



## EXECUTIVE SUMMARY

The Fort Lyon Supportive Residential Community provides transitional housing and supportive services to homeless and at-risk individuals from across Colorado, with a priority on serving homeless veterans. Situated on 552 acres in the Lower Arkansas Valley, the Fort Lyon initiative is a state-wide collaborative led by the Colorado Coalition for the Homeless, Bent County and the Colorado Department of Local Affairs. Under the direction of Governor John Hickenlooper, the former Veterans Administration hospital has been successfully repurposed, recently completing three years of program operation serving nearly 800 of Colorado's most vulnerable citizens.

In Fiscal Year 2016, Fort Lyon served 432 individuals, 88 of those being veterans. Fort Lyon residents represented a large portion of the state of Colorado, with the highest representative populations coming from Denver, El Paso, Jefferson, Arapahoe and Pueblo counties. Most residents arrived on campus with no cash income and multiple health conditions after experiencing homelessness for more than a year.

Through person-centered and strengths-based case management, recovery-oriented peer support, direct access to post-secondary education, vocational training, and employment, the Fort Lyon program realized a 91% average monthly retention rate within its safe, trauma-informed environment. Eighty-three percent of residents participated in recovery-based support groups including New Beginnings early drug and alcohol education, Life Ring and Alcohol/Narcotics Anonymous.

Through this cross-section of services and opportunities, the average resident stayed engaged in the Fort Lyon program for over 9 months, increasing their odds of obtaining long-term sobriety.<sup>1</sup> Among those residents who left Fort Lyon in Fiscal Year 2016, 63% moved on to permanent or transitional housing destinations, with 40% securing permanent housing.

The following report details program information from Fiscal Year 2016 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

- 432 residents served, July 2015–June 2016
- 91% average monthly retention rate
- 79% of residents were homeless 12 months or more prior to entering the program
- 40% exited to a permanent destination

#### Resident Characteristics

- 20% of residents served are Veterans
- 80% of residents served are male and 20% are female
- 59% enter the program with three or more known health conditions

#### Income/Benefits Sources

- 52% have one or more cash income source at exit

#### Program Participation

- 64% participate in job training opportunities
- 27% participate in educational opportunities
- 83% participate in recovery-based support groups

#### Health Outcomes

- Residents reported improvement across all health categories
- Quality of life scores improved by 49% from entry to exit.
- Depression scores decreased (improved) by 67% from entry to one month after exit.
- Generalized anxiety scores decreased (improved) by 74% from entry to one month after exit.
- Environmental quality of life scores improved by 86% from entry to six months after exit, exceeding the norm by 11.1 points

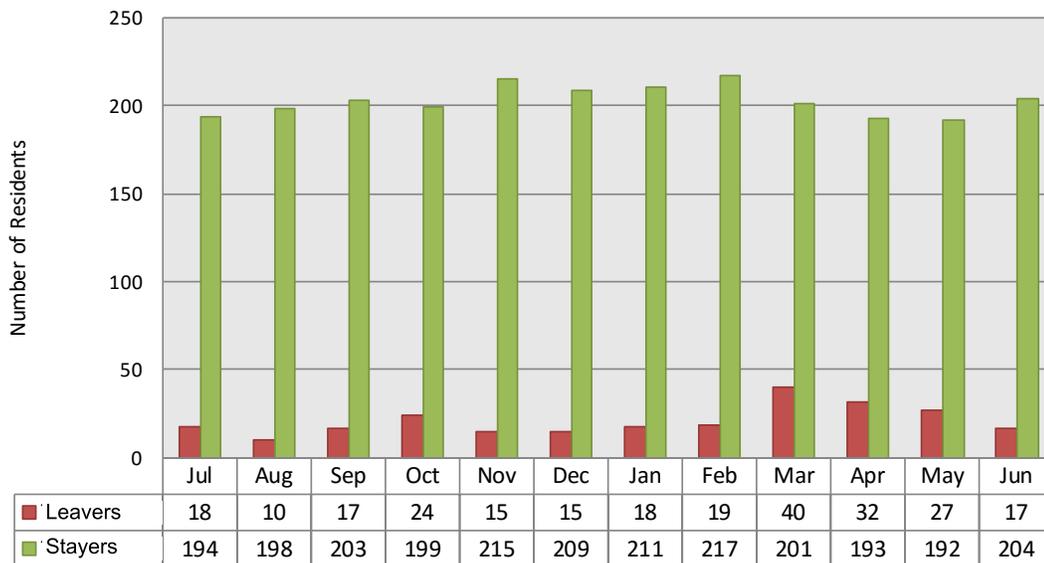
#### Residents' Satisfaction

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



## POPULATION OVERVIEW

### 1 Total Residents



**91%**

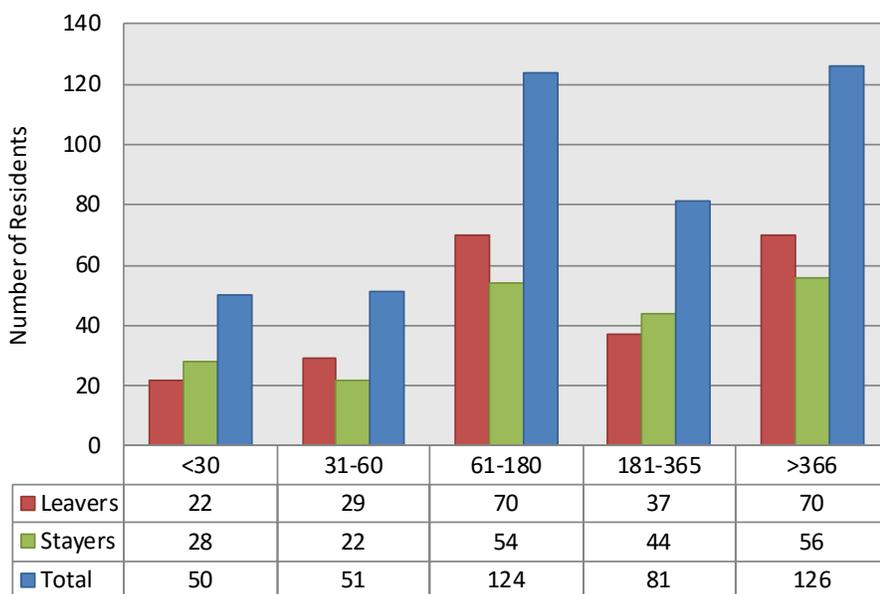
average monthly retention rate

**432**

total served by the program, an 18% increase over 2014-2015.

### 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 228 residents who left the Fort Lyon program in Fiscal Year 2016, 107 individuals, or 48%, remained in the program for six months or longer. 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 41% more clients for at least six months.<sup>1</sup>

