outcomes from Entry to Exit

The average Fort Lyon client enters the program as homeless and substance addicted, making the consideration of overall quality of life highly relevant because, “Active substance abuse affects nearly all areas of functioning-vocational, social/familial, physical and mental health, residential status, and access to services.”¹ Fort Lyon residents reported improvement across all quality of life areas, as well as improvement in their depression and generalized anxiety disorder symptoms. Data is collected when clients enter the program, at intervals throughout their residency and at program exit when available. The following areas were evaluated and their outcomes are reported below:

- Overall Quality of Life Score
- Physical Health Score
- Psychological Health Score
- Social Relationships Score
- Environmental Quality of Life Score
- Depression Score
- Generalized Anxiety Disorder Score
- Health Outcomes One Month after Exiting the Program

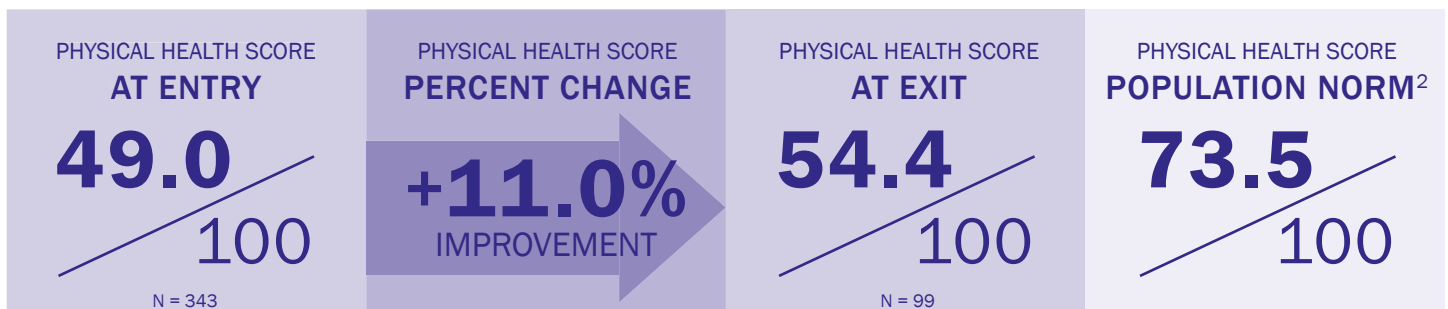
Overall Quality of Life Score

Residents rate their overall quality of life by answering the question, “How would you rate your quality of life?” Scores are tallied on a 5-point scale. **Quality of life scores increased (improved) by 45.2% from entry to exit.**



Physical Health Score

Residents rate their physical health by answering questions regarding pain, energy level, mobility, sleep and their ability to work. Scores are tallied on a 100-point scale. **Physical health scores increased (improved) by 11.0% from entry to exit.**



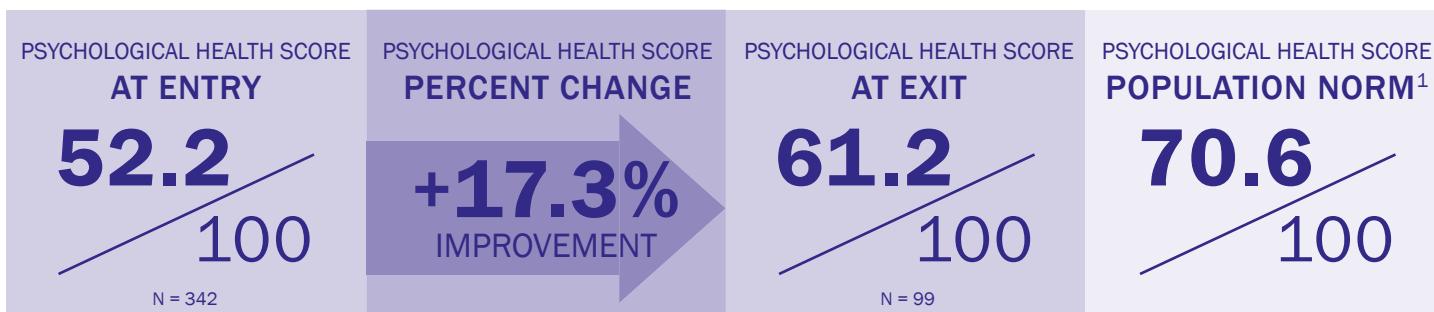
1 Laudet, A. (2011). The Case for Considering Quality of Life in Addiction Research. *Addiction Science & Clinical Practice*, 6 (1), 44-55.

