

Docket No. 21-CUP-0010

Proposed Conditional Use Permit to allow an
inpatient drug and alcohol treatment housing
facility on property located at
220 S. 23rd Street

CORONAVIRUS

Drug overdose deaths skyrocket in Jefferson County during COVID-19



Drug overdose deaths skyrocket in Jefferson County during COVID-19

By [David Mattingly](#) | December 16, 2020 at 4:22 PM EST - Updated December 16 at 7:01 PM


LOUISVILLE, Ky. (WAVE) - By the time this year is over, there could be more than 60 overdose deaths in Jefferson County than last year.


On Wednesday, the Jefferson County coroner reported 504 confirmed overdose deaths and 1,000 suspected cases still awaiting toxicology reports.

The latest number exceeds the previous high of 425 deaths in 2017, and a recent low

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LOCAL

Fentanyl killed 763 people in Kentucky - twice as many as heroin

Beth Warren Courier Journal

Published 2:43 p.m. ET Jul. 25, 2018 | Updated 6:13 p.m. ET Jul. 25, 2018

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U.S. Attorney Russell Coleman discusses national drug raid involving Kentucky doctors

The nation's largest crackdown on health care fraud netted 56 doctors — including a Louisville psychiatrist accused of prescribing a patient fentanyl. *Michael Clevenger/Courier Journal, Louisville Courier Journal*

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CDC STUDY: Kentucky has third-highest binge drinking rate in US

Mar 19, 2018



f t i q

LOUISVILLE, Ky. (WDRB) -- Results from a study by researchers at the Centers for Disease Control and Prevention says Kentucky has the nation's third-highest binge drinking rate.

Binge drinkers in Kentucky average more than 650 alcoholic drinks each year, according to the study. Kentucky falls behind only Arkansas' average of 841 and Mississippi's average of 831.

Binge drinking is defined as five or more drinks within two hours for men and four or more for women. The national average is 467 drinks a year per each binge drinker.

f t i

Alcohol Abuse in Kentucky

Alcohol is the most commonly abused substance in Kentucky. According to recent findings from the National Survey on Drug Use and Health, around 40% of all Kentucky residents over the age of 12 are current drinkers and in the past month 20% of Kentuckians consumed five or more drinks on the same occasion. 1 This dangerous pattern of alcohol abuse, known as binge drinking, is most common young adults. Around 30% of Kentucky residents aged 18-25 have participated in binge alcohol use at least once during the past month.

Substance and alcohol abuse is a serious problem among Kentucky's high school students. One-quarter of all Kentucky high school seniors currently drinks alcohol, 1 in 5 reported being drunk in the past month, and nearly 1 in 7 had 5 or more drinks in a row over the last 2 weeks. 2

It is estimated that 1 in 21 Kentuckians struggles with an addiction to alcohol (also known as alcohol use disorder or alcoholism), including a staggering 1 in 12 young adults.

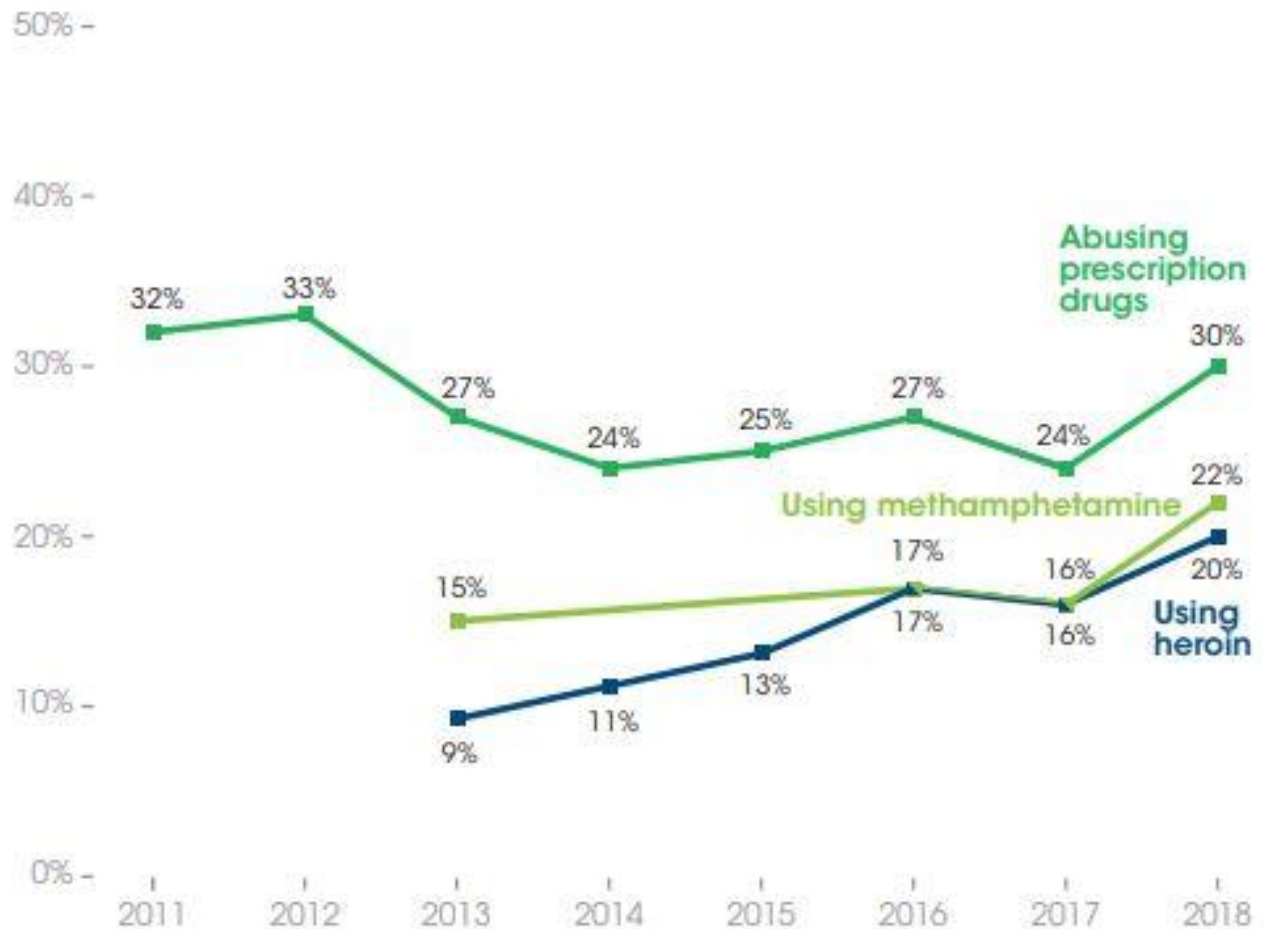
(Landmark Recovery)

"Our message is that treatment works and recovery is possible," said Katie Marks, Ph.D., Kentucky Opioid Response Effort (KORE) Project Director.

