

ANNUAL REPORT

FORT LYON SUPPORTIVE RESIDENTIAL COMMUNITY



JULY 2017 - JUNE 2018

REPORT HIGHLIGHTS

510

**TOTAL SERVED
IN 2018**

89%

**AVERAGE ANNUAL
RETENTION RATE**

61%

**OF ALL RESIDENTS EXITED
TO A PERMANENT OR
TRANSITIONAL HOUSING
DESTINATION**

93.5%

**RESIDENTS PARTICIPATED IN VOCATIONAL,
EDUCATIONAL, EMPLOYMENT AND/OR RECOVERY-
BASED SUPPORT GROUPS**

477

**OF RESIDENTS PARTICIPATED IN
VOCATIONAL, EDUCATIONAL,
EMPLOYMENT AND/OR RECOVERY-
BASED SUPPORT GROUPS**



ZERO

**FORMER RESIDENTS HAD BEEN
ARRESTED SIX MONTHS POST-PROGRAM**



80%

**OF FORMER RESIDENTS WERE
STABLY HOUSED SIX MONTHS
POST-PROGRAM**

80%

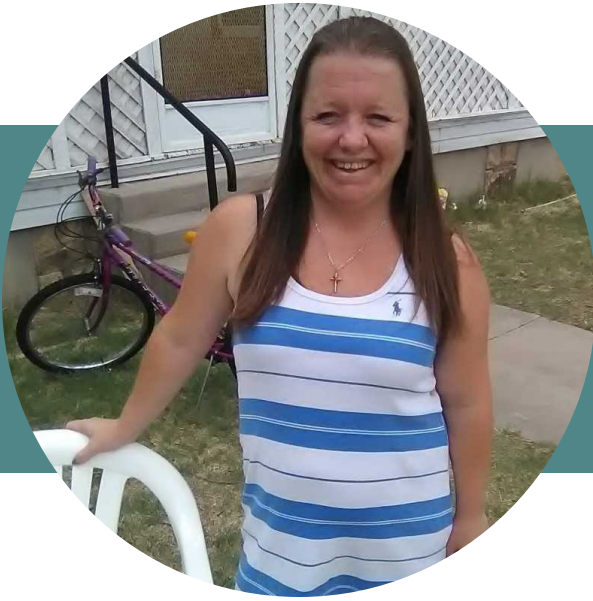
**OF FORMER RESIDENTS REPORTED ZERO
EPISODES OF HOMELESSNESS SIX
MONTHS POST-PROGRAM**





INTRODUCTION

The Fort Lyon Supportive Residential Community provides transitional housing and support services to people experiencing or at-risk of homelessness from across Colorado, with a priority on serving veterans. Situated on 552 acres in the Lower Arkansas Valley, the Fort Lyon program is a state-wide collaborative led by the Colorado Coalition for the Homeless, Bent County, and the Colorado Department of Local Affairs. At Fort Lyon, residents participate in peer-led recovery groups, vocational training programs and a variety of life skill-building activities, as well as pursue educational opportunities at the local community colleges and employment in the community.



AMBER

89%

**AVERAGE
ANNUAL
RETENTION
RATE**

510

**TOTAL SERVED
IN 2018**

“I didn’t want help. I didn’t care if I lived or died.” Amber was living on the streets of Boulder for five years before she came into the Fort Lyon program. “I had full-fledged cirrhosis. That didn’t matter to me, it was just another reason to drink.” Through outreach services in Boulder, Amber came to the Fort Lyon program and exited into permanent housing. But after a relapse left her without housing again, Amber returned to Fort Lyon a second time ready to face her addiction.

When reflecting on her first time in the program, Amber says she did everything that looked good on paper but was not working her recovery “from the inside.” “It’s really hard to leave the life that you’re so accustomed to... [it’s] very scary.”

Since returning, Amber has taken full advantage of the recovery support and resources at Fort Lyon including Alcoholics Anonymous. “Working the steps has really shone such a light on me, on my life, and has also helped me to understand a lot of the ‘whys’ of my addiction.” Amber often mentions how grateful she is to Fort Lyon for “the opportunity to have a second chance.”

Throughout her time at Fort Lyon, Amber earned her GED and is currently enrolled at Otero Junior College. “I never believed in myself, and I didn’t believe I was worthy to be in a program like this or to achieve a GED.” She is working on her self-esteem and self-confidence, and is focused on continuing her education.

Amber recently moved into a home in La Junta and continues to pursue her college goals, surround herself with a supportive recovery community, and eventually plans to work to rebuild relationships with her children. “I’m getting a little emotional leaving. I’ve seen a lot, been a part of a lot, shared a lot of so many things here. It’s a beautiful place if we make it that. It’s up to you and the tools are set right at our feet.”



JAMES

Before coming to Fort Lyon, James had been on and off the streets in Colorado for more than 20 years, struggling with a daily alcohol and prescription pill disorder. Now, after 15 months at Fort Lyon, James is at a very different place in his life. “This is a beginning...if people want to change, this is the place to do it.”

James regularly attends support groups and meetings now, sometimes two in one day and has become a General Service Representative at the Alcoholics Anonymous meetings on Tuesday nights. His current sponsor is a former resident of Fort Lyon.

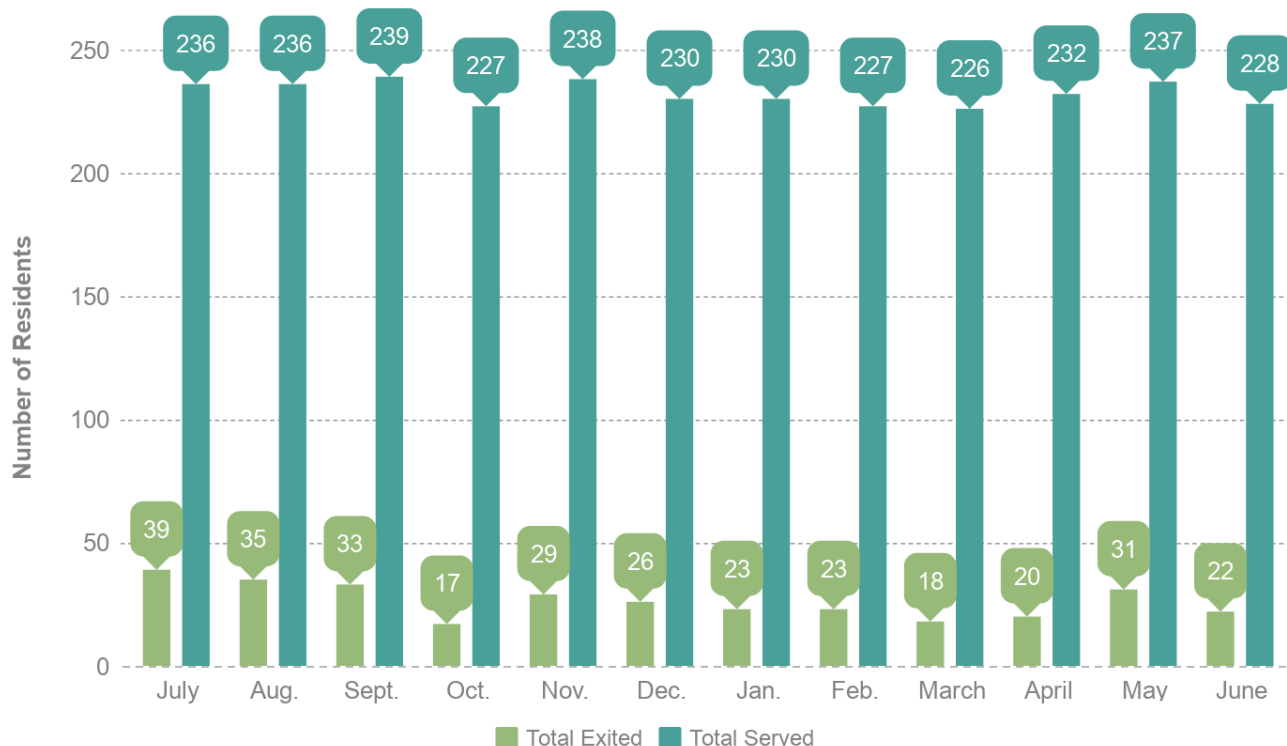
James continues to work hard, including taking classes to reinstate his driver's license. He plans to spend about 5-6 months longer at Fort Lyon. He enjoys that fact that he does not have to travel far to get to meetings and says the health center has been very helpful in resolving his medical issues. He enjoys “being part of the community” at Fort Lyon. When asked about how effective Fort Lyon can be, James says, “Depends on how much you want a new life.”

Looking forward, James wants to take courses to become a Certified Addiction Counselor in Denver to help people who have walked the same path as he.