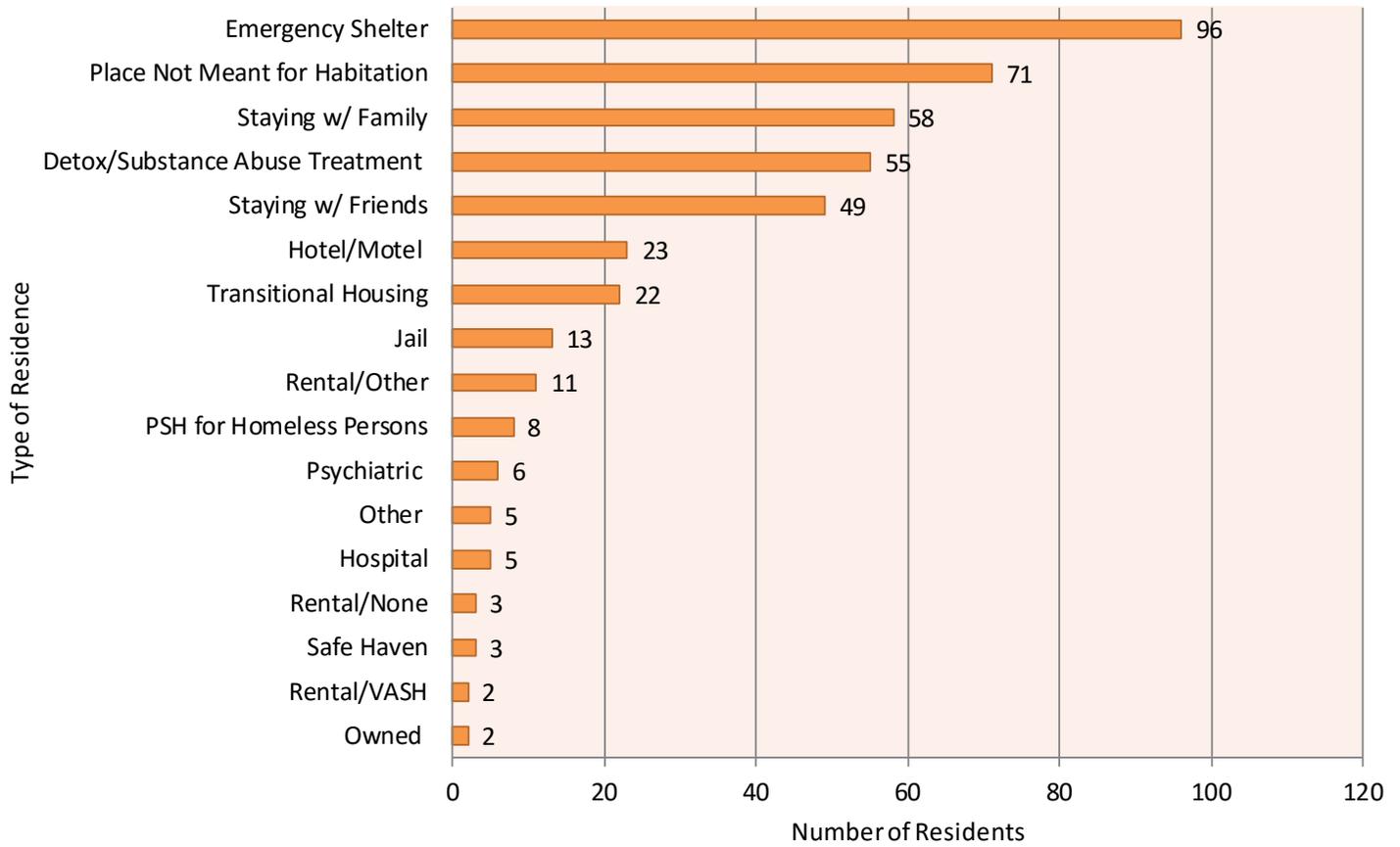


**9 months**

average time residents exiting the program stayed engaged in services

<sup>1</sup> 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



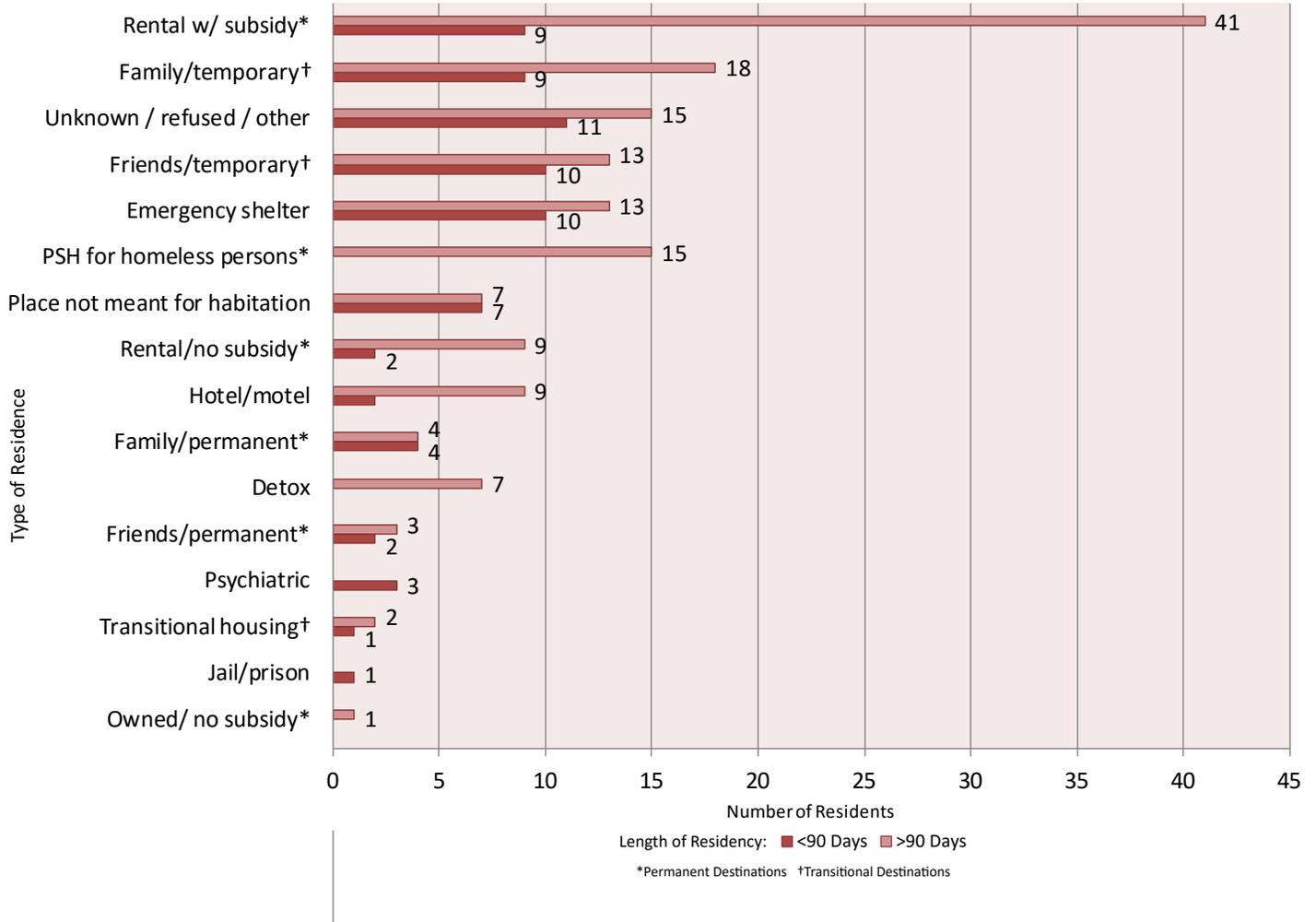
### 4 Length of Homelessness Prior to Entry

**79%**

of residents were homeless for 12 months or more in the past three years prior to entry (n=240)