"Engagement in evidence-based treatment enables a person to address the biological, psychological, and social factors associated with a substance use disorder."

Foundation for a Healthy Kentucky, 2/6/19 article

Percentage of Kentucky adults who know someone who has experienced problems as a result of ...



* The methamphetamine question was not asked on KHIP in 2014 and 2015.
SOURCE: 2018 Kentucky Health Issues Poll (released February 2019)



FOUNDATION FOR A
HEALTHY
KENTUCKY

INTERACT
FOR HEALTH

COMMONWEALTH OF KENTUCKY
JUSTICE & PUBLIC SAFETY CABINET



2016 Overdose Fatality Report

KENTUCKY OFFICE OF DRUG CONTROL POLICY

John C. Tilley, Secretary
Justice & Public Safety Cabinet

Van Ingram, Executive Director
Office of Drug Control Policy

Highlights of the 2016 findings include:

- Kentucky overdose fatalities increased in 2016. Overdose deaths of Kentucky residents, regardless of where the death occurred, and non-residents who died in Kentucky, numbered 1,404 as reported to the Office of Vital Statistics in June 2017, compared to 1,248 overdose deaths counted in the 2015 report. Of those 1,404, toxicology data is available for 1,330 deaths.
- People ages 35 to 44 were the largest demographic in overdose deaths. Followed by 45 to 54.
- Autopsied and toxicology reports from coroners show that approximately 34 percent of overdose deaths involved the use of heroin in 2016, up from 28 percent in 2015.
- Fentanyl, either combined with heroin or alone, was involved in 623 overdose deaths. That accounts for 47 percent of all deaths, up from 34 percent in 2015.
- Jefferson County had the most overdose deaths of any county with 364, up from 268 in the 2015 report.
- The largest increase in overdose fatalities occurred in Jefferson County, where deaths increased by 96, from 268 deaths in 2015 to 364 in 2016.
- The largest decrease occurred in Kenton County, which had 22 fewer fatalities in 2016 compared to the previous year. Other counties with significant declines include Bell County, which declined by 10; and Knox County, which declined by 8.

A review of cases autopsied by the Kentucky Medical Examiner's Office and toxicology reports submitted by coroners indicates that in 2016:

- Morphine was the most detected controlled substance in overdose deaths, present in approximately 45 percent of all cases. When metabolized, heroin reveals as morphine in toxicology results
- Fentanyl was detected in approximately 47 percent of cases; 6 monoacetylmorphine (heroin), 34 percent; alprazolam, 26 percent; oxycodone, 19 percent (a 4 percent decline); hydrocodone, 16 percent (a 5 percent decline).

- **The top five counties for heroin-related overdose deaths, using data from the Kentucky Medical Examiner and coroner reports, were:**

1) Jefferson County	122
2) Fayette County	48
3) Kenton County	20
4) Campbell County	17
5) Boone County	12

- **The top five counties for overdose deaths by county, per capita, were:**

1) Leslie County	66.25
2) Bell County	58.53
3) Powell County	56.51
4) Gallatin County	56.19
5) Campbell County	52.05

- **The top five counties for fentanyl-related deaths were:**

1) Jefferson County	182
2) Fayette County	59
3) Kenton County	26
4) Boone County	25
5) Campbell County	21

- **The top five counties for deaths related to heroin and fentanyl in combination were:**

1) Jefferson County	59
2) Campbell County	21
3) Fayette County	20
4) Boone County	12
5) Kenton County	11

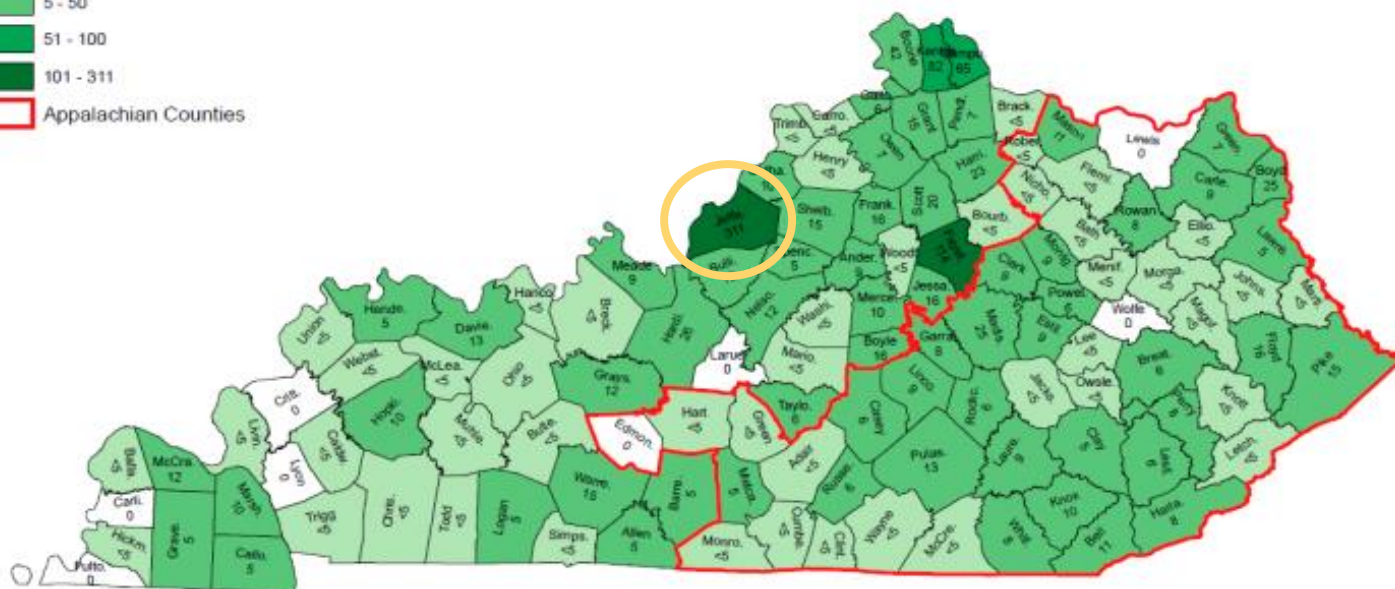
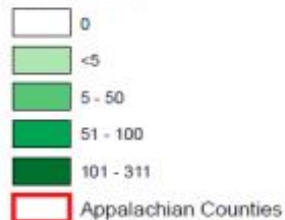
Drug Overdose Deaths that Occurred in Kentucky (Kentucky and non-Kentucky Residents Who Died in Kentucky)

(These deaths represent overdoses by illicit and/or prescription drugs that were inflicted intentionally or unintentionally.)