POPULATION OVERVIEW

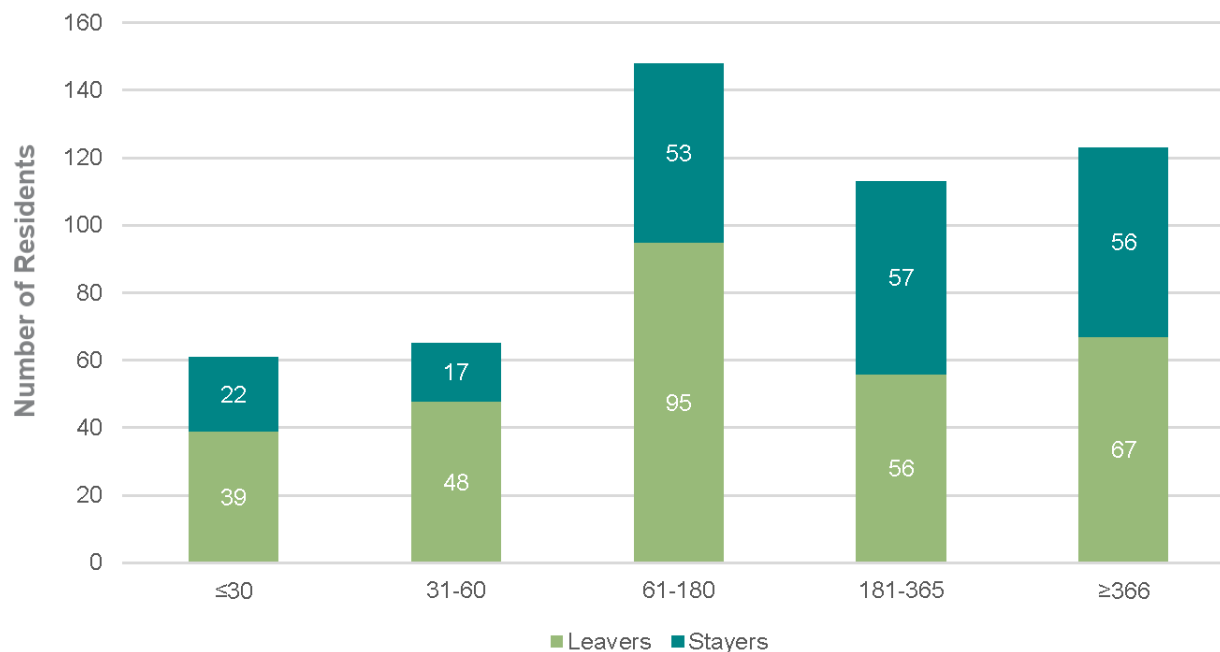
TOTAL RESIDENTS (BY MONTH)

Fort Lyon served 510 people over the course of fiscal year 2018, averaging 332 people a month. A total of 305 residents (60%) exited during the year, averaging 26 exits each month.



LENGTH OF RESIDENCY

In fiscal year 2018, the majority of residents had been at Fort Lyon for 61 or more days, with the highest proportion falling into the 61 to 180-day time frame.



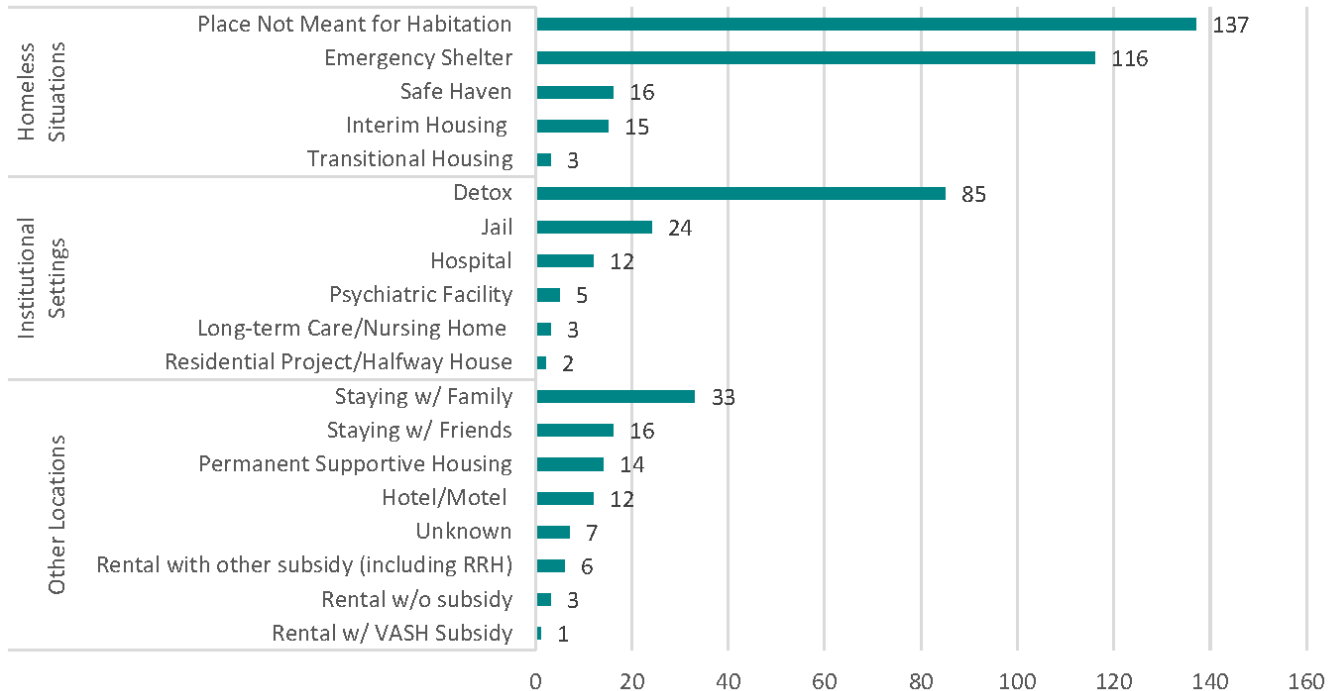
LENGTH OF RESIDENCY (Average and Median)

Residents who left during the fiscal year were enrolled in the program for seven to eight months on average, while those who remained in the program as of the end of the year had been enrolled in the program for eight to nine months on average.



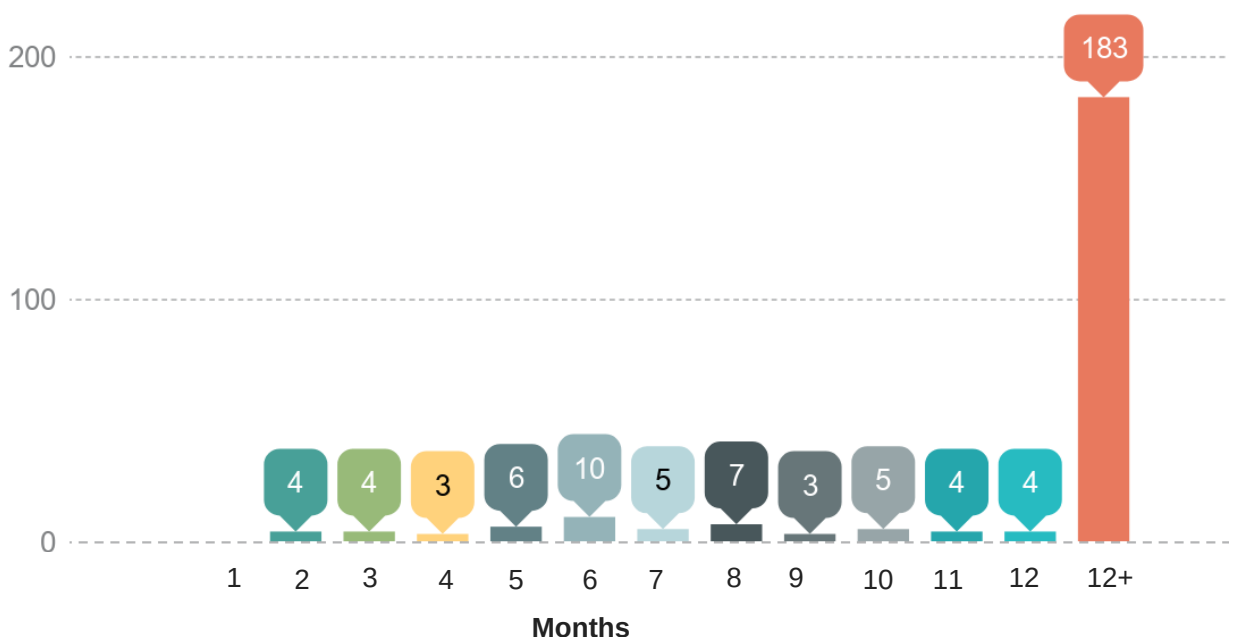
RESIDENCE PRIOR TO ENTRY

Of the 510 residents who were served in the fiscal year, 56.3% came from a homeless situation, 25.7% came from an institutional setting and 18% came from some other type of location. Fort Lyon only serves individuals who are homeless or at imminent risk of homelessness.