**5** Destination at Program Exit

Destination at Program Exit



Resident Exits to Permanent or Transitional Destinations

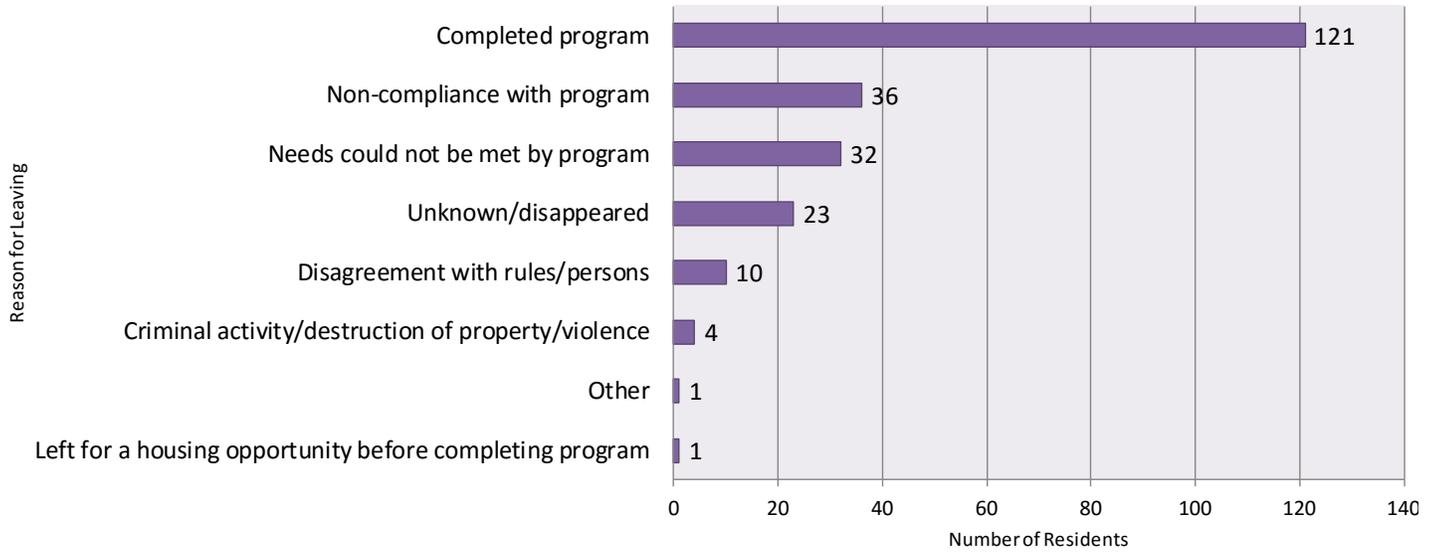
**40%**

of residents (90) exited to a permanent destination in 2015-2016, as compared to 33% of residents (53) in 2014-2015

**23%**

of residents (53) exited to a transitional destination

## 6 Residents' Exits: Reasons for Leaving



**122**

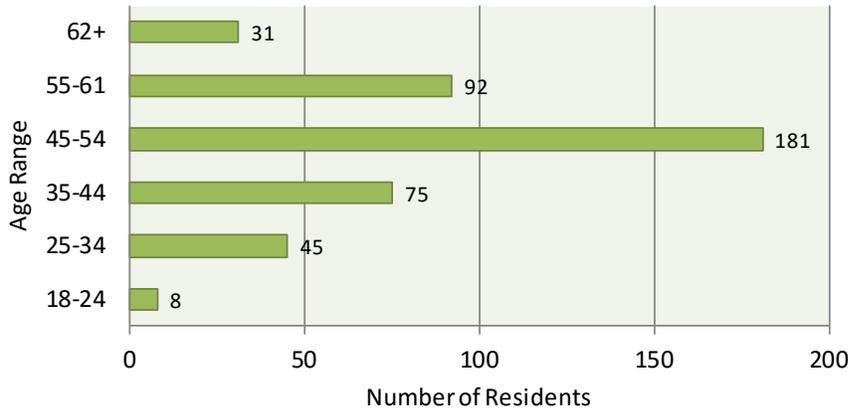
residents completed the program or left for housing opportunity

**54%**

of leavers (122) completed the program or left for housing opportunity in 2015-2016, as compared to 35% of leavers (56) in 2014-2015

## RESIDENT CHARACTERISTICS

### 7 Age



**70%**  
of residents served are age 45 or older

### 8 Gender



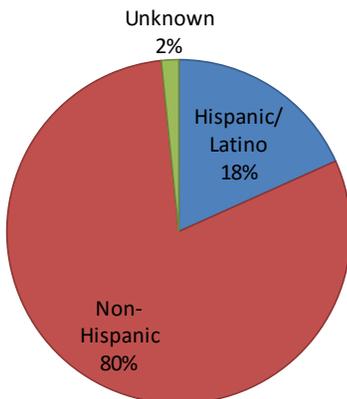
**80%**  
of residents served are male (346 men)



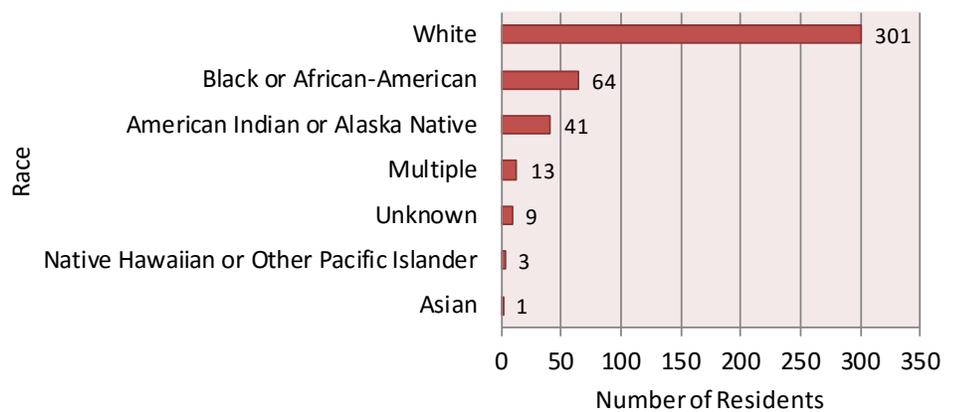
**20%**  
of residents served are female (86 women)