Kentucky County of Death	Year					Total
	2012	2013	2014	2015	2016	
Garrard	<5	<5	<5	<5	7	19
Grant	13	8	13	6	12	52
Graves	7	5	<5	5	<5	25
Grayson	9	6	8	5	14	42
Green	<5	<5	<5	<5	<5	7
Greenup	5	11	9	8	9	42
Hancock	<5	0	<5	<5	<5	5
Hardin	10	9	18	10	26	73
Harlan	12	12	6	10	8	48
Harrison	<5	5	6	7	23	42
Hart	2	<5	<5	<5	<5	10
Henderson	7	6	5	<5	6	*
Henry	0	0	<5	<5	<5	6
Hickman	0	0	0	<5	<5	<5
Hopkins	5	20	8	<5	10	*
Jackson	0	0	0	<5	0	<5
Jefferson	192	192	204	255	364	1,207
Jessamine	6	<5	8	10	12	*
Johnson	9	7	<5	7	<5	30
Kenton	59	65	71	112	90	397
Knott	10	<5	7	<5	<5	27

Drug Overdose Deaths by Decedent's County of Residence 2016

Death count



Note: Produced by the Kentucky Injury Prevention and Research Center (<http://www.mc.uky.edu/kiprc/>), June 13, 2017. Data are provisional and subject to change. Numbers between 0 and 5 were suppressed according to state data release policy.

Created: 6/13/2017
Data Source: Kentucky Office of Vital Statistics
Additional data requests can be submitted to:
KIPRCrequests@uky.edu

Data compiled by the Kentucky Office of Vital Statistics

(2020 Final Report)

Most resident, heroin-related overdose deaths were:

- 1) Jefferson County 61
- 2) Fayette County 17
- 3) Bullitt County 8
- 4) Pulaski County 5
- 5) Warren County 5

Most resident, fentanyl-related deaths were:

- 1) Jefferson County 204
- 2) Fayette County 20
- 3) Madison County 15
- 4) Kenton County 14
- 5) Boone County 12

Most resident, methamphetamine-related deaths were:

- 1) Jefferson County 97
- 2) Fayette County 20
- 3) Madison County 15
- 4) Kenton County 14
- 5) Boone County 12

CLAUDE JOHNSON, ME.D, MPA, LPCA, LCADC, CADC

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To obtain a position where I can have the capacity to use innovative and research approaches along with my educational and previous employment experiences to promote and enhance the company's vision, and advance the field of Mental Health Counseling and Substance Abuse Treatment.

EXPERIENCE

SEPTEMBER 2020 – PRESENT

CLINICAL SERVICES DIRECTOR, ADDICTION RECOVERY CARE (ARC)

Manages a team of clinicals by overseeing the quality of services provided to clients. Works on making improvements on how treatment delivered from a best practices and innovative standpoint. Assist Community CEO and Director of Operation with day-to-day residential activities, planning, and ongoing training. Participated and contributed to opening at Crown Recovery center by working closely with a team of individuals responsible for development, zoning, conditional use, and licensing. Overseen clinical structure, licensing (AODE, CARF, BHSO). Implemented daily structure and clinical programming for multiple levels of care.

OCTOBER 2019 – PRESENT

ADDICTIONS COUNSELOR, ROBERT'S COUNSELING

Provide individual and group therapy for substance dependency in a private practice setting. Provide administrative support with electronic health records, insurance billing, and contracting. Responsible for assigning contracting with KY managed care organization and AODE licensing. Lead person on the start-up project of Robert's counseling.

MARCH 2017 – PRESENT

CLINICAL MANAGER, RECOVERY LOUISVILLE OUTPATIENT SERVICES (RLOP)

Oversees and manages all clinical operations and programming for intensive outpatient substance abuse program. Assist with administrative support, strategic planning, budgeting, and marketing. Contributed and participated in the start-up of RLOP.

MARCH 2016 – MARCH 2017

SUPERVISOR, RECOVERY ON CHESTNUT

Supervised peer support specialist and temporary drug and alcohol counselors in 30-day residential treatment program for substance abuse. Assist with policy and procedure, daily operations, and marketing.

FEBRUARY 2013 – MARCH 2016

SUPERVISOR, VOLUNTEERS OF AMERICA MID-STATES

Supervised employees and provided case-management to client's in a residential facility for substance dependency. Worked with other agencies in the community to enhance deliver of services provided to the client.

JUNE 2012 – FEBRUARY 2013

PEER MENTOR, THE HEALING PLACE

Served as a leader and role model in a therapeutic community model program for addiction.

EDUCATION

JUNE 2020

MASTER OF ARTS PROFESSIONAL COUNSELING, LIBERTY UNIVERSITY

GPA 3.83

JUNE 2016

MASTER OF PUBLIC ADMINISTRATION, KAPLAN UNIVERSITY

GPA 3.9

SKILLS

- Psychotherapy
- Group Therapy
- Treatment Planning and Continuing Care
- Target case management
- Psychoeducation
- Medicaid Contracting, billing
- Electronic health records
- AODE certification
- Marketing, planning, budgeting
- Microsoft Outlook, Excel, and Word

CERTIFICATIONS

Licensed Professional Counselor Associate (LPCA) – KY Licensed number 264560

Licensed Clinical Alcohol and Drug Counselor (LCADC)-KY Licensed number 265345

Certified Alcohol and Drug Counselor-Supervisor (CADC) -KY License Number 166675

Target Case Management Training- Substance Use Disorders, June 2017

NARR – National Alliance for Recovery Residences *

AODE – Alcohol and Other Drug Entity Facility (certified)

BHSO – Behavioral Health Service Organizations *

CARF – Commission for Accreditation of Rehabilitation Facilities *

*certification applied for and pending



Inpatient residential Proposal

The Kentucky initiative, known as "Recovery Now" is a professional grassroots service to those who struggle with substance abuse, homelessness, and poverty— that need and desire a new start in life. Our organization's caregiving services are provided by professionals and paraprofessionals who have a wealth of experience and knowledge in recovery. Crucially, our staff members are driven by compassion to help those in need overcome the obstacles that keep them in dysfunctional cycles.