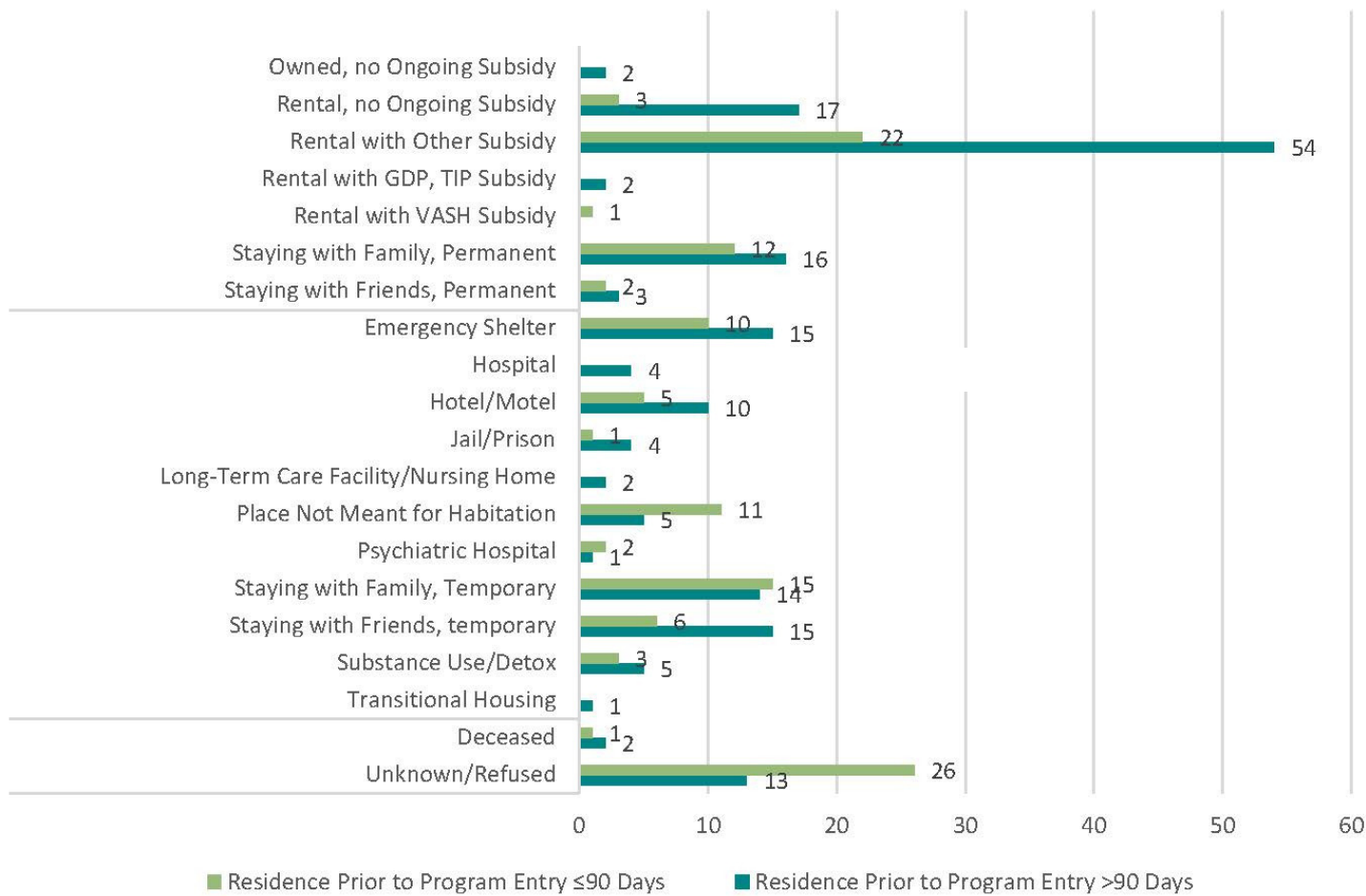
NUMBER OF MONTHS HOMELESS IN PAST THREE YEARS

Length of homelessness data is available for 238 residents out of 510 in the quarter. Among those 238 residents, 77% were homeless for more than 12 months.



DESTINATION AT PROGRAM EXIT

Destinations are grouped to approximate HUD exit destination categories with the top tier representing permanent destinations, middle tier representing transitional and temporary destinations, followed by other destinations.

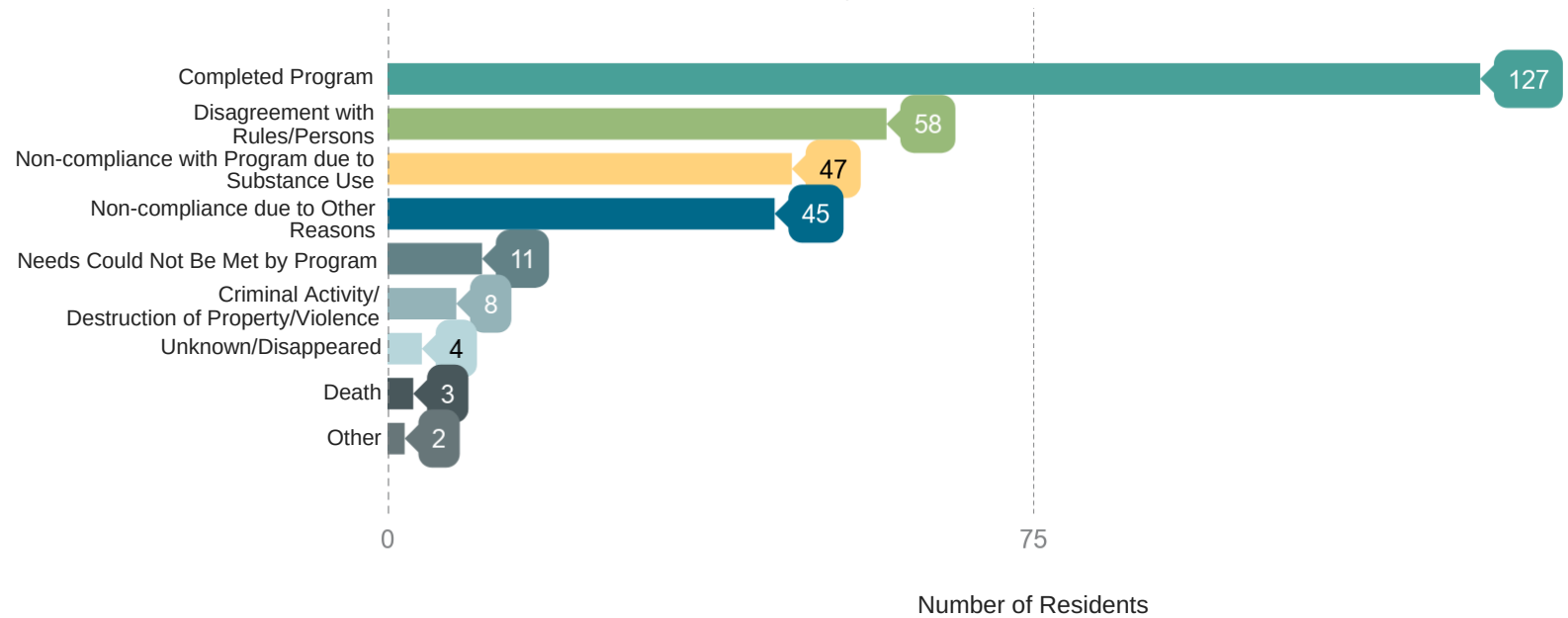


44%
OF ALL
RESIDENTS
EXITED TO A
PERMANENT
DESTINATION

61%
OF ALL
RESIDENTS
EXITED TO A
PERMANENT OR
TRANSITIONAL
HOUSING
DESTINATION

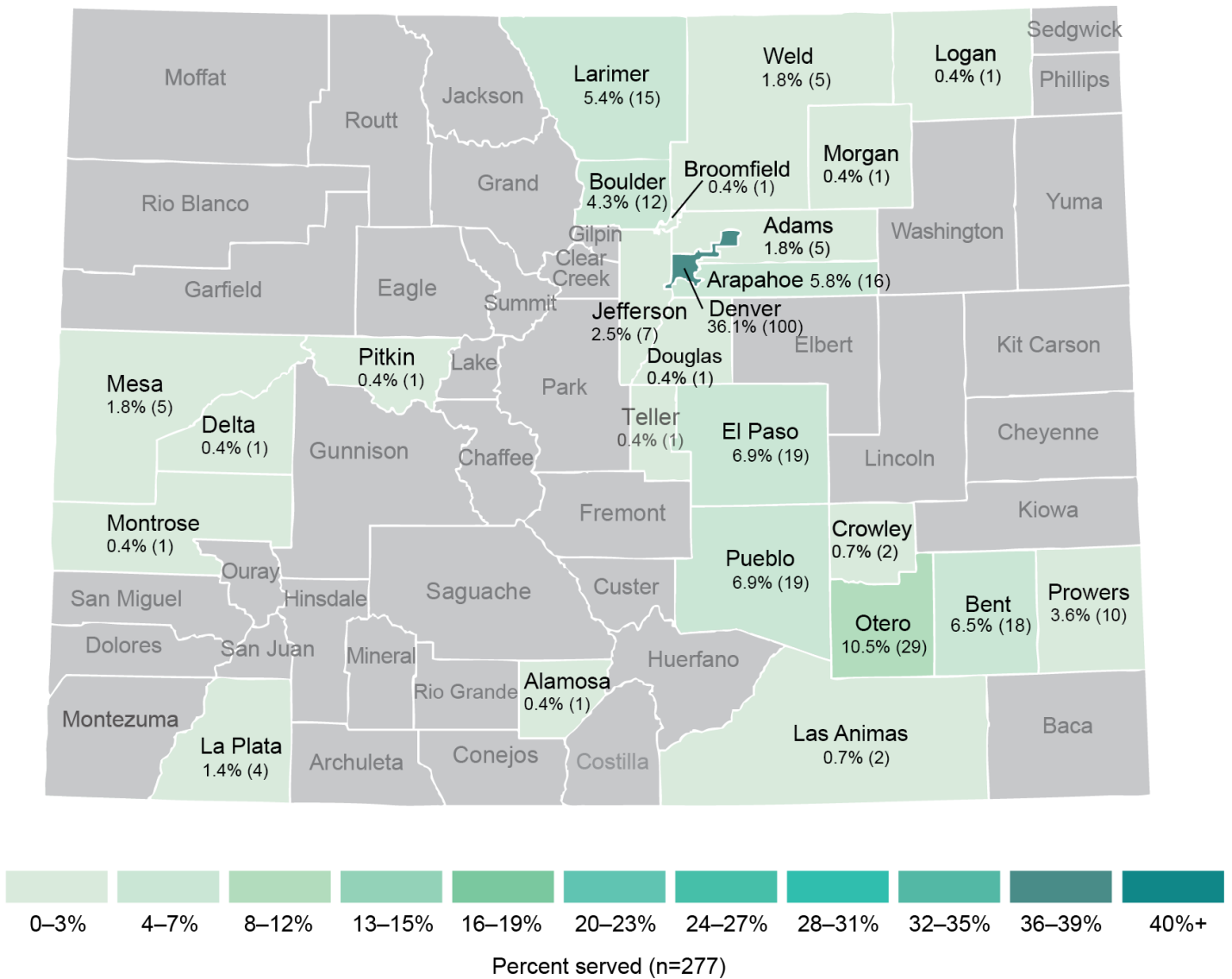
REASON FOR LEAVING

42% of residents who exited during the fiscal year completed the program. The other common reasons were disagreement with rules and non-compliance with the program.