### 9 Ethnicity and Race

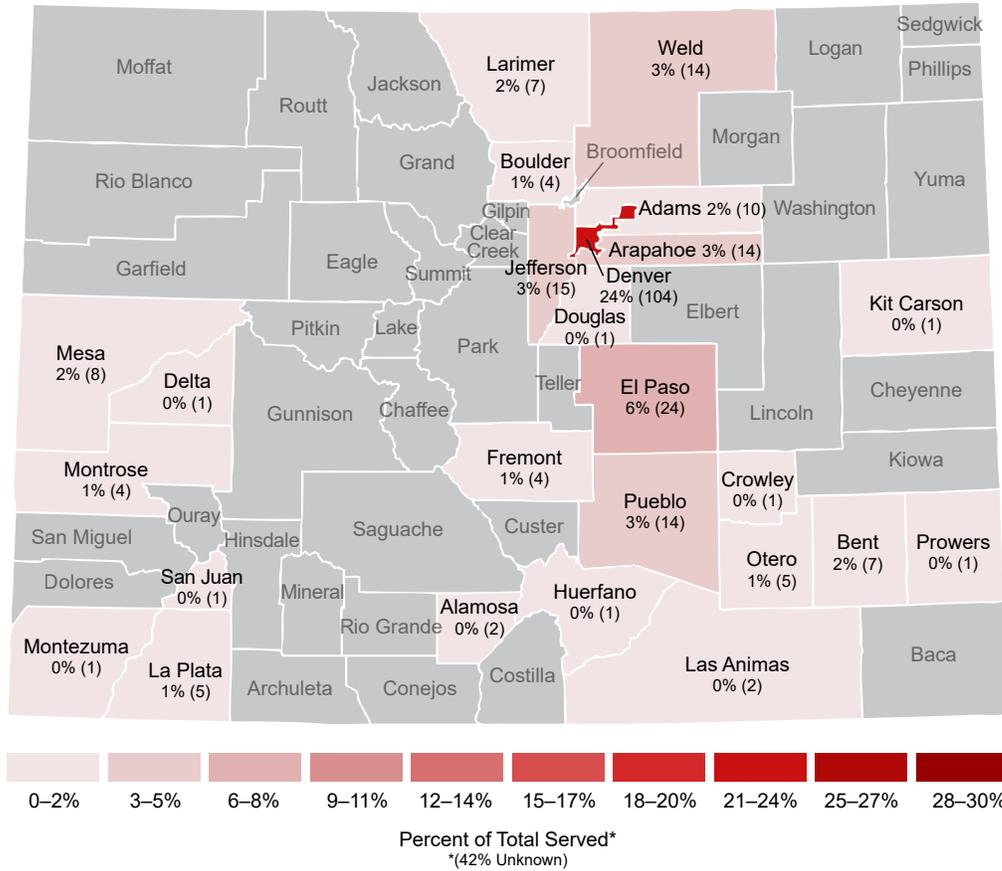
#### ETHNICITY



#### RACE



10 County of Origin



**25**  
 counties represented  
 among residents

**39%**  
 of Colorado counties (64)  
 represented among residents

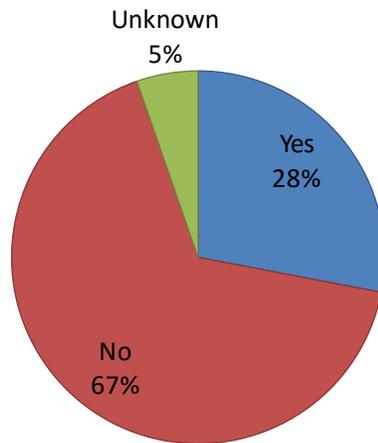
## 11 Veterans



# 20%

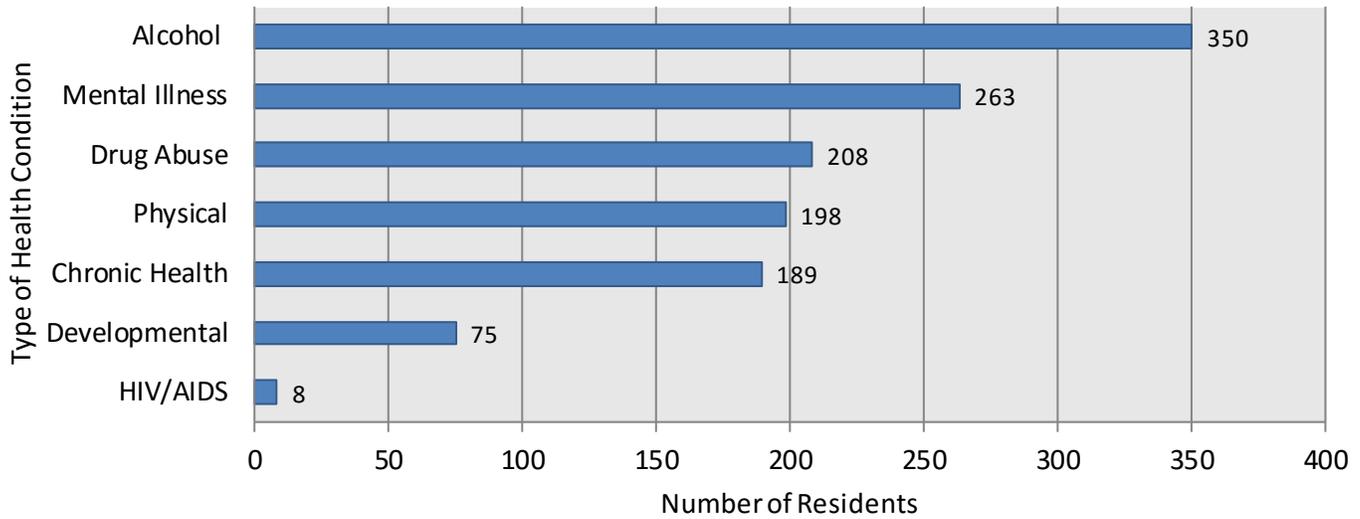
of residents served are Veterans  
(88 Veterans out of 432 total served)

## 12 Domestic Violence Experience

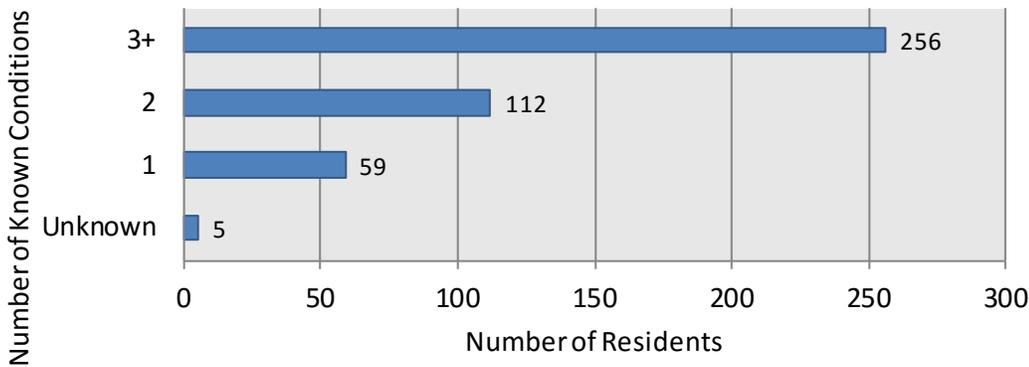


### 13 Physical and Mental Health Conditions at Entry

#### Known Conditions at Entry



#### Number of Known Conditions at Entry



**59%**

of residents enter with three or more health conditions

**99%**

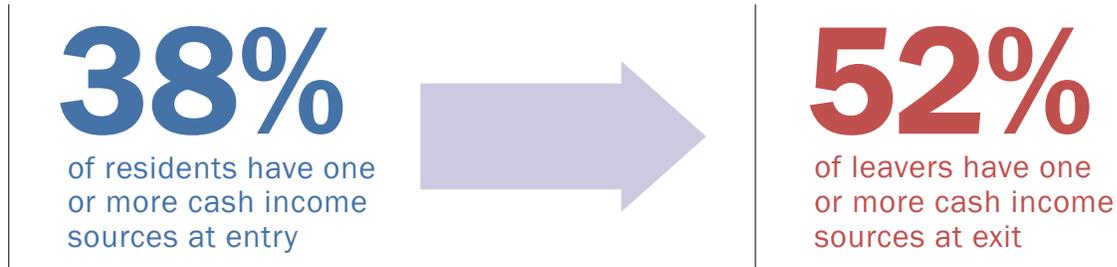
of residents enter with at least one health condition

