

FORT LYON SUPPORTIVE RESIDENTIAL COMMUNITY



Annual Report

July 1, 2019 to June 30, 2020

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EXECUTIVE SUMMARY

Fort Lyon Supportive Residential Community (FLSRC) provides transitional housing and recovery support services for people experiencing or at-risk of homelessness from across Colorado with a priority of serving veterans. The cornerstone of Fort Lyon's philosophy is meaningful, long-term recovery. To do this, residents work with staff to determine, work toward, and achieve individualized goals. During their time at FLSRC, residents receive case management and peer support services, as well as the option to engage in peer-led recovery groups, vocational training programs, life skill-building activities, educational opportunities at the local community colleges, and employment in the local community. To date, 1,637 individuals have received services since the program's inception in September 2013.

Fort Lyon served 390 unique residents during the State Fiscal Year 2020 (July 1, 2019 to June 30, 2020) with an average length of stay of 11 months. Of the 390 residents, 249 exited the program. Compared to FY19, the total number of individuals in the program fell 17 percent from 468; however, the average length of stay increased by roughly two months. What proportion of these changes are due to the COVID-19

pandemic is difficult to say, but at least some of the decrease in total served is due to the limited number of new enrollments that occurred in the first four months of the pandemic. It is possible that a side effect of the pandemic may be a stronger likelihood that those already enrolled in the Fort Lyon program at the outset of the pandemic remained engaged in their recovery.

The demographic characteristics of FLSRC residents has remained consistent year-to-year. The resident population is comprised of:

- 82% Male
- 55% Age 35 to 54
- 17% Hispanic
- 54% White
- 11% Veterans
- 72% Homeless 12+ months before intake
- 55% had three or more health conditions at intake with mental illness (54%) and alcohol use disorder (48%) as the top concerns.



46%

of residents completed the program



49%

of residents left FLSRC for permanent housing



45%

participated in vocational training



96%

participated in recovery-based support groups

INTRODUCTION

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

This report contains summary data on Fort Lyon residents served during Fiscal Year 2020 (July 1, 2019 to June 30, 2020).

Client Story

Mental health issues and substance use led Rick Bertetto to experience homelessness off and on for decades. Although he sought treatment for his substance use and experienced recovery multiple times, his unaddressed mental illness hindered Rick's housing stability and sobriety. Compounding his mental illness and substance use, homelessness sunk Rick deeper into depression. Upon his third release from a

psychiatric facility for a suicide attempt, Rick learned of the Fort Lyon program. It could be a place to overcome his concerns.

"I had always mentioned to the people, various mental health providers, that I needed a place to go that I could recuperate for a longer duration of time. A six- to ten-day stay at the psych hospital was great but I needed more time to heal," Rick said of his need for long-term recovery.

In November 2017, Rick arrived at the Fort Lyon campus. He stayed in the program for almost six months before deciding to return to his hometown of Aspen. Not long after leaving Fort Lyon, Rick used again. The difference this time—he knew he had a community to rely on for recovery. Rick returned to Fort Lyon and has been in the program for over 11 months now.

"I am trying to use all of the resources given to me. I want to prepare myself for when I enter the workforce again. This is honestly the best I have felt in over three years. I am exercising again, going to meetings, reading, listening to music, and I have found my faith in God again. I am looking at going back to school to become a Health Navigator. I want to give back and help my fellow homeless friends with navigating life. I am also looking into becoming a peer specialist," Rick said of his time in the program. "Just making the best of my life that is left at Fort Lyon and I am so grateful, so very grateful. I would have

to say sincerely that Fort Lyon perhaps literally saved my life.”

Program Data Sources

Homeless Management Information System (HMIS): HMIS is the local information technology system the United States Department of Housing and Urban Development (HUD) recipients and subrecipients use for homeless assistance programs. HMIS provides the community with data standards and reporting requirements developed by HUD, Health and Human Services (HHS), and the Veteran’s Administration (VA).

Program Participation: In addition to HMIS data, FLSRC collects data on resident participation in vocational training, education opportunities, outside employment, and recovery groups. Data are maintained by FLSRC staff in MS Excel, which is later transferred to an Access database.