The population that we serve are Department of Corrections clients, Drug Court clients, the homeless, the impoverished, addicts, and veterans. Our substance abuse services include screening, assessment, crisis intervention (including intervention), individual therapy, group therapy, case management, and continuing care services including professional and 12 step referrals. Our housing services include transitional housing and providing referrals to reputable locations conducive to our clients' individual needs. Our transitional living component is designed to help clients benefit from structure and accountability. This environment includes a daily routine with activities centered around education and skill building. Our financial services are committed to helping those acquire the necessary skills that will allow them to find gainful employment and job advancement opportunities. Recovery Now will network with other groups and businesses to aid in furthering our client's recovery and growth.

Residential

The newest addition to our mission is located at 220 South 23rd Street known as My Brother's Keeper House (MBKH). This house is in a safe section of west Louisville surrounded by businesses and Catholic Charities. We accept clients who have the desire to change and move their lives in a positive direction. MBKH accepts walk ins, court and dept of corrections referrals. Eligible clients who admit to MBKH will be required to enroll in and attend a drug and alcohol program. Prior to admission each client will receive an alcohol and drug assessment, and the individual's treatment will be determined based on the assessment. Each client will be assigned to a state of Kentucky certified addictions counselor, case manager and peer support specialist. Treatment services will be provided onsite and via web platform. Everyone will be highly suggested to obtain a primary care provider. Clients our provided services onsite and transported to offsite locations for additional services. All clients will receive meal and clothing assistance so that they will have proper nourishment and adequate clothing throughout their stay.

In addition to professional treatment, 12 step recovery meetings are provided on property in person and via web, and clients will be transported to offsite 12 step meetings. During the program clients are required to attend at least five 12 step meetings per week.

Upon admit, all clients will complete a drug and alcohol screen, intake, and consent to treatment. After intake, the client will be orientated to the house and services provided and will be given copy of the house rules. All clients are subject to random alcohol and drug screening. During intake, client will be provided 1 blanket, 2 sheets, toiletries, and hygiene. Client's sheets and linens are washed once per week by staff.



Inpatient residential Proposal

House Guidelines (AODE, NARR, BHSO, CARF compliant)

Absolutely NO alcohol or drug use will be tolerated. A person suspected of drinking or using drugs will be subject to a urine drug screen and will be immediately evicted from the house if the test is positive for alcohol or drug use.

No Co-signing: Do NOT cover up suspected drinking or drug usage. If a fellow house member relapses it threatens everyone's sobriety. Failure of a house member to report suspected drinking or drug use of a house member may result in that member and/or the entire house being evicted.

Curfew: Curfew is 10:00 P.M. Mon thru Sunday.

Absolutely NO OVERNIGHT visitors will be permitted.

Visitor hours: Monday thru Friday from 4pm until 8pm. Saturday and Sunday from 12am to 9pm. Note – no visitors allowed during the weekly House Meeting. Visitors ONLY allowed in the common house areas, being the living room; dining room; kitchen; and front/back porches.

Chores will be assigned on a rotating basis. A learning experience will be issued for any uncompleted chore. NOTE: There will be a mandatory, deep clean of the house per week, with a monthly inspection.

A MANDATORY weekly HOUSE MEETING will be held to discuss house business. The day and time of the weekly Meeting will be decided upon by all residents.

House members must pay their weekly amount of "shared expenses" each week at the House Meeting. The amount of the "shared expenses" will be determined by the house members based upon the house's needs.

Storage space is limited, so only bring the minimum amount of clothing and personal items that can be kept in your room. No storage of personal items in the basement or common areas of the house.

DRUG COURT and/or PROBATION/PAROLE RULES ALWAYS TAKE PRIORITY!! If any of our rules conflict with DC or P&P please follow their rules.

These House Rules may be amended from time to time.

The Owners, or their designees, shall be entitled to access the House at all reasonable times, and whenever required for emergencies.

Do not remove "house" property from the House.

House Guidelines

The Owners are not responsible for your personal property, and recommend you obtain renter's insurance.

Smoking is not permitted inside the house. Smoking is permitted on the property outside but please dispose of your butts in a dispenser.

Each person is responsible for the cleanliness of their room. No pets are allowed.

All residents must attend 5 weekly AA or NA meetings.



Inpatient residential Proposal

New residents are required to remain at the house (no overnights) for the first 7 nights of their residency. Thereafter, residents may leave the property for employment search, outside meeting attendance, doctors visits, family visits.

If a resident will be out past curfew due to job responsibilities or an emergency situation the house manager must be notified immediately.

Clean the dryer vent before and after each use.

Report any repairs or problems immediately to the house manager.

Any prescription medication is to be in a personal lock box that only you have access to the key or combination.

Any personal property left behind by a resident will only be held for 3 days; after 3 days the property shall belong to the owners, and they may sell or throw away any such property.

All residents are subject to random drug testing.

No gambling, lending or borrowing of money with other residents.

Violence, expressed or implied, yelling, verbal threats or physical acting out will not be tolerated.

Absolutely no food outside of kitchen or dining area.

No performance enhancing supplements of any kind (prescribed or over the counter) are permitted at Recovery Now Sober Living.

Sexual relations with anyone on MBKH property will not be tolerated. No pornography, including magazines is allowed.

Repairing your vehicle on MBKH property or on neighborhood streets is not allowed.

Mandatory weekly case management is required by all MBKH residents.

No firearms or weapons are allowed on MBKH property.

The owners or their designees are entitled to do random property searches.