## INCOME/BENEFITS SOURCES

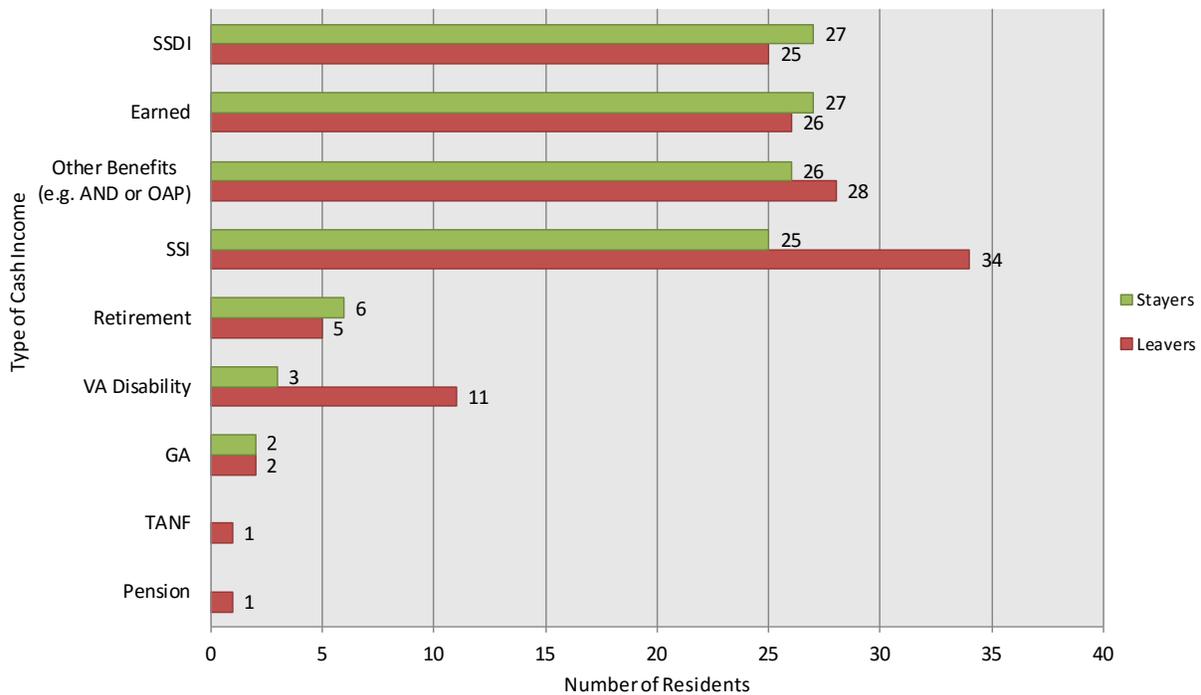
### 14 Cash Income Sources

Residents with Cash Income at Entry

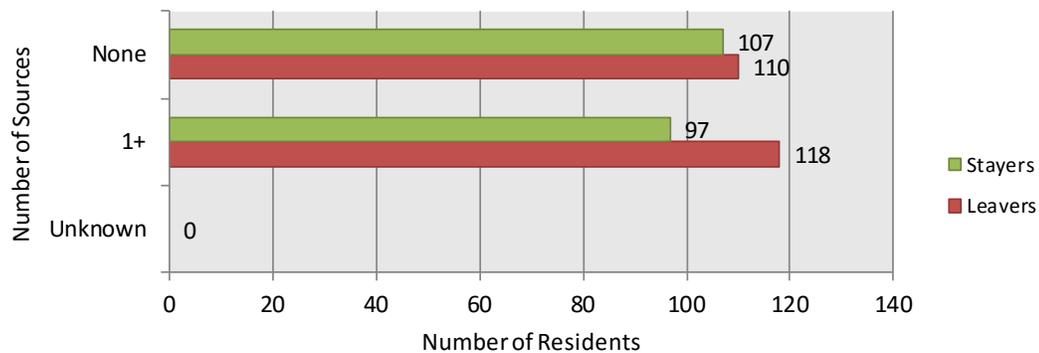
Residents with Cash Income at Exit



### Type of Cash Income Sources

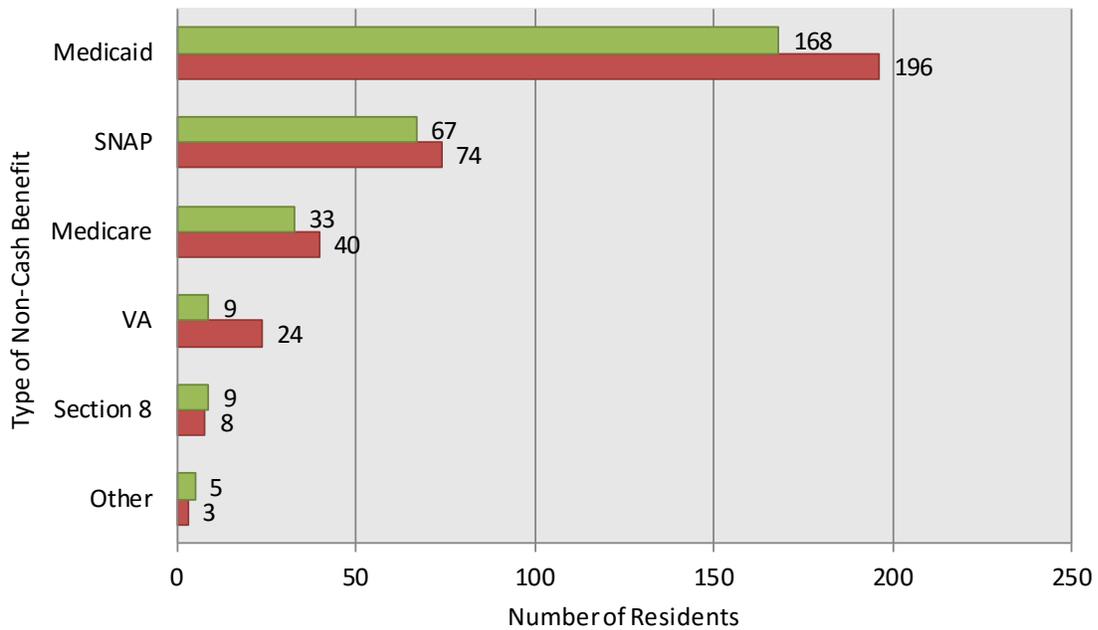


### Number of Cash Income Sources

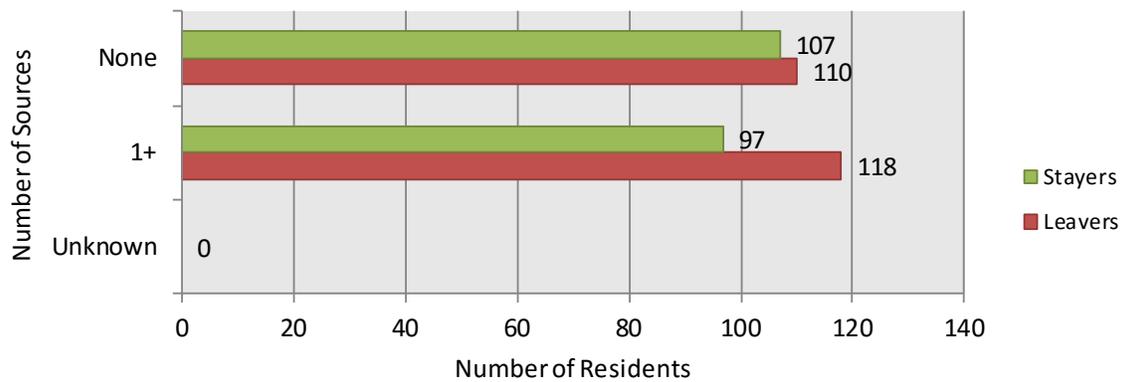


## 15 Non-Cash Benefit Sources

### Type of Non-Cash Benefit Sources



### Number of Non-Cash Benefit Sources



## JOB TRAINING AND EDUCATIONAL PARTICIPATION

### 16 Job Training and Education

# 97%

of residents (381 out of 394\*) participated in higher education, vocational training, outside employment and/or recovery-based support groups

#### Residents Participating in Vocational Training

# 254

participants in vocational training

# 64%

of residents participate in vocational training opportunities

#### Residents Participating in Higher Education

# 106

participants in higher education

# 27%

of residents participate in higher education opportunities

#### Residents Who Gained Employment

# 53

participants gained employment

# 13%

of residents gained employment

#### Residents Participating in Recovery-Based Support Groups

# 328

participants in recovery-based support groups

# 83%

of residents participate in recovery-based support groups

## HEALTH OUTCOMES

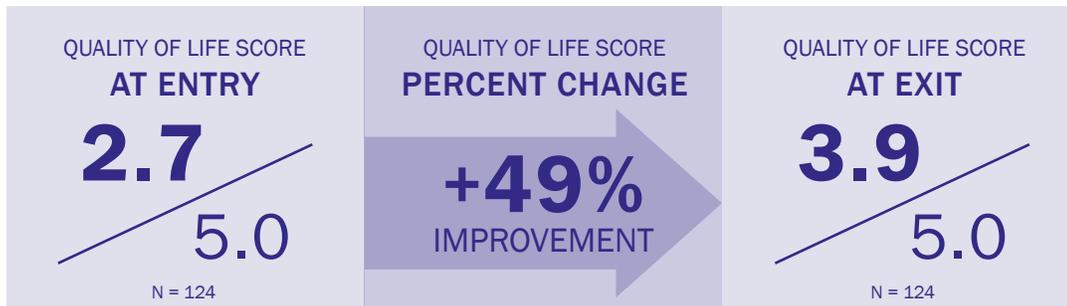
### 17 Health Outcomes from Entry to Exit\*

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.”<sup>1</sup> 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:

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Overall Quality of Life Score</li> <li>• Physical Health Score</li> <li>• Psychological Health Score</li> <li>• Social Relationships Score</li> <li>• Environmental Quality of Life Score</li> </ul> | <ul style="list-style-type: none"> <li>• Depression Score</li> <li>• Generalized Anxiety Disorder Score</li> <li>• Health Outcomes One Month after Exiting the Program</li> <li>• Health Outcomes Six Months after Exiting the Program</li> </ul> |
|---|---|