Behavioral Health Outcomes: While HMIS collects a broad range of information on resident health, little is collected on co-occurring disorders such as the intersection between substance use, mental health, and other social determinants of health. To address these concerns, CCH selected three instruments aimed at assessing anxiety, depression, and quality of life.

- Generalized Anxiety Disorder-7 Item (GAD-7): Generalized anxiety scores are measured by asking residents 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 equating to higher anxiety.
- Patient Health Questionnaire-9 (PHQ-9): Depression scores are measured by asking residents about the prevalence of nine depression symptoms, such

as suicidal ideation, ability to sleep, concentration, and appetite. Scores are tallied on a 27-point scale, with higher scores indicating a higher severity of symptoms.

- World Health Organization Quality of Life brief assessment (WHOQOL-BREF): The WHOQOL-BREF is a shortened 26-item instrument of the original 100-item WHOQOL-100. This shortened version focuses on four broad quality of life domains: physical health, psychological health, social relationship health, and environmental health. Higher scores indicate a higher perceived quality of life.

Post-Program Interviews: A follow-up interview is conducted with former residents, to gain a better understanding of the following:

- Contact with referral source
- Use of support services
- Benefits (cash and non-cash)
- Housing status
- Overall health
- Employment
- Education
- Substance use
- Emergency services use
- Criminal justice involvement
- Behavioral health assessments

Data Summary

Data are collected several times including entry, during the program, at exit and, at follow-up intervals as specified below.

- *Intake/Entry:* All new residents arriving at FLSRC complete an HMIS entry interview and the behavioral health assessments.
- *During the Program:* Participation in program modules (e.g., vocational training, support groups) are tracked during the residents' stay by FLSRC staff.
- *Discharge/Exit:* Residents who discharge from the program receive an HMIS exit interview and complete discharge behavioral health assessments.
- *Post-Program:* Interviews are completed with discharged residents 30 days after their exit, then again at 6- and 12-months.

Limitations

- *Accuracy:* The majority of data are collected by self-reporting and are not corroborated against any other data sources (e.g., Medicaid, judicial system).
- *Availability:* There are instances where exit data are not collected due to residents exiting unexpectedly or declining to complete the exit interview. Maintaining contact information is needed for post-program interviews, which has proven challenging with this population. Further, all post-program interviews are voluntary, and former residents may decline to participate.

FY2020 Program Highlights

Entry

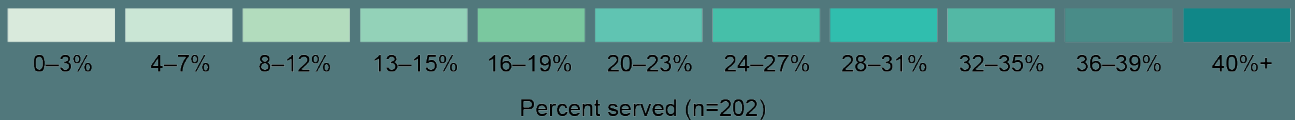
Fort Lyon served 390 unique residents during the fiscal year with an average length of stay of 11 months. Of the 390 residents, 249 exited the program. The total number of residents served for FY2020 decreased by 17 percent from FY2019, at least in part due to the COVID-19 pandemic. For resident and staff safety, intakes were suspended from March 19, 2020 to June 11, 2020.

Most residents come from the Denver metro area, followed by the Front Range communities of Colorado Springs and Pueblo (See below). Residents are referred to FLSRC through a statewide referral network. Frequent referral sources for FY2020 include community mental health centers, substance use/detox centers, CCH Stout Street Health Center, and criminal justice systems.

Demographics

The demographic characteristics of FLSRC residents remains consistent year-to-year. The resident population is:

- 82% Male
- 55% Age 35 to 54
- 17% Hispanic
- 54% White
- 11% Veterans
- 72% Homeless 12+ months before start
- 55% had three or more health conditions at intake with mental illness (54%) and alcohol abuse (48%) being the top concerns.



Exit

FLSRC collects data on why people leave the program and where they move to after their time at FLSRC. These data are recorded as Reason for Discharge and Exit Destination. Reasons for Discharge are defined by FLSRC, whereas Exit Destinations rely on HMIS Data Standards. Forty-six percent of residents who exited during FY2020 completed the program and 49 percent of exiting residents went to Permanent Housing. The majority of residents exit to the Denver Metro area or communities near Fort Lyon (See map on page 9).