2 Hawthorne, G., Herrman, H., & Murphy, B (2006). Interpreting the WHOQOL-Bref: Preliminary Population Norms and Effect Sizes. *Social Indicators Research*, 77 (1), 37-59.

Health Outcomes (cont'd)

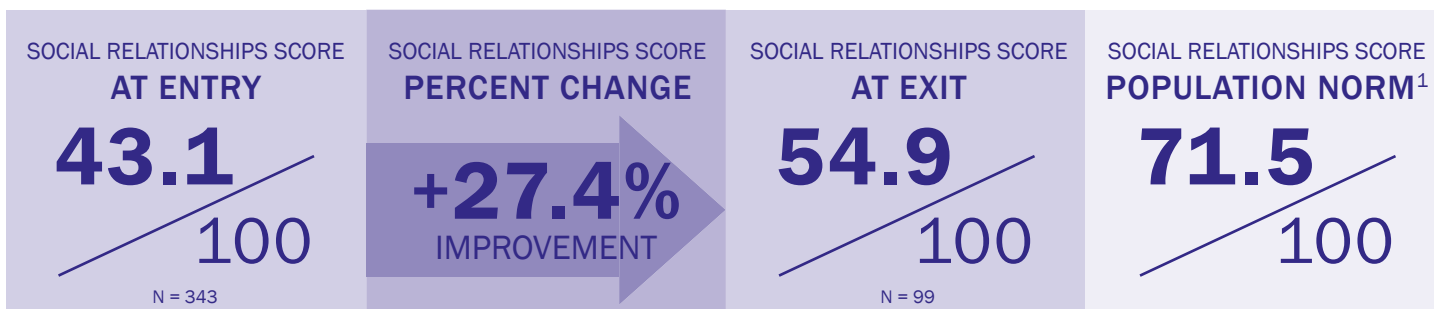
Psychological Health Score

Residents' psychological health is measured by asking questions regarding their self-esteem, body image, spirituality and presence of positive and negative feelings. Scores are tallied on a 100-point scale. **Psychological health scores increased (improved) by 17.3% from entry to exit.**



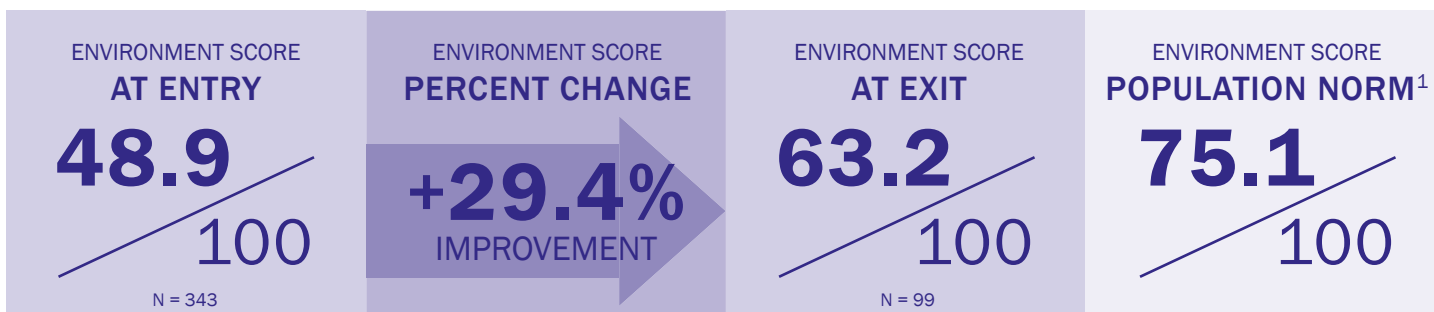
Social Relationships Score

Social relationships are measured by asking clients about their social support network, personal relationships and sex life. Scores are tallied on a 100-point scale. **Social relationships scores increased (improved) by 27.4% from entry to exit.**