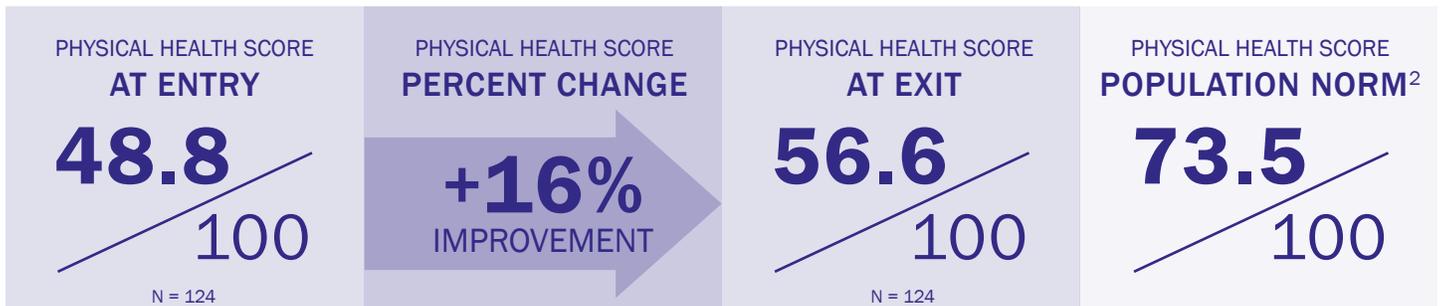
#### Overall Quality of Life Score

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 49% 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 16% 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.

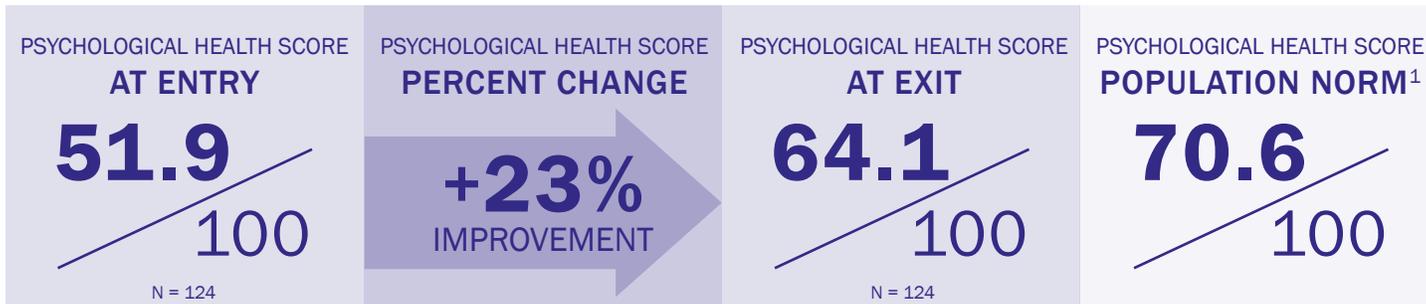
2 Hawthorne, G., Herrman, H., & Murphy, B (2006). Interpreting the WHOQOL-Bref: Preliminary Population Norms and Effect Sizes. *Social Indicators Research*, 77 (1), 37-59.

\*The n value varies due to missing values and the timing of the exit and follow-up interviews

## Health Outcomes from Entry to Exit (continued)

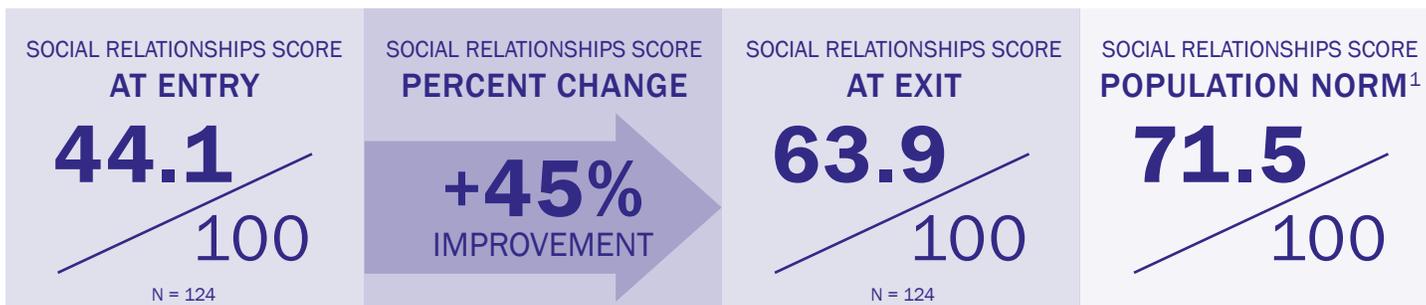
### Psychological Health Score

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 23% from entry to exit.**



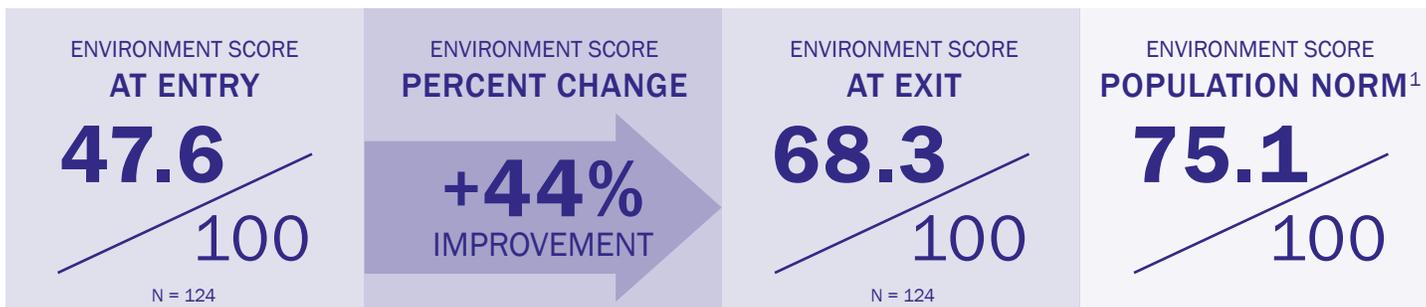
### Social Relationships Score

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 45% 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 44% from entry to exit.**



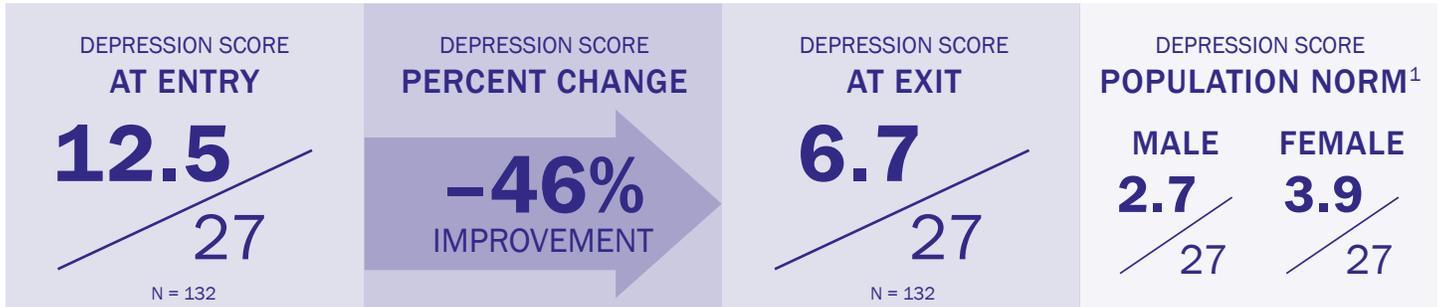
1 Hawthorne, G., Herrman, H., & Murphy, B (2006). Interpreting the WHOQOL-Bref: Preliminary Population Norms and Effect Sizes. Social Indicators Research, 77 (1), 37-59.