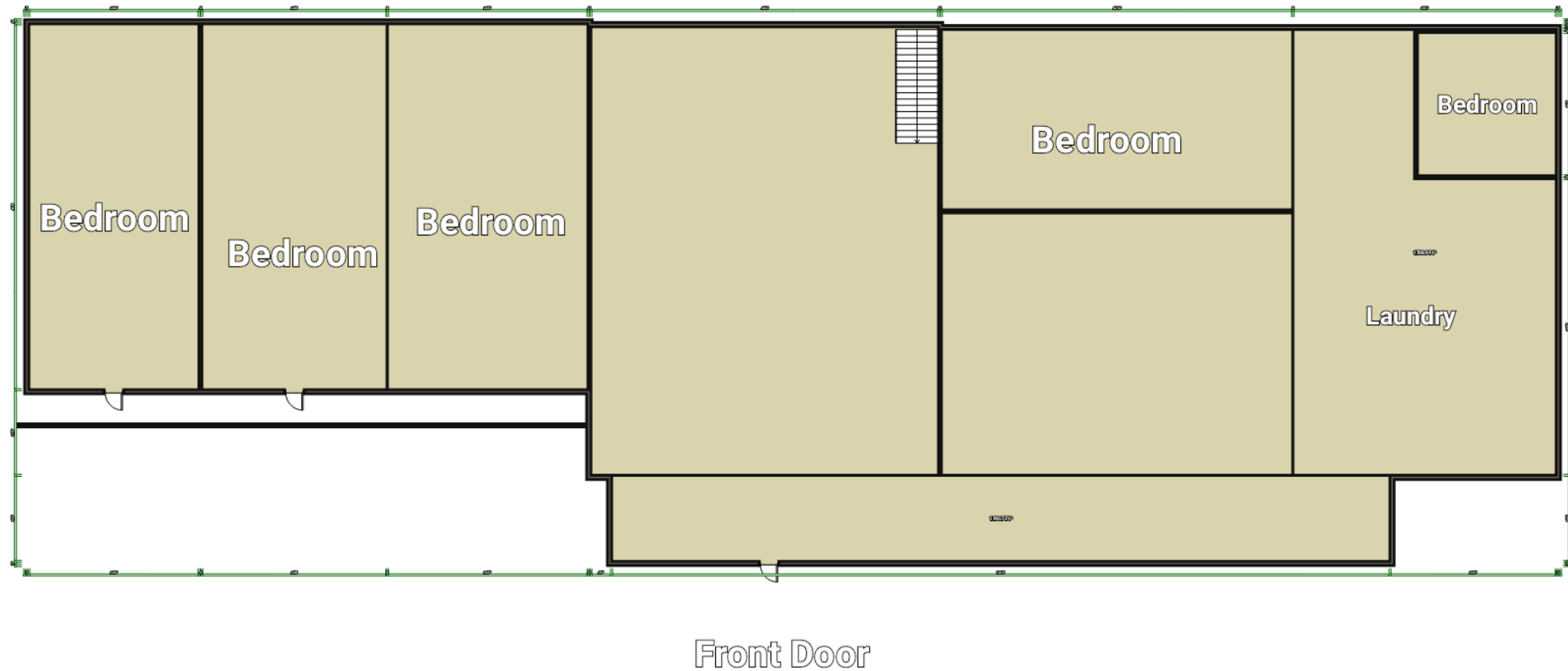
While residing at MBKH Sober Living the following are off limits: bars, strip clubs, gun shops, shooting range.



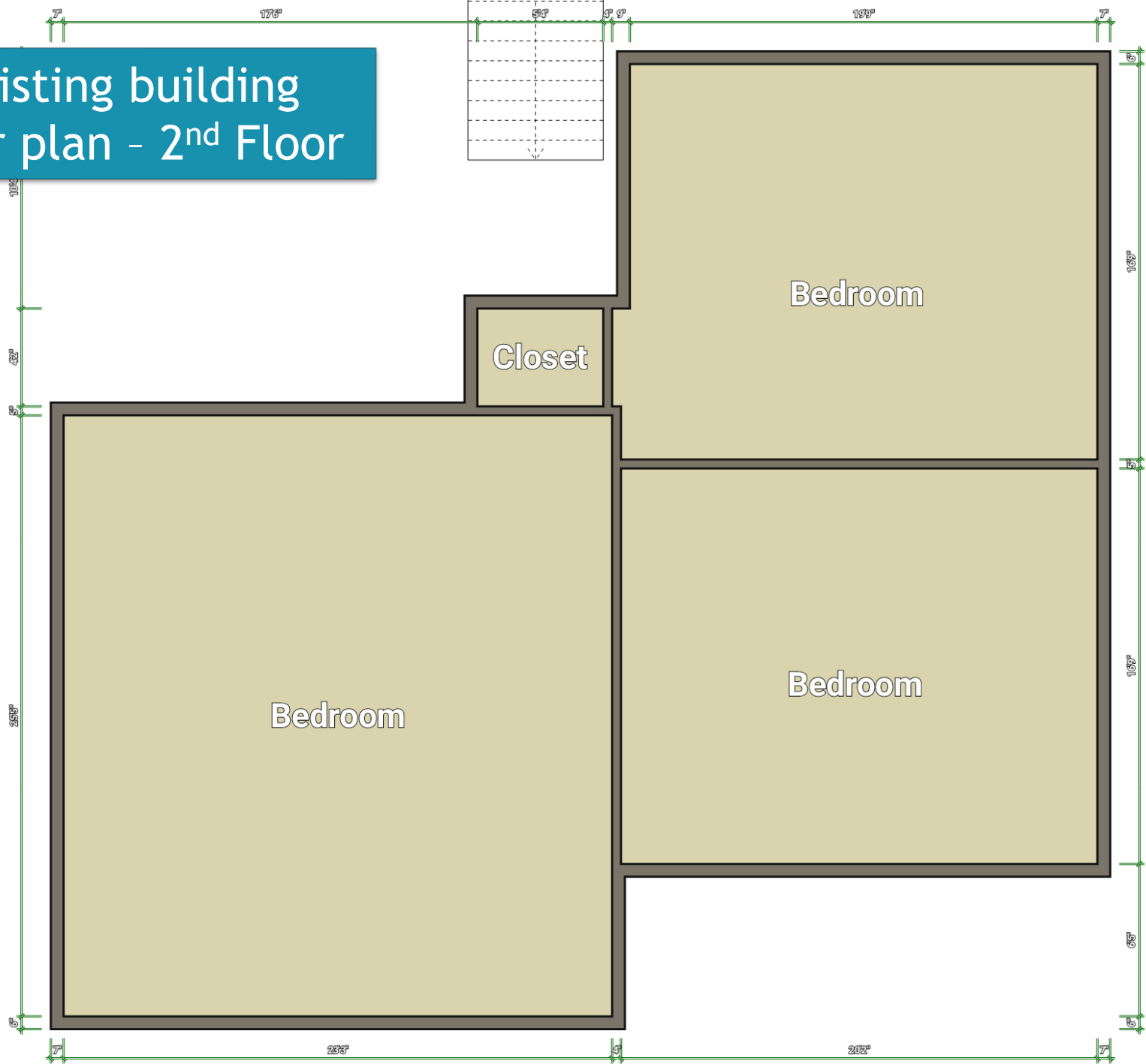


View of house. No changes are proposed to the exterior.

Existing building floor plan - 1st Floor



Existing building
floor plan - 2nd Floor





Looking south down S. 23rd Street from W. Market Street.