COUNTY OF
DESTINATION

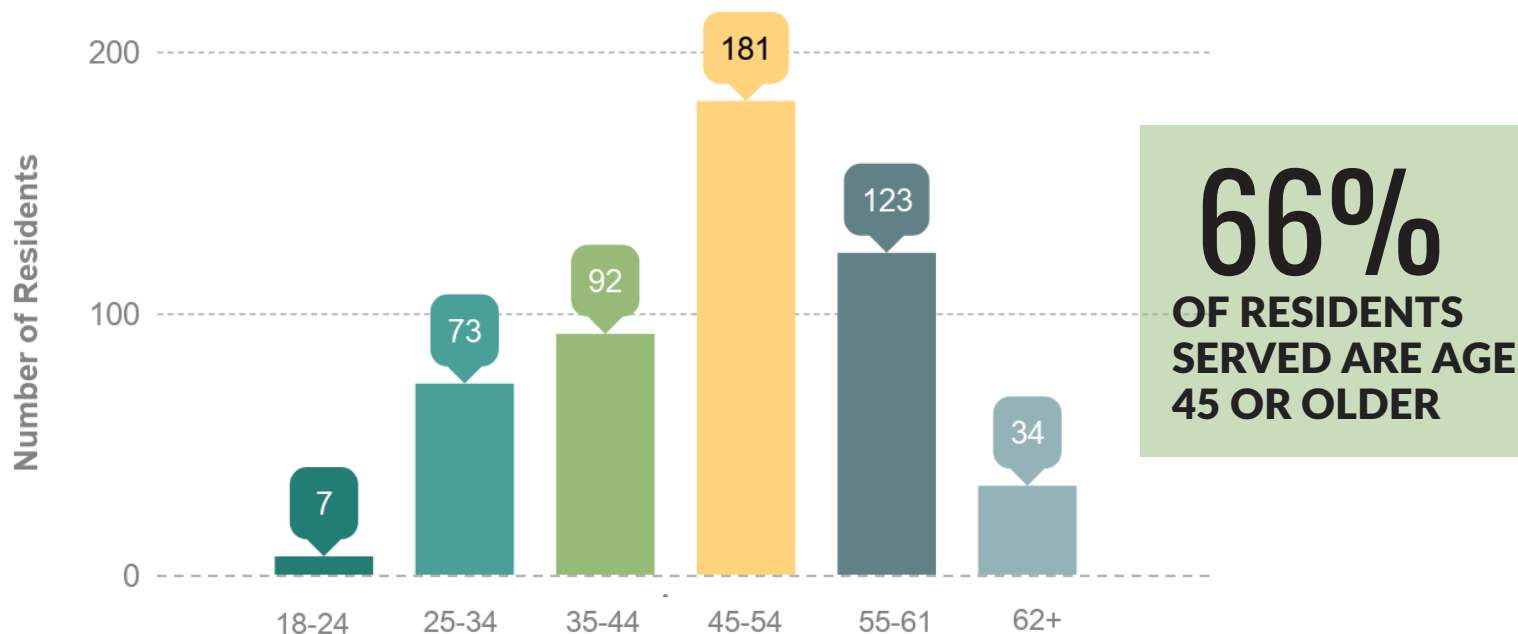
Denver (36%) was the most common destination county for those who exited in the year, followed by Otero (10.5%).



DEMOGRAPHICS

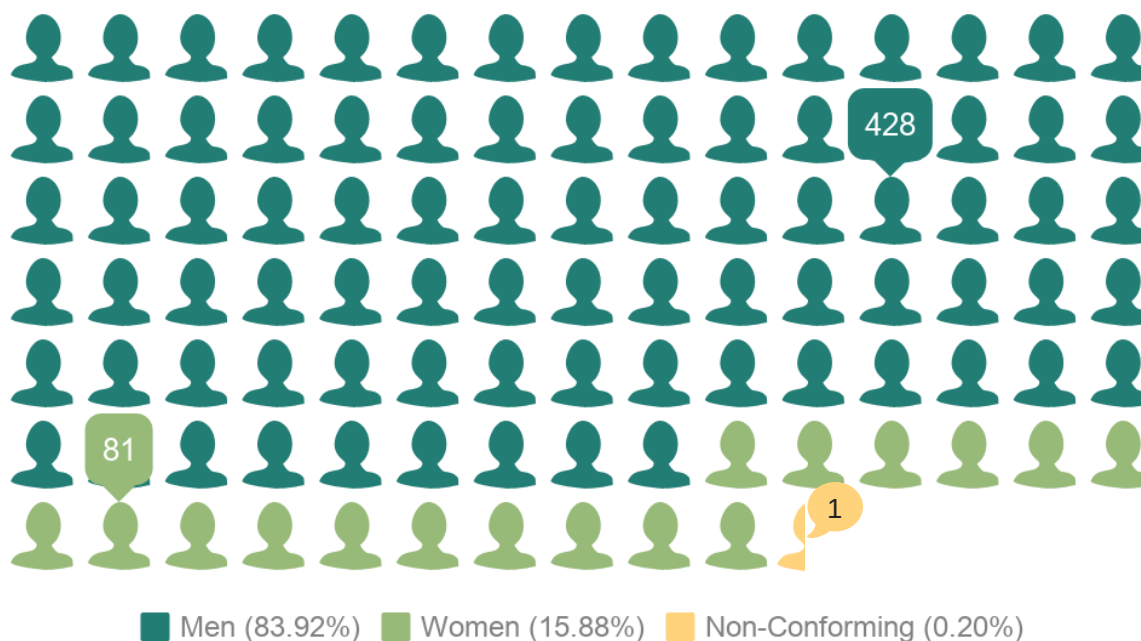
AGE

The majority of residents at Fort Lyon in the fiscal year were 45 or older, while 18-24 year olds were the smallest represented group.



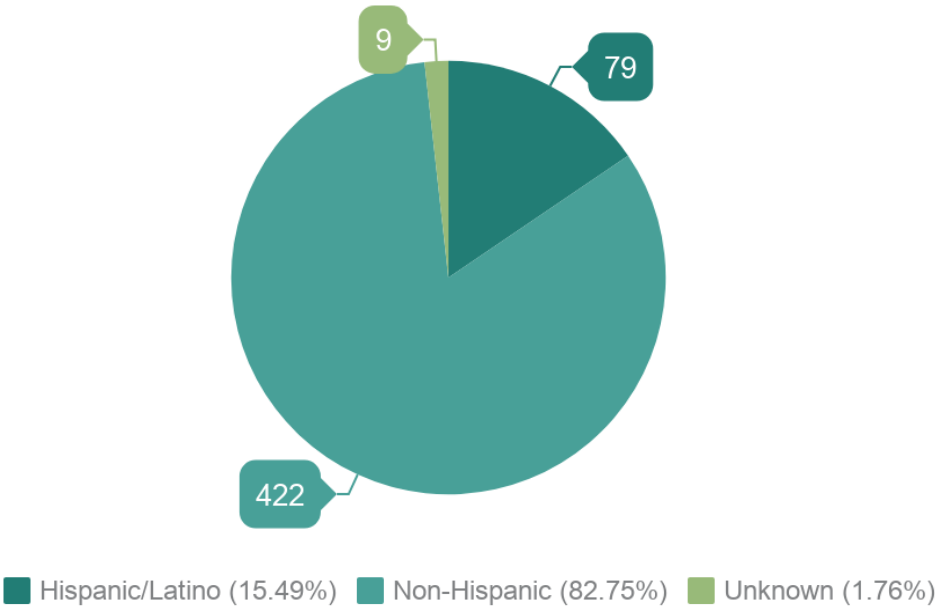
GENDER

In fiscal year 2018, 84% of the population was male and 16% female, along with one gender non-conforming individual.