\*The n value varies due to missing values and the timing of the exit and follow-up interviews

Health Outcomes from Entry to Exit (continued)

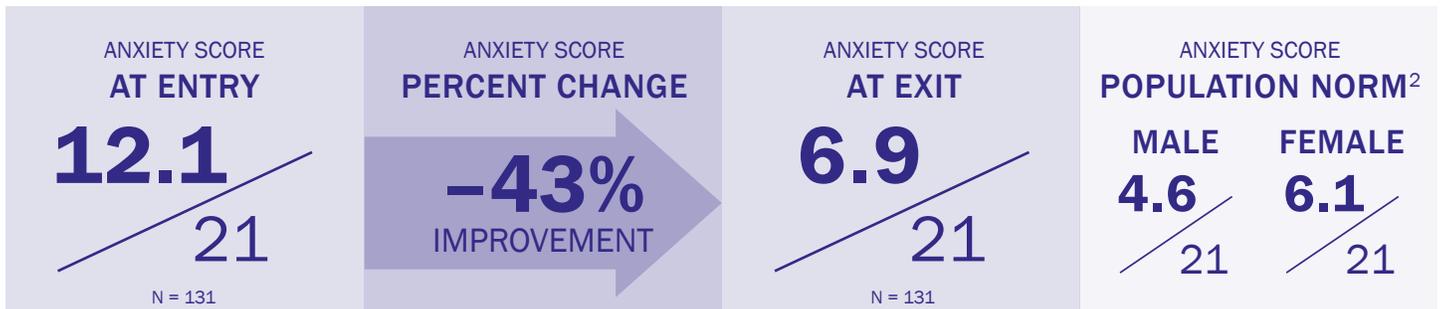
Depression Score (PHQ-9)

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 46% 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 43% 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.

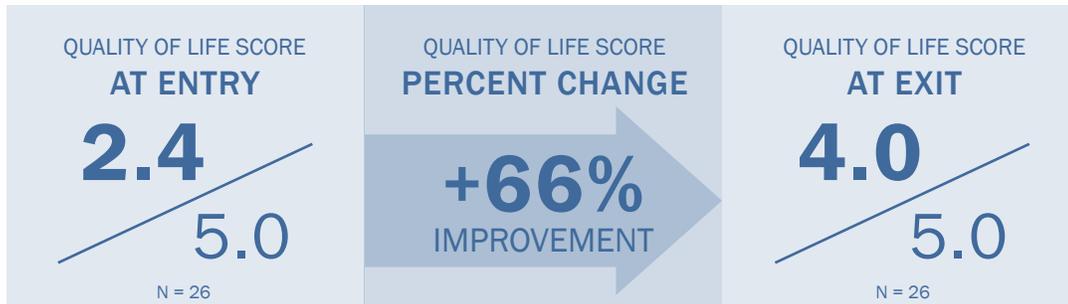
\*The n value varies due to missing values and the timing of the exit and follow-up interviews

Health Outcomes from Entry to One Month after Exit\*

HEALTH OUTCOMES ONE MONTH AFTER EXITING THE PROGRAM

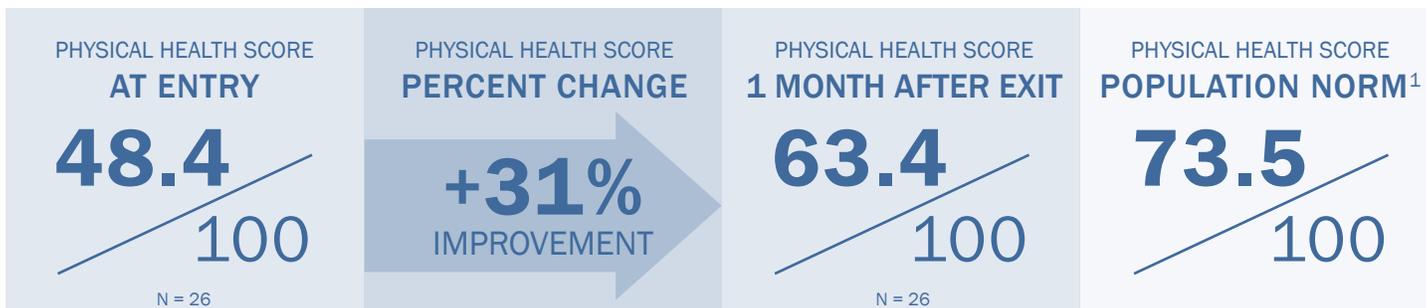
Overall Quality of Life Score

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 66% from entry to one month after exit.**



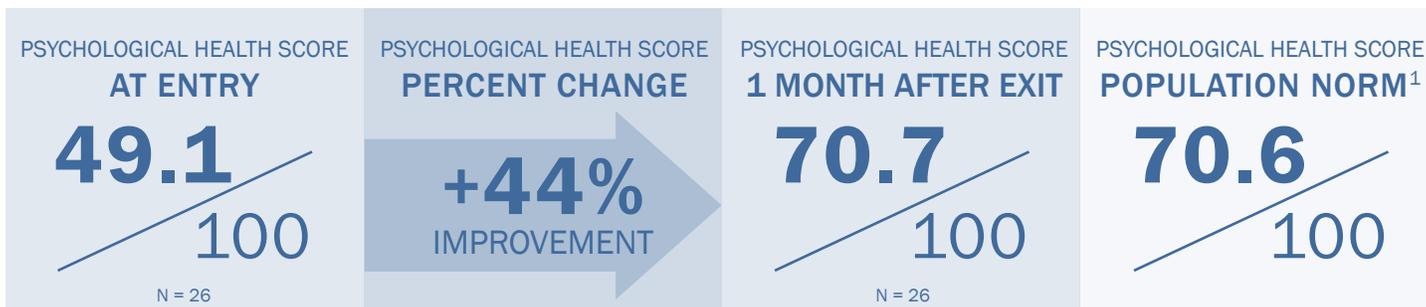
Physical Health Score

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 31% 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 44% 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.

\*The n value varies due to missing values and the timing of the exit and follow-up interviews

Health Outcomes from Entry to One Month after Exit (continued)

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 62% from entry to one month after 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 50% from entry to one month after exit.**



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 67% 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.

\*The n value varies due to missing values and the timing of the exit and follow-up interviews

Health Outcomes from Entry to One Month after Exit (continued)

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.**



SAMHSA Government Performance and Results Act (GPRA) Measurements

**Alcohol use decreased (improved) by 100% from entry to one month after exit. Illegal drug use decreased (improved) by 100% from entry to one month after exit. Marijuana use decreased (improved) by 100% from entry to one month after exit.**



<sup>1</sup> Spitzer, R., Kroenke, K., Williams, J., & Lowe, B. (2006). A Brief Measure for Assessing Generalized Anxiety Disorder. Arch Intern Med., 166(10), 1092-1097.

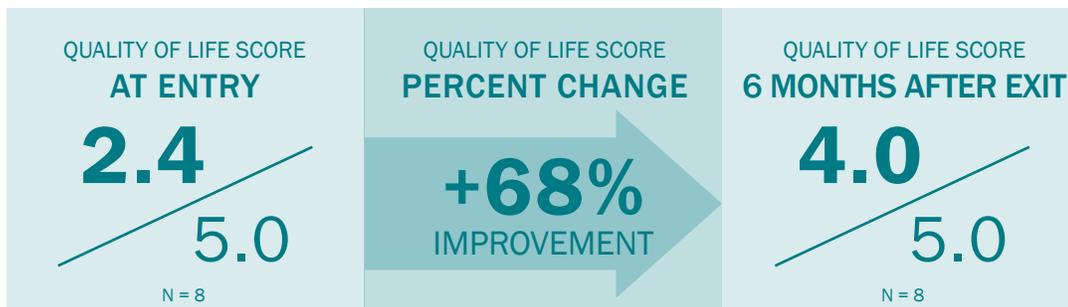
\*The n value varies due to missing values and the timing of the exit and follow-up interviews