Environmental Quality of Life Score

Environment scores are measured by looking at a variety of aspects that affect overall quality of life, such as safety and security, finance, leisure, transportation and physical environment. Scores are tallied on a 100-point scale. **Environment scores increased (improved) by 29.4% from entry to exit.**

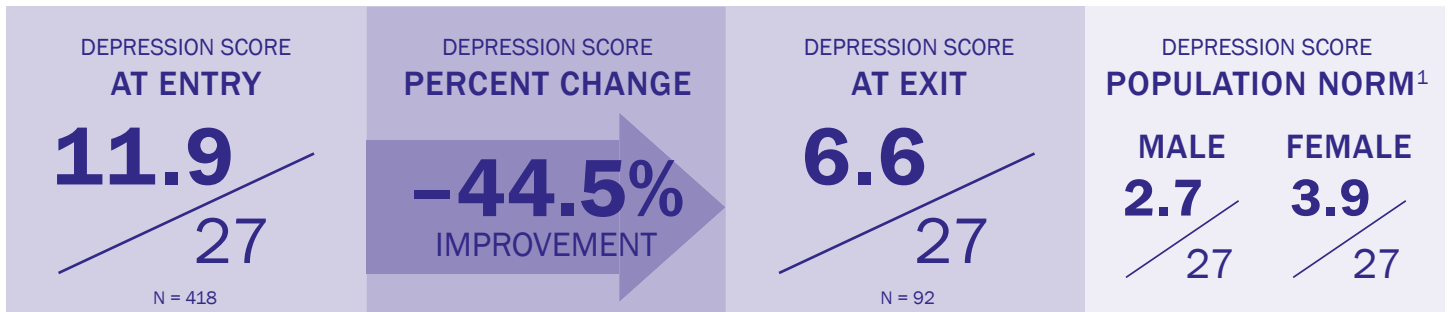


1 Hawthorne, G., Herrman, H., & Murphy, B (2006). Interpreting the WHOQOL-Bref: Preliminary Population Norms and Effect Sizes. Social Indicators Research, 77 (1), 37-59.

Health Outcomes (cont'd)

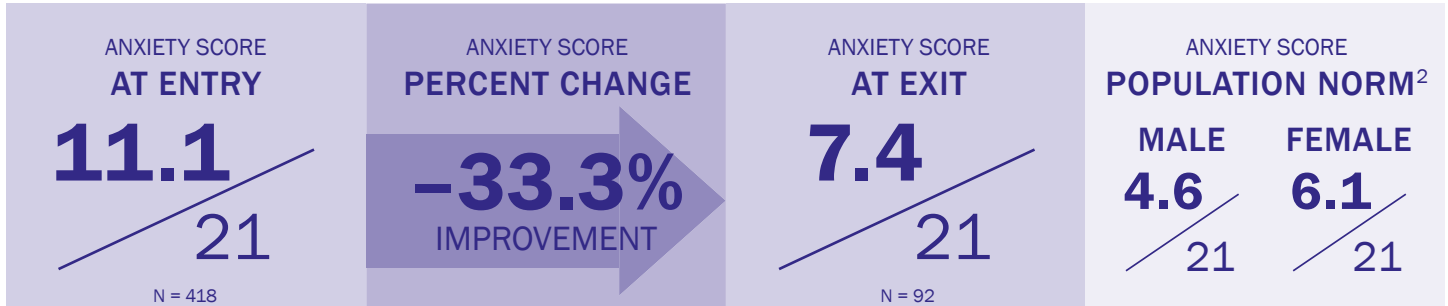
Depression Score (PHQ-9)

Depression scores are measured by asking clients about the prevalence of nine depression symptoms, such as suicidal ideation, the ability to sleep, concentrate, and appetite. Scores are tallied on a 27-point scale, with higher scores indicating a higher severity of symptoms. **Depression scores decreased (improved) by 44.5% from entry to exit.**



Generalized Anxiety Disorder Score (GAD-7)

Generalized anxiety scores are measured by asking clients about the prevalence of seven anxiety symptoms, such as becoming easily annoyed, feeling afraid, restlessness and worrying. Scores are tallied on a 21-point scale, with higher scores indicating a higher severity of symptoms. **Generalized anxiety scores decreased (improved) by 33.3% from entry to exit.**



1 Thibodeau, M., & Asmundson, G. (2014). The PHQ-9 assesses depression similarly in men and women from the general population. *Personality and Individual Differences*, 56, 149-153.