Figure 1. FY2020 Resident Reasons for Discharge

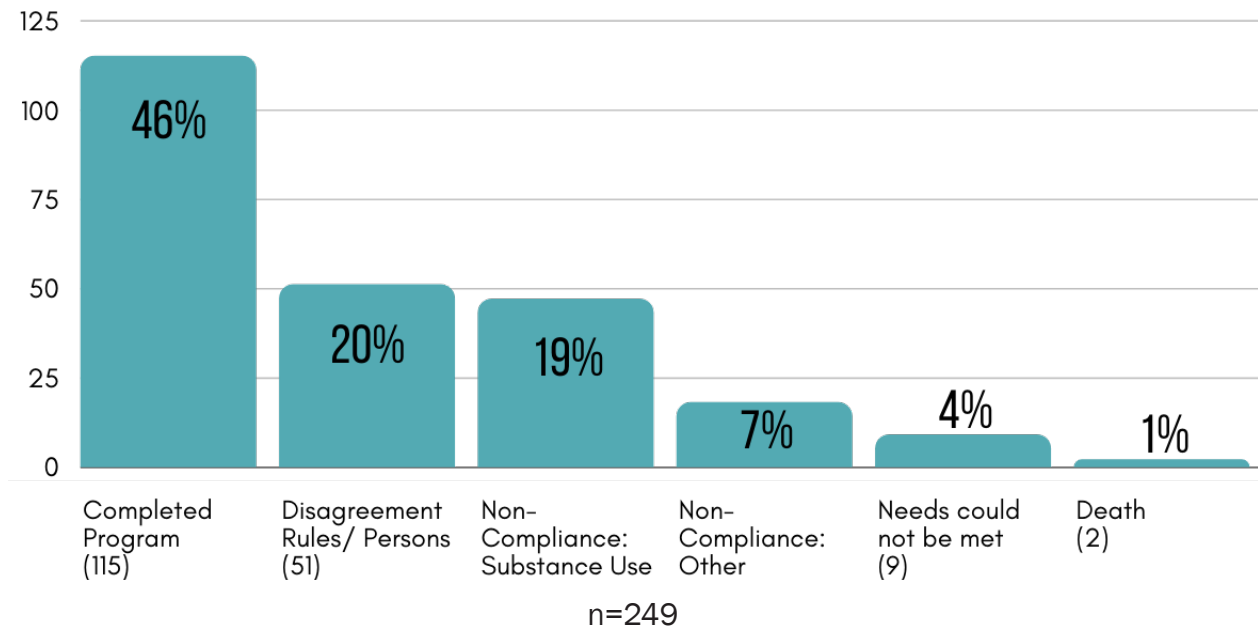
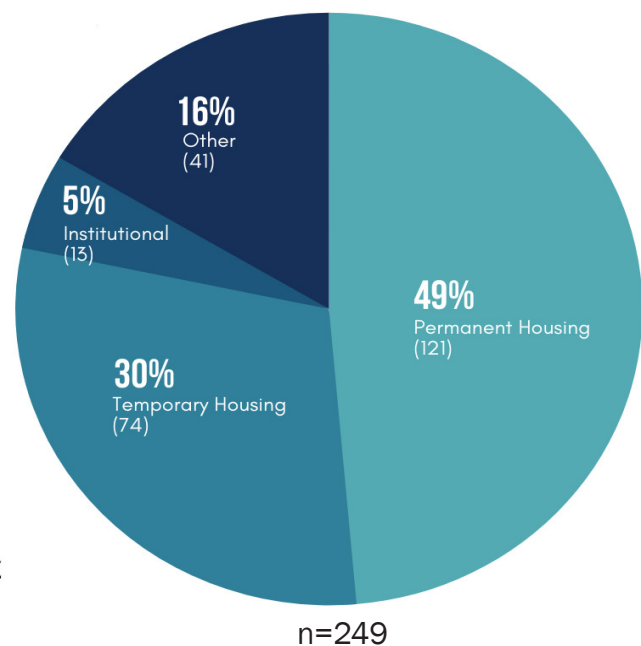
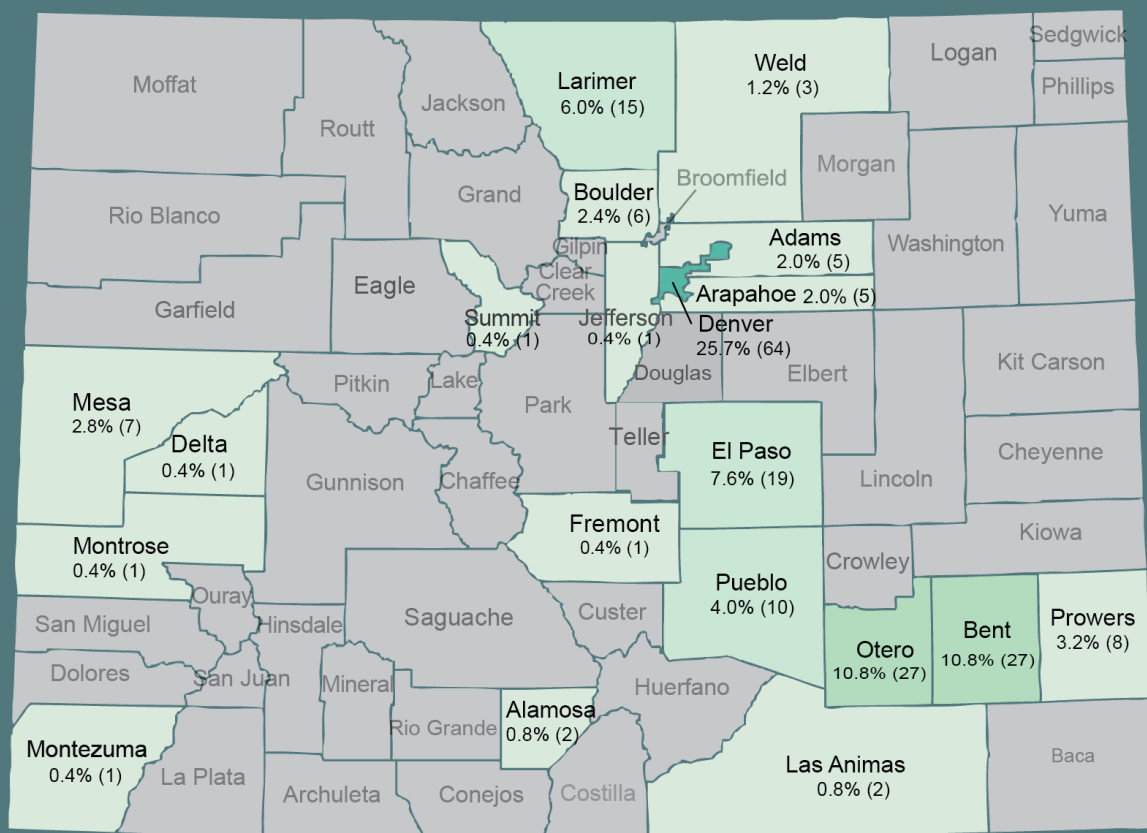