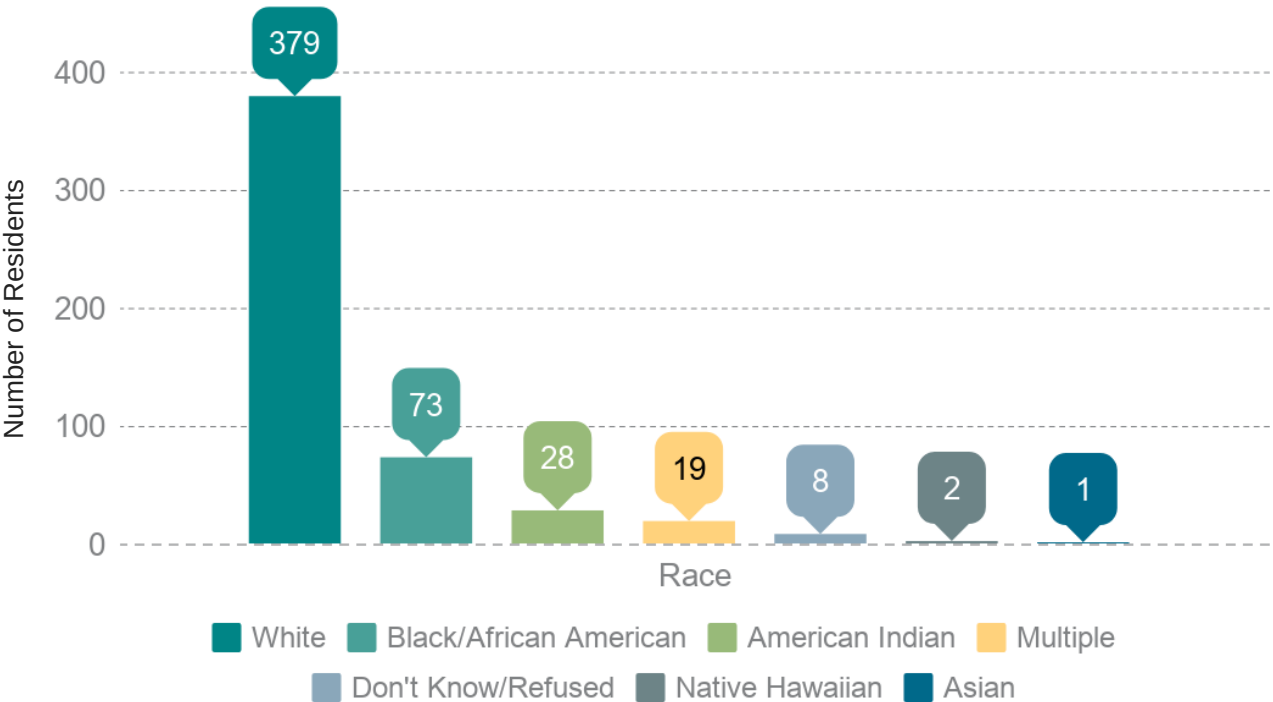
ETHNICITY

The majority of residents identified as non-Hispanic, with about 15% identifying as Hispanic.



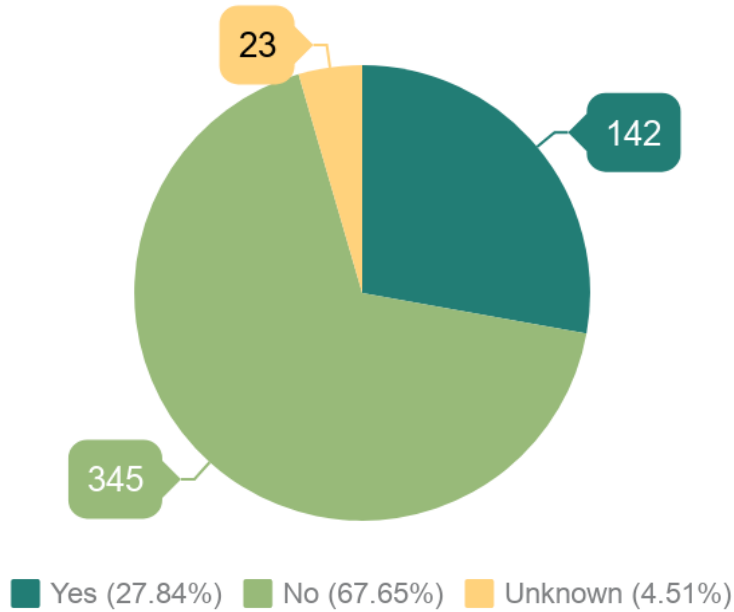
RACE

Most residents identified as White, with Black or African American as the second most common race.



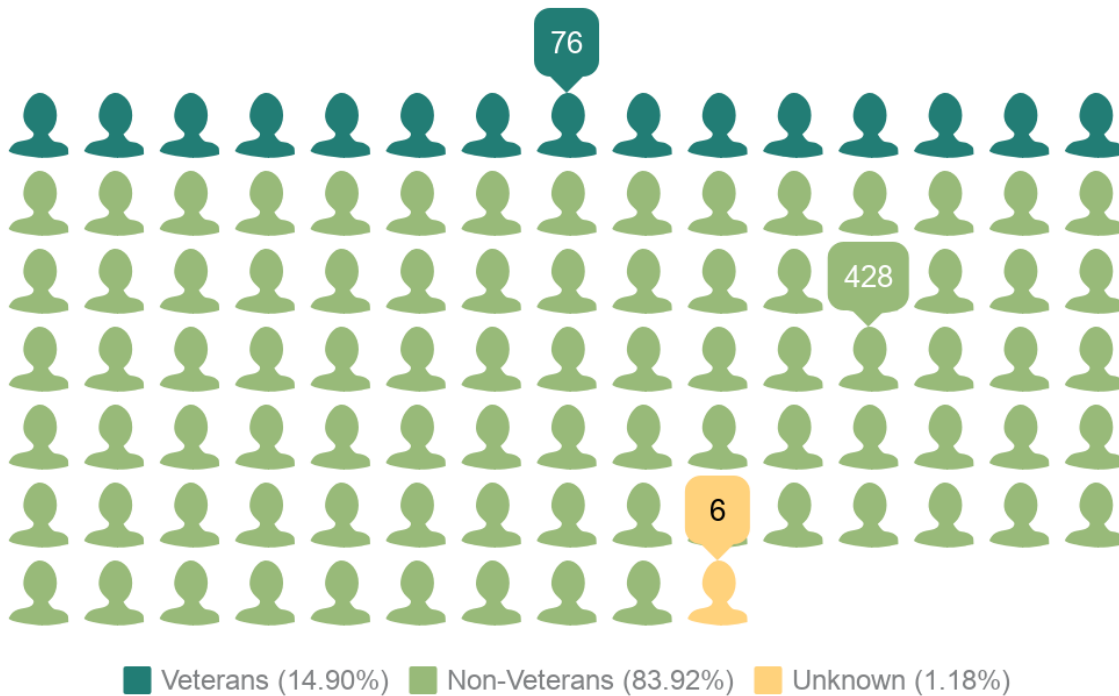
DOMESTIC VIOLENCE

About 28% of Fort Lyon residents in fiscal year 2018 have experienced domestic violence.



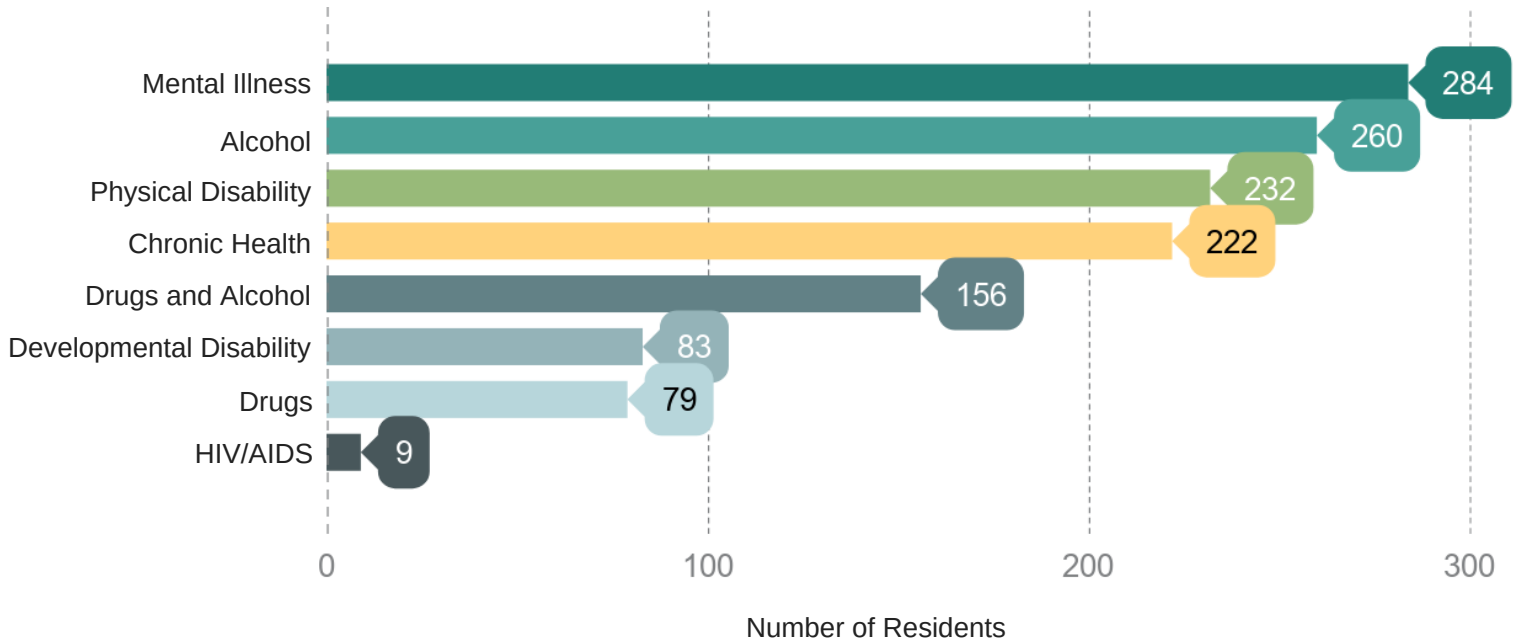
VETERAN STATUS

About 15% of Fort Lyon residents in 2018 were Veterans.