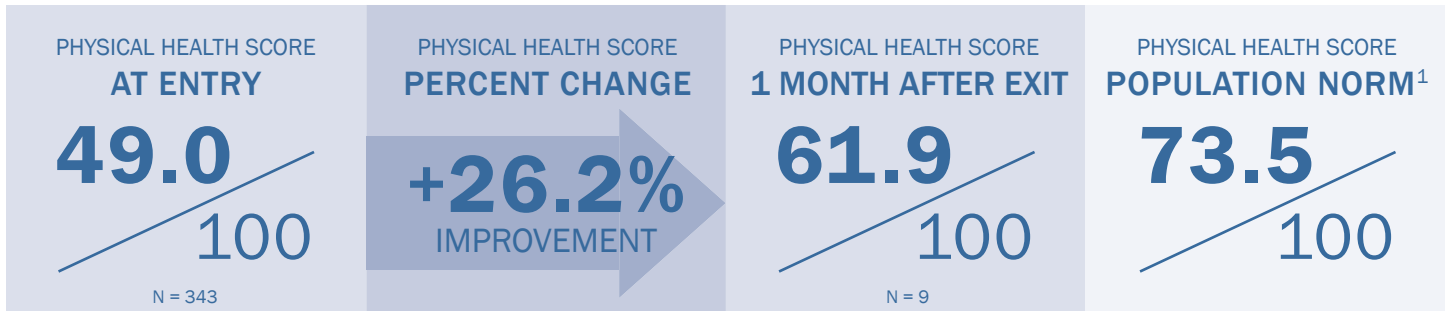
2 Spitzer, R., Kroenke, K., Williams, J., & Lowe, B. (2006). A Brief Measure for Assessing Generalized Anxiety Disorder. *Arch Intern Med.*, 166(10), 1092-1097.

Health Outcomes from Entry to One Month after Exiting the Program

HEALTH OUTCOMES ONE MONTH AFTER EXITING THE PROGRAM

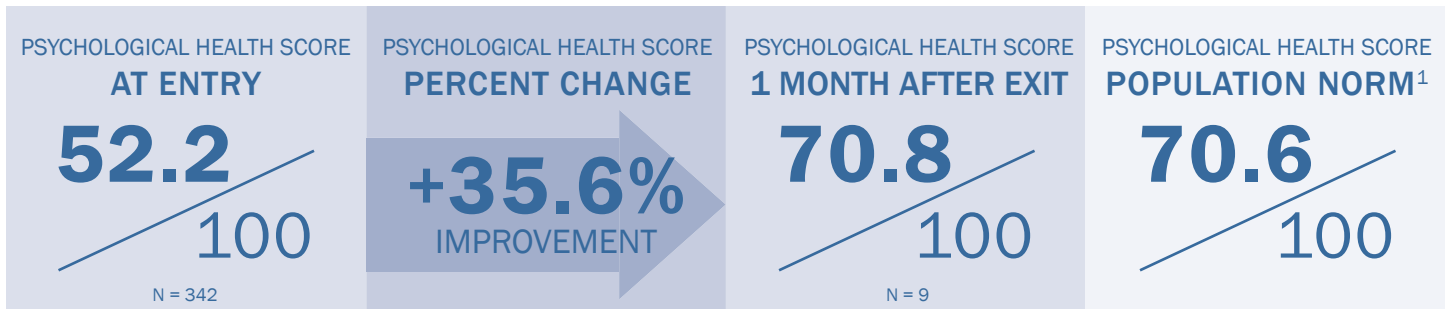
Physical Health Score

Residents rate their physical health by answering questions regarding pain, energy level, mobility, sleep and their ability to work. Scores are tallied on a 100-point scale. **Physical health scores increased (improved) by 26.2% from entry to one month after exit.**