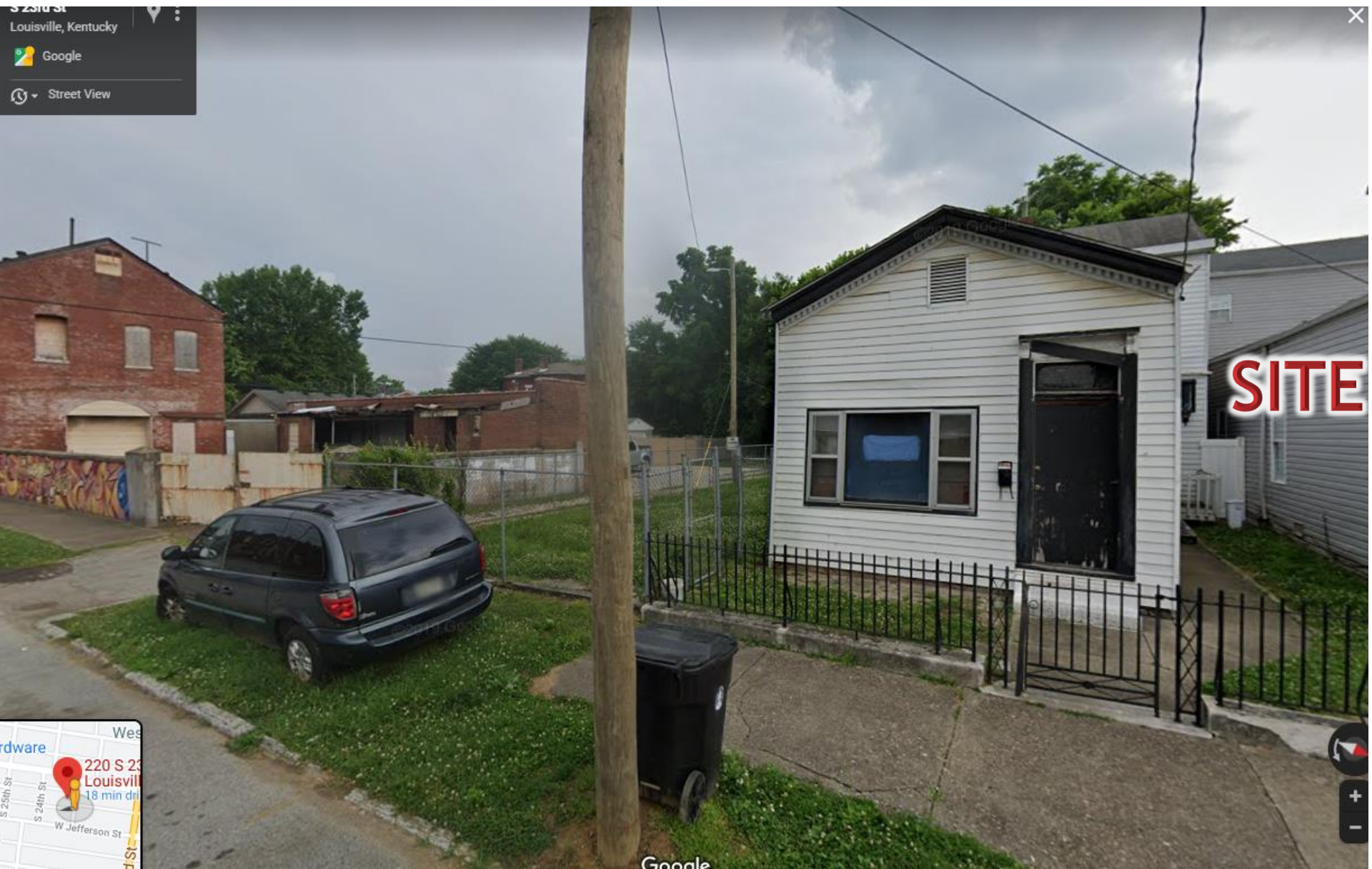
Looking south down S. 23rd Street from W. Market Street.



View of the Common Table Garden Café across S. 23rd Street from site.