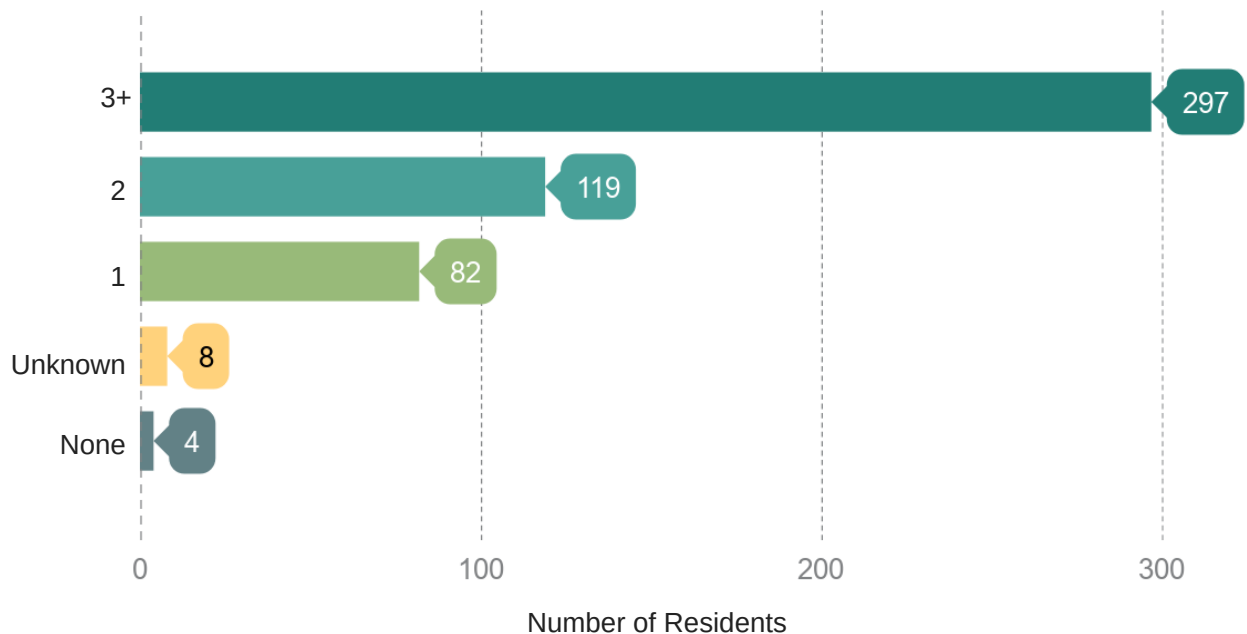
HEALTH CONDITIONS AT ENTRY

Ninety-eight percent (98%) of residents report adverse health conditions at entry. Mental illness, followed by alcohol use, are the most common.



NUMBER OF KNOWN CONDITIONS

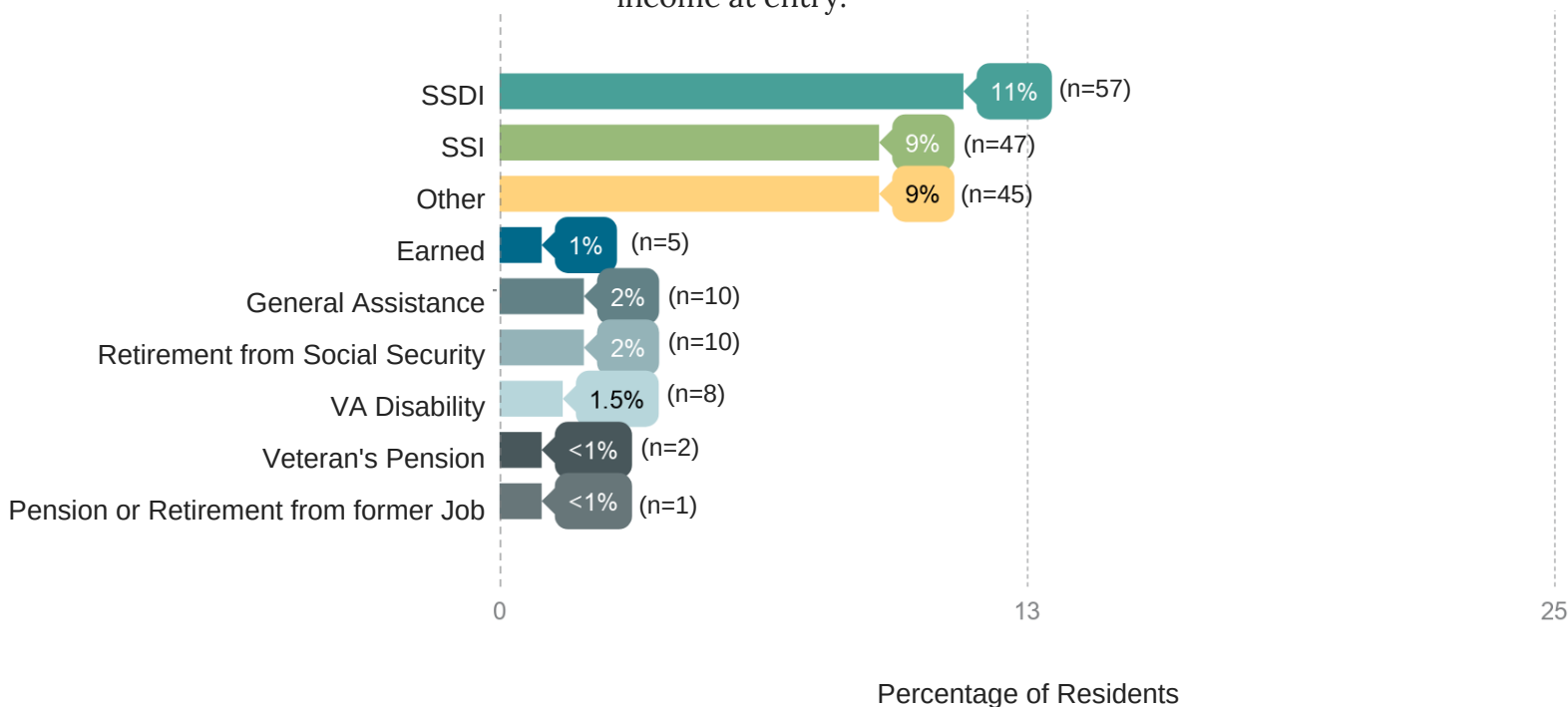
Among those who identified adverse health issues at entry, 58% reported to have three or more conditions.



INCOME/BENEFITS SOURCES

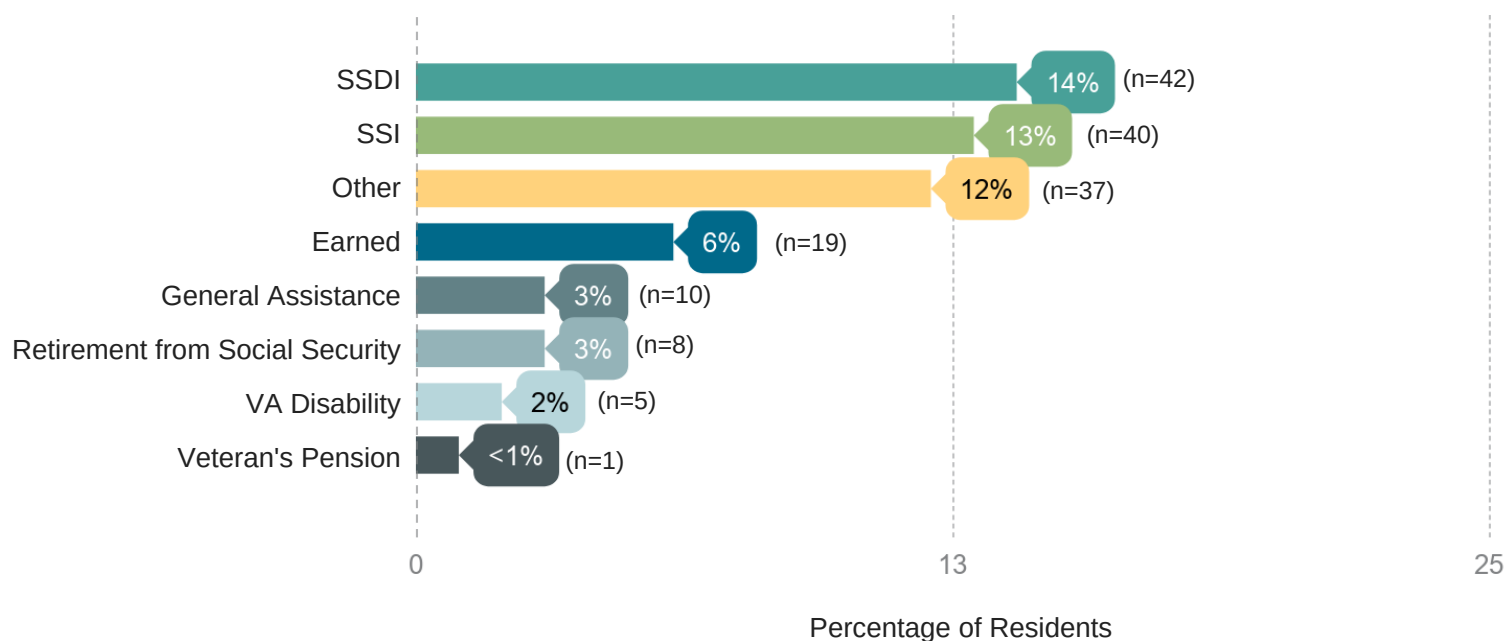
CASH INCOME SOURCES AT ENTRY

Cash Income source data was collected on all 510 residents who participated in the program during the fiscal year. Among those 510 residents, 167, or 33%, reported at least one source of cash income at entry.