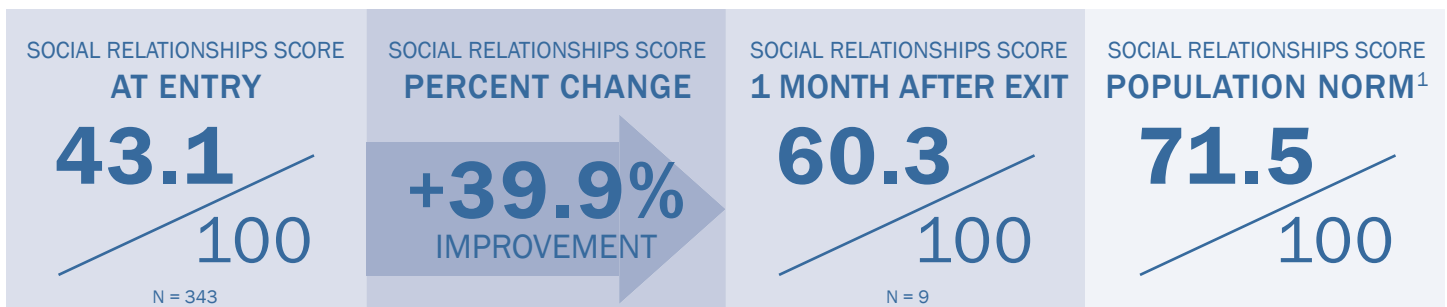
Psychological Health Score

Residents’ psychological health is measured by asking questions regarding their self-esteem, body image, spirituality and presence of positive and negative feelings. Scores are tallied on a 100-point scale. **Psychological health scores increased (improved) by 35.6% from entry to one month after exit.**



Social Relationships Score

Social relationships are measured by asking clients about their social support network, personal relationships and sex life. Scores are tallied on a 100-point scale. **Social relationships scores increased (improved) by 39.9% from entry to one month after exit.**

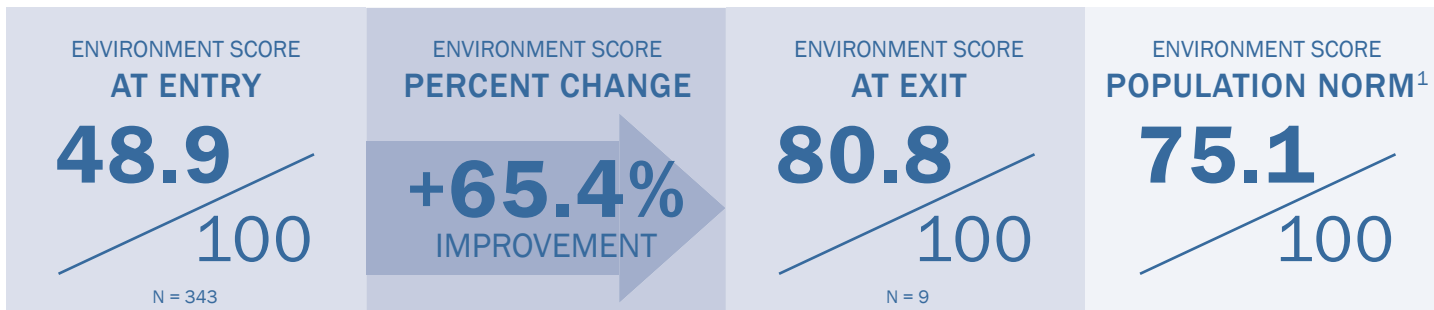


¹ Hawthorne, G., Herrman, H., & Murphy, B (2006). Interpreting the WHOQOL-Bref: Preliminary Population Norms and Effect Sizes. Social Indicators Research, 77 (1), 37-59.

Health Outcomes (cont'd)