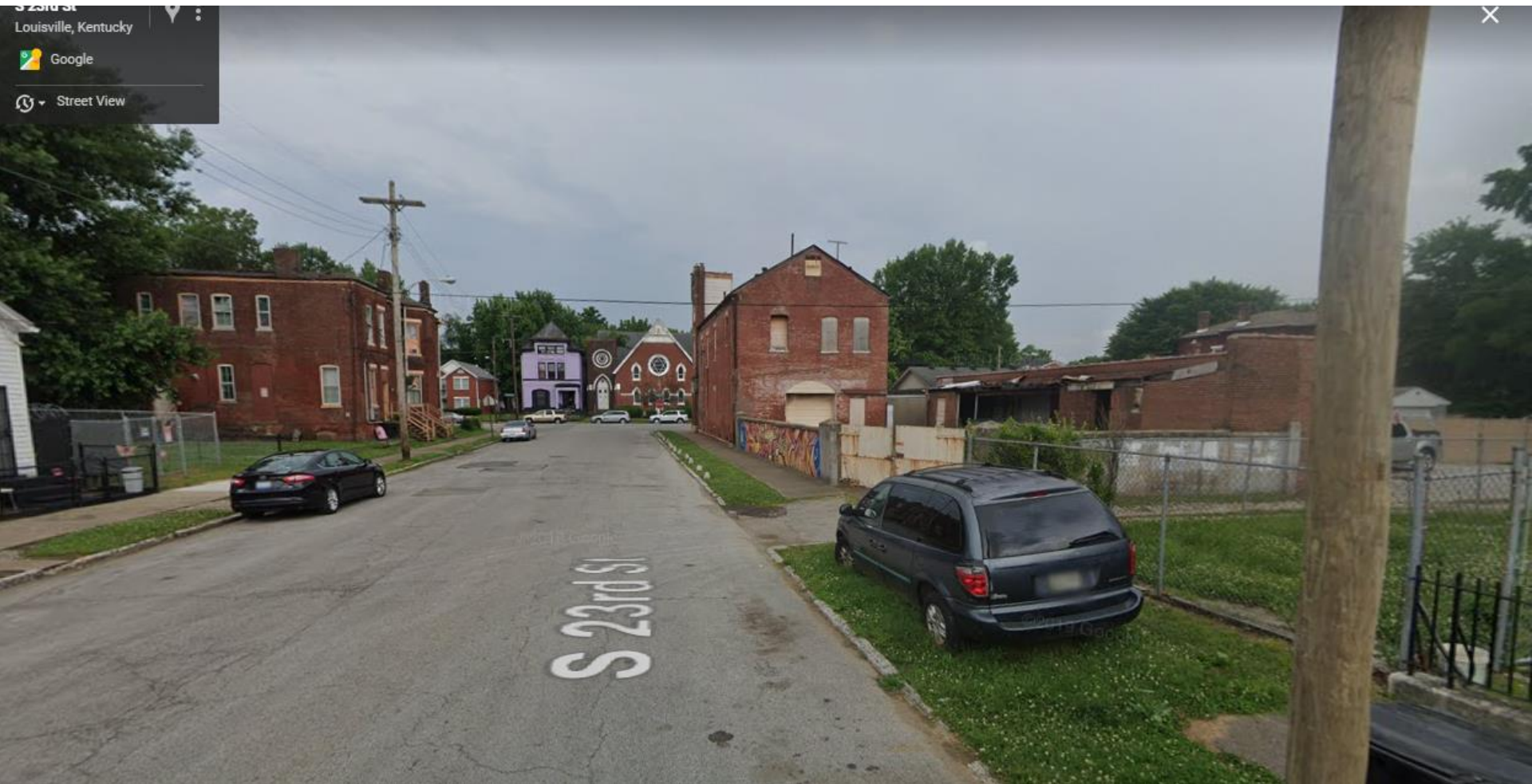


View of homes across S. 23rd Street from site.