Figure 2. FY2020 Resident Exit Destination

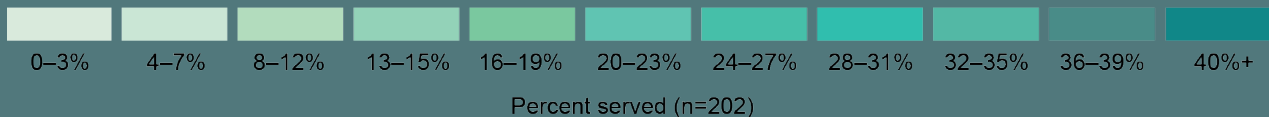


COUNTY OF DESTINATION



Unknown Destination County - 12.6% (32)

Destination Outside of Colorado - 4.4% (11)



Benefits

Seventy percent of incoming residents had no earned income as defined by HMIS (e.g., employment, disability benefits, etc.). Eighty-nine percent, or 347 residents, had Medicaid at entry and, among the 249 who exited during the year, 94% had Medicaid upon leaving, indicating the program helps residents' obtain or sustain their health insurance coverage even they move to a new county. Most residents qualify for more non-cash benefits upon exit, such as the Supplemental Nutrition Assistance Program (SNAP). Residents of FLSRC are not eligible for SNAP during their stay because the program has a cafeteria on-site that serves all residents' meals free-of-charge.