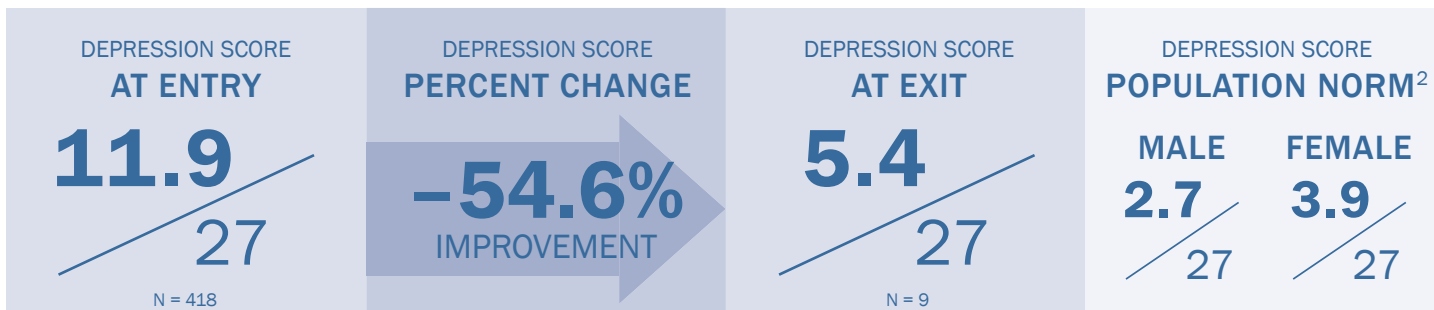
Environmental Quality of Life Score

Environment scores are measured by looking at a variety of aspects that affect overall quality of life, such as safety and security, finance, leisure, transportation and physical environment. Scores are tallied on a 100-point scale. **Environment scores increased (improved) by 65.4% from entry to one month after exit.**



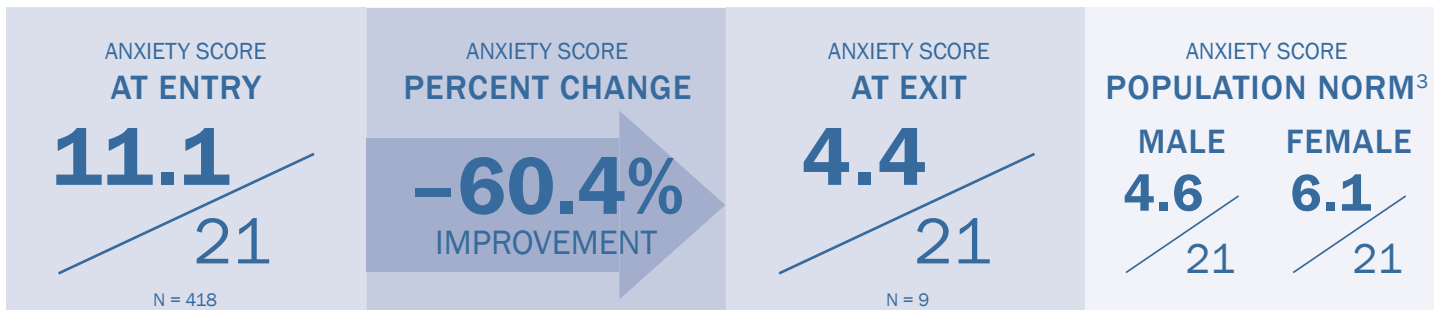
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Depression scores are measured by asking clients about the prevalence of nine depression symptoms, such as suicidal ideation, the ability to sleep, concentrate, and appetite. Scores are tallied on a 27-point scale, with higher scores indicating a higher severity of symptoms. **Depression scores decreased (improved) by 54.6% from entry to one month after exit.**



Generalized Anxiety Disorder Score (GAD-7)

Generalized anxiety scores are measured by asking clients about the prevalence of seven anxiety symptoms, such as becoming easily annoyed, feeling afraid, restlessness and worrying. Scores are tallied on a 21-point scale, with higher scores indicating a higher severity of symptoms. **Generalized anxiety scores decreased (improved) by 60.4% from entry to one month after exit.**



1 Hawthorne, G., Herrman, H., & Murphy, B (2006). Interpreting the WHOQOL-Bref: Preliminary Population Norms and Effect Sizes. Social Indicators Research, 77 (1), 37-59.

2 Thibodeau, M., & Asmundson, G. (2014). The PHQ-9 assesses depression similarly in men and women from the general population. Personality and Individual Differences., 56, 149-153.

3 Spitzer, R., Kroenke, K., Williams, J., & Lowe, B. (2006). A Brief Measure for Assessing Generalized Anxiety Disorder. Arch Intern Med., 166(10), 1092-1097.