Health Outcomes from Entry to Six Months after Exit\*

HEALTH OUTCOMES SIX MONTHS AFTER EXITING THE PROGRAM

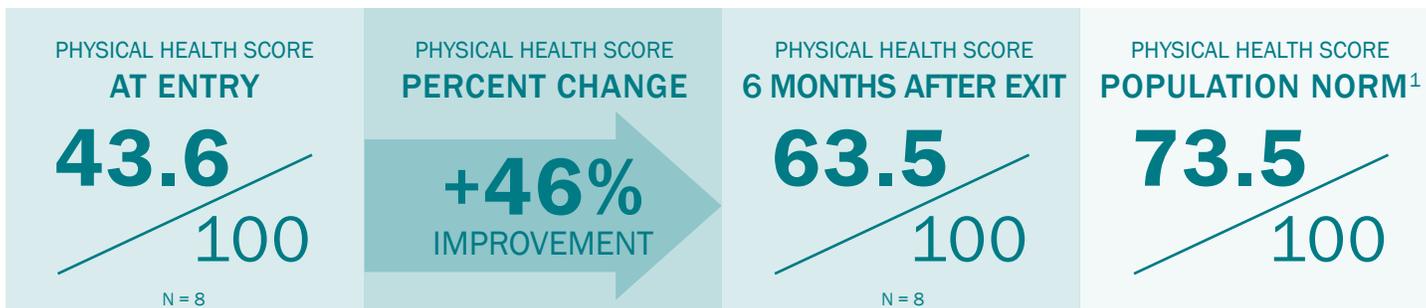
Overall Quality of Life Score

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 68% from entry to six months after 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 46% from entry to six months 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 45% from entry to six months 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.

\*The n value varies due to missing values and the timing of the exit and follow-up interviews

Health Outcomes from Entry to Six Months after Exit (continued)

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 105% from entry to six months after 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 86% from entry to six months after exit.**



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 56% from entry to six months 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.

\*The n value varies due to missing values and the timing of the exit and follow-up interviews

Health Outcomes from Entry to Six Months after Exit (continued)

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 56% from entry to six months after exit.**



<sup>1</sup> Spitzer, R., Kroenke, K., Williams, J., & Lowe, B. (2006). A Brief Measure for Assessing Generalized Anxiety Disorder. Arch Intern Med., 166(10), 1092-1097.

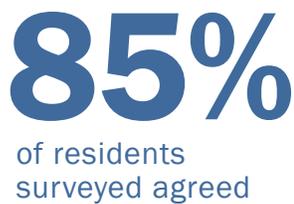
\*The n value varies due to missing values and the timing of the exit and follow-up interviews

## RESIDENT SATISFACTION SURVEY RESULTS

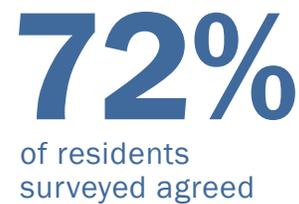
The Coalition’s Customer Satisfaction Survey asked residents of the Fort Lyon Program to rate their level of agreement with 10 statements using a five-point Likert scale (5 = strongly agree; 1 = strongly disagree). Derived from the Mental Health Statistics Improvement Program Consumer Survey, these items 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

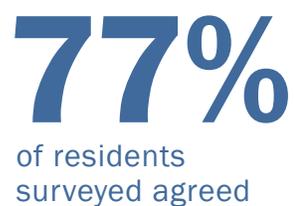
1) I feel physically safe at CCH



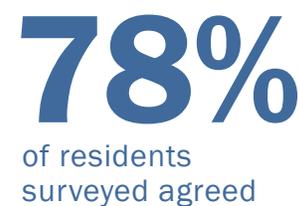
4) I was able to get the services I thought I needed



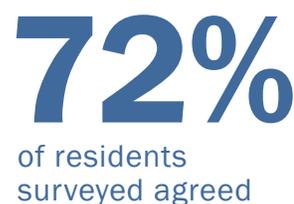
2) I feel emotionally safe at CCH



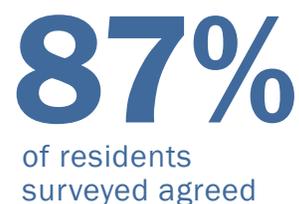
5) The staff showed sensitivity to my background (cultural, racial, special needs, sexual orientation)



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



6) The staff treated me with respect and dignity



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: ROBERT

Robert is not the easiest Fort Lyon resident to track down. Between going to school, working, meetings and volunteering, there is little time for anything else.

Robert grew up about 40 miles west of the Fort Lyon campus in Rocky Ford. As the only man in his family who wasn't incarcerated, Robert decided to join the Marine Corps when he was 18 years old and spent the next eight years dutifully serving his country.

When Robert's wife asked him to leave the Marines to be able to spend more time with his son and family, he came back to Colorado and began his career as a corrections officer. Between his career and his family, Robert seemed to have it all, but in the evenings after work, he would come home and drink. Robert says, "I knew how to live. I was married, I did it. But somewhere along the line I lost it all."

Eventually a divorce, the market crash and subsequent job loss would take its toll on the once strong and proud Marine. Robert found himself begging for a job on the fields that hired him in his youth as he did his best to avoid the family that raised him.

On one particularly cold and bitter night Robert found himself covered in snow on the porch of his grandparents old gutted-out house. In an effort to stay warm Robert began walking but he could not stop shaking. His mother happened to drive past and as she did, Robert saw the tears in her eyes and decided then to look for help in earnest.

Robert walked the 11 miles to the nearest Veterans Administration and asked for help. There was not much available at the time, but through his own research, Robert learned about Fort Lyon. With the help of the VA, Robert was referred to Fort Lyon. He still vividly remembers the day he answered the phone to learn that he had an admission date. Right then and there, Robert says he put down the bottle he was sipping from and has not touched drugs or alcohol in nearly two years.

Since arriving at Fort Lyon, Robert has become a model resident. He is working on his Associates degree, as well as his community health worker certification. On top of school, Robert works locally with developmentally disabled clients. A grueling schedule does not stop Robert from focusing on his sobriety, which he strengthens by attending group meetings, restoring his relationship with his family and volunteering to transport new clients to and from church, as well as praying on his own regularly. Robert credits some of his success to his case manager, Jason, who Robert says, "gave me an opportunity to live a healthy life and to see value in myself as a human being again."

As Robert closes in on his two-year anniversary of entering Fort Lyon, he is giving himself the space and time to consider his options. He knows he would like to travel to California to visit his son as well as take his 70-year-old mother zip lining. This Arkansas Valley native believes he will likely always call The Valley home and "with all my heart I want nothing more than to be sober and to be able to give back."



## Resident Profiles (cont'd)



### FORMER RESIDENT: MARTY

On Marty's 56th birthday, he sat down at a table and with the help of a Coalition outreach worker, filled out paperwork that would change the course of his life. Six weeks later Marty would find himself 200 miles from the Denver streets he once called home and on the historic Fort Lyon campus in rural Bent county.

Marty first became homeless four years prior, after a divorce and addiction left him without any options. The former mining industry worker says, "being homeless wasn't even a remote thought in my mind. I never thought I'd be in that position." Marty had been drinking since he was 13, but managed to keep his disease at bay by throwing himself into his work and providing for his five children.

When asked what made him seek out treatment and move far away from the life he knew, Marty says, "you reach a turning point and you get tired. I was tired of drinking and things weren't getting better on my own. I needed a change, and lo and behold, Fort Lyon opened up and I ran with it."

As one of the original 13 residents who helped open the doors of the Fort Lyon Supportive Residential Community, Marty fondly remembers the days of cleaning, painting, and opening the dorm rooms one by one. With only a skeleton staff, the first days of Fort Lyon were not always easy, but Marty found healing and recovery. He eventually found his way to Otero Junior College where he enrolled in a few basic classes at first and then plunged himself into the Community Health Worker Certificate program.

Marty remained sober and an active participant in his recovery throughout his two years at Fort Lyon. After completing the program last year, he moved into his own apartment in the Arkansas Valley, got his Associates of Applied Science degree, and most recently, found full-time employment as Fort Lyon's newest Peer Mentor.

These days Marty is mostly smiles and prefers to answer, "I'm doing much better today, thank you" when asked how his day is going. He remarks how much people perk up after being on campus for a few weeks and says, "The transformation is subtle but amazing to watch." Marty may know this better than anyone.