Participation

The cornerstone of FLSRC's philosophy is meaningful, long-term recovery. During their stay, residents determine their own goals and are given the time and space to focus on their recovery and achieve their set objectives. Fort Lyon offers various opportunities to accompany residents on their journey, including vocational training, education at the local community colleges, employment at FLSRC or in the community, and numerous recovery-based support groups. Many recovery-based support groups are developed by residents for residents in a peer-led environment.

For FY2020, 99 percent of residents engaged in program opportunities: Resident participation can be broken down as follows:

- 96% participated in recovery-based support groups
- 45% sought vocational training
- 14% enrolled in community college classes
- 13% were employed during their stay

FY2020 participation remained high despite interruptions in programming due to the COVID-19 pandemic.

Behavioral Health Outcomes – Entry to Exit

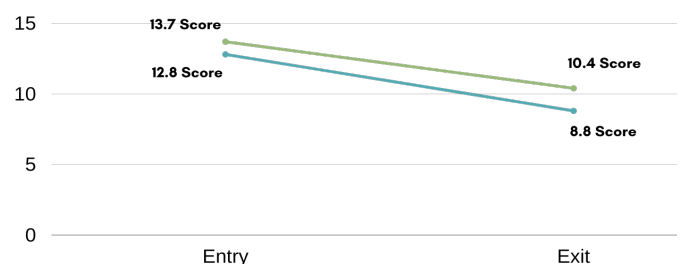
Anxiety

Eighty-two percent of residents screened positive for anxiety at program entry with an average anxiety score of 12.8 – much higher than the general population score of 5.41. Of the residents who screened positive for anxiety at entry, 78% experienced a decrease in anxiety symptoms by exit.

Depression

Seventy-six percent of residents screened positive for depression at program entry with an average depression score of 14.0, indicating moderate depression. Once again, the baseline depression score of FLSRC residents is much higher than the general population score of 3.3. Of the residents who screened positive for depression at program entry, 64 percent experienced a decrease in depression symptoms between at exit.

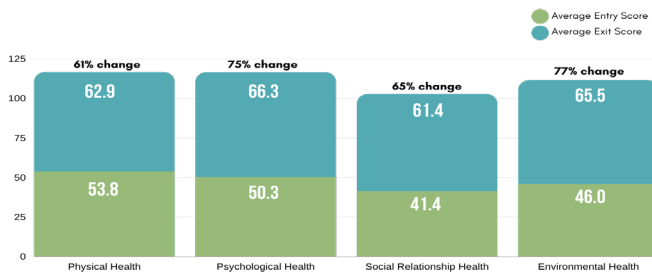
Figure 3. Resident Behavioral Health Outcomes Entry to Exit - Anxiety and Depression Score Improvement



Quality of Life

Ninety-five percent of residents completed an entry assessment, which is rated on a 0 to 100 scale with higher scores indicating a higher quality of life. Scores at entry and exit are compared in Figure 4 below.

Figure 4. Resident Quality of Life Score Entry to Exit- Percentage Improvement



The general population averages scores in the 70s for each domain. While Fort Lyon residents reported that their quality of life improved during their time in the program, it still remains lower than the average member of the general population.

Six-Month Post-Program Outcomes

Post-program interviews for FY2020 were impacted by an evaluation position vacancy, which added to an already challenging task of completing post-program interviews due to frequently changing contact information for former residents. Four six-month follow-up interviews were conducted. These individuals remained in recovery and were housed with no homeless episodes or incarcerations.

Moving into FY2021, Fort Lyon has a dedicated Outcomes Specialist position who will conduct follow-up interviews. Staff has also worked to improve the reporting of resident contact information within HMIS for the purpose of post-program interviews.

Recommendations

Each year is an opportunity for learning and evaluation improvement. The following are recommendations to improve data reporting in future years:

1. Conduct data analyses of individual client

outcomes;

2. Explore the impact program participation has on exit outcomes; and
3. Begin qualitative reviews of residents' goals to add more depth and context to the quantitative analysis.

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.



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