RESIDENT SATISFACTION SURVEY RESULTS

The Coalition's Customer Satisfaction Survey asked residents of the Fort Lyon Program to rate their level of agreement with 10 statements using a five-point Likert scale (5 = strongly agree; 1 = strongly disagree). Derived from the Mental Health Statistics Improvement Program Consumer Survey, these items assess consumer perceptions about the appropriateness of services, the quality of services, their participation in treatment, and outcomes they have experienced. **When asked if they were satisfied with the quality of services, 72% of residents surveyed agreed. When asked if the services they received help them deal more effectively with their problems, 98% of residents surveyed agreed.**

19 Satisfaction Survey Results

1) I feel physically safe at CCH

85%
of residents
surveyed agreed

4) I was able to get the services I thought I needed

72%
of residents
surveyed agreed

2) I feel emotionally safe at CCH

77%
of residents
surveyed agreed

5) The staff showed sensitivity to my background
(cultural, racial, special needs, sexual orientation)

78%
of residents
surveyed agreed

3) I am satisfied with the quality of
services I've received in this program

72%
of residents
surveyed agreed

6) The staff treated me with respect and dignity

87%
of residents
surveyed agreed

Satisfaction Survey Results (cont'd)

7) The staff had the knowledge and ability to help me

70%

of residents surveyed agreed

9) I was involved in the development of my own treatment goals

87%

of residents surveyed agreed

8) The resources/information provided to me by this program were helpful/useful

88%

of residents surveyed agreed

10) The services I've received have helped me deal more effectively with my problems

98%

of residents surveyed agreed

FROM THE RESIDENTS

20 Resident Profiles



CURRENT RESIDENT: BRUCE

Bruce showed up early to our appointment, dressed in a suit, tie and polished shoes. To those who know Bruce, this isn't a surprise—a former Marine, salesman and father from the Western Slope. But, Bruce also used to be homeless and was struggling with addiction.

Bruce was making six-figures with a wife and child before the tech bubble burst. He was laid off, got divorced and his savings quickly disappeared. Bruce says that his low point came when he had completely lost his relationship with his then 10-year-old son; and, he began experiencing serious health consequences because of his drinking that left the once athletic Marine walking with a cane.

Bruce arrived at Fort Lyon eighteen months ago and hasn't looked back. He has completed four semesters of his Associates of Applied Science with a 4.0 GPA. On top of his studies, Bruce has also been working on campus in the mail room, teaching himself guitar, and restoring his relationship with his son. Bruce has been so successful at Fort Lyon that he now lives in one of the houses on campus with two other peers.

Bruce's face softens when he speaks about his son, who recently came to visit him. "It's the happiest I've been in a long time. A very long time." Bruce says they watched football at the VFW and shot some pool. "He had a Shirley Temple, and I had an ice water," Bruce says with a smile. "I love him more than anything on this planet."

Looking toward the future, Bruce says that professionally, "my ultimate goal is to run a nonprofit for addicted Veterans who are homeless." But more importantly, "my goal after I leave is to build a relationship with my son."

It won't be easy, but Bruce says, "I have my son. What bigger carrot do you need to want to live?"

Resident Profiles (cont'd)



FORMER RESIDENT: ISRAEL

Israel found himself homeless on the streets of Denver a week before Christmas in 2009. Israel says, “I stopped caring and alcohol took over my entire life.” He spent the next four years camping along the South Platte River before he decided to get sober. “My low point was feeling a complete absence of God,” Israel says.

Israel knew that he wanted to get sober, but he didn’t know how. He says that every time he would try to stop, he would have seizures. He estimates that in the four years he was homeless he racked up over \$200,000 in emergency services.

Israel spent 18 months as a resident of Fort Lyon, leaving the summer of 2015 for his own apartment in Otero County which he obtained through the TBRA voucher program. He is currently enrolled in Otero Junior College where he is completing his associate’s degree to become a community health worker. When asked about his choice in career, Israel says, “By helping other people, it is going to keep me sober.” Israel’s ambitions don’t end there; he says that in five years he hopes to be working at Fort Lyon and continuing to help people by “spreading the message of strength and hope.”

“I wake up every day in my own home. I don’t have this obsession to drink anymore,” Israel says, “and not having that is beautiful. I am truly grateful to Fort Lyon for helping me save my life by giving me the time and space between me and my old life.”