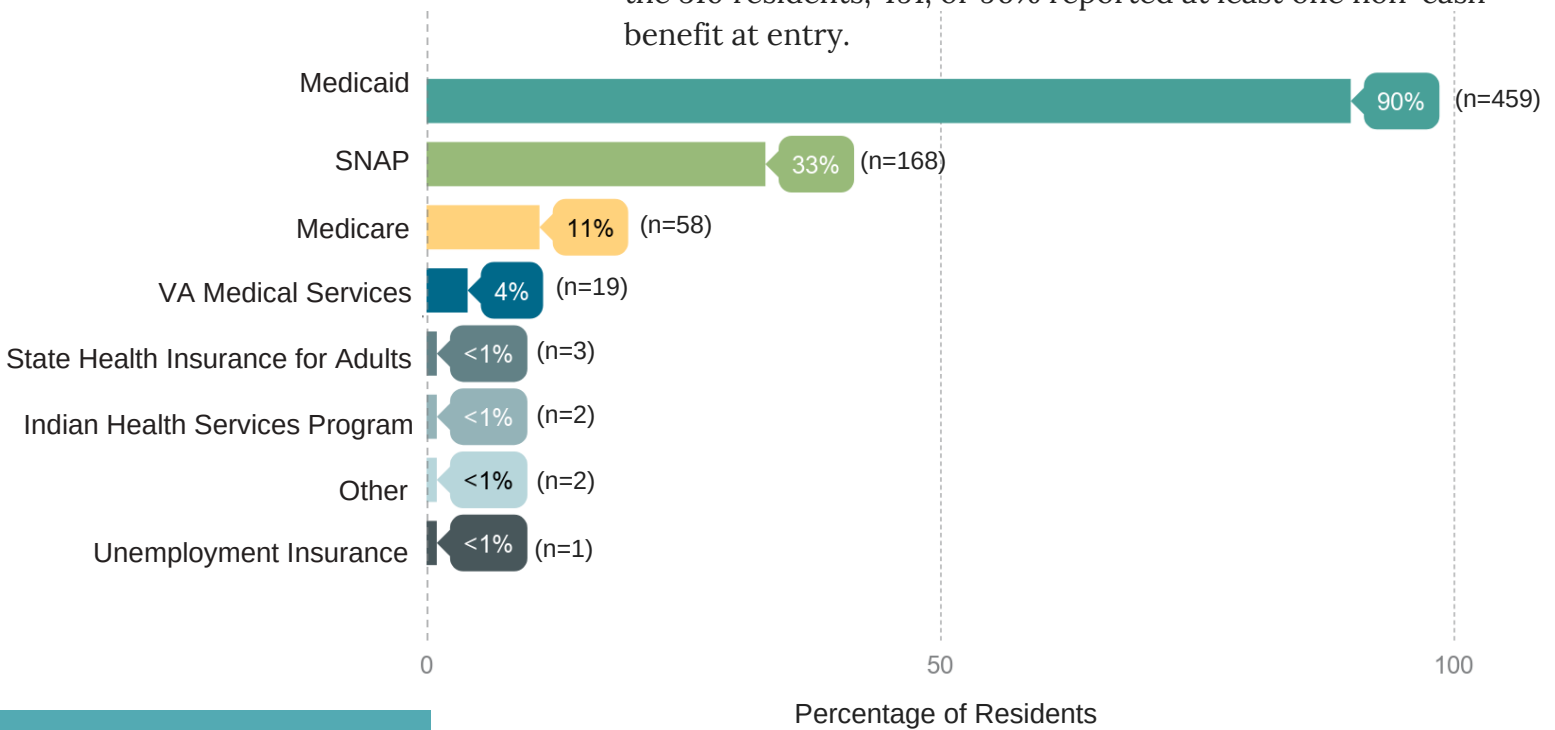
CASH INCOME SOURCES AT EXIT

Among the 305 residents who exited in the fiscal year, 146, or 48% reported at least one source of income at exit, a 15-point increase over the percent at entry.



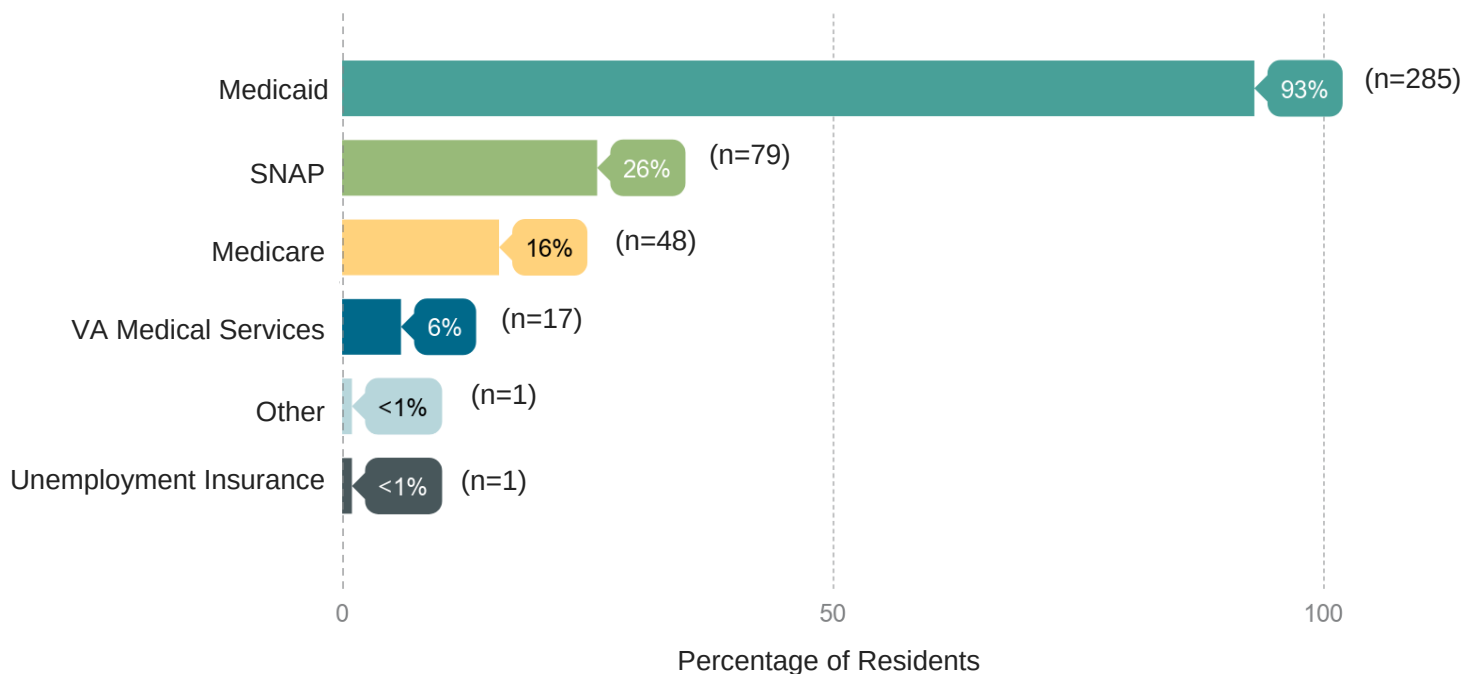
NON-CASH BENEFIT SOURCES AT ENTRY

Non-cash benefit source data was collected on all 510 residents who participated in the program during the fiscal year. Among the 510 residents, 491, or 96% reported at least one non-cash benefit at entry.



NON-CASH BENEFIT SOURCES AT EXIT

Among the 305 residents who exited in the fiscal year, 302, or 99% reported at least one non-cash benefit at exit, a three-point increase over the percent at entry.



RESIDENT PARTICIPATION AND ENGAGEMENT

477

RESIDENTS PARTICIPATED IN VOCATIONAL, EDUCATIONAL,
EMPLOYMENT AND/OR RECOVERY-BASED SUPPORT GROUPS*

93.5%

OF RESIDENTS PARTICIPATED IN VOCATIONAL, EDUCATIONAL,
EMPLOYMENT AND/OR RECOVERY-BASED SUPPORT GROUPS*

*A small proportion of residents may not be engaged in services if they entered or exited the program near the beginning or end of the year.