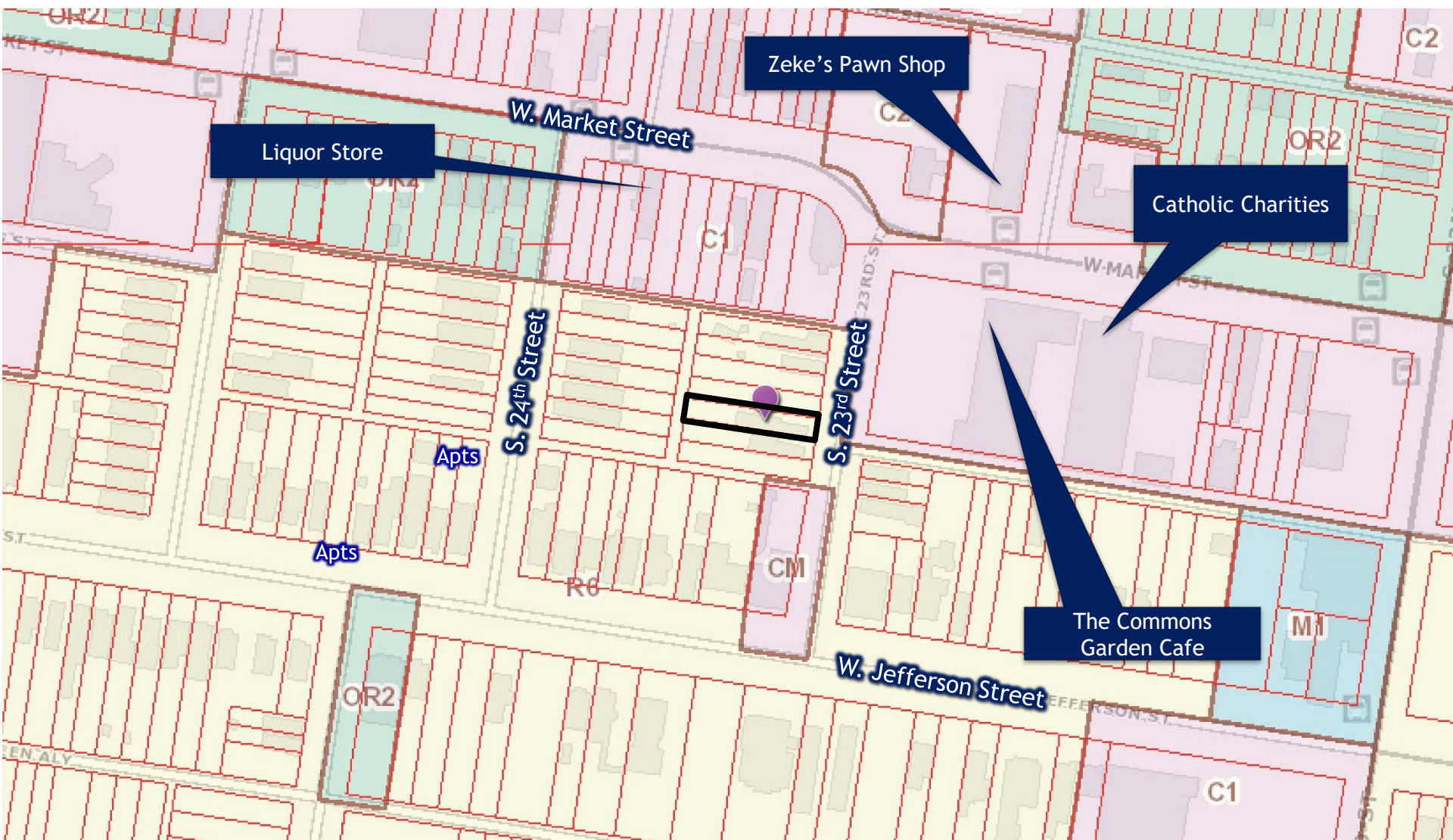


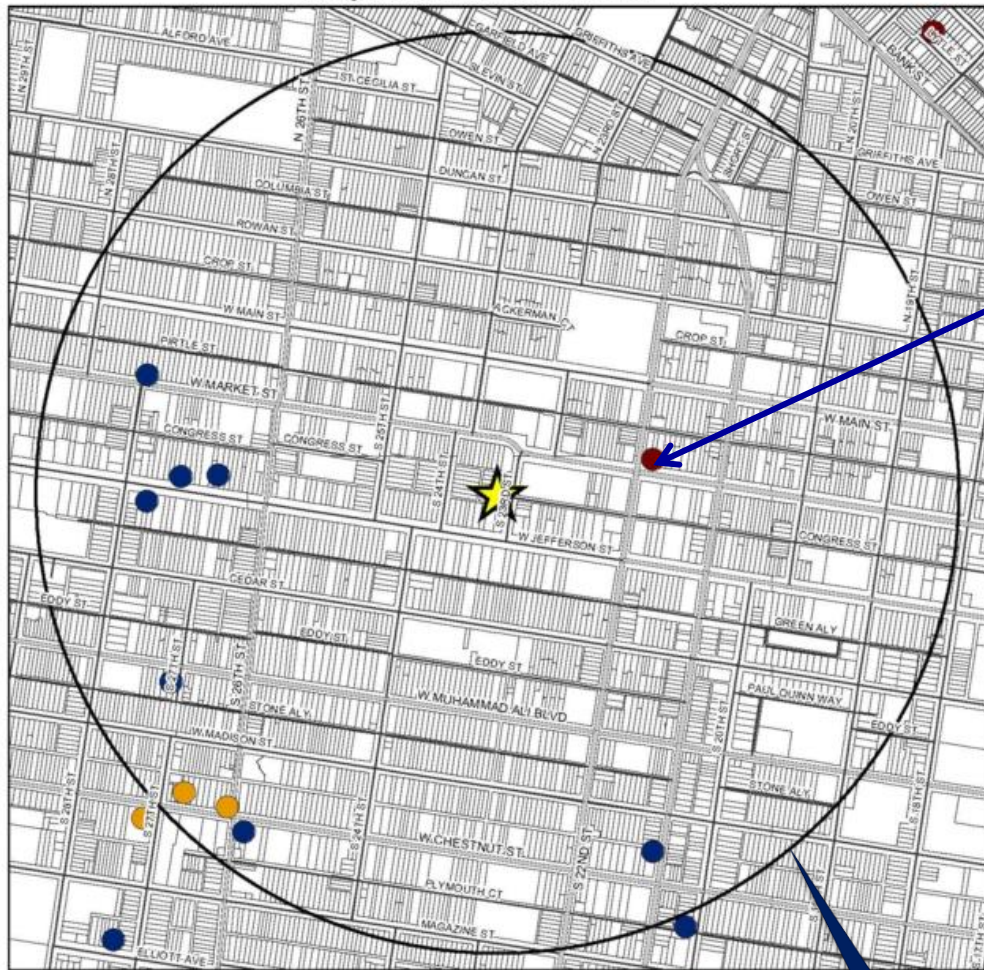
View of adjacent house on the south side of site.

S 23rd St
Louisville, Kentucky
Google
Street View

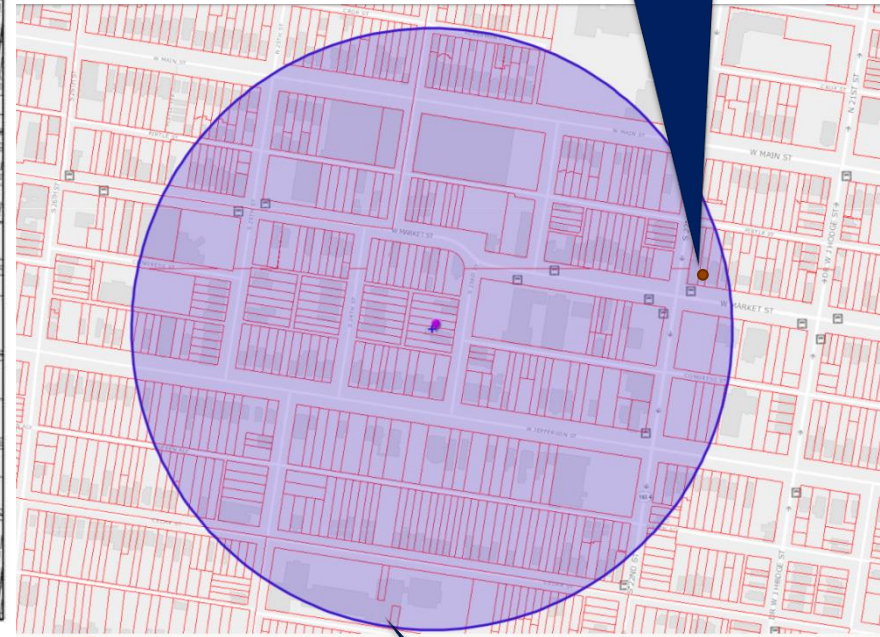


Looking further south down S. 23rd Street from in front of the site.





Only Rehabilitation home w/in 1000 ft buffer



Legend



Subject Site

Type

- Boarding House
- Homeless Shelter
- Rehabilitation
- Transitional Home
- Half Mile Buffer

220 S. 23rd St.
Case #21-CUP-0010

feet

740



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Half-Mile Buffer

1000 ft buffer



The Fair Housing Act 42USC 3601, et ref. (“FHA”) forbids discrimination in housing and protects persons with disabilities. Recovering alcoholics and drug addicts in treatment are considered “disabled” and are protected by the Act. Current drug and/or alcohol abuse is NOT protected by the FHA.

RESIDENTIAL CARE FACILITIES FOR HANDICAPPED PERSONS

100.982 Definitions for KRS 100.982 to 100.984

As used in KRS 100.982 to 100.984, unless the context otherwise requires:

- (1) “Persons with a disability” means a person with a physical, emotional, or mental disability, including, but not limited to, an intellectual disability, cerebral palsy, epilepsy, autism, deafness or hard of hearing, sight impairments, and orthopedic impairments, but not including convicted felons or misdemeanants on probation or parole or receiving supervision or rehabilitation services as a result of their prior conviction, or mentally ill persons who have pled guilty but mentally ill to a crime or not by reason of insanity to a crime. “Person with a disability” does not include persons with current, illegal use of or addiction to alcohol or any controlled substance as regulated under KRS Chapter 218A.
- (2) “Residential care facility” means a residence operated and maintained by a sponsoring private or governmental agency to provide services in a homelike setting for persons with disabilities.
- (3) “Services” means, but is not limited to, supervision, shelter, protection, rehabilitation, personal development, and attendant care.

100.984 Residential care facility for persons with disabilities

Any sponsoring private or governmental agency shall be permitted to operate a residential district, zone, or subdivision subject only to compliance with the same limitations upon area, height, yard, screening, parking, number of dwelling units, and number of occupants per dwelling unit as apply to other residences in the district, zone, or subdivision. For purposes of determining the number of occupants in a residential care facility, or in any of the dwelling units which comprise the facility, employees of the sponsoring agency providing services to persons with disabilities shall be counted only if their permanent residence is maintained at the facility. No conditional use permit not otherwise required for other residences within a zone or land use category shall be required for the operation of a residential care facility.

Conditions of Approval

- Maximum full time occupancy shall be limited to the lesser of twelve persons or the maximum allowed by the building code.
- If there are three or more substantiated complaints about the operation of this facility, the Applicant's CUP shall be subject to a revocation hearing.
- The Applicant shall return to BOZA within 18 months of approval for review to ensure proper operations and the lack of negative impacts on the neighborhood.