64.5%

OF RESIDENTS
PARTICIPATED IN
VOCATIONAL TRAINING

329

RESIDENTS
PARTICIPATED IN
VOCATIONAL TRAINING



110

RESIDENTS
PARTICIPATED
IN EDUCATIONAL
OPPORTUNITIES

21.6%

OF RESIDENTS
PARTICIPATED IN
EDUCATIONAL
OPPORTUNITIES

7.4%

OF RESIDENTS
PARTICIPATED IN
OUTSIDE EMPLOYMENT

38

RESIDENTS
PARTICIPATED IN
OUTSIDE EMPLOYMENT



458

RESIDENTS
PARTICIPATED
IN RECOVERY-BASED
SUPPORT GROUPS

89.8%

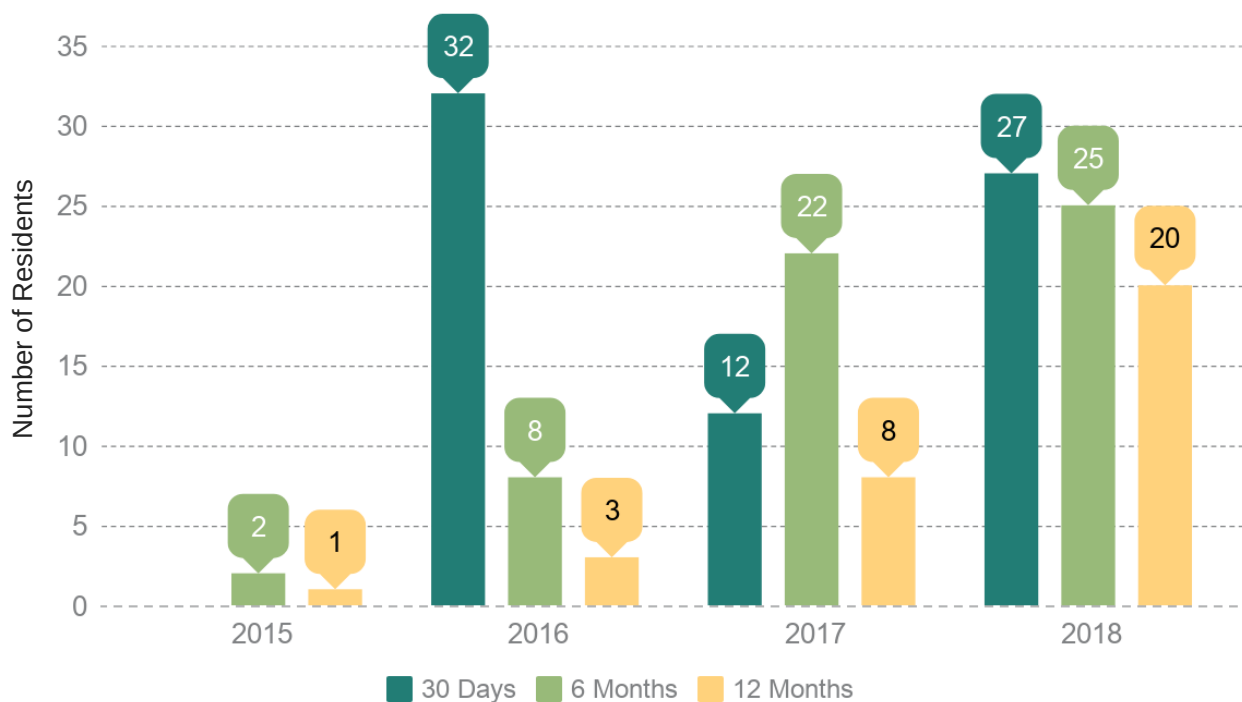
OF RESIDENTS
PARTICIPATED
IN RECOVERY-BASED
SUPPORT GROUPS

POST-PROGRAM ASSESSMENT

POST PROGRAM INTERVIEWS COLLECTED

Fort Lyon is unique in that it attempts to measure quality of life and other outcomes after program exit. Conducting these interviews can be difficult because people's contact information often changes after exit. Twenty-five (25) of the 354 residents who were eligible for a 6-month post-program interview, participated in fiscal year 2018.

The number of post-program interviews collected has increased overall, from 2015 to 2018, with the most interviews collected in 2018. This growing data set will help with future evaluation of the Fort Lyon program.



HOUSING OUTCOMES

POST-PROGRAM HOUSING STATUS

Among the 25 former residents who participated in a six-month post program interview, 20, or 80%, reported they were stably housed; 2, or 8% were literally homeless; 2, or 8%, were unstably housed and 1, or 4% did not know. Among those housed six months after exit, the average duration was 186 days.



80%

OF FORMER RESIDENTS WERE STABLY HOUSED

POST-PROGRAM HOMELESSNESS EPISODES

Among the 25 former residents who participated in a six-month post program interview: 20, or 80%, reported zero episodes of homelessness; 5, or 20%, reported one episode of homelessness; and 2, or 8%, reported more than one episode of homelessness.

80%

OF FORMER RESIDENTS REPORTED ZERO EPISODES OF HOMELESSNESS



POST-PROGRAM INCARCERATION

Among the 25 former residents who participated in a six-month post program interview, none reported having been arrested, and one resident, or 4%, had spent 34 nights in jail.




ZERO

FORMER RESIDENTS HAD BEEN ARRESTED

SUBSTANCE USE OUTCOMES

POST-PROGRAM ALCOHOL USE



Among the 126 residents who reported alcohol use within the last 30 days at intake, the average number of days used was 16. All nine former residents who reported alcohol use at entry also reported a decrease in alcohol use within the last 30 days when interviewed six months after exit.



FORMER RESIDENTS REPORTED USING ALCOHOL LESS THAN ONE DAY PER MONTH.

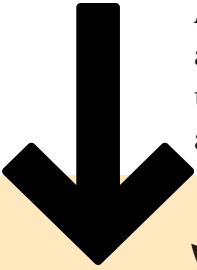
POST-PROGRAM ILLICIT DRUG USE

Among the 87 residents who reported drug use within the last 30 days at intake, the average number of days of use was 13. All three former residents who reported illicit drug use at entry also reported a decrease in use in the last 30 days when interviewed six months after exit. Among them, the average number of days of use dropped from 24 to zero.

FORMER RESIDENTS REPORTED USING ILLICIT DRUGS ZERO DAYS.



POST-PROGRAM MARIJUANA USE



Among the 126 residents who reported marijuana use within the last 30 day at intake, the average number of days of use was 14. All four former residents who reported marijuana use at intake reported a decrease in use in the last 30 days when interviewed six months after exit. Among them, the average number of days used dropped from 25 to zero.



FORMER RESIDENTS REPORTED USING MARIJUANA ZERO DAYS.

BEHAVIORAL HEALTH OUTCOMES

The average Fort Lyon client enters the program experiencing homelessness and a substance use disorder, 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."²

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:

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

POST-PROGRAM DEPRESSION

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.

*For the 138 residents who screened positive for depression at program entry, the mean depression score was 18.1, indicating moderately severe depression. The general population norm score is 3.3.⁴

Among the 64 residents who screened positive for depression at program entry, **85.9% reported a decrease in depression symptoms at exit. The average depression score dropped from moderately severe to mild from entry to exit.**

PHQ9 DEPRESSION RUBRIC



88.8%

OF 11 FORMER RESIDENTS WHO SCREENED POSITIVE FOR DEPRESSION AT ENTRY REPORTED A DECREASE IN DEPRESSION SYMPTOMS (DROPPED FROM MODERATELY SEVERE TO MILD FROM ENTRY TO SIX MONTHS POST PROGRAM).

POST-PROGRAM ANXIETY

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.

*Among the 163 residents who screened positive for anxiety at program entry, the average anxiety score was 16.1, indicating severe anxiety. The general population norm score is 5.4.³

Among the 80 residents who screened positive for anxiety at program entry, **81.3% reported a decrease in anxiety symptoms at exit. The average anxiety score dropped from severe to mild from entry to exit.**

GAD7 ANXIETY RUBRIC

0-4 Negative Screening

5-9 Mild Anxiety

10-14 Moderate Anxiety

15-21 Severe Anxiety



AMONG THE 11 FORMER RESIDENTS WHO SCREENED POSITIVE FOR ANXIETY AT PROGRAM INTAKE AND PARTICIPATED IN A SIX MONTH POST-PROGRAM INTERVIEW, 100% REPORTED A DECREASE IN ANXIETY SYMPTOMS. THE AVERAGE ANXIETY SCORE DROPPED FROM SEVERE TO MILD FROM ENTRY TO SIX MONTHS POST PROGRAM.

QUALITY OF LIFE OUTCOMES

POST-PROGRAM QUALITY OF LIFE ENTRY TO EXIT

Of the 292 residents who completed an entry assessment on a 0 to 100 scale:

- average physical health score was 53.5 at program entry, compared to the population norm of 73.5.¹
- average psychological health score was 49.8 at program entry, compared to the population norm of 70.6.¹
- average social relationships score was 38.5 at program entry, compared to the population norm of 71.5.¹
- average environmental score was 44.8 at program entry compared to the population norm of 75.1.¹

OF THE 139 RESIDENTS WHO COMPLETED AN ASSESSMENT AT ENTRY AND EXIT:



64.7%

HAD AN INCREASE IN THEIR 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.

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.

76.3%

HAD AN INCREASE IN THEIR PSYCHOLOGICAL HEALTH SCORE.



71.9%

HAD AN INCREASE IN THEIR SOCIAL RELATIONSHIP HEALTH 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.

OF THE 136 RESIDENTS WHO COMPLETED AN ASSESSMENT AT ENTRY AND EXIT:

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.

84.6%

HAD AN INCREASE IN THEIR ENVIRONMENTAL HEALTH SCORE.



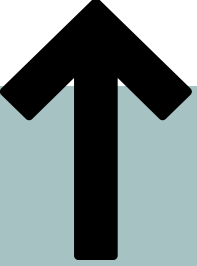
POST-PROGRAM OVERALL QUALITY OF LIFE

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.

Of the 17 former residents who completed an entry assessment and six months post-program:

- 76.5% had an increase in their **physical health** score.
- 76.5% had an increase in their **psychological health** score.
- 76.5% had an increase in their **social relationships health** score.
- 94.1% had an increase in their **environmental health** score.

OF THE 139 RESIDENTS WHO COMPLETED AN ASSESSMENT AT ENTRY AND EXIT:

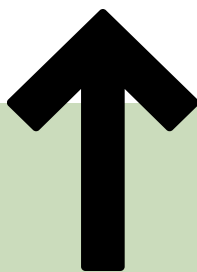


73.3%

HAD AN INCREASE IN
THEIR OVERALL
QUALITY OF LIFE



OF THE 17 RESIDENTS WHO COMPLETED AN ASSESSMENT AT ENTRY AND SIX MONTHS POST-PROGRAM:



70.6%

HAD AN INCREASE IN
THEIR OVERALL
QUALITY OF LIFE

References

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. Laudet, A. (2011). The Case for Considering Quality of Life in Addiction Research. *Addiction Science & Clinical Practice*, 6 (1), 44-55.
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.
4. 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



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